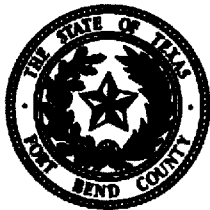


COUNTY PURCHASING AGENT

Fort Bend County, Texas



Gilbert D. Jalomo, Jr., CPPB
County Purchasing Agent

(281) 341-8640
Fax (281) 341-8645

August 17, 2017

TO: All Prospective Bidders

RE: Addendum No. 2 to Pricing Form per Fort Bend County Bid 18-003 – Term Contract for Medical Supplies

Addendum 2:

Attached is Addendum 2 to Bid 18-003 Medical Supplies. Vendors are to use the Addendum 2 document and the Addendum 2 Excel Pricing Form file while preparing their bid response. Due date is now August 29, 2017 by 2:00pm and some locked cells have been unlocked in the pricing form.

Immediately upon your receipt of this addendum, please fill out the following information and email this page to the Fort Bend County Purchasing Department at norma.weaver@fortbendcountytexas.gov.

Midwest Medical Supply Co. LLC
Company Name

[Signature] 8/18/17
Signature of person receiving addendum Date

If you have any questions, please contact this office.

Sincerely,

[Signature]
Cheryl Krejci, CPPB
Senior Buyer

301 Jackson, Suite 201 · Richmond, TX 77469

Vendor Information

Concordance Healthcare Solutions (Midwest Medical)
Legal Name of Contracting Company

43-1741196
Federal ID Number (Company or Corporation) or Social Security Number (Individual)

888-540-3232
Telephone Number

800-545-0065
Facsimile Number

13400 Lakefront Dr.
Complete Mailing Address (for Correspondence)

Cardin City, MO 63045
City, State and Zip Code

2675 Solution Center
Complete Remittance Address (if different from above)

Chicago, IL 60677-2006
City, State and Zip Code

Pamela Boggan Ems Specialist
Authorized Representative and Title (printed)

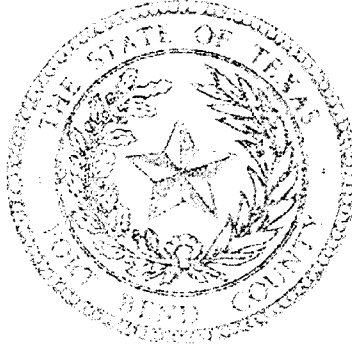
PBoggan@concordancehs.com
Authorized Representative's Email Address

Signature of Authorized Representative

9-7-17
Date

*****Amended 8.30.17**

**Fort Bend County, Texas
Invitation for Bid**



**Term Contract for Purchase of Medical Supplies
BID 18-003**

SUBMIT BIDS TO:

Fort Bend County
Purchasing Department
Travis Annex
301 Jackson, Suite 201
Richmond, TX 77469

****NOTE:**
All correspondence must include the term "Purchasing Department" in the address to assist in proper delivery.

SUBMIT NO LATER THAN:

*****Tuesday, September 12, 2017
2:00 PM (Central)**

LABEL ENVELOPE:

**BID 18-003
MEDICAL SUPPLIES**

ALL BIDS MUST BE RECEIVED IN AND TIME/DATE STAMPED BY THE PURCHASING OFFICE OF FORT BEND COUNTY BEFORE THE SPECIFIED TIME/DATE STATED ABOVE.

BIDS RECEIVED AS REQUIRED WILL THEN BE OPENED AND PUBLICLY READ.

BIDS RECEIVED AFTER THE SPECIFIED TIME, WILL BE RETURNED UNOPENED.

Results will not be given by phone. Results will be provided to bidder in writing after the Commissioners Court awards.

Fort Bend County is always conscious and extremely appreciative of your effort in the preparation of this bid.

Requests for information must be in writing and directed to:

Cheryl Krejci, CPPB
Senior Buyer
cheryl.krejci@fortbendcountytexas.gov

Prepared: 7/27/17
Issued: 8/07/17

1.0 GENERAL REQUIREMENTS:

- 1.1 Read this entire document carefully. Follow all instructions. You are responsible for fulfilling all requirements and specifications. Be sure you understand them.
- 1.2 General Requirements apply to all advertised bids, however, these may be superseded, whole or in part, by the scope, special requirements, specifications, special specifications or other data contained herein.
- 1.3 Governing Law: Bidder is advised that these requirements shall be fully governed by the laws of the State of Texas and that Fort Bend County may request and rely on advice, decisions and opinions of the Attorney General of Texas and the County Attorney concerning any portion of these requirements.
- 1.4 Bid Document Completion: Fill out, initial each page, SIGN CONTRACT SHEET, and return ONE (1) complete bid document and ONE (1) electronic Excel file, on CD or Flash Drive, of the Pricing Form, completed by the bidder, to the Fort Bend County Purchasing Department. An authorized representative of the bidder MUST sign the contract sheet. The bid document, copy of completed pricing form, and electronic file, as provided on County's website, must be in the same sealed envelope marked with the appropriate bid number and title. The contract will be binding only when signed by the County Judge of Fort Bend County and a purchase order authorizing the item(s) desired has been issued. The use of correction fluid is NOT acceptable and may result in the disqualification of bid. If an error is made, vendor MUST draw a line through error and initial each change. All response, typed or written information, must be clear and legible.
- 1.5 Bid Returns: Bidders must return entire completed bid document to the Fort Bend County Purchasing Department at 301 Jackson, Suite 201, Richmond, Texas no later than 2:00 P.M. on the date specified. Late bids will not be accepted. Bids must be submitted in a sealed envelope, addressed as follows: Fort Bend County Purchasing Agent, Travis Annex, 301 Jackson, Suite 201, Richmond, Texas 77469.
- 1.6 Governing Document: In the event of any conflict between the terms and provisions of these requirements and the specifications, the specifications shall govern. In the event of any conflict of interpretation of any part of this overall document, Fort Bend County's interpretation shall govern.
- 1.7 Addenda: No interpretation of the meaning of the drawings, specifications or other bid documents will be made to any bidder orally. All requests for such interpretations must be made in writing addressed to Ms. Cheryl Krejci, Senior Buyer, 301 Jackson, Suite 201, Richmond, Texas 77469, e-mail: cheryl.krejci@fortbendcountytexas.gov. Any and all interpretations and any supplemental instructions will be in the form of written addenda to the contract documents which will be posted on Fort Bend County's website. Addenda will **ONLY** be issued by the Fort Bend County Purchasing Agent. It is the sole

responsibility of each bidder to insure receipt of any and all addenda. All addenda issued will become part of the contract documents. Bidders must sign and include addendum in the returned bid package. Deadline for submission of questions and/or clarification is **Tuesday, August 15, 2017 at 9:00 a.m. (CST)**. Requests received after the deadline will not be responded to due to the time constraints of this bid process.

- 1.8 **Hold Harmless Agreement:** Contractor shall indemnify and hold Fort Bend County harmless from all claims for personal injury, death and/or property damage arising from any cause whatsoever, resulting directly or indirectly from contractor's performance. Contractor shall procure and maintain, with respect to the subject matter of this bid, appropriate insurance coverage including, as a minimum, public liability and property damage with adequate limits to cover contractor's liability as may arise directly or indirectly from work performed under terms of this bid. Certification of such coverage must be provided to the County upon request.
- 1.9 **Waiver of Subrogation:** Bidder and bidder's insurance carrier waive any and all rights whatsoever with regard to subrogation against Fort Bend County as an indirect party to any suit arising out of personal or property damages resulting from bidder's performance under this agreement.
- 1.10 **Severability:** If any section, subsection, paragraph, sentence, clause, phrase or word of these requirements or the specifications shall be held invalid, such holding shall not affect the remaining portions of these requirements and the specifications and it is hereby declared that such remaining portions would have been included in these requirements and the specifications as though the invalid portion had been omitted.
- 1.11 **Bonds:** If this bid requires submission of bid guarantee and performance bond, there will be a separate page explaining those requirements. Bids submitted without the required bid bond or cashier's checks are not acceptable. Bond/s or cashier's check must be complete with all required signatures.
- 1.12 **Taxes:** Fort Bend County is exempt from all federal excise, state and local taxes unless otherwise stated in this document. Fort Bend County claims exemption from all sales and/or use taxes under Chapter 20, Title 122a, Vernon's Texas Civil Statutes, as amended. Texas Limited Sales Tax Exemption Certificates will be furnished upon written request to the Fort Bend County Purchasing Department.
- 1.13 **Fiscal Funding:** A multi-year lease or lease/purchase arrangement (if requested by the specifications), or any contract continuing as a result of an extension option, must include fiscal funding out. If, for any reason, funds are not appropriated to continue the lease or contract, said lease or contract shall become null and void. After expiration of the lease, leased equipment shall be removed by the bidder from the using department without penalty of any kind or form to Fort Bend County. All charges and physical activity related to delivery, installation, removal and redelivery shall be the responsibility of the bidder.

Initials of Bidder:



- 1.14 Pricing: Prices for all goods and/or services shall be firm for the duration of this contract and shall be stated in the bid spreadsheet. Prices shall be all inclusive. No price changes, additions, or subsequent qualifications will be honored during the course of the contract. All prices must be written in ink or typewritten. Pricing on all transportation, freight, and other charges are to be prepaid by the contractor and included in the bid prices. If there are any additional charges of any kind, other than those mentioned above, specified or unspecified, bidder MUST indicate the items required and attendant costs or forfeit the right to payment for such items.
- 1.15 Silence of Specifications: The apparent silence of specifications as to any detail, or the apparent omission from it of a detailed description concerning any point, shall be regarded as meaning that only the best commercial practice is to prevail and that only material and workmanship of the finest quality are to be used. All interpretations of specifications shall be made on the basis of this statement. The items furnished under this contract shall be new, unused of the latest product in production to commercial trade and shall be of the highest quality as to materials used and workmanship. Manufacturer furnishing these items shall be experienced in design and construction of such items and shall be an established supplier of the item bid.
- 1.16 Supplemental Materials: Bidders are responsible for including all pertinent product data in the returned bid package. Literature, brochures, data sheets, specification information, completed forms requested as part of the bid package and any other facts which may affect the evaluation and subsequent contract award should be included. Materials such as legal documents and contractual agreements, which the bidder wishes to include as a condition of the bid, must also be in the returned bid package. Failure to include all necessary and proper supplemental materials may be cause to reject the entire bid.
- 1.17 Material Safety Data Sheets: Under the "Hazardous Communication Act", commonly known as the "Texas Right To Know Act", a bidder must provide to County and using departments, with each delivery, material safety data sheets, which are, applicable to hazardous substances defined in the Act. Bidders are obligated to maintain a current, updated file in the Fort Bend County Purchasing Department. Failure of the bidder to maintain such a file will be cause to reject any bid applying thereto.
- 1.18 Name Brands: Specifications may reference name brands and model numbers. It is not the intent of Fort Bend County to restrict these bids in such cases, but to establish a desired quality level of merchandise or to meet a pre-established standard due to like existing items. Bidders may offer items of equal stature and the burden of proof of such stature rests with them. Fort Bend County shall act as sole judge in determining equality and acceptability of products offered.
- 1.19 Color Selection: Determination of colors of materials is a right reserved by the using department unless otherwise specified in the bid. Unspecified colors shall be quoted as standard colors, not colors, which require up charges or special handling.

Unspecified fabrics or vinyl should be construed as medium grade. If bidder fails to get color/material approvals prior to delivery of merchandise, the using department may refuse to accept the items and demand correct shipment without penalty, subject to other legal remedies.

- 1.20 Evaluation: Evaluation shall be used as a determinant as to which bid items or services are the most efficient and/or most economical for the County. It shall be based on all factors, which have a bearing on price and performance of the items in the user environment. All bids are subject to tabulation by the Fort Bend County Purchasing Department and recommendation to Fort Bend County Commissioners Court. Compliance with all bid requirements, delivery and needs of the using department are considerations in evaluating bids. Pricing is NOT the only criteria for making a recommendation. The Fort Bend County Purchasing Department reserves the right to contact any bidder, at any time, to clarify, verify or request information with regard to any bid.
- 1.21 Inspections: Fort Bend County reserves the right to inspect any item(s) or service location for compliance with specifications and requirements and needs of the using department. If a bidder cannot furnish a sample of a bid item, where applicable, for review, or fails to satisfactorily show an ability to perform, the County can reject the bid as inadequate.
- 1.22 Testing: Fort Bend County reserves the right to test equipment, supplies, material and goods bid for quality, compliance with specifications and ability to meet the needs of the user. Demonstration units must be available for review. Should the goods or services fail to meet requirements and/or be unavailable for evaluation, the bid is subject to rejection.
- 1.23 Disqualification of Bidder: Upon signing this bid document, a bidder offering to sell supplies, materials, services, or equipment to Fort Bend County certifies that the bidder has not violated the antitrust laws of this state codified in section 15.01, et seq., Business & Commerce Code, or the federal antitrust laws, and has not communicated directly or indirectly the bid made to any competitor or any other person engaged in such line of business. Any or all bids may be rejected if the County believes that collusion exists among the bidders. Bids in which the prices are obviously unbalanced may be rejected. If multiple bids are submitted by a bidder and after the bids are opened, one of the bids is withdrawn, the result will be that all of the bids submitted by that bidder will be withdrawn; however, nothing herein prohibits a vendor from submitting multiple bids for different products or services.
- 1.24 Awards: Fort Bend County reserves the right to award this contract on the basis of lowest and best bid in accordance with the laws of the State of Texas, to waive any formality or irregularity, to make awards to more than one bidder, to reject any or all bids. In the event the lowest dollar bidder meeting specifications is not awarded a contract, the bidder may appear before the Commissioners Court and present evidence concerning his responsibility. An award is final only upon formal



execution by the Fort Bend County Commissioners Court or the Fort Bend County Purchasing Agent. Fort Bend County reserves the right to withdraw any award until execution by the proper authority.

- 1.25 Assignment: The successful vendor may not assign, sell or otherwise transfer this contract without written permission of Fort Bend County Commissioners Court.
- 1.26 Term Contracts: If the contract is intended to cover a specific time period, said time will be given in the specifications under scope.
- 1.27 Maintenance: Maintenance required for equipment bid should be available in Fort Bend County by a manufacturer authorized maintenance facility. Costs for this service shall be shown on the bid sheet as requested or on a separate sheet, as required. If Fort Bend County opts to include maintenance, it shall be so stated in the purchase order and said cost will be included. Service will commence only upon expiration of applicable warranties and should be priced accordingly.
- 1.28 Contract Obligation: Fort Bend County Commissioners Court must award the contract and the County Judge or other person authorized by the Fort Bend County Commissioners Court must sign the contract before it becomes binding on Fort Bend County or the bidders. Department heads are not authorized to sign agreements for Fort Bend County. Binding agreements shall remain in effect until all products and/or services covered by this purchase have been satisfactorily delivered and accepted.
- 1.29 Title Transfer: Title and Risk of Loss of goods shall not pass to Fort Bend County until Fort Bend County actually receives and takes possession of the goods at the point or points of delivery. Receiving times may vary with the using department. Generally, deliveries may be made between 8:30 a.m. and 4:00 p.m., Monday through Friday. Bidders are advised to consult the using department for instructions. The place of delivery shall be shown under the "Special Requirement" section of this bid document and/or on the Purchase Order as a "Ship To:" address.
- 1.30 Purchase Order and Delivery: The successful bidder shall not deliver products or provide services without a Fort Bend County Purchase Order, signed by an authorized agent of the Fort Bend County Purchasing Department. The fastest, most reasonable delivery time shall be indicated by the bidder in the proper place on the bid sheet. Any special information concerning delivery should also be included, on a separate sheet, if necessary. All items shall be shipped F.O.B. inside delivery unless otherwise stated in the specifications. This shall be understood to include bringing merchandise to the appropriate room or place designated by the using department. Every tender or delivery of goods must fully comply with all provisions of these requirements and the specifications including time, delivery and quality. Nonconformance shall constitute a breach, which must be rectified prior to expiration of the time for performance. Failure to rectify within the performance period will be considered cause to reject future deliveries and cancellation of the

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contract by Fort Bend County without prejudice to other remedies provided by law. Where delivery times are critical, Fort Bend County reserves the right to award accordingly.

- 1.31 Contract Extension: Extensions may be made only by written agreement between Fort Bend County and the bidder. Any price escalations are limited to those stated by the bidder in the original bid.
- 1.32 Termination: Fort Bend County reserves the right to terminate the contract for default if Seller breaches any of the terms therein, including warranties of bidder or if the bidder becomes insolvent or commits acts of bankruptcy. Such right of termination is in addition to and not in lieu of any other remedies, which Fort Bend County may have in law or equity. Default may be construed as, but not limited to, failure to deliver the proper goods and/or services within the proper amount of time, and/or to properly perform any and all services required to Fort Bend County's satisfaction and/or to meet all other obligations and requirements. Contracts may be terminated without cause upon thirty (30) days written notice to either party unless otherwise specified.
- 1.33 Recycled Materials: Fort Bend County encourages the use of products made of recycled materials and shall give preference in purchasing to products made of recycled materials if the products meet applicable specifications as to quantity and quality. Fort Bend County will be the sole judge in determining product preference application.
- 1.34 Interlocal Participation: Additional governmental entities may purchase from this bid. Vendor agrees to accept purchase orders from those participating entities and to invoice each entity separately.
- 1.35 Escalation Clause: Successful bidder may apply for a price increase to the Fort Bend County Commissioners Court. Price increase will be the amount increased to the vendor from his supplier. Written documentation of the increase from vendor's supplier must be provided to the Purchasing Agent. No application for a price increase may be submitted within the first four (4) months of this contract. Increases of more than 25% of the original bid price will not be considered.
- 1.36 Modifications: This instrument contains the entire Contract between the parties relating to the rights herein granted and obligations herein assumed. Any oral or written representations or modifications concerning this instrument shall be of no force and effect excepting a subsequent written modification signed by both parties hereto.

2.0 TERMS & CONDITIONS:

- 2.1 Seller to Package Goods: Seller will package goods in accordance with good commercial practice. Each delivery container shall be clearly and permanently

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marked as follows (a) Seller's name and address; (b) Consignee's name, address and purchase order number and the bid number if applicable; (c) Container number and total number of containers (e.g. box 1 of 4 boxes); and (d) the number of the container bearing the packing slip. Seller shall bear cost of packaging unless otherwise provided. Goods shall be suitably packed to secure lowest transportation costs and to conform to requirements of common carriers and any applicable specifications. Fort Bend County's count or weight shall be final and conclusive on shipments not accompanied by packing list.


- 2.2 Shipment Under Reservation Prohibited: Seller is not authorized to ship goods under reservation and no tender of a bill of lading will operate as a tender of goods.
- 2.3 Title and Risk of Loss: The title and risk of loss of the goods shall not pass to the County until a County employee actually receives and takes possession of the goods at the point or points of delivery.
- 2.4 Delivery Terms: F.O.B. Destination Freight Prepaid, Inside Delivery, unless delivery terms are specified otherwise on Purchase Order.
- 2.5 No Replacement of Defective Tender: Every tender or delivery of goods must fully comply with all provisions of the Purchase Order as to time of delivery, quality and the like. If a tender is made which does not fully conform, this shall constitute a breach and Seller shall not have the right to substitute a conforming tender.
- 2.6 Place of Delivery: The place of delivery shall be that set forth in the block of the purchase order entitled "Ship To". Any change thereto shall be effective by modification as provided for in Clause number 2.20 "Modifications", hereof. The terms of this agreement are "no arrival, no sale", at the discretion of Fort Bend County.
- 2.7 Invoices and Payments:
 - 2.7.1 Seller shall submit separate invoices, in duplicate. Invoices shall indicate the purchase order number and the bid number if applicable. Invoices shall be itemized and transportation charges, if any, shall be listed separately. A copy of the bill of lading, and the freight waybill when applicable should be attached to the invoice.
 - 2.7.2 Fort Bend County's obligation is payable only and solely from funds available for the purpose of this purchase. Lack of funds shall render the order null and void to the extent funds are not available and any delivered but unpaid goods will be returned to Seller by the county.
 - 2.7.3 Do not include Federal Excise, State, or City Sales Tax. Fort Bend County is a tax-exempt governmental entity.

