DATE: JUNE 14, 2019

TO: OVERALL NEWBORN SCREENING COORDINATOR, PURCHASING, ACCOUNTING AND FINANCE DEPARTMENT

FROM: J EDGAR WINSTON C. POSECION, M.D., F.P.P.S., DPSNbM UNIT HEAD

RE: LATEST MECHANICS ON PURCHASE ORDER SYSTEM FOR NEWBORN SCREENING CENTER – VISAYAS NEWBORN SCREENING COLLECTION KIT

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ORDERING

1. All purchase orders for Expanded NBS Collection kits from facilities in the Visayas region (Western Visayas, Central Visayas and Eastern Visayas) shall be forwarded to:

   Newborn Screening Center – Visayas
   West Visayas State University Medical Center
   E. Lopez St. Jaro, Iloilo City

2. A duty accomplished purchase order (P.O.) is a requirement for procurement of expanded newborn specimen collection kits with a minimum order of five (5) Expanded NBS Collection Kits. Newborn Screening Facilities (NSFs) may use their existing purchase order forms to order the said supplies. If the NSF does not have its own purchase order form, they may reproduce and use the Newborn Screening Center – Visayas purchase order template (Please see attached PO form Template). The following information is required when placing orders:
   a. Complete name of the Newborn Screening Facility (acronym and shortcut is not allowed)
   b. Purchase Order number
   c. Purchase Order date
   d. Facility Code
   e. Quantity of kits.
      Note: The minimum allowable quantity of kits per purchase order is five (5) Expanded NBS Collection kits
   f. Total Amount
   g. Mode of Delivery
      Note: If the Newborn Screening Facilities are outside the serviceable area, specify the nearest courier branch for pick up.
   h. Orders must be signed and approved by authorized personnel otherwise, purchase order will not be processed.

Note: Please make sure that the details in the purchase order are complete and updated upon placing the orders to prevent unnecessary delay otherwise, purchase order will not be processed.
3. The duly signed and approved purchase order (P.O.) may be sent through:
   a. Fax: (033) 320-3286/ (033) 329-3744/ (033) 508 4844
      Please confirm immediately through phone call or text if the purchase order was received
      and clearly printed by the machine.
   b. Electronic mail (email): nscvis.poaacct@gmail.com and/or nscvis@gmail.com
      Please scan and attach to email the approved purchase order.
   c. Regular mail or preferred courier (See above address)
      Purchase order may be sent together with the specimen or payment.
   d. Walk-in
      NBS kits shall only be released to employees of the NSF with valid identification, non-employees
      should present an authorization letter from the Newborn Screening Coordinator upon claiming the NBS kits.
      This is to ensure proper tracking of the NBS kits to respective Newborn Screening Facilities. Moreover, NSFs
      are requested to inform the Newborn Screening Center – Visayas (NSCV) via phone call or text message one
      day before pick up of the ordered kits.

ENBS Collection kits will be released according to the schedule below:

<table>
<thead>
<tr>
<th>Time of Receipt of Purchase Order</th>
<th>Schedule of Release of ENBS Kits</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00am – 11:00am</td>
<td>3:00pm of the same day</td>
</tr>
<tr>
<td>11:00am – 5:00pm</td>
<td>10:00am of the next working day</td>
</tr>
</tbody>
</table>

4. Please be informed that per DOH Administrative Order No. 2014-0045-A dated March 29, 2019, effective May 1,
   2019, the Expanded NBS Collection Kits shall be priced at 1,750.00 per kit. (Please see attached DOH
   Administrative Order). The cost of each Expanded Newborn screening collection kit is worth One Thousand
   Seven Hundred Fifty Pesos Only (1,750.00) which includes the following items (Please see attached
   price quotation):
   a. Expanded Filter Card
   b. Lancet
   c. Transmittal Form
   d. ENBS Brochure

5. Purchase order will be automatically put ON HOLD for the following reasons:
   a. Incomplete or incorrect information on the purchase order form
      P.O. Officer will inform you via phone call of any incomplete information as stated in item 2 of this
      memo. Newborn Screening Facility must submit an updated purchase order form in case there are changes
      in the details of the purchase order.
   b. Unsettled Account.
      Accounting Clerk will inform you via phone call of any unsettled account. Please be reminded that
      your purchase order will not be processed if there is an outstanding account.

DELIVERY

1. Orders will be delivered within seven (7) working days upon receipt of the purchase order from the NSFs.
   Allow 10 working days, if the Newborn Screening Facilities are outside the serviceable area of the courier. You will
   immediately be notified if there are changes in the delivery schedule.

