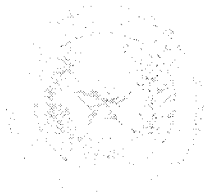


****Amended 8.30.17

Fort Bend County Specification Download Acknowledgment



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

**VENDORS MUST IMMEDIATELY RETURN THIS FORM VIA EMAIL TO NORMA WEAVER AT:
norma.weaver@fortbendcountytexas.gov .**

Vendor Responsibilities:

- Vendors are responsible to download and complete any addendums.
(Addendums will be posted on the Fort Bend County Website no later than 48 hours prior to Bid Opening)
- Vendors will submit responses in accordance with requirements stated on cover of document.
- Vendors may not submit responses via email or fax.

Life-Assist, Inc.

Legal Name of Contracting Company

Chris Nelson, Contract Administrator

Contact Person

11277 Sunrise Park Drive, Rancho Cordova, CA. 95742

Complete Mailing Address

800-824-6016

Telephone Number

800-290-9794

Facsimile Number

quotes@life-assist.com

Email Address

Chris Nelson

Signature

09/05/2017

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

Vendor Information

Life-Assist, Inc.
Legal Name of Contracting Company

94-2440500
Federal ID Number (Company or Corporation) or Social Security Number (Individual)

800-824-6016 Telephone Number 800-290-9794 Facsimile Number

11277 Sunrise Park Drive
Complete Mailing Address (for Correspondence)

Rancho Cordova, CA. 95742
City, State and Zip Code

Complete Remittance Address (if different from above)

City, State and Zip Code

Chris Nelson, Contract Administrator
Authorized Representative and Title (printed)

chris.nelson@life-assist.com
Authorized Representative's Email Address

Chris Nelson Signature of Authorized Representative 09/05/2017 Date

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

Initials of Bidder: CTN

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: CTN

- 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

Initials of Bidder: CTN

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

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

Initials of Bidder: CTN

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.

Initials of Bidder: CTN

- 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

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 effective 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

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: CTN

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: CTN

**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

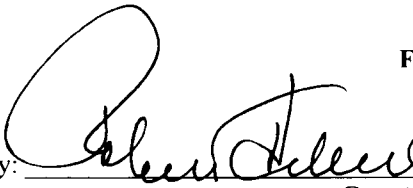
This memorandum of agreement made and entered into on the 10th day of October, 2017,
by and between Fort Bend County in the State of Texas (hereinafter designated County), acting herein by
County Judge Robert Hebert, by virtue of an order of Fort Bend County Commissioners Court, and
Life-Assist, Inc. (hereinafter designated Contractor).
(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.

By: 
Fort Bend County, Texas
County Judge Robert E. Hebert

By: 
Signature of Contractor

By: Chris Nelson, Contract Administrator
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 #	94-2440500	Dun and Bradstreet #	96899414
Type of Business	<input checked="" type="checkbox"/> Corporation/LLC <input type="checkbox"/> Sole Proprietor/Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt Organization		
Legal Company Name	Life-Assist, Inc.	Year Business was Established	1977
Remittance Address	11277 Sunrise Park Drive		
City/State/Zip	Rancho Cordova, CA. 95742		
Physical Address	11277 Sunrise Park Drive		
City/State/Zip	Rancho Cordova, CA. 95742		
County	Fort Bend County	Other:	Sacramento
Phone/Fax Number	Phone: 800-824-6016	Fax:	800-290-9764
Contact Person	Chris Nelson		
E-mail	quotes@life-assist.com		
Special Notes			
The Company listed above is a (check all that apply and attached certificate).	<input type="checkbox"/> DBE-Disadvantaged Business Enterprise Certification # _____ <input type="checkbox"/> SBE-Small Business Enterprise Certification # _____ <input type="checkbox"/> HUB-Texas Historically Underutilized Business Certification # _____ <input type="checkbox"/> WBE-Women's Business Enterprise Certification # _____ <input type="checkbox"/> MBE-Minority Business Enterprise 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 type="checkbox"/> >\$22,400,000		
NAICs codes (Please enter all that apply).	269, 345, 475, 465, 435, 578, 201, 450, 948, 274, 340		

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. Life-Assist, Inc.		
	2 Business name/disregarded entity name, if different from above		
	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"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ 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. <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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) 11277 Sunrise Park Drive		Requester's name and address (optional)
	6 City, state, and ZIP code Rancho Cordova, CA. 95742		
	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												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>												
or												
Employer identification number												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;">9</td> <td style="width: 25px; height: 20px;">4</td> <td style="width: 25px; height: 20px;">-</td> <td style="width: 25px; height: 20px;">2</td> <td style="width: 25px; height: 20px;">4</td> <td style="width: 25px; height: 20px;">4</td> <td style="width: 25px; height: 20px;">0</td> <td style="width: 25px; height: 20px;">5</td> <td style="width: 25px; height: 20px;">0</td> <td style="width: 25px; height: 20px;">0</td> </tr> </table>	9	4	-	2	4	4	0	5	0	0		
9	4	-	2	4	4	0	5	0	0			

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 ▶ <i>Chris Nelson</i>	Date ▶ 08/07/2017
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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/fw9.

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.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

Generally, individuals (including sole proprietors) are not exempt from backup withholding.

- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
 - I—A common trust fund as defined in section 584(a)
 - J—A bank as defined in section 581
 - K—A broker
 - L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
 - M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- 3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
- 4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor [*]
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.
² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Job No.: BID 18-003

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

Taxpayer Identification Number (T.I.N.): 94-2440500

Company Name submitting Bid/Proposal: Life-Assist, Inc.

Mailing Address: 11277 Sunrise Park Drive , Rancho Cordova, CA. 95742

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>
_____	_____
_____	_____
_____	_____
_____	_____

* 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 Life-Assist, Inc is a Nonresident Bidder as defined in Government Code §2252.001 and our principal place of business is Rancho Cordova, CA.
[Company Name] [City and State]

Mandatory Form



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:

Life-Assist, Inc.

(Company/Contractor)

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

Chris Nelson
Contractor Signature

08/07/2017

Date

Chris Nelson
Printed Name

Contract Administrator
Title

Amended 8/23/17

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

Vendor Name:

Life-Assist, Inc.

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	AA01	Yes	PK	5	5	\$ 0.80	\$ 4.00
Berman Airway, 40mm, Pink Color	RUSCH	121801							
60mm Berman (dual channel) Oral Airway	ASIA-CONNECTION-TAIWIN	ME6506BK-5P	AA02	Yes	PK	5	5	\$ 0.80	\$ 4.00
Berman Airway, 60mm, Black	RUSCH	121802							
80mm Berman (dual channel) Oral Airway	ASIA-CONNECTION-TAIWIN	ME6508GN-5P	AA03	Yes	PK	5	8	\$ 0.80	\$ 6.40
Berman Airway, 80mm, Green	RUSCH	121803							
90mm Berman (dual channel) Oral Airway	ASIA-CONNECTION-TAIWIN	ME6509YL-5P	AA04	Yes	PK	5	16	\$ 0.80	\$ 12.80
Berman Airway, 90mm, Yellow	RUSCH	121804							
100mm Berman (dual channel) Oral Airway	ASIA-CONNECTION-TAIWIN	ME6510RD-5P	AA05	Yes	PK	5	20	\$ 0.80	\$ 16.00
Berman Airway, 100mm, Lavender	RUSCH	121805							
110mm Berman (dual channel) Oral Airway	ASIA-CONNECTION-TAIWIN	ME6511ON-5P	AA06	Yes	PK	5	10	\$ 0.80	\$ 8.00
Berman Airway, 110mm, Orange	RUSCH	121806							
Thomas E.T. Tube Holder Adult size	LAREDAL	600-10000	AC170	No	EA	1	450	\$ 2.36	\$ 1,062.00
Thomas E.T. Tube Holder Pediatric size	LAREDAL	600-2000	AC180	No	EA	1	40	\$ 2.48	\$ 99.20
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.5 Uncuffed	MEDSTORM	38001	AE23325	Yes	EA	1	30	\$ 1.72	\$ 51.60
MedSource Endotracheal/Stylette Combo,	MEDSOURCE	MS-23325							

Vendor Name:

Life-Assist, Inc.

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	AE23330	Yes	EA	1	20	\$ 1.72	\$ 34.40
MedSource Endotracheal/Stylette Combo, Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 3.5 Uncuffed	MEDSTORM	38003	AE23335	Yes	EA	1	25	\$ 1.72	\$ 43.00
MedSource Endotracheal/Stylette Combo, Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 4.0 Uncuffed	MEDSTORM	38004	AE23340	Yes	EA	1	30	\$ 1.72	\$ 51.60
MedSource Endotracheal/Stylette Combo, Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 4.5 Uncuffed	MEDSTORM	38005	AE23345	Yes	EA	1	20	\$ 1.72	\$ 34.40
MedSource Endotracheal/Stylette Combo, Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 5.0 Uncuffed	MEDSTORM	38006	AE23350	Yes	EA	1	10	\$ 1.72	\$ 17.20
MedSource Endotracheal/Stylette Combo, Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 5.5 Cuffed	MEDSTORM	38012	AE23455	Yes	EA	1	30	\$ 1.72	\$ 51.60
MedSource Endotracheal/Stylette Combo, Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 6.0 Cuffed	MEDSTORM	38013	AE23460	Yes	EA	1	35	\$ 1.72	\$ 60.20
MedSource Endotracheal/Stylette Combo, Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 6.0 Cuffed	MEDSOURCE	MS-23355							
MedSource Endotracheal/Stylette Combo, Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 6.0 Cuffed	MEDSOURCE	MS-23460							

Vendor Name:

Life-Assist, Inc.

Section I: 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	AE23465	Yes	EA	1	40	\$ 1.72	\$ 68.80
MedSource Endotracheal/Stylette Combo, Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 6.5 Cuffed	MEDSOURCE	MS-23465							
MedSource Endotracheal/Stylette Combo, Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 7.0 Cuffed	MEDSTORM	38015	AE23470	Yes	EA	1	250	\$ 1.72	\$ 430.00
MedSource Endotracheal/Stylette Combo, Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 7.5 Cuffed	MEDSOURCE	MS-23470							
MedSource Endotracheal/Stylette Combo, Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 7.5 Cuffed	MEDSTORM	38016	AE23475	Yes	EA	1	230	\$ 1.72	\$ 395.60
MedSource Endotracheal/Stylette Combo, Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 8.0 Cuffed	MEDSOURCE	MS-23475							
MedSource Endotracheal/Stylette Combo, Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 8.0 Cuffed	MEDSTORM	38017	AE23480	Yes	EA	1	50	\$ 1.72	\$ 86.00
MedSource Endotracheal/Stylette Combo, Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 8.5 Cuffed	MEDSOURCE	MS-23480							
MedSource Endotracheal/Stylette Combo, Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 8.5 Cuffed	MEDSTORM	38018	AE23485	Yes	EA	1	20	\$ 1.72	\$ 34.40
MedSource Endotracheal/Stylette Combo, Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 9.0 Cuffed	MEDSOURCE	MS-23485							
MedSource Endotracheal/Stylette Combo, Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 9.0 Cuffed	MEDSTORM	38020	AE23490	Yes	EA	1	35	\$ 1.72	\$ 60.20
20F Nasopharyngeal airways	MEDSOURCE	MS-23490							
20F Nasopharyngeal airways	MEDSTORM	51154	AB43950	Yes	EA	1	35	\$ 1.60	\$ 56.00
Robertazzi Nasopharyngeal Airway, 20 ft.	MEDSOURCE	MS-23950							
24F Nasopharyngeal airways	MEDSTORM	51156	AB43954	Yes	EA	1	50	\$ 1.60	\$ 80.00
Robertazzi Nasopharyngeal Airway, 24 ft.	MEDSOURCE	MS-23954							

Vendor Name:

Life-Assist, Inc.

Section I : 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	AB43956	Yes	EA	1	70	\$ 1.70	\$ 119.00
Robertazzi Nasopharyngeal Airway, 26 ft.	MEDSOURCE	MS-23956							
28F Nasopharyngeal airways	MEDSTORM	51158	AB43958	Yes	EA	1	70	\$ 1.70	\$ 119.00
Robertazzi Nasopharyngeal Airway, 28 ft.	MEDSOURCE	MS-23958							
30F Nasopharyngeal Airways	MEDSTORM	51159	AB43960	Yes	EA	1	50	\$ 1.70	\$ 85.00
Robertazzi Nasopharyngeal Airway, 30 ft.	MEDSOURCE	MS-23960							
36F Nasopharyngeal Airways	MEDSTORM	51162	AB43966	Yes	EA	1	30	\$ 1.70	\$ 51.00
Robertazzi Nasopharyngeal Airway, 36 ft.	MEDSOURCE	MS-23966							
1200cc Replacement/Disposable Suction Canister for S-Scott "Ten" suction unit	BEMIS	484410	OK1200	No	EA	1	430	\$ 2.33	\$ 1,001.90
8F whistle tip Suction Catheter	ASIA-CONNECTION-TAIWIN	ME6808B	OK3608	Yes	EA	1	60	\$ 0.20	\$ 12.00
Suction Catheter with Coiled Packaging, 8 ft.	DYNAREX	4808							
10F whistle tip Suction Catheter	ASIA-CONNECTION-TAIWIN	ME6810B	OK3610	Yes	EA	1	120	\$ 0.20	\$ 24.00
Suction Catheter with Coiled Packaging, 10 ft.	DYNAREX	4810							
18F whistle tip Suction Catheter	ASIA-CONNECTION-TAIWIN	ME6818B	OK3618	Yes	EA	1	150	\$ 0.20	\$ 30.00
Suction Catheter with Coiled Packaging, 18 ft.	DYNAREX	4818							
Yankaur Suction Tip w/Control			OH4690	Yes	EA	1	50	\$ 0.40	\$ 20.00
Yankaur with Control Vent and Tubing	MEDSOURCE	MS-YK20	MSI_MS-YK20	Yes	EA	1	300	\$ 0.66	\$ 198.00
Yankaur "Big Yank" Suction Tip w/Control Vent, Sterile, 11/32"open tip, integral blister tube and canister connector pre-attached	CONNEMED	0034920U	OH3492	No	EA	1	40	\$ 8.25	\$ 330.00
Suction Tubing Non Conductive Vinyl 72" X 1/4" ID			OH4250	Yes	EA	1	50	\$ 0.62	\$ 31.00
Infant Medium Concentration Oxygen Mask	RUSCH	396218	OM1270	Yes	EA	1	20	\$ 0.89	\$ 17.80

Vendor Name:

Life-Assist, Inc.