- 2.8 **Gratuities:** Fort Bend County may, by written notice to the Seller, cancel any order without liability, if it is determined by the County that gratuities, in the form of entertainment, gifts, or otherwise were offered or given by the Seller, or any agent or representative of the Seller to any officer or employee of Fort Bend County with a view toward securing an order. In the event an order is canceled by the County pursuant to this provision, the County shall be entitled, in addition to any other rights and remedies, to recover or withhold the amount of the cost incurred by Seller in providing such gratuities.
- 2.9 **Special Tools and Test Equipment:** If the price stated on the face of an order includes the cost of any special tooling or special test equipment fabricated or required by Seller for the purpose of filing this order, such special tooling equipment and any process sheets related thereto shall become the property of the County and to the extent feasible shall be identified by the Seller as such.
- 2.10 **Warranty/Price:**
- 2.10.1 The price to be paid by the County shall be that contained in Seller's quote or bid which Seller warrants to be no higher than Seller's current prices on orders by others for products of the kind and specification covered by an order for similar quantities under similar or like conditions and methods of purchase. In the event Seller breaches this warranty the prices of the items shall be reduced to the Seller's current prices on orders by others. Fort Bend County may cancel this contract without liability.
- 2.10.2 The Seller warrants that no person or selling agency has been employed or retained to solicit or secure any County order based upon any agreement or understanding for commission, percentage, brokerage, or contingent fee excepting bona fide employees of bona fide established commercial or selling agencies maintained by the Seller for the purpose of securing business. A breach or violation of this warranty gives the County the right, in addition to any other right or rights, to cancel this contract without liability.
- 2.11 **Warranty Product:** Seller shall not limit or exclude any implied warranties and any attempt to do so shall render an order voidable at the option of the County. Seller warrants that the goods furnished will conform to the specifications, drawings, and description listed in the bid invitation and purchase order as applicable, and to the sample(s) furnished by Seller if any. In the event of a conflict between the specifications, drawings, and descriptions, the specifications shall govern.
- 2.12 **Safety Warranty:** Seller warrants that the product sold to Fort Bend County shall conform to the standards promulgated by the U.S. Department of Labor under the Occupational Safety and Health Act of 1970. In the event the product does not conform to OSHA standards, the County may return the product for correction or replacement at the Seller's expense. In the event Seller fails to make the appropriate

correction within 10 days, correction made by the County will be at Seller's expense.

- 2.13 **No Warranty by Fort Bend County Against Infringements:** As part of a contract for sale Seller agrees to ascertain whether goods manufactured in accordance with the specifications will give rise to the rightful claim of any third person by way of infringement. Fort Bend County makes no warranty that the production of goods according to the specification will not give rise to such a claim and in no event shall Fort Bend County be liable to Seller for indemnification in the event the Seller is sued on the grounds of infringement or the like. If Seller is of the opinion that an infringement will result, he will notify Fort Bend County to this effect in writing within two days after the receiving Purchase Order. If the County does not receive notice and is subsequently held liable for the infringement, Seller will defend and save the County harmless. If Seller in good faith ascertains that production of the goods in accordance with the specifications will result in infringement, this contract shall be null and void except that the County will pay Seller the reasonable cost of his search as to infringements.
- 2.14 **Right of Inspection:** The County shall have the right to inspect the goods at delivery before accepting them.
- 2.15 **Cancellation:** Fort Bend County shall have the right to cancel for default all or any part of the undelivered portion of an order if Seller breaches any of the terms hereof including warranties of Seller, or if the Seller becomes insolvent or files for protection under the bankruptcy laws. Such rights of cancellation are in addition to and not in lieu of any other remedies, which Fort Bend County may have in law or equity.
- 2.16 **Termination:** The performance of work under a Purchase Order may be terminated in whole or in part by the County in accordance with this provision. Termination of work there under shall be effected by the delivery to the Seller of a "Notice of Termination" specifying the extent to which performance of work under the order is terminated and the date upon which such termination becomes effective. Such right of termination is in addition to and not in lieu of rights of Fort Bend County set forth in Clause 15 herein.
- 2.17 **Force Majeure:** Force Majeure means a delay encountered by a party in the performance of its obligations under this Agreement, which is caused by an event beyond the reasonable control of that party. Without limiting the generality of the foregoing, "Force Majeure" shall include but not be restricted to the following types of events: acts of God or public enemy; acts of governmental or regulatory authorities; fires, floods, epidemics or serious accidents; unusually severe weather conditions; strikes, lockouts, or other labor disputes; and defaults by subcontractors.

In the event of a Force Majeure, the affected party shall not be deemed to have violated its obligations under this Agreement, and the time for performance of any obligations of that party shall be extended by a period of time necessary to overcome

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the effects of the Force Majeure, provided that the foregoing shall not prevent this Agreement from terminating in accordance with the termination provisions. If any event constituting a Force Majeure occurs, the affected party shall notify the other parties in writing, within twenty-four (24) hours, and disclose the estimated length of delay, and cause of the delay.

- 2.18 Assignment-Delegation: No right or interest in an order shall be assigned or delegation of any obligation made by Seller without the written permission of Fort Bend County. Any attempted assignment or delegation by Seller shall be wholly void and totally ineffective for all purposes unless made in conformity with this paragraph.
- 2.19 Waiver: No claim or right arising out of a breach of any contract can be discharged in whole or in part by a waiver or renunciation of the claim or right unless the waived or renunciation is supported by consideration and is in writing signed by the aggrieved party.
- 2.20 Modification: A Purchase Order can be modified or rescinded only by a writing signed by both of the parties or their duly authorized agents.
- 2.21 Parol Evidence: This writing is intended by the parties as a final expression of their agreement and is intended also as a complete and exclusive statement of the terms of this agreement. No course of prior dealings between the parties and no usage of the trade shall be relevant to supplement or explain any terms rendered under this agreement and shall not be relevant to determine the meaning of this agreement even though the accepting or acquiescing party has knowledge of the performance and opportunity for objection. Whenever a term defined by the Uniform Commercial Code is used in this agreement, the definition contained in the Code is to control.
- 2.22 Applicable Law: This agreement shall be governed by the Uniform Commercial Code. Whenever the term "Uniform Commercial Code" is used it shall be construed as meaning the Uniform Commercial Code as adopted in the State of Texas and in effect on the date of the purchase order.
- 2.23 Advertising: Seller shall not advertise or publish, without the County's prior consent the fact that Fort Bend County has entered into any contract, except to the extent necessary to comply with proper requests for information from an authorized representative of the federal, state, or local government.
- 2.24 Right to Assurance: Whenever the County in good faith has reason to question the other party's intent to perform. The County may demand that the other party give written assurance of his intent to perform. In the event that a demand is made and no assurance is given within five (5) days, the County may treat this failure as an anticipatory repudiation of the contract.
- 2.25 Venue: Both parties agree that venue for any litigation arising from this contract

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shall lie in Richmond, Fort Bend County, Texas.

- 2.26 **Prohibition Against Personal Interest in Contracts:** No officer or employee of the County shall have a financial interest, direct or indirect, in any contract with the County, or shall be financially interested, directly or indirectly, in the sale to the County of any land, materials, supplies, or service, except on behalf of the County as an officer or employee. Any willful violation of this section shall constitute malfeasance in office, and any officer or employee guilty thereof shall be subject to disciplinary action under applicable laws, statutes and codes of the State of Texas. Any violation of this section, with the knowledge, expressed or implied of the person or corporation contracting with the County shall render the contract involved voidable by the County Commissioners Court.

3.0 SCOPE:

It is the intent of Fort Bend County to contract with one (1) or more vendors to provide medical supplies for Fort Bend County as specified herein.

4.0 TERM OF CONTRACT:


The term of this contract is **1 October 2017 through 30 September 2018**, renewable annually for four (4) years (through 30 September 2022) under the terms and conditions if mutually agreeable to both parties. Either party for any reason may terminate this contract by giving thirty (30) days written notice of the intent to terminate.

5.0 BID DOCUMENT COMPLETION:

Fill out, initial each page, SIGN CONTRACT SHEET, and return ONE (1) complete bid document and ONE (1) electronic Excel file, on CD or Flash Drive, of the Pricing Form, completed by the bidder, to the Fort Bend County Purchasing Department in a sealed envelope and marked with the appropriate bid number. An authorized representative of the bidder MUST sign the contract sheet, and do not include the date. The bid document, printed copy of completed pricing form, and electronic file, as provided on County's website, must be in the same sealed envelope marked with the appropriate bid number and title. The contract will be binding only when signed by the County Judge of Fort Bend County and a purchase order authorizing the item(s) desired has been issued. The use of correction fluid is **NOT** acceptable and may result in the disqualification of bid. If an error is made, vendor **MUST** draw a line through error and initial each change. All response, typed or written information, must be clear and legible.

6.0 MODIFICATIONS:

This instrument contains the entire Contract between the parties relating to the rights herein granted and obligations herein assumed. Any oral or written representations or modifications concerning this instrument shall be of no force and effect excepting a subsequent written modification signed by both parties hereto.

Initials of Bidder: 

7.0 TEXAS ETHICS COMMISSION FORM 1295:

7.1 Effective January 1, 2016 all contracts executed by Commissioners Court, regardless of the dollar amount, will require completion of Form 1295 "Certificate of Interested Parties", per the new Government Code Statute §2252.908. All vendors submitting a response to a formal Bid, RFP, SOQ or any contracts, contract amendments, renewals or change orders are required to complete the Form 1295 online through the State of Texas Ethics Commission website. Please visit: https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm.

7.2 On-line instructions:

7.2.1 Name of governmental entity is to read: Fort Bend County.

7.2.2 Identification number used by the governmental entity is: B18-003.

7.2.3 Description is the title of the solicitation: Medical Supplies.

7.3 Apparent low bidder(s) will be required to provide the Form 1295 within three (3) calendar days from notification. In the event the vendor does not provide the document in the stated time period the vendor's response will be marked as disqualified and the next low bidder will be contacted.

8.0 AWARD:

This contract will be awarded to the lowest and best bid per section. Vendors must bid on each item in section for bid to be considered.

9.0 SPECIFICATIONS AND PRICING:

Specifications are available on the bid pricing form in an Excel file downloadable from Fort Bend County's website. All bid pricing must be completed in the Excel Pricing Form file provided on the County's website. Vendors are to download the Excel Pricing Form from Fort Bend County's website, complete the pricing in the Excel file, and include an electronic copy of the completed Excel Pricing Form file on CD or Flash Drive in the same sealed envelope with their copy of bid response. Totals of sections are required to be completed by the vendor and not left blank. The electronic copy must be capable to be saved by the Fort Bend County Purchasing Department to access the vendor's pricing and transfer of bid prices to the County's Excel tabulation file. A printed copy of the completed pricing form is to be included with the bid response. Pricing for items must meet the specifications as stated herein and include FOB Fort Bend County and inside delivery to any location within Fort Bend County.

9.1 Quantities listed are estimates only. Fort Bend County does not guarantee the quantities stated will be purchased.

9.2 No minimum orders, by quantity or dollar amount.

Initials of Bidder



****Amended 8.8.17***

- 9.3 Substitutes are only allowed as stated on the bid pricing form.
 - 9.3.1 If vendor is bidding a substitute for an item marked "Yes" on the bid pricing form, the vendor is to include the substituted item's complete description in the blanks provided below the specified item.
- 9.4 Vendor must bid on all items in section for bid to be considered.
- 9.5 Vendor must provide unit prices as stated on bid pricing form. Alterations to unit sizes are not permitted and are grounds for vendor disqualification.
- 9.6 Vendors are required to provide with their bid response documentation/certification from the manufactures stating the vendor is an approved reseller and/or distributor.
- 9.7 Vendors are not to provide bid prices with more than two (2) decimal places.
- *9.8 Vendors must be authorized and/or certified, if required, by manufacturer and/or supplier, to sell or resell the products they provide.

10.0 DELIVERY:

- 10.1 Delivery within seven (7) working days is required unless otherwise specified at time of order.
- 10.2 Items ordered from this bid must be delivered to Fort Bend County EMS, 4332 Highway 36 South, Rosenberg, TX 77471, unless otherwise stated on purchase order.

11.0 REQUIRED FORMS:

All vendors submitting are required to complete the attached and return with submission:

- 11.1 Pricing Form in electronic Excel File on CD or Flash Drive
- 11.2 Vendor Form
- 11.3 W9 Form
- 11.4 Tax Form/Debt/Residence Certification
- 11.5 Contractor Acknowledgement of Stormwater Management Program

CONTRACT SHEET
B18-003

THE STATE OF TEXAS
COUNTY OF FORT BEND

This memorandum of agreement made and entered into on the 10th day of October, 2017

by and between Fort Bend County in the State of Texas (hereinafter designated County), acting herein by County Judge Robert Hebert, by virtue of an order of Fort Bend County Commissioners Court, and

Concordance Healthcare Solutions (hereinafter designated Contractor).
(Midwest Medical Supply)
(company name)

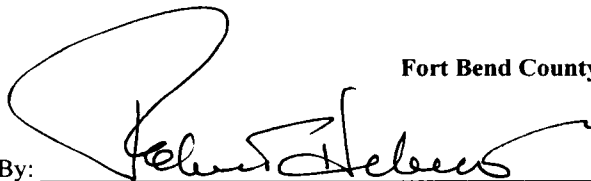
WITNESSETH:


The Contractor and the County agree that the bid and specifications for **Purchase of Medical Supplies** which are hereto attached and made a part hereof, together with this instrument and the Bond (when required) shall constitute the full agreement and contract between parties and for furnishing the items set out and described; the County agrees to pay the prices stipulated in the accepted bid.

It is further agreed that this contract shall not become binding or effective until signed by the parties hereto and a purchase order authorizing the items desired has been issued.

Executed at Richmond, Texas this 10 day of October 2017.

Fort Bend County, Texas

By: 
County Judge Robert E. Hebert

By: 
Signature of Contractor

By: Pamela Baggan EMS Specialist
Printed Name and Title



COUNTY PURCHASING AGENT
Fort Bend County, Texas

Gilbert D. Jalomo, Jr., CPPB
County Purchasing Agent

(281) 341-8640
Fax (281) 341-8645

Vendor Information

Federal ID # or S.S #	43-1741196 / 38398849		Dun and Bradstreet #	08-062-3784
Type of Business	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor/Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt Organization			
Legal Company Name	Concordance Healthcare Solution		Year Business was Established <u>2016</u>	
Remittance Address	2675 Solution Cntr			
City/State/Zip	Chicago, IL 60677-2006			
Physical Address	13400 Lakefront Dr			
City/State/Zip	Earth City, MO 63045			
County	Fort Bend County		Other: St. Louis	
Phone/Fax Number	Phone: 888-540-3232		Fax: 800-545-0065	
Contact Person	Pamela Boggan			
E-mail	Pboggan@concordancehs.com			
Special Notes				
The Company listed above is a (check all that apply and attached certificate).	<input type="checkbox"/> DBE-Disadvantaged Business Enterprise <input type="checkbox"/> SBE-Small Business Enterprise <input type="checkbox"/> HUB-Texas Historically Underutilized Business <input type="checkbox"/> WBE-Women's Business Enterprise <input type="checkbox"/> MBE-Minority Business Enterprise		Certification # _____ Certification # _____ Certification # _____ Certification # _____ Certification # _____	
Company's gross annual receipts:	<input type="checkbox"/> < \$500,000 <input type="checkbox"/> \$500,000-\$4,999,999 <input type="checkbox"/> \$5,000,000-\$16,999,999 <input type="checkbox"/> \$17,000,000-\$22,399,999 <input checked="" type="checkbox"/> > \$22,400,000			
NAICs codes (Please enter all that apply).				

PLEASE NOTE: W-9 needs to be attached in order to be entered into our system

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Concordance Healthcare Solutions, LLC	
	2 Business name/disregarded entity name, if different from above Midwest Medical Supply Company LLC (43-1741186); MMS/MMS A Medical Supply Company	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) > P <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small> <input type="checkbox"/> Other (see instructions) >	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>Payee is exempt under section 1441 of the U.S.</small>	
	5 Address (number, street, and apt. or suite no.) 13400 Lakefront Drive	Requester's name and address (optional)
	6 City, state, and ZIP code Earth City MO 63045	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number																	
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3	8		3	9	8	8	4	9									

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person > Date > **6-1-2016**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/irb.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Jcb No.: 18-003

TAX FORM/DEBT/ RESIDENCE CERTIFICATION
(for Advertised Projects)

Taxpayer Identification Number (T.I.N.): 43-1741196 / 3839 88849

Company Name submitting Bid/Proposal: Concordance Healthcare Solution

Mailing Address: 13400 Lakefront Dr, Earth City, MO 63045

Are you registered to do business in the State of Texas? Yes No

If you are an individual, list the names and addresses of any partnership of which you are a general partner or any assumed name(s) under which you operate your business

I. **Property:** List all taxable property in Fort Bend County owned by you or above partnerships as well as any d/b/a names. Include real and personal property as well as mineral interest accounts. (Use a second sheet of paper if necessary.)

<u>Fort Bend County Tax Acct. No.*</u>	<u>Property address or location**</u>
	NA

* This is the property account identification number assigned by the Fort Bend County Appraisal District.
 ** For real property, specify the property address or legal description. For business personal property, specify the address where the property is located. For example, office equipment will normally be at your office, but inventory may be stored at a warehouse or other location.

II. **Fort Bend County Debt** - Do you owe any debts to Fort Bend County (taxes on properties listed in I above, tickets, fines, tolls, court judgments, etc.)?
 Yes No If yes, attach a separate page explaining the debt.

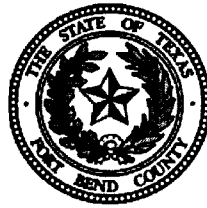
III. **Residence Certification** - Pursuant to Texas Government Code §2252.001 *et seq.*, as amended, Fort Bend County requests Residence Certification. §2252.001 *et seq.* of the Government Code provides some restrictions on the awarding of governmental contracts; pertinent provisions of §2252.001 are stated below:

- (3) "Nonresident bidder" refers to a person who is not a resident.
- (4) "Resident bidder" refers to a person whose principal place of business is in this state, including a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

I certify that _____ is a Resident Bidder of Texas as defined in Government Code §2252.001.
 [Company Name]

I certify that Concordance Healthcare Solution is a Nonresident Bidder as defined in Government Code §2252.001 and our principal place of business is Earth City, MO.
 [Company Name] [City and State]

Mandatory Form



NA

Contractor Acknowledgement of Stormwater Management Program

I hereby acknowledge that I am aware of the stormwater management program and standard operating procedures developed by Fort Bend County in compliance with the TPDES General Permit No. TXR040000. I agree to comply with all applicable best management practices and standard operating procedures while conducting my services for Fort Bend County. I agree to conduct all services in a manner that does not introduce illicit discharges of pollutants to streets, stormwater inlets, drainage ditches or any portion of the drainage system. The following materials and/or pollutant sources must not be discharged to the drainage system as a result of any services provided:

1. Grass clippings, leaves, mulch, rocks, sand, dirt or other waste materials resulting from landscaping activities, (except those materials resulting from ditch mowing or maintenance activities)
2. Herbicides, pesticides and/or fertilizers, (except those intended for aquatic use)
3. Detergents, fuels, solvents, oils and/or lubricants, other equipment and/or vehicle fluids,
4. Other hazardous materials including paints, thinners, chemicals or related waste materials,
5. Uncontrolled dewatering discharges, equipment and/or vehicle wash waters,
6. Sanitary waste, trash, debris, or other waste products
7. Wastewater from wet saw machinery,
8. Other pollutants that degrade water quality or pose a threat to human health or the environment.

Furthermore, I agree to notify Fort Bend County immediately of any issue caused by or identified by:

(Company/Contractor)

that is believed to be an immediate threat to human health or the environment.