2. Ordered ENBS collection kits will be sent or transmitted by the Newborn Screening Center – Visayas through the
   Newborn Screening Facilities’ preferred courier. The original sales invoice will be sent together with the ordered kits.

Note: If sales invoice is misplaced or lost, NSFs is required to send a letter requesting for a
second copy of the sales invoice.
3. The hospital personnel in charge of receiving the ordered kits must immediately inform the center of any discrepancy in the delivery within the day the ENBS kits was received. Otherwise, it shall be deemed received in good order and condition.

PAYMENTS

1. Terms of payment
   Term of payment is the period given by Newborn Screening Center – Visayas for the Newborn Screening Facility to pay the ordered NBS Collection kits and is indicated in the sales invoice. In case of failure to make full payment within the period specified a penalty of 2% per month of the total purchase price will be imposed on your bill. Purchase orders will automatically put on hold if there are outstanding accounts.
   a. 60 days for PHILHEALTH accredited NSFs (provide a photocopy of the updated certificate from PHILHEALTH)
   b. 45 days for NON PHILHEALTH accredited NSFs.
   c. Prepaid for walk-in clients. (Payments must be made upon purchase)

2. Mode of Payment
   Payment may be made in any of the following:
   a. Cash
   b. Check Payments and Postal Money Order payable to:
      
      WVSUMC NEWBORN SCREENING PROJECT
      
      NEWBORN SCREENING CENTER – VISAYAS
      
      c. Bank to bank/ ON-LINE payment through:
          • Philippine National Bank (PNB)
          
          Account Name : NEWBORN SCREENING CENTER – VISAYAS
          Account Number : 310710012012
          Branch : JARO BRANCH, ILOILO CITY
          *NO BANK SERVICE CHARGE
          
          • Development Bank of the Philippines (DBP)
          
          Account Name : WVSUMC NEWBORN SCREENING PROJECT
          Account Number : 171 – 756 – 6
          Branch : JARO BRANCH, ILOILO CITY
          *NO BANK SERVICE CHARGE

3. If payment was made through PNB and DBP, the duplicate copy of the bank validated deposit slip or bank official receipt should be immediately sent to Newborn Screening Center – Visayas for proper recording/posting and issuance of corresponding official receipt.

   Always indicate your NSF Name and the Sales Invoice number being paid on the deposit slip upon payment. We will not be able to acknowledge your inter – bank payment unless deposit slips with bank validation are sent to us.

CARD REPLACEMENT

1. As we transition to FULL IMPLEMENTATION OF EXPANDED NEWBORN SCREENING, please be reminded that for the following NBS results that used EXPANDED NBS filter cards, repeat sample collection is to be availed by patients for FREE and the collecting newborn screening facility (NSF) will be replaced with new ENBS filter cards:
   • Positive/elevated result
   • Rejected samples (contaminated and insufficient)
2. This is applicable for as long as both the initial and repeat samples used EXPANDED NBS filter cards. If a routine NBS filter card was used during the initial collection but an ENBS filter card was used for the repeat collection (and vice versa), NO REPLACEMENT will be given for the filter card used during repeat sample collection.

3. For preterm/low birth weight/sick babies whose initial samples used EXPANDED NBS filter cards and for whom a repeat sample is collected at 28 days of life, the repeat sample is NOT to be availed by the patient for free and is thus NOT eligible for replacement.

4. For repeat sample cards to be replaced, please send a duly filled out REQUEST FOR REPLACEMENT form. We strongly recommend that a request for replacement is sent along with every repeat sample card so that the request is processed promptly. We discourage the sending of BATCHED requests for replacements (e.g. those made on a quarterly/semi-annual/annual basis) and these requests shall be given the least priority.

COURIERS
The following are duly authorized and official couriers of Newborn Screening Center – Visayas:
   a. 2GO/ Abotiz One, Inc. (Account Number: 2901063856)
   b. DHL/ WWW Express (Account Number: WWWE642211992)
   c. JRS Express
   d. Libcap Super Express
      Antique Account : 27 – 040
      Bacolod Account : 05 – 448
      Dumaguete Account : 23 – 167
      Iloilo Account : 24 – 80
      Kalibo Account : 17 – 111
      Roxas Account : 13 – 169
      Tacloban Account : 10 – 152
      Tagbilaran Account : 22 – 129
   e. Philippine Postal Corporation
      Region 6 Account : C6 500001 (Western Visayas)

Note: Sending of blood samples to NSC – Visayas on any of the abovementioned couriers shall be free of charge. Sending of documents other than the blood samples shall be charged to the NSF.

