Fort Bend County Tabulation
Bid 23-001
Term Contract for Medical Supplies

Term: through September 30, 2023

Recommendation: Low Bidder per Item

Section 1: Airways	Lawson Number	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	Bound Tree Medical, LLC Dublin, OH	Henry Schein, Inc. Melville, NY	Isikel, LLC dba Isikel Medical Supplies Katy, TX	Life-Assist, Inc. Rancho Cordova, CA	Mercedes Medical LLC dba Mercedes Scientific Bradenton, FL	Mozart Holdings, LP dba Medline Industries Holdings, LP Northfield, IL	Nashville Medical & EMS Products, Inc. dba Nashville EMS Supply Springfield, TN	Quadmed, Inc. Jacksonville, FL	School Health Corporation Rolling Meadows, IL
									Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit
Berman Oral Airway - 40mm (Pink)	15898	ASIA-CONNECTION-TAIWIN	ME6504PK-5P	KENTRON #779940CC	Yes	PK	5	5	$ 0.70	$ 1.00	$ 19.93	$ 0.90		$ 9.24	$ 0.65		
Berman Oral Airway - 60mm (Black)	15899	ASIA-CONNECTION-TAIWIN	ME6506BK-5P	KENTRON #779960CC	Yes	PK	5	5	$ 0.70	$ 1.00	$ 19.93	$ 0.90		$ 9.24	$ 0.65		
Berman Oral Airway - 80mm (Green)	15900	ASIA-CONNECTION-TAIWIN	ME6508GN-5P	KENTRON #779980CC	Yes	PK	5	8	$ 0.70	$ 1.25	$ 19.93	$ 0.90		$ 7.32	$ 0.65		
Berman Oral Airway - 90mm (Yellow)	15901	ASIA-CONNECTION-TAIWIN	ME6509YL-5P	KENTRON #779990CC	Yes	PK	5	16	$ 0.70	$ 1.25	$ 19.93	$ 0.90		$ 7.32	$ 0.65		
Berman Oral Airway - 100mm (Red)	15902	ASIA-CONNECTION-TAIWIN	ME6510RD-5P	KENTRON #779100CC	Yes	PK	5	20	$ 0.70	$ 1.25	$ 19.93	$ 0.90		$ 7.32	$ 0.65		
Berman Oral Airway - 110mm (Orange)	15903	ASIA-CONNECTION-TAIWIN	ME6511ON-5P	KENTRON #779110CC	Yes	PK	5	10	$ 0.70	$ 1.25	$ 19.93	$ 0.90		$ 8.94	$ 0.65		
Thomas ET Tube Holder - Adult		Laerdal	600-10000		No	EA	1	450	$ 2.68	$ 2.68	$ 7.09	$ 2.75		$ 3.84	$ 3.25	$ 3.01	
Thomas ET Tube Holder - Pediatric		Laerdal	600-2000		No	EA	1	40	$ 2.68	$ 2.68	$ 6.83	$ 2.75			$ 3.25	$ 3.01	
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.0 uncuffed	15904	Sheridan		KENTRON #759920	Yes	EA	1	10	$ 3.59		$ 6.37	$ 3.70			$ 1.04		
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.5 cuffed	15905	Sheridan		KENTRON #769925	Yes	EA	1	30	$ 1.33		$ 6.37	$ 1.95			$ 1.16		
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 3.0 cuffed	15906	Sheridan		KENTRON #769930	Yes	EA	1	20	$ 1.33	$ 1.68	$ 6.37	$ 1.95			$ 1.16		
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 3.5 cuffed	15907	Sheridan		KENTRON #769935	Yes	EA	1	25	$ 1.33	$ 1.68	$ 6.37	$ 1.95			$ 1.16		
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 4.0 cuffed	15908	Sheridan		KENTRON #769940	Yes	EA	1	30	$ 1.33	$ 1.68	$ 6.37	$ 3.10			$ 1.16		
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 4.5 cuffed	15909	Sheridan		KENTRON #769945	Yes	EA	1	20	$ 1.33	$ 1.68	$ 6.37	$ 3.10			$ 1.16		
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 5.0	15161	Sheridan		36-5-10111	No	EA	1	20	$ 4.14		$ 6.37	Disqualified: Substitution not allowed for this item.		$ 10.22	$ 9.89		
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 6.0	15162	Sheridan		36-5-10112EA	No	EA	1	50	$ 4.12		$ 6.37	Disqualified: Substitution not allowed for this item.		$ 10.22	$ 9.89		
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 7.0	15163	Sheridan		025114	No	EA	1	250	$ 4.12		$ 6.37	Disqualified: Substitution not allowed for this item.		$ 10.22	$ 9.89		
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 8.0	15164	Sheridan		025116	No	EA	1	250	$ 4.12		$ 6.37	Disqualified: Substitution not allowed for this item.		$ 10.22	$ 9.89		
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 9.0	15165	Sheridan		510318	No	EA	1	250	$ 4.22		$ 6.37	Disqualified: Substitution not allowed for this item.		$ 10.22	$ 9.89		

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Nasopharyngeal Airway - 20fr	12408	MEDSTORM	51154	2021-14650	Yes	EA	1	35	$ 1.49	$ 2.06	$ 9.86	$ 1.80		$ 8.22	Disqualifed: Item does not meet specifications.		
Nasopharyngeal Airway - 24fr	12409	MEDSTORM	51156	2021-14660	Yes	EA	1	50	$ 1.49	$ 2.06	$ 9.86	$ 1.80		$ 8.00	Disqualifed: Item does not meet specifications.		
Nasopharyngeal Airway - 26fr	12410	MEDSTORM	51157	2021-14665	Yes	EA	1	70	$ 1.49	$ 2.06	$ 9.86	$ 1.80		$ 7.81	Disqualifed: Item does not meet specifications.		
Nasopharyngeal Airway - 28fr	12411	MEDSTORM	51158	2021-14670	Yes	EA	1	70	$ 1.49	$ 2.06	$ 9.86	$ 1.80		$ 9.40	Disqualifed: Item does not meet specifications.		
Nasopharyngeal Airway - 30fr	15230	MEDSTORM	51159	2021-14675	Yes	EA	1	50	$ 1.49	$ 2.06	$ 9.86	$ 1.80		$ 7.82	Disqualifed: Item does not meet specifications.		
Nasopharyngeal Airway - 36fr	15231	MEDSTORM	51162	2021-14690	Yes	EA	1	30	$ 1.49	$ 2.06	$ 9.86	$ 1.80		$ 7.83	Disqualifed: Item does not meet specifications.		
Suction Canister,disposable - 1200mL	15910	BEMIS	484410	2212-11200	No	EA	1	430	$ 2.85	$ 3.28	$ 7.70	$ 3.00		$ 5.26	$ 4.49		
Suction Catheter - 8fr	15911	ASIA-CONNECTION-TAIWIN	ME6808B	36091	Yes	EA	1	60	$ 0.12	$ 0.25	$ 2.86	$ 0.27		$ 0.96	$ 0.14		
Suction Catheter - 10fr	15912	ASIA-CONNECTION-TAIWIN	ME6810B	36092	Yes	EA	1	120	$ 0.12	$ 0.25	$ 2.86	$ 0.27		$ 1.16	$ 0.14		
Suction Catheter - 18fr	15913	ASIA-CONNECTION-TAIWIN	ME6818B	36096	Yes	EA	1	150	$ 0.12	$ 0.25	$ 2.86	$ 0.27		$ 0.91	$ 0.14		
Yankauer with Control Vent and Tubing (6ft)	15914	MEDSOURCE	MS-YK20	DYND50132H	Yes	EA	1	300	$ 1.25	$ 2.03	$ 5.63	$ 2.16		$ 0.60	$ 1.09		
Big Yank™ Yankauer Suction Tip w/Control Vent, Sterile, 11/32"open tip, integral blister tube and canister connector pre-attached	12084	CONMED	0034920U	2211-00002	No	EA	1	40	$ 2.00	$ 2.23	$ 32.39	$ 12.50	$ 4.09		$ 11.49		
Oxygen Mask, Medium Concentration - Infant	15915	RUSCH	396218	KENTRON #999820	Yes	EA	1	20	$ 0.90	$ 1.01	$ -	$ 1.45		$ 1.05	$ 0.69		
Oxygen Mask, Partial Non-Rebreather w/safety vent - Pediatric	15916	HUDSON	1058	KENTRON #999110	Yes	EA	1	400	$ 0.70	$ 1.48	$ -	$ 1.30		$ 1.89	$ 0.63		$ 2.70
Oxygen Mask, Non-Rebreather - Adult	15917	HUDSON	1060	KENTRON #999108	No	EA	1	2000	$ 1.05	$ 0.95	$ -	$ 1.32		$ 1.57	$ 0.63		
Oxygen Nasal Cannula, 7' - Adult	15918	CURAPLEX	24003	KENTRON #999308	Yes	EA	1	2000	$ 0.24	$ 0.39	$ 8.60	$ 0.28		$ 0.55	$ 0.24		$ 1.49
Bougie-to-go ET Tube Introducer with coude tip - Adult (15Fr x 60cm)	15239	SUNMED	9-0212-82	KENTRON #799915	Yes	EA	1	200	$ 4.35	$ 4.42	$ 26.65	$ 7.17			$ 2.99		
Bougie ET Tube Introducer with coude tip - Pediatric (10Fr x 70cm)	15240	SUNMED	9-0211-70	KENTRON #799910	Yes	EA	1	40	$ 4.35	$ 4.42	$ 14.73	$ 7.17			$ 2.99		
Oxygen Nebulizer, small volume, hand held w/ mask. 7ft - Pediatric	15919			KENTRON #333761	Yes	EA	1	100	$ 0.75	$ 0.95	$ 2.09	$ 1.16		$ 4.20	$ 0.67		
Oxygen Nebulizer, w/ Tubing and Mouthpiece	15242	CURAPLEX	301-200	301-200EA	Yes	EA	1	900	$ 0.52	$ 0.96	$ 1.68	$ 0.85		$ 6.75	$ 0.59		
Ambu Spur II bag valve mask, Bag Reservoir Medium with Pop Off Valve, with Manometer, with Mask - Adult	15166	Ambu			No	EA	1	1000	$ 11.87	$ 11.61	$ 62.00	$ 12.85		$ 28.78	$ 8.39		$ 17.76
BVM Face Mask, No Valve, Disposable, Duraclear - Small Adult	15167	Ambu			No	EA	1	1000	$ 1.50	$ 1.52	$ 26.43	$ 1.67		$ 3.39	$ 1.45		
Pocket BVM w/ olive green case, with O2 tubing	15268	MicroBVM	MB003xn	OM9800	No	EA	1	2	$ 42.42	$ 42.14	$ 67.07	$ 42.00		$ 87.93	$ 47.89		
Oxygen Nut & Stem (Plastic)	12098	SMITH MEDICAL	33-2600	NEW, Summed 1205-0-50, sold 50/cs $12.00	Yes	EA	1	5	$ 0.91	$ 0.24	$ 1.65	$ 0.52		$ 1.67	$ 0.35		
Magill Forceps - Adult (25cm / 10")	15920	ZULCO INTERNATIONAL	9-476	KENTRON #KI298	Yes	EA	1	5	$ 3.69	$ 4.41	$ 10.46	$ 3.90		$ 8.56	$ 3.19		$ 15.05
Magill Forceps - Child (20cm / 8")	15921	SURGICAL DESIGN INC	297	KENTRON #KI297	Yes	EA	1	5	$ 2.86	$ 4.41	$ 10.46	$ 3.90		$ 7.84	$ 2.79		

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Salem Gastric Sump Tube, dual lumen, sterile - 18fr x 48"	15922	COVIDIEN	8888264986	8900568	Yes	EA	1	100	$ 1.97	$ 1.82	$ 5.54	$ 1.82	$ 2.14	$ 3.39	$ 1.89		
Salem Gastric Sump Tube, dual lumen, sterile - 14fr x 48"	15923	COVIDIEN		OK4945	Yes	EA	1	10	$ 1.97	$ 1.86	$ 5.33	$ 1.82			$ 1.89		
Salem Gastric Sump Tube, dual lumen, sterile - 10fr x 36"	15924	COVIDIEN		OK4911	Yes	EA	1	10	$ 1.97	$ 1.86	$ 5.33	$ 1.82			$ 1.89		
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 2	15249	SURGIMED	5-5332-02	KENTRON #MC29002	Yes	EA	1	20	$ 3.70	$ 3.27	$ 9.27	$ 5.25			$ 3.19		
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 3	15250	VALUEMED	301-B3030	KENTRON #MC29003	Yes	EA	1	90	$ 3.70	$ 3.27	$ 9.27	$ 5.25		$ 10.38	$ 3.19		
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 4	15251	SUNMED	5-5332-04	KENTRON #MC29004	Yes	EA	1	200	$ 3.70	$ 3.27	$ 9.27	$ 5.25		$ 10.58	$ 3.19		
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 0	15252	SUNMED	5-5333-00	KENTRON #ML30000	Yes	EA	1	10	$ 3.70	$ 3.27	$ 9.27	$ 5.25		$ 7.89	$ 3.19		
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 1	15253	SUNMED	5-5333-01	KENTRON #ML30001	Yes	EA	1	20	$ 3.70	$ 3.27	$ 9.27	$ 5.25			$ 3.19		
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 2	15254	SUNMED	5-5333-02	KENTRON #ML30002	Yes	EA	1	30	$ 3.70	$ 3.27	$ 9.27	$ 5.25		$ 8.58	$ 3.19		
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 3	15255	SUNMED	5-5333-03	KENTRON #ML30003	Yes	EA	1	80	$ 3.70	$ 3.27	$ 9.27	$ 5.25		$ 7.51	$ 3.19		
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 4	15256	SUNMED	5-5333-04	KENTRON #ML30004	Yes	EA	1	80	$ 3.70	$ 3.27	$ 9.27	$ 5.25		$ 7.69	$ 3.19		
Greenline/D Fiber Optic, 10/32" Halogen/Xenon Reflector Lamp for Medium Laryngoscope Handle	15257	SUNMED	5-0240-52	1523890	Yes	EA	1	20	$ 13.10	$ 8.50	$ 30.10	$ 14.50		$ 18.29	$ 22.69		
PEEP valve, disposable, adjustable 22mm inner diameter	15208			KENTRON #712320	Yes	EA	1	100	$ 3.56	$ 3.01	$ 10.60	$ 3.00		$ 6.47	$ 1.99		
Headrest, Bagel, 9", pink foam	15258			5820156	Yes	EA	1	200	$ 2.15	$ 1.90				$ 25.01	$ 2.69		
Meconium Aspirator, latex free	15925			OK0101	Yes	EA	1	150	$ 4.42	$ 5.69	$ 8.35	$ 4.25		$ 7.43	$ 4.29	$ 5.38	
i-gel® - Size 1 (Neonatal)	15926	Intersurgical		AC8201	No	EA	1	150	$ 14.19	$ 14.14	$ 40.07	$ 12.98		$ 21.83	$ 13.70		
i-gel® - Size 1.5 (Infant)	15927	Intersurgical		AC8215	No	EA	1	150	$ 14.19	$ 14.14	$ 40.07	$ 12.98		$ 20.10	$ 13.70		
i-gel® - Size 2 (Small Pediatric)	15928	Intersurgical		AC8202	No	EA	1	150	$ 14.19	$ 14.14	$ 40.07	$ 12.98		$ 21.83	$ 13.70		
i-gel® - Size 2.5 (Large Pediatric)	15929	Intersurgical		AC8225	No	EA	1	200	$ 14.19	$ 14.14	$ 40.07	$ 12.98		$ 21.78	$ 13.70		
i-gel® O2 Resus Pack, Includes i-Gel, lube & strap - Small Adult (Size 3)	15273	Intersurgical		AC8703	No	EA	1	500	$ 23.56	$ 23.30	$ 66.78	$ 20.88		$ 21.96	$ 22.70		$ 34.72
i-gel® O2 Resus Pack, includes i-Gel, lube & strap - Medium Adult (Size 4)	15274	Intersurgical		AC8704	No	EA	1	2000	$ 23.56	$ 23.30	$ 66.78	$ 20.88		$ 21.96	$ 22.70		$ 34.72
i-gel® O2 Resus Pack, includes i-Gel, lube & strap - Large Adult (Size 5)	15275	Intersurgical		AC8705	No	EA	1	2000	$ 23.56	$ 23.30	$ 66.78	$ 20.88		$ 21.96	$ 22.70		$ 34.72
Thomas Select ET Tube Holder, for ET/SGA Tubes 6.5mm ID to 42mm OD - Adult		Laerdal			No	EA	1	2500	$ 3.44	$ 3.44	$ 9.52	$ 3.50		$ 15.37	$ 4.49	$ 3.48	
Vent Elbow With Port And Cap	15209	Curaplex		1084702	Yes	EA	1	300	$ 1.03	$ 0.45	$ 1.02	$ 0.64		$ 0.94	$ 0.95		
Cricothyrotomy Kit (TMM-CR) in vacuum sealed package to include (1) 6.0mm cuffed Tracheostomy tube, (1) Hemostat - 5.5" Kelly curved forceps, (1) #10 sterile Scalpel, (1) 10mL sterile Syringe, (1) 4" Tracheal Hook	15930	Chinook Medical Gear, Inc.	1364	BND2160364	No	EA	1	50	$ 41.67		$ 54.24	$ 38.50		$ 94.13			
AeroEclipse® Neb	15931			58-64594050EA	No	EA	1	20	$ 5.48	$ 5.89	$ -	$ 11.00		$ 11.97			
AeroEclipse® Filtered Mouth Piece	15932			1358191	No	EA	1	20	$ 5.45	$ 5.30	$ -	$ 10.00		$ 12.94			
BiTrac ED™ (Nebulizer) Mask - Medium	15933			PULM_313-7029EA	Yes	EA	1	20	$ 19.83	$ 19.60	$ 48.90	$ 19.00		$ 37.55			
ZOLL® Ventilator Circuit - Pediatric	15934	Zoll	820-0107-20	OD10720	No	EA	1	5				$ 21.25			$ 689.00		
ZOLL® Ventilator Circuit - Adult	15935	Zoll	820-0106-15	1409947	No	EA	1	5		$ 20.07					$ 389.00		
CPAP - Flowsafe II Mask - Large	15936	Mecury Medical	10-571-03	MCM105710	No	EA	1	200			$ 168.53	$ 45.00		$ 40.81			
CPAP - Flowsafe II Mask - Small	15937	Mercury Medical	10-571-05	1292384	No	EA	1	100		$ 23.35	$ 168.53	$ 45.00		$ 44.98			
CPAP - Flowsafe II Device & Mask - Medium	15938	Mercury Medical	10-573-19	OC1057319	No	EA	1	500		$ 57.40		$ 53.00		$ 123.54			

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Neo-Tec® Infant Resuscitator	15939	Mercury Medical	10-50840	OM50840	No	EA	1	5		$ 17.10		$ 16.50					
Airtraq VL Blade - Adult					No	EA	1	800									
Airtraq VL Blade - Pediatric					No	EA	1	200									
AirTraq Video Laryngoscope					No	EA	1	5									
HEPA Filter, BACT TRAP MINI PORT ELBOW	15940			301-439EA	Yes	EA	1	1000	$ 2.20			$ 3.50		$ 3.02			
ZOLL® Accu/Vent Sensor		Zoll	8000-001128	1422919	No	EA	1	5		$ 61.03	$ 192.28	$ 65.00					
ZOLL® Accu/Vent Cable		Zoll	8000-000993	EL00993	No	EA	1	5			$ 1,500.00	$ 395.00					
ResQPod® ITD 10	15941	Zoll	12-0242-000	ZOLL 12-0242-000	No	EA	1	300				$ 110.00	$ 138.20		$ 158.69		

Section 2: IV Supplies		Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bound Tree Medical, LLC Dublin, OH	Henry Schein, Inc. Melville, NY	Isikel, LLC dba Isikel Medical Supplies Katy, TX	Life-Assist, Inc. Rancho Cordova, CA	Mercedes Medical LLC dba Mercedes Scientific Bradenton, FL	Mozart Holdings, LP dba Medline Industries Holdings, LP Northfield, IL	Nashville Medical & EMS Products, Inc. dba Nashville EMS Supply Springfield, TN	Quadmed, Inc. Jacksonville, FL	School Health Corporation Rolling Meadows, IL
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Clearsafe IV Catheter - 14g X 1 1/4"	15942	MEDSOURCE	MS-84214	1612-84210	No	EA	1	100	$ 1.11	$ 1.48	$ 3.46	$ 1.50					
Clearsafe IV Catheter - 16g X 1 1/4"	15943	MEDSOURCE	MS-84216	1612-84220	No	EA	1	300	$ 1.11	$ 1.48	$ 3.46	$ 1.50					
Clearsafe IV Catheter - 18g X 1 1/4"	15944	MEDSOURCE	MS-84218	1612-84230	No	EA	1	4000	$ 1.25	$ 1.48	$ 3.46	$ 1.50					
Clearsafe IV Catheter - 20g X 1 1/4"	15945	MEDSOURCE	MS-84220	1612-84240	No	EA	1	10000	$ 1.30	$ 1.48	$ 3.46	$ 1.50					
Clearsafe IV Catheter - 22g X 1"	15946	MEDSOURCE	MS-84222	1612-84250	No	EA	1	3000	$ 1.25	$ 1.48	$ 3.46	$ 1.50					
Clearsafe IV Catheter - 24g X 3/4"	15947	MEDSOURCE	MS- 84224	1612-84260	No	EA	1	400	$ 1.25	$ 1.48	$ 3.46	$ 1.50					
Hypodermic Needle - 18g x 1 1/2"	15948			SYR100187Z	Yes	BX	100	20	Disqualified: Quantity is not equal.	$ 3.33	$ 8.97	$ 6.80	$ 4.30	$ 3.10	$ 4.89		
Hypodermic Needle - 23g x 1"	15949			9004473	Yes	BX	100	20	$ 4.88	$ 3.15	$ 21.37	$ 3.50	$ 4.30	$ 5.09	$ 4.89		
Syringe - 1cc with hypodermic needle (25g x 5/8")	15950			DYNAREX # 6 9 3 7	Yes	BX	100	6	Disqualified: Quantity is not equal.	$ 10.41	$ 22.97	$ 42.00	$ 11.15	$ 35.32	$ 9.69		
Syringe, luer lock - 3cc	15951			SYR103010Z	Yes	BX	100	20	Disqualified: Quantity is not equal.	$ 6.14	$ 16.59	$ 10.00	$ 8.30	$ 6.10	$ 6.95		
Syringe, luer lock - 5cc with hypodermic needle (22g x 1")	15952			DYNAREX #7009	Yes	BX	100	10	Disqualified: Quantity is not equal.	$ 27.50	$ 67.11	$ 14.00	$ 16.00	$ 37.63	$ 12.69		
Syringe, luer lock - 10cc	15953			7005969	Yes	BX	100	10	Disqualified: Quantity is not equal.	$ 9.78	$ 23.74	$ 11.00	$ 14.50	$ 13.31	$ 11.19		
Syringe, luer lock - 60cc	15954			7005970	Yes	BX	30	5	Disqualified: Quantity is not equal.	$ 12.90	$ 44.13	$ 15.60	$ 16.85	$ 19.87	$ 16.95		
Syringe, cath tip - 60cc (2oz)	15955			G0874	Yes	BX	25	1	$ 0.62	$ 10.99	$ 60.49	$ 15.00		$ 1.21	$ 22.95		
Assure prism multi test trips for assure prism multi meter	12876	ARKRAY USA INC	530050	2763-53050	No	BX	50	50	$ 9.25	$ 9.95	$ 23.63	$ 9.50	$ 12.00	$ 14.78	$ 11.69		
Assure prism control solution (1 and 2)	15956	ARKRAY USA INC	530006	MEDP 530006	No	EA	1	10	$ 9.66	$ 9.36	$ 18.50	$ 9.00	$ 11.00	$ 12.65	$ 12.29		
IV Administration set - 82", 10 drop, W/Bravo 24, Pre-slit Port, Removable 7" Extension	15957			KENTRON #101006	Yes	CS	50	100	Disqualified: Quantity is not equal.	$ 171.10		$ 95.00		$ 104.49	$ 69.79		
IV 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.	15958			1712-60830	Yes	EA	1	500	$ 1.12	$ 1.53		$ 2.00		$ 4.66	$ 1.39		
IV administration Set - STAT 2, Gravity Flow Controller, 60 drop, 84 inches, 2 Latex Free Solint Septum Y Sites.	15170	ConMed		C32784	No	Ea	1	500	$ 5.42	$ 5.97	$ 874.89	$ 8.33		$ 5.57			
0.9% Sodium Chloride Injection USP - 1000ml	15959			7800-09	Yes	EA	1	20	$ 2.88	$ 3.45	$ 3.33	$ 4.00		$ 7.89			
0.9% Sodium Chloride Injection USP - 500ml	15960			358001	Yes	EA	1	6000	$ 2.86	$ 3.38	Disqualifed: No item number provided to check specification.			$ 6.85			
0.9% Sodium Chloride Injection USP - 250ml	15961			358002	Yes	EA	1	20	$ 2.76	$ 3.31	Disqualifed: No item number provided to check specification.	$ 3.50		$ 8.40			
0.9% Sodium Chloride Injection USP - 100ml	15962			SL1307	Yes	EA	1	500	$ 2.11	$ 2.52	Disqualifed: No item number provided to check specification.	$ 2.00		$ 4.26			
Sterile Water for Irrigation - 500mL	15290			607113	Yes	EA	1	200	$ 3.05	$ 2.94	$ 2.47	$ 2.65		$ 4.10			
IV Administration set - Smallbore Extension Set with bonded Ultrasite Injection site, Length: 7 in, Priming Volume: 0.6mL (approx)	15963			KENTRON #930008	Yes	EA	1	12000	$ 0.86	$ 2.17		$ 4.60			$ 0.79		
Pneumothorax Decompression needle & catheter with hard plastic case - 14ga X 3.25"	15964	H&H	HHTP N01	4997721, North American Rescue ZZ-0056	Yes	EA	1	50	$ 18.56	$ 8.25		$ 8.50		$ 12.47	$ 8.99		

Section 2: IV 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	Bound Tree Medical, LLC Dublin, OH	Henry Schein, Inc. Melville, NY	Isikel, LLC dba Isikel Medical Supplies Katy, TX	Life-Assist, Inc. Rancho Cordova, CA	Mercedes Medical LLC dba Mercedes Scientific Bradenton, FL	Mozart Holdings, LP dba Medline Industries Holdings, LP Northfield, IL	Nashville Medical & EMS Products, Inc. dba Nashville EMS Supply Springfield, TN	Quadmed, Inc. Jacksonville, FL	School Health Corporation Rolling Meadows, IL
									Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit
IV armboard, reusable, plywood core - 3" x 9"	15292			NON24285H	Yes	EA	1	30	$ 2.00	$ 8.25				$ 1.16			
IV armboard, reusable, plywood core - 3" x 12"	15293			56-1812	Yes	EA	1	10	$ 2.98								
IV armboard, reusable, plywood core - 3" x 18"	15294			1424080	Yes	EA	1	10	$ 2.61	$ 1.79				$ 2.29			
Angiocath Peripheral Venous Catheter - 14g x 5.25"	15965			9870340	Yes	EA	1	10	$ 18.56	$ 17.62	$ 46.51	$ 42.00		$ 25.49			
Surecan Safety Huber w/ Ultrasite needlefree infusion system - 20ga x 3/4"	15296			1333125	Yes	EA	1	10	$ 4.87	$ 4.46		$ 11.00		$ 7.04			
IntraLock Lipid Compatible 3-Way Stop Cock	15297			10637	Yes	EA	1	100	$ 0.60	$ 0.63	$ 2.18	$ 0.65		$ 3.29	$ 0.85		
3m Surgical Clipper Starter Kit, includes clipper body 9661 and charger 9662, no blade assembly	15966	3M	9661	2744-96670	No	EA	1	5	$ 56.48	$ 91.95	$ 229.60	$ 105.00	$ 66.15		$ 119.00		
Assure Prism Multi-meter Glucometer	15967	ARKRAY USA INC	530001	2761-53010	No	EA	1	30	$ 0.01		$ 44.37	$ 6.00	$ 6.85	$ 8.68	$ 8.29		
Angiocath Peripheral IV Catheter - 16ga x 2"	15968			3159282, Terumo SR-OX1664CA sold 200/cs $268	Yes	EA	1	30	$ 1.88	$ 1.34	$ 12.84			$ 7.53			
IV Start Kit containing: (1) Alcohol Prep Pads, Medium (1) Tegaderm Intravenous Dressing 2 3/8" x 2 3/4", (1) Gauze Sponge 2" x 2", (1) Tourniquet 1" x 18", (1) Transparent Surgical Tape 1" x 18"	15969	Curaplex		8600-01146	Yes	EA	1	8000	$ 0.76	$ 1.06	$ 3.83	$ 1.55		$ 2.47	$ 0.79		
Arrow EZ-IO Vascular Access Power Driver		Teleflex	9058		No	EA	1	5									
Arrow EZ-IO Needle Kit with Stabilizer - 45mm (Yellow)		Teleflex	9079P-VC-005		No	Bx	5	1000									
Arrow EZ-IO Needle Kit with Stabilizer - 25mm (Blue)		Teleflex	9001P-VC-005		No	Bx	5	1500									
Arrow EZ-IO Needle set - 45mm (Yellow)		Teleflex	9079-VC-005		No	Bx	5	100									
Arrow EZ-IO Needle set - 25mm (Blue)		Teleflex	9001-VC-005		No	Bx	5	100									
Arrow EZ-Stabilizer Dressing		Teleflex	9066-VC-005		No	Bx	5	1300									
Arrow EZ-IO Vascular Access Pack Soft Sided (Yellow)		Teleflex	9065		No	EA	1	5									

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	Bound Tree Medical, LLC Dublin, OH	Henry Schein, Inc. Melville, NY	Isikel, LLC dba Isikel Medical Supplies Katy, TX	Life-Assist, Inc. Rancho Cordova, CA	Mercedes Medical LLC dba Mercedes Scientific Bradenton, FL	Mozart Holdings, LP dba Medline Industries Holdings, LP Northfield, IL	Nashville Medical & EMS Products, Inc. dba Nashville EMS Supply Springfield, TN	Quadmed, Inc. Jacksonville, FL	School Health Corporation Rolling Meadows, IL
									Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit
Bandage, Self-Adherent, ,individually packaged - 2" x 5yd	15970			9004322	Yes	EA	1	75	$ 0.64	$ 0.56	$ 1.42	$ 0.65		$ 2.52	$ 0.59	$ 18.75	$ 1.47
Bandage, Self-Adherent, ,individually packaged - 4" x 5yd	15971			9004324	Yes	EA	1	50	$ 1.15	$ 1.01	$ 2.90	$ 2.00		$ 3.13	$ 1.09	$ 17.36	$ 1.97
Combat Application Tourniquet (CAT) - Black	12157	North American Rescue	30-0001	4997818	No	EA	1	70	$ 23.18	$ 21.49	$ 41.41	$ 24.00		$ 46.85	$ 22.19		$ 29.09
Gauze - Non Sterile, non-woven, 4ply - 4"x4"	15972			F165622	Yes	PK	200	120	$ 2.38	$ 2.56	$ 6.64	$ 6.00	$ 4.12	$ 3.34	$ 1.99	$ 3.05	$ 4.88
Gauze - Sterile 12 ply - 4"x4"	15973			KENTRON #KS4412	Yes	PK	2	2000	$ 2.04	$ 0.08	$ 0.25	$ 0.14	$ 0.12	$ 0.20	$ 0.06	$ 1.89	$ 8.33
Gauze - Sterile, roll, 6ply - 4 1/2" x 4.1 yd	15974			1131735	Yes	EA	1	1500	$ 0.90	$ 0.72	$ 1.92	$ 0.85		$ 0.83	Disqualified: Item does not meet specifications.	$ 0.75	
Triangular Bandage - 36"x51"	15975			4998403	Yes	EA	1	200	$ 0.38	$ 0.25	$ 1.20	$ 0.55		$ 0.53	$ 0.29	$ 3.49	$ 1.26
Gauze - Abdominal Pad, sterile - 8" x 9"	15976			KENTRON #777810	Yes	TRAY	20	200	$ 3.54	$ 3.25	$ 15.73	$ 5.25		$ 4.36	$ 2.69	$ 6.27	
Adhesive Strip Bandage - 1" x 3"	15317			1122-14954	Yes	BX	100	100	$ 1.06	$ 1.14	$ 5.96	$ 1.95	$ 2.50	$ 2.66	$ 1.29		$ 3.39
Burn Sheet, Sterile - 60" x 96"	15318			KENTRON #888111	Yes	EA	1	50	$ 1.90	$ 1.87	$ 4.28	$ 2.15		$ 3.49	$ 1.49	$ 1.82	
Trauma Dressing, Sterile - 10" x 30"	15319			KENTRON #771030	Yes	EA	1	100	$ 0.85	$ 1.07	$ 6.60	$ 1.25		$ 3.15	$ 0.67	$ 0.85	$ 3.41
Rapid Heat Instant Heat Pack, Pull Apart Style	15325	RAPID DEPLOYMENT PRODUCTS	2056	952050	No	BX	6	170	$ 7.15	$ 7.92	$ -	$ 7.50			$ 8.19		
Rapid Cold Instant Cold Pack, Pull Apart Style	15326	RAPID DEPLOYMENT PRODUCTS	2004	952000	No	CS	24	6	$ 25.38	$ 30.72	$ -	$ 28.00			$ 33.90		
Ferno KED forehead/Chin Strap Replacement set of 2	15977	Ferno		4992762	No	SET	2	10	$ 46.89	$ 46.56	$ 79.99	$ 55.00		$ 166.82	Disqualified: Item does not meet specifications.		
Tape - 3M Transpore - 1" x 10yd	15978	3m			No	BX	12	10	$ 9.50	$ 10.95	$ 28.61	$ 16.00	$ 16.80	$ 22.03	$ 7.79		$ 29.40
Tape - Paper, hypo-allergenic - 1" x 10yd	15979			KENTRON #305111	Yes	BX	12	7	$ 3.69	$ 3.66	$ 20.16	$ 8.50	$ 4.85	$ 14.94	$ 3.47		$ 12.65
Tape - Waterproof - 2" x 10yd	15980	Kendall	3267	150512	No	BX	6	18	$ 17.64	$ 18.07	$ 45.67	$ 20.00		Vendor withdrew from item.	$ 19.19		
Splint - bendable foam and aluminum, rolled, (orange) - 4" x 36"	15981			KENTRON #886622	Yes	EA	1	200	$ 4.85	$ 3.00	$ 15.56	$ 7.25		$ 12.57	$ 2.69	$ 3.01	$ 23.20
Quikclot Combat Gauze LE Z-fold - 3" x 4yd	15330	QUIKCLOT	350	BA7350	No	EA	1	5	$ 33.94	$ 33.32	$ 65.56	$ 32.50		$ 48.93	$ 32.59		$ 50.28
Hyfin Chest Seal without vent	15331	NORTH AMERICAN RESCUE	10-0015	4997718	No	EA	1	5	$ 9.28	$ 8.47	$ 22.51	$ 9.25		$ 15.76	$ 12.69		$ 10.63

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	Bound Tree Medical, LLC Dublin, OH	Henry Schein, Inc. Melville, NY	Isikel, LLC dba Isikel Medical Supplies Katy, TX	Life-Assist, Inc. Rancho Cordova, CA	Mercedes Medical LLC dba Mercedes Scientific Bradenton, FL	Mozart Holdings, LP dba Medline Industries Holdings, LP Northfield, IL	Nashville Medical & EMS Products, Inc. dba Nashville EMS Supply Springfield, TN	Quadmed, Inc. Jacksonville, FL	School Health Corporation Rolling Meadows, IL
									Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit
Israeli emergency compression bandage - 4"	15322			7020588	Yes	EA	1	5	$ 6.23	$ 2.78	$ 11.64	$ 5.95		$ 10.57	$ 3.89	$ 6.10	$ 9.95
				Dynarex 3683													
Israeli emergency compression bandage - 6"	15323			7004209	Yes	EA	1	5	$ 6.61	$ 3.28	$ 12.14	$ 6.71		$ 12.47	$ 4.89	$ 6.50	$ 10.73
CAT Tourniquet Holder (black) - 6.25" x 1.75" x 1.5"	15324			IR7011-BLK	Yes	EA	1	25	$ 16.08	$ 14.99	$ 29.99	$ 10.00			$ 15.39	$ 16.61	$ 42.47
Sam Pelvic Sling II - Standard	15171	Sam Medical		4998847	NO	EA	1	25	$ 62.18	$ 59.17	$ 190.04	$ 62.00		$ 86.65	$ 88.89	$ 66.67	

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 (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bound Tree Medical, LLC Dublin, OH	Henry Schein, Inc. Melville, NY	Isikel, LLC dba Isikel Medical Supplies Katy, TX	Life-Assist, Inc. Rancho Cordova, CA	Mercedes Medical LLC dba Mercedes Scientific Bradenton, FL	Mozart Holdings, LP dba Medline Industries Holdings, LP Northfield, IL	Nashville Medical & EMS Products, Inc. dba Nashville EMS Supply Springfield, TN	Quadmed, Inc. Jacksonville, FL	School Health Corporation Rolling Meadows, IL
									Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit
Masimo® SpO2 sensor, disposable - Adult	15172	Masimo	1859	1141911	No	EA	1	1000	$ 12.19	$ 11.67		$ 12.00		$ 15.33	$ 12.98	$ 12.65	
Masimo® SpO2 sensor, disposable - Pediatric	15173	Masimo	1860	4996226	No	EA	1	750	$ 13.10	$ 12.22		$ 13.00		$ 18.39	$ 12.98	$ 13.25	
Masimo® SpO2 sensor, disposable - Infant	15174	Masimo	2328	116768	No	EA	1	500	$ 19.60	$ 13.88		$ 14.75		$ 20.38	$ 15.28	$ 15.06	
ECG Electrodes - Medi-Trace Mini, teardrop shape, adhesive hydrogel - Pediatric	15982	North American Rescue		covidien/cardinal #31439766	Yes	PK	100	200	$ 22.00	Disqualified: Quantity in Unit is not equal.		$ 22.60		$ 78.61	$ 16.74		
ECG Electrodes - Medicotest Blue Sensor Disposable Electrodes - Adult	15983	Ambu	R-00-S/25	230026	No	PK	25	5000	$ 7.22	$ 8.88		$ 8.50		Vendor withdrew from item.	$ 7.49		
Smart Capnoline Plus non-intubated, oral nasal w/ O2 tubing, adlut/intermediate	15175	MicroStream	9822	177268	No	EA	1	3200	$ 8.90	$ 14.54		$ 20.75			$ 10.49		
Filter line H set infant/ neonate, incl airway adapter, filterline, microstream connection	15176	MicroStream	6324	176324	No	EA	1	20	$ 11.58			$ 16.50			$ 16.29		
Filter line set adult/pediatric airway adapter	15454	MicroStream	XS04620	174620	No	EA	1	650	$ 6.78			$ 16.50			$ 13.49		
Zoll X Series 80mm Thermal Paper, Pink with Grid	15337			2745-10081		EA	1	1000	$ 1.39	$ 2.57		$ 3.00		$ 7.29	$ 4.09		

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	Bound Tree Medical, LLC Dublin, OH	Henry Schein, Inc. Melville, NY	Isikel, LLC dba Isikel Medical Supplies Katy, TX	Life-Assist, Inc. Rancho Cordova, CA	Mercedes Medical LLC dba Mercedes Scientific Bradenton, FL	Mozart Holdings, LP dba Medline Industries Holdings, LP Northfield, IL	Nashville Medical & EMS Products, Inc. dba Nashville EMS Supply Springfield, TN	Quadmed, Inc. Jacksonville, FL	School Health Corporation Rolling Meadows, IL
									Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit
Masimo® SET RED LNCS Patient Cable, reusable, compatible with Zoll X-Series Monitor - 4'	15984	Masimo	2055	1145834	No	EA	1	10	$ 153.16	$ 122.22		$ 137.00		$ 229.00	$ 149.00	$ 154.22	
Masimo® SET LNCS DC-P Reusable Sensor, compatible with Zoll X-Series Monitor - Pediatric (10-50kg)	15985	Masimo	1863	1141951	No	EA	1	10	Disqualified: Item number is for incorrect product.	$ 111.11		$ 125.00			$ 178.79	$ 180.72	
Masimo® SET LNCS DC-I Reusable Sensor, compatible with Zoll X-Series Monitor - Adult (>30kg)	15986	Masimo		16529	No	EA	1	10	$ 130.29	Disqualified: Item number is for incorrect product.		$ 180.00		$ 300.00	$ 168.79	$ 132.53	
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Infant	15987	Welch Allyn	SOFT-07-2mQ	4997188	No	EA	1	200	$ 3.15	$ 3.02		$ 3.30	$ 3.70	$ 4.32	$ 5.99		$ 5.85
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Small Child	15988	Welch Allyn	SOFT-08-2mq	4997189	No	EA	1	200	$ 3.22	$ 3.02		$ 3.25	$ 3.70	$ 4.32	$ 5.99		$ 5.85
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Small Adult	15989	Welch Allyn	SOFT-10-2MQ	WELC_SOFT-10-2MQ	No	EA	1	300	$ 4.28	$ 4.09		$ 3.99	$ 5.00	$ 5.85	$ 5.99		$ 7.93
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Adult	15990	Welch Allyn	SOFT-11-2MQ	1103649	No	EA	1	500	$ 4.28	$ 4.09		$ 4.50	$ 5.00	$ 5.85	$ 5.99		$ 7.93
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Large Adult	15991	Welch Allyn	SOFT-12-2MQ	1103702	No	EA	1	700	$ 4.28	$ 4.09		$ 4.50	$ 5.00	$ 5.85	$ 6.98		$ 7.93
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Thigh	15992	Welch Allyn	SOFT-13-2MQ	4997192	No	EA	1	200	$ 5.68	$ 5.44		$ 5.85	$ 6.65	$ 7.77	$ 11.99		$ 9.37
ZOLL® OneStep™ Pediatric CPR Electrode for Zoll X Series		Zoll	8900-000219-01	8900-000219-01	No	EA	1	150	$ 92.66	$ 92.47		$ 95.00	$ 112.60	$ 127.76	$ 81.89		
ZOLL® CPR Stat-Padz® HVP Multi-Function CPR Electrodes for Zoll X-Series Monitor		Zoll	8900-0402	8900-0402	No	EA	1	1000	$ 81.18	$ 78.24		$ 72.00	$ 95.50	$ 108.18	$ 67.29		$ 88.56
Welch Allyn FlexiPort Reusable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Adult	15993	Welch Allyn	REUSE-11-2MQ	1103189	no	EA	1	50	$ 21.14	$ 19.76		$ 21.70	$ 24.20	$ 28.57	$ 22.95		$ 38.41
ZOLL® Dual Lumen NIBP Tubing Assembly, 10 feet for Zoll X Series		Zoll	8300-0002-01	8300-0002-01	No	EA	1	25	$ 123.17	$ 122.70		$ 132.00	$ 149.40		$ 120.89		
12-Lead OneStep™ ECG Cable - AAMI Includes 4-Lead Trunk Cable and Removable Precordial 6 Lead Set for Zoll X-Series Monitor		Zoll	8300-0802-01	8300-0802-01	No	EA	1	50	$ 336.00	$ 333.43	$ -	$ 320.00	$ 406.00	$ 409.83	$ 318.79		
CPR-D-Padz® One-Piece Electrode and connector for Zoll R-Series		Zoll	8900-0800-01	2532611	No	EA	1	15	$ 338.12	$ 170.71	$ -	$ 175.00	$ 208.00	$ 175.74	$ 368.69		$ 186.46
ZOLL® OneStep™ Cable for Zoll X Series		Zoll	8300-000676	8300-000676	No	EA	1	25	$ 479.00	$ 509.89	$ -		$ 547.85		$ 448.89		
ZOLL® 12 Lead (V-Lead) Cable		Zoll	8300-0804-01	7002408	No	EA	1	20	$ 186.35	$ 179.61	$ -	$ 210.00	$ 218.70	$ 247.74	$ 294.89		
ZOLL® Defibrillator Cable Adapter		Zoll	8000-0370	8000-0370	No	EA	1	5	$ 283.72	$ 317.42	$ -	$ 285.00	$ 341.00		$ 269.00		
Masimo® SET rainbow® DCI (SpO2, SpCO and SpMET) Reusable Sensor with 3' cable compatible with Zoll X-Series - Adult	15994	Masimo	2696	MASI_2696	No	EA	1	5	$ 568.60	$ 583.33	$ -	$ 535.00		$ 895.50	$ 538.69	$ 632.53	
Masimo® SET rainbow® RC-4 20-pin Patient Cable, 4' compatible with Zoll X-Series	15995	Masimo		PO2406	No	EA	1	10	$ 198.66	$ 931.81	$ -	$ 95.00		$ 295.00	$ 139.00	$ 246.99	

Section 6: Exam Gloves / Latex Gloves / Powder Free /Nitrile		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	Bound Tree Medical, LLC Dublin, OH	Henry Schein, Inc. Melville, NY	Isikel, LLC dba Isikel Medical Supplies Katy, TX	Life-Assist, Inc. Rancho Cordova, CA	Mercedes Medical LLC dba Mercedes Scientific Bradenton, FL	Mozart Holdings, LP dba Medline Industries Holdings, LP Northfield, IL	Nashville Medical & EMS Products, Inc. dba Nashville EMS Supply Springfield, TN	Quadmed, Inc. Jacksonville, FL	School Health Corporation Rolling Meadows, IL
									Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit
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**	16099	MICROFLEX	FFS-700-XS	297100	No	BX	100	100	$ 11.51	$ 11.58	$ 24.65	$ 12.00					
MICROFLEX® FreeForm® SE Nitrile Exam Gloves, Powderfree Exam Gloves, 100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 3.5 mil Palm Thickness, 5.1 mil Finger Thickness, Tensile Strength = 32 before aging (31 After aging), Elasticity = 500% Before Aging (400% after aging), Pinhole Defect Rate = 1.5 - **Small**	15996	MICROFLEX	FFS-700-S	297200	No	BX	100	200	$ 11.50	$ 11.58	$ 24.65	$ 12.00					
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**	15997	MICROFLEX	FFS-700-M	297300	No	BX	100	600	$ 11.50	$ 11.58	$ 24.65	$ 12.00					
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**	15998	MICROFLEX	FFS-700-L	297400	No	BX	100	600	$ 11.50	$ 11.58	$ 24.65	$ 12.00					
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 - **Extra Large**	15999	MICROFLEX	FFS-700-XL	297500	No	BX	100	200	$ 11.50	$ 11.58	$ 24.65	$ 12.00					
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**	16000	MICROFLEX	FFE-775-S	297750	No	BX	50	10	$ 9.69	$ 11.21	$ 23.09	$ 10.00					
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**	16001	MICROFLEX	FFE-775-M	297755	No	BX	50	10	$ 9.69	$ 11.21	$ 23.09	$ 10.00					
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**	16002	MICROFLEX	FFE-775-L	297760	No	BX	50	10	$ 9.69	$ 11.21	$ 23.09	$ 10.00					
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**	16003	MICROFLEX	FFE-775-XL	297770	No	BX	50	10	$ 9.69	$ 11.21	$ 23.09	$ 10.00					
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**	16004	MICROFLEX	FFE-775-XXL	297780	No	BX	50	10	$ 9.69	$ 11.21	$ 23.09	$ 10.00					

Section 7: AMBU PERFIT Cervical Collars		Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bound Tree Medical, LLC Dublin, OH	Henry Schein, Inc. Melville, NY	Isikel, LLC dba Isikel Medical Supplies Katy, TX	Life-Assist, Inc. Rancho Cordova, CA	Mercedes Medical LLC dba Mercedes Scientific Bradenton, FL	Mozart Holdings, LP dba Medline Industries Holdings, LP Northfield, IL	Nashville Medical & EMS Products, Inc. dba Nashville EMS Supply Springfield, TN	Quadmed, Inc. Jacksonville, FL	School Health Corporation Rolling Meadows, IL
									Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit
Ambu® Perfit ACE Adjustable Cervical Collar, 16 setting - Adult (Neckless to Tall)	16005	AMBU	002 810 001	000-281-000	No	EA	1	1500	$ 4.45	$ 5.37	$ 20.60	$ 5.25		$ 9.50	$ 4.22	$ 5.65	
Ambu® Perfit Mini ACE Adjustable Cervical Collar, 12 settings - Pediatric (Infant to Neckless)	16006	AMBU	000 281 107	260280	No	EA	1	150	$ 3.86	$ 5.37	$ 20.60	$ 5.25		$ 8.00	$ 4.22	$ 5.65	

Section 8: Head Immobilizers		Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bound Tree Medical, LLC Dublin, OH	Henry Schein, Inc. Melville, NY	Isikel, LLC dba Isikel Medical Supplies Katy, TX	Life-Assist, Inc. Rancho Cordova, CA	Mercedes Medical LLC dba Mercedes Scientific Bradenton, FL	Mozart Holdings, LP dba Medline Industries Holdings, LP Northfield, IL	Nashville Medical & EMS Products, Inc. dba Nashville EMS Supply Springfield, TN	Quadmed, Inc. Jacksonville, FL	School Health Corporation Rolling Meadows, IL
									Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit
Laerdal Sta-Blok™ Head Immobilizer. Single use disposable device, radiolucent, Adjustable standard Velcro padded strap, latex free	16007	LAERDAL	700-00001	SY975	No	EA	EA	900	$ 3.92	$ 3.93	$ 9.29	$ 3.85			$ 5.25	$ 3.98	$ 9.91

Section 9: Miscellaneous Supplies		Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bound Tree Medical, LLC Dublin, OH	Henry Schein, Inc. Melville, NY	Isikel, LLC dba Isikel Medical Supplies Katy, TX	Life-Assist, Inc. Rancho Cordova, CA	Mercedes Medical LLC dba Mercedes Scientific Bradenton, FL	Mozart Holdings, LP dba Medline Industries Holdings, LP Northfield, IL	Nashville Medical & EMS Products, Inc. dba Nashville EMS Supply Springfield, TN	Quadmed, Inc. Jacksonville, FL	School Health Corporation Rolling Meadows, IL
									Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit
Disposable OB Kit, Soft Packaging	15369			KENTRON #999700	Yes	EA	1	25	$ 4.71	$ 5.25	$ 35.77	$ 5.00		$ 8.52	$ 4.09	$ 5.00	
Alcohol Prep Pads - Medium (200/bx)	15370			KENTRON #650-16	Yes	BX	200	300	$ 1.98	$ 1.24	$ 4.34	$ 2.00	$ 1.75	$ 1.67	$ 1.09	$ 1.57	$ 2.87
Emesis Bags, single use, Clear, Graduate, 1000cc, latex free, rigid collar, automatic seal	15371			PA70600	Yes	EA	1	2000	$ 8.90	$ 0.41	$ 2.10	$ 0.37		$ 0.41	$ 0.24		
Sterile Lubricating Jelly - 5g	15372			1166726	Yes	BX	72	10	$ 12.96	$ 5.95	$ 19.15	$ 15.00		$ 11.05	$ 5.99		
Oxygen Cylinder Handwheel, Metal	15373			OT2865	Yes	EA	1	10	$ 10.44	$ 10.32		$ 10.00		$ 11.00	$ 19.19		
Oxygen Cylinder Wrench, aluminum - Large	15374			KENTRON #KWC1000	Yes	EA	1	10	$ 7.40	$ 7.24	Disqualifed: No item number provided to check specification.	$ 6.75		Disqualified: Item number is for incorrect product.	$ 3.49		
Trauma Shears, Dark Blue - 7 1/2"	16008			7004482	Yes	EA	1	100	$ 0.84	$ 0.62	$ 6.11	$ 0.95		$ 2.07	$ 0.65		
Penlight, Disposable	15376			KENTRON #404060	Yes	EA	1	100	$ 0.64	$ 0.75	$ 2.87	$ 0.75	$ 1.15	$ 1.88	$ 0.49		$ 11.45
Safety Lancet, single use, push button activated / spring loaded (100/bx)	16009			9007980	Yes	BX	100	120	$ 9.51	$ 4.71	$ 35.39	$ 12.00		$ 9.53	$ 7.69	$ 7.83	
ChloraPrep® Clear 3ml Applicator (2% Chlorhexidine / 70% Isopropyl Alcohol)	15377			1330-40003	Yes	BX	25	6	$ 37.47	$ 37.90	$ 66.11	$ 40.00		$ 54.78	$ 52.59		
Safety control seals, Pull Tite (numbered), 100/pkg	15378			KENTRON #861111	Yes	PK	100	1	$ 25.70	$ 21.28	$ 67.00	$ 13.00		$ 32.24	$ 11.29	$ 19.96	
Razor, Disposable, Fixed Head (100/bx)	15379			1879172	Yes	BX	100	4	$ 24.00	$ 9.60	$ 67.49	$ 22.00		$ 19.94	$ 11.90		
Disposable Polyester Patient Blanket, Blue or Gray (50" x 84")	15380			661258	Yes	EA	1	50	$ 5.52	$ 5.63	$ 14.46	$ 9.25		$ 6.33	$ 3.79		
Oxygen "D" Cylinder Gasket, Brass w/Rubber Center	15381			KENTRON #550001	Yes	EA	1	10	$ 0.80	$ 0.51	$ -	$ 0.65			$ 0.45		
Welch Allyn SureTemp Plus Thermometer Probe Cover, disposable (25/bx)	16011	Welch Allyn	5031	5660460	No	BX	25	200	$ 0.95	$ 0.91	$ 2.10	$ 1.00		$ 2.44	$ 1.19		
Heavy Duty Ring Cutter	15382			2832-81604	Yes	EA	1	5	$ 2.37	$ 4.93	$ -	$ 11.25			$ 3.49		$ 169.81
Scalpel #11, Disposable, Sterile	15383			2676406	Yes	EA	1	5	$ 0.48	$ 0.43	$ 10.72	$ 0.50		$ 1.66	$ 0.45		
Blade Assembly, single-use, pivoting, purple, for 3M 9661 surgical clippers	15384	3m		1392747	Yes	EA	1	50	$ 3.96	$ 3.39	$ 27.16	$ 60.00		$ 6.01	$ 5.79		
Isopropyl Alcohol 70 % Bottle (4oz)	15385			AL40020	Yes	EA	1	40	$ 2.45	$ 0.71	$ 1.36	$ 0.70		$ 0.86	$ 1.09		
Isopropyl Alcohol 70% Bottle (16oz)	15386			1127067	Yes	EA	1	12	$ 1.80	$ 1.43	$ 4.16	$ 1.65	$ 1.85	$ 2.09	$ 1.99		$ 2.39
Ecolab® Endure™ 300 Cida-Rinse Dispenser (540mL)	16012	Ecolab		F5694	No	EA	1	10	$ 4.28		$ -				$ 8.99		
Mylar Emergency Blanket (52" x 84")	15387			12945	Yes	EA	1	50	$ 0.42	$ 0.50	$ 0.45	$ 0.58		$ 1.39	$ 0.42	$ 0.49	$ 2.98
Taylor Healthcare® G-Force™ Series Stretcher Sheet for Stryker, Blue, fluid resistant (36" x 90")	16013	Taylor Healthcare Products, Inc.	90-GFRC3690	3271-62602	Yes	EA	1	5000	$ 1.83		$ 5.75	$ 2.53			Disqualified: Item does not meet specifications.		
Webbing, Nylon 1"x 50yd rolls - 500yd/box, NO Splices	16014			TYL421YNW1	No	EA	1	50	$ 63.39					$ 8.70	$ 69.79		
Oxygen Post Valve, Seal Protector, Pull Type	16015	Meret		1369103	Yes	EA	1	500	$ 0.80	$ 0.19		$ 0.20					
Health Care Logistics MedTags™ with Holder	16016	Health Care Logistics	7760	NEW	No	EA	1	100	$ 15.90	$ 0.11	$ 0.15						
Triage Ribbon - All Colors	16019	Disaster Systems Management Inc	DMS-05793		Yes	EA	1	5	$ 12.69	$ 12.39	$ 7.09			$ 55.24			
Triage Ribbon - Red	16017	Disaster Systems Management Inc	DMS-05791	3460-05791-R	Yes	EA	1	5	$ 3.39	$ 4.12	$ 6.09						
Triage Ribbon - Yellow	16018	Disaster Systems Management Inc	DMS-05790	3460-05790-R	Yes	EA	1	5	$ 3.39	$ 4.12	$ 6.09						
Triage Ribbon - Green	16020	Disaster Systems Management Inc	DMS-05789	3460-05789-R	Yes	EA	1	5	$ 3.39	$ 4.12	$ 6.09						
Triage Ribbon - Black/White	16021	Disaster Systems Management Inc	DMS-05792	DMS-0592	Yes	EA	1	5	$ 4.24	$ 4.12	$ 6.09						

Section 10: 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	Bound Tree Medical, LLC Dublin, OH	Henry Schein, Inc. Melville, NY	Isikel, LLC dba Isikel Medical Supplies Katy, TX	Life-Assist, Inc. Rancho Cordova, CA	Mercedes Medical LLC dba Mercedes Scientific Bradenton, FL	Mozart Holdings, LP dba Medline Industries Holdings, LP Northfield, IL	Nashville Medical & EMS Products, Inc. dba Nashville EMS Supply Springfield, TN	Quadmed, Inc. Jacksonville, FL	School Health Corporation Rolling Meadows, IL
									Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit
Safety Glasses, Nemesis V30, black frame, clear lens, neck cord included	16022	KIMBERLY-CLARK	25676-00	KIM 25676	No	EA	1	250	$ 4.13	Disqualified: Item number does not match their website for specifications.	$ 9.23	$ 4.33	$ 3.42		$ 3.89		
Fluid shield mask with clear visor, anti-fog, 2" wrap around, ear loops 25/bx	15391			NON27410EL	Yes	BX	25	2	$ 38.50	$ 18.28	$ 15.00	$ 22.50		$ 14.66	$ 18.69	$ 23.95	$ 33.01
Inovel medical N95 respirator, all sizes, must be CDC and NIOSH approved (24/pk)	12257			1511, 1512, 1513	No	PK	25	2	$ 25.00			Disqualified: Did not bid specified item.		$ 31.15	$ 49.00		
3M® Particulate Respirator and Surgical Mask - 1860s	15398	3M	1860s	7775982	No	EA	1	20	$ 0.91	$ 0.82	$ 2.32	$ 0.90			$ 2.39		
3M® Particulate Respirator and Surgical Mask - 1860	16023	3M	1860	7775551	No	EA	1	20	$ 0.87	$ 0.82	$ 2.32	$ 0.90			$ 2.39		
3M® Particulate Respirator - 8210	15399	3M	8210	IC8200	No	EA	1	20	$ 0.82	$ 0.82	$ 1.40	$ 0.50			$ 1.00		
3M® n95 Respirator - 1870	15400	3M	1870	1031-87010	No	EA	1	20	$ 0.18	$ 0.82	$ 2.06	$ 1.25			$ 1.99		
Sharps Dart sharps container, one time lockable lid (6.7" x 1.2")	15392			EIC-3511	Yes	BX	24	60	$ 1.38	$ 34.56		$ 40.00		$ 63.91	$ 28.56	$ 1.30	
Gel Hand Sanitizer w/ pump 540 mL	15401	ECOLAB	47593-487-31	8690079	No	EA	1	50	$ 6.17	$ 4.20				$ 9.40	$ 18.99		
Surgical Shoe Covers	16024			1042-10110	Yes	EA	1	50	$ 0.05	$ 0.11	$ 4.20	$ 0.12		$ 0.43	$ 0.19		
Non-surgical Isolation Gown, unisize	16025			KENTRON #8888K2	Yes	EA	1	50	$ 1.21	$ 0.55		$ 2.65			$ 0.39		
Non-surgical Isolation Gown - Large	16026			KENTRON #8888K2	Yes	EA	1	50	$ 1.46			$ 3.75		$ 1.01	$ 0.39		
Non-surgical Isolation Gown - Xlarge	16027			KENTRON #8888K2	Yes	EA	1	50	$ 1.98			$ 4.11		$ 1.25	$ 0.39		
Non-surgical Isolation Gown - XXLarge	16028			KENTRON #8889K2	Yes	EA	1	50	$ 1.56			$ 5.56		$ 1.29	$ 0.49		
Sharps Container in room mailbox style lid, transparent red, 5 quart	16029	Cardinal Health	KE8513-1	6666741	No	EA	1	300	$ 4.80	$ 4.49	$ 8.50	$ 6.00					
Bracket, wire with lock for sage 5 quart sharpstar container	16030	Cardinal Health	KE8518X	8160734	No	EA	1	5	$ 22.64	$ 21.42	$ 27.84	$ 23.00					
Replacement Key for Sharps Container Bracket #KE8518X	16031	Cardinal Health		299747	No	EA	1	5	$ 1.33		$ 24.37						

Section 11: 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	Bound Tree Medical, LLC Dublin, OH	Henry Schein, Inc. Melville, NY	Isikel, LLC dba Isikel Medical Supplies Katy, TX	Life-Assist, Inc. Rancho Cordova, CA	Mercedes Medical LLC dba Mercedes Scientific Bradenton, FL	Mozart Holdings, LP dba Medline Industries Holdings, LP Northfield, IL	Nashville Medical & EMS Products, Inc. dba Nashville EMS Supply Springfield, TN	Quadmed, Inc. Jacksonville, FL	School Health Corporation Rolling Meadows, IL
									Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Infant	12264			7020310	Yes	EA	1	10	$ 6.41	$ 5.12		$ 18.00		$ 37.32	$ 5.39		
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Pediatric	12265			7020309	Yes	EA	1	10	$ 6.41	$ 5.12		$ 18.00		$ 36.71	$ 5.39		
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Adult	12266			7020308	Yes	EA	1	30	$ 6.41	$ 5.17		$ 19.50		$ 33.12	$ 5.39		
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Large Adult	12267			7020307	Yes	EA	1	15	$ 6.41	$ 5.44		$ 21.75		$ 43.74	$ 5.69		
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Thigh	12268			7020311	Yes	EA	1	10	$ 6.24	$ 6.00		$ 24.50		$ 47.81	$ 6.19		
Greenline/D Laryngoscope handle, fiber optic, chrome plated, 2AA batteries, penlite handle	16032			4994123	No	EA	1	10	$ 51.51	$ 28.60		$ 70.00		$ 331.03		$ 151.52	
Greenline/D Laryngoscope handle, fiber optic, chrome plated, C batteries	16033			4992393	No	EA	1	10	$ 51.51	$ 27.81		$ 65.00		$ 294.13		$ 189.40	
Oxygen flow meter with Ohmeda QC Adapter 1-15LPM	16034			KENTRON #556115	Yes	EA	1	10	$ 29.56	$ 33.76					$ 22.09		
ADScope 603 Stethoscope, navy blue, with additional eartips and diaphragm	15426	AMERICAN DIAGNOSTIC CORP	603N	4992009	No	EA	1	30	$ 32.25	$ 30.40		$ 35.00	$ 40.50	$ 56.87			
StatPacks G3 Backup, Red, with Fort Bend County EMS embroidery (25" x 18" x 8.5")	16035	StatPacks	G35006RE	G35006RE	No	EA	1	5	$ 260.20	$ 259.37		Disqualified: Item number does not match vendor's website.		$ 370.99		$ 360.00	
Welch Allyn SureTemp Plus 690 Thermometer	16036	WelchAllyn	690	WELCH ALLYN 690	No	EA	1	10	$ 275.68	$ 279.20		$ 265.00	$ 329.00	$ 406.04	$ 249.00		$ 291.27
Welch Allyn SureTemp Plus 690 Probe and well kit, 4' - (Rectal / Red)	16037	WelchAllyn	02892-000	TH69R	No	EA	1	10	$ 85.25	$ 85.51		$ 85.00	$ 100.50	$ 402.54	$ 119.00		$ 95.68
Welch Allyn SureTemp Plus 690 Probe and well kit, 4' - (Oral / Blue)	16038	WelchAllyn	02893-000	WELC_02893-000	No	EA	1	5	$ 85.25	$ 85.51		$ 85.00	$ 100.50	$ 418.58	$ 119.00		$ 92.13
Restraint strap seat belt buckle loop end, Black, 2 piece (5')	15410			KENTRON #323605BK	Yes	EA	1	10	$ 7.35	$ 6.55		$ 8.50		$ 9.17	$ 5.49	$ 7.68	$ 147.81
Restraint straps chest system, black, nylon, Metal push button, loop ends	15411			KENTRON 7' HARNESS	Yes	EA	1	10	$ 30.38	$ 27.06		$ 35.00		$ 59.36	$ 22.95		$ 109.57
Posey Twice-as-Tough cuffs WRIST Restraint with lock on connecting strap, adjustable, pair - (Wrist / Blue)	15431	POSEY	2750	562750	No	EA	1	150	$ 24.80	$ 24.92		$ 25.00		$ 28.56	$ 37.49		
Posey Twice-as-Tough cuffs Restraint with lock on cuff and connecting strap, adjustable, pair - (Ankle / Red)	15432	POSEY	2755	562755	No	EA	1	120	$ 24.80	$ 25.18		$ 25.00		$ 28.82	$ 37.99		
Oxygen cylinder with toggle, aluminum, D size	16039			D4150	Yes	EA	1	5	$ 53.32	$ 62.50		$ 58.50		$ 106.10	$ 84.89		
Oxygen regulator/pressure reducer, brass, CGA 540 2800-R-2	16040			KENTRON #5402B2CV	Yes	EA	1	5	$ 86.85	Disqualified: Does not meet specifications.		$ 138.00		$ 169.10	$ 79.89		
Oxygen regulator, 1 DISS 1BARB 0-25 LPM	16041			6770021	Yes	EA	1	5	$ 44.90	$ 26.78		$ 62.00		$ 79.42	$ 29.89	$ 28.14	
Megamover plus transport unit, nonwoven, w/backboard pockets, 1500 lb capacity (40" x 80")	15433	GRAHAM PROFESSIONAL	53376	3246-12345	Yes	EA	1	10	$ 13.12	$ 14.50		$ 30.00	$ 29.60		$ 19.95		
Stryker LUCAS 2 / 3 Disposable Suction Cup, 3/pk	16042	Stryker	11576-000046	4510-04676	No	PK	3	5	$ 130.80			$ 140.00	$ 187.00		$ 139.89		$ 147.81
Stryker LUCAS Patient Strap, pair	16043	Stryker	11576-000050	11576-000050	No	SET	2	5	$ 98.65			$ 106.00	$ 137.70		$ 94.19		$ 109.57
Stryker LUCAS Stabilization Strap	16044	Stryker	21996-000074	21996-000074	No	EA	1	5	$ 90.02			$ 95.00			$ 84.69		
Stryker LUCAS Standard Back Plate	16045	Stryker	21996-000044	21996-000044	No	EA	1	5	$ 352.64			$ 375.00	$ 504.10		$ 239.69		$ 419.19
Replacement Ankle Hitch for QD3 & QD4 Traction	15415			KENTRON #222840	Yes	EA	1	5	$ 15.74	$ 15.98		$ 18.00		$ 32.24	$ 10.69		

Section 11: 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	Bound Tree Medical, LLC Dublin, OH	Henry Schein, Inc. Melville, NY	Isikel, LLC dba Isikel Medical Supplies Katy, TX	Life-Assist, Inc. Rancho Cordova, CA	Mercedes Medical LLC dba Mercedes Scientific Bradenton, FL	Mozart Holdings, LP dba Medline Industries Holdings, LP Northfield, IL	Nashville Medical & EMS Products, Inc. dba Nashville EMS Supply Springfield, TN	Quadmed, Inc. Jacksonville, FL	School Health Corporation Rolling Meadows, IL
									Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit
Replacement Ischial Strap for Adult/Child OD3/OD4 Traction Splint	15416			3020-01301	Yes	EA	1	5	$ 9.22	$ 9.96					$ 19.79		
Oxygen cylinder with toggle, aluminum - (C size)	16046			OS00T	Yes	EA	1	5	$ 57.70	$ 67.45		$ 48.00			$ 72.19		
Traction splint w/aluminum ratchet - Adult (QD-4)	15418			KENTRON #222888	Yes	EA	1	5	$ 143.00	$ 194.39		$ 195.00		$ 392.50	$ 129.19	$ 156.10	
Traction splint w/aluminum ratchet - Pediatric (QD-3)	15419			KENTRON #222999	Yes	EA	1	5	$ 136.98	$ 190.98				$ 512.39	$ 124.29	$ 156.10	
KED, Kendrick Extrication Device, green, with color coded straps	16047			EBB-4661-GR	Yes	EA	1	5	$ 66.96	$ 63.69		$ 60.00		$ 93.47	$ 64.39	$ 54.65	
L.A. Rescue® cervical collar bag (24" x 11" x 5")	16048			`KENTRON #554410	Yes	EA	1	5	$ 26.42	$ 24.77		$ 23.00		$ 45.51	$ 18.69		
Trauma / Air management bag III, blue (26" x 18.5" x 12.5")	16049	FERNO	5111	FS5111-BLU	No	EA	1	5	Disqualified: Does not meet specifications.	$ 317.37		$ 295.00				$ 379.57	
Hawkepack ET Intubation Kit pullout, green with yellow stripe	16050	HAWKEPAKS	02-04F5	2523-20406	No	EA	1	5	$ 36.25			$ 45.00					
Ferno professional intubation mini bag, royal blue	16051	FERNO	5115	6728047	No	EA	1	5	$ 81.47	$ 75.71		$ 80.00				$ 95.19	
5.11 Rush 72 Back Pack, Black	15441	5.11	rush72	CS58602-BLK	No	EA	1	5	$ 148.00			$ 140.00					
Flowmeter With Ohmeda Adpapter, Oxygen, Sidemount	15442			OG22005		EA	1	10	$ 45.42			$ 45.00		$ 144.85			
Fasplint Semi-Disposable Vacuum Splint - Small	15444	Hartwell Medical		SP801	No	EA	1	100	$ 16.80	$ 17.45		$ 16.00		$ 295.35		$ 18.27	
Fasplint Semi-Disposable Vacuum Splint - Medium	15445	Hartwell Medical		560802	No	EA	1	100	$ 25.71	$ 26.00		$ 26.00		$ 446.07		$ 27.23	
Fasplint Semi-Disposable Vacuum Splint - Large	15446	Hartwell Medical		SP803	No	EA	1	100	$ 34.03	$ 34.65		$ 32.00		$ 678.13		$ 36.28	
Fasplint Vacuum Pump, Economy	15447	Hartwell Medical		SP912	No	EA	1	25	$ 52.95	$ 53.50		$ 50.00		$ 102.92		$ 59.23	
Fasplint Replacement Bag, Rectangular	15448	Hartwell Medical		HWEL FS14RC	No	EA	1	25	$ 48.79	$ 44.59		$ 42.00		$ 84.40			
Fasplint Tapered Adapter	15449	Hartwell Medical		4997737	No	EA	1	15	$ 14.26	$ 5.88		$ 15.50		$ 41.28			
SSCOR VX-2® 2310 Suction Unit Battery, Rechargeable	16052	SSCOR	2310	OK80635	No	EA	1	5	$ 58.31	$ 58.23		$ 56.00					
SSCOR VX-2® 2314 Suction Unit Battery, Rechargeable	16053	SSCOR	2314	OK80635	No	EA	1	5	$ 58.31	$ 58.23		$ 56.00					
SSCOR VX-2® Suction Unit, With Variable Regulator, DC Cable And Converter	16054	SSCOR	VX-2	OK2310V	No	EA	1	5	$ 780.64	$ 990.47		$ 725.00					
Curaplex Quick-Connect Carrier	15198	Curaplex	3245-19123	3245-19123	No	EA	1	10	$ 760.30			$ 825.00		$ 1,003.31			
StatPacks G3 Golden Hour, Orange, BBP resistant, (18" X 17" X 8")	16055	StatPack		2521-00318	No	EA	1	5	$ 144.00					$ 210.53			
2-Piece Nylon Restraint Strap with Metal Push Button Buckle and Swivel Speed Clip Ends, Black, (5' X 23")	15213			KENTRON #333705BK	Yes	EA	1	30	$ 10.70	$ 9.00		$ 19.00		$ 16.40	$ 7.95	$ 10.79	
King Vision Video Laryngoscope Deluxe Supply Bag with pockets, red	16056			2523-13512	Yes	EA	1	2	$ 34.27			$ 38.00		$ 53.35			
FERNO Model 5111 Trauma Air Management Bag III, Blue	16057	Ferno	1511	FS5111-BLU	No	EA	1	5	$ 341.25	$ 317.37		$ 295.00				$ 379.57	
Engel Fridge-Freezer MD-14F with Top Lid Access Door	16058	Engel USA	MD-14F	ENGE_MD14F	No	EA	1	2	$ 680.62	$ 737.26		$ 645.00					
Engel Fridge-Freezer D/C Power Cord with Integrated Thermal Fuse for MD-14F	16059	Engel USA		FRFUSE	No	EA	1	2	$ 13.61			$ 12.00					
Triage Tape Waist Belt	16060	EMS Innovations	EM19	RS90	?	EA	1	5	$ 49.02			$ 45.00					
Stryker LUCAS 2® Device Battery	16061	Stryker	11576-000039	2750-03976	No	EA	1	3	$ 684.27			$ 775.00	$ 953.85				$ 759.48
Quantum EMS ACR4 Ambulance Child Restraint System	16062	Quantum EMS	Q-ACR4	7020271	No	EA	1	2	$ 694.55	$ 688.51		$ 695.00		$ 1,043.56			
LSP XTRA™ Backboard Without Pins, 71in L x 15.75in W x 1.85in D, Blue	16063			SW8150-BLU	Yes	EA	1	25	$ 129.00	$ 132.17		$ 125.00		$ 140.00		$ 144.52	

Section 11: 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	Bound Tree Medical, LLC Dublin, OH	Henry Schein, Inc. Melville, NY	Isikel, LLC dba Isikel Medical Supplies Katy, TX	Life-Assist, Inc. Rancho Cordova, CA	Mercedes Medical LLC dba Mercedes Scientific Bradenton, FL	Mozart Holdings, LP dba Medline Industries Holdings, LP Northfield, IL	Nashville Medical & EMS Products, Inc. dba Nashville EMS Supply Springfield, TN	Quadmed, Inc. Jacksonville, FL	School Health Corporation Rolling Meadows, IL
									Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit
Ferno Scoop™ EXL Scoop Stretcher, Red, no pins	16064	Ferno		KENTRON #883316	Yes	EA	1	5	$ 1,070.47	$ 1,145.25		$ 1,100.00		$ 702.19	$ 219.00	$ 1,360.00	
Stryker® Head End Pouches	16065	Stryker	6500 130 000	3265-100154	No	EA	1	5	$ 274.64								
Stryker® Base Storage Flat	16066	Stryker	6500 160 000	3265-60000	No	EA	1	5	$ 213.22								
Stryker® Antlers, Push Bat, Push Bar Mount Kit		Stryker	6370 000 000	6370000000	No	EA	1	2									
Stryker® J Hook	16067	Stryker	6060 039 017	3265-200064	No	EA	1	2	$ 27.94								
Stryker® Battery Charger, SMRT power kit, 120v A/C	16068	Stryker	6500 700 041	3265-00058	No	EA	1	2	$ 1,358.48								
Stryker® X Restraints, full set		Stryker	6506 0003 0010	3174-01430	No	EA	1	25	$ 536.79								
Stryker® X Restraints, shoulder		Stryker	6506 0003 0001	3174-01401	No	EA	1	10	$ 76.30								
Stryker® X Restraints, waist single buckle	16069	Stryker	6506 0003 0003	506022BK	No	EA	1	10	$ 7.35								
Stryker® X Restraints, waist double buckle	16070	Stryker	6506 0003 0002	3174-01402	No	EA	1	10	$ 95.99								
Stryker® X Restraints, thigh		Stryker	6506 0003 0004	3174-01404	No	EA	1	10	$ 99.59								
Stryker® X Restraints, ankle		Stryker	6506 0003 0005	3174-01405	No	EA	1	10	$ 95.99								
Stryker® Stair Chair Straps	16071	Stryker	6250 001 021S	3230-200014	No	EA	1	10	$ 101.45								
Stryker® Stair Chair Ankle Straps	16072	Stryker	6500 001 395	3176-01395	No	EA	1	20	$ 56.99								
Stryker® Stretcher SMRT Batteries	16073	Stryker	6500 033 000	3265-100224	No	EA	1	5	$ 486.79								

Section 12: Medication		Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bound Tree Medical, LLC Dublin, OH	Henry Schein, Inc. Melville, NY	Isikel, LLC dba Isikel Medical Supplies Katy, TX	Life-Assist, Inc. Rancho Cordova, CA	Mercedes Medical LLC dba Mercedes Scientific Bradenton, FL	Mozart Holdings, LP dba Medline Industries Holdings, LP Northfield, IL	Nashville Medical & EMS Products, Inc. dba Nashville EMS Supply Springfield, TN	Quadmed, Inc. Jacksonville, FL	School Health Corporation Rolling Meadows, IL
									Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit
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.																	
ADENOSINE (Adenocard) 12mg (3mg/mL) 4mL vial	16074			1316325	Yes	EA	1	100	$ 11.05	$ 6.83		$ 13.50		$ 371.18			
ACETAMINOPHEN (Tylenol) 160mg (32mg/mL) 5mL Liquid	16075			1422408	Yes	EA	1	100	$ 3.68	$ 1.37		$ 1.90		$ 4.35			
ACETAMINOPHEN (Tylenol) 500mg (Tablet) Bottle	16076			9004690	Yes	PK	2	400	$ 0.97	$ 0.06		$ 2.25		$ 2.67			$ 3.73
AMIODARONE (Cordarone) 150mg (50mg/mL) 3mL vial	12317			DR9875-25	Yes	EA	1	400	$ 1.80	$ 1.74		$ 1.00		$ 10.82			
ASPIRIN 81mg (tablet) bottle	12318			911316	Yes	BT	36	90	$ 0.69	$ 0.88		$ 1.00		$ 1.03			$ 6.46
ATROPINE SULFATE 1mg (0.1mg/mL) 10mL PFS	12319			2580091	Yes	EA	1	400	$ 11.41	$ 9.85		$ 12.00		$ 21.32			
IPRATROPIUM & ALBUTEROL (Duo Neb) 0.5mg & 3.0mg/3mL	16077			DR0600-30	Yes	BX	30	15	$ 10.33	$ 5.36		$ 5.00		$ 12.11			
CALCIUM CHLORIDE 1gm (100mg/mL) 10mL PFS	12918			371010	Yes	EA	1	100	$ 11.15	$ 12.11		$ 11.50		$ 18.53			
DIPHENHYDRAMINE (Benadryl) 50mg (50mg/mL) 1mL vial	16078			101-25	Yes	EA	1	180	$ 1.10	$ 2.00		$ 1.50		$ 7.00			
Dextrose 10% 250mL Infusion	12919			5073334	Yes	EA	1	500	$ 4.45	$ 3.04		$ 3.50		$ 110.00			
DOPAMINE 800mg (1.6mg/mL) 500mL Infusion	16079			BAXT_2B0843	Yes	EA	1	100	$ 21.20	$ 26.66		$ 18.75					
EPINEPHRINE 1:1,000 1mg (1mg/mL) 1ml vial	12326			DR0159-25	Yes	EA	1	150	Disqualifed: Does not meet specification.	$ 20.50		$ 16.50		$ 17.85			
EPINEPHRINE 1:10,000 1mg (0.1mg/mL) 10mL PFS	12328			DR4933-01	Yes	EA	1	900	$ 10.35	$ 11.67		$ 7.30		$ 73.36			
RACEMIC EPINEPHRINE 2.25% 0.5mL	12920			DR2784-01	Yes	EA	1	70	$ 2.54	$ 2.06		$ 1.50					
ETOMIDATE (Amidate) 20mg (2mg/mL) 10mL vial	12329			1425112	Yes	EA	1	200	$ 6.44	$ 3.98		$ 4.00					
GLUCAGON (Glucagen) 1mg (1mg/mL) 1mL	12331			0593-03	Yes	EA	1	100	$ 145.14	$ 223.39		$ 182.00		$ 247.71			
Oral Glucose 31gm	16080			MD63	Yes	EA	1	250	$ 3.17	$ 5.72		$ 3.00					
HEPARIN 5000u (5000u/mL) 1mL vial	12333			DR0953-25	Yes	EA	1	80	$ 3.02	$ 1.33		$ 1.00					
LABETALOL 100mg (5mg/mL) 20mL vial	16081			1406893	Yes	EA	1	150	$ 4.02	$ 3.36		$ 5.00		$ 5.45			
LIDOCAINE 2% 100 mg (20mg/mL) 5ml PFS	16082			DR9594-25	Yes	EA	1	250	$ 5.43	$ 5.53		$ 1.45		$ 8.35			
MAGNESIUM SULFATE 50% 1gm (500mg/mL) 2mL vial	12340			DR0064-03	Yes	EA	1	200	$ 2.08	$ 2.30		$ 2.00					
NALOXONE (Narcan) 2mg (1mg/mL) 2mL	12344			373369	Yes	EA	1	150	$ 11.90	$ 17.88		$ 35.00		$ 60.88			
NITROGLYCERIN 2% 30gm Paste	12345			DR0326-30	Yes	EA	1	50	$ 40.65	$ 45.43		$ 38.00		$ 43.95			
Nitrolingual Spray, 4.1g, 400mcg per Spray, 90 sprays per can	12346			0120-49	Yes	EA	1	40	$ 90.76			$ 150.00		$ 184.36			
Nitrostat, 0.4mg Sublingual Tabs, 25 per bottle	12347			1380987	Yes	BT	25	10	$ 18.48	$ 4.00		$ 18.50		$ 94.67			
PROMETHAZINE (Phenergan) 25mg (25mg/mL) 1mL vial	12924			DR0928-25	Yes	EA	1	300	$ 1.96	$ 2.79		$ 1.95					
ALBUTEROL SULFATE 0.083% 2.5mg (0.83mg/mL) 3mL	12349			9501-25	Yes	BX	25	35	$ 2.86	$ 3.44		$ 3.50					
ROCURONIUM 100mg (10mg/mL) 10mL vial	12350			DR9251-10	Yes	EA	1	120	$ 8.05	$ 4.84		$ 4.20					
SODIUM BICARBONATE 50mEq (1mEq/mL) 50mL PFS	16083			376637	Yes	EA	1	450	$ 16.10	$ 18.21		Disqualified: Does not meet specifications.					
Sodium Chloride 0.9% 10mL PFS	16084			EMZE010001	Yes	EA	1	8000	$ 0.36	$ 0.39		$ 2.00		$ 0.31			
METHYLPREDNISOLONE (Solumedrol) 125mg (62.5mg/mL) 2mL vial	16085			DR0047-22	Yes	EA	1	300	$ 9.13	$ 10.93		$ 9.00		$ 13.62			
SUCCINYLCHOLINE (Quelicin) 200mg (20mg/mL) 10mL vial	12354			1912-72904	Yes	EA	1	150	$ 4.18	$ 5.43		$ 6.50					

Section 12: 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	Bound Tree Medical, LLC Dublin, OH	Henry Schein, Inc. Melville, NY	Isikel, LLC dba Isikel Medical Supplies Katy, TX	Life-Assist, Inc. Rancho Cordova, CA	Mercedes Medical LLC dba Mercedes Scientific Bradenton, FL	Mozart Holdings, LP dba Medline Industries Holdings, LP Northfield, IL	Nashville Medical & EMS Products, Inc. dba Nashville EMS Supply Springfield, TN	Quadmed, Inc. Jacksonville, FL	School Health Corporation Rolling Meadows, IL
									Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit
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.																	
Ketorolac 60mg 2mL vial	12928			1375423	Yes	EA	1	275	$ 3.49	$ 1.37		$ 3.40					
Carpuject™ Syringe				D250	Yes	EA	1	20	$ 0.02	$ 0.02		$ 0.03		$ 0.94			
ONDANSETRON (Zofran) 4mg Tablet ODT	16086			1401511	Yes	EA	30	30	Disqualified: Quantity in Unit is not equal.	$ 2.22		$ 6.25					
ONDANSETRON (Zofran) 4mg (2mg/mL) 2mL vial	16087			6130-05	Yes	EA	25	8	$ 0.34	$ 0.41		$ 18.00					
Mucosal Automation Device - with 3mL Syringe	12360			2170-20100	Yes	EA	1	20	$ 3.56	$ 7.69		$ 7.50		$ 12.06			
Mucosal Atomization Device - device only	12930			2170-20300	Yes	EA	1	200	$ 3.52	$ 6.76		$ 6.85		$ 10.31			
CAPTOPRIL 12.5mg (tablet) bottle	14012			1911-65732	Yes	BT	100	50	$ 89.75	Disqualified: Does not meet specifications.		$ 150.00		$ 99.88			
DILTIAZEM (Cardizem) 25mg (5mg/mL) 5mL vial	14013			1404322	Yes	EA		150	$ 3.67	$ 3.57		$ 35.00					
HYDROXOCOBALAMIN (Cyanokit) 5gm	16088			DR310-11	Yes	EA		10	$ 1,105.66	$ 1,230.67		$ 965.00		$ 1,284.69			
PROPRANOLOL 1mg (1mg/mL) 1mg vial	14015			9872-10	Yes	EA		10	$ 2.96			$ 9.50					
Atropine 8mg, 20mL Vial	16089			DR0512-43	Yes	EA		30	$ 41.88	$ 18.75		$ 16.50					
PRALIDOXIME (Protopam) 1gm (50mg/mL) 20mL vial	16090			CHI_DR0141-01	Yes	EA		10	$ 104.44	$ 115.67		$ 95.83					
METHYLENE BLUE 1% 100mg (10mg/mL) 10mL vial	15200			54288-0147-01	Yes	EA		10	$ 177.01	$ 289.10							
Nithiodote Kit, Includes One Sodium Nitrite (300mg/10mL Vial) And One Sodium Thiosulfate (12.5GM/50mL)	14018			CHI_DR0812-00	Yes	EA		10	$ 214.20			$ 200.00					
CALCIUM GLUCONATE GEL 2.5% 25gm	16091			CHI 030332	Yes	EA		10	$ 34.43	$ 79.10		$ 34.00					
Dopamine, 400mg In D5W 250mL Bag	14020			DR7809-22	Yes	EA		100	$ 12.98	$ 15.47		$ 12.85					
FAMOTIDINE (Pepcid)10mg (5mg/mL) 2mL vial	15496			6022-25	Yes	EA		250	$ 0.98			$ 1.28					
NOREPINEPHRINE (Levophed) 4mg (1mg/mL) 4mL vial	15202			DR9318-10	Yes	EA		1000	Disqualified: Does not meet specifications.	$ 11.65		$ 9.00					
METOCLOPRAMIDE (Reglan) 10mg (5mg/mL) 2mL vial	16092			DR3414-01	Yes	EA		700	$ 1.30	$ 1.43		$ 1.26					
VITAMIN B6 (Pyridoxine) 100mg (100mg/mL) 1mL vial	16093			DR0180-01	Yes	EA	1	6	$ 19.96	$ 22.36		$ 19.00					
NALOXONE (Narcan) 4mg Nasal	16094			0811-84	Yes	EA	1	20	$ 28.69	$ 47.59		$ 65.00					

Section 13: Controlled Substance Medication		Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bound Tree Medical, LLC Dublin, OH	Henry Schein, Inc. Melville, NY	Isikel, LLC dba Isikel Medical Supplies Katy, TX	Life-Assist, Inc. Rancho Cordova, CA	Mercedes Medical LLC dba Mercedes Scientific Bradenton, FL	Mozart Holdings, LP dba Medline Industries Holdings, LP Northfield, IL	Nashville Medical & EMS Products, Inc. dba Nashville EMS Supply Springfield, TN	Quadmed, Inc. Jacksonville, FL	School Health Corporation Rolling Meadows, IL
									Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit	Bid Price per Unit
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.																	
MORPHINE SULFATE 1mg (1mg/mL) 10mL	16095			1338023	Yes	EA	1	20	$ 8.66	$ 3.06							
MIDAZOLAM (Versed) 10mg (5mg/mL) 2mL Vial	16096			DR0588-68	Yes	EA	1	250	$ 1.46	$ 1.73		$ 1.02					
KETAMINE (Ketalar) 500mg (50mg / mL) 10mL vial	16097			DR2053-10	Yes	BX	10	150	$ 7.60	$ 81.35		$ 7.50					
FENTANYL (Sublimaze) 250mcg (50mcg/mL) 5mL Vial	16098			379425	Yes	EA	1	900	$ 2.25	$ 3.05		$ 2.95					
DIAZEPAM (Valium) 10mg (5mg / mL) 2mL vial	12324			371104	Yes	EA	1	200	$ 32.17	$ 46.80		$ 61.15					
HYDROMORPHONE (Dilaudid) 2mg (2mg/mL) 1mL vial	15204			1312-30	Yes	Ea	1	300	$ 3.20	$ 3.83		$ 4.45					

Adrienne Sierra dba Cbs Dme & Medical Supplies - Disqualified: Did not provide bid pricing form.

AlphaProMed, LLC - Disqualified: Did not provide bid pricing form.

Howmedica Osteonics Corp dba Stryker Sales, LLC - Disqualified: Vendor provided exceptions to County's terms and conditions.

Konnected Resources, LLC - Disqualified: Did not provide bid pricing form.

Zoll Medical Corporation - Disqualified: Vendor provided exceptions to County's terms and conditions.

COUNTY PURCHASING AGENT

Fort Bend County, Texas

Vendor Information

Jaime Kovar
Purchasing Agent

Office (281-341-8640

Legal Company Name (top line of W9)	Bound Tree Medical, LLC		
Business Name (if different from legal name)			
Federal ID # or S.S. #	31-1739487	DUNS # 070556204	
Type of Business	x Corporation/LLC ___ Partnership ___ Sole Proprietor/Individual ___ Tax Exempt Organization		Age in Business?
Publicly Traded Business	___ No ___ Yes Ticker Symbol _____		
Remittance Address	23537 Network Place		
City/State/Zip	Chicago, IL 60673-1235		
Physical Address	5000 Tuttle Crossing Blvd		
City/State/Zip	Dublin, OH 43016		
Phone/Fax Number	Phone: 800-533-0523 Fax: 877-311-2437		
Contact Person	Craig Grey, Account Manager		
E-mail	submitbids@boundtree.com		
Check all that apply to the company listed above and provide certification number.	DBE-Disadvantaged Business Enterprise ☐ SBE-Small Business Enterprise ☐ HUB-Texas Historically Underutilized Business ☐ WBE-Women's Business Enterprise ☐	**Certification #** _____ **Certification #** _____ **Certification #** _____ **Certification #** _____	Cert Date / Exp Date
Company's gross annual receipts	<$500,000 ___ $500,000-$4,999,999 ___ $5,000,000-$16,999,999 ___ $17,000,000-$22,399,999 ___ >$22,400,000 x		
NAICs codes (Please enter all that apply)	423450, 42420		
Signature of Authorized Representative			
Printed Name	Shawn Saylor		
Title	Chief Financial Officer		
Date	09/02/2022		

THIS FORM MUST BE SUBMITTED WITH THE SOLICITATION RESPONSE

Bound Tree

FORT BEND COUNTY, TEXAS

PURCHASE OF MEDICAL SUPPLIES

RFP NO. 23-001
DUE – SEPTEMBER 6, 2022 2:00PM CST

Bound Tree
Your Partner In EMS

5000 Tuttle Crossing Blvd. Dublin, OH 43016 614.760.5000 www.boundtree.com

September 6, 2022

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

Dear Travis Annex:

Bound Tree Medical is pleased to offer the attached proposal for the Fort Bend County for the purchase of Medical Supplies RFP No. 23-001. Please review the following proposal for Bound Tree's competitive bid pricing. We want to emphasize our continued commitment to you to provide the most complete offering of products and services.

The proposal includes the following:

Bid Proposal

- Bid General Provisions & Specifications
- Requested Content and Form of Proposal
- Signed Affidavit of Accuracy and Signature Page
- Proposal Information & Pricing
- Bound Tree Medical Item Numbers & Descriptions
- Inventory Management Solution

About Bound Tree Medical

- Customer References
- Bound Tree Distribution Network
- Customer Service Information
- Return & Warranty Information
- Online Ordering Capabilities
- BTM Price Increase Information
- Bound Tree Certificates of Insurance
- Bound Tree W-9

Solutions and Services

- BTM Pharmaceutical Advantage & VAWD Certification
- Curaplex and Kitting
- Inventory Management
- EMS Advocacy
- Disaster Program Information
- Access to Continuing Education

We thank you again for the opportunity to provide all your EMS equipment and information needs. If you require additional information, our contact information is below.

Craig Grey
Account Manager
832.385.8440
craig.grey@boundtree.com

Heather Legg
Pricing Analyst, Bids & Contracts
614.760.5179
heather.legg@boundtree.com

***Amended 8/24/22**

Fort Bend County, Texas

Invitation for Bid

Term Contract for Purchase of Medical Supplies

BID 23-001

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 address to assist in proper delivery.

***SUBMIT NO LATER THAN:**

***Tuesday, September 6, 2022**
2:00 PM (Central)

LABEL ENVELOPE:

BID 23-001
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.

Requests for information must be in writing and directed to:
Cheryl Krejci, CPPB
Assistant County Purchasing Agent
cheryl.krejci@fortbendcountytx.gov

Vendor Responsibilities:

- Download and complete any addendums. (Addendums will be posted on the Fort Bend County website no Later than 48 hours prior to bid opening)
- Submit response in accordance with requirements stated on the cover of this document.
- DO NOT submit responses via email or fax.

Prepared: 08/11/22
Issued: 08/14/22

LEGAL NOTICE
INVITATION TO BIDDERS

Sealed Bids will be received in the Office of Jaime Kovar, County Purchasing Agent, Fort Bend County, Travis Annex, 301 Jackson, Suite 201, Richmond, TX 77469 for the following until **TUESDAY, AUGUST 30, 2022 at 2:00 P.M.** (CST). All bids will then be publicly opened and read in the Office of the Purchasing Agent, Travis Annex, 301 Jackson, Suite 201, Richmond, TX 77469. Bids received after the specified time will be returned unopened. All addendums will be posted on Purchasing Agent's website located at www.fortbendcountytx.gov.

1. **BID 23-001 TERM CONTRACT FOR PURCHASE OF MEDICAL SUPPLIES**

2. **BID 23-002 TERM CONTRACT FOR PEST CONTROL SERVICES**

3. **BID 23-003 TERM CONTRACT FOR PRESSURE-WASHING AND SEALING OF VARIOUS COUNTY BUILDINGS**

4. **BID 23-004 TERM CONTRACT FOR PURCHASE OF LAW ENFORCEMENT UNIFORMS, DUTY GEAR & BODY ARMOR**

Unit pricing required; payment will be by check. Bonds are not required. Fort Bend County reserves the right to reject any or all bids.

Signed:
Jaime Kovar, Purchasing Agent
Fort Bend County, Richmond, Texas
281-341-8640

Fort Bend County, Texas
Invitation for Bid

Term Contract for Purchase of Medical Supplies
BID 23-001

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 address to assist in proper delivery.

SUBMIT NO LATER THAN:

Tuesday, August 30, 2022
2:00 PM (Central)

LABEL ENVELOPE:

BID 23-001
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.
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- Submit response in accordance with requirements stated on the cover of this document.
- DO NOT submit responses via email or fax.

Prepared: 08/11/22
Issued: 08/14/22

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, and return ONE (1) complete bid document to the Fort Bend County Purchasing Department. An authorized representative of the bidder must sign the Contract Sheet. Do not complete the date at the top of the contract sheet. The bid document must be in a sealed envelope marked with the appropriate bid number and title. The contract will be binding only when signed by the County Judge, 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, the bidder must draw a line through error and initial each change. All response, typed or written, information must be clear and legible.

If a pricing form in Excel is included and posted on the County's website amongst this bid document, the Vendor must download, complete and save the Excel (not a PDF of the Excel file) file of the pricing form on a flash drive. The Excel file on the flash drive must be downloadable by the Purchasing Department in order to copy and paste the vendor's pricing to the County's Excel tabulation. The flash drive must be labeled and included in the same sealed envelope with the respondent's completed bid document along with a printed copy of the pricing form completed by the vendor.

1.5 Bid Returns: Bidders must return 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

Initials of Bidder: SPr

bid documents will be made to any bidder orally. All requests for such interpretations must be made in writing addressed to Ms. Cheryl Krejci, Assistant County Purchasing Agent, 301 Jackson, Suite 201, Richmond, Texas 77469, e-mail: cheryl.krejci@fortbendcountytx.gov. Any and all interpretations and any supplemental instructions will be in the form of written addenda to the contract documents which will be posted on Fort Bend County's website. Addenda will **ONLY** be issued by the Fort Bend County Purchasing Agent. It is the sole responsibility of each bidder to insure receipt of any and all addenda. All addenda issued will become part of the contract documents. Bidders must sign and include addendum in the returned bid package. Deadline for submission of questions and/or clarification is **Tuesday, August 23, 2022 at 9:00 AM (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.

Initials of Bidder: SPS

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.

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.

Initials of Bidder: SPS

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. Vendors bidding "or equal" items are required to provide manufacturer's specifications of both, the specified item and the "equal to" item, and documentation proving equality. 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

Initials of Bidder: SPS

person engaged in such line of business. Any or all bids may be rejected if the County believes that collusion exists among the bidders. Bids in which the prices are obviously unbalanced may be rejected. If multiple bids are submitted by a bidder and after the bids are opened, one of the bids is withdrawn, the result will be that all of the bids submitted by that bidder will be withdrawn; however, nothing herein prohibits a vendor from submitting multiple bids for different products or services.

1.24 Awards: Fort Bend County reserves the right to award this contract on the basis of lowest and best bid in accordance with the laws of the State of Texas, to waive any formality or irregularity, to make awards to more than one bidder, to reject any or all bids. In the event the lowest dollar bidder meeting specifications is not awarded a contract, the bidder may appear before the Commissioners Court and present evidence concerning his responsibility. An award is final only upon formal execution by the Fort Bend County Commissioners Court or the Fort Bend County Purchasing Agent. Fort Bend County reserves the right to withdraw any award until execution by the proper authority.

1.25 Assignment: The successful vendor may not assign, sell or otherwise transfer this contract without written permission of Fort Bend County Commissioners Court.

1.26 Term Contracts: If the contract is intended to cover a specific time period, said time will be given in the specifications under scope.

1.27 Maintenance: Maintenance required for equipment bid should be available in Fort Bend County by a manufacturer authorized maintenance facility. Costs for this service shall be shown on the bid sheet as requested or on a separate sheet, as required. If Fort Bend County opts to include maintenance, it shall be so stated in the purchase order and said cost will be included. Service will commence only upon expiration of applicable warranties and should be priced accordingly.

1.28 Contract Obligation: Fort Bend County Commissioners Court must award the contract and the County Judge or other person authorized by the Fort Bend County Commissioners Court must sign the contract before it becomes binding on Fort Bend County or the bidders. Department heads are not authorized to sign agreements for Fort Bend County. Binding agreements shall remain in effect until all products and/or services covered by this purchase have been satisfactorily delivered and accepted.

1.29 Title Transfer: Title and Risk of Loss of goods shall not pass to Fort Bend County until Fort Bend County actually receives and takes possession of the goods at the point or points of delivery. Receiving times may vary with the using department. Generally, deliveries may be made between 8:30 a.m. and 4:00 p.m., Monday through Friday. Bidders are advised to consult the using department for instructions. The place of delivery shall be shown under the "Special Requirement" section of this bid document and/or on the Purchase Order as a "Ship To:" address.

Initials of Bidder: SB

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 Purchasing Agent. The County Purchasing Agent will review, and, if increase is deemed warranted, place the request on Fort Bend County's Commissioners Court agenda for their action of approval or disapproval. Approval

Initials of Bidder: SB

by the County's Commissioner's Court is required. Any proposed price increase will only be the amount increased to the vendor from his/her supplier. The price increase request must be stated on the vendor's letterhead with the bid number and name in the subject including, in columns, for each item: item description, original bid price, percent of increase, and the total cost of the original bid price including the increased dollar amount. Written documentation from the vendor's supplier of the increase notice must be provided to the Purchasing Agent at time of increase request. No application for a price increase may be submitted within the first twelve (12) month term of this contract. Increase requests 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 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.

Initials of Bidder: SPS

2.6 Place of Delivery: The place of delivery shall be that set forth in the block of the purchase order entitled "Ship To". Any change thereto shall be effective by modification as provided for in Clause number 2.20 "Modifications", hereof. The terms of this agreement are "no arrival, no sale", at the discretion of Fort Bend County.

2.7 Invoices and Payments:

2.7.1 Seller shall submit separate invoices, in duplicate. Invoices shall indicate the purchase order number and the bid number if applicable. Invoices shall be itemized and transportation charges, if any, shall be listed separately. A copy of the bill of lading, and the freight waybill when applicable should be attached to the invoice.

2.7.2 Fort Bend County's obligation is payable only and solely from funds available for the purpose of this purchase. Lack of funds shall render the order null and void to the extent funds are not available and any delivered but unpaid goods will be returned to Seller by the county.

2.7.3 Do not include Federal Excise, State, or City Sales Tax. Fort Bend County is a tax-exempt governmental entity.

2.8 Gratuities: Fort Bend County may, by written notice to the Seller, cancel any order without liability, if it is determined by the County that gratuities, in the form of entertainment, gifts, or otherwise were offered or given by the Seller, or any agent or representative of the Seller to any officer or employee of Fort Bend County with a view toward securing an order. In the event an order is canceled by the County pursuant to this provision, the County shall be entitled, in addition to any other rights and remedies, to recover or withhold the amount of the cost incurred by Seller in providing such gratuities.

2.9 Special Tools and Test Equipment: If the price stated on the face of an order includes the cost of any special tooling or special test equipment fabricated or required by Seller for the purpose of filing this order, such special tooling equipment and any process sheets related thereto shall become the property of the County and to the extent feasible shall be identified by the Seller as such.

2.10 Warranty/Price:

2.10.1 The price to be paid by the County shall be that contained in Seller's 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

Initials of Bidder: SP

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

Initials of Bidder: SPS

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

Initials of Bidder: SBS

trace 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 to Fort Bend County as specified herein.

4.0 TERM OF CONTRACT:

The term of this contract is **October 1, 2022 through September 30, 2023**, renewable annually for four (4) years (through September, 2027) under the same terms and conditions if mutually agreeable

Initials of Bidder: SBS

by 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 TEXAS ETHICS COMMISSION FORM 1295:

5.1 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.

5.2 On-line instructions:

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

5.2.2 Identification number used by the governmental entity is: B23-001.

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

5.3 Apparent low bidder(s) will be required to provide the Form 1295 within three (3) calendar days from notification; however, if your company is publicly traded you are not required to complete this form.

6.0 STATE LAW REQUIREMENTS FOR CONTRACTS:

The contents of this section are required by Texas Law and are included by County regardless of content.

6.1 Agreement to Not Boycott Israel Chapter 2271 Texas Government Code: Contractor verifies that if Contractor employs ten (10) or more full-time employees and this Agreement has a value of $100,000 or more, Contractor does not boycott Israel and will not boycott Israel during the term of this Contract.

6.2 Texas Government Code Section 2251.152 Acknowledgment: By signature on vendor form, Contractor represents pursuant to Section 2252.152 of the Texas Government Code, that Contractor is not listed on the website of the Comptroller of the State of Texas concerning the listing of companies that are identified under Section 806.051, Section 807.051 or Section 2253.153.

7.0 HUMAN TRAFFICKING:

By acceptance of this contract, Contractor acknowledges that Fort Bend County is opposed to human trafficking and that no County funds will be used in support of services or activities that violate human trafficking laws.

Initials of Bidder: SBS

8.0 ASSIGNMENT:

Contractor shall not sell, assign, transfer or convey these services, in whole or in part, without the prior written consent of Fort Bend County and as a condition of such consent, contractor shall remain liable for completion of the services in the event of default by the successor contractor or assignee.

9.0 SPECIFICATIONS AND BID PRICING:

Additional specifications are available in the pricing form required to be downloaded by interested vendors, completed, saved in Excel and returned as stated in Section 1.4. See Name Brand Clause 1.18 above. Vendors are required to provide pricing as stated and may be disqualified if not.

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.

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 and provide documentation proving the items are "equal".

9.4 Vendor must provide unit prices as stated on bid pricing form. Alterations to unit sizes are not permitted and are grounds for vendor disqualification.

9.5 Vendors must be authorized and/or certified, if required, by manufacturer and/or supplier, to sell or resell the items included in this bid.

9.6 Vendors are required to provide documentation/certification from the manufactures stating the vendor is an approved reseller and/or distributor with their bid response.

9.7 Vendors are not permitted to provide bid prices with more than two (2) decimal places.

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.

Initials of Bidder: SJ

11.0 AWARD:

This contract will be awarded to the lowest bidder per item meeting specifications.

12.0 VENDOR STATUS:

The awarded vendor is required to hold an **active** status on the SAM.gov website https://sam.gov/content/home along with the Texas Comptroller Taxable Entity website https://mycpa.cpa.state.tx.us/coa/ .

13.0 REQUIRED FORMS:

All vendors submitting are required to complete and provide with submission along with any other documentation as stated herein:

13.1 Electronic Excel file of Pricing Form on flash drive and printed hard copy

13.2 Vendor Form

13.3 W9 Form

13.4 Tax Form/Debt/Residence Certification

13.5 Certification and or authorization documentation proving permission to sell or resell from manufacturers

Initials of Bidder: _____

Contract Sheet
Bid 23-001

THE STATE OF TEXAS
COUNTY OF FORT BEND

This memorandum of agreement made and entered into on the 13 day of December, 20 22, by and between Fort Bend County in the State of Texas (hereinafter designated County), acting herein by County Judge KP George, by virtue of an order of Fort Bend County Commissioners Court, and Bound Tree Medical, LLC (hereinafter designated Contractor).
(company name)

WITNESSETH:

The Contractor and the County agree that the bid and specifications for **Purchase and Delivery 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 13th day of December 20 22.

Fort Bend County, Texas

By: KP George
County Judge KP George

County Judge, KP George

By: _____

Signature of Contractor

By: Shawn Saylor / Chief Financial Officer

Printed Name and Title

COUNTY PURCHASING AGENT

Fort Bend County, Texas

Jaime Kovar
County Purchasing Agent

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

August 24, 2022

TO: All Prospective Bidders

RE: Addendum No.1 – Fort Bend County Bid 23-001 – Term Contract for Medical Supplies

Addendum 1:

Vendors are to download and provide the **Amended.8.24.22 Pricing Form** document and electronic file with their solicitation response. An amended pricing form will be posted to the website no later than Wednesday, August 24.

****

Immediately upon your receipt of this addendum, please fill out the following information and email this page to Olivia Rios at Olivia.Rios@fortbendcountytx.gov .

Bound Tree Medical, LLC
Company Name

Signature of person receiving addendum — Date: 8/24/2022

If you have any questions, please contact this office.

Sincerely,

Cheryl Krejci
Senior Buyer

COUNTY PURCHASING AGENT
Fort Bend County, Texas

Jaime Kovar
County Purchasing Agent

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

August 24, 2022

TO: All Prospective Bidders

RE: Addendum No.2 – Fort Bend County Bid 23-001 – Term Contract for Medical Supplies

Addendum 2:

The bid due date has been extended to 9/6/22, 2:00PM

****

Immediately upon your receipt of this addendum, please fill out the following information and email this page to Olivia Rios at Olivia.Rios@fortbendcountytx.gov .

Bound Tree Medical, LLC
Company Name

Signature of person receiving addendum — Date: 8/24/202

If you have any questions, please contact this office.

Sincerely,

Cheryl Krejci
Senior Buyer

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

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.

2 Business name/disregarded entity name, if different from above
31-1739487

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☑ S Corporation ☐ Partnership ☐ Trust/estate
☑ 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.
☐ 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)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
Bound Tree Medical, LLC

Requester's name and address (optional)

6 City, state, and ZIP code
5000 Tuttle Crossing Blvd, Dublin, OH 43016

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
N/A - -

or

Employer identification number
 -

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

Sign Here | **Signature of U.S. person** ▶ | **Date** ▶ N/A

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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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
4. 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.: _____

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

Taxpayer Identification Number (T.I.N.): 31-1739487

Company Name submitting Bid/Proposal: Bound Tree Medical, LLC

Mailing Address: 5000 Tuttle Crossing Blvd, Dublin, OH 43016

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
N/A

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.)

Fort Bend County Tax Acct. No.*	Property address or location**
N/A	N/A

** 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
[Company Name]
§2252.001.

✓ I certify that Bound Tree Medical, LLC is a Nonresident Bidder as defined in Government Code
[Company Name]
§2252.001 and our principal place of business is Dublin, Ohio.
[City and State]

Created 05/12

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Bound Tree Medical LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☑ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ P

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ 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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
5000 Tuttle Crossing Blvd.

Requester's name and address (optional)

6 City, state, and ZIP code
Dublin, OH 43016

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

or

Employer identification number
3 1 - 1 7 3 9 4 8 7

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 for Part II, later.

Sign Here Signature of U.S. person ▶ Michelle Root Date ▶ 01/03/2022

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

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, *later.*

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

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.

2 Business name/disregarded entity name, if different from above
31-1739487

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☑ S Corporation ☐ Partnership ☐ Trust/estate
☑ 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.
☐ 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)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
Bound Tree Medical, LLC

Requester's name and address (optional)

6 City, state, and ZIP code
5000 Tuttle Crossing Blvd, Dublin, OH 43016

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
N/A - -

or

Employer identification number
 -

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

Sign Here | **Signature of U.S. person** ▶ | **Date** ▶ N/A

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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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
4. 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)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	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.: _____

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

Taxpayer Identification Number (T.I.N.): 31-1739487

Company Name submitting Bid/Proposal: Bound Tree Medical, LLC

Mailing Address: 5000 Tuttle Crossing Blvd, Dublin, OH 43016

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
N/A

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.)

Fort Bend County Tax Acct. No.*	Property address or location**
N/A	N/A

** 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
[Company Name]
§2252.001.

✓ I certify that Bound Tree Medical, LLC is a Nonresident Bidder as defined in Government Code
[Company Name]
§2252.001 and our principal place of business is Dublin, Ohio.
[City and State]

Created 05/12

National References

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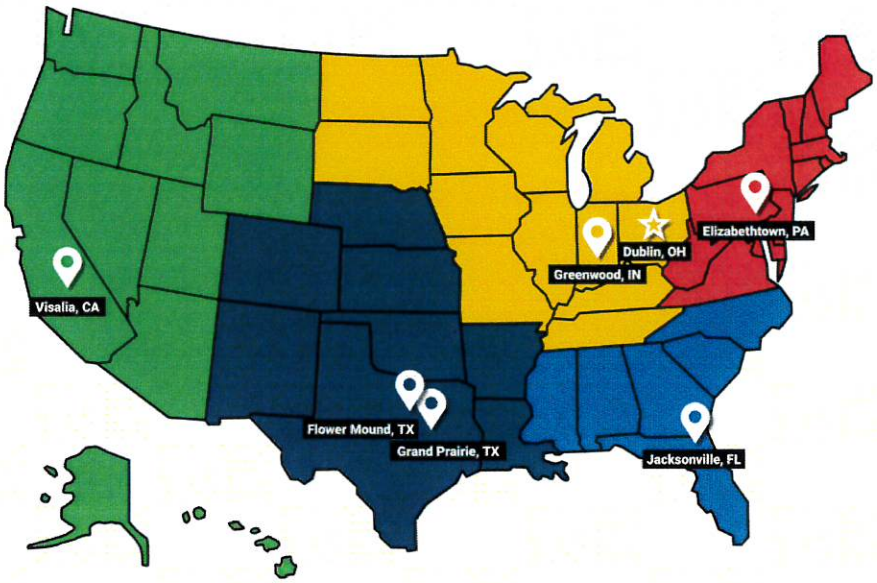
Nationwide Distribution

For operational efficiency and faster disaster response, Bound Tree operates 5 distribution centers nationwide plus a dedicated kitting facility. 96% of all our customers can be reached using UPS Ground within 2 business days.



OFFICES

Bound Tree Medical
5000 Tuttle Crossing Blvd.
Dublin, OH 43016

DISTRIBUTION CENTERS	
Grand Prairie, TX Bound Tree Medical 2911 S. Great Southwest Parkway Suite 200 Grand Prairie, TX 75052	**Flower Mound, TX** Bound Tree Medical 1420 Lakeside Parkway Suite 105 Flower Mound, TX 75028
Elizabethtown, PA Bound Tree Medical 1605 Zeager Road Elizabethtown, PA 17022	**Southaven, MS** Bound Tree Medical Suite 101 Southaven, MS 38671
Visalia, CA Bound Tree Medical 2243 N. Plaza Drive Visalia, CA 93291	**Jacksonville, FL** Bound Tree Medical Suite 2 Jacksonville, FL 32218

Bound Tree
Your Partner In EMS
5000 Tuttle Crossing Blvd. Dublin, OH 43016 614.760.5000 www.boundtree.com

Customer Service

Bound Tree Medical is focused on providing service to meet the needs of our customers throughout the United States. We have a deep commitment to help those that help others. The specialized market that we serve drives us to create the best possible solutions for our customers. We are here to serve you.

Our nationwide toll-free Customer Service line is 800-533-0523. Bound Tree Medical routes calls by origin of the zip code of the caller which, results in more customer awareness among those agents responding to customer calls.

There are a variety of methods to place orders and verify pricing:

1) Internet: Customers have access to real-time pricing and stock availability 24 hours a day, 7 days a week. www.boundtree.com
2) Email: Orders may be emailed to customer service at customerservice@boundtree.com.
3) Phone: Our dedicated team of customer service representatives can answer questions or take your orders from 7:30 AM to 8:00 pm EST.
4) Fax: Our nationwide toll-free fax line is available 24 hours a day at 800-257-5713.
5) Mail: Orders may be mailed to our corporate office. An order form is included in the back of our catalog for convenience.

The Customer Service Department is comprised of 27 staff members. Customer Service Representatives respond to inbound calls and make outbound calls to customers to provide information regarding product availability, shipment and delivery schedule changes. These same representatives are available to answer questions about shipments or process returns when necessary.

If an item goes onto a long term backorder, Bound Tree will work to find equivalent substitute items for the backorder. If it is the customer preference to approve all substituted items, Bound Tree Customer Service will seek approval prior to shipping sub items.

Bound Tree Medical is proud to offer our customers access to an Emergency Disaster Support line at 800-863-0953, which operates 24 hours a day, 7 days per week. It is staffed by on-call managers, who are accessible through routing of calls to cell phones. After leaving a message, a return call is originated within 20 minutes.

Bound Tree Medical allows customers to purchase on open account. The proper account application must be completed and submitted. Bound Tree Medical will assign an account number to each application. Each account has one billing/payables address but may have several shipping/receiving addresses.

In addition, the Federal Drug Administration (FDA) requires Bound Tree Medical to retain a Medical Director (physician) signature, contact information and license photocopy when purchasing legend items and/or pharmaceuticals.

Customers may purchase by Master Card, VISA, Discover or American Express. Prepaid orders are also accepted

Bound Tree
Your Partner In EMS

5000 Tuttle Crossing Blvd. Dublin, OH 43016 614.760.5000 www.boundtree.com

Return Policy

Prior to returning a product, please contact Bound Tree's Customer Service Department at 800.533.0523 within 7 days of receiving the product to obtain a return merchandise authorization ("RMA") number. This will help us expedite your return and allow us to give you the proper credit. Once you have received your RMA number please follow the return policy guidelines below.

Subject to the guidelines below, Bound Tree will accept returns and rectify the error at no cost to you if: (i) you received expired product; or (ii) Bound Tree makes an error in fulfilling or shipping your order. In such case, you must notify us within 15 days of receiving the product.

