



**Newborn Screening Center – Visayas**  
**West Visayas State University Medical Center**  
 2nd Floor Medicus Healthcare Plaza Bldg.  
 D. Pison Ave., Brgy. San Rafael Mandurriao, Iloilo City  
 Email Address: [mc-nscv@wvsu.edu.ph](mailto:mc-nscv@wvsu.edu.ph)  
 Telefax No: (033) 320-3286 and (033) 501-2580



**DATE : OCTOBER 10, 2023**

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

**FROM : *Karen June V. Ventilacion* KAREN JUNE V. VENTILACION, MD, DPPS  
UNIT HEAD – NSC VISAYAS**

**RE : LATEST MECHANICS ON PURCHASING THE ENBS KITS FROM NEWBORN SCREENING CENTER - VISAYAS**

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**ORDERING**

1. All purchase orders for Expanded NBS Collection kits from all the Newborn Screening Facilities (NSFs) under Region VI (Western Visayas) and Region VIII (Eastern Visayas) shall be forwarded to:

**Newborn Screening Center – Visayas**  
**West Visayas State University Medical Center**  
**2nd Floor Medicus Healthcare Plaza Bldg.**  
**D. Pison Ave., Brgy. San Rafael Mandurriao, Iloilo City**

2. A **duly accomplished purchase order (P.O.) form** is a requirement for procurement of expanded newborn specimen collection kits. Newborn Screening Facilities (NSFs) may use their existing purchase order forms to order the said kits. If the NSF does not have its own purchase order form, they may use the Newborn Screening Center – Visayas purchase order template (*Please see attached PO form Template*).

The following information is **required** when placing orders:

- a. Facility Name - Note: Acronym and shortcut is not allowed.
- b. Facility Code
- c. Purchase Order number
- d. Purchase Order date
- e. Quantity of kits, the minimum allowable quantity of kits per purchase order is five (5) Expanded NBS Collection kits
- f. Total Amount
- g. Mode of Delivery - 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.**



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3. The duly signed and approved purchase order (P.O.) may be sent through:
  - a. Fax: (033) 320-3286/ (033) 329-3744/ (033) 501-2580  
Please **confirm immediately through phone call or text** (0917-712-4690) if the purchase order was received and clearly printed by the machine.
  - b. Electronic mail (email): [mc-nscv@wvsu.edu.ph](mailto:mc-nscv@wvsu.edu.ph) and/or [nscvis.poacct-mc@wvsu.edu.ph](mailto:nscvis.poacct-mc@wvsu.edu.ph)  
Please **scan and attach to email the approved purchase order form.**
  - c. Regular mail or preferred courier (*See above address*)  
Purchase order may be **sent together with the specimen** or payment.
  - d. Walk - in  
Expanded 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.**
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 minimum allowable quantity of kits is five (5) Expanded NBS kits. 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. Ordered ENBS collection kits will be sent or transmitted by the Newborn Screening Center – Visayas **through the Newborn Screening Facilities' preferred courier. Indicate the nearest courier branch for pick up, if the Newborn Screening facilities are outside the serviceable are.** The original sales invoice will be sent together with the ordered kits. **If sales invoice is misplaced or lost, NSFs is required to send a letter requesting for a second copy of the sales invoice.**
2. 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 preferred courier.
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.



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## 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.**

- 60 days for PHILHEALTH accredited NSFs (provide a photocopy of the updated certificate from PHILHEALTH)
- 45 days for NON PHILHEALTH accredited NSFs.
- Prepaid for walk – in clients. (Payments must be made upon purchase)

### 2. Mode of Payment. Payment may be made in any of the following:

- Cash (Walk in Clients)
- Check Payment payable to **WVSUMC NEWBORN SCREENING PROJECT**
- Bank to bank/ ON – LINE payment through:

- **Landbank**

Account Name : **WEST VISAYAS STATE UNIVERSITY MEDICAL CENTER –  
NEWBORN SCREENING CENTER VISAYAS**

Account Number : **3292-2221-99**

Branch : **JARO BRANCH, ILOILO CITY**

*\*Php50.00 CHARGE TO THE FACILITY*

- **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*

- If payment was **made through bank, 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 facility name, facility code 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. *(Please see attached sample of Cash and Check Deposit Slip)*

## CARD REPLACEMENT

- Please be reminded that a repeat sample collection can be availed by patients for **free** and the collecting newborn screening facility (NSF) **will be replaced** with new ENBS filter cards for the following:

- Positive/ elevated result
- Rejected samples (contaminated and insufficient)
- Late
- NPO/ Soy/ TPN
- < 24 hours
- BT
- BTS
- BTS I
- NDe

- For repeat samples cards to be replaced, please send a duly filled out REQUEST FOR REPLACEMENT form *(Please see attached 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 request for replacements** (e.g., Those made on a quarterly/semi-annual/annual basis) and these requests shall be given the least priority.



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## COURIERS

The following are duly authorized and official couriers of Newborn Screening Center – Visayas:

- a. ZGO/ Aboltiz 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 |
| Iloilo Account   | : | 24 – 80  |
| Kalibo Account   | : | 17 - 111 |
| Roxas Account    | : | 13 – 169 |
| Tacloban Account | : | 10 – 152 |
- 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:

| Inquiry   | Contact Person  | Contact Numbers  |
|---|---|--|
| Account Reconciliations, Payments and Other Administrative Concerns     | Frederick B. Aguirre (Supervising Administrative Officer)<br>Gretchen B. Canja, CPA (Accountant)<br>Irish Dayle D. Cordero (Accounting Clerk) | (033) 320-3286<br>(033) 501-2580<br>Local 101<br>0917-712-4690     |
| Official Receipt Issuance   | Joan O. Arsenal (Cashier)<br>Irish Dayle D. Cordero (Accounting Clerk)  | (033) 320-3286<br>(033) 501-2580<br>Local 106/112<br>0917-712-4690 |
| Purchase Orders and Filter Card Replacements                            | Sheeryl G. Navarro (Kits Officer In-Charge)   | (033) 320-3286<br>(033) 501-2580<br>Local 104<br>0917-712-4690     |
| Releasing of Results, Official Receipts and Other Communication Letters | Christine Joy Buenavides (NBS Results In-charge)  | (033) 320-3286<br>(033) 501-2580<br>Local 114                      |

## ATTACHMENTS

- A. Purchase Order Form Template
- B. DOH Administrative Order No. 2014-0045-A
- C. Price Quotation
- D. Certificate of Exclusive Distributorship
- E. Request for Replacement of filter cards