Contractor Signature

Date

Printed Name

Title

COUNTY PURCHASING AGENT
Fort Bend County, Texas



Gilbert D. Jalomo, Jr., CPPB
County Purchasing Agent

(281) 341-8640
Fax (281) 341-8645

August 30, 2017

TO: All Prospective Bidders

RE: Addendum No. 4 to Fort Bend County Bid 18-003 – Term Contract for Medical Supplies

Addendum 4:

Attached is Addendum 4 to Bid 18-003 Medical Supplies. Vendors are to use the Addendum 4 document while preparing their bid response. Due date is now September 12, 2017 by 2:00pm, due to Hurricane Harvey.

Immediately upon your receipt of this addendum, please fill out the following information and email this page to the Fort Bend County Purchasing Department at norma.weaver@fortbendcountytexas.gov.

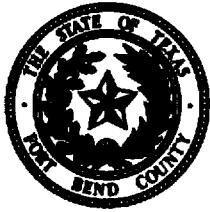
Midwest Medical Supply Co. LLC
Company Name

[Signature] 9/5/17
Signature of person receiving addendum Date

If you have any questions, please contact this office.

Sincerely,

[Signature]
Cheryl Krejci, CPPB
Senior Buyer



COUNTY PURCHASING AGENT
Fort Bend County, Texas

Gilbert D. Jalomo, Jr., CPPB
County Purchasing Agent

(281) 341-8640
Fax (281) 341-8645

August 24, 2017

TO: All Prospective Bidders

RE: Addendum No. 3 to Pricing Form per Fort Bend County Bid 18-003 – Term Contract for Medical Supplies

Addendum 3:

Attached is Addendum 3 to Bid 18-003 Medical Supplies. Vendors are to use the Addendum 3 document and the Addendum 3 Excel Pricing Form file while preparing their bid response. Due date is now September 5, 2017 by 2:00pm and the pricing form has been amended.

Immediately upon your receipt of this addendum, please fill out the following information and email this page to the Fort Bend County Purchasing Department at norma.weaver@fortbendcountytexas.gov.

Midwest Medical Supply Co LLC
Company Name

[Signature] Date 8/24/17
Signature of person receiving addendum

If you have any questions, please contact this office.

Sincerely,

[Signature]
Cheryl Krejci, CPPB
Senior Buyer

Amended 8/23/17

Fort Bend County Pricing Form
 Bid 18-003
 Term Contract for Medical Supplies

Vendor Name: Concordance Healthcare Solutions

Section 1: Airways	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
40mm Berman (dual channel) Oral Airway	ASIA-CONNECTION- TAIWIN	ME6504PK-5P	TEL121801	Yes	PK	5	5	\$ 0.75	\$ 3.75
SOLD 7.50/50 PAK									
60mm Berman (dual channel) Oral Airway	ASIA-CONNECTION- TAIWIN	ME6506BK-5P	TEL121802	Yes	PK	5	5	\$ 0.75	\$ 3.75
SOLD 7.50/50 PAK									
80mm Berman (dual channel) Oral Airway	ASIA-CONNECTION- TAIWIN	ME6508GN-5P	TEL121803	Yes	PK	5	8	\$ 0.75	\$ 6.00
SOLD 7.50/50 PAK									
90mm Berman (dual channel) Oral Airway	ASIA-CONNECTION- TAIWIN	ME6509YL-5P	TEL121804	Yes	PK	5	16	\$ 0.75	\$ 12.00
SOLD 7.50/50 PAK									
100mm Berman (dual channel) Oral Airway	ASIA-CONNECTION- TAIWIN	ME6510RD-5P	TEL121805	Yes	PK	5	20	\$ 0.75	\$ 15.00
SOLD 7.50/50 PAK									
110mm Berman (dual channel) Oral Airway	ASIA-CONNECTION- TAIWIN	ME6511ON-5P	TEL121806	Yes	PK	5	10	\$ 0.75	\$ 7.50
SOLD 7.50/50 PAK									
Thomas E.T. Tube Holder Adult size	LAREDAL	600-10000	LAE600-	No	EA	1	450	\$ 2.70	\$ 1,215.00
Thomas E.T. Tube Holder Pediatric size	LAREDAL	600-2000	LAE600-	No	EA	1	40	\$ 2.70	\$ 108.00
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.5 Uncuffed	MEDSTORM	38001	TEL150025	Yes	EA	1	30	\$ 3.35	\$ 100.50

Section 1: Airways (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 3.0 Uncuffed	MEDSTORM	38002	POR100/103/030	Yes	EA	1	20	\$ 1.35	\$ 27.00
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 3.5 Uncuffed	MEDSTORM	38003	POR100/103/035	Yes	EA	1	25	\$ 1.35	\$ 33.75
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 4.0 Uncuffed	MEDSTORM	38004	POR100/103/040	Yes	EA	1	30	\$ 1.35	\$ 40.50
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 4.5 Uncuffed	MEDSTORM	38005	POR100/103/045	Yes	EA	1	20	\$ 1.35	\$ 27.00
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 5.0 Uncuffed	MEDSTORM	38006	POR100/103/050	Yes	EA	1	10	\$ 1.35	\$ 13.50
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 5.5 Cuffed	MEDSTORM	38012	POR100/102/055	Yes	EA	1	30	\$ 1.38	\$ 41.40
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 6.0 Cuffed	MEDSTORM	38013	POR100/102/060	Yes	EA	1	35	\$ 1.38	\$ 48.30

Vendor Name: Concordance Healthcare Solutions

Section 1: Airways (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 6.5 Cuffed	MEDSTORM	38014	POR100/102/065	Yes	EA	1	40	\$ 1.38	\$ 55.20
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 7.0 Cuffed	MEDSTORM	38015	POR100/102/070	Yes	EA	1	250	\$ 1.38	\$ 345.00
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 7.5 Cuffed	MEDSTORM	38016	POR100/102/075	Yes	EA	1	230	\$ 1.38	\$ 317.40
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 8.0 Cuffed	MEDSTORM	38017	POR100/102/080	Yes	EA	1	50	\$ 1.38	\$ 69.00
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 8.5 Cuffed	MEDSTORM	38018	POR100/102/085	Yes	EA	1	20	\$ 1.38	\$ 27.60
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 9.0 Cuffed	MEDSTORM	38020	POR100/102/090	Yes	EA	1	35	\$ 1.38	\$ 48.30
20F Nasopharyngeal airways	MEDSTORM	51154	DYN4591	Yes	EA	1	35	\$ 1.66	\$ 58.10
24F Nasopharyngeal airways	MEDSTORM	51156	DYN4593	Yes	EA	1	50	\$ 1.66	\$ 83.00

Section 1: Airways (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
26F Nasopharyngeal airways	MEDSTORM	51157	DYNN4594	Yes	EA	1	70	\$ 1.66	\$ 116.20
28F Nasopharyngeal airways	MEDSTORM	51158	DYNN4595	Yes	EA	1	70	\$ 1.66	\$ 116.20
30F Nasopharyngeal Airways	MEDSTORM	51159	DYNN4596	Yes	EA	1	50	\$ 1.66	\$ 83.00
36F Nasopharyngeal Airways	MEDSTORM	51162	DYNN4599	Yes	EA	1	30	\$ 1.66	\$ 49.80
1200cc Replacement/Disposable Suction Canister, for S-Scort "Ten" suction unit	BEMIS	484410	DYNN4675	No	EA	1	430	\$ 2.75	\$ 1,182.50
8F whistle tip Suction Catheter	ASIA-CONNECTION-TAIWIN	ME6808B	DYNN4808	Yes	EA	1	60	\$ 0.17	\$ 10.20
10F whistle tip Suction Catheter	ASIA-CONNECTION-TAIWIN	ME6810B	DYNN4810	Yes	EA	1	120	\$ 0.17	\$ 20.40
18F whistle tip Suction Catheter	ASIA-CONNECTION-TAIWIN	ME6818B	DYNN4818	Yes	EA	1	150	\$ 0.17	\$ 25.50
Yankaur Suction Tip w/Control			DYNN4690	Yes	EA	1	50	\$ 0.35	\$ 17.50
Yankauer with Control Vent and Tubing	MEDSOURCE	MS-YK20	MSOMS-YK20	Yes	EA	1	300	\$ 1.11	\$ 333.00
Yankaur "Big Yank" Suction Tip w/Control Vent, Sterile, 11/32" open tip, integral blister tube and canister connector pre-attached	CONMED	0034920U	CON0034920	No	EA	1	40	\$ 1.95	\$ 78.00
Suction Tubing Non Conductive Vinyl 7/2" X 1/4" ID			DYNN4686	Yes	EA	1	50	\$ 0.63	\$ 31.50
Infant Medium Concentration Oxygen Mask	RUSCH	396218	VEN2300	Yes	EA	1	20	\$ 0.70	\$ 14.00

Section 1: Airways (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Greenline/D Disposable Fiber Optic Laryngoscope Blades Miller 3	SUNMED	5-5333-03	MSOMS46223	Yes	EA	1	80	\$ 3.75	\$ 300.00
Greenline/D Disposable Fiber Optic Laryngoscope Blades Miller 4	SUNMED	5-5333-04	MSOMS-46224	Yes	EA	1	80	\$ 3.75	\$ 300.00
Greenline/D Fiber Optic, 10/32" Halogen/Xenon Reflector Laryn Lamp for Medium Laryngoscope Handle	SUNMED	5-0240-52	SUN5-0240-52	Yes	EA	1	20	\$ 6.23	\$ 124.60
Endotracheal tube holder 50/cs, Sports Medics Icon Stabilizer	MOTION MEDICAL	2100	no longer aval from Motion	No	CS	50	5		\$ -
PEEP valve disposable adjustable 22mm inner diameter			AMB199-003-020	Yes	EA	1	100	\$ 4.50	\$ 450.00
Headrest, Bagel, 9", pink foam			NO BID	Yes	EA	1	200		\$ -
Total of Section 1:									\$ 17,474.20

Vendor Name: Concordance Healthcare Solutions

Section 2: IV/Syringes/Blood	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Transparent Film Dressing, Tegaderm, 4" x 4 3/4", Frame Style, 50/bx	3M	1626W	3/M1626W	No	BX	50	2	\$ 47.25	\$ 94.50
Clearsafe I.V. Catheter, 14g X 1 1/4 inch	MEDSOURCE	MS-84114	Smiths	No	EA	1	100	\$ 1.27	\$ 127.00
Clearsafe I.V. Catheter, 16g X 1 1/4 inch	MEDSOURCE	MS-84116	Smiths	No	EA	1	300	\$ 1.27	\$ 381.00
Clearsafe I.V. Catheter, 18g X 1 1/4 inch	MEDSOURCE	MS-84218	Smiths	No	EA	1	4000	\$ 1.27	\$ 5,080.00
Clearsafe I.V. Catheter, 20g X 1 1/4 inch	MEDSOURCE	MS-84220	Smiths	No	EA	1	10000	\$ 1.27	\$ 12,700.00
Clearsafe I.V. Catheter, 22g X 1 inch	MEDSOURCE	MS-84122	Smiths	No	EA	1	3000	\$ 1.27	\$ 3,810.00
Clearsafe I.V. Catheter, 24g X 3/4 inch	MEDSOURCE	MS-84124	Smiths	No	EA	1	400	\$ 1.27	\$ 508.00
18g x 1 1/2" Needle Only 100/bx			DYNN6961	Yes	BX	100	20	\$ 2.80	\$ 56.00
23g x 1" Needle Only 100/bx			DYNN6970	Yes	BX	100	20	\$ 2.80	\$ 56.00
1cc 25g x 5/8" Syringe & Needle 100/bx			EXXE26044	Yes	BX	100	6	\$ 9.65	\$ 57.90
3cc Syringe, Luer lock			BBM4610303-02	Yes	BX	100	20	\$ 4.15	\$ 83.00
5cc 22g x 1" Syringe & Needle 100/bx			B/D309630	Yes	BX	100	10	\$ 24.45	\$ 244.50
10cc Syringe Luer Lock 100/bx			DYNN6990	Yes	BX	100	10	\$ 5.75	\$ 57.50
30cc Syringe Luer Lock 30/bx			DYNN6992	Yes	BX	30	1	\$ 9.00	\$ 9.00

(Handwritten mark)

Vendor Name: Concordance Healthcare Solutions

Section 2: IV/Syringes/Blood (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
60cc Syringe Luer Lock 30/bx			DYN6993 25/BOX	Yes	BX	30	5	\$ 8.50	\$ 42.50
60cc Catheter Tip Syringe, 2oz			EXE26304	Yes	BX	25	1	\$ 15.00	\$ 15.00
Glucometer Test Strips for Abbott OptimumEZ glucose meter, capillary, 100 strip/bx			NO BID	No	BX	100	200	NO BID	#VALUE!
Control solution, tri-level, 1 row 1 mid 1 high per box for OptimumEZ or Precision XTRA			NO BID	No	EA	1	25	NO BID	#VALUE!
Assure prism multi test trips for assure prism multi meter 50/bx	ARKRAY USA INC	530050	HYP530050	No	BX	50	50	\$ 9.45	\$ 472.50
Assure prism control solution 1and 2	ARKRAY USA INC	530006	HYP530006	No	EA	1	10	\$ 8.88	\$ 88.80
Maxi Drip Set, 82" 10GTTW/Bravo 24, Pre-slit Port, Removable 7" Extension, 50/bx			BBM352240	Yes	CS	50	100	\$ 85.00	\$ 8,500.00
Mini Drop Basic Administration Set with One Injection Site, (60 Drops/mL) Control Clamp, injection site 28" above distal end, two-piece male luer lock. Priming Volume: 12ml, Length: 66 in.			BBM352237	Yes	EA	1	500	\$ 1.43	\$ 715.00
9% Sodium Chloride Injection USP-1000ml			BBME8000	Yes	EA	1	20	\$ 2.70	\$ 54.00
9% Sodium Chloride Injection USP-500ml			BBML8001	Yes	EA	1	6000	\$ 2.64	\$ 15,840.00
9% Sodium Chloride Injection USP-250ml			BBML8002	Yes	EA	1	20	\$ 2.58	\$ 51.60
9% Sodium Chloride Injection USP-100ml			BBMS8004-5264	Yes	EA	1	500	\$ 1.90	\$ 950.00

Vendor Name: Concordance Healthcare Solutions

Section 3: Bandage/Splints/Tape	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
2" x 5yd Bandage, Self-Adherent, individually packaged			DUK702	Yes	EA	1	75	\$ 0.20	\$ 15.00
4" x 5yd Bandage, Self-Adherent, individually packaged			DYN3114	Yes	EA	1	50	\$ 0.23	\$ 11.50
Combat Application Tourniquet (CAT), One-handed Tourniquet Utilizing Windlass System, Tactical Black			RVMRES-0001-01	Yes	EA	1	70	\$ 32.00	\$ 2,240.00
TX2 TOURNIQUET FROM REVVEDX									
Occlusive, non-adhering dressing, impregnated with white Petrolatum, 3" x 9" 50/box			KEN8884413605	Yes	BX	50	2	\$ 29.25	\$ 58.50
4x4 Non Sterile, non-woven, 4ply, 200/pkg			EMPH44420	Yes	PK	200	120	\$ 2.18	\$ 261.60
4x4 Sterile 12 ply - 2/pk			EMPGF441221	Yes	PK	2	2000	\$ 0.06	\$ 113.40
4x4 Sterile 12 ply - 10/tray			DYN3345	Yes	TRAY	10	100	\$ 0.57	\$ 57.00
4 1/2" x 4.1yd 6 ply Sterile Gauze Roll			DUK645	Yes	EA	1	1500	\$ 0.65	\$ 975.00
36" x 51" Triangular Bandage			MSOMS-11050	Yes	EA	1	200	\$ 0.19	\$ 38.00
8" x 10" Abdominal Pad, 20/tray			DYN3503	Yes	TRAY	20	200	\$ 3.24	\$ 648.00
1" x 3" Adhesive Strip Bandage			ASOCBD2019-012-000	Yes	BX	100	100	\$ 1.15	\$ 115.00

Vendor Name: Concordance Healthcare Solutions

Section 3: Bandage/Splints/Tape (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Items Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Burn Sheet Sterile 60" x 96"			MSONS-BS0033	Yes	EA	1	50	\$ 1.65	\$ 82.50
Trauma Dressing Sterile 10" x 30"			MSONS-GZM001	Yes	EA	1	100	\$ 0.79	\$ 79.00
Rapid Heat Instant Heat Pack, Pull Apart Style, 6/bx	RAPID DEPLOYMENT	2056	CSU2054 SOLD 24/CA	No	BX	6	170	\$ 7.55	\$ 1,283.50
Rapid Cold Instant Cold Pack, Pull Apart Style, 24/cs	RAPID DEPLOYMENT	2004	CSU2004	No	CS	24	6	\$ 27.00	\$ 162.00
Femo KED forehead/Chin Strap Replacement set of 2			NO BID	No	SET	2	10	\$ -	\$ -
3M Transpore Tape 1" x 10yd 12/bx			3/M1527-1	No	BX	12	10	\$ 11.15	\$ 111.50
1" x 10yd Paper Tape, hypo-allergenic			DYN3552	Yes	BX	12	7	\$ 3.45	\$ 24.15
2" x 10yd Waterproof Tape Kendall #3267 6/bx	Kendall	3267	KEN3267C	No	BX	6	18	\$ 18.50	\$ 333.00
Flex-All splint, orange, bendable foam and aluminum splint, 4" x 36" rolled			DYN3528	Yes	EA	1	200	\$ 3.15	\$ 630.00
One piece foil bunting with hood. Latex Free 17.5"x30" 18 micron/.70 gauge, Sterile			DM1650-4006-0600	Yes	EA	1	5	\$ 4.15	\$ 20.75
Quikclot Combat Gauze LE Z-fold, 3 inch X 4 yard, NO HEAT	QUICKLOT	350	RVMFIN-0002-01	No	EA	1	5	\$ 32.68	\$ 163.40
HyFin chest seal without vent	NORTH AMERICAN RESCUE	10-0015	NAR10-0015	No	EA	1	5	\$ 8.10	\$ 40.50

Vendor Name: Concordance Healthcare Solutions

Section 3: Bandage/Splints/Tape (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Israeli emergency compression bandage 4"			DYN3683	Yes	EA	1	5	\$ 3.25	\$ 16.25
Dynarex									
Israeli emergency compression bandage 6"			DYN3684	Yes	EA	1	5	\$ 3.80	\$ 19.00
Dyanrex									
Total of Section 3:									\$ 7,498.55

Vendor Name: Concordance Healthcare Solutions

Section 4: EKG	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Recording Paper for Physio Control Life Pak 12, 4" wide	LEONARD LANG	12394	LEO12394	Yes	PK	5	190	\$ 9.45	\$ 1,795.50
Electrodes, Medi-Trace Mini, ECG monitoring, pediatric, foam, teardrop shape, adhesive hydrogel	Medi-Trace		LEOF-301 30/PAK 3.63	Yes	PK	100	200	\$ 12.10	\$ 2,420.00
Medicotest Blue Sensor Disposable Electrodes adult 25/pk	Ambu	R-00-S/25	AMBR-00-S/25	No	PK	25	5000	\$ 8.85	\$ 44,250.00
Self adhesive pregelled low impedance electrodes with direct connect to Physio Control Quick combo cables (pediatrics)	CONMED	3112-1730	CON3112-1730	No	EA	1	100	\$ 13.30	\$ 1,330.00
Self adhesive pregelled low impedance electrodes with direct connect to Physio Control Quick combo cables (adult)	CONMED	3112-1731	CON3112-1731	No	EA	1	500	\$ 13.30	\$ 6,650.00
Smart Capnoline Plus non-intubated, oral nasal w/ O2 tubing, adlur/intermediate	MicroStream	9822	PHC11996-000167	No	EA	1	3200	\$ 11.15	\$ 35,680.00
Filter line H set infant/ neonate, incl airway adapter, filterline, microstream connection	MicroStream	6324	PHC11996-000001	No	EA	1	20	\$ 19.75	\$ 395.00
Filter line set adult/pediatric airway adapter	MicroStream	XS04620	PHC11996-000081	No	EA	1	650	\$ 10.15	\$ 6,597.50
Total of Section 4:									\$ 99,118.00