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
O2 Mask Pediatric Partial Non-Rebreather w/safety vent	HUDSON	1058	OM25058	Yes	EA	1	400	\$ 0.84	\$ 336.00
MedSource O2 Mask, Non-Rebreather	MEDSOURCE	MS-25058							
O2 Mask Adult Non-Rebreather w/o safety vent	HUDSON	1060	OM1060	No	EA	1	2000	\$ 0.88	\$ 1,760.00
O2 Nasal Cannula Adult, 7ft	CURAPLEX	24003	OM24003	Yes	EA	1	2000	\$ 0.25	\$ 500.00
MedSource Nasal Cannula, Non-flared, Adult	MEDSOURCE	MS-24003							
Bougie-to-go ET Tube Introducer, Adult 15F x 60cm with Coude Tip	SUNMED	9-0212-82	AC21282	Yes	EA	1	200	\$ 5.58	\$ 1,116.00
Bougie ET Tube Introducer, Pediatric 10F x 70cm with Coude Tip	SUNMED	9-0211-70	AC902011	Yes	EA	1	40	\$ 5.84	\$ 233.60
O2 Nebulizer, small volume, hand held w/ pediatric mask, 7ft kink resistant tubing			OM22886	Yes	EA	1	100	\$ 1.06	\$ 106.00
O2 Nebulizer w/ Tubing and Mouthpiece	CURAPLEX	301-200	OM22883	Yes	EA	1	900	\$ 0.66	\$ 594.00
MedSource Up-Draft Nebulizer, Hand-Held	MEDSOURCE	MS-22883							
AMBU Spur II Bag Valve Mask Adult (with mask)	AMBU	520211000B	AMBU_5202 1100B	No	EA	1	500	\$ 8.75	\$ 4,375.00
AMBU Spur Bag Valve Mask Infant/Child (with Infant and Child masks)	AMBU	530215000	AMBU_530-215-000	No	EA	1	50	\$ 22.95	\$ 1,147.50
Pocket BVM w/ olive green case, with O2 tubing	MicroBVM	MB003xn	OM9800	No	EA	1	2	\$ 39.78	\$ 79.56
Oxygen Nut & Stem (Plastic)	SMITH MEDICAL	33-2600	OG4500	Yes	EA	1	5	\$ 0.61	\$ 3.05
Green Barb for Regulator (Christmas Tree)	RUSCH	396340							

Vendor Name:

Life-Assist, Inc.

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 Larvngoscope Blades Miller 3	SUNMED	5-5333-03	LY863	Yes	EA	1	80	\$ 4.78	\$ 382.40
Greenline/D Disposable Fiber Optic Larvngoscope Blades Miller 4	SUNMED	5-5333-04	LY864	Yes	EA	1	80	\$ 4.78	\$ 382.40
Greenline/D Fiber Optic, 10/32" Halogen/Xenon Reflector Laryn Lamp for Medium Larvngoscope Handle	SUNMED	5-0240-52	SUNM_5-0240-52	Yes	EA	1	20	\$ 12.81	\$ 256.20
Endotracheal tube holder 50/cs, Sports Medics Icon Stabilizer	MOTION MEDICAL	2100	MMMD_2100	No	CS	50	5	\$ 210.00	\$ 1,050.00
PEEP valve disposable adjustable 22mm inner diameter			OM1993	Yes	EA	1	100	\$ 3.25	\$ 325.00
Headrest, Bagel, 9", pink foam			KEND_31143 137	Yes	EA	1	200	\$ 2.10	\$ 420.00
Total of Section 1:									\$ 19,893.41

Vendor Name:

Life-Assist, Inc.

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	3M_1626W	No	BX	50	2	\$ 64.25	\$ 128.50
Clearsafe I.V. Catheter, 14g X 1 1/4 inch	MEDSOURCE	MS-84114	MSI_MS-	No	EA	1	100	\$ 1.40	\$ 140.00
Clearsafe I.V. Catheter, 16g X 1 1/4 inch	MEDSOURCE	MS-84116	MSI_MS-	No	EA	1	300	\$ 1.40	\$ 420.00
Clearsafe I.V. Catheter, 18g X 1 1/4 inch	MEDSOURCE	MS-84218	MSI_MS-	No	EA	1	4000	\$ 1.40	\$ 5,600.00
Clearsafe I.V. Catheter, 20g X 1 1/4 inch	MEDSOURCE	MS-84220	MSI_MS-	No	EA	1	10000	\$ 1.40	\$ 14,000.00
Clearsafe I.V. Catheter, 22g X 1 inch	MEDSOURCE	MS-84122	MSI_MS-	No	EA	1	3000	\$ 1.40	\$ 4,200.00
Clearsafe I.V. Catheter, 24g X 3/4 inch	MEDSOURCE	MS-84124	MSI_MS-	No	EA	1	400	\$ 1.40	\$ 560.00
18g x 1 1/2" Needle Only 100/bx			IT18GA	Yes	BX	100	20	\$ 4.50	\$ 90.00
23g x 1" Needle Only 100/bx			IT23GA	Yes	BX	100	20	\$ 4.50	\$ 90.00
1cc 25g x 5/8" Syringe & Needle 100/bx			IT1CC25	Yes	BX	100	6	\$ 10.45	\$ 62.70
3cc Syringe, Luer lock			IT3CCLL	Yes	BX	100	20	\$ 5.50	\$ 110.00
5cc 22g x 1" Syringe & Needle 100/bx			EXEL_26210	Yes	BX	100	10	\$ 16.90	\$ 160.00
10cc Syringe Luer Lock 100/bx			IT10CCLL	Yes	BX	100	10	\$ 10.36	\$ 103.60
30cc Syringe Luer Lock 30/bx			IT30CCLLA	Yes	BX	30	1	\$ 11.70	\$ 11.70

Vendor Name:

Life-Assist, Inc.

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			IT60CCLLA	Yes	BX	30	5	\$ 13.80	69.00
60cc Catheter Tip Syringe, 2oz			OK60CCA	Yes	BX	25	1	\$ 9.75	9.75
Glucometer Test Strips for Abbott OptimumEZ glucose meter, capillary, 100 strip/bx			ABB2_71042	No	BX	100	200	\$ 59.85	11,970.00
Control solution, tri-level, 1 row 1 mid 1 high per box for OptimumEZ or Precision XTRA			GU70550	No	EA	1	25	\$ 8.90	222.50
Assure prism multi test trips for assure prism multi meter 50/bx	ARKRAY USA INC	530050	MEDP_ARK5 30050	No	BX	50	50	\$ 9.88	494.00
Assure prism control solution 1and 2	ARKRAY USA INC	530006	MEDP 53000 30050	No	EA	1	10	\$ 9.82	98.20
Maxi Drip Set, 82" 10GTTW/Bravo 24, Pre-slit Port, Removable 7" Extension, 50/bx			IV710	Yes	CS	50	100	\$ 93.19	9,319.00
AMSIINO® Dual IV Set with Ext Set, 10 drop, AMSINO		108305							
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.			AMSI_60720 1	Yes	EA	1	500	\$ 8.88	440.00
IV SET, 60 DROP I Y-SITE 72IN	AMSINO	607201							
9% Sodium Chloride Injection USP-1000ml			SL7800-09	Yes	EA	1	20	\$ 3.00	60.00
9% Sodium Chloride Injection USP-500ml			SL7983-09	Yes	EA	1	6000	\$ 4.60	27,600.00
9% Sodium Chloride Injection USP-250ml			SL7983-02	Yes	EA	1	20	\$ 4.80	96.00
9% Sodium Chloride Injection USP-100ml			SL7984-23	Yes	EA	1	500	\$ 2.75	1,375.00

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Vendor Name:

Life-Assist, Inc.

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
Sterile Water for Irrigation, 500ml			SL6139-03	Yes	EA	1	200	\$ 5.20	\$ 1,040.00
Safeline Injection Site: split septum access with two-piece male luer lock. Priming Volume: 0.25ml			BBRA_NF9100	Yes	EA	1	10	\$ 1.00	\$ 10.00
SAFELINE INJECTION SITE	B.Braun	NF9100							
Smallbore Extension Set with bonded Ultrastite Injection site, Length: 7 in, Priming Volume: 0.6ml (approx)			BBRA_473447	Yes	EA	1	12000	\$ 2.15	\$ 25,800.00
EXT SET, ULTRASITE 6 IN, STD BORE	B.Braun	473447							
Needle, Tension Pneumothorax, 14ga X 3.25 inch needle and catheter, hard plastic case	H&H	HHTP N01	HH_HHTPN01	No	EA	1	50	\$ 12.64	\$ 632.00
IV armboard, reusable, plywood core, 3inX9in			MORR_1024-50	Yes	EA	1	30	\$ 2.00	\$ 60.00
IV armboard, reusable, plywood core, 3 in X 12 in			MORR_1026-50	Yes	EA	1	10	\$ 1.50	\$ 15.00
IV armboard, reusable, plywood core, 3 in X 18 in			MORR_1042-50	Yes	EA	1	10	\$ 1.85	\$ 18.50
Angiocath Peripheral Venous Catheter 14g X 5.25 in			PHS_382269	Yes	EA	1	10	\$ 20.50	\$ 205.00
Surecan Safety Huber w/ Ultrastite needlefree infusion system, 20ga X 3/4			BBRA_471752	Yes	EA	1	10	\$ 6.30	\$ 63.00
Total of Section 2:									\$ 105,273.45

Vendor Name:

Life-Assist, Inc.

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 Syd Bandage, Self-Adherent, individually packaged			BE8025	Yes	EA	1	75	\$ 0.55	\$ 41.25
4" x Syd Bandage, Self-Adherent, individually packaged			BE8046LF	Yes	EA	1	50	\$ 1.53	\$ 76.50
Combat Application Tourniquet (CAT), One-handed Tourniquet Utilizing Windlass System, Tactical Black			TQ0001-BLK	Yes	EA	1	70	\$ 20.46	\$ 1,432.20
Occlusive, non-adhering dressing, impregnated with white Petrolatum, 3"x 9" 50/bx			BA416	Yes	BX	50	2	\$ 0.81	\$ 1.62
4x4 Non Sterile, non-woven, 4ply, 200/pkg			DUKA_2104	Yes	PK	200	120	\$ 2.17	\$ 260.40
4x4 Sterile 12 ply - 2/pk			DUKA_6412	Yes	PK	2	2000	\$ 0.10	\$ 200.00
4x4 Sterile 12 ply - 10/tray			DUKA_412-10	Yes	TRAY	10	100	\$ 0.90	\$ 90.00
4 1/2" x 4.1yd 6 ply Sterile Gauze Roll			BA3645	Yes	EA	1	1500	\$ 0.56	\$ 840.00
36" x 51" Triangular Bandage			BA2	Yes	EA	1	200	\$ 0.33	\$ 66.00
8" x 10" Abdominal Pad, 20/tray			BA5810	Yes	TRAY	20	200	\$ 3.42	\$ 684.00
1" x 3" Adhesive Strip Bandage			BA3602	Yes	BX	100	100	\$ 1.61	\$ 161.00

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Vendor Name:

Life-Assist, Inc.

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
Burn Sheet Sterile 60" x 96"			BX7305	Yes	EA	1	50	\$ 2.08	\$ 104.00
Trauma Dressing Sterile 10" x 30"			BA1030	Yes	EA	1	100	\$ 0.85	\$ 85.00
Rapid Heat Instant Heat Pack, Pull Apart Style, 6/bx	RAPID DEPLOYMENT	2056	RDP_2056	No	BX	6	170	\$ 9.00	\$ 1,530.00
Rapid Cold Instant Cold Pack, Pull Apart Style, 24/cs	RAPID DEPLOYMENT	2004	RDP_2004	No	CS	24	6	\$ 24.00	\$ 174.00
Ferno KED forehead/Chin Strap Replacement set of 2			SW101S	No	SET	2	10	\$ 20.25	\$ 202.50
3M Transpore Tape 1" x 10yd 12/bx			TA7827-1	No	BX	12	10	\$ 14.64	\$ 146.40
1" x 10yd Paper Tape, hypo-allergenic			TA1531	Yes	BX	12	7	\$ 7.74	\$ 54.18
2" x 10yd Waterproof Tape Kendall #3267 6/bx	Kendall	3267	TA3267	No	BX	6	18	\$ 16.83	\$ 302.94
Flex-All splint, orange, bendable foam and aluminum splint, 4" x 36" rolled			MSI_MS-SPLINT	Yes	EA	1	200	\$ 4.95	\$ 990.00
One piece foil bunting with hood. Latex Free 17.5"x30" 18 micron/.70 gauge, Sterile			BS4006	Yes	EA	1	5	\$ 5.19	\$ 25.95
Quikclot Combat Gauze LE Z-fold, 3 inch X 4 yard, NO HEAT	QUIKLOT	350	BA7350	No	EA	1	5	\$ 35.65	\$ 178.25
HyFin chest seal without vent	NORTH AMERICAN RESCUE	10-0015	AT0015	No	EA	1	5	\$ 8.10	\$ 40.50

Vendor Name:

Life-Assist, Inc.