CONTACT PERSONS
For more information, please contact the following numbers:

<table>
<thead>
<tr>
<th>Inquiry</th>
<th>Contact Person</th>
<th>Contact Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account Reconciliations, Payments and Other</td>
<td>Frederick B. Aguirre (Supervising Administrative</td>
<td>(033) 320-3286</td>
</tr>
<tr>
<td>Administrative Concerns</td>
<td>Administrative Officer)</td>
<td>(033) 501-0057</td>
</tr>
<tr>
<td></td>
<td>Gretchen B. Canja, CPA (Accountant)</td>
<td>Globe Phone Number</td>
</tr>
<tr>
<td></td>
<td>Irish Dayle D. Cordero (Accounting Clerk)</td>
<td>0917-712-4690</td>
</tr>
<tr>
<td>Official Receipt Issuance</td>
<td>Gretchen B. Canja, CPA (Accountant)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Irish Dayle D. Cordero (Accounting Clerk)</td>
<td></td>
</tr>
<tr>
<td>Purchase Orders and Filter Card</td>
<td>Sheiryl G. Navarro (PO Officer In-Charge)</td>
<td></td>
</tr>
<tr>
<td>Replacements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Releasing of Results, Official Receipts</td>
<td>Mary Catherine C. Monterroso (NBS Results In-charge)</td>
<td></td>
</tr>
<tr>
<td>and Other Communication Letters</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NOTE: KINDLY FILL THIS FORM COMPLETELY TO AVOID ANY DISCREPANCY. THANK YOU. (ALL FIELDS WITH * ARE REQUIRED)

*Name of Facility
* Address
* Contact Nos.

To: NEWBORN SCREENING CENTER – VISAYAS
West Visayas State University Medical Center
E. Lopez St., Jaro, Iloilo City
Telefax No.: (033) 329-3744; (033) 508-4844

* Purchase Order No ____________________
* Date ____________________
* Facility Code ____________________

<table>
<thead>
<tr>
<th>TERMS OF PAYMENT</th>
<th>DELIVERY PERIOD</th>
<th>MODE OF DELIVERY</th>
</tr>
</thead>
</table>
| 45 DAYS          | Within seven (7) working days upon receipt of the purchase order from the NSFs. **Allow 10 working days**, if the Newborn Screening Facilities are outside the serviceable area of the courier. | □ Philippine Postal Corporation  
□ JRS  
□ 2Go  
□ Pick up JRS Branch  
(Pls. specify the  
JRS Branch)  
□ Pick up 2GO Branch  
(Pls. specify the  
2GO Branch) |

Note:

a) Term of payment for Phil health Accredited Newborn Screening Facilities (NSFs) is 60 DAYS. Please send a photocopy of your PHILHEALTH CERTIFICATE OF ACCREDITATION to the NSC – Visayas.

b) The minimum allowable quantity of kits per purchase order is FIVE (5) NBS Specimen Collection Kits.

c) For Walk – In Clients, NSFs are requested to inform the Newborn Screening Center – Visayas (NSCV) via phone call or text message one day before pick up of the ordered kits.

Please furnish the following articles/services:

<table>
<thead>
<tr>
<th>Unit</th>
<th>Description</th>
<th>Unit Price</th>
<th>Quantity</th>
<th>Total Amount</th>
</tr>
</thead>
</table>
| Kit  | Expanded NBS Kit (Minimum of 5 kits /P.O.)  
- Filter card (Expanded) and Lancet  
- Transmittal Form and;  
- NBS Pink Brochure | P 1,750.00 | | |
| PC   | OTHER REQUEST:  
Extra NBS Posters | 20.00 | | |
| PC   | Lancets (Maximum 100 pcs) | 2.00 | | |
| PC   | Extra NBS Brochures (Minimum 100 pcs) | 1.00 | | |
| PC   | Drying Rack | No charge | | |

**TOTAL**

Requested by: ____________________
Approved by: ____________________
Noted by: ____________________

Signature over Printed Name  
Signature over Printed Name  
Signature over Printed Name

Position  
Position  
Position

This form can be reproduced and is not for sale.
ADMINISTRATIVE ORDER
No. 2014-0045-A


Pursuant to Section 11 of Republic Act No. 9288, otherwise known as the Newborn Screening Act of 2004, the Advisory Committee on Newborn Screening (ACNBS) shall review and recommend the newborn screening (NBS) fee to be charged by the Newborn Screening Center (NSC) in order to ensure that NBS will be accessible to all newborns.