Vendor Name: Concordance Healthcare Solutions

Section 5: EKG Cables	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
LifePack12 Power Adapter Extension Cable	PHYSIO CONTROL	11110-000051	PHC11110-	No	EA	1	5	\$ 126.00	\$ 630.00
LifePack12 12-Lead ECG trunk cable with 4-wire limb leads, 5'	PHYSIO CONTROL	11110-000018	SSECEG-PHY12LTC5	No	EA	1	5	\$ 165.00	\$ 825.00
LifePack12 12-Lead ECG Patient Cable, 6-Wire Precordial Lead Attachment	PHYSIO CONTROL	11110-000022	SSECEG-PHY6L3	No	EA	1	5	\$ 75.00	\$ 375.00
LifePack12 QUIK-COMBO Therapy Cable for use with LifePack12 defibrillator/monitor	PHYSIO CONTROL	11110-000040	PHC11110-000040	No	EA	1	5	\$ 345.00	\$ 1,725.00
Masimo SET LNC-4 LNCs Patient Cable, 4-foot reusable connector cable	PHYSIO CONTROL	11171-000024	MAS2017	No	EA	1	10	\$ 148.64	\$ 1,486.40
Masimo SET LNCs DCP Reusable Sensor, Multiuse sensor for patients 10-50kg	PHYSIO CONTROL	11171-000018	MAS1864	No	EA	1	10	\$ 174.00	\$ 1,740.00
Masimo SET LNCs DCI Adult Reusable Sensor, Multiuse sensor for patients >30kg	PHYSIO CONTROL	11171-000017	MAS1863	No	EA	1	10	\$ 162.00	\$ 1,620.00
NELLCOR SpO2 Sensor, DS100A, Adult reusable	PHYSIO CONTROL	11996-000060	MALDS100A-1	No	EA	1	5	\$ 179.00	\$ 895.00
NELLCOR SpO2 Cable Extension, DEC-4, Reusable	PHYSIO CONTROL	11110-000042	MALDEC4	No	EA	1	5	\$ 40.65	\$ 203.25
NELLCOR Oxisensor II Disposable Pediatric SpO2 Sensor	PHYSIO CONTROL	11996-000116	MALD20	No	EA	1	5	\$ 15.20	\$ 76.00
NELLCOR Oxisensor II Disposable Infant SpO2 Sensor	PHYSIO CONTROL	11996-000115	MALI20	No	EA	1	5	\$ 19.78	\$ 98.90
NIBP XLarge Adult Cuff for LifePack 15, reusable	PHYSIO CONTROL	11160-000019	PHC11160-000019	No	EA	1	20	\$ 44.35	\$ 887.00
NIBP Large Adult Cuff for LifePack 15, reusable	PHYSIO CONTROL	11160-000017	PHC11160-000017	No	EA	1	10	\$ 28.45	\$ 284.50
NIBP Adult Cuff for LifePack 15, reusable	PHYSIO CONTROL	11160-000015	PHC11160-	No	EA	1	10	\$ 22.50	\$ 225.00
NIBP Pediatric Cuff for LifePack 15, reusable	PHYSIO CONTROL	11160-000013	PHC11160-	No	EA	1	10	\$ 20.69	\$ 206.90
NIBP Infant Cuff for LifePack 15, reusable, 6x18cm	PHYSIO CONTROL	11160-000011	PHC11160-000011	No	EA	1	5	\$ 18.10	\$ 90.50
Extension Cable for AC/DC Power Adapter	PHYSIO CONTROL	11140-000080	PHC11140-	No	EA	1	20	\$ 269.00	\$ 5,380.00
Replacement Right Angle Power Cable for AC/DC Power Adapter	PHYSIO CONTROL	11140-000081	PHC11140-000081	No	EA	1	5	\$ 269.00	\$ 1,345.00

Vendor Name: Concordance Healthcare Solutions

Section 5: EKG Cables (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Masimo SET RC Patient Cable Compatible Rainbow SpO2, SpCO, SpMET, adult sensor	PHYSIO CONTROL	11171-000049	PHC11171-000049	No	EA	1	5	\$ 585.00	\$ 2,925.00
Masimo SET RC Patient Cable	PHYSIO CONTROL	11171-000037	PHC11171-000037	No	EA	1	10	\$ 233.00	\$ 2,330.00
Lifepack 15 defibrillator/monitor to PC USB Port cable	PHYSIO CONTROL	11996-000288	NO BID	No	EA	1	10	\$	-
Lifepack 15 Quik-Combo Therapy Cable	PHYSIO CONTROL	11113-000004	PHC1113-000323	No	EA	1	10	\$ 345.00	\$ 3,450.00
Lifepack 15 Masimo Set Red LNCS Patient Cable 4ft	PHYSIO CONTROL	11996-000323	PHC11996-000323	No	EA	1	10	\$ 189.00	\$ 1,890.00
Lifepack 15 NIBP Tubing 9ft	PHYSIO CONTROL	21300-008174	NO BID	No	EA	1	20	\$	-
Lifepack 15 Adult SPO2 Sensor Disposable	PHYSIO CONTROL	2712-03911	MAS1859	No	EA	1	200	\$ 11.30	\$ 2,260.00
Lifepack 15 Pedi SPO2 Sensor Disposable	PHYSIO CONTROL	11171-000020	MAS2318	No	EA	1	600	\$ 14.50	\$ 8,700.00
Lifepack 15 Infant SPO2 Sensor Disposable	PHYSIO CONTROL	11171-000031	MAS1861	No	EA	1	500	\$ 14.39	\$ 7,195.00
Total of Section 5:									\$ 46,843.45

Vendor Name: Concordance Healthcare Solutions

Section 6: Microflex Freeform SE Latex Free Powder Free Nitrile Exam Gloves	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Microflex Freeform SE Nitrile Exam Gloves, Powderfree Exam Gloves, 100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 3.5 mil Palm Thickness, 5.1 mil Finger Thickness, Tensile Strength = 32 before aging (31 After aging), Elasticity = 500% Before Aging (400% after aging), Pinhole Defect Rate = 1.5, Extra Small	MICROFLEX	FFS-700-XS	MICFFS-700-XS	No	BX	100	100	\$ 9.70	\$ 970.00
Microflex Freeform SE Nitrile Exam Gloves, Powderfree Exam Gloves, 100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 3.5 mil Palm Thickness, 5.1 mil Finger Thickness, Tensile Strength = 32 before aging (31 After aging), Elasticity = 500% Before Aging (400% after aging), Pinhole Defect Rate = 1.5, Small	MICROFLEX	FFS-700-S	DIGITCARE DIGFL9-1	No	BX	100	200	\$ 7.59	\$ 1,518.00
Microflex Freeform SE Nitrile Exam Gloves, Powderfree Exam Gloves, 100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 3.5 mil Palm Thickness, 5.1 mil Finger Thickness, Tensile Strength = 32 before aging (31 After aging), Elasticity = 500% Before Aging (400% after aging), Pinhole Defect Rate = 1.5, Medium	MICROFLEX	FFS-700-M	DIGITCARE DIGFL9-2	No	BX	100	600	\$ 7.59	\$ 4,554.00
Microflex Freeform SE Nitrile Exam Gloves, Powderfree Exam Gloves, 100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 3.5 mil Palm Thickness, 5.1 mil Finger Thickness, Tensile Strength = 32 before aging (31 After aging), Elasticity = 500% Before Aging (400% after aging), Pinhole Defect Rate = 1.5, Large	MICROFLEX	FFS-700-L	DIGITCARE DIGFL9-3	No	BX	100	600	\$ 7.59	\$ 4,554.00

Vendor Name: Concordance Healthcare Solutions

Section 6: Microflex Freeform SE Latex Free Powder Free Nitrile Exam Gloves (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Microflex Freeform SE Nitrile Exam Gloves, Powderfree Exam Gloves, 100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 3.5 mil Palm Thickness, 5.1 mil Finger Thickness, Tensile Strength = 32 before aging (31 After aging), Elasticity = 500% Before Aging (400% after aging), Pinhole Defect Rate = 1.5, Extra Large	MICROFLEX	FFS-700-XL	DIGFL9-4	No	BX Ea, etc.)	100	200	\$ 7.59	\$ 1,518.0000
Total of Section 6: \$ 13,114.00									

Vendor Name: Concordance Healthcare Solutions

Section 7: Microflex Freeform EC Latex Free Powder Free Nitrile Exam Gloves	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item starting Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Microflex Freeform EC Nitrile Exam Gloves, Powderfree Exam Gloves, 50/bx, 10bx/cs, 3.5 mil Cuff Thickness, 4.7 mil Palm Thickness, 6.3 mil Finger Thickness, Tensile Strength = 31 before aging (27 After aging), Elasticity = 500% Before Aging (500% after aging), Pinhole Defect Rate=1.5, Small	MICROFLEX	FFE-775-S	MICFFE-775-S	No	BX	50	10	\$ 9.35	\$ 93.50
Microflex Freeform EC Nitrile Exam Gloves, Powderfree Exam Gloves, 50/bx, 10bx/cs, 3.5 mil Cuff Thickness, 4.7 mil Palm Thickness, 6.3 mil Finger Thickness, Tensile Strength = 31 before aging (27 After aging), Elasticity = 500% Before Aging (500% after aging), Pinhole Defect Rate=1.5, Medium	MICROFLEX	FFE-775-M	MICFFE-775-M	No	BX	50	10	\$ 9.35	\$ 93.50
Microflex Freeform EC Nitrile Exam Gloves, Powderfree Exam Gloves, 50/bx, 10bx/cs, 3.5 mil Cuff Thickness, 4.7 mil Palm Thickness, 6.3 mil Finger Thickness, Tensile Strength = 31 before aging (27 After aging), Elasticity = 500% Before Aging (500% after aging), Pinhole Defect Rate=1.5, Large	MICROFLEX	FFE-775-L	MICFFE-775-L	No	BX	50	10	\$ 9.35	\$ 93.50
Microflex Freeform EC Nitrile Exam Gloves, Powderfree Exam Gloves, 50/bx, 10bx/cs, 3.5 mil Cuff Thickness, 4.7 mil Palm Thickness, 6.3 mil Finger Thickness, Tensile Strength = 31 before aging (27 After aging), Elasticity = 500% Before Aging (500% after aging), Pinhole Defect Rate=1.5, Extra Large	MICROFLEX	FFE-775-XL	MICFFE-775-XL	No	BX	50	10	\$ 9.35	\$ 93.50

Vendor Name: Concordance Healthcare Solutions

Section 7: Microflex Freeform EC Latex Free Powder Free Nitrile Exam Gloves (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Microflex Freeform EC Nitrile Exam Gloves, Powderfree Exam Gloves, 50/bx, 10bx/cs, 3.5 mil Cuff Thickness, 4.7 mil Palm Thickness, 6.3 mil Finger Thickness, Tensile Strength = 31 before aging (27 After aging), Elasticity = 500% Before Aging (500% after aging), Pinhole Defect Rate = 1.5, Extra Extra Large	MICROFLEX	FFE-775-XXL	MICFFE-775-XXL	No	BX	50	10	\$ 9.35	\$ 93.5000
Total of Section 7: \$									467.50

Vendor Name: Concordance Healthcare Solutions

Section 8: AMBU PERFIT Cervical Collars	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Perfit ACE Adjustable Cervical Collar, 16 setting (Neckless to Tall)	AMBU	002 810 001	AMB000-281-000	No	EA	1	1500	\$ 5.30	\$ 7,950.0000
Perfit Mini ACE Adjustable Cervical Collar, 12 settings (Infant to Neckless)	AMBU	000 281 107	AMB000-281-106	No	EA	1	150	\$ 5.30	\$ 795.0000
Total of Section 8:									\$ 8,745.00

Section 9: Head Immobilizers	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Laerdal Sta-Blok Head Immobilizer. Single use disposable device, radiolucent, Adjustable standard Velcro padded strap, latex free	LAERDAL	700-00001		No	EA	EA	900	\$ 4.35	\$ 3,915.0000
Total of Section 9:									\$ 3,915.00

Section 10: Miscellaneous Supplies	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Disposable OB Kit, Soft Packaging			MMMD1702	Yes	EA	1	25	\$ 4.75	\$ 118.75
Alcohol Prep Pads, Medium Size TRIAD 200/bx			EMPE2200S	Yes	BX	200	300	\$ 1.27	\$ 381.00
Emesis Bags, single use, Clear, Graduate, 1000cc, latex free, rigid collar, automatic seal			EMPEEB100	Yes	EA	1	2000	\$ 0.39	\$ 780.00
Sterile Lubricating Jelly, 5g, 72/bx			DYNI251	Yes	BX	72	10	\$ 5.50	\$ 55.00
Oxygen Cylinder Handwheel, Metal			WESMCW-2BC	Yes	EA	1	10	\$ 3.05	\$ 30.50
Handwheel discontinued			TEL5082	Yes	EA	1	10	\$ 4.80	\$ 48.00
Large Oxygen Cylinder Wrench (aluminum)									
Encono Paramedic Shears Dk Blue 7 1/2"			MSOMS-SH001B	Yes	EA	1	100	\$ 0.75	\$ 75.00
Disposable Penlight			VRD14-823	Yes	EA	1	100	\$ 0.53	\$ 53.00
Single use push button activated, spring loaded, retractable Lancet, 100/bx			SURSILN240	Yes	BX	100	120	\$ 7.40	\$ 888.00
Chloraprep 3mL Applicator, 2% Chlorhexidine Gluconate and 70% Isopropyl Alcohol			CFM260400	Yes	BX	25	6	\$ 34.75	\$ 208.50
Safety control seals, Pull Tie (numbered), 100/pkg			HEA0345-RED	Yes	PK	100	1	\$ 20.50	\$ 20.50

Section 10: Miscellaneous Supplies (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Razor, Medicine Fixed Head, 100/bx Dynarex 500/bx			DYN4250 3.00/50	Yes	BX	100	4	6.00 6.00	24.00
Disposable Polyester Patient Blanket, 50x84", Blue or Grey			GRA62292	Yes	EA	1	50	4.48	224.00
Oxygen "D" Cylinder Gasket, Brass w/Rubber Center			MEPAREG-100WB50	Yes	EA	1	10	0.46	4.60
Disposable Probe Cover for SureTemp Plus Thermometer, 25/bx	WELCHALLYN	5031	W/A05031-750	No	BX	25	200	0.86	172.00
Heavy Duty Ring Cutter			AME380	Yes	EA	1	5	11.65	58.25
Scalpel, Disposable, Sterile 11			DYN4111	Yes	EA	1	5	0.38	1.90
Blade Assembly, single-use, pivoting, purple, for 3M 9661 surgical clippers			3/M9600	Yes	EA	1	50	3.60	180.00
Ammonia Inhalent			DYN1401	Yes	BX	10	10	1.86	18.60
Post Valve Seal Protector, pull type for Aluminum C or D Oxygen Cylinder			MEP3CL-3-100	Yes	EA	1	50	0.17	8.50
SOLD 100/PK ONLY \$17.00									
Isopropyl Alcohol 70 % 4 oz Bottle			HYDI0020	Yes	EA	1	40	0.50	20.00
Isopropyl Alcohol 70% 16 oz Bottle			HYDD0022	Yes	EA	1	12	1.36	16.32
Endure 300 Cida-Rinse Dispenser, 540ml			ECO0603037	No	EA	1	10	8.90	89.00
Mylar Emergency Blanket, 52 X 84 inches			DUK721	Yes	EA	1	50	0.45	22.50
Total of Section 10:									\$ 3,497.92

Section 11: Infection Control	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Bemis bhp hazard box wall safe type	BEMIS	150-020	BEM150020	No	EA	1	250	\$ 4.08	\$ 1,020.00
Bemis bhd hazard box wall safe bracket	BEMIS	415	BEM410020	No	EA	1	12	\$ 3.62	\$ 43.44
Bemis bhd hazard box wall safe bracket key	BEMIS	410	BEM415020	No	EA	1	12	\$ 1.29	\$ 15.48
Safety Glasses, Nemesis V30, black frame, clear lens, neck cord included	KIMBERLY-CLARK	25676-00	K/C25676	No	EA	1	250	\$ 2.83	\$ 707.50
Fluid shield mask with clear visor, anti-fog, 2" wrap around, ear loops 25/bx			DUK1560	Yes	BX	25	2	\$ 12.50	\$ 25.00
Inovel medical N95 respirator, all sizes, must meet CDC guidelines for tuberculosis exposure control in addition to NIOSH and CDC standards for N95 protection against airborne pathogens 24/pk			MOL15XX 20/BOX	No	PK	25	2	\$ 21.65	\$ 43.30
Particulate Respirator and Surgical Mask 1860/1860S	3M		3/M1860	No	EA	1	20	\$ 0.81	\$ 16.20
Particulate Respirator, 8210	3M		3/M8210	No	EA	1	20	\$ 0.63	\$ 12.60
1870 n95 mask	3M		3/M1870+	No	EA	1	20	\$ 0.81	\$ 16.20
Sharps Dart, sharps container with one time lockable seal, 6.5"			DYNN4630	Yes	BX	24	60	\$ 1.39	\$ 82.80
Gel Hand Sanitizer w/ pump 540 mL	ECOLAB	47593-487-31	ECO0600000	No	EA	1	50	\$ 6.55	\$ 327.50
Total of Section 11:									\$ 2,310.02

1,585.12
x 0.5 = 792.56

792.56

Section 12: Capitals	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Lifepack 12 basic carry case, to include Shoulder strip, right pouch, left pouch, and front cover	PHYSIO CONTROL	11260-00030	PHC11260-000030	No	EA	1	5	\$ 291.00	\$ 1,455.00
Lifepack 12 back pouch for carry case	PHYSIO CONTROL	11260-000029	PHC11260-	No	EA	1	5	\$ 75.00	\$ 375.00
Lifepack 12 top pouch for carry case	PHYSIO CONTROL	11220-000028	PHC11220-	No	EA	1	5	\$ 48.55	\$ 242.75
Liftpack 12 replacement should strap	PHYSIO CONTROL	11260-000037	PHC11260-	No	EA	1	5	\$ 30.85	\$ 154.25
Aneroid Sphygmomanometer, infant, Nylon cuff, minimum 10 year calibration Warranty, with zippered carry case			VRD02-1084	Yes	EA	1	10	\$ 4.80	\$ 48.00
Aneroid Sphygmomanometer, pedi, Nylon cuff, latex, minimum 10 year Calibration warranty, with zippered carry case			VRD02-1083	Yes	EA	1	10	\$ 4.80	\$ 48.00
Aneroid Sphygmomanometer, adult, Nylon cuff, latex, minimum 10 year Calibration warranty, with zippered carry case			VRD02-1081	Yes	EA	1	30	\$ 4.80	\$ 144.00
Aneroid Sphygmomanometer, large adult, Nylon cuff, latex, minimum 10 year Calibration warranty, with zippered carry case			VRD02-1082	Yes	EA	1	15	\$ 4.99	\$ 74.85
Aneroid Sphygmomanometer, thigh, Nylon cuff, latex, minimum 10 year Calibration warranty, with zippered carry case			VRD02-1085	Yes	EA	1	10	\$ 5.30	\$ 53.00
Adult full arm splint Fracture-Pak			MSP113054	Yes	EA	1	20	\$ 20.40	\$ 408.00
Adult full leg splint Fracture-Pak			MSP113034	Yes	EA	1	40	\$ 43.40	\$ 1,736.00
Ankle/Elbow splint Fracture-Pak			MSP113010	Yes	EA	1	30	\$ 27.25	\$ 817.50
Total of Section 11:									\$ 5,556.35