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"			BA8506	Yes	EA	1	5	\$ 4.77	\$ 23.85
Israeli emergency compression bandage 6"			BA8506	Yes	EA	1	5	\$ 5.40	\$ 27.00
Total of Section 3:									\$ 7,737.54

Vendor Name:

Life-Assist, Inc.

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	EL2394LP11	Yes	PK	5	190	\$ 9.82	\$ 1,865.80
Electrodes, Medi-Trace Mini, ECG monitoring, pediatric, foam, teardrop shape, adhesive hydrogel	Medi-Trace		KEND_31118 733	Yes	PK	100	200	\$ 10.60	\$ 2,120.00
Medicotest Blue Sensor Disposable Electrodes adult 25/pk	Ambu	R-00-S/25	EL8025R	No	PK	25	5000	\$ 7.61	\$ 38,050.00
Self adhesive pregelled low impedance electrodes with direct connect to Physio Control Quick combo cables (pediatrics)	CONNMED	3112-1730	EL3112P	No	EA	1	100	\$ 17.60	\$ 1,760.00
Self adhesive pregelled low impedance electrodes with direct connect to Physio Control Quick combo cables (adult)	CONNMED	3112-1731	EL1731	No	EA	1	500	\$ 15.40	\$ 7,700.00
Smart CapnoLine Plus non-intubated, oral nasal w/ O2 tubing, adult/intermediate	MicroStream	9822	PO69822	No	EA	1	3200	\$ 9.88	\$ 31,616.00
Filter line H set infant/ neonate, incl airway adapter, filterline, microstream connection	MicroStream	6324	PCI_11996-000001	No	EA	1	20	\$ 18.34	\$ 366.80
Filter line set adult/pediatric airway adapter	MicroStream	XS04620	PO64620	No	EA	1	650	\$ 8.98	\$ 5,837.00
Total of Section 4:									\$ 89,315.60

Vendor Name:

Life-Assist, Inc.

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	PCI_1111000	No	EA	1	5	\$ 118.00	\$ 590.00
LifePack12 12-Lead ECG trunk cable with 4-wire limb leads, 5'	PHYSIO CONTROL	11110-000018	EL7018	No	EA	1	5	\$ 299.00	\$ 1,495.00
LifePack12 12-Lead ECG Patient Cable, 6-Wire Preordial Lead Attachment	PHYSIO CONTROL	11110-000022	EL7022	No	EA	1	5	\$ 121.00	\$ 605.00
LifePack12 QUIK-COMBO Therapy Cable for use with LifePack12 defibrillator/monitor	PHYSIO CONTROL	11110-000040	PCI_1111000 0040	No	EA	1	5	\$ 325.00	\$ 1,625.00
Masimo SET LNC-4 LNCs Patient Cable, 4-foot reusable connector cable	PHYSIO CONTROL	11171-000024	PO2017	No	EA	1	10	\$ 140.00	\$ 1,400.00
Masimo SET LNCs DCIP Reusable Sensor; Multiuse sensor for patients 10-50kg	PHYSIO CONTROL	11171-000018	PO1864	No	EA	1	10	\$ 162.00	\$ 1,620.00
Masimo SET LNCS DCI Adult Reusable Sensor; Multiuse sensor for patients >30kg	PHYSIO CONTROL	11171-000017	PO1863	No	EA	1	10	\$ 151.00	\$ 1,510.00
NELLCOR SPO2 Sensor, DS100A, Adult reusable	PHYSIO CONTROL	11996-000060	PO100A	No	EA	1	5	\$ 169.00	\$ 845.00
NELLCOR SPO2 Cable Extension, DEC-4, Reusable	PHYSIO CONTROL	11110-000042	PO444	No	EA	1	5	\$ 38.91	\$ 194.55
NELLCOR Oxysensor II Disposable Pediatric SPO2 Sensor	PHYSIO CONTROL	11996-000116	PO5218P	No	EA	1	5	\$ 7.25	\$ 36.25
NELLCOR Oxysensor II Disposable Infant SPO2 Sensor	PHYSIO CONTROL	11996-000115	PO5236I	No	EA	1	5	\$ 7.25	\$ 36.25
NIBP XLarge Adult Cuff for LifePack 15, reusable	PHYSIO CONTROL	11160-000019	PCI_11160- 000019	No	EA	1	20	\$ 45.07	\$ 901.40
NIBP Large Adult Cuff for LifePack 15, reusable	PHYSIO CONTROL	11160-000017	SG00017	No	EA	1	10	\$ 29.57	\$ 295.70
NIBP Adult Cuff for LifePack 15, reusable	PHYSIO CONTROL	11160-000015	SG00015	No	EA	1	10	\$ 24.00	\$ 240.00
NIBP Pediatric Cuff for LifePack 15, reusable	PHYSIO CONTROL	11160-000013	SG00013	No	EA	1	10	\$ 19.41	\$ 194.10
NIBP Infant Cuff for LifePack 15, reusable, 6x18cm	PHYSIO CONTROL	11160-000011	SG00011	No	EA	1	5	\$ 19.00	\$ 95.00
Extension Cable for AC/DC Power Adapter	PHYSIO CONTROL	11140-000080	PCI_11140-	No	EA	1	20	\$ 249.00	\$ 4,980.00
Replacement Right Angle Power Cable for AC/DC Power Adapter	PHYSIO CONTROL	11140-000081	PCI_11140- 000081	No	EA	1	5	\$ 249.00	\$ 1,245.00

Vendor Name:

Life-Assist, Inc.

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	PHYSIO CONTROL	11171-000049	MASI_2696	No	EA	1	5	\$ 525.00	\$ 2,625.00
Rainbow SPO2 SPCO SPMIT adult sensor									
Masimo SET RC Patient Cable	PHYSIO CONTROL	11171-000037	PO2406	No	EA	1	10	\$ 81.00	\$ 810.00
Lifepack 15 defibrillator/monitor to PC USB Port cable	PHYSIO CONTROL	11996-000288	PCI_11996-000369	No	EA	1	10	\$ 243.00	\$ 2,430.00
Lifepack 15 Quik-Combo Therapy Cable	PHYSIO CONTROL	11113-000004	PCI_11113-PO2055	No	EA	1	10	\$ 319.00	\$ 3,190.00
Lifepack 15 Masimo Set Red LNCS Patient Cable 4ft	PHYSIO CONTROL	11996-000323	PO2055	No	EA	1	10	\$ 139.00	\$ 1,390.00
Lifepack 15 NTBP Tubing 9ft	PHYSIO CONTROL	21300-008174	PCI_21300-	No	EA	1	20	\$ 57.00	\$ 1,140.00
Lifepack 15 Adult SPO2 Sensor Disposable	PHYSIO CONTROL	2712-03911	PO1859	No	EA	1	200	\$ 12.08	\$ 2,416.00
Lifepack 15 Pedi SPO2 Sensor Disposable	PHYSIO CONTROL	11171-000020	PO1860	No	EA	1	600	\$ 11.88	\$ 7,128.00
Lifepack 15 Infant SPO2 Sensor Disposable	PHYSIO CONTROL	11171-000031	PO1861	No	EA	1	500	\$ 13.50	\$ 6,750.00
Total of Section 5: \$									45,787.25

Vendor Name: Life-Assist, Inc.

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-S	GL700S	No	BX	100	200	\$ 9.15	\$ 1,830.00
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	GL700M	No	BX	100	600	\$ 9.15	\$ 5,490.00
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	GL700L	No	BX	100	600	\$ 9.15	\$ 5,490.00

Vendor Name: Life-Assist, Inc.

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	GL700XL	No	BX	100	200	\$ 9.15	\$ 1,830,0000
Total of Section 6: \$ 15,555.00									

Vendor Name:

Life-Assist, Inc.

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 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, Small	MICROFLEX	FFE-775-S	GL775S	No	BX	50	10	\$ 8.92	\$ 89.20
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	GL775M	No	BX	50	10	\$ 8.92	\$ 89.20
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	GL775L	No	BX	50	10	\$ 8.92	\$ 89.20
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	GL775XL	No	BX	50	10	\$ 8.92	\$ 89.20

Vendor Name:

Life-Assist, Inc.

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	GL775XXL	No	BX Fa, etc.)	50	10	\$ 8.92	\$ 89.2000
Total of Section 7: \$ 446.00									

Vendor Name:

Life-Assist, Inc.

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	Quantity in Unit	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	CXACE	No	EA	1	1500	\$ 4.48	\$ 6,720.0000
Perfit Mini ACE Adjustable Cervical Collar, 12 settings (Infant to Neckless)	AMBU	000 281 107	CXMINI	No	EA	1	150	\$ 4.48	\$ 672.0000
Total of Section 8:									\$ 7,392.00

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	Quantity in Unit	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	SY975	No	EA	EA	900	\$ 3.28	\$ 2,952.0000
Total of Section 9:									\$ 2,952.00

Vendor Name:

Life-Assist, Inc.

Section 10: Miscellaneous Supplies	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
Disposable OB Kit, Soft Packaging			KT500LF	Yes	EA	1	25	\$ 7.42	\$ 185.50
Alcohol Prep Pads, Medium Size TRIAD 200/bx			AL1	Yes	BX	200	300	\$ 1.59	\$ 477.00
Emesis Bags, single use, Clear, Graduate, 1000cc, latex free, rigid collar, automatic seal			PA70600	Yes	EA	1	2000	\$ 0.37	\$ 740.00
Sterile Lubricating Jelly, 5g, 72/bx			BJ8999	Yes	BX	72	10	\$ 12.00	\$ 120.00
Oxygen Cylinder Handwheel, Metal			OT2865	Yes	EA	1	10	\$ 9.65	\$ 96.50
Large Oxygen Cylinder Wrench (aluminum)			OT82	Yes	EA	1	10	\$ 4.55	\$ 45.50
Encono Paramedic Shears Dk Blue 7 1/2"			IN555-BLU	Yes	EA	1	100	\$ 1.32	\$ 132.00
Disposable Penlight			PL1008	Yes	EA	1	100	\$ 0.74	\$ 74.00
Single use push button activated, spring loaded, retractable Lancet, 100/bx			GU1240	Yes	BX	100	120	\$ 9.17	\$ 1,100.40
Chloraprep 3mL Applicator, 2% Chlorhexidine Gluconate and 70% Isopropyl Alcohol			AL60400	Yes	BX	25	6	\$ 38.00	\$ 228.00
Safety control seals, Pull Tie (numbered), 100/pkg			ID1060	Yes	PK	100	1	\$ 14.70	\$ 14.70

Vendor Name:

Life-Assist, Inc.

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, Medline Fixed Head, 100/bx			IN708	Yes	BX	100	4	\$ 24.60	\$ 98.40
Disposable Polyester Patient Blanket, 50x84", Blue or Grey			BS6080-BLU	Yes	EA	1	50	\$ 6.90	\$ 345.00
Oxygen "D" Cylinder Gasket, Brass w/Rubber Center			OT99	Yes	EA	1	10	\$ 0.60	\$ 6.00
Disposable Probe Cover for SureTemp Plus Thermometer, 25/bx	WELCHALLYN	5031	TH5031	No	BX	25	200	\$ 1.00	\$ 200.00
Heavy Duty Ring Cutter			IN920	Yes	EA	1	5	\$ 9.83	\$ 49.15
Scalpel, Disposable, Sterile 11			IN4161	Yes	EA	1	5	\$ 0.60	\$ 3.00
Blade Assembly, single-use, pivoting, purple, for 3M 9661 surgical clippers			IN9661	Yes	EA	1	50	\$ 4.29	\$ 214.50
Ammonia Inhalent			AM58	Yes	BX	10	10	\$ 2.63	\$ 26.30
Post Valve Seal Protector, pull type for Aluminum C or D Oxygen Cylinder			OT90	Yes	EA	1	50	\$ 0.18	\$ 9.00
Isopropyl Alcohol 70 % 4 oz Bottle			AL5	Yes	EA	1	40	\$ 1.88	\$ 75.20
	CARDINAL	1379973							
Isopropyl Alcohol 70% 16 oz Bottle			AL5	Yes	EA	1	12	\$ 1.88	\$ 22.56
Endure 300 Cida-Rinse Dispenser, 540ml			ECO_600000	No	EA	1	10	\$ 8.50	\$ 85.00
Mylar Emergency Blanket, 52 X 84 inches			BS1721	Yes	EA	1	50	\$ 0.44	\$ 22.00
Total of Section 10:									\$ 4,369.71

Vendor Name:

Life-Assist, Inc.

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 bio hazard box wall safe type	BEMIS	150-020	BEM1_15002	No	EA	1	250	\$ 11.70	\$ 2,925.00
Bemis bio hazard box wall safe bracket	BEMIS	415	BEM1_41002	No	EA	1	12	\$ 5.00	\$ 60.00
Bemis bio hazard box wall safe bracket key	BEMIS	410	BEM1_41502	No	EA	1	12	\$ 2.00	\$ 24.00
Safety Glasses, Nemesis V30, black frame, clear lens, neck cord included	KIMBERLY-CLARK	25676-00	KIMB_25679 EA	No	EA	1	250	\$ 4.00	\$ 1,000.00
Fluid shield mask with clear visor, anti-fog, 2" wrap around, ear loops 25/bx			IC9605	Yes	BX	25	2	\$ 75.00	\$ 150.00
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			MEDL_MOE 8210	No	PK	25	2	\$ 55.00	\$ 110.00
Particulate Respirator and Surgical Mask 1860/1860S	3M		IC1860 / IC1860S	No	EA	1	20	\$ 0.90	\$ 18.00
Particulate Respirator, 8210	3M		MEDL_MOE	No	EA	1	20	\$ 1.70	\$ 34.00
1870 n95 mask	3M		IC1870PLUS	No	EA	1	20	\$ 1.15	\$ 23.00
Sharps Dart, sharps container with one time lockable seal, 6.5"			ISDART	Yes	BX	24	60	\$ 1.62	\$ 97.20
Gel Hand Sanitizer w/ pump 540 mL	ECOLAB	47593-487-31	ECO_600000	No	EA	1	50	\$ 8.50	\$ 425.00
Total of Section 11:									\$ 4,866.20

Handwritten notes and calculations:

1.62

278

38.8

4.866.20

Vendor Name:

Life-Assist, Inc.