During the meeting of the ACNBS held last 04 October 2018, the price adjustment in the expanded newborn screening (ENBS) fee of One Thousand Seven Hundred Fifty Pesos (P1,750.00) has been approved. The said price will apply to all newborns starting from November 19, 2018. The following provisions of Administrative Order No. 2014-0045 are hereby amended:

FROM:
VI. Specific Guidelines/Implementing Mechanism
D. Budget Source
      1. The NBS Fee
         a. The cost of the tests shall be as follows (Per recommendation of the ACNBS on August 19, 2012):
            Option 1 (6 disorders) - P1550.00
            Option 2 (expanded newborn screening) - P1850.00.
         b. For PhilHealth members, P550 shall be covered by PhilHealth.
            For Option 1 (6 disorders), the total cost shall be covered.
            For Option 2 (expanded NBS), only P550.00 shall be covered by PhilHealth and the balance shall be an out-of-pocket expense of the family.

TO:
VI. Specific Guidelines/Implementing Mechanism
D. Budget Source
      1. The NBS Fee
         a. The cost of the tests shall be as follows (Per recommendation of the ACNBS on October 04, 2018):
            Option 1 (6 disorders) - P1550.00
            Option 2 (Expanded Newborn Screening) - P1750.00.
         b. For PhilHealth members, the total cost shall be covered by PhilHealth (Per PhilHealth Circular 2018-0021 on Enhanced Care Package):
            Option 1 (6 disorders) - P1550.00
            Option 2 (Expanded Newborn Screening) - P1750.00

Option 1 (6 disorders) shall be offered until April 30, 2019 only. Effective May 1, 2019, all infants born in accredited facilities shall be tested for expanded newborn screening panel (Option 2) only.

As thus amended, all other provisions of Administrative Order No. 2014-0045 shall remain in full force and effect.

This order shall take effect fifteen (15) days after publication in the official gazette or newspaper of general publication.

FRANCISCO T. DEQUE, MD, MSc
Secretary of Health
Date: April 27, 2019

To:

Dear Sir/Ma'am:

We are pleased to submit hereunder our PRICELIST / QUOTATION for the year 2019, in compliance with DOH Administrative Order 2014-0045-A dated March 29, 2019 to wit:

<table>
<thead>
<tr>
<th>UNIT</th>
<th>QUANTITY</th>
<th>DESCRIPTION</th>
<th>UNIT PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>kit</td>
<td>1</td>
<td>EXPANDED NEWBORN SCREENING COLLECTION KIT (1 ENBS Filter Card, 1 Lancet, 1Transmittal Form, 1 Newborn Screening Brochure)</td>
<td>Php 1,750.00 per Kit (Minimum of 5 kits per P.O.) - Inclusive of Courier Fee and Laboratory Cost</td>
</tr>
<tr>
<td>piece</td>
<td>1</td>
<td>NEWBORN SCREENING POSTER</td>
<td>Php 20.00 per pc</td>
</tr>
<tr>
<td>piece</td>
<td>1</td>
<td>NEWBORN SCREENING BROCHURE</td>
<td>Php 1.00 per pc (Minimum of 100 pcs)</td>
</tr>
<tr>
<td>piece</td>
<td>1</td>
<td>NEWBORN SCREENING TRANSMITTAL FORM</td>
<td>Php 1.00 per pc (Minimum of 100 pcs)</td>
</tr>
<tr>
<td>piece</td>
<td>1</td>
<td>BLOOD LANCET</td>
<td>Php 2.00 per pc (for additional – Maximum Order of 100 pcs only)</td>
</tr>
<tr>
<td>piece</td>
<td>1</td>
<td>DRYING RACK</td>
<td>NO CHARGE (upon request)</td>
</tr>
</tbody>
</table>

Payment Term: * 45 days for Non – PhilHealth Member NSFs
* 60 days for PhilHealth Member NSFs
Delivery Period: 7 Working Days upon receipt of P.O.

Thank you very much for your support of the Newborn Screening Program.

For further inquiry, please contact us at Telephone numbers: (033) 329-3744 (033) 508-4844 0917-712-4690

Sincerely,

FREDERICK B. AGUIRRE
Supervising Administrative Officer

Noted by:

J EDGAR WINSTON C. POSECON, MD, DPPS, DPSNBM
Head, Newborn Screening Center – Visayas

SUBSCRIBED AND SWORN to before me this 3rd day of APRIL 2019 in the City of Iloilo by the affiant who are personally known to me and who exhibited to me their WVSU Medical Center identification card numbers.

Doc. No. 260
Page No. 81
Book No. 3
Series of 2019
CERTIFICATE OF EXCLUSIVE DISTRIBUTORSHIP

This is to certify that

NEWBORN SCREENING CENTER VISAYAS,
WEST VISAYAS STATE UNIVERSITY
MEDICAL CENTER

a government institution with address at
E. Lopez Street, Jaro, Iloilo City

is the SOLE AND EXCLUSIVE DISTRIBUTOR of
NEWBORN SCREENING (NBS) and EXPANDED NEWBORN
SCREENING (ENBS) COLLECTION KITS in the Visayas. There
are no sub-dealers selling at lower price and there are no suitable substitutes
which can be obtained at a more advantageous price.

