

# Organización Panamericana de la Salud

Oficina Regional de la  
Organización Mundial de la Salud

REFERENCIA: **PWR/29**

Santiago, 15 de febrero de 2010

Doctor  
Álvaro Erazo Latorre  
Ministro de Salud  
Ministerio de Salud  
Presente

Estimado Ministro Erazo,

Tengo el agrado de enviarle copia de la orden de compra en relación a la vacuna de la influenza H1N1 para su revisión y visto bueno. Enviaremos el original a la brevedad.

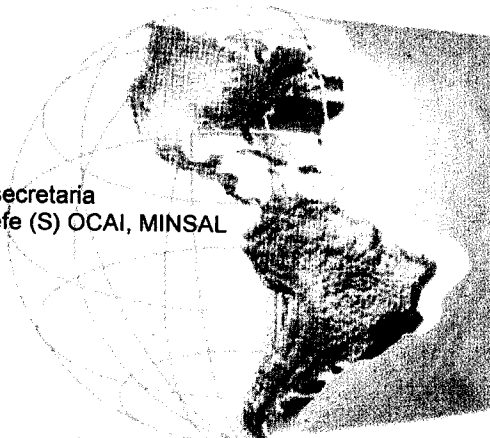
Las vacunas estarían llegando aproximadamente el 1 de marzo de 2010.



Hago propicia esta oportunidad para reiterarle las seguridades de mi más alta y distinguida consideración.

  
**Dr. Rubén Torres**  
Representante OPS/OMS en Chile

C.c.: Sra. Jeannette Vega, Subsecretaria  
Sr. José Miguel Huerta, Jefe (S) OCAI, MINSAL

RT/er



 <p style="text-align: center;"><b>PAN AMERICAN HEALTH ORGANIZATION</b>  <b>Regional Office of the</b>  <b>World Health Organization</b>  <b>Procurement Services (PRO)</b>  525 Twenty-third Street, N.W., Washington, D.C. 20037  Telephone (202) 974-3433  Fax: (202) 974-3615  E-Mail: PRO@paho.org</p>		<b>PURCHASE ORDER</b>
		<b>No: APO1000234</b> <b>Date: 12 Feb 2010</b>

<b>To:</b> SANOFI PASTEUR 2 AVENUE DU PONT PASTEUR 69367 LYON CEDEX 07, FRANCE Attn: MR CHARLES WOLF, MANAGER INTL. TENDERS Tel: 33437370100 Fax: 33437377830	<b>Ship To:</b> MIN DE SALUD, UNIDAD DE INMUNIZACIONES DEPT. DE ENFERMEDADES TRANSMISIBLES DIPRECE SUBSECRETARIA DE SALUD PUBLICA SANTIAGO, CHILE Attn: ROSSANA LAGOS . Tel: 56274984
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ITEM NO.	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL AMOUNT
001	<b>359430-0125</b> INFLUENZA H1N1 VACCINE 10 DOSE WITHOUT ADJUVANT LABELS: SPANISH/ENGLISH SHELF LIFE: 6 MONTHS ORIGIN: USA NOTE: IT IS NECESSARY TO INCLUDE AT LEAST 3 INSERTS FOR EACH PACK X 10 VIALS	602,660	DS	7.5000	4,519,950.00

**ESTIMATED DELIVERY DATE TO SANTIAGO, CHILE: 01 Mar 2010**

**DISCOUNT TERMS: NET 30 DAYS**

**TERMS:**

TOTAL FCA NEW YORK, USA.

PACKED FOR AIR FREIGHT SHIPMENT. AIR FREIGHT AND INSURANCE  
EXTRA AT COST.



QUOTATION: CONTRACT NO. BP00836 AND YOUR EMAILS DATED  
DECEMBER 18, 2009 AND JANUARY 26, 2010

REFERENCE: P.A.NO.: AEP10-23002(OV)

**SHIPPING INSTRUCTIONS:**

AS PER OUR BID SOLICITATION FOR VACCINES 2010.

*Handwritten signature*

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SHIPPING INSTRUCTIONS:

ONE ORIGINAL SET OF THE FOLLOWING DOCUMENTS SHALL BE SENT TO THE CONSIGNEE AS FAR IN ADVANCE OF SHIPMENT AS POSSIBLE TO FACILITATE INITIATION OF THE CUSTOMS CLEARANCE PROCESS PRIOR TO THE ARRIVAL OF THE VACCINE.