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	PCI_1126000 0030	No	EA	1	5	\$ 267.15	\$ 1,335.75
LifePack 12 back pouch for carry case	PHYSIO CONTROL	11260-000029	PCI_1126000	No	EA	1	5	\$ 73.48	\$ 367.40
LifePack 12 top pouch for carry case	PHYSIO CONTROL	11220-000028	PCI_1122000	No	EA	1	5	\$ 48.05	\$ 240.25
LifePack 12 replacement should strap	PHYSIO CONTROL	11260-000037	PCI_11260-	No	EA	1	5	\$ 30.10	\$ 150.50
Aneroid Sphygmomanometer, infant, Nylon cuff, minimum 10 year calibration Warranty, with zippered carry case			SG20001	Yes	EA	1	10	\$ 15.46	\$ 154.60
Aneroid Sphygmomanometer, pedi, Nylon cuff, latex, minimum 10 year Calibration warranty, with zippered carry case			SG3000C	Yes	EA	1	10	\$ 11.02	\$ 110.20
Aneroid Sphygmomanometer, adult, Nylon cuff, latex, minimum 10 year Calibration warranty, with zippered carry case			SG3000	Yes	EA	1	30	\$ 11.02	\$ 330.60
Aneroid Sphygmomanometer, large adult, Nylon cuff, latex, minimum 10 year Calibration warranty, with zippered carry case			SG3000XL	Yes	EA	1	15	\$ 14.07	\$ 211.05
Aneroid Sphygmomanometer, thigh, Nylon cuff, latex, minimum 10 year Calibration warranty, with zippered carry case			SG3000T	Yes	EA	1	10	\$ 16.26	\$ 162.60
Adult full arm splint Fracture-Pak			DUKA_8011	Yes	EA	1	20	\$ 28.00	\$ 560.00
Adult full leg splint Fracture-Pak			DUKA_8012	Yes	EA	1	40	\$ 38.00	\$ 1,520.00
Ankle/Elbow splint Fracture-Pak			DUKA_8020	Yes	EA	1	30	\$ 55.00	\$ 1,650.00
Total of Section 11:									\$ 6,792.95

Vendor Name:

Life-Assist, Inc.

Section 12: Capital(s) (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			DUKA_8014	Yes	EA	1	25	\$ 27.00	\$ 675.00
Pedi full leg splint Fracture-Pak			DUKA_8015	Yes	EA	1	20	\$ 29.00	\$ 580.00
Greenline/D Laryngoscope handle, fiber optic, chrome plated, 2AAA batteries, penlite handle			SUNM_5-0236-10	No	EA	1	10	\$ 58.42	\$ 584.20
Greenline/D Laryngoscope handle, fiber optic, chrome plated, C batteries			SUNM_5-0236-10	No	EA	1	10	\$ 58.42	\$ 584.20
Oxygen flow meter with Ohmeda QC Adapter 1-15LPM			OG0800A	Yes	EA	1	10	\$ 22.94	\$ 229.40
ADScope 603 Stethoscope, Navy Blue, Stainless Steel, 21", w/additional eartips and diaphragm	AMERICAN DIAGNOSTIC CORP	603N	ST603-NAV	No	EA	1	30	\$ 27.64	\$ 829.20
Stat packG3 backup, Red, BBP resistant, 25 in H X 18 in W X 8.5 in D with Fort Bend County EMS embroidery	StarPak	G35006RE	SPAC_G3500 6RE	No	EA	1	5	\$ 214.37	\$ 1,071.85
Ohmeda, Male and Ohmeda Female quick connect w/6" hose			OG0700A	Yes	EA	1	5	\$ 41.96	\$ 209.80
Thermometer, electronic, SureTemp Plus Model 690	WelchAllyn	690	TH690	No	EA	1	10	\$ 226.80	\$ 2,268.00
Probe and well kit, rectal 4", for SureTempPlus 690 thermometer	WelchAllyn	02892-000	TH69R	No	EA	1	10	\$ 75.17	\$ 751.70
Probe and well kit, oral, 4", for SureTempPlus 690 thermometer	WelchAllyn	02893-000	WELC_02893-000	No	EA	1	5	\$ 75.17	\$ 375.85
Restraint strap seat belt buckle loop end, Black, 2 piece, 5'			SXI300A-BLK	Yes	EA	1	10	\$ 7.19	\$ 71.90
Restraint straps chest system, black, nylon, Metal push button, loop ends			FERN_03139 15	Yes	EA	1	10	\$ 22.75	\$ 227.50

Vendor Name:

Life-Assist, Inc.

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 CUFF WRIST Restraint with lock on connecting strap, adjustable, machine washable	POSEY	2750	SX2750	No	EA	1	150	\$ 20.77	\$ 3,115.50
Locking Twice-as-Tough Ankle Restraint with lock on cuff and connecting strap, adjustable, machine washable	POSEY	2755	SX2755	No	EA	1	120	\$ 20.98	\$ 2,517.60
Oxygen cylinder with toggle, aluminum, D size			OS01T	Yes	EA	1	5	\$ 49.00	\$ 245.00
Oxygen regulator/pressure reducer, brass, CGA 540 2800-R-2			OJ2700	Yes	EA	1	5	\$ 80.63	\$ 403.15
Oxygen regulator, 1 DISS IBARB 0-25 LPM			OG888-02	Yes	EA	1	5	\$ 45.00	\$ 225.00
Megamover plus transport unit, 40x80 Nonwoven ply gret w/backboard pockets, 1500 lb capacity	GRAHAM PROFESSIONAL	53376	BS800PLUS	No	EA	1	10	\$ 24.70	\$ 247.00
Break-apart stretcher, ferno EXL scoop, red, no restraints, no pins	FEMO	65 EXL	SW069EX	No	EA	1	5	\$ 800.80	\$ 4,004.00
LP15 Standard Carry Case with Right & Left Pouches	PHYSIO CONTROL	11577-000002	PCI_11577-000002	No	EA	1	5	\$ 267.15	\$ 1,335.75
LP15 Rear Pouch for carry case	PHYSIO CONTROL	11260-000039	PCI_11260-	No	EA	1	5	\$ 74.82	\$ 374.10
LP15 Shoulder Strap	PHYSIO CONTROL	11577-000001	PCI_11577-	No	EA	1	5	\$ 33.32	\$ 166.60
LUCAS 2 Disposable Suction Cup, 3/pk	PHYSIO CONTROL	11576-000046	PCI_11576-	No	PK	3	5	\$ 120.60	\$ 603.00
LUCAS Patient Strap	PHYSIO CONTROL	11576-000050	PCI_11576-	No	SET	2	5	\$ 87.81	\$ 439.05
LUCAS Stabilization Strap	PHYSIO CONTROL	21996-000064	PCI_21996-	No	EA	1	5	\$ 82.43	\$ 412.15
LUCAS Standard Back Plate	PHYSIO CONTROL	21996-000044	PCI_21996-	No	EA	1	5	\$ 316.31	\$ 1,581.55
Replacement Ankle Hitch for QD3 & QD4 Traction			FARE_1124200	Yes	EA	1	5	\$ 17.00	\$ 85.00
Replacement Ischial Strap for Adult/Child QD3/QD4 Traction Splint			FARE_1131030	Yes	EA	1	5	\$ 13.59	\$ 67.95

Vendor Name:

Life-Assist, Inc.

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			OS00T	Yes	EA	1	5	\$ 51.73	\$ 258.65
S-Scott "ten" replacement battery, SN 3000 and below	SSCOR INC	80636	OK80636	No	EA	1	5	\$ 39.38	\$ 196.90
Traction splint w/aluminum ratchet, Adult QD-4			FARE_11265 24	Yes	EA	1	5	\$ 189.75	\$ 948.75
Traction splint w/aluminum ratchet, child QD-3			FARE_11265 22	Yes	EA	1	5	\$ 189.75	\$ 948.75
Kendrick KODE 1 vest, green	MEDSOURCE	MS-ED2253	SW2253-GRN	Yes	EA	1	5	\$ 59.70	\$ 298.50
S-Scott "ten" port suction unit w/charging shelf and power cord	SSCOR INC		OK2100S	No	EA	1	5	\$ 1,134.00	\$ 5,670.00
S-Scott "ten" replacement battery, SN >3001 and above	SSCOR INC	80635	OK80635	No	EA	1	5	\$ 39.38	\$ 196.90
L/A Rescue cervical collar bag, 24"L x 11"H x 5"W			CX777	Yes	EA	1	5	\$ 23.75	\$ 118.75
Trauma/Air management bag III, 26" x 18.5" x 12.5", blue, Ferno #5111	FERNO	5111	FS5111-BLU	No	EA	1	5	\$ 258.64	\$ 1,293.20
Surgical Clipper Starter Kit, includes clipper body 9661 and charger 9662, no blade assembly	3M	9661	IN9667	No	EA	1	5	\$ 92.00	\$ 460.00
Hawkepack ET Kit pullout, green with yellow stripe	HAWKEPAKS	02-04F5	HAWK_0204-F5	No	EA	1	5	\$ 41.85	\$ 209.25
Ferno professional intubation mini bag, royal blue	FERNO	5115	LY5115-BLU	No	EA	1	5	\$ 66.76	\$ 333.80
5.11 Rush 72 Back Pack, Black	5.11	rush72	511_58602	No	EA	1	5	\$ 225.00	\$ 1,125.00
Assure Prism Multi-meter Glucometer	ARKRAY USA INC	530001	MEDP_ARKS	No	EA	1	30	\$ 9.95	\$ 298.50
Total of Section 12:									\$ 36,637.95

Vendor Name:

Life-Assist, Inc.

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		DR0542-02	Yes	EA	1	12	\$ 7.75	\$ 93.00
Adenosine 12mg/4mL (3mg/mL) 4mL Single dose		DR0301-68	Yes	EA	1	100	\$ 25.20	\$ 2,520.00
Acetaminophen 15mL Infant Drops (80mg per 0.8mL)		CHI_12092	Yes	EA	1	100	\$ 6.68	\$ 668.00
Pain Reliever Non-Aspirin 32.5mg 2pk 125pk/bx		MD75	Yes	PK	2	400	\$ 0.05	\$ 19.20
Bid as requested, sold in full box of 125 Pks								
Amiodarone, 150mg, 3mL Vial		DR0616-03	Yes	EA	1	400	\$ 1.93	\$ 772.00
Aspirin 81mg Tablets 36/bottle		MD150	Yes	BT	36	90	\$ 0.87	\$ 78.30
Atropine Sulfate 18g x 1 1/2", 0.1mg/mL, 10mL Prefilled Syringe with protected needle		DR4911-34	Yes	EA	1	400	\$ 9.84	\$ 3,936.00
Atrovent Solution 0.5mg, 2.5mL		DR9801-01	Yes	BX	30	8	\$ 5.94	\$ 47.52
	NEPHRON							
Ipratropium Bromide/ Albuterol, 0.5mg/3.0mg, 30/bx		DR9801-01	Yes	BX	30	15	\$ 5.94	\$ 89.10
	NEPHRON							
Cardizen 25mg, 5mL Vial		DR6013-10	Yes	EA	1	100	\$ 32.70	\$ 3,270.00
Bid as requested, sold in full box of 10 each	WEST-WARD							
Calcium Chloride, 1Gm, 10mL		DR4928-34	Yes	EA	1	100	\$ 9.95	\$ 995.00

Vendor Name:

Life-Assist, Inc.

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
Vendor's 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.										
Diphenhydramine 50mg/mL, 1mL Vial				DR0376-25	Yes	EA	1	180	\$ 1.15	\$ 207.00
Dextrose USP 50%, 18g protected needle, 25grams (0.5g/mL)				DR4902-34	Yes	EA	1	400	\$ 8.97	\$ 3,588.00
Dextrose 25% 10mL Ansyr Syringe				DR1775-01	Yes	EA	1	10	\$ 8.74	\$ 87.40
Dopamine HCL in 5% Dextrose, 500mL IV Bag-800mg				BAXT_2B084 3	Yes	EA	1	100	\$ 25.00	\$ 2,500.00
Bid as requested, sold in full case of 12 each										
Epinephrine 1:1000, 1mg/mL, 1mL Single dose				DR0159-25	Yes	EA	1	150	\$ 16.50	\$ 2,475.00
Epinephrine 1:10,000, 18g, 1/2" (0.1mg/mL) 10mL Prefill Syringe with protected needle				DR4921-34	Yes	EA	1	900	\$ 5.25	\$ 4,725.00
Racemic Epi 2.25% 0.5mL Unit Dose				DR2784-01	Yes	EA	1	70	\$ 1.10	\$ 77.00
Bid as requested, sold in full box of 30 each										
Amidate (Etomidate Injection), 20mg (2mg/mL), 10mL Single Dose Ampule				DR6695-01	Yes	EA	1	200	\$ 6.60	\$ 1,320.00
Glucagon 1mg Lilly Kit Red Box 2050A				DR8031-01	Yes	EA	1	100	\$ 304.25	\$ 30,425.00
Glucose 37.5g Unit dose tube				MD62	Yes	EA	1	250	\$ 3.93	\$ 982.50

Vendor Name:

Life-Assist, Inc.