Please follow the return policy guidelines below:

Non-returnable Items Include:

1. A product that is "buy to order."
2. A product that is "non-stock."
3. Items listed as "non-returnable."
4. Items that have been marked or engraved.
5. Items returned with broken packaging or not in original packaging.
6. Any sterile product that has been opened or items determined by Bound Tree not to be in resalable condition.
7. Product that is more than 60 days older than the shipment date.
8. Recertified equipment.
9. Pharmaceutical products.

Return Policy Guidelines:

1. Items returned within 45 days of the shipment date will not be subject to a restocking fee.
2. Items returned 46-60 days from the shipment date may be subject to a restocking fee.
3. Items older than 60 days from the shipment date will not be accepted in our warehouse and will be returned to the customer at customer's expense.
4. Please write the RMA number clearly on the package label.
5. Send the package freight prepaid. Please reference the RMA to locate the return address.
6. Returns must be received by Bound Tree within 15 days of issuance of RMA number.
7. Items received without an RMA number will not be eligible for credit.

5000 Tuttle Crossing Blvd. Dublin, OH 43016 614.760.5000 www.boundtree.com

RETURN FOR REPAIRS

Items returned for repair must be prepared according to the most recent OSHA requirements. Items must be properly cleaned and verified with a statement on the outside of the package. Proof of purchase must also be included with all manufacturer warranty repairs. Please contact our Customer Service Department for additional information.

CLAIMS

All claims for damage occurring in transit must be made upon receipt of goods by customer directly to the carrier and documented with photos. Please save all boxes and packing material. All shipment errors must be reported immediately upon receipt to Bound Tree Customer Service.

Bound Tree
Your Partner In EMS
5000 Tuttle Crossing Blvd. Dublin, OH 43016 614.760.5000 www.boundtree.com

Online Ordering Capabilities

a. Bound Tree Medical provides a user-friendly online ordering system with advanced features that restrict user access to predefined products that can be approved for purchase using a predefined purchasing path with maximum or minimum users as defined by the contracted customer.

b. The advanced user platform of BoundTree.com allows customers to self-administer (add/delete) their specific product offering based on the entire Bound Tree Medical online catalog.

c. Users on BoundTree.com can gather information and prepare self-administered reports based on up to two years of historical data.
   - Trends can be tracked by running reports that can include all shipping locations, or that can be tailored to a specific shipping address.
   - A purchase summary report can be self-generated to view total products purchased over a selected period of time.
   - The purchase summary report can be sorted in ascending order by total sales per item.
   - Purchase summary reports and items per month reports can be self-exported in spreadsheet format for additional evaluation.
   - The purchase summary report provides item usage totals based on monthly, quarterly and yearly expenditures.
   - Reports can be self-exported in spreadsheet format.

d. Product name, short description and detailed descriptions are maintained for items on BoundTree.com. Product photography is uploaded to the website based on manufacturer availability. Custom photography is also available to supplement manufacturer-supplied items.

e. A "sold by" column is available on product detail pages to clearly describe available units of measure.

f. Purchase requisition and order processing paths are predefined and self-administered by an online administrator. User roles include "order submitters" and "order approvers". Multiple-levels of approvers can be established with the option to auto-forward orders awaiting approval with no activity.

g. Unit and total price for each order are displayed in the shopping cart checkout process.

h. A web administrator can setup and self-administer user IDs which trigger an' e-mail to the user for password setup. Self-administered password reset tools are available to users.

i. The system does permit an administrator to specify maximum quantities that can be ordered for a given item on a single order. Quotas provide a way for an administrator to self-administer total purchases. To maintain maximum item thresholds, order approvers can monitor and adjust each item on purchase requests throughout the approving and purchasing process.

j. The purchase requisition process provides date and time stamps for all purchase requisition activities.

k. Invoice history is posted on BoundTree.com for user access.

Bound Tree
Your Partner In EMS

5000 Tuttle Crossing Blvd. Dublin, OH 43016 614.760.5000 www.boundtree.com

RE: Price Increase Policy

To Whom It May Concern:

As you are well aware, the COVID-19 pandemic has had a considerable impact on the global supply chain of emergency medical products, leading to limited access of personal protective equipment ("PPE") and other crucial supplies for the EMS market. While the supply chain looks to be improving in some areas, Bound Tree is still experiencing extended lead times and product shortages on PPE and other critical supplies. Additionally, there have been significant shipping costs imposed by manufacturers. Despite the current market dynamics, Bound Tree has been working daily with our supplier partners to secure additional inventory at reasonable costs.

Even with our proactive efforts to source inventory, many our key supplier partners have increased prices and others have signaled additional price updates will be coming, some of which may be significant. In the event such a price increase occurs after the bid award, Bound Tree will notify you of such increase and will make all efforts to provide adequate documentation from the supplier as evidence of the price modifications. The new contract pricing will then go into effect based on the notification period provided in the contract. If the price increase is not accepted, Bound Tree reserves the right to remove the product(s) from the contract or provide an alternative product, which may come at a different price.

Sincerely,

Christopher Fyffe

Christopher Fyffe
Manager, Bids & Contracts

YOUR TRUSTED PARTNER

- FIND thousands of emergency products from leading manufacturers
- SHOP Class II & IV drugs, non-narcotic drugs and other pharmaceuticals
- GET the best value on the items you use most with Curaplex®
- SOLVE everyday challenges with pre-assembled Curaplex® Kits
- ACCESS 24/7 Emergency Disaster Support
- EARN Free CEUs at Bound Tree University
- ADVOCATING on your behalf to Congress, FEMA and HHS

Bound Tree **BOUNDTREE.COM**

curaplex®

products made just for EMS, by EMS.

get quality products.

all products are vetted by EMS professionals.

at affordable prices.

prices that make you breathe a big sigh of relief.

with speedy delivery.

in-stock products ship in 1-2 business days.

you deserve quality products at prices you can afford.

We understand the pressure the current environment is putting on your resources and budgets. We also understand your commitment to patient care.

That's why we've worked over the past 10 years to create a product line designed for EMS providers who want the best value but aren't willing to compromise on quality.

here's how we get you the best value:

- Every Curaplex product is tested and vetted by the EMS community.
- Your feedback helps us improve the products and ensure they have the right features at the right prices.
- Together, we build a product line that's made just for EMS, by EMS.

800.533.0523

Boundtree.com/Curaplex-by-Bound-Tree

Bound Tree

kitting advantage.

Curaplex® kits solve a variety of your everyday challenges.

Spend less time worrying about the details and more time focusing on patient care with Curaplex® pre-assembled kits. Our color-categorized kits were developed with input from EMTs, and are built using ISO-certified processes.

faster response
Grab a kit and go without hassle.

simplified ordering
Order one item, not multiple items.

consistent care
Ensure protocol adherence among your agency.

lower risk
Prevent cross-contamination with tamper-proof packaging.

superior quality
Guarantee quality with ISO 13485 certification.

easier tracking
Easily track Curaplex Kits with the Unique Device Identifier (UDI).

800.533.0523 BOUNDTREE.COM/kitting-solutions

Bound Tree

Inventory Management Solutions

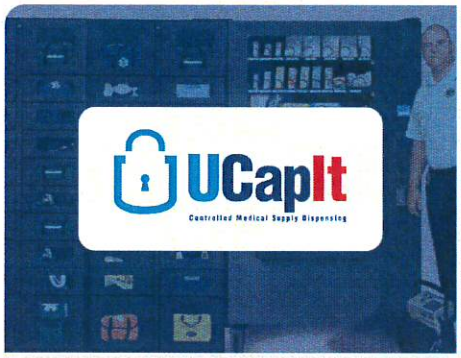
09.21

Think you can't afford Inventory Management?

THINK AGAIN!

The EMS industry has faced numerous challenges during COVID-19, and supply chain uncertainty is no exception. Rush buying, stock outs, price volatility and changes in guidance require agencies to understand their inventory situation now more than ever.

Bound Tree Inventory Management Solutions from UCapIt, Operative IQ and ESO provide the visibility that is critical to EMS agencies. Improve workflow, take control and monitor trends in real time with Bound Tree Inventory Solutions.



Controlled Medical Supply

Think 24/7 supply officer at any given location! UCapIt provides the ability to restock units 24/7 and it has real-time usage and inventory tracking.

Operations Management Software

Operative IQ is a web-based operations management software that can streamline your operation, improve productivity and save money!

ESO Inventory

Spend less time getting ready and more time being ready. Take control of your EMS inventory with refreshingly simple software.

Ask your Bound Tree Account Manager for a demo today.

800.533.0523 **BOUNDTREE.COM**/inventory-management-solutions

Bound Tree

THE PHARMACEUTICAL ADVANTAGE

Bound Tree Medical specializes in emergency medical equipment, supplies and product expertise for EMS providers, supporting customers with EMS-experienced account managers, product specialists and customer service representatives.

In addition to a full line of EMS equipment and supplies, Bound Tree Medical also offers a full line of EMS pharmaceuticals and accessories, including Class II and Class IV drugs.

Bound Tree is known for leadership and professionalism within the industry. We protect our customers and uphold federal standards by complying with regulatory guidelines pertaining to pharmaceuticals. Because of our vast product offering and commitment to high quality service, Bound Tree is the leading choice to fulfill your pharmaceutical needs.

VAWD Certified State and Nationally Licensed

Several of Bound Tree's Distribution Centers have received VAWD (Verified - Accredited Wholesale Distributors) accreditation from the National Association of Boards of Pharmacy (NABP). VAWD accreditation is achieved after a criteria compliance review that includes a rigorous evaluation of operating policies and procedures, licensure verification, survey of facility and operations, background checks and screening through the NABP Clearinghouse. Our accreditation demonstrates that we are in compliance with state and federal laws and that our prescription drugs are distributed safely and securely.

For a complete listing of VAWD-Accredited Facilities, please visit:
https://nabp.pharmacy/programs/accreditations-inspections/drug-distributor/accredited-drug-distributors/

Compliant with DSCSA Requirements

Under the Drug Supply Chain Security Act (DSCSA), entities in the supply chain including manufacturers, wholesale distributors, and dispensers have responsibilities to meet the requirements of the DSCSA. As of May 1, 2015 all wholesalers are required by law, under the DSCSA, to provide transaction information, transaction history and transaction statements for the pharmaceuticals that they supply.

Bound Tree is compliant with these FDA standards which helps improve patient protection by preventing the distribution of substandard or ineffective drugs and while providing our customers with the product and transaction information they need to be in compliance with the FDA standards.

Under the DSCSA you are responsible for knowing that your prescription drug wholesale distributor is an authorized trading partner who holds a valid state or federal license. Bound Tree Medical is licensed federally and in all 50 states. Purchasing from a licensed and VAWD accredited distributor like Bound Tree Medical makes great strides to ensure none of your purchases will ever be counterfeit, contaminated, improperly stored and transported, ineffective, and/or unsafe.

Wholesaler Distributor licenses can be searched online:
www.fda.gov/Drugs/DrugSafety/DrugIntegrityandSupplyChainSecurity/ucm281446.htm

Controlled Substance Ordering System (CSOS)

Class II Controlled Substances can be ordered through our secure electronic Controlled Substances Ordering System (CSOS) without the supporting paper DEA Form 222! The DEA's CSOS program is the only allowance for electronic ordering of Class II controlled substances. To participate in CSOS, the DEA registrant must first acquire a CSOS digital certificate from the DEA. Once the certificate is received, Class II orders can be placed through our secured website: **e222.boundtree.com**

For more information about CSOS please visit: **www.deaecom.gov**

Bound Tree will continue to accept paper 222 forms for those who wish to utilize that method for ordering.

Bound Tree

800.533.0523 | www.boundtree.com

Bound Tree Medical is committed to compliance with these federal and state regulations for the benefit of our customers, their communities and their patients. These efforts protect our customers by helping to ensure that they are also compliant with federal and state regulations and practicing safe and effective patient care. With Bound Tree Medical, EMS providers know that they will receive pharmaceuticals through a secure and reliable distribution process.

Bound Tree

Welcome.

Bound Tree Medical (BTM) is a leading, nationwide distributor of emergency medical equipment, supplies and pharmaceuticals to EMS, government customers, fire and other first responders.

Nationwide stats and facts.

- **Strategically located** to service 98% of our customers within two days.
- **Over 1 million** packages are shipped annually.
- **Over 30,000** customers serviced.
- **20 million lbs.** of medical supplies shipped in 2020.
- **8 million lbs.** of PPE equipment shipped to help our medical professionals fight COVID 19.
- **State-of-the-art facilities** focused on quality, reducing carbon footprint and providing best-in-class service levels.

BOUND TREE MEDICAL
5000 Tuttle Crossing Blvd
Dublin, OH 43016

800.533.0523

BOUNDTREE.COM

Bound Tree

Fast facts.

- **Offices** in Dublin, OH.
- **Over 40 years** as the single largest distributor of EMS Supplies to first responders - Fire Departments, Law Enforcement and EMS Agencies, both private and public.
- **Over 15,000** medical supplies, equipment and pharmaceuticals from hundreds of leading healthcare manufacturers.

Sourcing & supply integrity.

- **Source** high-quality products, carefully vetted to meet FDA requirements.
- **Maintain** strict ethical pricing standards.
- **Allocate** inventory fairly and equitably based on purchase date.
- **Communicate** shortages pro-actively with backorder reports and online tools.

Operationally ready.

- **Over 100 sales consultants** around the country, many are former paramedics and EMT's.
- **5 dedicated distribution centers** (CA, TX, FL, PA, MS) and 1 kitting facility in TX.
- **100% operational facilities** throughout pandemic, following strict health & safety protocols.
- **Dedicated Customer Care** staff highly responsive, answering calls in <1 min even during peak.
- **24/7 Emergency Disaster Support** in response to the pandemic and other natural disasters.

Solutions that matter.

- **Bound Tree's Curaplex® brand** is value-priced to help overcome budget constraints.
- **Curaplex® pre-assembled kits** provide safety, convenience and cost savings.
- **Inventory management solutions** like UCapIt, Operative IQ and ESO help EMS Providers control costs.
- **500 scholarships** awarded to students wanting to become EMT's.
- **Free cadaver labs** held across the country to provide hands-on clinical training.
- **No charge CEUs**, webinars, podcasts and other resources offered via Bound Tree University.

Bound Tree

Current situation.

- **Financial challenges plague EMS** across all delivery models; rural EMS is in a crisis. Low reimbursements from CMS & commercial insurers, frequently below the cost of the care provided, and lack of funding to support EMS have been the primary contributing factors.
- **High levels of stress, fatigue and burnout** among the EMS workforce. Workforce shortages as reported in national news are exacerbating an already very challenging environment.
- **EMS is a small percentage** of the consumption of PPE within the healthcare market and was left under-allocated for PPE during the pandemic.
- **EMS impacted by shortages and short expiration dates** on critical cardiac arrest and respiratory therapy drugs. Pharmaceutical companies prioritize large hospital GPOs & IDNs over EMS
- **Inefficiencies in using the Strategic National Stockpile** to provide critical PPE to EMS agencies who were the "Tip of the Sword" during the pandemic
- **Community paramedicine** remains an underutilized asset in local healthcare systems due to the lack of reimbursement for this highly cost effective, patient-centered type of care

Advocating for EMS.

- **Increased sourcing efforts** during the pandemic, making financial investments in PPE inventory.
- **Partnered with US government** to address challenges in getting FDA-approved products, given significant counterfeit in N95 masks and gloves.
- **Volunteered to assist** FEMA, HHS, DHS, DoD, FDA and CDC officials as "Voice of EMS" for Committee for the Distribution of Medical Resources Necessary to Respond to a Pandemic, advocating for effective distribution of PPE to first responders.
- **Advocated for increased allocation and funding** for EMS and hardest-hit communities through outreach to over 35 congressional offices.
- **Providing critical data monthly** to HHS Preparedness and Response teams, providing them greater visibility of PPE needs for EMS during the COVID-19 pandemic, as well as future pandemics and natural disasters.
- **Working with the Federal Maritime Commission** and west coast terminal operators to prioritize essential medical supplies at US ports.

How Congress can help.

- **Adjust the ambulance fee schedule** to cover the cost of the emergent, urgent and preventive care provided by EMS, and include reimbursement for treatment in place, transport to alternate designations, telemedicine facilitation, and community paramedicine.
- **Support Bound Tree's efforts** with pharmaceutical companies and the FDA to prioritize production of key lifesaving drugs for EMS at reasonable costs, as well as to reduce the amount of "short expiration dates."
- **Fully fund the SIREN Act** (Support and Improving Rural EMS Needs) in FY2022.
- **Support efforts to strengthen** America's Strategic National Stockpile by directing SNS to partner with healthcare distributors to manage PPE during pandemics and natural disasters.

800.533.0523

BOUNDTREE.COM

TIM RUBERT
Vice President, Government Affairs
tim.rubert@boundtree.com

WHEN DISASTER STRIKES, GET LIVE ASSISTANCE.

Get Help in Three Simple Steps

1. Call 800-863-0953 to speak to a live operator anytime 24/7

2. Report a major incident and your medical supply needs

3. Receive vital medical supplies from Bound Tree personnel

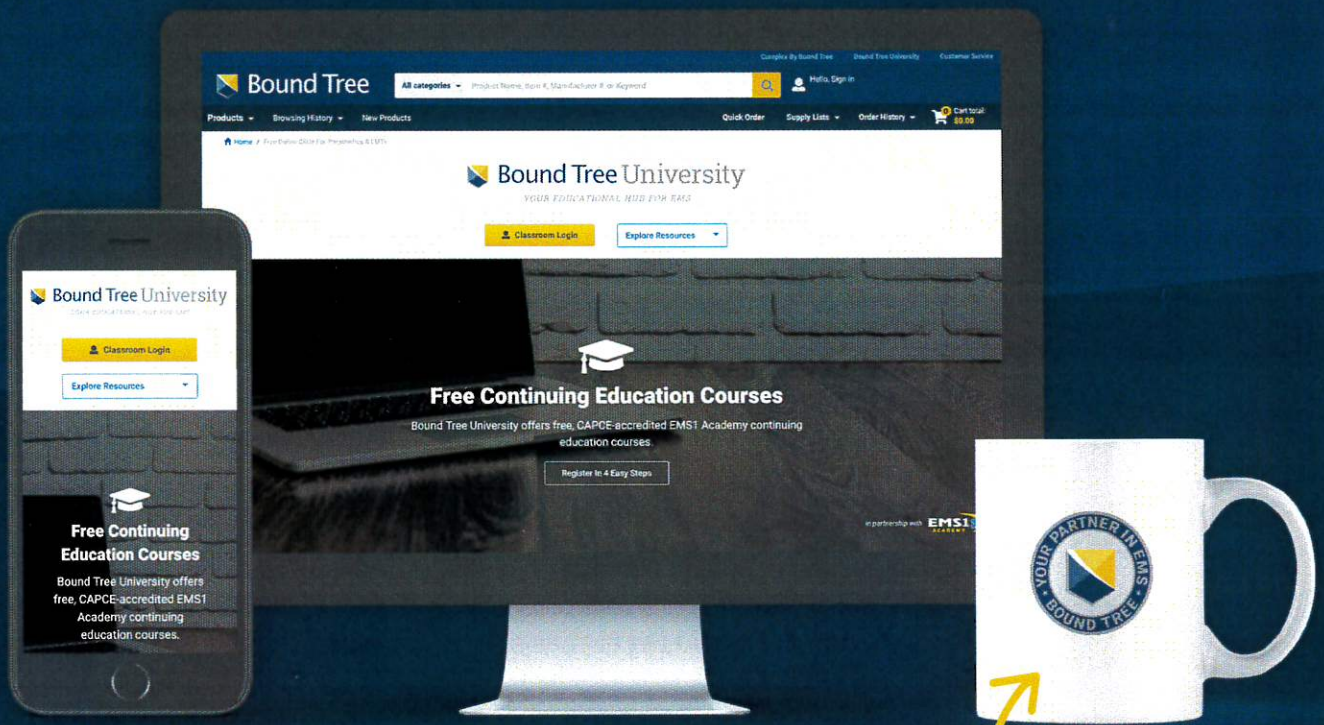
If your agency is in need of emergency medical supplies and equipment, call us 24/7 to speak to a live operator for disaster support assistance. Our Emergency Disaster Support Program is here to help you in disasters such as hurricanes, tornadoes, fires, floods, blizzards, MCI's and more.

CALL 800-863-0953
boundtree.com/emergency-disaster-support

Bound Tree

ACCESS 10 FREE CEUS

PLUS SO MUCH MORE!



From trauma to airway management, Bound Tree University offers a wide range of FREE continuing education courses. Additionally, explore hundreds of educational resources like eBooks, videos and articles on similar topics.

Pour coffee. Keep on learning.

EXPLORE RESOURCES ONLINE:
boundtree.com/university

Bound Tree University

Item List for Fort Bend County EMS
Medical Supplies
Bid No.: 23-001

	Fort Bend County EMS Line ID	Fort Bend County EMS Item Description	Fort Bend County EMS Qty	Bound Tree Medical Item #	Bound Tree Medical Item Description	Vendor Name	Vendor Item #	Quoted Price	Selling UOM	Quoted Extended Price
1	1	Berman Oral Airway - 40mm (Pink)	5	2010-34040	Curaplex Disp Berman Oral Airway, Noenatal, 40mm (Pink)Individually Wrapped 1/EA 50EA/BG 80BG/CS	CURAPLEX BY BOUND TREE	12974	$ 0.14	1/EA	$ 3.50
2	2	Berman Oral Airway - 60mm (Black)	5	2010-34060	Curaplex Disp Berman Oral Airway, Child, 60mm (Black) Individually Wrapped 1/EA 50EA/BG 44BG/CS	CURAPLEX BY BOUND TREE	12976	$ 0.14	1/EA	$ 3.50
3	3	Berman Oral Airway - 80mm (Green)	8	2010-34080	Curaplex Disp Berman Oral Airway, SM ADLT, 80mm (Green) Individually Wrapped 1/EA 50EA/BG 18BG/CS	CURAPLEX BY BOUND TREE	12978	$ 0.14	1/EA	$ 5.60
4	4	Berman Oral Airway - 90mm (Yellow)	16	2010-34090	Curaplex Disp Berman Oral Airway, Med Adult, 90mm (Yellow) 1/EA 50EA/BG 18BG/CS	CURAPLEX BY BOUND TREE	12979	$ 0.14	1/EA	$ 11.20
5	5	Berman Oral Airway - 100mm (Red)	20	2010-34100	Curaplex Disp Berman Oral Airway, LG ADLT, 100mm (PRPL or RD) Individually Wrap 1/EA 50EA/BG 14BG/CS	CURAPLEX BY BOUND TREE	12980	$ 0.14	1/EA	$ 14.00
6	6	Berman Oral Airway - 110mm (Orange)	10	2010-34110	Curaplex Disp Berman Oral Airway, XL ADLT, 110mm (Light Blue) Individually Wrap 1/EA 50EA/BG 13BG/CS	CURAPLEX BY BOUND TREE	12981	$ 0.14	1/EA	$ 7.00
7	7	Thomas ET Tube Holder - Adult	450	020500	Endotracheal Tube Holder, Thomas, Adult, for ET/SGA Tubes 6.5mm ID to 21mm OD	LAERDAL MEDICAL CORP.	600-10000	$ 2.68	1/EA	$ 1,206.00
8	8	Thomas ET Tube Holder - Pediatric	40	020400	Endotracheal Tube Holder, Thomas, Pediatric/Child, for ET/SGA Tubes 4.3mm ID to 15.8mm OD	LAERDAL MEDICAL CORP.	600-20000	$ 2.68	1/EA	$ 107.20
9	9	Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.0 uncuffed	10	021520	Endotracheal Tube w/Stylette, Slick Set, 2.0mm, Uncuffed 10ea/bx	TELEFLEX LLC	170120	$ 3.59	1/EA	$ 35.90
10	10	Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.5 cuffed	30	2113-10255	Curaplex Select Endotracheal Tube with Stylette, 5.5mm, Cuffed 10ea/bx 10bx/cs	CURAPLEX BY BOUND TREE	2113-10255	$ 1.33	1/EA	$ 39.90
11	11	Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 3.0 cuffed	20	2113-10230	Curaplex Select Endotracheal Tube with Stylette, 3.0mm, Cuffed 10ea/bx 10bx/cs	CURAPLEX BY BOUND TREE	2113-10230	$ 1.33	1/EA	$ 26.60
12	12	Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 3.5 cuffed	25	2113-10235	Curaplex Select Endotracheal Tube with Stylette, 3.5mm, Cuffed 10ea/bx 10bx/cs	CURAPLEX BY BOUND TREE	2113-10235	$ 1.33	1/EA	$ 33.25
13	13	Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 4.0 cuffed	30	2113-10240	Curaplex Select Endotracheal Tube with Stylette, 4.0mm, Cuffed 10ea/bx 10bx/cs	CURAPLEX BY BOUND TREE	2113-10240	$ 1.33	1/EA	$ 39.90
14	14	Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 4.5 cuffed	20	2113-10245	Curaplex Select Endotracheal Tube with Stylette, 4.5mm, Cuffed 10ea/bx 10bx/cs	CURAPLEX BY BOUND TREE	2113-10245	$ 1.33	1/EA	$ 26.60
15	15	Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 5.0	20	36-5-10111	Endotracheal tube, Sheridan CF, 5.5 mm, cuffed, Murphy, close fitting, low pressure, sterile 10/bx	MEDLINE INDUSTRIES, INC.	HUD510111	$ 41.36	10/BX	$ 82.72
16	16	Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 6.0	50	36-5-10112EA	Endotracheal tube, Sheridan CF, 6.0 mm, cuffed, Murphy, close fitting, low pressure, sterile 10ea/bx	MEDLINE INDUSTRIES, INC.	KDL510112	$ 4.12	1/EA	$ 206.00
17	17	Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 7.0	250	025114	ENDOTRACHEAL TUBE LOW PRESSURE CUFFED 7.0MM 10/BX SHERIDAN/CF 5-10114	MEDLINE INDUSTRIES, INC.	HUD510114	$ 4.12	1/EA	$ 1,030.00
18	18	Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 8.0	250	025116	ENDOTRACHEAL TUBE CUFFED 8.0MM 10/BX SHERIDAN/CF 5-10116	MEDLINE INDUSTRIES, INC.	KDL510116	$ 4.12	1/EA	$ 1,030.00
19	19	Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 9.0	250	510318	ET TUBE SHERIDAN/HVT 9.0MM ORAL/NASAL 10/CS	MEDLINE INDUSTRIES, INC.	HUD510318	$ 42.21	10/CS	$ 1,055.25
20	20	Nasopharyngeal Airway - 20fr	35	2021-14650	Curaplex Select Nasopharyngeal Airway, 20 Fr, 5.0mm, Latex Free PVC 10ea/bx	CURAPLEX BY BOUND TREE	2-0211-4650	$ 1.49	1/EA	$ 52.15
21	21	Nasopharyngeal Airway - 24fr	50	2021-14660	Curaplex Select Nasopharyngeal Airway, 24 Fr, 6.0mm, Latex Free PVC 10ea/bx	CURAPLEX BY BOUND TREE	2-0211-4660	$ 1.49	1/EA	$ 74.50
22	22	Nasopharyngeal Airway - 26fr	70	2021-14665	Curaplex Select Nasopharyngeal Airway, 26 Fr, 6.5mm, Latex Free PVC 10ea/bx	CURAPLEX BY BOUND TREE	2-0211-4665	$ 1.49	1/EA	$ 104.30
23	23	Nasopharyngeal Airway - 28fr	70	2021-14670	Curaplex Select Nasopharyngeal Airway, 28 Fr, 7.0mm, Latex Free PVC 10ea/bx	CURAPLEX BY BOUND TREE	2-0211-4670	$ 1.49	1/EA	$ 104.30
24	24	Nasopharyngeal Airway - 30fr	50	2021-14675	Curaplex Select Nasopharyngeal Airway, 30 Fr, 7.5mm, Latex Free PVC 10ea/bx	CURAPLEX BY BOUND TREE	2-0211-4675	$ 1.49	1/EA	$ 74.50
25	25	Nasopharyngeal Airway - 36fr	30	2021-14690	Curaplex Select Nasopharyngeal Airway, 36 Fr, 9.0mm, Latex Free PVC 10ea/bx	CURAPLEX BY BOUND TREE	2-0211-4690	$ 1.49	1/EA	$ 44.70
26	26	Suction Canister,disposable - 1200mL	430	2212-11200	Curaplex Disposable Suction Canister, 1200cc 1/EA 48EA/CS	CURAPLEX BY BOUND TREE	2212-11200	$ 2.85	1/EA	$ 1,226.36
27	27	Suction Catheter - 8fr	60	36091	Curaplex Suction Catheter, 8 Fr, Whistle Tip and Thumb Control Port 50ea/cs	CURAPLEX BY BOUND TREE	36091	$ 0.12	1/EA	$ 7.20
28	28	Suction Catheter - 10fr	120	36092	Curaplex Suction Catheter, 10 Fr, Whistle Tip and Thumb Control Port 50ea/cs	CURAPLEX BY BOUND TREE	36092	$ 0.12	1/EA	$ 14.40
29	29	Suction Catheter - 18fr	150	36096	Curaplex Suction Catheter, 18 Fr, Whistle Tip and Thumb Control Port 50ea/cs	CURAPLEX BY BOUND TREE	36096	$ 0.12	1/EA	$ 18.00

Item List for Fort Bend County EMS
Medical Supplies
Bid No.: 23-001

	Fort Bend County EMS Line ID	Fort Bend County EMS Item Description	Fort Bend County EMS Qty	Bound Tree Medical Item #	Bound Tree Medical Item Description	Vendor Name	Vendor Item #	Quoted Price	Selling UOM	Quoted Extended Price
30	30	Yankauer with Control Vent and Tubing (6ft)	300	533-MS-YK20EA	Curaplex Yankauer Suction Kit, Bulb Tip and Tubing w/Control Vent, 1/4 in ID x 6 ft Tubing 20ea/cs	CURAPLEX BY BOUND TREE	BT-YK20	$ 1.25	1/EA	$ 375.00
31	31	Big Yank™ Yankauer Suction Tip w/Control Vent, Sterile, 11/32"open tip, integral blister tube and canister connector pre-attached	40	2211-00002	Suction Catheter, SSCOR DuCanto Catheter 1/EA 50EA/CS	SSCOR, INC.	200-00002C	$ 2.00	1/EA	$ 80.00
32	32	Oxygen Mask, Medium Concentration - Infant	20	416218	MASK MEDIUM CONCENTRATION INFANT 0-2 YEARS 50/BX 396218	MEDLINE INDUSTRIES, INC.	RSH396218	$ 0.90	1/EA	$ 18.00
33	33	Oxygen Mask, Partial Non-Rebreather w/safety vent - Pediatric	400	533-MS-25058EA	Curaplex Oxygen Mask, Pediatric, Elongated, Total NRB, w/o Safety vent, 7 ft Tubing 50ea/cs	CURAPLEX BY BOUND TREE	BT-25058	$ 0.70	1/EA	$ 280.00
34	34	Oxygen Mask, Non-Rebreather - Adult	2000	D6144	MASK NON REBREATHER ADULT 50/CS 1060	MEDLINE INDUSTRIES, INC.	HUD1060	$ 1.05	1/EA	$ 2,100.00
35	35	Oxygen Nasal Cannula, 7' - Adult	2000	301-107EA	Curaplex Oxygen Nasal Cannula, Adult, Conventional, Clear, Non-Flared Prongs, 7 ft tubing, 50ea/cs	CURAPLEX BY BOUND TREE	BT-24003	$ 0.24	1/EA	$ 480.00
36	36	Bougie-to-go ET Tube Introducer with coude tip - Adult (15Fr x 60cm)	200	2120-21282	ET Tube Introducer, Bougie-To-Go, Adult w/ Coude Tip, 15 FR, 60cm, 10/PK	SUN MED	9-0212-82	$ 4.35	1/EA	$ 870.00
37	37	Bougie ET Tube Introducer with coude tip - Pediatric (10Fr x 70cm)	40	2120-17010	ET TUBE INTRODUCER PEDIATRIC 10 FR X 70 CM W/ COUDE TIP 10/BX	SUN MED	9-0211-70	$ 4.35	1/EA	$ 174.00
38	38	Oxygen Nebulizer, small volume, hand held w/ mask, 7ft - Pediatric	100	301-203EA	Curaplex Select Nebulizer, Small-volume, Hand-held, Pediatric Aerosol Mask, 7 ft Tubing 50ea/cs	CURAPLEX BY BOUND TREE	301-203	$ 0.75	1/EA	$ 75.00
39	39	Oxygen Nebulizer, w/ Tubing and Mouthpiece	900	301-200EA	Curaplex Select Nebulizer, Small-volume, Hand-held, T-piece, Mouthpiece, Flextube, 7 ft Tubing 50/cs	CURAPLEX BY BOUND TREE	301-200	$ 0.52	1/EA	$ 468.00
40	40	Ambu Spur II bag valve mask, Bag Reservoir Medium with Pop Off Valve, with Manometer, with Mask - Adult	1000	2442-03003	BVM, SPUR II, ADULT, BAG RESERVOIR MEDIUM MASK W/MANOMETER 6/BX	AMBU	523611030	$ 11.87	1/EA	$ 11,870.00
41	41	BVM Face Mask, No Valve, Disposable, Duraclear - Small Adult	1000	D6446	Face Mask, DuraClear, SM Adult, No Valve, Disposable 20ea/bx	AMBU	000252054	$ 1.50	1/EA	$ 1,500.00
42	42	Pocket BVM w/ olive green case, with O2 tubing	2	2442-16208	Pocket BVM w/6 1/2 ft O2 Tubing, Olive Case, Patient Valve, Reservoir Bag 1/EA 20EA/CS	PERSYS MEDICAL	PBVM-G	$ 42.42	1/EA	$ 84.84
43	43	Oxygen Nut & Stem (Plastic)	5	26-33-2600EA	O2 Connector, Barb, Nipple/Nut, Tapered, Plastic, Green 50ea/pk	SMITHS MEDICAL ASD, INC.	33-2600	$ 0.91	1/EA	$ 4.55
44	44	Magill Forceps - Adult (25cm / 10")	5	400008	FORCEPS MAGILL INTUBATING ADULT 10 IN 12EA/BX	ZULCO INTERNATIONAL	9-476	$ 3.69	1/EA	$ 18.45
45	45	Magill Forceps - Child (20cm / 8")	5	0128	Forceps, Magill, child	SURGICAL DESIGN, INC	297	$ 2.86	1/EA	$ 14.30
46	46	Salem Gastric Sump Tube, dual lumen, sterile - 18fr x 48"	100	2231-98618	Salem Gastric Sump Tube, 18 Fr, 48 inch 50ea/cs	CARDINAL HEALTH	8888264986	$ 1.97	1/EA	$ 197.00
47	47	Salem Gastric Sump Tube, dual lumen, sterile - 14fr x 48"	10	2231-94514	Salem Gastric Sump Tube, 14 Fr, 48 inch 50ea/cs	CARDINAL HEALTH	8888264945	$ 1.97	1/EA	$ 19.70
48	48	Salem Gastric Sump Tube, dual lumen, sterile - 10fr x 36"	10	2231-91110	Salem Gastric Sump Tube, 10 Fr, 36 inch 50ea/cs	CARDINAL HEALTH	8888264911	$ 1.97	1/EA	$ 19.70
49	49	Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 2	20	025302	Laryngoscope Blade, Greenline, Mac 2, Fiber Optic, Disposable, Stainless Steel 20/BX	SUN MED	5-5332-02	$ 3.70	1/EA	$ 74.00
50	50	Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 3	90	025303	Laryngoscope Blade, Greenline, Mac 3, Fiber Optic, Disposable, Stainless Steel 20/BX	SUN MED	5-5332-03	$ 3.70	1/EA	$ 333.00
51	51	Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 4	200	025304	Laryngoscope Blade, Greenline, Mac 4, Fiber Optic, Disposable, Stainless Steel 20/BX	SUN MED	5-5332-04	$ 3.70	1/EA	$ 740.00
52	52	Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 0	10	025330	Laryngoscope Blade, Greenline, Miller 0, Fiber Optic, Disposable, Stainless Steel 20/BX	SUN MED	5-5333-00	$ 3.70	1/EA	$ 37.00
53	53	Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 1	20	025331	Laryngoscope Blade, Greenline, Miller 1, Fiber Optic, Disposable, Stainless Steel 20/BX	SUN MED	5-5333-01	$ 3.70	1/EA	$ 74.00
54	54	Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 2	30	025332	Laryngoscope Blade, Greenline, Miller 2, Fiber Optic, Disposable, Stainless Steel 20/BX	SUN MED	5-5333-02	$ 3.70	1/EA	$ 111.00
55	55	Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 3	80	025333	Laryngoscope Blade, Greenline, Miller 3, Fiber Optic, Disposable, Stainless Steel 20/BX	SUN MED	5-5333-03	$ 3.70	1/EA	$ 296.00
56	56	Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 4	80	025334	Laryngoscope Blade, Greenline, Miller 4, Fiber Optic, Disposable, Stainless Steel 20/BX	SUN MED	5-5333-04	$ 3.70	1/EA	$ 296.00
57	57	Greenline/D Fiber Optic, 10/32" Halogen/Xenon Reflector Lamp for Medium Laryngoscope Handle	20	35030	BULB , REFLECTOR GREENLINE	SUN MED	5-0240-53	$ 13.10	1/EA	$ 262.00
58	58	PEEP valve, disposable, adjustable 22mm inner diameter	100	531799	PEEP VALVE DISPOSABLE ADJUSTABLE 0-22CM H20 12/CS	ALLIED HEALTHCARE PRODUCTS INC	LPEEP	$ 3.56	1/EA	$ 356.00
59	59	Headrest, Bagel, 9", pink foam	200	3247-01041	Head Donut Multiple Rings 1/EA 36EA/CS	CARDINAL HEALTH	FP-HEADM	$ 2.15	1/EA	$ 430.00
60	60	Meconium Aspirator, latex free	150	590101	SUCTION UNIT ASPIRATOR TYPE LATEX FREE 40EA/BX MECONIUM	NEOTECH PRODUCTS, INC.	NO101	$ 4.42	1/EA	$ 663.00
61	61	i-gel® - Size 1 (Neonatal)	150	2114-08201	I-GEL SUPRAGLOTTIC AIRWAY FOR NEONATES (SIZE 1) 5-11 LBS (2-5 KG) 10EA/CS	INTERSURGICAL INCORPORATED	8201000	$ 14.19	1/EA	$ 2,128.50
62	62	i-gel® - Size 1.5 (Infant)	150	2114-08215	I-GEL SUPRAGLOTTIC AIRWAY FOR INFANTS (SIZE 1.5) 11-25 LBS (5-12 KG) 10EA/CS	INTERSURGICAL INCORPORATED	8215000	$ 14.19	1/EA	$ 2,128.50

Item List for Fort Bend County EMS
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	Fort Bend County EMS Line ID	Fort Bend County EMS Item Description	Fort Bend County EMS Qty	Bound Tree Medical Item #	Bound Tree Medical Item Description	Vendor Name	Vendor Item #	Quoted Price	Selling UOM	Quoted Extended Price
63	63	i-gel® - Size 2 (Small Pediatric)	150	2114-08202	I-GEL SUPRAGLOTTIC AIRWAY FOR SMALL PEDIATRICS (SIZE 2) 22-55 LBS (10-25 KG) 10EA/CS	INTERSURGICAL INCORPORATED	8202000	$ 14.19	1/EA	$ 2,128.50
64	64	i-gel® - Size 2.5 (Large Pediatric)	200	2114-08225	I-GEL SUPRAGLOTTIC AIRWAY FOR LG PEDIATRICS (SIZE 2.5) 55-77 LBS (25-35 KG) 10EA/CS	INTERSURGICAL INCORPORATED	8225000	$ 14.19	1/EA	$ 2,838.00
65	65	i-gel® O2 Resus Pack, Includes i-Gel, lube & strap - Small Adult (Size 3)	500	2114-87301	i-gel O2 Resus Pack, SM Adult, incl size 3 i-gel O2, Lube, Strap, for Pts 30-60 kg 6ea/cs	INTERSURGICAL INCORPORATED	8703030	$ 23.56	1/EA	$ 11,780.00
66	66	i-gel® O2 Resus Pack, includes i-Gel, lube & strap - Medium Adult (Size 4)	2000	2114-87302	i-gel O2 Resus Pack, MED Adult, incl size 4 i-gel O2, Lube, Strap, for Pts 50-90 kg 6ea/cs	INTERSURGICAL INCORPORATED	8704030	$ 23.56	1/EA	$ 47,120.00
67	67	i-gel® O2 Resus Pack, includes i-Gel, lube & strap - Large Adult (Size 5)	2000	2114-87303	i-gel O2 Resus Pack, LG Adult, incl size 5 i-gel O2, Lube, Strap, for Pts 90 plus kg 6ea/cs	INTERSURGICAL INCORPORATED	8705030	$ 23.56	1/EA	$ 47,120.00
68	68	Thomas Select ET Tube Holder, for ET/SGA Tubes 6.5mm ID to 42mm OD - Adult	2500	2130-42560	Endotracheal Tube Holder, Thomas Select, Adult, for ET/SGA Tubes 6.5mm ID to 42mm OD 25ea/cs	LAERDAL MEDICAL CORP.	600-42500	$ 3.44	1/EA	$ 8,600.00
69	69	Vent Elbow With Port And Cap	300	531551	LTD QTY - VENTILATOR ELBOW WITH 22MM INNER DIAMETER INLET ARM 50/CS	Vyaire Medical	001551	$ 1.03	1/EA	$ 309.00
70	70	Cricothyrotomy Kit (TMM-CR) in vacuum sealed package to include (1) 6.0mm cuffed Tracheostomy tube, (1) Hemostat - 5.5" Kelly curved forceps, (1) #10 sterile Scalpel, (1) 10mL sterile Syringe, (1) 4" Tracheal Hook	50	2160-36401	Crycothyrotomy Kit (TMM-CR) incl 6.0mm Cuffed Tube, Hemostat, Scalpel, Syringe, Trach Hook	CHINOOK MEDICAL GEAR, INC	01364	$ 41.67	1/EA	$ 2,083.50
71	71	AeroEclipse® Neb	20	58-64594050EA	AeroEclipse II BAN Nebulizer, w/Mouthpiece and Supply Tubing	MONAGHAN MEDICAL CORP	64594050	$ 5.48	1/EA	$ 109.60
72	72	AeroEclipse® Filtered Mouth Piece	20	2361-60050	Filtered Mouthpiece for use with AeroEclipse II Breath Actuated Nebulizer (BAN) 1/EA 50EA/CS	MONAGHAN MEDICAL CORPORATION	60050T	$ 5.45	1/EA	$ 109.00
73	73	BiTrac ED™ (Nebulizer) Mask - Medium	20	313-7029EA	BITRAC ED FULL FACE MASK AND HEAD STRAP, ADULT MEDIUM 10/CS	PULMODYNE	313-7029	$ 19.83	1/EA	$ 396.60
74	74	ZOLL® Ventilator Circuit - Pediatric	5	NO BID	Not Bidding On This Item	No Bid	No Bid	No Bid	No Bid	No Bid
75	75	ZOLL® Ventilator Circuit - Adult	5	NO BID	Not Bidding On This Item	No Bid	No Bid	No Bid	No Bid	No Bid
76	76	CPAP - Flowsafe II Mask - Large	200	NO BID	Not Bidding On This Item	No Bid	No Bid	No Bid	No Bid	No Bid
77	77	CPAP - Flowsafe II Mask - Small	100	NO BID	Not Bidding On This Item	No Bid	No Bid	No Bid	No Bid	No Bid
78	78	CPAP - Flowsafe II Device & Mask - Medium	500	NO BID	Not Bidding On This Item	No Bid	No Bid	No Bid	No Bid	No Bid
79	79	Neo-Tee® Infant Resuscitator	5	NO BID	Not Bidding On This Item	No Bid	No Bid	No Bid	No Bid	No Bid
80	80	Airtraq VL Blade - Adult	800	NO BID	Not Bidding On This Item	No Bid	No Bid	No Bid	No Bid	No Bid
81	81	Airtraq VL Blade - Pediatric	200	NO BID	Not Bidding On This Item	No Bid	No Bid	No Bid	No Bid	No Bid
82	82	AirTraq Video Laryngoscope	5	NO BID	Not Bidding On This Item	No Bid	No Bid	No Bid	No Bid	No Bid
83	83	HEPA Filter, BACT TRAP MINI PORT ELBOW	1000	301-439EA	Curaplex High efficiency HEPA filter, w/port, hydrophobic paper, TV greater than 500ml 50ea/cs	CURAPLEX BY BOUND TREE	301-439	$ 2.20	1/EA	$ 2,200.00
84	84	ZOLL® Accu/Vent Sensor	5	NO BID	Not Bidding On This Item	No Bid	No Bid	No Bid	No Bid	No Bid
85	85	ZOLL® Accu/Vent Cable	5	NO BID	Not Bidding On This Item	No Bid	No Bid	No Bid	No Bid	No Bid
86	86	ResQPod® ITD 10	300	NO BID	Not Bidding On This Item	No Bid	No Bid	No Bid	No Bid	No Bid
87	87	Clearsafe IV Catheter - 14g X 1 1/4"	100	1612-84210	Curaplex IV Catheter, CuraSlide XC, 14 ga x 1 1/4 in, Safety 50ea/bx 4bx/cs	CURAPLEX BY BOUND TREE	1612-84210	$ 1.11	1/EA	$ 111.00
88	88	Clearsafe IV Catheter - 16g X 1 1/4"	300	1612-84220	Curaplex IV Catheter, CuraSlide XC, 16 ga x 1 1/4 in, Safety 50ea/bx 4bx/cs	CURAPLEX BY BOUND TREE	1612-84220	$ 1.11	1/EA	$ 333.00
89	89	Clearsafe IV Catheter - 18g X 1 1/4"	4000	1612-84230	Curaplex IV Catheter, CuraSlide XC, 18 ga x 1 1/4 in, Safety 50ea/bx 4bx/cs	CURAPLEX BY BOUND TREE	1612-84230	$ 1.25	1/EA	$ 5,000.00
90	90	Clearsafe IV Catheter - 20g X 1 1/4"	10000	1612-84240	Curaplex IV Catheter, CuraSlide XC, 20 ga x 1 1/4 in, Safety 50ea/bx 4bx/cs	CURAPLEX BY BOUND TREE	1612-84240	$ 1.30	1/EA	$ 13,000.00
91	91	Clearsafe IV Catheter - 22g X 1"	3000	1612-84250	Curaplex IV Catheter, CuraSlide XC, 22 ga x 1 in, Safety 50ea/bx 4bx/cs	CURAPLEX BY BOUND TREE	1612-84250	$ 1.25	1/EA	$ 3,750.00
92	92	Clearsafe IV Catheter - 24g X 3/4"	400	1612-84260	Curaplex IV Catheter, CuraSlide XC, 24 ga x 3/4 in, Safety 50ea/bx 4bx/cs	CURAPLEX BY BOUND TREE	1612-84260	$ 1.25	1/EA	$ 500.00
93	93	Hypodermic Needle - 18g x 1 1/2"	20	1641-42018	Hypodermic Needle, 18 ga x 1.5 inch, 100ea/bx 20bx/cs	EXEL INTERNATIONAL, INC.	26420	$ 0.05	1/EA	$ 100.00
94	94	Hypodermic Needle - 23g x 1"	20	620408	NEEDLE HYPODERMIC 23 GAUGE X 1 IN 100/BX 20BX/CS	EXEL INTERNATIONAL, INC.	26408	$ 4.88	100/BX	$ 97.60
95	95	Syringe - 1cc with hypodermic needle (25g x 5/8")	6	11278	Syringe and Needle, EXEL, 1cc Tuberculin, 25 ga x 5/8 inch 100ea/bx 10bx/cs	EXEL INTERNATIONAL, INC.	26044	$ 0.12	1/EA	$ 72.00
96	96	Syringe, luer lock - 3cc	20	1633-30303	Syringe Only, 3cc, Luer Lock, 100ea/bx 24bx/cs	B. BRAUN MEDICAL, INC	4610303-02	$ 0.08	1/EA	$ 160.00
97	97	Syringe, luer lock - 5cc with hypodermic needle (22g x 1")	10	11301	Syringe and Needle, EXEL, 5cc, 22 ga x 1 inch 100ea/bx 8bx/cs	EXEL INTERNATIONAL, INC.	26210	$ 0.19	1/EA	$ 190.00
98	98	Syringe, luer lock - 10cc	10	1633-10010	Syringe Only, 10cc, Luer Lock, 100ea/bx 12bx/cs	B. BRAUN MEDICAL, INC	4617100V-02	$ 0.12	1/EA	$ 120.00

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	Fort Bend County EMS Line ID	Fort Bend County EMS Item Description	Fort Bend County EMS Qty	Bound Tree Medical Item #	Bound Tree Medical Item Description	Vendor Name	Vendor Item #	Quoted Price	Selling UOM	Quoted Extended Price
99	99	Syringe, luer lock - 60cc	5	13314	Syringe, Exel, Cath tip (centric), 50-60cc 25ea/bx 6bx/cs	EXEL INTERNATIONAL, INC.	26304	$ 0.77	1/EA	$ 115.50
100	100	Syringe, cath tip - 60cc (2oz)	1	G0874	SYRINGE PISTON CATHETER TIP 60CC (TOOMEY TYPE) 50/CS	DYNAREX CORPORATION	4262	$ 0.62	1/EA	$ 15.50
101	101	Assure prism multi test trips for assure prism multi meter	50	2763-53050	Blood Glucose Test Strips, Assure Prism Multi 50/bx *Approved for Multipatient Use*	Arkray	530050	$ 9.25	50/BX	$ 462.50
102	102	Assure prism control solution (1 and 2)	10	2762-53060	Control Solution, Assure Prism Multi, L1 and L2, 1 bottle of EA/BX	Arkray	530006	$ 9.66	1/BX	$ 96.60
103	103	IV Administration set - 82", 10 drop, W/Bravo 24, Pre-slit Port, Removable 7" Extension	100	1712-10835	Curaplex IV Admin St, 10Drp, 89in, Rll Clmp,PP YSite, SrLk Ndle-Fr YSite, Atchd Ext Set,1/EA 50EA/CS	AMSINO-CURAPLEX	108305-CUR	$ 1.55	1/EA	$ 7,750.00
104	104	IV 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.	500	1712-60830	Curaplex IV Admin Set, 60Drp, 83in,PP Y-Site, Sure-Lok Ndle-Free Y-Site, Rotat Male LL 1/EA 50EA/CS	AMSINO-CURAPLEX	608306-CUR	$ 1.12	1/EA	$ 560.00
105	105	IV administration Set - STAT 2, Gravity Flow Controller, 60 drop, 84 inches, 2 Latex Free Splint Septum Y Sites.	500	C32784	*DCV-NO SUB * Admin Set, STAT 2, Gravity Flow Controller, 60 Dr, 84 in, 2 Split Septum Y Sites	CONMED CORPORATION	S2V-60	$ 5.42	1/EA	$ 2,710.00
106	106	0.9% Sodium Chloride Injection USP - 1000ml	20	7800-09	IV Solution, Sodium Chloride 0.9% 1000ml Bag 12ea/cs	B. BRAUN MEDICAL, INC	L8000	$ 2.88	1/EA	$ 57.60
107	107	0.9% Sodium Chloride Injection USP - 500ml	6000	358001	IV Solution, Sodium Chloride 0.9% 500ml Bag 24ea/cs BBraun L8001	B. BRAUN MEDICAL, INC	L8001	$ 2.86	1/EA	$ 17,160.00
108	108	0.9% Sodium Chloride Injection USP - 250ml	20	358002	IV Solution, Sodium Chloride 0.9% 250ml Bag 24ea/cs BBraun L8002	B. BRAUN MEDICAL, INC	L8002	$ 2.76	1/EA	$ 55.20
109	109	0.9% Sodium Chloride Injection USP - 100ml	500	358437	IV Solution, Sodium Chloride 0.9% 100ml Bag, Singles 96ea/cs	BAXTER HEALTHCARE-DMG	2B1307	$ 2.11	1/EA	$ 1,055.00
110	110	Sterile Water for Irrigation - 500mL	200	607113	Sterile Water for Irrigation, 500ml Plastic Pour Bottle 18ea/cs	BAXTER HEALTHCARE-DMG	2F7113	$ 3.05	1/EA	$ 610.00
111	111	IV Administration set - Smallbore Extension Set with bonded Ultrasite Injection site, Length: 7 in, Priming Volume: 0.6mL (approx)	12000	1714-31081	Curaplex 8" Exten Set, Rmvble Sure-Lok, NeedleFree Connect, Rotating Male LL 1/EA 50EA/CS	CURAPLEX BY BOUND TREE	AE3108-CUR	$ 0.86	1/EA	$ 10,320.00
112	112	Pneumothorax Decompression needle & catheter with hard plastic case - 14ga X 3.25"	50	C012372	CATHETER INTRAVENOUS (IV) 14 GAUGE X 5.25 IN 50/CS ANGIOCATH	BECTON DICKINSON	382269	$ 18.56	1/EA	$ 928.00
113	113	IV armboard, reusable, plywood core - 3" x 9"	30	63309	3 x 9" Reusable IV Armboard, each	Dick Medical Supply	63309	$ 2.00	1/EA	$ 60.00
114	114	IV armboard, reusable, plywood core - 3" x 12"	10	56-1812	LTD QTY - Board splint, foam pad, 12 in, 1/2 x 3 in solid wood, orange vinyl cover	MORRISON MEDICAL PRODUCTS	1812	$ 2.98	1/EA	$ 29.80
115	115	IV armboard, reusable, plywood core - 3" x 18"	10	63318	Reusable IV Armboard	Dick Medical Supply	63318	$ 2.61	1/EA	$ 26.10
116	116	Angiocath Peripheral Venous Catheter - 14g x 5.25"	10	C012372	CATHETER INTRAVENOUS (IV) 14 GAUGE X 5.25 IN 50/CS ANGIOCATH	BECTON DICKINSON	382269	$ 18.56	1/EA	$ 185.60
117	117	Surecan Safety Huber w/ Ultrasite needlefree infusion system - 20ga x 3/4"	10	1612-00702	Surecan Safety II Huber Needle Infusion Set, 20G x 1 in 1/EA 20EA/BX 5BX/CS	B. BRAUN MEDICAL, INC	4447007-02	$ 4.87	1/EA	$ 48.70
118	118	IntraLock Lipid Compatible 3-Way Stop Cock	100	10637	IV stopcock, Smiths, three way w/swivel 50ea/cs	SMITHS MEDICAL ASD, INC.	MX5311L	$ 0.60	1/EA	$ 60.00
119	119	3m Surgical Clipper Starter Kit, includes clipper body 9661 and charger 9662, no blade assembly	5	2744-96670	3M Surgical Clipper Starter Kit	3M	9667L	$ 56.48	1/EA	$ 282.40
120	120	Assure Prism Multi-meter Glucometer	30	2761-53010	*SEE NOTES* Blood Glucose Meter, Assure Prism Multi*Approved for Multipatient Use*	Arkray	530001	$ 0.01	1/EA	$ 0.30
121	121	Angiocath Peripheral IV Catheter - 16ga x 2"	30	601651T	CATHETER INTRAVENOUS (IV) 16 GAUGE X 2 IN 50EA/BX 4BX/CS TERUMO SURFLO	Terumo	SR-OX1651CA	$ 1.88	1/EA	$ 56.40
122	122	IV Start Kit containing: (1) Alcohol Prep Pads, Medium (1) Tegaderm Intravenous Dressing 2 3/8" x 2 3/4", (1) Gauze Sponge 2" x 2", (1) Tourniquet 1" x 18", (1) Transparent Surgical Tape 1" x 18"	8000	8600-01146	Curaplex IV Start Kit, Alcohol Prep, IV Guard, 2x2 Gauze Sponge, PVP Prep Pad, LF TQ	CURAPLEX BY BOUND TREE	8600-01146	$ 0.76	1/EA	$ 6,080.00
123	123	Arrow EZ-IO Vascular Access Power Driver	5	NO BID	Not Bidding On This Item	No Bid	No Bid	No Bid	No Bid	No Bid
124	124	Arrow EZ-IO Needle Kit with Stabilizer - 45mm (Yellow)	1000	NO BID	Not Bidding On This Item	No Bid	No Bid	No Bid	No Bid	No Bid
125	125	Arrow EZ-IO Needle Kit with Stabilizer - 25mm (Blue)	1500	NO BID	Not Bidding On This Item	No Bid	No Bid	No Bid	No Bid	No Bid
126	126	Arrow EZ-IO Needle set - 45mm (Yellow)	100	NO BID	Not Bidding On This Item	No Bid	No Bid	No Bid	No Bid	No Bid
127	127	Arrow EZ-IO Needle set - 25mm (Blue)	100	NO BID	Not Bidding On This Item	No Bid	No Bid	No Bid	No Bid	No Bid
128	128	Arrow EZ-Stabilizer Dressing	1300	NO BID	Not Bidding On This Item	No Bid	No Bid	No Bid	No Bid	No Bid
129	129	Arrow EZ-IO Vascular Access Pack Soft Sided (Yellow)	5	NO BID	Not Bidding On This Item	No Bid	No Bid	No Bid	No Bid	No Bid
130	130	Bandage, Self-Adherent, ,individually packaged - 2" x 5yd	75	11081	bandage, wrap, Sensi-Wrap, self-adherent, tan, 2in x 5yds 36ea/cs	DYNAREX CORPORATION	3172	$ 0.64	1/EA	$ 48.00
131	131	Bandage, Self-Adherent, ,individually packaged - 4" x 5yd	50	11083	bandage, wrap, Sensi-Wrap, self-adherent, tan, 4in x 5yds 18ea/cs	DYNAREX CORPORATION	3174	$ 1.15	1/EA	$ 57.50
132	132	Combat Application Tourniquet (CAT) - Black	70	1880-13022	Combat Application Tourniquet (CAT) Tactical Black, Gen 7, One-handed Tourniquet - Windlass System	NORTH AMERICAN RESCUE PRODUCTS	30-0001	$ 23.18	1/EA	$ 1,622.60

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	Fort Bend County EMS Line ID	Fort Bend County EMS Item Description	Fort Bend County EMS Qty	Bound Tree Medical Item #	Bound Tree Medical Item Description	Vendor Name	Vendor Item #	Quoted Price	Selling UOM	Quoted Extended Price
133	133	Gauze - Non Sterile, non-woven, 4ply - 4"x4"	120	F165622	GAUZE SPONGE NON WOVEN NON STERILE 4 IN X 4 IN 200/BG 10BG/CS	DYNAREX CORPORATION	3254	$ 2.38	200/BG	$ 285.60
134	134	Gauze - Sterile 12 ply - 4"x4"	2000	087773	GAUZE SPONGE, DERMACEA, STERILE 12 PLY 4 IN X 4 IN 2/PK 25PK/BX 24BX/CS	CARDINAL HEALTH	441000	$ 2.04	50/BX	$ 163.20
135	135	Gauze - Sterile, roll, 6ply - 4 1/2" x 4.1 yd	1500	1121-36645	Curaplex Fluff Bandage Roll 4.5"x4.1yds, 6ply, Sterile, 100rl/cs	CURAPLEX BY BOUND TREE	1121-36645	$ 0.90	1/RL	$ 1,350.00
136	136	Triangular Bandage - 36"x51"	200	J2051	BANDAGE TRIANGULAR 40 IN X 40 IN X 56 IN 12EA/BG 20BG/CS	ADI MEDICAL	23040	$ 0.38	1/EA	$ 76.00
137	137	Gauze - Abdominal Pad, sterile - 8" x 9"	200	1212-12110	Curaplex Abdominal Combine Dressing, Sterile, 5in x 9in, 25/BX 16BX/CS	CURAPLEX BY BOUND TREE	1212-12110	$ 3.54	25/BX	$ 566.40
138	138	Adhesive Strip Bandage - 1" x 3"	100	1122-14954	Curaplex Plastic Adhesive Bandage, 1in x 3in, 100/BX 60BX/CS	TEMPO MEDICAL-CURAPLEX	CBAP013	$ 1.06	100/BX	$ 106.00
139	139	Burn Sheet, Sterile - 60" x 96"	50	30061MS	Curaplex Burn Sheet, 60 inch x 90 inch, Sterile 50ea/cs	CURAPLEX BY BOUND TREE	STORM-BS0033	$ 1.90	1/EA	$ 95.00
140	140	Trauma Dressing, Sterile - 10" x 30"	100	536-NON21459EA	Bandage, Multi-Trauma Dressing, 10 in x 30 in, Sterile, 50ea/cs	MEDLINE INDUSTRIES, INC.	NON21459	$ 0.85	1/EA	$ 85.00
141	141	Rapid Heat Instant Heat Pack, Pull Apart Style	170	952050	Rapid Heat Instant Hot Pack, 10.5 in x 5.5 in, 6/BX 4BX/CS	Cambridge Sensors USA, LLC	2050	$ 7.15	6/BX	$ 1,215.50
142	142	Rapid Cold Instant Cold Pack, Pull Apart Style	6	952000	COLD PACK INSTANT 5.5 IN X 10 IN 24/CS RAPID COLD	Cambridge Sensors USA, LLC	2004	$ 25.38	24/CS	$ 152.28
143	143	Ferno KED forehead/Chin Strap Replacement set of 2	10	FER0819928	Straps Head/Chin for KED 4 piece/ea	FERNO WASHINGTON	0819928	$ 46.89	1/EA	$ 937.80
144	144	Tape - 3M Transpore - 1" x 10yd	10	151527	Tape, Surgical, Transpore, 1 in x 10 yd, Adhesive, Clear, Porous, Latex Free, 12/bx, 10bx/cs	3M	1527-1	$ 9.50	12/BX	$ 95.00
145	145	Tape - Paper, hypo-allergenic - 1" x 10yd	7	279-3552BX	Paper surgical tape, 1 in. x 10 yards, hypoallergenic 12/bx 12bx/cs	DYNAREX CORPORATION	3552	$ 3.69	12/BX	$ 25.83
146	146	Tape - Waterproof - 2" x 10yd	18	150512	Tape, Cloth, WET-PRUF, 2 in x 10 yd, Waterproof, 6/bx 12bx/cs	CARDINAL HEALTH	3267C	$ 17.64	6/BX	$ 317.52
147	147	Splint - bendable foam and aluminum, rolled, (orange) - 4" x 36"	200	533-MS-SPLINT	Flex-All splint, orange, bendable foam and aluminum splint, 4 in. x 36 in. rolled	MEDSOURCE INTERNATIONAL	MS-SPLINT	$ 4.85	1/EA	$ 970.00
148	148	Quikclot Combat Gauze LE Z-fold - 3" x 4yd	5	1214-35034	QuikClot Combat Gauze, LE Z-Fold, 3 inch x 4 yards, Black Packaging	TELEFLEX LLC	350	$ 33.94	1/EA	$ 169.70
149	149	Hyfin Chest Seal without vent	5	NAR10-0015	HyFin Chest Seal, 6 in H x 6 in W	NORTH AMERICAN RESCUE PRODUCTS	10-0015	$ 9.28	1/EA	$ 46.40
150	150	Israeli emergency compression bandage - 4"	5	J2704	BANDAGE EMERGENCY OLIVE DRAB 4 IN 100/CS ISRAELI BANDAGE	PerSys Medical	FCP-01	$ 6.23	1/EA	$ 31.15
151	151	Israeli emergency compression bandage - 6"	5	J2700	BANDAGE EMERGENCY OLIVE DRAB 6 IN 100/CS ISRAELI BANDAGE	PerSys Medical	FCP-02	$ 6.61	1/EA	$ 33.05
152	152	CAT Tourniquet Holder (black) - 6.25" x 1.75" x 1.5"	25	690002	CAT Tourniquet Holder, Black, 6.25 in L x 1.75 in W x 1.5 in D	NORTH AMERICAN RESCUE PRODUCTS	30-0057	$ 16.08	1/EA	$ 402.00
153	153	Sam Pelvic Sling II - Standard	25	665567	SAM PELVIC SLING II - LARGE 36-54 IN 24EA/CS	SAM MEDICAL	PS302-OB-EN	$ 62.18	1/EA	$ 1,554.50
154	154	Masimo® SpO2 sensor, disposable - Adult	1000	2712-04126	SENSOR, MASIMO LNCS ADTX, ADULT 18 IN ADHESIVE DISPOSABLE SPO2, GREATER THAN 30KG 20EA/CS	MASIMO	1859	$ 12.19	1/EA	$ 12,190.00
155	155	Masimo® SpO2 sensor, disposable - Pediatric	750	2712-32126	SENSOR, MASIMO LNCS PDTX, PEDIATRIC, ADHESIVE, DISPOSABLE, 10-50 KG 20EA/CS	MASIMO	1860	$ 13.10	1/EA	$ 9,825.00
156	156	Masimo® SpO2 sensor, disposable - Infant	500	2712-03111	MASIMO SET LNCS INF-L INFANT ADHESIVE SENSOR, DISPOSABLE, FOR PTS 3-20KG, 18 IN 20EA/BX	STRYKER	11171-000031	$ 19.60	1/EA	$ 9,800.00
157	157	ECG Electrodes - Medi-Trace Mini, teardrop shape, adhesive hydrogel - Pediatric	200	47-31439766PK	Electrode, Medi-Trace Mini, ECG monitoring, pediatric, foam, teardrop shape, adhesive hydrogel 5/pk	CARDINAL HEALTH	31439766-	$ 1.10	5/PK	$ 4,400.00
158	158	ECG Electrodes - Medicotest Blue Sensor Disposable Electrodes - Adult	5000	230026	Electrodes, BlueSensor R, Adult, Foam 25/PK 40PK/CS	AMBU	R-00-S/25	$ 7.22	25/PK	$ 36,100.00
159	159	Smart Capnoline Plus non-intubated, oral nasal w/ O2 tubing, adlut/intermediate	3200	177268	SMART CAPNOLINE PLUS NON INTUBATED, ORAL NASAL W/O2 TUBING, ADULT/INTERMEDIATE 100EA/BX	MEDTRONIC (covidien)	MVAO100U	$ 8.90	1/EA	$ 28,480.00
160	160	Filter line H set infant/ neonate, incl airway adapter, filterline, microstream connection	20	176324	FILTERLINE H SET INFANT/NEONATE, INCL AIRWAY ADAPTER, FILTERLINE, MICROSTREAM CONNECTION 25/BX	MEDTRONIC (covidien)	MVIIH	$ 11.58	1/EA	$ 231.60
161	161	Filter line set adult/pediatric airway adapter	650	174620	FILTERLINE SET, NON HUMIDIFIED, INTUBATED, ADULT/PEDIATRIC 100EA/BX	MEDTRONIC (covidien)	MVAI100U	$ 6.78	1/EA	$ 4,407.00
162	162	Zoll X Series 80mm Thermal Paper, Pink with Grid	1000	2745-10081	Curaplex ECG Chart Paper, Thermal, 80mm, Red Grid, Z-Fold Compatible Zoll M Series 1/PD 40PD/CT	CURAPLEX BY BOUND TREE	8000-0300G	$ 1.39	1/PD	$ 1,390.00
163	163	Masimo® SET RED LNCS Patient Cable, reusable, compatible with Zoll X-Series Monitor - 4'	10	661433	Cable, Masimo SET Red LNC-4, LP15 20 pin, for use with LNCS Patient Sensor, 4 ft	MASIMO	2055	$ 153.16	1/EA	$ 1,531.60
164	164	Masimo® SET LNCS DC-P Reusable Sensor, compatible with Zoll X-Series Monitor - Pediatric (10-50kg)	10	2712-04126	SENSOR, MASIMO LNCS ADTX, ADULT 18 IN ADHESIVE DISPOSABLE SPO2, GREATER THAN 30KG 20EA/CS	MASIMO	1859	$ 12.19	1/EA	$ 121.90
165	165	Masimo® SET LNCS DC-I Reusable Sensor, compatible with Zoll X-Series Monitor - Adult (>30kg)	10	16529	SENSOR, MASIMO LNCS DCI, ADULT, REUSABLE, 3 FT, GREATER THAN 30 KG	MASIMO	1863	$ 130.29	1/EA	$ 1,302.90

Item List for Fort Bend County EMS
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	Fort Bend County EMS Line ID	Fort Bend County EMS Item Description	Fort Bend County EMS Qty	Bound Tree Medical Item #	Bound Tree Medical Item Description	Vendor Name	Vendor Item #	Quoted Price	Selling UOM	Quoted Extended Price
166	166	Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Infant	200	2614-21307	BP Cuff, FlexiPort, Size 7 Infant, Disposable, Two Tube, Screw Connector 20ea/cs	WELCH ALLYN, INC..	SOFT-07-2MQ	$ 3.15	1/EA	$ 630.00
167	167	Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Small Child	200	2614-21309	BP Cuff, FlexiPort, Size 9 Child, Disposable, Two Tube, Locking Connector 20ea/cs	WELCH ALLYN, INC..	SOFT-09-2MQ	$ 3.22	1/EA	$ 644.00
168	168	Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Small Adult	300	2614-21310	BP Cuff, FlexiPort, Size 10 SM Adult, Disposable, TwoTube, Locking Connector 20ea/cs	WELCH ALLYN, INC..	SOFT-10-2MQ	$ 4.28	1/EA	$ 1,284.00
169	169	Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Adult	500	2614-21311	BP Cuff, FlexiPort, Size 11 Adult, Disposable, Two Tube, Locking Connector 20ea/cs	WELCH ALLYN, INC..	SOFT-11-2MQ	$ 4.28	1/EA	$ 2,140.00
170	170	Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Large Adult	700	2614-21312	BP Cuff, FlexiPort, Size 12 LG Adult, Disposable, Two Tube, Locking Connector 20ea/cs	WELCH ALLYN, INC..	SOFT-12-2MQ	$ 4.28	1/EA	$ 2,996.00
171	171	Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Thigh	200	2614-21313	BP Cuff, FlexiPort, Size 13 Thigh, Disposable, Two Tube, Locking Connector 20ea/cs	WELCH ALLYN, INC..	SOFT-13-2MQ	$ 5.68	1/EA	$ 1,136.00
172	172	ZOLL® OneStep™ Pediatric CPR Electrode for Zoll X Series	150	2742-02190	ZOLL Onestep Pediatric CPR Electrode, Single	ZOLL MEDICAL CORPORATION	8900-000219-01	$ 92.66	1/PR	$ 13,899.00
173	173	ZOLL® CPR Stat-Padz® HVP Multi-Function CPR Electrodes for Zoll X-Series Monitor	1000	2742-40289	Zoll CPR Stat Padz, HVP Multi-Function CPR Electrodes, for Zoll M, E, X, R Series, AED Plus/Pro 1/PR	ZOLL MEDICAL CORP.	8900-0402	$ 81.18	1/PR	$ 81,180.00
174	174	Welch Allyn FlexiPort Reusable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Adult	50	2615-21311	BP Cuff, FlexiPort, Size 11 Adult, Reusable, Two Tube, Locking Connector	WELCH ALLYN, INC..	REUSE-11-2MQ	$ 21.14	1/EA	$ 1,057.00
175	175	ZOLL® Dual Lumen NIBP Tubing Assembly, 10 feet for Zoll X Series	25	2613-00283	NIBP Hose, 10 foot, Dual Lumen for Propaq MD	ZOLL MEDICAL CORP.	8300-0002-01	$ 123.17	1/EA	$ 3,079.25
176	176	12-Lead OneStep™ ECG Cable - AAMI Includes 4-Lead Trunk Cable and Removable Precordial 6 Lead Set for Zoll X-Series Monitor	50	2746-80283	ECG Cable, 12-Lead One Step, AAMI incl 4-Lead Trunk Cable, Removable Precordial 6 Lead Set Ppq MD	ZOLL MEDICAL CORP.	8300-0802-01	$ 336.00	1/EA	$ 16,800.00
177	177	CPR-D-Padz® One-Piece Electrode and connector for Zoll R-Series	15	2746-80902	CPR-D Padz and CPR Stat Padz Connector for ZOLL R Series Defibrillators	ZOLL MEDICAL CORPORATION	8009-0020	$ 388.12	1/EA	$ 5,821.80
178	178	ZOLL® OneStep™ Cable for Zoll X Series	25	*NS00676	ZOLL® OneStep™ Cable for Zoll X Series	ZOLL MEDICAL CORP.	ZOL8300-000676-R	$ 479.00	1/EA	$ 11,975.00
179	179	ZOLL® 12 Lead (V-Lead) Cable	20	2746-80483	Replacement Precordial 6 Lead Cable - AAMI for the Propaq MD	ZOLL MEDICAL CORP.	8300-0804-01	$ 186.35	1/EA	$ 3,727.00
180	180	ZOLL® Defibrillator Cable Adapter	5	2746-37080	Zoll CPR-D Pad Adapter	ZOLL MEDICAL CORP.	8000-0370	$ 283.72	1/EA	$ 1,418.60
181	181	Masimo® SET rainbow® DCI (SpO2, SpCO and SpMET) Reusable Sensor with 3' cable compatible with Zoll X-Series - Adult	5	2712-04971	Sensor, Masimo SET Rainbow, Adult, 3ft Reusable, for use w/RC (Rainbow or SpO2/SpCO/SpMET) Cable	STRYKER	11171-000049	$ 568.60	1/EA	$ 2,843.00
182	182	Masimo® SET rainbow® RC-4 20-pin Patient Cable, 4' compatible with Zoll X-Series	10	2712-03711	Patient Cable, Masimo SET RC, 4ft, for Use w/M-LNCS or Rainbow R Sensors, LifePak 15	STRYKER	11171-000037	$ 198.66	1/EA	$ 1,986.60
183	183	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	100	297100	Gloves, Freeform SE, XS, Standard Exam, Nitrile, Latex Free, Powder Free 100/bx 10bx/cs	ANSELL HEALTHCARE PRODUCTS LLC	FFS-700-XS	$ 11.51	100/BX	$ 1,151.00
184	184	MICROFLEX® FreeForm® SE Nitrile Exam Gloves, Powderfree Exam Gloves, 100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 3.5 mil Palm Thickness, 5.1 mil Finger Thickness, Tensile Strength = 32 before aging (31 After aging), Elasticity = 500% Before Aging (400% after aging), Pinhole Defect Rate = 1.5 - Small	200	297200	Gloves, Freeform SE, SM, Standard Exam, Nitrile, Latex Free, Powder Free 100/bx 10bx/cs	ANSELL HEALTHCARE PRODUCTS LLC	FFS-700-S	$ 11.50	100/BX	$ 2,300.00
185	185	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	600	297300	Gloves, Freeform SE, MED, Standard Exam, Nitrile, Latex Free, Powder Free 100/bx 10bx/cs	ANSELL HEALTHCARE PRODUCTS LLC	FFS-700-M	$ 11.50	100/BX	$ 6,900.00
186	186	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	600	297400	Gloves, Freeform SE, LG, Standard Exam, Nitrile, Latex Free, Powder Free 100/bx 10bx/cs	ANSELL HEALTHCARE PRODUCTS LLC	FFS-700-L	$ 11.50	100/BX	$ 6,900.00
187	187	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	200	297500	Gloves, Freeform SE, XL, Standard Exam, Nitrile, Latex Free, Powder Free 100/bx 10bx/cs	ANSELL HEALTHCARE PRODUCTS LLC	FFS-700-XL	$ 11.50	100/BX	$ 2,300.00

Item List for Fort Bend County EMS
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	Fort Bend County EMS Line ID	Fort Bend County EMS Item Description	Fort Bend County EMS Qty	Bound Tree Medical Item #	Bound Tree Medical Item Description	Vendor Name	Vendor Item #	Quoted Price	Selling UOM	Quoted Extended Price
188	188	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	10	297750	Gloves, Freeform EC, SM, Extended Cuff, Nitrile, Latex Free, Powder Free 50/bx 10bx/cs	ANSELL HEALTHCARE PRODUCTS LLC	FFE-775-S	$ 9.69	50/BX	$ 96.90
189	189	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	10	297755	Gloves, Freeform EC, MED, Extended Cuff, Nitrile, Latex Free, Powder Free 50/bx 10bx/cs	ANSELL HEALTHCARE PRODUCTS LLC	FFE-775-M	$ 9.69	50/BX	$ 96.90
190	190	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	10	297760	Gloves, Freeform EC, LG, Extended Cuff, Nitrile, Latex Free, Powder Free 50/bx 10bx/cs	ANSELL HEALTHCARE PRODUCTS LLC	FFE-775-L	$ 9.69	50/BX	$ 96.90
191	191	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	10	297770	Gloves, Freeform EC, XL, Extended Cuff, Nitrile, Latex Free, Powder Free 50/bx 10bx/cs	ANSELL HEALTHCARE PRODUCTS LLC	FFE-775-XL	$ 9.69	50/BX	$ 96.90
192	192	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	10	297780	Gloves, Freeform EC, 2XL, Extended Cuff, Nitrile, Latex Free, Powder Free 50/bx 10bx/cs	ANSELL HEALTHCARE PRODUCTS LLC	FFE-775-XXL	$ 9.69	50/BX	$ 96.90
193	193	Ambu® Perfit ACE Adjustable Cervical Collar, 16 setting - Adult (Neckless to Tall)	1500	260281	Extrication Collar, Ambu Perfit ACE, Adult, Adjustable 16 Settings 30ea/cs	AMBU	000281000	$ 4.45	1/EA	$ 6,675.00
194	194	Ambu® Perfit Mini ACE Adjustable Cervical Collar, 12 settings - Pediatric (Infant to Neckless)	150	260280	Extrication Collar, Ambu Mini Perfit ACE, Pediatric, Adjustable 12 Settings 30ea/cs	AMBU	000281106	$ 3.86	1/EA	$ 579.00
195	195	Laerdal Sta-Blok™ Head Immobilizer. Single use disposable device, radiolucent, Adjustable standard Velcro padded strap, latex free	900	260975	HEAD IMMOBILIZER STA-BLOK 30/CS	LAERDAL MEDICAL CORP.	700-00001	$ 3.92	1/EA	$ 3,528.00
196	196	Disposable OB Kit, Soft Packaging	25	540-1721EA	*SEE NOTES* OB kit, plastic bag, gloves, underpad, clamps, towels, scalpel, pad, etc	OTHER MANUFACTURER	1721	$ 4.71	1/EA	$ 117.75
197	197	Alcohol Prep Pads - Medium (200/bx)	300	1330-85300	Curaplex Alcohol Prep Pad, Medium, Sterile 200/BX 20BX/CS	CURAPLEX BY BOUND TREE	1330-85300	$ 1.98	200/BX	$ 594.00
198	198	Emesis Bags, single use, Clear, Graduate, 1000cc, latex free, rigid collar, automatic seal	2000	1071-10208	Curaplex Emesis Bag, 1000cc, Clear, Cardboard Rim w/o Hand Protection 25/pk 10pk/cs	CURAPLEX BY BOUND TREE	1071-10208	$ 8.90	25/PK	$ 712.00
199	199	Sterile Lubricating Jelly - 5g	10	1340-67507	Lubricating Jelly, MediChoice, Sterile, 5 gm packet, 1/EA 600EA/CS	OTHER MANUFACTURER	13145GRAMLUB	$ 0.18	1/EA	$ 129.60
200	200	Oxygen Cylinder Handwheel, Metal	10	020550	HANDWHEEL WITH CHAIN PLASTIC	ALLIED HEALTHCARE PRODUCTS INC	L002865-050	$ 10.44	1/EA	$ 104.40
201	201	Oxygen Cylinder Wrench, aluminum - Large	10	020640	WRENCH CYLINDER METAL LARGE 10/CS	Allied Healthcare Products Inc	66082	$ 7.40	1/EA	$ 74.00
202	202	Trauma Shears, Dark Blue - 7 1/2"	100	533-MS-SH002BL	EMS shears, blue, 7 1/4 in., safety bandage tip, fully autoclavable, surgical stainless steel blades	MEDSOURCE INTERNATIONAL	MS-SH002BL	$ 0.84	1/EA	$ 84.00
203	203	Penlight, Disposable	100	32762	Curaplex Disposable Penlight 6/pk, 60pk/cs	CURAPLEX BY BOUND TREE	CUR-PEL100	$ 3.84	6/PK	$ 64.00
204	204	Safety Lancet, single use, push button activated / spring loaded (100/bx)	120	528-70043-02BX	Thin lancet, MediSense, single use 100/bx 24bx/cs	ABBOTT	70469-02	$ 9.51	100/BX	$ 1,141.20
205	205	ChloraPrep® Clear 3ml Applicator (2% Chlorhexidine / 70% Isopropyl Alcohol)	6	1330-40003	*DCV-NO SUB * ChloraPrep 3ml Clear Applicator 2% Chlorhexidine Gluconate/70% Iso Alcohol 25/bx	Becton Dickinson	260400	$ 37.47	25/BX	$ 224.82
206	206	Safety control seals, Pull Tite (numbered), 100/pkg	1	226640	SAFETY CONTROL SEALS BLUE W/ NUMBERS 100/PK 10PK/CS PULL-TITE (HEAT STAMPED)	E.J. BROOKS COMPANY	S6636000-3	$ 25.70	100/PK	$ 25.70
207	207	Razor, Disposable, Fixed Head (100/bx)	4	2744-70837	Shave Prep Razor, 2 sided, Blue 100ea/cs	MEDLINE INDUSTRIES, INC.	DYND70837	$ 0.24	1/EA	$ 96.00
208	208	Disposable Polyester Patient Blanket, Blue or Gray (50" x 84")	50	661258	Blanket, Disposable, Gray, 50 in x 84 in 10ea/cs	LITTLE RAPIDS CORPORATION/GRAHAM MEDICAL	62292	$ 5.52	1/EA	$ 276.00
209	209	Oxygen "D" Cylinder Gasket, Brass w/Rubber Center	10	380038	STAT-O-SEAL CYLINDER GASKET BRASS WITH RUBBER CENTER 50/BG	ALLIED HEALTHCARE PRODUCTS INC	86060-BR	$ 0.80	1/EA	$ 8.00

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210	210	Welch Allyn SureTemp Plus Thermometer Probe Cover, disposable (25/bx)	200	2733-53175	Probe Covers for SureTemp Thermometers 690, Disposable 250/bx 30bx/cs	WELCH ALLYN, INC..	05031-750	$ 9.50	250/BX	$ 190.00
211	211	Heavy Duty Ring Cutter	5	2832-81604	Replacement Blade for Zulco Deluxe Heavy Duty Ring Cutter	ZULCO INTERNATIONAL	816-DELUX	$ 2.37	1/EA	$ 11.85
212	212	Scalpel #11, Disposable, Sterile	5	400012	SCALPEL DISPOSABLE STERILE 11 10EA/BX 4111	DYNAREX CORPORATION	4111	$ 0.48	1/EA	$ 2.40
213	213	Blade Assembly, single-use, pivoting, purple, for 3M 9661 surgical clippers	50	J2262	Blade Assembly, Single-Use, Pivoting, Purple, for 3M 9661 Surgical Clippers, 50ea/cs	3M	9660	$ 3.96	1/EA	$ 198.00
214	214	Isopropyl Alcohol 70 % Bottle (4oz)	40	283-61430315EA	Hand sanitizer, Gel, waterless, 4 oz btl, contains 70% ethyl alcohol 72ea/cs	ECOLAB HEALTHCARE	6000003	$ 2.45	1/EA	$ 98.00
215	215	Isopropyl Alcohol 70% Bottle (16oz)	12	201001	ALCOHOL ISOPROPYL 70% 16 OZ 12/CS	Medline Industries, Inc.	HDX D0022	$ 1.80	1/EA	$ 21.60
216	216	Ecolab® Endure™ 300 Cida-Rinse Dispenser (540mL)	10	F5694	*DCV-NO SUB * DISPENSER 540ML CIDA-RINSE *NON RETURNABLE*	ECOLAB INC	61439813	$ 4.28	1/EA	$ 42.80
217	217	Mylar Emergency Blanket (52" x 84")	50	12945	Curaplex Blanket, Silver Mylar Emergency, 52 in x 82 in 200ea/cs	CURAPLEX BY BOUND TREE	12945	$ 0.42	1/EA	$ 21.00
218	218	Taylor Healthcare® G-Force™ Series Stretcher Sheet for Stryker, Blue, fluid resistant (36" x 90")	5000	3271-62602	Curaplex XPS Fitted Sheet, 36 in x 90 in, Light Blue, 400lbs weight rating, 96gsm 30/CS	CURAPLEX BY BOUND TREE	3271-62602	$ 55.03	30/CS	$ 9,171.67
219	219	Webbing, Nylon 1"x 50yd rolls - 500yd/box, NO Splices	50	615-477-1RD-197	Nylon webbing, 1 in. wide, dark red, 50 yard roll, break strength up to 4000 lbs/inch	DICK MEDICAL SUPPLY	9150RD	$ 63.39	1/EA	$ 3,169.50
220	220	Oxygen Post Valve, Seal Protector, Pull Type	500	380038	STAT-O-SEAL CYLINDER GASKET BRASS WITH RUBBER CENTER 50/BG	ALLIED HEALTHCARE PRODUCTS INC	86060-BR	$ 0.80	1/EA	$ 400.00
221	221	Health Care Logistics MedTags™ with Holder	100	*NS7760	Health Care Logistics MedTags™ with Holder	Health Care Logistics	7760	$ 15.90	1/EA	$ 1,590.00
222	222	Triage Ribbon - All Colors	5	3460-05793	Triage Ribbon 4/pk for DMS-05763 or DMS-05895, incl 300 ft Roll of Red, Yellow, Green, Black/White	DISASTER MANAGEMENT SYSTEMS, INC.	DMS-05793	$ 12.69	1/PK	$ 63.45
223	223	Triage Ribbon - Red	5	3460-05791-R	Triage Ribbons, Red IMMEDIATE, 300 ft Roll	DISASTER MANAGEMENT SYSTEMS, INC.	DMS-05791	$ 3.39	1/RL	$ 16.95
224	224	Triage Ribbon - Yellow	5	3460-05790-R	Triage Ribbons, Yellow, 300 ft Roll each	DISASTER MANAGEMENT SYSTEMS, INC.	DMS-05790	$ 3.39	1/EA	$ 16.95
225	225	Triage Ribbon - Green	5	3460-05789-R	EMT3 Triage Ribbon Replacement Roll- MINOR Green	DISASTER MANAGEMENT SYSTEMS, INC.	DMS-05789	$ 3.39	1/EA	$ 16.95
226	226	Triage Ribbon - Black/White	5	3460-05792	Triage Ribbons, Black/White, 300 ft Roll	DISASTER MANAGEMENT SYSTEMS, INC.	DMS-05792	$ 4.24	1/EA	$ 21.20
227	227	Safety Glasses, Nemesis V30, black frame, clear lens, neck cord included	250	1022-25676	Safety Glasses, Nemesis V30, Black Frame, Clear Lens, Neck Cord included 12ea/bx	MED PLUS SERVICES USA	KIM 25676	$ 4.13	1/EA	$ 1,032.50
228	228	Fluid shield mask with clear visor, anti-fog, 2" wrap around, ear loops 25/bx	2	1031-12100	*NON RETURNABLE* NO CANCELLATION* Face Shield 1/EA 96ECS	MEDSOURCE INTERNATIONAL	MS-12100	$ 1.54	1/EA	$ 77.00
229	229	Inovel medical N95 respirator, all sizes, must be CDC and NIOSH approved (24/pk)	2	1511	*NON-RETURNABLE* Particulate Respirator, N95 Mask, SM w/Nose Flange, Latex Free 20/bx 8bx/cs	MOLDEX-METRIC, INC.	1511	$ 25.00	20/BX	$ 62.50
230	229	Inovel medical N95 respirator, all sizes, must be CDC and NIOSH approved (24/pk)	2	1512	*NON-RETURNABLE* Particulate Respirator, N95, Med w/Nose Flange, Latex Free, 20/bx, 8bx/cs	MOLDEX-METRIC, INC.	1512	$ 25.00	20/BX	$ 62.50
231	229	Inovel medical N95 respirator, all sizes, must be CDC and NIOSH approved (24/pk)	2	1513	*NON-RETURNABLE* Particulate Respirator, N95 Mask, LG w/Nose Flange, Latex Free 20/bx 8bx/cs	MOLDEX-METRIC, INC.	1513	$ 25.00	20/BX	$ 62.50
232	230	3M® Particulate Respirator and Surgical Mask - 1860s	20	291860S	*NON-RETURNABLE* Particulate Respirator, N95, SM Size, Cup, Blue, Nosefoam, Fluid Resistant, Disp, LF	3M HEALTH CARE	1860S	$ 18.22	20/BX	$ 18.22
233	231	3M® Particulate Respirator and Surgical Mask - 1860	20	291860	*NON-RETURNABLE* Particulate Respirator, N95, REG Size, Cup, Blue, Nosefoam, Fluid Resistant, Disp, L	3M HEALTH CARE	1860	$ 17.49	20/BX	$ 17.49
234	232	3M® Particulate Respirator - 8210	20	1031-82100	3M Particulate Respirator 8210, N95 20/BX 8BX/CS	3M HEALTH CARE	8210	$ 16.46	20/BX	$ 16.46
235	233	3M® n95 Respirator - 1870	20	1031-87010	LTD QTY - *NON-RETURNABLE* Particulate Respirator, 3M Aura 1870+ N95, Std Size Mask, Flat Fold, Whi	3M	1870+	$ 3.50	20/BX	$ 3.50
236	234	Sharps Dart sharps container, one time lockable lid (6.7" x 1.2")	60	64250	Curaplex Sharps Solo, Sharps container with one time lockable seal, 6.5 in 24ea/cs	CURAPLEX BY BOUND TREE	BT-64250	$ 1.38	1/EA	$ 1,987.20
237	235	Gel Hand Sanitizer w/ pump 540 mL	50	F5692	Antiseptic Gel, Hand Sanitizer, 540ml 12ea/cs	ECOLAB HEALTHCARE	6000004	$ 6.17	1/EA	$ 308.50
238	236	Surgical Shoe Covers	50	1042-10110	Shoe Covers 2000/CS	MEDSOURCE INTERNATIONAL	MS-10110	$ 90.03	2000/CS	$ 2.25
239	237	Non-surgical Isolation Gown, unisize	50	1041-30325	Isolation Gown, Yellow, Non-Sterile, Impervious Polyethylene Coating 50/cs (10/bg 5bg/cs)	DUKAL CORP.	303	$ 60.51	50/CS	$ 60.51
240	238	Non-surgical Isolation Gown - Large	50	299979	ISOLATION GOWN YELLOW LARGE 10/BUNDLE 10BUNDLES/CASE (100/CS)	O&M Halyard, Inc	69979	$ 146.42	100/CS	$ 73.21

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241	239	Non-surgical Isolation Gown - Xlarge	50	F520604	GOWN CONTROL COVER YELLOW EXTRA LARGE 100EA/CS	O&M Halyard, Inc	69988	$ 1.98	1/EA	$ 99.00
242	240	Non-surgical Isolation Gown - XXLarge	50	12119	LTD QTY - *NON-RETURNABLE* gown, polypropylene, impervious, blue, XXL size, knit cuff	MEDLINE INDUSTRIES, INC.	NON27116XXL	$ 1.56	1/EA	$ 78.00
243	241	Sharps Container in room mailbox style lid, transparent red, 5 quart	300	5810-8513	SHARPS CONTAINER IN ROOM MAILBOX STYLE LID TRANSPARENT RED 5 QUART 20/CS	CARDINAL HEALTH	85131	$ 4.80	1/EA	$ 1,440.00
244	242	Bracket, wire with lock for sage 5 quart sharpstar container	5	298518	BRACKET WIRE WITH LOCK FOR SAGE 5 QUART SHARPSTAR CONTAINER 5/CS	CARDINAL HEALTH	8518X	$ 22.64	1/EA	$ 113.20
245	243	Replacement Key for Sharps Container Bracket #KE8518X	5	299747	KEY DEVICE FOR SHARPS-A-GATOR BRACKET (294841HK) 10/BG	CARDINAL HEALTH	31139747	$ 1.33	1/EA	$ 6.65
246	244	Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Infant	10	36010	Curaplex Manual BP Cuff, Infant, with Case 50ea/cs	CURAPLEX BY BOUND TREE	36010	$ 6.41	1/EA	$ 64.10
247	245	Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Pediatric	10	36011	Curaplex Manual Blood Pressure Cuff, Child, with Case 50ea/cs	CURAPLEX BY BOUND TREE	36011	$ 6.41	1/EA	$ 64.10
248	246	Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Adult	30	36012	Curaplex Manual Blood Pressure Cuff, Adult, with Case 50ea/cs	CURAPLEX BY BOUND TREE	36012	$ 6.41	1/EA	$ 192.30
249	247	Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Large Adult	15	36013	Curaplex Manual Blood Pressure Cuff , LG Adult, with Case 50ea/cs	CURAPLEX BY BOUND TREE	36013	$ 6.41	1/EA	$ 96.15
250	248	Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Thigh	10	36014	Curaplex Manual Blood Pressure Cuff, Thigh, with Case 50ea/cs	CURAPLEX BY BOUND TREE	36014	$ 6.24	1/EA	$ 62.40
251	249	Greenline/D Laryngoscope handle, fiber optic, chrome plated, 2AA batteries, penlite handle	10	025301	FIBER OPTIC MEDIUM HANDLE COMPATIBLE FOR ALL GREEN BLADES	SUN MED	5-0236-39	$ 51.51	1/EA	$ 515.10
252	250	Greenline/D Laryngoscope handle, fiber optic, chrome plated, C batteries	10	5023630	FIBER OPTIC GREENLINE STAINLESS HANDLE, PENLIGHT, PEDI AND ADULT	SUN MED	5-0236-30	$ 51.51	1/EA	$ 515.10
253	251	Oxygen flow meter with Ohmeda QC Adapter 1-15LPM	10	020631	FLOWMETER OXYGEN WITH OHMEDA QC ADAPTER 0-15 LPM	PRECISION MEDICAL	8MFA1005	$ 29.56	1/EA	$ 295.60
254	252	ADScope 603 Stethoscope, navy blue, with additional eartips and diaphragm	30	066-603N	Stethoscope, Adscope 603, Adult, Navy Blue, Combination Chestpiece, Stainless Steel Binaurals	AMERICAN DIAGNOSTIC CORP.	603N	$ 32.25	1/EA	$ 967.50
255	253	StatPacks G3 Backup, Red, with Fort Bend County EMS embroidery (25" x 18" x 8.5")	5	2522-00618	G3 Backup, Red, BBP Resistant, 25 in H x 18 in W x 8.5 in D	STATPACKS, INC.	G35006RE	$ 260.20	1/EA	$ 1,301.00
256	254	Welch Allyn SureTemp Plus 690 Thermometer	10	179200	Thermometer, Electronic, SureTemp Plus 690, 4 Ft Cord, Oral Probe w/Well	WELCH ALLYN, INC..	01690-200	$ 275.68	1/EA	$ 2,756.80
257	255	Welch Allyn SureTemp Plus 690 Probe and well kit, 4' - (Rectal / Red)	10	172892	Probe and Well Kit, Rectal, 4 ft, for SureTemp Plus 690/692 Thermometer	WELCH ALLYN, INC..	02892-000	$ 85.25	1/EA	$ 852.50
258	256	Welch Allyn SureTemp Plus 690 Probe and well kit, 4' - (Oral / Blue)	5	172893	Probe and Well Kit, Oral, 4 ft, for SureTemp Plus 690/692 Thermometer	WELCH ALLYN, INC..	02893-000	$ 85.25	1/EA	$ 426.25
259	257	Restraint strap seat belt buckle loop end, Black, 2 piece (5')	10	506022BK	Straps, Nylon, Metal Push Button Buckle, 2 Piece w/Loop Ends, Black, 5 feet	DICK MEDICAL SUPPLY	11152BK	$ 7.35	1/EA	$ 73.50
260	258	Restraint straps chest system, black, nylon, Metal push button, loop ends	10	504171BK	Shoulder Harness Restraint System, Nylon, Adjustable, Black	DICK MEDICAL SUPPLY	11160BK	$ 30.38	1/EA	$ 303.80
261	259	Posey Twice-as-Tough cuffs WRIST Restraint with lock on connecting strap, adjustable, pair - (Wrist / Blue)	150	562750	RESTRAINT WRIST CUFF FOR STRETCHER POSEY 2X TOUGH	POSEY PRODUCTS LLC	2750	$ 24.80	1/PR	$ 3,720.00
262	260	Posey Twice-as-Tough cuffs Restraint with lock on cuff and connecting strap, adjustable, pair - (Ankle / Red)	120	562755	RESTRAINT ANKLE CUFF FOR STRETCHER POSEY 2X TOUGH	POSEY PRODUCTS LLC	2755	$ 24.80	1/PR	$ 2,976.00
263	261	Oxygen cylinder with toggle, aluminum, D size	5	D4150	CYLINDER OXYGEN WITH TOGGLE ALUMINUM D SIZE	MERET	MDCYLT-W	$ 53.32	1/EA	$ 266.60
264	262	Oxygen regulator/pressure reducer, brass, CGA 540 2800-R-2	5	020624	Oxygen Regulator, CGA540, Nut and Nipple Inlet, 50 psi Preset with 90 degree Outlet, Contents Gauge	WESTERN ENTERPRISES	M1-540-P	$ 86.85	1/EA	$ 434.25
265	263	Oxygen regulator, 1 DISS 1BARB 0-25 LPM	5	14288	Curaplex Oxygen Regulator, All-Brass, 2 DISS, 1 Barb, CGA870	CURAPLEX BY BOUND TREE	EMSREG8725-B2D-I	$ 44.90	1/EA	$ 224.50
266	264	Megamover plus transport unit, nonwoven, w/backboard pockets, 1500 lb capacity (40" x 80")	10	3246-12345	Curaplex Patient Transporter, 1800 lb Capacity, 14 Handles 10ea/cs	CURAPLEX BY BOUND TREE	3246-12345	$ 13.12	1/EA	$ 131.20
267	265	Stryker LUCAS 2 / 3 Disposable Suction Cup, 3/pk	5	4510-04676	Suction Cups, for LUCAS 2 and 3 Disposable 3/pk	STRYKER	11576-000046	$ 130.80	3/PK	$ 654.00
268	266	Stryker LUCAS Patient Strap, pair	5	4510-57650	Patient Strap, Secures Pts Arms to Support Legs of LUCAS 2 1/pr	STRYKER	11576-000050	$ 98.65	1/PR	$ 986.50
269	267	Stryker LUCAS Stabilization Strap	5	4510-06496	Stabilization Strap, for LUCAS 1 and 2	STRYKER	21996-000064	$ 90.02	1/EA	$ 450.10
270	268	Stryker LUCAS Standard Back Plate	5	4510-00044	BASE PLATE, LUCAS DEVICE	STRYKER	21996-000044	$ 352.64	1/EA	$ 1,763.20
271	269	Replacement Ankle Hitch for QD3 & QD4 Traction	5	660207	ANKLE HITCH CUFF TYPE	FARETEC, INC.	1124200	$ 15.74	1/EA	$ 78.70
272	270	Replacement Ischial Strap for Adult/Child QD3/QD4 Traction Splint	5	3020-01301	REPLACEMENT ISCHIAL STRAP, FOR ADULT HARE TRACTION SPLINT AND QD-3 AND QD-4	DICK MEDICAL SUPPLY	600220	$ 9.22	1/EA	$ 46.10
273	271	Oxygen cylinder with toggle, aluminum - (C size)	5	D4148	CYLINDER OXYGEN WITH TOGGLE ALUMINUM SIZE C - M9	MERET	M9CYLT-W	$ 57.70	1/EA	$ 288.50
274	272	Traction splint w/aluminum ratchet - Adult (QD-4)	5	95001	Curaplex Traction Splint, Adult	CURAPLEX BY BOUND TREE	95001	$ 143.00	1/EA	$ 715.00
275	273	Traction splint w/aluminum ratchet - Pediatric (QD-3)	5	95002	Curaplex Traction Splint, Pediatric	CURAPLEX BY BOUND TREE	95002	$ 136.98	1/EA	$ 684.90
276	274	KED, Kendrick Extrication Device, green, with color coded straps	5	15329	Curaplex Extrication Device w/Case, Green, for Confined Space Patient Immobilization and Extrication	CURAPLEX BY BOUND TREE	STORM-ED2253	$ 66.96	1/EA	$ 334.80
277	275	L.A. Rescue® cervical collar bag (24" x 11" x 5")	5	LA0700	LA RESCUE Cervical Collar Bag, Navy, 24 in L x 11 in H x 5 in W	L.A. RESCUE LLC	LA0700	$ 26.42	1/EA	$ 132.10

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278	276	Trauma / Air management bag III, blue (26" x 18.5" x 12.5")	5	685115RB	INTUBATION MINI-KIT PROFESSIONAL BLUE FERNO 5115	FERNO WASHINGTON	0819816	$ 83.41	1/EA	$ 417.05
279	277	Hawkepack ET Intubation Kit pullout, green with yellow stripe	5	2523-20406	*DC-NO SUB * ET PULL OUT INTUBATION/AIRWAY GREEN W/ YELLOW STRIPE	HAWKEPAKS.COM, INC.	02-04F5	$ 36.25	1/EA	$ 181.25
280	278	Ferno professional intubation mini bag, royal blue	5	685115R	INTUBATION MINI-KIT PROFESSIONAL RED FERNO 5115	FERNO WASHINGTON	0819815	$ 81.47	1/EA	$ 407.35
281	279	5.11 Rush 72 Back Pack, Black	5	*56565-019-PACK	*DCV-NO SUB* 5.11, Backpack, RUSH 72, Black	5.11 TACTICAL	58602-019-1 SZ		1/EA	
282	280	Flowmeter With Ohmeda Adpapter, Oxygen, Sidemount	10	7MFA1105	FLOWMETER WITH OHMEDA ADAPTER, OXYGEN, SIDEMOUNT	PRECISION MEDICAL	7MFA1105	$ 45.42	1/EA	$ 454.20
283	281	Fasplint Semi-Disposable Vacuum Splint - Small	100	560801	FASPLINT VACUUM SMALL 10EA/CS	HARTWELL MEDICAL LLC	FS 801-10	$ 16.80	1/EA	$ 1,680.00
284	282	Fasplint Semi-Disposable Vacuum Splint - Medium	100	560802	FASPLINT VACUUM MEDIUM 10EA/CS	HARTWELL MEDICAL LLC	FS 802-10	$ 25.71	1/EA	$ 2,571.00
285	283	Fasplint Semi-Disposable Vacuum Splint - Large	100	560803	FASPLINT VACUUM LARGE 10EA/CS	HARTWELL MEDICAL LLC	FS 803-10	$ 34.03	1/EA	$ 3,403.00
286	284	Fasplint Vacuum Pump, Economy	25	3113-12016	FASPLINT COMPACT PUMP PLASTIC	HARTWELL MEDICAL LLC	FS 12PL	$ 52.95	1/EA	$ 1,323.75
287	285	Fasplint Replacement Bag, Rectangular	25	2530-14018	FASPLINT CARRY CASE RECTANGLE STYLE BLUE W/ORANGE SILKSCREEN	HARTWELL MEDICAL LLC	FS 14RC	$ 48.79	1/EA	$ 1,219.75
288	286	Fasplint Tapered Adapter	15	3011-20916	FASPLINT TAPERED ADAPTER USE W/ EV12C PUMP CONVERTS PUMP FOR USE WITH FASPLINT	HARTWELL MEDICAL LLC	FS 15TIP	$ 14.26	1/EA	$ 213.90
289	287	SSCOR VX-2® 2310 Suction Unit Battery, Rechargeable	5	5980635	BATTERY RECHARGEABLE FOR S-SCORT VX2 2310 AND NEW DUET 2314 SUCTION UNITS	SSCOR, INC.	80635	$ 58.31	1/EA	$ 291.55
290	288	SSCOR VX-2® 2314 Suction Unit Battery, Rechargeable	5	5980635	BATTERY RECHARGEABLE FOR S-SCORT VX2 2310 AND NEW DUET 2314 SUCTION UNITS	SSCOR, INC.	80635	$ 58.31	1/EA	$ 291.55
291	289	SSCOR VX-2® Suction Unit, With Variable Regulator, DC Cable And Converter	5	592310V	*SEE NOTES* Suction Unit, S-SCORT VX2, w/Variable Regulator, DC Cable and Converter (NO BRACKET)	SSCOR, INC.	2310V	$ 780.64	1/EA	$ 3,903.20
292	290	Curaplex Quick-Connect Carrier	10	3245-19123	Curaplex Quick-Connect Carrier	MEDSOURCE INTERNATIONAL - IMPORT	3245-19123	$ 760.30	1/ea	$ 7,603.00
293	291	StatPacks G3 Golden Hour, Orange, BBP resistant, (18" X 17" X 8")	5	2521-00318	LTD QTY - G3 Golden Hour, Red, BBP Resistant, 18 in H x 17 in W x 8 in D	STATPACKS, INC.	G35003RE	$ 144.00	1/EA	$ 720.00
294	292	2-Piece Nylon Restraint Strap with Metal Push Button Buckle and Swivel Speed Clip Ends, Black, (5' X 23")	30	50962SB	RESTRAINT STRAP METAL PUSH BUTTON BUCKLE SWIVEL QUICK CLIP BLUE 2 PIECE 5 FT NYLON	DICK MEDICAL SUPPLY	11252BL	$ 10.70	1/EA	$ 321.00
295	293	King Vision Video Laryngoscope Deluxe Supply Bag with pockets, red	2	2523-13512	Module, Deluxe King Vision Video Supply Bag w/ Pockets, Red	PROPAK MANUFACTURING	MER12	$ 34.27	1/EA	$ 68.54
296	294	FERNO Model 5111 Trauma Air Management Bag III, Blue	5	685111RB	TRAUMA/AIRWAY MANAGEMENT KIT PROFESSIONAL III ROYAL BLUE	FERNO WASHINGTON	0819802	$ 341.25	1/EA	$ 1,706.25
297	295	Engel Fridge-Freezer MD-14F with Top Lid Access Door	2	1890-01406	15 QT Fridge-Freezer, Gray, *SEE NOTES* DC-12 volt, w/Top Lid Access Door, ENGEL	ENGEL USA	MD14F	$ 680.62	1/EA	$ 1,361.24
298	296	Engel Fridge-Freezer D/C Power Cord with Integrated Thermal Fuse for MD-14F	2	1890-20061	REPLACEMENT THERMAL FUSE FOR THE ENGEL DC POWER CORD PLUG	ENGEL USA	FUSE	$ 13.61	1/EA	$ 27.22
299	297	Triage Tape Waist Belt	5	8904	Triage Tape System, red/yellow/green/black tape included	EMS INNOVATIONS, INC.	EM19	$ 49.02	1/EA	$ 245.10
300	298	Stryker LUCAS 2® Device Battery	3	2750-03976	Battery, Rechargeable, Lithium Polymer, for LUCAS 2, 25.9V and 3.3 Amp hour capacity	STRYKER	11576-000039	$ 684.27	1/EA	$ 2,052.81
301	299	Quantum EMS ACR4 Ambulance Child Restraint System	2	3250-05318	Emergency Child Restraints, Complete, includes S, M, L, Cot Straps weight range 4-110 lbs	EMS SOLUTIONS LLC	1001-EMG_CR	$ 694.55	1/EA	$ 1,389.10
302	300	LSP XTRA™ Backboard Without Pins, 71in L x 15.75in W x 1.85in D, Blue	25	268160	XTRA Backboard, Blue, No Pins	ALLIED HEALTHCARE PRODUCTS INC	L816000A	$ 129.00	1/EA	$ 3,225.00
303	301	Ferno Scoop™ EXL Scoop Stretcher, Red, no pins	5	3245-06518	Stretcher, Ferno EXL Scoop, Red, No Restraints, No Pins	FERNO WASHINGTON	0108039	$ 1,070.47	1/EA	$ 5,352.35
304	302	Stryker® Head End Pouches	5	3265-100154	*DS ONLY* STRYKER POCKETED BACK REST POUCH	STRYKER	6500-130-000	$ 274.64	1/EA	$ 1,373.20
305	303	Stryker® Base Storage Flat	5	3265-60000	*DS ONLY* Base Storage Net Option	STRYKER	6500-160-000A	$ 213.22	1/EA	$ 1,066.10
306	304	Stryker® Antlers, Push Bat, Push Bar Mount Kit	2	NO BID	Not Bidding On This Item	No Bid	No Bid	No Bid	No Bid	No Bid
307	305	Stryker® J Hook	2	3265-200064	*DC-NO SUB * STRYKER J HOOK	STRYKER	6092-036-018	$ 27.98	1/EA	$ 55.96
308	306	Stryker® Battery Charger, SMRT power kit, 120v A/C	2	3265-00058	*DS ONLY* SMRT Power Complete Kit - 120V AC 12V DC	STRYKER	6500700058	$ 1,358.48	1/EA	$ 2,716.96
309	307	Stryker® X Restraints, full set	25	3174-01430	*DS ONLY* Rugged X Restraint - Full Set	STRYKER	6506-001-430A	$ 536.79	1/EA	$ 13,419.75
310	308	Stryker® X Restraints, shoulder	10	3174-01401	*DS ONLY* Rugged X Restraint - Shoulder (one each)	STRYKER	6506-001-401A	$ 76.30	1/EA	$ 763.00
311	309	Stryker® X Restraints, waist single buckle	10	506022BK	Straps, Nylon, Metal Push Button Buckle, 2 Piece w/Loop Ends, Black, 5 feet	DICK MEDICAL SUPPLY	11152BK	$ 7.35	1/EA	$ 73.50
312	310	Stryker® X Restraints, waist double buckle	10	3174-01402	*DS ONLY* Rugged X Restraint - Double Buckle Strap	STRYKER	6506-001-402A	$ 95.99	1/EA	$ 959.90
313	311	Stryker® X Restraints, thigh	10	3174-01404	*DS ONLY* Rugged X Restraint - Thigh	STRYKER	6506-001-404A	$ 99.59	1/EA	$ 995.90
314	312	Stryker® X Restraints, ankle	10	3174-01405	*DS ONLY* Rugged X Restraint - Ankle	STRYKER	6506-001-405A	$ 95.99	1/EA	$ 959.90
315	313	Stryker® Stair Chair Straps	10	3230-200014	*DS ONLY* Polyester Restraint Set (Metal Lap Buckles)	STRYKER	6250-001-021S	$ 101.45	1/EA	$ 1,014.50
316	314	Stryker® Stair Chair Ankle Straps	20	3176-01395	*DS ONLY* Leg Restraints	STRYKER	6500-001-395A	$ 56.99	1/EA	$ 1,139.80
317	315	Stryker® Stretcher SMRT Batteries	5	3265-100224	*DS ONLY* SMRT Battery Only	STRYKER	6500033000	$ 486.79	1/EA	$ 2,433.95

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318	316	ADENOSINE (Adenocard) 12mg (3mg/mL) 4mL vial	100	0651-04	ADENOSINE 12MG 4ML SDV 10/BX 2001A	OTHER MANUFACTURER	605104	$ 105.04	10/BX	$ 1,050.40
319	317	ACETAMINOPHEN (Tylenol) 160mg (32mg/mL) 5mL Liquid	100	0305-01	Acetaminophen 160mg/5ml 118ml bottle	CARDINAL HEALTH-PHARMA	5521570	$ 3.68	1/BT	$ 368.00
320	318	ACETAMINOPHEN (Tylenol) 500mg (Tablet) Bottle	400	17513	Extra Strength APAP, 500mg Acetaminophen Tablets 2/pk 250pk/bx 12bx/cs	MEDIQUE PRODUCTS	17513	$ 24.21	250/BX	$ 77.47
321	319	AMIODARONE (Cordarone) 150mg (50mg/mL) 3mL vial	400	0616-03	AMIODARONE 150MG 3ML VIAL 25EA/PK 30PK/CS	OTHER MANUFACTURER	63323-0616-03	$ 45.07	25/PK	$ 721.12
322	320	ASPIRIN 81mg (tablet) bottle	90	911316	Aspirin 81mg Chewable, Orange Flavor 36/Bottle	GERI-CARE	911-316	$ 0.69	36/BT	$ 62.10
323	321	ATROPINE SULFATE 1mg (0.1mg/mL) 10mL PFS	400	371006	ATROPINE 1MG 10ML LUER JET 1006B 10EA/PK	IMS LIMITED	7632933401	$ 114.10	10/PK	$ 4,564.00
324	322	IPRATROPIUM & ALBUTEROL (Duo Neb) 0.5mg & 3.0mg/3mL	15	0201-01	IPRATROPIUM BROMIDE 0.5MG/ALBUTEROL 3.0MG INDIVIDUALLY WRAPPED 30EA/BX (Generic for Duoneb) 12BX/CS	NEPHRON PHARMACEUTICALS CORP	0201-01	$ 10.33	30/BX	$ 154.95
325	323	CALCIUM CHLORIDE 1gm (100mg/mL) 10mL PFS	100	371010	CALCIUM CHLORIDE 1GM 10ML ANSYR SYRINGE 1010C	PFIZER INC.	0409163110	$ 111.47	10/BX	$ 1,114.70
326	324	DIPHENHYDRAMINE (Benadryl) 50mg (50mg/mL) 1mL vial	180	101-25	Diphenhydramine 50mg, 1ml vial 25/BX	ARMAS PHARMACEUTICALS, INC.	72485-101-25	$ 27.50	25/BX	$ 198.00
327	325	Dextrose 10% 250mL Infusion	500	7520-20	IV Solution, Dextrose 10% 250ml Bag 24ea/cs	B. BRAUN MEDICAL, INC	L5202	$ 4.45	1/EA	$ 2,225.00
328	326	DOPAMINE 800mg (1.6mg/mL) 500mL Infusion	100	377809	Dopamine 800MG/D5W 500Ml Bag 12EA/CS	PFIZER INC.	0409780924	$ 254.39	12/CS	$ 2,119.92
329	327	EPINEPHRINE 1:1,000 1mg (1mg/mL) 1ml vial	150	103-10	Epinephrine 1mg, 1ml ampule 1ea 10ea/pk	BPI LABS, LLC	54288-103-10	$ 123.80	10/PK	$ 1,857.00
330	328	EPINEPHRINE 1:10,000 1mg (0.1mg/mL) 10mL PFS	900	373316	*MFG B/O* Epinephrine 1:10000, 1mg, 10ml Luer Jet 1019B 10ea/pk	IMS LIMITED	7632933161	$ 103.50	10/PK	$ 9,315.00
331	329	RACEMIC EPINEPHRINE 2.25% 0.5mL	70	375901	RACEMIC EPI 2.25% 0.5ML UNIT DOSE INDIVIDUALLY WRAPPED 30EA/BX	CARDINAL HEALTH-PHARMA	5901-99	$ 2.54	1/EA	$ 177.80
332	330	ETOMIDATE (Amidate) 20mg (2mg/mL) 10mL vial	200	6695-01	Etomidate, 20mg, 10ml Vial 10EA/BX	PFIZER INC.	0409669501	$ 64.40	10/BX	$ 1,288.00
333	331	GLUCAGON (Glucagen) 1mg (1mg/mL) 1mL	100	0593-03	Glucagon 1mg, 1ml vial kit with 1ml Sterile Water	OTHER MANUFACTURER	63323-0593-03	$ 145.14	1/EA	$ 14,514.00
334	332	Oral Glucose 31gm	250	464631	INSTA-GLUCOSE 31GM 2064	EMERSON HEALTHCARE LLC	301870746310	$ 3.17	1/EA	$ 792.50
335	333	HEPARIN 5000u (5000u/mL) 1mL vial	80	1402-12	Heparin Sodium 5000units/ml Carpuject 1ml 50EA/BX	PFIZER INC.	0409140212	$ 151.20	50/BX	$ 241.92
336	334	LABETALOL 100mg (5mg/mL) 20mL vial	150	2267-20	Labetalol 100mg, 20ml Vial	PFIZER INC.	0409226720	$ 4.02	1/EA	$ 603.00
337	335	LIDOCAINE 2% 100 mg (20mg/mL) 5ml PFS	250	374904	LIDOCAINE 2% 100MG 5ML LIFESHIELD SYRINGE 1026A 10EA/BX	PFIZER INC.	0409490334	$ 54.30	10/BX	$ 1,357.50
338	336	MAGNESIUM SULFATE 50% 1gm (500mg/mL) 2mL vial	200	064-03	Magnesium Sulfate 50% 1gm, 2ml vial 25EA/BX	OTHER MANUFACTURER	064-03	$ 52.11	25/BX	$ 416.88
339	337	NALOXONE (Narcan) 2mg (1mg/mL) 2mL	150	373369	NALOXONE 2MG 2ML LUER JET 1029B 10EA/CS	IMS LIMITED	7632933691	$ 119.00	10/CS	$ 1,785.00
340	338	NITROGLYCERIN 2% 30gm Paste	50	373830	NITROGLYCERINE 2% OINTMENT 30GM 2091, INCLUDES ROLLED, PERMEABLE PAPER FOR MEASUREMENT	CARDINAL HEALTH-PHARMA	4159943	$ 40.65	1/EA	$ 2,032.50
341	339	Nitrolingual Spray, 4.1g, 400mcg per Spray, 90 sprays per can	40	0120-49	Nitroglycerin Lingual (4.9gm) Pump Spray (60 metered doses)	ALLEGIS PHARMACEUTICALS	28595-0120-49	$ 90.76	1/EA	$ 3,630.40
342	340	Nitrostat, 0.4mg Sublingual Tabs, 25 per bottle	10	0436-11	Nitroglycerin 0.4mg Tabs 25 per bottle 4 bottles to a box	CARDINAL HEALTH-PHARMA	5267174	$ 73.90	100/BX	$ 184.75
343	341	PROMETHAZINE (Phenergan) 25mg (25mg/mL) 1mL vial	300	0928-25	Promethazine, 25mg, 1ml Vial 25ea/bx	Hikma Pharmaceuticals USA Inc	0641092825	$ 49.00	25/BX	$ 588.00
344	342	ALBUTEROL SULFATE 0.083% 2.5mg (0.83mg/mL) 3mL	35	9501-25	ALBUTEROL 0.083% 2.5MG, 3ML 25VIALS/BX	NEPHRON PHARMACEUTICALS CORP	9501-25	$ 2.86	25/BX	$ 100.10
345	343	ROCURONIUM 100mg (10mg/mL) 10mL vial	120	9558-10	Rocuronium 10mg/ml, 10ml vial *REFRIGERATE* 10EA/BX	PFIZER INC.	0409955810	$ 80.50	10/BX	$ 966.00
346	344	SODIUM BICARBONATE 50mEq (1mEq/mL) 50mL PFS	450	376637	SODIUM BICARBONATE 8.4% LIFESHIELD SYRINGE 1035A 10EA/BX	PFIZER INC.	0409663714	$ 161.07	10/BX	$ 7,248.15
347	345	Sodium Chloride 0.9% 10mL PFS	8000	1920-51010	IV Flush Syringe, Normal Saline, 10ml prefilled in 10ml Syringe 30ea/bx 6bx/cs	AMSINO INTERNATIONAL, INC.	IVF1010-180	$ 0.36	1/EA	$ 2,880.00
348	346	METHYLPREDNISOLONE (Solumedrol) 125mg (62.5mg/mL) 2mL vial	300	0409-0047-22	Solu-Medrol, 125mg, 2ml ACT-O-VIAL 25EA/BX	PFIZER INC.	0009004722	$ 228.25	25/BX	$ 2,739.00
349	347	SUCCINYLCHOLINE (Quelicin) 200mg (20mg/mL) 10mL vial	150	1912-72904	Succinylcholine 200mg, 10ml vial *REFRIGERATION REQUIRED* 10/bx	CAPITAL WHOLESALE DRUG	672904	$ 41.87	10/BX	$ 628.05
350	348	Ketorolac 60mg 2mL vial	275	3796-01	KETOROLAC 60MG 2ML VIAL 25EA/BX	PFIZER INC.	0409379601	$ 87.33	25/BX	$ 960.63
351	349	Carpuject™ Syringe	20	D250	CARPUJECT HOLDER 2024	PFIZER INC.	0409204902	$ 0.02	1/EA	$ 0.40
352	350	ONDANSETRON (Zofran) 4mg Tablet ODT	30	0390-10	Ondansetron 4mg Orally Disintegrating Tablet 3x10UD	OTHER MANUFACTURER	203901	$ 4.60	30/BX	$ 138.00
353	351	ONDANSETRON (Zofran) 4mg (2mg/mL) 2mL vial	8	6130-05	Ondansetron 4mg, 2ml vial 25EA/BX	CARDINAL HEALTH-PHARMA	5248596	$ 8.50	25/BX	$ 68.00

Item List for Fort Bend County EMS
Medical Supplies
Bid No.: 23-001

	Fort Bend County EMS Line ID	Fort Bend County EMS Item Description	Fort Bend County EMS Qty	Bound Tree Medical Item #	Bound Tree Medical Item Description	Vendor Name	Vendor Item #	Quoted Price	Selling UOM	Quoted Extended Price
354	352	Mucosal Automation Device - with 3mL Syringe	20	2170-20100	Curaplex DART, W/3CC Syringe, Latex Free 1/EA 25EA/CS	CURAPLEX BY BOUND TREE	DART100	$ 3.56	1/EA	$ 71.20
355	353	Mucosal Atomization Device - device only	200	2170-20300	Curaplex DART, No Syringe, Latex Free 1/EA 25EA/CS	CURAPLEX BY BOUND TREE	DART300	$ 3.52	1/EA	$ 704.00
356	354	CAPTOPRIL 12.5mg (tablet) bottle	50	1911-65732	Captopril 12.5mg 100 tabs/ bottle	CARDINAL HEALTH-PHARMA	5665732	$ 89.75	1/BT	$ 4,487.50
357	355	DILTIAZEM (Cardizem) 25mg (5mg/mL) 5mL vial	150	6013-10	Diltiazem, 25mg, 5ml Vial *Refrigerate* 10ea/Box	Hikma Pharmaceuticals USA Inc	0641601310	$ 36.70	10/BX	$ 550.50
358	356	HYDROXOCOBALAMIN (Cyanokit) 5gm	10	0310-11	Cyanokit kit 5gm 1per kit	BTG INTERNATIONAL, INC.	0310-11	$ 1,105.66	1/EA	$ 11,056.60
359	357	PROPRANOLOL 1mg (1mg/mL) 1mg vial	10	9872-10	Propranolol HCL 2mg, 2ml vial 10/BX	HIKMA PHARMACUETICALS USA INC	0143-9872-10	$ 29.56	10/BX	$ 29.56
360	358	Atropine 8mg, 20mL Vial	30	6006-10	Atropine 8mg 20ml Vial 10ea/bx	Hikma Pharmaceuticals USA Inc	0641600610	$ 418.80	10/BX	$ 1,256.40
361	359	PRALIDOXIME (Protopam) 1gm (50mg/mL) 20mL vial	10	372131	PROTOPAM CHLORIDE 1GM 20ML PWVL 6/PK 2131	BAXTER HEALTHCARE PHARM DIVISION	6097714101	$ 626.62	6/PK	$ 1,044.37
362	360	METHYLENE BLUE 1% 100mg (10mg/mL) 10mL vial	10	54288-0147-01	Methylene Blue 1% 10mg/ml, 10ml vial (100mg, 10ml)	BPI LABS, LLC	0147-01	$ 177.01	1/BX	$ 1,770.10
363	361	Nithiodote Kit, Includes One Sodium Nitrite (300mg/10mL Vial) And One Sodium Thiosulfate (12.5GM/50mL)	10	0812-00	*DS ONLY* Nithiodote Kit, w/1 Sodium Nitrite (300mg/10ml vial), 1 Sodium Thiosulfate (12.5gm/50ml)	HOPE PHARMACEUTICALS	60267-812-00	$ 214.20	1/KT	$ 2,142.00
364	362	CALCIUM GLUCONATE GEL 2.5% 25gm	10	06306	CALGONATE JEL, CALCIUM GLUCONATE 2.5%, 25 GM TUBE	CALGONATE CORP	06306	$ 34.43	1/EA	$ 344.30
365	363	Dopamine, 400mg In D5W 250mL Bag	100	118-2B0842EA	Dopamine 400MG/D5W 250Ml Bag 18EA/CS	BAXTER HEALTHCARE-DMG	2B0842	$ 233.70	18/CS	$ 1,298.33
366	364	FAMOTIDINE (Pepcid)10mg (5mg/mL) 2mL vial	250	6022-25	Famotidine 10mg/ml 2ml SDV * REFRIGERATE* 25/Box	Hikma Pharmaceuticals USA Inc	0641602225	$ 24.52	25/BX	$ 245.20
367	365	NOREPINEPHRINE (Levophed) 4mg (1mg/mL) 4mL vial	1000	0162-10	Norepinephrine 4mg, 4ml Ampule (1mg/ml) 10ea/bx	BAXTER HEALTHCARE PHARM DIVISION	AIN00610	$ 86.49	10/BX	$ 8,649.00
368	366	METOCLOPRAMIDE (Reglan) 10mg (5mg/mL) 2mL vial	700	3414-01	Metoclopramide/Reglan 5mg/ml, 2ml Vial 25EA/BX	PFIZER INC.	0409341401	$ 32.54	25/BX	$ 911.12
369	367	VITAMIN B6 (Pyridoxine) 100mg (100mg/mL) 1mL vial	6	0180-01	PYRIDOXINE 100MG 1ML VIAL 25EA/BX	OTHER MANUFACTURER	1801	$ 498.92	25/BX	$ 119.74
370	368	NALOXONE (Narcan) 4mg Nasal	20	0811-84	Naloxone Nasal Spray 4mg, 0.1ml 2/ box	PADAGIS PHARMACEUTICALS (MINNESOTA DIVISION)	4580281184	$ 57.38	2/BX	$ 573.80
371	369	MORPHINE SULFATE 1mg (1mg/mL) 10mL	20	3815-12	C2 MORPHINE 1MG/ML 10ML VIAL 5/BX	PFIZER INC.	0409381512	$ 43.29	5/BX	$ 173.16
372	370	MIDAZOLAM (Versed) 10mg (5mg/mL) 2mL Vial	250	371113	C4 MIDAZOLAM 10MG, 2ML VIAL (5MG/ML) 10/BOX CS13 (VERSED)	PFIZER INC.	0409230802	$ 14.62	10/BX	$ 365.50
373	371	KETAMINE (Ketalar) 500mg (50mg / mL) 10mL vial	150	9508-10	C3 Ketamine 50mg/ml, 10ml Vial 10/ box	Hikma Pharmaceuticals USA Inc	0143-9508-10	$ 76.00	10/BX	$ 11,400.00
374	372	FENTANYL (Sublimaze) 250mcg (50mcg/mL) 5mL Vial	900	379425	C2 FENTANYL 0.05MG/ML 5ML SDV 25/BOX	PFIZER INC.	0409909425	$ 56.25	25/BX	$ 2,025.00
375	373	DIAZEPAM (Valium) 10mg (5mg / mL) 2mL vial	200	371104	C4 DIAZEPAM 5MG/ML 2ML LUER LOCKING CARPUJECT 10/BX CS04	PFIZER INC.	0409127332	$ 321.74	10/BX	$ 6,434.80
376	374	HYDROMORPHONE (Dilaudid) 2mg (2mg/mL) 1mL vial	300	1312-30	C2 HYDROMORPHONE 2MG/ML 1ML CPJ 10/BX	PFIZER INC.	0409131230	$ 32.01	10/BX	$ 960.30

COUNTY PURCHASING AGENT

Fort Bend County, Texas

Vendor Information

Jaime Kovar
Purchasing Agent
Office (281-341-8640

Legal Company Name (top line of W9)	Henry Schein, Inc.
Business Name (if different from legal name)	
Federal ID # or S.S. #	11-3136595 DUNS # 01-243-0880
Type of Business	✓ Corporation/LLC ___ Partnership ___ Sole Proprietor/Individual ___ Tax Exempt Organization — Age in Business?
Publicly Traded Business	___ No ✓ Yes Ticker Symbol HSIC
Remittance Address	Dept CH 10241
City/State/Zip	Palatine, IL 60055-0241
Physical Address	135 Duryea Rd
City/State/Zip	Melville, NY 11747
Phone/Fax Number	Phone: 800-845-3550 Fax: 800-533-4793
Contact Person	Julia Stranger
E-mail	EMSBids@henryschein.com

Check all that apply to the company listed above and provide certification number.		Cert Date	Exp Date
	DBE-Disadvantaged Business Enterprise ☐		
	SBE-Small Business Enterprise ☐		
	HUB-Texas Historically Underutilized Business ☐		
	WBE-Women's Business Enterprise ☐		
	Certification # ___	___	___
	Certification # ___	___	___
	Certification # ___	___	___
	Certification # ___	___	___

Company's gross annual receipts		
	<$500,000 ___	$500,000-$4,999,999 ___
	$5,000,000-$16,999,999 ___	$17,000,000-$22,399,999 ___
	>$22,400,000 ✓	

NAICs codes (Please enter all that apply)	too many to list, Medical Supply Distributor
Signature of Authorized Representative	Julia Stranger
Printed Name	Julia Stranger
Title	Supervisor EMS
Date	9/1/2022

THIS FORM MUST BE SUBMITTED WITH THE SOLICITATION RESPONSE

Henry Schein, Inc.

***Amended 8/24/22**
Fort Bend County, Texas
Invitation for Bid

Term Contract for Purchase of Medical Supplies
BID 23-001

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 address to assist in proper delivery.

***SUBMIT NO LATER THAN:**

***Tuesday, September 6, 2022**
2:00 PM (Central)

LABEL ENVELOPE:

BID 23-001
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.

Requests for information must be in writing and directed to:
Cheryl Krejci, CPPB
Assistant County Purchasing Agent
cheryl.krejci@fortbendcountytx.gov

Vendor Responsibilities:

- Download and complete any addendums. (Addendums will be posted on the Fort Bend County website no Later than 48 hours prior to bid opening)
- Submit response in accordance with requirements stated on the cover of this document.
- DO NOT submit responses via email or fax.

Prepared: 08/11/22
Issued: 08/14/22

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, and return ONE (1) complete bid document to the Fort Bend County Purchasing Department. An authorized representative of the bidder must sign the Contract Sheet. Do not complete the date at the top of the contract sheet. The bid document must be in a sealed envelope marked with the appropriate bid number and title. The contract will be binding only when signed by the County Judge, 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, the bidder must draw a line through error and initial each change. All response, typed or written, information must be clear and legible.

If a pricing form in Excel is included and posted on the County's website amongst this bid document, the Vendor must download, complete and save the Excel (not a PDF of the Excel file) file of the pricing form on a flash drive. The Excel file on the flash drive must be downloadable by the Purchasing Department in order to copy and paste the vendor's pricing to the County's Excel tabulation. The flash drive must be labeled and included in the same sealed envelope with the respondent's completed bid document along with a printed copy of the pricing form completed by the vendor.

1.5 Bid Returns: Bidders must return 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

Initials of Bidder: JA

bid documents will be made to any bidder orally. All requests for such interpretations must be made in writing addressed to Ms. Cheryl Krejci, Assistant County Purchasing Agent, 301 Jackson, Suite 201, Richmond, Texas 77469, e-mail: cheryl.krejci@fortbendcountytx.gov. Any and all interpretations and any supplemental instructions will be in the form of written addenda to the contract documents which will be posted on Fort Bend County's website. Addenda will **ONLY** be issued by the Fort Bend County Purchasing Agent. It is the sole responsibility of each bidder to insure receipt of any and all addenda. All addenda issued will become part of the contract documents. Bidders must sign and include addendum in the returned bid package. Deadline for submission of questions and/or clarification is **Tuesday, August 23, 2022 at 9:00 AM (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.

Initials of Bidder: JS

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.

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.

Initials of Bidder:

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. Vendors bidding "or equal" items are required to provide manufacturer's specifications of both, the specified item and the "equal to" item, and documentation proving equality. 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

Initials of Bidder: _____

person engaged in such line of business. Any or all bids may be rejected if the County believes that collusion exists among the bidders. Bids in which the prices are obviously unbalanced may be rejected. If multiple bids are submitted by a bidder and after the bids are opened, one of the bids is withdrawn, the result will be that all of the bids submitted by that bidder will be withdrawn; however, nothing herein prohibits a vendor from submitting multiple bids for different products or services.

1.24 Awards: Fort Bend County reserves the right to award this contract on the basis of lowest and best bid in accordance with the laws of the State of Texas, to waive any formality or irregularity, to make awards to more than one bidder, to reject any or all bids. In the event the lowest dollar bidder meeting specifications is not awarded a contract, the bidder may appear before the Commissioners Court and present evidence concerning his responsibility. An award is final only upon formal execution by the Fort Bend County Commissioners Court or the Fort Bend County Purchasing Agent. Fort Bend County reserves the right to withdraw any award until execution by the proper authority.

1.25 Assignment: The successful vendor may not assign, sell or otherwise transfer this contract without written permission of Fort Bend County Commissioners Court.

1.26 Term Contracts: If the contract is intended to cover a specific time period, said time will be given in the specifications under scope.

1.27 Maintenance: Maintenance required for equipment bid should be available in Fort Bend County by a manufacturer authorized maintenance facility. Costs for this service shall be shown on the bid sheet as requested or on a separate sheet, as required. If Fort Bend County opts to include maintenance, it shall be so stated in the purchase order and said cost will be included. Service will commence only upon expiration of applicable warranties and should be priced accordingly.

1.28 Contract Obligation: Fort Bend County Commissioners Court must award the contract and the County Judge or other person authorized by the Fort Bend County Commissioners Court must sign the contract before it becomes binding on Fort Bend County or the bidders. Department heads are not authorized to sign agreements for Fort Bend County. Binding agreements shall remain in effect until all products and/or services covered by this purchase have been satisfactorily delivered and accepted.

1.29 Title Transfer: Title and Risk of Loss of goods shall not pass to Fort Bend County until Fort Bend County actually receives and takes possession of the goods at the point or points of delivery. Receiving times may vary with the using department. Generally, deliveries may be made between 8:30 a.m. and 4:00 p.m., Monday through Friday. Bidders are advised to consult the using department for instructions. The place of delivery shall be shown under the "Special Requirement" section of this bid document and/or on the Purchase Order as a "Ship To:" address.

Initials of Bidder:

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 Purchasing Agent. The County Purchasing Agent will review, and, if increase is deemed warranted, place the request on Fort Bend County's Commissioners Court agenda for their action of approval or disapproval. Approval

Initials of Bidder: _____

by the County's Commissioner's Court is required. Any proposed price increase will only be the amount increased to the vendor from his/her supplier. The price increase request must be stated on the vendor's letterhead with the bid number and name in the subject including, in columns, for each item: item description, original bid price, percent of increase, and the total cost of the original bid price including the increased dollar amount. Written documentation from the vendor's supplier of the increase notice must be provided to the Purchasing Agent at time of increase request. No application for a price increase may be submitted within the first twelve (12) month term of this contract. Increase requests 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 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.

Initials of Bidder: _____

2.6 Place of Delivery: The place of delivery shall be that set forth in the block of the purchase order entitled "Ship To". Any change thereto shall be effective by modification as provided for in Clause number 2.20 "Modifications", hereof. The terms of this agreement are "no arrival, no sale", at the discretion of Fort Bend County.

2.7 Invoices and Payments:

2.7.1 Seller shall submit separate invoices, in duplicate. Invoices shall indicate the purchase order number and the bid number if applicable. Invoices shall be itemized and transportation charges, if any, shall be listed separately. A copy of the bill of lading, and the freight waybill when applicable should be attached to the invoice.

2.7.2 Fort Bend County's obligation is payable only and solely from funds available for the purpose of this purchase. Lack of funds shall render the order null and void to the extent funds are not available and any delivered but unpaid goods will be returned to Seller by the county.

2.7.3 Do not include Federal Excise, State, or City Sales Tax. Fort Bend County is a tax-exempt governmental entity.

2.8 Gratuities: Fort Bend County may, by written notice to the Seller, cancel any order without liability, if it is determined by the County that gratuities, in the form of entertainment, gifts, or otherwise were offered or given by the Seller, or any agent or representative of the Seller to any officer or employee of Fort Bend County with a view toward securing an order. In the event an order is canceled by the County pursuant to this provision, the County shall be entitled, in addition to any other rights and remedies, to recover or withhold the amount of the cost incurred by Seller in providing such gratuities.

2.9 Special Tools and Test Equipment: If the price stated on the face of an order includes the cost of any special tooling or special test equipment fabricated or required by Seller for the purpose of filing this order, such special tooling equipment and any process sheets related thereto shall become the property of the County and to the extent feasible shall be identified by the Seller as such.

2.10 Warranty/Price:

2.10.1 The price to be paid by the County shall be that contained in Seller's 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

Initials of Bidder: _____

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

Initials of Bidder: _____

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

Initials of Bidder:

trace 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 to Fort Bend County as specified herein.

4.0 TERM OF CONTRACT:

The term of this contract is **October 1, 2022 through September 30, 2023**, renewable annually for four (4) years (through September, 2027) under the same terms and conditions if mutually agreeable

Initials of Bidder: _____

by 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 TEXAS ETHICS COMMISSION FORM 1295:

5.1 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.

5.2 On-line instructions:

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

5.2.2 Identification number used by the governmental entity is: B23-001.

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

5.3 Apparent low bidder(s) will be required to provide the Form 1295 within three (3) calendar days from notification; however, if your company is publicly traded you are not required to complete this form.

6.0 STATE LAW REQUIREMENTS FOR CONTRACTS:

The contents of this section are required by Texas Law and are included by County regardless of content.

6.1 Agreement to Not Boycott Israel Chapter 2271 Texas Government Code: Contractor verifies that if Contractor employs ten (10) or more full-time employees and this Agreement has a value of $100,000 or more, Contractor does not boycott Israel and will not boycott Israel during the term of this Contract.

6.2 Texas Government Code Section 2251.152 Acknowledgment: By signature on vendor form, Contractor represents pursuant to Section 2252.152 of the Texas Government Code, that Contractor is not listed on the website of the Comptroller of the State of Texas concerning the listing of companies that are identified under Section 806.051, Section 807.051 or Section 2253.153.

7.0 HUMAN TRAFFICKING:

By acceptance of this contract, Contractor acknowledges that Fort Bend County is opposed to human trafficking and that no County funds will be used in support of services or activities that violate human trafficking laws.

Initials of Bidder: _____

8.0 ASSIGNMENT:

Contractor shall not sell, assign, transfer or convey these services, in whole or in part, without the prior written consent of Fort Bend County and as a condition of such consent, contractor shall remain liable for completion of the services in the event of default by the successor contractor or assignee.

9.0 SPECIFICATIONS AND BID PRICING:

Additional specifications are available in the pricing form required to be downloaded by interested vendors, completed, saved in Excel and returned as stated in Section 1.4. See Name Brand Clause 1.18 above. Vendors are required to provide pricing as stated and may be disqualified if not.

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.

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 and provide documentation proving the items are "equal".

9.4 Vendor must provide unit prices as stated on bid pricing form. Alterations to unit sizes are not permitted and are grounds for vendor disqualification.

9.5 Vendors must be authorized and/or certified, if required, by manufacturer and/or supplier, to sell or resell the items included in this bid.

9.6 Vendors are required to provide documentation/certification from the manufactures stating the vendor is an approved reseller and/or distributor with their bid response.

9.7 Vendors are not permitted to provide bid prices with more than two (2) decimal places.

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.

Initials of Bidder: _____

11.0 AWARD:

This contract will be awarded to the lowest bidder per item meeting specifications.

12.0 VENDOR STATUS:

The awarded vendor is required to hold an **active** status on the SAM.gov website https://sam.gov/content/home along with the Texas Comptroller Taxable Entity website https://mycpa.cpa.state.tx.us/coa/ .

13.0 REQUIRED FORMS:

All vendors submitting are required to complete and provide with submission along with any other documentation as stated herein:

- ✓ 13.1 Electronic Excel file of Pricing Form on flash drive and printed hard copy
- ✓ 13.2 Vendor Form
- ✓ 13.3 W9 Form
- ✓ 13.4 Tax Form/Debt/Residence Certification
- ✓ 13.5 Certification and or authorization documentation proving permission to sell or resell from manufacturers

Initials of Bidder: _____

Contract Sheet
Bid 23-001

THE STATE OF TEXAS
COUNTY OF FORT BEND

This memorandum of agreement made and entered into on the 13 day of December, 2022, by and between Fort Bend County in the State of Texas (hereinafter designated County), acting herein by County Judge KP George, by virtue of an order of Fort Bend County Commissioners Court, and Henry Schein, Inc. (hereinafter designated Contractor).
(company name)

WITNESSETH:

The Contractor and the County agree that the bid and specifications for **Purchase and Delivery 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 13th day of December 20 22.

Fort Bend County, Texas

By: KP George
County Judge KP George
County Judge, KP George

By: Julia Strange
Signature of Contractor

By: Julia Strange, Supervisor EMS
Printed Name and Title

COUNTY PURCHASING AGENT

Fort Bend County, Texas

Jaime Kovar
County Purchasing Agent

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

August 24, 2022

TO: All Prospective Bidders

RE: Addendum No.1 – Fort Bend County Bid 23-001 – Term Contract for Medical Supplies

Addendum 1:

Vendors are to download and provide the **Amended.8.24.22 Pricing Form** document and electronic file with their solicitation response. An amended pricing form will be posted to the website no later than Wednesday, August 24.

****

Immediately upon your receipt of this addendum, please fill out the following information and email this page to Olivia Rios at Olivia.Rios@fortbendcountytx.gov .

Henry Schein, Inc.
Company Name

Julie Stagg 8/24/2022
Signature of person receiving addendum Date

If you have any questions, please contact this office.

Sincerely,

Cheryl Krejci
Senior Buyer

COUNTY PURCHASING AGENT

Fort Bend County, Texas

Jaime Kovar
County Purchasing Agent

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

August 24, 2022

TO: All Prospective Bidders

RE: Addendum No.2 – Fort Bend County Bid 23-001 – Term Contract for Medical Supplies

Addendum 2:

The bid due date has been extended to 9/6/22, 2:00PM

****

Immediately upon your receipt of this addendum, please fill out the following information and email this page to Olivia Rios at Olivia.Rios@fortbendcountytx.gov .

Henry Schein, Inc.
Company Name

Signature of person receiving addendum — Date: 8/24/2022

If you have any questions, please contact this office.

Sincerely,

Cheryl Krejci
Senior Buyer

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

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

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

HENRY SCHEIN, INC.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see Instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3):

Exempt payee code (if any) 5

Exemption from FATCA reporting code (if any) D

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

135 DURYEA ROAD

Requester's name and address (optional)

6 City, state, and ZIP code

MELVILLE, NY 11747

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

1	1	–	3	1	3	6	5	9	5

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 for Part II, later.

Sign Here | **Signature of U.S. person** ▶ *Christopher Peraino* | **Date** ▶ 1/1/22

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

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, *later.*

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.

Changes to Form 1295

Changes to the law requiring certain businesses to file a Form 1295 are in effect for contracts entered into or amended on or after January 1, 2018. The changes exempt businesses from filing a Form 1295 for certain types of contracts and replace the need for a completed Form 1295 to be notarized. Instead, the person filing a 1295 needs to complete an "unsworn declaration."

What type of contracts are exempt from the Form 1295 filing requirement under the amended law?

The amended law adds to the list of types of contract exempt from the Form 1295 filing requirement. A completed Form 1295 is not required for:

- a sponsored research contract of an institution of higher education;
- an interagency contract of a state agency or an institution of higher education;
- a contract related to health and human services if:
  - the value of the contract cannot be determined at the time the contract is executed; and
  - any qualified vendor is eligible for the contract;
- a contract with a publicly traded business entity, including a wholly owned subsidiary of the business entity;*
- a contract with an electric utility, as that term is defined by Section 31.002, Utilities Code;* or
- a contract with a gas utility, as that term is defined by Section 121.001, Utilities Code.*

The newly exempt contract types are marked with an asterisk.

Why do I need to include my date of birth and address when I sign Form 1295? Was this always the case?

In 2017, the legislature amended the law to require Form 1295 to include an "unsworn declaration" which includes, among other things, the date of birth and address of the authorized representative signing the form. The change in the law applies to contracts entered into, renewed, or amended on or after January 1, 2018. The unsworn declaration, including the date of birth and address of the signatory, replaces the notary requirement that applied to contracts entered into before January 1, 2018.

Job No.: Bid# 23-001

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

Taxpayer Identification Number (T.I.N.): 11-3136595

Company Name submitting Bid/Proposal: Henry Schein, Inc.

Mailing Address: 135 Duryea Rd Melville, NY 11747

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.)

Fort Bend County Tax Acct. No.*	Property address or location**
	None

** 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
[Company Name]
§2252.001.

I certify that Henry Schein, Inc. is a Nonresident Bidder as defined in Government Code
[Company Name]
§2252.001 and our principal place of business is Melville, NY.
[City and State]

Created 05/12

January 4th, 2022

This is to confirm Henry Schein is a 3M Medical Authorized Distributor.

Best regards,

Vince Terlizzi

3M Science. Applied to Life.™

Vince Terlizzi Senior Director, Distribution

U.S. Subsidiary, Medical Markets Center, 3M Medical Solutions Division

3M Center, Building 0275-04-W-02 St.Paul, MN 55144-1000

Mobile: 651 226 5617 Fax: 651 733 6771

vterlizzi@mmm.com www.3M.com

AMERICAN DIAGNOSTIC CORPORATION

July 21, 2020

To Whom it May Concern:

Henry Schein, Inc. is an authorized distributor in good standing of American Diagnostic Corportion's products.

Sincerely,

AMERICAN DIAGNOSTIC CORPORATION

Steve Kelly
Vice President of Sales

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

Allied
HEALTHCARE PRODUCTS INC.
GLOBAL SUPPORT OF LIFE

December 29th, 2021

LETTER OF AUTHORIZATION

To whom it may concern,

This letter verifies that Henry Schein is an authorized distributor of Allied Healthcare Product, Inc., located at 1720 Sublette Ave, St. Louis, MO 63110. Henry Schein is authorized promote and comercialize Allied's products and bid on public private tenders with Allied's products.

ALLIED HEALTHCARE PRODUCTS, INC.
1720 SUBLETTE AVENUE
ST. LOUIS, MO 63110-1968

Tom Gerhold
Director of Sales
Allied Healthcare Products Inc.

Ambu Inc.
6740 Baymeadow Drive
Glen Burnie, MD 21060
P. 800-262-8462
F. 800-262-8673
www.ambu.com

July 19, 2013

To Whom it may concern:

This letter is to confirm that Henry Schein EMS is an authorized distributor for Ambu Inc.

Sincerely,

Allan Toft Jensen
Vice President of Sales, EMS and Patient Monitoring

DocuSign Envelope ID: E9E50B19-B49C-41E8-80D8-597D1515FE30

AMSINO
Advancing Healthcare Worldwide®

Amsino International, Inc.
708 Corporate Center Dr.
Pomona, CA 91768
USA

Tel: (909) 626-5888 Fax: (909) 626-3888
Toll Free: 1-800-MD-AMSINO
http://www.amsino.com
e-mail: amsino@amsino.com

Date: July 21, 2021

Letter of Authorization

To Whom It May Concern:

We, Amsino International, Inc., a corporation formed under the laws of California, USA (having its principal offices at 708 Corporate Center Drive, Pomona, California, 91768) hereby has appointed Henry Schein with primary office located at 520 South Rock Blvd, NV 89502 as an Authorized distributor of Amsino Brand Intravenous IV Sets.

This authorization is valid from July 1, 2020. The term shall be one (1) year and shall automatically renew unless earlier terminated by 30 day advance written notice by Either Party.

Sincerely,

DocuSigned by:
Torsten Nilson
D9A6B8B631CB444...

Torsten Nilson
President, North America

CC: Henry Schein

DS
TN

Ansell Healthcare Products LLC
111 Wood Avenue South, Suite 210
Iselin, NJ 08830 USA

T + 1 732 345 5400

www.ansell.com

Ansell

February 21, 2020

Henry Schein
1575 Aviation Pkwy #402
Daytona Beach, FL 32114

LETTER OF AUTHORIZATION

To Whom It May Concern:

Ansell Healthcare Products LLC duly incorporated in the state of Delaware, USA does hereby confirm that Henry Schein (Distributor) is an authorized, non-exclusive distributor of Ansell 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 Ansell products as well as participate in appropriate public tenders.

As deemed necessary and appropriate, Distributor is provided with Ansell support and assistance in the marketing, sales, and distribution of Ansell 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:

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

Ansell Healthcare Products LLC
111 Wood Avenue South, Suite 210
Iselin, NJ 08830
USA

Best Regards,

David E. Driesner
Vice President Commercial Operations

ARKRAY USA, Inc.
5198 West 76th Street
Minneapolis, MN 55439
telephone: 952.646.3200
facsimile: 952.646.3110
toll-free: 800.818.8877
URL: http://www.arkrayusa.com

February 21, 2020

To Whom It May Concern,

Henry Schein is an authorized distributor of ARKRAY for the following products listed in the City of St. Cloud's Invitation to Bid (ITB No. 2020-011):

#94 ASSURE PRISM BLACK KIT ADVANCED

#95 BLOOD GLUCOSE TEST STRIPS

If you have any questions, please give me a call at (952) 646-3255.

Best Regards,

Craig Brosseau
VP, Finance

B | BRAUN
SHARING EXPERTISE

B. Braun Medical Inc.
824 Twelfth Avenue
Bethlehem, PA 18018

Telephone: (610) 691-5400
Fax: (610) 997-4316

February 20, 2020

RE: B. Braun Medical, Inc. Authorized Distributor

Notice to Customer:

Henry Schein Inc. is an authorized B. Braun Medical distribution partner in good standing.

Sincerely,

Steve Swinehart
Manager, EMS & Vet Care
OPM Division - B. Braun Medical, Inc.

BEMIS MANUFACTURING COMPANY
300 Mill Street, PO Box 901
Sheboygan Falls, WI 53085-0901
Voice: 920-467-4621 | 800-558-7651
Fax: 920-499-8160

February 20, 2020

BEMIS

Dear Valued Customer:

We recognize Henry Schein as an authorized distributor of Bemis Manufacturing/Health Care.

We appreciate your business.

Thank you for buying Bemis products.

Sincerely,

Joel Greisch
Manager, Sales and Marketing
Bemis Health Care

CS CAMBRIDGE SENSORS USA, LLC

March 28th, 2022

To whom it may concern,
Henry Schein is recognized as an authorized distributor for Cambridge Sensors USA, LLC. Should you have any questions, please feel free to reach out to myself, or Mr. Chris Sullivan (csullivan@microdotcs.com).

Sincerely,

Frederick W. Engimann

President

fengimann@microdotcs.com

Office (630) 428-4240

Brian Williams
Vice President, Operations
Strategic Partners
7000 Cardinal Place
Dublin, OH 43017

cardinalhealth.com

CardinalHealth

January 27, 2022

Henry Schein
135 Duryea Rd
Melville, NY 11747

To whom it may concern,

This letter has the sole purpose of confirming that as of the date of this letter, Henry Schein, account #10015262, is an authorized dealer/distributor/reseller of Cardinal Health.

We confirm that Henry Schein has been a distributor in good standing with Cardinal.

As an authorized distributor, Henry Schein can sell, distribute, and support our Products with all government, public and private institutions in the USA in its own name and for its own account.

For any questions or additional information, please contact me at: brian.williams07@cardinalhealth.com.

Regards,

Brian Williams
Vice President, Operations
Strategic Partners

CONMED®
CORPORATION

September 1, 2022

Re: Henry Schein authorized distributor

Dear Valued Customer,

This letter serves as confirmation that Henry Schein is an authorized distributor for CONMED. Henry Schein can distribute products and access contract pricing that is part of the CONMED product portfolios for U.S. customers. Please do not hesitate to contact us with any additional questions or concerns

Regards,

Rod Whittier

Director of Distribution and Partnerships

DMS
Dick Medical Supply

February 20, 2020

RE: Henry Schein

To Whom It May Concern:

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

As an authorized distributor Henry Schein is authorized to sell and support all DMS products.

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

Sincerely,

Katrina Fannin
Office Manager
Dick Medical Supply
614-444-2300
614-444-2301 Fax
kfannin@dms4ems.com

10271-A Trademark St. • Rancho Cucamonga, CA 91730 • 909 484-2900 • Fax 909 484-2805 • TriageTags.com

September 1, 2022

To Whom It May Concern:

Henry Schein is an authorized dealer of Disaster Management Systems' products.

Sincerely,

Robert L. Mudd
Secretary

DUKAL CORPORATION

February 24, 2020

City of St. Cloud
1300 9th Street
St. Cloud, FL 34769

This letter is to confirm Henry Schein EMS group is an authorized distributor of DUKAL products.

Please contact me if there are any questions.

Sincerely,

Tony Betti

Tony Betti, CWCMS
Director of Sales, Central

2 Fleetwood Court, Ronkonkoma, New York 11779 ~ Phone: 631-656-3800 ~ Fax: 631-656-3810

Corporate Headquarters
10 Glenshaw Street, Orangeburg, NY 10962
Tel: 845.365.8200 • Fax: 845.365.8201
Toll-Free: 888.DYNAREX

WE CARE LIKE FAMILY

July 21, 2020

To whom it may concern –

This letter will serve to confirm that Henry Schein is a fully authorized distributor of the entire Dynarex product line.

They are invested with the rights to respond to and bid solicitations of their choosing.

Should you have any questions, please don't hesitate to contact me.

Thank you for your support of Dynarex.

John G. Moulden
Senior VP/Sales
Dynarex Corporation

Email- j.moulden@dynarex.com

Cell – 347 249 7880

FareTec Inc.
RESPONDER PRODUCTS

EMERGENCY CARE | MILITARY | CIVILIAN
440.350.9510

1610 W Jackson Street • Painesville, Ohio 44077 • 440-350-9510 • www.faretec.com

This letter verifies the Henry Schein is an authorized distributor for FareTec Inc.

Lee C Sackett

Lee Sackett

2/20/2020

FareTec Inc.

FERNO

January 3, 2019

To Whom It May Concern:

This letter is confirmation that Henry Schein EMS is an authorized distributor of select Ferno-Washington, Inc. EMS products.

If you have any questions please contact me directly at (661) 229-5049.

Sincerely,

Kris Turner
Director, U.S. EMS National Accounts

Ferno Group, Inc. | 70 Weil Way, Wilmington, OH 45177 - USA
T 877.733.0911 | P 937.382.1451 | F 937.383.9821 | info@ferno.com | www.ferno.com

graham medical

2273 Larsen Road
P.O. Box 19031
Green Bay, WI 54307-9031
800-558-6765
www.grahammedical.com

February 19, 2020

To whom it may concern,

We hereby certify that the company: Henry Schein, 133 Duryea Road West Bldg., Melville, NY is an authorized distributor of Graham Medical products.

Therefore, as our distributor, Henry Schein, is authorized to quote, sell and participate with the aforementioned products in all public and private bids with regards to any location within the United States.

Henry Schein is also authorized to have access and use of Graham Medical images and information on their URL.

Regards,

Stephanie Bohrer
Business Unit Director
Graham Medical

HARTWELL MEDICAL

Creating Quality Products for Life

December 29, 2021

Henry Schein
520 S. Rock Blvd
Reno, NV 89502

To Whom It May Concern:

Hartwell Medical LLC, located in Carlsbad, California, USA is a manufacturer of innovative emergency medical equipment, including but not limited to vacuum splints, vacuum mattresses, patient transfer devices, airway maintenance products and general first aid items. Our company's well-known trade names include: BioHoop, CombiCarrierII, EVAC-U-SPLINT, FASPLINT and GRANDVIEW and BriteView Laryngoscope Blades. Hartwell Medical LLC has been in business for 32 years.

Henry Schein, located at the address listed above, is an authorized dealer in the U.S. Henry Schein is in good standing with Hartwell Medical LLC and is authorized to sell all our emergency medical care products.

Cordially,

Shannon Smith
Office Coordinator

6354 Corte del Abeto, Suite F, Carlsbad, CA 92011-1479 760-438-5500 800-633-5900 760-438-2783 Fax
www.HartwellMedical.com

INTERSURGICAL
COMPLETE RESPIRATORY SYSTEMS

Quality, Innovation and choice

Intersurgical, Inc.
6757 Kinne Street, East Syracuse, New York 13057, USA
Phone: (800) 828-9633 Fax: (315) 451-3696
support@intersurgicalinc.com www.intersurgical.com

June 23, 2022

To Whom It May Concern:

Intersurgical Inc. confirms that Henry Schein is and authorized distributor of Intersurgical EMS products. This includes all products in our Intersurgical Resuscitation and Emergency Care Products Catalog. Henry Schein is approved for sales into emergency medical services (EMS) markets.

Sincerely,

William P. Hope, III

Digitally signed by William P. Hope, III
DN: cn=William P. Hope, III, o=Intersurgical Incorporated, ou, email=whope@intersurgicalinc.com, c=US
Date: 2022.06.23 14:10:25 -08'00'

William P. Hope, III
President/COO

02/24/20

To whom this may concern:

This letter is to certify, that Henry Schein is an authorized distributor of Iron Duck EMS products (country of origin - US).

Henry Schein has agreed to promote, distribute, sell and offer technical assistance for Iron Duck. If you have any questions please do not hesitate to contact me.

Best regards,

Lori Fleming
V.P. of Marketing
IRON DUCK
102 1st Ave.
Chicopee MA 01020
P. 413-593-3300 ext. 101 | C. 413-313-3307 | lori@ironduck.com

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

February 28th, 2020

To Whom It May Concern:

Please be advised that **Henry Schein,** is an authorized Laerdal Medical Distributor.

As an authorized distributor, **Henry Schein** has access to our full line of products with the exception of the following categories:

- All mid to high fidelity manikins and simulators

This includes the 1 Year Globa Warranty which I have attached.

Should you have any questions, please feel free to contact me at 845-296-6591

Sincerely,

Tara J. Montes
Distribution Administrator
Laerdal Medical
167 Myers Corners Road
Wappingers Falls, NY 12590
Tara.Montes@laerdal.com

LLUSA
LEONHARD LANG USA

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

November 10, 2020

To Whom It May Concern:

The purpose of this letter is to state Henry Schein, Inc. 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 SuperGel Ultrasound Gel
- Skin Armour Brand Gloves and accessories
- Elite Medical and Trauma Bags

Please contact Leonhard Lang USA at 1-800-903-6199 or email me at grace@leonhardlangusa.com if any additional information is needed.

Best regards,
Grace

Grace Ellis
Operations Manager
Leonhard Lang USA, Inc.

July 21, 2020

To Whom It May Concern,

This letter states that Henry Schein is an authorized dealer of Maco International Inc. products.

Sincerely,

Rehman Haq
President

Manufacturers & Importers

11586 South Eagle Ridge Drive
Sandy, Utah 84094 USA

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

MADA Medical
MADA Equipment
MADA International

MADA, INC.
DOMESTIC/INTERNATIONAL
625 Washington Avenue
Carlstadt, NJ 07072
Tel: 201-460-0404 • 800 MADA 87D • Fax: 201 460 3509

February 28, 2020

To Whom It May Concern.

Please be advised that the Henry Schein Company is our authorized distributor for Mada Medical Products Inc.

Sincerely,

Jeffrey Adam
President / CEO

DIANE E. LIND
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires May 5, 2023

MASIMO CORPORATION
52 Discovery
Irvine, CA 92618

Date: 2.20.2020

Re: City of St. Cloud, FL
ITB No. 2020-011
EMS Medical Supplies

Dear Sir or Madam:

Please be advised that Henry Schein Inc. has a distribution and supply agreement with Masimo Americas Inc..

Sincerely,

Brad Spector

Brad Spector
Sr. Manager Contracts Administration
bspector@masimo.com
949-344-9105

February 21, 2020

To whom it may concern:

Henry Schein is an Authorized Distributor for MedSource.

Jason Ring

Business development

jring@medsourcelabs.com

952-210-1840

MercuryMedical®
11300 - 49th Street North
Clearwater, FL 33762-4807 USA
Phone: (800) 237.6418 (USA) / +1.727.573.0083 International
Fax: (800) 990.6375 (USA) / +1.727.571.3923 International

Letter of Authorization

Mercury Enterprises, Inc. d/b/a Mercury Medical, a Florida Corporation having its principal place of business at 11300 49th Street North, Clearwater, Florida 33762-4800, United States of America, herewith appoints **Henry Schein** a **Non-Exclusive Distributor.**

Henry Schein is authorized to quote and supply the products manufactured and marketed by Mercury Medical on our behalf.

Steven LeCroy, MA, CRTT, EMTP
Director of EMS Sales
Mercury Medical

motion
medical distributing
www.motionmedical.net

19 February 2020

To Whom It May Concern:

This letter is to verify that Henry Schein, Inc. is an authorized distributor for Motion Medical Distributing's products. If you have any questions, please do not hesitate to contact our offices.

Thank you for your time.

Regards,

Miklah Haslam
Operations Director
mhaslam@motionmedical.net

NORTH AMERICAN RESCUE®

July 21, 2020

To Whom It May Concern,

Please accept this letter to inform that Henry Schein is an authorized distributor for North American Rescue.

If you need any additional information, please let me know.

Thank you,

Shannon L Seidel

Shannon L. Seidel

Director of Distribution & Strategic Accounts

(864) 968-4107

sseidel@narescue.com

SAM MEDICAL

July 21, 2020

To whom it may concern,

This letter is to confirm that Henry Schein is in good standing with SAM Medical Products and is authorized to sell our products.

Best Regards,

Denise Ehlert

Denise Ehlert
Director of Global Sales
SAM Medical

12200 SW Tualatin Road, Ste. 200 Tualatin, OR 97062 USA P 503.639.5474 F 503.639.5425 sammedical.com

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

September 1, 2022

Hello,

Please let this communication confirm that Henry Schein, including Henry Schein EMS Sales is an authorized distributor of Smiths Medical products.

Regards,

Craig Corbin, SAE

Craig Corbin
Strategic Alliance Executive
Smiths Medical

SSCOR, INC.
www.sscor.com

Wednesday, December 29, 2021

To Whom it May Concern,

This letter is to state that Henry Schein is an authorized dealer for SSCOR, Inc. Thank you!

Best Regards,

Brooke Say

Brooke Say
Director of Sales

Brooke Say
Digitally signed by Brooke Say
DN: cn=Brooke Say, o=SSCOR, Inc, ou=Director of Sales, email=brooke@sscor.com, c=US
Date: 2021.12.29 11:19:11 -08'00'

11064 Randall Street, Sun Valley, CA 91352
(818) 504-4054
Fax: (818) 504-4062

SunMed

July 21, 2020

Henry Schein
135 Duryea Road
Melville, NY 11747

RE: Authorized Distributor Letter

Dear Julia,

Henry Schein is an authorized distribution agent for SunMed, LLC in the U.S. for products sold into the EMS and Hospital channels. If you have any questions you may reach out to Tracy Denniston at tdenniston@sun-med.com or Rich Pyle at rpyle@sun-med.com for further information.

Sincerely,

Rich Pyle
Senior Director of Sales
SunMed, LLC
708-227-5574

July 22, 2020

Teleflex
3015 Carrington Mill Blvd.
Morrisville, NC 27560
Phone: 919.361.4017
www.teleflex.com

To whom it may concern,

This letter is to acknowledge that Henry Schein is an authorized distributor of Hudson, Rusch, Z-Medica and LMA branded Teleflex products. Thank you.

Regards,

Paul Capitano
AEM – Key Accounts Manager
Teleflex Medical
3015 Carrington Mill Blvd
Morrisville, NC 27560
E: paul.capitano@teleflex.com
M: 904.325.5924

VERIDIAN HEALTHCARE™

September 1, 2022

Henry Schein
1575 Aviation Center Parkway, #402
Daytona Beach, FL 32114
Attn: Jo Ann Rudd

Jo Ann:

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

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

Sincerely,

William J Hagan Jr

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

ZOLL.

May 9, 2022

Henry Schein

Attn: James Gallo/Lisa Page

Re: Authorized distributor

This letter serves notice that Henry Schein is an authorized distributor of ZOLL products.

ZOLL purchased Cardiac Science in 2019 and is now known as Powerheart AEDs by ZOLL.

Thank you,

Jonathan Bowman

Senior Director of Sales, ZOLL Medical
269 Mill Road
Chelmsford, MA 01824

SunMed ORAL AIRWAY

SunMed's latex free oral airways are made of firm plastic with built-in bite blocks.
The Berman airways are color coded for accurate and quick size identification.
These single use airways are non-sterile; sets are ideal for crash carts.

COLOR CODED BERMAN AIRWAY

- Firm, polyethylene plastic
- Vented septum

CAT#	SIZE	DESCRIPTION	COLOR	PK
1-1508-40	4cm	Newborn, 40mm	Pink	10
1-1508-50	5cm	Infant, 50mm	Blue	10
1-1508-60	6cm	Small Child, 60mm	Black	10
1-1508-70	7cm	Child, 70mm	White	10
1-1508-80	8cm	Small Adult, 80mm	Green	10
1-1508-90	9cm	Med. Adult, 90mm	Yellow	10
1-1508-99	10cm	Large Adult, 100mm	Red	10
1-1508-11	11cm	X-Large Adult, 110mm	Orange	10
1-1506-40	4cm	Newborn, 40mm	Pink	50
1-1506-50	5cm	Infant, 50mm	Blue	50
1-1506-60	6cm	Small Child, 60mm	Black	50
1-1506-70	7cm	Child, 70mm	White	50
1-1506-80	8cm	Small Adult, 80mm	Green	50
1-1506-90	9cm	Med. Adult, 90mm	Yellow	50
1-1506-99	10cm	Large Adult, 100mm	Red	50
1-1506-11	11cm	X-Large Adult, 110mm	Orange	50

SETS

CAT#	SIZES INCLUDED	PK
1-1508-00	40, 50, 60, 70, 80, 90, 100, 110mm	10 sets

TRADITIONAL GUEDEL AIRWAY

- Firm, polyethylene plastic
- One piece construction
- Built-in bite block
- Bulk packaged

CAT#	SIZE	DESCRIPTION	COLOR	PK
1-1501-50	5cm	Infant, 50mm	Blue	10
1-1501-60	6cm	Small Child, 60mm	Black	10
1-1501-70	7cm	Child, 70mm	White	10
1-1501-80	8cm	Small Adult, 80mm	Green	10
1-1501-90	9cm	Med. Adult, 90mm	Yellow	10
1-1501-99	10cm	Large Adult, 100mm	Red	10
1-1500-50	5cm	Infant, 50mm	Blue	50
1-1500-60	6cm	Small Child, 60mm	Black	50
1-1500-70	7cm	Child, 70mm	White	50
1-1500-80	8cm	Small Adult, 80mm	Green	50
1-1500-90	9cm	Med. Adult, 90mm	Yellow	50
1-1500-99	10cm	Large Adult, 100mm	Red	50

WILLIAMS AIRWAY INTUBATOR

- Guides fiber optic broncoscopy placement
- Built-in bite block
- Bulk package

CAT#	SIZE	DESCRIPTION	PK
1-1503-09	9cm	Adult Female	10
1-1503-10	10cm	Adult Male	10

dynarex Resp-O_2™

ORAL AIRWAYS (BERMAN TYPE)

40 mm

REORDER NO. 36300

INFANT

PACKAGE QUANTITY
100/Box

40 mm

REORDER NO. 36301

INFANT

PACKAGE QUANTITY
24/Box

60 mm

REORDER NO. 36302

CHILD

PACKAGE QUANTITY
100/Box

60 mm

REORDER NO. 36303

CHILD

PACKAGE QUANTITY
24/Box

80 mm

REORDER NO. 36304

ADULT SMALL

PACKAGE QUANTITY
100/Box

80 mm

REORDER NO. 36305

ADULT SMALL

PACKAGE QUANTITY
24/Box

90 mm

REORDER NO. 36306

ADULT MEDIUM

PACKAGE QUANTITY
100/Box

90 mm

REORDER NO. 36307

ADULT MEDIUM

PACKAGE QUANTITY
24/Box

100 mm

REORDER NO. 36308

ADULT LARGE

PACKAGE QUANTITY
100/Box

100 mm

REORDER NO. 36309

ADULT LARGE

PACKAGE QUANTITY
24/Box

110 mm

REORDER NO. 36310

ADULT X-LARGE

PACKAGE QUANTITY
100/Box

110 mm

REORDER NO. 36311

ADULT X-LARGE

PACKAGE QUANTITY
24/Box

Dynarex Resp-O_2™ Oral Berman Airway openings assure a ventilating channel and permit access of a suction canister. These Oral Airways offer flexibility with their smooth, non-brittle finish, permitting an easy insertion without danger of breaking when distorted.

- Made of polypropylene (PP)
- Provide superior performance
- Unobstructed passage - unique perforated midway openings assure ventilating channel and permit access of a suction catheter, even if airway shifts or is partially occluded
- Strength - reinforced bite block prevents collapse of airway
- Flexibility - smooth, non-brittle finish permits easy insertion without danger of breaking when distorted
- Less trauma - greater accessibility of suction catheter permits removal of secretions at a faster rate

Kit of 6

REORDER NO. 36312

SIZES INCLUDED 40, 60, 80, 90, 100, 110 mm

PACKAGE QUANTITY
1/Case

R220622

dynarex
WE CARE LIKE FAMILY

1.888 DYNAREX

DYNAREX.COM

10 GLENSHAW STREET | ORANGEBURG, NY 10962

Contact your local sales representative or call to find your nearest distributor.

©2022 Dynarex Corporation

AIRCARE®
Endotracheal Tubes

Ideal for short-term intubations, AIRCARE® tubes come in a wide selection of sizes, each with a standard 15 mm ISO connector.

- Made of transparent PVC that softens at body temperature
- Radiopaque blue line for X-ray visualization
- Oral or nasal intubation
- Available in either cuffed or uncuffed
- Magill Curve
- Murphy Eye
- Available with preloaded stylets
- Latex Free
- Sterile
- Single Use

ORDERING INFORMATION

Cuffed AIRCARE® Endotracheal Tubes

PRODUCT CODE	SIZE (I.D.)	UNITS PER CASE
100/100/030	3.0 mm	10
100/100/035	3.5 mm	10
100/100/040	4.0 mm	10
100/100/045	4.5 mm	10
100/100/050	5.0 mm	10
100/100/055	5.5 mm	10
100/100/060	6.0 mm	10
100/100/065	6.5 mm	10
100/100/070	7.0 mm	10
100/100/075	7.5 mm	10
100/100/080	8.0 mm	10
100/100/085	8.5 mm	10
100/100/090	9.0 mm	10
100/100/010	10.0 mm	10

Uncuffed AIRCARE® Endotracheal Tubes

PRODUCT CODE	SIZE (I.D.)	UNITS PER CASE
100/101/030	3.0 mm	10
100/101/035	3.5 mm	10
100/101/040	4.0 mm	10
100/101/045	4.5 mm	10
100/101/050	5.0 mm	10
100/101/055	5.5 mm	10
100/101/060	6.0 mm	10
100/101/065	6.5 mm	10
100/101/070	7.0 mm	10
100/101/075	7.5 mm	10
100/101/080	8.0 mm	10
100/101/085	8.5 mm	10
100/101/090	9.0 mm	10
100/101/010	10.0 mm	10

Cuffed with Preloaded Stylet AIRCARE® Endotracheal Tubes

PRODUCT CODE	SIZE (I.D.)	UNITS PER CASE
100/102/030	3.0 mm	10
100/102/035	3.5 mm	10
100/102/040	4.0 mm	10
100/102/045	4.5 mm	10
100/102/050	5.0 mm	10
100/102/055	5.5 mm	10
100/102/060	6.0 mm	10
100/102/065	6.5 mm	10
100/102/070	7.0 mm	10
100/102/075	7.5 mm	10
100/102/080	8.0 mm	10
100/102/085	8.5 mm	10
100/102/090	9.0 mm	10
100/102/010	10.0 mm	10

Uncuffed with Preloaded Stylet AIRCARE® Endotracheal Tubes

PRODUCT CODE	SIZE (I.D.)	UNITS PER CASE
100/103/030	3.0 mm	10
100/103/035	3.5 mm	10
100/103/040	4.0 mm	10
100/103/045	4.5 mm	10
100/103/050	5.0 mm	10

THE DETAILS GIVEN IN THIS LEAFLET ARE CORRECT AT THE TIME OF GOING TO PRESS. THE COMPANY RESERVES THE RIGHT TO IMPROVE THE EQUIPMENT SHOWN.

Manufactured by Well Lead Medical Co. Ltd., China

Distributed by:
Smiths Medical ASD, Inc.
160 Weymouth Street, Rockland, MA 02370 USA
T: 1-214-618-0218 TF USA: 1-800-258-5361
www.smiths-medical.com

Smiths Medical Canada Ltd.
Markham, Ontario, Canada, L3R 4Y8
T: 905-477-2000
Toll-Free: 1-800-387-4346

Smiths Medical, part of the global technology business Smiths Group

Product(s) described may not be licensed or available for sale outside of the United States.
CAUTION: Federal law [U.S.A.] restricts these devices to sale by or on the order of a physician. Please read the Instructions for Use supplied with the product for detailed instructions, warnings, and cautions on the safe use of this device.

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Customer and Clinical Services
U.S. 1-800-258-5361
Canada 1-800-387-4346
www.smiths-medical.com

smiths medical

dynarex Resp-O_2™

NASOPHARYNGEAL AIRWAYS & KITS

Dynarex Resp-O_2™ Nasopharyngeal Airways are designed for nasal insertion to help create and maintain an open and secure airway. The Dynarex Nasopharyngeal Airway features a fixed flange end for safer insertion and internal striations for optimal suctioning efficiency. Dynarex Nasopharyngeal Airway Kits include an assortment of airways in multiple sizes for optimal versatility and packets of lubrication jelly for added convenience.

- Designed to be inserted into nasal passage
- Fixed flange design limits the depth of insertion for safe, secure placement
- Constructed from soft materials for enhanced comfort
- Features rounded tip for gentle insertion
- Strong, flexible tubing resists collapse and kinking
- Not made from natural rubber latex

20 Fr

Nasopharyngeal Airway

REORDER NO. 36275

ADULT

PACKAGE QUANTITY
10/Box

22 Fr

Nasopharyngeal Airway

REORDER NO. 36276

ADULT

PACKAGE QUANTITY
10/Box

24 Fr

Nasopharyngeal Airway

REORDER NO. 36277

ADULT

PACKAGE QUANTITY
10/Box

26 Fr

Nasopharyngeal Airway

REORDER NO. 36278

ADULT

PACKAGE QUANTITY
10/Box

28 Fr

Nasopharyngeal Airway

REORDER NO. 36279

ADULT

PACKAGE QUANTITY
10/Box

30 Fr

Nasopharyngeal Airway

REORDER NO. 36280

ADULT

PACKAGE QUANTITY
10/Box

32 Fr

Nasopharyngeal Airway

REORDER NO. 36281

ADULT

PACKAGE QUANTITY
10/Box

34 Fr

Nasopharyngeal Airway

REORDER NO. 36282

ADULT

PACKAGE QUANTITY
10/Box

36 Fr

Nasopharyngeal Airway

REORDER NO. 36283

ADULT

PACKAGE QUANTITY
10/Box

Kit of 6

REORDER NO. 36270

AIRWAY SIZES INCLUDED
22, 24, 26, 28, 30, 32

6 DYNALUBE PACKETS

PACKAGE QUANTITY
1 Kit/Box

Kit of 9

REORDER NO. 36271

AIRWAY SIZES INCLUDED
20, 22, 24, 26, 28, 30, 32, 34, 36

9 DYNALUBE PACKETS

PACKAGE QUANTITY
1 Kit/Box

R220614

dynarex
WE CARE LIKE FAMILY™

1.888 DYNAREX

DYNAREX.COM

10 GLENSHAW STREET | ORANGEBURG, NY 10962

Contact your local sales representative or call to find your nearest distributor.

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dynarex Resp-O_2™

SINGLE SUCTION CATHETERS

Graduated with Control Valve • Coiled Packed

Dynarex Resp-O_2™ Single Suction Catheters are designed to safely and effectively remove secretions from the respiratory tract of tracheostomy patients. The soft, flexible Catheter with beveled tip is gentle on delicate mucosal tissue yet firm enough to allow for catheter rotation. The Catheter includes a vented cap port for enhanced suction control and two staggered eyelet openings to increase suctioning effectiveness and reduce patient trauma.

- Soft, pliable catheter with beveled tip provides optimal patient comfort
- Vented cap with control valve allows for greater procedural control
- Catheter tip is designed with 2 staggered eyelet openings for maximum suctioning efficiency
- Catheter features easy-to-read depth-number markings
- Coil packed for compact storage
- Sterile, single-patient use
- Not made with natural rubber latex or DEHP

6 Fr	8 Fr	10 Fr	12 Fr	14 Fr	16 Fr	18 Fr
Pediatric	Pediatric	Adult/Pediatric	Adult	Adult	Adult	Adult
REORDER NO. 32000	REORDER NO. 32001	REORDER NO. 32002	REORDER NO. 32003	REORDER NO. 32004	REORDER NO. 32005	REORDER NO. 32006
PACKAGE QUANTITY 50/Case	PACKAGE QUANTITY 50/Case	PACKAGE QUANTITY 50/Case	PACKAGE QUANTITY 50/Case	PACKAGE QUANTITY 50/Case	PACKAGE QUANTITY 50/Case	PACKAGE QUANTITY 50/Case

R210823

dynarex
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1.888 DYNAREX
DYNAREX.COM
10 GLENSHAW STREET | ORANGEBURG, NY 10962

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MedSource
Respiratory & Airway

Non-Rebreather Mask

The MedSource Non-Rebreather Mask features an elongated oxygen mask molded of soft transparent PVC plastic. The tubing adapter swivels to facilitate use on either side of patient, and the spandex-terylene adjustable strap ensures a comfortable fit for every patient. The reservoir bag is constructed of soft vinyl. Available in complete, partial or pediatric styles, and comes complete with 7' star-lumen oxygen supply tubing.

This product is not made with natural rubber latex.

Rev. 1

www.gomedsource.com

Item #	Description	UOM
MS-25060	Complete Non-Rebreather	EA, 50 EA/CS
MS-25059	Partial Non-Rebreather	EA, 50 EA/CS
MS-25058	Pediatric Non-Rebreather	EA, 50 EA/CS
MS-25055-U	Non-Rebreather, Infant Lip w/ Universal Conn.	EA, 50 EA/CS
MS-25057-U	Non-Rebreather, Pediatric, 2 valve Universal Conn.	EA, 50 EA/CS
MS-25058-U	Non-Rebreather, Pediatric w/Universal Connector	EA, 50 EA/CS

4201 Norex Drive . Chaska, MN 55318 . USA . phone 952-472-0131 . fax 952-472-0136 sales@gomedsource.com

HARTWELL MEDICAL

SureVent Emergency Transport Ventilator

This automatic EMS resuscitator provides smooth, reliable, and consistent ventilations via a mask or tube. Ideal for everyday situations, as well as large-scale disasters and mass-casualty incidents. Lightweight, disposable, and compact. Simple to set up and allows for hands-free operation. Single-patient use. Includes 4 resuscitators per case.
#SV2131
(499-0488) 4/case

MedSource
USA · Europe · UAE

Disposable Nasal Cannulas

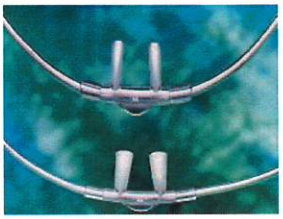
Adult
Over-the-ear style with 7' tubing.
Curved, Flared Tip
(499-5224) ..... ea
#MS-24004, Adult, Curved Tip
(499-7347) 50/case
Adult
Straight, Curved Tip
(499-8458) ..... ea
#MS-24003, Adult, Straight Tip
(499-7350) 50/case
#MS-24101, Pediatric
(499-5376) ..... ea

HENRY SCHEIN®

NASAL CANNULAS

Offer superior quality at a low price.
- Over-the-ear cannulas
- 7" tubing

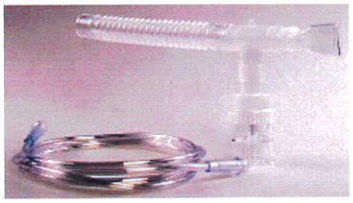
C0202, Pediatric, Regular Tips
(900-7034) 50/case
C0201, Adult, Regular Tips
(900-7035) 50/case
C0204, Adult, Flared Tips
(900-7037) 50/case
C0209, Adult, Curved Tips
(900-7036) 50/case



Teleflex®

Over-the-Ear Cannulas

Over-the-ear design and flexible contoured lip tab provide a comfortable and secure fit. Available with 7 ft. standard or crush-proof STAR LUMEN tubing and standard connector.
#1103, Adult, 7'
(120-2054) ..... ea
#1104, Flared Tip
(120-4195) ..... ea



Nebulizer

Comes complete with 7 feet of "crush-resistant" tubing.
Features:
- Spill-proof container
- Easy disassembly
- Balanced particle size distribution
- Nebulizes 3cc in 10 minutes at 7LPM
- Leak-free
- Can be used in ventilator circuits

Nebulizer with "T," Mouthpiece and 6" Flex Tube
(499-9867) ..... ea
Nebulizer with "T" and Mouthpiece
(113-8202) ..... ea
Nebulizer with Elongated Adult Mask
(499-5609) ..... ea

Teleflex®

Up-Draft Nebulizers

With Adult Mask
(120-2860) 50/case
With Pediatric Mask
(832-9660) ..... ea

Teleflex®

Micro Mist Nebulizers

#1885, with Elongated Adult Mask
(120-5429) ..... ea
#1886, with Elongated Pediatric Mask
(761-9737) ..... ea

HENRY SCHEIN®

NEBULIZER KIT

Adult
(112-5617) ..... ea
Contains: mouthpiece, tee adapter, medicine chamber & tubing.
Adult
(112-5618) ..... ea
Contains: adult aerosol mask, medicine chamber & tubing.
Pediatric
(112-5619) ..... ea
Contains: pediatric aerosol mask, medicine chamber & tubing.

HENRY SCHEIN®

T-MOUTHPIECE DISPOSABLE NEBULIZER

Nebulizer
Our nebulizer kit offers:
- A more optimal particle size so the patient gets more medicine
- Less residual medication left in the cup after treatment
- Available in various kits to suit your patients' needs: Nebulizer with T Mouthpiece, Adult Mask, and Pediatric Mask
- All include cup and 7' of tubing
- Add our premeasured saline to your order for dilution of bronchodilators

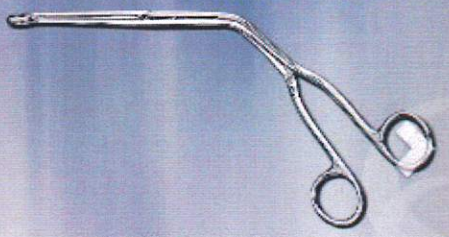
(831-0431) ..... ea

MACO International

Laryngoscope Conventional Handles

Part #'s	Description	Part #'s	Description
7860	Stubby 2 "AA" Batteries	7862	Medium 2 "C" Batteries
7861	Small 2 "AA" Batteries	7863	Large 2 "D" Batteries

Magill Forceps



Part #'s	Description	Size
7334	Close Jaw	Infant.
7337	Closed Jaw	Child.
7338	Closed Jaw	Adult.

Laryngoscop Lamps

Part #'s	Description
5334	Large Frosted
5335	Small Frosted
5336	Large Clear
5337	Small Clear
L5334	Large LED
L5335	Small LED

Case

Laryngoscope Case Holds up to
7 Blades & Handles.
Item No. 3115

7060

Custom Logo's Available

www.macolaryngoscope.com

Reduce the Risk of Cross-Contamination

SunOne™ SYSTEM

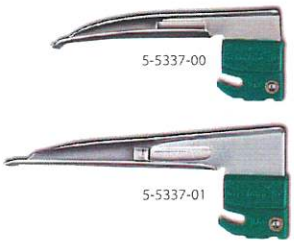
Single Patient Use, Fully Disposable Laryngoscopes

GreenLine®/D™ Macintosh Blades

Item	Size	Length	Height	Description
5-5332-01	1	92mm	22mm	Infant
5-5332-02	2	100mm	21mm	Child
5-5332-03	3	130mm	22mm	Medium Adult
5-5332-35	3.5	144mm	22mm	Ext. Med. Adult
5-5332-04	4	155mm	25mm	Large Adult

GreenLine®/D™ Miller Blades

Item	Size	Length	Height	Description
5-5333-20	00	67mm	10mm	Premature
5-5333-00	0	77mm	10mm	Neonate
5-5333-01	1	102mm	10mm	Infant
5-5333-02	2	153mm	12mm	Child
5-5333-03	3	195mm	14mm	Medium Adult
5-5333-04	4	205mm	18mm	Large Adult



GreenLine®/D™ Robertshaw Blades

Item	Size	Length	Height	Description
5-5337-00	0	94mm	11mm	Neonate
5-5337-01	1	112mm	13mm	Infant

GreenLine®/D™ Flex Tip Blades

Item	Size	Length	Height	Description
5-5382-03	3	195mm	18mm	Medium Adult
5-5382-04	4	205mm	18mm	Large Adult

SunMed

ASK ABOUT PRODUCT RECYCLING

www.SunOneSystem.com

2710 Northridge Dr. NW, Suite A | Grand Rapids, MI 49544 USA | 1-800-433-2797

Valve Peep Disposable Ea

9855168 | Ambu Inc - 199003020

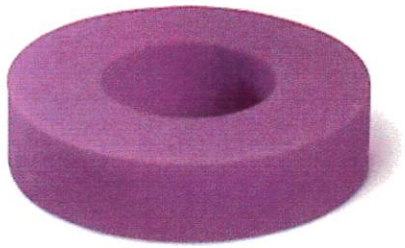
DESCRIPTION:

Valve Peep 0-20cm Disposable With 22mm Adapter Each

PACKAGING OPTIONS (1)

Login To Order

DISPOSABLE/REUSABLE/REPOSABLE	Disposable
ITEM	Valve
ITEM TYPE	Peep
PRIMARY LWH	0-20cm
QUANTITY	Each
WITH	22mm Adapter
WITH (FOR DESCRIPTION)	With



Positioner Cushion Ring Head Raspberry 32/Ca

5820156 | Medline Industries Inc - NON081141

DESCRIPTION:

Positioner Cushion Head Ring Foam Raspberry 9x4x2" 32/Case

PACKAGING OPTIONS (1)

Login To Order

COLOR	Raspberry
COMPOSITION/INGREDIENTS	Foam
DIMENSIONS	9x4x2"
ERGONOMIC LOCATION	Head
ITEM	Positioner
ITEM TYPE	Cushion
QUANTITY	32/Case
SHAPE	Ring

Airlife Circuit Ventilator 50/Ca

1084702 | Vyaire Medical Inc - 001550

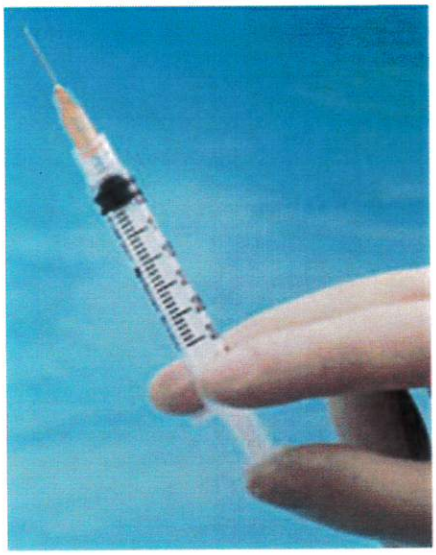
DESCRIPTION:

Airlife Circuit Ventilator 22mm Elbow With Suction Port 50/Case

PACKAGING OPTIONS (1)

Login To Order

BRAND	Airlife
ITEM	Circuit
ITEM TYPE	Ventilator
PRIMARY LWH	22mm
QUANTITY	50/Case
STYLE	Elbow
WITH	Suction Port



Needle 18gx1-1/2" Conventional 100/Bx

9004471 | Henry Schein Inc. - 904471

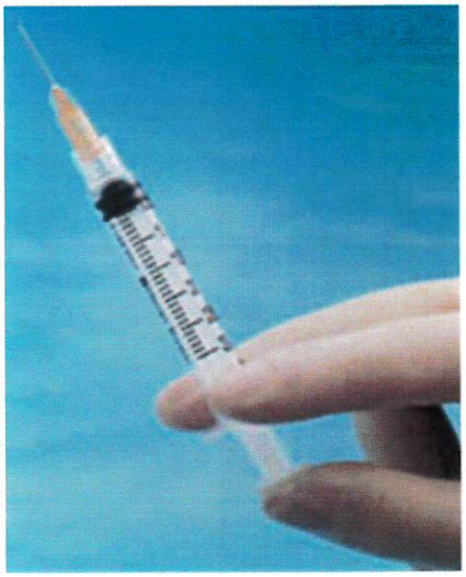
DESCRIPTION:

Henry Schein Needle 18gx1-1/2" Conventional 100/Box

PACKAGING OPTIONS (1)

Login To Order

BRAND	Henry Schein
DISPOSABLE/REUSABLE/REPOSABLE	Disposable
ITEM	Needle
ITEM TYPE	Hypodermic
LATEX/LATEX-FREE	Not Made With Natural Rubber Latex
NEEDLE GAUGE	18g
NEEDLE LENGTH	1-1/2"
QUANTITY	100/Box
SAFETY/PROTECTION	Conventional
STERILE/NON-STERILE	Sterile



Needle 23gx1" Conventional 100/Bx

9004473 | Henry Schein Inc. - 904473

DESCRIPTION:

Henry Schein Needle 23gx1" Conventional 100/Box

PACKAGING OPTIONS (1)

Login To Order

BRAND	Henry Schein
DISPOSABLE/REUSABLE/REPOSABLE	Disposable
ITEM	Needle
ITEM TYPE	Hypodermic
LATEX/LATEX-FREE	Not Made With Natural Rubber Latex
NEEDLE GAUGE	23g
NEEDLE LENGTH	1"
QUANTITY	100/Box
SAFETY/PROTECTION	Conventional
STERILE/NON-STERILE	Sterile

Syringe/Needle TB 1cc 25gx5/8" Conventional 100/Bx

9004459 | Henry Schein Inc. - 904459

DESCRIPTION:

Henry Schein Syringe/Needle TB 1cc 25g 5/8" Sterile Not Made With Natural Rubber Latex Disposable Conventional 100/Box

PACKAGING OPTIONS (1)

Login To Order

BRAND	Henry Schein
DISPOSABLE/REUSABLE/REPOSABLE	Disposable
ITEM	Syringe/Needle
ITEM TYPE	TB
LATEX/LATEX-FREE	Not Made With Natural Rubber Latex
NEEDLE GAUGE	25g
NEEDLE LENGTH	5/8"
QUANTITY	100/Box
SAFETY/PROTECTION	Conventional
STERILE/NON-STERILE	Sterile
VOLUME	1cc

Syringe 3cc Luer Lock w/o Needle General Use 100/Bx

9004475 | Henry Schein Inc. - 904475

DESCRIPTION:

Henry Schein Syringe 3cc Luer Lock w/o Needle General Use 100/Box

PACKAGING OPTIONS (1)

Login To Order

BRAND	Henry Schein
DISPOSABLE/REUSABLE/REPOSABLE	Disposable
ITEM	Syringe
ITEM TYPE	General Use
QUANTITY	100/Box
STERILE/NON-STERILE	Sterile
TIP	Luer Lock
VOLUME	3cc
WITH	w/o Needle

dynarex COMPLETE LINE OF SYRINGES

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

Safety Insulin Syringes With Needle

Reorder No.	Description	Quantity
6901	Safety Insulin Syringe With Needle, 0.5cc, 29G × ½"	5/100/Cs
6902	Safety Insulin Syringe With Needle, 0.5cc, 30G × 5/16"	5/100/Cs
6903	Safety Insulin Syringe With Needle, 1cc, 27G × ½"	5/100/Cs
6904	Safety Insulin Syringe With Needle, 1cc, 29G × ½"	5/100/Cs
6905	Safety Insulin Syringe With Needle, 1cc, 30G × ½"	5/100/Cs

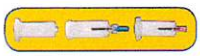
Safety Syringes With Needle (Luer Lock or Fixed Needle)

Reorder No.	Description	Quantity
6915	With Needle, Luer Lock, 10cc, 20G × 1½"	6/100/Cs
6916	With Needle, Luer Lock, 10cc, 21G × 1½"	6/100/Cs
6917	With Needle, Luer Lock, 10cc, 22G × 1½"	6/100/Cs
6918	With Needle, Luer Lock, 5cc, 20G × 1½"	4/100/Cs
6919	With Needle, Luer Lock, 5cc, 21G × 1½"	4/100/Cs
6920	With Needle, Luer Lock, 5cc, 22G × 1½"	4/100/Cs
6921	With Needle, Luer Lock, 3cc, 20G × 1½"	8/100/Cs
6922	With Needle, Luer Lock, 3cc, 20G × 1"	8/100/Cs
6923	With Needle, Luer Lock, 3cc, 21G × 1½"	8/100/Cs
6924	With Needle, Luer Lock, 3cc, 21G × 1"	8/100/Cs
6925	With Needle, Luer Lock, 3cc, 22G × 1½"	8/100/Cs
6926	With Needle, Luer Lock, 3cc, 22G × 1"	8/100/Cs
6927	With Needle, Luer Lock, 3cc, 23G × 1"	8/100/Cs
6928	With Needle, Luer Lock, 3cc, 25G × 5/8"	8/100/Cs
6929	With Needle, Fixed Needle, 1cc, 25G × 5/8"	8/100/Cs
6930	With Needle, Fixed Needle, 1cc, 27G × ½"	8/100/Cs

Dialysis Safety Syringes with Needle, Low Dead Space

Reorder No.	Description	Quantity
6931	Fixed Needle, 1cc, 22G × 1½"	12/100/Cs
6932	Luer Lock, 3cc, 22G × 1½"	12/100/Cs

Blood Collection Tube Holders



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

Syringes Without Needle

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

Non-Safety Insulin Syringes

Reorder No.	Description	Quantity
6940	Non-Safety Insulin Syringe With Needle, 0.5cc, 27G × ½", Individually Packaged	5/100/Cs
6941	Non-Safety Insulin Syringe With Needle, 0.5cc, 28G × ½", Individually Packaged	5/100/Cs
6942	Non-Safety Insulin Syringe With Needle, 0.5cc, 29G × ½", Individually Packaged	5/100/Cs
6943	Non-Safety Insulin Syringe With Needle, 0.5cc, 30G × 5/16", Individually Packaged	5/100/Cs
6944	Non-Safety Insulin Syringe With Needle, 0.5cc, 31G × 5/16", Individually Packaged	5/100/Cs
6945	Non-Safety Insulin Syringe With Needle, 1cc, 27G × ½", Individually Packaged	5/100/Cs
6946	Non-Safety Insulin Syringe With Needle, 1cc, 28G × ½", Individually Packaged	5/100/Cs
6947	Non-Safety Insulin Syringe With Needle, 1cc, 29G × ½", Individually Packaged	5/100/Cs
6948	Non-Safety Insulin Syringe With Needle, 1cc, 30G × ½", Individually Packaged	5/100/Cs
6949	Non-Safety Insulin Syringe With Needle, 1cc, 31G × 5/16", Individually Packaged	5/100/Cs
6950	Non-Safety Insulin Syringe With Needle, 0.5cc, 27G × ½", 10/Bag, 10 Bags/Box	5/100/Cs
6951	Non-Safety Insulin Syringe With Needle, 0.5cc, 28G × ½", 10/Bag, 10 Bags/Box	5/100/Cs
6952	Non-Safety Insulin Syringe With Needle, 0.5cc, 29G × ½", 10/Bag, 10 Bags/Box	5/100/Cs
6953	Non-Safety Insulin Syringe With Needle, 0.5cc, 30G × 5/16", 10/Bag, 10 Bags/Box	5/100/Cs
6954	Non-Safety Insulin Syringe With Needle, 0.5cc, 31G × 5/16", 10/Bag, 10 Bags/Box	5/100/Cs
6955	Non-Safety Insulin Syringe With Needle, 1cc, 27G × ½", 10/Bag, 10 Bags/Box	5/100/Cs
6956	Non-Safety Insulin Syringe With Needle, 1cc, 28G × ½", 10/Bag, 10 Bags/Box	5/100/Cs
6957	Non-Safety Insulin Syringe With Needle, 1cc, 29G × ½", 10/Bag, 10 Bags/Box	5/100/Cs
6958	Non-Safety Insulin Syringe With Needle, 1cc, 30G × ½", 10/Bag, 10 Bags/Box	5/100/Cs
6959	Non-Safety Insulin Syringe With Needle, 1cc, 31G × 5/16", 10/Bag, 10 Bags/Box	5/100/Cs

Hypodermic Needles

Reorder No.	Description	Quantity
6960	Hypodermic Needles, 18G × 1"	10/100/Cs
6961	Hypodermic Needles, 18G × 1½"	10/100/Cs
6962	Hypodermic Needles, 19G × 1"	10/100/Cs
6963	Hypodermic Needles, 19G × 1½"	10/100/Cs
6964	Hypodermic Needles, 20G × 1"	10/100/Cs
6965	Hypodermic Needles, 20G × 1½"	10/100/Cs
6966	Hypodermic Needles, 21G × 1"	10/100/Cs
6967	Hypodermic Needles, 21G × 1½"	10/100/Cs
6968	Hypodermic Needles, 22G × 1"	10/100/Cs
6969	Hypodermic Needles, 22G × 1½"	10/100/Cs
6970	Hypodermic Needles, 23G × 1"	10/100/Cs
6971	Hypodermic Needles, 23G × 1½"	10/100/Cs
6972	Hypodermic Needles, 25G × 5/8"	10/100/Cs
6973	Hypodermic Needles, 25G × 1½"	10/100/Cs
6974	Hypodermic Needles, 26G × ½"	10/100/Cs
6975	Hypodermic Needles, 27G × 1½"	10/100/Cs
6976	Hypodermic Needles, 27G × ½"	10/100/Cs
6980	Hypodermic Needles, 20G × ¾"	10/100/Cs
6981	Hypodermic Needles, 22G × ¾"	10/100/Cs
6982	Hypodermic Needles, 23G × ¾"	10/100/Cs

Non-Safety Syringes With Needle

Reorder No.	Description	Quantity
6994	With Needle, Luer Slip, 1cc, 25G × 5/8"	8/100/Cs
6995	With Needle, Luer Lock, 3cc, 20G × 1"	8/100/Cs
6996	With Needle, Luer Lock, 3cc, 20G × 1½"	8/100/Cs
6997	With Needle, Luer Lock, 3cc, 21G × 1"	8/100/Cs
6998	With Needle, Luer Lock, 3cc, 21G × 1½"	8/100/Cs
6999	With Needle, Luer Lock, 3cc, 22G × 1"	8/100/Cs
7000	With Needle, Luer Lock, 3cc, 22G × 1½"	8/100/Cs
7001	With Needle, Luer Lock, 3cc, 23G × 1"	8/100/Cs
7002	With Needle, Luer Lock, 3cc, 25G × 5/8"	8/100/Cs
7003	With Needle, Luer Lock, 3cc, 25G × 1"	8/100/Cs
7004	With Needle, Luer Lock, 5cc, 20G × 1"	4/100/Cs
7005	With Needle, Luer Lock, 5cc, 20G × 1½"	4/100/Cs
7006	With Needle, Luer Lock, 5cc, 21G × 1"	4/100/Cs
7007	With Needle, Luer Lock, 5cc, 21G × 1½"	4/100/Cs
7008	With Needle, Luer Lock, 5cc, 22G × 1"	4/100/Cs
7009	With Needle, Luer Lock, 5cc, 22G × 1½"	4/100/Cs
7010	With Needle, Luer Lock, 10cc, 20G × 1"	4/100/Cs
7011	With Needle, Luer Lock, 10cc, 20G × 1½"	4/100/Cs
7012	With Needle, Luer Lock, 10cc, 21G × 1"	4/100/Cs
7013	With Needle, Luer Lock, 10cc, 21G × 1½"	4/100/Cs
7014	With Needle, Luer Lock, 10cc, 22G × 1"	4/100/Cs
7015	With Needle, Luer Lock, 10cc, 22G × 1½"	4/100/Cs
NEW 7016	With Needle, Luer Lock, 3cc, 22G × ¾"	4/100/Cs

Pen Needles

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

IV Administration Sets (sold by inner box)

Reorder No.	Description	Quantity
7030	10 Drop/mL, 83", 1 inj. site, 1 Luer lock site	50/Box
7031	15 Drop/mL, 83", 1 inj. site, 1 Luer lock site	50/Box
7032	15 Drop/mL, 78", 1 inj. site	50/Box
7033	15 Drop/mL, 106", 2 injection sites	50/Box
7034	15 Drop/mL, 73", 1 injection site	50/Box
7035	15 Drop/mL, 84", 2 Luer lock needle-free sites	50/Box
7036	15 Drop/mL, 85", no injection sites	50/Box
7037	15 Drop/mL, 92", 2 injection sites	50/Box
7048	20 Drop/mL, 100", 1 injection site with micron filter	50/Box
7049	20 Drop/mL, 92", 1 injection site with micron filter and regulator	50/Box
7050	20 Drop/mL, 92", 1 injection site with micron filter	50/Box
7051	60 Drop/mL, 83", 1 injection site, 1 Luer lock site	50/Box
7052	60 Drop/mL, 78", 2 injection sites	50/Box
7053	60 Drop/mL, 67", no injection sites	50/Box

IV Extension Sets (sold by inner box)

Reorder No.	Description	Quantity
7060	6", Needle-Free Luer Lock Connector	100/Box
7061	7", Needle-Free Luer Lock Connector	100/Box
7062	8", Needle-Free Luer Lock Connector	100/Box
7063	15", Needle-Free Luer Lock Connector	100/Box

Non-Safety Tuberculin SecureSafe™ Syringes (Luer Slip) & Allergy Syringe Tray

See our New Safety Mechanism!

Reorder No.	Description	Gauge/Needle	Quantity
6937	Tuberculin Non-Safety Syringe (Luer Slip) - 1cc	25G, 5/8"	10Box/100Ea/Cs
6938	Tuberculin Non-Safety Syringe (Luer Slip) - 1cc	26G, 5/8"	10Box/100Ea/Cs
6939	Tuberculin Non-Safety Syringe (Luer Slip) - 1cc	27G, 5/8"	10Box/100Ea/Cs
6936	Allergy Non-Safety Syringe Tray - 1cc	27G, ½"	25syringes/tray, 40tray/Cs

SYRINGES

- Latex-free, DEHP-free and BPA-free

BULB SYRINGE

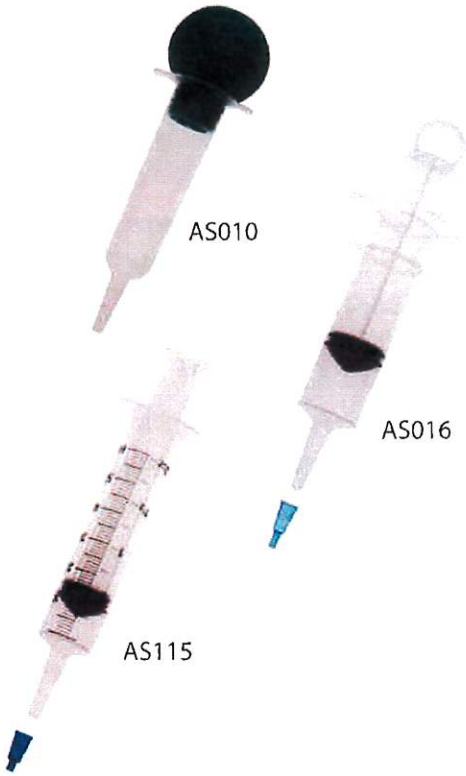
- Flexible soft bulb promotes one-handed administration
- Designed to stand on the bulb end to help minimize contamination
- Tip protector included

THUMB CONTROL RING SYRINGE

- Thumb control ring top allows for maximum control and one-handed administration
- Precision crafted O-ring plunger ensures a positive seal
- Re-sealable pole bag designed for safe and convenient storage
- Includes syringe luer tip adapter and protector cap

FLAT TOP SYRINGE

- Visible dosing marks designed for ease of use
- Precision crafted O-ring plunger ensures a positive seal
- Visible dosing marks designed for ease of use
- Latex-free, DEHP-free and BPA-free
- Available in sterile or non-sterile packaging
- Includes syringe luer tip adapter and protector cap



ITEM CODE	60 mL SYRINGE TYPE			PACKAGE TYPE				STERILE	QUANTITY/ UNIT
	Bulb	Thumb Control Ring	Flat Top	Poly Pouch	Form Fill Pack	Resealable Pole Bag	Bulk		
AS116			•			•			30/Case
AS016		•				•			30/Case
AS010	•						•		50/Case
AS011	•			•				•	50/Case
AS011P	•				•			•	50/Case
AS015		•		•				•	50/Case
AS115			•	•				•	50/Case

Administration Set Administration Set 50/Bx

1400679 | B. Braun Medical Inc. - 352632

DESCRIPTION:

Administration Set Administration Set 50/Box

PACKAGING OPTIONS (1)

Temporarily unavailable

⚠ Please note this item may ship standard ground delivery service. If you need priority delivery on this item, please remove the item from the cart and call 800-472-4346 to speak with a sales representative who can assist in having this item expedited from the manufacturer

⚠ This item is presently unavailable. Please search the catalog for a substitute.

⚠ This product is a non stock item that must be ordered from the manufacturer, and as such, will appear on a separate order , follow at a later date and incur a $6.75 special order charge.

ITEM	Administration Set
ITEM TYPE	Administration Set
QUANTITY	50/Box

IV AND IRRIGATION SOLUTIONS

E3® EXCEL®, PAB®, PIC® Containers

- Available in sizes to meet varying needs
- Not made with natural rubber latex, PVC, or DEHP

Product Code	Size (mL)	Container Type	Description
E8000	1,000	E3	0.9% Sodium Chloride Injection USP
L8000	1,000	EXCEL	0.9% Sodium Chloride Injection USP
L8001	500	EXCEL	0.9% Sodium Chloride Injection USP
L8002	250	EXCEL	0.9% Sodium Chloride Injection USP
L7500	1,000	EXCEL	Lactated Ringer's Injection USP
L5202	250	EXCEL	10% Dextrose Injection USP
S5104-5264	100 mL Fill in 150 mL	PAB	5% Dextrose Injection USP
S5104-5384	50 mL Fill in 100 mL	PAB	5% Dextrose Injection USP
S8004-5264	100 mL Fill in 150 mL	PAB	0.9% Sodium Chloride Injection USP
S8004-5384	50 mL Fill in 100 mL	PAB	0.9% Sodium Chloride Injection USP
R5000-01	1,000	PIC	Sterile Water for Irrigation USP
R5001-01	500	PIC	Sterile Water for Irrigation USP
R5200-01	1,000	PIC	0.9% Sodium Chloride Irrigation USP
R5201-01	500	PIC	0.9% Sodium Chloride Irrigation USP

INTROCAN SAFETY® FAMILY

- Passive safety mechanism requires no user activation and cannot be bypassed
- Universal needle bevel and double flashback vein-access confirmation designed for greater first-stick success
- Introcan Safety 3 Closed IV Catheter offers a multi-access blood control septum that aids in prevention of blood exposure
- Introcan Safety Deep Access IV Catheters are deigned to help reduce the risk of complications associated with accessing deeper veins

Introcan Safety IV Catheters

Gauge/Length	FEP Straight	FEP Winged	PUR (Polyurethane) Straight	PUR (Polyurethane) Winged
24Ga. x 0.55 in.	4252511-02	4254512-02	4251611-02	4253511-02
24Ga. x 0.75 in.	4252500-02	4254503-02	4251601-02	4253523-02
22Ga. x 1 in.	4252519-02	4254511-02	4251628-02	4253540-02
22Ga. x 1.75 in.	4252520-02			
20Ga. x 1 in.	4252543-02	4254546-02	4251652-02	4253574-02
20Ga. x 1.25 in.	4252535-02	4254538-02	4251644-02	4253566-02
20Ga. x 1.75 in.	4252527-02			
18Ga. x 1.25 in.	4252560-02	4254562-02	4251687-02	4253604-02
18Ga. x 1.75 in.	4252551-02		4251679-02	4253590-02
16Ga. x 1.25 in.	4252586-02		4251709-02	
16Ga. x 2 in.	4252578-02	4254570-02	4251695-02	4253612-02
14Ga. x 1.25 in.	4251890-02			
14Ga. x 2 in.	4252594-02	4254597-02	4251717-02	

Introcan Safety 3 IV Catheters

Gauge/Length	PUR (polyurethane) Winged
24Ga. x 0.75 in.	4251127-02
22Ga. x 1 in.	4251128-02
20Ga. x 1 in.	4251129-02
20Ga. x 1.25 in.	4251130-02
18Ga. x 1.25 in.	4251131-02
18Ga. x 1.75 in.	4251132-02

Introcan Safety Deep Access IV Catheters

Gauge/Length	PUR (polyurethane) Straight
24Ga. x 1.25 in.	4251623-02
22Ga. x 2.50 in.	4251622-02
20Ga. x 2.25 in.	4251621-02
18Ga. x 2.50 in.	4251620-02

UltraSite IV Extension Set Needleless 9" SPIN-LOCK Connector 50/Ca

8964055 | B. Braun Medical Inc. - 474921

DESCRIPTION:

UltraSite IV Extension Set Needleless Priming Volume 0.7mL 9" SPIN-LOCK Connector Non-Removable Slide Clamp Bonded ULTRASITE Valve Sterile Not Made With Natural Rubber Latex Small Bore 50/Case

PACKAGING OPTIONS (1)

Login To Order

BRAND	UltraSite
CLOSURE	Non-Removable Slide Clamp
DISPOSABLE/REUSABLE	Disposable
ITEM	Set
ITEM TYPE	IV Extension
LATEX/LATEX-FREE	Not Made With Natural Rubber Latex
LUER	SPIN-LOCK Connector
NEEDLE	Needleless
QUANTITY	50/Case
SECONDARY SIZE	Small Bore
STERILE/NON-STERILE	Sterile
TUBE LENGTH	9"
VALVE	Bonded ULTRASITE Valve
VOLUME	Priming Volume 0.7mL

Wristboard Disposable Vinyl 3" X 9" Wrist White, 100 per Case

Part # 45004-11-MPG

Wristboard - Disposable
Material: Vinyl
3" x 9"
Size: Wrist
Color: White
100 / Case

Wristboard Disposable Vinyl 3" X 9" Wrist White, 100 per Case is available to buy in increments of 1

1

ADD TO CART

ADD TO COMPARE

DETAILS

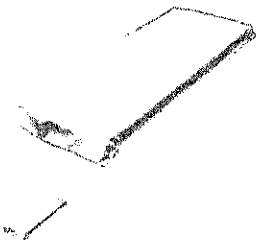
Wristboard

- Disposable
- Material: Vinyl
- 3" x 9"
- Size: Wrist
- Color: White

Search

Home Products Armboards WRISTBOARD DISPOSABLE VINYL 3X9 WRIST WHITE - 100 PER CASE

WRISTBOARD DISPOSABLE VINYL 3X9 WRIST WHITE - 100 PER CASE



Product Part#: 45004-11-MPG

Wristboard - Disposable
Material: Vinyl
3" x 9"
Size: Wrist
Color: White
100 / Case

Qty: 1 Add to Cart

Request Sample

Product Specifications Product Description

Product Specifications

Units	100
Material	Vinyl
Width	3"
Product Type	Wristboard
Color	White
Unit of Measurement	Case
Size	3" x 9"

Search

Home Products Armboards ARMBOARD DISPOSABLE VINYL 3" X 17 1/2" ADULT WHITE - 100 PER BOX

ARMBOARD DISPOSABLE VINYL 3" X 17 1/2" ADULT WHITE - 100 PER BOX

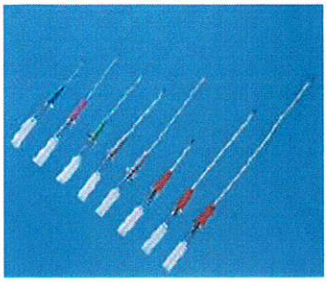
Product Part#: 45002-11-MPG

3"x17-1/2"
100/Case

Product Specifications Product Description

Product Specifications

Units	100
Material	Vinyl
Width	3"
Product Type	Armboard
Color	White
Unit of Measurement	Box
Size	3" x 17-1/2"



Angiocath Peripheral Venous Catheter Shielded 14 Gauge 5-1/4" Orange 10/Bx

9870340 | Becton-Dickinson - 382269

DESCRIPTION:

Angiocath Peripheral Venous Catheter 14 Gauge 5-1/4" Tapered Tip Fluorinated Ethylene Propylene Sterile Not Made With Natural Rubber Latex Orange Disposable Radiopaque Shielded 10/Box

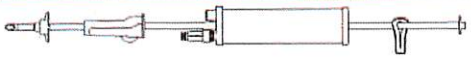
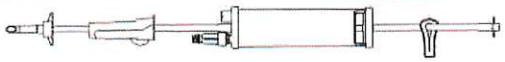
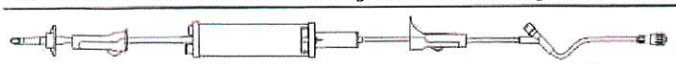
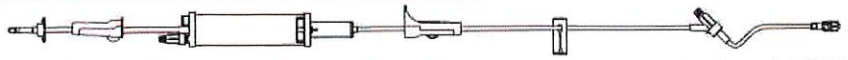
PACKAGING OPTIONS (1)

Login To Order

BRAND	Angiocath
COLOR	Orange
COMPOSITION/INGREDIENTS	Fluorinated Ethylene Propylene
DISPOSABLE/REUSABLE	Disposable
ERGONOMIC LOCATION	IV
ITEM	Catheter
ITEM TYPE	Peripheral Venous
LATEX/LATEX-FREE	Not Made With Natural Rubber Latex
NEEDLE GAUGE	14 Gauge
NEEDLE LENGTH	5-1/4"
QUANTITY	10/Box
RADIOPAQUE	Radiopaque
SAFETY/PROTECTION	Shielded
STERILE/NON-STERILE	Sterile
TIP	Tapered Tip

SPECIALTY IV ADMINISTRATION PRODUCTS

Burette Sets

Product Code	Description
375111	 Non-vented spike, roller clamp, 150 mL burette chamber without automatic shutoff with ULTRASITE® valve, slide clamp, spike adapter. Components contain DEHP but are not made with natural rubber latex. Priming volume: 3.0 mL Length: 20 in. (51.0 cm)
375059	 Non-vented spike, roller clamp, 150 mL burette chamber with ULTRASITE valve, slide clamp, spike adapter. Components contain DEHP but are not made with natural rubber latex. Priming volume: 3.0 mL Length: 20 in. (51 cm)
375112	V2905M - Non-vented spike, roller clamp, 150 mL burette chamber, slide clamp, spike adapter. Components contain DEHP but are not made with natural rubber latex. Priming Volume: 3 mL, Length: 20 in. (51.0 cm)
375113	 V1492M - (60 drops/mL) Non-vented spike, roller clamp, 150 mL burette chamber, roller clamp, injection site 6 in. above distal end, SPIN-LOCK® connector. Components are not made with natural rubber latex or DEHP. Priming Volume: 15 mL, Length: 87 in. (221.0 cm)
375137	 US1150M - (60 drops/mL) Non-vented spike, roller clamp, 150 mL burette chamber with ULTRASITE valve, roller clamp, slide clamp, ULTRASITE injection site 6 in. above distal end, SPIN-LOCK connector. Components contain DEHP but are not made with natural rubber latex. Priming volume: 16.0 mL, Length: 88 in. (223.5 cm)

Luer Lock Syringes

Product Code	Description
4617053V-02	5 mL Luer Lock
4617100V-02	10 mL Luer Lock
4617207V-02	20 mL Luer Lock
4617304F-02	30 mL Luer Lock
4617509F-02	50 mL Luer Lock

IV Start Kits

Product Code	Description
375195	IV Start Kit with Tegaderm® Dressing Kit contains: • Alcohol prep pad • Tegaderm® dressing, 2.375 in. x 2.75 in. • Tourniquet 1 in. x 18 in. (latex free) • Transpore™ roll of tape ¾ in. x 18 in. • 2 in. x 2 in. non-woven gauze, 4-ply

Stopcocks

Product Code	Description
456003	D300 - Three-way stopcock with two female luer lock ports and one SPIN-LOCK connector, port covers. Lipid-resistant. Priming volume: 0.26 mL
455991	D201 - Three-way stopcock with two female luer lock ports and male luer slip connector, port covers. Lipid-resistant. Priming volume: 0.26 mL

Tegaderm is a registered trademark and Transpore is a trademark of 3M Company.

#1323 IV Start Kit

NON-STOCK ITEM

$125.00

- Tegaderm™ Dressing
- Transpore™ Tape 3/4x18"
- Tourniquet L/F
- Sponge 2x2 2/Pk
- Alcohol Prep Pad
- PVP Prep Pad

*Triple inspected for compliance.

*Packaged in clear poly bag, heat-sealed.

*Includes UDI-compliant insert and box label with machine-readable barcode, contents list, lot number, and expiration date.

Detailed Component Information

1. IV Dressing

   Dressing Frame Style Tegaderm™ Film 2-3/8x2-3/4"

   Transparent film dressings designed for protecting skin and wound sites. Frame style allows customization of shape and size to fit any site. Unique sacral shape is designed for challenging and difficult-to-dress areas.

   3M™ Medical Products - 1624W

2. Transpore™ Tape

   Transpore™ Surgical Tape 3/4x18"

   A latex-free, hypoallergenic, transparent and perforated plastic tape that offers strong adhesion. Transpore tape is easy to tear into very thin strips, and is easy to use even with gloves

   3M™ Medical Products – 1527-618

3. Tourniquet L/F

   Latex-Free 1x18" Rolled & Banded, Blue

   ADI Medical – 10923

4. Sponge 2x2 2/Pk

   Avant Rayon/Polyester Blend 2x2" 4 Ply Absorbent Sterile Not Made With Natural Rubber Latex Disposable

   Medline Industries Inc. - NON21224

5. Alcohol Prep Pad

   Pad Prep Webcol Alcohol 2 Ply Medium Sterile

   Medtronic MITG-Covidien – 6818

6. PVP Prep Pad

   Povidone Iodine Prep Pads, Size M

   Prep pad is saturated with a 10% povidone-iodine, USP solution, a broad-range, first aid antimicrobial that helps prevent infection in minor cuts, scrapes and burns*

   Solution is equivalent to 1% available iodine

   Medline Industries Inc. – MDS093918

Bandage Stretch Elastic 2"x5yd Latex Self-Adhesive Tan Ea

9004322 | Henry Schein Inc. - 1000105S002

DESCRIPTION:

Bandage Stretch 2"x5yd Elastic Self-Adhesive Tan Latex Disposable Self-Adherent Each

PACKAGING OPTIONS (1)

Login To Order

ADHERENT/NON-ADHERENT	Self-Adherent
ADHESIVE	Self-Adhesive
COLOR	Tan
COMPOSITION/INGREDIENTS	Elastic
DISPOSABLE/REUSABLE/REPOSABLE	Disposable
ITEM	Bandage
ITEM TYPE	Stretch
LATEX/LATEX-FREE	Latex
PRIMARY LWH	2"x5yd
QUANTITY	Each

Gauze Pads

- 100% woven cotton
- Individually wrapped for your convenience
- Perforated carton for easy dispensing
- Perfect for when only one pad is needed
- Not made with natural rubber latex

Item#	Description	Packaging
Sterile		
1212	2" x 2", 12-ply	1/pk, 100 pk/bx, 24 bx/cs
1312	3" x 3", 12-ply	1/pk, 100 pk/bx, 24 bx/cs
1412	4" x 4", 12-ply	1/pk, 100 pk/bx, 12 bx/cs
1212-10	2" x 2", 12-ply	1/pk, 10 pk/bx, 60 bx/cs
1313-10	3" x 3", 12-ply	1/pk, 10 pk/bx, 60 bx/cs
1414-10	4" x 4", 12-ply	1/pk, 10 pk/bx, 60 bx/cs
1212-25	2" x 2", 12-ply	1/pk, 25 pk/bx, 24 bx/cs
1313-25	3" x 3", 12-ply	1/pk, 25 pk/bx, 24 bx/cs
1414-25	4" x 4", 12-ply	1/pk, 25 pk/bx, 24 bx/cs

Basic Care Gauze Sponges

- 100% woven cotton
- Lighter, economical choice for quality care
- Not made with natural rubber latex

Item#	Description	Packaging
Sterile		
8500	2" x 2", 8-ply	2/pk, 50 pk/bx, 30 bx/cs
8501	3" x 3", 12-ply	2/pk, 50 pk/bx, 24 bx/cs
8502	4" x 4", 8-ply	2/pk, 50 pk/bx, 12 bx/cs
8503	4" x 4", 12-ply	2/pk, 25 pk/bx, 24 bx/cs
Non-Sterile		
8505	2" x 2", 8-ply	200/bg, 25 bg/cs
8506	2" x 2", 12-ply	200/bg, 40 bg/cs
8507	3" x 3", 8-ply	200/bg, 20 bg/cs
8508	3" x 3", 12-ply	200/bg, 20 bg/cs
8509	4" x 4", 8-ply	200/bg, 20 bg/cs
8510	4" x 4", 12-ply	200/bg, 10 bg/cs

EMS PROFESSIONAL PREFERRED PRODUCT

Krinkle Gauze Rolls and Sponges

Reorder No.	Description	Quantity
3161	Krinkle Gauze Roll, Sterile	100/Cs
3162	Krinkle Gauze Roll, Non-Sterile	100/Cs

- *Soft, highly absorbent primary or secondary dressing*
- *Manufactured of pre-washed, fluff-dried woven gauze*
- *Krinkle weave provides cushioning support and protection for sensitive wound areas*
- *4.5"×4.1 yds*
- *6-Ply construction*

Reorder No.	Description	Quantity
3163	Krinkle Super Sponges 6"×6¾", Sterile, 2's	12/20/Cs

- *Highly absorbent fluff-dried gauze*
- *Unique construction and diamond fold offers cushioning protection for the wound site*

3161 HCPCS: A6446, 3162 HCPCS: A6443, 3163 HCPCS: A6220

Emergency High Strength Pressure Bandages

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

- *Combat proven first-aid device*
- *Staunches of blood flow from traumatic hemorrhage wounds*
- *Consolidates multiple first-aid devices*
- *Foolproof closure apparatus to secure the bandage in place*

HENRY SCHEIN®
BRAND PRODUCTS

Rely on Us™

Sterile ABD Pads

From A Name You Can Trust.

ABD Pads, 5"x9"
Item No. 570-1470...25/Bx

ABD Pads, 8"x10"
Item No. 570-1471...20/Bx

ABD Pads, 8"x7.5"
Item No. 570-1472...20/Bx

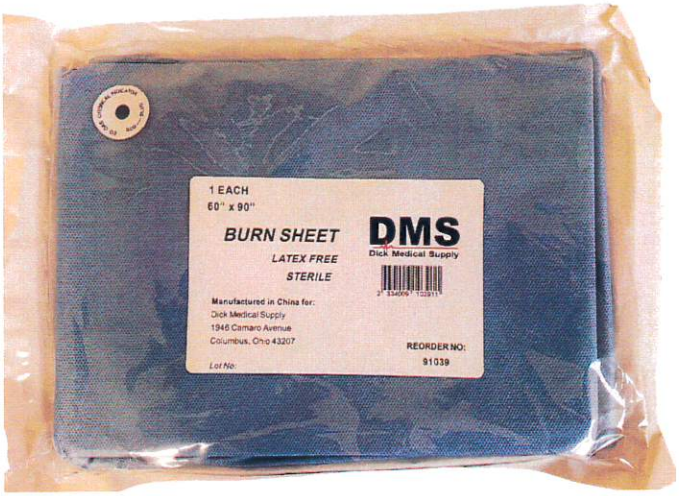
Features and Benefits

- Extra absorbent
- Protects and controls bleeding of large wounds
- Cellulose material absorbs the liquid while the sealed edges help prevent leaking and linting
- Not made with natural rubber latex

DMS
Dick Medical Supply

Technical Data Sheet

Burn Sheet



Item # 91039BS

Contact Information:
Distributor: Dick Medical Supply, LLC.
Address: 1946 Camaro Avenue,
Columbus, Ohio 43207, USA
Phone: (614)-444-2300
Fax: (614)-444-2301
E-Mail: kfannin@dms4ems.com
Revision: 05092022

DMS
Dick Medical Supply

1. Product Overview

- **Made with Non-Woven Tissue Fiber**
- **Creates a sterile environment that protects the patient from infection.**
- **60" X 90"**
- **Latex-Free**
- **Sterile**

2. Specifications

Product Name:	Burn Sheet
Color:	Blue
Size:	60" X 90"
Standards:	Latex Free
Certification:	N/A
Reusable:	No
Country of Origin:	China
Application:	Healthcare
Item#:	91039BS
Pack Size:	1ea

Disclaimer: Dick Medical Supply, LLC believes that the information in this Technical Data Sheet is accurate and represents the best and most current information available to us. Dick Medical Supply makes no representations or warranties either express or implied, regarding the suitability of the material for any purpose or the accuracy of the information contained within this document. Accordingly, Dick Medical Supply will not be responsible for damages resulting from use of or reliance upon this information.

Trauma Dressing

- Oversized dressing that offers superior absorbency, protection, and padding to the wound site
- Soft non-woven outer facing wicks moisture into the core that absorbs and disperses fluid quickly to prevent pooling
- Moisture resistant barrier prevents fluid strike-through
- Not made with natural rubber latex

Item#	Description	Packaging
Sterile		
1030TD	10" x 30"	1/pk, 25 pk/cs
3050	12" x 30"	1/pk, 25 pk/cs

Elastic Bandages

- Knitted construction offers strength, comfort, and excellent breathability
- Provides firm compression and consistent support
- Individually wrapped and includes two metal clips
- Perforated carton for easy dispensing
- LF series not made with natural rubber latex

Item#	Description	Packaging
Non-Sterile - Latex		
502	2" x 4.5 yds	10 rl/bx, 5 bx/cs
503	3" x 4.5 yds	10 rl/bx, 5 bx/cs
504	4" x 4.5 yds	10 rl/bx, 5 bx/cs
506	6" x 4.5 yds	10 rl/bx, 5 bx/cs
Non-Sterile		
502LF	2" x 4.5 yds	10 rl/bx, 5 bx/cs
503LF	3" x 4.5 yds	10 rl/bx, 5 bx/cs
504LF	4" x 4.5 yds	10 rl/bx, 5 bx/cs
506LF	6" x 4.5 yds	10 rl/bx, 5 bx/cs

Wound Closure Strips – Sterile

Reorder No.	Size	Quantity
3521	⅛"×3", 5/pouch	4/50/Cs
3522	¼"×1½", 6/pouch	4/50/Cs
3523	¼"×3", 3/pouch	4/50/Cs
3524	¼"×4", 10/pouch	4/50/Cs
3525	½"×4", 6/pouch	4/50/Cs
3526	1"×4", 4/pouch	4/50/Cs

- *Manufactured of flexible non-woven material*
- *Skin friendly adhesive to minimize skin shearing or blistering*
- *Provides secure closure*
- *Allows maximum porosity and vapor transmission for rapid healing*

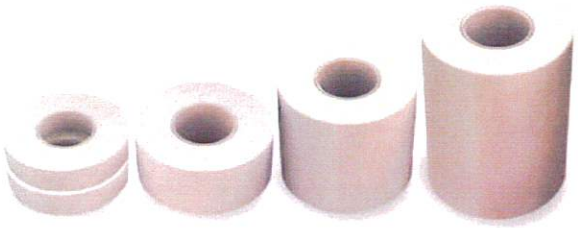
3521-3526 HCPCS: A4450

Paper Surgical Tape

Reorder No.	Size	Quantity
3551	½"×10 yds.	12/24/Cs
3552	1"×10 yds.	12/12/Cs
3553	2"×10 yds.	12/6/Cs
3554	3"×10 yds.	12/4/Cs

- *Provides superior skin adhesion*
- *Natural, highly porous construction allows maximum breathability*
- *Tears easily for convenient use*
- *Not made with natural rubber latex*

3551-3554 HCPCS: A4450

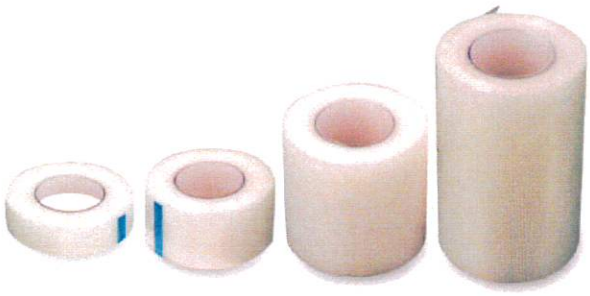


Cloth Surgical Tape

Reorder No.	Size	Quantity
3561	½"×10 yds.	12/24/Cs
3562	1"×10 yds.	12/12/Cs
3563	2"×10 yds.	12/6/Cs
3564	3"×10 yds.	12/4/Cs

- *Strong lightweight construction*
- *Provides secure durable skin adhesion*
- *Tears easily without shredding*
- *Not made with natural rubber latex*

3561-3564 HCPCS: A4450



Clear Surgical Tape

Reorder No.	Size	Quantity
3571	½"×10 yds.	12/24/Cs
3572	1"×10 yds.	12/12/Cs
3573	2"×10 yds.	12/6/Cs
3574	3"×10 yds.	12/4/Cs

- *Stretches and conforms to body contours*
- *Ideal for IV tubing and catheter tapedowns*
- *Superior adhesion*
- *Highly porous*
- *Not made with natural rubber latex*

3571-3574 HCPCS: A4450

ActiSplint™

Reorder No.	Description	Quantity
3504	4¼"×24" Rolled Splints	50/Cs
3528	4¼"×36" Rolled Splints	50/Cs
3529	4¼"×36" Flat Splints	50/Cs
3530	1¾"×3¾" Finger Splints	30/10/Cs

- *Comfortable and easy to mold*
- *For first aid and emergency*
- *Adaptable and light weight – only 160 g*
- *ActiSplint can be cut with scissors*
- *Not available for use in x-rays*

Reorder No.	Description	Quantity
3533	4¼"×36" Rolled Splints with Sensi-Wrap – 2"×5 yds., Black	50/Cs

Cardboard Splints

Reorder No.	Description	Quantity
3624	Cardboard Splints with Full Foam – 9"×12"	30/Cs
3625	Cardboard Splints with Full Foam – 9"×18"	30/Cs
3626	Cardboard Splints with Full Foam – 14"×24"	30/Cs

Lightweight disposable splints with ⅜" foam used in EMS settings for stabilizing fractures of extremities.

- *Pre-creased for easy molding to injured extremities*
- *Conforms easily to limbs*
- *Holes can be used to secure splints to injured extremity*
- *Cardboard splints are currently blue; new color (charcoal grey) coming soon!*

Multi-Trauma Dressing – Sterile

Reorder No.	Description	Quantity
3531	10"×30"	50/Cs
3532	12"×30"	50/Cs

- *For use in emergency and first aid settings*
- *For treatment of burns, lacerations, fractures*
- *Soft, non-woven cover with highly absorbent, fluffy inner fill*

Dyna-Stopper Trauma Dressing – Sterile

Reorder No.	Description	Quantity
3535	3½"×5½"	60/Cs

- *Multi-purpose wound and trauma dressing*
- *Additional stretch gauze roll for use as pressure bandage*
- *One per pouch*
- *Unfolds to 9"×5½" for extra wound or burn coverage*

First Aid Cream

Reorder No.	Size	Quantity
1165	0.9g foil packet	12/144/Cs

- *The soothing, water-based cream helps prevent infection and relieve pain due to minor cuts, scrapes and burns*
- *Soothes the skin and eases pain upon application, draws the heat out of the burn wound and begins dissipating it on contact*
- *Unit dose package provides quick, effective application without cross-contamination*

EMS PROFESSIONAL PREFERRED PRODUCT

Krinkle Gauze Rolls and Sponges

Reorder No.	Description	Quantity
3161	Krinkle Gauze Roll, Sterile	100/Cs
3162	Krinkle Gauze Roll, Non-Sterile	100/Cs

- *Soft, highly absorbent primary or secondary dressing*
- *Manufactured of pre-washed, fluff-dried woven gauze*
- *Krinkle weave provides cushioning support and protection for sensitive wound areas*
- *4.5"×4.1 yds*
- *6-Ply construction*

Reorder No.	Description	Quantity
3163	Krinkle Super Sponges 6"×6¾", Sterile, 2's	12/20/Cs

- *Highly absorbent fluff-dried gauze*
- *Unique construction and diamond fold offers cushioning protection for the wound site*

3161 HCPCS: A6446, 3162 HCPCS: A6443, 3163 HCPCS: A6220

Emergency High Strength Pressure Bandages

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

- *Combat proven first-aid device*
- *Staunches of blood flow from traumatic hemorrhage wounds*
- *Consolidates multiple first-aid devices*
- *Foolproof closure apparatus to secure the bandage in place*

← BACK TO KITS

#1740 Obstetrical Kit

- Scalpel #22
- Umbilical Clamp (x2)
- Bulb Syringe 2 oz.
- Underpad 17x24"
- Drape Sheet 40x48"
- Towel 3-Ply 13x18" (x3)
- Sponge 4x4 2/Pk (x2)
- Obstetrical Pad
- Glove LG L/F Sterile Pair
- Obstetrical Towelette (x2)
- Apron
- Twist Tie (x2)
- Placenta Bag

*Triple inspected for compliance.

*Packaged in clear poly bag, heat-sealed.

*Includes UDI-compliant insert and box label with machine-readable barcode, contents list, lot number, and expiration date.

Quantity:
1

Emesis Bags

Dynarex new Emesis Bags are ideal for individuals that suffer from sickness due to motion, chemotherapy, flu or other situations

Emesis Bags
Reorder No. 4709

- *Avoid the need to clean soiled areas*
- *A convenient way to control offending odors*
- *Reorder No. 4707 & 4709 has graduation markings to include 40 fluid oz. & 1000cc/ml*
- *Reorder No. 4708 has graduation markings up to 1000cc*
- *Comfortable plastic mouth ring to control spillage*
- *Provides discretion and ease-of-use to user*
- *Not made with natural rubber latex*

Reorder No.	Description	Quantity
4707*	Blue Emesis Bags	6/24/Cs
4708	Clear Emesis Bags	200/Cs
4709	Emesis Bags	24/5/Cs
4710	Emesis Bags With Hand Protection	240/Cs

** Item No. 4707 fits most wall-mounted Centurion™ and Medical Action™ dispensers*

Also see our website for our flushable wipes (Reorder No. 1321–1324)

** Centurion™ is a trademark of Centurion Medical Products* ** Medical Action™ is a trademark of Owens & Minor Inc.*

Find us on:

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

For more information contact your local Dynarex® distributor sales representative.
Or call **888-396-2739** to find your nearest distributor.
10 Glenshaw Street • Orangeburg, NY 10962 • www.dynarex.com

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Ultrasound Gel

Medical Imaging Assistance

Reorder No.	Description	Quantity
1241	Ultrasound Gel – 8.5 fl. oz., Blue	12/Cs
1243	Ultrasound Gel – 1.3 Gallon, Blue	4/Cs
1245	Ultrasound Gel – 8.5 fl. oz., Clear	12/Cs
1247	Ultrasound Gel – 1.3 Gallon, Clear	4/Cs

- *Electroconductive gel media used to facilitate the ultrasonic pulsed echo imaging system*
- *Acoustically correct for a broad range of frequencies used*
- *Aqueous, will not stain clothing or damage transducers*
- *Can be used with any equipment that requires a aqueous, conductive gel (for external use only)*
- *Fragrance free*
- *Hypoallergenic, bacteriostatic, non-irritating*
- *Non-greasy*
- *Easy refill*

A NEW Look and Better Feel!

DynaLube® Lubricating Jelly – Sterile

Reorder No.	Size	Quantity
1250	2.7 g Packet	12/144/Cs
1251	5 g Packet	12/72/Cs
1252	2 oz. Tube, Flip-Top Cap	6/12/Cs
1254	4 oz. Tube, Flip-Top Cap	6/12/Cs

- *Water soluble*
- *Eliminates spotting and streaking, ensuring water sheets off instruments, leaving them dry.*
- *Provides lubrication for hinged instruments, and therefore facilitates smooth articulation of delicate instruments and sliding surfaces.*
- *Enhances and protects the internal parts of the handpiece.*
- *Intended for medical purposes to lubricate body orifices and facilitate entry of diagnostic or therapeutic devices.*

1250-1251 HCPCS: A4332; 1252-1254 HCPCS: A4402

Fall Monitoring Systems for Facility or In-Home Care

**Batteries Not Included*

Universal Bed / Chair and Personal Alarms

Reorder No.	Description	Quantity
7081	Universal Bed / Chair Alarm	10/Cs
7082	Personal Alarm	10/Cs

- *Constructed of a durable thick plastic casing with special protective outer cover*
- *Included stainless steel clip for mounting to chair or bed frame*
- *Audible & visible Low Battery* alert*
- *1 year warranty – registration card included*

Universal Bed / Chair Alarm

- *Designed for use with Dynarex Bed and Chair Sensor Pads*
- *Side mounted HOLD button gives the caregiver 30 seconds to reposition the resident without activating the alarm*

Personal Alarm

- *Sounds alarm when magnetic dome is pulled from socket; attaches to resident's clothing*
- *Adjustable string length allows the patient/resident to move normally*

Handwheel Cylinder For Post Style Oxygen Cylinders Nylon Ea

4990442 | Allied Health Care Prod - L002865-050

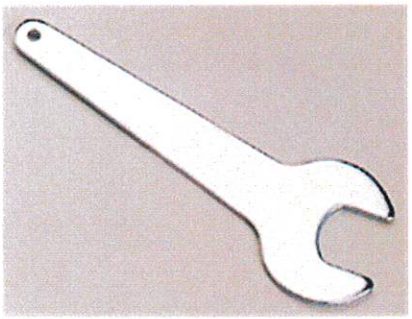
DESCRIPTION:

Handwheel Cylinder For Post Style Oxygen Cylinders Nylon Black Reusable With Chain Each

PACKAGING OPTIONS (1)

Login To Order

COLOR	Black
COMPOSITION	Nylon
DISPOSABLE/REUSABLE/REPOSABLE	Reusable
FOR	Post Style Oxygen Cylinders
ITEM	Handwheel
ITEM TYPE	Cylinder
QUANTITY	Each
WITH	Chain



Wrench Cylinder Large Silver Ea

4990728 | Allied Health Care Prod - 66082

DESCRIPTION:

Wrench Cylinder Silver Large Metal Reusable Non-Sterile Not Made With Natural Rubber Latex For Oxygen Regulator Each

PACKAGING OPTIONS (1)

Login To Order

COLOR	Silver
COMPOSITION	Metal
DISPOSABLE/REUSABLE/REPOSABLE	Reusable
FOR	Oxygen Regulator
ITEM	Wrench
ITEM TYPE	Cylinder
LATEX/LATEX-FREE	Not Made With Natural Rubber Latex
QUANTITY	Each
SIZE	Large
STERILE/NON-STERILE	Non-Sterile

Multi-Trauma Dressing – Sterile

Reorder No.	Description	Quantity
3531	10"×30"	50/Cs
3532	12"×30"	50/Cs

- *For use in emergency and first aid settings*
- *For treatment of burns, lacerations, fractures*
- *Soft, non-woven cover with highly absorbent, fluffy inner fill*

Dyna-Stopper Trauma Dressing – Sterile

Reorder No.	Description	Quantity
3535	3½"×5½"	60/Cs

- *Multi-purpose wound and trauma dressing*
- *Additional stretch gauze roll for use as pressure bandage*
- *One per pouch*
- *Unfolds to 9"×5½" for extra wound or burn coverage*

Triangular Bandages

Reorder No.	Description	Quantity
3672	36"×36"×51"	12/Bx
3680	40"×40"×56"	12/Bx
3681	40"×40"×56", Non-Sterile, Non-Woven	240/Cs
3682	40"×40"×56", Non-Sterile, Compressed	480/Cs

- *For use as arm sling, cravat bandage or cover for head dressing*
- *100% cotton*
- *Individually polybagged*
- *Complete with two safety pins*
- *12 bandages per box*

Bandage Shears

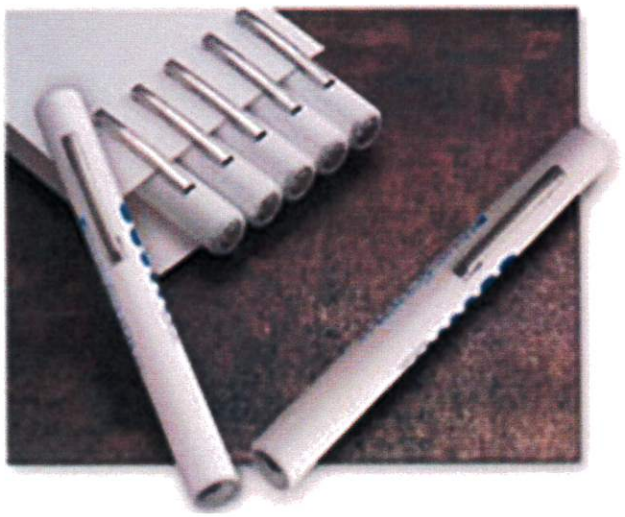
Reorder No.	Description	Quantity
4180	Bandage Shears – 7½", Black	4/50/Cs
4181	Bandage Shears – 7½", Blue	4/50/Cs
4182	Bandage Shears – 7½", Magenta/Pink	4/50/Cs
4183	Bandage Shears – 7½", Orange	4/50/Cs
4184	Bandage Shears – 7½", Purple	4/50/Cs
4185	Bandage Shears – 7½", Red	4/50/Cs
4186	Bandage Shears – 7½", Teal	4/50/Cs
4187	Bandage Shears – 7½", Yellow	4/50/Cs

- *Available in multiple colors*
- *Stainless steel construction with polyethylene handles with one serrated edge*
- *Strong enough to cut clothing and seat belts*

Mini Scissors

Reorder No.	Description	Quantity
4190	Mini Scissors – 3½"	5/100/Cs

- *Perfect for first aid kits and emergency situations*
- *Cuts gauze, tape and other small items*



Penlight 6/Bg

9004970 | Henry Schein Inc. - 351P-HS

DESCRIPTION:

Penlight 6/Bag

PACKAGING OPTIONS (1)

Login To Order

ITEM	Penlight
QUANTITY	6/Bag

Glucose Gel

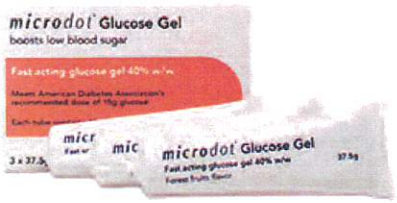
True-Plus

- Delivers 15 grams of glucose
- Convenient foil package
- Easy to carry and easy to use
- Designed to boost energy
- Helps manage blood-sugar levels
- Gluten-free

Fruit Punch
(890-0592)..... 6/pkg

Henry Schein Medical EMS
provides a breadth of products that services the continuum of care inclusive of **EMS**, freestanding emergency departments, urgent care clinics, physician offices and more.

For more information log on to:
www.henryschein.com/EMS



Microdot® Glucose Gel

Cambridge Sensors

Precise, fast-acting, single-dose of rapidly absorbing glucose gel 40% w/w. Meets the American Diabetes Association's recommended dose of 15 grams of glucose.

- Precise dose
- Easy-to-use gel with quick twist-off cap
- Great fruit flavor
- No mess

#703-03, 37.5-gm Tubes
(700-1161).....3/pkg

Safe-T-Pro™ Disposable Lancets

Roche

#3448622, Safe-T-Pro Plus
(891-3120).....200/box

Microdot® Pressure-Activated Safety Lancets

Cambridge Sensors

Smooth, auto-polished, tribeveled needle designed to maximize comfort and reduce pain. Single-use, retractable safety lockout feature prevents accidental needle sticks and improves infection control.

- OSHA compliant, meets PPE clause
- Available in 5 color-coded gauges for easy recognition

Lancets.....24/case
Specify:
#530-30, SuperLite, 30 ga, Light Green **(700-4333)**
#528-28, Lite, 28 ga, Baby Blue **(700-4332)**
#526-26, Universal, 26 ga, Sea Foam Green **(700-4331)**
#521-21, HiFlow, 21 ga, Yellow **(700-4330)**
#523-23, Pro, 23 ga, Orange
(700-1775)..... 200/box

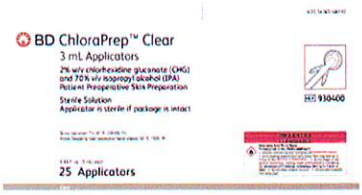
Pressure-Activated Safety Lancets

Henry Schein

- Application: Glucose and many other *in vitro* tests
- User safety: Needle is shielded before and after use
- Convenience: Preloaded, pressure-activated design
- Comfort: Ultra-sharp and beveled needle or blade
- Efficacy: Various depths to ensure accurate sample

Safety Lancets.....100/box
Specify:

18 ga x 1.8"	**(900-7993)**	21 ga x 2.8"	**(900-7982)**
21 ga x 1.8"	**(900-7992)**	28 ga x 1.8"	**(900-7991)**
21 ga x 2.2"	**(900-7980)**		



ChloraPrep Applicator CHG 2%/Isopropyl Alcohol 70% 3mL Clear 25/Bx

1374626 | Becton-Dickinson - 930400

DESCRIPTION:

ChloraPrep Applicator CHG 2%/Isopropyl Alcohol 70% 3mL Clear Unscented Sterile Solution Antiseptic Individually Wrapped Sterile Latex Free 25/Box

PACKAGING OPTIONS (1)

Login To Order

Hazardous materials are non-returnable.

This Hazardous item is a Limited Quantity Hazardous item. It must be packaged separately and has an additional HAZMAT transportation fee.

MSDS/SDS

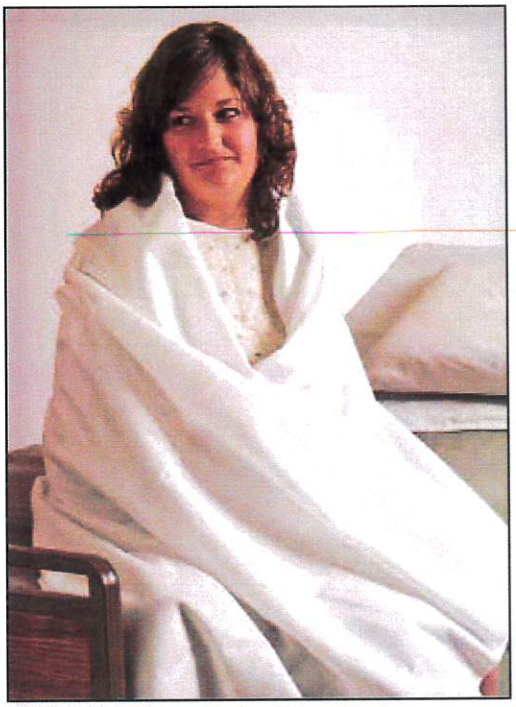
ADDITIONAL ATTRIBUTES	Sterile Solution
ANTISEPTIC	Antiseptic
BRAND	ChloraPrep
COLOR	Clear
COMPOSITION/INGREDIENTS	CHG 2%/Isopropyl Alcohol 70%
FRAGRANCE	Unscented
ITEM	Applicator
LATEX/LATEX-FREE	Latex Free
PACKAGING	Individually Wrapped
QUANTITY	25/Box
STERILE/NON-STERILE	Sterile
VOLUME	3mL

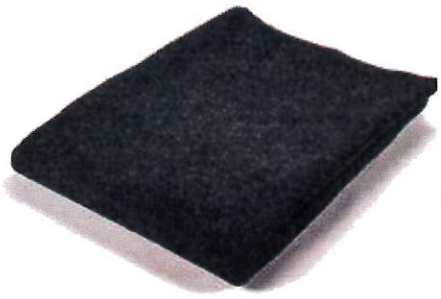
graham medical®
The Promise of Protection®

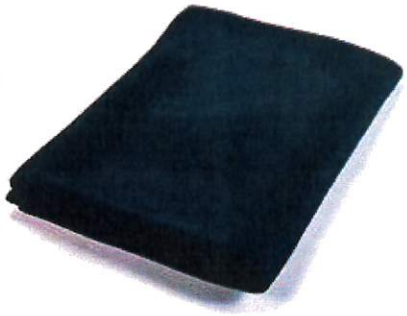
Comfort1® Blankets

Single-use Comfort1® Blankets offer high-quality comfort, ample coverage and warmth.

- Keep patients feeling safe and comfortable.
- Avoid the stains, rips and tears that happen with traditional linens.
- Single-use minimizes the risk of cross-contamination and infection.
- Blankets can be placed in warmers up to 150 degrees.







Code	Item	Material	Color	Size	Case	Quality
78313	Comfort1® Blanket	Polyester	Green	36" x 60"	10/CS	Premium
84869*	Comfort1® Blanket	Polyester	Gray	40" x 80"	25/CS	Economy
62292*	Comfort1® Blanket	Polyester	Gray	50" x 84"	10/CS	Standard
52038*	Comfort1® Blanket	Polyester	White	50" x 84"	10/CS	Premium
77723	Comfort1® Blanket	Polar Fleece	Navy	58" x 80"	10/CS	Premium

*Made in the U.S.A.

Graham Medical • 2273 Larsen Road • P.O. Box 19031 • Green Bay, WI 54307-9031
800.558.6765 • info@grahammedical.com • www.grahammedical.com

Cutter Ring Stainless Steel Ea

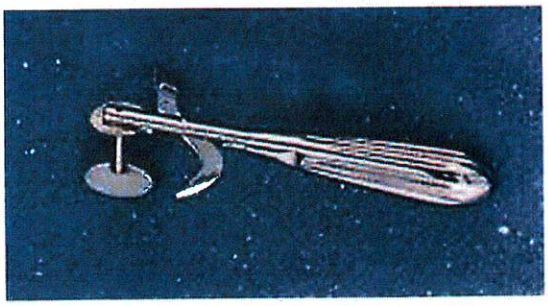
3782372 | Chanby, Inc - CH 352

DESCRIPTION:

Cutter Ring Stainless Steel Reusable Each

PACKAGING OPTIONS (1)

EA
EACH



☐ Compare

CATEGORY:

Medical & Surgical Supplies / Surgical Instruments / Emergency Medicine Instrument

UNSPSC:

42291621

ADDITIONAL ATTRIBUTES

Specifications

Product specifications and dimensions

DISPOSABLE/REUSABLE/REPOSABLE	Reusable
ITEM	Cutter
ITEM TYPE	Ring
MATERIAL	Stainless Steel
QUANTITY	Each

Blade Ring Cutter Ea

3788771 | Chanby, Inc - CH 351

DESCRIPTION:

Blade Ring Cutter Each

PACKAGING OPTIONS (1)

EA
EACH

☐ Compare

CATEGORY:

Medical & Surgical Supplies / Surgical Instruments / Emergency Medicine Instrument

UNSPSC:

42291621

ADDITIONAL ATTRIBUTES

Specifications

Product specifications and dimensions

ITEM	Blade
ITEM TYPE	Ring Cutter
QUANTITY	Each

Medi-Cut™ — Make The Cut

Medi-Cut™ Scalpels – Disposable, Sterile

Reorder No.	Size	Quantity
4110	#10	10/Bx
4111	#11	10/Bx
4112	#12	10/Bx
4115	#15	10/Bx
4120	#20	10/Bx
4121	#21	10/Bx
4122	#22	10/Bx
4123	#23	10/Bx

- *Maximum safety, efficiency, and economy*
- *Sterile*
- *Individual peel-open pouch*
- *Sheffield stainless steel blade*
- *Plastic blade guard can be replaced after use*
- *Gamma Sterilized*

Medi-Cut™ Surgical Blades – Disposable, Sterile

Reorder No.	Size	Quantity
4130	#10	100/Bx
4131	#11	100/Bx
4132	#12	100/Bx
4135	#15	100/Bx
4140	#20	100/Bx
4141	#21	100/Bx
4142	#22	100/Bx
4143	#23	100/Bx
4144	#24	100/Bx

- *For guaranteed sharpness and exacting performance*
- *Sterile*
- *Individually foil packaged*
- *Sheffield stainless steel blade*
- *Finely honed cutting edge*
- *Gamma Sterilized*

Medi-Cut™ Safety Scalpels – Sterile

Reorder No.	Size	Quantity
4160	#10	10/Bx
4161	#11	10/Bx
4165	#15	10/Bx

- *Satisfies regulatory guidelines for safe handling of sharp edges*
- *Blade retracts with one simple motion and can be permanently locked inside the handle for safe disposal*
- *Sheffield stainless steel blade for exacting performance*
- *Packaged in individual pouches*
- *Gamma Sterilized*

Gallant™ Disposable Prep Razors

Reorder No.	Description	Quantity
4251	Gallant™ Disposable Prep Razors	5/50/Cs

- *Stainless Steel Blade*
- *Disposable*
- *Ideal for prepping prior to procedures such as ECGs*

Isopropyl Alcohol Antiseptic 4oz/Ea

1280491 | Hydrox Labs - I0020

DESCRIPTION:

Isopropyl Alcohol Antiseptic 4oz/Each

PACKAGING OPTIONS (1)

Login To Order

⚠ Hazardous materials are non-returnable.
⚠ This Hazardous item is a Limited Quantity Hazardous item. It must be packaged separately and has an additional HAZMAT transportation fee.
MSDS/SDS

ITEM	Isopropyl Alcohol
ITEM TYPE	Antiseptic
QUANTITY	4oz/Each

Emergency Blanket

- Heavy duty, fluid impervious poly coated spunbonded blanket
- Bright yellow for quick identification
- Ideal for protection from the elements in all weather related conditions
- Not made with natural rubber latex

Item#	Description	Packaging
Non-Sterile		
7303	54" x 80"	1/bg, 50 bg/cs

Survival Wrap

- Heat reflective mylar foil wrap
- Used to trap in heat and maintain body temperature
- Compact packaging allows for convenient storage
- Not made with natural rubber latex

Item#	Description	Packaging
Non-Sterile		
721	52" x 84"	1/pk, 250 bg/cs

Procedure Combination Mask / Shield ASTM Level 3 Teal 25/Bx

1047321 | Henry Schein Inc. - 1047321

DESCRIPTION:

HSI Procedure Combination Mask / Shield Teal Disposable Not Made From Natural Rubber Latex ASTM Level 3 25/Box

COLOR:

Teal

PACKAGING OPTIONS (1)

Login To Order

ASTM LEVEL	ASTM Level 3
BRAND	HSI
COLOR	Teal
DISPOSABLE	Disposable
ERGONOMIC LOCATION	Face
FLUID RESISTANT	Full Fluid Protection
ITEM	Combination Mask / Shield
ITEM TYPE	Procedure
LATEX/LATEX-FREE	Not Made From Natural Rubber Latex
QUANTITY	25/Box
WITH	Clear Eye Shield

EMS PROFESSIONAL PREFERRED PRODUCT

Essentials

Sharps Containers

High quality containers designed to be strong and lightweight

Reorder No.	Description	Quantity
4622	Sharps Container – Slide Lid, 1 qt.	60/Cs
4623	Sharps Container – Slide Lid, 2 qt.	60/Cs
4624	Sharps Container – Mailbox Lid, 5 qt.	20/Cs
4625	Sharps Container – Mailbox Lid, 5.4 qt.	20/Cs
4626	Sharps Container – Slide Lid, 1 gal.	24/Cs
4627	Sharps Container – Slide Lid, 2 gal.	24/Cs
4628	Sharps Container – Slide Lid, 3 gal.	12/Cs
4629	Sharps Container – Slide Lid, 6 gal.	12/Cs
4630	Sharps Shaft™ – Transportable	24/Cs

Sharps Containers Sizes

Item	Size	Liters	Product Size (Inches)	Product Size (Centimeters)
4622	1qt.	.946	4.3"x 3.5"x 6.5"	11 x 9 x 16.5cm
4623	2qt	1.89	4.3"x 3.5"x 8.5"	11 x 9 x 21.5cm
4624	5qt.	4.73	10.7"x 4.6"x 11.8"	27 x 11.5 x 30cm
4625	5.4qt.	5.11	12"x 4.5"x 11.3"	30.5 x 11.5 x 28.5cm
4626	1gal.	3.78	10.3"x 7"x 5.5"	26 x 18.x 14cm
4627	2gal.	7.57	11"x 7.3"x 14.2"	28 x 18.5 x 36cm
4628	3gal.	11.35	15"x 7.3"x 14.2"	38 x 18.5 x 36cm
4629	6gal.	22.71	15.2"x 10"x 16"	38.5 x 25 x 40cm
4630	1 tube	1 tube	6.37"x 1.22"	16.17 x 3.1cm

Containers for used medical needles and other sharp medical instruments

- *Designed so needles can be dropped in the container without touching the outside*
- *Commonly used in EMS, hospitals, nursing homes, clinics and doctors offices, etc.*
- *Transparent lid allows for visual monitoring of contents to avoid overfilling*
- *Horizontal drop design for maximum capacity to fill line*
- *Each container locks for final disposal*
- *Nestable containers save space and reduce shipping costs*
- *Easy-to-see fill levels*
- *Single-use containers which are disposed of with the waste inside*

Shoe Cover Spunbound Polypropylene Size One Size Fits Most Blue 100/Bg

1379449 | Dukal Corporation - 350-10

DESCRIPTION:

Shoe Cover Adult Size One Size Fits Most Elastic Band Blue Non Sterile Disposable Not Made From Natural Rubber Latex Fluid Resistant Non-Skid 100/Bag

SIZE:

One Size Fits Most

PACKAGING OPTIONS (1)

Login To Order

AGE	Adult
CLOSURE	Elastic Band
COLOR	Blue
COMPOSITION/INGREDIENTS	Spunbound Polypropylene
DISPOSABLE	Disposable
ERGONOMIC LOCATION	Foot
FLUID RESISTANT	Fluid Resistant
GENDER	Unisex
ITEM	Cover
ITEM TYPE	Shoe
LATEX/LATEX-FREE	Not Made From Natural Rubber Latex
QUANTITY	100/Bag
SIZE	One Size Fits Most
STERILE/NON-STERILE	Non Sterile
TREAD	Non-Skid

Nurse and Surgeon Caps

Reorder No.	Description	Quantity
2101	Nurse Caps O.R., 21" White	5/100/Cs
2102	Nurse Caps O.R., 21" Green	5/100/Cs
2103	Nurse Caps O.R., 21" Blue	5/100/Cs
2111	Nurse Caps O.R., 24" White	5/100/Cs
2112	Nurse Caps O.R., 24" Green	5/100/Cs
2113	Nurse Caps O.R., 24" Blue	5/100/Cs

- *Lightweight, cool, comfortable material – soft, elastic headband*
- *Available in 21" or 24" sizes, white, green or blue*

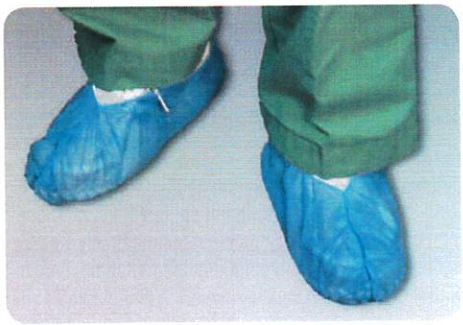
Reorder No.	Description	Quantity
2121	Surgeon Caps O.R., Blue	5/100/Cs

- *Deep ventilated crown*
- *Not made with natural rubber latex*
- *Garrison style*
- *Adjustable ties*

Shoe Covers

Reorder No.	Description	Quantity
2131	Non-Conductive, Universal Size, Blue	150Pr/Cs
2132	Non-Conductive, Non-Skid, Universal Size, Blue	150Pr/Cs
2134	Non-Conductive, Non-Skid, XL, Blue	150Pr/Cs

- *Manufactured of spunbound polypropylene*
- *Sewn seams, not glued – offers greater strength*
- *Elastic opening provides a snug comfortable fit*
- *Non-skid shoe covers offer improved floor traction*
- *Not made with natural rubber latex*



Isolation Gowns

Reorder No.	Description	Quantity
2141	Isolation Gown, Fluid Resistant – Yellow, Full Back, Universal	10/5/Cs
2145	Isolation Gown, Poly-Coated Barrier – White, Impervious to Fluids	10/5/Cs

- *Offers economical, comfortable and reliable protection*
- *Full length for maximum coverage*
- *Elastic cuffs*
- *Sewn seams provide superior strength*
- *Not made with natural rubber latex*
- *Extra length on waist ties allows gown to be easily secured in front*

Coveralls

Reorder No.	Description	Quantity
2149	Disposable Coveralls – White, Universal Size	5/5/Cs

- *Full-length white coverall*
- *Zippered front closure*
- *Comfortable spunbonded non-woven material*

Surgical Gowns

Keeps you safe from harmful elements

Reorder No.	Description	Quantity
8192	Reinforced, M	20/Cs
8193	Reinforced, L	20/Cs
8194	Reinforced, XL	20/Cs
8195	Reinforced, XXL	20/Cs

Impervious to blood, liquids and other potentially infectious material.

- *ANSI/AAMI PB70, Level 3 Protection**
- *Poly-reinforcement repels fluids*
- *Generous length*
- *Low linting fabric*
- *Sterile*

Includes:

1 Gown, Breathable
2 Hand Towels
1 Wrap

**This standard establishes minimum barrier performance requirements for protective apparel, surgical drapes, and drape accessories intended for use in healthcare facilities.*

Home Blood Pressure and Sphygmomanometers

Two-Party or Self-Taking Home Blood Pressure Arm Monitor

- Easy to use for one person or with the assistance of another
- Aneroid gauge with large dial, easy-squeeze inflation bulb and detached professional stethoscope (01-5521) or attached professional stethoscope (01-5501)
- Soft cotton D-ring cuff allows for easy application
- Adult size cuff fits arm circumference: 10" – 14"
- Latex-free
- 1-year limited warranty

01-5521 Two-Party	Each
01-5501 Self-Taking	Each

Provident Series Aneroid Sphygmomanometer

- Blue gauge
- Standard air release valve / inflation bulb
- 10-year gauge callibration and 1-year inflation system warranties
- Latex
- Adult cuff size: 11-3/4"– 16-1/2"

Latex	Size
02-1101	Adult
02-1102	Large Adult
02-1103	Child

Heritage Series Aneroid Sphygmomanometer

- Blue gauge
- Standard air release valve / inflation bulb
- 20-year gauge callibration and 2-year inflation system warranties
- Latex or Latex-Free
- Adult cuff size: 11-3/4"– 16-1/2"

Latex	Latex-Free	Size
02-1071	02-1081	Adult
02-1072	02-1082	Large Adult
02-1073	02-1083	Child
	02-1084	Infant
	02-1085	Thigh

Sterling Series ProKit™ Aneroid Sphygmomanometer and Sprague Rappaport-Type Stethoscope

- Deluxe adjustable gauge
- Luminescent faceplace
- 30" Sprague Rappaport-Type stethoscope

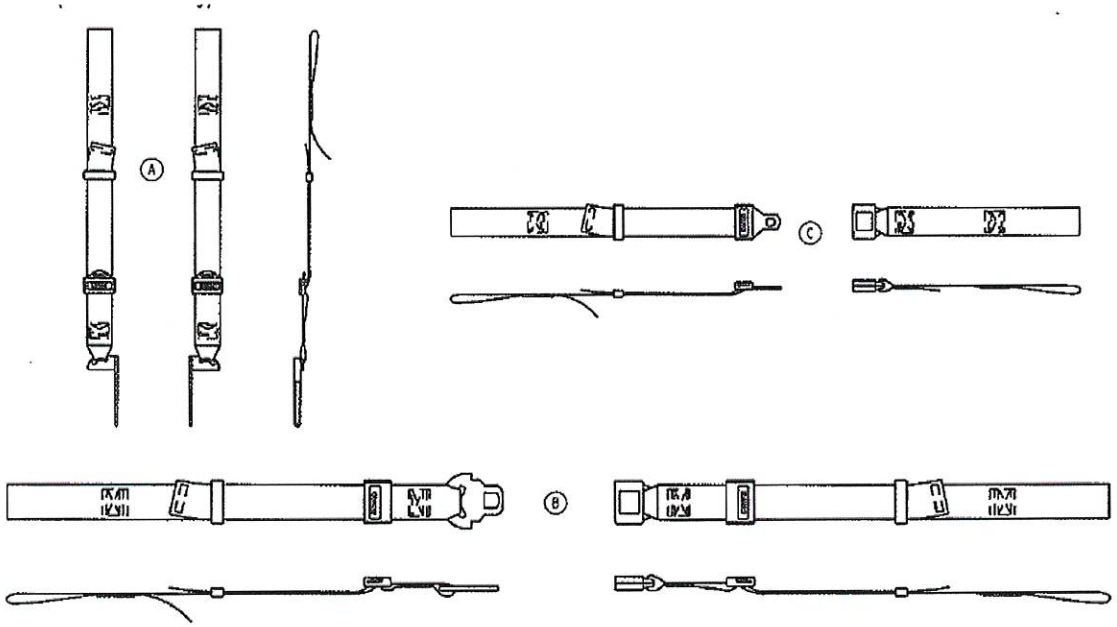
Attaché Case	Color
02-12601	Black
02-12602	Navy Blue
02-12603	Royal Blue
02-12604	Burgundy
02-12606	Hunter Green
02-12608	Magenta
02-12611	Purple
02-12613	Teal

ProKit™ Combo Aneroid Sphygmomanometer and Aluminum Dual-Head Stethoscope

- Standard gauge, air release valve and inflation bulb
- 30" Dual head stethoscope

02-127 Series	Color
02-12701	Black
02-12702	Navy Blue
02-12703	Royal Blue
02-12704	Burgundy
02-12706	Hunter Green
02-12708	Magenta
02-12711	Purple
02-12713	Teal

DMS
Dick Medical Supply



Item	Number	Name	Quantity needed to complete set
Item A	11154BK	Shoulder Harness Restraint	1
Item B	11153BK	Waist Restraint	1
Item C	11152BK	Leg Restraint	2

Cylinder Oxygen Size D With Toggle Ea

6778965 | Prorack Gas Products - MDCYLT-W

DESCRIPTION:

Cylinder Oxygen Size D With Toggle Each

PACKAGING OPTIONS (1)

Login To Order

ITEM	Cylinder
ITEM TYPE	Oxygen
QUANTITY	Each
SECONDARY SIZE	Size D
WITH	Toggle

Regulator Oxygen EACH

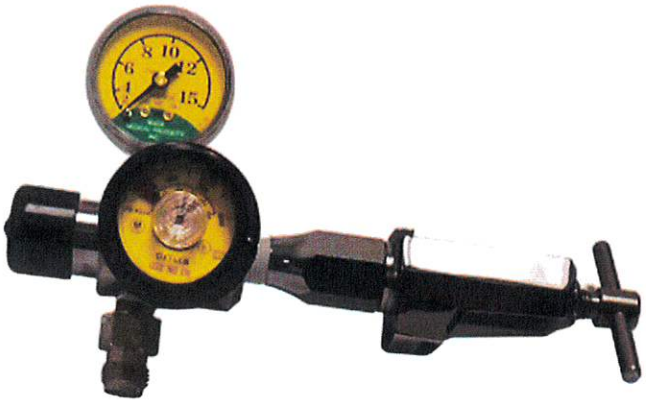
2948728 | Mada Medical Products Inc - 1335-15

DESCRIPTION:

Regulator Oxygen Each

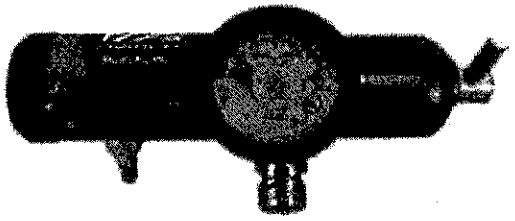
PACKAGING OPTIONS (1)

Login To Order



ITEM	Regulator
ITEM TYPE	Oxygen
QUANTITY	Each

PRINT CLOSE



Regulator Oxygen Aluminum/Brass Each

6770021 | Cramer Decker Medical - AREG8725-B2D

DESCRIPTION:

Regulator Oxygen Aluminum/Brass 0-25lpm Each

PACKAGING OPTIONS (1)

EA
EACH

☐ Compare

CATEGORY:

Equipment / Respiratory / Oxygen & Medical Gas Accessories / Accessories & Parts

UNSPSC:

42271708

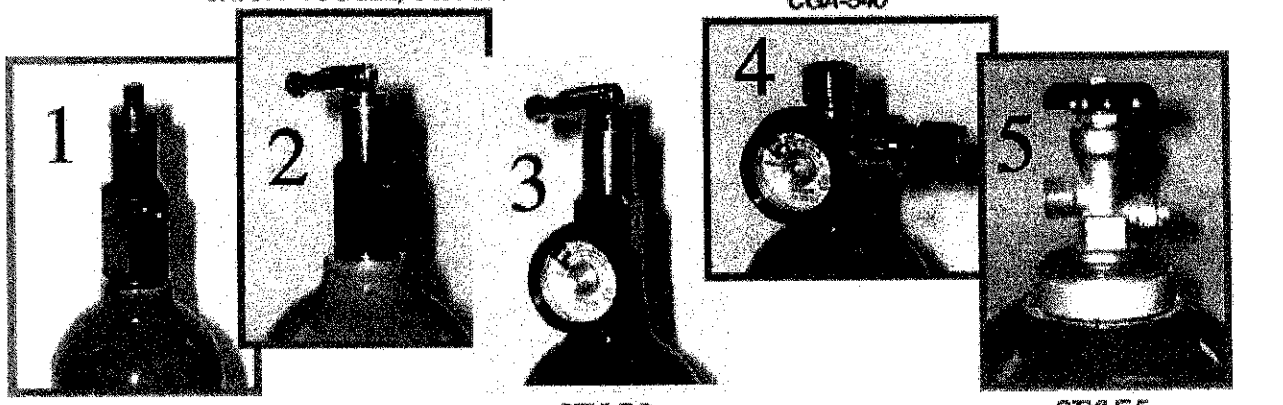
ADDITIONAL ATTRIBUTES

Specifications

Product specifications and dimensions

COMPOSITION	Aluminum/Brass
FLOW	0-25lpm
ITEM	Regulator

VALVE TYPES



STYLE 1
POST VALVE, CGA-870
Requires the use of
Post Valve Wrench (No. 167WR)

STYLE 2
POST VALVE with
ON/OFF TOGGLE, CGA-870

STYLE 3
POST VALVE with
ON/OFF TOGGLE and GAUGE,
CGA-870

STYLE 4
MADAVALVE SYSTEM
CGA-540

STYLE 5
CGA VALVE with HAND WHEEL,
CGA-540

ALUMINUM OXYGEN CYLINDERS (EMPTY)

PRODUCT NUMBER	VALVE TYPE	LITERS	CYLINDER SIZE
902SE	1	114	M4
902E	2	114	M4
903E	3	114	M4
903ME	4	114	M4
1202SE	1	165	M6
1202E	2	165	M6
1203E	3	165	M6
1203ME	4	165	M6
9327SE	1	171	ML6
9327E	2	171	ML6
1302SE	1	210	M7
1302E	2	210	M7
1303E	3	210	M7
1303ME	4	210	M7
1402SE	1	249	M9
1402E	2	249	M9
1403E	3	249	M9
1403ME	4	249	M9
1502SE	1	416	D
1502E	2	416	D

PRODUCT NUMBER	VALVE TYPE	LITERS	CYLINDER SIZE
1503E	3	416	D
1503ME	4	416	D
1504E	5	416	MD
1502J (JUMBO D)	2	650	M22
1502SJE (JUMBO D)	1	650	MD
1602SE	1	685	E
1602E	2	685	E
1603E	3	685	E
1603ME	4	685	E
1604E	5	686	E
1902 *(w/Carry Handle)*	5	1731	M60
1802	5	3468	MM
1802ME *(w/Carry Handle)*	5	3468	MM

LIGHTWEIGHT STEEL CYLINDERS (EMPTY)

1502STSE	1	466	D
1502E	2	466	D
1602STSE	1	768	E
1602STE	2	768	E
1825E	5	7970	H

FareTec Inc.
RESPONDER PRODUCTS

EMERGENCY CARE | MILITARY | CIVILIAN
440.350.9510

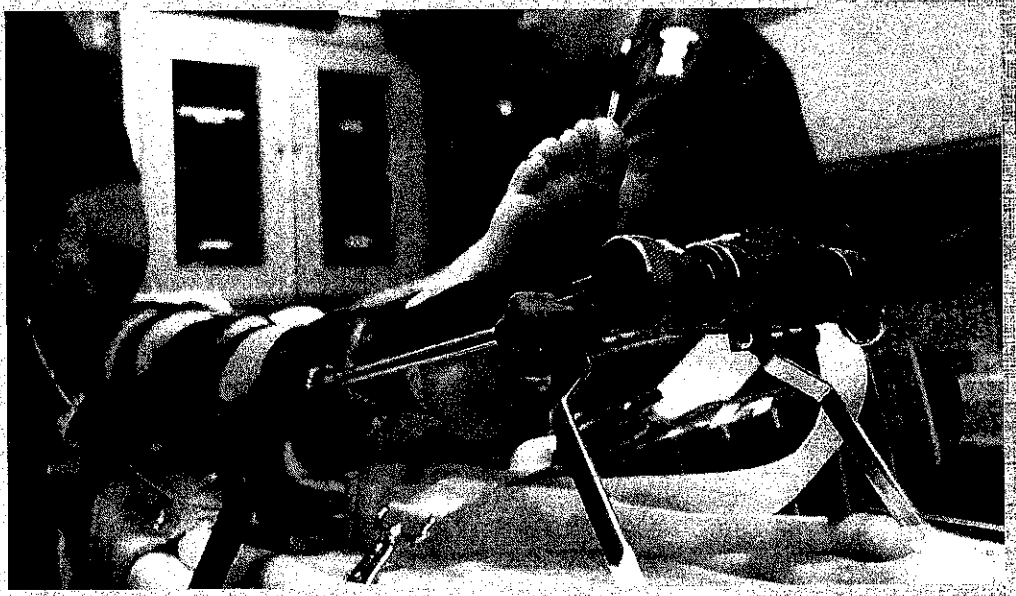
QD-4 HARE

ADULT & PEDIATRIC TRACTION SPLINT

Used by emergency services across the country, the QD line of splint kits has several unique and proprietary features. The "Hex Lock" system allows the splint to be quickly adjusted to any length. Once it has been sized appropriately, the intuitive locking mechanism is engaged by turning the Hex Lock to either side. It's fast, easy and reliable. This system helps eliminate problems with dirt or corrosion which cause other splints to malfunction. It has become an industry standard for patients requiring Hare style traction splinting.

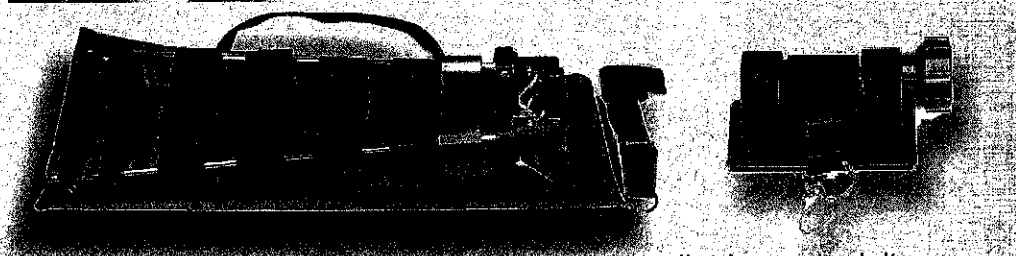
FEATURES:

- Compact, Strong, Light.
- Aluminum or Molded Ratchet.
- Integral Strap System.
- Field tested.
- QD-4 fits Pedi to Adult.
- Intuitive Adjusting System.
- Minimal patient movement.
- QD-3 Pediatric traction splint for states that require separate unit.



SPECIFICATIONS:

- QD-4 Length Extended 54" (137cm)
  Length Closed 32" (81cm)
- QD-3 Length Extended 45" (114cm)
  Length Closed 29" (73cm)
- Weight 10.4 lbs (4.7 kilos)



The QD-4 splint will adjust to accommodate pediatrics and adults. All units come as a complete kit with straps, ankle hitch and carrying case included. In addition, all QD's are available with either our anodized aluminum ratchet or our injection molded ratchet.

1126524	QD-4 Adult Splint	Aluminum
1126522	QD-3 Pediatric Splint	Aluminum
1126514	QD-4 Adult Splint	Molded
1126512	QD-3 Pediatric Splint	Molded
1126726	QD 3&4 Combination	Aluminum
1126716	QD 3&4 Combination	Molded

MedSource
Transport & Immobilization

Extrication Device

The MedSource Extrication Device is ideal for immobilizing and extricating patients from auto accidents or confined spaces. The extrication device is easy to use and extremely effective, offering a combination of rigidness and flexibility. The rip-stop fabric and durable interior slats ensure longevity. The extrication device comes equipped with color coded straps for ease of applicaiton. This unit can be used on pregnant and pediatric patients.

Rev. 1

www.gomedsource.com

Item #	Description	UOM
MS-ED2253	Extrication Device, Green	EA, 4 EA/CS
MS-ED3000	Extrication Device, Red	EA, 4 EA/CS

4201 Norex Drive . Chaska, MN 55318 . USA . phone 952-472-0131 . fax 952-472-0136 sales@gomedsource.com

Features:

- Wrap-around design
- Built in handles
- Adjustable fold-back sides

Benefits:

- Provides horizontal flexibility for easy application and vertical rigidity for max support of the spine, neck and head during extrication.
- Allows rescue personnel to get and maintain a firm grip on the patient.
- Easy access to patient's chest.

Specification:

Weight:	8 lbs (3kg)
Shipping Weight:	8 lbs (3kg)
Width:	32.5" (82cm)
Length Open:	33" (83cm)

MedSource
Gear Bags

Extrication Collar Bag

The Extrication Collar Bag is designed to carry all of your extrication collars and other immobilization supplies. Six internal dividers keep your collars organized and available at a moment's notice.

Rev. 1

www.gomedsource.com

Item #	Description	UOM
MS-33360	Extrication Collar Bag	EA

4201 Norex Drive . Chaska, MN 55318 . USA . phone 952-472-0131 . fax 952-472-0136 sales@gomedsource.com

XTRA Backboard Ea

4992475 | Allied Health Care Prod - L816000A

DESCRIPTION:

XTRA Backboard Each

PACKAGING OPTIONS (1)

Login To Order

⚠ Please note this item may ship standard ground delivery service. If you need priority delivery on this item, please remove the item from the cart and call 800-472-4346 to speak with a sales representative who can assist in having this item expedited from the manufacturer

BRAND	XTRA
ITEM	Backboard
QUANTITY	Each

Fort Bend County Pricing Form
Bid 23-001
Term Contract for Medical Supplies

Vendor Name: Henry Schein, 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 (2 decimal limit, $1.12)	Extended Cost
Berman Oral Airway - 40mm (Pink)	ASIA-CONNECTION-TAIWIN	ME6504PK-5P	8570640	Yes	PK	5	5	$ 1.00	$ 5.00
Sunmed 1-1506-40, sold each $.20									
Berman Oral Airway - 60mm (Black)	ASIA-CONNECTION-TAIWIN	ME6506BK-5P	8570660	Yes	PK	5	5	$ 1.00	$ 5.00
Sunmed 1-1506-60, sold each $.20									
Berman Oral Airway - 80mm (Green)	ASIA-CONNECTION-TAIWIN	ME6508GN-5P	1412405	Yes	PK	5	8	$ 1.25	$ 10.00
Dynarex 36304, sold each $.25									
Berman Oral Airway - 90mm (Yellow)	ASIA-CONNECTION-TAIWIN	ME6509YL-5P	1412437	Yes	PK	5	16	$ 1.25	$ 20.00
Dynarex 36306, sold each $.25									
Berman Oral Airway - 100mm (Red)	ASIA-CONNECTION-TAIWIN	ME6510RD-5P	1412441	Yes	PK	5	20	$ 1.25	$ 25.00
Dynarex 36308, sold each $.25									
Berman Oral Airway - 110mm (Orange)	ASIA-CONNECTION-TAIWIN	ME6511ON-5P	1412444	Yes	PK	5	10	$ 1.25	$ 12.50
Dynarex 36310, sold each $.25									
Thomas ET Tube Holder - Adult	Laerdal	600-10000	2202270	No	EA	1	450	$ 2.68	$ 1,206.00
Thomas ET Tube Holder - Pediatric	Laerdal	600-2000	4990708	No	EA	1	40	$ 2.68	$ 107.20

Vendor Name: Henry Schein, 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 (2 decimal limit, $1.12)	Extended Cost
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.0 uncuffed	Sheridan		No Bid	Yes	EA	1	10		$ -
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.5 cuffed	Sheridan		No Bid	Yes	EA	1	30		$ -
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 3.0 cuffed	Sheridan		1285016	Yes	EA	1	20	$ 1.68	$ 33.60
Smiths 100/102/030, sold 10/bx $16.80									
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 3.5 cuffed	Sheridan		1285015	Yes	EA	1	25	$ 1.68	$ 42.00
Smiths 100/102/035, sold 10/bx $16.80									
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 4.0 cuffed	Sheridan		1285014	Yes	EA	1	30	$ 1.68	$ 50.40
Smiths 100/102/040, sold 10/bx $16.80									
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 4.5 cuffed	Sheridan		1276236	Yes	EA	1	20	$ 1.68	$ 33.60
Smiths 100/102/045, sold 10/bx $16.80									
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 5.0	Sheridan		No Bid	No	EA	1	20		$ -
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 6.0	Sheridan		No Bid	No	EA	1	50		$ -
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 7.0	Sheridan		No Bid	No	EA	1	250		$ -

Vendor Name: Henry Schein, 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 (2 decimal limit, $1.12)	Extended Cost
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 8.0	Sheridan		No Bid	No	EA	1	250		$ -
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 9.0	Sheridan		No Bid	No	EA	1	250		$ -
Nasopharyngeal Airway - 20fr	MEDSTORM	51154	1412415	Yes	EA	1	35	$ 2.06	$ 72.10
			Dynarex 36275						
Nasopharyngeal Airway - 24fr	MEDSTORM	51156	1412436, Dynarex 36277	Yes	EA	1	50	$ 2.06	$ 103.00
Nasopharyngeal Airway - 26fr	MEDSTORM	51157	1412416	Yes	EA	1	70	$ 2.06	$ 144.20
			Dynarex 36278						
Nasopharyngeal Airway - 28fr	MEDSTORM	51158	1412417	Yes	EA	1	70	$ 2.06	$ 144.20
			Dynarex 36279						
Nasopharyngeal Airway - 30fr	MEDSTORM	51159	1412418	Yes	EA	1	50	$ 2.06	$ 103.00
			Dynarex 36280						
Nasopharyngeal Airway - 36fr	MEDSTORM	51162	1412440	Yes	EA	1	30	$ 2.06	$ 61.80
			Dynarex 36283						
Suction Canister,disposable - 1200mL	BEMIS	484410	1169264	No	EA	1	430	$ 3.28	$ 1,410.40
Suction Catheter - 8fr	ASIA-CONNECTION-TAIWIN	ME6808B	7021414	Yes	EA	1	60	$ 0.25	$ 15.00
			Dynarex 32001						
Suction Catheter - 10fr	ASIA-CONNECTION-TAIWIN	ME6810B	7021415	Yes	EA	1	120	$ 0.25	$ 30.00
			Dynarex 32002						
Suction Catheter - 18fr	ASIA-CONNECTION-TAIWIN	ME6818B	7021419	Yes	EA	1	150	$ 0.25	$ 37.50
			Dynarex 32006						
Yankauer with Control Vent and Tubing (6ft)	MEDSOURCE	MS-YK20	4995372	Yes	EA	1	300	$ 2.03	$ 609.00
Big Yank™ Yankauer Suction Tip w/Control Vent, Sterile, 11/32"open tip, integral blister tube and canister connector pre-attached	CONMED	0034920U	5201119	No	EA	1	40	$ 2.23	$ 89.20
Oxygen Mask, Medium Concentration - Infant	RUSCH	396218	4998050, MedSource MS-26043-U	Yes	EA	1	20	$ 1.01	$ 20.20

Vendor Name: Henry Schein, 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 (2 decimal limit, $1.12)	Extended Cost
Oxygen Mask, Partial Non-Rebreather w/safety vent - Pediatric	HUDSON	1058	4996154	Yes	EA	1	400	$ 1.48	$ 592.00
MedSource MS-25058									
Oxygen Mask, Non-Rebreather - Adult	HUDSON	1060	4996737, MedSource MS-25060	No	EA	1	2000	$ 0.95	$ 1,900.00
Oxygen Nasal Cannula, 7' - Adult	CURAPLEX	24003	9007035	Yes	EA	1	2000	$ 0.39	$ 780.00
Henry Schein C0201, sold 50/cs $19.50									
Bougie-to-go ET Tube Introducer with coude tip - Adult (15Fr x 60cm)	SUNMED	9-0212-82	7000566	Yes	EA	1	200	$ 4.42	$ 884.00
Bougie ET Tube Introducer with coude tip - Pediatric (10Fr x 70cm)	SUNMED	9-0211-70	1106384	Yes	EA	1	40	$ 4.42	$ 176.80
Sold 10/bx $44.20									
Oxygen Nebulizer, small volume, hand held w/ mask, 7ft - Pediatric			1125619	Yes	EA	1	100	$ 0.95	$ 95.00
Henry Schein PN-1122D									
Oxygen Nebulizer, w/ Tubing and Mouthpiece	CURAPLEX	301-200	1125617	Yes	EA	1	900	$ 0.96	$ 864.00
Henry Schein PN-1118D									
Ambu Spur II bag valve mask, Bag Reservoir Medium with Pop Off Valve, with Manometer, with Mask - Adult	Ambu		7002846	No	EA	1	1000	$ 11.61	$ 11,610.00
BVM Face Mask, No Valve, Disposable, Duraclear - Small Adult	Ambu		9858419	No	EA	1	1000	$ 1.52	$ 1,520.00
Pocket BVM w/ olive green case, with O2 tubing	MicroBVM	MB003xn	1245552, sold 20/cs $842.80	No	EA	1	2	$ 42.14	$ 84.28
Oxygen Nut & Stem (Plastic)	SMITH MEDICAL	33-2600	NEW, Sunmed 1205-0-50, sold 50/cs $12.00	Yes	EA	1	5	$ 0.24	$ 1.20
Magill Forceps - Adult (25cm / 10")	ZULCO INTERNATIONAL	9-476	7001188	Yes	EA	1	5	$ 4.41	$ 22.05
Maco 7338									
Magill Forceps - Child (20cm / 8")	SURGICAL DESIGN INC	297	7001190.00	Yes	EA	1	5	$ 4.41	$ 22.05
Maco 7337									

Vendor Name: Henry Schein, 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 (2 decimal limit, $1.12)	Extended Cost
Salem Gastric Sump Tube, dual lumen, sterile - 18fr x 48"	COVIDIEN	8888264986	8900568	Yes	EA	1	100	$ 1.82	$ 182.00
Salem Gastric Sump Tube, dual lumen, sterile - 14	COVIDIEN		8900565	Yes	EA	1	10	$ 1.86	$ 18.60
Salem Gastric Sump Tube, dual lumen, sterile - 10	COVIDIEN		1332061	Yes	EA	1	10	$ 1.86	$ 18.60
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 2	SURGIMED	5-5332-02	8579052	Yes	EA	1	20	$ 3.27	$ 65.40
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 3	VALUEMED	301-B3030	8572059	Yes	EA	1	90	$ 3.27	$ 294.30
Sunmed 5-5332-03									
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 4	SUNMED	5-5332-04	8571785	Yes	EA	1	200	$ 3.27	$ 654.00
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 0	SUNMED	5-5333-00	8575362	Yes	EA	1	10	$ 3.27	$ 32.70
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 1	SUNMED	5-5333-01	8571425	Yes	EA	1	20	$ 3.27	$ 65.40
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 2	SUNMED	5-5333-02	8575266	Yes	EA	1	30	$ 3.27	$ 98.10

Vendor Name: Henry Schein, 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 (2 decimal limit, $1.12)	Extended Cost
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 3	SUNMED	5-5333-03	8573605	Yes	EA	1	80	$ 3.27	$ 261.60
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 4	SUNMED	5-5333-04	4993890	Yes	EA	1	80	$ 3.27	$ 261.60
Greenline/D Fiber Optic, 10/32" Halogen/Xenon Reflector Lamp for Medium Laryngoscope Handle	SUNMED	5-0240-52	1523890	Yes	EA	1	20	$ 8.50	$ 170.00
PEEP valve, disposable, adjustable 22mm inner diameter			9855168	Yes	EA	1	100	$ 3.01	$ 301.00
Ambu 199003020									
Headrest, Bagel, 9", pink foam			5820156	Yes	EA	1	200	$ 1.90	$ 380.00
MedLine NON081141, sold 32/cs $60.80									
Meconium Aspirator, latex free			1376689	Yes	EA	1	150	$ 5.69	$ 853.50
i-gel® - Size 1 (Neonatal)	Intersurgical		7006302	No	EA	1	150	$ 14.14	$ 2,121.00
i-gel® - Size 1.5 (Infant)	Intersurgical		7006303	No	EA	1	150	$ 14.14	$ 2,121.00
i-gel® - Size 2 (Small Pediatric)	Intersurgical		7006304	No	EA	1	150	$ 14.14	$ 2,121.00
i-gel® - Size 2.5 (Large Pediatric)	Intersurgical		7006305	No	EA	1	200	$ 14.14	$ 2,828.00
i-gel® O2 Resus Pack, Includes i-Gel, lube & strap - Small Adult (Size 3)	Intersurgical		7006293	No	EA	1	500	$ 23.30	$ 11,650.00
i-gel® O2 Resus Pack, includes i-Gel, lube & strap - Medium Adult (Size 4)	Intersurgical		7006294	No	EA	1	2000	$ 23.30	$ 46,600.00
i-gel® O2 Resus Pack, includes i-Gel, lube & strap - Large Adult (Size 5)	Intersurgical		7006292	No	EA	1	2000	$ 23.30	$ 46,600.00

Vendor Name: Henry Schein, 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 (2 decimal limit, $1.12)	Extended Cost
Thomas Select ET Tube Holder, for ET/SGA Tubes 6.5mm ID to 42mm OD - Adult	Laerdal		7002160	No	EA	1	2500	$ 3.44	$ 8,600.00
Vent Elbow With Port And Cap	Curaplex		1084702	Yes	EA	1	300	$ 0.45	$ 135.00
Vyaire 001550, sold 50/cs $22.50									
Cricothyrotomy Kit (TMM-CR) in vacuum sealed package to include (1) 6.0mm cuffed Tracheostomy tube, (1) Hemostat - 5.5" Kelly curved forceps, (1) #10 sterile Scalpel, (1) 10mL sterile Syringe, (1) 4" Tracheal Hook	Chinook Medical Gear, Inc.	1364	No Bid	No	EA	1	50		$ -
AeroEclipse® Neb			1358191	No	EA	1	20	$ 5.89	$ 117.80
sold 50/cs $294.50									
AeroEclipse® Filtered Mouth Piece			1395663	No	EA	1	20	$ 5.30	$ 106.00
sold 50/cs $265.00									
BiTrac ED™ (Nebulizer) Mask - Medium			1415570.00	Yes	EA	1	20	$ 19.60	$ 392.00
sold 10/bx $196.00									
ZOLL® Ventilator Circuit - Pediatric	Zoll	820-0107-20	No Bid	No	EA	1	5		$ -
ZOLL® Ventilator Circuit - Adult	Zoll	820-0106-15	1409947	No	EA	1	5	$ 20.07	$ 100.35
sold 15/cs $301.05									
CPAP - Flowsafe II Mask - Large	Mecury Medical	10-571-03	No Bid- Discontinued	No	EA	1	200		$ -
CPAP - Flowsafe II Mask - Small	Mercury Medical	10-571-05	1292384	No	EA	1	100	$ 23.35	$ 2,335.00
sold 50/bx $116.75									
CPAP - Flowsafe II Device & Mask - Medium	Mercury Medical	10-573-19	7003325	No	EA	1	500	$ 57.40	$ 28,700.00

					Vendor Name:			Henry Schein, 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 (2 decimal limit, $1.12)**	**Extended Cost**
Neo-Tee® Infant Resuscitator	Mercury Medical	10-50840	NEW	No	EA	1	5	$ 17.10	$ 85.50
sold 10/bx $171.00									
Airtraq VL Blade - Adult			No Bid	No	EA	1	800		$ -
Airtraq VL Blade - Pediatric			No Bid	No	EA	1	200		$ -
AirTraq Video Laryngoscope			No Bid	No	EA	1	5		$ -
HEPA Filter, BACT TRAP MINI PORT ELBOW			No Bid	Yes	EA	1	1000		$ -
ZOLL® Accu/Vent Sensor	Zoll	8000-001128	1422919	No	EA	1	5	$ 61.03	$ 305.15
sold 10/bx $610.30									
ZOLL® Accu/Vent Cable	Zoll	8000-000993	No Bid	No	EA	1	5		$ -
ResQPod® ITD 10	Zoll	12-0242-000	No Bid	No	EA	1	300		$ -
								Section 1 Total	$ 181,515.88

Vendor Name: Henry Schein, Inc.

Section 2: IV Supplies	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Clearsafe IV Catheter - 14g X 1 1/4"	MEDSOURCE	MS-84214	7001655, sold 50/bx $74.00	No	EA	1	100	$ 1.48	$ 148.00
Clearsafe IV Catheter - 16g X 1 1/4"	MEDSOURCE	MS-84216	7001656, sold 50/bx $74.00	No	EA	1	300	$ 1.48	$ 444.00
Clearsafe IV Catheter - 18g X 1 1/4"	MEDSOURCE	MS-84218	7001657, sold 50/bx $74.00	No	EA	1	4000	$ 1.48	$ 5,920.00
Clearsafe IV Catheter - 20g X 1 1/4"	MEDSOURCE	MS-84220	7001658, sold 50/bx $74.00	No	EA	1	10000	$ 1.48	$ 14,800.00
Clearsafe IV Catheter - 22g X 1"	MEDSOURCE	MS-84222	7001660, sold 50/bx $74.00	No	EA	1	3000	$ 1.48	$ 4,440.00
Clearsafe IV Catheter - 24g X 3/4"	MEDSOURCE	MS- 84224	7001661, sold 50/bx $74.00	No	EA	1	400	$ 1.48	$ 592.00
Hypodermic Needle - 18g x 1 1/2"			9004471	Yes	BX	100	20	$ 3.33	$ 66.60
			Henry Schein 904471						
Hypodermic Needle - 23g x 1"			9004473	Yes	BX	100	20	$ 3.15	$ 63.00
			Henry Schein 904473						
Syringe - 1cc with hypodermic needle (25g x 5/8")			9004459	Yes	BX	100	6	$ 10.41	$ 62.46
			Henry Schein 904459						
Syringe, luer lock - 3cc			9004475	Yes	BX	100	20	$ 6.14	$ 122.80
			Henry Schein 9004475						
Syringe, luer lock - 5cc with hypodermic needle (22g x 1")			9870441	Yes	BX	100	10	$ 27.50	$ 275.00
Syringe, luer lock - 10cc			7005969	Yes	BX	100	10	$ 9.78	$ 97.80

Vendor Name: Henry Schein, Inc.

Section 2: IV 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 (2 decimal limit, $1.12)	Extended Cost
Syringe, luer lock - 60cc			7005970	Yes	BX	30	5	$ 12.90	$ 64.50
Dynarex 6993, sold 25/bx $10.75									
Syringe, cath tip - 60cc (2oz)			1135195	Yes	BX	25	1	$ 10.99	$ 10.99
Amsino AS115, sold 50/cs $21.98									
Assure prism multi test trips for assure prism multi meter	ARKRAY USA INC	530050	1279599	No	BX	50	50	$ 9.95	$ 497.50
Assure prism control solution (1 and 2)	ARKRAY USA INC	530006	1318238	No	EA	1	10	$ 9.36	$ 93.60
IV Administration set - 82", 10 drop, W/Bravo 24, Pre-slit Port, Removable 7" Extension			1400679.00	Yes	CS	50	100	$ 171.10	$ 17,110.00
B Braun 352632									
IV 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.			4996125, B Braun 352237	Yes	EA	1	500	$ 1.53	$ 765.00
IV administration Set - STAT 2, Gravity Flow Controller, 60 drop, 84 inches, 2 Latex Free Splint Septum Y Sites.	ConMed		New, S2V-60N	No	Ea	5.97	500	$ 5.97	$ 2,985.00
sold 48/cs $286.56									
0.9% Sodium Chloride Injection USP - 1000ml			1002808	Yes	EA	1	20	$ 3.45	$ 69.00
B Braun L8000									
0.9% Sodium Chloride Injection USP - 500ml			1004737	Yes	EA	1	6000	$ 3.38	$ 20,280.00
B Braun L8001									
0.9% Sodium Chloride Injection USP - 250ml			5078002	Yes	EA	1	20	$ 3.31	$ 66.20
B Braun L8002									
0.9% Sodium Chloride Injection USP - 100ml			1530110, Baxter 2B1307	Yes	EA	1	500	$ 2.52	$ 1,260.00

Vendor Name: Henry Schein, Inc.

Section 2: IV 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 (2 decimal limit, $1.12)	Extended Cost
Sterile Water for Irrigation - 500mL			5075001	Yes	EA	1	200	$ 2.94	$ 588.00
B Braun R5001-01									
IV Administration set - Smallbore Extension Set with bonded Ultrasite Injection site, Length: 7 in, Priming Volume: 0.6mL (approx)			8964055	Yes	EA	1	12000	$ 2.17	$ 26,040.00
B Braun 474921, sold 50/cs $108.50									
Pneumothorax Decompression needle & catheter with hard plastic case - 14ga X 3.25"	H&H	HHTP N01	4997721, North American Rescue ZZ	Yes	EA	1	50	$ 8.25	$ 412.50
IV armboard, reusable, plywood core - 3" x 9"			8409649	Yes	EA	1	30	$ 8.25	$ 247.50
PDC 45004-11-MPG									
IV armboard, reusable, plywood core - 3" x 12"			No Bid	Yes	EA	1	10		$ -
IV armboard, reusable, plywood core - 3" x 18"			1424080.00	Yes	EA	1	10	$ 1.79	$ 17.90
PDC 45002-11-MPG									
Angiocath Peripheral Venous Catheter - 14g x 5.25"			9870340	Yes	EA	1	10	$ 17.62	$ 176.20
BD 382269, sold 10/bx $176.20									
Surecan Safety Huber w/ Ultrasite needlefree infusion system - 20ga x 3/4"			1333125	Yes	EA	1	10	$ 4.46	$ 44.60
IntraLock Lipid Compatible 3-Way Stop Cock			1190413	Yes	EA	1	100	$ 0.63	$ 63.00
B Braun 456003									
3m Surgical Clipper Starter Kit, includes clipper body 9661 and charger 9662, no blade assembly	3M	9661	12910423	No	EA	1	5	$ 91.95	$ 459.75
Assure Prism Multi-meter Glucometer	ARKRAY USA INC	530001	Contact Rep- No charge	No	EA	1	30	$ -	$ -
Angiocath Peripheral IV Catheter - 16ga x 2"			3159282, Terumo SR-OX1664CA sold 200/cs $268	Yes	EA	1	30	$ 1.34	$ 40.20

Vendor Name: Henry Schein, Inc.

Section 2: IV 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 (2 decimal limit, $1.12)	Extended Cost
IV Start Kit containing: (1) Alcohol Prep Pads, Medium (1) Tegaderm Intravenous Dressing 2 3/8" x 2 3/4", (1) Gauze Sponge 2" x 2", (1) Tourniquet 1" x 18", (1) Transparent Surgical Tape 1" x 18"	Curaplex		4998207	Yes	EA	1	8000	$ 1.06	$ 8,480.00
Motion Medical 1323, sold 100/cs $106.00									
Arrow EZ-IO Vascular Access Power Driver	Teleflex	9058	No Bid	No	EA	1	5		$ -
Arrow EZ-IO Needle Kit with Stabilizer - 45mm (Yellow)	Teleflex	9079P-VC-005	No Bid	No	Bx	5	1000		$ -
Arrow EZ-IO Needle Kit with Stabilizer - 25mm (Blue)	Teleflex	9001P-VC-005	No Bid	No	Bx	5	1500		$ -
Arrow EZ-IO Needle set - 45mm (Yellow)	Teleflex	9079-VC-005	No Bid	No	Bx	5	100		$ -
Arrow EZ-IO Needle set - 25mm (Blue)	Teleflex	9001-VC-005	No Bid	No	Bx	5	100		$ -
Arrow EZ-Stabilizer Dressing	Teleflex	9066-VC-005	No Bid	No	Bx	5	1300		$ -
Arrow EZ-IO Vascular Access Pack Soft Sided (Yellow)	Teleflex	9065	No Bid	No	EA	1	5		$ -
								Section 2 Total	$ 106,803.10

Vendor Name: Henry Schein, 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 (2 decimal limit, $1.12)	Extended Cost
Bandage, Self-Adherent, ,individually packaged - 2" x 5yd			9004322	Yes	EA	1	75	$ 0.56	$ 42.00
Henry Schein 10001055002									
Bandage, Self-Adherent, ,individually packaged - 4" x 5yd			9004324	Yes	EA	1	50	$ 1.01	$ 50.50
Henry Schein 0001055004									
Combat Application Tourniquet (CAT) - Black	North American Rescue	30-0001	4997818	No	EA	1	70	$ 21.49	$ 1,504.30
Gauze - Non Sterile, non-woven, 4ply - 4"x4"			9333131	Yes	PK	200	120	$ 2.56	$ 307.20
Gauze - Sterile 12 ply - 4"x4"			1408899	Yes	PK	2	2000	$ 0.08	$ 160.00
Dukal 8503, sold 25pk/bx $2.00									
Gauze - Sterile, roll, 6ply - 4 1/2" x 4.1 yd			1131735	Yes	EA	1	1500	$ 0.72	$ 1,080.00
Dynarex 3161, sold 100/cs $72.00									
Triangular Bandage - 36"x51"			4998403	Yes	EA	1	200	$ 0.25	$ 50.00
Gauze - Abdominal Pad, sterile - 8" x 9"			5701471	Yes	TRAY	20	200	$ 3.25	$ 650.00
Henry Schein 5701471									
Adhesive Strip Bandage - 1" x 3"			1126142, Henry Schein 1126142	Yes	BX	100	100	$ 1.14	$ 114.00

Vendor Name: Henry Schein, 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 (2 decimal limit, $1.12)	Extended Cost
Burn Sheet, Sterile - 60" x 96"			7021791	Yes	EA	1	50	$ 1.87	$ 93.50
Dick Medical 91039BS									
Trauma Dressing, Sterile - 10" x 30"			1205576	Yes	EA	1	100	$ 1.07	$ 107.00
Dukal 1030TD									
Rapid Heat Instant Heat Pack, Pull Apart Style	RAPID DEPLOYMENT PRODUCTS	2056	4991775, sold 24/cs $31.68	No	BX	6	170	$ 7.92	$ 1,346.40
Rapid Cold Instant Cold Pack, Pull Apart Style	RAPID DEPLOYMENT PRODUCTS	2004	4990572	No	CS	24	6	$ 30.72	$ 184.32
Ferno KED forehead/Chin Strap Replacement set of 2	Ferno		4992762	No	SET	2	10	$ 46.56	$ 465.60
Tape - 3M Transpore - 1" x 10yd	3m		7777305	No	BX	12	10	$ 10.95	$ 109.50
Tape - Paper, hypo-allergenic - 1" x 10yd			6987663	Yes	BX	12	7	$ 3.66	$ 25.62
Dynarex 3552, sold 12bx/cs $43.92									
Tape - Waterproof - 2" x 10yd	Kendall	3267	8902816	No	BX	6	18	$ 18.07	$ 325.26
Splint - bendable foam and aluminum, rolled, (orange) - 4" x 36"			7006163	Yes	EA	1	200	$ 3.00	$ 600.00
Dynarex 3528									
Quikclot Combat Gauze LE Z-fold - 3" x 4yd	QUIKCLOT	350	7000709	No	EA	1	5	$ 33.32	$ 166.60
Hyfin Chest Seal without vent	NORTH AMERICAN RESCUE	10-0015	4997718	No	EA	1	5	$ 8.47	$ 42.35

Vendor Name: Henry Schein, 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 (2 decimal limit, $1.12)	Extended Cost
Israeli emergency compression bandage - 4"			7020588	Yes	EA	1	5	$ 2.78	$ 13.90
Dynarex 3683									
Israeli emergency compression bandage - 6"			7004209	Yes	EA	1	5	$ 3.28	$ 16.40
Dynarex 3684, sold 50/cs $164.00									
CAT Tourniquet Holder (black) - 6.25" x 1.75" x 1.5"			7000649	Yes	EA	1	25	$ 14.99	$ 374.75
Sam Pelvic Sling II - Standard	Sam Medical		4998847	NO	EA	1	25	$ 59.17	$ 1,479.25
								Section 3 Total	$ 9,308.45

Vendor Name: Henry Schein, 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 (2 decimal limit, $1.12)	Extended Cost
Masimo® SpO2 sensor, disposable - Adult	Masimo	1859	1141911	No	EA	1	1000	$ 11.67	$ 11,670.00
			sold 20/bx $233.40						
Masimo® SpO2 sensor, disposable - Pediatric	Masimo	1860	4996226	No	EA	1	750	$ 12.22	$ 9,165.00
			sold 20/bx $244.40						
Masimo® SpO2 sensor, disposable - Infant	Masimo	2328	1160768	No	EA	1	500	$ 13.88	$ 6,940.00
			sold 20/bx $277.60						
ECG Electrodes - Medi-Trace Mini, teardrop shape, adhesive hydrogel - Pediatric	North American Rescue		4990611	Yes	PK	100	200	$ 0.64	$ 128.00
			sold 3/pk, 20pk/bx $12.80						
ECG Electrodes - Medicotest Blue Sensor Disposable Electrodes - Adult	Ambu	R-00-S/25	1113107	No	PK	25	5000	$ 8.88	$ 44,400.00
Smart Capnoline Plus non-intubated, oral nasal w/ O2 tubing, adlut/intermediate	MicroStream	9822	1242749, sold 25/cr $363.50	No	EA	1	3200	$ 14.54	$ 46,528.00
Filter line H set infant/ neonate, incl airway adapter, filterline, microstream connection	MicroStream	6324	No Bid	No	EA	1	20		$ -
Filter line set adult/pediatric airway adapter	MicroStream	XS04620	No Bid	No	EA	1	650		$ -
Zoll X Series 80mm Thermal Paper, Pink with Grid			7006159, Leonhard Lang 18593, sold 5/pk $11.35		EA	1	1000	$ 2.57	$ 2,570.00
								Section 4 Total	$ 121,401.00

Vendor Name: Henry Schein, 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 (2 decimal limit, $1.12)	Extended Cost
Masimo® SET RED LNCS Patient Cable, reusable, compatible with Zoll X-Series Monitor - 4'	Masimo	2055	1145834	No	EA	1	10	$ 122.22	$ 1,222.20
Masimo® SET LNCS DC-P Reusable Sensor, compatible with Zoll X-Series Monitor - Pediatric (10-50kg)	Masimo	1863	1141951	No	EA	1	10	$ 111.11	$ 1,111.10
Masimo® SET LNCS DC-I Reusable Sensor, compatible with Zoll X-Series Monitor - Adult (>30kg)	Masimo		1160986	No	EA	1	10	$ 111.11	$ 1,111.10
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Infant	Welch Allyn	SOFT-07-2mQ	4997188, sold 20/bx $60.40	No	EA	1	200	$ 3.02	$ 604.00
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Small Child	Welch Allyn	SOFT-08-2mq	4997189, sold 20/bx $60.40	No	EA	1	200	$ 3.02	$ 604.00
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Small Adult	Welch Allyn	SOFT-10-2MQ	1138426, sold 20/bx $81.80	No	EA	1	300	$ 4.09	$ 1,227.00
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Adult	Welch Allyn	SOFT-11-2MQ	1103649, sold 20/pk $81.80	No	EA	1	500	$ 4.09	$ 2,045.00
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Large Adult	Welch Allyn	SOFT-12-2MQ	1103702, sold 20/pk $81.80	No	EA	1	700	$ 4.09	$ 2,863.00
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Thigh	Welch Allyn	SOFT-13-2MQ	4997192, sold 20/bx $108.80	No	EA	1	200	$ 5.44	$ 1,088.00
ZOLL® OneStep™ Pediatric CPR Electrode for Zoll X Series	Zoll	8900-000219-01	1257644	No	EA	1	150	$ 92.47	$ 13,870.50

Vendor Name: Henry Schein, 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 (2 decimal limit, $1.12)	Extended Cost
ZOLL® CPR Stat-Padz® HVP Multi-Function CPR Electrodes for Zoll X-Series Monitor	Zoll	8900-0402	1119986	No	EA	1	1000	$ 78.24	$ 78,240.00
Welch Allyn FlexiPort Reusable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Adult	Welch Allyn	REUSE-11-2MQ	1103189	no	EA	1	50	$ 19.76	$ 988.00
ZOLL® Dual Lumen NIBP Tubing Assembly, 10 feet for Zoll X Series	Zoll	8300-0002-01	4999769	No	EA	1	25	$ 122.70	$ 3,067.50
12-Lead OneStep™ ECG Cable - AAMI Includes 4-Lead Trunk Cable and Removable Precordial 6 Lead Set for Zoll X-Series Monitor	Zoll	8300-0802-01	4999010	No	EA	1	50	$ 333.43	$ 16,671.50
CPR-D-Padz® One-Piece Electrode and connector for Zoll R-Series	Zoll	8900-0800-01	2532611	No	EA	1	15	$ 170.71	$ 2,560.65
ZOLL® OneStep™ Cable for Zoll X Series	Zoll	8300-000676	4999006	No	EA	1	25	$ 509.89	$ 12,747.25
ZOLL® 12 Lead (V-Lead) Cable	Zoll	8300-0804-01	7002408	No	EA	1	20	$ 179.61	$ 3,592.20
ZOLL® Defibrillator Cable Adapter	Zoll	8000-0370	4995122	No	EA	1	5	$ 317.42	$ 1,587.10
Masimo® SET rainbow® DCI (SpO2, SpCO and SpMET) Reusable Sensor with 3' cable compatible with Zoll X-Series - Adult	Masimo	2696	7001273	No	EA	1	5	$ 583.33	$ 2,916.65
Masimo® SET rainbow® RC-4 20-pin Patient Cable, 4' compatible with Zoll X-Series	Masimo		7001851	No	EA	1	10	$ 931.81	$ 9,318.10
							Section 5 Total		$ 157,434.85

Vendor Name: Henry Schein, Inc.

Section 6: Exam Gloves / Latex Free Powder Free Nitrile	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 (2 decimal limit, $1.12)	Extended Cost
MICROFLEX® FreeForm® SE Nitrile Exam Gloves, Powderfree Exam Gloves, 100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 3.5 mil Palm Thickness, 5.1 mil Finger Thickness, Tensile Strength = 32 before aging (31 After aging), Elasticity = 500% Before Aging (400% after aging), Pinhole Defect Rate = 1.5 - **Extra Small**	MICROFLEX	FFS-700-XS	5659724	No	BX	100	100	$ 11.58	$ 1,158.00
MICROFLEX® FreeForm® SE Nitrile Exam Gloves, Powderfree Exam Gloves, 100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 3.5 mil Palm Thickness, 5.1 mil Finger Thickness, Tensile Strength = 32 before aging (31 After aging), Elasticity = 500% Before Aging (400% after aging), Pinhole Defect Rate = 1.5 - **Small**	MICROFLEX	FFS-700-S	5651161	No	BX	100	200	$ 11.58	$ 2,316.00
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	5657186	No	BX	100	600	$ 11.58	$ 6,948.00
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	5650983	No	BX	100	600	$ 11.58	$ 6,948.00

Vendor Name: Henry Schein, Inc.

Section 6: Exam Gloves / Latex Free Powder Free Nitrile (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 (2 decimal limit, $1.12)	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	5664693	No	BX	100	200	$ 11.58	$ 2,316.0000
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	5651161	No	BX	50	10	$ 11.21	$ 112.10
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		No	BX	50	10	$ 11.21	$ 112.10
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		No	BX	50	10	$ 11.21	$ 112.10

Vendor Name: Henry Schein, Inc.

Section 6: Exam Gloves / Latex Free Powder Free Nitrile (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 (2 decimal limit, $1.12)	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 Large**	MICROFLEX	FFE-775-XL		No	BX	50	10	$ 11.21	$ 112.10
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		No	BX	50	10	$ 11.21	$ 112.1000
								Section 6 Total	$ 20,246.50

Vendor Name: Henry Schein, Inc.

Section 7: AMBU PERFIT Cervical Collars	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Ambu® Perfit ACE Adjustable Cervical Collar, 16 setting - Adult (Neckless to Tall)	AMBU	002 810 001	9851122	No	EA	1	1500	$ 5.37	$ 8,055.0000
Ambu® Perfit Mini ACE Adjustable Cervical Collar, 12 settings - Pediatric (Infant to Neckless)	AMBU	000 281 107	9856604	No	EA	1	150	$ 5.37	$ 805.5000
								Section 7 Total	$ 8,860.50

Vendor Name: Henry Schein, Inc.

Section 8: Head Immobilizers	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Laerdal Sta-Blok™ Head Immobilizer. Single use disposable device, radiolucent, Adjustable standard Velcro padded strap, latex free	LAERDAL	700-00001	2037034	No	EA	EA	900	$ 3.93	$ 3,537.0000
								Section 8 Total	$ 3,537.00

Vendor Name: Henry Schein, Inc.

Section 9: Miscellaneous Supplies	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Disposable OB Kit, Soft Packaging			7537874	Yes	EA	1	25	$ 5.25	$ 131.25
Motion Medical 1740									
Alcohol Prep Pads - Medium (200/bx)			1126131	Yes	BX	200	300	$ 1.24	$ 372.00
Emesis Bags, single use, Clear, Graduate, 1000cc, latex free, rigid collar, automatic seal			7005328	Yes	EA	1	2000	$ 0.41	$ 820.00
Dynarex 4708, sold 200/cs $82.00									
Sterile Lubricating Jelly - 5g			1166726.00	Yes	BX	72	10	$ 5.95	$ 59.50
Dynarex 1251									
Oxygen Cylinder Handwheel, Metal			4990442	Yes	EA	1	10	$ 10.32	$ 103.20
Allied L002865-050									
Oxygen Cylinder Wrench, aluminum - Large			4990728	Yes	EA	1	10	$ 7.24	$ 72.40
Allied 66082									
Trauma Shears, Dark Blue - 7 1/2"			7004482	Yes	EA	1	100	$ 0.62	$ 62.00
Dynarex 4181									
Penlight, Disposable			9004970	Yes	EA	1	100	$ 0.75	$ 75.00
Henry Schein 351P-HS, sold 6/pk $4.50									
Safety Lancet, single use, push button activated / spring loaded (100/bx)			9007980	Yes	BX	100	120	$ 4.71	$ 565.20
Henry Schein 9007980									
ChloraPrep® Clear 3ml Applicator (2% Chlorhexidine / 70% Isopropyl Alcohol)			1374626	Yes	BX	25	6	$ 37.90	$ 227.40
BD 930400									
Safety control seals, Pull Tite (numbered), 100/pkg			4992117, Healthcare Logostics 7816	Yes	PK	100	1	$ 21.28	$ 21.28
Razor, Disposable, Fixed Head (100/bx)			1879172	Yes	BX	100	4	$ 9.60	$ 38.40
Disposable Polyester Patient Blanket, Blue or Gray (50" x 84")				Yes	EA	1	50	$ 5.63	$ 281.50
Graham 62292, sold 10/cs $56.30									
Oxygen "D" Cylinder Gasket, Brass w/Rubber Center			6779160	Yes	EA	1	10	$ 0.51	$ 5.10

Vendor Name: Henry Schein, Inc.

Section 9: 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 (2 decimal limit, $1.12)	Extended Cost
Welch Allyn SureTemp Plus Thermometer Probe Cover, disposable (25/bx)	Welch Allyn	5031	5660460, sold 250/bx $9.05	No	BX	25	200	$ 0.91	$ 181.00
Heavy Duty Ring Cutter			3782372	Yes	EA	1	5	$ 4.93	$ 24.65
			Chanby CH 352						
Scalpel #11, Disposable, Sterile			2676406	Yes	EA	1	5	$ 0.43	$ 2.15
			Dynarex 4111						
Blade Assembly, single-use, pivoting, purple, for 3M 9661 surgical clippers	3m		1392747	Yes	EA	1	50	$ 3.39	$ 169.50
			sold 50/cs $ 169.50						
Isopropyl Alcohol 70 % Bottle (4oz)			1280491	Yes	EA	1	40	$ 0.71	$ 28.40
			Hydrox I0020						
Isopropyl Alcohol 70% Bottle (16oz)			1127067	Yes	EA	1	12	$ 1.43	$ 17.16
Ecolab® Endure™ 300 Cida-Rinse Dispenser (540mL)	Ecolab		No Bid	No	EA	1	10		$ -
Mylar Emergency Blanket (52" x 84")			9338389	Yes	EA	1	50	$ 0.50	$ 25.00
			Dukal 721						
Taylor Healthcare® G-Force™ Series Stretcher Sheet for Stryker, Blue, fluid resistant (36" x 90")	Taylor Healthcare Products, Inc.	90-GFRC3690	No Bid	Yes	Ea	1	5000		$ -

Vendor Name: Henry Schein, Inc.

Section 9: 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 (2 decimal limit, $1.12)	Extended Cost
Webbing, Nylon 1"x 50yd rolls - 500yd/box, NO Splices			No Bid	No	EA	1	50		$ -
Oxygen Post Valve, Seal Protector, Pull Type	Meret		1369103.00	Yes	EA	1	500	$ 0.19	$ 95.00
sold 1000/bg $190.00									
Health Care Logistics MedTags™ with Holder	Health Care Logistics	7760	NEW	No	EA	1	100	$ 0.11	$ 10.50
sold 150/pk $15.75									
Triage Ribbon - All Colors	Disaster Systems Management Inc	DMS-05793	7000559	Yes	EA	1	5	$ 12.39	$ 61.95
Triage Ribbon - Red	Disaster Systems Management Inc	DMS-05791	NEW	Yes	EA	1	5	$ 4.12	$ 20.60
Triage Ribbon - Yellow	Disaster Systems Management Inc	DMS-05790	NEW	Yes	EA	1	5	$ 4.12	$ -
Triage Ribbon - Green	Disaster Systems Management Inc	DMS-05789	NEW	Yes	EA	1	5	$ 4.12	$ -
Triage Ribbon - Black/White	Disaster Systems Management Inc	DMS-05792	NEW	Yes	EA	1	5	$ 4.12	$ -
								Section 9 Total	$ 3,470.14

Vendor Name: Henry Schein, Inc.

Section 10: 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 (2 decimal limit, $1.12)	Extended Cost
Safety Glasses, Nemesis V30, black frame, clear lens, neck cord included	KIMBERLY-CLARK	25676-00	9972875	No	EA	1	250	$ 3.19	$ 797.50
Fluid shield mask with clear visor, anti-fog, 2" wrap around, ear loops 25/bx			1047321	Yes	BX	25	2	$ 18.28	$ 36.56
Henry Schein 1047321									
Inovel medical N95 respirator, all sizes, must be CDC and NIOSH approved (24/pk)			No Bid	No	PK	25	2		$ -
3M® Particulate Respirator and Surgical Mask - 1860s	3M	1860s	7775982	No	EA	1	20	$ 0.82	$ 16.40
			sold 20/bx$ 16.40						
3M® Particulate Respirator and Surgical Mask - 1860	3M	1860	7775551, sold 20/bx $16.40	No	EA	1	20	$ 0.82	$ 16.40
3M® Particulate Respirator - 8210	3M	8210	1378258, sold 20/bx $16.40	No	EA	1	20	$ 0.82	$ 16.40
3M® n95 Respirator - 1870	3M	1870	1408302, sold 20/bx $16.40	No	EA	1	20	$ 0.82	$ 16.40
Sharps Dart sharps container, one time lockable lid (6.7" x 1.2")			7004494	Yes	BX	24	60	$ 34.56	$ 2,073.60
Dynarex 4630									
Gel Hand Sanitizer w/ pump 540 mL	ECOLAB	47593-487-31	8690079	No	EA	1	50	$ 4.20	$ 210.00
Surgical Shoe Covers			1379449	Yes	EA	1	50	$ 0.11	$ 5.40
Dukal 350-10, sold 100/bg $10.80									

Vendor Name: Henry Schein, Inc.

Section 10: Infection Control (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 (2 decimal limit, $1.12)	Extended Cost
Non-surgical Isolation Gown, unisize			1085515	Yes	EA	1	50	$ 0.55	$ -
Dynarex 2141, sold 50/cs $27.50									
Non-surgical Isolation Gown - Large			No Bid	Yes	EA	1	50		$ -
Non-surgical Isolation Gown - Xlarge			No Bid	Yes	EA	1	50		$ -
Non-surgical Isolation Gown - XXLarge			No Bid	Yes	EA	1	50		$ -
Sharps Container in room mailbox style lid, transparent red, 5 quart	Cardinal Health	KE8513-1	6666741	No	EA	1	300	4.49	$ 1,347.00
Bracket, wire with lock for sage 5 quart sharpstar container	Cardinal Health	KE8518X	8160734	No	EA	1	5	21.42	$ 107.10
sold 5/cs $107.10									
Replacement Key for Sharps Container Bracket #KE8518X	Cardinal Health		No Bid	No	EA	1	5		$ -
								Section 10 Total	$ 3,183.26

Vendor Name: Henry Schein, Inc.

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Infant			7020310	Yes	EA	1	10	$ 5.12	$ 51.20
			Veridian 02-1084						
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Pediatric			7020309	Yes	EA	1	10	$ 5.12	$ 51.20
			Veridian 02-1083						
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Adult			7020308	Yes	EA	1	30	$ 5.17	$ 155.10
			Veridian 02-1081						
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Large Adult			7020307	Yes	EA	1	15	$ 5.44	$ 81.60
			Veridian 02-1082						
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Thigh			7020311, Veridian 02-1085	Yes	EA	1	10	$ 6.00	$ 60.00
Greenline/D Laryngoscope handle, fiber optic, chrome plated, 2AA batteries, penlite handle			4994123, Maco FO8102	No	EA	1	10	$ 28.60	$ 286.00
Greenline/D Laryngoscope handle, fiber optic, chrome plated, C batteries			4992393, Maco FO8101	No	EA	1	10	$ 27.81	$ 278.10
Oxygen flow meter with Ohmeda QC Adapter 1-15LPM			9050099	Yes	EA	1	10	$ 33.76	$ 337.60
ADScope 603 Stethoscope, navy blue, with additional eartips and diaphragm	AMERICAN DIAGNOSTIC CORP	603N	4992009	No	EA	1	30	$ 30.40	$ 912.00
StatPacks G3 Backup, Red, with Fort Bend County EMS embroidery (25" x 18" x 8.5")	StatPacks	G35006RE	7001776	No	EA	1	5	$ 259.37	$ 1,296.85

Vendor Name: Henry Schein, Inc.

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Welch Allyn SureTemp Plus 690 Thermometer	WelchAllyn	690	2033856	No	EA	1	10	$ 279.20	$ 2,792.00
Welch Allyn SureTemp Plus 690 Probe and well kit, 4' - (Rectal / Red)	WelchAllyn	02892-000	7418045	No	EA	1	10	$ 85.51	$ 855.10
Welch Allyn SureTemp Plus 690 Probe and well kit, 4' - (Oral / Blue)	WelchAllyn	02893-000	4593636	No	EA	1	5	$ 85.51	$ 427.55
Restraint strap seat belt buckle loop end, Black, 2 piece (5')			7004623	Yes	EA	1	10	$ 6.55	$ 65.50
Dick Medical 11152BK									
Restraint straps chest system, black, nylon, Metal push button, loop ends			7004865, Dick Medical 11160BK	Yes	EA	1	10	$ 27.06	$ 270.60

Vendor Name: Henry Schein, Inc.

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Posey Twice-as-Tough cuffs WRIST Restraint with lock on connecting strap, adjustable, pair - (Wrist / Blue)	POSEY	2750	4986734	No	EA	1	150	$ 24.92	$ 3,738.00
Posey Twice-as-Tough cuffs Restraint with lock on cuff and connecting strap, adjustable, pair - (Ankle / Red)	POSEY	2755	4988484	No	EA	1	120	$ 25.18	$ 3,021.60
Oxygen cylinder with toggle, aluminum, D size			6778965	Yes	EA	1	5	$ 62.50	$ 312.50
Meret MDCYLT-W									
Oxygen regulator/pressure reducer, brass, CGA 540 2800-R-2			2948728	Yes	EA	1	5	$ 65.73	$ 328.65
Mada 1335-15									
Oxygen regulator, 1 DISS 1BARB 0-25 LPM			6770021	Yes	EA	1	5	$ 26.78	$ 133.90
Meret AREG8725-B2D, 2 DISS									
Megamover plus transport unit, nonwoven, w/backboard pockets, 1500 lb capacity (40" x 80")	GRAHAM PROFESSIONAL	53376	7005421, Dynarex 5620, sold 10/cs $145.00	Yes	EA	1	10	$ 14.50	$ 145.00
Stryker LUCAS 2 / 3 Disposable Suction Cup, 3/pk	Stryker	11576-000046	No Bid	No	PK	3	5		$ -
Stryker LUCAS Patient Strap, pair	Stryker	11576-000050	No Bid	No	SET	2	5		$ -
Stryker LUCAS Stabilization Strap	Stryker	21996-000074	No Bid	No	EA	1	5		$ -
Stryker LUCAS Standard Back Plate	Stryker	21996-000044	No Bid	No	EA	1	5		$ -
Replacement Ankle Hitch for QD3 & QD4 Traction			7005341	Yes	EA	1	5	$ 15.98	$ 79.90
Faretec 1124200									
Replacement Ischial Strap for Adult/Child QD3/QD4 Traction Splint			7005339, Faretec 1123924	Yes	EA	1	5	$ 9.96	$ 49.80
Oxygen cylinder with toggle, aluminum - (C size)			9232971	Yes	EA	1	5	$ 67.45	$ 337.25
Mada 1402E									

Vendor Name: Henry Schein, Inc.

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Traction splint w/aluminum ratchet - Adult (QD-4)			8554486	Yes	EA	1	5	$ 194.39	$ 971.95
			Faretec 1126524						
Traction splint w/aluminum ratchet - Pediatric (QD-3)			8551303	Yes	EA	1	5	$ 190.98	$ 954.90
			Faretec 1126522						
KED, Kendrick Extrication Device, green, with color coded straps			4992551	Yes	EA	1	5	$ 63.69	$ 318.45
			MedSource MS-ED2253						
L.A. Rescue® cervical collar bag (24" x 11" x 5")			4994693	Yes	EA	1	5	$ 24.77	$ 123.85
			MedSource MS-33360						
Trauma / Air management bag III, blue (26" x 18.5" x 12.5")	FERNO	5111	6721719	No	EA	1	5	$ 317.37	$ 1,586.85
Hawkepack ET Intubation Kit pullout, green with yellow stripe	HAWKEPAKS	02-04F5	No Bid	No	EA	1	5		$ -
Ferno professional intubation mini bag, royal blue	FERNO	5115	6728047	No	EA	1	5	$ 75.71	$ 378.55
5.11 Rush 72 Back Pack, Black	5.11	rush72	No Bid	No	EA	1	5		$ -
Flowmeter With Ohmeda Adpapter, Oxygen, Sidemount			No Bid		EA	1	10		$ -
Fasplint Semi-Disposable Vacuum Splint - Small	Hartwell Medical		7022200	No	EA	1	100	$ 17.45	$ 1,745.00

Vendor Name: Henry Schein, Inc.

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Fasplint Semi-Disposable Vacuum Splint - Medium	Hartwell Medical		7022199	No	EA	1	100	$ 26.00	$ 2,600.00
Fasplint Semi-Disposable Vacuum Splint - Large	Hartwell Medical		7022198	No	EA	1	100	$ 34.65	$ 3,465.00
Fasplint Vacuum Pump, Economy	Hartwell Medical		4994935	No	EA	1	25	$ 53.50	$ 1,337.50
Fasplint Replacement Bag, Rectangular	Hartwell Medical		4997856	No	EA	1	25	$ 44.59	$ 1,114.75
Fasplint Tapered Adapter	Hartwell Medical		4997737	No	EA	1	15	$ 5.88	$ 88.20
SSCOR VX-2® 2310 Suction Unit Battery, Rechargeable	SSCOR	2310	7002638	No	EA	1	5	$ 58.23	$ 291.15
SSCOR VX-2® 2314 Suction Unit Battery, Rechargeable	SSCOR	2314	7002638, same as above	No	EA	1	5	$ 58.23	$ 291.15
SSCOR VX-2® Suction Unit, With Variable Regulator, DC Cable And Converter	SSCOR	VX-2	7002489	No	EA	1	5	$ 990.47	$ 4,952.35
Curaplex Quick-Connect Carrier	Curaplex	3245-19123	No Bid	No	EA	1	10		$ -
StatPacks G3 Golden Hour, Orange, BBP resistant, (18" X 17" X 8")	StatPack		No Bid	No	EA	1	5		$ -
2-Piece Nylon Restraint Strap with Metal Push Button Buckle and Swivel Speed Clip Ends, Black, (5' X 23")			7005281	Yes	EA	1	30	$ 9.00	$ 270.00
King Vision Video Laryngoscope Deluxe Supply Bag with pockets, red			No Bid	Yes	EA	1	2		$ -

Vendor Name: Henry Schein, Inc.

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
FERNO Model 5111 Trauma Air Management Bag III, Blue	Ferno	1511	6721719, same as line #629	No	EA	1	5	$ 317.37	$ 1,586.85
Engel Fridge-Freezer MD-14F with Top Lid Access Door	Engel USA	MD-14F	4996923	No	EA	1	2	$ 737.26	$ 1,474.52
Engel Fridge-Freezer D/C Power Cord with Integrated Thermal Fuse for MD-14F	Engel USA		No Bid	No	EA	1	2		$ -
Triage Tape Waist Belt	EMS Innovations	EM19	No Bid	?	EA	1	5		$ -
Stryker LUCAS 2® Device Battery	Stryker	11576-000039	No Bid	No	EA	1	3		$ -
Quantum EMS ACR4 Ambulance Child Restraint System	Quantum EMS	Q-ACR4	7020271	No	EA	1	2	$ 688.51	$ 1,377.02
LSP XTRA™ Backboard Without Pins, 71in L x 15.75in W x 1.85in D, Blue			4992475 Allied L816000A	Yes	EA	1	25	$ 132.17	$ 3,304.25
Ferno Scoop™ EXL Scoop Stretcher, Red, no pins	Ferno		7002879	Yes	EA	1	5	$ 1,145.25	$ 5,726.25
Stryker® Head End Pouches	Stryker	6500 130 000	No Bid	No	EA	1	5		$ -

Vendor Name: Henry Schein, Inc.

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Stryker® Base Storage Flat	Stryker	6500 160 000	No Bid	No	EA	1	5		$ -
Stryker® Antlers, Push Bat, Push Bar Mount Kit	Stryker	6370 000 000	No Bid	No	EA	1	2		$ -
Stryker® J Hook	Stryker	6060 039 017	No Bid	No	EA	1	2		$ -
Stryker® Battery Charger, SMRT power kit, 120v A/C	Stryker	6500 700 041	No Bid	No	EA	1	2		$ -
Stryker® X Restraints, full set	Stryker	6506 0003 0010	No Bid	No	EA	1	25		$ -
Stryker® X Restraints, shoulder	Stryker	6506 0003 0001	No Bid	No	EA	1	10		$ -
Stryker® X Restraints, waist single buckle	Stryker	6506 0003 0003	No Bid	No	EA	1	10		$ -
Stryker® X Restraints, waist double buckle	Stryker	6506 0003 0002	No Bid	No	EA	1	10		$ -
Stryker® X Restraints, thigh	Stryker	6506 0003 0004	No Bid	No	EA	1	10		$ -
Stryker® X Restraints, ankle	Stryker	6506 0003 0005	No Bid	No	EA	1	10		$ -
Stryker® Stair Chair Straps	Stryker	6250 001 021S	No Bid	No	EA	1	10		$ -
Stryker® Stair Chair Ankle Straps	Stryker	6500 001 395	No Bid	No	EA	1	20		$ -
Stryker® Stretcher SMRT Batteries	Stryker	6500 033 000	No Bid	No	EA	1	5		$ -
								Section 11 Total	$ 50,025.54

Vendor Name: Henry Schein, Inc.

Section 12: Medication	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
ADENOSINE (Adenocard) 12mg (3mg/mL) 4mL vial			1316325	Yes	EA	1	100	$ 6.83	$ 683.00
Mylan 67457085404 sold 10/pk $68.30									
ACETAMINOPHEN (Tylenol) 160mg (32mg/mL) 5mL Liquid			1422408	Yes	EA	1	100	$ 1.37	$ 137.00
Pharmaceutical Associates 00121065700, sold 100/cs $137.00									
ACETAMINOPHEN (Tylenol) 500mg (Tablet) Bottle			9004690	Yes	PK	2	400	$ 0.06	$ 22.00
Henry Schein 9004690, sold 250pk/bx $13.75									
AMIODARONE (Cordarone) 150mg (50mg/mL) 3mL vial			1380951	Yes	EA	1	400	$ 1.74	$ 696.00
Hikma 00143987525, sold 25/bx $43.50									
ASPIRIN 81mg (tablet) bottle			1381092	Yes	BT	36	90	$ 0.88	$ 79.20
New World Imports CCA36									
ATROPINE SULFATE 1mg (0.1mg/mL) 10mL PFS			2580091	Yes	EA	1	400	$ 9.85	$ 3,940.00
Pfizer 00409163010, sold 10/bx $98.50									
IPRATROPIUM & ALBUTEROL (Duo Neb) 0.5mg & 3.0mg/3mL			1314906	Yes	BX	30	15	$ 5.36	$ 80.40
Cipla 69097017353									
CALCIUM CHLORIDE 1gm (100mg/mL) 10mL PFS			1046889	Yes	EA	1	100	$ 12.11	$ 1,211.00
Pfizer 00409163110, sold 10/bx $121.10									
DIPHENHYDRAMINE (Benadryl) 50mg (50mg/mL) 1mL vial			2585924	Yes	EA	1	180	$ 2.00	$ 360.00
Hikma 00641037621									
Dextrose 10% 250mL Infusion			5073334	Yes	EA	1	500	$ 3.04	$ 1,520.00
DOPAMINE 800mg (1.6mg/mL) 500mL Infusion			9541035	Yes	EA	1	100	$ 26.66	$ 2,666.00
Baxter 2B0843, sold 12/cs $319.92									

Vendor Name: Henry Schein, Inc.

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
EPINEPHRINE 1:1,000 1mg (1mg/mL) 1ml vial			2480691	Yes	EA	1	150	$ 20.50	$ 3,075.00
Par Sterile 42023015925									
EPINEPHRINE 1:10,000 1mg (0.1mg/mL) 10mL PFS			1188806	Yes	EA	1	900	$ 11.67	$ 10,503.00
IMS 76329331601, sold 10/bx $116.70									
RACEMIC EPINEPHRINE 2.25% 0.5mL			1425487	Yes	EA	1	70	$ 2.06	$ 144.20
Nephron 00487590199, sold 30/pk $61.80									
ETOMIDATE (Amidate) 20mg (2mg/mL) 10mL vial			1425112	Yes	EA	1	200	$ 3.98	$ 796.00
Fresenius 65219044510, sold 10/bx $39.80									
GLUCAGON (Glucagen) 1mg (1mg/mL) 1mL			1249546	Yes	EA	1	100	$ 223.39	$ 22,339.00
Fresenius 63323059303									
Oral Glucose 31gm			1235472, sold 3/pk $17.16	Yes	EA	1	250	$ 5.72	$ 1,430.00
HEPARIN 5000u (5000u/mL) 1mL vial			1381127	Yes	EA	1	80	$ 1.33	$ 106.40
Hikma 00641040012, sold 25/bx $33.25									
LABETALOL 100mg (5mg/mL) 20mL vial			1406893	Yes	EA	1	150	$ 3.36	$ 504.00
Baxter 3600032202									
LIDOCAINE 2% 100 mg (20mg/mL) 5ml PFS			1046865	Yes	EA	1	250	$ 5.53	$ 1,382.50
Pfizer 00409132305, sold 10/bx $55.30									

Vendor Name: Henry Schein, Inc.

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
MAGNESIUM SULFATE 50% 1gm (500mg/mL) 2mL vial			1313289	Yes	EA	1	200	$ 2.30	$ 460.00
Fresenius 63323006403, sold 25/bx $57.50									
NALOXONE (Narcan) 2mg (1mg/mL) 2mL			1182155	Yes	EA	1	150	$ 17.88	$ 2,682.00
IMS 76329336901, sold 10/bx $178.80									
NITROGLYCERIN 2% 30gm Paste			1910001	Yes	EA	1	50	$ 45.43	$ 2,271.50
Nitrolingual Spray, 4.1g, 400mcg per Spray, 90 sprays per can			No Bid	Yes	EA	1	40		$ -
Nitrostat, 0.4mg Sublingual Tabs, 25 per bottle			1380987	Yes	BT	25	10	$ 4.00	$ 40.00
Alvogen 47781045704, sold 4btl/bx $16.00									
PROMETHAZINE (Phenergan) 25mg (25mg/mL) 1mL vial			1027248	Yes	EA	1	300	$ 2.79	$ 837.00
Hikma 00641092825, sold 25/bx $69.75									
ALBUTEROL SULFATE 0.083% 2.5mg (0.83mg/mL) 3mL			1161818	Yes	BX	25	35	$ 3.44	$ 120.40
Nephron 0487950125									
ROCURONIUM 100mg (10mg/mL) 10mL vial			1422423	Yes	EA	1	120	$ 4.84	$ 580.80
Almaject 72611075710, sold 10/bx $48.40									
SODIUM BICARBONATE 50mEq (1mEq/mL) 50mL PFS			1191715, IMS 76329335201, sold 10/bx $182.10	Yes	EA	1	450	$ 18.21	$ 8,194.50
Sodium Chloride 0.9% 10mL PFS			5078362	Yes	EA	1	8000	$ 0.39	$ 3,139.20
B Braun 513576, sold 100/bx $39.24									
METHYLPREDNISOLONE (Solumedrol) 125mg (62.5mg/mL) 2mL vial			2480815	Yes	EA	1	300	$ 10.93	$ 3,279.00
Pfizer 00009004725									
SUCCINYLCHOLINE (Quelicin) 200mg (20mg/mL) 10mL vial			1417627	Yes	EA	1	150	$ 5.43	$ 814.50
Camber Pharmaceuticals 31722098131, sold 25/bx $135.75									

Vendor Name: Henry Schein, Inc.

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
Ketorolac 60mg 2mL vial			1375423	Yes	EA	1	275	$ 1.37	$ 376.75
Almaject 72611072525, sold 25/bx $34.25									
Carpuject™ Syringe			1594899	Yes	EA	1	20	$ 0.02	$ 0.40
Pfizer 00409204902									
ONDANSETRON (Zofran) 4mg Tablet ODT			1401511	Yes	EA	30	30	$ 2.22	$ 66.60
Sun Pharmaceuticals 62756024064									
ONDANSETRON (Zofran) 4mg (2mg/mL) 2mL vial			1259100	Yes	EA	25	8	$ 0.41	$ 3.28
Apotex 60505613005, sold 25/bx $10.25									
Mucosal Automation Device - with 3mL Syringe			4204674	Yes	EA	1	20	$ 7.69	$ 153.80
Teleflex MAD100									
Mucosal Atomization Device - device only			4209994	Yes	EA	1	200	$ 6.76	$ 1,352.00
Teleflex MAD300									
CAPTOPRIL 12.5mg (tablet) bottle			1416520	Yes	BT	100	50	$ 20.76	$ 1,038.00
Amici Pharmaceuticals 6929052401									
DILTIAZEM (Cardizem) 25mg (5mg/mL) 5mL vial			1404322	Yes	EA		150	$ 3.57	$ 535.50
Athenex 708060030105, sold 10/bx $35.70									
HYDROXOCOBALAMIN (Cyanokit) 5gm			1423286	Yes	EA		10	$ 1,230.67	$ 12,306.70
PROPRANOLOL 1mg (1mg/mL) 1mg vial			No Bid	Yes	EA		10		$ -

Vendor Name: Henry Schein, Inc.

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
Atropine 8mg, 20mL Vial			1425360	Yes	EA		30	$ 18.75	$ 562.50
Hikma 00641625110, sold 10/bx $187.50									
PRALIDOXIME (Protopam) 1gm (50mg/mL) 20mL vial			1164255	Yes	EA		10	$ 115.67	$ 1,156.70
Baxter 609771401, sold 6/pk $694.02									
METHYLENE BLUE 1% 100mg (10mg/mL) 10mL vial			1424330	Yes	EA		10	$ 289.10	$ 2,891.00
BPI Labs 54288014701									
Nithiodote Kit, Includes One Sodium Nitrite (300mg/10mL Vial) And One Sodium Thiosulfate (12.5GM/50mL)			No Bid	Yes	EA		10		$ -
CALCIUM GLUCONATE GEL 2.5% 25gm			1212456	Yes	EA		10	$ 79.10	$ 791.00
Calgonate 55101									
Dopamine, 400mg In D5W 250mL Bag			1290924.00	Yes	EA		100	$ 15.47	$ 1,547.00
Baxter 2B0842, sold 18/cs $278.46									
FAMOTIDINE (Pepcid)10mg (5mg/mL) 2mL vial			No Bid	Yes	EA		250		$ -
NOREPINEPHRINE (Levophed) 4mg (1mg/mL) 4mL vial			1336329.00	Yes	EA		1000	$ 11.65	$ 11,650.00
Mylan 67457085204, sold 10/bx $116.50									
METOCLOPRAMIDE (Reglan) 10mg (5mg/mL) 2mL vial			1402116	Yes	EA		700	$ 1.43	$ 1,001.00
Heritage 23155024041, sold 25/cr $35.75									
VITAMIN B6 (Pyridoxine) 100mg (100mg/mL) 1mL vial			8703928	Yes	EA	1	6	$ 22.36	$ 134.16
Fresenius 63323018001, sold 25/bx $559.00									
NALOXONE (Narcan) 4mg Nasal			1423490	Yes	EA	1	20	$ 47.59	$ 951.80
Perrigo 45802081184, sold 2/pk $95.18									
							Section 12 Total		$ 110,611.79

Vendor Name: Henry Schein, Inc.

Section 13: Controlled Substance Medication	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
MORPHINE SULFATE 1mg (1mg/mL) 10mL			1338023	Yes	EA	1	20	$ 3.06	$ 61.20
Hikma 00641612725, sold 25/pk $76.50									
MIDAZOLAM (Versed) 10mg (5mg/mL) 2mL Vial			1277906	Yes	EA	1	250	$ 1.73	$ 432.50
Pfizer 00409230802, sold 10/bx $17.30									
KETAMINE (Ketalar) 500mg (50mg / mL) 10mL vial			1400330	Yes	BX	10	150	$ 81.35	$ 12,202.50
Hikma 00143950810									
FENTANYL (Sublimaze) 250mcg (50mcg/mL) 5mL Vial			1046541	Yes	EA	1	900	$ 3.05	$ 2,745.00
Pfizer 004099909425, sold 25/bx $76.25									
DIAZEPAM (Valium) 10mg (5mg / mL) 2mL vial			1404389	Yes	EA	1	200	$ 46.80	$ 9,360.00
Dash Pharmaceuticals 69339013705, sold 5/bx $232.50									
HYDROMORPHONE (Dilaudid) 2mg (2mg/mL) 1mL vial			1408589	Yes	Ea	1	300	$ 3.83	$ 1,149.00
Pfixer 00409336510, sold 10/bx $38.30									
							Section 13 Total		$ 25,950.20

COUNTY PURCHASING AGENT

Fort Bend County, Texas

Vendor Information

Jaime Kovar
Purchasing Agent

Office (281-341-8640

Legal Company Name (top line of W9)	ISIKEL, LLC		
Business Name (if different from legal name)	DBA: ISIKEL MEDICAL SUPPLIES		
Federal ID # or S.S. #	81-1096028	DUNS # 029547272	
Type of Business	X Corporation/LLC ___ Partnership ___ Sole Proprietor/Individual ___ Tax Exempt Organization		Age in Business? 6 YRS
Publicly Traded Business	X No ___ Yes Ticker Symbol _____		
Remittance Address	28350 W TEN BLVD		
City/State/Zip	KATY, TX 77494		
Physical Address	28350 W TEN BLVD		
City/State/Zip	KATY, TX 77494		
Phone/Fax Number	Phone: 713-878-2500	Fax: _____	
Contact Person	SHONDA RUSSEY		
E-mail	SRUSSEY@ISIKEL.COM		

Check all that apply to the company listed above and provide certification number.			Cert Date	Exp Date
	DBE-Disadvantaged Business Enterprise ☐	Certification # _____		
	SBE-Small Business Enterprise ☑	Certification # _____		
	HUB-Texas Historically Underutilized Business ☑	Certification # 1811096028500	01/26/2022	01/26/2026
	WBE-Women's Business Enterprise ☐	Certification # _____		
		Certification # _____		

Company's gross annual receipts		
	<$500,000 ___	$500,000-$4,999,999 ___
	$5,000,000-$16,999,999 X	$17,000,000-$22,399,999 ___
	>$22,400,000 ___	

NAICs codes (Please enter all that apply)	423450, 424210,334517
Signature of Authorized Representative	Valerie Vickrey
Printed Name	Valerie Vickrey
Title	CEO
Date	9.1.2022

THIS FORM MUST BE SUBMITTED WITH THE SOLICITATION RESPONSE

Fort Bend County, Texas
Invitation for Bid

Term Contract for Purchase of Medical Supplies
BID 23-001

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 address to assist in proper delivery.

SUBMIT NO LATER THAN:

Tuesday, August 30, 2022
2:00 PM (Central)

LABEL ENVELOPE:

BID 23-001
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.

Requests for information must be in writing and directed to:
Cheryl Krejci, CPPB
Assistant County Purchasing Agent
cheryl.krejci@fortbendcountytx.gov

Vendor Responsibilities:

- Download and complete any addendums. (Addendums will be posted on the Fort Bend County website no Later than 48 hours prior to bid opening)
- Submit response in accordance with requirements stated on the cover of this document.
- DO NOT submit responses via email or fax.

Prepared: 08/11/22
Issued: 08/14/22

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, and return ONE (1) complete bid document to the Fort Bend County Purchasing Department. An authorized representative of the bidder must sign the Contract Sheet. Do not complete the date at the top of the contract sheet. The bid document must be in a sealed envelope marked with the appropriate bid number and title. The contract will be binding only when signed by the County Judge, 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, the bidder must draw a line through error and initial each change. All response, typed or written, information must be clear and legible.

If a pricing form in Excel is included and posted on the County's website amongst this bid document, the Vendor must download, complete and save the Excel (not a PDF of the Excel file) file of the pricing form on a flash drive. The Excel file on the flash drive must be downloadable by the Purchasing Department in order to copy and paste the vendor's pricing to the County's Excel tabulation. The flash drive must be labeled and included in the same sealed envelope with the respondent's completed bid document along with a printed copy of the pricing form completed by the vendor.

1.5 Bid Returns: Bidders must return 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

Initials of Bidder: _____

bid documents will be made to any bidder orally. All requests for such interpretations must be made in writing addressed to Ms. Cheryl Krejci, Assistant County Purchasing Agent, 301 Jackson, Suite 201, Richmond, Texas 77469, e-mail: cheryl.krejci@fortbendcountytx.gov. Any and all interpretations and any supplemental instructions will be in the form of written addenda to the contract documents which will be posted on Fort Bend County's website. Addenda will **ONLY** be issued by the Fort Bend County Purchasing Agent. It is the sole responsibility of each bidder to insure receipt of any and all addenda. All addenda issued will become part of the contract documents. Bidders must sign and include addendum in the returned bid package. Deadline for submission of questions and/or clarification is **Tuesday, August 23, 2022 at 9:00 AM (CST).** Requests received after the deadline will not be responded to due to the time constraints of this bid process.

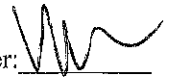
1.8 Hold Harmless Agreement: Contractor shall indemnify and hold Fort Bend County harmless from all claims for personal injury, death and/or property damage arising from any cause whatsoever, resulting directly or indirectly from contractor's performance. Contractor shall procure and maintain, with respect 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.

Initials of Bidder: 

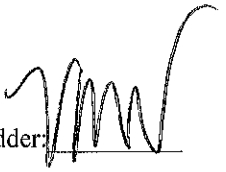
1.13 Fiscal Funding: A multi-year lease or lease/purchase arrangement (if requested by the specifications), or any contract continuing as a result of an extension option, must include fiscal funding out. If, for any reason, funds are not appropriated to continue the lease or contract, said lease or contract 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.

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.

Initials of Bidder: 

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. Vendors bidding "or equal" items are required to provide manufacturer's specifications of both, the specified item and the "equal to" item, and documentation proving equality. 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

Initials of Bidder: VMS

person engaged in such line of business. Any or all bids may be rejected if the County believes that collusion exists among the bidders. Bids in which the prices are obviously unbalanced may be rejected. If multiple bids are submitted by a bidder and after the bids are opened, one of the bids is withdrawn, the result will be that all of the bids submitted by that bidder will be withdrawn; however, nothing herein prohibits a vendor from submitting multiple bids for different products or services.

1.24 Awards: Fort Bend County reserves the right to award this contract on the basis of lowest and best bid in accordance with the laws of the State of Texas, to waive any formality or irregularity, to make awards to more than one bidder, to reject any or all bids. In the event the lowest dollar bidder meeting specifications is not awarded a contract, the bidder may appear before the Commissioners Court and present evidence concerning his responsibility. An award is final only upon formal execution by the Fort Bend County Commissioners Court or the Fort Bend County Purchasing Agent. Fort Bend County reserves the right to withdraw any award until execution by the proper authority.

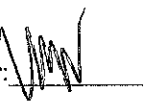
1.25 Assignment: The successful vendor may not assign, sell or otherwise transfer this contract without written permission of Fort Bend County Commissioners Court.

1.26 Term Contracts: If the contract is intended to cover a specific time period, said time will be given in the specifications under scope.

1.27 Maintenance: Maintenance required for equipment bid should be available in Fort Bend County by a manufacturer authorized maintenance facility. Costs for this service shall be shown on the bid sheet as requested or on a separate sheet, as required. If Fort Bend County opts to include maintenance, it shall be so stated in the purchase order and said cost will be included. Service will commence only upon expiration of applicable warranties and should be priced accordingly.

1.28 Contract Obligation: Fort Bend County Commissioners Court must award the contract and the County Judge or other person authorized by the Fort Bend County Commissioners Court must sign the contract before it becomes binding on Fort Bend County or the bidders. Department heads are not authorized to sign agreements for Fort Bend County. Binding agreements shall remain in effect until all products and/or services covered by this purchase have been satisfactorily delivered and accepted.

1.29 Title Transfer: Title and Risk of Loss of goods shall not pass to Fort Bend County until Fort Bend County actually receives and takes possession of the goods at the point or points of delivery. Receiving times may vary with the using department. Generally, deliveries may be made between 8:30 a.m. and 4:00 p.m., Monday through Friday. Bidders are advised to consult the using department for instructions. The place of delivery shall be shown under the "Special Requirement" section of this bid document and/or on the Purchase Order as a "Ship To:" address.

Initials of Bidder: 

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.

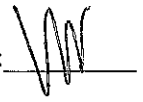
1.31 Contract Extension: Extensions may be made only by written agreement between Fort Bend County and the bidder. Any price escalations are limited to those stated by the bidder in the original bid.

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 Purchasing Agent. The County Purchasing Agent will review, and, if increase is deemed warranted, place the request on Fort Bend County's Commissioners Court agenda for their action of approval or disapproval. Approval

Initials of Bidder: 

by the County's Commissioner's Court is required. Any proposed price increase will only be the amount increased to the vendor from his/her supplier. The price increase request must be stated on the vendor's letterhead with the bid number and name in the subject including, in columns, for each item: item description, original bid price, percent of increase, and the total cost of the original bid price including the increased dollar amount. Written documentation from the vendor's supplier of the increase notice must be provided to the Purchasing Agent at time of increase request. No application for a price increase may be submitted within the first twelve (12) month term of this contract. Increase requests 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 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.

Initials of Bidder:

2.6 Place of Delivery: The place of delivery shall be that set forth in the block of the purchase order entitled "Ship To". Any change thereto shall be effective by modification as provided for in Clause number 2.20 "Modifications", hereof. The terms of this agreement are "no arrival, no sale", at the discretion of Fort Bend County.

2.7 Invoices and Payments:

2.7.1 Seller shall submit separate invoices, in duplicate. Invoices shall indicate the purchase order number and the bid number if applicable. Invoices shall be itemized and transportation charges, if any, shall be listed separately. A copy of the bill of lading, and the freight waybill when applicable should be attached to the invoice.

2.7.2 Fort Bend County's obligation is payable only and solely from funds available for the purpose of this purchase. Lack of funds shall render the order null and void to the extent funds are not available and any delivered but unpaid goods will be returned to Seller by the county.

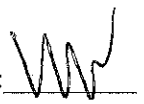
2.7.3 Do not include Federal Excise, State, or City Sales Tax. Fort Bend County is a tax-exempt governmental entity.

2.8 Gratuities: Fort Bend County may, by written notice to the Seller, cancel any order without liability, if it is determined by the County that gratuities, in the form of entertainment, gifts, or otherwise were offered or given by the Seller, or any agent or representative of the Seller to any officer or employee of Fort Bend County with a view toward securing an order. In the event an order is canceled by the County pursuant to this provision, the County shall be entitled, in addition to any other rights and remedies, to recover or withhold the amount of the cost incurred by Seller in providing such gratuities.

2.9 Special Tools and Test Equipment: If the price stated on the face of an order includes the cost of any special tooling or special test equipment fabricated or required by Seller for the purpose of filing this order, such special tooling equipment and any process sheets related thereto shall become the property of the County and to the extent feasible shall be identified by the Seller as such.

2.10 Warranty/Price:

2.10.1 The price to be paid by the County shall be that contained in Seller's 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

Initials of Bidder: 

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

Initials of Bidder: _____

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

Initials of Bidder:

trace 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 to Fort Bend County as specified herein.

4.0 TERM OF CONTRACT:

The term of this contract is **October 1, 2022 through September 30, 2023**, renewable annually for four (4) years (through September, 2027) under the same terms and conditions if mutually agreeable

Initials of Bidder: VW

by 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 TEXAS ETHICS COMMISSION FORM 1295:

5.1 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.

5.2 On-line instructions:

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

5.2.2 Identification number used by the governmental entity is: B23-001.

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

5.3 Apparent low bidder(s) will be required to provide the Form 1295 within three (3) calendar days from notification; however, if your company is publicly traded you are not required to complete this form.

6.0 STATE LAW REQUIREMENTS FOR CONTRACTS:

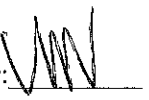
The contents of this section are required by Texas Law and are included by County regardless of content.

6.1 Agreement to Not Boycott Israel Chapter 2271 Texas Government Code: Contractor verifies that if Contractor employs ten (10) or more full-time employees and this Agreement has a value of $100,000 or more, Contractor does not boycott Israel and will not boycott Israel during the term of this Contract.

6.2 Texas Government Code Section 2251.152 Acknowledgment: By signature on vendor form, Contractor represents pursuant to Section 2252.152 of the Texas Government Code, that Contractor is not listed on the website of the Comptroller of the State of Texas concerning the listing of companies that are identified under Section 806.051, Section 807.051 or Section 2253.153.

7.0 HUMAN TRAFFICKING:

By acceptance of this contract, Contractor acknowledges that Fort Bend County is opposed to human trafficking and that no County funds will be used in support of services or activities that violate human trafficking laws.

Initials of Bidder: 

8.0 ASSIGNMENT:

Contractor shall not sell, assign, transfer or convey these services, in whole or in part, without the prior written consent of Fort Bend County and as a condition of such consent, contractor shall remain liable for completion of the services in the event of default by the successor contractor or assignee.

9.0 SPECIFICATIONS AND BID PRICING:

Additional specifications are available in the pricing form required to be downloaded by interested vendors, completed, saved in Excel and returned as stated in Section 1.4. See Name Brand Clause 1.18 above. Vendors are required to provide pricing as stated and may be disqualified if not.

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.

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 and provide documentation proving the items are "equal".

9.4 Vendor must provide unit prices as stated on bid pricing form. Alterations to unit sizes are not permitted and are grounds for vendor disqualification.

9.5 Vendors must be authorized and/or certified, if required, by manufacturer and/or supplier, to sell or resell the items included in this bid.

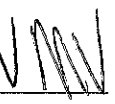
9.6 Vendors are required to provide documentation/certification from the manufactures stating the vendor is an approved reseller and/or distributor with their bid response.

9.7 Vendors are not permitted to provide bid prices with more than two (2) decimal places.

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.

Initials of Bidder: 

11.0 AWARD:

This contract will be awarded to the lowest bidder per item meeting specifications.

12.0 VENDOR STATUS:

The awarded vendor is required to hold an **active** status on the SAM.gov website https://sam.gov/content/home along with the Texas Comptroller Taxable Entity website https://mycpa.cpa.state.tx.us/coa/ .

13.0 REQUIRED FORMS:

All vendors submitting are required to complete and provide with submission along with any other documentation as stated herein:

13.1 Electronic Excel file of Pricing Form on flash drive and printed hard copy

13.2 Vendor Form

13.3 W9 Form

13.4 Tax Form/Debt/Residence Certification

13.5 Certification and or authorization documentation proving permission to sell or resell from manufacturers

Initials of Bidder:_____

COUNTY PURCHASING AGENT

Fort Bend County, Texas

Jaime Kovar
County Purchasing Agent

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

August 24, 2022

TO: All Prospective Bidders

RE: Addendum No.1 – Fort Bend County Bid 23-001 – Term Contract for Medical Supplies

Addendum 1:

Vendors are to download and provide the **Amended.8.24.22 Pricing Form** document and electronic file with their solicitation response. An amended pricing form will be posted to the website no later than Wednesday, August 24.

****

Immediately upon your receipt of this addendum, please fill out the following information and email this page to Olivia Rios at Olivia.Rios@fortbendcountytx.gov .

Isikel Medical Supplies
Company Name

Rhonda Pusey 8/24/22
Signature of person receiving addendum Date

If you have any questions, please contact this office.

Sincerely,

Cheryl Krejci
Senior Buyer

COUNTY PURCHASING AGENT

Fort Bend County, Texas

Jaime Kovar
County Purchasing Agent

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

August 24, 2022

TO: All Prospective Bidders

RE: Addendum No.2 – Fort Bend County Bid 23-001 – Term Contract for Medical Supplies

Addendum 2:

The bid due date has been extended to 9/6/22, 2:00PM

****

Immediately upon your receipt of this addendum, please fill out the following information and email this page to Olivia Rios at Olivia.Rios@fortbendcountytx.gov .

Isikel Medical Supplie
Company Name

Shonda Russey 8/24/22
Signature of person receiving addendum Date

If you have any questions, please contact this office.

Sincerely,

Cheryl Krejci
Senior Buyer

Contract Sheet
Bid 23-001

THE STATE OF TEXAS
COUNTY OF FORT BEND

This memorandum of agreement made and entered into on the 13 day of December, 2022, by and between Fort Bend County in the State of Texas (hereinafter designated County), acting herein by County Judge KP George, by virtue of an order of Fort Bend County Commissioners Court, and Isikel, LLC (hereinafter designated Contractor).
(company name)

WITNESSETH:

The Contractor and the County agree that the bid and specifications for **Purchase and Delivery 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 13th day of December 2022.

Fort Bend County, Texas

By: KP George
County Judge KP George
County Judge, KP George

By:
Signature of Contractor

By: Valerie Vickery, CEO
Printed Name and Title

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

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.
ISIKEL, LLC

2 Business name/disregarded entity name, if different from above
81-1096028

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☑ 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.
☐ 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)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
ISIKEL LLC, DBA ISIKEL MEDICAL SUPPLIES

Requester's name and address (optional)

6 City, state, and ZIP code
28350 W TEN BLVD, KATY, TX 77494

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
___ - ___ - ____

or

Employer identification number
81 - 1096028

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶** [signature] **Date ▶** 9.1.2022

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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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
4. 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.: _____

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

Taxpayer Identification Number (T.I.N.): 81-1096028

Company Name submitting Bid/Proposal: ISIKEL LLC, DBA ISIKEL MEDICAL SUPPLIES

Mailing Address: 28350 W TEN BLVD, KATY, TX 77494

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.)

Fort Bend County Tax Acct. No.*	Property address or location**

** 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 ISIKEL LLC is a Resident Bidder of Texas as defined in Government Code §2252.001.
[Company Name]

VNV I certify that _____ is a Nonresident Bidder as defined in Government Code §2252.001 and our principal place of business is KATY, TEXAS.
[Company Name] [City and State]

Fort Bend County Pricing Form
Bid 23-001
Term Contract for Medical Supplies

Vendor Name: ISIKEL MEDICAL SUPPLIES

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 (2 decimal limit, $1.12)	Extended Cost
Berman Oral Airway - 40mm (Pink)	ASIA-CONNECTION-TAIWIN	ME6504PK-5P		Yes	PK	5	5	$ 19.93	$ 99.65
Berman Oral Airway - 60mm (Black)	ASIA-CONNECTION-TAIWIN	ME6506BK-5P		Yes	PK	5	5	$ 19.93	$ 99.65
Berman Oral Airway - 80mm (Green)	ASIA-CONNECTION-TAIWIN	ME6508GN-5P		Yes	PK	5	8	$ 19.93	$ 159.44
Berman Oral Airway - 90mm (Yellow)	ASIA-CONNECTION-TAIWIN	ME6509YL-5P		Yes	PK	5	16	$ 19.93	$ 318.88
Berman Oral Airway - 100mm (Red)	ASIA-CONNECTION-TAIWIN	ME6510RD-5P		Yes	PK	5	20	$ 19.93	$ 398.60
Berman Oral Airway - 110mm (Orange)	ASIA-CONNECTION-TAIWIN	ME6511ON-5P		Yes	PK	5	10	$ 19.93	$ 199.30
Thomas ET Tube Holder - Adult	Laerdal	600-10000		No	EA	1	450	$ 7.09	$ 3,190.50
Thomas ET Tube Holder - Pediatric	Laerdal	600-2000		No	EA	1	40	$ 6.83	$ 273.20

Vendor Name: ISIKEL MEDICAL SUPPLIES

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 (2 decimal limit, $1.12)	Extended Cost
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.0 uncuffed	Sheridan			Yes	EA	1	10	$ 6.37	$ 63.70
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.5 cuffed	Sheridan			Yes	EA	1	30	$ 6.37	$ 191.10
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 3.0 cuffed	Sheridan			Yes	EA	1	20	$ 6.37	$ 127.40
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 3.5 cuffed	Sheridan			Yes	EA	1	25	$ 6.37	$ 159.25
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 4.0 cuffed	Sheridan			Yes	EA	1	30	$ 6.37	$ 191.10
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 4.5 cuffed	Sheridan			Yes	EA	1	20	$ 6.37	$ 127.40
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 5.0	Sheridan			No	EA	1	20	$ 6.37	$ 127.40
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 6.0	Sheridan			No	EA	1	50	$ 6.37	$ 318.50
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 7.0	Sheridan			No	EA	1	250	$ 6.37	$ 1,592.50

Vendor Name: ISIKEL MEDICAL SUPPLIES

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 (2 decimal limit, $1.12)	Extended Cost
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 8.0	Sheridan			No	EA	1	250	$ 6.37	$ 1,592.50
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 9.0	Sheridan			No	EA	1	250	$ 6.37	$ 1,592.50
Nasopharyngeal Airway - 20fr	MEDSTORM	51154		Yes	EA	1	35	$ 9.86	$ 345.10
Nasopharyngeal Airway - 24fr	MEDSTORM	51156		Yes	EA	1	50	$ 9.86	$ 493.00
Nasopharyngeal Airway - 26fr	MEDSTORM	51157		Yes	EA	1	70	$ 9.86	$ 690.20
Nasopharyngeal Airway - 28fr	MEDSTORM	51158		Yes	EA	1	70	$ 9.86	$ 690.20
Nasopharyngeal Airway - 30fr	MEDSTORM	51159		Yes	EA	1	50	$ 9.86	$ 493.00
Nasopharyngeal Airway - 36fr	MEDSTORM	51162		Yes	EA	1	30	$ 9.86	$ 295.80
Suction Canister,disposable - 1200mL	BEMIS	484410		No	EA	1	430	$ 7.70	$ 3,311.00
Suction Catheter - 8fr	ASIA-CONNECTION-TAIWIN	ME6808B		Yes	EA	1	60	$ 2.86	$ 171.60
Suction Catheter - 10fr	ASIA-CONNECTION-TAIWIN	ME6810B		Yes	EA	1	120	$ 2.86	$ 343.20
Suction Catheter - 18fr	ASIA-CONNECTION-TAIWIN	ME6818B		Yes	EA	1	150	$ 2.86	$ 429.00
Yankauer with Control Vent and Tubing (6ft)	MEDSOURCE	MS-YK20		Yes	EA	1	300	$ 5.63	$ 1,689.00
Big Yank™ Yankauer Suction Tip w/Control Vent, Sterile, 11/32"open tip, integral blister tube and canister connector pre-attached	CONMED	0034920U		No	EA	1	40	$ 32.39	$ 1,295.60
Oxygen Mask, Medium Concentration - Infant	RUSCH	396218		Yes	EA	1	20	$ -	$ -

Vendor Name: ISIKEL MEDICAL SUPPLIES

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 (2 decimal limit, $1.12)	Extended Cost
Oxygen Mask, Partial Non-Rebreather w/safety vent - Pediatric	HUDSON	1058		Yes	EA	1	400	$ -	$ -
Oxygen Mask, Non-Rebreather - Adult	HUDSON	1060		No	EA	1	2000	$ -	$ -
Oxygen Nasal Cannula, 7' - Adult	CURAPLEX	24003		Yes	EA	1	2000	$ 8.60	$ 17,200.00
Bougie-to-go ET Tube Introducer with coude tip - Adult (15Fr x 60cm)	SUNMED	9-0212-82		Yes	EA	1	200	$ 26.65	$ 5,330.00
Bougie ET Tube Introducer with coude tip - Pediatric (10Fr x 70cm)	SUNMED	9-0211-70		Yes	EA	1	40	$ 14.73	$ 589.20
Oxygen Nebulizer, small volume, hand held w/ mask, 7ft - Pediatric				Yes	EA	1	100	$ 2.09	$ 209.00
Oxygen Nebulizer, w/ Tubing and Mouthpiece	CURAPLEX	301-200		Yes	EA	1	900	$ 1.68	$ 1,512.00
Ambu Spur II bag valve mask, Bag Reservoir Medium with Pop Off Valve, with Manometer, with Mask - Adult	Ambu			No	EA	1	1000	$ 62.00	$ 62,000.00
BVM Face Mask, No Valve, Disposable, Duraclear - Small Adult	Ambu			No	EA	1	1000	$ 26.43	$ 26,430.00
Pocket BVM w/ olive green case, with O2 tubing	MicroBVM	MB003xn		No	EA	1	2	$ 67.07	$ 134.14
Oxygen Nut & Stem (Plastic)	SMITH MEDICAL	33-2600		Yes	EA	1	5	$ 1.65	$ 8.25
Magill Forceps - Adult (25cm / 10")	ZULCO INTERNATIONAL	9-476		Yes	EA	1	5	$ 10.46	$ 52.30
Magill Forceps - Child (20cm / 8")	SURGICAL DESIGN INC	297		Yes	EA	1	5	$ 10.46	$ 52.30

Vendor Name: ISIKEL MEDICAL SUPPLIES

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 (2 decimal limit, $1.12)	Extended Cost
Salem Gastric Sump Tube, dual lumen, sterile - 18fr x 48"	COVIDIEN	8888264986		Yes	EA	1	100	$ 5.54	$ 554.00
Salem Gastric Sump Tube, dual lumen, sterile - 14fr	COVIDIEN			Yes	EA	1	10	$ 5.33	$ 53.30
Salem Gastric Sump Tube, dual lumen, sterile - 10fr	COVIDIEN			Yes	EA	1	10	$ 5.33	$ 53.30
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 2	SURGIMED	5-5332-02		Yes	EA	1	20	$ 9.27	$ 185.40
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 3	VALUEMED	301-B3030		Yes	EA	1	90	$ 9.27	$ 834.30
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 4	SUNMED	5-5332-04		Yes	EA	1	200	$ 9.27	$ 1,854.00
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 0	SUNMED	5-5333-00		Yes	EA	1	10	$ 9.27	$ 92.70
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 1	SUNMED	5-5333-01		Yes	EA	1	20	$ 9.27	$ 185.40
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 2	SUNMED	5-5333-02		Yes	EA	1	30	$ 9.27	$ 278.10

Vendor Name: ISIKEL MEDICAL SUPPLIES

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 (2 decimal limit, $1.12)	Extended Cost
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 3	SUNMED	5-5333-03		Yes	EA	1	80	$ 9.27	$ 741.60
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 4	SUNMED	5-5333-04		Yes	EA	1	80	$ 9.27	$ 741.60
Greenline/D Fiber Optic, 10/32" Halogen/Xenon Reflector Lamp for Medium Laryngoscope Handle	SUNMED	5-0240-52		Yes	EA	1	20	$ 30.10	$ 602.00
PEEP valve, disposable, adjustable 22mm inner diameter				Yes	EA	1	100	$ 10.60	$ 1,060.00
Headrest, Bagel, 9", pink foam				Yes	EA	1	200	$ -	$ -
Meconium Aspirator, latex free				Yes	EA	1	150	$ 8.35	$ 1,252.50
i-gel® - Size 1 (Neonatal)	Intersurgical			No	EA	1	150	$ 40.07	$ 6,010.50
i-gel® - Size 1.5 (Infant)	Intersurgical			No	EA	1	150	$ 40.07	$ 6,010.50
i-gel® - Size 2 (Small Pediatric)	Intersurgical			No	EA	1	150	$ 40.07	$ 6,010.50
i-gel® - Size 2.5 (Large Pediatric)	Intersurgical			No	EA	1	200	$ 40.07	$ 8,014.00
i-gel® O2 Resus Pack, Includes i-Gel, lube & strap - Small Adult (Size 3)	Intersurgical			No	EA	1	500	$ 66.78	$ 33,390.00
i-gel® O2 Resus Pack, includes i-Gel, lube & strap - Medium Adult (Size 4)	Intersurgical			No	EA	1	2000	$ 66.78	$ 133,560.00
i-gel® O2 Resus Pack, includes i-Gel, lube & strap - Large Adult (Size 5)	Intersurgical			No	EA	1	2000	$ 66.78	$ 133,560.00

Vendor Name: ISIKEL MEDICAL SUPPLIES

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 (2 decimal limit, $1.12)	Extended Cost
Thomas Select ET Tube Holder, for ET/SGA Tubes 6.5mm ID to 42mm OD - Adult	Laerdal			No	EA	1	2500	$ 9.52	$ 23,800.00
Vent Elbow With Port And Cap	Curaplex			Yes	EA	1	300	$ 1.02	$ 306.00
Cricothyrotomy Kit (TMM-CR) in vacuum sealed package to include (1) 6.0mm cuffed Tracheostomy tube, (1) Hemostat - 5.5" Kelly curved forceps, (1) #10 sterile Scalpel, (1) 10mL sterile Syringe, (1) 4" Tracheal Hook	Chinook Medical Gear, Inc.	1364		No	EA	1	50	$ 54.24	$ 2,712.00
AeroEclipse® Neb				No	EA	1	20	$ -	$ -
AeroEclipse® Filtered Mouth Piece				No	EA	1	20	$ -	$ -
BiTrac ED™ (Nebulizer) Mask - Medium				Yes	EA	1	20	$ 48.90	$ 978.00
ZOLL® Ventilator Circuit - Pediatric	Zoll	820-0107-20		No	EA	1	5	$ -	$ -
ZOLL® Ventilator Circuit - Adult	Zoll	820-0106-15		No	EA	1	5	$ -	$ -
CPAP - Flowsafe II Mask - Large	Mecury Medical	10-571-03		No	EA	1	200	$ 168.53	$ 33,706.00
CPAP - Flowsafe II Mask - Small	Mercury Medical	10-571-05		No	EA	1	100	$ 168.53	$ 16,853.00
CPAP - Flowsafe II Device & Mask - Medium	Mercury Medical	10-573-19		No	EA	1	500	$ -	$ -

Vendor Name: ISIKEL MEDICAL SUPPLIES

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 (2 decimal limit, $1.12)	Extended Cost
Neo-Tee® Infant Resuscitator	Mercury Medical	10-50840		No	EA	1	5	$ -	$ -
Airtraq VL Blade - Adult				No	EA	1	800	$ -	$ -
Airtraq VL Blade - Pediatric				No	EA	1	200	$ -	$ -
AirTraq Video Laryngoscope				No	EA	1	5	$ -	$ -
HEPA Filter, BACT TRAP MINI PORT ELBOW				Yes	EA	1	1000	$ -	$ -
ZOLL® Accu/Vent Sensor	Zoll	8000-001128		No	EA	1	5	$ 192.28	$ 961.40
ZOLL® Accu/Vent Cable	Zoll	8000-000993		No	EA	1	5	$ 1,500.00	$ 7,500.00
ResQPod® ITD 10	Zoll	12-0242-000		No	EA	1	300	$ -	$ -
								Section 1 Total	$ 556,446.56

Vendor Name: ISIKEL MEDICAL SUPPLIES

Section 2: IV Supplies	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Clearsafe IV Catheter - 14g X 1 1/4"	MEDSOURCE	MS-84214		No	EA	1	100	$ 3.46	$ 346.00
Clearsafe IV Catheter - 16g X 1 1/4"	MEDSOURCE	MS-84216		No	EA	1	300	$ 3.46	$ 1,038.00
Clearsafe IV Catheter - 18g X 1 1/4"	MEDSOURCE	MS-84218		No	EA	1	4000	$ 3.46	$ 13,840.00
Clearsafe IV Catheter - 20g X 1 1/4"	MEDSOURCE	MS-84220		No	EA	1	10000	$ 3.46	$ 34,600.00
Clearsafe IV Catheter - 22g X 1"	MEDSOURCE	MS-84222		No	EA	1	3000	$ 3.46	$ 10,380.00
Clearsafe IV Catheter - 24g X 3/4"	MEDSOURCE	MS- 84224		No	EA	1	400	$ 3.46	$ 1,384.00
Hypodermic Needle - 18g x 1 1/2"				Yes	BX	100	20	$ 8.97	$ 179.40
Hypodermic Needle - 23g x 1"				Yes	BX	100	20	$ 21.37	$ 427.40
Syringe - 1cc with hypodermic needle (25g x 5/8")				Yes	BX	100	6	$ 22.97	$ 137.82
Syringe, luer lock - 3cc				Yes	BX	100	20	$ 16.59	$ 331.80
Syringe, luer lock - 5cc with hypodermic needle (22g x 1")				Yes	BX	100	10	$ 67.11	$ 671.10
Syringe, luer lock - 10cc				Yes	BX	100	10	$ 23.74	$ 237.40

Vendor Name: ISIKEL MEDICAL SUPPLIES

Section 2: IV 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 (2 decimal limit, $1.12)	Extended Cost
Syringe, luer lock - 60cc				Yes	BX	30	5	$ 44.13	$ 220.65
Syringe, cath tip - 60cc (2oz)				Yes	BX	25	1	$ 60.49	$ 60.49
Assure prism multi test trips for assure prism multi meter	ARKRAY USA INC	530050		No	BX	50	50	$ 23.63	$ 1,181.50
Assure prism control solution (1 and 2)	ARKRAY USA INC	530006		No	EA	1	10	$ 18.50	$ 185.00
IV Administration set - 82", 10 drop, W/Bravo 24, Pre-slit Port, Removable 7" Extension				Yes	CS	50	100	$ -	$ -
IV 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.				Yes	EA	1	500	$ -	$ -
IV administration Set - STAT 2, Gravity Flow Controller, 60 drop, 84 inches, 2 Latex Free Splint Septum Y Sites.	ConMed			No	Ea	1	500	$ 874.89	$ 437,445.00
0.9% Sodium Chloride Injection USP - 1000ml				Yes	EA	1	20	$ 3.33	$ 66.60
0.9% Sodium Chloride Injection USP - 500ml				Yes	EA	1	6000	$ 2.22	$ 13,320.00
0.9% Sodium Chloride Injection USP - 250ml				Yes	EA	1	20	$ 1.16	$ 23.20
0.9% Sodium Chloride Injection USP - 100ml				Yes	EA	1	500	$ 0.70	$ 350.00

Vendor Name: ISIKEL MEDICAL SUPPLIES

Section 2: IV 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 (2 decimal limit, $1.12)	Extended Cost
Sterile Water for Irrigation - 500mL				Yes	EA	1	200	$ 2.47	$ 494.00
IV Administration set - Smallbore Extension Set with bonded Ultrasite Injection site, Length: 7 in, Priming Volume: 0.6mL (approx)				Yes	EA	1	12000	$ -	$ -
Pneumothorax Decompression needle & catheter with hard plastic case - 14ga X 3.25"	H&H	HHTP N01		Yes	EA	1	50	$ -	$ -
IV armboard, reusable, plywood core - 3" x 9"				Yes	EA	1	30	$ -	$ -
IV armboard, reusable, plywood core - 3" x 12"				Yes	EA	1	10	$ -	$ -
IV armboard, reusable, plywood core - 3" x 18"				Yes	EA	1	10	$ -	$ -
Angiocath Peripheral Venous Catheter - 14g x 5.25"				Yes	EA	1	10	$ 46.51	$ 465.10
Surecan Safety Huber w/ Ultrasite needlefree infusion system - 20ga x 3/4"				Yes	EA	1	10	$ -	$ -
IntraLock Lipid Compatible 3-Way Stop Cock				Yes	EA	1	100	$ 2.18	$ 218.00
3m Surgical Clipper Starter Kit, includes clipper body 9661 and charger 9662, no blade assembly	3M	9661		No	EA	1	5	$ 229.60	$ 1,148.00
Assure Prism Multi-meter Glucometer	ARKRAY USA INC	530001		No	EA	1	30	$ 44.37	$ 1,331.10
Angiocath Peripheral IV Catheter - 16ga x 2"				Yes	EA	1	30	$ 12.84	$ 385.20

Vendor Name: ISIKEL MEDICAL SUPPLIES

Section 2: IV 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 (2 decimal limit, $1.12)	Extended Cost
IV Start Kit containing: (1) Alcohol Prep Pads, Medium (1) Tegaderm Intravenous Dressing 2 3/8" x 2 3/4", (1) Gauze Sponge 2" x 2", (1) Tourniquet 1" x 18", (1) Transparent Surgical Tape 1" x 18"	Curaplex			Yes	EA	1	8000	$ 3.83	$ 30,640.00
Arrow EZ-IO Vascular Access Power Driver	Teleflex	9058		No	EA	1	5	$ -	$ -
Arrow EZ-IO Needle Kit with Stabilizer - 45mm (Yellow)	Teleflex	9079P-VC-005		No	Bx	5	1000	$ -	$ -
Arrow EZ-IO Needle Kit with Stabilizer - 25mm (Blue)	Teleflex	9001P-VC-005		No	Bx	5	1500	$ -	$ -
Arrow EZ-IO Needle set - 45mm (Yellow)	Teleflex	9079-VC-005		No	Bx	5	100	$ -	$ -
Arrow EZ-IO Needle set - 25mm (Blue)	Teleflex	9001-VC-005		No	Bx	5	100	$ -	$ -
Arrow EZ-Stabilizer Dressing	Teleflex	9066-VC-005		No	Bx	5	1300	$ -	$ -
Arrow EZ-IO Vascular Access Pack Soft Sided (Yellow)	Teleflex	9065		No	EA	1	5	$ -	$ -
								Section 2 Total	$ 551,106.76

Vendor Name: ISIKEL MEDICAL SUPPLIES

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 (2 decimal limit, $1.12)	Extended Cost
Bandage, Self-Adherent, ,individually packaged - 2" x 5yd				Yes	EA	1	75	$ 1.42	$ 106.50
Bandage, Self-Adherent, ,individually packaged - 4" x 5yd				Yes	EA	1	50	$ 2.90	$ 145.00
Combat Application Tourniquet (CAT) - Black	North American Rescue	30-0001		No	EA	1	70	$ 41.41	$ 2,898.70
Gauze - Non Sterile, non-woven, 4ply - 4"x4"				Yes	PK	200	120	$ 6.64	$ 796.80
Gauze - Sterile 12 ply - 4"x4"				Yes	PK	2	2000	$ 0.25	$ 500.00
Gauze - Sterile, roll, 6ply - 4 1/2" x 4.1 yd				Yes	EA	1	1500	$ 1.92	$ 2,880.00
Triangular Bandage - 36"x51"				Yes	EA	1	200	$ 1.20	$ 240.00
Gauze - Abdominal Pad, sterile - 8" x 9"				Yes	TRAY	20	200	$ 15.73	$ 3,146.00
Adhesive Strip Bandage - 1" x 3"				Yes	BX	100	100	$ 5.96	$ 596.00

Vendor Name: ISIKEL MEDICAL SUPPLIES

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 (2 decimal limit, $1.12)	Extended Cost
Burn Sheet, Sterile - 60" x 96"				Yes	EA	1	50	$ 4.28	$ 214.00
Trauma Dressing, Sterile - 10" x 30"				Yes	EA	1	100	$ 6.60	$ 660.00
Rapid Heat Instant Heat Pack, Pull Apart Style	RAPID DEPLOYMENT PRODUCTS	2056		No	BX	6	170	$ -	$ -
Rapid Cold Instant Cold Pack, Pull Apart Style	RAPID DEPLOYMENT PRODUCTS	2004		No	CS	24	6	$ -	$ -
Ferno KED forehead/Chin Strap Replacement set of 2	Ferno			No	SET	2	10	$ 79.99	$ 799.90
Tape - 3M Transpore - 1" x 10yd	3m			No	BX	12	10	$ 28.61	$ 286.10
Tape - Paper, hypo-allergenic - 1" x 10yd				Yes	BX	12	7	$ 20.16	$ 141.12
Tape - Waterproof - 2" x 10yd	Kendall	3267		No	BX	6	18	$ 45.67	$ 822.06
Splint - bendable foam and aluminum, rolled, (orange) - 4" x 36"				Yes	EA	1	200	$ 15.56	$ 3,112.00
Quikclot Combat Gauze LE Z-fold - 3" x 4yd	QUIKCLOT	350		No	EA	1	5	$ 65.56	$ 327.80
Hyfin Chest Seal without vent	NORTH AMERICAN RESCUE	10-0015		No	EA	1	5	$ 22.51	$ 112.55

Vendor Name: ISIKEL MEDICAL SUPPLIES

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 (2 decimal limit, $1.12)	Extended Cost
Israeli emergency compression bandage - 4"				Yes	EA	1	5	$ 11.64	$ 58.20
Israeli emergency compression bandage - 6"				Yes	EA	1	5	$ 12.14	$ 60.70
CAT Tourniquet Holder (black) - 6.25" x 1.75" x 1.5"				Yes	EA	1	25	$ 29.99	$ 749.75
Sam Pelvic Sling II - Standard	Sam Medical			NO	EA	1	25	$ 190.04	$ 4,751.00
								Section 3 Total	$ 23,404.18

Vendor Name: ISIKEL MEDICAL SUPPLIES

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 (2 decimal limit, $1.12)	Extended Cost
Masimo® SpO2 sensor, disposable - Adult	Masimo	1859		No	EA	1	1000	$ -	$ -
Masimo® SpO2 sensor, disposable - Pediatric	Masimo	1860		No	EA	1	750	$ -	$ -
Masimo® SpO2 sensor, disposable - Infant	Masimo	2328		No	EA	1	500	$ -	$ -
ECG Electrodes - Medi-Trace Mini, teardrop shape, adhesive hydrogel - Pediatric	North American Rescue			Yes	PK	100	200	$ -	$ -
ECG Electrodes - Medicotest Blue Sensor Disposable Electrodes - Adult	Ambu	R-00-S/25		No	PK	25	5000	$ -	$ -
Smart Capnoline Plus non-intubated, oral nasal w/ O2 tubing, adlut/intermediate	MicroStream	9822		No	EA	1	3200	$ -	$ -
Filter line H set infant/ neonate, incl airway adapter, filterline, microstream connection	MicroStream	6324		No	EA	1	20	$ -	$ -
Filter line set adult/pediatric airway adapter	MicroStream	XS04620		No	EA	1	650	$ -	$ -
Zoll X Series 80mm Thermal Paper, Pink with Grid					EA	1	1000	$ -	$ -
								Section 4 Total	$ -

Vendor Name: ISIKEL MEDICAL SUPPLIES

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 (2 decimal limit, $1.12)	Extended Cost
Masimo® SET RED LNCS Patient Cable, reusable, compatible with Zoll X-Series Monitor - 4'	Masimo	2055		No	EA	1	10	$ -	$ -
Masimo® SET LNCS DC-P Reusable Sensor, compatible with Zoll X-Series Monitor - Pediatric (10-50kg)	Masimo	1863		No	EA	1	10	$ -	$ -
Masimo® SET LNCS DC-I Reusable Sensor, compatible with Zoll X-Series Monitor - Adult (>30kg)	Masimo			No	EA	1	10	$ -	$ -
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Infant	Welch Allyn	SOFT-07-2mQ		No	EA	1	200	$ -	$ -
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Small Child	Welch Allyn	SOFT-08-2mq		No	EA	1	200	$ -	$ -
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Small Adult	Welch Allyn	SOFT-10-2MQ		No	EA	1	300	$ -	$ -
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Adult	Welch Allyn	SOFT-11-2MQ		No	EA	1	500	$ -	$ -
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Large Adult	Welch Allyn	SOFT-12-2MQ		No	EA	1	700	$ -	$ -
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Thigh	Welch Allyn	SOFT-13-2MQ		No	EA	1	200	$ -	$ -
ZOLL® OneStep™ Pediatric CPR Electrode for Zoll X Series	Zoll	8900-000219-01		No	EA	1	150	$ -	$ -

Vendor Name: ISIKEL MEDICAL SUPPLIES

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 (2 decimal limit, $1.12)	Extended Cost
ZOLL® CPR Stat-Padz® HVP Multi-Function CPR Electrodes for Zoll X-Series Monitor	Zoll	8900-0402		No	EA	1	1000	$ -	$ -
Welch Allyn FlexiPort Reusable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Adult	Welch Allyn	REUSE-11-2MQ		no	EA	1	50	$ -	$ -
ZOLL® Dual Lumen NIBP Tubing Assembly, 10 feet for Zoll X Series	Zoll	8300-0002-01		No	EA	1	25	$ -	$ -
12-Lead OneStep™ ECG Cable - AAMI Includes 4-Lead Trunk Cable and Removable Precordial 6 Lead Set for Zoll X-Series Monitor	Zoll	8300-0802-01		No	EA	1	50	$ -	$ -
CPR-D-Padz® One-Piece Electrode and connector for Zoll R-Series	Zoll	8900-0800-01		No	EA	1	15	$ -	$ -
ZOLL® OneStep™ Cable for Zoll X Series	Zoll	8300-000676		No	EA	1	25	$ -	$ -
ZOLL® 12 Lead (V-Lead) Cable	Zoll	8300-0804-01		No	EA	1	20	$ -	$ -
ZOLL® Defibrillator Cable Adapter	Zoll	8000-0370		No	EA	1	5	$ -	$ -
Masimo® SET rainbow® DCI (SpO2, SpCO and SpMET) Reusable Sensor with 3' cable compatible with Zoll X-Series - Adult	Masimo	2696		No	EA	1	5	$ -	$ -
Masimo® SET rainbow® RC-4 20-pin Patient Cable, 4' compatible with Zoll X-Series	Masimo			No	EA	1	10	$ -	$ -
								Section 5 Total	$ -

Vendor Name: ISIKEL MEDICAL SUPPLIES

Section 6: Exam Gloves / Latex Free Powder Free Nitrile	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 (2 decimal limit, $1.12)	Extended Cost
MICROFLEX® FreeForm® SE Nitrile Exam Gloves, Powderfree Exam Gloves, 100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 3.5 mil Palm Thickness, 5.1 mil Finger Thickness, Tensile Strength = 32 before aging (31 After aging), Elasticity = 500% Before Aging (400% after aging), Pinhole Defect Rate = 1.5 - **Extra Small**	MICROFLEX	FFS-700-XS		No	BX	100	100	$ 24.65	$ 2,465.00
MICROFLEX® FreeForm® SE Nitrile Exam Gloves, Powderfree Exam Gloves, 100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 3.5 mil Palm Thickness, 5.1 mil Finger Thickness, Tensile Strength = 32 before aging (31 After aging), Elasticity = 500% Before Aging (400% after aging), Pinhole Defect Rate = 1.5 - **Small**	MICROFLEX	FFS-700-S		No	BX	100	200	$ 24.65	$ 4,930.00
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		No	BX	100	600	$ 24.65	$ 14,790.00
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		No	BX	100	600	$ 24.65	$ 14,790.00

Vendor Name: ISIKEL MEDICAL SUPPLIES

Section 6: Exam Gloves / Latex Free Powder Free Nitrile (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 (2 decimal limit, $1.12)	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		No	BX	100	200	$ 24.65	$ 4,930.0000
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		No	BX	50	10	$ 23.09	$ 230.90
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		No	BX	50	10	$ 23.09	$ 230.90
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		No	BX	50	10	$ 23.09	$ 230.90

Vendor Name: ISIKEL MEDICAL SUPPLIES

Section 6: Exam Gloves / Latex Free Powder Free Nitrile (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 (2 decimal limit, $1.12)	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 Large**	MICROFLEX	FFE-775-XL		No	BX	50	10	$ 23.09	$ 230.90
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		No	BX	50	10	$ 23.09	$ 230.9000
								Section 6 Total	$ 43,059.50

Vendor Name: ISIKEL MEDICAL SUPPLIES

Section 7: AMBU PERFIT Cervical Collars	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Ambu® Perfit ACE Adjustable Cervical Collar, 16 setting - Adult (Neckless to Tall)	AMBU	002 810 001		No	EA	1	1500	$ 20.60	$ 30,900.0000
Ambu® Perfit Mini ACE Adjustable Cervical Collar, 12 settings - Pediatric (Infant to Neckless)	AMBU	000 281 107		No	EA	1	150	$ 20.60	$ 3,090.0000
								Section 7 Total	$ 33,990.00

Vendor Name: ISIKEL MEDICAL SUPPLIES

Section 8: Head Immobilizers	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Laerdal Sta-Blok™ Head Immobilizer. Single use disposable device, radiolucent, Adjustable standard Velcro padded strap, latex free	LAERDAL	700-00001		No	EA	EA	900	$ 9.29	$ 8,361.0000
								Section 8 Total	$ 8,361.00

Vendor Name: ISIKEL MEDICAL SUPPLIES

Section 9: Miscellaneous Supplies	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Disposable OB Kit, Soft Packaging				Yes	EA	1	25	$ 35.77	$ 894.25
Alcohol Prep Pads - Medium (200/bx)				Yes	BX	200	300	$ 4.34	$ 1,302.00
Emesis Bags, single use, Clear, Graduate, 1000cc, latex free, rigid collar, automatic seal				Yes	EA	1	2000	$ 2.10	$ 4,200.00
Sterile Lubricating Jelly - 5g				Yes	BX	72	10	$ 19.15	$ 191.50
Oxygen Cylinder Handwheel, Metal				Yes	EA	1	10	$ -	$ -
Oxygen Cylinder Wrench, aluminum - Large				Yes	EA	1	10	$ 2.59	$ 25.90
Trauma Shears, Dark Blue - 7 1/2"				Yes	EA	1	100	$ 6.11	$ 611.00
Penlight, Disposable				Yes	EA	1	100	$ 2.87	$ 287.00
Safety Lancet, single use, push button activated / spring loaded (100/bx)				Yes	BX	100	120	$ 35.39	$ 4,246.80
ChloraPrep® Clear 3ml Applicator (2% Chlorhexidine / 70% Isopropyl Alcohol)				Yes	BX	25	6	$ 66.11	$ 396.66
Safety control seals, Pull Tite (numbered), 100/pkg				Yes	PK	100	1	$ 67.00	$ 67.00
Razor, Disposable, Fixed Head (100/bx)				Yes	BX	100	4	$ 67.49	$ 269.96
Disposable Polyester Patient Blanket, Blue or Gray (50" x 84")				Yes	EA	1	50	$ 14.46	$ 723.00
Oxygen "D" Cylinder Gasket, Brass w/Rubber Center				Yes	EA	1	10	$ -	$ -

Vendor Name: ISIKEL MEDICAL SUPPLIES

Section 9: 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 (2 decimal limit, $1.12)	Extended Cost
Welch Allyn SureTemp Plus Thermometer Probe Cover, disposable (25/bx)	Welch Allyn	5031		No	BX	25	200	$ 2.10	$ 420.00
Heavy Duty Ring Cutter				Yes	EA	1	5	$ -	$ -
Scalpel #11, Disposable, Sterile				Yes	EA	1	5	$ 10.72	$ 53.60
Blade Assembly, single-use, pivoting, purple, for 3M 9661 surgical clippers	3m			Yes	EA	1	50	$ 27.16	$ 1,358.00
Isopropyl Alcohol 70 % Bottle (4oz)				Yes	EA	1	40	$ 1.36	$ 54.40
Isopropyl Alcohol 70% Bottle (16oz)				Yes	EA	1	12	$ 4.16	$ 49.92
			0						
Ecolab® Endure™ 300 Cida-Rinse Dispenser (540mL)	Ecolab			No	EA	1	10	$ -	$ -
Mylar Emergency Blanket (52" x 84")				Yes	EA	1	50	$ 0.45	$ 22.50
Taylor Healthcare® G-Force™ Series Stretcher Sheet for Stryker, Blue, fluid resistant (36" x 90")	Taylor Healthcare Products, Inc.	90-GFRC3690		Yes	Ea	1	5000	$ 5.75	$ 28,750.00

Vendor Name: ISIKEL MEDICAL SUPPLIES

Section 9: 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 (2 decimal limit, $1.12)	Extended Cost
Webbing, Nylon 1"x 50yd rolls - 500yd/box, NO Splices				No	EA	1	50	$ -	$ -
Oxygen Post Valve, Seal Protector, Pull Type	Meret			Yes	EA	1	500	$ -	$ -
Health Care Logistics MedTags™ with Holder	Health Care Logistics	7760		No	EA	1	100	$ 0.15	$ 15.00
Triage Ribbon - All Colors	Disaster Systems Management Inc	DMS-05793		Yes	EA	1	5	$ 7.09	$ 35.45
Triage Ribbon - Red	Disaster Systems Management Inc	DMS-05791		Yes	EA	1	5	$ 6.09	$ 30.45
Triage Ribbon - Yellow	Disaster Systems Management Inc	DMS-05790		Yes	EA	1	5	$ 6.09	$ -
Triage Ribbon - Green	Disaster Systems Management Inc	DMS-05789		Yes	EA	1	5	$ 6.09	$ -
Triage Ribbon - Black/White	Disaster Systems Management Inc	DMS-05792		Yes	EA	1	5	$ 6.09	$ -
								Section 9 Total	$ 44,004.39

Vendor Name: ISIKEL MEDICAL SUPPLIES

Section 10: 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 (2 decimal limit, $1.12)	Extended Cost
Safety Glasses, Nemesis V30, black frame, clear lens, neck cord included	KIMBERLY-CLARK	25676-00		No	EA	1	250	$ 9.23	$ 2,307.50
Fluid shield mask with clear visor, anti-fog, 2" wrap around, ear loops 25/bx				Yes	BX	25	2	$ 15.00	$ 30.00
Inovel medical N95 respirator, all sizes, must be CDC and NIOSH approved (24/pk)				No	PK	25	2	$ -	$ -
3M® Particulate Respirator and Surgical Mask - 1860s	3M	1860s		No	EA	1	20	$ 2.32	$ 46.40
3M® Particulate Respirator and Surgical Mask - 1860	3M	1860		No	EA	1	20	$ 2.32	$ 46.40
3M® Particulate Respirator - 8210	3M	8210		No	EA	1	20	$ 1.40	$ 28.00
3M® n95 Respirator - 1870	3M	1870		No	EA	1	20	$ 2.06	$ 41.20
Sharps Dart sharps container, one time lockable lid (6.7" x 1.2")				Yes	BX	24	60	$ -	$ -
Gel Hand Sanitizer w/ pump 540 mL	ECOLAB	47593-487-31		No	EA	1	50	$ -	$ -
Surgical Shoe Covers				Yes	EA	1	50	$ 4.20	$ 210.00

Vendor Name: ISIKEL MEDICAL SUPPLIES

Section 10: Infection Control (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 (2 decimal limit, $1.12)	Extended Cost
Non-surgical Isolation Gown, unisize				Yes	EA	1	50	$ -	$ -
Non-surgical Isolation Gown - Large				Yes	EA	1	50	$ -	$ -
Non-surgical Isolation Gown - Xlarge				Yes	EA	1	50	$ -	$ -
Non-surgical Isolation Gown - XXLarge				Yes	EA	1	50	$ -	$ -
Sharps Container in room mailbox style lid, transparent red, 5 quart	Cardinal Health	KE8513-1		No	EA	1	300	8.5	$ 2,550.00
Bracket, wire with lock for sage 5 quart sharpstar container	Cardinal Health	KE8518X		No	EA	1	5	27.84	$ 139.20
Replacement Key for Sharps Container Bracket #KE8518X	Cardinal Health			No	EA	1	5	24.37	$ 121.85
								Section 10 Total	$ 2,499.50

Vendor Name: ISIKEL MEDICAL SUPPLIES

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Infant				Yes	EA	1	10	$ -	$ -
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Pediatric				Yes	EA	1	10	$ -	$ -
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Adult				Yes	EA	1	30	$ -	$ -
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Large Adult				Yes	EA	1	15	$ -	$ -
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Thigh				Yes	EA	1	10	$ -	$ -
Greenline/D Laryngoscope handle, fiber optic, chrome plated, 2AA batteries, penlite handle				No	EA	1	10	$ -	$ -
Greenline/D Laryngoscope handle, fiber optic, chrome plated, C batteries				No	EA	1	10	$ -	$ -
Oxygen flow meter with Ohmeda QC Adapter 1-15LPM				Yes	EA	1	10	$ -	$ -
ADScope 603 Stethoscope, navy blue, with additional eartips and diaphragm	AMERICAN DIAGNOSTIC CORP	603N		No	EA	1	30	$ -	$ -
StatPacks G3 Backup, Red, with Fort Bend County EMS embroidery (25" x 18" x 8.5")	StatPacks	G35006RE		No	EA	1	5	$ -	$ -

Vendor Name: ISIKEL MEDICAL SUPPLIES

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Welch Allyn SureTemp Plus 690 Thermometer	WelchAllyn	690		No	EA	1	10	$ -	$ -
Welch Allyn SureTemp Plus 690 Probe and well kit, 4' - (Rectal / Red)	WelchAllyn	02892-000		No	EA	1	10	$ -	$ -
Welch Allyn SureTemp Plus 690 Probe and well kit, 4' - (Oral / Blue)	WelchAllyn	02893-000		No	EA	1	5	$ -	$ -
Restraint strap seat belt buckle loop end, Black, 2 piece (5')				Yes	EA	1	10	$ -	$ -
Restraint straps chest system, black, nylon, Metal push button, loop ends				Yes	EA	1	10	$ -	$ -

Vendor Name: ISIKEL MEDICAL SUPPLIES

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Posey Twice-as-Tough cuffs WRIST Restraint with lock on connecting strap, adjustable, pair - (Wrist / Blue)	POSEY	2750		No	EA	1	150	$ -	$ -
Posey Twice-as-Tough cuffs Restraint with lock on cuff and connecting strap, adjustable, pair - (Ankle / Red)	POSEY	2755		No	EA	1	120	$ -	$ -
Oxygen cylinder with toggle, aluminum, D size				Yes	EA	1	5	$ -	$ -
Oxygen regulator/pressure reducer, brass, CGA 540 2800-R-2				Yes	EA	1	5	$ -	$ -
Oxygen regulator, 1 DISS 1BARB 0-25 LPM				Yes	EA	1	5	$ -	$ -
Megamover plus transport unit, nonwoven, w/backboard pockets, 1500 lb capacity (40" x 80")	GRAHAM PROFESSIONAL	53376		Yes	EA	1	10	$ -	$ -
Stryker LUCAS 2 / 3 Disposable Suction Cup, 3/pk	Stryker	11576-000046		No	PK	3	5	$ -	$ -
Stryker LUCAS Patient Strap, pair	Stryker	11576-000050		No	SET	2	5	$ -	$ -
Stryker LUCAS Stabilization Strap	Stryker	21996-000074		No	EA	1	5	$ -	$ -
Stryker LUCAS Standard Back Plate	Stryker	21996-000044		No	EA	1	5	$ -	$ -
Replacement Ankle Hitch for QD3 & QD4 Traction				Yes	EA	1	5	$ -	$ -
Replacement Ischial Strap for Adult/Child QD3/QD4 Traction Splint				Yes	EA	1	5	$ -	$ -
Oxygen cylinder with toggle, aluminum - (C size)				Yes	EA	1	5	$ -	$ -

Vendor Name: ISIKEL MEDICAL SUPPLIES

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Traction splint w/aluminum ratchet - Adult (QD-4)				Yes	EA	1	5	$ -	$ -
Traction splint w/aluminum ratchet - Pediatric (QD-3)				Yes	EA	1	5	$ -	$ -
KED, Kendrick Extrication Device, green, with color coded straps				Yes	EA	1	5	$ -	$ -
L.A. Rescue® cervical collar bag (24" x 11" x 5")				Yes	EA	1	5	$ -	$ -
Trauma / Air management bag III, blue (26" x 18.5" x 12.5")	FERNO	5111		No	EA	1	5	$ -	$ -
Hawkepack ET Intubation Kit pullout, green with yellow stripe	HAWKEPAKS	02-04F5		No	EA	1	5	$ -	$ -
Ferno professional intubation mini bag, royal blue	FERNO	5115		No	EA	1	5	$ -	$ -
5.11 Rush 72 Back Pack, Black	5.11	rush72		No	EA	1	5	$ -	$ -
Flowmeter With Ohmeda Adpapter, Oxygen, Sidemount					EA	1	10	$ -	$ -
Fasplint Semi-Disposable Vacuum Splint - Small	Hartwell Medical			No	EA	1	100	$ -	$ -

Vendor Name: ISIKEL MEDICAL SUPPLIES

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Fasplint Semi-Disposable Vacuum Splint - Medium	Hartwell Medical			No	EA	1	100	$ -	$ -
Fasplint Semi-Disposable Vacuum Splint - Large	Hartwell Medical			No	EA	1	100	$ -	$ -
Fasplint Vacuum Pump, Economy	Hartwell Medical			No	EA	1	25	$ -	$ -
Fasplint Replacement Bag, Rectangular	Hartwell Medical			No	EA	1	25	$ -	$ -
Fasplint Tapered Adapter	Hartwell Medical			No	EA	1	15	$ -	$ -
SSCOR VX-2® 2310 Suction Unit Battery, Rechargeable	SSCOR	2310		No	EA	1	5	$ -	$ -
SSCOR VX-2® 2314 Suction Unit Battery, Rechargeable	SSCOR	2314		No	EA	1	5	$ -	$ -
SSCOR VX-2® Suction Unit, With Variable Regulator, DC Cable And Converter	SSCOR	VX-2		No	EA	1	5	$ -	$ -
Curaplex Quick-Connect Carrier	Curaplex	3245-19123		No	EA	1	10	$ -	$ -
StatPacks G3 Golden Hour, Orange, BBP resistant, (18" X 17" X 8")	StatPack			No	EA	1	5	$ -	$ -
2-Piece Nylon Restraint Strap with Metal Push Button Buckle and Swivel Speed Clip Ends, Black, (5' X 23")				Yes	EA	1	30	$ -	$ -
King Vision Video Laryngoscope Deluxe Supply Bag with pockets, red				Yes	EA	1	2	$ -	$ -

Vendor Name: ISIKEL MEDICAL SUPPLIES

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
FERNO Model 5111 Trauma Air Management Bag III, Blue	Ferno	1511		No	EA	1	5	$ -	$ -
Engel Fridge-Freezer MD-14F with Top Lid Access Door	Engel USA	MD-14F		No	EA	1	2	$ -	$ -
Engel Fridge-Freezer D/C Power Cord with Integrated Thermal Fuse for MD-14F	Engel USA			No	EA	1	2	$ -	$ -
Triage Tape Waist Belt	EMS Innovations	EM19		?	EA	1	5	$ -	$ -
Stryker LUCAS 2® Device Battery	Stryker	11576-000039		No	EA	1	3	$ -	$ -
Quantum EMS ACR4 Ambulance Child Restraint System	Quantum EMS	Q-ACR4		No	EA	1	2	$ -	$ -
LSP XTRA™ Backboard Without Pins, 71in L x 15.75in W x 1.85in D, Blue				Yes	EA	1	25	$ -	$ -
Ferno Scoop™ EXL Scoop Stretcher, Red, no pins	Ferno			Yes	EA	1	5	$ -	$ -
Stryker® Head End Pouches	Stryker	6500 130 000		No	EA	1	5	$ -	$ -

Vendor Name: ISIKEL MEDICAL SUPPLIES

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Stryker® Base Storage Flat	Stryker	6500 160 000		No	EA	1	5	$ -	$ -
Stryker® Antlers, Push Bat, Push Bar Mount Kit	Stryker	6370 000 000		No	EA	1	2	$ -	$ -
Stryker® J Hook	Stryker	6060 039 017		No	EA	1	2	$ -	$ -
Stryker® Battery Charger, SMRT power kit, 120v A/C	Stryker	6500 700 041		No	EA	1	2	$ -	$ -
Stryker® X Restraints, full set	Stryker	6506 0003 0010		No	EA	1	25	$ -	$ -
Stryker® X Restraints, shoulder	Stryker	6506 0003 0001		No	EA	1	10	$ -	$ -
Stryker® X Restraints, waist single buckle	Stryker	6506 0003 0003		No	EA	1	10	$ -	$ -
Stryker® X Restraints, waist double buckle	Stryker	6506 0003 0002		No	EA	1	10	$ -	$ -
Stryker® X Restraints, thigh	Stryker	6506 0003 0004		No	EA	1	10	$ -	$ -
Stryker® X Restraints, ankle	Stryker	6506 0003 0005		No	EA	1	10	$ -	$ -
Stryker® Stair Chair Straps	Stryker	6250 001 021S		No	EA	1	10	$ -	$ -
Stryker® Stair Chair Ankle Straps	Stryker	6500 001 395		No	EA	1	20	$ -	$ -
Stryker® Stretcher SMRT Batteries	Stryker	6500 033 000		No	EA	1	5	$ -	$ -
								Section 11 Total	$ -

Vendor Name: ISIKEL MEDICAL SUPPLIES

Section 12: Medication	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
ADENOSINE (Adenocard) 12mg (3mg/mL) 4mL vial				Yes	EA	1	100	$ -	$ -
ACETAMINOPHEN (Tylenol) 160mg (32mg/mL) 5mL Liquid				Yes	EA	1	100	$ -	$ -
ACETAMINOPHEN (Tylenol) 500mg (Tablet) Bottle				Yes	PK	2	400	$ -	$ -
AMIODARONE (Cordarone) 150mg (50mg/mL) 3mL vial				Yes	EA	1	400	$ -	$ -
ASPIRIN 81mg (tablet) bottle				Yes	BT	36	90	$ -	$ -
ATROPINE SULFATE 1mg (0.1mg/mL) 10mL PFS				Yes	EA	1	400	$ -	$ -
IPRATROPIUM & ALBUTEROL (Duo Neb) 0.5mg & 3.0mg/3mL				Yes	BX	30	15	$ -	$ -
CALCIUM CHLORIDE 1gm (100mg/mL) 10mL PFS				Yes	EA	1	100	$ -	$ -
DIPHENHYDRAMINE (Benadryl) 50mg (50mg/mL) 1mL vial				Yes	EA	1	180	$ -	$ -
Dextrose 10% 250mL Infusion				Yes	EA	1	500	$ -	$ -
DOPAMINE 800mg (1.6mg/mL) 500mL Infusion				Yes	EA	1	100	$ -	$ -

Vendor Name: ISIKEL MEDICAL SUPPLIES

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
EPINEPHRINE 1:1,000 1mg (1mg/mL) 1ml vial				Yes	EA	1	150	$ -	$ -
EPINEPHRINE 1:10,000 1mg (0.1mg/mL) 10mL PFS				Yes	EA	1	900	$ -	$ -
RACEMIC EPINEPHRINE 2.25% 0.5mL				Yes	EA	1	70	$ -	$ -
ETOMIDATE (Amidate) 20mg (2mg/mL) 10mL vial				Yes	EA	1	200	$ -	$ -
GLUCAGON (Glucagen) 1mg (1mg/mL) 1mL				Yes	EA	1	100	$ -	$ -
Oral Glucose 31gm				Yes	EA	1	250	$ -	$ -
HEPARIN 5000u (5000u/mL) 1mL vial				Yes	EA	1	80	$ -	$ -
LABETALOL 100mg (5mg/mL) 20mL vial				Yes	EA	1	150	$ -	$ -
LIDOCAINE 2% 100 mg (20mg/mL) 5ml PFS				Yes	EA	1	250	$ -	$ -

Vendor Name: ISIKEL MEDICAL SUPPLIES

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
MAGNESIUM SULFATE 50% 1gm (500mg/mL) 2mL vial				Yes	EA	1	200	$ -	$ -
NALOXONE (Narcan) 2mg (1mg/mL) 2mL				Yes	EA	1	150	$ -	$ -
NITROGLYCERIN 2% 30gm Paste				Yes	EA	1	50	$ -	$ -
Nitrolingual Spray, 4.1g, 400mcg per Spray, 90 sprays per can				Yes	EA	1	40	$ -	$ -
Nitrostat, 0.4mg Sublingual Tabs, 25 per bottle				Yes	BT	25	10	$ -	$ -
PROMETHAZINE (Phenergan) 25mg (25mg/mL) 1mL vial				Yes	EA	1	300	$ -	$ -
ALBUTEROL SULFATE 0.083% 2.5mg (0.83mg/mL) 3mL				Yes	BX	25	35	$ -	$ -
ROCURONIUM 100mg (10mg/mL) 10mL vial				Yes	EA	1	120	$ -	$ -
SODIUM BICARBONATE 50mEq (1mEq/mL) 50mL PFS				Yes	EA	1	450	$ -	$ -
Sodium Chloride 0.9% 10mL PFS				Yes	EA	1	8000	$ -	$ -
METHYLPREDNISOLONE (Solumedrol) 125mg (62.5mg/mL) 2mL vial				Yes	EA	1	300	$ -	$ -
SUCCINYLCHOLINE (Quelicin) 200mg (20mg/mL) 10mL vial				Yes	EA	1	150	$ -	$ -

Vendor Name: ISIKEL MEDICAL SUPPLIES

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
Ketorolac 60mg 2mL vial				Yes	EA	1	275	$ -	$ -
Carpuject™ Syringe				Yes	EA	1	20	$ -	$ -
ONDANSETRON (Zofran) 4mg Tablet ODT				Yes	EA	30	30	$ -	$ -
ONDANSETRON (Zofran) 4mg (2mg/mL) 2mL vial				Yes	EA	25	8	$ -	$ -
Mucosal Automation Device - with 3mL Syringe				Yes	EA	1	20	$ -	$ -
Mucosal Atomization Device - device only				Yes	EA	1	200	$ -	$ -
CAPTOPRIL 12.5mg (tablet) bottle				Yes	BT	100	50	$ -	$ -
DILTIAZEM (Cardizem) 25mg (5mg/mL) 5mL vial				Yes	EA		150	$ -	$ -
HYDROXOCOBALAMIN (Cyanokit) 5gm				Yes	EA		10	$ -	$ -
PROPRANOLOL 1mg (1mg/mL) 1mg vial				Yes	EA		10	$ -	$ -

Vendor Name: ISIKEL MEDICAL SUPPLIES

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
Atropine 8mg, 20mL Vial				Yes	EA		30	$ -	$ -
PRALIDOXIME (Protopam) 1gm (50mg/mL) 20mL vial				Yes	EA		10	$ -	$ -
METHYLENE BLUE 1% 100mg (10mg/mL) 10mL vial				Yes	EA		10	$ -	$ -
Nithiodote Kit, Includes One Sodium Nitrite (300mg/10mL Vial) And One Sodium Thiosulfate (12.5GM/50mL)				Yes	EA		10	$ -	$ -
CALCIUM GLUCONATE GEL 2.5% 25gm				Yes	EA		10	$ -	$ -
Dopamine, 400mg In D5W 250mL Bag				Yes	EA		100	$ -	$ -
FAMOTIDINE (Pepcid)10mg (5mg/mL) 2mL vial				Yes	EA		250	$ -	$ -
NOREPINEPHRINE (Levophed) 4mg (1mg/mL) 4mL vial				Yes	EA		1000	$ -	$ -
METOCLOPRAMIDE (Reglan) 10mg (5mg/mL) 2mL vial				Yes	EA		700	$ -	$ -
VITAMIN B6 (Pyridoxine) 100mg (100mg/mL) 1mL vial				Yes	EA	1	6	$ -	$ -
NALOXONE (Narcan) 4mg Nasal				Yes	EA	1	20	$ -	$ -
								Section 12 Total	$ -

Vendor Name: ISIKEL MEDICAL SUPPLIES

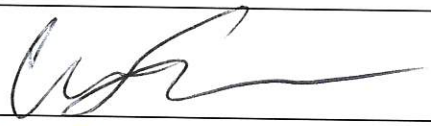
Section 13: Controlled Substance Medication	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
MORPHINE SULFATE 1mg (1mg/mL) 10mL				Yes	EA	1	20	$ -	$ -
MIDAZOLAM (Versed) 10mg (5mg/mL) 2mL Vial				Yes	EA	1	250	$ -	$ -
KETAMINE (Ketalar) 500mg (50mg / mL) 10mL vial				Yes	BX	10	150	$ -	$ -
FENTANYL (Sublimaze) 250mcg (50mcg/mL) 5mL Vial				Yes	EA	1	900	$ -	$ -
DIAZEPAM (Valium) 10mg (5mg / mL) 2mL vial				Yes	EA	1	200	$ -	$ -
HYDROMORPHONE (Dilaudid) 2mg (2mg/mL) 1mL vial				Yes	Ea	1	300	$ -	$ -
							Section 13 Total		$ -

COUNTY PURCHASING AGENT

Fort Bend County, Texas

Vendor Information

Jaime Kovar
Purchasing Agent
Office (281-341-8640

Legal Company Name (top line of W9)	Life-Assist, Inc.		
Business Name (if different from legal name)			
Federal ID # or S.S. #	94-2440500	DUNS # 096899414	
Type of Business	X Corporation/LLC ___ Partnership ___ Sole Proprietor/Individual ___ Tax Exempt Organization		Age in Business? 45
Publicly Traded Business	X No ___ Yes Ticker Symbol _____		
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		
Phone/Fax Number	Phone: 800-824-6016 Fax: 800-290-9794		
Contact Person	Corey Farrar		
E-mail	Quotes@Life-Assist.com		
Check all that apply to the company listed above and provide certification number.	DBE-Disadvantaged Business Enterprise ☐ SBE-Small Business Enterprise ☐ HUB-Texas Historically Underutilized Business ☐ WBE-Women's Business Enterprise ☐	**Certification #** _____ **Certification #** _____ **Certification #** _____ **Certification #** _____	Cert Date / Exp Date
Company's gross annual receipts	<$500,000 ___ $500,000-$4,999,999 ___ $5,000,000-$16,999,999 ___ $17,000,000-$22,399,999 ___ >$22,400,000 X		
NAICs codes (Please enter all that apply)	423450		
Signature of Authorized Representative			
Printed Name	Corey Farrar		
Title	Pricing Specialist		
Date	9/2/2022		

THIS FORM MUST BE SUBMITTED WITH THE SOLICITATION RESPONSE

[redacted]

Life-Assist
Helping Heroes Save Lives

FORT BEND COUNTY

BID# 23-001

MEDICAL SUPPLIES

DUE: TUESDAY, September 6th, 2022 TIME: 2:00 PM CENTRAL

SUBMITTED BY:

Life-Assist
Helping Heroes Save Lives

***Amended 8/24/22**

Fort Bend County, Texas

Invitation for Bid

Term Contract for Purchase of Medical Supplies

BID 23-001

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 address to assist in proper delivery.

***SUBMIT NO LATER THAN:**

***Tuesday, September 6, 2022**
2:00 PM (Central)

LABEL ENVELOPE:

BID 23-001
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.

Requests for information must be in writing and directed to:
Cheryl Krejci, CPPB
Assistant County Purchasing Agent
cheryl.krejci@fortbendcountytx.gov

Vendor Responsibilities:

- Download and complete any addendums. (Addendums will be posted on the Fort Bend County website no Later than 48 hours prior to bid opening)
- Submit response in accordance with requirements stated on the cover of this document.
- DO NOT submit responses via email or fax.

Prepared: 08/11/22
Issued: 08/14/22

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, and return ONE (1) complete bid document to the Fort Bend County Purchasing Department. An authorized representative of the bidder must sign the Contract Sheet. Do not complete the date at the top of the contract sheet. The bid document must be in a sealed envelope marked with the appropriate bid number and title. The contract will be binding only when signed by the County Judge, 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, the bidder must draw a line through error and initial each change. All response, typed or written, information must be clear and legible.

If a pricing form in Excel is included and posted on the County's website amongst this bid document, the Vendor must download, complete and save the Excel (not a PDF of the Excel file) file of the pricing form on a flash drive. The Excel file on the flash drive must be downloadable by the Purchasing Department in order to copy and paste the vendor's pricing to the County's Excel tabulation. The flash drive must be labeled and included in the same sealed envelope with the respondent's completed bid document along with a printed copy of the pricing form completed by the vendor.

1.5 Bid Returns: Bidders must return 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

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bid documents will be made to any bidder orally. All requests for such interpretations must be made in writing addressed to Ms. Cheryl Krejci, Assistant County Purchasing Agent, 301 Jackson, Suite 201, Richmond, Texas 77469, e-mail: cheryl.krejci@fortbendcountytx.gov. Any and all interpretations and any supplemental instructions will be in the form of written addenda to the contract documents which will be posted on Fort Bend County's website. Addenda will **ONLY** be issued by the Fort Bend County Purchasing Agent. It is the sole responsibility of each bidder to insure receipt of any and all addenda. All addenda issued will become part of the contract documents. Bidders must sign and include addendum in the returned bid package. Deadline for submission of questions and/or clarification is **Tuesday, August 23, 2022 at 9:00 AM (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.

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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.

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.

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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. Vendors bidding "or equal" items are required to provide manufacturer's specifications of both, the specified item and the "equal to" item, and documentation proving equality. 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

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person engaged in such line of business. Any or all bids may be rejected if the County believes that collusion exists among the bidders. Bids in which the prices are obviously unbalanced may be rejected. If multiple bids are submitted by a bidder and after the bids are opened, one of the bids is withdrawn, the result will be that all of the bids submitted by that bidder will be withdrawn; however, nothing herein prohibits a vendor from submitting multiple bids for different products or services.

1.24 Awards: Fort Bend County reserves the right to award this contract on the basis of lowest and best bid in accordance with the laws of the State of Texas, to waive any formality or irregularity, to make awards to more than one bidder, to reject any or all bids. In the event the lowest dollar bidder meeting specifications is not awarded a contract, the bidder may appear before the Commissioners Court and present evidence concerning his responsibility. An award is final only upon formal execution by the Fort Bend County Commissioners Court or the Fort Bend County Purchasing Agent. Fort Bend County reserves the right to withdraw any award until execution by the proper authority.

1.25 Assignment: The successful vendor may not assign, sell or otherwise transfer this contract without written permission of Fort Bend County Commissioners Court.

1.26 Term Contracts: If the contract is intended to cover a specific time period, said time will be given in the specifications under scope.

1.27 Maintenance: Maintenance required for equipment bid should be available in Fort Bend County by a manufacturer authorized maintenance facility. Costs for this service shall be shown on the bid sheet as requested or on a separate sheet, as required. If Fort Bend County opts to include maintenance, it shall be so stated in the purchase order and said cost will be included. Service will commence only upon expiration of applicable warranties and should be priced accordingly.

1.28 Contract Obligation: Fort Bend County Commissioners Court must award the contract and the County Judge or other person authorized by the Fort Bend County Commissioners Court must sign the contract before it becomes binding on Fort Bend County or the bidders. Department heads are not authorized to sign agreements for Fort Bend County. Binding agreements shall remain in effect until all products and/or services covered by this purchase have been satisfactorily delivered and accepted.

1.29 Title Transfer: Title and Risk of Loss of goods shall not pass to Fort Bend County until Fort Bend County actually receives and takes possession of the goods at the point or points of delivery. Receiving times may vary with the using department. Generally, deliveries may be made between 8:30 a.m. and 4:00 p.m., Monday through Friday. Bidders are advised to consult the using department for instructions. The place of delivery shall be shown under the "Special Requirement" section of this bid document and/or on the Purchase Order as a "Ship To:" address.

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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 Purchasing Agent. The County Purchasing Agent will review, and, if increase is deemed warranted, place the request on Fort Bend County's Commissioners Court agenda for their action of approval or disapproval. Approval

Initials of Bidder: CF

by the County's Commissioner's Court is required. Any proposed price increase will only be the amount increased to the vendor from his/her supplier. The price increase request must be stated on the vendor's letterhead with the bid number and name in the subject including, in columns, for each item: item description, original bid price, percent of increase, and the total cost of the original bid price including the increased dollar amount. Written documentation from the vendor's supplier of the increase notice must be provided to the Purchasing Agent at time of increase request. No application for a price increase may be submitted within the first twelve (12) month term of this contract. Increase requests 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 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.

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2.6 Place of Delivery: The place of delivery shall be that set forth in the block of the purchase order entitled "Ship To". Any change thereto shall be effective by modification as provided for in Clause number 2.20 "Modifications", hereof. The terms of this agreement are "no arrival, no sale", at the discretion of Fort Bend County.

2.7 Invoices and Payments:

2.7.1 Seller shall submit separate invoices, in duplicate. Invoices shall indicate the purchase order number and the bid number if applicable. Invoices shall be itemized and transportation charges, if any, shall be listed separately. A copy of the bill of lading, and the freight waybill when applicable should be attached to the invoice.

2.7.2 Fort Bend County's obligation is payable only and solely from funds available for the purpose of this purchase. Lack of funds shall render the order null and void to the extent funds are not available and any delivered but unpaid goods will be returned to Seller by the county.

2.7.3 Do not include Federal Excise, State, or City Sales Tax. Fort Bend County is a tax-exempt governmental entity.

2.8 Gratuities: Fort Bend County may, by written notice to the Seller, cancel any order without liability, if it is determined by the County that gratuities, in the form of entertainment, gifts, or otherwise were offered or given by the Seller, or any agent or representative of the Seller to any officer or employee of Fort Bend County with a view toward securing an order. In the event an order is canceled by the County pursuant to this provision, the County shall be entitled, in addition to any other rights and remedies, to recover or withhold the amount of the cost incurred by Seller in providing such gratuities.

2.9 Special Tools and Test Equipment: If the price stated on the face of an order includes the cost of any special tooling or special test equipment fabricated or required by Seller for the purpose of filing this order, such special tooling equipment and any process sheets related thereto shall become the property of the County and to the extent feasible shall be identified by the Seller as such.

2.10 Warranty/Price:

2.10.1 The price to be paid by the County shall be that contained in Seller's 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

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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

Initials of Bidder: CF

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

Initials of Bidder: CF

trace 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 to Fort Bend County as specified herein.

4.0 TERM OF CONTRACT:

The term of this contract is **October 1, 2022 through September 30, 2023**, renewable annually for four (4) years (through September, 2027) under the same terms and conditions if mutually agreeable

Initials of Bidder: CF

by 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 TEXAS ETHICS COMMISSION FORM 1295:

5.1 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.

5.2 On-line instructions:

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

5.2.2 Identification number used by the governmental entity is: B23-001.

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

5.3 Apparent low bidder(s) will be required to provide the Form 1295 within three (3) calendar days from notification; however, if your company is publicly traded you are not required to complete this form.

6.0 STATE LAW REQUIREMENTS FOR CONTRACTS:

The contents of this section are required by Texas Law and are included by County regardless of content.

6.1 Agreement to Not Boycott Israel Chapter 2271 Texas Government Code: Contractor verifies that if Contractor employs ten (10) or more full-time employees and this Agreement has a value of $100,000 or more, Contractor does not boycott Israel and will not boycott Israel during the term of this Contract.

6.2 Texas Government Code Section 2251.152 Acknowledgment: By signature on vendor form, Contractor represents pursuant to Section 2252.152 of the Texas Government Code, that Contractor is not listed on the website of the Comptroller of the State of Texas concerning the listing of companies that are identified under Section 806.051, Section 807.051 or Section 2253.153.

7.0 HUMAN TRAFFICKING:

By acceptance of this contract, Contractor acknowledges that Fort Bend County is opposed to human trafficking and that no County funds will be used in support of services or activities that violate human trafficking laws.

Initials of Bidder: CF

8.0 ASSIGNMENT:

Contractor shall not sell, assign, transfer or convey these services, in whole or in part, without the prior written consent of Fort Bend County and as a condition of such consent, contractor shall remain liable for completion of the services in the event of default by the successor contractor or assignee.

9.0 SPECIFICATIONS AND BID PRICING:

Additional specifications are available in the pricing form required to be downloaded by interested vendors, completed, saved in Excel and returned as stated in Section 1.4. See Name Brand Clause 1.18 above. Vendors are required to provide pricing as stated and may be disqualified if not.

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.

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 and provide documentation proving the items are "equal".

9.4 Vendor must provide unit prices as stated on bid pricing form. Alterations to unit sizes are not permitted and are grounds for vendor disqualification.

9.5 Vendors must be authorized and/or certified, if required, by manufacturer and/or supplier, to sell or resell the items included in this bid.

9.6 Vendors are required to provide documentation/certification from the manufactures stating the vendor is an approved reseller and/or distributor with their bid response.

9.7 Vendors are not permitted to provide bid prices with more than two (2) decimal places.

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.

Initials of Bidder: CF

11.0 AWARD:

This contract will be awarded to the lowest bidder per item meeting specifications.

12.0 VENDOR STATUS:

The awarded vendor is required to hold an **active** status on the SAM.gov website https://sam.gov/content/home along with the Texas Comptroller Taxable Entity website https://mycpa.cpa.state.tx.us/coa/ .

13.0 REQUIRED FORMS:

All vendors submitting are required to complete and provide with submission along with any other documentation as stated herein:

13.1 Electronic Excel file of Pricing Form on flash drive and printed hard copy

13.2 Vendor Form

13.3 W9 Form

13.4 Tax Form/Debt/Residence Certification

13.5 Certification and or authorization documentation proving permission to sell or resell from manufacturers

Initials of Bidder: CF

Contract Sheet
Bid 23-001

THE STATE OF TEXAS
COUNTY OF FORT BEND

This memorandum of agreement made and entered into on the 13 day of December, 20 22, by and between Fort Bend County in the State of Texas (hereinafter designated County), acting herein by County Judge KP George, 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 and Delivery 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 13th day of December 20 22.

Fort Bend County, Texas

By: KP George
County Judge KP George
County Judge, KP George

By: _____
Signature of Contractor

By: Corey Farrar Pricing Specialist
Printed Name and Title

COUNTY PURCHASING AGENT
Fort Bend County, Texas

Jaime Kovar
County Purchasing Agent

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

August 24, 2022

TO: All Prospective Bidders

RE: Addendum No.1 – Fort Bend County Bid 23-001 – Term Contract for Medical Supplies

Addendum 1:

Vendors are to download and provide the **Amended.8.24.22 Pricing Form** document and electronic file with their solicitation response. An amended pricing form will be posted to the website no later than Wednesday, August 24.

****

Immediately upon your receipt of this addendum, please fill out the following information and email this page to Olivia Rios at Olivia.Rios@fortbendcountytx.gov .

Life-Assist, Inc
Company Name

Signature of person receiving addendum

8/24/2022
Date

If you have any questions, please contact this office.

Sincerely,

Cheryl Krejci
Senior Buyer

COUNTY PURCHASING AGENT

Fort Bend County, Texas

Jaime Kovar
County Purchasing Agent

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

August 24, 2022

TO: All Prospective Bidders

RE: Addendum No.2 – Fort Bend County Bid 23-001 – Term Contract for Medical Supplies

Addendum 2:

The bid due date has been extended to 9/6/22, 2:00PM

****

Immediately upon your receipt of this addendum, please fill out the following information and email this page to Olivia Rios at Olivia.Rios@fortbendcountytx.gov .

Life-Assist, Inc
Company Name

Signature of person receiving addendum — Date: 8/24/2022

If you have any questions, please contact this office.

Sincerely,

Cheryl Krejci
Senior Buyer

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

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

Print or type. See Specific Instructions on page 3.

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 of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ 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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

9	4	–	2	4	4	0	5	0	0

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 for Part II, later.

Sign Here **Signature of U.S. person** ▶ _____ **Date** ▶ 02/04/2022

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

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, *later.*

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)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	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.: _____

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.)

Fort Bend County Tax Acct. No.*	Property address or location**
_____	N/A
_____	_____
_____	_____
_____	_____

** 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
[Company Name]
§2252.001.

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

Life-Assist
Helping Heroes Save Lives

REFERENCES

NEW ORLEANS EMS

3711 General Meyer Ave
New Orleans, LA 70114
Cedric Palmisano, Deputy Chief
(504) 201-6947
cpalmisano@nola.gov

RIVERSIDE COUNTY FIRE

210 W. San Jacinto Avenue
Perris, CA 92570
Sean Reed
(951) 940-6344
sean.reed@fire.ca.gov

SACRAMENTO METRO FIRE

3012 Gold Canal
Rancho Cordova, CA 95670
Mark Jones
(916) 859-4374
jones.mark@smfd.ca.gov

KANSAS CITY KANSAS FIRE

815 N. 6th Street
Kansas City, Kansas 66101
Alan Korosec
(913) 573-5969
akorosec@kckfd.org

Life-Assist
Helping Heroes Save Lives

ABOUT LIFE-ASSIST

OUR STORY

Stan Davis founded Life-Assist in 1977 to provide first responders with the same attention and dedication that they devote to others when on the job. Our mission of "**Helping Heroes Save Lives**," is based on this concept and it drives everything we do today. We consistently deliver exceptional service because at Life-Assist, the **customer always comes first.**

This differentiator sets Life-Assist apart from other EMS distributors. Life-Assist cares about its customers and it shows. Even in today's digital age, no phone trees exist at Life-Assist. Friendly and knowledgeable Customer Care Specialists greet our customers personally and exceed their expectations by taking the time to listen and satisfy their specific needs with the **highest quality solutions**. For more than **40 years**, this emphasis on customer satisfaction has established our company as one of the **nations' largest distributors of EMS supplies**.

Life-Assist
Helping Heroes Save Lives

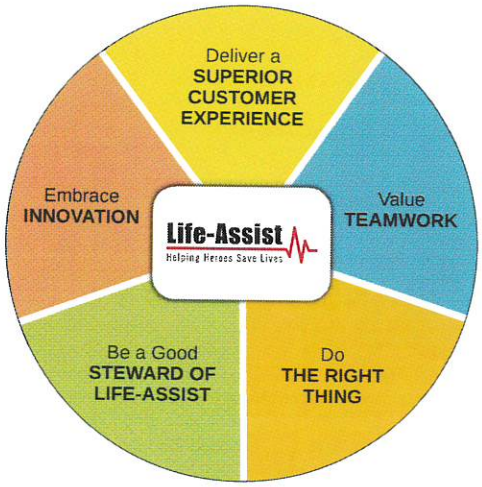
About Life-Assist

OUR COMMITMENT

As 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. Our mission is to ensure complete satisfaction with the ordering experience and to provide medical equipment and supplies to EMS providers with honesty, integrity, and outstanding customer care. Should a problem arise, our customer care team will promptly resolve the issue.

OUR CORE VALUES

1. We deliver a **Superior Customer Experience**
2. We are **Good Stewards** of Life-Assist
3. We **Embrace Innovation**
4. We **Do the Right Thing**
5. We Value **Teamwork**



Life-Assist
Helping Heroes Save Lives

FEATURES OF LIFE-ASSIST'S SUPERIOR CUSTOMER EXPERIENCE

CUSTOMER CARE ADVANTAGE

- Customers are always greeted by one of our trained and knowledgeable Customer Care Specialists when calling during business hours; **no phone trees**
- Full-service website, making it easy to order EMS supplies, with the opportunity to provide ordering oversight within EMS agencies

SHIPPING BENEFITS

- Orders ship complete with a **99%** accuracy rate
- **Same Day Shipping** when orders are placed by 4 p.m. local time
- **Free Shipping** with no minimum order

ORDERING EASE

- **Easy to use** website
- Inventory management solutions available
    - Operative IQ
    - Apex Vending Solutions
- Streamlined ordering process using **Smart Supply** List on website

PRODUCT VALUE

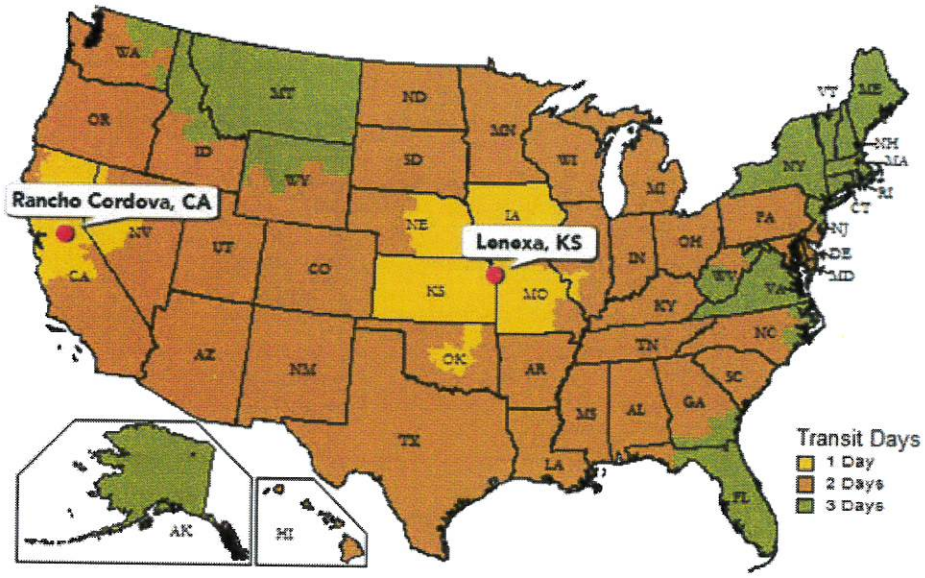
- **Full line** of **quality** EMS and pharmaceutical products
- All manufacturer **warranties** honored, and any warranty issues **facilitated**
- Regular **business reviews** conducted with **low cost** options provided

Life-Assist
Helping Heroes Save Lives

DELIVERY & DISTRIBUTION

LOCATIONS AND SHIPPING

With two distribution centers, one at our headquarters in Rancho Cordova, CA, and the other in Lenexa, KS, Life-Assist offers 2 to 3 business day delivery across the United States. The Central Distribution Center in Lenexa, KS will be the primary warehouse for your agency, providing **2-day delivery**. All orders placed by 4pm CST will ship out the **same day**. Life-Assist primarily ships Federal Express, however large shipments may be sent by a trucking company. All standard ground orders are shipped with **free freight**.



Life-Assist Distribution

Western Distribution Center
11277 Sunrise Park Drive
Rancho Cordova, CA 95742
Approx: 75,000 sq ft

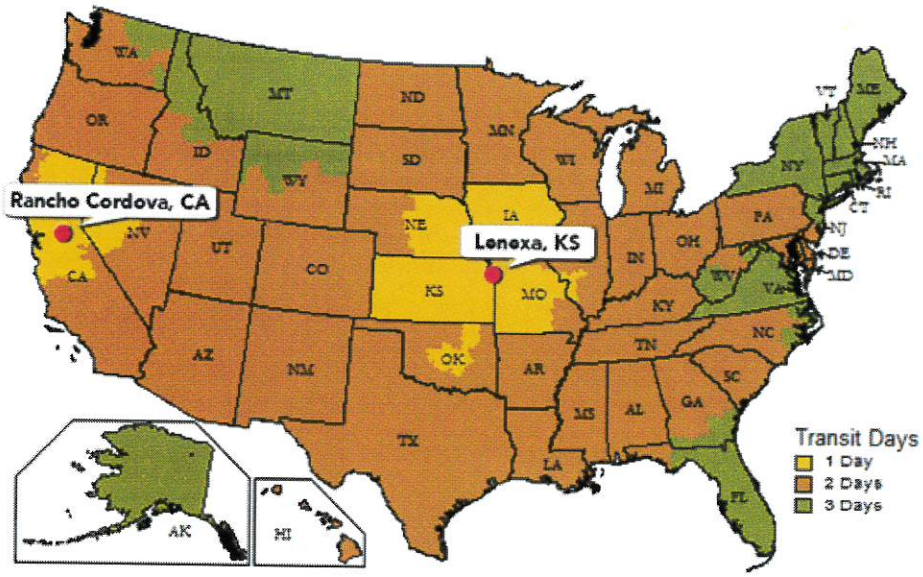
Central Distribution Center
10816 Strang Line Road
Lenexa, KS 66216
Approx: 50,000 sq ft

Life-Assist
Helping Heroes Save Lives

DELIVERY & DISTRIBUTION

LOCATIONS AND SHIPPING

With two distribution centers, one at our headquarters in Rancho Cordova, CA, and the other in Lenexa, KS, Life-Assist offers 2 to 3 business day delivery across the United States. The Western Distribution Center in Rancho Cordova, CA will be the primary warehouse for your agency, providing **2-day delivery**. All orders placed by 4pm PST will ship out the **same day**. Life-Assist primarily ships Federal Express, however large shipments may be sent by a trucking company. All standard ground orders are shipped with **free freight**.



Life-Assist Distribution

Western Distribution Center
11277 Sunrise Park Drive
Rancho Cordova, CA 95742
Approx: 75,000 sq ft

Central Distribution Center
10816 Strang Line Road
Lenexa, KS 66216
Approx: 50,000 sq ft

Life-Assist
Helping Heroes Save Lives

Ordering Information

ONLINE ORDERING

To place an order online, a customer must be registered on the Life-Assist website and have an account. All **pricing will be uploaded** to the online account. Additional items can be added at the **discount rate** specified on the bid. Requests can be sent to Life-Assist for official quotes, to another individual within the ordering agency for approval or can be submitted to Life-Assist directly for processing, depending on how the agency has set up the account.

The Life-Assist website displays **real-time pricing and availability** for all our products. Contract items are easily identified with a green background shown under the price. Adding to a contract is as easy as a click of the mouse.

Online account management allows a user to access and/or modify account information, receive shipments, check on backorder status, create supply lists, lock down users, access the Drug Supply Chain Portal and multiple purchasing reports.

Our website also features a "**Smart Supply List**", which provides a list of all the items that have been ordered within the last 90 days for easy reordering.

Our website includes many **unique features** that allow users to manage their accounts **24/7**:

- View your agency's **pricing on all items** and request quotes online 24/7
- **Custom** supply lists can be created to maintain continuity and eliminate ordering errors: they can also be downloaded for inventory purposes
- User defined fields can be added to make ordering simple
- Approval or review through the chain of command
- Create a **Master Administrator** to manage all users on the account, which can make changes and/or restrict a user's ordering capabilities
- View **invoice** history, **tracking** information, **backorder** status and account activity

A **detailed** presentation can be provided upon request.

Life-Assist
Helping Heroes Save Lives

Dedicated Support Team

GROUND SUPPORT

STACI CAMPBELL

Account Manager

staci.campbell@life-assist.com

Staci, a native Texan, has over 10 years of project and account management experience. Her background in medical device training, consulting and product customization ensures an enhanced customer experience. Staci will focus on your supply needs and make sure you are aware of the latest products, updates and industry trends.

BRETT ARCHER

Director of Sales

brett.archer@life-assist.com

Brett, a highly experienced professional in the EMS world, has been with Life-Assist for 5 years. He oversees all sales operations for the Central and Eastern United States. As part of the Emergency Disaster Support team, Brett also activates our emergency procedures in times of need.

ANDY SELBY

Vice President of Sales

andy.selby@life-assist.com

Andy leads our Life-Assist sales team using his broad perspective acquired from an extensive international background in management and sales. Along with working in his native country, the UK, Andy also managed teams in New Zealand and the United States for over 10 years. Andy's main focus is helping his team support and enhance the customer experience. He is committed to providing first responders with the superior level of service that differentiates Life-Assist from others in the EMS industry.

Life-Assist
Helping Heroes Save Lives

Dedicated Support Team

INTERNAL SUPPORT

KORTNIE SILVEIRA

Customer Care Manager

customercare@life-assist.com

The customer care team, headed by Kortnie Silveira, has years of experience serving customers in EMS. This group of exceptionally knowledgeable and friendly customer care advisors is available to answer any questions, take and track orders, as well as handle any order or product issues during the work week. You can contact the team Monday through Friday, from 6:30 am to 5 pm.

CHERISE AKERS

Director of Contracts

quotes@life-assist.com

Cherise manages contracts and ensures compliance. Her over 20 years of experience in the EMS industry has established her as an expert on contract issues in this field. When overseeing contracts, Cherise's primary concern is for our customers' best interest. She is available for any questions you may have.

SARA KIMBLE

Products Manager

products@life-assist.com

Sara worked for over 10 years as a paramedic and functioned as a preceptor and EMT instructor as well. She brings over 7 years of experience at Life-Assist reviewing and researching products to ensure Life-Assist is offering the best products and support to provide a superior experience for our customers. Sara oversees our Products Department that includes team members with Paramedic and EMS backgrounds who are ready to assist with any questions you may have.

Life-Assist
Helping Heroes Save Lives

ALTERNATE ITEMS DOCUMENTATION

Life-Assist
Helping Heroes Save Lives

Bid Item: "Berman (dual channel) Oral Airway"

Manufacturer: Teleflex Manufacturer #: 121801 - 121806 Life-Assist #: AA01-06

Berman Airways

- Color-coded for easy identification
- Full range of sizes and convenient packaging options
- mm length printed on airway
- Single use, latex-free, non-sterile
- Kit available with a clear plastic case

Bid Item: "Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.0 Uncuffed"

Manufacturer: Teleflex Manufacturer #: 170120 Life-Assist #: RUSC_150020

Rüsch® Slick-Set® Uncuffed Endotracheal Tube - 2.0

The Rüsch® Slick-Set® Endotracheal Tube is a standard, pre-styletted endotracheal tube.

Key features include:

- Pre-loaded stylet
- Available in cuffed and uncuffed
- Single-use
- Sterile
- Not made with natural rubber latex

Bid Item: "Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, cuffed"

Manufacturer: Teleflex Manufacturer #: MS-23325 - 23345 Life-Assist #: AE23325 – AE23345

MedSource Endotracheal / Stylette Combo

- Constructed of kink-resistant medical-grade PVC
- Feature a radio-opaque black line which visually assists in proper placement below the larynx.
- Packaged sterile

Bid Item: "Nasopharyngeal airways"

Manufacturer: Medsource Manufacturer #: MS-23950 - 23966 Life-Assist #: AE23325 – AE23345

MedSource Robertazzi Nasopharyngeal Airways

MedSource's Robertazzi Nasopharyngeal Airways are made from a soft, flexible, Neoprene material and is the ideal way to maximize patient comfort while offering the best solution for latex sensitivity.

- Larger trumpet
- Rounded, beveled tip
- Safe, gentle and comfortable insertion
- Strong and durable, restricts collapse and kinking
- Latex-free, Sterile, Single-Use

Bid Item: "whistle tip Suction Catheter"

Manufacturer: Dynarex Manufacturer #: 32001 - 32006 Life-Assist #: OK3608 – OK3618

Suction Catheters with Coiled Packaging

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

Bid Item: "Yankauer with Control Vent and Tubing"

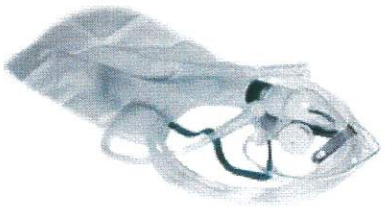
Manufacturer: Conmed Manufacturer #: 0034920 Life-Assist #: OH5013

YANKAUER Suction Handle

- Sterile
- Bulbous Tip
- Control Vent

Bid Item: "O2 Mask Pediatric Partial Non-Rebreather w/safety vent"

Manufacturer: Medsource Manufacturer #: MS-25058 Life-Assist #: OM25058

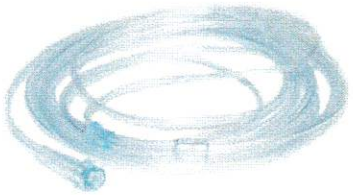


MedSource Oxygen Masks

- Soft & Comfortable Elongated 02 Mask
- Kink-Resistant Oxygen Tubing
- High Quality "Fits All" Connector
- Latex-Free Construction

Bid Item: "O2 Nasal Cannula Adult, 7ft"

Manufacturer: Medsource Manufacturer #: MS-24003 Life-Assist #: OM24003

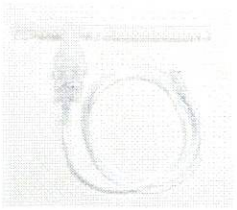


MedSource Nasal Cannulas

- 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.
- 7' length
- Latex-free/non-sterile

Bid Item: "O2 Nebulizer w/ Tubing and Mouthpiece "

Manufacturer: Medsource Manufacturer #: MS-22883 Life-Assist #: OM22883



MedSource Nebulizers

- Includes medication chamber and 7' of star lumen oxygen supply tubing. Individually packed.
- The MedSource Hand Held Nebulizer was designed to deliver the optimal particle size, at the most efficient rate with minimal residue.
- This unit features an easy-seal threaded cap, 6cc capacity, and an anti-spill jar to prevent leakage

Bid Item: "Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free,"

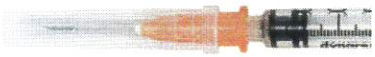
Manufacturer: Medsource Manufacturer #: MS-23450 - 23490 Life-Assist #: AE23450 – 23490

MedSource Endotracheal / Stylette Combo

- Constructed of kink-resistant medical-grade PVC
- Feature a radio-opaque black line which visually assists in proper placement below the larynx.
- Packaged sterile

Bid Item: "5cc 22g x 1" Syringe & Needle, 100/bx"

Manufacturer: Dynarex Manufacturer #: 7006 Life-Assist #: IT26212



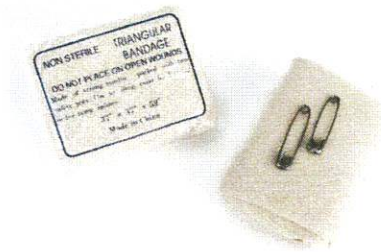
Syringes, LUER LOCK

Luer Lock Tip

- Sterile
- Latex free
- Non toxic
- Smooth plunger action for greater filling accuracy
- High visibility-transparent barrel with graduations

Bid Item: "36" x 51" Triangular Bandage"

Manufacturer: Dukal Manufacturer #: TB37 Life-Assist #: BA2



DUKAL™ Triangular Bandages

These natural, woven cotton muslin gauze bandages make an excellent all-purpose sling.

- Non-sterile, individually wrapped with two safety pins.
- Latex free

Fort Bend County Pricing Form
Bid 23-001
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 (2 decimal limit, $1.12)	Extended Cost
Berman Oral Airway - 40mm (Pink)	ASIA-CONNECTION-TAIWIN	ME6504PK-5P	AA01	Yes	PK	5	5	$ 0.90	$ 4.50
Berman Oral Airway - 60mm (Black)	ASIA-CONNECTION-TAIWIN	ME6506BK-5P	AA02	Yes	PK	5	5	$ 0.90	$ 4.50
Berman Oral Airway - 80mm (Green)	ASIA-CONNECTION-TAIWIN	ME6508GN-5P	AA03	Yes	PK	5	8	$ 0.90	$ 7.20
Berman Oral Airway - 90mm (Yellow)	ASIA-CONNECTION-TAIWIN	ME6509YL-5P	AA04	Yes	PK	5	16	$ 0.90	$ 14.40
Berman Oral Airway - 100mm (Red)	ASIA-CONNECTION-TAIWIN	ME6510RD-5P	AA05	Yes	PK	5	20	$ 0.90	$ 18.00
Berman Oral Airway - 110mm (Orange)	ASIA-CONNECTION-TAIWIN	ME6511ON-5P	AA06	Yes	PK	5	10	$ 0.90	$ 9.00
Thomas ET Tube Holder - Adult	Laerdal	600-10000	AC170	No	EA	1	450	$ 2.75	$ 1,237.50
Thomas ET Tube Holder - Pediatric	Laerdal	600-2000	AC180	No	EA	1	40	$ 2.75	$ 110.00

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 (2 decimal limit, $1.12)	Extended Cost
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.0 uncuffed	Sheridan		RUSC_150020	Yes	EA	1	10	$ 3.70	$ 37.00
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.5 cuffed	Sheridan		AE23325	Yes	EA	1	30	$ 1.95	$ 58.50
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 3.0 cuffed	Sheridan		AE23330	Yes	EA	1	20	$ 1.95	$ 39.00
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 3.5 cuffed	Sheridan		AE23335	Yes	EA	1	25	$ 1.95	$ 48.75
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 4.0 cuffed	Sheridan		AE9940	Yes	EA	1	30	$ 3.10	$ 93.00
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 4.5 cuffed	Sheridan		AE9945	Yes	EA	1	20	$ 3.10	$ 62.00
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 5.0	Sheridan		AE23450	No	EA	1	20	$ 1.95	$ 39.00
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 6.0	Sheridan		AE23460	No	EA	1	50	$ 1.95	$ 97.50
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 7.0	Sheridan		AE23470	No	EA	1	250	$ 1.95	$ 487.50

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 (2 decimal limit, $1.12)	Extended Cost
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 8.0	Sheridan		AE23480	No	EA	1	250	$ 1.95	$ 487.50
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 9.0	Sheridan		AE23490	No	EA	1	250	$ 1.95	$ 487.50
Nasopharyngeal Airway - 20fr	MEDSTORM	51154	AB43950	Yes	EA	1	35	$ 1.80	$ 63.00
Nasopharyngeal Airway - 24fr	MEDSTORM	51156	AB43954	Yes	EA	1	50	$ 1.80	$ 90.00
Nasopharyngeal Airway - 26fr	MEDSTORM	51157	AB43956	Yes	EA	1	70	$ 1.80	$ 126.00
Nasopharyngeal Airway - 28fr	MEDSTORM	51158	AB43958	Yes	EA	1	70	$ 1.80	$ 126.00
Nasopharyngeal Airway - 30fr	MEDSTORM	51159	AB43960	Yes	EA	1	50	$ 1.80	$ 90.00
Nasopharyngeal Airway - 36fr	MEDSTORM	51162	AB43966	Yes	EA	1	30	$ 1.80	$ 54.00
Suction Canister,disposable - 1200mL	BEMIS	484410	OK1200	No	EA	1	430	$ 3.00	$ 1,290.00
Suction Catheter - 8fr	ASIA-CONNECTION-TAIWIN	ME6808B	OK3608	Yes	EA	1	60	$ 0.27	$ 16.20
Suction Catheter - 10fr	ASIA-CONNECTION-TAIWIN	ME6810B	OK3610	Yes	EA	1	120	$ 0.27	$ 32.40
Suction Catheter - 18fr	ASIA-CONNECTION-TAIWIN	ME6818B	OK3618	Yes	EA	1	150	$ 0.27	$ 40.50
Yankauer with Control Vent and Tubing (6ft)	MEDSOURCE	MS-YK20	OH5013	Yes	EA	1	300	$ 2.16	$ 648.00
Big Yank™ Yankauer Suction Tip w/Control Vent, Sterile, 11/32"open tip, integral blister tube and canister connector pre-attached	CONMED	0034920U	OH3492	No	EA	1	40	$ 12.50	$ 500.00
Oxygen Mask, Medium Concentration - Infant	RUSCH	396218	OM1270	Yes	EA	1	20	$ 1.45	$ 29.00

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 (2 decimal limit, $1.12)	Extended Cost
Oxygen Mask, Partial Non-Rebreather w/safety vent - Pediatric	HUDSON	1058	OM25058	Yes	EA	1	400	$ 1.30	$ 520.00
Oxygen Mask, Non-Rebreather - Adult	HUDSON	1060	OM1060	No	EA	1	2000	$ 1.32	$ 2,640.00
Oxygen Nasal Cannula, 7' - Adult	CURAPLEX	24003	OM24003	Yes	EA	1	2000	$ 0.28	$ 560.00
Bougie-to-go ET Tube Introducer with coude tip - Adult (15Fr x 60cm)	SUNMED	9-0212-82	AC21282	Yes	EA	1	200	$ 7.17	$ 1,434.00
Bougie ET Tube Introducer with coude tip - Pediatric (10Fr x 70cm)	SUNMED	9-0211-70	AC90211	Yes	EA	1	40	$ 7.17	$ 286.80
Oxygen Nebulizer, small volume, hand held w/ mask, 7ft - Pediatric			OM22886	Yes	EA	1	100	$ 1.16	$ 116.00
Oxygen Nebulizer, w/ Tubing and Mouthpiece	CURAPLEX	301-200	OM22883	Yes	EA	1	900	$ 0.85	$ 765.00
Ambu Spur II bag valve mask, Bag Reservoir Medium with Pop Off Valve, with Manometer, with Mask - Adult	Ambu		AMBU_5236160	No	EA	1	1000	$ 12.85	$ 12,850.00
BVM Face Mask, No Valve, Disposable, Duraclear - Small Adult	Ambu		OM2054	No	EA	1	1000	$ 1.67	$ 1,670.00
Pocket BVM w/ olive green case, with O2 tubing	MicroBVM	MB003xn	OM9800	No	EA	1	2	$ 42.00	$ 84.00
Oxygen Nut & Stem (Plastic)	SMITH MEDICAL	33-2600	OG4500	Yes	EA	1	5	$ 0.52	$ 2.60
Magill Forceps - Adult (25cm / 10")	ZULCO INTERNATIONAL	9-476	IN375	Yes	EA	1	5	$ 3.90	$ 19.50
Magill Forceps - Child (20cm / 8")	SURGICAL DESIGN INC	297	IN374	Yes	EA	1	5	$ 3.90	$ 19.50

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 (2 decimal limit, $1.12)	Extended Cost
Salem Gastric Sump Tube, dual lumen, sterile - 18fr x 48"	COVIDIEN	8888264986	OK4986	Yes	EA	1	100	$ 1.82	$ 182.00
Salem Gastric Sump Tube, dual lumen, sterile - 1	COVIDIEN		OK4945	Yes	EA	1	10	$ 1.82	$ 18.20
Salem Gastric Sump Tube, dual lumen, sterile - 1	COVIDIEN		OK4911	Yes	EA	1	10	$ 1.82	$ 18.20
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 2	SURGIMED	5-5332-02	LY852	Yes	EA	1	20	$ 5.25	$ 105.00
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 3	VALUEMED	301-B3030	LY853	Yes	EA	1	90	$ 5.25	$ 472.50
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 4	SUNMED	5-5332-04	LY854	Yes	EA	1	200	$ 5.25	$ 1,050.00
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 0	SUNMED	5-5333-00	LY860	Yes	EA	1	10	$ 5.25	$ 52.50
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 1	SUNMED	5-5333-01	LY861	Yes	EA	1	20	$ 5.25	$ 105.00
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 2	SUNMED	5-5333-02	LY862	Yes	EA	1	30	$ 5.25	$ 157.50

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 (2 decimal limit, $1.12)	Extended Cost
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 3	SUNMED	5-5333-03	LY863	Yes	EA	1	80	$ 5.25	$ 420.00
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 4	SUNMED	5-5333-04	LY864	Yes	EA	1	80	$ 5.25	$ 420.00
Greenline/D Fiber Optic, 10/32" Halogen/Xenon Reflector Lamp for Medium Laryngoscope Handle	SUNMED	5-0240-52	SUNM_5-0240-52	Yes	EA	1	20	$ 14.50	$ 290.00
PEEP valve, disposable, adjustable 22mm inner diameter			OM1993	Yes	EA	1	100	$ 3.00	$ 300.00
Headrest, Bagel, 9", pink foam			No Bid	Yes	EA	1	200		$ -
Meconium Aspirator, latex free			OK0101	Yes	EA	1	150	$ 4.25	$ 637.50
i-gel® - Size 1 (Neonatal)	Intersurgical		AC8201	No	EA	1	150	$ 12.98	$ 1,947.00
i-gel® - Size 1.5 (Infant)	Intersurgical		AC8215	No	EA	1	150	$ 12.98	$ 1,947.00
i-gel® - Size 2 (Small Pediatric)	Intersurgical		AC8202	No	EA	1	150	$ 12.98	$ 1,947.00
i-gel® - Size 2.5 (Large Pediatric)	Intersurgical		AC8225	No	EA	1	200	$ 12.98	$ 2,596.00
i-gel® O2 Resus Pack, Includes i-Gel, lube & strap - Small Adult (Size 3)	Intersurgical		AC8703	No	EA	1	500	$ 20.88	$ 10,440.00
i-gel® O2 Resus Pack, includes i-Gel, lube & strap - Medium Adult (Size 4)	Intersurgical		AC8704	No	EA	1	2000	$ 20.88	$ 41,760.00
i-gel® O2 Resus Pack, includes i-Gel, lube & strap - Large Adult (Size 5)	Intersurgical		AC8705	No	EA	1	2000	$ 20.88	$ 41,760.00

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 (2 decimal limit, $1.12)	Extended Cost
Thomas Select ET Tube Holder, for ET/SGA Tubes 6.5mm ID to 42mm OD - Adult	Laerdal		AC42500	No	EA	1	2500	$ 3.50	$ 8,750.00
Vent Elbow With Port And Cap	Curaplex		OM1550	Yes	EA	1	300	$ 0.64	$ 192.00
Cricothyrotomy Kit (TMM-CR) in vacuum sealed package to include (1) 6.0mm cuffed Tracheostomy tube, (1) Hemostat - 5.5" Kelly curved forceps, (1) #10 sterile Scalpel, (1) 10mL sterile Syringe, (1) 4" Tracheal Hook	Chinook Medical Gear, Inc.	1364	CHIN_01364	No	EA	1	50	$ 38.50	$ 1,925.00
AeroEclipse® Neb			OM4050	No	EA	1	20	$ 11.00	$ 220.00
AeroEclipse® Filtered Mouth Piece			OM60050	No	EA	1	20	$ 10.00	$ 200.00
BiTrac ED™ (Nebulizer) Mask - Medium			PULM_313-7029EA	Yes	EA	1	20	$ 19.00	$ 380.00
ZOLL® Ventilator Circuit - Pediatric	Zoll	820-0107-20	OD10720	No	EA	1	5	$ 21.25	$ 106.25
ZOLL® Ventilator Circuit - Adult	Zoll	820-0106-15	No Bid	No	EA	1	5		$ -
CPAP - Flowsafe II Mask - Large	Mecury Medical	10-571-03	OC1057209	No	EA	1	200	$ 45.00	$ 9,000.00
CPAP - Flowsafe II Mask - Small	Mercury Medical	10-571-05	OC1057210	No	EA	1	100	$ 45.00	$ 4,500.00
CPAP - Flowsafe II Device & Mask - Medium	Mercury Medical	10-573-19	OC1057319	No	EA	1	500	$ 53.00	$ 26,500.00

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 (2 decimal limit, $1.12)	Extended Cost
Neo-Tee® Infant Resuscitator	Mercury Medical	10-50840	OM50840	No	EA	1	5	$ 16.50	$ 82.50
Airtraq VL Blade - Adult			No Bid	No	EA	1	800		$ -
Airtraq VL Blade - Pediatric			No Bid	No	EA	1	200		$ -
AirTraq Video Laryngoscope			No Bid	No	EA	1	5		$ -
HEPA Filter, BACT TRAP MINI PORT ELBOW			OM6159	Yes	EA	1	1000	$ 3.50	$ 3,500.00
ZOLL® Accu/Vent Sensor	Zoll	8000-001128	OD81128	No	EA	1	5	$ 65.00	$ 325.00
ZOLL® Accu/Vent Cable	Zoll	8000-000993	EL00993	No	EA	1	5	$ 395.00	$ 1,975.00
ResQPod® ITD 10	Zoll	12-0242-000	ZOLL_12-0242-000	No	EA	1	300	$ 110.00	$ 33,000.00
							Section 1 Total		$ 224,696.00

Vendor Name: Life-Assist, Inc.

Section 2: IV Supplies	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Clearsafe IV Catheter - 14g X 1 1/4"	MEDSOURCE	MS-84214	IT84214	No	EA	1	100	$ 1.50	$ 150.00
Clearsafe IV Catheter - 16g X 1 1/4"	MEDSOURCE	MS-84216	IT84216	No	EA	1	300	$ 1.50	$ 450.00
Clearsafe IV Catheter - 18g X 1 1/4"	MEDSOURCE	MS-84218	IT84218	No	EA	1	4000	$ 1.50	$ 6,000.00
Clearsafe IV Catheter - 20g X 1 1/4"	MEDSOURCE	MS-84220	IT84220	No	EA	1	10000	$ 1.50	$ 15,000.00
Clearsafe IV Catheter - 22g X 1"	MEDSOURCE	MS-84222	IT84222	No	EA	1	3000	$ 1.50	$ 4,500.00
Clearsafe IV Catheter - 24g X 3/4"	MEDSOURCE	MS- 84224	IT84224	No	EA	1	400	$ 1.50	$ 600.00
Hypodermic Needle - 18g x 1 1/2"			IT305196	Yes	BX	100	20	$ 6.80	$ 136.00
Hypodermic Needle - 23g x 1"			IT6970	Yes	BX	100	20	$ 3.50	$ 70.00
Syringe - 1cc with hypodermic needle (25g x 5/8")			IT125VP	Yes	BX	100	6	$ 42.00	$ 252.00
Syringe, luer lock - 3cc			IT26200	Yes	BX	100	20	$ 10.00	$ 200.00
Syringe, luer lock - 5cc with hypodermic needle (22g x 1")			IT26212	Yes	BX	100	10	$ 14.00	$ 140.00
Syringe, luer lock - 10cc			IT10CCLLA	Yes	BX	100	10	$ 11.00	$ 110.00

Vendor Name: Life-Assist, Inc.

Section 2: IV 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 (2 decimal limit, $1.12)	Extended Cost
Syringe, luer lock - 60cc			IT60CCLL	Yes	BX	30	5	$ 15.60	$ 78.00
Syringe, cath tip - 60cc (2oz)			OK60CCA	Yes	BX	25	1	$ 15.00	$ 15.00
Assure prism multi test trips for assure prism multi meter	ARKRAY USA INC	530050	MEDP_ARK530050	No	BX	50	50	$ 9.50	$ 475.00
Assure prism control solution (1 and 2)	ARKRAY USA INC	530006	MEDP_530006	No	EA	1	10	$ 9.00	$ 90.00
IV Administration set - 82", 10 drop, W/Bravo 24, Pre-slit Port, Removable 7" Extension			IV2631	Yes	CS	50	100	$ 95.00	$ 9,500.00
IV 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.			IV1165M	Yes	EA	1	500	$ 2.00	$ 1,000.00
IV administration Set - STAT 2, Gravity Flow Controller, 60 drop, 84 inches, 2 Latex Free Splint Septum Y Sites.	ConMed		IV72860	No	Ea	1	500	$ 8.33	$ 4,165.00
0.9% Sodium Chloride Injection USP - 1000ml			SL7800-09	Yes	EA	1	20	$ 4.00	$ 80.00
0.9% Sodium Chloride Injection USP - 500ml			SL8001	Yes	EA	1	6000	$ 3.00	$ 18,000.00
0.9% Sodium Chloride Injection USP - 250ml			SL5202	Yes	EA	1	20	$ 3.50	$ 70.00
0.9% Sodium Chloride Injection USP - 100ml			SL1307	Yes	EA	1	500	$ 2.00	$ 1,000.00

Vendor Name: Life-Assist, Inc.

Section 2: IV 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 (2 decimal limit, $1.12)	Extended Cost
Sterile Water for Irrigation - 500mL			SL5001	Yes	EA	1	200	$ 2.65	$ 530.00
IV Administration set - Smallbore Extension Set with bonded Ultrasite Injection site, Length: 7 in, Priming Volume: 0.6mL (approx)			IV352205	Yes	EA	1	12000	$ 4.60	$ 55,200.00
Pneumothorax Decompression needle & catheter with hard plastic case - 14ga X 3.25"	H&H	HHTP N01	AT0056	Yes	EA	1	50	$ 8.50	$ 425.00
IV armboard, reusable, plywood core - 3" x 9"			No Bid	Yes	EA	1	30		$ -
IV armboard, reusable, plywood core - 3" x 12"			No Bid	Yes	EA	1	10		$ -
IV armboard, reusable, plywood core - 3" x 18"			No Bid	Yes	EA	1	10		$ -
Angiocath Peripheral Venous Catheter - 14g x 5.25"			IT382269	Yes	EA	1	10	$ 42.00	$ 420.00
Surecan Safety Huber w/ Ultrasite needlefree infusion system - 20ga x 3/4"			IV44470	Yes	EA	1	10	$ 11.00	$ 110.00
IntraLock Lipid Compatible 3-Way Stop Cock			IV5311	Yes	EA	1	100	$ 0.65	$ 65.00
3m Surgical Clipper Starter Kit, includes clipper body 9661 and charger 9662, no blade assembly	3M	9661	IN9667	No	EA	1	5	$ 105.00	$ 525.00
Assure Prism Multi-meter Glucometer	ARKRAY USA INC	530001	MEDP_ARK530001	No	EA	1	30	$ 6.00	$ 180.00
Angiocath Peripheral IV Catheter - 16ga x 2"			No Bid	Yes	EA	1	30		$ -

Vendor Name: Life-Assist, Inc.

Section 2: IV 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 (2 decimal limit, $1.12)	Extended Cost
IV Start Kit containing: (1) Alcohol Prep Pads, Medium (1) Tegaderm Intravenous Dressing 2 3/8" x 2 3/4", (1) Gauze Sponge 2" x 2", (1) Tourniquet 1" x 18", (1) Transparent Surgical Tape 1" x 18"	Curaplex		IT6150	Yes	EA	1	8000	$ 1.55	$ 12,400.00
Arrow EZ-IO Vascular Access Power Driver	Teleflex	9058	No bid	No	EA	1	5		$ -
Arrow EZ-IO Needle Kit with Stabilizer - 45mm (Yellow)	Teleflex	9079P-VC-005	No bid	No	Bx	5	1000		$ -
Arrow EZ-IO Needle Kit with Stabilizer - 25mm (Blue)	Teleflex	9001P-VC-005	No bid	No	Bx	5	1500		$ -
Arrow EZ-IO Needle set - 45mm (Yellow)	Teleflex	9079-VC-005	No bid	No	Bx	5	100		$ -
Arrow EZ-IO Needle set - 25mm (Blue)	Teleflex	9001-VC-005	No bid	No	Bx	5	100		$ -
Arrow EZ-Stabilizer Dressing	Teleflex	9066-VC-005	No bid	No	Bx	5	1300		$ -
Arrow EZ-IO Vascular Access Pack Soft Sided (Yellow)	Teleflex	9065	No bid	No	EA	1	5		$ -
								Section 2 Total	$ 131,936.00

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 (2 decimal limit, $1.12)	Extended Cost
Bandage, Self-Adherent, ,individually packaged - 2" x 5yd			BE8025	Yes	EA	1	75	$ 0.65	$ 48.75
Bandage, Self-Adherent, ,individually packaged - 4" x 5yd			BE8046LF	Yes	EA	1	50	$ 2.00	$ 100.00
Combat Application Tourniquet (CAT) - Black	North American Rescue	30-0001	TQ0001-BLK	No	EA	1	70	$ 24.00	$ 1,680.00
Gauze - Non Sterile, non-woven, 4ply - 4"x4"			BA4144	Yes	PK	200	120	$ 6.00	$ 720.00
Gauze - Sterile 12 ply - 4"x4"			BA1244	Yes	PK	2	2000	$ 0.14	$ 280.00
Gauze - Sterile, roll, 6ply - 4 1/2" x 4.1 yd			BA3645	Yes	EA	1	1500	$ 0.85	$ 1,275.00
Triangular Bandage - 36"x51"			BA2	Yes	EA	1	200	$ 0.55	$ 110.00
Gauze - Abdominal Pad, sterile - 8" x 9"			BA5810	Yes	TRAY	20	200	$ 5.25	$ 1,050.00
Adhesive Strip Bandage - 1" x 3"			BA3602	Yes	BX	100	100	$ 1.95	$ 195.00

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 (2 decimal limit, $1.12)	Extended Cost
Burn Sheet, Sterile - 60" x 96"			BX91039	Yes	EA	1	50	$ 2.15	$ 107.50
Trauma Dressing, Sterile - 10" x 30"			BA1030	Yes	EA	1	100	$ 1.25	$ 125.00
Rapid Heat Instant Heat Pack, Pull Apart Style	RAPID DEPLOYMENT PRODUCTS	2056	DI2054	No	BX	6	170	$ 7.50	$ 1,275.00
Rapid Cold Instant Cold Pack, Pull Apart Style	RAPID DEPLOYMENT PRODUCTS	2004	DI2004	No	CS	24	6	$ 28.00	$ 168.00
Ferno KED forehead/Chin Strap Replacement set of 2	Ferno		SW101S	No	SET	2	10	$ 55.00	$ 550.00
Tape - 3M Transpore - 1" x 10yd	3m		TA7827-1	No	BX	12	10	$ 16.00	$ 160.00
Tape - Paper, hypo-allergenic - 1" x 10yd			TA1531	Yes	BX	12	7	$ 8.50	$ 59.50
Tape - Waterproof - 2" x 10yd	Kendall	3267	TA3267	No	BX	6	18	$ 20.00	$ 360.00
Splint - bendable foam and aluminum, rolled, (orange) - 4" x 36"			SS9200-ORG	Yes	EA	1	200	$ 7.25	$ 1,450.00
Quikclot Combat Gauze LE Z-fold - 3" x 4yd	QUIKCLOT	350	BA7350	No	EA	1	5	$ 32.50	$ 162.50
Hyfin Chest Seal without vent	NORTH AMERICAN RESCUE	10-0015	AT0015	No	EA	1	5	$ 9.25	$ 46.25

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 (2 decimal limit, $1.12)	Extended Cost
Israeli emergency compression bandage - 4"			BA8503	Yes	EA	1	5	$ 5.95	$ 29.75
Israeli emergency compression bandage - 6"			BA8506	Yes	EA	1	5	$ 6.71	$ 33.55
CAT Tourniquet Holder (black) - 6.25" x 1.75" x 1.5"			IR7011-BLK	Yes	EA	1	25	$ 10.00	$ 250.00
Sam Pelvic Sling II - Standard	Sam Medical		SP556M	NO	EA	1	25	$ 62.00	$ 1,550.00
								Section 3 Total	$ 11,785.80

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 (2 decimal limit, $1.12)	Extended Cost
Masimo® SpO2 sensor, disposable - Adult	Masimo	1859	PO1859	No	EA	1	1000	$ 12.00	$ 12,000.00
Masimo® SpO2 sensor, disposable - Pediatric	Masimo	1860	PO1860	No	EA	1	750	$ 13.00	$ 9,750.00
Masimo® SpO2 sensor, disposable - Infant	Masimo	2328	PO1861	No	EA	1	500	$ 14.75	$ 7,375.00
ECG Electrodes - Medi-Trace Mini, teardrop shape, adhesive hydrogel - Pediatric	North American Rescue		EL6135	Yes	PK	100	200	$ 22.60	$ 4,520.00
ECG Electrodes - Medicotest Blue Sensor Disposable Electrodes - Adult	Ambu	R-00-S/25	EL8025R	No	PK	25	5000	$ 8.50	$ 42,500.00
Smart Capnoline Plus non-intubated, oral nasal w/ O2 tubing, adlut/intermediate	MicroStream	9822	PCI_11996-000001	No	EA	1	3200	$ 20.75	$ 66,400.00
Filter line H set infant/ neonate, incl airway adapter, filterline, microstream connection	MicroStream	6324	PCI_11996-000080	No	EA	1	20	$ 16.50	$ 330.00
Filter line set adult/pediatric airway adapter	MicroStream	XS04620	PCI_11996-000080	No	EA	1	650	$ 16.50	$ 10,725.00
Zoll X Series 80mm Thermal Paper, Pink with Grid			EL18593		EA	1	1000	$ 3.00	$ 3,000.00
								Section 4 Total	$ 156,600.00

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 (2 decimal limit, $1.12)	Extended Cost
Masimo® SET RED LNCS Patient Cable, reusable, compatible with Zoll X-Series Monitor - 4'	Masimo	2055	PO2055	No	EA	1	10	$ 137.00	$ 1,370.00
Masimo® SET LNCS DC-P Reusable Sensor, compatible with Zoll X-Series Monitor - Pediatric (10-50kg)	Masimo	1863	PO1863	No	EA	1	10	$ 125.00	$ 1,250.00
Masimo® SET LNCS DC-I Reusable Sensor, compatible with Zoll X-Series Monitor - Adult (>30kg)	Masimo		PO2501	No	EA	1	10	$ 180.00	$ 1,800.00
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Infant	Welch Allyn	SOFT-07-2mQ	WELC_SOFT-07-2MQEA	No	EA	1	200	$ 3.30	$ 660.00
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Small Child	Welch Allyn	SOFT-08-2mq	WELC_SOFT-08-2MQ	No	EA	1	200	$ 3.25	$ 650.00
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Small Adult	Welch Allyn	SOFT-10-2MQ	WELC_SOFT-10-2MQ	No	EA	1	300	$ 3.99	$ 1,197.00
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Adult	Welch Allyn	SOFT-11-2MQ	WELC_SOFT-11-2MQEA	No	EA	1	500	$ 4.50	$ 2,250.00
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Large Adult	Welch Allyn	SOFT-12-2MQ	WELC_SOFT-12-2MQ	No	EA	1	700	$ 4.50	$ 3,150.00
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Thigh	Welch Allyn	SOFT-13-2MQ	WELC_SOFT-13-2MQEA	No	EA	1	200	$ 5.85	$ 1,170.00
ZOLL® OneStep™ Pediatric CPR Electrode for Zoll X Series	Zoll	8900-000219-01	ZOLL_8900-000219-01	No	EA	1	150	$ 95.00	$ 14,250.00

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 (2 decimal limit, $1.12)	Extended Cost
ZOLL® CPR Stat-Padz® HVP Multi-Function CPR Electrodes for Zoll X-Series Monitor	Zoll	8900-0402	EL0402-01	No	EA	1	1000	$ 72.00	$ 72,000.00
Welch Allyn FlexiPort Reusable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Adult	Welch Allyn	REUSE-11-2MQ	WELC_REUSE-11-2MQ	no	EA	1	50	$ 21.70	$ 1,085.00
ZOLL® Dual Lumen NIBP Tubing Assembly, 10 feet for Zoll X Series	Zoll	8300-0002-01	ZOLL_8300-0002-02	No	EA	1	25	$ 132.00	$ 3,300.00
12-Lead OneStep™ ECG Cable - AAMI Includes 4-Lead Trunk Cable and Removable Precordial 6 Lead Set for Zoll X-Series Monitor	Zoll	8300-0802-01	ZOLL_8300-0802-01	No	EA	1	50	$ 320.00	$ 16,000.00
CPR-D-Padz® One-Piece Electrode and connector for Zoll R-Series	Zoll	8900-0800-01	EL0800-01	No	EA	1	15	$ 175.00	$ 2,625.00
ZOLL® OneStep™ Cable for Zoll X Series	Zoll	8300-000676	No Bid	No	EA	1	25		$ -
ZOLL® 12 Lead (V-Lead) Cable	Zoll	8300-0804-01	ZOLL_8300-0804-01	No	EA	1	20	$ 210.00	$ 4,200.00
ZOLL® Defibrillator Cable Adapter	Zoll	8000-0370	EL0370	No	EA	1	5	$ 285.00	$ 1,425.00
Masimo® SET rainbow® DCI (SpO2, SpCO and SpMET) Reusable Sensor with 3' cable compatible with Zoll X-Series - Adult	Masimo	2696	MASI_2696	No	EA	1	5	$ 535.00	$ 2,675.00
Masimo® SET rainbow® RC-4 20-pin Patient Cable, 4' compatible with Zoll X-Series	Masimo		PO2406	No	EA	1	10	$ 95.00	$ 950.00
								Section 5 Total	$ 132,007.00

Vendor Name: Life-Assist, Inc.

Section 6: Exam Gloves / Latex Free Powder Free Nitrile	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 (2 decimal limit, $1.12)	Extended Cost
MICROFLEX® FreeForm® SE Nitrile Exam Gloves, Powderfree Exam Gloves, 100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 3.5 mil Palm Thickness, 5.1 mil Finger Thickness, Tensile Strength = 32 before aging (31 After aging), Elasticity = 500% Before Aging (400% after aging), Pinhole Defect Rate = 1.5 - **Extra Small**	MICROFLEX	FFS-700-XS	GL700XS	No	BX	100	100	$ 12.00	$ 1,200.00
MICROFLEX® FreeForm® SE Nitrile Exam Gloves, Powderfree Exam Gloves, 100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 3.5 mil Palm Thickness, 5.1 mil Finger Thickness, Tensile Strength = 32 before aging (31 After aging), Elasticity = 500% Before Aging (400% after aging), Pinhole Defect Rate = 1.5 - **Small**	MICROFLEX	FFS-700-S	GL700S	No	BX	100	200	$ 12.00	$ 2,400.00
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	$ 12.00	$ 7,200.00
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	$ 12.00	$ 7,200.00

Vendor Name: Life-Assist, Inc.

Section 6: Exam Gloves / Latex Free Powder Free Nitrile (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 (2 decimal limit, $1.12)	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	$ 12.00	$ 2,400.0000
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	$ 10.00	$ 100.00
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	$ 10.00	$ 100.00
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	$ 10.00	$ 100.00

Vendor Name: Life-Assist, Inc.

Section 6: Exam Gloves / Latex Free Powder Free Nitrile (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 (2 decimal limit, $1.12)	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 Large**	MICROFLEX	FFE-775-XL	GL775XL	No	BX	50	10	$ 10.00	$ 100.00
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	50	10	$ 10.00	$ 100.0000
								Section 6 Total	$ 20,900.00

Vendor Name: Life-Assist, Inc.

Section 7: AMBU PERFIT Cervical Collars	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Ambu® Perfit ACE Adjustable Cervical Collar, 16 setting - Adult (Neckless to Tall)	AMBU	002 810 001	CXACE	No	EA	1	1500	$ 5.25	$ 7,875.0000
Ambu® Perfit Mini ACE Adjustable Cervical Collar, 12 settings - Pediatric (Infant to Neckless)	AMBU	000 281 107	CXMINI	No	EA	1	150	$ 5.25	$ 787.5000
								Section 7 Total	$ 8,662.50

Vendor Name: Life-Assist, Inc.

Section 8: Head Immobilizers	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	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	$ 3.85	$ 3,465.0000
								Section 8 Total	$ 3,465.00

Vendor Name: Life-Assist, Inc.

Section 9: Miscellaneous Supplies	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Disposable OB Kit, Soft Packaging			KT500LF	Yes	EA	1	25	$ 5.00	$ 125.00
Alcohol Prep Pads - Medium (200/bx)			AL1007	Yes	BX	200	300	$ 2.00	$ 600.00
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			BJ8946	Yes	BX	72	10	$ 15.00	$ 150.00
Oxygen Cylinder Handwheel, Metal			OT2865	Yes	EA	1	10	$ 10.00	$ 100.00
Oxygen Cylinder Wrench, aluminum - Large			OT82	Yes	EA	1	10	$ 6.75	$ 67.50
Trauma Shears, Dark Blue - 7 1/2"			IN555-BLU	Yes	EA	1	100	$ 0.95	$ 95.00
Penlight, Disposable			PL1008	Yes	EA	1	100	$ 0.75	$ 75.00
Safety Lancet, single use, push button activated / spring loaded (100/bx)			GU98121	Yes	BX	100	120	$ 12.00	$ 1,440.00
ChloraPrep® Clear 3ml Applicator (2% Chlorhexidine / 70% Isopropyl Alcohol)			AL93040	Yes	BX	25	6	$ 40.00	$ 240.00
Safety control seals, Pull Tite (numbered), 100/pkg			HCL_18319-RED	Yes	PK	100	1	$ 13.00	$ 13.00
Razor, Disposable, Fixed Head (100/bx)			IN2135	Yes	BX	100	4	$ 22.00	$ 88.00
Disposable Polyester Patient Blanket, Blue or Gray (50" x 84")			BS92139	Yes	EA	1	50	$ 9.25	$ 462.50
Oxygen "D" Cylinder Gasket, Brass w/Rubber Center			OT99	Yes	EA	1	10	$ 0.65	$ 6.50

Vendor Name: Life-Assist, Inc.

Section 9: 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 (2 decimal limit, $1.12)	Extended Cost
Welch Allyn SureTemp Plus Thermometer Probe Cover, disposable (25/bx)	Welch Allyn	5031	TH5031	No	BX	25	200	$ 1.00	$ 200.00
Heavy Duty Ring Cutter			IN920	Yes	EA	1	5	$ 11.25	$ 56.25
Scalpel #11, Disposable, Sterile			IN4111	Yes	EA	1	5	$ 0.50	$ 2.50
Blade Assembly, single-use, pivoting, purple, for 3M 9661 surgical clippers	3m		IN9661CLIP	Yes	EA	1	50	$ 60.00	$ 3,000.00
Isopropyl Alcohol 70 % Bottle (4oz)			AL40020	Yes	EA	1	40	$ 0.70	$ 28.00
Isopropyl Alcohol 70% Bottle (16oz)			AL5	Yes	EA	1	12	$ 1.65	$ 19.80
Ecolab® Endure™ 300 Cida-Rinse Dispenser (540mL)	Ecolab		No Bid	No	EA	1	10		$ -
Mylar Emergency Blanket (52" x 84")			BS100	Yes	EA	1	50	$ 0.58	$ 29.00
Taylor Healthcare® G-Force™ Series Stretcher Sheet for Stryker, Blue, fluid resistant (36" x 90")	Taylor Healthcare Products, Inc.	90-GFRC3690	BS903691	Yes	Ea	1	5000	$ 2.53	$ 12,650.00

Vendor Name: Life-Assist, Inc.

Section 9: 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 (2 decimal limit, $1.12)	Extended Cost
Webbing, Nylon 1"x 50yd rolls - 500yd/box, NO Splices			No Bid	No	EA	1	50		$ -
Oxygen Post Valve, Seal Protector, Pull Type	Meret		OT90	Yes	EA	1	500	$ 0.20	$ 100.00
Health Care Logistics MedTags™ with Holder	Health Care Logistics	7760	No Bid	No	EA	1	100		$ -
Triage Ribbon - All Colors	Disaster Systems Management Inc	DMS-05793	No Bid	Yes	EA	1	5		$ -
Triage Ribbon - Red	Disaster Systems Management Inc	DMS-05791	No Bid	Yes	EA	1	5		$ -
Triage Ribbon - Yellow	Disaster Systems Management Inc	DMS-05790	No Bid	Yes	EA	1	5		$ -
Triage Ribbon - Green	Disaster Systems Management Inc	DMS-05789	No Bid	Yes	EA	1	5		$ -
Triage Ribbon - Black/White	Disaster Systems Management Inc	DMS-05792	No Bid	Yes	EA	1	5		$ -
								Section 9 Total	$ 20,288.05

Vendor Name: Life-Assist, Inc.

Section 10: 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 (2 decimal limit, $1.12)	Extended Cost
Safety Glasses, Nemesis V30, black frame, clear lens, neck cord included	KIMBERLY-CLARK	25676-00	IC25676	No	EA	1	250	$ 4.33	$ 1,082.50
Fluid shield mask with clear visor, anti-fog, 2" wrap around, ear loops 25/bx			IC90	Yes	BX	25	2	$ 22.50	$ 45.00
Inovel medical N95 respirator, all sizes, must be CDC and NIOSH approved (24/pk)			IC80201	No	PK	25	2	$ 16.75	$ 33.50
3M® Particulate Respirator and Surgical Mask - 1860s	3M	1860s	IC1860S	No	EA	1	20	$ 0.90	$ 18.00
3M® Particulate Respirator and Surgical Mask - 1860	3M	1860	IC1860	No	EA	1	20	$ 0.90	$ 18.00
3M® Particulate Respirator - 8210	3M	8210	IC8200	No	EA	1	20	$ 0.50	$ 10.00
3M® n95 Respirator - 1870	3M	1870	IC1870PLUS	No	EA	1	20	$ 1.25	$ 25.00
Sharps Dart sharps container, one time lockable lid (6.7" x 1.2")			ISDART	Yes	BX	24	60	$ 40.00	$ 2,400.00
Gel Hand Sanitizer w/ pump 540 mL	ECOLAB	47593-487-31	No Bid	No	EA	1	50		$ -
Surgical Shoe Covers			IC91024	Yes	EA	1	50	$ 0.12	$ 6.00

Vendor Name: Life-Assist, Inc.

Section 10: Infection Control (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 (2 decimal limit, $1.12)	Extended Cost
Non-surgical Isolation Gown, unisize			IC1025	Yes	EA	1	50	$ 2.65	$ -
Non-surgical Isolation Gown - Large			IC71311-L	Yes	EA	1	50	$ 3.75	$ 187.50
Non-surgical Isolation Gown - Xlarge			IC71311-XL	Yes	EA	1	50	$ 4.11	$ 205.50
Non-surgical Isolation Gown - XXLarge			IC71331	Yes	EA	1	50	$ 5.56	$ 278.00
Sharps Container in room mailbox style lid, transparent red, 5 quart	Cardinal Health	KE8513-1	IS8513-1	No	EA	1	300	$ 6.00	$ 1,800.00
Bracket, wire with lock for sage 5 quart sharpstar container	Cardinal Health	KE8518X	KEND_8518X	No	EA	1	5	$ 23.00	$ 115.00
Replacement Key for Sharps Container Bracket #KE8518X	Cardinal Health		No Bid	No	EA	1	5		$ -
								Section 10 Total	$ 3,632.00

Vendor Name: Life-Assist, Inc.

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Infant			SG2000I	Yes	EA	1	10	$ 18.00	$ 180.00
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Pediatric			SG2000C	Yes	EA	1	10	$ 18.00	$ 180.00
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Adult			SG2000	Yes	EA	1	30	$ 19.50	$ 585.00
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Large Adult			SG2000XL	Yes	EA	1	15	$ 21.75	$ 326.25
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Thigh			SG2000T	Yes	EA	1	10	$ 24.50	$ 245.00
Greenline/D Laryngoscope handle, fiber optic, chrome plated, 2AA batteries, penlite handle			LY23611	No	EA	1	10	$ 70.00	$ 700.00
Greenline/D Laryngoscope handle, fiber optic, chrome plated, C batteries			SUNM_5-0236-09	No	EA	1	10	$ 65.00	$ 650.00
Oxygen flow meter with Ohmeda QC Adapter 1-15LPM			No Bid	Yes	EA	1	10		$ -
ADScope 603 Stethoscope, navy blue, with additional eartips and diaphragm	AMERICAN DIAGNOSTIC CORP	603N	ST603-NAV	No	EA	1	30	$ 35.00	$ 1,050.00
StatPacks G3 Backup, Red, with Fort Bend County EMS embroidery (25" x 18" x 8.5")	StatPacks	G35006RE	SPAC_G35006RE	No	EA	1	5	$ 235.00	$ 1,175.00

Vendor Name: Life-Assist, Inc.

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Welch Allyn SureTemp Plus 690 Thermometer	WelchAllyn	690	TH690	No	EA	1	10	$ 265.00	$ 2,650.00
Welch Allyn SureTemp Plus 690 Probe and well kit, 4' - (Rectal / Red)	WelchAllyn	02892-000	TH69R	No	EA	1	10	$ 85.00	$ 850.00
Welch Allyn SureTemp Plus 690 Probe and well kit, 4' - (Oral / Blue)	WelchAllyn	02893-000	WELC_02893-000	No	EA	1	5	$ 85.00	$ 425.00
Restraint strap seat belt buckle loop end, Black, 2 piece (5')			SX91152-BLK	Yes	EA	1	10	$ 8.50	$ 85.00
Restraint straps chest system, black, nylon, Metal push button, loop ends			DICK_11160 BK	Yes	EA	1	10	$ 35.00	$ 350.00

Vendor Name: Life-Assist, Inc.

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Posey Twice-as-Tough cuffs WRIST Restraint with lock on connecting strap, adjustable, pair - (Wrist / Blue)	POSEY	2750	SX2750	No	EA	1	150	$ 25.00	$ 3,750.00
Posey Twice-as-Tough cuffs Restraint with lock on cuff and connecting strap, adjustable, pair - (Ankle / Red)	POSEY	2755	SX2755	No	EA	1	120	$ 25.00	$ 3,000.00
Oxygen cylinder with toggle, aluminum, D size			OS01T	Yes	EA	1	5	$ 58.50	$ 292.50
Oxygen regulator/pressure reducer, brass, CGA 540 2800-R-2			OJ51600	Yes	EA	1	5	$ 138.00	$ 690.00
Oxygen regulator, 1 DISS 1BARB 0-25 LPM			OG8725EMS-1	Yes	EA	1	5	$ 62.00	$ 310.00
Megamover plus transport unit, nonwoven, w/backboard pockets, 1500 lb capacity (40" x 80")	GRAHAM PROFESSIONAL	53376	BS800PLUS	Yes	EA	1	10	$ 30.00	$ 300.00
Stryker LUCAS 2 / 3 Disposable Suction Cup, 3/pk	Stryker	11576-000046	PCI_11576-000046	No	PK	3	5	$ 140.00	$ 700.00
Stryker LUCAS Patient Strap, pair	Stryker	11576-000050	PCI_11576-000050	No	SET	2	5	$ 106.00	$ 530.00
Stryker LUCAS Stabilization Strap	Stryker	21996-000074	PCI_21576-000074	No	EA	1	5	$ 95.00	$ 475.00
Stryker LUCAS Standard Back Plate	Stryker	21996-000044	PCI_21996-000044	No	EA	1	5	$ 375.00	$ 1,875.00
Replacement Ankle Hitch for QD3 & QD4 Traction			FARE_1124200	Yes	EA	1	5	$ 18.00	$ 90.00
Replacement Ischial Strap for Adult/Child QD3/QD4 Traction Splint			No Bid	Yes	EA	1	5		$ -
Oxygen cylinder with toggle, aluminum - (C size)			OS00T	Yes	EA	1	5	$ 48.00	$ 240.00

Vendor Name: Life-Assist, Inc.

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Traction splint w/aluminum ratchet - Adult (QD-4)			FARE_1126524	Yes	EA	1	5	$ 195.00	$ 975.00
Traction splint w/aluminum ratchet - Pediatric (QD-3)			No Bid	Yes	EA	1	5		$ -
KED, Kendrick Extrication Device, green, with color coded straps			SW2253-GRN	Yes	EA	1	5	$ 60.00	$ 300.00
L.A. Rescue® cervical collar bag (24" x 11" x 5")			CX855-BLU	Yes	EA	1	5	$ 23.00	$ 115.00
Trauma / Air management bag III, blue (26" x 18.5" x 12.5")	FERNO	5111	FS5111-BLU	No	EA	1	5	$ 295.00	$ 1,475.00
Hawkepack ET Intubation Kit pullout, green with yellow stripe	HAWKEPAKS	02-04F5	LY104-BLU	No	EA	1	5	$ 45.00	$ 225.00
Ferno professional intubation mini bag, royal blue	FERNO	5115	LY5115-BLU	No	EA	1	5	$ 80.00	$ 400.00
5.11 Rush 72 Back Pack, Black	5.11	rush72	CS58602-BLK	No	EA	1	5	$ 140.00	$ 700.00
Flowmeter With Ohmeda Adpapter, Oxygen, Sidemount			OG22005		EA	1	10	$ 45.00	$ 450.00
Fasplint Semi-Disposable Vacuum Splint - Small	Hartwell Medical		SP801	No	EA	1	100	$ 16.00	$ 1,600.00

Vendor Name: Life-Assist, Inc.

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Fasplint Semi-Disposable Vacuum Splint - Medium	Hartwell Medical		SP802	No	EA	1	100	$ 26.00	$ 2,600.00
Fasplint Semi-Disposable Vacuum Splint - Large	Hartwell Medical		SP803	No	EA	1	100	$ 32.00	$ 3,200.00
Fasplint Vacuum Pump, Economy	Hartwell Medical		SP912	No	EA	1	25	$ 50.00	$ 1,250.00
Fasplint Replacement Bag, Rectangular	Hartwell Medical		HWEL_FS14 RC	No	EA	1	25	$ 42.00	$ 1,050.00
Fasplint Tapered Adapter	Hartwell Medical		SP815	No	EA	1	15	$ 15.50	$ 232.50
SSCOR VX-2® 2310 Suction Unit Battery, Rechargeable	SSCOR	2310	OK80635	No	EA	1	5	$ 56.00	$ 280.00
SSCOR VX-2® 2314 Suction Unit Battery, Rechargeable	SSCOR	2314	OK80635	No	EA	1	5	$ 56.00	$ 280.00
SSCOR VX-2® Suction Unit, With Variable Regulator, DC Cable And Converter	SSCOR	VX-2	OK2310V	No	EA	1	5	$ 725.00	$ 3,625.00
Curaplex Quick-Connect Carrier	Curaplex	3245-19123	SW2200P	No	EA	1	10	$ 825.00	$ 8,250.00
StatPacks G3 Golden Hour, Orange, BBP resistant, (18" X 17" X 8")	StatPack		Discontinued	No	EA	1	5		$ -
2-Piece Nylon Restraint Strap with Metal Push Button Buckle and Swivel Speed Clip Ends, Black, (5' X 23")			SX60C-ORG	Yes	EA	1	30	$ 19.00	$ 570.00
King Vision Video Laryngoscope Deluxe Supply Bag with pockets, red			LY003CASE	Yes	EA	1	2	$ 38.00	$ 76.00

Vendor Name: Life-Assist, Inc.

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
FERNO Model 5111 Trauma Air Management Bag III, Blue	Ferno	1511	FS5111-BLU	No	EA	1	5	$ 295.00	$ 1,475.00
Engel Fridge-Freezer MD-14F with Top Lid Access Door	Engel USA	MD-14F	ENGE_MD14F	No	EA	1	2	$ 645.00	$ 1,290.00
Engel Fridge-Freezer D/C Power Cord with Integrated Thermal Fuse for MD-14F	Engel USA		FRFUSE	No	EA	1	2	$ 12.00	$ 24.00
Triage Tape Waist Belt	EMS Innovations	EM19	RS90	?	EA	1	5	$ 45.00	$ 225.00
Stryker LUCAS 2® Device Battery	Stryker	11576-000039	PCI_11576-000039	No	EA	1	3	$ 775.00	$ 2,325.00
Quantum EMS ACR4 Ambulance Child Restraint System	Quantum EMS	Q-ACR4	SW1001	No	EA	1	2	$ 695.00	$ 1,390.00
LSP XTRA™ Backboard Without Pins, 71in L x 15.75in W x 1.85in D, Blue			SW8150-BLU	Yes	EA	1	25	$ 125.00	$ 3,125.00
Ferno Scoop™ EXL Scoop Stretcher, Red, no pins	Ferno		SW069EX	Yes	EA	1	5	$ 1,100.00	$ 5,500.00
Stryker® Head End Pouches	Stryker	6500 130 000	No Bid	No	EA	1	5		$ -

Vendor Name: Life-Assist, Inc.

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Stryker® Base Storage Flat	Stryker	6500 160 000	No Bid	No	EA	1	5		$ -
Stryker® Antlers, Push Bat, Push Bar Mount Kit	Stryker	6370 000 000	No Bid	No	EA	1	2		$ -
Stryker® J Hook	Stryker	6060 039 017	No Bid	No	EA	1	2		$ -
Stryker® Battery Charger, SMRT power kit, 120v A/C	Stryker	6500 700 041	No Bid	No	EA	1	2		$ -
Stryker® X Restraints, full set	Stryker	6506 0003 0010	No Bid	No	EA	1	25		$ -
Stryker® X Restraints, shoulder	Stryker	6506 0003 0001	No Bid	No	EA	1	10		$ -
Stryker® X Restraints, waist single buckle	Stryker	6506 0003 0003	No Bid	No	EA	1	10		$ -
Stryker® X Restraints, waist double buckle	Stryker	6506 0003 0002	No Bid	No	EA	1	10		$ -
Stryker® X Restraints, thigh	Stryker	6506 0003 0004	No Bid	No	EA	1	10		$ -
Stryker® X Restraints, ankle	Stryker	6506 0003 0005	No Bid	No	EA	1	10		$ -
Stryker® Stair Chair Straps	Stryker	6250 001 021S	No Bid	No	EA	1	10		$ -
Stryker® Stair Chair Ankle Straps	Stryker	6500 001 395	No Bid	No	EA	1	20		$ -
Stryker® Stretcher SMRT Batteries	Stryker	6500 033 000	No Bid	No	EA	1	5		$ -
								Section 11 Total	$ 64,711.25

Vendor Name: Life-Assist, Inc.

Section 12: Medication	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
ADENOSINE (Adenocard) 12mg (3mg/mL) 4mL vial			DR0854-04	Yes	EA	1	100	$ 13.50	$ 1,350.00
ACETAMINOPHEN (Tylenol) 160mg (32mg/mL) 5mL Liquid			CHI_058758	Yes	EA	1	100	$ 1.90	$ 190.00
ACETAMINOPHEN (Tylenol) 500mg (Tablet) Bottle			CHI_20101	Yes	PK	2	400	$ 2.25	$ 900.00
AMIODARONE (Cordarone) 150mg (50mg/mL) 3mL vial			DR9875-25	Yes	EA	1	400	$ 1.00	$ 400.00
ASPIRIN 81mg (tablet) bottle			MD150	Yes	BT	36	90	$ 1.00	$ 90.00
ATROPINE SULFATE 1mg (0.1mg/mL) 10mL PFS			DR3340-00	Yes	EA	1	400	$ 12.00	$ 4,800.00
IPRATROPIUM & ALBUTEROL (Duo Neb) 0.5mg & 3.0mg/3mL			DR0600-30	Yes	BX	30	15	$ 5.00	$ 75.00
CALCIUM CHLORIDE 1gm (100mg/mL) 10mL PFS			DR3304-00	Yes	EA	1	100	$ 11.50	$ 1,150.00
DIPHENHYDRAMINE (Benadryl) 50mg (50mg/mL) 1mL vial			DR0376-25	Yes	EA	1	180	$ 1.50	$ 270.00
Dextrose 10% 250mL Infusion			SL5202	Yes	EA	1	500	$ 3.50	$ 1,750.00
DOPAMINE 800mg (1.6mg/mL) 500mL Infusion			BAXT_2B0843	Yes	EA	1	100	$ 18.75	$ 1,875.00

Vendor Name: Life-Assist, Inc.

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
EPINEPHRINE 1:1,000 1mg (1mg/mL) 1ml vial			DR0159-25	Yes	EA	1	150	$ 16.50	$ 2,475.00
EPINEPHRINE 1:10,000 1mg (0.1mg/mL) 10mL PFS			DR4933-01	Yes	EA	1	900	$ 7.30	$ 6,570.00
RACEMIC EPINEPHRINE 2.25% 0.5mL			DR2784-01	Yes	EA	1	70	$ 1.50	$ 105.00
ETOMIDATE (Amidate) 20mg (2mg/mL) 10mL vial			DR9506-10	Yes	EA	1	200	$ 4.00	$ 800.00
GLUCAGON (Glucagen) 1mg (1mg/mL) 1mL			DR0260-10	Yes	EA	1	100	$ 182.00	$ 18,200.00
Oral Glucose 31gm			MD63	Yes	EA	1	250	$ 3.00	$ 750.00
HEPARIN 5000u (5000u/mL) 1mL vial			DR0953-25	Yes	EA	1	80	$ 1.00	$ 80.00
LABETALOL 100mg (5mg/mL) 20mL vial			HOSP_DR2267-20	Yes	EA	1	150	$ 5.00	$ 750.00
LIDOCAINE 2% 100 mg (20mg/mL) 5ml PFS			DR9594-25	Yes	EA	1	250	$ 1.45	$ 362.50

Vendor Name: Life-Assist, Inc.

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
MAGNESIUM SULFATE 50% 1gm (500mg/mL) 2mL vial			DR0064-03	Yes	EA	1	200	$ 2.00	$ 400.00
NALOXONE (Narcan) 2mg (1mg/mL) 2mL			DR3369-00	Yes	EA	1	150	$ 35.00	$ 5,250.00
NITROGLYCERIN 2% 30gm Paste			DR0326-30	Yes	EA	1	50	$ 38.00	$ 1,900.00
Nitrolingual Spray, 4.1g, 400mcg per Spray, 90 sprays per can			DR0410-04	Yes	EA	1	40	$ 150.00	$ 6,000.00
Nitrostat, 0.4mg Sublingual Tabs, 25 per bottle			DR0436-11	Yes	BT	25	10	$ 18.50	$ 185.00
PROMETHAZINE (Phenergan) 25mg (25mg/mL) 1mL vial			DR0928-25	Yes	EA	1	300	$ 1.95	$ 585.00
ALBUTEROL SULFATE 0.083% 2.5mg (0.83mg/mL) 3mL			DR0200-25	Yes	BX	25	35	$ 3.50	$ 122.50
ROCURONIUM 100mg (10mg/mL) 10mL vial			DR9251-10	Yes	EA	1	120	$ 4.20	$ 504.00
SODIUM BICARBONATE 50mEq (1mEq/mL) 50mL PFS			CHI_DR6625-02	Yes	EA	1	450	$ 10.00	$ 4,500.00
Sodium Chloride 0.9% 10mL PFS			SL1307	Yes	EA	1	8000	$ 2.00	$ 16,000.00
METHYLPREDNISOLONE (Solumedrol) 125mg (62.5mg/mL) 2mL vial			DR0047-22	Yes	EA	1	300	$ 9.00	$ 2,700.00
SUCCINYLCHOLINE (Quelicin) 200mg (20mg/mL) 10mL vial			DR9338-25	Yes	EA	1	150	$ 6.50	$ 975.00

Vendor Name: Life-Assist, Inc.

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
Ketorolac 60mg 2mL vial			DR3796-01	Yes	EA	1	275	$ 3.40	$ 935.00
Carpuject™ Syringe			DR0005-05	Yes	EA	1	20	$ 0.03	$ 0.60
ONDANSETRON (Zofran) 4mg Tablet ODT			DR2157-13	Yes	EA	30	30	$ 6.25	$ 187.50
ONDANSETRON (Zofran) 4mg (2mg/mL) 2mL vial			DR6078-25	Yes	EA	25	8	$ 18.00	$ 144.00
Mucosal Automation Device - with 3mL Syringe			IT100	Yes	EA	1	20	$ 7.50	$ 150.00
Mucosal Atomization Device - device only			IT103	Yes	EA	1	200	$ 6.85	$ 1,370.00
CAPTOPRIL 12.5mg (tablet) bottle			DR31171-01	Yes	BT	100	50	$ 150.00	$ 7,500.00
DILTIAZEM (Cardizem) 25mg (5mg/mL) 5mL vial			DR6013-10	Yes	EA		150	$ 35.00	$ 5,250.00
HYDROXOCOBALAMIN (Cyanokit) 5gm			DR310-11	Yes	EA		10	$ 965.00	$ 9,650.00
PROPRANOLOL 1mg (1mg/mL) 1mg vial			DR9872-10	Yes	EA		10	$ 9.50	$ 95.00

Vendor Name: Life-Assist, Inc.

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
Atropine 8mg, 20mL Vial			DR0512-43	Yes	EA		30	$ 16.50	$ 495.00
PRALIDOXIME (Protopam) 1gm (50mg/mL) 20mL vial			CHI_DR0141-01	Yes	EA		10	$ 95.83	$ 958.30
METHYLENE BLUE 1% 100mg (10mg/mL) 10mL vial			No Bid	Yes	EA		10		$ -
Nithiodote Kit, Includes One Sodium Nitrite (300mg/10mL Vial) And One Sodium Thiosulfate (12.5GM/50mL)			CHI_DR0812-00	Yes	EA		10	$ 200.00	$ 2,000.00
CALCIUM GLUCONATE GEL 2.5% 25gm			CHI_030332	Yes	EA		10	$ 34.00	$ 340.00
Dopamine, 400mg In D5W 250mL Bag			DR7809-22	Yes	EA		100	$ 12.85	$ 1,285.00
FAMOTIDINE (Pepcid)10mg (5mg/mL) 2mL vial			DR0751-02	Yes	EA		250	$ 1.28	$ 320.00
NOREPINEPHRINE (Levophed) 4mg (1mg/mL) 4mL vial			DR9318-10	Yes	EA		1000	$ 9.00	$ 9,000.00
METOCLOPRAMIDE (Reglan) 10mg (5mg/mL) 2mL vial			DR3414-01	Yes	EA		700	$ 1.26	$ 882.00
VITAMIN B6 (Pyridoxine) 100mg (100mg/mL) 1mL vial			DR0180-01	Yes	EA	1	6	$ 19.00	$ 114.00
NALOXONE (Narcan) 4mg Nasal			DR0353-02A	Yes	EA	1	20	$ 65.00	$ 1,300.00
								Section 12 Total	$ 124,040.40

Vendor Name: Life-Assist, Inc.

Section 13: Controlled Substance Medication	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
MORPHINE SULFATE 1mg (1mg/mL) 10mL			No Bid	Yes	EA	1	20		$ -
MIDAZOLAM (Versed) 10mg (5mg/mL) 2mL Vial			DR0588-68	Yes	EA	1	250	$ 1.02	$ 255.00
KETAMINE (Ketalar) 500mg (50mg / mL) 10mL vial			DR2053-10	Yes	BX	10	150	$ 7.50	$ 1,125.00
FENTANYL (Sublimaze) 250mcg (50mcg/mL) 5mL Vial			SAS_DR9094-25	Yes	EA	1	900	$ 2.95	$ 2,655.00
DIAZEPAM (Valium) 10mg (5mg / mL) 2mL vial			SAS_DR0213-12	Yes	EA	1	200	$ 61.15	$ 12,230.00
HYDROMORPHONE (Dilaudid) 2mg (2mg/mL) 1mL vial			DR6151-25	Yes	Ea	1	300	$ 4.45	$ 1,335.00
							Section 13 Total		$ 17,600.00

COUNTY PURCHASING AGENT

Fort Bend County, Texas

Vendor Information

Jaime Kovar
Purchasing Agent

Office (281-341-8640

Legal Company Name (top line of W9)	Mercedes Medical LLC. dba Mercedes Scientific
Business Name (if different from legal name)	
Federal ID # or S.S. #	65-0437024 DUNS # 85-447-2680
Type of Business	✓ Corporation/LLC ___ Partnership ___ Sole Proprietor/Individual ___ Tax Exempt Organization — Age in Business? 31 yrs.
Publicly Traded Business	X No ___ Yes Ticker Symbol _____
Remittance Address	PO Box 850001
City/State/Zip	Orlando, FL 32885-0123
Physical Address	12210 Rangeland Pkwy
City/State/Zip	Bradenton, FL 34211
Phone/Fax Number	Phone: 800-331-2716 Fax: 800-359-8807
Contact Person	Monica Fraser
E-mail	bids@mercedesmedical.com

Check all that apply to the company listed above and provide certification number.		Cert Date	Exp Date
DBE-Disadvantaged Business Enterprise ☐	Certification # _____		
SBE-Small Business Enterprise ☑	Certification # WOSB19095	5/22	5/23
HUB-Texas Historically Underutilized Business ☐	Certification # _____		
WBE-Women's Business Enterprise ☑	Certification # WBE1800865	5/22	5/23

Company's gross annual receipts		
<$500,000 ___	$500,000-$4,999,999 ✓	
$5,000,000-$16,999,999 ___	$17,000,000-$22,399,999 ___	
>$22,400,000 ___		

NAICs codes (Please enter all that apply)	424210, 424990
Signature of Authorized Representative	Monica Fraser
Printed Name	MONICA FRASER
Title	Gov. Bid Mgr.
Date	8/23/22

THIS FORM MUST BE SUBMITTED WITH THE SOLICITATION RESPONSE

LEGAL NOTICE
INVITATION TO BIDDERS

Sealed Bids will be received in the Office of Jaime Kovar, County Purchasing Agent, Fort Bend County, Travis Annex, 301 Jackson, Suite 201, Richmond, TX 77469 for the following until **TUESDAY, AUGUST 30, 2022 at 2:00 P.M**. (CST). All bids will then be publicly opened and read in the Office of the Purchasing Agent, Travis Annex, 301 Jackson, Suite 201, Richmond, TX 77469. Bids received after the specified time will be returned unopened. All addendums will be posted on Purchasing Agent's website located at www.fortbendcountytx.gov.

1. **BID 23-001 TERM CONTRACT FOR PURCHASE OF MEDICAL SUPPLIES**

2. **BID 23-002 TERM CONTRACT FOR PEST CONTROL SERVICES**

3. **BID 23-003 TERM CONTRACT FOR PRESSURE-WASHING AND SEALING OF VARIOUS COUNTY BUILDINGS**

4. **BID 23-004 TERM CONTRACT FOR PURCHASE OF LAW ENFORCEMENT UNIFORMS, DUTY GEAR & BODY ARMOR**

Unit pricing required; payment will be by check. Bonds are not required. Fort Bend County reserves the right to reject any or all bids.

Signed:
Jaime Kovar, Purchasing Agent
Fort Bend County, Richmond, Texas
281-341-8640

Fort Bend County, Texas
Invitation for Bid

Term Contract for Purchase of Medical Supplies
BID 23-001

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 address to assist in proper delivery.

SUBMIT NO LATER THAN:

Tuesday, August 30, 2022
2:00 PM (Central)

LABEL ENVELOPE:

BID 23-001
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.

Requests for information must be in writing and directed to:
Cheryl Krejci, CPPB
Assistant County Purchasing Agent
cheryl.krejci@fortbendcountytx.gov

Vendor Responsibilities:

- Download and complete any addendums. (Addendums will be posted on the Fort Bend County website no Later than 48 hours prior to bid opening)
- Submit response in accordance with requirements stated on the cover of this document.
- DO NOT submit responses via email or fax.

Prepared: 08/11/22
Issued: 08/14/22

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, and return ONE (1) complete bid document to the Fort Bend County Purchasing Department. An authorized representative of the bidder must sign the Contract Sheet. Do not complete the date at the top of the contract sheet. The bid document must be in a sealed envelope marked with the appropriate bid number and title. The contract will be binding only when signed by the County Judge, 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, the bidder must draw a line through error and initial each change. All response, typed or written, information must be clear and legible.

If a pricing form in Excel is included and posted on the County's website amongst this bid document, the Vendor must download, complete and save the Excel (not a PDF of the Excel file) file of the pricing form on a flash drive. The Excel file on the flash drive must be downloadable by the Purchasing Department in order to copy and paste the vendor's pricing to the County's Excel tabulation. The flash drive must be labeled and included in the same sealed envelope with the respondent's completed bid document along with a printed copy of the pricing form completed by the vendor.

1.5 Bid Returns: Bidders must return 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

Initials of Bidder: NF

bid documents will be made to any bidder orally. All requests for such interpretations must be made in writing addressed to Ms. Cheryl Krejci, Assistant County Purchasing Agent, 301 Jackson, Suite 201, Richmond, Texas 77469, e-mail: cheryl.krejci@fortbendcountytx.gov. Any and all interpretations and any supplemental instructions will be in the form of written addenda to the contract documents which will be posted on Fort Bend County's website. Addenda will **ONLY** be issued by the Fort Bend County Purchasing Agent. It is the sole responsibility of each bidder to insure receipt of any and all addenda. All addenda issued will become part of the contract documents. Bidders must sign and include addendum in the returned bid package. Deadline for submission of questions and/or clarification is **Tuesday, August 23, 2022 at 9:00 AM (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.

Initials of Bidder: MF

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.

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.

Initials of Bidder: MF

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. Vendors bidding "or equal" items are required to provide manufacturer's specifications of both, the specified item and the "equal to" item, and documentation proving equality. 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

Initials of Bidder: MF

person engaged in such line of business. Any or all bids may be rejected if the County believes that collusion exists among the bidders. Bids in which the prices are obviously unbalanced may be rejected. If multiple bids are submitted by a bidder and after the bids are opened, one of the bids is withdrawn, the result will be that all of the bids submitted by that bidder will be withdrawn; however, nothing herein prohibits a vendor from submitting multiple bids for different products or services.

1.24 Awards: Fort Bend County reserves the right to award this contract on the basis of lowest and best bid in accordance with the laws of the State of Texas, to waive any formality or irregularity, to make awards to more than one bidder, to reject any or all bids. In the event the lowest dollar bidder meeting specifications is not awarded a contract, the bidder may appear before the Commissioners Court and present evidence concerning his responsibility. An award is final only upon formal execution by the Fort Bend County Commissioners Court or the Fort Bend County Purchasing Agent. Fort Bend County reserves the right to withdraw any award until execution by the proper authority.

1.25 Assignment: The successful vendor may not assign, sell or otherwise transfer this contract without written permission of Fort Bend County Commissioners Court.

1.26 Term Contracts: If the contract is intended to cover a specific time period, said time will be given in the specifications under scope.

1.27 Maintenance: Maintenance required for equipment bid should be available in Fort Bend County by a manufacturer authorized maintenance facility. Costs for this service shall be shown on the bid sheet as requested or on a separate sheet, as required. If Fort Bend County opts to include maintenance, it shall be so stated in the purchase order and said cost will be included. Service will commence only upon expiration of applicable warranties and should be priced accordingly.

1.28 Contract Obligation: Fort Bend County Commissioners Court must award the contract and the County Judge or other person authorized by the Fort Bend County Commissioners Court must sign the contract before it becomes binding on Fort Bend County or the bidders. Department heads are not authorized to sign agreements for Fort Bend County. Binding agreements shall remain in effect until all products and/or services covered by this purchase have been satisfactorily delivered and accepted.

1.29 Title Transfer: Title and Risk of Loss of goods shall not pass to Fort Bend County until Fort Bend County actually receives and takes possession of the goods at the point or points of delivery. Receiving times may vary with the using department. Generally, deliveries may be made between 8:30 a.m. and 4:00 p.m., Monday through Friday. Bidders are advised to consult the using department for instructions. The place of delivery shall be shown under the "Special Requirement" section of this bid document and/or on the Purchase Order as a "Ship To:" address.

Initials of Bidder: MF

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 Purchasing Agent. The County Purchasing Agent will review, and, if increase is deemed warranted, place the request on Fort Bend County's Commissioners Court agenda for their action of approval or disapproval. Approval

Initials of Bidder: MF

by the County's Commissioner's Court is required. Any proposed price increase will only be the amount increased to the vendor from his/her supplier. The price increase request must be stated on the vendor's letterhead with the bid number and name in the subject including, in columns, for each item: item description, original bid price, percent of increase, and the total cost of the original bid price including the increased dollar amount. Written documentation from the vendor's supplier of the increase notice must be provided to the Purchasing Agent at time of increase request. No application for a price increase may be submitted within the first twelve (12) month term of this contract. Increase requests 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 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.

Initials of Bidder: MF

2.6 Place of Delivery: The place of delivery shall be that set forth in the block of the purchase order entitled "Ship To". Any change thereto shall be effective by modification as provided for in Clause number 2.20 "Modifications", hereof. The terms of this agreement are "no arrival, no sale", at the discretion of Fort Bend County.

2.7 Invoices and Payments:

2.7.1 Seller shall submit separate invoices, in duplicate. Invoices shall indicate the purchase order number and the bid number if applicable. Invoices shall be itemized and transportation charges, if any, shall be listed separately. A copy of the bill of lading, and the freight waybill when applicable should be attached to the invoice.

2.7.2 Fort Bend County's obligation is payable only and solely from funds available for the purpose of this purchase. Lack of funds shall render the order null and void to the extent funds are not available and any delivered but unpaid goods will be returned to Seller by the county.

2.7.3 Do not include Federal Excise, State, or City Sales Tax. Fort Bend County is a tax-exempt governmental entity.

2.8 Gratuities: Fort Bend County may, by written notice to the Seller, cancel any order without liability, if it is determined by the County that gratuities, in the form of entertainment, gifts, or otherwise were offered or given by the Seller, or any agent or representative of the Seller to any officer or employee of Fort Bend County with a view toward securing an order. In the event an order is canceled by the County pursuant to this provision, the County shall be entitled, in addition to any other rights and remedies, to recover or withhold the amount of the cost incurred by Seller in providing such gratuities.

2.9 Special Tools and Test Equipment: If the price stated on the face of an order includes the cost of any special tooling or special test equipment fabricated or required by Seller for the purpose of filing this order, such special tooling equipment and any process sheets related thereto shall become the property of the County and to the extent feasible shall be identified by the Seller as such.

2.10 Warranty/Price:

2.10.1 The price to be paid by the County shall be that contained in Seller's 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

Initials of Bidder: MF

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

Initials of Bidder: MF

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

Initials of Bidder: MF

trace 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 to Fort Bend County as specified herein.

4.0 TERM OF CONTRACT:

The term of this contract is **October 1, 2022 through September 30, 2023**, renewable annually for four (4) years (through September, 2027) under the same terms and conditions if mutually agreeable

Initials of Bidder: MF

by 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 TEXAS ETHICS COMMISSION FORM 1295:

5.1 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.

5.2 On-line instructions:

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

5.2.2 Identification number used by the governmental entity is: B23-001.

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

5.3 Apparent low bidder(s) will be required to provide the Form 1295 within three (3) calendar days from notification; however, if your company is publicly traded you are not required to complete this form.

6.0 STATE LAW REQUIREMENTS FOR CONTRACTS:

The contents of this section are required by Texas Law and are included by County regardless of content.

6.1 Agreement to Not Boycott Israel Chapter 2271 Texas Government Code: Contractor verifies that if Contractor employs ten (10) or more full-time employees and this Agreement has a value of $100,000 or more, Contractor does not boycott Israel and will not boycott Israel during the term of this Contract.

6.2 Texas Government Code Section 2251.152 Acknowledgment: By signature on vendor form, Contractor represents pursuant to Section 2252.152 of the Texas Government Code, that Contractor is not listed on the website of the Comptroller of the State of Texas concerning the listing of companies that are identified under Section 806.051, Section 807.051 or Section 2253.153.

7.0 HUMAN TRAFFICKING:

By acceptance of this contract, Contractor acknowledges that Fort Bend County is opposed to human trafficking and that no County funds will be used in support of services or activities that violate human trafficking laws.

Initials of Bidder: MF

8.0 ASSIGNMENT:

Contractor shall not sell, assign, transfer or convey these services, in whole or in part, without the prior written consent of Fort Bend County and as a condition of such consent, contractor shall remain liable for completion of the services in the event of default by the successor contractor or assignee.

9.0 SPECIFICATIONS AND BID PRICING:

Additional specifications are available in the pricing form required to be downloaded by interested vendors, completed, saved in Excel and returned as stated in Section 1.4. See Name Brand Clause 1.18 above. Vendors are required to provide pricing as stated and may be disqualified if not.

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.

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 and provide documentation proving the items are "equal".

9.4 Vendor must provide unit prices as stated on bid pricing form. Alterations to unit sizes are not permitted and are grounds for vendor disqualification.

9.5 Vendors must be authorized and/or certified, if required, by manufacturer and/or supplier, to sell or resell the items included in this bid.

9.6 Vendors are required to provide documentation/certification from the manufactures stating the vendor is an approved reseller and/or distributor with their bid response.

9.7 Vendors are not permitted to provide bid prices with more than two (2) decimal places.

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.

Initials of Bidder: MF

11.0 AWARD:

This contract will be awarded to the lowest bidder per item meeting specifications.

12.0 VENDOR STATUS:

The awarded vendor is required to hold an **active** status on the SAM.gov website https://sam.gov/content/home along with the Texas Comptroller Taxable Entity website https://mycpa.cpa.state.tx.us/coa/ .

13.0 REQUIRED FORMS:

All vendors submitting are required to complete and provide with submission along with any other documentation as stated herein:

13.1 Electronic Excel file of Pricing Form on flash drive and printed hard copy

13.2 Vendor Form

13.3 W9 Form

13.4 Tax Form/Debt/Residence Certification

13.5 Certification and or authorization documentation proving permission to sell or resell from manufacturers

Initials of Bidder: _____

Contract Sheet
Bid 23-001

THE STATE OF TEXAS
COUNTY OF FORT BEND

This memorandum of agreement made and entered into on the 13 day of December, 2022, by and between Fort Bend County in the State of Texas (hereinafter designated County), acting herein by County Judge KP George, by virtue of an order of Fort Bend County Commissioners Court, and Mercedes Medical LLC dba Mercedes Scientific (hereinafter designated Contractor).
(company name)

WITNESSETH:

The Contractor and the County agree that the bid and specifications for **Purchase and Delivery 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 13th day of December 2022.

Fort Bend County, Texas

By: KP George
County Judge KP George
County Judge, KP George

By: Monica Fraser
Signature of Contractor

By: MONICA FRASER, Gov. Bid Mgr.
Printed Name and Title

MERCEDES SCIENTIFIC

Updated: January 2022

W-9

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Mercedes Medical, LLC

2 Business name/disregarded entity name, if different from above

Mercedes Scientific

Print or type. See Specific Instructions on page 3.

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☑ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ S

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ 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)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

12210 Rangeland Parkway

6 City, state, and ZIP code

Bradenton, FL 34211

Requester's name and address (optional)

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number: ___ - ___ - ____

or

Employer identification number: 8 6 - 0 4 3 7 0 2 4

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 for Part II, later.

Sign Here | Signature of U.S. person ▶ Michele Kunasz | Date ▶ 1/1/22

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.

Cat. No. 10231X

Form W-9 (Rev. 10-2018)

Job No.: 23-001

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

Taxpayer Identification Number (T.I.N.): 65-0437024

Company Name submitting Bid/Proposal: Mercedes Medical LLC dba Mercedes Scientific

Mailing Address: 12210 Rangeland Pkwy, Bradenton, FL 34211

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

N/A

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.)

Fort Bend County Tax Acct. No.*	Property address or location**
N/A	N/A

** 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
[Company Name]
§2252.001.

I certify that Mercedes Scientific is a Nonresident Bidder as defined in Government Code
[Company Name]
§2252.001 and our principal place of business is Bradenton, FL.
[City and State]

Created 05/12

WBENC

WOMEN'S BUSINESS ENTERPRISE NATIONAL COUNCIL

JOIN FORCES. SUCCEED TOGETHER.

HEREBY GRANTS
WOMAN OWNED SMALL BUSINESS (WOSB) CERTIFICATION TO

Mercedes Medical, LLC DBA Mercedes Scientific

The identified small business is an eligible WOSB for the WOSB Program, as set forth in 13 C.F.R. part 127 and has been certified as such by an SBA approved Third Party Certifier pursuant to the Third Party Agreement, dated June 30, 2011, and available at www.sba.gov/wosb.

The WOSB Certification expires on the date herein unless there is a change to the SBA's regulation that makes the WOSB ineligible or there is a change in the WOSB that makes the WOSB ineligible. If either occurs, this WOSB Certification is immediately invalid. The WOSB must not misrepresent its certification status to any other party, including any local or State government or contracting official or the Federal government or any of its contracting officials.

Majority Female Owner: Noelle Haft
NAICS: 424210, 424990 UNSPSC: 42181500
Certification Number: WOSB190951
Renewal Date: May 9, 2023
WOSB Regulation Expiration Date: 5/9/2023

WBEC FLORIDA
WOMEN'S BUSINESS ENTERPRISE COUNCIL

Nancy Allen, Women's Business Enterprise Council Florida President & CEO

Pamela Prince-Easton, WBENC President & CEO

LaKesha White, Vice President, Certification

WBENC

WOMEN'S BUSINESS ENTERPRISE NATIONAL COUNCIL

JOIN FORCES. SUCCEED TOGETHER.

hereby grants

National Women's Business Enterprise Certification

to

Mercedes Medical, LLC DBA Mercedes Scientific

who has successfully met WBENC's standards as a Women's Business Enterprise (WBE).
This certification affirms the business is woman-owned, operated and controlled and is valid through the date herein.

Certification Granted: May 9, 2018
Expiration Date: May 9, 2023
WBENC National Certification Number: WBE1800865

WBENC National WBE Certification was processed and validated by Women's Business Enterprise Council Florida, a WBENC Regional Partner Organization.

Authorized by Nancy Allen, President & CEO
Women's Business Enterprise Council Florida

WBECFLORIDA
WOMEN'S BUSINESS ENTERPRISE COUNCIL

NAICS: 424210, 424990
UNSPSC: 42181500

Center for Women & Enterprise · Great Lakes Women's Business Council · Greater Women's Business Council · Women's Business Council Southwest · WBECMETRONY · WBECGREATERDMV · WBEA · WBECEAST · WBECORV · WBECPACIFIC · Women's Business Development Center · WBECSOUTH · WBECWEST

Fort Bend County Pricing Form
Bid 23-001
Term Contract for Medical Supplies

Vendor Name: Mercedes Medical LLC dba Mercedes Scientific

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 (2 decimal limit, $1.12)	Extended Cost
Berman Oral Airway - 40mm (Pink)	ASIA-CONNECTION-TAIWIN	ME6504PK-5P	NO BID	Yes	PK	5	5		$ -
Berman Oral Airway - 60mm (Black)	ASIA-CONNECTION-TAIWIN	ME6506BK-5P	NO BID	Yes	PK	5	5		$ -
Berman Oral Airway - 80mm (Green)	ASIA-CONNECTION-TAIWIN	ME6508GN-5P	NO BID	Yes	PK	5	8		$ -
Berman Oral Airway - 90mm (Yellow)	ASIA-CONNECTION-TAIWIN	ME6509YL-5P	NO BID	Yes	PK	5	16		$ -
Berman Oral Airway - 100mm (Red)	ASIA-CONNECTION-TAIWIN	ME6510RD-5P	NO BID	Yes	PK	5	20		$ -
Berman Oral Airway - 110mm (Orange)	ASIA-CONNECTION-TAIWIN	ME6511ON-5P	NO BID	Yes	PK	5	10		$ -
Thomas ET Tube Holder - Adult	Laerdal	600-10000	NO BID	No	EA	1	450		$ -
Thomas ET Tube Holder - Pediatric	Laerdal	600-2000	NO BID	No	EA	1	40		$ -

Vendor Name: Mercedes Medical LLC dba Mercedes Scientific

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 (2 decimal limit, $1.12)	Extended Cost
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.0 uncuffed	Sheridan		NO BID	Yes	EA	1	10		$ -
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.5 cuffed	Sheridan		NO BID	Yes	EA	1	30		$ -
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 3.0 cuffed	Sheridan		NO BID	Yes	EA	1	20		$ -
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 3.5 cuffed	Sheridan		NO BID	Yes	EA	1	25		$ -
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 4.0 cuffed	Sheridan		NO BID	Yes	EA	1	30		$ -
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 4.5 cuffed	Sheridan		NO BID	Yes	EA	1	20		$ -
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 5.0	Sheridan		NO BID	No	EA	1	20		$ -
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 6.0	Sheridan		NO BID	No	EA	1	50		$ -
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 7.0	Sheridan		NO BID	No	EA	1	250		$ -

Vendor Name: Mercedes Medical LLC dba Mercedes Scientific

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 (2 decimal limit, $1.12)	Extended Cost
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 8.0	Sheridan		NO BID	No	EA	1	250		$ -
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 9.0	Sheridan		NO BID	No	EA	1	250		$ -
Nasopharyngeal Airway - 20fr	MEDSTORM	51154	NO BID	Yes	EA	1	35		$ -
Nasopharyngeal Airway - 24fr	MEDSTORM	51156	NO BID	Yes	EA	1	50		$ -
Nasopharyngeal Airway - 26fr	MEDSTORM	51157	NO BID	Yes	EA	1	70		$ -
Nasopharyngeal Airway - 28fr	MEDSTORM	51158	NO BID	Yes	EA	1	70		$ -
Nasopharyngeal Airway - 30fr	MEDSTORM	51159	NO BID	Yes	EA	1	50		$ -
Nasopharyngeal Airway - 36fr	MEDSTORM	51162	NO BID	Yes	EA	1	30		$ -
Suction Canister,disposable - 1200mL	BEMIS	484410	NO BID	No	EA	1	430		$ -
Suction Catheter - 8fr	ASIA-CONNECTION-TAIWIN	ME6808B	NO BID	Yes	EA	1	60		$ -
Suction Catheter - 10fr	ASIA-CONNECTION-TAIWIN	ME6810B	NO BID	Yes	EA	1	120		$ -
Suction Catheter - 18fr	ASIA-CONNECTION-TAIWIN	ME6818B	NO BID	Yes	EA	1	150		$ -
Yankauer with Control Vent and Tubing (6ft)	MEDSOURCE	MS-YK20	NO BID	Yes	EA	1	300		$ -
Big Yank™ Yankauer Suction Tip w/Control Vent, Sterile, 11/32"open tip, integral blister tube and canister connector pre-attached	CONMED	0034920U	CON 0034920	No	EA	1	40	$ 4.09	$ 163.60
THIS ITEM SOLD BY THE CASE OF 20 EACH, CASE PRICE IS $81.80									
Oxygen Mask, Medium Concentration - Infant	RUSCH	396218	NO BID	Yes	EA	1	20		$ -

Vendor Name: Mercedes Medical LLC dba Mercedes Scientific

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 (2 decimal limit, $1.12)	Extended Cost
Oxygen Mask, Partial Non-Rebreather w/safety vent - Pediatric	HUDSON	1058	NO BID	Yes	EA	1	400		$ -
Oxygen Mask, Non-Rebreather - Adult	HUDSON	1060	NO BID	No	EA	1	2000		$ -
Oxygen Nasal Cannula, 7' - Adult	CURAPLEX	24003	NO BID	Yes	EA	1	2000		$ -
Bougie-to-go ET Tube Introducer with coude tip - Adult (15Fr x 60cm)	SUNMED	9-0212-82	NO BID	Yes	EA	1	200		$ -
Bougie ET Tube Introducer with coude tip - Pediatric (10Fr x 70cm)	SUNMED	9-0211-70	NO BID	Yes	EA	1	40		$ -
Oxygen Nebulizer, small volume, hand held w/ mask, 7ft - Pediatric			NO BID	Yes	EA	1	100		$ -
Oxygen Nebulizer, w/ Tubing and Mouthpiece	CURAPLEX	301-200	NO BID	Yes	EA	1	900		$ -
Ambu Spur II bag valve mask, Bag Reservoir Medium with Pop Off Valve, with Manometer, with Mask - Adult	Ambu		NO BID	No	EA	1	1000		$ -
BVM Face Mask, No Valve, Disposable, Duraclear - Small Adult	Ambu		NO BID	No	EA	1	1000		$ -
Pocket BVM w/ olive green case, with O2 tubing	MicroBVM	MB003xn	NO BID	No	EA	1	2		$ -
Oxygen Nut & Stem (Plastic)	SMITH MEDICAL	33-2600	NO BID	Yes	EA	1	5		$ -
Magill Forceps - Adult (25cm / 10")	ZULCO INTERNATIONAL	9-476	NO BID	Yes	EA	1	5		$ -
Magill Forceps - Child (20cm / 8")	SURGICAL DESIGN INC	297	NO BID	Yes	EA	1	5		$ -

Vendor Name: Mercedes Medical LLC dba Mercedes Scientific

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 (2 decimal limit, $1.12)	Extended Cost
Salem Gastric Sump Tube, dual lumen, sterile - 18fr x 48"	COVIDIEN	8888264986	KEN 8888264986	Yes	EA	1	100	$ 2.14	$ 214.00
THIS ITEM IS ONLY SOLD BY THE CASE OF 50 EACH, CASE PRICE IS $107.00									
Salem Gastric Sump Tube, dual lumen, sterile - 1	COVIDIEN		NO BID	Yes	EA	1	10		$ -
NO SIZE OR MANUFACTURER # PROVIDED, UNABLE TO BID									
Salem Gastric Sump Tube, dual lumen, sterile - 1	COVIDIEN			Yes	EA	1	10		$ -
NO SIZE OR MANUFACTURER # PROVIDED, UNABLE TO BID									
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 2	SURGIMED	5-5332-02	NO BID	Yes	EA	1	20		$ -
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 3	VALUEMED	301-B3030	NO BID	Yes	EA	1	90		$ -
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 4	SUNMED	5-5332-04	NO BID	Yes	EA	1	200		$ -
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 0	SUNMED	5-5333-00	NO BID	Yes	EA	1	10		$ -
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 1	SUNMED	5-5333-01	NO BID	Yes	EA	1	20		$ -
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 2	SUNMED	5-5333-02	NO BID	Yes	EA	1	30		$ -

Vendor Name: Mercedes Medical LLC dba Mercedes Scientific

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 (2 decimal limit, $1.12)	Extended Cost
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 3	SUNMED	5-5333-03	NO BID	Yes	EA	1	80		$ -
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 4	SUNMED	5-5333-04	NO BID	Yes	EA	1	80		$ -
Greenline/D Fiber Optic, 10/32" Halogen/Xenon Reflector Lamp for Medium Laryngoscope Handle	SUNMED	5-0240-52	NO BID	Yes	EA	1	20		$ -
PEEP valve, disposable, adjustable 22mm inner diameter			NO BID	Yes	EA	1	100		$ -
Headrest, Bagel, 9", pink foam			NO BID	Yes	EA	1	200		$ -
Meconium Aspirator, latex free			NO BID	Yes	EA	1	150		$ -
i-gel® - Size 1 (Neonatal)	Intersurgical		NO BID	No	EA	1	150		$ -
i-gel® - Size 1.5 (Infant)	Intersurgical		NO BID	No	EA	1	150		$ -
i-gel® - Size 2 (Small Pediatric)	Intersurgical		NO BID	No	EA	1	150		$ -
i-gel® - Size 2.5 (Large Pediatric)	Intersurgical		NO BID	No	EA	1	200		$ -
i-gel® O2 Resus Pack, Includes i-Gel, lube & strap - Small Adult (Size 3)	Intersurgical		NO BID	No	EA	1	500		$ -
i-gel® O2 Resus Pack, includes i-Gel, lube & strap - Medium Adult (Size 4)	Intersurgical		NO BID	No	EA	1	2000		$ -
i-gel® O2 Resus Pack, includes i-Gel, lube & strap - Large Adult (Size 5)	Intersurgical		NO BID	No	EA	1	2000		$ -

Vendor Name: Mercedes Medical LLC dba Mercedes Scientific

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 (2 decimal limit, $1.12)	Extended Cost
Thomas Select ET Tube Holder, for ET/SGA Tubes 6.5mm ID to 42mm OD - Adult	Laerdal		NO BID	No	EA	1	2500		$ -
Vent Elbow With Port And Cap	Curaplex		NO BID	Yes	EA	1	300		$ -
Cricothyrotomy Kit (TMM-CR) in vacuum sealed package to include (1) 6.0mm cuffed Tracheostomy tube, (1) Hemostat - 5.5" Kelly curved forceps, (1) #10 sterile Scalpel, (1) 10mL sterile Syringe, (1) 4" Tracheal Hook	Chinook Medical Gear, Inc.	1364	NO BID	No	EA	1	50		$ -
AeroEclipse® Neb			NO BID	No	EA	1	20		$ -
AeroEclipse® Filtered Mouth Piece			NO BID	No	EA	1	20		$ -
BiTrac ED™ (Nebulizer) Mask - Medium			NO BID	Yes	EA	1	20		$ -
ZOLL® Ventilator Circuit - Pediatric	Zoll	820-0107-20	NO BID	No	EA	1	5		$ -
ZOLL® Ventilator Circuit - Adult	Zoll	820-0106-15	NO BID	No	EA	1	5		$ -
CPAP - Flowsafe II Mask - Large	Mecury Medical	10-571-03	NO BID	No	EA	1	200		$ -
CPAP - Flowsafe II Mask - Small	Mercury Medical	10-571-05	NO BID	No	EA	1	100		$ -
CPAP - Flowsafe II Device & Mask - Medium	Mercury Medical	10-573-19	NO BID	No	EA	1	500		$ -

Vendor Name: Mercedes Medical LLC dba Mercedes Scientific

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 (2 decimal limit, $1.12)	Extended Cost
Neo-Tee® Infant Resuscitator	Mercury Medical	10-50840	NO BID	No	EA	1	5		$ -
Airtraq VL Blade - Adult			NO BID	No	EA	1	800		$ -
Airtraq VL Blade - Pediatric			NO BID	No	EA	1	200		$ -
AirTraq Video Laryngoscope			NO BID	No	EA	1	5		$ -
HEPA Filter, BACT TRAP MINI PORT ELBOW			NO BID	Yes	EA	1	1000		$ -
ZOLL® Accu/Vent Sensor	Zoll	8000-001128	NO BID	No	EA	1	5		$ -
ZOLL® Accu/Vent Cable	Zoll	8000-000993	NO BID	No	EA	1	5		$ -
ResQPod® ITD 10	Zoll	12-0242-000	ZOL 120242000	No	EA	1	300	$ 138.20	$ 41,460.00
								Section 1 Total	$ 41,837.60

Vendor Name: cedes Medical LLC dba Mercedes Scie

Section 2: IV Supplies	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Clearsafe IV Catheter - 14g X 1 1/4"	MEDSOURCE	MS-84214	NO BID	No	EA	1	100		$ -
Clearsafe IV Catheter - 16g X 1 1/4"	MEDSOURCE	MS-84216	NO BID	No	EA	1	300		$ -
Clearsafe IV Catheter - 18g X 1 1/4"	MEDSOURCE	MS-84218	NO BID	No	EA	1	4000		$ -
Clearsafe IV Catheter - 20g X 1 1/4"	MEDSOURCE	MS-84220	NO BID	No	EA	1	10000		$ -
Clearsafe IV Catheter - 22g X 1"	MEDSOURCE	MS-84222	NO BID	No	EA	1	3000		$ -
Clearsafe IV Catheter - 24g X 3/4"	MEDSOURCE	MS- 84224	NO BID	No	EA	1	400		$ -
Hypodermic Needle - 18g x 1 1/2"			EXE 26420	Yes	BX	100	20	$ 4.30	$ 86.00
Hypodermic Needle - 23g x 1"			EXE 26408	Yes	BX	100	20	$ 4.30	$ 86.00
Syringe - 1cc with hypodermic needle (25g x 5/8")			EXE 26044	Yes	BX	100	6	$ 11.15	$ 66.90
Syringe, luer lock - 3cc			EXE 26201MC	Yes	BX	100	20	$ 8.30	$ 166.00
Syringe, luer lock - 5cc with hypodermic needle (22g x 1")			EXE 26210	Yes	BX	100	10	$ 16.00	$ 160.00
Syringe, luer lock - 10cc			EXE 26266MC	Yes	BX	100	10	$ 14.50	$ 145.00

Vendor Name: cedes Medical LLC dba Mercedes Scier

Section 2: IV 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 (2 decimal limit, $1.12)	Extended Cost
Syringe, luer lock - 60cc			KEN 1186000444	Yes	BX	30	5	$ 16.85	$ 84.25
Syringe, cath tip - 60cc (2oz)			NO BID	Yes	BX	25	1		$ -
Assure prism multi test trips for assure prism multi meter	ARKRAY USA INC	530050	ARK 530050	No	BX	50	50	$ 12.00	$ 600.00
Assure prism control solution (1 and 2)	ARKRAY USA INC	530006	ARK 530006	No	EA	1	10	$ 11.00	$ 110.00
IV Administration set - 82", 10 drop, W/Bravo 24, Pre-slit Port, Removable 7" Extension			NO BID	Yes	CS	50	100		$ -
IV 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.			NO BID	Yes	EA	1	500		$ -
IV administration Set - STAT 2, Gravity Flow Controller, 60 drop, 84 inches, 2 Latex Free Splint Septum Y Sites.	ConMed		NO BID	No	Ea	1	500		$ -
0.9% Sodium Chloride Injection USP - 1000ml			NO BID	Yes	EA	1	20		$ -
0.9% Sodium Chloride Injection USP - 500ml			NO BID	Yes	EA	1	6000		$ -
0.9% Sodium Chloride Injection USP - 250ml			NO BID	Yes	EA	1	20		$ -
0.9% Sodium Chloride Injection USP - 100ml			NO BID	Yes	EA	1	500		$ -

Vendor Name: cedes Medical LLC dba Mercedes Scier

Section 2: IV 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 (2 decimal limit, $1.12)	Extended Cost
Sterile Water for Irrigation - 500mL			NO BID	Yes	EA	1	200		$ -
IV Administration set - Smallbore Extension Set with bonded Ultrasite Injection site, Length: 7 in, Priming Volume: 0.6mL (approx)			NO BID	Yes	EA	1	12000		$ -
Pneumothorax Decompression needle & catheter with hard plastic case - 14ga X 3.25"	H&H	HHTP N01	NO BID	Yes	EA	1	50		$ -
IV armboard, reusable, plywood core - 3" x 9"			NO BID	Yes	EA	1	30		$ -
IV armboard, reusable, plywood core - 3" x 12"			NO BID	Yes	EA	1	10		$ -
IV armboard, reusable, plywood core - 3" x 18"			NO BID	Yes	EA	1	10		$ -
Angiocath Peripheral Venous Catheter - 14g x 5.25"			NO BID	Yes	EA	1	10		$ -
Surecan Safety Huber w/ Ultrasite needlefree infusion system - 20ga x 3/4"			NO BID	Yes	EA	1	10		$ -
IntraLock Lipid Compatible 3-Way Stop Cock			NO BID	Yes	EA	1	100		$ -
3m Surgical Clipper Starter Kit, includes clipper body 9661 and charger 9662, no blade assembly	3M	9661	THR 9661L	No	EA	1	5	$ 66.15	$ 330.75
Assure Prism Multi-meter Glucometer	ARKRAY USA INC	530001	ARK 530001	No	EA	1	30	$ 6.85	$ 205.50
Angiocath Peripheral IV Catheter - 16ga x 2"			NO BID	Yes	EA	1	30		$ -

Vendor Name: cedes Medical LLC dba Mercedes Scier

Section 2: IV 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 (2 decimal limit, $1.12)	Extended Cost
IV Start Kit containing: (1) Alcohol Prep Pads, Medium (1) Tegaderm Intravenous Dressing 2 3/8" x 2 3/4", (1) Gauze Sponge 2" x 2", (1) Tourniquet 1" x 18", (1) Transparent Surgical Tape 1" x 18"	Curaplex		NO BID	Yes	EA	1	8000		$ -
Arrow EZ-IO Vascular Access Power Driver	Teleflex	9058	NO BID	No	EA	1	5		$ -
Arrow EZ-IO Needle Kit with Stabilizer - 45mm (Yellow)	Teleflex	9079P-VC-005	NO BID	No	Bx	5	1000		$ -
Arrow EZ-IO Needle Kit with Stabilizer - 25mm (Blue)	Teleflex	9001P-VC-005	NO BID	No	Bx	5	1500		$ -
Arrow EZ-IO Needle set - 45mm (Yellow)	Teleflex	9079-VC-005	NO BID	No	Bx	5	100		$ -
Arrow EZ-IO Needle set - 25mm (Blue)	Teleflex	9001-VC-005	NO BID	No	Bx	5	100		$ -
Arrow EZ-Stabilizer Dressing	Teleflex	9066-VC-005	NO BID	No	Bx	5	1300		$ -
Arrow EZ-IO Vascular Access Pack Soft Sided (Yellow)	Teleflex	9065	NO BID	No	EA	1	5		$ -
								Section 2 Total	$ 2,040.40

Vendor Name: cedes Medical LLC dba Mercedes Scier

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 (2 decimal limit, $1.12)	Extended Cost
Bandage, Self-Adherent, ,individually packaged - 2" x 5yd			NO BID	Yes	EA	1	75		$ -
Bandage, Self-Adherent, ,individually packaged - 4" x 5yd			NO BID	Yes	EA	1	50		$ -
Combat Application Tourniquet (CAT) - Black	North American Rescue	30-0001	NO BID	No	EA	1	70		$ -
Gauze - Non Sterile, non-woven, 4ply - 4"x4"			PRA P159544	Yes	PK	200	120	$ 4.12	$ 494.40
THIS ITEM SOLD BY THE CASE OF 10 PACKS, CASE PRICE IS $41.20									
Gauze - Sterile 12 ply - 4"x4"			DUK 8503	Yes	PK	2	2000	$ 0.12	$ 240.00
THIS ITEM SOLD BY THE BOX OF 25 PACKS, THE BOX PRICE IS $3.00									
Gauze - Sterile, roll, 6ply - 4 1/2" x 4.1 yd			NO BID	Yes	EA	1	1500		$ -
Triangular Bandage - 36"x51"			NO BID	Yes	EA	1	200		$ -
Gauze - Abdominal Pad, sterile - 8" x 9"			NO BID	Yes	TRAY	20	200		$ -
Adhesive Strip Bandage - 1" x 3"			ASO CBD4019	Yes	BX	100	100	$ 2.50	$ 250.00

Vendor Name: cedes Medical LLC dba Mercedes Scier

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 (2 decimal limit, $1.12)	Extended Cost
Burn Sheet, Sterile - 60" x 96"			NO BID	Yes	EA	1	50		$ -
Trauma Dressing, Sterile - 10" x 30"			NO BID	Yes	EA	1	100		$ -
Rapid Heat Instant Heat Pack, Pull Apart Style	RAPID DEPLOYMENT PRODUCTS	2056	NO BID	No	BX	6	170		$ -
Rapid Cold Instant Cold Pack, Pull Apart Style	RAPID DEPLOYMENT PRODUCTS	2004	NO BID	No	CS	24	6		$ -
Ferno KED forehead/Chin Strap Replacement set of 2	Ferno		NO BID	No	SET	2	10		$ -
Tape - 3M Transpore - 1" x 10yd	3m		THR 15271	No	BX	12	10	$ 16.80	$ 168.00
Tape - Paper, hypo-allergenic - 1" x 10yd			PRA P151010	Yes	BX	12	7	$ 4.85	$ 33.95
Tape - Waterproof - 2" x 10yd	Kendall	3267	NO BID	No	BX	6	18		$ -
Splint - bendable foam and aluminum, rolled, (orange) - 4" x 36"			NO BID	Yes	EA	1	200		$ -
Quikclot Combat Gauze LE Z-fold - 3" x 4yd	QUIKCLOT	350	NO BID	No	EA	1	5		$ -
Hyfin Chest Seal without vent	NORTH AMERICAN RESCUE	10-0015	NO BID	No	EA	1	5		$ -

Vendor Name: edes Scientific LLC dba Mercedes Scie

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 (2 decimal limit $1.12)	Extended Cost
Israeli emergency compression bandage - 4"			NO BID	Yes	EA	1	5		$ -
Israeli emergency compression bandage - 6"			NO BID	Yes	EA	1	5		$ -
CAT Tourniquet Holder (black) - 6.25" x 1.75" x 1.5"			NO BID	Yes	EA	1	25		$ -
Sam Pelvic Sling II - Standard	Sam Medical		NO BID	NO	EA	1	25		$ -
								Section 3 Total	$ 1,186.35

Vendor Name: cedes Medical LLC dba Mercedes Scier

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 (2 decimal limit, $1.12)	Extended Cost
Masimo® SpO2 sensor, disposable - Adult	Masimo	1859	NO BID	No	EA	1	1000		$ -
Masimo® SpO2 sensor, disposable - Pediatric	Masimo	1860	NO BID	No	EA	1	750		$ -
Masimo® SpO2 sensor, disposable - Infant	Masimo	2328	NO BID	No	EA	1	500		$ -
ECG Electrodes - Medi-Trace Mini, teardrop shape, adhesive hydrogel - Pediatric	North American Rescue		NO BID	Yes	PK	100	200		$ -
ECG Electrodes - Medicotest Blue Sensor Disposable Electrodes - Adult	Ambu	R-00-S/25	NO BID	No	PK	25	5000		$ -
Smart Capnoline Plus non-intubated, oral nasal w/ O2 tubing, adlut/intermediate	MicroStream	9822	NO BID	No	EA	1	3200		$ -
Filter line H set infant/ neonate, incl airway adapter, filterline, microstream connection	MicroStream	6324	NO BID	No	EA	1	20		$ -
Filter line set adult/pediatric airway adapter	MicroStream	XS04620	NO BID	No	EA	1	650		$ -
Zoll X Series 80mm Thermal Paper, Pink with Grid			NO BID		EA	1	1000		$ -
								Section 4 Total	$ -

Vendor Name: cedes Medical LLC dba Mercedes Scier

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 (2 decimal limit, $1.12)	Extended Cost
Masimo® SET RED LNCS Patient Cable, reusable, compatible with Zoll X-Series Monitor - 4'	Masimo	2055	NO BID	No	EA	1	10		$ -
Masimo® SET LNCS DC-P Reusable Sensor, compatible with Zoll X-Series Monitor - Pediatric (10-50kg)	Masimo	1863	NO BID	No	EA	1	10		$ -
Masimo® SET LNCS DC-I Reusable Sensor, compatible with Zoll X-Series Monitor - Adult (>30kg)	Masimo		NO BID	No	EA	1	10		$ -
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Infant	Welch Allyn	SOFT-07-2mQ	WEL SOFT072MQ	No	EA	1	200	$ 3.70	$ 740.00
This item sold by the pack of 20, pack price is $74.00									
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Small Child	Welch Allyn	SOFT-08-2mq	WEL SOFT082MQ	No	EA	1	200	$ 3.70	$ 740.00
This item sold by the pack of 20, pack price is $74.00									
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Small Adult	Welch Allyn	SOFT-10-2MQ	WEL SOFT102MQ	No	EA	1	300	$ 5.00	$ 1,500.00
This item sold by the pack of 20, pack price is $100.00									
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Adult	Welch Allyn	SOFT-11-2MQ	WEL SOFT112MQ	No	EA	1	500	$ 5.00	$ 2,500.00
This item sold by the pack of 20, pack price is $100.00									
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Large Adult	Welch Allyn	SOFT-12-2MQ	WEL SOFT122MQ	No	EA	1	700	$ 5.00	$ 3,500.00
This item sold by the pack of 20, pack price is $100.00									
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Thigh	Welch Allyn	SOFT-13-2MQ	WEL SOFT132MQ	No	EA	1	200	$ 6.65	$ 1,330.00
This item sold by the pack of 20, pack price is $133.00									
ZOLL® OneStep™ Pediatric CPR Electrode for Zoll X Series	Zoll	8900-000219-01	ZOL 890000021901	No	EA	1	150	$ 112.60	$ 16,890.00

Vendor Name: cedes Medical LLC dba Mercedes Scier

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 (2 decimal limit, $1.12)	Extended Cost
ZOLL® CPR Stat-Padz® HVP Multi-Function CPR Electrodes for Zoll X-Series Monitor	Zoll	8900-0402	ZOL 89000402	No	EA	1	1000	$ 95.50	$ 95,500.00
Welch Allyn FlexiPort Reusable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Adult	Welch Allyn	REUSE-11-2MQ	WEL REUSE112MQ	no	EA	1	50	$ 24.20	$ 1,210.00
ZOLL® Dual Lumen NIBP Tubing Assembly, 10 feet for Zoll X Series	Zoll	8300-0002-01	ZOL 8300000201	No	EA	1	25	$ 149.40	$ 3,735.00
12-Lead OneStep™ ECG Cable - AAMI Includes 4-Lead Trunk Cable and Removable Precordial 6 Lead Set for Zoll X-Series Monitor	Zoll	8300-0802-01	ZOL 8300080201	No	EA	1	50	$ 406.00	$ 20,300.00
CPR-D-Padz® One-Piece Electrode and connector for Zoll R-Series	Zoll	8900-0800-01	ZOL 8900080001	No	EA	1	15	$ 208.00	$ 3,120.00
ZOLL® OneStep™ Cable for Zoll X Series	Zoll	8300-000676	ZOL 8300000676	No	EA	1	25	$ 547.85	$ 13,696.25
ZOLL® 12 Lead (V-Lead) Cable	Zoll	8300-0804-01	ZOL 8300080401	No	EA	1	20	$ 218.70	$ 4,374.00
ZOLL® Defibrillator Cable Adapter	Zoll	8000-0370	ZOL 80000370	No	EA	1	5	$ 341.00	$ 1,705.00
Masimo® SET rainbow® DCI (SpO2, SpCO and SpMET) Reusable Sensor with 3' cable compatible with Zoll X-Series - Adult	Masimo	2696	NO BID	No	EA	1	5		$ -
Masimo® SET rainbow® RC-4 20-pin Patient Cable, 4' compatible with Zoll X-Series	Masimo		NO BID	No	EA	1	10		$ -
								Section 5 Total	$ 170,840.25

Vendor Name: cedes Medical LLC dba Mercedes Scier

Section 6: Exam Gloves / Latex Free Powder Free Nitrile	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 (2 decimal limit, $1.12)	Extended Cost
MICROFLEX® FreeForm® SE Nitrile Exam Gloves, Powderfree Exam Gloves, 100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 3.5 mil Palm Thickness, 5.1 mil Finger Thickness, Tensile Strength = 32 before aging (31 After aging), Elasticity = 500% Before Aging (400% after aging), Pinhole Defect Rate = 1.5 - **Extra Small**	MICROFLEX	FFS-700-XS	NO BID	No	BX	100	100		$ -
MICROFLEX® FreeForm® SE Nitrile Exam Gloves, Powderfree Exam Gloves, 100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 3.5 mil Palm Thickness, 5.1 mil Finger Thickness, Tensile Strength = 32 before aging (31 After aging), Elasticity = 500% Before Aging (400% after aging), Pinhole Defect Rate = 1.5 - **Small**	MICROFLEX	FFS-700-S	NO BID	No	BX	100	200		$ -
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	NO BID	No	BX	100	600		$ -
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	NO BID	No	BX	100	600		$ -

Vendor Name: cedes Medical LLC dba Mercedes Scier

Section 6: Exam Gloves / Latex Free Powder Free Nitrile (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 (2 decimal limit, $1.12)	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	NO BID	No	BX	100	200		$ -
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	NO BID	No	BX	50	10		$ -
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	NO BID	No	BX	50	10		$ -
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	NO BID	No	BX	50	10		$ -

Vendor Name: cedes Medical LLC dba Mercedes Scier

Section 6: Exam Gloves / Latex Free Powder Free Nitrile (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 (2 decimal limit, $1.12)	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 Large**	MICROFLEX	FFE-775-XL	NO BID	No	BX	50	10		$ -
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	NO BID	No	BX	50	10		$ -
								Section 6 Total	$ -

Vendor Name: cedes Medical LLC dba Mercedes Scier

Section 7: AMBU PERFIT Cervical Collars	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Ambu® Perfit ACE Adjustable Cervical Collar, 16 setting - Adult (Neckless to Tall)	AMBU	002 810 001	NO BID	No	EA	1	1500		$ -
Ambu® Perfit Mini ACE Adjustable Cervical Collar, 12 settings - Pediatric (Infant to Neckless)	AMBU	000 281 107	NO BID	No	EA	1	150		$ -
								Section 7 Total	$ -

Vendor Name: cedes Medical LLC dba Mercedes Scier

Section 8: Head Immobilizers	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Laerdal Sta-Blok™ Head Immobilizer. Single use disposable device, radiolucent, Adjustable standard Velcro padded strap, latex free	LAERDAL	700-00001	NO BID	No	EA	EA	900		$ -
								Section 8 Total	$ -

Vendor Name: cedes Medical LLC dba Mercedes Scier

Section 9: Miscellaneous Supplies	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Disposable OB Kit, Soft Packaging			NO BID	Yes	EA	1	25		$ -
Alcohol Prep Pads - Medium (200/bx)			MPR 41104	Yes	BX	200	300	$ 1.75	$ 525.00
Emesis Bags, single use, Clear, Graduate, 1000cc, latex free, rigid collar, automatic seal			NO BID	Yes	EA	1	2000		$ -
Sterile Lubricating Jelly - 5g			NO BID	Yes	BX	72	10		$ -
Oxygen Cylinder Handwheel, Metal			NO BID	Yes	EA	1	10		$ -
Oxygen Cylinder Wrench, aluminum - Large			NO BID	Yes	EA	1	10		$ -
Trauma Shears, Dark Blue - 7 1/2"			NO BID	Yes	EA	1	100		$ -
Penlight, Disposable			PRA P371015	Yes	EA	1	100	$ 1.15	$ 115.00
THIS ITEM SOLD BY THE BOX OF 6 EACH, BOX PRICE IS $6.90									
Safety Lancet, single use, push button activated / spring loaded (100/bx)			NO BID	Yes	BX	100	120		$ -
ChloraPrep® Clear 3ml Applicator (2% Chlorhexidine / 70% Isopropyl Alcohol)			NO BID	Yes	BX	25	6		$ -
Safety control seals, Pull Tite (numbered), 100/pkg			NO BID	Yes	PK	100	1		$ -
Razor, Disposable, Fixed Head (100/bx)			NO BID	Yes	BX	100	4		$ -
Disposable Polyester Patient Blanket, Blue or Gray (50" x 84")			NO BID	Yes	EA	1	50		$ -
Oxygen "D" Cylinder Gasket, Brass w/Rubber Center			NO BID	Yes	EA	1	10		$ -

Vendor Name: cedes Medical LLC dba Mercedes Scier

Section 9: 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 (2 decimal limit, $1.12)	Extended Cost
Welch Allyn SureTemp Plus Thermometer Probe Cover, disposable (25/bx)	Welch Allyn	5031	NO BID	No	BX	25	200		$ -
Heavy Duty Ring Cutter			NO BID	Yes	EA	1	5		$ -
Scalpel #11, Disposable, Sterile			NO BID	Yes	EA	1	5		$ -
Blade Assembly, single-use, pivoting, purple, for 3M 9661 surgical clippers	3m		NO BID	Yes	EA	1	50		$ -
Isopropyl Alcohol 70 % Bottle (4oz)			NO BID	Yes	EA	1	40		$ -
Isopropyl Alcohol 70% Bottle (16oz)			CUM 1000033127	Yes	EA	1	12	$ 1.85	$ 22.20
Ecolab® Endure™ 300 Cida-Rinse Dispenser (540mL)	Ecolab		NO BID	No	EA	1	10		$ -
Mylar Emergency Blanket (52" x 84")			NO BID	Yes	EA	1	50		$ -
Taylor Healthcare® G-Force™ Series Stretcher Sheet for Stryker, Blue, fluid resistant (36" x 90")	Taylor Healthcare Products, Inc.	90-GFRC3690	NO BID	Yes	Ea	1	5000		$ -

Vendor Name: cedes Medical LLC dba Mercedes Scier

Section 9: 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 (2 decimal limit, $1.12)	Extended Cost
Webbing, Nylon 1"x 50yd rolls - 500yd/box, NO Splices			NO BID	No	EA	1	50		$ -
Oxygen Post Valve, Seal Protector, Pull Type	Meret		NO BID	Yes	EA	1	500		$ -
Health Care Logistics MedTags™ with Holder	Health Care Logistics	7760	NO BID	No	EA	1	100		$ -
Triage Ribbon - All Colors	Disaster Systems Management Inc	DMS-05793	NO BID	Yes	EA	1	5		$ -
Triage Ribbon - Red	Disaster Systems Management Inc	DMS-05791	NO BID	Yes	EA	1	5		$ -
Triage Ribbon - Yellow	Disaster Systems Management Inc	DMS-05790	NO BID	Yes	EA	1	5		$ -
Triage Ribbon - Green	Disaster Systems Management Inc	DMS-05789	NO BID	Yes	EA	1	5		$ -
Triage Ribbon - Black/White	Disaster Systems Management Inc	DMS-05792	NO BID	Yes	EA	1	5		$ -
								Section 9 Total	$ 662.20

Vendor Name: cedes Medical LLC dba Mercedes Scier

Section 10: 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 (2 decimal limit, $1.12)	Extended Cost
Safety Glasses, Nemesis V30, black frame, clear lens, neck cord included	KIMBERLY-CLARK	25676-00	KIM 25676	No	EA	1	250	$ 3.42	$ 855.00
This item sold by the case of 12, case price is $41.04									
Fluid shield mask with clear visor, anti-fog, 2" wrap around, ear loops 25/bx			NO BID	Yes	BX	25	2		$ -
Inovel medical N95 respirator, all sizes, must be CDC and NIOSH approved (24/pk)			NO BID	No	PK	25	2		$ -
3M® Particulate Respirator and Surgical Mask - 1860s	3M	1860s	NO BID	No	EA	1	20		$ -
3M® Particulate Respirator and Surgical Mask - 1860	3M	1860	NO BID	No	EA	1	20		$ -
3M® Particulate Respirator - 8210	3M	8210	NO BID	No	EA	1	20		$ -
3M® n95 Respirator - 1870	3M	1870	NO BID	No	EA	1	20		$ -
Sharps Dart sharps container, one time lockable lid (6.7" x 1.2")			NO BID	Yes	BX	24	60		$ -
Gel Hand Sanitizer w/ pump 540 mL	ECOLAB	47593-487-31	NO BID	No	EA	1	50		$ -
Surgical Shoe Covers			NO BID	Yes	EA	1	50		$ -

Vendor Name: cedes Medical LLC dba Mercedes Scier

Section 10: Infection Control (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 (2 decimal limit, $1.12)	Extended Cost
Non-surgical Isolation Gown, unisize			NO BID	Yes	EA	1	50		$ -
Non-surgical Isolation Gown - Large			NO BID	Yes	EA	1	50		$ -
Non-surgical Isolation Gown - Xlarge			NO BID	Yes	EA	1	50		$ -
Non-surgical Isolation Gown - XXLarge			NO BID	Yes	EA	1	50		$ -
Sharps Container in room mailbox style lid, transparent red, 5 quart	Cardinal Health	KE8513-1	NO BID	No	EA	1	300		$ -
Bracket, wire with lock for sage 5 quart sharpstar container	Cardinal Health	KE8518X	NO BID	No	EA	1	5		$ -
Replacement Key for Sharps Container Bracket #KE8518X	Cardinal Health		NO BID	No	EA	1	5		$ -
								Section 10 Total	$ 855.00

Vendor Name: cedes Medical LLC dba Mercedes Scier

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Infant			NO BID	Yes	EA	1	10		$ -
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Pediatric			NO BID	Yes	EA	1	10		$ -
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Adult			NO BID	Yes	EA	1	30		$ -
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Large Adult			NO BID	Yes	EA	1	15		$ -
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Thigh			NO BID	Yes	EA	1	10		$ -
Greenline/D Laryngoscope handle, fiber optic, chrome plated, 2AA batteries, penlite handle			NO BID	No	EA	1	10		$ -
Greenline/D Laryngoscope handle, fiber optic, chrome plated, C batteries			NO BID	No	EA	1	10		$ -
Oxygen flow meter with Ohmeda QC Adapter 1-15LPM			NO BID	Yes	EA	1	10		$ -
ADScope 603 Stethoscope, navy blue, with additional eartips and diaphragm	AMERICAN DIAGNOSTIC CORP	603N	ADC 603N	No	EA	1	30	$ 40.50	$ 1,215.00
StatPacks G3 Backup, Red, with Fort Bend County EMS embroidery (25" x 18" x 8.5")	StatPacks	G35006RE	NO BID	No	EA	1	5		$ -

Vendor Name: cedes Medical LLC dba Mercedes Scier

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Welch Allyn SureTemp Plus 690 Thermometer	WelchAllyn	690	WEL 01690200	No	EA	1	10	$ 329.00	$ 3,290.00
Welch Allyn SureTemp Plus 690 Probe and well kit, 4' - (Rectal / Red)	WelchAllyn	02892-000	WEL 02892000	No	EA	1	10	$ 100.50	$ 1,005.00
Welch Allyn SureTemp Plus 690 Probe and well kit, 4' - (Oral / Blue)	WelchAllyn	02893-000	WEL 02893000	No	EA	1	5	$ 100.50	$ 502.50
Restraint strap seat belt buckle loop end, Black, 2 piece (5')			NO BID	Yes	EA	1	10		$ -
Restraint straps chest system, black, nylon, Metal push button, loop ends			NO BID	Yes	EA	1	10		$ -

Vendor Name: cedes Medical LLC dba Mercedes Scier

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Posey Twice-as-Tough cuffs WRIST Restraint with lock on connecting strap, adjustable, pair - (Wrist / Blue)	POSEY	2750	NO BID	No	EA	1	150		$ -
Posey Twice-as-Tough cuffs Restraint with lock on cuff and connecting strap, adjustable, pair - (Ankle / Red)	POSEY	2755	NO BID	No	EA	1	120		$ -
Oxygen cylinder with toggle, aluminum, D size			NO BID	Yes	EA	1	5		$ -
Oxygen regulator/pressure reducer, brass, CGA 540 2800-R-2			NO BID	Yes	EA	1	5		$ -
Oxygen regulator, 1 DISS 1BARB 0-25 LPM			NO BID	Yes	EA	1	5		$ -
Megamover plus transport unit, nonwoven, w/backboard pockets, 1500 lb capacity (40" x 80")	GRAHAM PROFESSIONAL	53376	GRA 53376	Yes	EA	1	10	$ 29.60	$ 296.00
This item sold by the case of 10, case price is $296.00									
Stryker LUCAS 2 / 3 Disposable Suction Cup, 3/pk	Stryker	11576-000046	PHC 11576000046	No	PK	3	5	$ 187.00	$ 935.00
Stryker LUCAS Patient Strap, pair	Stryker	11576-000050	PHC 11576000050	No	SET	2	5	$ 137.70	$ 688.50
Stryker LUCAS Stabilization Strap	Stryker	21996-000074	NO BID	No	EA	1	5		$ -
Stryker LUCAS Standard Back Plate	Stryker	21996-000044	PHC 21996000044	No	EA	1	5	$ 504.10	$ 2,520.50
Replacement Ankle Hitch for QD3 & QD4 Traction			NO BID	Yes	EA	1	5		$ -
Replacement Ischial Strap for Adult/Child QD3/QD4 Traction Splint			NO BID	Yes	EA	1	5		$ -
Oxygen cylinder with toggle, aluminum - (C size)			NO BID	Yes	EA	1	5		$ -

Vendor Name: edes Scientific LLC dba Mercedes Scie

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Traction splint w/aluminum ratchet - Adult (QD-4)			NO BID	Yes	EA	1	5		$ -
Traction splint w/aluminum ratchet - Pediatric (QD-3)			NO BID	Yes	EA	1	5		$ -
KED, Kendrick Extrication Device, green, with color coded straps			NO BID	Yes	EA	1	5		$ -
L.A. Rescue® cervical collar bag (24" x 11" x 5")			NO BID	Yes	EA	1	5		$ -
Trauma / Air management bag III, blue (26" x 18.5" x 12.5")	FERNO	5111	NO BID	No	EA	1	5		$ -
Hawkepack ET Intubation Kit pullout, green with yellow stripe	HAWKEPAKS	02-04F5	NO BID	No	EA	1	5		$ -
Ferno professional intubation mini bag, royal blue	FERNO	5115	NO BID	No	EA	1	5		$ -
5.11 Rush 72 Back Pack, Black	5.11	rush72	NO BID	No	EA	1	5		$ -
Flowmeter With Ohmeda Adpapter, Oxygen, Sidemount			NO BID		EA	1	10		$ -
Fasplint Semi-Disposable Vacuum Splint - Small	Hartwell Medical		NO BID	No	EA	1	100		$ -

Vendor Name: cedes Medical LLC dba Mercedes Scier

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Fasplint Semi-Disposable Vacuum Splint - Medium	Hartwell Medical		NO BID	No	EA	1	100		$ -
Fasplint Semi-Disposable Vacuum Splint - Large	Hartwell Medical		NO BID	No	EA	1	100		$ -
Fasplint Vacuum Pump, Economy	Hartwell Medical		NO BID	No	EA	1	25		$ -
Fasplint Replacement Bag, Rectangular	Hartwell Medical		NO BID	No	EA	1	25		$ -
Fasplint Tapered Adapter	Hartwell Medical		NO BID	No	EA	1	15		$ -
SSCOR VX-2® 2310 Suction Unit Battery, Rechargeable	SSCOR	2310	NO BID	No	EA	1	5		$ -
SSCOR VX-2® 2314 Suction Unit Battery, Rechargeable	SSCOR	2314	NO BID	No	EA	1	5		$ -
SSCOR VX-2® Suction Unit, With Variable Regulator, DC Cable And Converter	SSCOR	VX-2	NO BID	No	EA	1	5		$ -
Curaplex Quick-Connect Carrier	Curaplex	3245-19123	NO BID	No	EA	1	10		$ -
StatPacks G3 Golden Hour, Orange, BBP resistant, (18" X 17" X 8")	StatPack		NO BID	No	EA	1	5		$ -
2-Piece Nylon Restraint Strap with Metal Push Button Buckle and Swivel Speed Clip Ends, Black, (5' X 23")			NO BID	Yes	EA	1	30		$ -
King Vision Video Laryngoscope Deluxe Supply Bag with pockets, red			NO BID	Yes	EA	1	2		$ -

Vendor Name: cedes Medical LLC dba Mercedes Scier

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
FERNO Model 5111 Trauma Air Management Bag III, Blue	Ferno	1511	NO BID	No	EA	1	5		$ -
Engel Fridge-Freezer MD-14F with Top Lid Access Door	Engel USA	MD-14F	NO BID	No	EA	1	2		$ -
Engel Fridge-Freezer D/C Power Cord with Integrated Thermal Fuse for MD-14F	Engel USA		NO BID	No	EA	1	2		$ -
Triage Tape Waist Belt	EMS Innovations	EM19	NO BID	?	EA	1	5		$ -
Stryker LUCAS 2® Device Battery	Stryker	11576-000039	PHC 11576000039	No	EA	1	3	$ 953.85	$ 2,861.55
Quantum EMS ACR4 Ambulance Child Restraint System	Quantum EMS	Q-ACR4	NO BID	No	EA	1	2		$ -
LSP XTRA™ Backboard Without Pins, 71in L x 15.75in W x 1.85in D, Blue			NO BID	Yes	EA	1	25		$ -
Ferno Scoop™ EXL Scoop Stretcher, Red, no pins	Ferno		NO BID	Yes	EA	1	5		$ -
Stryker® Head End Pouches	Stryker	6500 130 000	NO BID	No	EA	1	5		$ -

Vendor Name: cedes Medical LLC dba Mercedes Scier

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Stryker® Base Storage Flat	Stryker	6500 160 000	NO BID	No	EA	1	5		$ -
Stryker® Antlers, Push Bat, Push Bar Mount Kit	Stryker	6370 000 000	NO BID	No	EA	1	2		$ -
Stryker® J Hook	Stryker	6060 039 017	NO BID	No	EA	1	2		$ -
Stryker® Battery Charger, SMRT power kit, 120v A/C	Stryker	6500 700 041	NO BID	No	EA	1	2		$ -
Stryker® X Restraints, full set	Stryker	6506 0003 0010	NO BID	No	EA	1	25		$ -
Stryker® X Restraints, shoulder	Stryker	6506 0003 0001	NO BID	No	EA	1	10		$ -
Stryker® X Restraints, waist single buckle	Stryker	6506 0003 0003	NO BID	No	EA	1	10		$ -
Stryker® X Restraints, waist double buckle	Stryker	6506 0003 0002	NO BID	No	EA	1	10		$ -
Stryker® X Restraints, thigh	Stryker	6506 0003 0004	NO BID	No	EA	1	10		$ -
Stryker® X Restraints, ankle	Stryker	6506 0003 0005	NO BID	No	EA	1	10		$ -
Stryker® Stair Chair Straps	Stryker	6250 001 021S	NO BID	No	EA	1	10		$ -
Stryker® Stair Chair Ankle Straps	Stryker	6500 001 395	NO BID	No	EA	1	20		$ -
Stryker® Stretcher SMRT Batteries	Stryker	6500 033 000	NO BID	No	EA	1	5		$ -
								Section 11 Total	$ 13,314.05

Vendor Name: cedes Medical LLC dba Mercedes Scier

Section 12: Medication	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
ADENOSINE (Adenocard) 12mg (3mg/mL) 4mL vial			NO BID	Yes	EA	1	100		$ -
ACETAMINOPHEN (Tylenol) 160mg (32mg/mL) 5mL Liquid			NO BID	Yes	EA	1	100		$ -
ACETAMINOPHEN (Tylenol) 500mg (Tablet) Bottle			NO BID	Yes	PK	2	400		$ -
AMIODARONE (Cordarone) 150mg (50mg/mL) 3mL vial			NO BID	Yes	EA	1	400		$ -
ASPIRIN 81mg (tablet) bottle			NO BID	Yes	BT	36	90		$ -
ATROPINE SULFATE 1mg (0.1mg/mL) 10mL PFS			NO BID	Yes	EA	1	400		$ -
IPRATROPIUM & ALBUTEROL (Duo Neb) 0.5mg & 3.0mg/3mL			NO BID	Yes	BX	30	15		$ -
CALCIUM CHLORIDE 1gm (100mg/mL) 10mL PFS			NO BID	Yes	EA	1	100		$ -
DIPHENHYDRAMINE (Benadryl) 50mg (50mg/mL) 1mL vial			NO BID	Yes	EA	1	180		$ -
Dextrose 10% 250mL Infusion			NO BID	Yes	EA	1	500		$ -
DOPAMINE 800mg (1.6mg/mL) 500mL Infusion			NO BID	Yes	EA	1	100		$ -

Vendor Name: cedes Medical LLC dba Mercedes Scier

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
EPINEPHRINE 1:1,000 1mg (1mg/mL) 1ml vial			NO BID	Yes	EA	1	150		$ -
EPINEPHRINE 1:10,000 1mg (0.1mg/mL) 10mL PFS			NO BID	Yes	EA	1	900		$ -
RACEMIC EPINEPHRINE 2.25% 0.5mL			NO BID	Yes	EA	1	70		$ -
ETOMIDATE (Amidate) 20mg (2mg/mL) 10mL vial			NO BID	Yes	EA	1	200		$ -
GLUCAGON (Glucagen) 1mg (1mg/mL) 1mL			NO BID	Yes	EA	1	100		$ -
Oral Glucose 31gm			NO BID	Yes	EA	1	250		$ -
HEPARIN 5000u (5000u/mL) 1mL vial			NO BID	Yes	EA	1	80		$ -
LABETALOL 100mg (5mg/mL) 20mL vial			NO BID	Yes	EA	1	150		$ -
LIDOCAINE 2% 100 mg (20mg/mL) 5ml PFS			NO BID	Yes	EA	1	250		$ -

Vendor Name: cedes Medical LLC dba Mercedes Scier

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
MAGNESIUM SULFATE 50% 1gm (500mg/mL) 2mL vial			NO BID	Yes	EA	1	200		$ -
NALOXONE (Narcan) 2mg (1mg/mL) 2mL			NO BID	Yes	EA	1	150		$ -
NITROGLYCERIN 2% 30gm Paste			NO BID	Yes	EA	1	50		$ -
Nitrolingual Spray, 4.1g, 400mcg per Spray, 90 sprays per can			NO BID	Yes	EA	1	40		$ -
Nitrostat, 0.4mg Sublingual Tabs, 25 per bottle			NO BID	Yes	BT	25	10		$ -
PROMETHAZINE (Phenergan) 25mg (25mg/mL) 1mL vial			NO BID	Yes	EA	1	300		$ -
ALBUTEROL SULFATE 0.083% 2.5mg (0.83mg/mL) 3mL			NO BID	Yes	BX	25	35		$ -
ROCURONIUM 100mg (10mg/mL) 10mL vial			NO BID	Yes	EA	1	120		$ -
SODIUM BICARBONATE 50mEq (1mEq/mL) 50mL PFS			NO BID	Yes	EA	1	450		$ -
Sodium Chloride 0.9% 10mL PFS			NO BID	Yes	EA	1	8000		$ -
METHYLPREDNISOLONE (Solumedrol) 125mg (62.5mg/mL) 2mL vial			NO BID	Yes	EA	1	300		$ -
SUCCINYLCHOLINE (Quelicin) 200mg (20mg/mL) 10mL vial			NO BID	Yes	EA	1	150		$ -

Vendor Name: cedes Medical LLC dba Mercedes Scier

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
Ketorolac 60mg 2mL vial			NO BID	Yes	EA	1	275		$ -
Carpuject™ Syringe			NO BID	Yes	EA	1	20		$ -
ONDANSETRON (Zofran) 4mg Tablet ODT			NO BID	Yes	EA	30	30		$ -
ONDANSETRON (Zofran) 4mg (2mg/mL) 2mL vial			NO BID	Yes	EA	25	8		$ -
Mucosal Automation Device - with 3mL Syringe			NO BID	Yes	EA	1	20		$ -
Mucosal Atomization Device - device only			NO BID	Yes	EA	1	200		$ -
CAPTOPRIL 12.5mg (tablet) bottle			NO BID	Yes	BT	100	50		$ -
DILTIAZEM (Cardizem) 25mg (5mg/mL) 5mL vial			NO BID	Yes	EA		150		$ -
HYDROXOCOBALAMIN (Cyanokit) 5gm			NO BID	Yes	EA		10		$ -
PROPRANOLOL 1mg (1mg/mL) 1mg vial			NO BID	Yes	EA		10		$ -

Vendor Name: cedes Medical LLC dba Mercedes Scier

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
Atropine 8mg, 20mL Vial			NO BID	Yes	EA		30		$ -
PRALIDOXIME (Protopam) 1gm (50mg/mL) 20mL vial			NO BID	Yes	EA		10		$ -
METHYLENE BLUE 1% 100mg (10mg/mL) 10mL vial			NO BID	Yes	EA		10		$ -
Nithiodote Kit, Includes One Sodium Nitrite (300mg/10mL Vial) And One Sodium Thiosulfate (12.5GM/50mL)			NO BID	Yes	EA		10		$ -
CALCIUM GLUCONATE GEL 2.5% 25gm			NO BID	Yes	EA		10		$ -
Dopamine, 400mg In D5W 250mL Bag			NO BID	Yes	EA		100		$ -
FAMOTIDINE (Pepcid)10mg (5mg/mL) 2mL vial			NO BID	Yes	EA		250		$ -
NOREPINEPHRINE (Levophed) 4mg (1mg/mL) 4mL vial			NO BID	Yes	EA		1000		$ -
METOCLOPRAMIDE (Reglan) 10mg (5mg/mL) 2mL vial			NO BID	Yes	EA		700		$ -
VITAMIN B6 (Pyridoxine) 100mg (100mg/mL) 1mL vial			NO BID	Yes	EA	1	6		$ -
NALOXONE (Narcan) 4mg Nasal			NO BID	Yes	EA	1	20		$ -
								Section 12 Total	$ -

Vendor Name: cedes Medical LLC dba Mercedes Scier

Section 13: Controlled Substance Medication	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
MORPHINE SULFATE 1mg (1mg/mL) 10mL			NO BID	Yes	EA	1	20		$ -
MIDAZOLAM (Versed) 10mg (5mg/mL) 2mL Vial			NO BID	Yes	EA	1	250		$ -
KETAMINE (Ketalar) 500mg (50mg / mL) 10mL vial			NO BID	Yes	BX	10	150		$ -
FENTANYL (Sublimaze) 250mcg (50mcg/mL) 5mL Vial			NO BID	Yes	EA	1	900		$ -
DIAZEPAM (Valium) 10mg (5mg / mL) 2mL vial			NO BID	Yes	EA	1	200		$ -
HYDROMORPHONE (Dilaudid) 2mg (2mg/mL) 1mL vial			NO BID	Yes	Ea	1	300		$ -
								Section 13 Total	$ -

COUNTY PURCHASING AGENT

Fort Bend County, Texas

Vendor Information

Jaime Kovar
Purchasing Agent

Office (281-341-8640

Legal Company Name (top line of W9)	Mozart Holdings, LP		
Business Name (if different from legal name)	Medline Industries Holdings, LP		
Federal ID # or S.S. #	36-2596612	DUNS # 025460908	
Type of Business	___ Corporation/LLC ___ Sole Proprietor/Individual	x Partnership ___ Tax Exempt Organization	Age in Business? 56
Publicly Traded Business	x No ___ Yes Ticker Symbol _____		
Remittance Address	P.O. Box 121080		
City/State/Zip	Dallas, TX 75312		
Physical Address	3 Lakes Dr		
City/State/Zip	Northfield/IL/60093		
Phone/Fax Number	Phone: 800-633-5463	Fax: N/A	
Contact Person	Elizabeth Gordon		
E-mail	ecgordon@medline.com		

Check all that apply to the company listed above and provide certification number.			Cert Date	Exp Date
	DBE-Disadvantaged Business Enterprise ☐	**Certification #** _____	_____	_____
	SBE-Small Business Enterprise ☐	**Certification #** _____	_____	_____
	HUB-Texas Historically Underutilized Business ☐	**Certification #** _____	_____	_____
	WBE-Women's Business Enterprise ☐	**Certification #** _____	_____	_____

Company's gross annual receipts		
	<$500,000 _____	$500,000-$4,999,999 _____
	$5,000,000-$16,999,999 ___	$17,000,000-$22,399,999 _____
	>$22,400,000 x____	

NAICs codes (Please enter all that apply)	
Signature of Authorized Representative	SIGN HERE
Printed Name	Chris Powers
Title	VP of Government Sales
Date	9/02/2022

THIS FORM MUST BE SUBMITTED WITH THE SOLICITATION RESPONSE

***Amended 8/24/22**

Fort Bend County, Texas

Invitation for Bid

Term Contract for Purchase of Medical Supplies

BID 23-001

SUBMIT BIDS TO:	***SUBMIT NO LATER THAN:**
Fort Bend County **Purchasing Department** **Travis Annex** **301 Jackson, Suite 201** **Richmond, TX 77469**	***Tuesday, September 6, 2022** **2:00 PM (Central)**
Note: All correspondence must include the term "Purchasing Department" in address to assist in proper delivery.	**LABEL ENVELOPE:** **BID 23-001** **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.

Requests for information must be in writing and directed to:
Cheryl Krejci, CPPB
Assistant County Purchasing Agent
cheryl.krejci@fortbendcountytx.gov

Vendor Responsibilities:

- Download and complete any addendums. (Addendums will be posted on the Fort Bend County website no Later than 48 hours prior to bid opening)
- Submit response in accordance with requirements stated on the cover of this document.
- DO NOT submit responses via email or fax.

Prepared: 08/11/22
Issued: 08/14/22

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, and return ONE (1) complete bid document to the Fort Bend County Purchasing Department. An authorized representative of the bidder must sign the Contract Sheet. Do not complete the date at the top of the contract sheet. The bid document must be in a sealed envelope marked with the appropriate bid number and title. The contract will be binding only when signed by the County Judge, 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, the bidder must draw a line through error and initial each change. All response, typed or written, information must be clear and legible.

If a pricing form in Excel is included and posted on the County's website amongst this bid document, the Vendor must download, complete and save the Excel (not a PDF of the Excel file) file of the pricing form on a flash drive. The Excel file on the flash drive must be downloadable by the Purchasing Department in order to copy and paste the vendor's pricing to the County's Excel tabulation. The flash drive must be labeled and included in the same sealed envelope with the respondent's completed bid document along with a printed copy of the pricing form completed by the vendor.

1.5 Bid Returns: Bidders must return 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

Initials of Bidder: _____

bid documents will be made to any bidder orally. All requests for such interpretations must be made in writing addressed to Ms. Cheryl Krejci, Assistant County Purchasing Agent, 301 Jackson, Suite 201, Richmond, Texas 77469, e-mail: cheryl.krejci@fortbendcountytx.gov. Any and all interpretations and any supplemental instructions will be in the form of written addenda to the contract documents which will be posted on Fort Bend County's website. Addenda will **ONLY** be issued by the Fort Bend County Purchasing Agent. It is the sole responsibility of each bidder to insure receipt of any and all addenda. All addenda issued will become part of the contract documents. Bidders must sign and include addendum in the returned bid package. Deadline for submission of questions and/or clarification is **Tuesday, August 23, 2022 at 9:00 AM (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.

Initials of Bidder: _____

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.

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.

Initials of Bidder: _____

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. Vendors bidding "or equal" items are required to provide manufacturer's specifications of both, the specified item and the "equal to" item, and documentation proving equality. Fort Bend County shall act as sole judge in determining equality and acceptability of products offered.

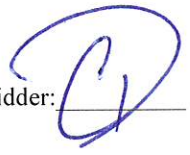
1.19 Color Selection: Determination of colors of materials is a right reserved by the using department unless otherwise specified in the bid. Unspecified colors shall be quoted as standard colors, not colors, which require up charges or special handling. Unspecified fabrics or vinyl should be construed 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

Initials of Bidder: 

person engaged in such line of business. Any or all bids may be rejected if the County believes that collusion exists among the bidders. Bids in which the prices are obviously unbalanced may be rejected. If multiple bids are submitted by a bidder and after the bids are opened, one of the bids is withdrawn, the result will be that all of the bids submitted by that bidder will be withdrawn; however, nothing herein prohibits a vendor from submitting multiple bids for different products or services.

1.24 Awards: Fort Bend County reserves the right to award this contract on the basis of lowest and best bid in accordance with the laws of the State of Texas, to waive any formality or irregularity, to make awards to more than one bidder, to reject any or all bids. In the event the lowest dollar bidder meeting specifications is not awarded a contract, the bidder may appear before the Commissioners Court and present evidence concerning his responsibility. An award is final only upon formal execution by the Fort Bend County Commissioners Court or the Fort Bend County Purchasing Agent. Fort Bend County reserves the right to withdraw any award until execution by the proper authority.

1.25 Assignment: The successful vendor may not assign, sell or otherwise transfer this contract without written permission of Fort Bend County Commissioners Court.

1.26 Term Contracts: If the contract is intended to cover a specific time period, said time will be given in the specifications under scope.

1.27 Maintenance: Maintenance required for equipment bid should be available in Fort Bend County by a manufacturer authorized maintenance facility. Costs for this service shall be shown on the bid sheet as requested or on a separate sheet, as required. If Fort Bend County opts to include maintenance, it shall be so stated in the purchase order and said cost will be included. Service will commence only upon expiration of applicable warranties and should be priced accordingly.

1.28 Contract Obligation: Fort Bend County Commissioners Court must award the contract and the County Judge or other person authorized by the Fort Bend County Commissioners Court must sign the contract before it becomes binding on Fort Bend County or the bidders. Department heads are not authorized to sign agreements for Fort Bend County. Binding agreements shall remain in effect until all products and/or services covered by this purchase have been satisfactorily delivered and accepted.

1.29 Title Transfer: Title and Risk of Loss of goods shall not pass to Fort Bend County until Fort Bend County actually receives and takes possession of the goods at the point or points of delivery. Receiving times may vary with the using department. Generally, deliveries may be made between 8:30 a.m. and 4:00 p.m., Monday through Friday. Bidders are advised to consult the using department for instructions. The place of delivery shall be shown under the "Special Requirement" section of this bid document and/or on the Purchase Order as a "Ship To:" address.

Initials of Bidder: _____

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 Purchasing Agent. The County Purchasing Agent will review, and, if increase is deemed warranted, place the request on Fort Bend County's Commissioners Court agenda for their action of approval or disapproval. Approval

Initials of Bidder: _____

by the County's Commissioner's Court is required. Any proposed price increase will only be the amount increased to the vendor from his/her supplier. The price increase request must be stated on the vendor's letterhead with the bid number and name in the subject including, in columns, for each item: item description, original bid price, percent of increase, and the total cost of the original bid price including the increased dollar amount. Written documentation from the vendor's supplier of the increase notice must be provided to the Purchasing Agent at time of increase request. No application for a price increase may be submitted within the first twelve (12) month term of this contract. Increase requests 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 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.

Initials of Bidder:

2.6 Place of Delivery: The place of delivery shall be that set forth in the block of the purchase order entitled "Ship To". Any change thereto shall be effective by modification as provided for in Clause number 2.20 "Modifications", hereof. The terms of this agreement are "no arrival, no sale", at the discretion of Fort Bend County.

2.7 Invoices and Payments:

2.7.1 Seller shall submit separate invoices, in duplicate. Invoices shall indicate the purchase order number and the bid number if applicable. Invoices shall be itemized and transportation charges, if any, shall be listed separately. A copy of the bill of lading, and the freight waybill when applicable should be attached to the invoice.

2.7.2 Fort Bend County's obligation is payable only and solely from funds available for the purpose of this purchase. Lack of funds shall render the order null and void to the extent funds are not available and any delivered but unpaid goods will be returned to Seller by the county.

2.7.3 Do not include Federal Excise, State, or City Sales Tax. Fort Bend County is a tax-exempt governmental entity.

2.8 Gratuities: Fort Bend County may, by written notice to the Seller, cancel any order without liability, if it is determined by the County that gratuities, in the form of entertainment, gifts, or otherwise were offered or given by the Seller, or any agent or representative of the Seller to any officer or employee of Fort Bend County with a view toward securing an order. In the event an order is canceled by the County pursuant to this provision, the County shall be entitled, in addition to any other rights and remedies, to recover or withhold the amount of the cost incurred by Seller in providing such gratuities.

2.9 Special Tools and Test Equipment: If the price stated on the face of an order includes the cost of any special tooling or special test equipment fabricated or required by Seller for the purpose of filing this order, such special tooling equipment and any process sheets related thereto shall become the property of the County and to the extent feasible shall be identified by the Seller as such.

2.10 Warranty/Price:

2.10.1 The price to be paid by the County shall be that contained in Seller's 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

Initials of Bidder: _____

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

Initials of Bidder: _____

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

Initials of Bidder: _____

trace 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 to Fort Bend County as specified herein.

4.0 TERM OF CONTRACT:

The term of this contract is **October 1, 2022 through September 30, 2023**, renewable annually for four (4) years (through September, 2027) under the same terms and conditions if mutually agreeable

Initials of Bidder: _____

by 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 TEXAS ETHICS COMMISSION FORM 1295:

5.1 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.

5.2 On-line instructions:

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

5.2.2 Identification number used by the governmental entity is: B23-001.

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

5.3 Apparent low bidder(s) will be required to provide the Form 1295 within three (3) calendar days from notification; however, if your company is publicly traded you are not required to complete this form.

6.0 STATE LAW REQUIREMENTS FOR CONTRACTS:

The contents of this section are required by Texas Law and are included by County regardless of content.

6.1 Agreement to Not Boycott Israel Chapter 2271 Texas Government Code: Contractor verifies that if Contractor employs ten (10) or more full-time employees and this Agreement has a value of $100,000 or more, Contractor does not boycott Israel and will not boycott Israel during the term of this Contract.

6.2 Texas Government Code Section 2251.152 Acknowledgment: By signature on vendor form, Contractor represents pursuant to Section 2252.152 of the Texas Government Code, that Contractor is not listed on the website of the Comptroller of the State of Texas concerning the listing of companies that are identified under Section 806.051, Section 807.051 or Section 2253.153.

7.0 HUMAN TRAFFICKING:

By acceptance of this contract, Contractor acknowledges that Fort Bend County is opposed to human trafficking and that no County funds will be used in support of services or activities that violate human trafficking laws.

Initials of Bidder:

8.0 ASSIGNMENT:

Contractor shall not sell, assign, transfer or convey these services, in whole or in part, without the prior written consent of Fort Bend County and as a condition of such consent, contractor shall remain liable for completion of the services in the event of default by the successor contractor or assignee.

9.0 SPECIFICATIONS AND BID PRICING:

Additional specifications are available in the pricing form required to be downloaded by interested vendors, completed, saved in Excel and returned as stated in Section 1.4. See Name Brand Clause 1.18 above. Vendors are required to provide pricing as stated and may be disqualified if not.

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.

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 and provide documentation proving the items are "equal".

9.4 Vendor must provide unit prices as stated on bid pricing form. Alterations to unit sizes are not permitted and are grounds for vendor disqualification.

9.5 Vendors must be authorized and/or certified, if required, by manufacturer and/or supplier, to sell or resell the items included in this bid.

9.6 Vendors are required to provide documentation/certification from the manufactures stating the vendor is an approved reseller and/or distributor with their bid response.

9.7 Vendors are not permitted to provide bid prices with more than two (2) decimal places.

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.

Initials of Bidder: _____

11.0 AWARD:

This contract will be awarded to the lowest bidder per item meeting specifications.

12.0 VENDOR STATUS:

The awarded vendor is required to hold an **active** status on the SAM.gov website https://sam.gov/content/home along with the Texas Comptroller Taxable Entity website https://mycpa.cpa.state.tx.us/coa/ .

13.0 REQUIRED FORMS:

All vendors submitting are required to complete and provide with submission along with any other documentation as stated herein:

13.1 Electronic Excel file of Pricing Form on flash drive and printed hard copy

13.2 Vendor Form

13.3 W9 Form

13.4 Tax Form/Debt/Residence Certification

13.5 Certification and or authorization documentation proving permission to sell or resell from manufacturers

Initials of Bidder: _____

Contract Sheet
Bid 23-001

THE STATE OF TEXAS
COUNTY OF FORT BEND

This memorandum of agreement made and entered into on the 13 day of December, 20 22, by and between Fort Bend County in the State of Texas (hereinafter designated County), acting herein by County Judge KP George, by virtue of an order of Fort Bend County Commissioners Court, and Medline Industries, LP (hereinafter designated Contractor).

(company name)

WITNESSETH:

The Contractor and the County agree that the bid and specifications for **Purchase and Delivery 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 13th day of December 20 22.

Fort Bend County, Texas

By: KP George
County Judge KP George

County Judge, KP George

By: _____

Signature of Contractor

By: Chris Powers, VP of Government Sales

Printed Name and Title

COUNTY PURCHASING AGENT

Fort Bend County, Texas

Jaime Kovar
County Purchasing Agent

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

August 24, 2022

TO: All Prospective Bidders

RE: Addendum No.1 – Fort Bend County Bid 23-001 – Term Contract for Medical Supplies

Addendum 1:

Vendors are to download and provide the **Amended.8.24.22 Pricing Form** document and electronic file with their solicitation response. An amended pricing form will be posted to the website no later than Wednesday, August 24.

****

Immediately upon your receipt of this addendum, please fill out the following information and email this page to Olivia Rios at Olivia.Rios@fortbendcountytx.gov .

Medline Industries Holdings, LP
Company Name

Elizabeth Rocela 9/02/2022
Signature of person receiving addendum Date

If you have any questions, please contact this office.

Sincerely,

Cheryl Krejci
Senior Buyer

COUNTY PURCHASING AGENT

Fort Bend County, Texas

Jaime Kovar
County Purchasing Agent

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

August 24, 2022

TO: All Prospective Bidders

RE: Addendum No.2 – Fort Bend County Bid 23-001 – Term Contract for Medical Supplies

Addendum 2:

The bid due date has been extended to 9/6/22, 2:00PM

****

Immediately upon your receipt of this addendum, please fill out the following information and email this page to Olivia Rios at Olivia.Rios@fortbendcountytx.gov .

Medline Industries, LP

Company Name

Signature of person receiving addendum

9/02/2022

Date

If you have any questions, please contact this office.

Sincerely,

Cheryl Krejci
Senior Buyer

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

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.
Medline Industries Holdings, LP

2 Business name/disregarded entity name, if different from above
36-2596612

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☑ S Corporation ☐ Partnership ☐ Trust/estate
☑ 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.
☐ 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)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
Medline Industries Holdings, LP

Requester's name and address (optional)

6 City, state, and ZIP code
3 Lakes Dr., Northfield, IL. 60093

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
N/A – –

or

Employer identification number
3 6 - 2 5 9 6 6 1 2

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶** [signature] **Date ▶** 9/02/2022

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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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
4. 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.: _____

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

Taxpayer Identification Number (T.I.N.): 36-2596612

Company Name submitting Bid/Proposal: Medline Industries Holdings, LP

Mailing Address: 3 Lakes Dr., Northfield, IL. 60093

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.)

Fort Bend County Tax Acct. No.*	Property address or location**
N/A	N/A

** 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
[Company Name]
§2252.001.

✓ I certify that Medline Industries Holdings, LP is a Nonresident Bidder as defined in Government Code
[Company Name]
§2252.001 and our principal place of business is Northfield, Illinois.
[City and State]

Medline Industries, LP.
Three Lakes Drive
Northfield, IL 60093
1.847.949.5500
1.800.MEDLINE (633.5463)
medline.com

September 2, 2022

County of Fort Bend

Subject: Bid No. B23-001.Medical-Supplies

To whom it may concern:

Medline Industries, LP. is excited to respond to your invitation for bid. We hope to provide Fort Bend County with high quality medical supplies and great customer service. Please review, any attachments and Pricing Sheet for any item/pricing/ UOM discrepancies.

Contract Questions:

Name: Elizabeth Gordon

Email: ecgordon@Medline.com

Phone: 847-949-2696

Sales, Ordering, and Account Basis Questions:

Name: Bethanie Szydlowski

Email: BSzydlowski@medline.com

Phone: 248-563-9231

Tracking Shipment, Invoices, etc.:

Name: Customer Service

Email: customerservice@medline.com

Phone: 800-636-8150

Proposer:

Name: Chris Powers, VP of Government Sales

Email: govbids@medline.com

Phone: 800-633-5463

We look forward to working with Fort Bend County!

Sincerely,

Elizabeth Gordon
Sales Contract Analyst
Government Sales
Medline Industries, LP

Fort Bend County Pricing Form
Bid 23-001
Term Contract for Medical Supplies

Vendor Name: Medline Industries Holdings, LP

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 (2 decimal limit, $1.12)	Extended Cost
Berman Oral Airway - 40mm (Pink)	ASIA-CONNECTION-TAIWIN	ME6504PK-5P	MCM1080040C	Yes	PK	5	5	$9.24	$ 46.20
Berman Oral Airway - 60mm (Black)	ASIA-CONNECTION-TAIWIN	ME6506BK-5P	MCM108006	Yes	PK	5	5	$9.24	$ 46.20
Berman Oral Airway - 80mm (Green)	ASIA-CONNECTION-TAIWIN	ME6508GN-5P	MCM108008	Yes	PK	5	8	$7.32	$ 58.56
Berman Oral Airway - 90mm (Yellow)	ASIA-CONNECTION-TAIWIN	ME6509YL-5P	MCM108009	Yes	PK	5	16	$7.32	$ 117.12
Berman Oral Airway - 100mm (Red)	ASIA-CONNECTION-TAIWIN	ME6510RD-5P	MCM108000	Yes	PK	5	20	$7.32	$ 146.40
Berman Oral Airway - 110mm (Orange)	ASIA-CONNECTION-TAIWIN	ME6511ON-5P	MCM108001	Yes	PK	5	10	$8.94	$ 89.40
Thomas ET Tube Holder - Adult	Laerdal	600-10000	LDM0010000	No	EA	1	450	$ 3.84	$ 1,728.00
Thomas ET Tube Holder - Pediatric	Laerdal	600-2000	No Bid	No	EA	1	40		$ -

Vendor Name: Medline Industries Holdings, LP

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 (2 decimal limit, $1.12)	Extended Cost
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.0 uncuffed	Sheridan			Yes	EA	1	10		$ -
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.5 cuffed	Sheridan			Yes	EA	1	30		$ -
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 3.0 cuffed	Sheridan			Yes	EA	1	20		$ -
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 3.5 cuffed	Sheridan			Yes	EA	1	25		$ -
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 4.0 cuffed	Sheridan			Yes	EA	1	30		$ -
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 4.5 cuffed	Sheridan			Yes	EA	1	20		$ -
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 5.0	Sheridan		HUD522510	No	EA	1	20	$ 10.22	$ 204.30
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 6.0	Sheridan		HUD522512	No	EA	1	50	$ 10.22	$ 510.75
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 7.0	Sheridan		HUD522514	No	EA	1	250	$ 10.22	$ 2,553.75

Vendor Name: Medline Industries Holdings, LP

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 (2 decimal limit, $1.12)	Extended Cost
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 8.0	Sheridan		HUD522516	No	EA	1	250	$ 10.22	$ 2,553.75
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 9.0	Sheridan		HUD522518	No	EA	1	250	$ 10.22	$ 2,553.75
Nasopharyngeal Airway - 20fr	MEDSTORM	51154	RSH123120H	Yes	EA	1	35	$ 8.22	$ 287.70
Nasopharyngeal Airway - 24fr	MEDSTORM	51156	RSH123124H	Yes	EA	1	50	$ 8.00	$ 400.00
Nasopharyngeal Airway - 26fr	MEDSTORM	51157	RSH123126H	Yes	EA	1	70	$ 7.81	$ 546.70
Nasopharyngeal Airway - 28fr	MEDSTORM	51158	RSH123128H	Yes	EA	1	70	$ 9.40	$ 658.00
Nasopharyngeal Airway - 30fr	MEDSTORM	51159	RSH123130H	Yes	EA	1	50	$ 7.82	$ 391.00
Nasopharyngeal Airway - 36fr	MEDSTORM	51162	RSH123136H	Yes	EA	1	30	$ 7.83	$ 234.90
Suction Canister,disposable - 1200mL	BEMIS	484410	BEH484410	No	EA	1	430	$ 5.26	$ 2,260.28
Suction Catheter - 8fr	ASIA-CONNECTION-TAIWIN	ME6808B	BXTT64CH	Yes	EA	1	60	$ 0.96	$ 57.60
Suction Catheter - 10fr	ASIA-CONNECTION-TAIWIN	ME6810B	DYND40990H	Yes	EA	1	120	$ 1.16	$ 139.20
Suction Catheter - 18fr	ASIA-CONNECTION-TAIWIN	ME6818B	DYND41904H	Yes	EA	1	150	$ 0.91	$ 136.50
Yankauer with Control Vent and Tubing (6ft)	MEDSOURCE	MS-YK20	DYND50132H	Yes	EA	1	300	$ 0.60	$ 180.00

Big Yank™ Yankauer Suction Tip w/Control Vent, Sterile, 11/32"open tip, integral blister tube and canister connector pre-attached	CONMED	0034920U	No Bid	No	EA	1	40		$ -
Oxygen Mask, Medium Concentration - Infant	RUSCH	396218	RSH396218	Yes	EA	1	20	$ 1.05	$ 21.04

Vendor Name: Medline Industries Holdings, LP

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 (2 decimal limit, $1.12)	Extended Cost
Oxygen Mask, Partial Non-Rebreather w/safety vent - Pediatric	HUDSON	1058	HUD1058H	Yes	EA	1	400	$ 1.89	$ 756.00
Oxygen Mask, Non-Rebreather - Adult	HUDSON	1060	HUD1060H	No	EA	1	2000	$1.57	$ 3,140.00
Oxygen Nasal Cannula, 7' - Adult	CURAPLEX	24003	HCS4511BH	Yes	EA	1	2000	$ 0.55	$ 1,100.00
Bougie-to-go ET Tube Introducer with coude tip - Adult (15Fr x 60cm)	SUNMED	9-0212-82	No Bid	Yes	EA	1	200		$ -
Bougie ET Tube Introducer with coude tip - Pediatric (10Fr x 70cm)	SUNMED	9-0211-70	No Bid	Yes	EA	1	40		$ -
Oxygen Nebulizer, small volume, hand held w/ mask, 7ft - Pediatric			HUD1713H	Yes	EA	1	100	$ 4.20	$ 420.00
Oxygen Nebulizer, w/ Tubing and Mouthpiece	CURAPLEX	301-200	HCS4483RH	Yes	EA	1	900	$ 6.75	$ 6,075.00
Ambu Spur II bag valve mask, Bag Reservoir Medium with Pop Off Valve, with Manometer, with Mask - Adult	Ambu		AMB2361103	No	EA	1	1000	$ 28.78	$ 28,775.00
BVM Face Mask, No Valve, Disposable, Duraclear - Small Adult	Ambu		AMB0002520	No	EA	1	1000	$ 3.39	$ 3,390.00
Pocket BVM w/ olive green case, with O2 tubing	MicroBVM	MB003xn	NAR100019	No	EA	1	2	$ 87.93	$ 175.86
Oxygen Nut & Stem (Plastic)	SMITH MEDICAL	33-2600	PTX332600H	Yes	EA	1	5	$ 1.67	$ 8.35
Magill Forceps - Adult (25cm / 10")	ZULCO INTERNATIONAL	9-476	DYND04146H	Yes	EA	1	5	$ 8.56	$ 42.80
Magill Forceps - Child (20cm / 8")	SURGICAL DESIGN INC	297	DYND04145H	Yes	EA	1	5	$ 7.84	$ 39.20

Vendor Name: Medline Industries Holdings, LP

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 (2 decimal limit, $1.12)	Extended Cost
Salem Gastric Sump Tube, dual lumen, sterile - 18fr x 48"	COVIDIEN	8888264986	SWD264986H	Yes	EA	1	100	$ 3.39	$ 339.00
Salem Gastric Sump Tube, dual lumen, sterile - 1	COVIDIEN		No Bid	Yes	EA	1	10		$ -
Salem Gastric Sump Tube, dual lumen, sterile - 1	COVIDIEN		No Bid	Yes	EA	1	10		$ -
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 2	SURGIMED	5-5332-02	No Bid	Yes	EA	1	20		$ -
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 3	VALUEMED	301-B3030	BXT5533203H	Yes	EA	1	90	$ 10.38	$ 934.20
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 4	SUNMED	5-5332-04	BXT5533204H	Yes	EA	1	200	$ 10.58	$ 2,116.00
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 0	SUNMED	5-5333-00	SMI5533300H	Yes	EA	1	10	$ 7.89	$ 78.90
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 1	SUNMED	5-5333-01	No Bid	Yes	EA	1	20		$ -
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 2	SUNMED	5-5333-02	SMI5533302H	Yes	EA	1	30	$ 8.58	$ 257.40

Vendor Name: Medline Industries Holdings, LP

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 (2 decimal limit, $1.12)	Extended Cost
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 3	SUNMED	5-5333-03	SMI5533303H	Yes	EA	1	80	$ 7.51	$ 600.80
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 4	SUNMED	5-5333-04	SMI5533304H	Yes	EA	1	80	$ 7.69	$ 615.20
Greenline/D Fiber Optic, 10/32" Halogen/Xenon Reflector Lamp for Medium Laryngoscope Handle	SUNMED	5-0240-52	SMI5024052	Yes	EA	1	20	$ 18.29	$ 365.80
PEEP valve, disposable, adjustable 22mm inner diameter			AMB1990031	Yes	EA	1	100	$ 6.47	$ 647.00
Headrest, Bagel, 9", pink foam			XOD40519H	Yes	EA	1	200	$25.01	$ 5,002.00
Meconium Aspirator, latex free			NTPN0101H	Yes	EA	1	150	$7.43	$ 1,114.50
i-gel® - Size 1 (Neonatal)	Intersurgical		ISU8201000H	No	EA	1	150	$21.83	$ 3,274.50
i-gel® - Size 1.5 (Infant)	Intersurgical		ISU8215000H	No	EA	1	150	$20.10	$ 3,015.00
i-gel® - Size 2 (Small Pediatric)	Intersurgical		ISU8202000H	No	EA	1	150	$21.83	$ 3,274.50
i-gel® - Size 2.5 (Large Pediatric)	Intersurgical		ISU8225000H	No	EA	1	200	$21.78	$ 4,356.00
i-gel® O2 Resus Pack, Includes i-Gel, lube & strap - Small Adult (Size 3)	Intersurgical		ISU8203000H	No	EA	1	500	$21.96	$ 10,980.00
i-gel® O2 Resus Pack, includes i-Gel, lube & strap - Medium Adult (Size 4)	Intersurgical		ISU8204000H	No	EA	1	2000	$21.96	$ 43,920.00
i-gel® O2 Resus Pack, includes i-Gel, lube & strap - Large Adult (Size 5)	Intersurgical		ISU8205000H	No	EA	1	2000	$21.96	$ 43,920.00

Vendor Name: Medline Industries Holdings, LP

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 (2 decimal limit, $1.12)	Extended Cost
Thomas Select ET Tube Holder, for ET/SGA Tubes 6.5mm ID to 42mm OD - Adult	Laerdal		LDM6001000	No	EA	1	2500	$15.37	$ 38,425.00
Vent Elbow With Port And Cap	Curaplex		BXT001550	Yes	EA	1	300	$0.94	$ 282.36
Cricothyrotomy Kit (TMM-CR) in vacuum sealed package to include (1) 6.0mm cuffed Tracheostomy tube, (1) Hemostat - 5.5" Kelly curved forceps, (1) #10 sterile Scalpel, (1) 10mL sterile Syringe, (1) 4" Tracheal Hook	Chinook Medical Gear, Inc.	1364	BND2160364	No	EA	1	50	$94.13	$ 4,706.50
AeroEclipse® Neb			BND4594050	No	EA	1	20	$11.97	$ 239.40
AeroEclipse® Filtered Mouth Piece			TAH5860050	No	EA	1	20	$12.94	$ 258.80
BiTrac ED™ (Nebulizer) Mask - Medium			BLLB101022	Yes	EA	1	20	$37.55	$ 750.94
ZOLL® Ventilator Circuit - Pediatric	Zoll	820-0107-20	No Bid	No	EA	1	5		$ -
ZOLL® Ventilator Circuit - Adult	Zoll	820-0106-15	No Bid	No	EA	1	5		$ -
CPAP - Flowsafe II Mask - Large	Mecury Medical	10-571-03	MCM105710	No	EA	1	200	$40.81	$ 8,162.40
CPAP - Flowsafe II Mask - Small	Mercury Medical	10-571-05	MCM105711	No	EA	1	100	$44.98	$ 4,497.80
CPAP - Flowsafe II Device & Mask - Medium	Mercury Medical	10-573-19	MCM105731	No	EA	1	500	$123.54	$ 61,770.00

Vendor Name: Medline Industries Holdings, LP

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 (2 decimal limit, $1.12)	Extended Cost
Neo-Tee® Infant Resuscitator	Mercury Medical	10-50840	No Bid	No	EA	1	5		$ -
Airtraq VL Blade - Adult			No Bid	No	EA	1	800		$ -
Airtraq VL Blade - Pediatric			No Bid	No	EA	1	200		$ -
AirTraq Video Laryngoscope			No Bid	No	EA	1	5		$ -
HEPA Filter, BACT TRAP MINI PORT ELBOW			DYNJAAHEPA	Yes	EA	1	1000	$3.02	$ 3,020.00
ZOLL® Accu/Vent Sensor	Zoll	8000-001128	No Bid	No	EA	1	5		$ -
ZOLL® Accu/Vent Cable	Zoll	8000-000993	No Bid	No	EA	1	5		$ -
ResQPod® ITD 10	Zoll	12-0242-000	No Bid	No	EA	1	300		$ -
								Section 1 Total	$ 306,767.31

Vendor Name: Medline Industries Holdings, LP

Section 2: IV Supplies	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Clearsafe IV Catheter - 14g X 1 1/4"	MEDSOURCE	MS-84214	No Bid	No	EA	1	100		$ -
Clearsafe IV Catheter - 16g X 1 1/4"	MEDSOURCE	MS-84216	No Bid	No	EA	1	300		$ -
Clearsafe IV Catheter - 18g X 1 1/4"	MEDSOURCE	MS-84218	No Bid	No	EA	1	4000		$ -
Clearsafe IV Catheter - 20g X 1 1/4"	MEDSOURCE	MS-84220	No Bid	No	EA	1	10000		$ -
Clearsafe IV Catheter - 22g X 1"	MEDSOURCE	MS-84222	No Bid	No	EA	1	3000		$ -
Clearsafe IV Catheter - 24g X 3/4"	MEDSOURCE	MS- 84224	No Bid	No	EA	1	400		$ -
Hypodermic Needle - 18g x 1 1/2"			SYR100187Z	Yes	BX	100	20	$3.10	$ 62.00
Hypodermic Needle - 23g x 1"			SYR100235Z	Yes	BX	100	20	$5.09	$ 101.80
Syringe - 1cc with hypodermic needle (25g x 5/8")			PTX402558Z	Yes	BX	100	6	$35.32	$ 211.92
Syringe, luer lock - 3cc			SYR103010Z	Yes	BX	100	20	$6.10	$ 122.00
Syringe, luer lock - 5cc with hypodermic needle (22g x 1")			PTX402210Z	Yes	BX	100	10	$37.63	$ 376.30
Syringe, luer lock - 10cc			SYR110010Z	Yes	BX	100	10	$13.31	$ 133.10

Vendor Name: Medline Industries Holdings, LP

Section 2: IV 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 (2 decimal limit, $1.12)	Extended Cost
Syringe, luer lock - 60cc			SYR160010Z	Yes	BX	30	5	$19.87	$ 99.35
Syringe, cath tip - 60cc (2oz)			DYND20325H	Yes	BX	25	1	$1.21	$ 1.21
Assure prism multi test trips for assure prism multi meter	ARKRAY USA INC	530050	CMD530050Z	No	BX	50	50	$14.78	$ 739.00
Assure prism control solution (1 and 2)	ARKRAY USA INC	530006	CMD530006Z	No	EA	1	10	$12.65	$ 126.50
IV Administration set - 82", 10 drop, W/Bravo 24, Pre-slit Port, Removable 7" Extension			CPEMS83115	Yes	CS	50	100	$104.49	$ 10,449.00
IV 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.			BMG352635	Yes	EA	1	500	$4.66	$ 2,329.20
IV administration Set - STAT 2, Gravity Flow Controller, 60 drop, 84 inches, 2 Latex Free Splint Septum Y Sites.	ConMed		CNDBC2050	No	Ea	1	500	$5.57	$ 2,783.20
0.9% Sodium Chloride Injection USP - 1000ml			BHL2B1324XI	Yes	EA	1	20	$7.89	$ 157.80
0.9% Sodium Chloride Injection USP - 500ml			BHL2B1323Q	Yes	EA	1	6000	$6.85	$ 41,100.00
0.9% Sodium Chloride Injection USP - 250ml			BHLUE1322D	Yes	EA	1	20	$8.40	$ 168.00
0.9% Sodium Chloride Injection USP - 100ml			BHL2B1307H	Yes	EA	1	500	$4.26	$ 2,130.00

Vendor Name: Medline Industries Holdings, LP

Section 2: IV 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 (2 decimal limit, $1.12)	Extended Cost
Sterile Water for Irrigation - 500mL			BMGR500101	Yes	EA	1	200	$4.10	$ 820.00
IV Administration set - Smallbore Extension Set with bonded Ultrasite Injection site, Length: 7 in, Priming Volume: 0.6mL (approx)			No Bid	Yes	EA	1	12000		$ -
Pneumothorax Decompression needle & catheter with hard plastic case - 14ga X 3.25"	H&H	HHTP N01	SJUTPAK	Yes	EA	1	50	$12.47	$ 623.50
IV armboard, reusable, plywood core - 3" x 9"			NON24285H	Yes	EA	1	30	$1.16	$ 34.80
IV armboard, reusable, plywood core - 3" x 12"			No Bid	Yes	EA	1	10		$ -
IV armboard, reusable, plywood core - 3" x 18"			NON24290H	Yes	EA	1	10	$2.29	$ 22.90
Angiocath Peripheral Venous Catheter - 14g x 5.25"			B-D382269H	Yes	EA	1	10	$25.49	$ 254.90
Surecan Safety Huber w/ Ultrasite needlefree infusion system - 20ga x 3/4"			BMG4447007	Yes	EA	1	10	$7.04	$ 70.40
IntraLock Lipid Compatible 3-Way Stop Cock			ABB42383010	Yes	EA	1	100	$3.29	$ 329.00
3m Surgical Clipper Starter Kit, includes clipper body 9661 and charger 9662, no blade assembly	3M	9661	No Bid	No	EA	1	5		$ -
Assure Prism Multi-meter Glucometer	ARKRAY USA INC	530001	CMD530001	No	EA	1	30	$8.68	$ 260.40
Angiocath Peripheral IV Catheter - 16ga x 2"			B-D381157H	Yes	EA	1	30	$7.53	$ 225.90

Vendor Name: Medline Industries Holdings, LP

Section 2: IV 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 (2 decimal limit, $1.12)	Extended Cost
IV Start Kit containing: (1) Alcohol Prep Pads, Medium (1) Tegaderm Intravenous Dressing 2 3/8" x 2 3/4", (1) Gauze Sponge 2" x 2", (1) Tourniquet 1" x 18", (1) Transparent Surgical Tape 1" x 18"	Curaplex		DYNDEMS10(	Yes	EA	1	8000	$2.47	#REF!
Arrow EZ-IO Vascular Access Power Driver	Teleflex	9058	No Bid	No	EA	1	5		$ -
Arrow EZ-IO Needle Kit with Stabilizer - 45mm (Yellow)	Teleflex	9079P-VC-005	No Bid	No	Bx	5	1000		$ -
Arrow EZ-IO Needle Kit with Stabilizer - 25mm (Blue)	Teleflex	9001P-VC-005	No Bid	No	Bx	5	1500		$ -
Arrow EZ-IO Needle set - 45mm (Yellow)	Teleflex	9079-VC-005	No Bid	No	Bx	5	100		$ -
Arrow EZ-IO Needle set - 25mm (Blue)	Teleflex	9001-VC-005	No Bid	No	Bx	5	100		$ -
Arrow EZ-Stabilizer Dressing	Teleflex	9066-VC-005	No Bid	No	Bx	5	1300		$ -
Arrow EZ-IO Vascular Access Pack Soft Sided (Yellow)	Teleflex	9065	No Bid	No	EA	1	5		$ -
								Section 2 Total	#REF!

Vendor Name: Medline Industries Holdings, LP

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 (2 decimal limit, $1.12)	Extended Cost
Bandage, Self-Adherent, ,individually packaged - 2" x 5yd			DYNJ086002H	Yes	EA	1	75	$2.52	$ 189.00
Bandage, Self-Adherent, ,individually packaged - 4" x 5yd			DYNJ086004H	Yes	EA	1	50	$3.13	$ 156.50
Combat Application Tourniquet (CAT) - Black	North American Rescue	30-0001	NAR300001	No	EA	1	70	$46.85	$ 3,279.50
Gauze - Non Sterile, non-woven, 4ply - 4"x4"			NON25443Z	Yes	PK	200	120	$3.34	$ 400.80
Gauze - Sterile 12 ply - 4"x4"			NON21424HH	Yes	PK	2	2000	$0.20	$ 400.00
Gauze - Sterile, roll, 6ply - 4 1/2" x 4.1 yd			NON25865H	Yes	EA	1	1500	$0.83	$ 1,245.00
Triangular Bandage - 36"x51"			NONTRI200H	Yes	EA	1	200	$0.53	$ 106.17
Gauze - Abdominal Pad, sterile - 8" x 9"			NON21454Z	Yes	TRAY	20	200	$4.36	$ 872.00
Adhesive Strip Bandage - 1" x 3"			NON25660Z	Yes	BX	100	100	$2.66	$ 266.00

Vendor Name: Medline Industries Holdings, LP

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 (2 decimal limit, $1.12)	Extended Cost
Burn Sheet, Sterile - 60" x 96"			CPEMSBS003	Yes	EA	1	50	$3.49	$ 174.50
Trauma Dressing, Sterile - 10" x 30"			DKL1030TDH	Yes	EA	1	100	$3.15	$ 315.00
Rapid Heat Instant Heat Pack, Pull Apart Style	RAPID DEPLOYMENT PRODUCTS	2056	No Bid	No	BX	6	170		$ -
Rapid Cold Instant Cold Pack, Pull Apart Style	RAPID DEPLOYMENT PRODUCTS	2004	No Bid	No	CS	24	6		$ -
Ferno KED forehead/Chin Strap Replacement set of 2	Ferno		F-W313676	No	SET	2	10	$166.82	$ 1,668.20
Tape - 3M Transpore - 1" x 10yd	3m		MMM15341Z	No	BX	12	10	$22.03	$ 220.30
Tape - Paper, hypo-allergenic - 1" x 10yd			KDL1914CZ	Yes	BX	12	7	$14.94	$ 104.58
Tape - Waterproof - 2" x 10yd	Kendall	3267	KDL3267CH	No	BX	6	18	$5.40	$ 97.20
Splint - bendable foam and aluminum, rolled, (orange) - 4" x 36"			SVMSP507OE	Yes	EA	1	200	$12.57	$ 2,514.00
Quikclot Combat Gauze LE Z-fold - 3" x 4yd	QUIKCLOT	350	ZME350	No	EA	1	5	$48.93	$ 244.65
Hyfin Chest Seal without vent	NORTH AMERICAN RESCUE	10-0015	NAR100015	No	EA	1	5	$15.76	$ 78.80

Vendor Name: Medline Industries Holdings, LP

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 (2 decimal limit, $1.12)	Extended Cost
Israeli emergency compression bandage - 4"			SZYOMPFCP0	Yes	EA	1	5	$10.57	$ 52.85
Israeli emergency compression bandage - 6"			SZYOMPFCP0	Yes	EA	1	5	$12.47	$ 62.35
CAT Tourniquet Holder (black) - 6.25" x 1.75" x 1.5"			No Bid	Yes	EA	1	25		$ -
Sam Pelvic Sling II - Standard	Sam Medical		SVMPS301OB	NO	EA	1	25	$86.65	$ 2,166.25
								Section 3 Total	$ 14,613.65

Vendor Name: Medline Industries Holdings, LP

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 (2 decimal limit, $1.12)	Extended Cost
Masimo® SpO2 sensor, disposable - Adult	Masimo	1859	MMO1859	No	EA	1	1000	$15.33	$ 15,328.50
Masimo® SpO2 sensor, disposable - Pediatric	Masimo	1860	MMO1860	No	EA	1	750	$18.39	$ 13,789.13
Masimo® SpO2 sensor, disposable - Infant	Masimo	2328	MMO2328	No	EA	1	500	$20.38	$ 10,187.75
ECG Electrodes - Medi-Trace Mini, teardrop shape, adhesive hydrogel - Pediatric	North American Rescue		KDL22770PH	Yes	PK	100	200	$78.61	$ 15,722.00
ECG Electrodes - Medicotest Blue Sensor Disposable Electrodes - Adult	Ambu	R-00-S/25	AMBR00S25C	No	PK	25	5000	$0.41	$ 2,025.00
Smart Capnoline Plus non-intubated, oral nasal w/ O2 tubing, adlut/intermediate	MicroStream	9822	No Bid	No	EA	1	3200		$ -
Filter line H set infant/ neonate, incl airway adapter, filterline, microstream connection	MicroStream	6324	No Bid	No	EA	1	20		$ -
Filter line set adult/pediatric airway adapter	MicroStream	XS04620	No Bid	No	EA	1	650		$ -
Zoll X Series 80mm Thermal Paper, Pink with Grid			MQI000087501		EA	1	1000	$7.29	$ 7,291.67
								Section 4 Total	$ 64,344.04

Vendor Name: Medline Industries Holdings, LP

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 (2 decimal limit, $1.12)	Extended Cost
Masimo® SET RED LNCS Patient Cable, reusable, compatible with Zoll X-Series Monitor - 4'	Masimo	2055	MMO2055	No	EA	1	10	$229.00	$ 2,290.00
Masimo® SET LNCS DC-P Reusable Sensor, compatible with Zoll X-Series Monitor - Pediatric (10-50kg)	Masimo	1863	No Bid	No	EA	1	10		$ -
Masimo® SET LNCS DC-I Reusable Sensor, compatible with Zoll X-Series Monitor - Adult (>30kg)	Masimo		MMO1863	No	EA	1	10	$300.00	$ 3,000.00
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Infant	Welch Allyn	SOFT-07-2mQ	W-ASOFT072	No	EA	1	200	$4.32	$ 863.80
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Small Child	Welch Allyn	SOFT-08-2mq	W-ASOFT082	No	EA	1	200	$4.32	$ 863.80
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Small Adult	Welch Allyn	SOFT-10-2MQ	W-ASOFT102	No	EA	1	300	$5.85	$ 1,755.15
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Adult	Welch Allyn	SOFT-11-2MQ	W-ASOFT112	No	EA	1	500	$5.85	$ 2,925.25
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Large Adult	Welch Allyn	SOFT-12-2MQ	W-ASOFT122	No	EA	1	700	$5.85	$ 4,095.35
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Thigh	Welch Allyn	SOFT-13-2MQ	W-ASOFT132	No	EA	1	200	$7.77	$ 1,553.10

ZOLL® OneStep™ Pediatric CPR Electrode for Zoll X Series	Zoll	8900-000219-01	ZOL89002190	No	EA	1	150	$127.76	$	19,164.00

Vendor Name: Medline Industries Holdings, LP

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 (2 decimal limit, $1.12)	Extended Cost
ZOLL® CPR Stat-Padz® HVP Multi-Function CPR Electrodes for Zoll X-Series Monitor	Zoll	8900-0402	ZOL80000402	No	EA	1	1000	$108.18	$ 108,180.00
Welch Allyn FlexiPort Reusable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Adult	Welch Allyn	REUSE-11-2MQ	W-AREUS112	no	EA	1	50	$28.57	$ 1,428.50
ZOLL® Dual Lumen NIBP Tubing Assembly, 10 feet for Zoll X Series	Zoll	8300-0002-01	No Bid	No	EA	1	25		$ -
12-Lead OneStep™ ECG Cable - AAMI Includes 4-Lead Trunk Cable and Removable Precordial 6 Lead Set for Zoll X-Series Monitor	Zoll	8300-0802-01	ZOL83000802	No	EA	1	50	$409.83	$ 20,491.50
CPR-D-Padz® One-Piece Electrode and connector for Zoll R-Series	Zoll	8900-0800-01	JAT89000800	No	EA	1	15	$175.74	$ 2,636.10
ZOLL® OneStep™ Cable for Zoll X Series	Zoll	8300-000676	No Bid	No	EA	1	25		$ -
ZOLL® 12 Lead (V-Lead) Cable	Zoll	8300-0804-01	ZOL83080401	No	EA	1	20	$247.74	$ 4,954.80
ZOLL® Defibrillator Cable Adapter	Zoll	8000-0370	No Bid	No	EA	1	5		$ -
Masimo® SET rainbow® DCI (SpO2, SpCO and SpMET) Reusable Sensor with 3' cable compatible with Zoll X-Series - Adult	Masimo	2696	MMO2696	No	EA	1	5	$895.50	$ 4,477.50
Masimo® SET rainbow® RC-4 20-pin Patient Cable, 4' compatible with Zoll X-Series	Masimo		MMO2406	No	EA	1	10	$295.00	$ 2,950.00
								Section 5 Total	$ 181,628.85

Vendor Name: Medline Industries Holdings, LP

Section 6: Exam Gloves / Latex Free Powder Free Nitrile	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 (2 decimal limit, $1.12)	Extended Cost
MICROFLEX® FreeForm® SE Nitrile Exam Gloves, Powderfree Exam Gloves, 100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 3.5 mil Palm Thickness, 5.1 mil Finger Thickness, Tensile Strength = 32 before aging (31 After aging), Elasticity = 500% Before Aging (400% after aging), Pinhole Defect Rate = 1.5 - **Extra Small**	MICROFLEX	FFS-700-XS	No Bid	No	BX	100	100		$ -
MICROFLEX® FreeForm® SE Nitrile Exam Gloves, Powderfree Exam Gloves, 100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 3.5 mil Palm Thickness, 5.1 mil Finger Thickness, Tensile Strength = 32 before aging (31 After aging), Elasticity = 500% Before Aging (400% after aging), Pinhole Defect Rate = 1.5 - **Small**	MICROFLEX	FFS-700-S	No Bid	No	BX	100	200		$ -
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	No Bid	No	BX	100	600		$ -
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	No Bid	No	BX	100	600		$ -

Vendor Name: Medline Industries Holdings, LP

Section 6: Exam Gloves / Latex Free Powder Free Nitrile (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 (2 decimal limit, $1.12)	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	No Bid	No	BX	100	200		$ -
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	No Bid	No	BX	50	10		$ -
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	No Bid	No	BX	50	10		$ -
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	No Bid	No	BX	50	10		$ -

Vendor Name: Medline Industries Holdings, LP

Section 6: Exam Gloves / Latex Free Powder Free Nitrile (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 (2 decimal limit, $1.12)	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 Large**	MICROFLEX	FFE-775-XL	No Bid	No	BX	50	10		$ -
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	No Bid	No	BX	50	10		$ -
								Section 6 Total	$ -

Vendor Name: Medline Industries Holdings, LP

Section 7: AMBU PERFIT Cervical Collars	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Ambu® Perfit ACE Adjustable Cervical Collar, 16 setting - Adult (Neckless to Tall)	AMBU	002 810 001	AMB281000H	No	EA	1	1500	$9.50	$ 14,250.0000
Ambu® Perfit Mini ACE Adjustable Cervical Collar, 12 settings - Pediatric (Infant to Neckless)	AMBU	000 281 107	AMB281106H	No	EA	1	150	$8.00	$ 1,200.0000
								Section 7 Total	$ 15,450.00

Vendor Name: Medline Industries Holdings, LP

Section 8: Head Immobilizers	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Laerdal Sta-Blok™ Head Immobilizer. Single use disposable device, radiolucent, Adjustable standard Velcro padded strap, latex free	LAERDAL	700-00001	No Bid	No	EA	EA	900		$ -
								Section 8 Total	$ -

Vendor Name: Medline Industries Holdings, LP

Section 9: Miscellaneous Supplies	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Disposable OB Kit, Soft Packaging			DYKMEMS10(	Yes	EA	1	25	$8.52	$ 213.00
Alcohol Prep Pads - Medium (200/bx)			MDS090735Z	Yes	BX	200	300	$1.67	$ 501.00
Emesis Bags, single use, Clear, Graduate, 1000cc, latex free, rigid collar, automatic seal			NON70600H	Yes	EA	1	2000	$0.41	$ 820.00
Sterile Lubricating Jelly - 5g			MDS032280Z	Yes	BX	72	10	$11.05	$ 110.50
Oxygen Cylinder Handwheel, Metal			B-F00286505	Yes	EA	1	10	$11.00	$ 110.00
Oxygen Cylinder Wrench, aluminum - Large			HCS870WH	Yes	EA	1	10	$1.08	$ 10.80
Trauma Shears, Dark Blue - 7 1/2"			CPEMSSH002	Yes	EA	1	100	$2.07	$ 207.00
Penlight, Disposable			ADC351H	Yes	EA	1	100	$1.88	$ 188.00
Safety Lancet, single use, push button activated / spring loaded (100/bx)			MPHPRESS26	Yes	BX	100	120	$9.53	$ 1,143.60
ChloraPrep® Clear 3ml Applicator (2% Chlorhexidine / 70% Isopropyl Alcohol)			B-D930400Z	Yes	BX	25	6	$54.78	$ 328.68
Safety control seals, Pull Tite (numbered), 100/pkg			HCL7813	Yes	PK	100	1	$32.24	$ 32.24
Razor, Disposable, Fixed Head (100/bx)			DKLDR06Z	Yes	BX	100	4	$19.94	$ 79.76
Disposable Polyester Patient Blanket, Blue or Gray (50" x 84")			NONDB4080H	Yes	EA	1	50	$6.33	$ 316.50
Oxygen "D" Cylinder Gasket, Brass w/Rubber Center			No Bid	Yes	EA	1	10		$ -

Vendor Name: Medline Industries Holdings, LP

Section 9: 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 (2 decimal limit, $1.12)	Extended Cost
Welch Allyn SureTemp Plus Thermometer Probe Cover, disposable (25/bx)	Welch Allyn	5031	W-A0503112	No	BX	25	200	$2.44	$ 488.00
Heavy Duty Ring Cutter			No Bid	Yes	EA	1	5		$ -
Scalpel #11, Disposable, Sterile			MDS15211H	Yes	EA	1	5	$1.66	$ 8.30
Blade Assembly, single-use, pivoting, purple, for 3M 9661 surgical clippers	3m		MMM9660H	Yes	EA	1	50	$6.01	$ 300.50
Isopropyl Alcohol 70 % Bottle (4oz)			MDS098011H	Yes	EA	1	40	$0.86	$ 34.40
Isopropyl Alcohol 70% Bottle (16oz)			MDS098003Z	Yes	EA	1	12	$2.09	$ 25.08
Ecolab® Endure™ 300 Cida-Rinse Dispenser (540mL)	Ecolab		No Bid	No	EA	1	10		$ -
Mylar Emergency Blanket (52" x 84")			MDS010601	Yes	EA	1	50	$1.39	$ 69.50
Taylor Healthcare® G-Force™ Series Stretcher Sheet for Stryker, Blue, fluid resistant (36" x 90")	Taylor Healthcare Products, Inc.	90-GFRC3690	No Bid	Yes	Ea	1	5000		$ -

Vendor Name: Medline Industries Holdings, LP

Section 9: 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 (2 decimal limit, $1.12)	Extended Cost
Webbing, Nylon 1"x 50yd rolls - 500yd/box, NO Splices			TYL421YNW1	No	EA	1	50	$8.70	$ 435.22
Oxygen Post Valve, Seal Protector, Pull Type	Meret		No Bid	Yes	EA	1	500		$ -
Health Care Logistics MedTags™ with Holder	Health Care Logistics	7760	No Bid	No	EA	1	100		$ -
Triage Ribbon - All Colors	Disaster Systems Management Inc	DMS-05793	DNSDMS057S	Yes	EA	1	5	$55.24	#REF!
Triage Ribbon - Red	Disaster Systems Management Inc	DMS-05791	No Bid	Yes	EA	1	5		$ -
Triage Ribbon - Yellow	Disaster Systems Management Inc	DMS-05790	No Bid	Yes	EA	1	5		$ -
Triage Ribbon - Green	Disaster Systems Management Inc	DMS-05789	No Bid	Yes	EA	1	5		$ -
Triage Ribbon - Black/White	Disaster Systems Management Inc	DMS-05792	No Bid	Yes	EA	1	5		$ -
								Section 9 Total	#REF!

Vendor Name: Medline Industries Holdings, LP

Section 10: 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 (2 decimal limit, $1.12)	Extended Cost
Safety Glasses, Nemesis V30, black frame, clear lens, neck cord included	KIMBERLY-CLARK	25676-00	No Bid	No	EA	1	250		$ 3,665.00
Fluid shield mask with clear visor, anti-fog, 2" wrap around, ear loops 25/bx			NON27410EL	Yes	BX	25	2	$14.66	#REF!
Inovel medical N95 respirator, all sizes, must be CDC and NIOSH approved (24/pk)			MMM1860Z	No	PK	25	2	$31.15	$ 62.30
3M® Particulate Respirator and Surgical Mask - 1860s	3M	1860s	No Bid	No	EA	1	20		$ -
3M® Particulate Respirator and Surgical Mask - 1860	3M	1860	No Bid	No	EA	1	20		$ -
3M® Particulate Respirator - 8210	3M	8210	No Bid	No	EA	1	20		$ -
3M® n95 Respirator - 1870	3M	1870	No Bid	No	EA	1	20		$ -
Sharps Dart sharps container, one time lockable lid (6.7" x 1.2")			CPEMS64250	Yes	BX	24	60	$63.91	$ 3,834.60
Gel Hand Sanitizer w/ pump 540 mL	ECOLAB	47593-487-31	HUN6000004	No	EA	1	50	$9.40	$ 470.00
Surgical Shoe Covers			CRI2002H	Yes	EA	1	50	$0.43	$ 21.50

Vendor Name: Medline Industries Holdings, LP

Section 10: Infection Control (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 (2 decimal limit, $1.12)	Extended Cost
Non-surgical Isolation Gown, unisize			No Bid	Yes	EA	1	50		$ -
Non-surgical Isolation Gown - Large			NONLV240H	Yes	EA	1	50	$1.01	$ 50.50
Non-surgical Isolation Gown - Xlarge			NONLV240XL	Yes	EA	1	50	$1.25	$ 62.50
Non-surgical Isolation Gown - XXLarge			NONLV240XX	Yes	EA	1	50	$1.29	$ 64.50
Sharps Container in room mailbox style lid, transparent red, 5 quart	Cardinal Health	KE8513-1	No Bid	No	EA	1	300		$ -
Bracket, wire with lock for sage 5 quart sharpstar container	Cardinal Health	KE8518X	No Bid	No	EA	1	5		$ -
Replacement Key for Sharps Container Bracket #KE8518X	Cardinal Health		No Bid	No	EA	1	5		$ -
								Section 10 Total	#REF!

Vendor Name: Medline Industries Holdings, LP

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Infant			MBH0564001	Yes	EA	1	10	$37.32	$ 373.20
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Pediatric			MBH0114001	Yes	EA	1	10	$36.71	$ 367.10
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Adult			MBH0564001	Yes	EA	1	30	$33.12	$ 993.60
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Large Adult			MBH0564101	Yes	EA	1	15	$43.74	$ 656.10
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Thigh			MBH0564101	Yes	EA	1	10	$47.81	$ 478.10
Greenline/D Laryngoscope handle, fiber optic, chrome plated, 2AA batteries, penlite handle			SMI5533810	No	EA	1	10	$331.03	$ 3,310.30
Greenline/D Laryngoscope handle, fiber optic, chrome plated, C batteries			SMI5023669	No	EA	1	10	$294.13	$ 2,941.30
Oxygen flow meter with Ohmeda QC Adapter 1-15LPM			No Bid	Yes	EA	1	10		$ -
ADScope 603 Stethoscope, navy blue, with additional eartips and diaphragm	AMERICAN DIAGNOSTIC CORP	603N	ADC603N	No	EA	1	30	$56.87	$ 1,706.10
StatPacks G3 Backup, Red, with Fort Bend County EMS embroidery (25" x 18" x 8.5")	StatPacks	G35006RE	KSIG35006RE	No	EA	1	5	$370.99	$ 1,854.95

Vendor Name: Medline Industries Holdings, LP

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Welch Allyn SureTemp Plus 690 Thermometer	WelchAllyn	690	W-A0169020	No	EA	1	10	$406.04	$ 4,060.40
Welch Allyn SureTemp Plus 690 Probe and well kit, 4' - (Rectal / Red)	WelchAllyn	02892-000	W-A0169040	No	EA	1	10	$402.54	$ 4,025.40
Welch Allyn SureTemp Plus 690 Probe and well kit, 4' - (Oral / Blue)	WelchAllyn	02893-000	W-A0169030	No	EA	1	5	$418.58	$ 2,092.90
Restraint strap seat belt buckle loop end, Black, 2 piece (5')			DII21152BK	Yes	EA	1	10	$9.17	$ 91.70
Restraint straps chest system, black, nylon, Metal push button, loop ends			DII11160BKF	Yes	EA	1	10	$59.36	$ 593.60

Vendor Name: Medline Industries Holdings, LP

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Posey Twice-as-Tough cuffs WRIST Restraint with lock on connecting strap, adjustable, pair - (Wrist / Blue)	POSEY	2750	PSY2750	No	EA	1	150	$28.56	$ 4,284.00
Posey Twice-as-Tough cuffs Restraint with lock on cuff and connecting strap, adjustable, pair - (Ankle / Red)	POSEY	2755	PSY2755	No	EA	1	120	$28.82	$ 3,458.40
Oxygen cylinder with toggle, aluminum, D size			CDZMDCYLTV	Yes	EA	1	5	$106.10	$ 530.50
Oxygen regulator/pressure reducer, brass, CGA 540 2800-R-2			CDZPRREG54	Yes	EA	1	5	$169.10	$ 845.50
Oxygen regulator, 1 DISS 1BARB 0-25 LPM			CPRB54251B	Yes	EA	1	5	$79.42	$ 397.10
Megamover plus transport unit, nonwoven, w/backboard pockets, 1500 lb capacity (40" x 80")	GRAHAM PROFESSIONAL	53376	No Bid	Yes	EA	1	10		$ -
Stryker LUCAS 2 / 3 Disposable Suction Cup, 3/pk	Stryker	11576-000046	No Bid	No	PK	3	5		$ -
Stryker LUCAS Patient Strap, pair	Stryker	11576-000050	No Bid	No	SET	2	5		$ -
Stryker LUCAS Stabilization Strap	Stryker	21996-000074	No Bid	No	EA	1	5		$ -
Stryker LUCAS Standard Back Plate	Stryker	21996-000044	No Bid	No	EA	1	5		$ -
Replacement Ankle Hitch for QD3 & QD4 Traction			BND660207	Yes	EA	1	5	$32.24	$ 161.20
Replacement Ischial Strap for Adult/Child QD3/QD4 Traction Splint			No Bid	Yes	EA	1	5		$ -
Oxygen cylinder with toggle, aluminum - (C size)			No Bid	Yes	EA	1	5		$ -

Vendor Name: Medline Industries Holdings, LP

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Traction splint w/aluminum ratchet - Adult (QD-4)			FAR1126716	Yes	EA	1	5	$392.50	$ 1,962.50
Traction splint w/aluminum ratchet - Pediatric (QD-3)			FAR1126726	Yes	EA	1	5	$512.39	$ 2,561.95
KED, Kendrick Extrication Device, green, with color coded straps			CPEMSED225	Yes	EA	1	5	$93.47	$ 467.35
L.A. Rescue® cervical collar bag (24" x 11" x 5")			MDS10102N\	Yes	EA	1	5	$45.51	$ 227.55
Trauma / Air management bag III, blue (26" x 18.5" x 12.5")	FERNO	5111	No Bid	No	EA	1	5		$ -
Hawkepack ET Intubation Kit pullout, green with yellow stripe	HAWKEPAKS	02-04F5	No Bid	No	EA	1	5		$ -
Ferno professional intubation mini bag, royal blue	FERNO	5115	No Bid	No	EA	1	5		$ -
5.11 Rush 72 Back Pack, Black	5.11	rush72	No Bid	No	EA	1	5		$ -
Flowmeter With Ohmeda Adpapter, Oxygen, Sidemount			PRE1MFA6075		EA	1	10	$144.85	$ 1,448.50
Fasplint Semi-Disposable Vacuum Splint - Small	Hartwell Medical		HWMFS8011(	No	EA	1	100	$295.35	$ 29,535.00

Vendor Name: Medline Industries Holdings, LP

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Fasplint Semi-Disposable Vacuum Splint - Medium	Hartwell Medical		HWMFS8021	No	EA	1	100	$446.07	$ 44,607.00
Fasplint Semi-Disposable Vacuum Splint - Large	Hartwell Medical		HWMFS8031	No	EA	1	100	$678.13	$ 67,813.00
Fasplint Vacuum Pump, Economy	Hartwell Medical		HWMFS12PL	No	EA	1	25	$102.92	$ 2,573.00
Fasplint Replacement Bag, Rectangular	Hartwell Medical		HWMEV14	No	EA	1	25	$84.40	$ 2,110.00
Fasplint Tapered Adapter	Hartwell Medical		HWMFS15TIP	No	EA	1	15	$41.28	$ 619.20
SSCOR VX-2® 2310 Suction Unit Battery, Rechargeable	SSCOR	2310	No Bid	No	EA	1	5		$ -
SSCOR VX-2® 2314 Suction Unit Battery, Rechargeable	SSCOR	2314	No Bid	No	EA	1	5		$ -
SSCOR VX-2® Suction Unit, With Variable Regulator, DC Cable And Converter	SSCOR	VX-2	No Bid	No	EA	1	5		$ -
Curaplex Quick-Connect Carrier	Curaplex	3245-19123	BND3245191	No	EA	1	10	$1,003.31	$ 10,033.10
StatPacks G3 Golden Hour, Orange, BBP resistant, (18" X 17" X 8")	StatPack		KSIG35003RE	No	EA	1	5	$210.53	$ 1,052.65
2-Piece Nylon Restraint Strap with Metal Push Button Buckle and Swivel Speed Clip Ends, Black, (5' X 23")			DII11252BK	Yes	EA	1	30	$16.40	$ 492.00
King Vision Video Laryngoscope Deluxe Supply Bag with pockets, red			BND2523135	Yes	EA	1	2	$53.35	$ 106.70

Vendor Name: Medline Industries Holdings, LP

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
FERNO Model 5111 Trauma Air Management Bag III, Blue	Ferno	1511	No Bid	No	EA	1	5		$ -
Engel Fridge-Freezer MD-14F with Top Lid Access Door	Engel USA	MD-14F	No Bid	No	EA	1	2		$ -
Engel Fridge-Freezer D/C Power Cord with Integrated Thermal Fuse for MD-14F	Engel USA		No Bid	No	EA	1	2		$ -
Triage Tape Waist Belt	EMS Innovations	EM19	No Bid	?	EA	1	5		$ -
Stryker LUCAS 2® Device Battery	Stryker	11576-000039	No Bid	No	EA	1	3		$ -
Quantum EMS ACR4 Ambulance Child Restraint System	Quantum EMS	Q-ACR4	EMU1001EM	No	EA	1	2	$1,043.56	$ 2,087.12
LSP XTRA™ Backboard Without Pins, 71in L x 15.75in W x 1.85in D, Blue			B-FL816000A	Yes	EA	1	25	$140.00	$ 3,500.00
Ferno Scoop™ EXL Scoop Stretcher, Red, no pins	Ferno		F-W65	Yes	EA	1	5	$702.19	$ 3,510.95
Stryker® Head End Pouches	Stryker	6500 130 000	No Bid	No	EA	1	5		$ -

Vendor Name: Medline Industries Holdings, LP

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Stryker® Base Storage Flat	Stryker	6500 160 000	No Bid	No	EA	1	5		$ -
Stryker® Antlers, Push Bat, Push Bar Mount Kit	Stryker	6370 000 000	No Bid	No	EA	1	2		$ -
Stryker® J Hook	Stryker	6060 039 017	No Bid	No	EA	1	2		$ -
Stryker® Battery Charger, SMRT power kit, 120v A/C	Stryker	6500 700 041	No Bid	No	EA	1	2		$ -
Stryker® X Restraints, full set	Stryker	6506 0003 0010	No Bid	No	EA	1	25		$ -
Stryker® X Restraints, shoulder	Stryker	6506 0003 0001	No Bid	No	EA	1	10		$ -
Stryker® X Restraints, waist single buckle	Stryker	6506 0003 0003	No Bid	No	EA	1	10		$ -
Stryker® X Restraints, waist double buckle	Stryker	6506 0003 0002	No Bid	No	EA	1	10		$ -
Stryker® X Restraints, thigh	Stryker	6506 0003 0004	No Bid	No	EA	1	10		$ -
Stryker® X Restraints, ankle	Stryker	6506 0003 0005	No Bid	No	EA	1	10		$ -
Stryker® Stair Chair Straps	Stryker	6250 001 021S	No Bid	No	EA	1	10		$ -
Stryker® Stair Chair Ankle Straps	Stryker	6500 001 395	No Bid	No	EA	1	20		$ -
Stryker® Stretcher SMRT Batteries	Stryker	6500 033 000	No Bid	No	EA	1	5		$ -
								Section 11 Total	$ 207,929.02

Vendor Name: Medline Industries Holdings, LP

Section 12: Medication	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
ADENOSINE (Adenocard) 12mg (3mg/mL) 4mL vial			25021-301-68	Yes	EA	1	100	$371.18	$ 37,118.00
ACETAMINOPHEN (Tylenol) 160mg (32mg/mL) 5mL Liquid			OTC021226	Yes	EA	1	100	$4.35	$ 435.00
ACETAMINOPHEN (Tylenol) 500mg (Tablet) Bottle			OTC020101	Yes	PK	2	400	$2.67	$ 1,068.00
AMIODARONE (Cordarone) 150mg (50mg/mL) 3mL vial			52584-153-03	Yes	EA	1	400	$10.82	$ 4,328.00
ASPIRIN 81mg (tablet) bottle			OTC091136	Yes	BT	36	90	$1.03	$ 92.70
ATROPINE SULFATE 1mg (0.1mg/mL) 10mL PFS			0404-9821-10	Yes	EA	1	400	$21.32	$ 8,528.00
IPRATROPIUM & ALBUTEROL (Duo Neb) 0.5mg & 3.0mg/3mL			76204-600-30	Yes	BX	30	15	$12.11	$ 181.65
CALCIUM CHLORIDE 1gm (100mg/mL) 10mL PFS			0404-9829-10	Yes	EA	1	100	$18.53	$ 1,853.00
DIPHENHYDRAMINE (Benadryl) 50mg (50mg/mL) 1mL vial			52584-376-21	Yes	EA	1	180	$7.00	$ 1,260.00
Dextrose 10% 250mL Infusion			BMGL5202	Yes	EA	1	500	$110.00	$ 55,000.00
DOPAMINE 800mg (1.6mg/mL) 500mL Infusion			No Bid	Yes	EA	1	100		$ -

Vendor Name: Medline Industries Holdings, LP

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
EPINEPHRINE 1:1,000 1mg (1mg/mL) 1ml vial			0404-9857-01	Yes	EA	1	150	$17.85	$ 2,677.50
EPINEPHRINE 1:10,000 1mg (0.1mg/mL) 10mL PFS			54288-120-01	Yes	EA	1	900	$73.36	$ 66,024.00
RACEMIC EPINEPHRINE 2.25% 0.5mL			No Bid	Yes	EA	1	70		$ -
ETOMIDATE (Amidate) 20mg (2mg/mL) 10mL vial			No Bid	Yes	EA	1	200		$ -
GLUCAGON (Glucagen) 1mg (1mg/mL) 1mL			63323-593-03	Yes	EA	1	100	$247.71	$ 24,771.00
Oral Glucose 31gm			No Bid	Yes	EA	1	250		$ -
HEPARIN 5000u (5000u/mL) 1mL vial			No Bid	Yes	EA	1	80		$ -
LABETALOL 100mg (5mg/mL) 20mL vial			0409-2267-20	Yes	EA	1	150	$5.45	$ 817.50
LIDOCAINE 2% 100 mg (20mg/mL) 5ml PFS			52584-323-05	Yes	EA	1	250	$8.35	$ 2,087.50

Vendor Name: Medline Industries Holdings, LP

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
MAGNESIUM SULFATE 50% 1gm (500mg/mL) 2mL vial			No Bid	Yes	EA	1	200		$ -
NALOXONE (Narcan) 2mg (1mg/mL) 2mL			0404-9922-02	Yes	EA	1	150	$60.88	$ 9,132.00
NITROGLYCERIN 2% 30gm Paste			0281-0326-30	Yes	EA	1	50	$43.95	$ 2,197.50
Nitrolingual Spray, 4.1g, 400mcg per Spray, 90 sprays per can			45802-210-01	Yes	EA	1	40	$184.36	$ 7,374.40
Nitrostat, 0.4mg Sublingual Tabs, 25 per bottle			0071-0418-24	Yes	BT	25	10	$94.67	$ 946.70
PROMETHAZINE (Phenergan) 25mg (25mg/mL) 1mL vial			No Bid	Yes	EA	1	300		$ -
ALBUTEROL SULFATE 0.083% 2.5mg (0.83mg/mL) 3mL			No Bid	Yes	BX	25	35		$ -
ROCURONIUM 100mg (10mg/mL) 10mL vial			No Bid	Yes	EA	1	120		$ -
SODIUM BICARBONATE 50mEq (1mEq/mL) 50mL PFS			No Bid	Yes	EA	1	450		$ -
Sodium Chloride 0.9% 10mL PFS			EMZE010001	Yes	EA	1	8000	$0.31	$ 2,480.00
METHYLPREDNISOLONE (Solumedrol) 125mg (62.5mg/mL) 2mL vial			0009-0047-22	Yes	EA	1	300	$13.62	$ 4,086.00
SUCCINYLCHOLINE (Quelicin) 200mg (20mg/mL) 10mL vial			No Bid	Yes	EA	1	150		$ -

Vendor Name: Medline Industries Holdings, LP

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
Ketorolac 60mg 2mL vial			No Bid	Yes	EA	1	275		$ 258.50
Carpuject™ Syringe			ABL204902E	Yes	EA	1	20	$0.94	#REF!
ONDANSETRON (Zofran) 4mg Tablet ODT			No Bid	Yes	EA	30	30		$ -
ONDANSETRON (Zofran) 4mg (2mg/mL) 2mL vial			No Bid	Yes	EA	25	8		$ -
Mucosal Automation Device - with 3mL Syringe			HUDMAD100	Yes	EA	1	20	$12.06	$ 241.20
Mucosal Atomization Device - device only			SZYWOLDMA	Yes	EA	1	200	$10.31	$ 2,062.00
CAPTOPRIL 12.5mg (tablet) bottle			0143-1171-01	Yes	BT	100	50	$99.88	$ 4,994.00
DILTIAZEM (Cardizem) 25mg (5mg/mL) 5mL vial			No Bid	Yes	EA		150		$ -
HYDROXOCOBALAMIN (Cyanokit) 5gm			50633-310-11	Yes	EA		10	$1,284.69	$ 12,846.90
PROPRANOLOL 1mg (1mg/mL) 1mg vial			No Bid	Yes	EA		10		$ -

Vendor Name: Medline Industries Holdings, LP

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
Atropine 8mg, 20mL Vial			No Bid	Yes	EA		30		$ -
PRALIDOXIME (Protopam) 1gm (50mg/mL) 20mL vial			No Bid	Yes	EA		10		$ -
METHYLENE BLUE 1% 100mg (10mg/mL) 10mL vial			54288-147-01	Yes	EA		10		$ -
Nithiodote Kit, Includes One Sodium Nitrite (300mg/10mL Vial) And One Sodium Thiosulfate (12.5GM/50mL)			No Bid	Yes	EA		10		$ -
CALCIUM GLUCONATE GEL 2.5% 25gm			OTC551285	Yes	EA		10		$ -
Dopamine, 400mg In D5W 250mL Bag			No Bid	Yes	EA		100		$ -
FAMOTIDINE (Pepcid)10mg (5mg/mL) 2mL vial			No Bid	Yes	EA		250		$ -
NOREPINEPHRINE (Levophed) 4mg (1mg/mL) 4mL vial			No Bid	Yes	EA		1000		$ -
METOCLOPRAMIDE (Reglan) 10mg (5mg/mL) 2mL vial			No Bid	Yes	EA		700		$ -
VITAMIN B6 (Pyridoxine) 100mg (100mg/mL) 1mL vial			No Bid	Yes	EA	1	6		$ -
NALOXONE (Narcan) 4mg Nasal			No Bid	Yes	EA	1	20		$ -
								Section 12 Total	#REF!

Vendor Name: Medline Industries Holdings, LP

Section 13: Controlled Substance Medication	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
MORPHINE SULFATE 1mg (1mg/mL) 10mL			No Bid	Yes	EA	1	20		$ -
MIDAZOLAM (Versed) 10mg (5mg/mL) 2mL Vial			No Bid	Yes	EA	1	250		$ -
KETAMINE (Ketalar) 500mg (50mg / mL) 10mL vial			No Bid	Yes	BX	10	150		$ -
FENTANYL (Sublimaze) 250mcg (50mcg/mL) 5mL Vial			No Bid	Yes	EA	1	900		$ -
DIAZEPAM (Valium) 10mg (5mg / mL) 2mL vial			No Bid	Yes	EA	1	200		$ -
HYDROMORPHONE (Dilaudid) 2mg (2mg/mL) 1mL vial			No Bid	Yes	Ea	1	300		$ -
								Section 13 Total	$ -

COUNTY PURCHASING AGENT

Fort Bend County, Texas

Vendor Information

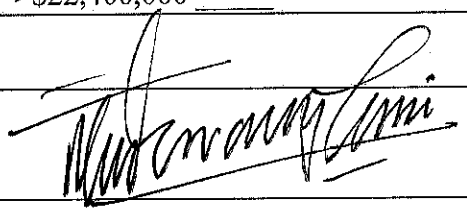
Jaime Kovar
Purchasing Agent

Office (281-341-8640

Legal Company Name (top line of W9)	NASHVILLE MEDICAL & EMS PRODUCTS, INC.
Business Name (if different from legal name)	NASHVILLE EMS SUPPLY
Federal ID # or S.S. #	23-2618125 DUNS # 079366475
Type of Business	x Corporation/LLC ___ Partnership ___ Sole Proprietor/Individual ___ Tax Exempt Organization — Age in Business? 10 YEARS
Publicly Traded Business	x No ___ Yes Ticker Symbol ___
Remittance Address	PO BOX 64
City/State/Zip	SPRINGFIELD, TN 37172
Physical Address	701 CENTRAL AVENUE WEST
City/State/Zip	SPRINGFIELD, TN 37172-0064
Phone/Fax Number	Phone: 615-384-0573 Fax: 615-384-0574
Contact Person	NARI SADARANGANI
E-mail	NASHVILLEEMS@GMAIL.COM

Check all that apply to the company listed above and provide certification number.		Cert Date	Exp Date
DBE-Disadvantaged Business Enterprise ☐	**Certification #** ___	___	___
SBE-Small Business Enterprise ☐	**Certification #** ___	___	___
HUB-Texas Historically Underutilized Business ☐	**Certification #** ___	___	___
WBE-Women's Business Enterprise ☐	**Certification #** ___	___	___

Company's gross annual receipts		
<$500,000 ___	$500,000-$4,999,999 x	
$5,000,000-$16,999,999 ___	$17,000,000-$22,399,999 ___	
>$22,400,000 ___		

NAICs codes (Please enter all that apply)	
Signature of Authorized Representative	
Printed Name	NARI SADARANGANI
Title	PRESIDENT
Date	Sept-1, 2022.

THIS FORM MUST BE SUBMITTED WITH THE SOLICITATION RESPONSE

Fort Bend County, Texas
Invitation for Bid

Term Contract for Purchase of Medical Supplies
BID 23-001

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 address to assist in proper delivery.

SUBMIT NO LATER THAN:

Tuesday, August 30, 2022
2:00 PM (Central)

LABEL ENVELOPE:

BID 23-001
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.

Requests for information must be in writing and directed to:
Cheryl Krejci, CPPB
Assistant County Purchasing Agent
cheryl.krejci@fortbendcountytx.gov

Vendor Responsibilities:

- Download and complete any addendums. (Addendums will be posted on the Fort Bend County website no Later than 48 hours prior to bid opening)
- Submit response in accordance with requirements stated on the cover of this document.
- DO NOT submit responses via email or fax.

Prepared: 08/11/22
Issued: 08/14/22

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, and return ONE (1) complete bid document to the Fort Bend County Purchasing Department. An authorized representative of the bidder must sign the Contract Sheet. Do not complete the date at the top of the contract sheet. The bid document must be in a sealed envelope marked with the appropriate bid number and title. The contract will be binding only when signed by the County Judge, 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, the bidder must draw a line through error and initial each change. All response, typed or written, information must be clear and legible.

If a pricing form in Excel is included and posted on the County's website amongst this bid document, the Vendor must download, complete and save the Excel (not a PDF of the Excel file) file of the pricing form on a flash drive. The Excel file on the flash drive must be downloadable by the Purchasing Department in order to copy and paste the vendor's pricing to the County's Excel tabulation. The flash drive must be labeled and included in the same sealed envelope with the respondent's completed bid document along with a printed copy of the pricing form completed by the vendor.

1.5 Bid Returns: Bidders must return 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

Initials of Bidder: _____

bid documents will be made to any bidder orally. All requests for such interpretations must be made in writing addressed to Ms. Cheryl Krejci, Assistant County Purchasing Agent, 301 Jackson, Suite 201, Richmond, Texas 77469, e-mail: cheryl.krejci@fortbendcountytx.gov. Any and all interpretations and any supplemental instructions will be in the form of written addenda to the contract documents which will be posted on Fort Bend County's website. Addenda will **ONLY** be issued by the Fort Bend County Purchasing Agent. It is the sole responsibility of each bidder to insure receipt of any and all addenda. All addenda issued will become part of the contract documents. Bidders must sign and include addendum in the returned bid package. Deadline for submission of questions and/or clarification is **Tuesday, August 23, 2022 at 9:00 AM (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.

Initials of Bidder: _____

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.

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.

Initials of Bidder:

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. Vendors bidding "or equal" items are required to provide manufacturer's specifications of both, the specified item and the "equal to" item, and documentation proving equality. 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

Initials of Bidder: _____

person engaged in such line of business. Any or all bids may be rejected if the County believes that collusion exists among the bidders. Bids in which the prices are obviously unbalanced may be rejected. If multiple bids are submitted by a bidder and after the bids are opened, one of the bids is withdrawn, the result will be that all of the bids submitted by that bidder will be withdrawn; however, nothing herein prohibits a vendor from submitting multiple bids for different products or services.

1.24 Awards: Fort Bend County reserves the right to award this contract on the basis of lowest and best bid in accordance with the laws of the State of Texas, to waive any formality or irregularity, to make awards to more than one bidder, to reject any or all bids. In the event the lowest dollar bidder meeting specifications is not awarded a contract, the bidder may appear before the Commissioners Court and present evidence concerning his responsibility. An award is final only upon formal execution by the Fort Bend County Commissioners Court or the Fort Bend County Purchasing Agent. Fort Bend County reserves the right to withdraw any award until execution by the proper authority.

1.25 Assignment: The successful vendor may not assign, sell or otherwise transfer this contract without written permission of Fort Bend County Commissioners Court.

1.26 Term Contracts: If the contract is intended to cover a specific time period, said time will be given in the specifications under scope.

1.27 Maintenance: Maintenance required for equipment bid should be available in Fort Bend County by a manufacturer authorized maintenance facility. Costs for this service shall be shown on the bid sheet as requested or on a separate sheet, as required. If Fort Bend County opts to include maintenance, it shall be so stated in the purchase order and said cost will be included. Service will commence only upon expiration of applicable warranties and should be priced accordingly.

1.28 Contract Obligation: Fort Bend County Commissioners Court must award the contract and the County Judge or other person authorized by the Fort Bend County Commissioners Court must sign the contract before it becomes binding on Fort Bend County or the bidders. Department heads are not authorized to sign agreements for Fort Bend County. Binding agreements shall remain in effect until all products and/or services covered by this purchase have been satisfactorily delivered and accepted.

1.29 Title Transfer: Title and Risk of Loss of goods shall not pass to Fort Bend County until Fort Bend County actually receives and takes possession of the goods at the point or points of delivery. Receiving times may vary with the using department. Generally, deliveries may be made between 8:30 a.m. and 4:00 p.m., Monday through Friday. Bidders are advised to consult the using department for instructions. The place of delivery shall be shown under the "Special Requirement" section of this bid document and/or on the Purchase Order as a "Ship To:" address.

Initials of Bidder: _____

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 Purchasing Agent. The County Purchasing Agent will review, and, if increase is deemed warranted, place the request on Fort Bend County's Commissioners Court agenda for their action of approval or disapproval. Approval

Initials of Bidder:

by the County's Commissioner's Court is required. Any proposed price increase will only be the amount increased to the vendor from his/her supplier. The price increase request must be stated on the vendor's letterhead with the bid number and name in the subject including, in columns, for each item: item description, original bid price, percent of increase, and the total cost of the original bid price including the increased dollar amount. Written documentation from the vendor's supplier of the increase notice must be provided to the Purchasing Agent at time of increase request. No application for a price increase may be submitted within the first twelve (12) month term of this contract. Increase requests 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 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.

Initials of Bidder:_____

2.6 Place of Delivery: The place of delivery shall be that set forth in the block of the purchase order entitled "Ship To". Any change thereto shall be effective by modification as provided for in Clause number 2.20 "Modifications", hereof. The terms of this agreement are "no arrival, no sale", at the discretion of Fort Bend County.

2.7 Invoices and Payments:

2.7.1 Seller shall submit separate invoices, in duplicate. Invoices shall indicate the purchase order number and the bid number if applicable. Invoices shall be itemized and transportation charges, if any, shall be listed separately. A copy of the bill of lading, and the freight waybill when applicable should be attached to the invoice.

2.7.2 Fort Bend County's obligation is payable only and solely from funds available for the purpose of this purchase. Lack of funds shall render the order null and void to the extent funds are not available and any delivered but unpaid goods will be returned to Seller by the county.

2.7.3 Do not include Federal Excise, State, or City Sales Tax. Fort Bend County is a tax-exempt governmental entity.

2.8 Gratuities: Fort Bend County may, by written notice to the Seller, cancel any order without liability, if it is determined by the County that gratuities, in the form of entertainment, gifts, or otherwise were offered or given by the Seller, or any agent or representative of the Seller to any officer or employee of Fort Bend County with a view toward securing an order. In the event an order is canceled by the County pursuant to this provision, the County shall be entitled, in addition to any other rights and remedies, to recover or withhold the amount of the cost incurred by Seller in providing such gratuities.

2.9 Special Tools and Test Equipment: If the price stated on the face of an order includes the cost of any special tooling or special test equipment fabricated or required by Seller for the purpose of filing this order, such special tooling equipment and any process sheets related thereto shall become the property of the County and to the extent feasible shall be identified by the Seller as such.

2.10 Warranty/Price:

2.10.1 The price to be paid by the County shall be that contained in Seller's 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

Initials of Bidder: _____

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

Initials of Bidder:

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

Initials of Bidder:

trace 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 to Fort Bend County as specified herein.

4.0 TERM OF CONTRACT:

The term of this contract is **October 1, 2022 through September 30, 2023**, renewable annually for four (4) years (through September, 2027) under the same terms and conditions if mutually agreeable

Initials of Bidder:

by 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 TEXAS ETHICS COMMISSION FORM 1295:

5.1 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.

5.2 On-line instructions:

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

5.2.2 Identification number used by the governmental entity is: B23-001.

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

5.3 Apparent low bidder(s) will be required to provide the Form 1295 within three (3) calendar days from notification; however, if your company is publicly traded you are not required to complete this form.

6.0 STATE LAW REQUIREMENTS FOR CONTRACTS:

The contents of this section are required by Texas Law and are included by County regardless of content.

6.1 Agreement to Not Boycott Israel Chapter 2271 Texas Government Code: Contractor verifies that if Contractor employs ten (10) or more full-time employees and this Agreement has a value of $100,000 or more, Contractor does not boycott Israel and will not boycott Israel during the term of this Contract.

6.2 Texas Government Code Section 2251.152 Acknowledgment: By signature on vendor form, Contractor represents pursuant to Section 2252.152 of the Texas Government Code, that Contractor is not listed on the website of the Comptroller of the State of Texas concerning the listing of companies that are identified under Section 806.051, Section 807.051 or Section 2253.153.

7.0 HUMAN TRAFFICKING:

By acceptance of this contract, Contractor acknowledges that Fort Bend County is opposed to human trafficking and that no County funds will be used in support of services or activities that violate human trafficking laws.

Initials of Bidder: _____

8.0 ASSIGNMENT:

Contractor shall not sell, assign, transfer or convey these services, in whole or in part, without the prior written consent of Fort Bend County and as a condition of such consent, contractor shall remain liable for completion of the services in the event of default by the successor contractor or assignee.

9.0 SPECIFICATIONS AND BID PRICING:

Additional specifications are available in the pricing form required to be downloaded by interested vendors, completed, saved in Excel and returned as stated in Section 1.4. See Name Brand Clause 1.18 above. Vendors are required to provide pricing as stated and may be disqualified if not.

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.

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 and provide documentation proving the items are "equal".

9.4 Vendor must provide unit prices as stated on bid pricing form. Alterations to unit sizes are not permitted and are grounds for vendor disqualification.

9.5 Vendors must be authorized and/or certified, if required, by manufacturer and/or supplier, to sell or resell the items included in this bid.

9.6 Vendors are required to provide documentation/certification from the manufactures stating the vendor is an approved reseller and/or distributor with their bid response.

9.7 Vendors are not permitted to provide bid prices with more than two (2) decimal places.

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.

Initials of Bidder: _____

11.0 AWARD:

This contract will be awarded to the lowest bidder per item meeting specifications.

12.0 VENDOR STATUS:

The awarded vendor is required to hold an **active** status on the SAM.gov website https://sam.gov/content/home along with the Texas Comptroller Taxable Entity website https://mycpa.cpa.state.tx.us/coa/ .

13.0 REQUIRED FORMS:

All vendors submitting are required to complete and provide with submission along with any other documentation as stated herein:

13.1 Electronic Excel file of Pricing Form on flash drive and printed hard copy

13.2 Vendor Form

13.3 W9 Form

13.4 Tax Form/Debt/Residence Certification

13.5 Certification and or authorization documentation proving permission to sell or resell from manufacturers

Initials of Bidder: _____

Contract Sheet
Bid 23-001

THE STATE OF TEXAS
COUNTY OF FORT BEND

This memorandum of agreement made and entered into on the 13 day of December, 20 22 by and between Fort Bend County in the State of Texas (hereinafter designated County), acting herein by County Judge KP George, by virtue of an order of Fort Bend County Commissioners Court, and NASHVILLE MEDICAL & EMS PRODUCTS, INC (hereinafter designated Contractor).
(company name)

WITNESSETH:

The Contractor and the County agree that the bid and specifications for **Purchase and Delivery 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 13th day of December 20 22.

Fort Bend County, Texas

By: KP George
County Judge KP George
County Judge, KP George

By: [signature]
Signature of Contractor

By: NARI SADARANGANI / PRESIDENT
Printed Name and Title

COUNTY PURCHASING AGENT

Fort Bend County, Texas

Jaime Kovar
County Purchasing Agent

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

August 24, 2022

TO: All Prospective Bidders

RE: Addendum No.2 – Fort Bend County Bid 23-001 – Term Contract for Medical Supplies

Addendum 2:

The bid due date has been extended to 9/6/22, 2:00PM

****

Immediately upon your receipt of this addendum, please fill out the following information and email this page to Olivia Rios at Olivia.Rios@fortbendcountytx.gov .

NASHVILLE MEDICAL & EMS PRODUCTS, INC
Company Name

08/24/2022 .
Signature of person receiving addendum — Date

If you have any questions, please contact this office.

Sincerely,

Cheryl Krejci
Senior Buyer

COUNTY PURCHASING AGENT

Fort Bend County, Texas

Jaime Kovar
County Purchasing Agent

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

August 24, 2022

TO: All Prospective Bidders

RE: Addendum No.1 – Fort Bend County Bid 23-001 – Term Contract for Medical Supplies

Addendum 1:

Vendors are to download and provide the **Amended.8.24.22 Pricing Form** document and electronic file with their solicitation response. An amended pricing form will be posted to the website no later than Wednesday, August 24.

****

Immediately upon your receipt of this addendum, please fill out the following information and email this page to Olivia Rios at Olivia.Rios@fortbendcountytx.gov .

NASHVILLE MEDICAL & EMS PRODUCTS, INC.
Company Name

Signature of person receiving addendum

8/24/2022.
Date

If you have any questions, please contact this office.

Sincerely,

Cheryl Krejci
Senior Buyer

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

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.
NASHVILLE MEDICAL & EMS PRODUCTS, INC.

2 Business name/disregarded entity name, if different from above
NASHVILLE EMS SUPPLY

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☒ S Corporation ☐ Partnership ☐ Trust/estate
☐ 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.
☐ 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)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
PO BOX 64

Requester's name and address (optional)

6 City, state, and ZIP code
SPRINGFIELD, TN 37172

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
[ ][ ][ ] – [ ][ ] – [ ][ ][ ][ ]

or

Employer identification number
4 5 – 5 5 9 3 1 7 4

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶** [signature] **Date ▶** Sept 1st 2022.

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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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
4. 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.

Job No.: **RFQ** _____

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

Taxpayer Identification Number (T.I.N.): 45-5593174

Company Name submitting Bid/Proposal: NASHVILLE MEDICAL & EMS PRODUCTS, INC.

Mailing Address: PO BOX 64, SPRINGFIELD, TN 37172

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.)

Fort Bend County Tax Acct. No.*	Property address or location**
NONE	NONE

** 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
[Company Name]
§2252.001.

I certify that NASHVILLE MEDICAL & EMS PRODUCTS, INC. is a Nonresident Bidder as defined in Government Code
[Company Name]
§2252.001 and our principal place of business is SPRINGFIELD, TN.
[City and State]

NASHVILLE MEDICAL & EMS PRODUCTS, INC
PO BOX 64
NASHVILLE SPRINGFIELD, TN 37172

Specifications

www.nashvilleemsshop.com

www.nashvilleems.net

www.kentronmedical.com

Nashville EMS special catalog—Please do not copy this for any other company

All other products

Refer to the manufacturer web site.

Fort Bend County Pricing Form
Bid 23-001
Term Contract for Medical Supplies

Vendor Name:

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 (2 decimal limit, $1.12)	Extended Cost
Berman Oral Airway - 40mm (Pink)	ASIA-CONNECTION-TAIWIN	ME6504PK-5P	KENTRON #779940CC	Yes	PK	5	5	$0.65	$ 3.25
Berman Oral Airway - 60mm (Black)	ASIA-CONNECTION-TAIWIN	ME6506BK-5P	KENTRON #779960CC	Yes	PK	5	5	$0.65	$ 3.25
Berman Oral Airway - 80mm (Green)	ASIA-CONNECTION-TAIWIN	ME6508GN-5P	KENTRON #779980CC	Yes	PK	5	8	$0.65	$ 5.20
Berman Oral Airway - 90mm (Yellow)	ASIA-CONNECTION-TAIWIN	ME6509YL-5P	KENTRON #779990CC	Yes	PK	5	16	$0.65	$ 10.40
Berman Oral Airway - 100mm (Red)	ASIA-CONNECTION-TAIWIN	ME6510RD-5P	KENTRON #779100CC	Yes	PK	5	20	$0.65	$ 13.00
Berman Oral Airway - 110mm (Orange)	ASIA-CONNECTION-TAIWIN	ME6511ON-5P	KENTRON #779110CC	Yes	PK	5	10	$0.65	$ 6.50
Thomas ET Tube Holder - Adult	Laerdal	600-10000		No	EA	1	450	$3.25	$ 1,462.50
Thomas ET Tube Holder - Pediatric	Laerdal	600-2000		No	EA	1	40	$3.25	$ 130.00

Vendor Name: NASHVILLE EMS SUPPLY

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 (2 decimal limit, $1.12)	Extended Cost
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.0 uncuffed	Sheridan		KENTRON #759920	Yes	EA	1	10	$1.04	$ 10.40
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.5 cuffed	Sheridan		KENTRON #769925	Yes	EA	1	30	$1.16	$ 34.80
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 3.0 cuffed	Sheridan		KENTRON #769930	Yes	EA	1	20	$1.16	$ 23.20
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 3.5 cuffed	Sheridan		KENTRON #769935	Yes	EA	1	25	$1.16	$ 29.00
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 4.0 cuffed	Sheridan		KENTRON #769940	Yes	EA	1	30	$1.16	$ 34.80
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 4.5 cuffed	Sheridan		KENTRON #769945	Yes	EA	1	20	$1.16	$ 23.20
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 5.0	Sheridan		5-22510	No	EA	1	20	$9.89	$ 197.80
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 6.0	Sheridan		5-22512	No	EA	1	50	$9.89	$ 494.50
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 7.0	Sheridan		5-22514	No	EA	1	250	$9.89	$ 2,472.50

Vendor Name: NASHVILLE EMS SUPPLY

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 (2 decimal limit, $1.12)	Extended Cost
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 8.0	Sheridan		5-22516	No	EA	1	250	$9.89	$ 2,472.50
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 9.0	Sheridan		5-22518	No	EA	1	250	$9.89	$ 2,472.50
Nasopharyngeal Airway - 20fr	MEDSTORM	51154	KENTRON #804420	Yes	EA	1	35	$1.35	$ 47.25
Nasopharyngeal Airway - 24fr	MEDSTORM	51156	KENTRON #804424	Yes	EA	1	50	$1.35	$ 67.50
Nasopharyngeal Airway - 26fr	MEDSTORM	51157	KENTRON #804426	Yes	EA	1	70	$1.35	$ 94.50
Nasopharyngeal Airway - 28fr	MEDSTORM	51158	KENTRON #804428	Yes	EA	1	70	$1.35	$ 94.50
Nasopharyngeal Airway - 30fr	MEDSTORM	51159	KENTRON #804430	Yes	EA	1	50	$1.35	$ 67.50
Nasopharyngeal Airway - 36fr	MEDSTORM	51162	KENTRON #804436	Yes	EA	1	30	$1.35	$ 40.50
Suction Canister,disposable - 1200mL	BEMIS	484410		No	EA	1	430	$4.49	$ 1,930.70
Suction Catheter - 8fr	ASIA-CONNECTION-TAIWIN	ME6808B	KENTRON #393508	Yes	EA	1	60	$0.14	$ 8.40
Suction Catheter - 10fr	ASIA-CONNECTION-TAIWIN	ME6810B	KENTRON #393510	Yes	EA	1	120	$0.14	$ 16.80
Suction Catheter - 18fr	ASIA-CONNECTION-TAIWIN	ME6818B	KENTRON #393518	Yes	EA	1	150	$0.14	$ 21.00
Yankauer with Control Vent and Tubing (6ft)	MEDSOURCE	MS-YK20	KENTRON #886630	Yes	EA	1	300	$1.09	$ 327.00

Big Yank™ Yankauer Suction Tip w/Control Vent, Sterile, 11/32"open tip, integral blister tube and canister connector pre-attached	CONMED	0034920U		No	EA	1	40	$11.49	$ 459.60
Oxygen Mask, Medium Concentration - Infant	RUSCH	396218	KENTRON #999820	Yes	EA	1	20	$0.69	$ 13.80

Vendor Name: NASHVILLE EMS SUPPLY

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 (2 decimal limit, $1.12)	Extended Cost
Oxygen Mask, Partial Non-Rebreather w/safety vent - Pediatric	HUDSON	1058	KENTRON #999110	Yes	EA	1	400	$0.63	$ 252.00
Oxygen Mask, Non-Rebreather - Adult	HUDSON	1060	KENTRON #999108	No	EA	1	2000	$0.63	$ 1,260.00
Oxygen Nasal Cannula, 7' - Adult	CURAPLEX	24003	KENTRON #999308	Yes	EA	1	2000	$0.24	$ 480.00
Bougie-to-go ET Tube Introducer with coude tip - Adult (15Fr x 60cm)	SUNMED	9-0212-82	KENTRON #799915	Yes	EA	1	200	$2.99	$ 598.00
Bougie ET Tube Introducer with coude tip - Pediatric (10Fr x 70cm)	SUNMED	9-0211-70	KENTRON #799910	Yes	EA	1	40	$2.99	$ 119.60
Oxygen Nebulizer, small volume, hand held w/ mask, 7ft - Pediatric			KENTRON #333761	Yes	EA	1	100	$0.67	$ 67.00
Oxygen Nebulizer, w/ Tubing and Mouthpiece	CURAPLEX	301-200	KENTRON #333759	Yes	EA	1	900	$0.59	$ 531.00
Ambu Spur II bag valve mask, Bag Reservoir Medium with Pop Off Valve, with Manometer, with Mask - Adult	Ambu			No	EA	1	1000	$8.39	$ 8,390.00
BVM Face Mask, No Valve, Disposable, Duraclear - Small Adult	Ambu			No	EA	1	1000	$1.45	$ 1,450.00
Pocket BVM w/ olive green case, with O2 tubing	MicroBVM	MB003xn		No	EA	1	2	$47.89	$ 95.78
Oxygen Nut & Stem (Plastic)	SMITH MEDICAL	33-2600	KENTRON #550000	Yes	EA	1	5	$0.35	$ 1.75
Magill Forceps - Adult (25cm / 10")	ZULCO INTERNATIONAL	9-476	KENTRON #KI298	Yes	EA	1	5	$3.19	$ 15.95
Magill Forceps - Child (20cm / 8")	SURGICAL DESIGN INC	297	KENTRON #KI297	Yes	EA	1	5	$2.79	$ 13.95

Vendor Name: NASHVILLE EMS SUPPLY

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 (2 decimal limit, $1.12)	Extended Cost
Salem Gastric Sump Tube, dual lumen, sterile - 18fr x 48"	COVIDIEN	8888264986	COVIDIEN #8888264986	Yes	EA	1	100	$1.89	$ 189.00
Salem Gastric Sump Tube, dual lumen, sterile - 1	COVIDIEN		COVIDIEN	Yes	EA	1	10	$1.89	$ 18.90
Salem Gastric Sump Tube, dual lumen, sterile - 1	COVIDIEN		COVIDIEN	Yes	EA	1	10	$1.89	$ 18.90
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 2	SURGIMED	5-5332-02	KENTRON #MC29002	Yes	EA	1	20	$3.19	$ 63.80
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 3	VALUEMED	301-B3030	KENTRON #MC29003	Yes	EA	1	90	$3.19	$ 287.10
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 4	SUNMED	5-5332-04	KENTRON #MC29004	Yes	EA	1	200	$3.19	$ 638.00
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 0	SUNMED	5-5333-00	KENTRON #ML30000	Yes	EA	1	10	$3.19	$ 31.90
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 1	SUNMED	5-5333-01	KENTRON #ML30001	Yes	EA	1	20	$3.19	$ 63.80
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 2	SUNMED	5-5333-02	KENTRON #ML30002	Yes	EA	1	30	$3.19	$ 95.70

Vendor Name: NASHVILLE EMS SUPPLY

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 (2 decimal limit, $1.12)	Extended Cost
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 3	SUNMED	5-5333-03	KENTRON #ML30003	Yes	EA	1	80	$3.19	$ 255.20
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 4	SUNMED	5-5333-04	KENTRON #ML30004	Yes	EA	1	80	$3.19	$ 255.20
Greenline/D Fiber Optic, 10/32" Halogen/Xenon Reflector Lamp for Medium Laryngoscope Handle	SUNMED	5-0240-52	KENTRON #FHL16C	Yes	EA	1	20	$22.69	$ 453.80
PEEP valve, disposable, adjustable 22mm inner diameter			KENTRON #712320	Yes	EA	1	100	$1.99	$ 199.00
Headrest, Bagel, 9", pink foam			CARDINAL #3247-0141	Yes	EA	1	200	$2.69	$ 538.00
Meconium Aspirator, latex free			NEOTEC #N0101	Yes	EACH	1	150	$4.29	$ 643.50
i-gel® - Size 1 (Neonatal)	Intersurgical		8201000.00	No	EA	1	150	$13.70	$ 2,055.00
i-gel® - Size 1.5 (Infant)	Intersurgical		8201500.00	No	EA	1	150	$13.70	$ 2,055.00
i-gel® - Size 2 (Small Pediatric)	Intersurgical		8202000.00	No	EA	1	150	$13.70	$ 2,055.00
i-gel® - Size 2.5 (Large Pediatric)	Intersurgical		8225000.00	No	EA	1	200	$13.70	$ 2,740.00
i-gel® O2 Resus Pack, Includes i-Gel, lube & strap - Small Adult (Size 3)	Intersurgical		8703030.00	No	EA	1	500	$22.70	$ 11,350.00
i-gel® O2 Resus Pack, includes i-Gel, lube & strap - Medium Adult (Size 4)	Intersurgical		8704030.00	No	EA	1	2000	$22.70	$ 45,400.00
i-gel® O2 Resus Pack, includes i-Gel, lube & strap - Large Adult (Size 5)	Intersurgical		8705030.00	No	EA	1	2000	$22.70	$ 45,400.00

Vendor Name: NASHVILLE EMS SUPPLY

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 (2 decimal limit, $1.12)	Extended Cost
Thomas Select ET Tube Holder, for ET/SGA Tubes 6.5mm ID to 42mm OD - Adult	Laerdal	LAERDAL	600-42500	No	EA	1	2500	$4.49	$ 11,225.00
Vent Elbow With Port And Cap	Curaplex	VYAIRE MEDICAL	1550.00	Yes	EA	1	300	$0.95	$ 285.00
Cricothyrotomy Kit (TMM-CR) in vacuum sealed package to include (1) 6.0mm cuffed Tracheostomy tube, (1) Hemostat - 5.5" Kelly curved forceps, (1) #10 sterile Scalpel, (1) 10mL sterile Syringe, (1) 4" Tracheal Hook	Chinook Medical Gear, Inc.	1364		No	EA	1	50		$ -
AeroEclipse® Neb				No	EA	1	20		$ -
AeroEclipse® Filtered Mouth Piece				No	EA	1	20		$ -
BiTrac ED™ (Nebulizer) Mask - Medium				Yes	EA	1	20		$ -
ZOLL® Ventilator Circuit - Pediatric	Zoll	820-0107-20	820-0107-20	No	EA	1	5	$689.00	$ 3,445.00
SOLD BY THE CASE OF 20									
ZOLL® Ventilator Circuit - Adult	Zoll	820-0106-15	820-0106-15	No	EA	1	5	$389.00	$ 1,945.00
SOLD BNY THE CASE OF 15									
CPAP - Flowsafe II Mask - Large	Mecury Medical	10-571-03		No	EA	1	200		$ -
DIRECT MARKETING									
CPAP - Flowsafe II Mask - Small	Mercury Medical	10-571-05		No	EA	1	100		$ -
DIRECT MARKETING									
CPAP - Flowsafe II Device & Mask - Medium	Mercury Medical	10-573-19		No	EA	1	500		$ -
DIRECT MARKETING									

Vendor Name: NASHVILLE EMS SUPPLY

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 (2 decimal limit, $1.12)	Extended Cost
Neo-Tec® Infant Resuscitator	Mercury Medical	10-50840		No	EA	1	5		$ -
DIRECT MARKETING									
Airtraq VL Blade - Adult				No	EA	1	800		$ -
Airtraq VL Blade - Pediatric				No	EA	1	200		$ -
AirTraq Video Laryngoscope				No	EA	1	5		$ -
HEPA Filter, BACT TRAP MINI PORT ELBOW				Yes	EA	1	1000		$ -
ZOLL® Accu/Vent Sensor	Zoll	8000-001128		No	EA	1	5		$ -
ZOLL® Accu/Vent Cable	Zoll	8000-000993		No	EA	1	5		$ -
ResQPod® ITD 10	Zoll	12-0242-000	12-0242-000	No	EA	1	300	$158.69	$ 47,607.00
								Section 1 Total	$ 205,677.18

Vendor Name:

Section 2: IV Supplies	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Clearsafe IV Catheter - 14g X 1 1/4"	MEDSOURCE	MS-84214		No	EA	1	100		$ -
Clearsafe IV Catheter - 16g X 1 1/4"	MEDSOURCE	MS-84216		No	EA	1	300		$ -
Clearsafe IV Catheter - 18g X 1 1/4"	MEDSOURCE	MS-84218		No	EA	1	4000		$ -
Clearsafe IV Catheter - 20g X 1 1/4"	MEDSOURCE	MS-84220		No	EA	1	10000		$ -
Clearsafe IV Catheter - 22g X 1"	MEDSOURCE	MS-84222		No	EA	1	3000		$ -
Clearsafe IV Catheter - 24g X 3/4"	MEDSOURCE	MS- 84224		No	EA	1	400		$ -
Hypodermic Needle - 18g x 1 1/2"			DYNAREX #6961	Yes	BX	100	20	$4.89	$ 97.80
Hypodermic Needle - 23g x 1"			DYNAREX #6970	Yes	BX	100	20	$4.89	$ 97.80
Syringe - 1cc with hypodermic needle (25g x 5/8")			DYNAREX # 6 9 3 7	Yes	BX	100	6	$9.69	$ 58.14
Syringe, luer lock - 3cc			DYNAREX#6 988	Yes	BX	100	20	$6.95	$ 139.00
Syringe, luer lock - 5cc with hypodermic needle (22g x 1")			DYNAREX #7009	Yes	BX	100	10	$12.69	$ 126.90
Syringe, luer lock - 10cc			DYNAREX #6990	Yes	BX	100	10	$11.19	$ 111.90

Vendor Name: NASHVILLE EMS SUPPLY

Section 2: IV 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 (2 decimal limit, $1.12)	Extended Cost
Syringe, luer lock - 60cc			DYNAREX #6993	Yes	BX	30	5	$16.95	$ 84.75
			25/BOX						
Syringe, cath tip - 60cc (2oz)			DYNAREX #4262	Yes	BX	25	1	$22.95	$ 22.95
			50/BOX						
Assure prism multi test trips for assure prism multi meter	ARKRAY USA INC	530050	530050	No	BX	50	50	$11.69	$ 584.50
Assure prism control solution (1 and 2)	ARKRAY USA INC	530006	530006	No	EA	1	10	$12.29	$ 122.90
IV Administration set - 82", 10 drop, W/Bravo 24, Pre-slit Port, Removable 7" Extension			KENTRON #101006	Yes	CS	50	100	$69.79	$ 6,979.00
IV 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.			KENTRON #106006	Yes	EA	1	500	$1.39	$ 695.00
IV administration Set - STAT 2, Gravity Flow Controller, 60 drop, 84 inches, 2 Latex Free Splint Septum Y Sites.	ConMed			No	Ea	1	500		$ -
0.9% Sodium Chloride Injection USP - 1000ml				Yes	EA	1	20		$ -
0.9% Sodium Chloride Injection USP - 500ml				Yes	EA	1	6000		$ -
0.9% Sodium Chloride Injection USP - 250ml				Yes	EA	1	20		$ -
0.9% Sodium Chloride Injection USP - 100ml				Yes	EA	1	500		$ -

Vendor Name: NASHVILLE EMS SUPPLY

Section 2- IV 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 (2 decimal limit, $1.12)	Extended Cost
Sterile Water for Irrigation - 500mL				Yes	EA	1	200		$ -
IV Administration set - Smallbore Extension Set with bonded Ultrasite Injection site, Length: 7 in, Priming Volume: 0.6mL (approx)			KENTRON #930008	Yes	EA	1	12000	$0.79	$ 9,480.00
Pneumothorax Decompression needle & catheter with hard plastic case - 14ga X 3.25"	H&H	HHTP N01	NAR #ZZ-0056	Yes	EA	1	50	$8.99	$ 449.50
IV armboard, reusable, plywood core - 3" x 9"				Yes	EA	1	30		$ -
IV armboard, reusable, plywood core - 3" x 12"				Yes	EA	1	10		$ -
IV armboard, reusable, plywood core - 3" x 18"				Yes	EA	1	10		$ -
Angiocath Peripheral Venous Catheter - 14g x 5.25"				Yes	EA	1	10		$ -
Surecan Safety Huber w/ Ultrasite needlefree infusion system - 20ga x 3/4"				Yes	EA	1	10		$ -
IntraLock Lipid Compatible 3-Way Stop Cock			456003.00	Yes	EA	1	100	$0.85	$ 85.00
3m Surgical Clipper Starter Kit, includes clipper body 9661 and charger 9662, no blade assembly	3M	9661	3M9667L	No	EA	1	5	$119.00	$ 595.00
Assure Prism Multi-meter Glucometer	ARKRAY USA INC	530001	ARKRAY #530001	No	EA	1	30	$8.29	$ 248.70
Angiocath Peripheral IV Catheter - 16ga x 2"				Yes	EA	1	30		$ -

Vendor Name: NASHVILLE EMS SUPPLY

Section 2: IV 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 (2 decimal limit, $1.12)	Extended Cost
IV Start Kit containing: (1) Alcohol Prep Pads, Medium (1) Tegaderm Intravenous Dressing 2 3/8" x 2 3/4", (1) Gauze Sponge 2" x 2", (1) Tourniquet 1" x 18", (1) Transparent Surgical Tape 1" x 18"	Curaplex		KENTRON #IVK929	Yes	EA	1	8000	$0.79	$ 6,320.00
Arrow EZ-IO Vascular Access Power Driver	Teleflex	9058		No	EA	1	5		$ -
Arrow EZ-IO Needle Kit with Stabilizer - 45mm (Yellow)	Teleflex	9079P-VC-005		No	Bx	5	1000		$ -
Arrow EZ-IO Needle Kit with Stabilizer - 25mm (Blue)	Teleflex	9001P-VC-005		No	Bx	5	1500		$ -
Arrow EZ-IO Needle set - 45mm (Yellow)	Teleflex	9079-VC-005		No	Bx	5	100		$ -
Arrow EZ-IO Needle set - 25mm (Blue)	Teleflex	9001-VC-005		No	Bx	5	100		$ -
Arrow EZ-Stabilizer Dressing	Teleflex	9066-VC-005		No	Bx	5	1300		$ -
Arrow EZ-IO Vascular Access Pack Soft Sided (Yellow)	Teleflex	9065		No	EA	1	5		$ -
								Section 2 Total	$ 26,298.84

Vendor Name: NASHVILLE EMS SUPPLY

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 (2 decimal limit, $1.12)	Extended Cost
Bandage, Self-Adherent, ,individually packaged - 2" x 5yd			KENTRON #690922	Yes	EA	1	75	$0.59	$ 44.25
Bandage, Self-Adherent, ,individually packaged - 4" x 5yd			KENTRON #690924	Yes	EA	1	50	$1.09	$ 54.50
Combat Application Tourniquet (CAT) - Black	North American Rescue	30-0001	NAR #30-0001	No	EA	1	70	$22.19	$ 1,553.30
Gauze - Non Sterile, non-woven, 4ply - 4"x4"			KENTRON #250444	Yes	PK	200	120	$1.99	$ 238.80
Gauze - Sterile 12 ply - 4"x4"			KENTRON #KS4412	Yes	PK	2	2000	$0.06	$ 120.00
Gauze - Sterile, roll, 6ply - 4 1/2" x 4.1 yd			KENTRON #444666	Yes	EA	1	1500	$0.69	$ 1,035.00
Triangular Bandage - 36"x51"			KENTRON #363651	Yes	EA	1	200	$0.29	$ 58.00
Gauze - Abdominal Pad, sterile - 8" x 9"			KENTRON #777810 24/TRAY	Yes	TRAY	20	200	$2.69	$ 538.00
Adhesive Strip Bandage - 1" x 3"			KENTRON #880013	Yes	BX	100	100	$1.29	$ 129.00

Vendor Name: NASVILLE EMS SUPPLY

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 (2 decimal limit, $1.12)	Extended Cost
Burn Sheet, Sterile - 60" x 96"			KENTRON #888111	Yes	EA	1	50	$1.49	$ 74.50
Trauma Dressing, Sterile - 10" x 30"			KENTRON #771030	Yes	EA	1	100	$0.67	$ 67.00
Rapid Heat Instant Heat Pack, Pull Apart Style	RAPID DEPLOYMENT PRODUCTS	2056	2056	No	BX	6	170	$8.19	$ 1,392.30
Rapid Cold Instant Cold Pack, Pull Apart Style	RAPID DEPLOYMENT PRODUCTS	2004	2004	No	CS	24	6	$33.90	$ 203.40
Ferno KED forehead/Chin Strap Replacement set of 2	Ferno		KENTRON #881214	No	SET	2	10	$4.95	$ 49.50
Tape - 3M Transpore - 1" x 10yd	3m			No	BX	12	10	$7.79	$ 77.90
Tape - Paper, hypo-allergenic - 1" x 10yd			KENTRON #305111	Yes	BX	12	7	$3.47	$ 24.29
Tape - Waterproof - 2" x 10yd	Kendall	3267		No	BX	6	18	$19.19	$ 345.42
Splint - bendable foam and aluminum, rolled, (orange) - 4" x 36"			KENTRON #886622	Yes	EA	1	200	$2.69	$ 538.00
Quikclot Combat Gauze LE Z-fold - 3" x 4yd	QUIKCLOT	350		No	EA	1	5	$32.59	$ 162.95
Hyfin Chest Seal without vent	NORTH AMERICAN RESCUE	10-0015		No	EA	1	5	$12.69	$ 63.45

Vendor Name: NASHVILLE EMS SUPPLY

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 (2 decimal limit, $1.12)	Extended Cost
Israeli emergency compression bandage - 4"			DYNAREX #3683	Yes	EA	1	5	$3.89	$ 19.45
Israeli emergency compression bandage - 6"			DYNAREX #3684	Yes	EA	1	5	$4.89	$ 24.45
CAT Tourniquet Holder (black) - 6.25" x 1.75" x 1.5"			NAR #30-0057	Yes	EA	1	25	$15.39	$ 384.75
Sam Pelvic Sling II - Standard	Sam Medical		PS301-OB	NO	EA	1	25	$88.89	$ 2,222.25
								Section 3 Total	$ 9,420.46

Vendor Name: NASHVILLE EMS SUPPLY

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 (2 decimal limit, $1.12)	Extended Cost
Masimo® SpO2 sensor, disposable - Adult	Masimo	1859	1859.00	No	EA	1	1000	$12.98	$ 12,980.00
Masimo® SpO2 sensor, disposable - Pediatric	Masimo	1860	1860.00	No	EA	1	750	$12.98	$ 9,735.00
Masimo® SpO2 sensor, disposable - Infant	Masimo	2328	2328.00	No	EA	1	500	$15.28	$ 7,640.00
ECG Electrodes - Medi-Trace Mini, teardrop shape, adhesive hydrogel - Pediatric	North American Rescue			Yes	PK	100	200	$16.74	$ 3,348.00
			covidien/cardinal #31439766						
ECG Electrodes - Medicotest Blue Sensor Disposable Electrodes - Adult	Ambu	R-00-S/25	R-00-S/25	No	PK	25	5000	$7.49	$ 37,450.00
Smart Capnoline Plus non-intubated, oral nasal w/ O2 tubing, adlut/intermediate	MicroStream	9822	PHYSIO 11996-000163	No	EA	1	3200	$10.49	$ 33,568.00
Filter line H set infant/ neonate, incl airway adapter, filterline, microstream connection	MicroStream	6324	PHYSIO 11996-000001	No	EA	1	20	$16.29	$ 325.80
Filter line set adult/pediatric airway adapter	MicroStream	XS04620	PHYSIO #11996-000080	No	EA	1	650	$ 13.49	$ 8,768.50
Zoll X Series 80mm Thermal Paper, Pink with Grid			ZOLL 8000-000910		EA	1	1000	$4.09	$ 4,090.00
								Section 4 Total	$ 117,905.30

Norma Diaz,
Part-time clerk

Office of:
LAURA RICHARD, Fort Bend County Clerk
301 Jackson Street, Suite # 125
Richmond, Texas 77469-3108
office (832) 471-4125 (or 281-341-8685)

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Vendor Name: NASHVILLE EMS SUPPLY

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 (2 decimal limit, $1.12)	Extended Cost
Masimo® SET RED LNCS Patient Cable, reusable, compatible with Zoll X-Series Monitor - 4'	Masimo	2055	2055	No	EA	1	10	$149.00	$ 1,490.00
Masimo® SET LNCS DC-P Reusable Sensor, compatible with Zoll X-Series Monitor - Pediatric (10-50kg)	Masimo	1863	1864	No	EA	1	10	$178.79	$ 1,787.90
Masimo® SET LNCS DC-I Reusable Sensor, compatible with Zoll X-Series Monitor - Adult (>30kg)	Masimo		1863	No	EA	1	10	$168.79	$ 1,687.90
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Infant	Welch Allyn	SOFT-07-2mQ	SOFT-07-2MQ	No	EA	1	200	$5.99	$ 1,198.00
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Small Child	Welch Allyn	SOFT-08-2mq	SOFT-08-2MQ	No	EA	1	200	$5.99	$ 1,198.00
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Small Adult	Welch Allyn	SOFT-10-2MQ	SOFT-10-2MQ	No	EA	1	300	$5.99	$ 1,797.00
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Adult	Welch Allyn	SOFT-11-2MQ	SOFT-11-2MQ	No	EA	1	500	$5.99	$ 2,995.00
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Large Adult	Welch Allyn	SOFT-12-2MQ	SOFT-12-2MQ	No	EA	1	700	$6.98	$ 4,886.00
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Thigh	Welch Allyn	SOFT-13-2MQ	SOFT-13-2MQ	No	EA	1	200	$11.99	$ 2,398.00
ZOLL® OneStep™ Pediatric CPR Electrode for Zoll X Series	Zoll	8900-000219-01	8900-000219-01	No	EA	1	150	$81.89	$ 12,283.50

Vendor Name: NASHVILLE EMS SUPPLY

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 (2 decimal limit, $1.12)	Extended Cost
ZOLL® CPR Stat-Padz® HVP Multi-Function CPR Electrodes for Zoll X-Series Monitor	Zoll	8900-0402	8900-0402	No	EA	1	1000	$67.29	$ 67,290.00
Welch Allyn FlexiPort Reusable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Adult	Welch Allyn	REUSE-11-2MQ	REUSE-11-2MQ	no	EA	1	50	$22.95	$ 1,147.50
ZOLL® Dual Lumen NIBP Tubing Assembly, 10 feet for Zoll X Series	Zoll	8300-0002-01	8300-0002-01	No	EA	1	25	$120.89	$ 3,022.25
12-Lead OneStep™ ECG Cable - AAMI Includes 4-Lead Trunk Cable and Removable Precordial 6 Lead Set for Zoll X-Series Monitor	Zoll	8300-0802-01	8300-0802-01	No	EA	1	50	$318.79	$ 15,939.50
CPR-D-Padz® One-Piece Electrode and connector for Zoll R-Series	Zoll	8900-0800-01	8900-0800-01	No	EA	1	15	$368.69	$ 5,530.35
ZOLL® OneStep™ Cable for Zoll X Series	Zoll	8300-000676	8300-000676	No	EA	1	25	$448.89	$ 11,222.25
ZOLL® 12 Lead (V-Lead) Cable	Zoll	8300-0804-01	8300-0804-01	No	EA	1	20	$294.89	$ 5,897.80
ZOLL® Defibrillator Cable Adapter	Zoll	8000-0370	8000-0370	No	EA	1	5	$269.00	$ 1,345.00
Masimo® SET rainbow® DCI (SpO2, SpCO and SpMET) Reusable Sensor with 3' cable compatible with Zoll X-Series - Adult	Masimo	2696	2696	No	EA	1	5	$538.69	$ 2,693.45
Masimo® SET rainbow® RC-4 20-pin Patient Cable, 4' compatible with Zoll X-Series	Masimo		2406	No	EA	1	10	$139.00	$ 1,390.00
								Section 5 Total	$ 147,199.40

Vendor Name: NASHVILLE EMS SUPPLY

Section 6: Exam Gloves / Latex Free Powder Free Nitrile	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 (2 decimal limit, $1.12)	Extended Cost
MICROFLEX® FreeForm® SE Nitrile Exam Gloves, Powderfree Exam Gloves, 100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 3.5 mil Palm Thickness, 5.1 mil Finger Thickness, Tensile Strength = 32 before aging (31 After aging), Elasticity = 500% Before Aging (400% after aging), Pinhole Defect Rate = 1.5 - **Extra Small**	MICROFLEX	FFS-700-XS		No	BX	100	100		$ -
MICROFLEX® FreeForm® SE Nitrile Exam Gloves, Powderfree Exam Gloves, 100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 3.5 mil Palm Thickness, 5.1 mil Finger Thickness, Tensile Strength = 32 before aging (31 After aging), Elasticity = 500% Before Aging (400% after aging), Pinhole Defect Rate = 1.5 - **Small**	MICROFLEX	FFS-700-S		No	BX	100	200		$ -
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		No	BX	100	600		$ -
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		No	BX	100	600		$ -

Vendor Name:

Section 6: Exam Gloves / Latex Free Powder Free Nitrile (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 (2 decimal limit, $1.12)	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		No	BX	100	200		$ -
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		No	BX	50	10		$ -
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		No	BX	50	10		$ -
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		No	BX	50	10		$ -

Vendor Name:

Section 6: Exam Gloves / Latex Free Powder Free Nitrile (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 (2 decimal limit, $1.12)	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 Large**	MICROFLEX	FFE-775-XL		No	BX	50	10		$ -
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		No	BX	50	10		$ -
								Section 6 Total	$ -

Vendor Name:

Section 7- AMBU PERFIT Cervical Collars	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Ambu® Perfit ACE Adjustable Cervical Collar, 16 setting - Adult (Neckless to Tall)	AMBU	002 810 001	000-281-000	No	EA	1	1500	$4.22	$ 6,330.0000
Ambu® Perfit Mini ACE Adjustable Cervical Collar, 12 settings - Pediatric (Infant to Neckless)	AMBU	000 281 107	000-281-006	No	EA	1	150	$4.22	$ 633.0000
								Section 7 Total	$ 6,963.00

Vendor Name: NASHVILLE EMS SUPPLY

Section 8: Head Immobilizers	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Laerdal Sta-Blok™ Head Immobilizer. Single use disposable device, radiolucent, Adjustable standard Velcro padded strap, latex free	LAERDAL	700-00001	700-00001	No	EA	EA	900	$5.25	$ 4,725.0000
								Section 8 Total	$ 4,725.00

Vendor Name: NASHVILLE EMS SUPPLY

Section 9: Miscellaneous Supplies	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Disposable OB Kit, Soft Packaging			KENTRON #999700	Yes	EA	1	25	$4.09	$ 102.25
Alcohol Prep Pads - Medium (200/bx)			KENTRON #650-16	Yes	BX	200	300	$1.09	$ 327.00
Emesis Bags, single use, Clear, Graduate, 1000cc, latex free, rigid collar, automatic seal			KENTRON #404057	Yes	EA	1	2000	$0.24	$ 480.00
Sterile Lubricating Jelly - 5g			HR209	Yes	BX	72	10	$5.99	$ 59.90
Oxygen Cylinder Handwheel, Metal			ALLIED #L002865-050	Yes	EA	1	10	$19.19	$ 191.90
Oxygen Cylinder Wrench, aluminum - Large			KENTRON #KWC1000	Yes	EA	1	10	$3.49	$ 34.90
Trauma Shears, Dark Blue - 7 1/2"			KENTRON #KI141-07	Yes	EA	1	100	$0.65	$ 65.00
Penlight, Disposable			KENTRON #404060	Yes	EA	1	100	$0.49	$ 49.00
Safety Lancet, single use, push button activated / spring loaded (100/bx)			MCK #16-PBSL-21	Yes	BX	100	120	$7.69	$ 922.80
ChloraPrep® Clear 3ml Applicator (2% Chlorhexidine / 70% Isopropyl Alcohol)			BD930400	Yes	BX	25	6	$52.59	$ 315.54
Safety control seals, Pull Tite (numbered), 100/pkg			KENTRON #861111	Yes	PK	100	1	$11.29	$ 11.29
Razor, Disposable, Fixed Head (100/bx)			KENTRON #992222	Yes	BX	100	4	$11.90	$ 47.60
Disposable Polyester Patient Blanket, Blue or Gray (50" x 84")			KENTRON #609070	Yes	EA	1	50	$3.79	$ 189.50
Oxygen "D" Cylinder Gasket, Brass w/Rubber Center			KENTRON #550001	Yes	EA	1	10	$0.45	$ 4.50

Vendor Name: NASHVILLE EMS SUPPLY

Section 9: 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 (2 decimal limit, $1.12)	Extended Cost
Welch Allyn SureTemp Plus Thermometer Probe Cover, disposable (25/bx)	Welch Allyn	5031	5031	No	BX	25	200	$1.19	$ 238.00
Heavy Duty Ring Cutter			KENTRON #RC101	Yes	EA	1	5	$3.49	$ 17.45
Scalpel #11, Disposable, Sterile			DYNAREX #4111	Yes	EA	1	5	$0.45	$ 2.25
Blade Assembly, single-use, pivoting, purple, for 3M 9661 surgical clippers	3m		3M9660	Yes	EA	1	50	$5.79	$ 289.50
Isopropyl Alcohol 70 % Bottle (4oz)				Yes	EA	1	40	$1.09	$ 43.60
MCKESSON #HDX-10020									
Isopropyl Alcohol 70% Bottle (16oz)				Yes	EA	1	12	$1.99	$ 23.88
MCKESSON #23-D0022									
Ecolab® Endure™ 300 Cida-Rinse Dispenser (540mL)	Ecolab		#6000004	No	EA	1	10	$8.99	$ 89.90
Mylar Emergency Blanket (52" x 84")			KENTRON #886656	Yes	EA	1	50	$0.42	$ 21.00
Taylor Healthcare® G-Force™ Series Stretcher Sheet for Stryker, Blue, fluid resistant (36" x 90")	Taylor Healthcare Products, Inc.	90-GFRC3690	#369072	Yes	Ea	1	5000	$1.19	$ 5,950.00

Vendor Name: NASHVILLE EMS SUPPLY

Section 9: 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 (2 decimal limit, $1.12)	Extended Cost
Webbing, Nylon 1"x 50yd rolls - 500yd/box, NO Splices			KENTRON #NY500	No	EA	1	50	$69.79	$ 3,489.50
Oxygen Post Valve, Seal Protector, Pull Type	Meret			Yes	EA	1	500		$ -
Health Care Logistics MedTags™ with Holder	Health Care Logistics	7760		No	EA	1	100		$ -
Triage Ribbon - All Colors	Disaster Systems Management Inc	DMS-05793		Yes	EA	1	5		$ -
Triage Ribbon - Red	Disaster Systems Management Inc	DMS-05791		Yes	EA	1	5		$ -
Triage Ribbon - Yellow	Disaster Systems Management Inc	DMS-05790		Yes	EA	1	5		$ -
Triage Ribbon - Green	Disaster Systems Management Inc	DMS-05789		Yes	EA	1	5		$ -
Triage Ribbon - Black/White	Disaster Systems Management Inc	DMS-05792		Yes	EA	1	5		$ -
								Section 9 Total	$ 12,966.26

Vendor Name: NASHVILLE EMS SUPPLY

Section 10: 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 (2 decimal limit, $1.12)	Extended Cost
Safety Glasses, Nemesis V30, black frame, clear lens, neck cord included	KIMBERLY-CLARK	25676-00	25676	No	EA	1	250	$3.89	$ 972.50
Fluid shield mask with clear visor, anti-fog, 2" wrap around, ear loops 25/bx			KENTRON #FS9901	Yes	BX	25	2	$18.69	$ 37.38
Inovel medical N95 respirator, all sizes, must be CDC and NIOSH approved (24/pk)			INOVEL BOX OF 20	No	PK	25	2	$49.00	$ 98.00
3M® Particulate Respirator and Surgical Mask - 1860s	3M	1860s	3M #1860S	No	EA	1	20	$2.39	$ 47.80
3M® Particulate Respirator and Surgical Mask - 1860	3M	1860	3M #1860	No	EA	1	20	$2.39	$ 47.80
3M® Particulate Respirator - 8210	3M	8210	3M #8210	No	EA	1	20	$1.00	$ 20.00
3M® n95 Respirator - 1870	3M	1870	3M #1870	No	EA	1	20	$1.99	$ 39.80
Sharps Dart sharps container, one time lockable lid (6.7" x 1.2")			KENTRON #412280	Yes	BX	24	60	$28.56	$ 1,713.60
Gel Hand Sanitizer w/ pump 540 mL	ECOLAB	47593-487-31	ECOLAB #6030370	No	EA	1	50	$18.99	$ 949.50
Surgical Shoe Covers			KENTRON #900012	Yes	EA	1	50	$0.19	$ 9.50

Vendor Name: NASHVILLE EMS SUPPLY

Section 10: Infection Control (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 (2 decimal limit, $1.12)	Extended Cost
Non-surgical Isolation Gown, unisize			KENTRON #8888K2	Yes	EA	1	50	$0.39	$ -
Non-surgical Isolation Gown - Large			KENTRON #8888K2	Yes	EA	1	50	$0.39	$ 19.50
Non-surgical Isolation Gown - Xlarge			KENTRON #8888K2	Yes	EA	1	50	$0.39	$ 19.50
Non-surgical Isolation Gown - XXLarge			KENTRON #8889K2	Yes	EA	1	50	$0.49	$ 24.50
Sharps Container in room mailbox style lid, transparent red, 5 quart	Cardinal Health	KE8513-1		No	EA	1	300		$ -
NUMBERS DO NOT MATCH									
Bracket, wire with lock for sage 5 quart sharpstar container	Cardinal Health	KE8518X		No	EA	1	5		$ -
NUMBERS DO NOT MATCH									
Replacement Key for Sharps Container Bracket #KE8518X	Cardinal Health			No	EA	1	5		$ -
NUMBERS DO NOT MATCH									
								Section 10 Total	$ 3,926.38

Vendor Name:

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Infant			KENTRON #777704	Yes	EA	1	10	$5.39	$ 53.90
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Pediatric			KENTRON #777703	Yes	EA	1	10	$5.39	$ 53.90
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Adult			KENTRON #777701	Yes	EA	1	30	$5.39	$ 161.70
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Large Adult			KENTRON #777702	Yes	EA	1	15	$5.69	$ 85.35
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Thigh			KENTRON #777705	Yes	EA	1	10	$6.19	$ 61.90
Greenline/D Laryngoscope handle, fiber optic, chrome plated, 2AA batteries, penlite handle				No	EA	1	10		$ -
Greenline/D Laryngoscope handle, fiber optic, chrome plated, C batteries				No	EA	1	10		$ -
Oxygen flow meter with Ohmeda QC Adapter 1-15LPM			KENTRON #556115	Yes	EA	1	10	$22.09	$ 220.90
ADScope 603 Stethoscope, navy blue, with additional eartips and diaphragm	AMERICAN DIAGNOSTIC CORP	603N		No	EA	1	30		$ -
StatPacks G3 Backup, Red, with Fort Bend County EMS embroidery (25" x 18" x 8.5")	StatPacks	G35006RE		No	EA	1	5		$ -

Vendor Name: NASHVILLE EMS SUPPLY

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Welch Allyn SureTemp Plus 690 Thermometer	WelchAllyn	690	WELCH ALLYN 690	No	EA	1	10	$249.00	$ 2,490.00
Welch Allyn SureTemp Plus 690 Probe and well kit, 4' - (Rectal / Red)	WelchAllyn	02892-000	WA #02892-000	No	EA	1	10	$119.00	$ 1,190.00
Welch Allyn SureTemp Plus 690 Probe and well kit, 4' - (Oral / Blue)	WelchAllyn	02893-000	WA#02893-000	No	EA	1	5	$119.00	$ 595.00
Restraint strap seat belt buckle loop end, Black, 2 piece (5')			KENTRON #323605BK	Yes	EA	1	10	$5.49	$ 54.90
Restraint straps chest system, black, nylon, Metal push button, loop ends			KENTRON 7' HARNESS	Yes	EA	1	10	$22.95	$ 229.50

Vendor Name: NASHVILLE EMS SUPPLY

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Posey Twice-as-Tough cuffs WRIST Restraint with lock on connecting strap, adjustable, pair - (Wrist / Blue)	POSEY	2750	POSEY #2750	No	EA	1	150	$37.49	$ 5,623.50
Posey Twice-as-Tough cuffs Restraint with lock on cuff and connecting strap, adjustable, pair - (Ankle / Red)	POSEY	2755	POSEY #2755	No	EA	1	120	$37.99	$ 4,558.80
Oxygen cylinder with toggle, aluminum, D size			KENTRON #OXYDT	Yes	EA	1	5	$84.89	$ 424.45
Oxygen regulator/pressure reducer, brass, CGA 540 2800-R-2			KENTRON #5402B2CV	Yes	EA	1	5	$79.89	$ 399.45
Oxygen regulator, 1 DISS 1BARB 0-25 LPM			KENTRON #870A2CVB25	Yes	EA	1	5	$29.89	$ 149.45
Megamover plus transport unit, nonwoven, w/backboard pockets, 1500 lb capacity (40" x 80")	GRAHAM PROFESSIONAL	53376	DYNAREX #5620	Yes	EA	1	10	$19.95	$ 199.50
Stryker LUCAS 2 / 3 Disposable Suction Cup, 3/pk	Stryker	11576-000046	11576-000046	No	PK	3	5	$139.89	$ 699.45
Stryker LUCAS Patient Strap, pair	Stryker	11576-000050	11576-000050	No	SET	2	5	$94.19	$ 470.95
Stryker LUCAS Stabilization Strap	Stryker	21996-000074	21996-000074	No	EA	1	5	$84.69	$ 423.45
Stryker LUCAS Standard Back Plate	Stryker	21996-000044	21996-000044	No	EA	1	5	$239.69	$ 1,198.45
Replacement Ankle Hitch for QD3 & QD4 Traction			KENTRON #222840	Yes	EA	1	5	$10.69	$ 53.45
Replacement Ischial Strap for Adult/Child QD3/QD4 Traction Splint			KENTRON #222820	Yes	EA	1	5	$19.79	$ 98.95
Oxygen cylinder with toggle, aluminum - (C size)			KENTRON #OXYCT	Yes	EA	1	5	$72.19	$ 360.95

Vendor Name: NASHVILLE EMS SUPPLY

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Traction splint w/aluminum ratchet - Adult (QD-4)			KENTRON #222888	Yes	EA	1	5	$129.19	$ 645.95
Traction splint w/aluminum ratchet - Pediatric (QD-3)			KENTRON #222999	Yes	EA	1	5	$124.29	$ 621.45
KED, Kendrick Extrication Device, green, with color coded straps			KENTRON #881213	Yes	EA	1	5	$64.39	$ 321.95
L.A. Rescue® cervical collar bag (24" x 11" x 5")			`KENTRON #554410	Yes	EA	1	5	$18.69	$ 93.45
Trauma / Air management bag III, blue (26" x 18.5" x 12.5")	FERNO	5111		No	EA	1	5		$ -
Hawkepack ET Intubation Kit pullout, green with yellow stripe	HAWKEPAKS	02-04F5		No	EA	1	5		$ -
Ferno professional intubation mini bag, royal blue	FERNO	5115		No	EA	1	5		$ -
5.11 Rush 72 Back Pack, Black	5.11	rush72		No	EA	1	5		$ -
Flowmeter With Ohmeda Adpapter, Oxygen, Sidemount					EA	1	10		$ -
Fasplint Semi-Disposable Vacuum Splint - Small	Hartwell Medical			No	EA	1	100		$ -

Vendor Name: NASHVILLE EMS SUPPLY

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Fasplint Semi-Disposable Vacuum Splint - Medium	Hartwell Medical			No	EA	1	100		$ -
Fasplint Semi-Disposable Vacuum Splint - Large	Hartwell Medical			No	EA	1	100		$ -
Fasplint Vacuum Pump, Economy	Hartwell Medical			No	EA	1	25		$ -
Fasplint Replacement Bag, Rectangular	Hartwell Medical			No	EA	1	25		$ -
Fasplint Tapered Adapter	Hartwell Medical			No	EA	1	15		$ -
SSCOR VX-2® 2310 Suction Unit Battery, Rechargeable	SSCOR	2310		No	EA	1	5		$ -
SSCOR VX-2® 2314 Suction Unit Battery, Rechargeable	SSCOR	2314		No	EA	1	5		$ -
SSCOR VX-2® Suction Unit, With Variable Regulator, DC Cable And Converter	SSCOR	VX-2		No	EA	1	5		$ -
Curaplex Quick-Connect Carrier	Curaplex	3245-19123		No	EA	1	10		$ -
StatPacks G3 Golden Hour, Orange, BBP resistant, (18" X 17" X 8")	StatPack			No	EA	1	5		$ -
2-Piece Nylon Restraint Strap with Metal Push Button Buckle and Swivel Speed Clip Ends, Black, (5' X 23")			KENTRON #333705BK	Yes	EA	1	30	$7.95	$ 238.50
King Vision Video Laryngoscope Deluxe Supply Bag with pockets, red				Yes	EA	1	2		$ -

Vendor Name: NASHVILLE EMS SUPPLY

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
FERNO Model 5111 Trauma Air Management Bag III, Blue	Ferno	1511		No	EA	1	5		$ -
Engel Fridge-Freezer MD-14F with Top Lid Access Door	Engel USA	MD-14F		No	EA	1	2		$ -
Engel Fridge-Freezer D/C Power Cord with Integrated Thermal Fuse for MD-14F	Engel USA			No	EA	1	2		$ -
Triage Tape Waist Belt	EMS Innovations	EM19		?	EA	1	5		$ -
Stryker LUCAS 2® Device Battery	Stryker	11576-000039		No	EA	1	3		$ -
Quantum EMS ACR4 Ambulance Child Restraint System	Quantum EMS	Q-ACR4		No	EA	1	2		$ -
LSP XTRA™ Backboard Without Pins, 71in L x 15.75in W x 1.85in D, Blue				Yes	EA	1	25		$ -
Ferno Scoop™ EXL Scoop Stretcher, Red, no pins	Ferno		KENTRON #883316	Yes	EA	1	5	$219.00	$ 1,095.00
Stryker® Head End Pouches	Stryker	6500 130 000		No	EA	1	5		$ -

Vendor Name: NASHVILLE EMS SUPPLY

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Stryker® Base Storage Flat	Stryker	6500 160 000		No	EA	1	5		$ -
Stryker® Antlers, Push Bat, Push Bar Mount Kit	Stryker	6370 000 000		No	EA	1	2		$ -
Stryker® J Hook	Stryker	6060 039 017		No	EA	1	2		$ -
Stryker® Battery Charger, SMRT power kit, 120v A/C	Stryker	6500 700 041		No	EA	1	2		$ -
Stryker® X Restraints, full set	Stryker	6506 0003 0010		No	EA	1	25		$ -
Stryker® X Restraints, shoulder	Stryker	6506 0003 0001		No	EA	1	10		$ -
Stryker® X Restraints, waist single buckle	Stryker	6506 0003 0003		No	EA	1	10		$ -
Stryker® X Restraints, waist double buckle	Stryker	6506 0003 0002		No	EA	1	10		$ -
Stryker® X Restraints, thigh	Stryker	6506 0003 0004		No	EA	1	10		$ -
Stryker® X Restraints, ankle	Stryker	6506 0003 0005		No	EA	1	10		$ -
Stryker® Stair Chair Straps	Stryker	6250 001 021S		No	EA	1	10		$ -
Stryker® Stair Chair Ankle Straps	Stryker	6500 001 395		No	EA	1	20		$ -
Stryker® Stretcher SMRT Batteries	Stryker	6500 033 000		No	EA	1	5		$ -
								Section 11 Total	$ 22,874.15

Vendor Name: NASHVILLE EMS SUPPLY

Section 12: Medication	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
ADENOSINE (Adenocard) 12mg (3mg/mL) 4mL vial				Yes	EA	1	100		$ -
ACETAMINOPHEN (Tylenol) 160mg (32mg/mL) 5mL Liquid				Yes	EA	1	100		$ -
ACETAMINOPHEN (Tylenol) 500mg (Tablet) Bottle				Yes	PK	2	400		$ -
AMIODARONE (Cordarone) 150mg (50mg/mL) 3mL vial				Yes	EA	1	400		$ -
ASPIRIN 81mg (tablet) bottle				Yes	BT	36	90		$ -
ATROPINE SULFATE 1mg (0.1mg/mL) 10mL PFS				Yes	EA	1	400		$ -
IPRATROPIUM & ALBUTEROL (Duo Neb) 0.5mg & 3.0mg/3mL				Yes	BX	30	15		$ -
CALCIUM CHLORIDE 1gm (100mg/mL) 10mL PFS				Yes	EA	1	100		$ -
DIPHENHYDRAMINE (Benadryl) 50mg (50mg/mL) 1mL vial				Yes	EA	1	180		$ -
Dextrose 10% 250mL Infusion				Yes	EA	1	500		$ -
DOPAMINE 800mg (1.6mg/mL) 500mL Infusion				Yes	EA	1	100		$ -

Vendor Name:

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
EPINEPHRINE 1:1,000 1mg (1mg/mL) 1ml vial				Yes	EA	1	150		$ -
EPINEPHRINE 1:10,000 1mg (0.1mg/mL) 10mL PFS				Yes	EA	1	900		$ -
RACEMIC EPINEPHRINE 2.25% 0.5mL				Yes	EA	1	70		$ -
ETOMIDATE (Amidate) 20mg (2mg/mL) 10mL vial				Yes	EA	1	200		$ -
GLUCAGON (Glucagen) 1mg (1mg/mL) 1mL				Yes	EA	1	100		$ -
Oral Glucose 31gm				Yes	EA	1	250		$ -
HEPARIN 5000u (5000u/mL) 1mL vial				Yes	EA	1	80		$ -
LABETALOL 100mg (5mg/mL) 20mL vial				Yes	EA	1	150		$ -
LIDOCAINE 2% 100 mg (20mg/mL) 5ml PFS				Yes	EA	1	250		$ -

Vendor Name:

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
MAGNESIUM SULFATE 50% 1gm (500mg/mL) 2mL vial				Yes	EA	1	200		$ -
NALOXONE (Narcan) 2mg (1mg/mL) 2mL				Yes	EA	1	150		$ -
NITROGLYCERIN 2% 30gm Paste				Yes	EA	1	50		$ -
Nitrolingual Spray, 4.1g, 400mcg per Spray, 90 sprays per can				Yes	EA	1	40		$ -
Nitrostat, 0.4mg Sublingual Tabs, 25 per bottle				Yes	BT	25	10		$ -
PROMETHAZINE (Phenergan) 25mg (25mg/mL) 1mL vial				Yes	EA	1	300		$ -
ALBUTEROL SULFATE 0.083% 2.5mg (0.83mg/mL) 3mL				Yes	BX	25	35		$ -
ROCURONIUM 100mg (10mg/mL) 10mL vial				Yes	EA	1	120		$ -
SODIUM BICARBONATE 50mEq (1mEq/mL) 50mL PFS				Yes	EA	1	450		$ -
Sodium Chloride 0.9% 10mL PFS				Yes	EA	1	8000		$ -
METHYLPREDNISOLONE (Solumedrol) 125mg (62.5mg/mL) 2mL vial				Yes	EA	1	300		$ -
SUCCINYLCHOLINE (Quelicin) 200mg (20mg/mL) 10mL vial				Yes	EA	1	150		$ -

Vendor Name:

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
Ketorolac 60mg 2mL vial				Yes	EA	1	275		$ -
Carpuject™ Syringe				Yes	EA	1	20		$ -
ONDANSETRON (Zofran) 4mg Tablet ODT				Yes	EA	30	30		$ -
ONDANSETRON (Zofran) 4mg (2mg/mL) 2mL vial				Yes	EA	25	8		$ -
Mucosal Automation Device - with 3mL Syringe				Yes	EA	1	20		$ -
Mucosal Atomization Device - device only				Yes	EA	1	200		$ -
CAPTOPRIL 12.5mg (tablet) bottle				Yes	BT	100	50		$ -
DILTIAZEM (Cardizem) 25mg (5mg/mL) 5mL vial				Yes	EA		150		$ -
HYDROXOCOBALAMIN (Cyanokit) 5gm				Yes	EA		10		$ -
PROPRANOLOL 1mg (1mg/mL) 1mg vial				Yes	EA		10		$ -

Vendor Name:

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
Atropine 8mg, 20mL Vial				Yes	EA		30		$ -
PRALIDOXIME (Protopam) 1gm (50mg/mL) 20mL vial				Yes	EA		10		$ -
METHYLENE BLUE 1% 100mg (10mg/mL) 10mL vial				Yes	EA		10		$ -
Nithiodote Kit, Includes One Sodium Nitrite (300mg/10mL Vial) And One Sodium Thiosulfate (12.5GM/50mL)				Yes	EA		10		$ -
CALCIUM GLUCONATE GEL 2.5% 25gm				Yes	EA		10		$ -
Dopamine, 400mg In D5W 250mL Bag				Yes	EA		100		$ -
FAMOTIDINE (Pepcid)10mg (5mg/mL) 2mL vial				Yes	EA		250		$ -
NOREPINEPHRINE (Levophed) 4mg (1mg/mL) 4mL vial				Yes	EA		1000		$ -
METOCLOPRAMIDE (Reglan) 10mg (5mg/mL) 2mL vial				Yes	EA		700		$ -
VITAMIN B6 (Pyridoxine) 100mg (100mg/mL) 1mL vial				Yes	EA	1	6		$ -
NALOXONE (Narcan) 4mg Nasal				Yes	EA	1	20		$ -
								Section 12 Total	$ -

Vendor Name:

Section 13: Controlled Substance Medication	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes- below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
MORPHINE SULFATE 1mg (1mg/mL) 10mL				Yes	EA	1	20		$ -
MIDAZOLAM (Versed) 10mg (5mg/mL) 2mL Vial				Yes	EA	1	250		$ -
KETAMINE (Ketalar) 500mg (50mg / mL) 10mL vial				Yes	BX	10	150		$ -
FENTANYL (Sublimaze) 250mcg (50mcg/mL) 5mL Vial				Yes	EA	1	900		$ -
DIAZEPAM (Valium) 10mg (5mg / mL) 2mL vial				Yes	EA	1	200		$ -
HYDROMORPHONE (Dilaudid) 2mg (2mg/mL) 1mL vial				Yes	Ea	1	300		$ -
								Section 13 Total	$ -

COUNTY PURCHASING AGENT

Fort Bend County, Texas

Vendor Information

Jaime Kovar
Purchasing Agent

Office (281-341-8640

Legal Company Name (top line of W9)	Quadmed, Inc.		
Business Name (if different from legal name)			
Federal ID # or S.S. #	59-3184908	DUNS #	
Type of Business	X Corporation/LLC ___ Partnership ___ Sole Proprietor/Individual ___ Tax Exempt Organization	Age in Business?	since 1992
Publicly Traded Business	X No ___ Yes Ticker Symbol _____		
Remittance Address	P.O. Box 550773		
City/State/Zip	Jacksonville, FL 32255		
Physical Address	11210-1 Phillips Ind. Blvd. E.		
City/State/Zip	Jacksonville, FL 32256		
Phone/Fax Number	Phone: 904-880-2323 Fax: 904-880-2303		
Contact Person	Melinda Langergen, Bid Contracts Mgr.		
E-mail	bids@quadmed.com		
Check all that apply to the company listed above and provide certification number.	DBE-Disadvantaged Business Enterprise ☐ SBE-Small Business Enterprise ☐ HUB-Texas Historically Underutilized Business ☐ WBE-Women's Business Enterprise ☐	**Certification #** _____ **Certification #** _____ **Certification #** _____ **Certification #** _____	Cert Date / Exp Date
Company's gross annual receipts	<$500,000 ____	$500,000-$4,999,999 ✓	
	$5,000,000-$16,999,999 ___	$17,000,000-$22,399,999 ____	
	>$22,400,000 ____		
NAICs codes (Please enter all that apply)	~~42150~~ 423450		
Signature of Authorized Representative	Melinda Langergen		
Printed Name	Melinda Langergen		
Title	Bid Contracts Mgr.		
Date	8/29/22		

THIS FORM MUST BE SUBMITTED WITH THE SOLICITATION RESPONSE

ML

LEGAL NOTICE
INVITATION TO BIDDERS

Sealed Bids will be received in the Office of Jaime Kovar, County Purchasing Agent, Fort Bend County, Travis Annex, 301 Jackson, Suite 201, Richmond, TX 77469 for the following until **TUESDAY, AUGUST 30, 2022 at 2:00 P.M.** (CST). All bids will then be publicly opened and read in the Office of the Purchasing Agent, Travis Annex, 301 Jackson, Suite 201, Richmond, TX 77469. Bids received after the specified time will be returned unopened. All addendums will be posted on Purchasing Agent's website located at www.fortbendcountytx.gov.

1. **BID 23-001 TERM CONTRACT FOR PURCHASE OF MEDICAL SUPPLIES** ✓
2. **BID 23-002 TERM CONTRACT FOR PEST CONTROL SERVICES**
3. **BID 23-003 TERM CONTRACT FOR PRESSURE-WASHING AND SEALING OF VARIOUS COUNTY BUILDINGS**
4. **BID 23-004 TERM CONTRACT FOR PURCHASE OF LAW ENFORCEMENT UNIFORMS, DUTY GEAR & BODY ARMOR**

Unit pricing required; payment will be by check. Bonds are not required. Fort Bend County reserves the right to reject any or all bids.

Signed:
Jaime Kovar, Purchasing Agent
Fort Bend County, Richmond, Texas
281-341-8640

mll

Quadmed, Inc.

all

Fort Bend County, Texas
Invitation for Bid

Term Contract for Purchase of Medical Supplies
BID 23-001

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 address to assist in proper delivery.

SUBMIT NO LATER THAN:

Tuesday, August 30, 2022
2:00 PM (Central)

LABEL ENVELOPE:

BID 23-001
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.

Requests for information must be in writing and directed to:
Cheryl Krejci, CPPB
Assistant County Purchasing Agent
cheryl.krejci@fortbendcountytx.gov

Vendor Responsibilities:

- Download and complete any addendums. (Addendums will be posted on the Fort Bend County website no Later than 48 hours prior to bid opening)
- Submit response in accordance with requirements stated on the cover of this document.
- DO NOT submit responses via email or fax.

Prepared: 08/11/22
Issued: 08/14/22

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, and return ONE (1) complete bid document to the Fort Bend County Purchasing Department. An authorized representative of the bidder must sign the Contract Sheet. Do not complete the date at the top of the contract sheet. The bid document must be in a sealed envelope marked with the appropriate bid number and title. The contract will be binding only when signed by the County Judge, 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, the bidder must draw a line through error and initial each change. All response, typed or written, information must be clear and legible.

If a pricing form in Excel is included and posted on the County's website amongst this bid document, the Vendor must download, complete and save the Excel (not a PDF of the Excel file) file of the pricing form on a flash drive. The Excel file on the flash drive must be downloadable by the Purchasing Department in order to copy and paste the vendor's pricing to the County's Excel tabulation. The flash drive must be labeled and included in the same sealed envelope with the respondent's completed bid document along with a printed copy of the pricing form completed by the vendor.

1.5 Bid Returns: Bidders must return 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

Initials of Bidder: ____

bid documents will be made to any bidder orally. All requests for such interpretations must be made in writing addressed to Ms. Cheryl Krejci, Assistant County Purchasing Agent, 301 Jackson, Suite 201, Richmond, Texas 77469, e-mail: cheryl.krejci@fortbendcountytx.gov. Any and all interpretations and any supplemental instructions will be in the form of written addenda to the contract documents which will be posted on Fort Bend County's website. Addenda will **ONLY** be issued by the Fort Bend County Purchasing Agent. It is the sole responsibility of each bidder to insure receipt of any and all addenda. All addenda issued will become part of the contract documents. Bidders must sign and include addendum in the returned bid package. Deadline for submission of questions and/or clarification is **Tuesday, August 23, 2022 at 9:00 AM (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. NONE

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.

Initials of Bidder: ML

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.

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.

Initials of Bidder: _____

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. Vendors bidding "or equal" items are required to provide manufacturer's specifications of both, the specified item and the "equal to" item, and documentation proving equality. 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

Initials of Bidder: MQ

person engaged in such line of business. Any or all bids may be rejected if the County believes that collusion exists among the bidders. Bids in which the prices are obviously unbalanced may be rejected. If multiple bids are submitted by a bidder and after the bids are opened, one of the bids is withdrawn, the result will be that all of the bids submitted by that bidder will be withdrawn; however, nothing herein prohibits a vendor from submitting multiple bids for different products or services.

1.24 Awards: Fort Bend County reserves the right to award this contract on the basis of lowest and best bid in accordance with the laws of the State of Texas, to waive any formality or irregularity, to make awards to more than one bidder, to reject any or all bids. In the event the lowest dollar bidder meeting specifications is not awarded a contract, the bidder may appear before the Commissioners Court and present evidence concerning his responsibility. An award is final only upon formal execution by the Fort Bend County Commissioners Court or the Fort Bend County Purchasing Agent. Fort Bend County reserves the right to withdraw any award until execution by the proper authority.

1.25 Assignment: The successful vendor may not assign, sell or otherwise transfer this contract without written permission of Fort Bend County Commissioners Court.

1.26 Term Contracts: If the contract is intended to cover a specific time period, said time will be given in the specifications under scope.

1.27 Maintenance: Maintenance required for equipment bid should be available in Fort Bend County by a manufacturer authorized maintenance facility. Costs for this service shall be shown on the bid sheet as requested or on a separate sheet, as required. If Fort Bend County opts to include maintenance, it shall be so stated in the purchase order and said cost will be included. Service will commence only upon expiration of applicable warranties and should be priced accordingly.

1.28 Contract Obligation: Fort Bend County Commissioners Court must award the contract and the County Judge or other person authorized by the Fort Bend County Commissioners Court must sign the contract before it becomes binding on Fort Bend County or the bidders. Department heads are not authorized to sign agreements for Fort Bend County. Binding agreements shall remain in effect until all products and/or services covered by this purchase have been satisfactorily delivered and accepted.

1.29 Title Transfer: Title and Risk of Loss of goods shall not pass to Fort Bend County until Fort Bend County actually receives and takes possession of the goods at the point or points of delivery. Receiving times may vary with the using department. Generally, deliveries may be made between 8:30 a.m. and 4:00 p.m., Monday through Friday. Bidders are advised to consult the using department for instructions. The place of delivery shall be shown under the "Special Requirement" section of this bid document and/or on the Purchase Order as a "Ship To:" address.

Initials of Bidder: ML

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 Purchasing Agent. The County Purchasing Agent will review, and, if increase is deemed warranted, place the request on Fort Bend County's Commissioners Court agenda for their action of approval or disapproval. Approval

Initials of Bidder: ____

by the County's Commissioner's Court is required. Any proposed price increase will only be the amount increased to the vendor from his/her supplier. The price increase request must be stated on the vendor's letterhead with the bid number and name in the subject including, in columns, for each item: item description, original bid price, percent of increase, and the total cost of the original bid price including the increased dollar amount. Written documentation from the vendor's supplier of the increase notice must be provided to the Purchasing Agent at time of increase request. No application for a price increase may be submitted within the first twelve (12) month term of this contract. Increase requests 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 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.

Initials of Bidder: MQ

2.6 Place of Delivery: The place of delivery shall be that set forth in the block of the purchase order entitled "Ship To". Any change thereto shall be effective by modification as provided for in Clause number 2.20 "Modifications", hereof. The terms of this agreement are "no arrival, no sale", at the discretion of Fort Bend County.

2.7 Invoices and Payments:

2.7.1 Seller shall submit separate invoices, in duplicate. Invoices shall indicate the purchase order number and the bid number if applicable. Invoices shall be itemized and transportation charges, if any, shall be listed separately. A copy of the bill of lading, and the freight waybill when applicable should be attached to the invoice.

2.7.2 Fort Bend County's obligation is payable only and solely from funds available for the purpose of this purchase. Lack of funds shall render the order null and void to the extent funds are not available and any delivered but unpaid goods will be returned to Seller by the county.

2.7.3 Do not include Federal Excise, State, or City Sales Tax. Fort Bend County is a tax-exempt governmental entity.

2.8 Gratuities: Fort Bend County may, by written notice to the Seller, cancel any order without liability, if it is determined by the County that gratuities, in the form of entertainment, gifts, or otherwise were offered or given by the Seller, or any agent or representative of the Seller to any officer or employee of Fort Bend County with a view toward securing an order. In the event an order is canceled by the County pursuant to this provision, the County shall be entitled, in addition to any other rights and remedies, to recover or withhold the amount of the cost incurred by Seller in providing such gratuities.

2.9 Special Tools and Test Equipment: If the price stated on the face of an order includes the cost of any special tooling or special test equipment fabricated or required by Seller for the purpose of filing this order, such special tooling equipment and any process sheets related thereto shall become the property of the County and to the extent feasible shall be identified by the Seller as such.

2.10 Warranty/Price:

2.10.1 The price to be paid by the County shall be that contained in Seller's 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

Initials of Bidder: _____

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

Initials of Bidder: ml

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

Initials of Bidder: ML

trace 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 to Fort Bend County as specified herein.

4.0 TERM OF CONTRACT:

The term of this contract is **October 1, 2022 through September 30, 2023**, renewable annually for four (4) years (through September, 2027) under the same terms and conditions if mutually agreeable

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by 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 TEXAS ETHICS COMMISSION FORM 1295:

5.1 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.

5.2 On-line instructions:

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

5.2.2 Identification number used by the governmental entity is: B23-001.

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

5.3 Apparent low bidder(s) will be required to provide the Form 1295 within three (3) calendar days from notification; however, if your company is publicly traded you are not required to complete this form.

6.0 STATE LAW REQUIREMENTS FOR CONTRACTS:

The contents of this section are required by Texas Law and are included by County regardless of content.

6.1 Agreement to Not Boycott Israel Chapter 2271 Texas Government Code: Contractor verifies that if Contractor employs ten (10) or more full-time employees and this Agreement has a value of $100,000 or more, Contractor does not boycott Israel and will not boycott Israel during the term of this Contract.

6.2 Texas Government Code Section 2251.152 Acknowledgment: By signature on vendor form, Contractor represents pursuant to Section 2252.152 of the Texas Government Code, that Contractor is not listed on the website of the Comptroller of the State of Texas concerning the listing of companies that are identified under Section 806.051, Section 807.051 or Section 2253.153.

7.0 HUMAN TRAFFICKING:

By acceptance of this contract, Contractor acknowledges that Fort Bend County is opposed to human trafficking and that no County funds will be used in support of services or activities that violate human trafficking laws.

Initials of Bidder: _____

8.0 ASSIGNMENT:

Contractor shall not sell, assign, transfer or convey these services, in whole or in part, without the prior written consent of Fort Bend County and as a condition of such consent, contractor shall remain liable for completion of the services in the event of default by the successor contractor or assignee.

9.0 SPECIFICATIONS AND BID PRICING:

Additional specifications are available in the pricing form required to be downloaded by interested vendors, completed, saved in Excel and returned as stated in Section 1.4. See Name Brand Clause 1.18 above. Vendors are required to provide pricing as stated and may be disqualified if not.

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.

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 and provide documentation proving the items are "equal".

9.4 Vendor must provide unit prices as stated on bid pricing form. Alterations to unit sizes are not permitted and are grounds for vendor disqualification.

9.5 Vendors must be authorized and/or certified, if required, by manufacturer and/or supplier, to sell or resell the items included in this bid.

9.6 Vendors are required to provide documentation/certification from the manufactures stating the vendor is an approved reseller and/or distributor with their bid response.

9.7 Vendors are not permitted to provide bid prices with more than two (2) decimal places.

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.

Initials of Bidder: _____

11.0 AWARD:

This contract will be awarded to the lowest bidder per item meeting specifications.

12.0 VENDOR STATUS:

The awarded vendor is required to hold an **active** status on the SAM.gov website https://sam.gov/content/home along with the Texas Comptroller Taxable Entity website https://mycpa.cpa.state.tx.us/coa/ .

13.0 REQUIRED FORMS:

All vendors submitting are required to complete and provide with submission along with any other documentation as stated herein:

13.1 Electronic Excel file of Pricing Form on flash drive and printed hard copy

13.2 Vendor Form

13.3 W9 Form

13.4 Tax Form/Debt/Residence Certification

13.5 Certification and or authorization documentation proving permission to sell or resell from manufacturers

Initials of Bidder: ML

Contract Sheet
Bid 23-001

THE STATE OF TEXAS
COUNTY OF FORT BEND

This memorandum of agreement made and entered into on the 13 day of December, 20 22, by and between Fort Bend County in the State of Texas (hereinafter designated County), acting herein by County Judge KP George, by virtue of an order of Fort Bend County Commissioners Court, and Quadmed Inc (hereinafter designated Contractor).
(company name)

WITNESSETH:

The Contractor and the County agree that the bid and specifications for **Purchase and Delivery 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 13th day of December 20 22.

Fort Bend County, Texas

By: KP George
County Judge KP George
County Judge, KP George

By: M Langergen
Signature of Contractor

By: Melinda Langergen
Bid Contracts Mgr.
Printed Name and Title

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

QuadMed, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☑ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ 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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

11210 Phillips Industrial Blvd East, Suite 1

Requester's name and address (optional)

6 City, state, and ZIP code

Jacksonville, FL 32256

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

5	9	–	3	1	8	4	9	0	8

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 for Part II, later.

Sign Here Signature of U.S. person ▶ Melinda Langorgen Date ▶ 5/2/2022

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

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, *later.*

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.: 23-001

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

Taxpayer Identification Number (T.I.N.): 59-3184908

Company Name submitting Bid/Proposal: QuadMed, Inc.

Mailing Address: P.O. Box 550773

Are you registered to do business in the State of Texas? (Yes) No Resale: Use Tax + Franchise

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 N/A Corporation

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.)

Fort Bend County Tax Acct. No.*	Property address or location**

** 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
[Company Name]
§2252.001.

I certify that QuadMed, Inc. is a Nonresident Bidder as defined in Government Code
[Company Name]
§2252.001 and our principal place of business is Jacksonville, FL.
[City and State]

Created 05/12

Melinda Langorgen
Bid Contracts Mgr.

Quadmed

Ambu
Ideas that work for life

Ambu Inc.
6230 Old Dobbin Lane
Columbia, MD 21045
P. 800-262-8462
F. 800-262-8673
www.ambuusa.com

May 29, 2019

To Whom It May Concern:

This letter is to confirm that Quadmed Inc. is an authorized distributor of Ambu products in the US Pre-Hospital market.

Sincerely,

Van Golmont, Jr.
Senior Regional Manager, EMS

Quadmed

MASIMO CORPORATION
52 Discovery
Irvine, CA 92618

Date: January 2019

Re: Authorized Distributor

Dear Sir or Madam:

Masimo Corporation is a technology company that develops and manufactures non-invasive medical devices continuous monitoring.

Masimo is the sole manufacturer of this product, which can non-invasively measure carboxyhemoglobin, methemoglobin, pulse oximetry and pulse rate.

QuadMed, Inc., located in Jacksonville, FL, is an authorized distributor of Masimo Products in the following markets; Emergency Medical Services, Fire, Industrial, Mining, Law Enforcement and Air Medical.

Masimo's products are revolutionizing patient monitoring, improving patient care, and helping save lives. Thank you for considering Masimo products.

Respectfully,

Juli Yomogida
Masimo Corp.
National Sales Director

jm

Quadmed

SAM MEDICAL

May 29, 2019

To whom it may concern:

QuadMed is an authorized distributor of SAM Medical.

Sincerely

Carol Foster
Credit/Collections
SAM Medical

27550 SW 95th Ave, Ste 3038 Wilsonville, OR 97070 USA P 503.639.5474 F 503.639.5425 sammedical.com

Quadmed

1509 S SANDHILL DR WASHINGTON, UT 84780
(435) 627-2265 | fax: (435) 579-2539
www.statpacks.com | customerservice@statpacks.com

To Whom It May Concern:

This letter is to certify that Quadmed, Inc. is an authorized distributor of StatPacks products. Please feel free to contact us with any additional questions.

Sincerely,

Tom Dayton
StatPacks - Customer Service
Phone: (435) 627-2265 | Fax: (435) 579-2539
Skype: thomasdaytonstatpacks

Quadmed

FERNO | P 937.382.1451 F 937.382.1191 | 70 Well Way Wilmington, Ohio 45177 | 877.733.0911 www.ferno.com

February 7, 2019

To Whom It May Concern,

QuadMed, Inc is an authorized Ferno-Washington, Inc. dealer for sales, service and support.

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

Kind regards,

Louvena McCann
Senior Customer Service Representative

Quadmed

HARTWELL MEDICAL

Creating Quality Products for Life

February 11, 2019

QuadMed, Inc.
11210-1 Philips Industrial Blvd. E.
Jacksonville, FL 32256

To Whom It May Concern:

Hartwell Medical LLC, located in Carlsbad, California, is a manufacturer of innovative emergency medical equipment, including but not limited to vacuum splints, vacuum mattresses, patient transfer devices, airway maintenance products and general first aid items. Hartwell Medical LLC has been in business for 30 years.

QuadMed, Inc., located in Jacksonville, Florida is in good standing with Hartwell Medical LLC and is authorized to sell our products.

Cordially,

Shannon Smith
Office Coordinator

6354 Corte del Abeto, Suite F, Carlsbad, CA 92011-1479 760-438-5500 800-633-5900 760-438-2783 Fax
www.HartwellMedical.com

AGENT AUTHORIZATION FORM

I/We, (Print Proposer name) QuadMed, Inc., Marley Price Vice President, Do hereby authorize (print agent's name), Melinda Langorgen, to act as my/our agent to execute any petitions or other documents necessary to affect the CONTRACT approval PROCESS more specifically described as follows, (RFP NUMBER AND TITLE)_____, and to appear on my/our behalf before any administrative or legislative body in the county considering this CONTRACT and to act in all respects as our agent in matters pertaining TO THIS CONTRACT.

M D Price — 12/9/19

Signature of Proposer Marley Price, VP — Date

STATE OF FL :
COUNTY OF Duval :

I certify that the foregoing instrument was acknowledged before me this 9 day of December, 2019 by Marley Price. He/she is personally known to me or has produced _____ as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the 9 day of December, in the year 2019.

Deborah Anne Clemmer
My Commission # GG11875
Expires October 6, 2020

(Notary Seal)

Deborah Anne Clemmer
Signature of Notary Public
Notary Public for the State of FL
My Commission Expires: 10-6-2020

E-Verify

Welcome
Jackie Gieger

MENU

Company Information

Company Name
QuadMed, Inc

Company ID Number
400538

Doing Business As (DBA) Name
--

DUNS Number
867950511

Physical Location

Address 1
11210-1 Philips Industrial Blvd

Address 2
--

City
Jacksonville

State
FL

Zip Code
32256

County
DUVAL

Mailing Address

Address 1
PO Box 550773

Address 2
--

City

Jacksonville

State
FL

Zip Code
32255

Additional Information

Employer Identification Number
593184908

Total Number of Employees
10 to 19

Parent Organization
QuadMed, Inc

Administrator
--

Organization Designation

Employer Category
None of these categories apply

View / Edit

NAICS Code
423 - MERCHANT WHOLESALERS, DURABLE GOODS

View / Edit

Total Hiring Sites
1

View / Edit

Total Points of Contact
2

View / Edit

View MOU

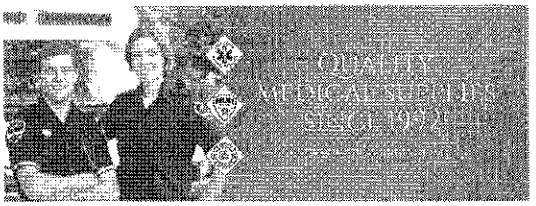
Last Login: 10/26/2016 02:16 PM

For more information contact us at 888-464-4218 or E-Verify@dhs.gov.

U.S. Department of Homeland Security U.S. Citizenship and Immigration Services

Enable Permanent Tooltips Accessibility Download Viewers

QuadMed, Inc.
Emergency Medical Products



Qualifications of Firm:

QuadMed, Inc. is a distributor of EMS Medical Supplies & Equipment that has been servicing Fire Departments, EMS Agencies, Law Enforcement, Military, Medical Professionals, and Colleges & Universities for over 25 years. We are located in Jacksonville, Florida where we began in 1992. We have had a very strong presence in the state of Florida since 1992 and have grown to become a national distributor over the years.

We carry a complete line of emergency medical supplies and equipment having well over 10,000 SKU's. Our product offerings include Airway Management, Breathing & Oxygen, Cardiac Supplies, Diagnostic Equipment, First Aid Supplies, I.V. Supplies, Immobilization, Infection Control, Instruments & Equipment, Inventory Management, Medical Bags/Cases, Patient Handling/Transport, Training, Uniforms & Apparel, Recertified Equipment.

We are an authorized distributor for many manufacturers including Ambu, Laerdal, Microflex, Smiths Medical, Masimo, Conmed, Dynarex, Mercury Medical, Pulmodyne, Intersurgical, Amsino, Abbott, SSCOR, SAM, Salter Labs, Statpacks and Ferno to name a few.

We have a staff of experienced employees ready to offer outstanding customer service to all of our customers in all facets of our business. We have a superior website that allows our customers to place orders, create/manage supply lists, see their order history, set up recurring orders, add multiple users, request quotes.

QuadMed, Inc. does over 25 Million in sales volume each year and we pride ourselves in providing outstanding customer service. We have an outside sales team second to none that meet with our customers on a regular basis introducing new products as they enter into the market, providing product demonstrations upon request and sharing product knowledge to the best of their ability so our customers can make informed choices when deciding which products to purchase. Our sales team will always go the extra mile to make sure our customers have what they need in a timely manner. They are available 24 hours/day, 7 days a week. Since our focus is on Fire Departments and EMS Agencies, we have been servicing governmental agencies for over 25 years.

QuadMed, Inc. has a main distribution center located in Jacksonville, FL and a secondary center in Dallas, TX. We provide NEXT DAY service for all Florida customers. In the event that we couldn't ship from our location, i.e. an act beyond our control, we have the ability, and do in some instances, ship directly from the manufacturer's warehouse to our customers. We are always able to get products to our customers in a timely manner.

Reference Listing available, upon request.

QuadMed, Inc.
Emergency Medical Products

Qualifications of Staff:

President – Lisa Price Lisa@quadmed.com
Bachelor of Arts degree in Accounting & Finance
Master of Business Administration

Founder of QuadMed, Inc. incorporated in 1992. Responsible for all facets of the business initially.
Current responsibilities include General Admin, Financial, Customer Service, Marketing, Sales, AR/AP

Vice President – Marley Price Marley@quadmed.com
Bachelor of Science degree in Accounting & Finance
Has been with QuadMed for 23 years.
Responsibilities include General Admin, Financial, Sales, Bids/Contracts, Logistics, Procurement

Bids/Contracts/Customer Service Manager – Mindy Langorgen Mindy@quadmed.com

Over 30 years of experience in customer service, finance, accounting, human resources and sales.
Has been with QuadMed for 10 years.
Current responsibilities include bids & contracts and customer service.

Procurement/Product Development Manager – Nick Gawriluk Nick@quadmed.com

Over 15 years of experience working for companies that distribute EMS supplies & equipment.
Has been with QuadMed for 8 years.
Current responsibilities include purchasing, new product development, marketing, website design. Previous experience also includes bids & contacts and customer service.

Accounting Manager – Charlyne Biggs Charlyne@quadmed.com

Over 20 years of experience in sales, accounting, customer service
Has been with QuadMed for 10 years.
Current responsibilities include accounts receivable, accounts payable, accounting

Logistics Manager – Elmer Gonzalez Elmer@quadmed.com

10 years of experience in purchasing, logistics, customer service
Has been with QuadMed for 2 years.
Current responsibilities include logistics, warehouse supervision, light manufacturing supervision, purchasing.

Our Support Staff Includes:
Customer Service Representatives, Warehouse/Logistic Team, Kitting/Sewing Production Dept, Bid/Contracts Specialists, Website/Technology members, Product Specialists, Warranty/Repair Svc.

QuadMed, Inc.
Emergency Medical Products

Important Contact Information:

Mailing Address:

QuadMed, Inc.
P.O. Box 550773
Jacksonville, FL 32255

Physical Address:

QuadMed, Inc.
11210 Philips Industrial Blvd. E.
Jacksonville, FL 32256

Secondary Warehouse:

QuadMed, Inc.
3631 West Davis Street
Dallas, TX 75211

Customer Service Dept. sales@quadmed.com

Bids/Contracts Dept. bids@quadmed.com

Disaster Management: sales@quadmed.com , or via emergency cell phone 904-476-7784
We have multiple resources via suppliers/manufacturers nationwide and have strategies in place with them to ensure that we can meet our customers critical needs during an emergency or disaster.

Website: www.quadmed.com

Phone: 800-933-7334
Fax: 877-367-7759

Form 00-366 (Rev.1-15/9)

TEXAS USE TAX PERMIT

GLENN HEGAR
Texas Comptroller

This permit is issued in accordance with the law governing the type of business specified and is the authorization to conduct business in Texas. The permit may be revoked for a violation of the provisions of the applicable law and/or any rules adopted by the Comptroller to administer the law.

TEX. TAX CODE ANN. CH. 151

Taxpayer number
1-59-3184908-5

Effective date
10/01/2007

Taxpayer name and mailing address

QUAD MED INC
PO BOX 550773
JACKSONVILLE FL 32255-0773

GLENN HEGAR
Comptroller of Public Accounts

THIS PERMIT IS NON-TRANSFERABLE

Detach here and display your permit only.

Is the information printed on this permit correct? ■

If not, please tell us in the space below.

- If your taxpayer name and/or mailing address are incorrect, enter the correct information.
- If you have received a Federal Employer Identification Number (FEIN), enter the number.
- If you are no longer in business, enter the date of your last business transaction.

If your permit is correct, DO NOT return this form.

If any corrections are required, please enter the correct information on this form and return it to:

COMPTROLLER OF PUBLIC ACCOUNTS
111 E. 17th Street
Austin, TX 78774-0100

Keep this permit until you receive a corrected permit.

NOTE: This form cannot be used if there has been a change of ownership. For this change and to obtain a new permit, please contact your local Comptroller's field office. For the telephone numbers to call for assistance, see the back of this form.

TEXAS USE TAX PERMIT

Taxpayer name shown on the permit	Taxpayer number shown on the permit
QUAD MED INC	■ 1-59-3184908-5

Please enter only the information that has to be corrected.

Correct taxpayer name	Daytime phone *(Area code and number)*
•	• ___-___-____

Correct mailing address
•

City	State	ZIP code	FEI number
•	•	•	•

If you are no longer in business,
enter the date of your last business transaction. .....

For additional information, see the back of this form.

sign here ▶ Taxpayer or authorized agent | Date

You have certain rights *under Chapters 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at the address or phone number listed on this form.*

Comptroller use only
Job name-MISCAPP
Microfilm
☐ ■ 00991
■ 01
Reference number
■
Taxpayer number change
• 01000
Master name correction AND Master mailing address change AND Master phone number add /change
XUMAST
OOB tax permit
XUSTAT
•

Quadmed

Authorized Laerdal Distributors

Laerdal Medical's Distributor Network specializes in the pre-hospital, hospital, occupational health, education, industrial, law enforcement and school markets within the Continental U.S. They are available to assist you with obtaining Laerdal products and help answer any questions you may have.

Looking for Authorized Government Distributors?

- AED Superstore, an Allied 100, LLC Company
- Armstrong Medical Industries, Inc.
- Bound Tree Medical
- Dixie USA EMS Supply Co.
- Emergency Medical Products, Inc.
- Enerspect Medical
- Galls, Inc
- G.E. Pickering, Inc.
- Henry Schein, Inc.
- Life-Assist, Inc.

CHAT NOW

Quadmed

- McKesson
- Medline Industries, Inc.
- Pocket Nurse
- QuadMed, Inc.
- School Health Corporation
- Tri-anim Health Services, Inc.
- V.E. Ralph
- WorldPoint

CHAT NOW

Quadmed

Customer Service

Laerdal Sales Office
167 Myers Corners Road
Wappingers Falls
New York
12590
USA

Call: 877-LAERDAL (523-7325)
Email: customerservice@laerdal.com
Fax: 254-449-7954

Hours of operation:
Monday - Friday: 8am - 8pm (Eastern)

Technical Service & Support

Call: 877-LAERDAL (523-7325)
Email: us-techsupport@laerdal.com

Hours of operation:
Monday - Friday: 8am - 8pm (Eastern)

SimCapture Support

Call: 877-LAERDAL (523-7325)
Email: simcapturesupport@laerdal.com

CHAT NOW

Fort Bend County Pricing Form
Bid 23-001
Term Contract for Medical Supplies

Vendor Name: QuadMed, 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 (2 decimal limit, $1.12)	Extended Cost
Berman Oral Airway - 40mm (Pink)	ASIA-CONNECTION-TAIWIN	ME6504PK-5P		Yes	PK	5	5		$ -
Berman Oral Airway - 60mm (Black)	ASIA-CONNECTION-TAIWIN	ME6506BK-5P		Yes	PK	5	5		$ -
Berman Oral Airway - 80mm (Green)	ASIA-CONNECTION-TAIWIN	ME6508GN-5P		Yes	PK	5	8		$ -
Berman Oral Airway - 90mm (Yellow)	ASIA-CONNECTION-TAIWIN	ME6509YL-5P		Yes	PK	5	16		$ -
Berman Oral Airway - 100mm (Red)	ASIA-CONNECTION-TAIWIN	ME6510RD-5P		Yes	PK	5	20		$ -
Berman Oral Airway - 110mm (Orange)	ASIA-CONNECTION-TAIWIN	ME6511ON-5P		Yes	PK	5	10		$ -
Thomas ET Tube Holder - Adult	Laerdal	600-10000	EAW-2338	No	EA	1	450	$ 3.01	$ 1,354.50
Thomas ET Tube Holder - Pediatric	Laerdal	600-2000	EAW-2338-P	No	EA	1	40	$ 3.01	$ 120.40

Vendor Name: QuadMed, 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 (2 decimal limit, $1.12)	Extended Cost
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.0 uncuffed	Sheridan			Yes	EA	1	10		$ -
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.5 cuffed	Sheridan			Yes	EA	1	30		$ -
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 3.0 cuffed	Sheridan			Yes	EA	1	20		$ -
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 3.5 cuffed	Sheridan			Yes	EA	1	25		$ -
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 4.0 cuffed	Sheridan			Yes	EA	1	30		$ -
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 4.5 cuffed	Sheridan			Yes	EA	1	20		$ -
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 5.0	Sheridan			No	EA	1	20		$ -
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 6.0	Sheridan			No	EA	1	50		$ -
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 7.0	Sheridan			No	EA	1	250		$ -

Vendor Name: QuadMed, 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 (2 decimal limit, $1.12)	Extended Cost
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 8.0	Sheridan			No	EA	1	250		$ -
Endotracheal Tube with Stylette. High-Volume, Tapered, with Low Pressure Inflatable Cuff, Sterile, Latex Free, 9.0	Sheridan			No	EA	1	250		$ -
Nasopharyngeal Airway - 20fr	MEDSTORM	51154		Yes	EA	1	35		$ -
Nasopharyngeal Airway - 24fr	MEDSTORM	51156		Yes	EA	1	50		$ -
Nasopharyngeal Airway - 26fr	MEDSTORM	51157		Yes	EA	1	70		$ -
Nasopharyngeal Airway - 28fr	MEDSTORM	51158		Yes	EA	1	70		$ -
Nasopharyngeal Airway - 30fr	MEDSTORM	51159		Yes	EA	1	50		$ -
Nasopharyngeal Airway - 36fr	MEDSTORM	51162		Yes	EA	1	30		$ -
Suction Canister,disposable - 1200mL	BEMIS	484410		No	EA	1	430		$ -
Suction Catheter - 8fr	ASIA-CONNECTION-TAIWIN	ME6808B		Yes	EA	1	60		$ -
Suction Catheter - 10fr	ASIA-CONNECTION-TAIWIN	ME6810B		Yes	EA	1	120		$ -
Suction Catheter - 18fr	ASIA-CONNECTION-TAIWIN	ME6818B		Yes	EA	1	150		$ -
Yankauer with Control Vent and Tubing (6ft)	MEDSOURCE	MS-YK20		Yes	EA	1	300		$ -
Big Yank™ Yankauer Suction Tip w/Control Vent, Sterile, 11/32"open tip, integral blister tube and canister connector pre-attached	CONMED	0034920U		No	EA	1	40		$ -
Oxygen Mask, Medium Concentration - Infant	RUSCH	396218		Yes	EA	1	20		$ -

Vendor Name: QuadMed, 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 (2 decimal limit, $1.12)	Extended Cost
Oxygen Mask, Partial Non-Rebreather w/safety vent - Pediatric	HUDSON	1058		Yes	EA	1	400		$ -
Oxygen Mask, Non-Rebreather - Adult	HUDSON	1060		No	EA	1	2000		$ -
Oxygen Nasal Cannula, 7' - Adult	CURAPLEX	24003		Yes	EA	1	2000		$ -
Bougie-to-go ET Tube Introducer with coude tip - Adult (15Fr x 60cm)	SUNMED	9-0212-82		Yes	EA	1	200		$ -
Bougie ET Tube Introducer with coude tip - Pediatric (10Fr x 70cm)	SUNMED	9-0211-70		Yes	EA	1	40		$ -
Oxygen Nebulizer, small volume, hand held w/ mask, 7ft - Pediatric				Yes	EA	1	100		$ -
Oxygen Nebulizer, w/ Tubing and Mouthpiece	CURAPLEX	301-200		Yes	EA	1	900		$ -
Ambu Spur II bag valve mask, Bag Reservoir Medium with Pop Off Valve, with Manometer, with Mask - Adult	Ambu			No	EA	1	1000		$ -
BVM Face Mask, No Valve, Disposable, Duraclear - Small Adult	Ambu			No	EA	1	1000		$ -
Pocket BVM w/ olive green case, with O2 tubing	MicroBVM	MB003xn		No	EA	1	2		$ -
Oxygen Nut & Stem (Plastic)	SMITH MEDICAL	33-2600		Yes	EA	1	5		$ -
Magill Forceps - Adult (25cm / 10")	ZULCO INTERNATIONAL	9-476		Yes	EA	1	5		$ -
Magill Forceps - Child (20cm / 8")	SURGICAL DESIGN INC	297		Yes	EA	1	5		$ -

Vendor Name: QuadMed, 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 (2 decimal limit, $1.12)	Extended Cost
Salem Gastric Sump Tube, dual lumen, sterile - 18fr x 48"	COVIDIEN	8888264986		Yes	EA	1	100		$ -
Salem Gastric Sump Tube, dual lumen, sterile - 1	COVIDIEN			Yes	EA	1	10		$ -
Salem Gastric Sump Tube, dual lumen, sterile - 1	COVIDIEN			Yes	EA	1	10		$ -
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 2	SURGIMED	5-5332-02		Yes	EA	1	20		$ -
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 3	VALUEMED	301-B3030		Yes	EA	1	90		$ -
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Macintosh 4	SUNMED	5-5332-04		Yes	EA	1	200		$ -
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 0	SUNMED	5-5333-00		Yes	EA	1	10		$ -
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 1	SUNMED	5-5333-01		Yes	EA	1	20		$ -
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 2	SUNMED	5-5333-02		Yes	EA	1	30		$ -

Vendor Name: QuadMed, 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 (2 decimal limit, $1.12)	Extended Cost
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 3	SUNMED	5-5333-03		Yes	EA	1	80		$ -
Greenline/D Disposable Fiber Optic Laryngoscope Blade - Miller 4	SUNMED	5-5333-04		Yes	EA	1	80		$ -
Greenline/D Fiber Optic, 10/32" Halogen/Xenon Reflector Lamp for Medium Laryngoscope Handle	SUNMED	5-0240-52		Yes	EA	1	20		$ -
PEEP valve, disposable, adjustable 22mm inner diameter				Yes	EA	1	100		$ -
Headrest, Bagel, 9", pink foam				Yes	EA	1	200		$ -
Meconium Aspirator, latex free			EAW-2225	Yes	EA	1	150	$ 5.38	$ 807.00
i-gel® - Size 1 (Neonatal)	Intersurgical			No	EA	1	150		$ -
i-gel® - Size 1.5 (Infant)	Intersurgical			No	EA	1	150		$ -
i-gel® - Size 2 (Small Pediatric)	Intersurgical			No	EA	1	150		$ -
i-gel® - Size 2.5 (Large Pediatric)	Intersurgical			No	EA	1	200		$ -
i-gel® O2 Resus Pack, Includes i-Gel, lube & strap - Small Adult (Size 3)	Intersurgical			No	EA	1	500		$ -
i-gel® O2 Resus Pack, includes i-Gel, lube & strap - Medium Adult (Size 4)	Intersurgical			No	EA	1	2000		$ -
i-gel® O2 Resus Pack, includes i-Gel, lube & strap - Large Adult (Size 5)	Intersurgical			No	EA	1	2000		$ -

Vendor Name: QuadMed, 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 (2 decimal limit, $1.12)	Extended Cost
Thomas Select ET Tube Holder, for ET/SGA Tubes 6.5mm ID to 42mm OD - Adult	Laerdal		EAW-233800	No	EA	1	2500	$ 3.48	$ 8,700.00
Vent Elbow With Port And Cap	Curaplex			Yes	EA	1	300		$ -
Cricothyrotomy Kit (TMM-CR) in vacuum sealed package to include (1) 6.0mm cuffed Tracheostomy tube, (1) Hemostat - 5.5" Kelly curved forceps, (1) #10 sterile Scalpel, (1) 10mL sterile Syringe, (1) 4" Tracheal Hook	Chinook Medical Gear, Inc.	1364		No	EA	1	50		$ -
AeroEclipse® Neb				No	EA	1	20		$ -
AeroEclipse® Filtered Mouth Piece				No	EA	1	20		$ -
BiTrac ED™ (Nebulizer) Mask - Medium				Yes	EA	1	20		$ -
ZOLL® Ventilator Circuit - Pediatric	Zoll	820-0107-20		No	EA	1	5		$ -
ZOLL® Ventilator Circuit - Adult	Zoll	820-0106-15		No	EA	1	5		$ -
CPAP - Flowsafe II Mask - Large	Mecury Medical	10-571-03		No	EA	1	200		$ -
CPAP - Flowsafe II Mask - Small	Mercury Medical	10-571-05		No	EA	1	100		$ -
CPAP - Flowsafe II Device & Mask - Medium	Mercury Medical	10-573-19		No	EA	1	500		$ -

Vendor Name: QuadMed, 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 (2 decimal limit, $1.12)	Extended Cost
Neo-Tee® Infant Resuscitator	Mercury Medical	10-50840		No	EA	1	5		$ -
Airtraq VL Blade - Adult				No	EA	1	800		$ -
Airtraq VL Blade - Pediatric				No	EA	1	200		$ -
AirTraq Video Laryngoscope				No	EA	1	5		$ -
HEPA Filter, BACT TRAP MINI PORT ELBOW				Yes	EA	1	1000		$ -
ZOLL® Accu/Vent Sensor	Zoll	8000-001128		No	EA	1	5		$ -
ZOLL® Accu/Vent Cable	Zoll	8000-000993		No	EA	1	5		$ -
ResQPod® ITD 10	Zoll	12-0242-000		No	EA	1	300		$ -
								Section 1 Total	$ 10,981.90

Vendor Name: QuadMed, Inc.

Section 2: IV Supplies	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Clearsafe IV Catheter - 14g X 1 1/4"	MEDSOURCE	MS-84214		No	EA	1	100		$ -
Clearsafe IV Catheter - 16g X 1 1/4"	MEDSOURCE	MS-84216		No	EA	1	300		$ -
Clearsafe IV Catheter - 18g X 1 1/4"	MEDSOURCE	MS-84218		No	EA	1	4000		$ -
Clearsafe IV Catheter - 20g X 1 1/4"	MEDSOURCE	MS-84220		No	EA	1	10000		$ -
Clearsafe IV Catheter - 22g X 1"	MEDSOURCE	MS-84222		No	EA	1	3000		$ -
Clearsafe IV Catheter - 24g X 3/4"	MEDSOURCE	MS- 84224		No	EA	1	400		$ -
Hypodermic Needle - 18g x 1 1/2"				Yes	BX	100	20		$ -
Hypodermic Needle - 23g x 1"				Yes	BX	100	20		$ -
Syringe - 1cc with hypodermic needle (25g x 5/8")				Yes	BX	100	6		$ -
Syringe, luer lock - 3cc				Yes	BX	100	20		$ -
Syringe, luer lock - 5cc with hypodermic needle (22g x 1")				Yes	BX	100	10		$ -
Syringe, luer lock - 10cc				Yes	BX	100	10		$ -

Vendor Name: QuadMed, Inc.

Section 2: IV 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 (2 decimal limit, $1.12)	Extended Cost
Syringe, luer lock - 60cc				Yes	BX	30	5		$ -
Syringe, cath tip - 60cc (2oz)				Yes	BX	25	1		$ -
Assure prism multi test trips for assure prism multi meter	ARKRAY USA INC	530050		No	BX	50	50		$ -
Assure prism control solution (1 and 2)	ARKRAY USA INC	530006		No	EA	1	10		$ -
IV Administration set - 82", 10 drop, W/Bravo 24, Pre-slit Port, Removable 7" Extension				Yes	CS	50	100		$ -
IV 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.				Yes	EA	1	500		$ -
IV administration Set - STAT 2, Gravity Flow Controller, 60 drop, 84 inches, 2 Latex Free Splint Septum Y Sites.	ConMed			No	Ea	1	500		$ -
0.9% Sodium Chloride Injection USP - 1000ml				Yes	EA	1	20		$ -
0.9% Sodium Chloride Injection USP - 500ml				Yes	EA	1	6000		$ -
0.9% Sodium Chloride Injection USP - 250ml				Yes	EA	1	20		$ -
0.9% Sodium Chloride Injection USP - 100ml				Yes	EA	1	500		$ -

Vendor Name: QuadMed, Inc.

Section 2: IV 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 (2 decimal limit, $1.12)	Extended Cost
Sterile Water for Irrigation - 500mL				Yes	EA	1	200		$ -
IV Administration set - Smallbore Extension Set with bonded Ultrasite Injection site, Length: 7 in, Priming Volume: 0.6mL (approx)				Yes	EA	1	12000		$ -
Pneumothorax Decompression needle & catheter with hard plastic case - 14ga X 3.25"	H&H	HHTP N01		Yes	EA	1	50		$ -
IV armboard, reusable, plywood core - 3" x 9"				Yes	EA	1	30		$ -
IV armboard, reusable, plywood core - 3" x 12"				Yes	EA	1	10		$ -
IV armboard, reusable, plywood core - 3" x 18"				Yes	EA	1	10		$ -
Angiocath Peripheral Venous Catheter - 14g x 5.25"				Yes	EA	1	10		$ -
Surecan Safety Huber w/ Ultrasite needlefree infusion system - 20ga x 3/4"				Yes	EA	1	10		$ -
IntraLock Lipid Compatible 3-Way Stop Cock				Yes	EA	1	100		$ -
3m Surgical Clipper Starter Kit, includes clipper body 9661 and charger 9662, no blade assembly	3M	9661		No	EA	1	5		$ -
Assure Prism Multi-meter Glucometer	ARKRAY USA INC	530001		No	EA	1	30		$ -
Angiocath Peripheral IV Catheter - 16ga x 2"				Yes	EA	1	30		$ -

Vendor Name: QuadMed, Inc.

Section 2: IV 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 (2 decimal limit, $1.12)	Extended Cost
IV Start Kit containing: (1) Alcohol Prep Pads, Medium (1) Tegaderm Intravenous Dressing 2 3/8" x 2 3/4", (1) Gauze Sponge 2" x 2", (1) Tourniquet 1" x 18", (1) Transparent Surgical Tape 1" x 18"	Curaplex			Yes	EA	1	8000		$ -
Arrow EZ-IO Vascular Access Power Driver	Teleflex	9058		No	EA	1	5		$ -
Arrow EZ-IO Needle Kit with Stabilizer - 45mm (Yellow)	Teleflex	9079P-VC-005		No	Bx	5	1000		$ -
Arrow EZ-IO Needle Kit with Stabilizer - 25mm (Blue)	Teleflex	9001P-VC-005		No	Bx	5	1500		$ -
Arrow EZ-IO Needle set - 45mm (Yellow)	Teleflex	9079-VC-005		No	Bx	5	100		$ -
Arrow EZ-IO Needle set - 25mm (Blue)	Teleflex	9001-VC-005		No	Bx	5	100		$ -
Arrow EZ-Stabilizer Dressing	Teleflex	9066-VC-005		No	Bx	5	1300		$ -
Arrow EZ-IO Vascular Access Pack Soft Sided (Yellow)	Teleflex	9065		No	EA	1	5		$ -
								Section 2 Total	$ -

Vendor Name: QuadMed, 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 (2 decimal limit, $1.12)	Extended Cost
Bandage, Self-Adherent, ,individually packaged - 2" x 5yd			EFA-107802	Yes	EA	1	75	$ 18.75	$ 1,406.25
Bandage, Self-Adherent, ,individually packaged - 4" x 5yd			EFA-107804	Yes	EA	1	50	$ 17.36	$ 868.00
Combat Application Tourniquet (CAT) - Black	North American Rescue	30-0001		No	EA	1	70		$ -
Gauze - Non Sterile, non-woven, 4ply - 4"x4"			EFA-1022	Yes	PK	200	120	$ 3.05	$ 366.00
Gauze - Sterile 12 ply - 4"x4"			EFA-1032	Yes	PK	2	2000	$ 1.89	$ 3,780.00
Gauze - Sterile, roll, 6ply - 4 1/2" x 4.1 yd			EFA-1008	Yes	EA	1	1500	$ 0.75	$ 1,125.00
Triangular Bandage - 36"x51"			EFA-1090	Yes	EA	1	200	$ 3.49	$ 698.00
Gauze - Abdominal Pad, sterile - 8" x 9"			EFA-1062	Yes	TRAY	20	200	$ 6.27	$ 1,254.00
Adhesive Strip Bandage - 1" x 3"				Yes	BX	100	100		$ -

Vendor Name: QuadMed, 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 (2 decimal limit, $1.12)	Extended Cost
Burn Sheet, Sterile - 60" x 96"			EFA-1171	Yes	EA	1	50	$ 1.82	$ 91.00
Trauma Dressing, Sterile - 10" x 30"			EFA-1175	Yes	EA	1	100	$ 0.85	$ 85.00
Rapid Heat Instant Heat Pack, Pull Apart Style	RAPID DEPLOYMENT PRODUCTS	2056		No	BX	6	170		$ -
Rapid Cold Instant Cold Pack, Pull Apart Style	RAPID DEPLOYMENT PRODUCTS	2004		No	CS	24	6		$ -
Ferno KED forehead/Chin Strap Replacement set of 2	Ferno			No	SET	2	10		$ -
Tape - 3M Transpore - 1" x 10yd	3m			No	BX	12	10		$ -
Tape - Paper, hypo-allergenic - 1" x 10yd				Yes	BX	12	7		$ -
Tape - Waterproof - 2" x 10yd	Kendall	3267		No	BX	6	18		$ -
Splint - bendable foam and aluminum, rolled, (orange) - 4" x 36"			ESP-633600-OR	Yes	EA	1	200	$ 3.01	$ 602.00
Quikclot Combat Gauze LE Z-fold - 3" x 4yd	QUIKCLOT	350		No	EA	1	5		$ -
Hyfin Chest Seal without vent	NORTH AMERICAN RESCUE	10-0015		No	EA	1	5		$ -

Vendor Name: QuadMed, 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 (2 decimal limit, $1.12)	Extended Cost
Israeli emergency compression bandage - 4"			EFA-1011	Yes	EA	1	5	$ 6.10	$ 30.50
Israeli emergency compression bandage - 6"			EFA-1012	Yes	EA	1	5	$ 6.50	$ 32.50
CAT Tourniquet Holder (black) -6.25" x 1.75" x 1.5"			EFA-351520-H	Yes	EA	1	25	$ 16.61	$ 415.25
Sam Pelvic Sling II - Standard	Sam Medical		ESP-634202	NO	EA	1	25	$ 66.67	$ 1,666.75
								Section 3 Total	$ 12,420.25

Vendor Name: QuadMed, 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 (2 decimal limit, $1.12)	Extended Cost
Masimo® SpO2 sensor, disposable - Adult	Masimo	1859	EDI-7043-S	No	EA	1	1000	$ 12.65	$ 12,650.00
Masimo® SpO2 sensor, disposable - Pediatric	Masimo	1860	EDI-704301-S	No	EA	1	750	$ 13.25	$ 9,937.50
Masimo® SpO2 sensor, disposable - Infant	Masimo	2328	EDI-704302-S	No	EA	1	500	$ 15.06	$ 7,530.00
ECG Electrodes - Medi-Trace Mini, teardrop shape, adhesive hydrogel - Pediatric	North American Rescue			Yes	PK	100	200		$ -
ECG Electrodes - Medicotest Blue Sensor Disposable Electrodes - Adult	Ambu	R-00-S/25		No	PK	25	5000		$ -
Smart Capnoline Plus non-intubated, oral nasal w/ O2 tubing, adlut/intermediate	MicroStream	9822		No	EA	1	3200		$ -
Filter line H set infant/ neonate, incl airway adapter, filterline, microstream connection	MicroStream	6324		No	EA	1	20		$ -
Filter line set adult/pediatric airway adapter	MicroStream	XS04620		No	EA	1	650		$ -
Zoll X Series 80mm Thermal Paper, Pink with Grid					EA	1	1000		$ -
								Section 4 Total	$ 30,117.50

Vendor Name: QuadMed, 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 (2 decimal limit, $1.12)	Extended Cost
Masimo® SET RED LNCS Patient Cable, reusable, compatible with Zoll X-Series Monitor - 4'	Masimo	2055	EDI-705210	No	EA	1	10	$ 154.22	$ 1,542.20
Masimo® SET LNCS DC-P Reusable Sensor, compatible with Zoll X-Series Monitor - Pediatric (10-50kg)	Masimo	1863	EDI-704801	No	EA	1	10	$ 180.72	$ 1,807.20
Masimo® SET LNCS DC-I Reusable Sensor, compatible with Zoll X-Series Monitor - Adult (>30kg)	Masimo		EDI-7048	No	EA	1	10	$ 132.53	$ 1,325.30
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Infant	Welch Allyn	SOFT-07-2mQ		No	EA	1	200		$ -
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Small Child	Welch Allyn	SOFT-08-2mq		No	EA	1	200		$ -
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Small Adult	Welch Allyn	SOFT-10-2MQ		No	EA	1	300		$ -
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Adult	Welch Allyn	SOFT-11-2MQ		No	EA	1	500		$ -
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Large Adult	Welch Allyn	SOFT-12-2MQ		No	EA	1	700		$ -
Welch Allyn Flexiport Disposable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Thigh	Welch Allyn	SOFT-13-2MQ		No	EA	1	200		$ -
ZOLL® OneStep™ Pediatric CPR Electrode for Zoll X Series	Zoll	8900-000219-01		No	EA	1	150		$ -

Vendor Name: QuadMed, 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 (2 decimal limit, $1.12)	Extended Cost
ZOLL® CPR Stat-Padz® HVP Multi-Function CPR Electrodes for Zoll X-Series Monitor	Zoll	8900-0402		No	EA	1	1000		$ -
Welch Allyn FlexiPort Reusable BP Cuff with 2 tube twist lock connector for Zoll X-Series Monitor - Adult	Welch Allyn	REUSE-11-2MQ		no	EA	1	50		$ -
ZOLL® Dual Lumen NIBP Tubing Assembly, 10 feet for Zoll X Series	Zoll	8300-0002-01		No	EA	1	25		$ -
12-Lead OneStep™ ECG Cable - AAMI Includes 4-Lead Trunk Cable and Removable Precordial 6 Lead Set for Zoll X-Series Monitor	Zoll	8300-0802-01		No	EA	1	50		$ -
CPR-D-Padz® One-Piece Electrode and connector for Zoll R-Series	Zoll	8900-0800-01		No	EA	1	15		$ -
ZOLL® OneStep™ Cable for Zoll X Series	Zoll	8300-000676		No	EA	1	25		$ -
ZOLL® 12 Lead (V-Lead) Cable	Zoll	8300-0804-01		No	EA	1	20		$ -
ZOLL® Defibrillator Cable Adapter	Zoll	8000-0370		No	EA	1	5		$ -
Masimo® SET rainbow® DCI (SpO2, SpCO and SpMET) Reusable Sensor with 3' cable compatible with Zoll X-Series - Adult	Masimo	2696	EDI-705006	No	EA	1	5	$ 632.53	$ 3,162.65
Masimo® SET rainbow® RC-4 20-pin Patient Cable, 4' compatible with Zoll X-Series	Masimo		EDI-705218	No	EA	1	10	$ 246.99	$ 2,469.90
								Section 5 Total	$ 10,307.25

Vendor Name: QuadMed, Inc.

Section 6: Exam Gloves / Latex Free Powder Free Nitrile	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 (2 decimal limit, $1.12)	Extended Cost
MICROFLEX® FreeForm® SE Nitrile Exam Gloves, Powderfree Exam Gloves, 100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 3.5 mil Palm Thickness, 5.1 mil Finger Thickness, Tensile Strength = 32 before aging (31 After aging), Elasticity = 500% Before Aging (400% after aging), Pinhole Defect Rate = 1.5 - **Extra Small**	MICROFLEX	FFS-700-XS		No	BX	100	100		$ -
MICROFLEX® FreeForm® SE Nitrile Exam Gloves, Powderfree Exam Gloves, 100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 3.5 mil Palm Thickness, 5.1 mil Finger Thickness, Tensile Strength = 32 before aging (31 After aging), Elasticity = 500% Before Aging (400% after aging), Pinhole Defect Rate = 1.5 - **Small**	MICROFLEX	FFS-700-S		No	BX	100	200		$ -
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		No	BX	100	600		$ -
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		No	BX	100	600		$ -

Vendor Name: QuadMed, Inc.

Section 6: Exam Gloves / Latex Free Powder Free Nitrile (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 (2 decimal limit, $1.12)	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		No	BX	100	200		$ -
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		No	BX	50	10		$ -
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		No	BX	50	10		$ -
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		No	BX	50	10		$ -

Vendor Name: QuadMed, Inc.

Section 6: Exam Gloves / Latex Free Powder Free Nitrile (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 (2 decimal limit, $1.12)	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 Large**	MICROFLEX	FFE-775-XL		No	BX	50	10		$ -
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		No	BX	50	10		$ -
								Section 6 Total	$ -

Vendor Name: QuadMed, Inc.

Section 7: AMBU PERFIT Cervical Collars	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Ambu® Perfit ACE Adjustable Cervical Collar, 16 setting - Adult (Neckless to Tall)	AMBU	002 810 001	ECO-3801	No	EA	1	1500	$ 5.65	$ 8,475.0000
Ambu® Perfit Mini ACE Adjustable Cervical Collar, 12 settings - Pediatric (Infant to Neckless)	AMBU	000 281 107	ECO-3803	No	EA	1	150	$ 5.65	$ 847.5000
								Section 7 Total	$ 9,322.50

Vendor Name: QuadMed, Inc.

Section 8: Head Immobilizers	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Laerdal Sta-Blok™ Head Immobilizer. Single use disposable device, radiolucent, Adjustable standard Velcro padded strap, latex free	LAERDAL	700-00001	EHI-975	No	EA	EA	900	$ 3.98	$ 3,582.0000
								Section 8 Total	$ 3,582.00

Vendor Name: QuadMed, Inc.

Section 9: Miscellaneous Supplies	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Disposable OB Kit, Soft Packaging			EFA-54000099	Yes	EA	1	25	$ 5.00	$ 125.00
Alcohol Prep Pads - Medium (200/bx)			EFA-4150	Yes	BX	200	300	$ 1.57	$ 471.00
Emesis Bags, single use, Clear, Graduate, 1000cc, latex free, rigid collar, automatic seal				Yes	EA	1	2000		$ -
Sterile Lubricating Jelly - 5g				Yes	BX	72	10		$ -
Oxygen Cylinder Handwheel, Metal				Yes	EA	1	10		$ -
Oxygen Cylinder Wrench, aluminum - Large				Yes	EA	1	10		$ -
Trauma Shears, Dark Blue - 7 1/2"				Yes	EA	1	100		$ -
Penlight, Disposable				Yes	EA	1	100		$ -
Safety Lancet, single use, push button activated / spring loaded (100/bx)			EDI-327700-GR	Yes	BX	100	120	$ 7.83	$ 939.60
ChloraPrep® Clear 3ml Applicator (2% Chlorhexidine / 70% Isopropyl Alcohol)				Yes	BX	25	6		$ -
Safety control seals, Pull Tite (numbered), 100/pkg			EMI-9220	Yes	PK	100	1	$ 19.96	$ 19.96
Razor, Disposable, Fixed Head (100/bx)				Yes	BX	100	4		$ -
Disposable Polyester Patient Blanket, Blue or Gray (50" x 84")				Yes	EA	1	50		$ -
Oxygen "D" Cylinder Gasket, Brass w/Rubber Center				Yes	EA	1	10		$ -

Vendor Name: QuadMed, Inc.

Section 9: 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 (2 decimal limit, $1.12)	Extended Cost
Welch Allyn SureTemp Plus Thermometer Probe Cover, disposable (25/bx)	Welch Allyn	5031		No	BX	25	200		$ -
Heavy Duty Ring Cutter				Yes	EA	1	5		$ -
Scalpel #11, Disposable, Sterile				Yes	EA	1	5		$ -
Blade Assembly, single-use, pivoting, purple, for 3M 9661 surgical clippers	3m			Yes	EA	1	50		$ -
Isopropyl Alcohol 70 % Bottle (4oz)				Yes	EA	1	40		$ -
Isopropyl Alcohol 70% Bottle (16oz)				Yes	EA	1	12		$ -
Ecolab® Endure™ 300 Cida-Rinse Dispenser (540mL)	Ecolab			No	EA	1	10		$ -
Mylar Emergency Blanket (52" x 84")			EFA-1170	Yes	EA	1	50	$ 0.49	$ 24.50
Taylor Healthcare® G-Force™ Series Stretcher Sheet for Stryker, Blue, fluid resistant (36" x 90")	Taylor Healthcare Products, Inc.	90-GFRC3690		Yes	Ea	1	5000		$ -

Vendor Name: QuadMed, Inc.

Section 9: 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 (2 decimal limit, $1.12)	Extended Cost
Webbing, Nylon 1"x 50yd rolls - 500yd/box, NO Splices				No	EA	1	50		$ -
Oxygen Post Valve, Seal Protector, Pull Type	Meret			Yes	EA	1	500		$ -
Health Care Logistics MedTags™ with Holder	Health Care Logistics	7760		No	EA	1	100		$ -
Triage Ribbon - All Colors	Disaster Systems Management Inc	DMS-05793		Yes	EA	1	5		$ -
Triage Ribbon - Red	Disaster Systems Management Inc	DMS-05791		Yes	EA	1	5		$ -
Triage Ribbon - Yellow	Disaster Systems Management Inc	DMS-05790		Yes	EA	1	5		$ -
Triage Ribbon - Green	Disaster Systems Management Inc	DMS-05789		Yes	EA	1	5		$ -
Triage Ribbon - Black/White	Disaster Systems Management Inc	DMS-05792		Yes	EA	1	5		$ -
								Section 9 Total	$ 1,580.06

Vendor Name: QuadMed, Inc.

Section 10: 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 (2 decimal limit, $1.12)	Extended Cost
Safety Glasses, Nemesis V30, black frame, clear lens, neck cord included	KIMBERLY-CLARK	25676-00		No	EA	1	250		$ -
Fluid shield mask with clear visor, anti-fog, 2" wrap around, ear loops 25/bx			EIC-517201	Yes	BX	25	2	$ 23.95	$ 47.90
Inovel medical N95 respirator, all sizes, must be CDC and NIOSH approved (24/pk)				No	PK	25	2		$ -
3M® Particulate Respirator and Surgical Mask - 1860s	3M	1860s		No	EA	1	20		$ -
3M® Particulate Respirator and Surgical Mask - 1860	3M	1860		No	EA	1	20		$ -
3M® Particulate Respirator - 8210	3M	8210		No	EA	1	20		$ -
3M® n95 Respirator - 1870	3M	1870		No	EA	1	20		$ -
Sharps Dart sharps container, one time lockable lid (6.7" x 1.2")			EIC-3511	Yes	BX	24	60	$ 1.30	$ 78.00
Gel Hand Sanitizer w/ pump 540 mL	ECOLAB	47593-487-31		No	EA	1	50		$ -
Surgical Shoe Covers				Yes	EA	1	50		$ -

Vendor Name: QuadMed, Inc.

Section 10: Infection Control (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 (2 decimal limit, $1.12)	Extended Cost
Non-surgical Isolation Gown, unisize				Yes	EA	1	50		$ -
Non-surgical Isolation Gown - Large				Yes	EA	1	50		$ -
Non-surgical Isolation Gown - Xlarge				Yes	EA	1	50		$ -
Non-surgical Isolation Gown - XXLarge				Yes	EA	1	50		$ -
Sharps Container in room mailbox style lid, transparent red, 5 quart	Cardinal Health	KE8513-1		No	EA	1	300		$ -
Bracket, wire with lock for sage 5 quart sharpstar container	Cardinal Health	KE8518X		No	EA	1	5		$ -
Replacement Key for Sharps Container Bracket #KE8518X	Cardinal Health			No	EA	1	5		$ -
								Section 10 Total	$ 125.90

Vendor Name: QuadMed, Inc.

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Infant				Yes	EA	1	10		$ -
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Pediatric				Yes	EA	1	10		$ -
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Adult				Yes	EA	1	30		$ -
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Large Adult				Yes	EA	1	15		$ -
Aneroid Sphygmomanometer, nylon cuff, minimum 10 year calibration Warranty, with zippered carry case - Thigh				Yes	EA	1	10		$ -
Greenline/D Laryngoscope handle, fiber optic, chrome plated, 2AA batteries, penlite handle			EAW-251105	No	EA	1	10	$ 151.52	$ 1,515.20
Greenline/D Laryngoscope handle, fiber optic, chrome plated, C batteries			EAW-251005	No	EA	1	10	$ 189.40	$ 1,894.00
Oxygen flow meter with Ohmeda QC Adapter 1-15LPM				Yes	EA	1	10		$ -
ADScope 603 Stethoscope, navy blue, with additional eartips and diaphragm	AMERICAN DIAGNOSTIC CORP	603N		No	EA	1	30		$ -
StatPacks G3 Backup, Red, with Fort Bend County EMS embroidery (25" x 18" x 8.5")	StatPacks	G35006RE	ECC-246301-RD	No	EA	1	5	$ 360.00	$ 1,800.00

Vendor Name: QuadMed, Inc.

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Welch Allyn SureTemp Plus 690 Thermometer	WelchAllyn	690		No	EA	1	10		$ -
Welch Allyn SureTemp Plus 690 Probe and well kit, 4' - (Rectal / Red)	WelchAllyn	02892-000		No	EA	1	10		$ -
Welch Allyn SureTemp Plus 690 Probe and well kit, 4' - (Oral / Blue)	WelchAllyn	02893-000		No	EA	1	5		$ -
Restraint strap seat belt buckle loop end, Black, 2 piece (5')			EST-1200-BK	Yes	EA	1	10	$ 7.68	$ 76.80
Restraint straps chest system, black, nylon, Metal push button, loop ends				Yes	EA	1	10		$ -

Vendor Name: QuadMed, Inc.

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Posey Twice-as-Tough cuffs WRIST Restraint with lock on connecting strap, adjustable, pair - (Wrist / Blue)	POSEY	2750		No	EA	1	150		$ -
Posey Twice-as-Tough cuffs Restraint with lock on cuff and connecting strap, adjustable, pair - (Ankle / Red)	POSEY	2755		No	EA	1	120		$ -
Oxygen cylinder with toggle, aluminum, D size				Yes	EA	1	5		$ -
Oxygen regulator/pressure reducer, brass, CGA 540 2800-R-2				Yes	EA	1	5		$ -
Oxygen regulator, 1 DISS 1BARB 0-25 LPM			EAW-280601	Yes	EA	1	5	$ 28.14	$ 140.70
Megamover plus transport unit, nonwoven, w/backboard pockets, 1500 lb capacity (40" x 80")	GRAHAM PROFESSIONAL	53376		Yes	EA	1	10		$ -
Stryker LUCAS 2 / 3 Disposable Suction Cup, 3/pk	Stryker	11576-000046		No	PK	3	5		$ -
Stryker LUCAS Patient Strap, pair	Stryker	11576-000050		No	SET	2	5		$ -
Stryker LUCAS Stabilization Strap	Stryker	21996-000074		No	EA	1	5		$ -
Stryker LUCAS Standard Back Plate	Stryker	21996-000044		No	EA	1	5		$ -
Replacement Ankle Hitch for QD3 & QD4 Traction				Yes	EA	1	5		$ -
Replacement Ischial Strap for Adult/Child QD3/QD4 Traction Splint				Yes	EA	1	5		$ -
Oxygen cylinder with toggle, aluminum - (C size)				Yes	EA	1	5		$ -

Vendor Name: QuadMed, Inc.

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Traction splint w/aluminum ratchet - Adult (QD-4)			ESP-3100	Yes	EA	1	5	$ 156.10	$ 780.50
Traction splint w/aluminum ratchet - Pediatric (QD-3)			ESP-3101	Yes	EA	1	5	$ 156.10	$ 780.50
KED, Kendrick Extrication Device, green, with color coded straps			EBB-4661-GR	Yes	EA	1	5	$ 54.65	$ 273.25
L.A. Rescue® cervical collar bag (24" x 11" x 5")				Yes	EA	1	5		$ -
Trauma / Air management bag III, blue (26" x 18.5" x 12.5")	FERNO	5111	ECC-2316-BL	No	EA	1	5	$ 379.57	$ 1,897.85
Hawkepack ET Intubation Kit pullout, green with yellow stripe	HAWKEPAKS	02-04F5		No	EA	1	5		$ -
Ferno professional intubation mini bag, royal blue	FERNO	5115	ECC-234101-BL	No	EA	1	5	$ 95.19	$ 475.95
5.11 Rush 72 Back Pack, Black	5.11	rush72		No	EA	1	5		$ -
Flowmeter With Ohmeda Adpapter, Oxygen, Sidemount					EA	1	10		$ -
Fasplint Semi-Disposable Vacuum Splint - Small	Hartwell Medical		ESP-636501	No	EA	1	100	$ 18.27	$ 1,827.00

Vendor Name: QuadMed, Inc.

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Fasplint Semi-Disposable Vacuum Splint - Medium	Hartwell Medical		ESP-636502	No	EA	1	100	$ 27.23	$ 2,723.00
Fasplint Semi-Disposable Vacuum Splint - Large	Hartwell Medical		ESP-636503	No	EA	1	100	$ 36.28	$ 3,628.00
Fasplint Vacuum Pump, Economy	Hartwell Medical		ESP-636506	No	EA	1	25	$ 59.23	$ 1,480.75
Fasplint Replacement Bag, Rectangular	Hartwell Medical			No	EA	1	25		$ -
Fasplint Tapered Adapter	Hartwell Medical			No	EA	1	15		$ -
SSCOR VX-2® 2310 Suction Unit Battery, Rechargeable	SSCOR	2310		No	EA	1	5		$ -
SSCOR VX-2® 2314 Suction Unit Battery, Rechargeable	SSCOR	2314		No	EA	1	5		$ -
SSCOR VX-2® Suction Unit, With Variable Regulator, DC Cable And Converter	SSCOR	VX-2		No	EA	1	5		$ -
Curaplex Quick-Connect Carrier	Curaplex	3245-19123		No	EA	1	10		$ -
StatPacks G3 Golden Hour, Orange, BBP resistant, (18" X 17" X 8")	StatPack			No	EA	1	5		$ -
2-Piece Nylon Restraint Strap with Metal Push Button Buckle and Swivel Speed Clip Ends, Black, (5' X 23")			EST-1210-BK	Yes	EA	1	30	$ 10.79	$ 323.70
King Vision Video Laryngoscope Deluxe Supply Bag with pockets, red				Yes	EA	1	2		$ -

Vendor Name: QuadMed, Inc.

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
FERNO Model 5111 Trauma Air Management Bag III, Blue	Ferno	1511	ECC-2316-BL	No	EA	1	5	$ 379.57	$ 1,897.85
Engel Fridge-Freezer MD-14F with Top Lid Access Door	Engel USA	MD-14F		No	EA	1	2		$ -
Engel Fridge-Freezer D/C Power Cord with Integrated Thermal Fuse for MD-14F	Engel USA			No	EA	1	2		$ -
Triage Tape Waist Belt	EMS Innovations	EM19		?	EA	1	5		$ -
Stryker LUCAS 2® Device Battery	Stryker	11576-000039		No	EA	1	3		$ -
Quantum EMS ACR4 Ambulance Child Restraint System	Quantum EMS	Q-ACR4		No	EA	1	2		$ -
LSP XTRA™ Backboard Without Pins, 71in L x 15.75in W x 1.85in D, Blue			EBB-471100-BL	Yes	EA	1	25	$ 144.52	$ -
Ferno Scoop™ EXL Scoop Stretcher, Red, no pins	Ferno		EBB-490501	Yes	EA	1	5	$ 1,360.00	$ -
Stryker® Head End Pouches	Stryker	6500 130 000		No	EA	1	5		$ -

Vendor Name: QuadMed, Inc.

Section 11: 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 (2 decimal limit, $1.12)	Extended Cost
Stryker® Base Storage Flat	Stryker	6500 160 000		No	EA	1	5		$ -
Stryker® Antlers, Push Bat, Push Bar Mount Kit	Stryker	6370 000 000		No	EA	1	2		$ -
Stryker® J Hook	Stryker	6060 039 017		No	EA	1	2		$ -
Stryker® Battery Charger, SMRT power kit, 120v A/C	Stryker	6500 700 041		No	EA	1	2		$ -
Stryker® X Restraints, full set	Stryker	6506 0003 0010		No	EA	1	25		$ -
Stryker® X Restraints, shoulder	Stryker	6506 0003 0001		No	EA	1	10		$ -
Stryker® X Restraints, waist single buckle	Stryker	6506 0003 0003		No	EA	1	10		$ -
Stryker® X Restraints, waist double buckle	Stryker	6506 0003 0002		No	EA	1	10		$ -
Stryker® X Restraints, thigh	Stryker	6506 0003 0004		No	EA	1	10		$ -
Stryker® X Restraints, ankle	Stryker	6506 0003 0005		No	EA	1	10		$ -
Stryker® Stair Chair Straps	Stryker	6250 001 021S		No	EA	1	10		$ -
Stryker® Stair Chair Ankle Straps	Stryker	6500 001 395		No	EA	1	20		$ -
Stryker® Stretcher SMRT Batteries	Stryker	6500 033 000		No	EA	1	5		$ -
								Section 11 Total	$ 21,515.05

Vendor Name: QuadMed, Inc.

Section 12: Medication	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
ADENOSINE (Adenocard) 12mg (3mg/mL) 4mL vial				Yes	EA	1	100		$ -
ACETAMINOPHEN (Tylenol) 160mg (32mg/mL) 5mL Liquid				Yes	EA	1	100		$ -
ACETAMINOPHEN (Tylenol) 500mg (Tablet) Bottle				Yes	PK	2	400		$ -
AMIODARONE (Cordarone) 150mg (50mg/mL) 3mL vial				Yes	EA	1	400		$ -
ASPIRIN 81mg (tablet) bottle				Yes	BT	36	90		$ -
ATROPINE SULFATE 1mg (0.1mg/mL) 10mL PFS				Yes	EA	1	400		$ -
IPRATROPIUM & ALBUTEROL (Duo Neb) 0.5mg & 3.0mg/3mL				Yes	BX	30	15		$ -
CALCIUM CHLORIDE 1gm (100mg/mL) 10mL PFS				Yes	EA	1	100		$ -
DIPHENHYDRAMINE (Benadryl) 50mg (50mg/mL) 1mL vial				Yes	EA	1	180		$ -
Dextrose 10% 250mL Infusion				Yes	EA	1	500		$ -
DOPAMINE 800mg (1.6mg/mL) 500mL Infusion				Yes	EA	1	100		$ -

Vendor Name: QuadMed, Inc.

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
EPINEPHRINE 1:1,000 1mg (1mg/mL) 1ml vial				Yes	EA	1	150		$ -
EPINEPHRINE 1:10,000 1mg (0.1mg/mL) 10mL PFS				Yes	EA	1	900		$ -
RACEMIC EPINEPHRINE 2.25% 0.5mL				Yes	EA	1	70		$ -
ETOMIDATE (Amidate) 20mg (2mg/mL) 10mL vial				Yes	EA	1	200		$ -
GLUCAGON (Glucagen) 1mg (1mg/mL) 1mL				Yes	EA	1	100		$ -
Oral Glucose 31gm				Yes	EA	1	250		$ -
HEPARIN 5000u (5000u/mL) 1mL vial				Yes	EA	1	80		$ -
LABETALOL 100mg (5mg/mL) 20mL vial				Yes	EA	1	150		$ -
LIDOCAINE 2% 100 mg (20mg/mL) 5ml PFS				Yes	EA	1	250		$ -

Vendor Name: QuadMed, Inc.

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
MAGNESIUM SULFATE 50% 1gm (500mg/mL) 2mL vial				Yes	EA	1	200		$ -
NALOXONE (Narcan) 2mg (1mg/mL) 2mL				Yes	EA	1	150		$ -
NITROGLYCERIN 2% 30gm Paste				Yes	EA	1	50		$ -
Nitrolingual Spray, 4.1g, 400mcg per Spray, 90 sprays per can				Yes	EA	1	40		$ -
Nitrostat, 0.4mg Sublingual Tabs, 25 per bottle				Yes	BT	25	10		$ -
PROMETHAZINE (Phenergan) 25mg (25mg/mL) 1mL vial				Yes	EA	1	300		$ -
ALBUTEROL SULFATE 0.083% 2.5mg (0.83mg/mL) 3mL				Yes	BX	25	35		$ -
ROCURONIUM 100mg (10mg/mL) 10mL vial				Yes	EA	1	120		$ -
SODIUM BICARBONATE 50mEq (1mEq/mL) 50mL PFS				Yes	EA	1	450		$ -
Sodium Chloride 0.9% 10mL PFS				Yes	EA	1	8000		$ -
METHYLPREDNISOLONE (Solumedrol) 125mg (62.5mg/mL) 2mL vial				Yes	EA	1	300		$ -
SUCCINYLCHOLINE (Quelicin) 200mg (20mg/mL) 10mL vial				Yes	EA	1	150		$ -

Vendor Name: QuadMed, Inc.

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
Ketorolac 60mg 2mL vial				Yes	EA	1	275		$ -
Carpuject™ Syringe				Yes	EA	1	20		$ -
ONDANSETRON (Zofran) 4mg Tablet ODT				Yes	EA	30	30		$ -
ONDANSETRON (Zofran) 4mg (2mg/mL) 2mL vial				Yes	EA	25	8		$ -
Mucosal Automation Device - with 3mL Syringe				Yes	EA	1	20		$ -
Mucosal Atomization Device - device only				Yes	EA	1	200		$ -
CAPTOPRIL 12.5mg (tablet) bottle				Yes	BT	100	50		$ -
DILTIAZEM (Cardizem) 25mg (5mg/mL) 5mL vial				Yes	EA		150		$ -
HYDROXOCOBALAMIN (Cyanokit) 5gm				Yes	EA		10		$ -
PROPRANOLOL 1mg (1mg/mL) 1mg vial				Yes	EA		10		$ -

Vendor Name: QuadMed, Inc.

Section 12: 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 (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
Atropine 8mg, 20mL Vial				Yes	EA		30		$ -
PRALIDOXIME (Protopam) 1gm (50mg/mL) 20mL vial				Yes	EA		10		$ -
METHYLENE BLUE 1% 100mg (10mg/mL) 10mL vial				Yes	EA		10		$ -
Nithiodote Kit, Includes One Sodium Nitrite (300mg/10mL Vial) And One Sodium Thiosulfate (12.5GM/50mL)				Yes	EA		10		$ -
CALCIUM GLUCONATE GEL 2.5% 25gm				Yes	EA		10		$ -
Dopamine, 400mg In D5W 250mL Bag				Yes	EA		100		$ -
FAMOTIDINE (Pepcid)10mg (5mg/mL) 2mL vial				Yes	EA		250		$ -
NOREPINEPHRINE (Levophed) 4mg (1mg/mL) 4mL vial				Yes	EA		1000		$ -
METOCLOPRAMIDE (Reglan) 10mg (5mg/mL) 2mL vial				Yes	EA		700		$ -
VITAMIN B6 (Pyridoxine) 100mg (100mg/mL) 1mL vial				Yes	EA	1	6		$ -
NALOXONE (Narcan) 4mg Nasal				Yes	EA	1	20		$ -
								Section 12 Total	$ -

Vendor Name: QuadMed, Inc.

Section 13: Controlled Substance Medication	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit (2 decimal limit, $1.12)	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
MORPHINE SULFATE 1mg (1mg/mL) 10mL				Yes	EA	1	20		$ -
MIDAZOLAM (Versed) 10mg (5mg/mL) 2mL Vial				Yes	EA	1	250		$ -
KETAMINE (Ketalar) 500mg (50mg / mL) 10mL vial				Yes	BX	10	150		$ -
FENTANYL (Sublimaze) 250mcg (50mcg/mL) 5mL Vial				Yes	EA	1	900		$ -
DIAZEPAM (Valium) 10mg (5mg / mL) 2mL vial				Yes	EA	1	200		$ -
HYDROMORPHONE (Dilaudid) 2mg (2mg/mL) 1mL vial				Yes	Ea	1	300		$ -
								Section 13 Total	$ -

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2022-950853

Date Filed:
11/01/2022

Date Acknowledged:
12/13/2022

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

Bound Tree Medical, LLC
Dublin, OH United States

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

Fort Bend County

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

B23-001
Medical Supplies

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

5 Check only if there is NO Interested Party. [X]

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)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2022-950851

Date Filed:
11/01/2022

Date Acknowledged:
12/13/2022

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

Isikel, LLC
Tomball, TX United States

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

Fort Bend County

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

23-001
medical supplies

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

5 Check only if there is NO Interested Party. [X]

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)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2022-929582

Date Filed:
09/02/2022

Date Acknowledged:
12/13/2022

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

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

Fort Bend County

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

23-001
Term Contract for Purchase of Medical Supplies

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

5 Check only if there is NO Interested Party. [X]

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)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2022-925495

Date Filed:
08/23/2022

Date Acknowledged:
12/13/2022

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

Mercedes Medical LLC dba Mercedes Scientific
Bradenton, FL United States

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

Fort Bend County

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

B23-001
Medical Supplies

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

5 Check only if there is NO Interested Party. [X]

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)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2022-951561

Date Filed:
11/03/2022

Date Acknowledged:
12/13/2022

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

Medline Industries Holdings, LP
Northfield, IL United States

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

County of Fort Bend

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.

B23-001
Medical Supplies

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

5 Check only if there is NO Interested Party. [X]

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)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2022-929149

Date Filed:
09/01/2022

Date Acknowledged:
12/13/2022

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

NASHVILLE MEDICAL & EMS PRODUCTS, INC
SPRINGFIELD, TN United States

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

FORT BEND COUNTY TEXAS

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.

B23-001
MEDICAL SUPPLIES

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
SADARANGANI, NARI	CEDAR HILL, TN United States	X	

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)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2022-950996

Date Filed:
11/02/2022

Date Acknowledged:
12/13/2022

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

QuadMed, Inc.
Jacksonville, FL United States

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

Fort Bend County, TX

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.

B23-001
Emergency Medical Supplies

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

5 Check only if there is NO Interested Party. [X]

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)