ANOTHER ORIGINAL SET SHALL ACCOMPANY THE SHIPMENT. FINALLY, PRIOR TO SHIPMENT, A FULL SET OF SUCH DOCUMENTS SHALL BE SENT TO PAHO/WHO, ATTENTION PROCUREMENT SERVICES (PRO) IN WASHINGTON, D.C., USA, AND TO THE CONSIGNEE. ANY COSTS RELATED TO THIS SERVICE SHALL BE ITEMIZED AND INVOICED TOGETHER WITH THE FREIGHT AND INSURANCE CHARGES.

- \*AIR WAYBILL
- \*COMMERCIAL INVOICE
- \*PACKING LIST
- \*INSURANCE CERTIFICATE
- \*CERTIFICATE OF ORIGIN
- \*LOT RELEASE CERTIFICATE FROM THE NATIONAL REGULATORY AUTHORITY
- \*FREE SALE CERTIFICATE OR LICENSE ISSUED BY NRA
- \*SUMMARY PROTOCOL OF PRODUCTION AND QUALITY CONTROL

SPECIAL INSTRUCTIONS

-PRIOR TO SHIPMENT, FAX COMPLETE SHIPPING DETAILS (INCLUDING COPIES OF AWB OR B/L, INVOICE AND PACKING LIST) TO THE PAHO/WHO'S OFFICE IN CHILE (FAX: 56-2-264-9311), THE CONSIGNEE AND THE PAHO PROCUREMENT OFFICE IN WASHINGTON, D.C.

-FOR VACCINES AND PERISHABLES, USE THE MOST DIRECT ROUTING.



-ON THE "MARK FOR" LINE IN THE ADDRESS INDICATE THE PROJECT NUMBER, NAME OF INSTITUTION, DEPARTMENT AND NAME OF PERSON TO WHOM MATERIAL IS TO BE DELIVERED. THIS INFORMATION IS REQUIRED ON ALL SHIPPING DOCUMENTS (INVOICE, AWB, B/L).

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\* MATERIAL URGENTLY REQUIRED, PLEASE EXPEDITE SHIPMENT. \*  
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TO RECEIVE PAYMENT VIA WIRE TRANSFER DIRECTLY INTO YOUR BANK ACCOUNT, INDICATE THE FOLLOWING INFORMATION ON EACH INVOICE:

- BENEFICIARY NAME
- BANK NAME
- BANK ADDRESS
- BANK ROUTING CODE, SWIFT CODE, OR ABA
- ACCOUNT NUMBER
- TYPE OF ACCOUNT
- INTERMEDIARY BANK
- INTERMEDIARY BANK ADDRESS
- INTERMEDIARY BANK ROUTING

ALL INVOICES RELATED TO THIS PURCHASE ORDER MUST BE SUBMITTED FOR PAYMENT NO MORE THAN NINETY(90) DAYS AFTER FINAL SHIPMENT IS EFFECTED.

 <p><b>PAN AMERICAN HEALTH ORGANIZATION</b>  <b>Regional Office of the</b>  <b>World Health Organization</b>  <b>Procurement Services (PRO)</b>  525 Twenty-third Street, N.W., Washington, D.C. 20037  Telephone (202) 974-3433  Fax: (202) 974-3615  E-Mail: PRO@paho.org</p> 	<b>PURCHASE ORDER</b>
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CRC Case No: 09-223

SUFFIX	ALLOTMENT	SUB OBJECT	GRANT	GRANT DETAIL	AMOUNT
01	ICPEPI001PQ	550GDS	EPIVAK	CHMS	4,519,950.00
02	ICPEPI001PQ	550PFI	EPIVAK	CHMS	38,000.00
03	ICPEPI001PQ	550SER	EPIVAK	CHMS	135,598.50
<b>TOTAL AMOUNT:</b>					<b>\$4,693,548.50</b>



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# PURCHASE ORDER

**No: APO1000234**  
**Date: 12 Feb 2010**

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 PLEASE RETURN COPY OF THIS PAGE OF THE PURCHASE ORDER VIA FAX, EMAIL  
 OR MAIL, SIGNED BY THE AUTHORIZED PERSON IN YOUR COMPANY TO ENTER INTO  
 THIS AGREEMENT WITH PAHO, ATTENTION PROCUREMENT SERVICES (PRO),  
 INDICATING THAT THE TERMS AND CONDITIONS OF THIS PURCHASE ORDER ARE  
 ACCEPTED

NAME/SIGNATURE/TITLE

DATE

**To:**

SANOPI PASTEUR  
 2 AVENUE DU PONT PASTEUR  
 69367 LYON  
 CEDEX 07, FRANCE  
 Attn: MR CHARLES WOLF, MANAGER INTL.TENDERS  
 Tel: 33437370100  
 Fax: 33437377830

DOCUMENT TOTAL:

**\$4,519,950.00**

*[Handwritten Signature]*  
 Contracting Officer

*[Handwritten Signature]*  
 Date