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			CHI_DR1402-12	Yes	EA	1	80	\$ 3.40	\$ 272.00
Bid as requested, sold in full box of 50 each									
Monolject Pre-Fill IV Flush syringe, filler with 10mL 100U/mL (1,000 USP Units)			DR3002-01	Yes	EA	1	50	\$ 0.57	\$ 28.50
Heparin Flush, 12mL									
Bid as requested, sold in full box of 30 each									
Ibuprofen Oral Suspension 100mg, 5 mL			CHI_68526	Yes	EA	1	300	\$ 4.41	\$ 1,323.00
Lasix 40mg, 10mg/mL in 4mL Prefill Needleless Syringe			DR9631-01	Yes	EA	1	250	\$ 9.14	\$ 2,285.00
Labetalol Hydrochloride Injection, USP 100 mg/20 mL, 5mg per mL			HOSP_DR2267-20	Yes	EA	1	150	\$ 4.72	\$ 708.00
Lidocaine 2% with male luer lock prefilled syringe, 100mg/5mL			DR3390-00	Yes	EA	1	250	\$ 4.45	\$ 1,112.50
Lidocaine 2g in 500mL D5W			DR9594-10	Yes	EA	1	75	\$ 8.00	\$ 600.00
Magnesium Sulfate 50%, 1g/2mL Vial			DR0064-02	Yes	EA	1	200	\$ 2.09	\$ 418.00
Metoprolol 5mg, 5mL Vial			DR0033-10	Yes	EA	1	50	\$ 2.11	\$ 105.50
Naloxone 2mg/2mL - 2mL Pre-filled Syringe			DR3369-00	Yes	EA	1	150	\$ 35.00	\$ 5,250.00
Nitroglycerin Ointment, 2%, 30g Tube			DR0326-30	Yes	EA	1	50	\$ 34.20	\$ 1,710.00

Vendor Name:

Life-Assist, Inc.

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
		DR3002-01	Yes	EA	1	8000	\$ 0.57	\$ 4,560.00
		DR0047-22	Yes	EA	1	300	\$ 9.90	\$ 2,970.00
		DR6629-02	Yes	EA	1	150	\$ 27.33	\$ 4,099.50
Quelicin, 200 mg, 10 ml MDV	PFIZER	409662902						
Tetracaine Hydrochloride Ophthalmic Solution, 1/2%, 1ml, Single Dose Units		CHI_DR0741-14	Yes	EA	1	50	\$ 12.75	\$ 637.50
Tetracaine HCL BPK 0.5%, 4ml Drops / Bid as NOVARTIS	NOVARTIS	65074114						
Ketorolac 60mg 2ml vial		DR3795-01	Yes	EA	1	275	\$ 2.40	\$ 660.00
Ketorolac, 30 mg, 1 ml, VIAL	PFIZER	409379501						
Thiamine 100mg/mL in 2mL Single dose vial		DR0196-02	Yes	EA	1	200	\$ 10.22	\$ 2,044.00
Carpuyject Injector		DR0005-05	Yes	EA	1	20	\$ 0.05	\$ 1.00
Ondansetron 4mg dissolve tabs 30ud/bx		DR5238-64	Yes	EA	30	30	\$ 33.49	\$ 1,004.70
Ondansetron 4mg 2ml VIAL 25/BX		DR4755-03	Yes	EA	25	8	\$ 13.00	\$ 104.00
Mucosal Automation Device, Nasal/Oral, Latex free, 3mL Syringe		IT1100	Yes	EA	1	20	\$ 6.39	\$ 127.80
Mucosal Atomization Device Without Syringe		IT103	Yes	EA	1	200	\$ 5.61	\$ 1,122.00
Terbutaline, 1mg, 1mL Vial		DR9746-10	Yes	EA	1	50	\$ 8.00	\$ 400.00
Captopril 12.5mg tabs 100/bt		CHI_DR3007-01	Yes	BT	100	50	\$ 149.00	\$ 7,450.00

Total of Section 13: \$ 126,260.37

Vendor Name:

Life-Assist, Inc.

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.

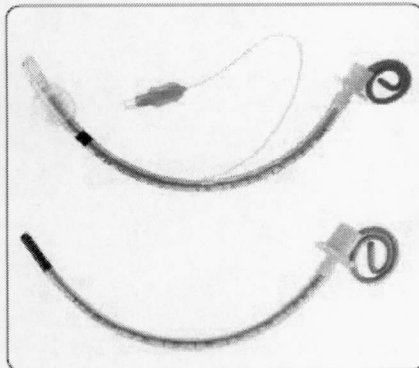
Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units to Purchase	Bid Price per Unit	Extended Cost	
Morphine Sulfate Injection, USP 1mg/mL, 10mL single dose		SAS_DR3815-12	Yes	EA	1	20	\$ 21.50	\$ 430.00	
Bid as requested, Sold in box of 5 each									
Morphine Sulfate Injection, USP 10mg/mL, 1mL single dose		DR0180-25	Yes	EA	1	200	\$ 3.00	\$ 600.00	
Bid as requested, Sold in box of 25 each									
Midazolam 2mg, 2mL single dose		DR2587-02	Yes	EA	1	75	\$ 3.50	\$ 262.50	
Bid as requested, Sold in box of 10 each									
Midazolam 10mg, 2mL single dose		SAS_DR2308-02	Yes	EA	1	250	\$ 5.50	\$ 1,375.00	
Bid as requested, Sold in box of 10 each									
C3 Ketamine 5mg/mL 10mL 10/bx / controlled		SAS_DR0001-10	Yes	BX	10	150	\$ 180.00	\$ 27,000.00	
Fentanyl Citrate Injection USP, 250mcg (0.05mg per mL) in 5mL		SAS_DR9094-25	Yes	EA	1	900	\$ 5.00	\$ 4,500.00	
Bid as requested, Sold in box of 25 each									
Diazepam Injection 10mg (5mg/mL) 2mL Single Dose		SAS_DR3213-12	Yes	EA	1	200	\$ 68.00	\$ 13,600.00	
Total of Section 14:								\$	47,767.50

Substitutions for Section 1: Airway

BERMAN Airways

- Color-coded for easy identification
- mm length printed on airway
- Single use, Non-sterile and Latex-free

AA-01	40mm, Pink
AA-0015	50mm, Light Blue
AA-02	60mm, Black
AA-0025	70mm, White
AA-03	80mm, Green
AA-04	90mm, Yellow
AA-05	100mm, Lavender
AA-06	110mm, Orange

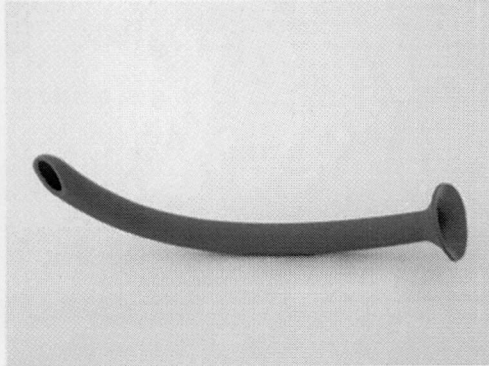


MedSource Endotracheal/Stylette Combo

Constructed of kink-resistant medical-grade PVC, these ET Tubes also feature a radio-opaque black line. On cuffed versions, the pilot balloon allows for a tactile sense of cuff volume. Packaged sterile.

UNCUFFED		CUFFED	
AE-23330	3.0 mm	AE-23450	5.0 mm
AE-23335	3.5 mm	AE-23455	5.5 mm
AE-23340	4.0 mm	AE-23460	6.0 mm
AE-23345	4.5 mm	AE-23465	6.5 mm
AE-23350	5.0 mm	AE-23470	7.0 mm
AE-23355	5.5 mm	AE-23475	7.5 mm
		AE-23480	8.0 mm
		AE-23485	8.5 mm
		AE-23490	9.0 mm





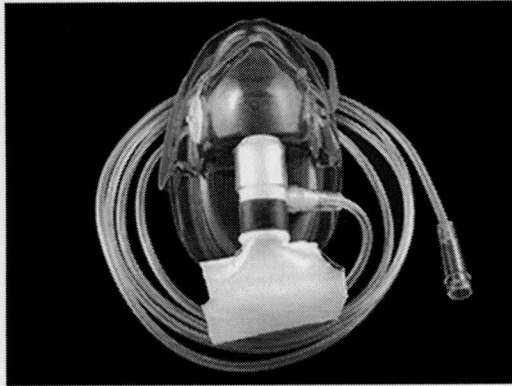
MedSource Robertazzi Nasopharyngeal Airways

This Robertazzi Nasopharyngeal Airway is made from a soft, flexible Neoprene material. The latex-free Robertazzi is the ideal way to maximize patient comfort while offering the best solution for latex sensitivity. Features a larger trumpet with a rounded, beveled tip.

- Available in sizes: 20 fr - 36 fr
- Sterile in unopened package
- Disposable, single use only
- Prevents damage to the nasal passages
- Safe and secure placement
- Safe, gentle and comfortable insertion
- Strong and durable, restricts collapse and kinking

Item #	Description	In Stock
AB43950 Medsource International Manuf #MS-23950	20 fr. (Rx)	✓
AB43954 Medsource International Manuf #MS-23954	24 fr. (Rx)	✓
AB43956 Medsource International Manuf #MS-23956	26 fr. (Rx)	✓
AB43960 Medsource International Manuf #MS-23960	30 fr. (Rx)	✓
AB43958 Medsource International Manuf #MS-23958	28 fr. (Rx)	✓
AB43960 Medsource International Manuf #MS-23960	30 fr. (Rx)	✓
AB43966 Medsource International Manuf #MS-23966	36 fr. (Rx)	✓



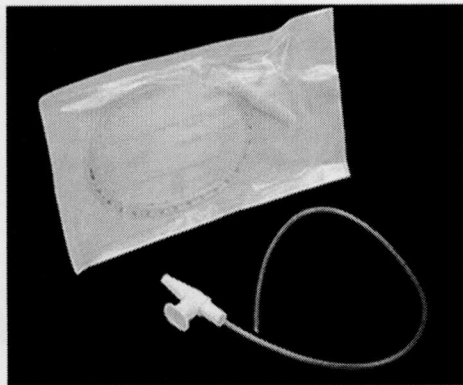


MedSource Disposable O2 Masks

- Soft & Comfortable Elongated O2 Mask
- Kink-Resistant Oxygen Tubing
- High Quality "Fits All" Connector
- Latex-Free Construction

OM25058
 Medsource International
 Manuf #MS-25058

Non-Rebreather w/reservoir, Pedi (One Safety Vent Closed) (Rx)



Suction Catheters with Coiled Packaging

Catheters with thumb control port and a whistle tip.
 Packaged sterile in a compact coiled package.

OK3608
 Dynarex Corporation
 Manuf #4808

8 fr. (Rx)

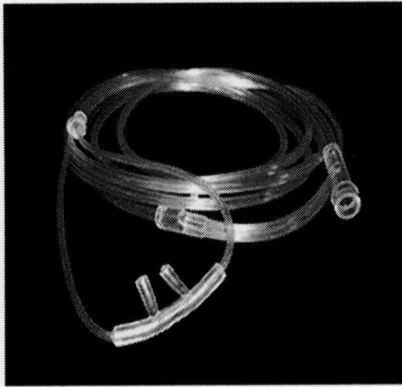
OK3610
 Dynarex Corporation
 Manuf #4810

10 fr. (Rx)

OK3618
 Dynarex Corporation
 Manuf #4818

18 fr. (Rx)





MedSource Nasal Cannulas

The over-the-ear design maintains proper positioning of nasal tips, while allowing complete freedom of movement. Star lumen supply tubing is durable and kink-resistant. Pediatric cannula features the same over-the-ear design, plus softened flexible tips for extra patient comfort. All varieties of nasal cannula are individually packed.

Item #	Description
OM24003 Medsource International Manuf #MS-24003	Non-flared, Adult (Rx)

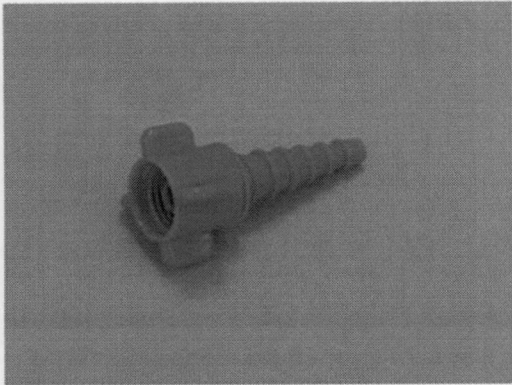


MedSource Nebulizers

Includes medication chamber and 7' of star lumen oxygen supply tubing. Individually packed.

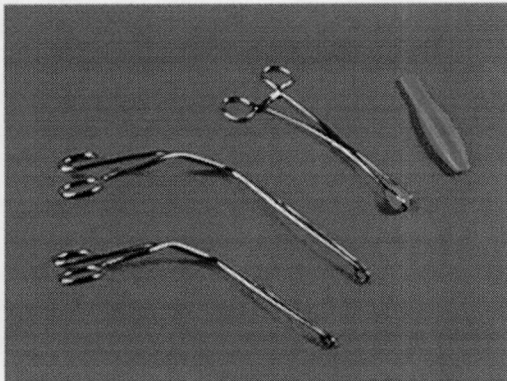
Item #	Description
OM22883 Medsource International Manuf #MS-22883	Up-Draft Nebulizer, Hand-Held (Rx)





Plastic Tubing BARB (Christmas Tree)

Item #	Description
OG4500 Teleflex Medical Inc Manuf #396340	Plastic Tubing BARB (Christmas Tree)

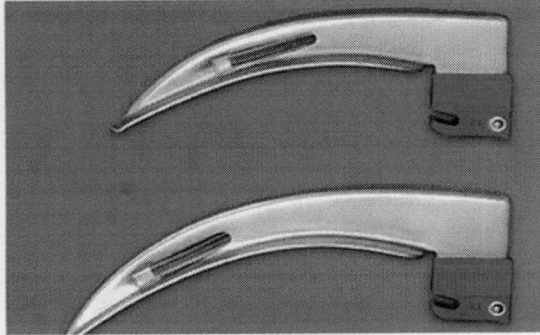


Magill Forceps and Bite Stick

Forceps are forged from corrosion resistant surgical stainless steel for durability.

