



JOB ORDER

Supplier: LIFELINE DIAGNOSTICS SUPPLIES, INC.	J.O. No.: 20-11-005
Address: #1225 Quezon Ave. Brgy. Sta. Cruz QC	Date: 11/25/2020
tel. # fax # 376-5917 / F 372-1675/98	Mode of Procurement: AMP- NEGOTIATED PROCUREMENT: EMERGENCY CASES
BAC Resolution # AMP-017-A s. 2020 BAC NO. 1 DATE: OCT. 07, 2020	

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

Place of Delivery, San Lazaro Hospital - Material Management Department	Delivery Term: Completion (60-90) days upon receipt of approved J.O.
Site of Delivery	Payment Term:

Item #	Unit	Quantity	Description	Labor Cost	Amount
1	units	2	Laboratory equipment and devices preventive maintenance SUPPLIER'S OFFERED SPECIFICATION Instrument: CFX96 TOUCH REAL TIME PCR Unit: 2 Units Coverage: One-time Preventive Maintenance Total Amount: Php 140,000.00 Each preventive maintenance performed by Qualified Service Engineer includes the following: 1. INSPECTION AND CLEANING OF: a. Spill off outside casing b. Reference Spots and Lid cover plate c. Cooling fins/vents d. Reaction block e. Fans 2. SYSTEM CHECKOUT a. Thermal validation b. C1000 Startup and Selftest c. Firmware version verification d. C1000 version checker e. C1000 Diagnostic test 3. INSTRUMENT SERVICE TEST a. Query firmware version c. Optical Head Self-test d. Verify block indicator e. Base unit fans f. Check pin g. Rotated plate uniformity plate h. Scan with lid open i. Base unit Self-test j. Verify lid open/ close using motorized commands k. Verify block performance l. Verify lid heating m. Verify shuttle heating n. Verify shuttle EEPROM o. System EEPROM 4. DOCUMENTATION a. Field service report b. Preventive maintenance c. Certificate of validation d. Pm Stickers	70,000.00	140,000.00

OFFICE OF THE DIRECTOR
 DEC 28 2020
Purchase 4.2m
 RECEIVED
 SAN LAZARO HOSPITAL

RECEIVED
 BY: WASMITA LOPEZ
 DATE: **DEC 28 2020**

SAN LAZARO HOSPITAL
 PROCUREMENT DEPARTMENT
 RECEIVED
[Signature]
 DATE: 12/29/20 TIME: 8:10

RECEIVED
 By: [Signature]
 Date: 10:45 **DEC 28 2020**

Total Amount in Words)	One Hundred Forty Thousand Pesos Only	140,000.00
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In case of failure to make the full delivery within the time specified above, a penalty of one-tenth(1/10) one percent for every day of delay shall be imposed.

Inform: _____
 (Signature over printed name)

 (Date)

Very truly yours,
EDMUNDO B. LOPEZ, MD, MPH, MHA
 Medical Center Chief II