

**Teleflex**

3015 Carrington Mill Blvd.  
Morrisville, NC 27560  
USA  
Phone: 866-246-6990  
Fax: 866-804-9881  
teleflex.com

August 1, 2022

**RE: Teleflex LLC—Sole Source for the Arrow<sup>®</sup> EZ-IO<sup>®</sup> Intraosseous Vascular Access System**

Dear Valued Customer:

Thank you for your interest in the Arrow<sup>®</sup> EZ-IO<sup>®</sup> System, which uses a proprietary patented needle and power driver technology. Teleflex is the sole manufacturer of these components. The EZ-IO<sup>®</sup> System is currently the only battery-operated intraosseous vascular access device that may be extended for up to 48-hour dwell time.\*

Through our direct sales team, Teleflex LLC, a wholly owned subsidiary of Teleflex Incorporated, markets, sells and/or services all non-federal Arrow<sup>®</sup> EZ-IO<sup>®</sup> Device customers within the continental United States.

Please call our customer service to assist you with any questions or concerns: 1-866-246-6990.

Sincerely,



Morgan Rankin  
Vice President, Sales  
Emergency Medicine

\*The Arrow EZ-IO<sup>®</sup> System is indicated anytime in which vascular access is difficult to obtain in emergent, urgent or medically necessary cases for up to 24 hours. For patients  $\geq 12$  years old, the device may be extended for up to 48 hours when alternate intravenous access is not available or reliably established.

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# 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.**  
Teleflex LLC  
Morrisville, NC United States

**Certificate Number:**  
2022-948728

**Date Filed:**  
10/26/2022

**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:**  
10/26/2022

**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.**  
27833  
Purchase of Arrow® EZ-IO® Intraosseous Vascular Access System

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

**5 Check only if there is NO Interested Party.**

**6 UNSWORN DECLARATION**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)