

REPUBLIC OF THE PHILIPPINES SOCIAL SECURITY SYSTEM Office Address: SSS BLDG.EASTAVE.DILIMAN PINYAHAN, QC NCR 2ND DISTRICT Tel. No.: loc. Fax No.:

Vendor:	
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HI-PRECISION DIAGNOSTICS

PO/JO/LO No.:

5000012672

Address:

440-442 DEL MONTE AVENUE COR

QUEZON CITY 1105 Philippines

Date:

September 19, 2023

Order Type:

JO

Project Name: Conducyt of Annual Physical Examination for Twenty Eight (28) Regular Employees for CY 2023

Clearance No./Date: 2023-OLG-005 / July 12, 2023

BEI and AOB No./Date: BEI-2023-028 / AOB2023-028 / August 23, 2023

Mode of Procurement: NP - Small Value Procurement

Supplier's TIN: 004 - 778 - 957 - 000

Cost Center: 115200021 HEALTH CARE DEPT

Classification: 6002026003 Professional Fees - Others

Funds Available: Php 76,500.00

Payment Terms: Government Terms (Payment is upon delivery of items/services and submission of billing documents)

Medical Diagnosis and Laboratory Tests Include:

25 EEs: CBC, BUN, SGPT, URINALYSIS (12 PARAMETER), CHEST X-RAY, FBS CREATININE, URIC ACID, ECG and LIPID PROFILE

3 EES: HBA1C, CBC, BUN, SGPT, URINALYSIS (12 PARAMETER), CHEST X-RAY, FBS CREATININE, URIC ACID, ECG and LIPID PROFILE

Notes:

- 1. With DOH License to operate a general clinical laboratory
- 2. Complete fully automated Laboratory Examination
- 3. Results available within 5 days from conduct of procedure
- 4. Mobile service capable or with existing branch within the city or within 30km distance from SSS Branch
- 6. Subcontracting is not allowed
- 7. Preferably with Quality Certification (ISO 9000/ISO 9001) of main office or participating branch
- 8. Preferably with Quality Accreditation (PAB/ISO 15189) of Main Office or participating branch

Approved by SVP Antonio S. Argabioso, Head of Procuring Entity (BAC Division) on September 5, 2023 per recommendation of BAC Reso No. BEI-2023-028 dated August 23, 2023.

Note: Subject to specific warranties appearing at the back hereof.

Delivery: Acceptance of deliveries shall be from Monday to Friday, 8:00 AM to 5:00 PM only excluding Holiday. You are to make delivery within 30 calendar days from receipt of this PO/LO/JO.

Please submit your Original Delivery Receipt & Invoice, together with two (2) copies of Taxpayer's Certificate with your Tax Identifaction Number & original copy of this Job Order to:

SSS OLONGAPO - 35 Gordon Avenue, Aslnan, Olongapo City

Submit also two (2) copies of your Premium payment certification stating the SSS official receipt or Special Bank receipt covering your latest premium payment and the applicable month (if applicable).

Reviewed:

Certified: Funds Available

Approved:

BRANCH HEAD I

Conforme:

SARAH JANE MATA

Name of Authorized Renresentative

Date

SSS OLONGAPO BRANCH

DEO-ADMINISTRATIVE