NOTICE OF AWARD

October 17, 2022

METRO DRUG, INC.
Sta. Rosa Estate, Brgy. Macabling,
Sta. Rosa, Laguna
Tel No.: +63 8424-12278; +63 917-8539729
Email: aalberto@metrodrug.com.ph

Sir / Madam:

Please be advised that based on the results of the Public Bidding conducted by the National Center for Mental Health for the **Supply and Delivery of Drugs and Medicines (Additional) CY 2022**, the following list of items is hereby awarded to your company:

NO.	ITEM DESCRIPTION	ITEM CODE	QTY	UOM	UNIT PRICE	TOTAL PRICE
1	Sodium Hyaluronate 1 mg/ml, 5 ml ophthalmic solution Brand: HIALID 1mg/ml (0.1%) ophthalmic solution bottle 1's Origin: *Japan*	DMA22-51	150	Bottle	PHP 254.25	PHP 38,137.50
					TOTAL AMOUNT:	**PHP 38,137.50**

You are hereby required to submit the following **within ten (10) calendar days:**

- Contract Agreement Form (Legal Size) for the Public Bidding for the **Supply and Delivery of Drugs and Medicines (Additional) CY 2022**

  NOTE: The signatory shall be **NOEL V. REYES, MD, FPPA, MMHoA, MEDICAL CENTER CHIEF II**; and

- Notarized Performance Securing Declaration; **or**
- Performance Security in any forms and amount stipulated below:

A. Cash or Cashier's / Manager's Check Bank Guarantee	Five Percent (5%) of the Total Contract Price

"There is no Health without Mental Health"

9 De Pebrero St., Brgy. Mauway, Mandaluyong City
Tel. No.: 8531-9001   Fax: 8531-8682   Website: www.ncmh.gov.ph

PhilHealth
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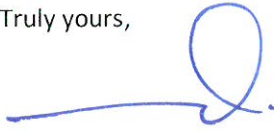| B. Surety Bond callable upon demand issued by a surety or insurance company duly certified by Insurance Commission / GSIS	Thirty Percent (30%) of the Total Contract Price

- LABELLING:
  For each box, bottle, and corrugated carton, the following should be a legibility imprint:
  "Philippine Government Property
  Department of Health
  NOT FOR SALE"

Failure to provide any of the above-mentioned requirements shall constitute sufficient grounds for cancellation of this Award and forfeiture of the Bid Security.

Truly yours,

NOEL V. REYES, MD, FPPA, MMHoA
Medical Center Chief II

CONFORME:

_____
Authorized Representative

_____
Date and Time