Item #	Description
IN374 Maco International Manuf #7337	Magill Forcep, Child
IN375 Maco International Manuf #7338	Magill Forcep, Adult





**GREENLINE Disposable Fiber Optic
Laryngoscope Blades**

- Made of surgical stainless steel
- Answers the professional's request for a non-plastic disposable
- Perfect solution to cleaning problems confronting EMS field
- Polished acrylic stem produces exceptional illumination
- Used with a reusable "Green" system fiber optic handle
- Packaged Sterile

LY852
Sun Medical
Manuf #S-5332-02

Macintosh Curved, #2 (Rx)

LY853
Sun Medical
Manuf #S-5332-03

Macintosh Curved, #3 (Rx)

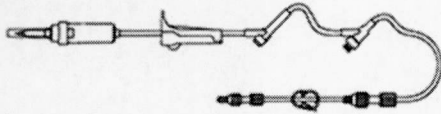


Section 2: IV/Syringes/Blood

AMSINO® Dual Needleless I.V. Sets

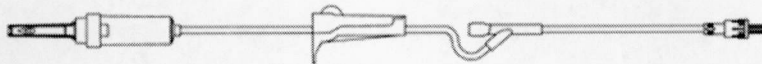
AMSINO® systems has two different types of injection sites.

- 1 Y-Site is Pre-Slit (Compatible with Interlink® and LifeShield®)
- 1 Y-Site is AMSafe® (Compatible with Clave®)



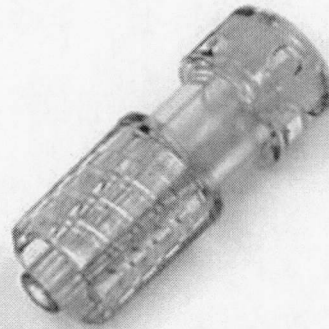
IV710
Amsino International
Manuf #108305

Standard Set, 10 drop, 89" w/2 Y-Sites
with Extension Set (Rx)



Item	Drops/mL	Length	Description	Approx. Priming Volume	Qty/Unit
607201	60	72 in. (183 cm)	Non-Vented, Roller Clamp, Injection Y-Site , Rotating Male Luer Lock	14 mL	50/Case





B. Braun: SAFELINE® Split Septum Needleless Connector

Specifications

Product Identification

Product ID (Product Code)	NF9100
Reference Number	NF9100
NDC / WSN Number	00264-9761-94

Safety Data

BPA Information	Contains BPA
Latex Information	Not made with Natural Rubber Latex

Storage and Shipping

Maximum Shelf Life (months)	035
Ordering Unit	Case
Units per Case	400
Products Dimensions per Case	9.600 x 7.200 x 10.800 inches
Product Shipping Weight per Case	3.600 lb
Sterile	Yes



B Braun

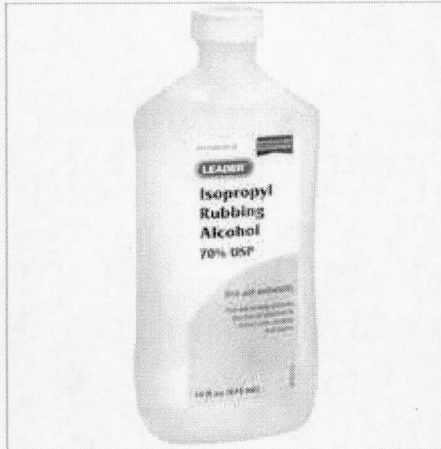
Standard Bore Extension Set with Bonded ULTRASITE® Valve

Specifications	
Product Identification	
Product ID (Product Code)	473447
Reference Number	473447
NDC / WSN Number	08021-4734-47
Safety Data	
BPA Information	Contains BPA
DEHP Information	Not made with DEHP
Latex Information	Not made with Natural Rubber Latex
PVC Information	Contains PVC
Storage and Shipping	
Maximum Shelf Life (months)	060
Ordering Unit	Case
Units per Case	100
Products Dimensions per Case	13.450 x 10.200 x 7.390 inches
Product Shipping Weight per Case	2.900 lb
Sterile	Yes
Product Release	
CE Marked:	Yes



Section 10: Miscellaneous Supplies

LDR ALCOHOL ISOPROPYL



Generic Name: ISOPROPYL ALCOHOL
Description: LEADER(TM) Alcohol Isopropyl 70% Solution 12x16 Oz

CIN: 1379973
NDC: 37205-0012-43
UPC: 096295-379976
Contract:
Contract Alias:
Strength: 70%

PRODUCT INFORMATION


Additional Attributes:

Addl Desc:

Ingredients: [View](#)

HCPCS:

Label Size: 12X480ML

MFR: VI JON INC 

Mfr Part#: 1000036238

Package Quantity: 12

Package Size: 480

Product Type: HBC

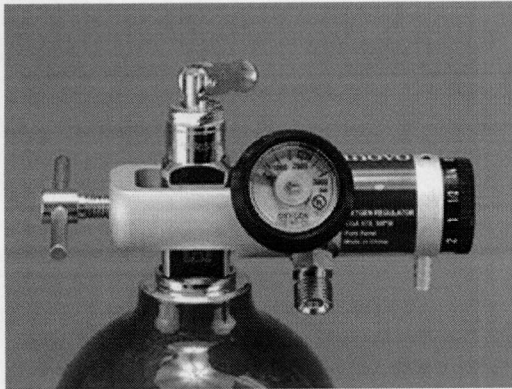
Return Packaging: Ambient

Specialty: N

UOIF: 12.0000



Section 12: Capitals



INOVO™ Brass Core Oxygen Regulators

ALUMINUM BODY for LIGHT WEIGHT, BRASS CORE for SAFETY! Inovo's patent pending Brass Core gives you what could be the safest aluminum regulator in the industry!

- Designed so neither high nor low pressure oxygen contacts any aluminum
- Passed the CGA's E-4 Ignition Test
- Made from high strength aluminum alloy with brass core & flow components
- With Inovo's special Intelliflo disc, these regulators have the most consistently precise flow rates in the industry
- Liter Flow rates from 0-25 lpm
- 5 year standard warranty

Item #	Description
OG888-02 Inovo, Inc. Manuf #IN3525-R-2	2 DISS outlets and liter flow (Rx)

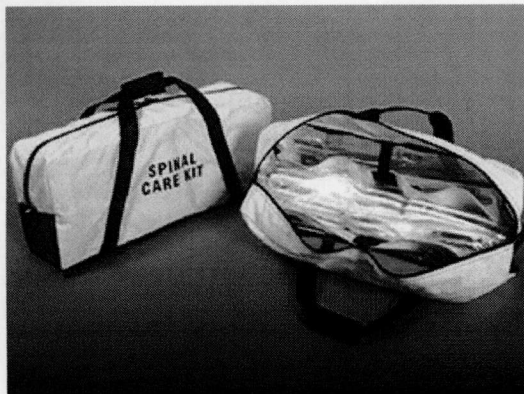


MedSource Extrication Device

The MedSource Extrication Device is easy to apply and extremely effective, offering a combination of excellent vertical rigidity and horizontal flexibility. Rip-stop fabric and durable interior slats ensure longevity. Straps are color coded for ease of application. Can be used on pregnant and pediatric patients. Complete package includes head support, reusable head straps, and carrying bag.

Item #	Description
SW2253-GRN Medsorce International Manuf #MS-ED2253	MedSource Extrication Device





Spinal Care Kit Case

Constructed from rugged Cordura nylon, with a contrasting black abrasion resistant vinyl coated bottom, this case is large enough to carry a full set of extrication collars, along with head immobilizers, restraining straps, tape, etc. Two interior flat pockets with hook & loop straps keep things organized. Bright yellow for visibility and silk-screened "Spinal Care Kit" for easy identification. 1-1/2" webbing handles with hook & loop handle-wrap and durable double-pull zipper. 23"L x 10"H x 6"D.

CONTENTS ARE SOLD SEPARATELY

Item #	Description
CX777 HawkePaks Manuf #RS-05N	Spinal Care Kit Case



Section 13: Medication



DR9801-01
NDC
Manuf #0487-9801-01

Ipratropium Bromide, .02% 2.5 ml Soln.
(Bx/30 indiv wrapped) (Rx)

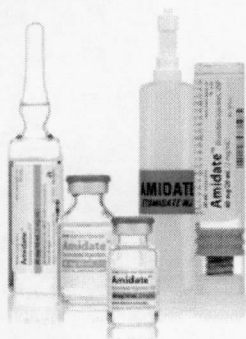


DR6013-10
NDC
Manuf #0641-6013-10

Diltiazem 25 mg, 5 ml VIAL (Bx/10) -
Requires Refrigeration (Rx)



Amidate™ (Etomidate Injection, USP)



Ordering Information*

Concentration	2 mg/mL
Total Amount	20 mg/10 mL
Container Type	Single Dose Glass Flip Top Vial
Unit of Sale NDC	00409-6695-01
Sales Code	066950486
Order Size	4 Boxes (10 Vials)
Delivery Format	Solution
Unit of Sale Dimensions (L x W x H)	
Unit of Sale Weight (lbs)	
Unit of Sale UPC Barcode	
Units of Sale per Shipper	
Shipper Outer Dimensions	
Shipper Weight	
Shipper UPC Barcode	
Cross-Reference Product Name†	Amidate



CLOPIDOGREL

PRODUCT INFORMATION
Additional Attributes:
Addl Desc:
Ingredients: View
HCPCS:
Label Size: 30 EA
MFR: ACCORD HEALTHCARE INC CS 
Mfr Part#: 000000
Package Quantity: 1
Package Size: 30
Product Type: Rx
Return Packaging: Ambient
Specialty: N





DR3795-01
NDC
Manuf #0409-3795-01

Ketorolac, 30 mg, 1 ml, VIAL (Rx)



DR6629-02
NDC
Manuf #0409-6629-02

Quelicin 200 mg, 10 ml MDV (Requires Refrigeration) (Rx)



TETRACAINE HCL BPK

PRODUCT INFORMATION
Additional Attributes:
Addl Desc:
Ingredients: View
HCPCS:
Label Size: 12X4ML
MFR: NOVARTIS PHARMACEUTICALS 
Mfr Part#: 000000
Package Quantity: 12
Package Size: 4
Product Type: Rx
Return Packaging: Ambient
Specialty: N





Life-Assist is one of the nation's largest distributors of emergency medical supplies, equipment and EMS pharmaceuticals. We pride ourselves on responding to the ever-changing needs of the EMS professional, and constantly strive to stay informed about the current procedures and equipment used in the pre-hospital environment. We offer quality products at competitive prices.

CUSTOMER SERVICE AND SUPPORT

Since 1977, we've specialized in customer service, with customer satisfaction as our ultimate goal. You'll never talk to a computer when you call Life-Assist during business hours - only trained, knowledgeable, and friendly customer service representatives.

ORDERING IS EASY:

- Internet: Customers can place order and verify pricing 24 hours a day, 7 days a week on our website. www.life-assist.com
- Email: Orders may be emailed to customer service at customerservice@life-assist.com.
- Operative IQ: Life-Assist is fully integrated with Operative IQ and orders can be submitted and pricing verified in this platform.
- Phone: Our toll free number is 800-824-6016. Knowledgeable and friendly customer service representatives are available to take your call - Monday-Friday, 7:00 am – 5:00 pm PST.
- Online Chat: Our new online chat features allows orders to be placed and questions to be answered via our online chat.
- Fax: Our toll free fax number is available 24 hours a day at 800-290-9794.
- Mail: Orders may be mailed to our office:

Life-Assist, Inc.
11277 Sunrise Park Drive
Rancho Cordova, CA 95742

Authorized distributor / Warranty Info:

Life-Assist is an authorized distributor for all items we sell. Additional letters can be provided upon request. Life-Assist honors all manufacturer warranties and they are limited to those offered by the manufacturer. Life-Assist will help facilitate any warranty issues that occur from products purchased from Life-Assist.

RETURNS ARE EASY:

We want you to be 100% satisfied with your purchase. If a product does not meet your specifications, you may return the item in its original packaging, in resalable condition, within 30 days for a full credit. Some goods, such as sterilized items, special order items, pharmaceuticals and items more than 90 days old, etc. may not be eligible for credit.

SHIPPING

Ground freight is FREE for surface shipments on orders.

- Orders for in-stock items placed by 5:00pm PST, (8:00pm EST), will ship the same day.
- Notifications of backorders are provided at the time of ordering. This provides you the opportunity to adjust your order to best accommodate your needs.
- Most items are in-stock and available for immediate shipment from our Rancho Cordova, California warehouse. We are proud of our 99% fill rate!

DISASTER SUPPORT

Just as our customers are ready for any emergency, so is Life-Assist. Life-Assist's Emergency Disaster Support Program provides customers with 24-hour assistance in the event of a disaster. Contact us at disastersupport@life-assist.com to sign up. Over the years we have successfully assisted many agencies urgently in their time of need.

QUALITY PRODUCTS AT COMPETITIVE PRICES

Life-Assist is a full-line distributor of both ALS and BLS equipment and supplies, including EMS pharmaceuticals. We offer an EMS specific product line including quality name brands most common to the EMS market.

Don't see what you need in our catalog or on our website? Just give us a call. Life-Assist can special order many products from various sources to get the specific product that you need.

BEST IN THE INDUSTRY ONLINE ORDERING

Customize our easy online ordering program to meet your specific needs:

- View your agency's pricing on all items.
- Custom supply lists can be created to maintain continuity and eliminate ordering errors. User defined fields can be added to make ordering simple.
- Submit orders for authorization to others within your agency. This feature can be used for order approval or review through the chain of command.
- Create a Master Administrator to manage all users on the account. Master Administrators have the ability to make changes and/or restrict a user's ordering capabilities.
- View invoice history, tracking information, backorder status and account activity.