Vendor Name: Concordance Healthcare Solutions

Section 12: Capitals (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Pedi full arm splint Fracture-Pak			MSP113051	Yes	EA	1	25	\$ 13.15	\$ 328.75
Pedi full leg splint Fracture-Pak			MSP113031	Yes	EA	1	20	\$ 20.95	\$ 419.00
Greenline/D Laryngoscope handle, fiber optic, chrome plated, 2AA batteries, penlite handle			MSOMS-46004	No	EA	1	10	\$ 31.50	\$ 315.00
Greenline/D Laryngoscope handle, fiber optic, chrome plated, C batteries			MSOMS-46004	No	EA	1	10	\$ 31.50	\$ 315.00
Oxygen flow meter with Ohmeda QC Adapter I-15LPM			PRM8MFA1005	Yes	EA	1	10	\$ 33.90	\$ 339.00
ADScope 603 Stethoscope, Navy Blue, Stainless Steel, 21", w/additional eartips and diaphragm	AMERICAN DIAGNOSTIC CORP	603N	AME603NB	No	EA	1	30	\$ 24.50	\$ 735.00
Stat packG3 backup, Red, BBP resistant, 25 in H X 18 in W X 8.5 in D with Fort Bend County EMS embroidery	StatPak	G35006RE	STPG35006RE	No	EA	1	5	\$ 223.30	\$ 1,116.50
Ohmeda Male and Ohmeda Female quick connect w/6" hose			NO BID	Yes	EA	1	5	\$	\$ -
Thermometer, electronic, SureTemp Plus Model 690	WelchAllyn	690	W/A01690-200	No	EA	1	10	\$ 233.00	\$ 2,330.00
Probe and well kit, rectal 4', for SureTempPlus 690 thermometer	WelchAllyn	02892-000	W/A02892-000	No	EA	1	10	\$ 70.75	\$ 707.50
Probe and well kit, oral, 4', for SureTempPlus 690 thermometer	WelchAllyn	02893-000	W/A02893-000	No	EA	1	5	\$ 70.75	\$ 353.75
Restraint strap seat belt buckle loop end, Black, 2 piece, 5'			DKM11152B	Yes	EA	1	10	\$ 6.30	\$ 63.00
Restraint straps chest system, black, nylon, Metal push button, loop ends			DKM11160B	Yes	EA	1	10	\$ 26.20	\$ 262.00

Vendor Name: Concordance Healthcare Solutions

Section 12: Capitals (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Locking Twice-as-Tough Restraint with lock on connecting strap, adjustable, machine washable	POSEY	2750	POS2750	No	EA	1	150	\$ 23.30	\$ 3,495.00
Locking Twice-as-Tough Ankle Restraint with lock on cuff and connecting strap, adjustable, machine washable	POSEY	2755	POS2755	No	EA	1	120	\$ 23.55	\$ 2,826.00
Oxygen cylinder with toggle, aluminum, D size			MEPK870MD T	Yes	EA	1	5	\$ 53.70	\$ 268.50
Oxygen regulator/pressure reducer, brass, CGA 540 2800-R-2			INO2800-R-2	Yes	EA	1	5	\$ 82.60	\$ 413.00
Oxygen regulator, 1 DISS IBARB 0-25 LPM			MEPEMSRE G8725-BID	Yes	EA	1	5	\$ 66.50	\$ 332.50
Megamover plus transport unit, 40x80 Nonwoven ply gret w/backboard pockets, 1500 lb capacity	GRAHAM PROFESSIONAL	53376	GRA53376	No	EA	1	10	\$ 20.70	\$ 207.00
Break-apart stretcher, femo EXL scoop, red, no restraints, no pins	FEMO	65 EXL	FER65EXL	No	EA	1	5	\$ 963.00	\$ 4,815.00
LP15 Standard Carry Case with Right & Left Pouches	PHYSIO CONTROL	11577-000002	PHC11577-000002	No	EA	1	5	\$ 322.00	\$ 1,610.00
LP15 Rear Pouch for carry case	PHYSIO CONTROL	11260-000039	PHC11260-	No	EA	1	5	\$ 74.00	\$ 370.00
LP15 Shoulder Strap	PHYSIO CONTROL	11577-000001	PHC11577-	No	EA	1	5	\$ 33.20	\$ 166.00
LUCAS 2 Disposable Suction Cup, 3/pk	PHYSIO CONTROL	11576-000046	PHC11576-	No	PK	3	5	\$ 126.00	\$ 630.00
LUCAS Patient Strap	PHYSIO CONTROL	11576-000050	PHC11576-	No	SET	2	5	\$ 92.25	\$ 461.25
LUCAS Stabilization Strap	PHYSIO CONTROL	21996-000064	PHC21996-	No	EA	1	5	\$ 85.58	\$ 427.90
LUCAS Standard Back Plate	PHYSIO CONTROL	21996-000044	PHC21996-	No	EA	1	5	\$ 344.55	\$ 1,722.75
Replacement Ankle Hitch for QD3 & QD4 Traction			FAR1124200	Yes	EA	1	5	\$ 14.12	\$ 70.60
Replacement Ischial Strap for Adult/Child QD3/QD4 Traction Splint			FAR1123924	Yes	EA	1	5	\$ 37.74	\$ 188.70

Vendor Name: Concordance Healthcare Solutions

Section 12: Capitals (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Oxygen cylinder with toggle, aluminum, C size			MEPK870M9 T	Yes	EA	1	5	\$ 45.60	\$ 228.00
S-Scott "ten" replacement battery, SN 3000 and below	SSCOR INC	80636	NO BID	No	EA	1	5	\$ 196.00	\$ -
Traction splint w/aluminum ratchet, Adult QD-4			FAR1126524	Yes	EA	1	5	\$ 196.00	\$ 980.00
Traction splint w/aluminum ratchet, child QD-3			FAR1126522	Yes	EA	1	5	\$ 196.00	\$ 980.00
Kendrick KODE 1 vest, green			MSOMS-ED2253	Yes	EA	1	5	\$ 52.50	\$ 262.50
S-Scott "ten" port suction unit w/charging shelf and power cord	SSCOR INC		NO BID	No	EA	1	5	\$ -	\$ -
S-Scott "ten" replacement battery, SN >3001 and above	SSCOR INC	80635	NO BID	No	EA	1	5	\$ 19.00	\$ 95.00
LA Rescue cervical collar bag, 24"L x 11"H x 5"W			FTX911-80303	Yes	EA	1	5	\$ 19.00	\$ 95.00
Trauma/Air management bag III, 26" x 18.5" x 12.5", blue, Ferno #5111	FERNO	5111	FER0819802	No	EA	1	5	\$ 320.00	\$ 1,600.00
Surgical Clipper Starter Kit, includes clipper body 9661 and charger 9662, no blade assembly	3M	9661	3/M9667L	No	EA	1	5	\$ 104.00	\$ 520.00
Hawkepack ET Kit pullout, green with yellow stripe	HAWKEPAKS	02-04F5	NO BID	No	EA	1	5	\$ -	\$ -
Ferno professional intubation mini bag, royal blue	FERNO	5115	FER0819816	No	EA	1	5	\$ 73.00	\$ 365.00
5.11 Rush 72 Back Pack, Black	5.11	rush72	NO BID	No	EA	1	5	\$ -	\$ -
Assure Prism Multi-meter Glucometer	ARRKRAY USA INC	530001	HYP53001-	No	EA	1	30	FREE	#VALUE!

Total of Section 12: #VALUE!

Vendor Name: Concordance Healthcare Solutions

Section 13: Medication Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Adenosine 6mg/2ml (3mg/ml) 2ml Single dose			NO BID	Yes	EA	1	12	\$	-
Adenosine 12mg/4ml (3mg/ml) 4ml Single dose			NO BID	Yes	EA	1	100	\$	-
Acetaminophen 15ml Infant Drops (80mg per 0.8ml)			NO BID	Yes	EA	1	100	\$	-
Pain Reliever Non-Aspirin 325mg 2/pk 125pk/bx			NO BID	Yes	PK	2	400	\$	-
Amiodarone, 150mg, 3ml Vial			NO BID	Yes	EA	1	400	\$	-
Aspirin 81mg Tablets 36/bottle			GER911-36	Yes	BT	36	90	\$ 0.58	\$ 52.20
Atropine Sulfate 18g x 1 1/2", 0.1mg/ml, 10ml Prefilled Syringe with protected needle			NO BID	Yes	EA	1	400	\$	-
Atrovent Solution 0.5mg, 2.5ml			00487-980125	Yes	BX	30	8	\$ 3.25	\$ 26.00
Ipratropium Bromide/ Albuterol, 0.5mg/ 3.0mg, 30/bx			00487-020101	Yes	BX	30	15	\$ 11.40	\$ 171.00
Cardizem 25mg, 5ml Vial			NO BID	Yes	EA	1	100	\$	-
Calcium Chloride, 1Gm, 10ml			NO BID	Yes	EA	1	100	\$	-

Vendor Name: Concordance Healthcare Solutions

Section 13: Medication (cont'd) Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Diphenhydramine 50mg/ml, 1ml Vial			NO BID	Yes	EA	1	180	\$	-
Dextrose USP 50%, 18g protected needle, 25grams (0.5g/ml)			NO BID	Yes	EA	1	400	\$	-
Dextrose 25% 10ml Ansyr Syringe			NO BID	Yes	EA	1	10	\$	-
Dopamine HCL in 5% Dextrose, 500ml IV Bag-800mg			NO BID	Yes	EA	1	100	\$	-
Epinephrine 1:1000, 1mg/ml, 1ml Single dose			NO BID	Yes	EA	1	150	\$	-
Epinephrine 1:10,000, 18g, 1/2" (0.1mg/ml) 10mL Prefill Syringe with protected needle			NO BID	Yes	EA	1	900	\$	-
Racemic Epi 2.25% 0.5mL Unit Dose			NO BID	Yes	EA	1	70	\$	-
Amidate (Etomidate Injection), 20mg (2mg/mL), 10mL Single Dose Ampule			NO BID	Yes	EA	1	200	\$	-
Glucagon 1mg Lilly Kit Red Box 2050A			NO BID	Yes	EA	1	100	\$	-
Glucose 37.5g Unit dose tube			LNU6379	Yes	EA	1	250	\$ 1.10	\$ 275.00

Vendor Name: Concordance Healthcare Solutions

Section 13: Medication (cont'd) Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Heparin Sodium 5000u, 1ml Carpuject			NO BID	Yes	EA	1	80		\$ -
Monocject Pre-Fill IV Flush syringe, filler with 10ml 100U/ml (1,000 USP Units) Heparin Flush, 12ml			NO BID	Yes	EA	1	50		\$ -
Ibuprofen Oral Suspension 100mg, 5 ml			NO BID	Yes	EA	1	300		\$ -
Lasix 40mg, 10mg/mL in 4mL Prefill Needleless Syringe			NO BID	Yes	EA	1	250		\$ -
Labetalol Hydrochloride Injection, USP 100 mg/20 mL, 5mg per mL			NO BID	Yes	EA	1	150		\$ -
Lidocaine 2% with male luer lock prefilled syringe, 100mg/5mL			NO BID	Yes	EA	1	250		\$ -
Lidocaine 2g in 500mL D5W			NO BID	Yes	EA	1	75		\$ -
Magnesium Sulfate 50%, 1g/2mL Vial			NO BID	Yes	EA	1	200		\$ -
Metoprolol 5mg, 5mL Vial			NO BID	Yes	EA	1	50		\$ -
Naloxone 2mg/2mL - 2mL Pre-filled Syringe			NO BID	Yes	EA	1	150		\$ -
Nitroglycerin Ointment, 2%, 30g Tube			NO BID	Yes	EA	1	50		\$ -

Vendor Name: Concordance Healthcare Solutions

Section 13: Medication (cont'd)		Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.										
Nitrolingual Spray, 4.1g, 400mcg per Spray, 90 sprays per can				RPP76299-0430-04	Yes	EA	1	40	\$ 152.00	\$ 6,080.00
Nitrostat, 0.4mg Sublingual Tabs, 25 per bottle				NO BID	Yes	BT	25	10		\$ -
Oxytocin Pitocin 10units 1ml				NO BID	Yes	EA	1	60		\$ -
Promethazine 25 mg, 1ml vial				NO BID	Yes	EA	1	300		\$ -
Clopidogrel Bisulfate 75mg tablets				NO BID	Yes	BX	25	20		\$ -
Albuterol Sulfate, USP Inhalation Solution, 0.083%, 2.5mg/3mL (0.83mg/mL), 25/bx				00487-950125	Yes	BX	25	35	\$ 3.75	\$ 131.25
Rocuronium 10mg/mL, 10mL Vial				NO BID	Yes	EA	1	120		\$ -
Sodium BiCarbonate 8.4% 10mL pedi Lifeshield				NO BID	Yes	EA	1	20		\$ -
Sodium Bicarb 8.4%, 50mEq, 50mL Prefilled luer lock syringe				NO BID	Yes	EA	1	450		\$ -
0.9% Sodium Chloride, 5mL in 12mL luer lock syringe				WEEL1205-BP	Yes	EA	1	8000	\$ 0.29	\$ 2,312.00

Vendor Name: Concordance Healthcare Solutions

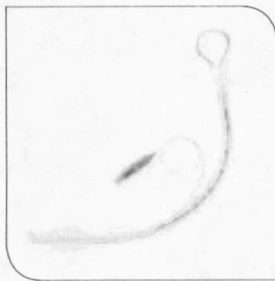
Section 13: Medication (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item starting Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
0.9% Sodium Chloride, 10mL in 12mL Iuer lock syringe			WEL1210-BP	Yes	EA	1	8000	\$ 0.29	\$ 2,320.00
Solumedrol 125mg, 2mL Acto-vial			NO BID	Yes	EA	1	300		\$ -
Succinylcholine 200mg, 10mL vial			NO BID	Yes	EA	1	150		\$ -
Tetracaine Hydrochloride Ophthalmic Solution, 1/2%, 1mL Single Dose Units			NO BID	Yes	EA	1	50		\$ -
Ketorolac 60mg 2mL vial			NO BID	Yes	EA	1	275		\$ -
Thiamine 100mg/mL in 2mL Single dose vial			NO BID	Yes	EA	1	200		\$ -
Carpulect Injector				Yes	EA	1	20	\$ 0.05	\$ 1.00
Ondansetron 4mg dissolve tabs 30ud/box			NO BID	Yes	EA	30	30		\$ -
Ondansetron 4mg 2mL VIAL 25/BX			NO BID	Yes	EA	25	8		\$ -
Mucosal Automation Device, Nasal/Oral, Latex free, 3mL Syringe			NO BID	Yes	EA	1	20		\$ -
Mucosal Atomization Device Without Syringe			NO BID	Yes	EA	1	200		\$ -
Terbutaline, 1mg, 1mL Vial			NO BID	Yes	EA	1	50		\$ -
Captopril 12.5mg tabs 100/bt			NO BID	Yes	BT	100	50		\$ -
Total of Section 13:									\$ 11,368.45

Vendor Name: Concordance Healthcare Solutions

Section 14: Controlled Substance Medication
 Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.

Section 14: Controlled Substance Medication	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units to Purchase	Bid Price per Unit	Extended Cost
Morphine Sulfate Injection, USP 1mg/mL, 10mL single dose			NO BID	Yes	EA	1	20		\$ -
Morphine Sulfate Injection, USP 10mg/mL, 1mL single dose			NO BID	Yes	EA	1	200		\$ -
Midazolam 2mg, 2mL single dose			NO BID	Yes	EA	1	75		\$ -
Midazolam 10mg, 2mL single dose			NO BID	Yes	EA	1	250		\$ -
C3 Ketamine 5mg/ml 10ml 10/bx / controlled			NO BID	Yes	BX	10	150		\$ -
Fentanyl Citrate Injection USP, 250mcg (0.05mg per mL) in 5mL			NO BID	Yes	EA	1	900		\$ -
Diazepam Injection 10mg (5mg/mL) 2mL Single Dose			NO BID	Yes	EA	1	200		\$ -
Total of Section 14:									\$ -

Section 1

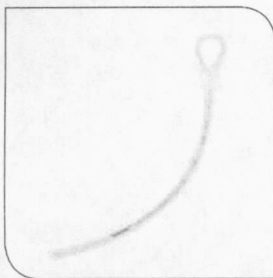


100/102/060
Clear PVC

AIRCARE® Cuffed Endotracheal Tubes (Oral / Nasal) with Preloaded Stylet



PRODUCT CODE	DESCRIPTION	I.D. (mm)	UNITS PER CASE	
100/102/030	AIRCARE® Endotracheal Tube, Preloaded Stylet, Cuffed, Magill, Oral / Nasal, Standard Connector, Clear PVC	3.0	10	NEW
100/102/035	AIRCARE® Endotracheal Tube, Preloaded Stylet, Cuffed, Magill, Oral / Nasal, Standard Connector, Clear PVC	3.5	10	NEW
100/102/040	AIRCARE® Endotracheal Tube, Preloaded Stylet, Cuffed, Magill, Oral / Nasal, Standard Connector, Clear PVC	4.0	10	NEW
100/102/045	AIRCARE® Endotracheal Tube, Preloaded Stylet, Cuffed, Magill, Oral / Nasal, Standard Connector, Clear PVC	4.5	10	NEW
100/102/050	AIRCARE® Endotracheal Tube, Preloaded Stylet, Cuffed, Magill, Oral / Nasal, Standard Connector, Clear PVC	5.0	10	NEW
100/102/055	AIRCARE® Endotracheal Tube, Preloaded Stylet, Cuffed, Magill, Oral / Nasal, Standard Connector, Clear PVC	5.5	10	NEW
100/102/060	AIRCARE® Endotracheal Tube, Preloaded Stylet, Cuffed, Magill, Oral / Nasal, Standard Connector, Clear PVC	6.0	10	NEW
100/102/065	AIRCARE® Endotracheal Tube, Preloaded Stylet, Cuffed, Magill, Oral / Nasal, Standard Connector, Clear PVC	6.5	10	NEW
100/102/070	AIRCARE® Endotracheal Tube, Preloaded Stylet, Cuffed, Magill, Oral / Nasal, Standard Connector, Clear PVC	7.0	10	NEW
100/102/075	AIRCARE® Endotracheal Tube, Preloaded Stylet, Cuffed, Magill, Oral / Nasal, Standard Connector, Clear PVC	7.5	10	NEW
100/102/080	AIRCARE® Endotracheal Tube, Preloaded Stylet, Cuffed, Magill, Oral / Nasal, Standard Connector, Clear PVC	8.0	10	NEW
100/102/085	AIRCARE® Endotracheal Tube, Preloaded Stylet, Cuffed, Magill, Oral / Nasal, Standard Connector, Clear PVC	8.0	10	NEW
100/102/090	AIRCARE® Endotracheal Tube, Preloaded Stylet, Cuffed, Magill, Oral / Nasal, Standard Connector, Clear PVC	9.0	10	NEW
100/102/010	AIRCARE® Endotracheal Tube, Preloaded Stylet, Cuffed, Magill, Oral / Nasal, Standard Connector, Clear PVC	10.0	10	NEW



