



PURCHASE ORDER

| | | | |
|------------|---|-----------------------|--------------------|
| Supplier : | SPECTRUMED INC. | P.O. No. : | 25-09-388 |
| Address : | 2308 Chino Roces Ave., Extension, Makati City | Date : | 09/29/2025 |
| TIN : | 233-645-751-000 | Mode of Procurement : | Direct Contracting |

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

| | | | |
|---------------------|---------------------------|-----------------|------|
| Place of Delivery : | VALENZUELA MEDICAL CENTER | Delivery Term : | 30CD |
| Date of Delivery : | | Payment Term : | |

| Stock No. | Unit | Description | Quantity | Unit Cost | Amount |
|-----------|------|---|----------|------------------|-------------------|
| ME-00031 | Unit | INTRADERMAL INJECTOR Offer: U225 INTRADERMAL INJECTOR / NEEDLE CONCEPT Equipment Specification Purpose: delivery of substances like platelet-rich plasma and hair biostimulators directly into the dermis I. Equipment Specifications Drive: Mechanical solenoid valve Operating Modes: Manual or automatic (16 speeds) Injection Depth Selection: Adjustable from 1-10 mm (±0.5) Speed Range: Automatic Mode from 0.47 Hz to 7.1 Hz (28 inj. / min. to 426 injections/min) Casing: Stainless steel structure and parts, polymethyl methacrylate covers, other parts are polyacetal Power Supply Manufacturer XP Power, reference ACM06 US12 compliant with the IEC 60601-1:2005+A1 standard (supplied with the injector) Input voltage: 100-240V AC / 50-60 Hz Output voltage: 12 V DC - 650 mA Power consumption: < 0.5 A - < 5 watts Cable length: 1.80 Metres Operating Temperature: 10° C to 40° C Operating atmospheric pressure: 800 to 1600 hPa Storage temperature: Room temperature Relative air humidity: 5% to 95% (without condensation) Classification: BF type applied part Dimensions: Approximately 275 mm (L) x 25 mm (W) x 155 mm (H) (injector only) Weight: About 650 g (injector only) Injection Pressure: Adjustable from 0.5 bar to 5 bar (±0.5) | 1 | 689,416.00 | 689,416.00 |
| | | | | Sub-Total | 689,416.00 |

(Total Amount in Words)

In case of failure to make the full delivery within the time specified above a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s.

Conforme:

MARIANNE LORRAINE NAZARENO

Signature over Printed Name of Supplier

10/15/25

Date

Very truly yours,

EDILBERTO V. CAVANEYRO MD, MHA, FPCS, FPSGS

OIC-Medical Center Chief

10/15/2025

INCOME

| | | |
|-------------------------|-----------------------|----------------|
| Funds Cluster: | ORS/BURS No. | 25-10-293 |
| Funds Available: | Date of the ORS/BURS: | 10/3/25 |
| RAYMUND JOE B. MACUANAN | Amount: | Php 689,416.00 |
| Accountant IV | | |



Department of Health
National Capital Region
VALENZUELA MEDICAL CENTER
Padrigal St. Karuhatan, Valenzuela City
Telefax No. 294-4625

FM-PROC-002
Rev 2-01/25/19

PURCHASE ORDER

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| Stock No. | Unit | Description | Quantity | Unit Cost | Amount |
|-----------|------|---|----------|-----------|--------|
| | | Consumables: One (1) box of 27G mesotherapy needles (60 pcs/box) - MESBIO Kits One (1) box of 30G mesotherapy needles (60 pcs/box) - MESBIO Kits One (1) box of 31G mesotherapy needles (60 pcs/box) - MESBIO Kits II. Electrical Specification: Equipment shall compatible with hospital power supply of 220 to 240VAC, single phase, 60Hz with grounding With dedicated compatible automatic voltage regulator (AVR) III. Technical Specification: Warranty: One (1) year comprehensive warranty on parts and services for equipment | | | |
| | | | | Sub-Total | 0.00 |

| | |
|-------------------------|--|
| (Total Amount in Words) | |
|-------------------------|--|

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Very truly yours,

OCT 15 2025
EDILBERTO V. CAVANEYRO MD, MHA, FPCS, FPSGS
OIC-Medical Center Chief

Conforme:

MARIANNE LORRAINE NAZARENO
Signature over/Printed Name of Supplier
10/15/25
Date

INCOME

| | | |
|------------------|--|----------------|
| Funds Cluster: | ORS/BURS No. | 25-10-223 |
| Funds Available: | Date of the ORS/BURS: | 10/3/25 |
| | Amount: | Php 689,416.00 |
| | RAYMUND JOE B. MACUANAN Accountant IV | |



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| Address : | 2308 Chino Roces Ave., Extension, Makati City | Date : | 09/29/2025 |
| TIN : | 233-645-751-000 | Mode of Procurement : | Direct Contracting |

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| Stock No. | Unit | Description | Quantity | Unit Cost | Amount |
|-----------|------|--|----------|-----------|--------|
| | | <p>One (1) year warranty on parts and services for AVR Semi-Annual Functionality Tests and Annual Verification during warranty period</p> <p>Certification that the bidder will provide a Service Unit that the end-user can use in case the equipment or any system component will be pulled-out for repair or maintenance within the warranty period.</p> <p>IV. Acceptance, Testing and Commissioning</p> <p>Acceptance, Testing & Commissioning of Equipment</p> <p>Training of End-User (Operation) and Biomedical Unit (Operation & Troubleshooting) with Certificate of Training should be provided and should contain the following details:</p> <p>a. Name of Trainee</p> <p>b. Modality, Brand, Model of Equipment</p> <p>c. Type of Training Conducted</p> <p>d. Inclusive Dates of the Training</p> <p>e. Name of Trainer, Date and Venue</p> <p>The unit to be delivered must show proof that its manufacturing date is not later than CY 2024 onwards</p> <p>Conduct Verification Test during Delivery</p> <p>Conduct Electrical Safety Test</p> <p>Provide two (2) sets of colored Technical Manual, Hardcopy and Softcopy (Flashdrive) in English Manual for all equipment including peripherals, etc.</p> <p>a. User's Operational Manual</p> <p>b. Quality and Maintenance Manual</p> <p>c. Service and Technical Manual</p> <p>V. Other Terms & Condition:</p> <p>Preferably with green eco-products specification (made of recyclable materials, non-toxic materials, energy efficient, sustainable, etc.)</p> <p>P.R. No. 25-08-1193 dated 8/13/2025</p> <p>NOA dated 09/19/2025</p> <p>Resolution No. 2025-306 dated 09/12/2025</p> <p>Allocation: DERMATOLOGY DEPT.</p> | | | |

(Total Amount in Words)

In case of failure to make the full delivery within the time specified above a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s.

Conforme: MARILYNNE VORRAINE NAZARENO
Signature over Printed Name of Supplier

10/15/25
Date

Very truly yours,
EDILBERTO V. CAVANEYRO MD, MHA, FPCS, FPSGS
OIC-Medical Center Chief

INCOME

| | | |
|---|-----------------------|-----------------------|
| Funds Cluster: | ORS/BURS No. | 25 - 10 - 273 |
| Funds Available: | Date of the ORS/BURS: | 10/31/25 |
| <u>RAYMUND JOE B. MACUANAN</u> Accountant IV | Amount: | Php 689,416.00 |

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| Stock No. | Unit | Description | Quantity | Unit Cost | Amount |
|-----------|------|---|----------|-----------|--------|
| | | xxxxxxxxxx Nothing Follows xxxxxxxxxxxx | | | |

| | | |
|-------------------------|--|--------------|
| (Total Amount in Words) | Six Hundred Eighty Nine Thousand Four Hundred Sixteen pesos only | P 689,416.00 |
|-------------------------|--|--------------|

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Very truly yours,


E. C... OCT 15 2025
EDILBERTO V. CAVANEYRO MD, MHA, EPCS, FPSGS
OIC-Medical Center Chief

Conforme:

MARILYNNE LORRAINE NAZARENO
Signature over Printed Name of Supplier

Date _____

INCOME

| | |
|--|---|
| Funds Cluster: Funds Available: | ORS/BURS No. <u>25-10-273</u> Date of the ORS/BURS: <u>10/3/25</u> Amount: <u>Php 689,416.00</u> |
| <div style="text-align: center;">  <u>RAYMUND JOE B. MACUANA</u> Accountant IV </div> | |