Account Manager:

Adam Burke

Account Manager

Office: (800) 824-6016

Mobile: (214) 422-4137

Email: adam.Burke@life-assist.com

Adam is available for new product introductions, product demonstrations, manufacturer training, samples, analyze account trends and to make sure you are completely satisfied with your buying experience with Life-Assist. Adam has an extensive and thorough understanding of the products and how they are utilized in the EMS industry.

4 Day Standard Delivery, orders placed by 5:00PM PST ship out the same day.

References

Allegiance Ambulance
1811 Wall Street
Garland, TX 75041
Gina Smith
(254)935-2424
gina.smith@allegiance-ambulance.com

Georgetown Fire Department
1603 Williams Drive
Georgetown, TX 78628
Garey Jackson
(512)930-9227
garey.jackson@georgetown.org

Harris County Emergency Corps
2800 Aldine Bender
Houston, TX 77032
Amy Spoerle
(281)449-3131
aspoerle@hcec.com

Harris County ESD #48
21201 Morton Road
Katy, TX 77449
Eric Bank
(281)599-8888
eric.bank@hcesd48.org

Liberty County EMS
114 N Main
Daisetta, TX 77533
Jack Terry
(936) 334-6909
jackterry@libertycountyems.com





401 Industrial Way West
Eatontown, NJ 07724
Telephone: (732) 542-1191

Re: Authorized Distributor of Record

As you may be aware, in its June 2006 Draft Compliance Policy Guide, the FDA advised the prescription drug industry that, commencing on December 1, 2006 it would begin enforcing 21 CFR 203.3(u), which requires manufacturers to specifically designate in a written agreement whether a distributor is authorized to distribute the manufacturer's products.

Accordingly, in order for any distributor to claim authorized distributor status, possessing a written document from the manufacturer in accordance with the foregoing will be necessary.

By signing the acknowledgement set forth below, West-ward Pharmaceutical Corp hereby confirms that, until further notice Life-Assist Inc., 11277 Sunrise Park Drive, Rancho Cordova, CA 95742 and its subsidiaries (where applicable) is an authorized distributor of record for our entire product line and that an "ongoing relationship" exists with our company to distribute said products. Both parties may terminate this authorization at any time upon written notice to the other and neither party is required to purchase or sell any particular product or amount of product from or to the other based on this authorization.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jacquie Goy', is written over the typed name.

Jacquie Goy
Assistant Manager of Customer Operations
West-Ward Pharmaceutical Corp.
246 Industrial Way West
Eatontown, NJ 07724
jgoy@west-ward.com

Acknowledged by:

Name (Printed): Chris Nelson

Name (Signature): Chris Nelson

Digitally signed by Chris Nelson
DN: cn=Chris Nelson, o.ou,email=chris.nelson@life-assist.com, c=US
Date: 2017.08.17 11:31:48 -0700

Company Name: Life-Assist, Inc.

Date: 08/17/2017



Your experienced source of sedation
and surgical supplies since 1984.

August 18, 2017

To Whom it may concern

Please be notified that Life-Assist, Inc. is an authorized dealer for Southern Anesthesia & Surgical, inc.

Best Regards,

A handwritten signature in black ink, appearing to read 'Gregg Erickson', is written over a horizontal line.

Gregg Erickson
VP of Operations

Sensoronics

Incorporated

August 16, 2017

To Whom it May Concern:

Please be notified that Life-Assist, Inc. is an authorized dealer for Sensoronics, Inc.

Best Regards,

A handwritten signature in black ink, appearing to read "Brent Parker". The signature is written in a cursive style with a long horizontal flourish at the end.

Brent Parker

Managing Consultant

Teleflex®

Teleflex

3015 Carrington Mill Blvd.
Morrisville, NC 27560
USA

Phone: 919-544-8000

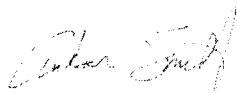
www.teleflex.com

August 21, 2017

To Whom It May Concern,

Teleflex Medical Incorporated authorizes Life-Assist Incorporated to distribute our products. Teleflex is the home of Arrow®, LMA®, Rusch® and Hudson RCI® Brands.

Sincerely,



Amber Smith
Associate Product Manager, EMS
919.361.4020

Teleflex, the Teleflex logo, Arrow, Hudson RCI, LMA, and Rusch are trademarks or registered trademarks of Teleflex Incorporated or its affiliates in the U.S. and/or other countries.



June 12, 2017

To whom it may concern:

This is to confirm that Life-Asisst, Inc., is an authorized distributor of **(Rouses Point Pharmaceuticals, LLC)** products. They are authorized to make full deliveries of items included in our catalog and price list. Thank you for your support, your loyalty and as always your business.

Best Regards,

A handwritten signature in black ink, appearing to read "Jane O'Brien", written in a cursive style.

Jane O'Brien

VP, Sales

Rouses Point Pharmaceuticals, LLC

August 17, 2017

Life Assist, Inc.
11277 Sunrise Park Drive,
Rancho Cordova, CA95742

Dear Life Assist:

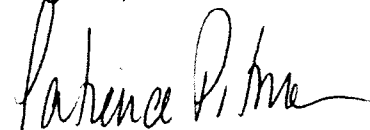
As part of ICU Medical's vision, the company is committed to ensuring that its customers and their patients are provided only quality, authentic ICU Medical product. As such, the company's authorized distributors play a vital role in maintaining this integrity, and share the company's commitment to patient safety and the prevention of counterfeit products entering the distribution channel.

Life Assist is an authorized distributor of ICU Medical IV set and IV solution products and is listed on our website link below:

https://www.hospira.com/en/products_and_services/authorized_distributors#alphabetical
[sting](#)

Please don't hesitate to contact me with questions or comments.

Regards,



Patience Pitman
Commercial Contracting Manager
T 224-212-2477 / patience.pitman@pfizer.com
ICU Medical Sales, Inc.
600 North Field Drive, Lake Forest, IL 60045



Laerdal™
helping save lives

LAERDAL MEDICAL CORP
167 Myers Corners Road
Wappingers Falls, NY 12590
Telephone 845-297-7770 x 3373
Toll-Free 1-800-648-1851
Fax 800-205-4782
www.laerdal.com

September 5, 2017

To Whom It May Concern:

Please be advised that **Life Assist, 11277 Sunrise Park Dr. Rancho Cordova, CA 95742**, is an authorized Laerdal Medical Distributor.

As an authorized distributor, **Life Assist** has access to our full line of products with the exception of the following:

- SimBaby, SimNewb, SimJunior, SimMom
- SimMan 3G, SimMan Essential

Should you have any questions, please feel free to contact directly at 845-296-6773.

Sincerely,

Wendy M. Faulkner
Distributor Operations Coordinator
Laerdal Medical
845.296.6773
FAX:800.205.4782
167 Myers Corners Road
Wappingers Falls, NY 12590
Wendy.faulkner@Laerdal Medical



INTERNATIONAL MEDICATION SYSTEMS, LIMITED

1886 Santa Anita Avenue
South El Monte, California 91733
Telephone: (800) 423 4136 • (626) 442 6757
Fax: (626) 443 2481

June 5, 2017

Life-Assist, Inc.
11277 Sunrise Park Drive
Rancho Cordova, CA 95742

To Whom It May Concern:

RE: Authorized Distributor of Record

The letter is to verify that Life-Assist, Inc. is an Authorized Distributor of Record for International Medication Systems, Ltd.

This agreement shall commence on the date stated above and continue for two years. The terms may be extended by mutual written agreement between parties. In the absence of a formal written extension, the parties will continue under this agreement which will remain in full force and effect until terminated by (a) the mutual written agreement of the parties; or (b) sixty (60) days' prior written notice of termination without cause by either party to the other party.

Should you have any questions feel free to contact me at (909) 942-4156 or by email at JuanitaG@amphastar.com.

Thank you,

Juanita Moxley
Marketing Assistant Manager



Amphastar
Pharmaceuticals
Company



Martha Russell
Assistant General Counsel – Regulatory

Cardinal Health
7000 Cardinal Place
Dublin, OH 43017

614.757.6654 tel

Martha.Russell@CardinalHealth.com

www.CardinalHealth.com

VIA EMAIL (sara.kimble@life-assist.com)

August 18, 2017

Sara Kimble, Product and Training Administrator
Life-Assist Inc.
11277 Sunrise Park Drive
Rancho Cordova, CA 95742

Dear Ms. Kimble:

Please allow this letter to serve as confirmation that Life-Assist, Inc, located at 11277 Sunrise Park Drive in Rancho Cordova, CA is a customer in good standing with Cardinal Health.

As a licensed wholesale distributor in the state of California (license # WLS 2770), Life-Assist, Inc is authorized to distribute products purchased from Cardinal Health.

If you have any questions, please contact me via the information provided above.

Sincerely,

A handwritten signature in cursive script that reads "Martha Russell".

Martha Russell



August 17, 2017

To Whom It May Concern:

Life Assist, 11277 Sunrise Park Dr. Rancho Cordova CA 95742 is an authorized reseller/distributor of Maco Int'l. As such they are permitted to sell all Maco items through their various channels.

For any questions, please don't hesitate to contact me.

Sincerely,

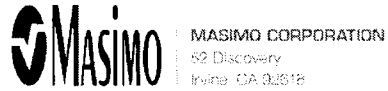
A handwritten signature in black ink, appearing to read "Rehman Haq". The signature is written in a cursive, flowing style with a long horizontal stroke extending to the right.

Rehman Haq
President

Manufacturers & Importers

11586 South Eagle Ridge Drive
Sandy, Utah 84094 USA

Phone (801) 562-2811
Fax (801) 562-2822



April 11, 2017

Dear To Whom it May Concern:

This letter confirms Life Assist is an authorized distributor for our company's products.

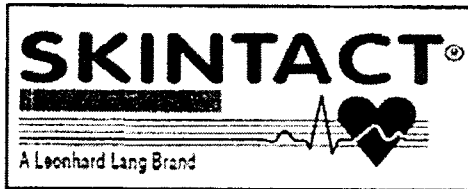
If you have any questions, please do not hesitate to contact me.

Sincerely,

Carl Huff

Director of Distribution

chuff@masimo.com



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

August 17, 2017

To Whom It May Concern:

The purpose of this letter is to state Life-Assist is an authorized distributor for Leonhard Lang USA products to include Skintact ECG/EKG electrodes, ECG recording chart paper, Skintact defibrillation pads, Skintact electrosurgical grounding pads, ECO Super Gel ultrasound gel, and Skin Armour nitrile gloves.

Please contact Leonhard Lang USA at 1-800-903-6199 if any additional information is needed.

Best Regards,

A handwritten signature in cursive script that reads "Grace Biedzycki".

Grace Biedzycki
Customer Relations Manager
Leonhard Lang USA

Connect with Quality



Medline Industries Inc

One Medline Place
Mundelein, IL 60060-4486

847-643-4395
1-800-234-1145

847-949-3155 Fax

8/18/2017

Life-Assist Inc
11277 Sunrise Park Dr
Rancho Cordova Ca 95742-6528

Re: Medline Account #1024876

Medline Industries, Inc. is pleased to extend to Life-Assist Inc an open account to purchase medical supplies. The following has been established:

- ❖ Open account as of 8/1/1978
- ❖ Initial Credit line - \$2,500
- ❖ Terms – 30 days

If you should have any questions and or comments, please do not hesitate to contact us directly at 800-234-1145.

Thank you,

Rhonda Hinks
Medline Industries, Inc.

Agreed by:

Life-Assist Inc
11277 Sunrise Park Dr
Rancho Cordova Ca 95742-6528



August 17, 2017

Mr. Chris Nelson
Life Assist Inc
11277 Sunrise Park drive
Rancho Cordova, CA 95742

RE: Authorization to Sell

To Whom It May Concern:

Life-Assist Inc is authorized to market, sell, distribute, or supply any product or service distributed to them by MedPlus Services USA, a division of National Distribution & Contracting Inc (MedPlus). All warranties for product sold are the manufacturer's warranty only and do not include any express or implied warranty from MedPlus in any bidding documents. Product supply is subject to availability from the manufacturer through MedPlus.

Sincerely,

A handwritten signature in black ink that reads "J. Scott Craighead". The signature is written in a cursive style with a large initial "J".

J. Scott Craighead
CFO / COO

Delivering Efficiency to Healthcare

402 BNA Drive, Suite 500 | Nashville, TN 37217
www.ndc-inc.com | 615.366.3230



Toll Free: 800-876-8264

Phone: 952-472-0131

Fax: 952-472-0136

www.gomedsource.com

Medical Supplies for the Healthcare Professional

4201 Norex Drive Chaska, MN 55318 USA

Date: September 1, 2015

MedSource
4201 Norex Drive
Chaska, MN. 55318

SUBJECT: MedSource – Authorization of Life-Assist

To Whom It May Concern:

MedSource hereby names Life-Assist as an authorized distributor of MedSource products. By signing this letter, MedSource hereby authorizes Life-Assist to offer MedSource products.

. If you have any questions concerning this matter, please contact Mike Wenshau at 1(800)875-8264.

Sincerely,

Mike Wenshau
Vice-President Sales



April 11, 2017

Life-Assist
11277 Sunrise Park Drive
Rancho Cordova, CA 95742

LETTER OF AUTHORIZATION

To Whom It May Concern:

Microflex Corporation, duly incorporated in the state of Delaware, USA does hereby confirm that Life-Assist (Distributor) is an authorized, non-exclusive distributor of Microflex products in the United States (the Territory) unless terminated in writing by either party with 6-month notice.

As such, Distributor is entitled to promote, market, sell, service and give its customers scientific and technical support for Microflex products as well as participate in appropriate public tenders.

As deemed necessary and appropriate, Distributor is provided with Microflex support and assistance in the marketing, sales, and distribution of Microflex products within the designated Territory.