100/103/045
Clear PVC

AIRCARE® Uncuffed Endotracheal Tubes (Oral / Nasal) with Preloaded Stylet

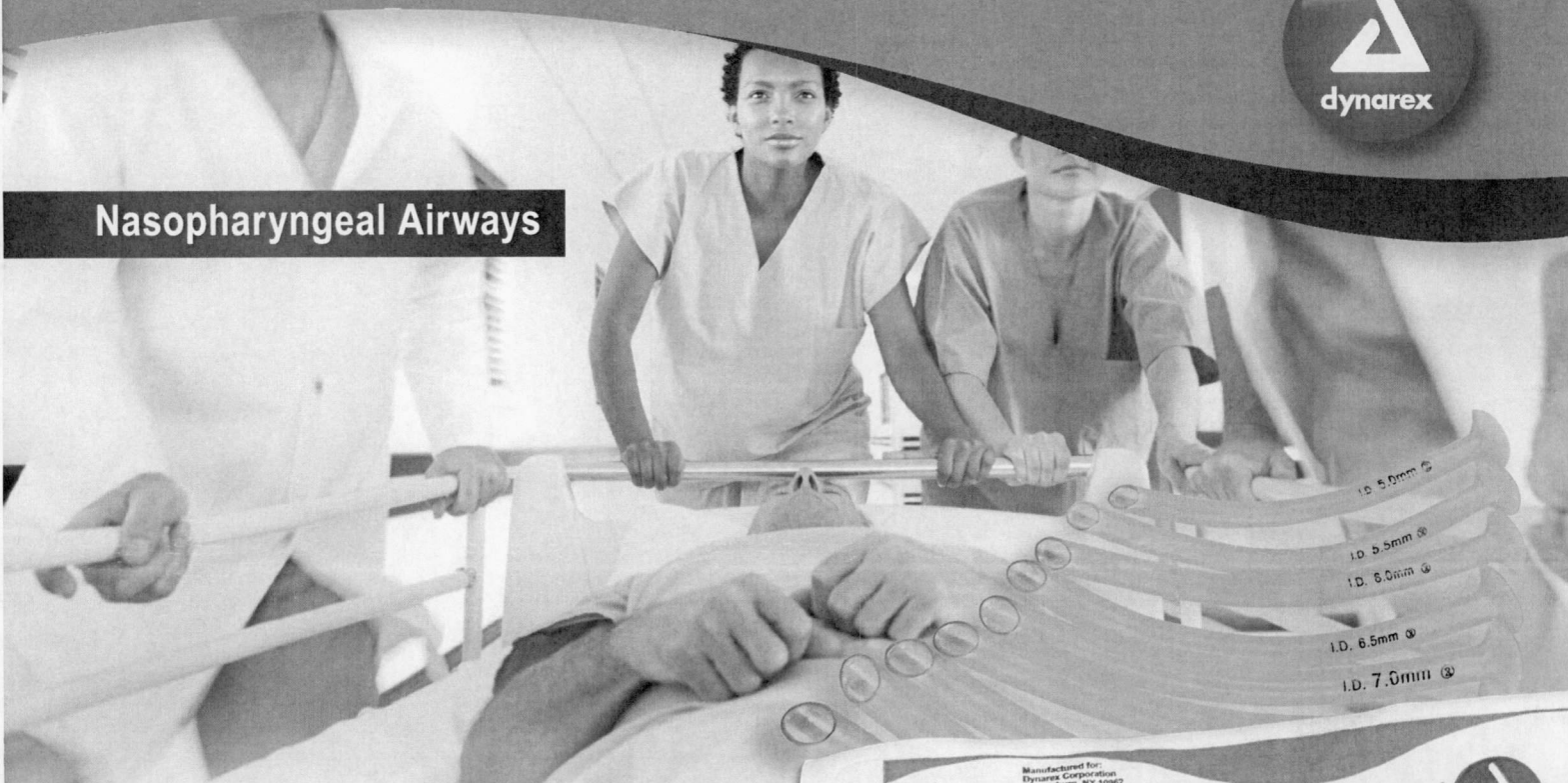


PRODUCT CODE	DESCRIPTION	I.D. (mm)	UNITS PER CASE	
100/103/030	AIRCARE® Endotracheal Tube, Preloaded Stylet, Uncuffed, Magill, Oral / Nasal, Standard Connector, Clear PVC	3.0	10	NEW
100/103/035	AIRCARE® Endotracheal Tube, Preloaded Stylet, Uncuffed, Magill, Oral / Nasal, Standard Connector, Clear PVC	3.5	10	NEW
100/103/040	AIRCARE® Endotracheal Tube, Preloaded Stylet, Uncuffed, Magill, Oral / Nasal, Standard Connector, Clear PVC	4.0	10	NEW
100/103/045	AIRCARE® Endotracheal Tube, Preloaded Stylet, Uncuffed, Magill, Oral / Nasal, Standard Connector, Clear PVC	4.5	10	NEW
100/103/050	AIRCARE® Endotracheal Tube, Preloaded Stylet, Uncuffed, Magill, Oral / Nasal, Standard Connector, Clear PVC	5.0	10	NEW

I.D.: Inner Diameter



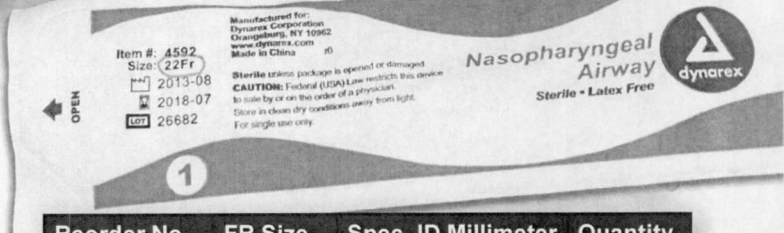
Nasopharyngeal Airways



Airway Adjunct

Recommended for use in the semi-conscious or unconscious patient with an intact gag reflex. Not easily dislodged during transport and better tolerated than an Oropharyngeal Airway. Designed to be inserted into the nasal passageway to secure an open airway. When a patient becomes unconscious, the muscles in the jaw commonly relax and can allow the tongue to slide back and obstruct the airway.

- Sterile
- Flared end prevents the device from becoming lost inside the patient's nose
- Soft - No damage to nasal passage
- Flexible - Resists collapse or kinking
- Latex Free
- Commonly used in emergencies



Reorder No.	FR Size	Spec. ID Millimeter	Quantity
4591	20 FR	5.0mm +/-0.15	10/Cs
4592	22 FR	5.5mm +/-0.15	10/Cs
4593	24 FR	6.0mm +/-0.15	10/Cs
4594	26 FR	6.5mm +/-0.15	10/Cs
4595	28 FR	7.0mm +/-0.15	10/Cs
4596	30 FR	7.5mm +/-0.15	10/Cs
4597	32 FR	8.0mm +/-0.15	10/Cs
4598	34 FR	8.5mm +/-0.15	10/Cs
4599	36 FR	9.0mm +/-0.15	10/Cs

*Depending on market demand and Dynarex stock, we will be happy to address any orders for items currently not shown.

See our website for DynaLube (1250-1254)



Section 1

For more information contact your local Dynarex® distributor sales representative. Or call 888-396-2739 to find your nearest distributor.

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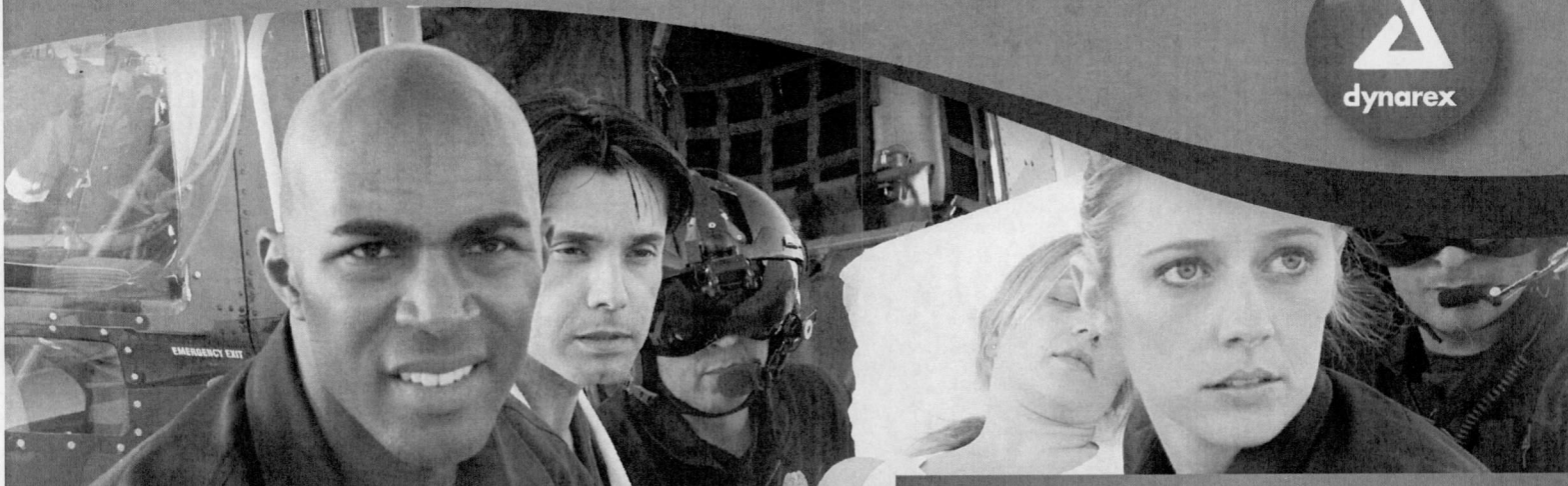
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Find us on:



Section 1



EMS Suction Canisters

NEW DynaVac™ 1200cc Suction Canister!

Dynarex New High Quality EMS Suction Canister!
For when Reliability is Needed in Removing Fluids Efficiently

- New DynaVac™ 1200cc Suction Canister is designed to fit EMS vehicles
- Superior quality, durable plastic
- Lids constructed with common ports and connectors
- A safe disposable option for infectious medical waste

1200cc DynaVac™ EMS Suction Canister
Order #4675



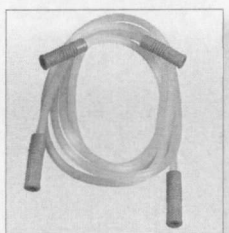
800cc Suction Canister
Order #4672

1200cc Suction Canister
Order #4670

Reorder No.	Description	Quantity
4670	1200cc Suction Canister (Hi-Flow) with Lid	40/Cs
4671	1200cc Suction Canister Kit (Hi-Flow) with Lid & Tubing	
4672	800cc Suction Canister (Hi-Flow) with Lid	24/Cs
4675	1200cc DynaVac EMS Suction Canister	40/Cs

Depending on market demand and Dynarex stock, we will be happy to address any orders for items currently not shown.

See our website for our complete line of Suction Tubing with Universal Blue Tip Connectors.
(Reorder No. 4680 - 4693)



For more information contact your local Dynarex® distributor sales representative.
Or call **888-396-2739** to find your nearest distributor.

Already mobile? Scan your smart phone here for more information.



Find us on:



Disposable Laryngoscope Blades Fiber Optic

The MedSource Disposable Laryngoscope Blades are single-use fiber-optic blades that are an ideal combination of strength and economy. The stainless steel blade and aluminum heel block result in an instrument that is stronger than a plastic blade, and lighter than a standard reusable blade.



Item #	Description	UOM
MS-46210	Disposable Fiber Optic Macintosh Blade, Size 0	EA
MS-46211	Disposable Fiber Optic Macintosh Blade, Size 1	EA
MS-46212	Disposable Fiber Optic Macintosh Blade, Size 2	EA
MS-46213	Disposable Fiber Optic Macintosh Blade, Size 3	EA
MS-46214	Disposable Fiber Optic Macintosh Blade, Size 4	EA
MS-46220	Disposable Fiber Optic Miller Blade, Size 0	EA
MS-46221	Disposable Fiber Optic Miller Blade, Size 1	EA
MS-46222	Disposable Fiber Optic Miller Blade, Size 2	EA
MS-46223	Disposable Fiber Optic Miller Blade, Size 3	EA
MS-46224	Disposable Fiber Optic Miller Blade, Size 4	EA
MS-46003	Fiber Optic Handle, Adult	EA
MS-46004	Fiber Optic Handle, Small	EA

Section 2



WE CARE LIKE FAMILY

A Complete Line of Syringes

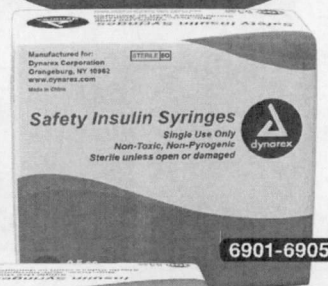
- Safety Insulin Syringes
- Safety Syringes with Needle
- Dialysis Safety Syringes with Needle
- Syringes with Needle (Non-Safety)
- Insulin Syringes (Non-Safety)
- Syringes Without Needle
- Hypodermic Needles
- Pen Needles
- Blood Collection Tube Holders

NEW

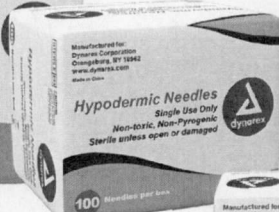
See side of box for full instructions for use and safety information



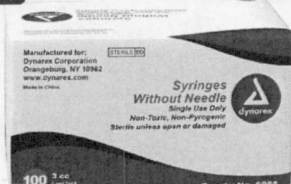
6960-6976



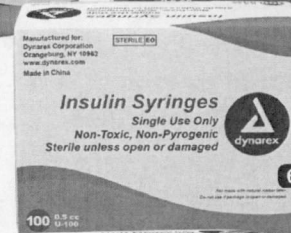
6901-6905



6915-6930



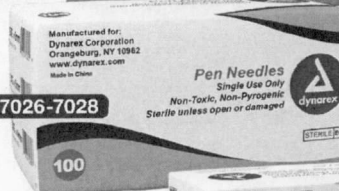
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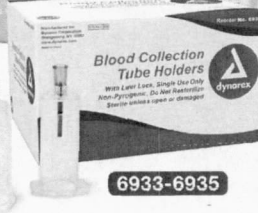
6940-6959



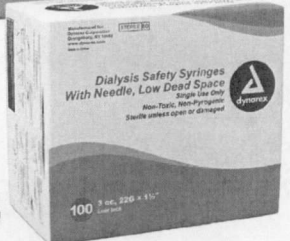
6994-7015



7026-7028



6933-6935



6931-6932

dynarex® is your one-stop medical supply company since 1967

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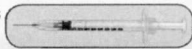
Find us on:



dynarex COMPLETE LINE OF SYRINGES

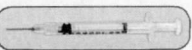
- Insulin Syringes • Safety Syringes with Needle • Dialysis Safety Syringes with Needle
- Syringes Without Needle • Non-Safety Insulin Syringes • Hypodermic Needles
- Non-Safety Syringes with Needle • Blood Collection Tube Holders • Pen Needles

Safety Insulin Syringes With Needle



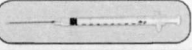
Reorder No.	Description	Quantity
6901	Safety Insulin Syringe With Needle, 0.5cc, 29G x 1/2"	5/100/Cs
6902	Safety Insulin Syringe With Needle, 0.5cc, 30G x 5/16"	5/100/Cs
6903	Safety Insulin Syringe With Needle, 1cc, 27G x 1/2"	5/100/Cs
6904	Safety Insulin Syringe With Needle, 1cc, 29G x 1/2"	5/100/Cs
6905	Safety Insulin Syringe With Needle, 1cc, 30G x 1/2"	5/100/Cs

Safety Syringes With Needle (Luer Lock or Fixed Needle)



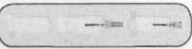
Reorder No.	Description	Quantity
6915	With Needle, Luer Lock, 10cc, 20G x 1 1/2"	6/100/Cs
6916	With Needle, Luer Lock, 10cc, 21G x 1 1/2"	6/100/Cs
6917	With Needle, Luer Lock, 10cc, 22G x 1 1/2"	6/100/Cs
6918	With Needle, Luer Lock, 5cc, 20G x 1 1/2"	4/100/Cs
6919	With Needle, Luer Lock, 5cc, 21G x 1 1/2"	4/100/Cs
6920	With Needle, Luer Lock, 5cc, 22G x 1 1/2"	4/100/Cs
6921	With Needle, Luer Lock, 3cc, 20G x 1 1/2"	8/100/Cs
6922	With Needle, Luer Lock, 3cc, 20G x 1"	8/100/Cs
6923	With Needle, Luer Lock, 3cc, 21G x 1 1/2"	8/100/Cs
6924	With Needle, Luer Lock, 3cc, 21G x 1"	8/100/Cs
6925	With Needle, Luer Lock, 3cc, 22G x 1 1/2"	8/100/Cs
6926	With Needle, Luer Lock, 3cc, 22G x 1"	8/100/Cs
6927	With Needle, Luer Lock, 3cc, 23G x 1"	8/100/Cs
6928	With Needle, Luer Lock, 3cc, 25G x 5/8"	8/100/Cs
6929	With Needle, Fixed Needle, 1cc, 25G x 5/8"	8/100/Cs
6930	With Needle, Fixed Needle, 1cc, 27G x 1/2"	8/100/Cs

Dialysis Safety Syringes with Needle, Low Dead Space



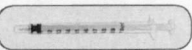
Reorder No.	Description	Quantity
6931	Fixed Needle, 1cc, 22G x 1 1/2"	12/100/Cs
6932	Luer Lock, 3cc, 22G x 1 1/2"	12/100/Cs

Blood Collection Tube Holders



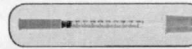
Reorder No.	Description	Quantity
6933	Without Needle, Non-Sterile	4/250/Cs
6934	With Luer Lock	4/200/Cs Sold by inner box
6935	With Luer Slip	4/200/Cs Sold by inner box

Syringes Without Needle



Reorder No.	Description	Quantity
6987	Syringes Without Needle, Luer Slip, 1mL/cc	10/100/Cs
6988	Syringes Without Needle, Luer Lock, 3mL/cc	10/100/Cs
6989	Syringes Without Needle, Luer Lock, 5mL/cc	10/100/Cs
6990	Syringes Without Needle, Luer Lock, 10mL/cc	10/100/Cs
6991	Syringes Without Needle, Luer Lock, 20mL/cc	10/50/Cs
6992	Syringes Without Needle, Luer Lock, 30mL/cc	10/50/Cs
6993	Syringes Without Needle, Luer Lock, 60mL/cc	10/25/Cs

Non-Safety Insulin Syringes



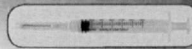
Reorder No.	Description	Quantity
6940	Non-Safety Insulin Syringe With Needle, 0.5cc, 27G x 1/2", Individually Packaged	5/100/Cs
6941	Non-Safety Insulin Syringe With Needle, 0.5cc, 28G x 1/2", Individually Packaged	5/100/Cs
6942	Non-Safety Insulin Syringe With Needle, 0.5cc, 29G x 1/2", Individually Packaged	5/100/Cs
6943	Non-Safety Insulin Syringe With Needle, 0.5cc, 30G x 5/16"	5/100/Cs
6944	Non-Safety Insulin Syringe With Needle, 0.5cc, 31G x 5/16", Individually Packaged	5/100/Cs
6945	Non-Safety Insulin Syringe With Needle, 1cc, 27G x 1/2", Individually Packaged	5/100/Cs
6946	Non-Safety Insulin Syringe With Needle, 1cc, 28G x 1/2", Individually Packaged	5/100/Cs
6947	Non-Safety Insulin Syringe With Needle, 1cc, 29G x 1/2", Individually Packaged	5/100/Cs
6948	Non-Safety Insulin Syringe With Needle, 1cc, 30G x 1/2", Individually Packaged	5/100/Cs
6949	Non-Safety Insulin Syringe With Needle, 1cc, 31G x 5/16", Individually Packaged	5/100/Cs
6950	Non-Safety Insulin Syringe With Needle, 0.5cc, 27G x 1/2", 10/Bag, 10 Bags/Box	5/100/Cs
6951	Non-Safety Insulin Syringe With Needle, 0.5cc, 28G x 1/2", 10/Bag, 10 Bags/Box	5/100/Cs
6952	Non-Safety Insulin Syringe With Needle, 0.5cc, 29G x 1/2", 10/Bag, 10 Bags/Box	5/100/Cs
6953	Non-Safety Insulin Syringe With Needle, 0.5cc, 30G x 5/16", 10/Bag, 10 Bags/Box	5/100/Cs
6954	Non-Safety Insulin Syringe With Needle, 0.5cc, 31G x 5/16", 10/Bag, 10 Bags/Box	5/100/Cs
6955	Non-Safety Insulin Syringe With Needle, 1cc, 27G x 1/2", 10/Bag, 10 Bags/Box	5/100/Cs
6956	Non-Safety Insulin Syringe With Needle, 1cc, 28G x 1/2", 10/Bag, 10 Bags/Box	5/100/Cs
6957	Non-Safety Insulin Syringe With Needle, 1cc, 29G x 1/2", 10/Bag, 10 Bags/Box	5/100/Cs
6958	Non-Safety Insulin Syringe With Needle, 1cc, 30G x 1/2", 10/Bag, 10 Bags/Box	5/100/Cs
6959	Non-Safety Insulin Syringe With Needle, 1cc, 31G x 5/16", 10/Bag, 10 Bags/Box	5/100/Cs

