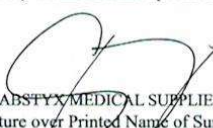



LGU

Supplier : LABSTYX MEDICAL SUPPLIES		P.O. No. : <u>2021-04-476</u>			
Address : <u>Ozamis city</u>		Date : <u>4-24-21</u>			
TIN : <u>090-694-077-000</u>		Mode of Procurement : NP-EC			
PR No./s 2021-04-0369					
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery : PGSO		Delivery Term : 15 DAYS			
Date of Delivery :		Payment Term :			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	box	Lateral flow rapid diagnostic test (1x25) (Panbio Abbot)	80	13500.00	1,080,000.00
Device Description :					
√ with control and test time					
√ single sample well to test for SARS COV 2					
√ CE mark declared					
√ Storage : 2-30 deg C					
√ test time : 15-20 minutes ,do not read beyond 20 minutes					
Kit content : 25 test devices individually					
√ buffer -1x9 ml/bottle					
√ 25 extraction tubes					
√ 25 extraction tubes cups					
√ 1 positive control swab					
√ 1 negative control swab					
√ 25 sterilized nasopharyngeal swabs for sample collection					
√ 1 tube track					
√ 1 quick reference guide (nasal)					
√ 1 instruction for use (ifu)					
Sensitivity : at least 98.1% vs RT-PCR using nasopharyngeal swab					
Specificity : at least 100% vs RT-PCR using nasopharyngeal swab					
Extraction tube is fully enclosed for disposal					
self contained tube with "break off " swab minimizes staff exposure					
(Total Amount in Words)		ONE MILLION EIGHTY THOUSAND PESOS ONLY		P 1,080,000.00	
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:		 LABSTYX MEDICAL SUPPLIES Signature over Printed Name of Supplier <u>4-24-21</u> Date		Very truly yours,  HON. PHILIP T. TAN Signature over Printed Name of Authorized Official _____ Designation	
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)					
Approved per Sanggunian Resolution No.: _____					
Certified Correct:		_____ Secretary to the Sanggunian		_____ Date	