J. EDGAR WINSTON C. POSECION, MD, DPPS, DPSNbM
HEAD, Newborn Screening Center Visayas
PRC I.D. No. 074890

RAMON S. GUERRA, JR., M.D., M.M.
MEDICAL CENTER CHIEF II
WEST VISAYAS STATE UNIVERSITY MEDICAL CENTER
BIR TIN No.: 114-326-407

SUBSCRIBE AND SWORN to before me this JAN 6, 2019, in the
City of Iloilo, affiant exhibiting to me their respective identification card numbers.

TERESITA M. LABORTE-ILDEY
Notary Public - IIIC

Doc. No.: 19
Page No.: 47
Book No.: V
Series of 491
## Sample PNB On – Line Payment

**Account Number:** 310710012012

**Account Name:** Newborn Screening Center Visayas

**Facility Code and facility Name**

**Sales Invoice Number**

**Total Amount**

**Teller's Validation**

<table>
<thead>
<tr>
<th>BANK NAME &amp; LOCATION</th>
<th>CHECK No.</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PNB - ATM/BNK</td>
<td></td>
<td>55,000.00</td>
</tr>
<tr>
<td>NSCV-1234567</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL CASH or CHECK DEPOSIT or BILLS PAYMENT:** 55,000.00
Sample PNB On-Line Payment

Account Name: Newborn Screening Center Visayas
Account Number: 310710012012
Teller's Validation
Facility Code and facility Name
Sales Invoice Number
Total Amount

NEWBORN SCREENING CENTER – VISAYAS
NSCV-1234567

Thank you for banking with us.

CASH DEPOSIT
CHECK DEPOSIT
TOTAL DEPOSIT

LIST CASH BREAKDOWN HERE

<table>
<thead>
<tr>
<th>NOTES</th>
<th>QTY</th>
<th>AMOUNT</th>
<th>NOTES</th>
<th>QTY</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,000</td>
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<td>20,000</td>
<td>500</td>
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<tr>
<td>200</td>
<td>100</td>
<td>20,000</td>
<td>100</td>
<td>50</td>
<td>5,000</td>
</tr>
</tbody>
</table>

TOTAL CASH

ACKNOWLEDGED BY: CHECKED BY: APPROVED BY:
Sample DBP On-Line Payment (Check Deposit Slip)

CHECK DEPOSIT SLIP

Name: VSUSMC NEWBORN SCREENING PROJECT
Acct No: 0756-002962-030
Date: 02/08/18 Time: 09:59
Amount: PHP 110,000.00
Branch: DBP Kabankalan
Cheque No: 25601977
Ref No: 0754010000000

This is your receipt when machine validated.

CHECK DEPOSIT SLIP

Account Number: 171 – 756 – 6
Account Name: VSUSMC NEWBORN SCREENING PROJECT

CHECK DEPOSIT BREAKDOWN

Bank/Branch: DBP Kabankalan
Cheque No: 25601977
Amount: 110,000.00

Sales Invoice Number

Facility Code and facility Name

Account Number: 171 – 756 – 6
Account Name: Newborn Screening Center Visayas

Teller's Validation

Signature of Depositor/Representative (Print name)
Sample DBP On-Line Payment (Cash Deposit Slip)

Account Name: Newborn Screening Center Visayas
Facility Code and facility Name
Sales Invoice Number
Account Number: 171 - 756 - 6

Teller's Validation

Signature of Depositor/Representative (Print name)
REQUEST FOR REPLACEMENT OF FILTER CARD

Date: ______________________

To:    DR. J EDGAR WINSTON C. POSECION, DPPS
       Unit Head, Newborn Screening Center Visayas
       West Visayas State University Medical Center
       Jaro, Iloilo City

From: ___________________________________________ (Facility Code)

________________________________________________ (Facility Name)

I would like to request for the replacement /s for the filter card used for the repeat NBS sample of:

<table>
<thead>
<tr>
<th>Last Name of Baby, First Name of Mother</th>
<th>Date of Birth</th>
<th>Reason for Repeat NBS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<td>2.</td>
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<td>10.</td>
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</tbody>
</table>

I declare that the above information is true and correct.

By: ______________________________________ (Affix your signature above printed name)

__________________________________ (Designation)

Note: All filter card replacements will be sent to the facility together with the next purchase order.