Hypodermic Needles



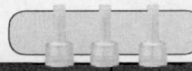
Reorder No.	Description	Quantity
6960	Hypodermic Needles, 18G x 1"	10/100/Cs
6961	Hypodermic Needles, 18G x 1 1/2"	10/100/Cs
6962	Hypodermic Needles, 19G x 1"	10/100/Cs
6963	Hypodermic Needles, 19G x 1 1/2"	10/100/Cs
6964	Hypodermic Needles, 20G x 1"	10/100/Cs
6965	Hypodermic Needles, 20G x 1 1/2"	10/100/Cs
6966	Hypodermic Needles, 21G x 1"	10/100/Cs
6967	Hypodermic Needles, 21G x 1 1/2"	10/100/Cs
6968	Hypodermic Needles, 22G x 1"	10/100/Cs
6969	Hypodermic Needles, 22G x 1 1/2"	10/100/Cs
6970	Hypodermic Needles, 23G x 1"	10/100/Cs
6971	Hypodermic Needles, 23G x 1 1/2"	10/100/Cs
6972	Hypodermic Needles, 25G x 5/8"	10/100/Cs
6973	Hypodermic Needles, 25G x 1 1/2"	10/100/Cs
6974	Hypodermic Needles, 26G x 1/2"	10/100/Cs
6975	Hypodermic Needles, 27G x 1 1/2"	10/100/Cs
6976	Hypodermic Needles, 27G x 1/2"	10/100/Cs

Non-Safety Syringes With Needle



Reorder No.	Description	Quantity
6994	With Needle, Luer Slip, 1cc, 25G x 5/8"	8/100/Cs
6995	With Needle, Luer Lock, 3cc, 20G x 1"	8/100/Cs
6996	With Needle, Luer Lock, 3cc, 20G x 1 1/2"	8/100/Cs
6997	With Needle, Luer Lock, 3cc, 21G x 1"	8/100/Cs
6998	With Needle, Luer Lock, 3cc, 21G x 1 1/2"	8/100/Cs
6999	With Needle, Luer Lock, 3cc, 22G x 1"	8/100/Cs
7000	With Needle, Luer Lock, 3cc, 22G x 1 1/2"	8/100/Cs
7001	With Needle, Luer Lock, 3cc, 23G x 1"	8/100/Cs
7002	With Needle, Luer Lock, 3cc, 25G x 5/8"	8/100/Cs
7003	With Needle, Luer Lock, 3cc, 25G x 1"	8/100/Cs
7004	With Needle, Luer Lock, 5cc, 20G x 1"	4/100/Cs
7005	With Needle, Luer Lock, 5cc, 20G x 1 1/2"	4/100/Cs
7006	With Needle, Luer Lock, 5cc, 21G x 1"	4/100/Cs
7007	With Needle, Luer Lock, 5cc, 21G x 1 1/2"	4/100/Cs
7008	With Needle, Luer Lock, 5cc, 22G x 1"	4/100/Cs
7009	With Needle, Luer Lock, 5cc, 22G x 1 1/2"	4/100/Cs
7010	With Needle, Luer Lock, 10cc, 20G x 1"	4/100/Cs
7011	With Needle, Luer Lock, 10cc, 20G x 1 1/2"	4/100/Cs
7012	With Needle, Luer Lock, 10cc, 21G x 1"	4/100/Cs
7013	With Needle, Luer Lock, 10cc, 21G x 1 1/2"	4/100/Cs
7014	With Needle, Luer Lock, 10cc, 22G x 1"	4/100/Cs
7015	With Needle, Luer Lock, 10cc, 22G x 1 1/2"	4/100/Cs

Pen Needles



Reorder No.	Description	Quantity
7026	Pen Needles, 30G x 8mm	12/100/Cs
7027	Pen Needles, 31G x 5mm	12/100/Cs
7028	Pen Needles, 32G x 4mm	12/100/Cs



WE CARE LIKE FAMILY

See our website for all our medical products!

www.dynarex.com



Find us on:

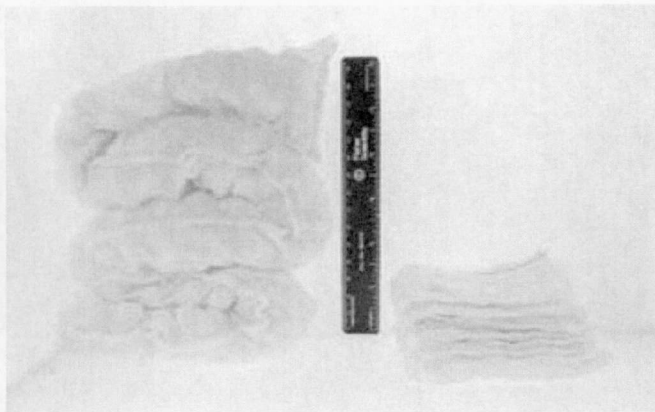


Section 3

XGAUZE[®]

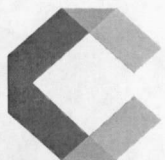
by **REVMED**[™] X

Expanding Z-folded Gauze



FIN-0002-01

- Co-Developed with U.S. Military as core component in blast Injury kit
- Same sponge material as XSTAT (Chitosan-free)
- One bandage is equivalent to the packing and absorption of 3 rolls of standard gauze.
- Available for military and civilian first responders.



CONCORDANCE[™]
HEALTHCARE SOLUTIONS

Exclusive EMS Distributor of RevMedX

Formerly MMS - A Medical Supply Company

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WE CARE LIKE FAMILY™



Emergency High Strength Pressure Bandages

For fast response to severe bleeding & trauma situations

- Combines a thick non-adherent dressing, elastic bandage, pressure applicator and closure clip in one simple unit
- Quick and easy application
- Sterile, Single Use Only
- Not made with natural rubber latex
- Compares to PerSys Medical Emergency Bandage*

*©2015 PerSys Medical, all rights reserved.

Seen 3



Reorder No.	Description	Quantity
3683	4" bandage	100/Cs
3684	6" bandage	50/Cs

See our website for our Multi-Trauma Dressing, Sterile (Reorder No. 3531 & 3532)



Find us on:



dynarex® is your one-stop medical supply company since 1967

For more information contact your local Dynarex® distributor sales representative.

Or call **888-396-2739** to find your nearest distributor.

10 Glenshaw Street • Orangeburg, NY 10962 • www.dynarex.com

Sheet 5

Sensoronics

P/N SSOSECG-PHY-12LTC8

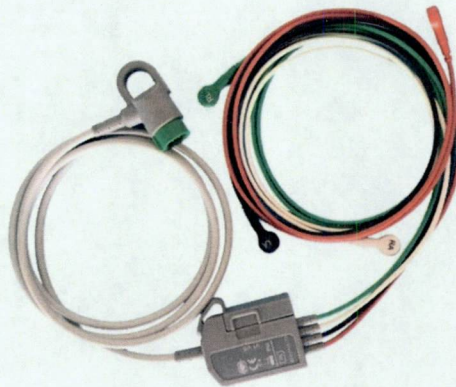
Physio Control Compatible 12 Lead ECG Trunk Cable 8 Foot - **Replaces Physio Control P/N 11111-000020**

P/N SSOSECG-PHY-12LTC5

Physio Control Compatible 12 Lead Trunk Cable 5 Foot - **Replaces Physio Control P/N 11111-000018**

PHC11111-000018 479.34

Sensoronics Price: 206.25 For both 5' & 8'



P/N SSOSECG-PHY-6L3

Physio Control Compatible ECG Precordial Lead wires - 3 Foot **Replaces Physio Control P/N 11110-000103 and 11111-000022**

PHC11111-000022 \$192.67

Sensoronics Price: \$93.75



**All trunk cables and lead wires are completely compatible and interchangeable with Physio cables.*

www.sensoronics.com

bhoebing@cfl.rr.com

1-877-677-0816

1-877-677-0136 Fax

Section 6



FrontLine™

FrontLine™ Powder-Free Nitrile Exam Gloves were developed to offer the following:

- Human skin pH balanced coating for reduced risk of irritation and reduced perspiration.
- Advanced non-latex nitrile polymer offers superior stretch and comfort.
- Blue color.
- Fully textured surface for improved grip in all conditions
- Puncture resistance as specified by NFPA 1999:2013 edition
- Passed ASTM Bacteriophage Test F1671 per NFPA 1999-2013 standard.
- UL® certified NFPA1999-2013 edition with an AQL of 0.65 exceeds industry standards.
- Our Ease Off™ No-Stick exterior surface prevents duct tape and even Veni-Gard® from sticking to the glove.

The FrontLine™, powder-free nitrile exam glove was the first nitrile exam glove to become NFPA rated. FrontLine™ was designed to meet the demands of First Responders, medical, clinical and industrial workers. FrontLine™ is an effective barrier against blood borne pathogens.

Ordering Information

Ordering information FrontLine 9.5

Size	Catalog Number	Packaging	
Small	FL9-1	100 gloves/box	10 boxes/case
Medium	FL9-2	100 gloves/box	10 boxes/case
Large	FL9-3	100 gloves/box	10 boxes/case
Xlarge	FL9-4	100 gloves/box	10 boxes/case
XXLarge	FL9-5	90 gloves/box	10 boxes/case
XXXLarge	FL9-6	90 gloves/box	10 boxes/case

Ordering information FrontLine 12

Size	Catalog Number	Packaging	
Small	FL12-1	100 gloves/box	10 boxes/case
Medium	FL12-2	100 gloves/box	10 boxes/case
Large	FL12-3	100 gloves/box	10 boxes/case
Xlarge	FL12-4	100 gloves/box	10 boxes/case
XXLarge	FL12-5	90 gloves/box	10 boxes/case
XXXLarge	FL12-6	90 gloves/box	10 boxes/case

Product Specifications

Size	ASTM D6319	NFPA 1999-2013	FrontLine™
Length (in)	8.7"		9.5" / 12"
Cuff (mils)	N/A		3.5 mil
Palm (mils)	1.9 mil		5 mil
Finger (mils)	1.9 mil		6 mil
Tensile strength			
Before aging (mpa)	13.8	14	20
After aging (mpa)	13.8	14	18
Elasticity/Elongation			
Before aging (%)	500%	500%	580%
After aging (%)	400%	400%	505%
Puncture Resistance		1.01 lbs	1.9 lbs

Digitcare Corporation
3304 Pico Blvd., Suite K
Santa Monica, CA 90405
888.287.2990
info@digitcare.net



www.digitcare.net



January 26, 2017

Jeff Noel
Buyer
MMS - A Medical Supply Company
13400 Lakefront Drive, Earth City, MO 63045

Dear Jeff,

At your request I am providing a letter for you to share with your customer.

MMS is a Full-line Authorized 3M Distributor.

If there are additional questions, please be sure to call or write.

Best regards,

Tami Eichman
Director of Key Accounts
3M Healthcare
800-401-7175
tjeichman@mmm.com



AMERICAN DIAGNOSTIC CORPORATION

To Whom It May Concern:

MMS is an authorized distributor of American Diagnostic Corporation (ADC) products.

Sincerely yours,

AMERICAN DIAGNOSTIC CORP.

A handwritten signature in black ink, appearing to read 'Steve Kelly', is written over the printed name.

Steve Kelly
National Sales Manager

55 Commerce Drive
Hauppauge, NY 11788
Customer Service: 1-800-ADC-2670
Voice: 1-631-273-9600
Fax: 1-631-273-9659
email: info@adctoday.com
<http://www.adctoday.com>
NEW YORK • LONDON • NINGBO • TAIPEI • TOKYO

AKRIMAX
PHARMACEUTICALS

11 Commerce Drive
First Floor
Cranford, NJ 07016
PHONE 908.372.0505
FAX 908.252.7237
www.akrimax.com

To Whom It May Concern:

Concordance Healthcare Solutions, located at 1575 Aviation Center Pkwy #527, Daytona Beach, FL 32114, is an authorized distributor of our products.

Thank you,



Mark Jordan



Ambu Inc.

6740 Baymeadow Drive
Glen Burnie, Maryland 21060
Phone: 800-262-8462
Fax: 800-262-9873
Website: www.ambuUSA.com

**Midwest Medical Supply
13400 Lakefront Drive
Earth City, MO 63045**

To Whom It May Concern

This is to confirm that the above company is an authorized Ambu Inc. dealer.

Sincerely,

A handwritten signature in cursive script that reads "Anna M. Davis".

**Anna M. Davis,
Ambu Inc
Credit / Collections
Ext 1-1135**



Joy Hayes

Regional Corporate Account Manager
Long Term Care Division



Product Support
800.818.8877, option 5

ARKRAY USA, INC.

5198 West 76th Street
Minneapolis, MN 55439
cell: 314.239.3149
toll-free: 800.818.8877, ext. 2983
email: Hayesj@arkrayusa.com
URL: <http://www.arkrayusa.com>

To Whom It May Concern,

MMS / Concordance Healthcare Solutions www.concordancehealthcare.com is an authorized distributor of ARKRAY.

Any questions may be directed to Richard Slouffman, Vice President of Long Term Care, at ARKRAY USA. Richard may be reached at slouffmanr@arkrayusa.com.

Thank you.

Joy Hayes

Regional Corporate Account Manager

ARKRAY USA

314-239-3149



ASO
300 Sarasota Center Blvd
Sarasota, Florida 34240
Phone: 941-379-0300
Fax: 941-378-9040

To Whom It May Concern,

The purpose of this letter is to state that A Medical Supply Company (MMS) is an authorized distributor of ASO LLC. Should you have any questions or concerns please do not hesitate to call (941)-378-6604.

Sincerely,

A handwritten signature in cursive script that reads "Breanna Clay".

Breanna Clay

Associate Account Manager

Dear EMS Provider,

I manage BBraun's EMS division and am confirming that Midwest Medical Supply (MMS) is an authorized BBraun distributor.

We appreciate your support of our IV products and want to do everything to ensure that you receive product that is manufactured for the U.S. market, under warranty, and sold by an authorized distributor.

I hope that this does not cause you additional work on your end and, in the future, I will Please feel free to contact me with any questions or emails that you may have.

Thank you,

Jennifer Bensen

Jennifer Bensen
Emergency Care Manager
National Accounts - BBraun Medical, Inc.
824 12th Avenue
Bethlehem PA, 18018

Mobile: (773) 575-2288
Email: Jennifer.Bensen@bbraun.com
Facsimile: (484) 821-9448

1 Becton Drive
Franklin Lakes, NJ 07417
tel: 201.847.8800
www.bd.com



Helping all people
live healthy lives

This letter serves as confirmation that MMS – A Medical Supply Company (Midwest Medical Supply LLC) is an authorized distributor for Becton Dickinson.

A handwritten signature in black ink, appearing to read "Brian Friedman", is written over a horizontal line.

Brian Friedman; Supply Chain Manager
3/7/12

BEMIS MANUFACTURING COMPANY

300 Mill Street, PO Box 901
Sheboygan Falls, WI 53085-0901

Voice: 920-467-4621 | 800-558-7651
Fax: 920-467-8573
e-mail: CORP@BemisMfg.com

920-467-
4621



To whom it may concern, MMS (Midwest Medical Supply) is an authorized distributor for Bemis Health Care products and in good standing.

If you have any questions please feel free to contact us.

Margaret Hand 

Margaret Hand
Director, Market & Business Development
Bemis Health Care

lm w

BRIGGS
Healthcare™

RE: Midwest Medical Supply

To Whom It May Concern:

Please be advised that Midwest Medical Supply Inc. located in Dayton Beach, Florida is an authorized distributor for Briggs Healthcare based in Waukegan, Illinois. Midwest Medical supply promotes and distributes the full line of MABIS and Duro-Med Industries durable medical equipment products.

Should you have any questions regarding the relationship between Midwest Medical and Briggs Healthcare, please do not hesitate to contact me directly.

Sincerely,
Briggs Healthcare



Brady Noll
Sales Manager
847-573-5891

Julia Onesto

From: Frederick Engimann <fengimann@microdotcs.com>
Sent: Thursday, September 28, 2017 10:56 AM
To: Julia Onesto
Cc: 'Scott LeFevre'
Subject: Concordance Healthcare Solutions- Authorized Distributor

To whom it may concern,

This e-mail is to confirm Concordance Healthcare Solutions is an authorized distributor of the Rapid Deployment Cold and Hot packs, a division of Cambridge Sensors USA, LLC.

If you have any questions or need further information, please contact me directly.

Thank you for the opportunity to earn your business,
Fred

Frederick W. Engimann
President
Cambridge Sensors USA LLC
23866 W. Industrial Drive N.
Plainfield, IL. 60585
PH: 630-428-4240
Cell: 815-341-8094
FAX: 630-428-4255
fengimann@microdotcs.com



CAMBRIDGE SENSORS USA, LLC

Confidentiality Disclaimer: This email and any files attached to this email are confidential and intended solely for the use of the individual or entity to which it is addressed. If you are not the person or entity to whom this is addressed, or the person responsible for delivery of this email to the intended recipient, you have received this email in error. Any use, dissemination, distribution, forwarding, printing, copying of this email including attachments is strictly prohibited. In addition this email may contain private healthcare information which is protected by the Federal Healthcare Insurance Portability and Accountability Act of 1996 (the "Act"). Your use of this information in any manner is your agreement to abide by the Act and its promulgated rules and regulations. If you received this email in error, immediately delete it from your system without copying and notify the sender so that our records can be corrected.



To: Midwest Medical Supply (MMS)

From: CONMED Contracts Dept.

This memo is to confirm that Midwest Medical Supply (MMS) is an authorized distributor of CONMED Corporation's products.

Barbara A. Martin
Contracts Coordinator
CONMED Corporation
525 French Road
Utica, NY 13502

CHRIS STELTER
DIRECTOR, DISTRIBUTOR SALES
MEDICAL SUPPLIES AND PATIENT CARE AND SAFETY PRODUCTS



To Whom It May Concern:

As of today, MMS – A Medical Supply Company is an Authorized Distributor in good standing for Covidien - Medical Supplies Division.

Please feel free to call me with any questions. 713-385-6309.

Thanks

**Chris Stelter
Director, Distributor Sales**

DMS

Dick Medical Supply

MMS Medical
13400 Lakefront Drive
Earth City, MO. 63045

To Whom It May Concern:

This letter confirms that MMS Medical is an authorized distributor for Dick Medical Supply in Columbus, Ohio.

As an authorized distributor MMS Medical is authorized to sell and support all DMS products.

If you need further information please don't hesitate to contact us.

Sincerely,

Katina Fannin
Marketing Director/Office Manager
Dick Medical Supply
670 Marion Road
Columbus, Ohio 43207
614.444.2300 Phone | 614.444.2301 Fax
kfannin@dms4ems.com

670 Marion Road Columbus, Ohio 43207 (614) 444-2300 Office (614) 444-2301 Fax

Think DMS for EMS!



PASSION. PARTNERSHIP. POSSIBILITIES.

9/28/2017

To Whom It May Concern:

This letter is to serve as an official notice that Concordance Healthcare Solutions is a customer in good standing and an authorized distributor of DUKAL products.

If there are any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "CB", with a long horizontal line extending to the right.

Chris Brooks
Vice President – Sales
DUKAL Corporation



Corporate Headquarters
Tel: 845.365.8200 • Fax: 845.365.8201
Toll-Free: 888.DYNAREX

To Whom It May Concern;

Please accept this letter as documentation that MMS Wholesale is an authorized distributor of Dynarex products. Please feel free to contact me at your convenience with any questions or concerns!

Sincerely,

Tom Hotter



Orangeburg, NY • Ada, OH • Pocahontas, AR • Jacksonville, FL
www.dynarex.com • www.thcnet.com

Emphasis Medical, LLC
211 E. 1st St.
St. Joseph, MO 64504
(816) 277-1718

www.m-phasis.com

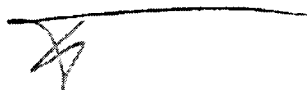
EMPHASIS *Medical, LLC*

To Whom It May Concern,

This letter is to act as notification that MMS, A Medical Supply Company is an authorized distributor for Emphasis Medical, LLC. If you have any questions or concerns please feel free to contact us.

Thank you.