This Letter of Authorization supersedes and replaces any previous such authorizations which may have been in place.

For more information, please contact the following:

David E. Driesner
Phone: (775) 470-7101
E-Mail: david.driesner@ansell.com

Microflex Corporation
2301 Robb Drive
Reno, Nevada 89523
USA

Best Regards,

David E. Driesner
Vice President Commercial Operations



08-16-2017

To Whom It May Concern,

This letter is to confirm that Life-Assist, Inc. is an authorized distributor of our entire line of products, and has been since 2006. If you should have any additional questions or concerns, please do not hesitate to contact our office.

Thank you for your time,

Mikiah Haslam
Operations Director
mhaslam@motionmedical.net

October 25, 2016

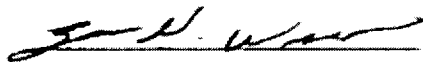
Christine Waugh
Purchasing Manager
Life-Assist, Inc.
11277 Sunrise Park Dr.
Rancho Cordova, CA 95742

Re: Optimal/Physio-Control Authorized Reseller

Dear Christine,

In response to your recent request, I am writing to confirm that Optimal and Life-Assist, Inc. have entered into a legal agreement authorizing Life-Assist to distribute, stock, and offer for sale the following Physio-Control products to the Public Access and Alternate Care Market Segment including industrial and commercial customers for placement within the USA:

- LIFEPAK® Express AED
- LIFEPAK CR® Plus AED
- LIFEPAK 1000 AED
- SAMARITAN 350P
- SAMARITAN 450P
- LIFEPAK 15
- LIFEPAK AED trainers
- LUCAS® 2
- Accessories and consumables (Pre-Hospital)
- Heart Safe Solutions™



Zane Wells, Sales Manager

Optimal

10/25/16

Date

Christine Waugh, Purchasing Manager

Life-Assist, Inc.

Date



ORIGINAL INVOICE



BILL TO:
 LIFE-ASSIST, INC.
 ACCOUNTS PAYABLE DEPT.
 11277 SUNRISE PARK DR
 RANCHO CORDOVA, CA 95742-6528
 USA

SHIP TO:
 LIFE-ASSIST, INC.
 11277 SUNRISE PARK DRIVE
 RANCHO CORDOVA, CA 95742
 USA

Customer No. C11468-0

GLN No.

Purchase Order
 170302

Payment Terms
 Net 30 Days

Invoice Date
 9/1/2017

INVOICE NUMBER
 V15968056

Quantity Ordered	Quantity Shipped	Catalog No./Description	Price	Unit	Tax	Amount
50	50	C-CDV-1 COOK CHEST DRAIN VALVE COOK GPN# : G36370 , GTIN# : 00827002363700 PACKSLIP # :18142.N4190.1 Price net of 23.01 % discount	30.72	EA	0.00	1,536.00
5	5	C-TCCS-600 MELKER EMERGENCY CRICOTHYROTOMY COOK GPN# : G04652 , GTIN# : 00827002046528 PACKSLIP # :18142.N4190.1 Price net of 23 % discount	127.97	EA	0.00	639.85

This invoice may be subject to a discount as noted above. It is the buyer's responsibility to comply with all applicable requirements of law to fully and accurately report any discount on the applicable cost report, if any, and upon request by the U.S. Department of Health and Human Services or a State Agency, buyer shall provide certain information relating to the discount as described in 42 CFR Section 1001.952.

GROSS:	2,175.85
TOTAL FREIGHT:	0.00
TAX:	0.00
(USD) PAY THIS AMOUNT:	2,175.85

REMIT TO:
 Cook Medical, LLC
 22988 NETWORK PLACE
 CHICAGO, IL 60673-1229
 See Attachment for Terms and Conditions

For Accounting Call:
 1-800-457-4500
For Customer Service Call:
 1-800-457-4500
 Inquire at: InvoiceRequests@CookMedical.com

Michael Murray

From: Poslajko, John A <John.Poslajko@pfizer.com>
Sent: Thursday, June 8, 2017 7:56 AM
To: Michael Murray
Cc: Cherise Akers; Cherie Prior; Bryan Holliday
Subject: RE: Request for Letter of Authorization
Attachments: 2017_Terms of Sale and Return Goods Policy.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Michael,

Thank you for your patience! I have a received a response from legal and we do not offer any letter of authorized distributor any longer. I was told to refer you to the list on our website of our authorized distributors. You are of course listed on our website. I have been instructed that we would not supply any letter. I was told this in in line with DSCSA changes in 2013.

Thank you for your understanding and please let me know if I assist in any way.

Thank you!

<http://www.pfizer.com/products/medicine-distributors/pfizer/state>



NORTH AMERICAN RESCUE®

August 17, 2017

Life-Assist Inc.

Re: NAR Distributor

To Whom It May Concern

This letter certifies that Life-Assist Inc. is an authorized Distributor of North American Rescue (NAR) products. Life Assist Inc. 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 Valentine
Manager, Customer Services
North American Rescue, LLC



MediPurpose, Inc
3883 Rogers Bridge Rd NW Ste 501 Duluth GA 30097
Tel: +1 770 448-9493 Fax: +1 770 559-4382 www.medipurpose.com

August 29, 2017

Letter of Authorization

To Whom It May Concern:

We, MediPurpose Inc., hereby confirm that Life-Assist is an authorized distributor of MediPurpose products, ie. SurgiLance/SurgiLance Lite Safety Lancets, and is a customer in good standing.

If you have any questions, please do not hesitate to contact me.

Best Regards,

Denise Santiago

Denise Santiago
MediPurpose, Inc.
Key Account Manager
denisesantiago@medipurpose.com

M MORRISON MEDICAL

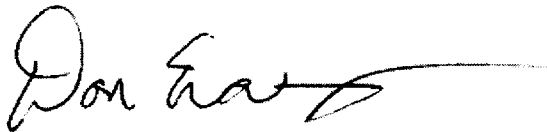
Don Evans - Vice President / General Manager

August 17, 2017

To Whom It May Concern;

Life Assist Inc. is an authorized distributor of Morrison Medical products pursuant to a written distributor agreement with Morrison Medical, LLC. Morrison Medical intends to supply products ordered by Life Assist Inc. to satisfy bid requirements.

Best regards,



Don Evans VP/GM



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 has been an authorized distributor, from 2004 to present, of the complete range of products from StatPacks, Inc.



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

Thank you.

Sincerely,

Andrew Tepper

Andrew Tepper

StatPacks, Inc., Owner

smiths medical

bringing technology to life

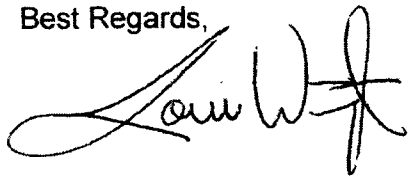
Smiths Medical
6000 Nathan Lane N
Minneapolis MN 55442
T: 763 383 3000
F: 763 383 3679
www.smiths-medical.com

June 9, 2017

To whom it may concern:

This is to confirm that Life-Asisst, Inc., is an authorized distributor of Smith Medical products. They are authorized to make full deliveries of items included in our catalog and price list. Thank you for your support, your loyalty and as always your business.

Best Regards,

A handwritten signature in black ink, appearing to read "Louis Washington". The signature is fluid and cursive, with a large initial "L" and a stylized "W".

Louis Washington

Strategic Business Manager, Smith Medical

Tuesday, August 22, 2017

To whom it may concern,

Life Assist, 11277 Sunrise Park Drive, Rancho Cordova, CA 95742 is an authorized reseller/distributor of SSCOR, Inc. As such they are permitted to sell all EMS related SSCOR, Inc. items through their various channels. This includes all items excluding the SSCOR Duet with retention bracket and without, model #2314.

For any questions, please do not hesitate to contact me.

Sincerely,

Brooke Say

Brooke Say
InBound Sales Manager



16 Simulaids Drive, Saugerties, NY 12477
800-431-4310 · 845-679-2475 · Fax 845-679-8996

29 October 2013

To Whom It May Concern:

Simulaids supplies this letter with the intent of documenting for you that Life-Assist, 11277 Sunrise Park Drive, Rancho Cordova, CA 95742 is an authorized Simulaids Distributor. Domestic distributorships are not assigned territories, so Life-Assist may sell product in any state.

Sincerely,

A handwritten signature in cursive script that reads "Warren A. Johnson".

Warren A. Johnson



August 1, 2017

To Whom it may concern;

Life-Assist Inc., is an authorized distributor of Taylor Healthcare Products, Inc. and is able to sell our entire product offering.

Larry Walsh
President
Taylor Healthcare Products, Inc.
larrywalsh@taylorhealthcare.com
www.taylorhealthcare.com

Welch Allyn, Inc.
4341 State Street Road
Skaneateles Falls, NY 13153-0220
Tel: 315-685-4482
Fax: 315-685-2174

WelchAllyn

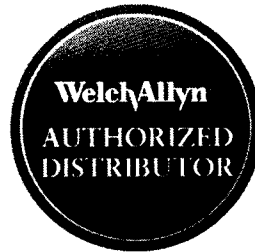
*yes/authorized -
Chris*

September 5, 2017

To whom it may concern:

I am providing this letter to confirm that Life-Assist, Inc. is a Welch Allyn Authorized Distributor in good standing.

Life-Assist, Inc.
11277 Sunrise Park Drive
Rancho Cordova, CA 95742



Sincerely,
WELCH ALLYN, INC.

Scott Palmer

Scott Palmer
Director of Sales Operations

SP/DM



SAGENT®

Sagent Pharmaceuticals, Inc.

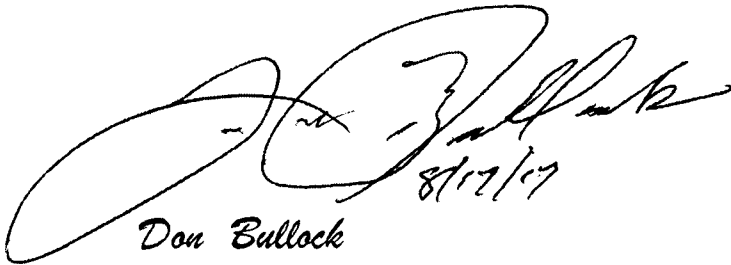
1901 N. Roselle Road, Suite 450
Schaumburg, Illinois 60195
(847) 908-1600 Main
(847) 908-6999 Fax
www.SagentPharma.com

August 17, 2017

To whom it may concern:

This letter is to serve as official notice that Life-Assist is a customer in good standing and an authorized distributor of Sagent Pharmaceuticals Inc. products.

If you have, any questions please feel free to contact me.



Don Bullock

Executive Vice President, Sales and National Accounts
Sagent Pharmaceuticals, Inc.
1901 N Roselle Road – Suite 450
Schaumburg, IL 60195
Cell 859-312-4753 I Chicago Office 847-908-1673 I Fax 847-908-1873
dbullock@sagentpharma.com I sagentpharma.com



SAGENT Pharmaceuticals®
Nichi-Iko Group Company

Z-MEDICA

June 5, 2017

Dear Sir or Madam,

This letter is to verify that Life-Assist Inc. is an authorized Reseller of Z-Medica, LLC/QuikClot Products.

Please contact the undersigned with any questions.

Respectfully,



Neil Murphy
Manager, Military/Tactical Programs
Reseller Relations
Z-Medica, LLC (QuikClot Products)
nmurphy@z-medica.com
203-294-0000 x2272
www.z-medica.com

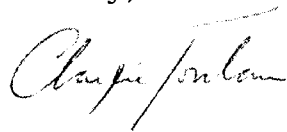
LETTER OF AUTHORIZATION

June 6, 2017

The intent of this letter is to state that Life-Assist, Inc. is an authorized distributor for Medtronic Minimally Invasive Therapies business.

Please contact me if you require additional information.

Sincerely,



Charlie Jordan

Vice President, Distributor Sales Operations & Programs | Strategic Channel Solutions

Medtronic

Minimally Invasive Technologies

15 Hampshire Street | Mansfield, MA 02048 | USA

Office 508.261.8202 | Mobile 508.982.8913 | Fax 508.261.8562

charlie.h.jordan@medtronic.com

medtronic.com

**LET'S TAKE HEALTHCARE
FURTHER, TOGETHER**

*Required
MIDC
distributor
Cannot buy
from
3rd party*



Toll Free (800) 433-2797
Tel (616) 259-8400
Fax (616) 647-3430

www.Sun-Med.com

2710 Northridge Dr. NW, Suite A
Grand Rapids, MI 49544 USA

August 17, 2017

To Whom it may concern:

Please note that Life-Assist, Inc. is an authorized distributor of SunMed products.

Sincerely,

A handwritten signature in black ink that reads "Gina Weeks" with a long horizontal flourish extending to the right.

Gina Weeks
Account and Customer Service Manager

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.
Life-Assist, Inc.
Rancho Cordova, CA United States

Certificate Number:
2017-266169

Date Filed:
09/27/2017

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

Date Acknowledged:

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
Prior, Cherie	Rancho Cordova, CA United States	X	
Bergaus, Linda	Rancho Cordova, CA United States	X	
Davis, Ramona	Rancho Cordova, CA United States	X	

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.



Chris Nelson

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Chris Nelson, this the 27th day of Sept. 2017, to certify which, witness my hand and seal of office.

Sabrina Alvarado
Signature of officer administering oath

Sabrina Alvarado
Printed name of officer administering oath

Notary Public
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

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 Life-Assist, Inc.
 Rancho Cordova, CA United States

Certificate Number:
 2017-266169

Date Filed:
 09/27/2017

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

Date Acknowledged:
 10/10/2017

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
	Prior, Cherie	Rancho Cordova, CA United States	X	
	Bergaus, Linda	Rancho Cordova, CA United States	X	
	Davis, Ramona	Rancho Cordova, CA United States	X	

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