



## BIDS AND AWARDS COMMITTEE

May 15, 2025

### NOTICE OF AWARD

22 UNIT NEBULIZER MACHINE  
BAC RESO NO. 2025-156 dated May 08, 2025

**MS. MARY ANN C. LAZARO**

Authorized Representative

**MEDICAL CENTER TRADING CORPORATION**

Pioneer Street Corner Shaw BLVD. Kapitolyo, Pasig City

Contact no. 8631171517 | 8636327172 | 86319355

Email: [salesdept.medicalcentertrading@gmail.com](mailto:salesdept.medicalcentertrading@gmail.com)

Dear Ms. Lazaro:

Please be notified that the result of your quotation for the **Small Value Procurement** of 22 UNIT NEBULIZER MACHINE under PR No. 25-03-447, is hereby awarded to you as the lowest quotation with a contract amount equivalent to **TWO HUNDRED FORTY-ONE THOUSAND ONE HUNDRED TWENTY PESOS ONLY (₱ 241,120.00)**;

Item No.	QTY	UNIT	ITEM / DESCRIPTION	UNIT COST	TOTAL AMOUNT
1.	22	unit	Nebulizer Machine	₱ 10,960.00	₱ 241,120.00
			I. Equipment Specification:		
			Compressor Type: Diaphragm; Maximum Compressor Pressure: 30 psi; Operating Humidity: up to 95% non-condensing; Nebulizer Capacity: 10 mL; Nebulization Rate: 0.15 mL/min or greater; with 10 pcs extra filters		
			II. Equipment Specification:		
			Equipment shall compatible with hospital power supply of 220 to 240VAC, single phase, 60Hz with grounding		
			III. Technical Specifications		
			a. General Requirements		
			FDA Certificate of Medical Device Notification (CMDN)		
			The equipment or devices must conform to the IEC 60601 Standards and any of the following Standards		
			a.) USFDA (Food and Drug administration, US Standards b.) CE(European conformity) Standards c.) ISO Standards (9000, 9001, 900 2) d.) UL (Underwriters Laboratories) Standards e.) The proposed unit shall also conform to all relevant International, National and local standards and requirements of medical device regulatory agencies.		

*"PHIC Accredited Healthcare Provider"*  
*"Valenzuela Medical Center...Where your health matters most"*



Address: Padrigal St., Karuhatan, Valenzuela City, 1441  
Telephone Nos: 8294-6711 to 17  
Director's Office Direct Line: 8291-4259  
Email Address: [valgen\\_hosp@yahoo.com](mailto:valgen_hosp@yahoo.com)  
Website: <https://vmc.doh.gov.ph>



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Department of Health  
Metro Manila Center for Health Development  
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		Supplier shall list in the various international standards met by the supplier (Not Applicable)		
		Manufacturer's Certificate Brand must be in the local market for at least 5 years (Not Applicable)		
		Certification that there is established Service Center in Metro Manila or Philippines (Not Applicable)		
		Certificate of Comprehensive Warranty which states the following clause: (Not Applicable)		
		<ul style="list-style-type: none"> <li>a. The period of warranty shall be deemed to be fully comprehensive</li> <li>b. All inclusive of warranty, labor, spare parts, accessories, service consumables, manufacturer's Preventive Maintenance (Not Applicable)</li> </ul>		
		<ul style="list-style-type: none"> <li>b. Warranty and Preventive Maintenance Services: One (1) year comprehensive warranty on parts and services for equipment</li> <li>Semi-Annual Preventive Maintenance Service and Annual Calibration during warranty period (Not Applicable)</li> </ul>		
		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. (Not Applicable)		
		Any corrective action requiring replacement of part/component(s) shall be conducted and completed within at most 3 days, during the warranty period. (Not Applicable)		
		IV. Acceptance, Testing and Commissioning (Not Applicable)		
		Acceptance, Testing & Commissioning of Equipment (Not Applicable)		
		Training of End-User (Operation) with Certificate of Training should be provided and should contain the following details: (Not Applicable)		
		<ul style="list-style-type: none"> <li>a.Name of Trainee (Not Applicable)</li> <li>b.Modality, Brand, Model of Equipment (Not Applicable)</li> <li>c.Type of Training Conducted (Not Applicable)</li> <li>d.Inclusive Dates of the Training (Not Applicable)</li> <li>e.Name of Trainer, Date and Venue (Not Applicable)</li> </ul>		
		The unit to be delivered must show proof that its manufacturing date is not later than CY 2023 onwards Electrical Safety Test (Not Applicable)		
		Provide two (2) sets of colored Technical Manual, Hardcopy and Softcopy (Flashdrive) in English Manual for all equipment including peripherals, etc. (Not Applicable)		
		<ul style="list-style-type: none"> <li>a.User's Operational Manual (Not Applicable)</li> <li>b.Quality and Maintenance Manual (Not Applicable)</li> <li>c. Service and Technical Manual (Not Applicable)</li> </ul>		
		Hands-on Training for Biomedical, suppliers must perform an actual: (Not Applicable)		

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		a.Operations (Not Applicable) b.Dissassembly and Assembly (Not Applicable) c.Troubleshooting (Not Applicable) d.Recommended Maintenance as per manufacturer (Not Applicable)		
		V. Other Terms & Condition: Preferably packaging is made of recyclable materials Preferably with green eco-products specification (non-toxic materials, energy efficient, sustainable, etc.)		
		NEBULIZER 230V 5650P		
		Brand: PULMOAIDE		
		One year warranty		
		***** nothing follows *****		
			<b>TOTAL:</b>	<b>241,120.00</b>

The Valenzuela Medical Center reserves the right to withdraw / terminate this Notice of Award in view of non-delivery on the time specified, delivery of items of poor quality / substandard and any other violation of the terms and conditions provided in the Notice of Award.

Approved by:

**EDILBERTO V. CAVANEYRO, MD, MHA, FPCS, FPSGS**  
 OIC - Medical Center Chief II

Conformed:

Authorized Representative  
**MEDICAL CENTER TRADING CORPORATION**  
 Company

Emailed  
 5/22/25

Date: \_\_\_\_\_

/ D.P.

VALENZUELA MEDICAL CENTER  
 SAC RECEIVED  
 Sign \_\_\_\_\_ Date: 5/22/25

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