Sincerely,



Tony Gadzinski
Vice President
Emphasis Medical, LLC

Julia Onesto

From: Lee Sackett <LSackett@Faretec.com>
Sent: Thursday, September 28, 2017 9:30 AM
To: Julia Onesto
Subject: RE: Concordance an Authorized Distributor

As an authorized representative of FareTec Inc., I hereby verify that Concordance Healthcare Solutions of Daytona Beach, FL is an authorized distributor of FareTec Inc. products. 9/28/2017

Lee Sackett- Vice President

FareTec Inc.
Responder Products
Office: 440 350 9510
Cell: 440 669 2000
www.FareTec.com (USA)
www.ResponderProducts.com (International)



1610 West Jackson St. Unit 6
Painesville OH 44077
USA

From: Julia Onesto [mailto:JOnesto@concordancehs.com]
Sent: Wednesday, September 27, 2017 4:00 PM
Subject: Concordance an Authorized Distributor
Importance: High

We did a bid for the City of Fort Bend TX, one of the requirements of the bid is to have something stating Concordance is an authorized distributor for the mfg.'s we bid.

Can you please send me something on your letterhead stating we are an authorized distributor? Or an e-mail?

I'm sorry for the short notice they are only giving us until noon tomorrow 9/28 to get this over.

Your help is greatly appreciated.

Julia

Julia Onesto | Sales Manager, EMS Division
Concordance Healthcare Solutions - Daytona Beach, FL



P 937.382.1451
F 937.382.1191

70 Well Way
Wilmington, Ohio 45177

877.733.0911
www.ferno.com

February 17, 2017

Midwest Medical Supply
13400 Lakefront Drive
Earth City, MO, 63045

To Whom It May Concern,

Midwest Medical Supply is an authorized Ferno-Washington, Inc. dealer for sales, service and support.

Please contact Ferno-Washington Inc. Customer Service at 1-877-733-0911 with any questions.

Kind regards,

Louvena McCann
Domestic Account Manager

FIELDTEX
PRODUCTS, INC.

To Whom It May Concern:

This letter is to confirm that Concordance Healthcare is an authorized distributor of Fieldtex Products. If you have any questions or concerns, please feel free to contact me anytime.

Best regards,

Ted Hartman
National Account Manager
585.427.2940 ext 239
t.hartman@fieldtex.com



2017-2018 Grant
Medical Supply
Sales Office - West Hill
1234567890
www.grahammedical.com

Julia Onesto
MMS - A Medical Supply Company
1575 Aviation Center Pkwy #525
Daytona Beach, FL 32114

Dear Julia:

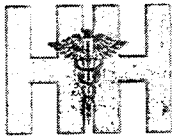
This letter is to confirm that MMS - A Medical Supply Company is an authorized distributor for Graham Professional Medical Products.

Yours truly,

A handwritten signature in cursive script that reads 'Step Bohrer'.

Stephanie Bohrer
National Sales Manger
Graham Medical

CC: O. Albornoz



H&H Medical Corporation

328 McLaws Circle, Williamsburg, VA 23185
Phone (804) 642-3663 Fax (804) 642-6109
Web: <http://www.gohandh.com>

January 01, 2017

Letter of Authorization/Representation of a Distributor

This letter is to confirm that Concordance Healthcare Solutions with the representation of Julia Onesto is an official authorized distributor for H&H Medical Corporation. Concordance is free to appoint sub-distributors within Concordance territory upon approval from H&H Medical Corporation. The staff of Concordance is fully trained on the product line(s).

Concordance is responsible for the registrations of our products with the authorities, regulatory process and compliance, distribution, storage, promotion including exhibitions and advertising, sales and maintenance of H&H products.

This authorization includes:

Territory(s): USA

Market(s): All

Product(s): All

Concordance Healthcare Solutions is located at:

13400 Lakefront Drive
Earth City, MO 63045

This representation agreement is valid for a period of 12 months from this dated letter and can be amended and/or extended by H&H Medical Corporation only.

If you have any questions or need additional information, please contact me directly.

Sincerely,

Global Director of Sales
H&H Medical Corporation
corina@gohandh.com
612-720-1567



LABORATORIES • 825 B TOLLGATE ROAD • ELGIN, ILLINOIS 60123

TO WHOM IT MAY CONCERN:

Please consider this letter confirmation that MMS (Account #M33) is an authorized distributor for Hydrox Laboratories.

Sincerely,

Cindy Swift
Customer Service Manager
847-468-9441
Fax: 847-468-9407
cindy@hydroxlabs.com



To whom it may concern:

This letter is to confirm that MMS Medical Distributor is an authorized distributor for our Kimberly-Clark products. MMS Medical has been a valued distributor partner for Kimberly-Clark for several years and we look forward to continue success with them in the future!

If you have any questions or concerns feel free to contact me at corporate office phone number listed below.

Sincerely,

Derek Osborne

Account Executive



Laerdal®
helping save lives

LAERDAL MEDICAL CORPORATION
PO Box 1840, 167 Myers Corners Road
Wappingers Falls, NY 12590
877/LAERDAL (523-7325)
(845) 297-7770
Fax (800) 227-1143

www.Laerdal.com

To Whom It May Concern:

Please be advised that **MIDWEST MEDICAL SUPPLY COMPANY**, located at **13400 LAKEFRONT DRIVE, EARTH CITY, MO 63045**, is an authorized Laerdal Medical Corporation Distributor.

As an authorized distributor, **MIDWEST MEDICAL SUPPLY COMPANY** has access to our full line of products with the exception of the following:

- SimMan, SimBaby, SimNewB
- MegaCode Kelly and MegaCode Kid VitalSim
- Nursing Anne, Nursing Kelly, Nursing Kid, Nursing Baby VitalSim
- Resusci Anne Simulator
- ALS Simulator
- Virtual IV products
- MicroSim
- HeartCode
- and related parts/accessories and services.

Should you have any questions, please feel free to contact me at (800) 648-1851 ext. 4480.

Sincerely,

Ryan Otterholt
Corporate Accounts Coordinator
Laerdal Medical Corporation




P.O. Box 1951
Inverness, FL 34451
1-800-903-6199

Subject: Midwest Medical Supply – Authorized Dealer Letter

This letter is to serve as notification that Midwest Medical Supply Co is an authorized dealer of Leonhard Lang USA and may represent all product categories on behalf of our company. Leonhard Lang USA can guarantee an uninterrupted source of supply, with sufficient quantities of product, for the duration of the base contract period.

Sincerely,



Jeb Marra
Vice President of Sales and Marketing
Leonhard Lang USA

Connect with Quality



MediPurpose, Inc
3883 Rogers Bridge Road NW Suite 501 DuluthGA 30097
Tel: +1 404-855-3655 Fax: +1 770 559-4382 www.medipurpose.com

September 27, 2017

To Whom It May Concern:

We hereby authorize and certify that Concordance Healthcare Solutions may sell, market and service SurgiLance and SurgiLance Lite Safety Lancet products of MediPurpose, Inc and they are an approved distributor.

Sincerely,

Cheryl Channell

Cheryl Channell

Toll Free: 800-876-8264
Phone: 952-472-0131
Fax: 952-472-0136
Website: www.gomedsource.com

MedSource

INTERNATIONAL, LLC

5346 Shoreline Drive Mound, MN 55364

To Whom It May Concern:

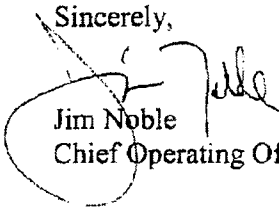
MIDWEST MEDICAL SUPPLY, CO. LLC
13400 Lakefront Drive
Earth City, MO 63045

Is an Authorized Dealer for our products in North America.

They have been appointed as your primary contact and are permitted to act as our official representative with your organization to register our medical products. They are also authorized to obtain the necessary license and permits to market our products within the Florida area.

This authorization is valid until 31 December 2014.

Sincerely,


Jim Noble
Chief Operating Officer



Alan Sammis, National Sales Manager

Email: asammis@meretusa.com

Cell: 1.843.795.9568

From: Alan Sammis, Chief of EMS (Ret.)
National Sales Manager
Meret Products

Subject: Midwest Medical Supplies (Distributor)

Be advised Midwest Medical Supply, aka MMS, is a full product line distributor for Meret Products and Cramer Decker Medical.

MMS represents our companies extremely well and very pleased with their representation efforts.

If there are any questions regarding their status with us for you, please feel free to contact me at any time

Thank you

Corporate Headquarters
1641 E. St. Andrew Place
Santa Ana, CA 92705
T. 877.222.0200
F. 714.259.4749
www.MeretUSA.com

East Coast Facility
8350 Bristol Court, Suite 109
Baltimore, MD 20794



10111 WEST JEFFERSON BOULEVARD, CULVER CITY, CALIFORNIA 90232
TELEPHONE 310-837-8500 FAX 310-837-9563 www.moldex.com

Julia Onesto
EMS Office Manager
MMS - A Medical Supply Company
1575 Aviation Center Pkwy #527, Daytona Beach, FL 32114
Phone : 386-252-9960
Fax : 386-252-9961

RE: MMS – Medical Supply Company (Account #02-MIDWES)

To whom it may concern.

This letter is to confirm that as of the date of this letter, MMS Medical is an Authorized supplier of Moldex Healthcare products, surgical N95/Disposable respirators and hearing protection equipment as offered on our site;
<http://www.moldex.com/healthcare/>

If you should have any additional questions, please don't hesitate to call me at (800)421-0668, ext. 301.

James Gallegos
Sales & Customer/Tech Services Mgr.

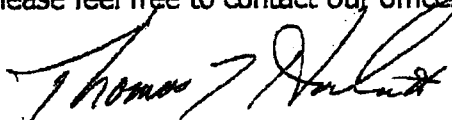
CC: Bill Schubach – VP of Sales, North America

motion
medical distributing

A Division of Haslam Medical Corporation

To Whom It May Concern:

This letter is to certify that MMS - A Medical Supply Company is an authorized distributor for Motion Medical Distributing. If you have any questions or concerns, please feel free to contact our offices.



Thomas J. Haslam II
President



NORTH AMERICAN RESCUE®

MMS MEDICAL SUPPLY CO
13400 LAKEFRONT DR
EARTH CITY, MO 63045

Re: NAR Distributor

To Whom It May Concern

This letter certifies that MMS Medical Supply Company is an authorized Distributor of North American Rescue (NAR) Products. MMS has the authority to bid, quote, obtain letters of bids, offer for sale, sell and distribute the complete line of North American Rescue (NAR) products.

Feel free to contact us if you have any questions.

Sincerely,

Teresa Ulmer
Manager, Customer Services
North American Rescue, LLC

Julia Onesto

From: Bryan Daniels <bdaniels@nurseassist.com>
Sent: Wednesday, September 27, 2017 7:40 PM
To: Julia Onesto
Subject: RE: Concordance an Authorized Distributor

You have full authorization to sell Nurse Assist product to any organization.

Please let me know if you need anything else.

Bryan Daniels
Director of Sales
800-649-6800 ext. 26, mobile: (817) 992-6457 Nurse Assist, Inc., 4409 Haltom Road, Haltom City, Texas 76117
www.nurseassist.com

-----Original Message-----

From: Julia Onesto [mailto:JOnesto@concordancehs.com]
Sent: Wednesday, September 27, 2017 3:00 PM
To: undisclosed-recipients:
Subject: Concordance an Authorized Distributor
Importance: High

We did a bid for the City of Fort Bend TX, one of the requirements of the bid is to have something stating Concordance is an authorized distributor for the mfg.'s we bid.

Can you please send me something on your letterhead stating we are an authorized distributor? Or an e-mail ?

I'm sorry for the short notice they are only giving us until noon tomorrow 9/28 to get this over.

Your help is greatly appreciated.

Julia

Julia Onesto | Sales Manager, EMS Division Concordance Healthcare Solutions
- Daytona Beach, FL
386-492-9401 | jonesto@concordancehs.com
Fax: 386-252-9961
Kreisers, MMS and Seneca Medical. Now one company.
Delivering service beyond your expectations.
www.concordancehealthcare.com

From: MMSEMS@mmsmedical.com [mailto:MMSEMS@mmsmedical.com]
Sent: Wednesday, September 27, 2017 4:59 PM
To: Julia Onesto <JOnesto@concordancehs.com>
Subject: Message from KM_C284e



Physio-Control, Inc. | Lifesaving starts here™

ADDRESS

11811 Willows Road NE
Redmond, WA 98052

PHONE

800/840-4000
425-887-4000
TOLL FREE
202-442-1142

www.physio-control.com

**Midwest Medical Supply Co. LLC
dba MMS
13400 Lakefront Drive
Earth City, MO 63045**

Re: Physio-Control Authorized Reseller

Dear Physio-Control Partner,

In response to your recent request, I am writing to confirm that Physio-Control, Inc. and Midwest Medical Supply Co. LLC/dba MMS have entered into a legal agreement authorizing Midwest Medical Supply Co. LLC/dba MMS to distribute, stock, and offer for sale Physio-Control accessories to Acute Care Facilities, Primary Care Facilities, Surgery Centers, Hospice Facilities, Home Care Distribution, Industrial Facilities and Home Care Patients for placement within the USA.

Sincerely,

Namita Joshi
Senior Strategic Pricing Analyst
Physio Control, Inc.
11811 Willows Road NE
Redmond, WA 98052-2003



25999 SW Canyon Creek Road, Suite C
Wilsonville, OR 97070
Office: (503) 218-2172
Fax: (503) 218-2274

**Exclusive Representation for RevMedx in Emergency Medical
Services (EMS) and Fire Rescue Markets**

January 19, 2017

TO WHOM IT MAY CONCERN:

This letter confirms that the company **Concordance Healthcare Solutions** (formerly Midwest Medical Supply Co., LLC business address: 13400 Lakefront Drive, Earth City MO 63045) has been granted exclusivity to sell all RevMedx products (including training products) to EMS and Fire Rescue customers in the United States.

By: _____

Date: _____

1/20/17

Will Fox
Vice President, Sales and Marketing
Will.fox@revmedx.com
Phone: +1 (503) 218-2172
Fax: +1 (503) 218-2274

Sensoronics, Inc.

September 27, 2017

To Whom I May Concern:

Please note that Concordance Health Solutions is an authorized distributor for the complete line of Sensoronics products including Pulse Oximetry and ECG cables and accessories.

Respectfully,

Bob Hoebing
Vice President
Sensoronics, Inc.

Sensoronics, Inc.

5114 Pt. Fosdick Dr. NW, Suite E70
Gig Harbor, WA 98355

www.sensoronics.com
bhoebing@cfl.rr.com

1-877-677-0816
1-877-677-0136 Fax

smiths medical

bringing technology to life

Smiths Medical ASD Inc.
Critical Care Division
160 Weymouth Street
Rockland, MA 02370, USA
T: +1 781 878 8011
F: +1 781 878 8201
www.smiths-medical.com

Please be advised, Midwest Medical Supply, Earth City, MO is a full line authorized distributor of Smiths Medical North America products and is currently in good standing with our organization.

Questions regarding our full product offering may be addressed directly by contacting me at 407-739-7486. Our Customer Service department, (1-800-258-5361) will also be happy to assist you. Our extensive product line covers a range of therapeutic areas in vital care, safety and medication delivery:

- Airway Care
- Temperature Management
- Pain Management
- Peripheral I.V. Catheters
- Safety Needles & Syringes
- Patient Monitoring
- Blood Collection
- Ambulatory & Hospital Infusion
- Diabetes
- Vascular Access

We recognize the important role you play in servicing the healthcare marketplace, and we look forward to continuing to assist you in strengthening the relationship between you and your distributor by delivering products of the highest quality and superior value.

Sincerely,

(unsigned-sent via email)

Frank Reindl
Manager Corporate Accounts & Distribution
Smiths Medical North America



STATPACKS, INC.
1509 S. SANDHILL DR.
WASHINGTON, UT 84780
PH – 435-627-2265
FX - 435-579-2539
customerservice@statpacks.com
www.statpacks.com

08/17/2017

To Whom it May Concern,

This letter certifies that the following company is an authorized distributor,
of the complete range of products from StatPacks, Inc.



CONCORDANCE™
HEALTHCARE SOLUTIONS

This letter of authorization is valid until December 31st, 2018

Thank you.

Sincerely,

Andrew Tepper

Andrew Tepper

StatPacks, Inc., Owner



12383 Belcher Road, Ste 450
Largo, Florida 33773-3097 USA
tel: (800) 433-2797 | (727) 530-7099
fax: (800) 671-7988 | (727) 531-1410
email: info@sun-med.com
www.sun-med.com

To whom it may concern,

Please note: MMS- A Medical Supply Company is an Authorized
Distributor of SunMed products.

Sincerely,

Neal Meyers

Director of Sales

Highest Quality * Unequaled Value * Outstanding Service



Medical Products Division
PO Box 12600
Durham, NC 27703 USA
Phone: 919-544-8000
Fax: 919-433-4989
www.teleflexmedical.com

Ms. Julia Onesto
Midwest Medical Supply
13400 Lakefront Drive
Earth City, MO 63045-1516

Dear Ms. Onesto,

This notification confirms Midwest Medical Supply as an authorized distributor of Rusch and Hudson brand products manufactured by Teleflex Medical.

Sincerely,

A handwritten signature in dark ink, appearing to read "Richard Hooser", written over a light-colored, possibly embossed or faded, signature line.

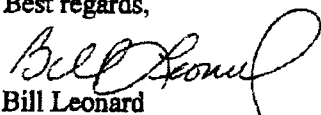
Richard Hooser
Manager, Strategic Accounts



Dear Leslie,

This is to notify you that MMS is an authorized distributor of Ventlab products for the United States EMS market.

Best regards,

A handwritten signature in cursive script, appearing to read "Bill Leonard". The signature is written in black ink and is positioned above the typed name.

Bill Leonard
VP Sales & Marketing
Ventlab Corporation
155 Boyce Drive
Mocksville, NC 27028
336-753-5000 office
336-753-5002 fax

VERIDIAN
HEALTHCARE™

MMS-A Medical Supply Company
13400 Lakefront Drive
Earth City, MO 63045
Attn: Jo Ann Rudd

Jo Ann:

This letter will serve as verification that MMS is an authorized distributor for Veridian Healthcare, LLC.

If you have any questions or need additional information, please do not hesitate to call me.

Sincerely,

William J. Hagan, Jr.
National Sales Manager
whagan@veridianhealthcare.com
Cell: 847-560-0358

Medical Products
4341 State Street Road
P.O. Box 220
Skaneateles Falls, NY 13153-0220
Tel: 315-685-4482
Fax: 315-685-2174

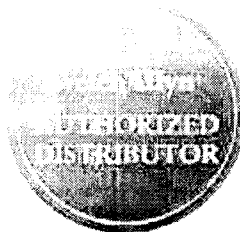
Welch Allyn

September 27, 2017

To whom it may concern:

I am providing this letter to confirm that Midwest Medical Supply is a Welch Allyn Authorized Distributor in good standing.

Midwest Medical Supply
13400 Lakefront Dr.
Earth City Mo, 63045



Sincerely,
WELCH ALLYN, INC.

A handwritten signature in cursive script that reads 'Scott Palmer'. The signature is written in black ink and is positioned below the typed name.

Scott Palmer
Director of Sales Operations

SP/DM



GAS CONTROL TECHNOLOGY

Western Enterprises
875 Bassett Road
Westlake, Ohio 44054

Attn: Anne Estes
Account number: 57036000

RE: MMS as a customer

To Whom It May Concern:

MMS is a customer of Western Enterprises and is an authorized dealer of Western products.

Thank you,

Nicole Bailey

Nicole Bailey
Customer Service Rep
875 Bassett Road
Westlake, Oh 44145

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Midwest Medical Supply Co., LLC
Earth City, MO United States

Certificate Number:
2017-268503

Date Filed:
10/04/2017

Date Acknowledged:

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Fort Bend County

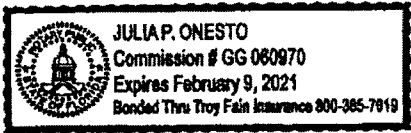
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
B18-003
Medical Supplies

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Pamela Boggan
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Pamela Boggan, this the 4 day of October, 2017, to certify which, witness my hand and seal of office.

Julia P. Onesto Bid Manager
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
2017-268503

Date Filed:
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1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Midwest Medical Supply Co., LLC
Earth City, MO United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Fort Bend County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

B18-003
Medical Supplies

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath