

**Lee County Board Of County Commissioners
Agenda Item Summary**

Blue Sheet No. 20030980

1. REQUESTED MOTION:

ACTION REQUESTED: Approve award of Formal Quotation # Q-030070, for the Purchase of Medical Supplies Product Group C, for the Division of Public Safety (Emergency Medical Services), to the low quoters per line item as indicated (circled) on the attached tabulation sheet. EMS chooses not to award items 14, 40,41,42, 43, 45, 46, 54, 55, 75, 76, 77, 788, & 79. The initial term of this agreement is for one year. Request authority to renew this quotation for four additional one-year periods if in the best of the County, at the expiration of the original term.

WHY ACTION IS NECESSARY: Annual expenditures that exceed \$50,000 must be approved by the Board.

WHAT ACTION ACCOMPLISHES: Establishes competitive pricing for the Purchase of Medical Supplies-Group C.

2. DEPARTMENTAL CATEGORY:

COMMISSION DISTRICT #

C 7A

3. MEETING DATE:

09-09-2003

4. AGENDA:

- CONSENT
- ADMINISTRATIVE
- APPEALS
- PUBLIC WALK ON
- TIME REQUIRED:

5. REQUIREMENT/PURPOSE:
(Specify)

- STATUTE
- ORDINANCE
- ADMIN. CODE
- OTHER

AC-4-1

6. REQUESTOR OF INFORMATION:

- A. COMMISSIONER _____
- B. DEPARTMENT _____
- C. DIVISION *Public Safety*

BY: *John Wilson JW*

7. BACKGROUND: On March 25, 2003 Purchasing received twelve quotations for the Purchase of Medical Supplies Group C for the Public Safety Division (EMS). After review of the quotes by Public Safety a recommendation was made to make a multiple award to eight vendors as indicated (circled) on the attached tabulation sheet. All vendors selected meet all specification requirements.

- Attachments: (1) Tabulation Sheet (2) Departments Recommendation (3) Specification (4) Awarded Vendors Quotations

8. MANAGEMENT RECOMMENDATIONS:

9. RECOMMENDED APPROVAL:

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services	G County Manager								
<i>J.W. Wilson</i> <i>8/18/03</i>	<i>[Signature]</i> <i>8-15-03</i> <i>[Signature]</i> <i>8-15-03</i>			<i>[Signature]</i> <i>[Signature]</i>	<table border="1"> <tr> <td>OA</td> <td>OM</td> <td>Risk</td> <td>GC</td> </tr> <tr> <td><i>[Signature]</i> <i>8/22/03</i></td> <td><i>[Signature]</i> <i>8/25/03</i></td> <td><i>[Signature]</i> <i>8/22/03</i></td> <td><i>[Signature]</i> <i>8/22/03</i></td> </tr> </table>	OA	OM	Risk	GC	<i>[Signature]</i> <i>8/22/03</i>	<i>[Signature]</i> <i>8/25/03</i>	<i>[Signature]</i> <i>8/22/03</i>	<i>[Signature]</i> <i>8/22/03</i>	<i>[Signature]</i> <i>8/22/03</i>
OA	OM	Risk	GC											
<i>[Signature]</i> <i>8/22/03</i>	<i>[Signature]</i> <i>8/25/03</i>	<i>[Signature]</i> <i>8/22/03</i>	<i>[Signature]</i> <i>8/22/03</i>											

10. COMMISSION ACTION:

- _____ APPROVED
- _____ DENIED
- _____ DEFERRED
- _____ OTHER

Rec. by CoAtty
Date: *8/21/03*
Time: *11:48 AM*
Forwarded To: *[Signature]*
8/22/03 8:35A

RECEIVED BY
COUNTY ADMIN: *[Signature]*
8/22/03
COUNTY ADMIN
FORWARDED TO: *[Signature]*
8/27
8:30

ATTACHMENT

FORMAL QUOTATION #Q-030070		LEE COUNTY, FLORIDA TABULATION SHEET				
OPENING DATE: MARCH 25, 2003		PURCHASE OF MEDICAL SUPPLIES (PRODUCT GROUP C) FOR EM				
BUYER: CHRIS JEFFCOAT		FOR				
		BOUNDTREE MEDICAL	EMERGENCY MEDICAL PRODUCTS, INC.	KENTRON HEALTH CARE, INC.	ALLIANCE MEDICAL, INC.	FISHER SCIENTIFIC, L.L.C.
VENDORS						
1. ANGIOCATH IV CATHETER						
BECTON DICKINSON 382258-NO SUBSTITUTE						
ESTIMATED ANNUAL USAGE-240 EA						
COST EACH		\$4.86	\$0.215	\$4.25	NO BID	\$4.512
COST EACH \$	x EAU240 = EST ANNUAL COST	\$1,166.40	\$51.60	\$1,020.00	NO BID	\$1,082.88
PACKAGED 10/BOX						
2. SAFE-CUFF BLOOD PRESSURE CUFF (ADULT LG)						
CAS MEDICAL CD1642-NO SUBSTITUTE						
ESTIMATED ANNUAL USAGE- 16/EA						
COST EACH		\$6.79	NO BID	NO BID	\$6.32	NO BID
COST EACH \$	x EAU16 = EST ANNUAL COST	\$1,086.40	NO BID	NO BID	\$1,011.20	NO BID
PACKAGED 20/BOX						
3. MOLDED SURGICAL MASK						
SPECIFY PRODUCT & MANUFACTURER						
ESTIMATED ANNUAL USAGE- 25/EA						
COST EACH		\$0.09	\$0.07	\$0.10	\$0.0873	\$0.121
COST EACH \$	x EAU250 = EST ANNUAL COST	\$22.50	\$17.50	\$25.00	\$21.83	\$30.25
PACKAGED 50/BOX						
4. CHARGER FOR PORTABLE SUCTION UNITS						
IMPACT 810-0305-02-NO SUBSTITUTE						
ESTIMATED ANNUAL USAGE- 2/EA						
COST EACH		\$27.50	\$21.43	NO BID	\$24.15	NO BID
COST EACH \$	x EAU20 = EST ANNUAL COST	\$550.00	\$428.60	NO BID	\$483.00	NO BID
PACKAGED EACH						
5. SAFECUFF BP CUFF (SM ADULT)						
CAS MEDICAL CD1230-NO SUBSTITUTE						
ESTIMATED ANNUAL USAGE- 8/EA						
COST EACH		\$6.70	NO BID	NO BID	\$6.08	NO BID
COST EACH \$	x EAU8 = EST ANNUAL COST	\$536.00	NO BID	NO BID	\$486.40	NO BID
PACKAGED EACH						
6. SAFECUFF BP CUFF (ADULT)						
CAS MEDICAL CD1437-NO SUBSTITUTE						
ESTIMATED ANNUAL USAGE- 800/EA						
COST EACH		\$6.70	NO BID	NO BID	\$6.08	NO BID
COST EACH \$	x EAU800 = EST ANNUAL COST	\$5,360.00	NO BID	NO BID	\$4,864.00	NO BID
PACKAGED 20/BOX						

VENDORS	BOUNDTREE MEDICAL	EMERGENCY MEDICAL PRODUCTS, INC.	KENTRON HEALTH CARE, INC.	ALLIANCE MEDICAL, INC.	FISHER SCIENTIFIC, L.C.
7. SAFECUFF BP CUFF (CHILD)					
CAS MEDICAL CP927-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 14EA					
COST EACH	\$5.11	NO BID	NO BID	\$4.77	NO BID
COST EACH \$ x EAU14 = EST ANNUAL COST	\$715.40	NO BID	NO BID	\$667.80	NO BID
PACKAGED 20/BOX					
8. SAFECUFF BP CUFF (INFANT)					
CAS MEDICAL CD618-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 8EA					
COST EACH	\$4.51	NO BID	NO BID	\$4.14	NO BID
COST EACH \$ x EAU8 = EST ANNUAL COST	\$360.80	NO BID	NO BID	\$331.20	NO BID
PACKAGED 20/BOX					
9. 3M PARTICULATE RESPIRATOR N95					
3M 81105 -NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 16EA					
COST EACH	\$0.94	NO BID	NO BID	NO BID	\$0.6175
COST EACH \$ x EAU16 = EST ANNUAL COST	\$150.40	NO BID	NO BID	NO BID	\$98.80
PACKAGED 20/BOX					
10. 3M PARTICULATE RESPIRATOR N95					
3M 8210-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 20EA					
COST EACH	\$0.94	NO BID	NO BID	NO BID	\$0.5255
COST EACH \$ x EAU20 = EST ANNUAL COST	\$188.00	NO BID	NO BID	NO BID	\$105.10
PACKAGED 20/BOX					
11. STA-BLOCK HHD					
STI MEDICAL 975-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 480EA					
COST EACH	\$4.09	\$4.56	NO BID	\$4.25	NO BID
COST EACH \$ x EAU480 = EST ANNUAL COST	\$19,632.00	\$21,888.00	NO BID	\$20,400.00	NO BID
PACKAGED 30/BOX					
12. AMBU ADULT ADJUSTABLE EXTRICATION COLLARS					
AMBU 000 281 000-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 400EA					
COST EACH	\$5.95	NO BID	NO BID	\$5.50	\$15.244
COST EACH \$ x EAU400 = EST ANNUAL COST	\$23,800.00	NO BID	NO BID	\$22,000.00	\$60,976.00
PACKAGED 30/BOX					

VENDORS	BOUNDTREE MEDICAL	EMERGENCY MEDICAL PRODUCTS, INC.	KENTRON HEALTH CARE, INC.	ALLIANCE MEDICAL, INC.	FISHER SCIENTIFIC, L.C.
13. PED/INFANT/SM ADULT ADJUST EXTRICATION COLLAR AMBU 000 281 106-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 80EA					
COST EACH	\$5.95	NO BID	NO BID	\$5.50	\$15.041
COST EACH \$ x EAU700 = EST ANNUAL COST	\$476.00	NO BID	NO BID	\$4400.00	\$12,032.80
PACKAGED 30/BOX					
14.12 LEAD PAPER PHYSIO-CONTROL 805319-05-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 20EA					
COST EACH	\$3.68	\$6.12	NO BID	\$6.90	NO BID
COST EACH \$ x EAU700 = EST ANNUAL COST	\$736.00	\$1,224.00	NO BID	\$1,380.00	NO BID
PACKAGED 2 ROLLS/BOX					
15. ADULT BVM LIFE SUPPORT PRODUCTS L570-040-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 180EA					
COST EACH	\$12.97	\$7.84	NO BID	\$10.85	\$15.935
COST EACH \$ x EAU1800 = EST ANNUAL COST	\$23,346.00	\$14,112.00	NO BID	\$19,530.00	\$28,683.00
PACKAGED 6/BOX					
16. INFANT BVM LIFE SUPPORT PRODUCTS L570-200-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 240EA					
COST EACH	\$13.30	\$9.09	NO BID	\$11.75	\$15.935
COST EACH \$ x EAU240 = EST ANNUAL COST	\$3,192.00	\$2,181.60	NO BID	\$2,820.00	\$3,824.40
PACKAGED 6/BOX					
17. PEDIATRIC BVM LIFE SUPPORT PRODUCTS L570-101- NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 240EA					
COST EACH	\$13.30	\$9.09	NO BID	\$11.75	\$17.073
COST EACH \$ x EAU240 = EST ANNUAL COST	\$3,192.00	\$2,181.60	NO BID	\$2,820.00	\$4,097.52
PACKAGED 6/BOX					
18. THREE-WAY STOP COCK BAXTER 2C6229-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 80EA					
COST EACH	\$1.45	\$1.43	NO BID	\$1.65	\$4.049
COST EACH \$ x EAU80 = EST ANNUAL COST	\$116.00	\$114.40	NO BID	\$132.00	\$323.92
PACKAGED EACH					

VENDORS	BOUNDTREE MEDICAL	EMERGENCY MEDICAL PRODUCTS, INC.	KENTRON HEALTH CARE, INC.	ALLIANCE MEDICAL, INC.	FISHER SCIENTIFIC, L.L.C.
19. MECONIUM ASPIRATOR					
NEO TECH PRODUCTS N0101 - NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 80EA					
COST EACH	\$4.31	\$3.44	NO BID	\$3.80	NO BID
COST EACH \$ x EAU80 = EST ANNUAL COST	\$34.80	\$275.20	NO BID	\$304.00	NO BID
PACKAGED EACH					
20. BP CUFF ADULT LARGE					
MABIS 05-260-016 -NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 30EA					
COST EACH	\$19.94	\$11.23	NO BID	NO BID	\$13.41
COST EACH \$ x EAU30 = EST ANNUAL COST	\$598.20	\$336.90	NO BID	NO BID	\$402.30
PACKAGED EACH					
21. EASY CAP CO2 DETECTOR					
NELCOR PURITAN BENNETT 047412A-0797-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 1800EA					
COST EACH	\$10.75	\$9.35	\$13.50	\$8.45	\$14.025
COST EACH \$ x EAU1800 = EST ANNUAL COST	\$19,350.00	\$16,830.00	\$24,300.00	\$15,210.00	\$25,245.00
PACKAGED 6/BOX					
22. PEDI END-TIDAL CO2 DETECTOR					
NELCOR PURITAN BENNETT 046700A-0598-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 480EA					
COST EACH	\$10.53	\$9.35	\$13.50	\$8.45	\$13.975
COST EACH \$ x EAU480 = EST ANNUAL COST	\$5,054.40	\$4,488.00	\$6,480.00	\$4,056.00	\$6,708.20
PACKAGED 24/CASE					
23. LARYNGOSCOPE BLADE (MILLER 0)					
SPECIFY PRODUCT AND MANUFACTURER					
ESTIMATED ANNUAL USAGE- 40EA					
COST EACH	\$13.72	\$14.29	\$10.50	\$9.90	\$27.80
COST EACH \$ x EAU40 = EST ANNUAL COST	\$548.80	\$571.60	\$420.00	\$396.00	\$1,112.00
PACKAGED EACH					
24. LARYNGOSCOPE BLADE (MILLER 1)					
SPECIFY PRODUCT AND MANUFACTURER					
ESTIMATED ANNUAL USAGE- 40EA					
COST EACH	\$13.72	\$14.29	\$10.50	\$9.90	\$27.80
COST EACH \$ x EAU40 = EST ANNUAL COST	\$548.80	\$571.60	\$420.00	\$396.00	\$1,112.00
PACKAGED EACH					

VENDORS	BOUNDTREE MEDICAL	EMERGENCY MEDICAL PRODUCTS, INC.	KENTRON HEALTH CARE, INC.	ALLIANCE MEDICAL, INC.	FISHER SCIENTIFIC, L.L.C.
25. LARYNGOSCOPE BLADE (MILLER 2) SPECIFY PRODUCT AND MANUFACTURER ESTIMATED ANNUAL USAGE- 40EA					
COST EACH	\$13.72	\$14.29	\$10.50	\$9.90	\$27.80
COST EACH \$ x EAU40 = EST ANNUAL COST	\$548.80	\$571.60	\$420.00	\$396.00	\$1,112.00
PACKAGED EACH					
26. LARYNGOSCOPE BLADE (MILLER 3) SPECIFY PRODUCT AND MANUFACTURER ESTIMATED ANNUAL USAGE- 120EA					
COST EACH	\$13.72	\$14.29	\$10.50	\$9.90	\$27.80
COST EACH \$ x EAU120 = EST ANNUAL COST	\$1,646.40	\$1,714.80	\$1,260.00	\$1,188.00	\$3,336.00
PACKAGED EACH					
27. LARYNGOSCOPE BLADE (MAC 2) SPECIFY PRODUCT AND MANUFACTURER ESTIMATED ANNUAL USAGE- 40EA					
COST EACH	\$13.72	\$14.29	\$10.50	\$9.90	\$27.80
COST EACH \$ x EAU40 = EST ANNUAL COST	\$548.80	\$571.60	\$420.00	\$396.00	\$1,112.00
PACKAGED EACH					
28. LARYNGOSCOPE BLADE (MAC 3) SPECIFY PRODUCT AND MANUFACTURER ESTIMATED ANNUAL USAGE- 100EA					
COST EACH	\$13.72	\$14.29	\$10.50	\$9.90	\$27.80
COST EACH \$ x EAU100 = EST ANNUAL COST	\$1,372.00	\$1,429.00	\$1,050.00	\$990.00	\$2,780.00
PACKAGED EACH					
29. LARYNGOSCOPE BLADE (MAC 4) SPECIFY PRODUCT AND MANUFACTURER ESTIMATED ANNUAL USAGE- 100EA					
COST EACH	\$13.72	\$14.29	\$10.50	\$9.90	\$27.80
COST EACH \$ x EAU100 = EST ANNUAL COST	\$1,372.00	\$1,429.00	\$1,050.00	\$990.00	\$2,780.00
PACKAGED EACH					
30. STANDARD LARYNGOSCOPE HANDLE (SMALL/PENLIGHT) RUSCH 008620100-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 20EA					
COST EACH	\$12.30	\$10.20	NO BID	\$9.90	\$27.80
COST EACH \$ x EAU20 = EST ANNUAL COST	\$246.00	\$204.00	NO BID	\$198.00	\$556.00
PACKAGED EACH					

VENDORS	BOUNDTREE MEDICAL	EMERGENCY MEDICAL PRODUCTS, INC.	KENTRON HEALTH CARE, INC.	ALLIANCE MEDICAL, INC.	FISHER SCIENTIFIC, L.L.C.
31. LARYNGOSCOPE BLADE (MILLER 4) SPECIFY PRODUCT AND MANUFACTURER ESTIMATED ANNUAL USAGE-100EA COST EACH \$13.72 COST EACH \$ x EAU100 = EST ANNUAL COST \$1,372.00 PACKAGED EACH		\$14.29	\$10.50	\$9.90	\$27.80
32. LARYNGOSCOPE BLADE (MAC 1) SPECIFY PRODUCT AND MANUFACTURER ESTIMATED ANNUAL USAGE-40EA COST EACH \$13.72 COST EACH \$ x EAU40 = EST ANNUAL COST \$548.80 PACKAGED EACH		\$14.29	\$10.50	\$9.90	\$27.80
33. PURELL HAND SANITIZER SPECIFY PRODUCT AND MANUFACTURER ESTIMATED ANNUAL USAGE-42EA COST EACH \$1.09 COST EACH \$ x EAU42 = EST ANNUAL COST \$45.78 PACKAGED EACH		NO BID	\$1.25	NO BID	\$4.727
34. SPECIMEN TRANSPORT BAGS MD INDUSTRIES 49-97 68059-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-16,000EA COST EACH \$0.051 COST EACH \$ x EAU16,000 = EST ANNUAL COST \$816.00 PACKAGED 1000/BOX	NO BID	\$0.051	\$0.03	\$0.0855	NO BID
35. EPINEPHRINE 1M1 (1MG/ML) ABBOTT LABS NDC 0074-7241-01-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-500EA COST EACH \$0.31 COST EACH \$ x EAU500 = EST ANNUAL COST \$155.00 PACKAGED EACH		\$0.29	\$0.45	\$1.72	\$1.08
36. VASOPRESSIN (20 UNITS/ML) AMERICAN REGENT NDC 0517-1020-25-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-300EA COST EACH \$5.53 COST EACH \$ x EAU300 = EST ANNUAL COST \$1,659.00 PACKAGED 25/BOX		\$2.84	\$5.50	\$5.25	NO BID

VENDORS	BOUNDTREE MEDICAL	EMERGENCY MEDICAL PRODUCTS, INC.	KENTRON HEALTH CARE, INC.	ALLIANCE MEDICAL, INC.	FISHER SCIENTIFIC, L.L.C.
37. INFANT 4.2% SODIUM BICARBONATE ABBOTT LABS NDC 0074-5534-34-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-100EA					
COST EACH	\$1.90	\$2.61	\$6.00	\$2.45	\$21.70
COST EACH \$ x EAU100 = EST ANNUAL COST	\$190.00	\$261.00	\$600.00	\$245.00	\$2,170.00
PACKAGED 100/PACKAGE					
38. GLUCOMETER ELITE NML CTL 2.5 ML SPECIFY PRODUCT & MANUFACTURER ESTIMATED ANNUAL USAGE-100EA					
COST EACH	\$5.92	\$2.40	NO BID	NO BID	NO BID
COST EACH \$ x EAU100 = EST ANNUAL COST	\$592.00	\$240.00	NO BID	NO BID	NO BID
PACKAGED 2/BOX					
39. GLUCOMETER ELITE XI DIABETES SPECIFY PRODUCT & MANUFACTURER ESTIMATED ANNUAL USAGE-40EA					
COST EACH	NO BID	\$45.46	NO BID	NO BID	NO BID
COST EACH \$ x EAU40 = EST ANNUAL COST		\$1,818.40	NO BID	NO BID	NO BID
PACKAGED EACH					
40. VACUTAINER BLOOD TUBES (4 ML) (GREEN) BECTON DICKINSON 367884-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-4000EA					
COST EACH	\$0.17	\$0.445	\$0.39	NO BID	\$0.3797
COST EACH \$ x EAU4000 = EST ANNUAL COST	\$680.00	\$1,780.00	\$1,560.00	NO BID	\$1,518.88
PACKAGED 100/PACKAGE					
41. VACUTAINER BLOOD TUBES (4.5 ML) (BLUE) BECTON DICKINSON 369714-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-4000EA					
COST EACH	\$0.18	\$0.256	\$0.21	NO BID	\$0.2964
COST EACH \$ x EAU4000 = EST ANNUAL COST	\$720.00	\$1,024.00	\$840.00	NO BID	\$1,185.44
PACKAGED 100/PACKAGE					
42. VACUTAINER BLOOD TUBES (3ML) (PURPLE) BECTON DICKINSON 367856-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-4000EA					
COST EACH	\$0.12	\$0.302	\$0.26	NO BID	\$0.3589
COST EACH \$ x EAU4000 = EST ANNUAL COST	\$480.00	\$1,208.00	\$1,040.00	NO BID	\$1,435.76
PACKAGED 100/PACKAGE					

VENDORS	BOUNDTREE MEDICAL	EMERGENCY MEDICAL PRODUCTS, INC.	KENTRON HEALTH CARE, INC.	ALLIANCE MEDICAL, INC.	FISHER SCIENTIFIC, L.L.C.
43. VACUTAINER BLOOD TUBES (TML)(MARBLE) BECTON DICKINSON 367975-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-4000EA					
COST EACH	NO BID	\$0.374	\$0.375	NO BID	\$0.5371
COST EACH \$ x EAU4000 = EST ANNUAL COST	NO BID	\$1,496.00	\$1,500.00	NO BID	\$2,148.40
PACKAGED 100/PACKAGE					
44. PEDIATRIC ECG ELECTRODE CONMED CORP 1620-003-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-50BX					
COST EACH	\$4.50	\$5.16	NO BID	\$4.95	NO BID
COST EACH \$ x EAU50 = EST ANNUAL COST	\$225.00	\$258.00	NO BID	\$247.50	NO BID
PACKAGED 30/BOX					
45. PEDIATRIC DEFIB ELECTRODES AGILENT TECHNOLOGIES M3504A-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-300EA					
COST EACH	\$109.80	\$19.43	NO BID	\$20.50	NO BID
COST EACH \$ x EAU300 = EST ANNUAL COST	\$3,294.00	\$5,829.00	NO BID	\$6,150.00	NO BID
PACKAGED 5/BOX					
46. MULTIFUNCTION ADULT DEFIB ELECTRODE: AGILENT TECHNOLOGIES M3501A-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-600EA					
COST EACH	\$11.40	\$18.73	NO BID	\$19.25	NO BID
COST EACH \$ x EAU600 = EST ANNUAL COST	\$6,840.00	\$11,238.00	NO BID	\$11,550.00	NO BID
PACKAGED 10/BOX					
47. NAIL POLISH REMOVER PAD: SPECIFY PRODUCT & MANUFACTURER ESTIMATED ANNUAL USAGE-1500EA					
COST EACH	\$2.89	\$0.0315	\$0.035	\$0.0246	NO BID
COST EACH \$ x EAU1500 = EST ANNUAL COST	\$43.35	\$47.25	\$52.50	\$1,500.00	NO BID
PACKAGED 100 PACKETS/BOX					
48. BECK TRACHEAL WHISTLE (BAAM) BAAM MARK IV-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-200EA					
COST EACH	\$6.29	\$5.10	NO BID	\$6.25	NO BID
COST EACH \$ x EAU200 = EST ANNUAL COST	\$1,258.00	\$1,020.00	NO BID	\$1,250.00	NO BID
PACKAGED 10/BOX					

VENDORS	BOUNDTREE MEDICAL	EMERGENCY MEDICAL PRODUCTS, INC.	KENTRON HEALTH CARE, INC.	ALLIANCE MEDICAL, INC.	FISHER SCIENTIFIC, L.L.C.
49. ENDOTRACHEAL TUBE HOLDER, ADUL: STI MEDICAL 31177-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-1500EA					
COST EACH	\$2.85	\$2.77	NO BID	\$2.90	NO BID
COST EACH \$ x EAU1500 = EST ANNUAL COST	\$4,275.00	\$4,155.00	NO BID	\$4,350.00	NO BID
PACKAGED 25/BOX					
50. TUBE CHECK INTUBATION DETECTOR SPECIFY PRODUCT & MANUFACTURER ESTIMATED ANNUAL USAGE-350EA					
COST EACH	\$2.44	\$2.14	NO BID	\$2.40	NO BID
COST EACH \$ x EAU350 = EST ANNUAL COST	\$854.00	\$749.00	NO BID	\$840.00	NO BID
PACKAGED 20/BOX					
51. ENDOTRACHEAL TUBE HOLDER (PEDIATRIC) STI MEDICAL 30687-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-600EA					
COST EACH	\$2.85	\$2.77	NO BID	\$2.90	NO BID
COST EACH \$ x EAU600 = EST ANNUAL COST	\$170.00	\$1,662.00	NO BID	\$1,740.00	NO BID
PACKAGED 25/BOX					
52. BURETROL SOLUTION SET (60 DROPS/ML BAXTER 2C75665-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-25EA					
COST EACH	\$5.32	\$4.85	NO BID	\$5.37	\$27,142.9
COST EACH \$ x EAU25 = EST ANNUAL COST	\$133.00	\$121.25	NO BID	\$134.25	\$678.57
PACKAGED EACH					
53. SENSI-TOUCH SPINAL NEEDLES (18x3.5" BAXTER 220019 -NO SUBSTITUTE ESTIMATED ANNUAL USAGE-200EA					
COST EACH	NO BID	\$1.69	NO BID	NO BID	NO BID
COST EACH \$ x EAU200 = EST ANNUAL COST		\$338.00	NO BID	NO BID	NO BID
PACKAGED 25/BOX					
54. MONOJECT NEEDLES (21x1.5") SHERWOOD MEDICAL 216041-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-2000EA					
COST EACH	\$3.86	\$0.1189	NO BID	NO BID	NO BID
COST EACH \$ x EAU2000 = EST ANNUAL COST	\$77.20	\$237.80	NO BID	NO BID	NO BID
PACKAGED 100/BOX					

VENDORS	BOUNDTREE MEDICAL	EMERGENCY MEDICAL PRODUCTS, INC.	KENTRON HEALTH CARE, INC.	ALLIANCE MEDICAL, INC.	FISHER SCIENTIFIC, L.L.C.
55. MONOJECT NEEDLES (22x1.5")					
SHERWOOD MEDICAL 216066-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-2000EA					
COST EACH	\$3.86	\$0.1189	NO BID	NO BID	NO BID
COST EACH \$ x EAU2000 = EST ANNUAL COST	\$77.20	\$237.80	NO BID	NO BID	NO BID
PACKAGED 100/BOX					
56. SURFLO WINGED INFUSION SET (19G x 0.75")					
TERUMO P-216-119-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-40EA					
COST EACH	\$0.42	NO BID	NO BID	\$0.341	\$0.50
COST EACH \$ x EAU40 = EST ANNUAL COST	\$16.80	NO BID	NO BID	\$13.64	\$20.00
PACKAGED EACH					
57. SURFLO WINGED INFUSION SET (21G x 0.75")					
TERUMO 0197-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-40EA					
COST EACH	\$0.42	NO BID	NO BID	\$0.341	\$0.3049
COST EACH \$ x EAU40 = EST ANNUAL COST	\$16.80	NO BID	NO BID	\$13.64	\$12.196
PACKAGED 50/BOX					
58. SURFLO WINGED INFUSION SET (25G x 0.75")					
TERUMO SVTW004-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-40EA					
COST EACH	\$0.42	NO BID	NO BID	\$0.341	\$0.3049
COST EACH \$ x EAU40 = EST ANNUAL COST	\$16.80	NO BID	NO BID	\$13.64	\$12.196
PACKAGED EACH					
59. MONOJECT FILTER NEEDLE (18G x 1.5")					
SHERWOOD MEDICAL 8881-305117 NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-2000EA					
COST EACH	NO BID	\$0.20	\$0.25	NO BID	NO BID
COST EACH \$ x EAU2000 = EST ANNUAL COST		\$400.00	\$500.00	NO BID	NO BID
PACKAGED 100/BOX					
60. TWIN PAK DUAL CANNULA DEVICE					
BECTON DICKINSON 303390-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-4000EA					
COST EACH	\$0.40	\$0.34	\$0.38	NO BID	\$0.392
COST EACH \$ x EAU4000 = EST ANNUAL COST	\$1,600.00	\$1,360.00	\$1,520.00	NO BID	\$1,568.00
PACKAGED 100/BOX					

VENDORS	BOUNDTREE MEDICAL	EMERGENCY MEDICAL PRODUCTS, INC.	KENTRON HEALTH CARE, INC.	ALLIANCE MEDICAL, INC.	FISHER SCIENTIFIC, L.L.C.
61. MG SULFATE PRE-FILLED SYRINGE					
LMS 0548-1034-00-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-500EA					
COST EACH	\$1.96	\$1.63	\$6.25	\$1.98	NO BID
COST EACH \$ x EAU500 = EST ANNUAL COST	\$980.00	\$815.00	\$3,125.00	\$990.00	NO BID
PACKAGED 100/BOX					
62. LUBRICATING JELLY FOIL PACKET 2.7G					
PROFESSIONAL DISPOSABLES INC T-00128 -NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-3024EA					
COST EACH	\$0.04	\$0.035	\$0.045	NO BID	NO BID
COST EACH \$ x EAU3024 = EST ANNUAL COST	\$111.89	\$105.84	\$136.08	NO BID	NO BID
PACKAGED 144/BOX					
63. LIFE SCANS UNISTICK 2 SPRING LOADED LANCET					
NDC 53885-636-10 - NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-5500EA					
COST EACH	\$21.25	\$0.172	NO BID	NO BID	NO BID
COST EACH \$ x EAU5500 = EST ANNUAL COST	\$1,168.75	\$946.00	NO BID	NO BID	NO BID
PACKAGED 100/BOX					
64. BIOMEDIX SELECT-3 IV SELECTABLE ADMIN SET					
BIOMEDIX 10102-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-1920EA					
COST EACH	\$4.59	\$3.93	NO BID	\$4.15	NO BID
COST EACH \$ x EAU1920 = EST ANNUAL COST	\$8,812.80	\$7,545.60	NO BID	\$7,968.00	NO BID
PACKAGED 48/CS					
65. IODINE SWABS					
DYNAREX 1201-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-1000EA					
COST EACH	\$3.94	\$0.0758	\$0.09	\$0.083	\$0.1175
COST EACH \$ x EAU1000 = EST ANNUAL COST	\$78.80	\$75.80	\$90.00	\$83.00	\$117.52
PACKAGED 50/BOX					
66. TINCTURE OF BENZOIN 10% SWABSTICK					
PROFESSIONAL DISPOSABLES INC S-42450 NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-500EA					
COST EACH	\$0.19	\$0.176	\$0.19	NO BID	NO BID
COST EACH \$ x EAU500 = EST ANNUAL COST	\$95.00	\$88.00	\$95.00	NO BID	NO BID
PACKAGED 50/BOX					

VENDORS	BOUNDTREE MEDICAL	EMERGENCY MEDICAL PRODUCTS, INC.	KENTRON HEALTH CARE, INC.	ALLIANCE MEDICAL, INC.	FISHER SCIENTIFIC, L.L.C.
67. GRAHAM FITTED COT SHEETS					
GRAHAM 44547-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-10000EA					
COST EACH	\$0.75	\$0.75	\$0.95	NO BID	\$0.875
COST EACH \$ x EAU10000 = EST ANNUAL COST	\$7,500.00	\$7,500.00	\$9,500.00	NO BID	\$8,750.00
PACKAGED 50/BOX					
68. 60CC EXEL SYRINGE					
EXEL 26302-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-400EA					
COST EACH	\$0.54	\$0.376	NO BID	NO BID	NO BID
COST EACH \$ x EAU400 = EST ANNUAL COST	\$216.00	\$150.40	NO BID	NO BID	NO BID
PACKAGED 25/BOX					
69. GRANDVIEW LARYNGOSCOPE BLADES					
GRANDVIEW GV 2020A-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-150EA					
COST EACH	\$57.25	\$45.77	NO BID	\$50.85	NO BID
COST EACH \$ x EAU150 = EST ANNUAL COST	\$8,587.50	\$6,865.50	NO BID	\$7,627.50	NO BID
PACKAGED EACH					
70. GRANDVIEW LARYNGOSCOPE BULBS					
GRANDVIEW GV 1008-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-150EA					
COST EACH	\$1.21	\$4.61	NO BID	\$5.13	NO BID
COST EACH \$ x EAU150 = EST ANNUAL COST	\$181.50	\$691.50	NO BID	\$769.50	NO BID
PACKAGED EACH					
71. EVAC-U-SPLINT EXTREMITY KIT					
HARTWELL MEDICAL EV 3000-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-35EA					
COST EACH	\$291.07	\$244.75	NO BID	\$271.95	NO BID
COST EACH \$ x EAU35 = EST ANNUAL COST	\$10,187.45	\$8,566.25	NO BID	\$9,518.25	NO BID
PACKAGED EACH					
72. 3C/C SYRINGE WITH TWIN CANNULA					
BECTON DICKINSON 303391-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-21000EA					
COST EACH	NO BID	\$0.505	\$0.43	NO BID	NO BID
COST EACH \$ x EAU21000 = EST ANNUAL COST		\$10,605.00	\$9,030.00	NO BID	NO BID
PACKAGED ?					

VENDORS	BOUNDTREE MEDICAL	EMERGENCY MEDICAL PRODUCTS, INC.	KENTRON HEALTH CARE, INC.	ALLIANCE MEDICAL, INC.	FISHER SCIENTIFIC, L.L.C.
73. DISPOSABLE POL YESTER BLANKET					
S & F PROMOTIONS C-125-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-200EA					
COST EACH	\$2.21	\$3.14	NO BID	NO BID	NO BID
COST EACH \$ x EAU200 = EST ANNUAL COST	\$442.00	\$628.00	NO BID	NO BID	NO BID
PACKAGED EACH					
74. P.A.W.S. ANTI-MICROBIAL WIPES					
SAFETEC 34400-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-200BX					
COST EACH	\$4.37	\$3.06	NO BID	\$0.0345	\$0.0402
COST EACH \$ x EAU200 = EST ANNUAL COST	\$874.00	\$612.00	NO BID	\$690.00	\$804.00
PACKAGED EACH					
75. RECORDER PAPER 80MM FAN FOLDED					
ZOLL 8000-0301-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-100BX					
COST EACH	NO BID	NO BID	NO BID	NO BID	NO BID
COST EACH \$ x EAU100 = EST ANNUAL COST					
PACKAGED ?					
76. DISPOSABLE PEDIATRIC SENSOR					
ZOLL 8000-0044-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-30C					
COST EACH	NO BID	NO BID	NO BID	NO BID	NO BID
COST EACH \$ x EAU30 = EST ANNUAL COST					
PACKAGED ?					
77. 4ECG ELECTRODES					
ZOLL 8900-0004-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-20C					
COST EACH	NO BID	NO BID	NO BID	NO BID	NO BID
COST EACH \$ x EAU20 = EST ANNUAL COST					
PACKAGED ?					
78. HVP MULTI-FUNCTION ELECTRODES (ADULT)					
ZOLL 8900-4003-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-30C					
COST EACH	NO BID	NO BID	NO BID	NO BID	NO BID
COST EACH \$ x EAU30 = EST ANNUAL COST					
PACKAGED ?					

VENDORS	BOUNDTREE MEDICAL	EMERGENCY MEDICAL PRODUCTS, INC.	KENTRON HEALTH CARE, INC.	ALLIANCE MEDICAL, INC.	FISHER SCIENTIFIC, L.L.C.
79. PED/PADZ MULTI-FUNCTION ELECTRODES					
ZOLL 8900-2065-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-30CS					
COST EACH	NO BID	NO BID	NO BID	NO BID	NO BID
COST EACH \$ x FAU30 = EST ANNUAL COST	NO BID	NO BID	NO BID	NO BID	NO BID
PACKAGED?					
GRAND TOTAL (ANNUAL COST)	\$202,805.12	\$155,681.59	\$70,331.08	\$165,881.25	\$182,561.65
DELIVERED WITHIN CALENDAR DAYS	5	4 TO 5	15	15	7 TO 10
LOCAL VENDOR PREFERENCE?	NO	NO	NO	NO	NO
QUOTE SIGNED	YES	YES	YES	YES	YES

FORMAL QUOTATION #Q-030070

OPENING DATE: MARCH 25, 2003

BUYER: CHRIS JEFFCOAT

LEE COUNTY, FLORIDA TABULATION SHEET

FOR

PURCHASE OF MEDICAL SUPPLIES (PRODUCT GROUP C) FOR EMS

VENDORS	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE MEDIC MASTER	SOUTHEASTERN EMERGENCY EQUIPMENT	COLOPLAST CORPORATION	MERCURY MEDICAL	RX EMS
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1. ANGIOCATH IV CATHETER

BECTON DICKINSON 382258-NO SUBSTITUTE

ESTIMATED ANNUAL USAGE-240 EA

COST EACH

COST EACH \$ x EAU240 = EST ANNUAL COST

PACKAGED 10/BOX

\$4.40	\$4.02	NO BID	NO BID	NO BID	NO BID
\$1,056.00	\$964.80				

2. SAFE-CUFF BLOOD PRESSURE CUFF (ADULT LG)

CAS MEDICAL CD1642-NO SUBSTITUTE

ESTIMATED ANNUAL USAGE-16/EA

COST EACH

COST EACH \$ x EAU16 = EST ANNUAL COST

PACKAGED 20/BOX

NO BID	\$5.98	NO BID	NO BID	NO BID	NO BID
	\$956.80				

3. MOLDED SURGICAL MASK

SPECIFY PRODUCT & MANUFACTURER

ESTIMATED ANNUAL USAGE-25/EA

COST EACH

COST EACH \$ x EAU25 = EST ANNUAL COST

PACKAGED 50/BOX

\$0.10	\$0.08	NO BID	NO BID	NO BID	\$0.09
\$25.25	\$20.00				\$22.50

4. CHARGER FOR PORTABLE SUCTION UNITS

IMPACT 810-0305-02-NO SUBSTITUTE

ESTIMATED ANNUAL USAGE-2/EA

COST EACH

COST EACH \$ x EAU20 = EST ANNUAL COST

PACKAGED EACH

\$23.80	\$22.85	NO BID	NO BID	NO BID	NO BID
\$476.00	\$457.00				

5. SAFECUFF BP CUFF (SM ADULT)

CAS MEDICAL CD1230-NO SUBSTITUTE

ESTIMATED ANNUAL USAGE-8/EA

COST EACH

COST EACH \$ x EAU8 = EST ANNUAL COST

PACKAGED EACH

NO BID	\$5.75	NO BID	NO BID	NO BID	NO BID
	\$460.00				

6. SAFECUFF BP CUFF (ADULT)

CAS MEDICAL CD1437-NO SUBSTITUTE

ESTIMATED ANNUAL USAGE-800 EA

COST EACH

COST EACH \$ x EAU800 = EST ANNUAL COST

PACKAGED 20/BOX

NO BID	\$5.75	NO BID	NO BID	NO BID	NO BID
	\$4,600.00				

VENDORS	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE MEDIC MASTER	SOUTHEASTERN EMERGENCY EQUIPMENT	COLOPLAST CORPORATION	MERCURY MEDICAL	RX EMS
7. SAFECUFF BP CUFF (CHILD)					
GAS MEDICAL CD927-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 14EA					
COST EACH	NO BID	\$4.51	NO BID	NO BID	NO BID
COST EACH \$ x EAU140 = EST ANNUAL COST		\$631.40	NO BID	NO BID	NO BID
PACKAGED 20/BOX					
8. SAFECUFF BP CUFF (INFANT)					
GAS MEDICAL CD618-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 8EA					
COST EACH	NO BID	\$3.92	NO BID	NO BID	NO BID
COST EACH \$ x EAU80 = EST ANNUAL COST		\$313.60	NO BID	NO BID	NO BID
PACKAGED 20/BOX					
9. 3M PARTICULATE RESPIRATOR N95					
3M 8110S -NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 16EA					
COST EACH	\$0.63	NO BID	NO BID	NO BID	NO BID
COST EACH \$ x EAU160 = EST ANNUAL COST	\$100.80	NO BID	NO BID	NO BID	NO BID
PACKAGED 20/BOX					
10. 3M PARTICULATE RESPIRATOR N95					
3M 8210-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 20EA					
COST EACH	\$0.60	NO BID	NO BID	NO BID	NO BID
COST EACH \$ x EAU200 = EST ANNUAL COST	\$120.00	NO BID	NO BID	NO BID	NO BID
PACKAGED 20/BOX					
11. STA-BLOCK HMD					
STI MEDICAL 975-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 480EA					
COST EACH	\$3.70	\$3.64	NO BID	NO BID	NO BID
COST EACH \$ x EAU480 = EST ANNUAL COST	\$17,760.00	\$17,472.00	NO BID	NO BID	NO BID
PACKAGED 30/BOX					
12. AMBU ADULT ADJUSTABLE EXTRICATION COLLARS					
AMBU 000 281 000-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 400EA					
COST EACH	\$5.27	NO BID	NO BID	NO BID	NO BID
COST EACH \$ x EAU400 = EST ANNUAL COST	\$21,080.00	NO BID	NO BID	NO BID	NO BID
PACKAGED 30/BOX					

VENDORS	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE MEDIC MASTER	SOUTHEASTERN EMERGENCY EQUIPMENT	COLOPLAST CORPORATION	MERCURY MEDICAL	RX EMS
13. PEDI/INFANT/SM ADULT ADJUST EXTRICATION COLLAR AMBU 000 281 106-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 80EA COST EACH \$ 5.40 COST EACH \$ x EAU900 = EST ANNUAL COST \$4,320.00 PACKAGED 30/BOX		NO BID	NO BID	NO BID	NO BID
14.12 LEAD PAPER PHYSIO-CONTROL 805319-05-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 20EA COST EACH COST EACH \$ x EAU200 = EST ANNUAL COST PACKAGED 2 ROLLS/BOX	NO BID	NO BID	NO BID	NO BID	NO BID
15. ADULT BVM LIFE SUPPORT PRODUCTS L570-040-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 180EA COST EACH \$11.15 COST EACH \$ x EAU1800 = EST ANNUAL COST \$20,070.00 PACKAGED 6/BOX		\$10.70	NO BID	NO BID	NO BID
16. INFANT BVM LIFE SUPPORT PRODUCTS L570-200-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 24EA COST EACH \$11.90 COST EACH \$ x EAU240 = EST ANNUAL COST \$2,856.00 PACKAGED 6/BOX		\$11.45	NO BID	NO BID	NO BID
17. PEDIATRIC BVM LIFE SUPPORT PRODUCTS L570-101-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 24EA COST EACH \$11.90 COST EACH \$ x EAU240 = EST ANNUAL COST \$2,856.00 PACKAGED 6/BOX		\$11.35	NO BID	NO BID	NO BID
18. THREE-WAY STOP COCK BAXTER 2C6229-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 80EA COST EACH \$1.70 COST EACH \$ x EAU80 = EST ANNUAL COST \$136.00 PACKAGED EACH		\$1.54	NO BID	NO BID	NO BID

VENDORS	ABRO PRODUCTS CORP DBA AMERICAN LAFRANCE MEDIC MASTER	SOUTHEASTERN EMERGENCY EQUIPMENT	COLOPLAST CORPORATION	MERCURY MEDICAL	RX EMS
19. MECONIUM ASPIRATOR					
NEO TECH PRODUCTS N0101 - NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 80EA					
COST EACH	\$3.80	\$3.68	NO BID	NO BID	NO BID
COST EACH \$ x EAU80 = EST ANNUAL COST	\$304.00	\$294.40			
PACKAGED EACH					
20. BP CURF ADULT LARGE					
MABIS 05-260-016 -NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 30EA					
COST EACH	\$12.55	\$10.76	NO BID	\$14.95	NO BID
COST EACH \$ x EAU30 = EST ANNUAL COST	\$376.50	\$322.80		\$448.00	
PACKAGED EACH					
21. EASY CAP CO2 DETECTOR					
NELL COR PURITAN BENNETT 047412A-0797-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 1800EA					
COST EACH	\$8.67	\$9.34	NO BID	\$11.00	NO BID
COST EACH \$ x EAU1800 = EST ANNUAL COST	\$15,606.00	\$16,812.00		\$19,800.00	
PACKAGED 6/BOX					
22. PEDI END- TIDAL CO2 DETECTOR					
NELL COR PURITAN BENNETT 046700A-0598-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 480EA					
COST EACH	\$8.67	\$9.34	NO BID		NO BID
COST EACH \$ x EAU480 = EST ANNUAL COST	\$4,161.60	\$4,483.20			
PACKAGED 24/CASE					
23. LARYNGOSCOPE BLADE (MILLER 0)					
SPECIFY PRODUCT AND MANUFACTURER					
ESTIMATED ANNUAL USAGE- 40EA					
COST EACH	\$10.55	\$11.70	NO BID	\$28.00	NO BID
COST EACH \$ x EAU40 = EST ANNUAL COST	\$422.00	\$468.00		\$1,120.00	
PACKAGED EACH					
24. LARYNGOSCOPE BLADE (MILLER 1)					
SPECIFY PRODUCT AND MANUFACTURER					
ESTIMATED ANNUAL USAGE- 40EA					
COST EACH	\$10.55	\$11.70	NO BID	\$28.00	NO BID
COST EACH \$ x EAU40 = EST ANNUAL COST	\$422.00	\$468.00		\$1,120.00	
PACKAGED EACH					

VENDORS	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE MEDIC MASTER	SOUTHEASTERN EMERGENCY EQUIPMENT	COLOPLAST CORPORATION	MERCURY MEDICAL	RX EMS
25. LARYNGOSCOPE BLADE (MULLER 2)					
SPECIFY PRODUCT AND MANUFACTURER					
ESTIMATED ANNUAL USAGE-40EA					
COST EACH	\$10.55	\$11.70	NO BID	\$28.00	NO BID
COST EACH \$ x EAU40 = EST ANNUAL COST	\$422.00	\$468.00		\$1,120.00	
PACKAGED EACH					
26. LARYNGOSCOPE BLADE (MULLER 3)					
SPECIFY PRODUCT AND MANUFACTURER					
ESTIMATED ANNUAL USAGE-120EA					
COST EACH	\$10.55	\$11.70	NO BID	\$28.00	NO BID
COST EACH \$ x EAU120 = EST ANNUAL COST	\$1,266.00	\$1,404.00		\$3,360.00	
PACKAGED EACH					
27. LARYNGOSCOPE BLADE (MAC 2)					
SPECIFY PRODUCT AND MANUFACTURER					
ESTIMATED ANNUAL USAGE-40EA					
COST EACH	\$10.55	\$11.70	NO BID	\$28.00	NO BID
COST EACH \$ x EAU40 = EST ANNUAL COST	\$422.00	\$468.00		\$1,120.00	
PACKAGED EACH					
28. LARYNGOSCOPE BLADE (MAC 3)					
SPECIFY PRODUCT AND MANUFACTURER					
ESTIMATED ANNUAL USAGE-100EA					
COST EACH	\$10.55	\$11.70	NO BID	\$28.00	NO BID
COST EACH \$ x EAU100 = EST ANNUAL COST	\$1,055.00	\$1,170.00		\$2,800.00	
PACKAGED EACH					
29. LARYNGOSCOPE BLADE (MAC 4)					
SPECIFY PRODUCT AND MANUFACTURER					
ESTIMATED ANNUAL USAGE-100EA					
COST EACH	\$10.55	\$11.70	NO BID	\$28.00	NO BID
COST EACH \$ x EAU100 = EST ANNUAL COST	\$1,055.00	\$1,170.00		\$2,800.00	
PACKAGED EACH					
30. STANDARD LARYNGOSCOPE HANDLE (SMALL/PENLIGHT)					
RUSCH 008620100-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-20EA					
COST EACH	\$10.50	\$10.87	NO BID	NO BID	NO BID
COST EACH \$ x EAU20 = EST ANNUAL COST	\$210.00	\$217.40			
PACKAGED EACH					

	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE MEDIC MASTER	SOUTHEASTERN EMERGENCY EQUIPMENT	COLOPLAST CORPORATION	MERCURY MEDICAL	RX EMS
VENDORS 31. LARYNGOSCOPE BLADE (MILLER 4) SPECIFY PRODUCT AND MANUFACTUREI ESTIMATED ANNUAL USAGE-100EA COST EACH \$10.55 COST EACH \$ x EAU100 = EST ANNUAL COST \$1,055.00 PACKAGED EACH \$11.70 COST EACH \$1,170.00	NO BID	NO BID	NO BID	\$28.00 \$2,800.00	NO BID
32. LARYNGOSCOPE BLADE (MAC 1) SPECIFY PRODUCT AND MANUFACTUREI ESTIMATED ANNUAL USAGE-40EA COST EACH \$10.55 COST EACH \$ x EAU40 = EST ANNUAL COST \$422.00 PACKAGED EACH \$11.70 COST EACH \$468.00	NO BID	NO BID	NO BID	\$28.00 \$1,120.00	NO BID
33. PURELL HAND SANITIZER SPECIFY PRODUCT AND MANUFACTUREI ESTIMATED ANNUAL USAGE-42EA COST EACH \$0.75 COST EACH \$ x EAU42 = EST ANNUAL COST \$31.50 PACKAGED EACH \$1.08 COST EACH \$45.36	NO BID	NO BID	\$4.99 \$209.58	NO BID	NO BID
34. SPECIMEN TRANSPORT BAGS MD INDUSTRIES 49-97 68059-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-16,000EA COST EACH \$0.05 COST EACH \$ x EAU16,000 = EST ANNUAL COST \$800.00 PACKAGED 1000/BOX	NO BID	NO BID	NO BID	NO BID	NO BID
35. EPINEPHRINE 1M1 (1MG/ML) ABBOTT LABS NDC 0074-7241-01-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-500EA COST EACH \$0.39 COST EACH \$ x EAU500 = EST ANNUAL COST \$195.00 PACKAGED EACH	NO BID	NO BID	NO BID	NO BID	\$0.29 \$145.00
36. VASOPRESSIN (20 UNITS/ML) AMERICAN REGENT NDC 0517-1020-25-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-300EA COST EACH \$3.62 COST EACH \$ x EAU300 = EST ANNUAL COST \$1,086.00 PACKAGED 25/BOX	NO BID	NO BID	NO BID	NO BID	\$2.45 \$735.00

	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE MEDIC MASTER	SOUTHEASTERN EMERGENCY EQUIPMENT	COLOPLAST CORPORATION	MERCURY MEDICAL	RX EMS
VENDORS 37. INFANT 4.2% SODIUM BICARBONATE ABBOTT LABS NDC 0074-5534-34-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-100EA COST EACH COST EACH \$ x EAU100 = EST ANNUAL COST PACKAGED 10/PACKAGE	NO BID	\$2.62	NO BID	NO BID	\$2.92
38. GLUCOMETER ELITE NML CTL 2.5 ML SPECIFY PRODUCT & MANUFACTURER ESTIMATED ANNUAL USAGE-100EA COST EACH COST EACH \$ x EAU100 = EST ANNUAL COST PACKAGED 2/BOX	\$5.35	\$5.94	NO BID	NO BID	\$5.74
39. GLUCOMETER ELITE XL DIABETES SPECIFY PRODUCT & MANUFACTURER ESTIMATED ANNUAL USAGE-40EA COST EACH COST EACH \$ x EAU40 = EST ANNUAL COST PACKAGED EACH	\$50.00	\$49.00	NO BID	NO BID	\$42.40
40. VACUTAINER BLOOD TUBES (4 ML) (GREEN) BECTON DICKINSON 367884-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-4000EA COST EACH COST EACH \$ x EAU4000 = EST ANNUAL COST PACKAGED 100/PACKAGE	\$1,746.00	\$1,360.00	NO BID	NO BID	\$1,696.00
41. VACUTAINER BLOOD TUBES (4.5 ML) (BLUE) BECTON DICKINSON 369714-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-4000EA COST EACH COST EACH \$ x EAU4000 = EST ANNUAL COST PACKAGED 100/PACKAGE	\$0.23	\$0.18	NO BID	NO BID	NO BID
42. VACUTAINER BLOOD TUBES (3ML)(PURPLE) BECTON DICKINSON 367856-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-4000EA COST EACH COST EACH \$ x EAU4000 = EST ANNUAL COST PACKAGED 100/PACKAGE	\$0.28	\$0.22	NO BID	NO BID	NO BID

	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE MEDIC MASTER	SOUTHEASTERN EMERGENCY EQUIPMENT	COLOPLAST CORPORATION	MERCURY MEDICAL	RX EMS
43. VACUTAINER BLOOD TUBES (7ML)(MARBLE) BECTON DICKINSON 367975-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-4000EA COST EACH \$0.42 COST EACH \$ x EAU4000 = EST ANNUAL COST \$1,696.00 PACKAGED 100/PACKAGE		\$0.33 \$1,320.00	NO BID	NO BID	NO BID
44. PEDIATRIC ECG ELECTRODE CONMED CORP 1620-003-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-50BX COST EACH \$9.75 COST EACH \$ x EAU50 = EST ANNUAL COST \$487.50 PACKAGED 30/BOX		\$5.40 \$270.00	NO BID	NO BID	NO BID
45. PEDIATRIC DEFIB ELECTRODES AGILENT TECHNOLOGIES M3504A-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-300EA COST EACH \$29.60 COST EACH \$ x EAU300 = EST ANNUAL COST \$8,880.00 PACKAGED 5/BOX		\$17.60 \$5,280.00	NO BID	NO BID	NO BID
46. MULTIFUNCTION ADULT DEFIB ELECTRODE AGILENT TECHNOLOGIES M3501A-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-600EA COST EACH \$27.84 COST EACH \$ x EAU600 = EST ANNUAL COST \$16,704.00 PACKAGED 10/BOX		\$16.80 \$10,080.00	NO BID	NO BID	NO BID
47. NAIL POLISH REMOVER PAD SPECIFY PRODUCT & MANUFACTURER ESTIMATED ANNUAL USAGE-1500EA COST EACH \$0.03 COST EACH \$ x EAU1500 = EST ANNUAL COST \$42.00 PACKAGED 100 PACKETS/BOX		\$0.03 \$45.00	NO BID	NO BID	0.037 \$55.50
48. BECK TRACHEAL WHISTLE (BAAM) BAAM MARK IV-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-200EA COST EACH \$5.56 COST EACH \$ x EAU200 = EST ANNUAL COST \$1,112.00 PACKAGED 10/BOX		\$5.44 \$1,088.00	NO BID	NO BID	NO BID

VENDORS	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE MEDIC MASTER	SOUTHEASTERN EMERGENCY EQUIPMENT	COLOPLAST CORPORATION	MERCURY MEDICAL	RX EMS
49. ENDOTRACHEAL TUBE HOLDER, ADULT					
STI MEDICAL 31177-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-1500EA					
COST EACH	\$2.62	\$2.56	NO BID	NO BID	NO BID
COST EACH \$ x EAU1500 = EST ANNUAL COST	\$3,930.00	\$3,840.00			
PACKAGED 25/BOX					
50. TUBE CHECK INTUBATION DETECTOR					
SPECIFY PRODUCT & MANUFACTURER					
ESTIMATED ANNUAL USAGE-350EA					
COST EACH	\$2.38	\$2.29	NO BID	\$2.80	NO BID
COST EACH \$ x EAU350 = EST ANNUAL COST	\$833.00	\$801.50		\$980.00	
PACKAGED 20/BOX					
51. ENDOTRACHEAL TUBE HOLDER (PEDIATRIC)					
STI MEDICAL 30687-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-600EA					
COST EACH	\$2.62	\$2.56	NO BID	NO BID	NO BID
COST EACH \$ x EAU600 = EST ANNUAL COST	\$1,572.00	\$1,536.00			
PACKAGED 25/BOX					
52. BURETROL SOLUTION SET (60 DROPS/ML)					
BAXTER 2C7566S-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-25EA					
COST EACH	NO BID	\$4.81	NO BID	NO BID	NO BID
COST EACH \$ x EAU25 = EST ANNUAL COST		\$120.25			
PACKAGED EACH					
53. SENSI-TOUCH SPINAL NEEDLES (18x3.5")					
BAXTER 220019 -NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-200EA					
COST EACH	\$1.84	\$1.69	NO BID	NO BID	NO BID
COST EACH \$ x EAU200 = EST ANNUAL COST	\$368.00	\$338.00			
PACKAGED 25/BOX					
54. MONOJECT NEEDLES (21x1.5")					
SHERWOOD MEDICAL 216041-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-2000EA					
COST EACH	\$0.14	\$0.13	NO BID	NO BID	NO BID
COST EACH \$ x EAU2000 = EST ANNUAL COST	\$284.00	\$260.00			\$0.08
PACKAGED 100/BOX					\$160.00

VENDORS	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE MEDIC MASTER	SOUTHEASTERN EMERGENCY EQUIPMENT	COLOPLAST CORPORATION	MERCURY MEDICAL	RX EMS
55. MONOJECT NEEDLES (22x1.5")					
SHERWOOD MEDICAL 216066-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-2000EA					
COST EACH \$0.14	\$0.14	\$0.13	NO BID	NO BID	\$0.08
COST EACH \$ x EAU2000 = EST ANNUAL COST	\$284.00	\$260.00			\$160.00
PACKAGED 100/BOX					
56. SURFLO WINGED INFUSION SET (19G x 0.75")					
TERUMO P-216-119-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-40EA					
COST EACH \$0.32	\$0.32	NO BID	NO BID	NO BID	NO BID
COST EACH \$ x EAU40 = EST ANNUAL COST	\$12.80				
PACKAGED EACH					
57. SURFLO WINGED INFUSION SET (21G x 0.75")					
TERUMO 0197-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-40EA					
COST EACH \$0.32	\$0.32	NO BID	NO BID	NO BID	NO BID
COST EACH \$ x EAU40 = EST ANNUAL COST	\$12.80				
PACKAGED 50/BOX					
58. SURFLO WINGED INFUSION SET (25G x 0.75")					
TERUMO SVTW004-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-40EA					
COST EACH \$0.32	\$0.32	NO BID	NO BID	NO BID	NO BID
COST EACH \$ x EAU40 = EST ANNUAL COST	\$12.80				
PACKAGED EACH					
59. MONOJECT FILTER NEEDLE (18G x 1.5")					
SHERWOOD MEDICAL 8881-305117 NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-2000EA					
COST EACH \$0.24	\$0.24	\$0.22	NO BID	NO BID	NO BID
COST EACH \$ x EAU2000 = EST ANNUAL COST	\$480.00	\$440.00			
PACKAGED 100/BOX					
60. TWIN PAK DUAL CANNULA DEVICE					
BECTON DICKINSON 303390-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-4000EA					
COST EACH \$0.3835	0.3835	\$0.35	NO BID	NO BID	NO BID
COST EACH \$ x EAU4000 = EST ANNUAL COST	\$1,534.00	\$1,400.00			
PACKAGED 100/BOX					

VENDORS	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE MEDIC MASTER	SOUTHEASTERN EMERGENCY EQUIPMENT	COLOPLAST CORPORATION	MERCURY MEDICAL	RX EMS
61. MG SULFATE PRE-FILLED SYRINGE IMS 0548-1034-00-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-500EA					
COST EACH	NO BID	NO BID	NO BID	NO BID	\$3.27
COST EACH \$ x EAU500 = EST ANNUAL COST PACKAGED 100/BOX					\$1,635.00
62. LUBRICATING JELLY FOIL PACKET 2.7G PROFESSIONAL DISPOSABLES INC T-00128 -NO SUBSTITUTE ESTIMATED ANNUAL USAGE-3024EA					
COST EACH	\$0.03	\$0.04	NO BID	NO BID	NO BID
COST EACH \$ x EAU3024 = EST ANNUAL COST PACKAGED 144/BOX	\$85.88	\$120.96			
63. LIFE SCANS UNISTICK 2 SPRING LOADED LANCET NDC 53885-636-10 -NO SUBSTITUTE ESTIMATED ANNUAL USAGE-5500EA					
COST EACH	NO BID	NO BID	NO BID	NO BID	\$0.21
COST EACH \$ x EAU5500 = EST ANNUAL COST PACKAGED 100/BOX					\$1,155.00
64. BIOMEDIX SELECT-3 IV SELECTABLE ADMIN SET BIOMEDIX 10102-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-1920EA					
COST EACH	\$4.28	\$4.19	NO BID	NO BID	NO BID
COST EACH \$ x EAU1920 = EST ANNUAL COST PACKAGED 48/CS	\$8,217.60	\$8,044.80			
65. IODINE SWABS DYNAREX 1201-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-1000EA					
COST EACH	\$0.08	\$0.08	NO BID	NO BID	0.073
COST EACH \$ x EAU1000 = EST ANNUAL COST PACKAGED 50/BOX	\$79.00	\$80.00			\$73.00
66. TINCTURE OF BENZOIN 10% SWABSTICK PROFESSIONAL DISPOSABLES INC S-42450 NO SUBSTITUTE ESTIMATED ANNUAL USAGE-500EA					
COST EACH	NO BID	\$0.16	NO BID	NO BID	NO BID
COST EACH \$ x EAU500 = EST ANNUAL COST PACKAGED 50/BOX		\$80.00			

	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE MEDIC MASTER	SOUTHEASTERN EMERGENCY EQUIPMENT	COLOPLAST CORPORATION	MERCURY MEDICAL	RX EMS
VENDORS 67. GRAHAM FITTED COT SHEETS GRAHAM 44547-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-10000EA COST EACH COST EACH \$ x EAU10000 = EST ANNUAL COST PACKAGED 50/BOX	NO BID	\$0.80 \$8,000.00	NO BID	NO BID	NO BID
68. 60CC EXEL SYRINGE EXEL 26302-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-400EA COST EACH COST EACH \$ x EAU400 = EST ANNUAL COST PACKAGED 25/BOX	NO BID	\$0.39 \$156.00	NO BID	NO BID	NO BID
69. GRANDVIEW LARYNGOSCOPE BLADES GRANDVIEW GV 2020A-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-150EA COST EACH COST EACH \$ x EAU150 = EST ANNUAL COST PACKAGED EACH	\$49.80 \$7,470.00	\$49.85 \$7,477.50	NO BID NO BID	NO BID	NO BID
70. GRANDVIEW LARYNGOSCOPE BULBS GRANDVIEW GV 1008-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-150EA COST EACH COST EACH \$ x EAU150 = EST ANNUAL COST PACKAGED EACH	\$5.15 \$772.50	\$5.46 \$819.00	NO BID NO BID	NO BID	NO BID
71. EVAC-U-SPLINT EXTREMITY KIT HARTWELL MEDICAL EV 3000-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-35EA COST EACH COST EACH \$ x EAU35 = EST ANNUAL COST PACKAGED EACH	\$267.00 \$9,345.00	\$266.50 \$9,327.50	NO BID NO BID	NO BID	NO BID
72. 3C/C SYRINGE WITH TWIN CANNULA BECTON DICKINSON 303391-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-21000EA COST EACH COST EACH \$ x EAU21000 = EST ANNUAL COST PACKAGED ?	\$0.42 \$8,792.70	\$0.39 \$8,190.00	NO BID NO BID	NO BID	NO BID

	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE MEDIC MASTER	SOUTHEASTERN EMERGENCY EQUIPMENT	COLOPLAST CORPORATION	MERCURY MEDICAL	RX EMS
VENDORS 73. DISPOSABLE POLYESTER BLANKET S & F PROMOTIONS C-125-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-200EA COST EACH COST EACH \$ x EAU200 = EST ANNUAL COST PACKAGED EACH	NO BID	NO BID	NO BID	NO BID	NO BID
74. P.A.W.S. ANTIMICROBIAL WIPES SAFETEC 34400-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-200BX COST EACH COST EACH \$ x EAU200 = EST ANNUAL COST PACKAGED EACH	\$3.40 \$680.00	\$3.35 \$670.00	NO BID NO BID	NO BID	NO BID
75. RECORDER PAPER 80MM FAN FOLDED ZOLL 8000-0301-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-100BX COST EACH COST EACH \$ x EAU100 = EST ANNUAL COST PACKAGED ?	NO BID	NO BID	NO BID	NO BID	NO BID
76. DISPOSABLE PEDIATRIC SENSOR ZOLL 8000-0044-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-30C COST EACH COST EACH \$ x EAU30 = EST ANNUAL COST PACKAGED ?	NO BID	NO BID	NO BID	NO BID	NO BID
77. 4ECG ELECTRODES ZOLL 8900-0004-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-20C COST EACH COST EACH \$ x EAU20 = EST ANNUAL COST PACKAGED ?	NO BID	NO BID	NO BID	NO BID	NO BID
78. HVP MULTIFUNCTION ELECTRODES (ADULT) ZOLL 8900-4003-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-30C COST EACH COST EACH \$ x EAU30 = EST ANNUAL COST PACKAGED ?	NO BID	NO BID	NO BID	NO BID	NO BID

VENDORS	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE MEDIC MASTER	SOUTHEASTERN EMERGENCY EQUIPMENT	COLOPLAST CORPORATION	MERCURY MEDICAL	RX EMS
79. PEDI-PADZ MULTI-FUNCTION ELECTRODES					
ZOLL 8900-2065-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-30C:					
COST EACH	NO BID	NO BID	NO BID	NO BID	NO BID
COST EACH \$ x EAU30 = EST ANNUAL COST					
PACKAGED ?					
GRAND TOTAL (ANNUAL COST)	\$178,125.23	\$158,061.47	\$209.58	\$43,829.60	\$6,703.00
DELIVERED WITHIN	3	7-10	7-10	2 TO 5	2 TO 3
CALENDAR DAYS					
LOCAL VENDOR PREFERENCE	NO	NO	NO	NO	NO
QUOTE SIGNED	YES	YES	YES	YES	YES
NO BIDS					

POSTING TIME/DATE
 FROM: / /
 UNTIL: / /
 BY: / /

FORMAL QUOTATION #Q-030070

OPENING DATE: MARCH 25, 2003

BUYER: CHRIS JEFFCOAT

LEE COUNTY, FLORIDA TABULATION SHEET

FOR

PURCHASE OF MEDICAL SUPPLIES (PRODUCT GROUP C) FOR EMS

VENDORS		MOORE MEDICAL CORP	TECH MED INDUSTRIES		
1. ANGIOCATH IV CATHETER					
RECTON DICKINSON 382258-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-240 EA					
COST EACH		NO BID	\$4.35		
COST EACH \$	x EA1240 = EST ANNUAL COST		\$1,044.00		
PACKAGED 10/BOX					
2. SAFE-CUFF BLOOD PRESSURE CUFF (ADULT LG)					
CAS MEDICAL CD1642-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 16(EA)					
COST EACH		NO BID	NO BID		
COST EACH \$	x EA110 = EST ANNUAL COST				
PACKAGED 20/BOX					
3. MOLDED SURGICAL MASK					
SPECIFY PRODUCT & MANUFACTURER					
ESTIMATED ANNUAL USAGE- 25(EA)					
COST EACH		\$0.08	\$0.11		
COST EACH \$	x EA1250 = EST ANNUAL COST	\$20.75	\$27.50		
PACKAGED 50/BOX					
4. CHARGER FOR PORTABLE SUCTION UNITS					
IMPACT 810-0305-02-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 2(EA)					
COST EACH		NO BID	NO BID		
COST EACH \$	x EA120 = EST ANNUAL COST				
PACKAGED EACH					
5. SAFECUFF BP CUFF (SM ADULT)					
CAS MEDICAL CD1230-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 8(EA)					
COST EACH		NO BID	NO BID		
COST EACH \$	x EA100 = EST ANNUAL COST				
PACKAGED EACH					
6. SAFECUFF BP CUFF (ADULT)					
CAS MEDICAL CD1437-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 800 EA					
COST EACH		NO BID	NO BID		
COST EACH \$	x EA100 = EST ANNUAL COST				
PACKAGED 20/BOX					

VENDORS	MOORE MEDICAL CORP	TECH MED INDUSTRIES	
7. SAFECUFF BP CUFF (CHILD) CAS MEDICAL CD927-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 14EA COST EACH COST EACH \$ x EAU14 = EST ANNUAL COST PACKAGED 20/BOX	NO BID	NO BID	
8. SAFECUFF BP CUFF (INFANT) CAS MEDICAL CD618-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 8EA COST EACH COST EACH \$ x EAU8 = EST ANNUAL COST PACKAGED 20/BOX	NO BID	NO BID	
9. 3M PARTICULATE RESPIRATOR N95 3M 8210S -NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 16EA COST EACH COST EACH \$ x EAU16 = EST ANNUAL COST PACKAGED 20/BOX	NO BID	NO BID	
10. 3M PARTICULATE RESPIRATOR N95 3M 8210-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 20EA COST EACH COST EACH \$ x EAU20 = EST ANNUAL COST PACKAGED 20/BOX	\$0.58	NO BID	
11. STA-BLOCK HHD STI MEDICAL 975-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 480EA COST EACH COST EACH \$ x EAU480 = EST ANNUAL COST PACKAGED 30/BOX	\$4.65	\$4.99	
12. AMBU ADULT ADJUSTABLE EXTRICATION COLLARS AMBU 000 281 000-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 400EA COST EACH COST EACH \$ x EAU400 = EST ANNUAL COST PACKAGED 30/BOX	\$6.89	\$5.88	

VENDORS	MOORE MEDICAL CORP	TECH MED INDUSTRIES
13. PEDI/INFANT/SM ADULT ADJUST EXTRICATION COLLAR AMBU 000 281 106-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 80EA COST EACH \$6.80 COST EACH \$ x EAU800 = EST ANNUAL COST \$5,440.00 PACKAGED 30/BOX \$5.88 COST EACH \$ x EAU700 = EST ANNUAL COST \$4,704.00		
14.12 LEAD PAPER PHYSIO-CONTROL 805319-05-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 200EA COST EACH COST EACH \$ x EAU700 = EST ANNUAL COST PACKAGED 2 ROLLS/BOX	NO BID	NO BID
15. ADULT BVM LIFE SUPPORT PRODUCTS L570-040-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 180EA COST EACH \$9.30 COST EACH \$ x EAU180 = EST ANNUAL COST \$1,674.00 PACKAGED 6/BOX \$19.20 COST EACH \$ x EAU180 = EST ANNUAL COST \$3,456.00		
16. INFANT BVM LIFE SUPPORT PRODUCTS L570-200-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 24EA COST EACH \$10.69 COST EACH \$ x EAU240 = EST ANNUAL COST \$2,565.60 PACKAGED 6/BOX \$20.56 COST EACH \$ x EAU240 = EST ANNUAL COST \$4,934.40		
17. PEDIATRIC BVM LIFE SUPPORT PRODUCTS L570-101- NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 24EA COST EACH \$10.69 COST EACH \$ x EAU240 = EST ANNUAL COST \$2,565.60 PACKAGED 6/BOX \$20.56 COST EACH \$ x EAU240 = EST ANNUAL COST \$4,934.40		
18. THREE-WAY STOP COCK BAXTER 2C6229-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 80EA COST EACH \$1.80 COST EACH \$ x EAU80 = EST ANNUAL COST \$144.00 PACKAGED EACH	NO BID	

VENDORS	MOORE MEDICAL CORP	TECH MED INDUSTRIES			
19. MECONIUM ASPIRATOR					
NEO TECH PRODUCTS N0101 - NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 80EA					
COST EACH	\$3.85	\$4.67			
COST EACH \$ x EAU80 = EST ANNUAL COST	\$308.00	\$373.60			
PACKAGED EACH					
20. BP CUFF ADULT LARGE					
MABIS 05-260-016 -NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 30EA					
COST EACH	NO BID	\$10.98			
COST EACH \$ x EAU30 = EST ANNUAL COST		\$329.40			
PACKAGED EACH					
21. EASY CAP CO2 DETECTOR					
NELLCOR PURITAN BENNETT 047412A-0797-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 1800EA					
COST EACH	\$9.35	\$12.85			
COST EACH \$ x EAU1800 = EST ANNUAL COST	\$16,830.00	\$23,130.00			
PACKAGED 6/BOX					
22. PEDI END-TIDAL CO2 DETECTOR					
NELLCOR PURITAN BENNETT 046700A-0598-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 480EA					
COST EACH	\$9.85	\$13.57			
COST EACH \$ x EAU480 = EST ANNUAL COST	\$4,728.00	\$6,513.60			
PACKAGED 24/CASE					
23. LARYNGOSCOPE BLADE (MILLER 0)					
SPECIFY PRODUCT AND MANUFACTURER		MACO MILLER 0			
ESTIMATED ANNUAL USAGE- 40EA					
COST EACH	\$13.64	\$11.75			
COST EACH \$ x EAU40 = EST ANNUAL COST	\$545.60	\$470.00			
PACKAGED EACH					
24. LARYNGOSCOPE BLADE (MILLER 1)					
SPECIFY PRODUCT AND MANUFACTURER		MACO MILLER 1			
ESTIMATED ANNUAL USAGE- 40EA					
COST EACH	\$13.64	\$11.75			
COST EACH \$ x EAU40 = EST ANNUAL COST	\$545.60	\$470.00			
PACKAGED EACH					

VENDORS	MOORE MEDICAL CORP	TECH MED INDUSTRIES			
25. LARYNGOSCOPE BLADE (MILLER 2)					
SPECIFY PRODUCT AND MANUFACTURER		MACO MILLER 2			
ESTIMATED ANNUAL USAGE- 40EA					
COST EACH	\$13.64	\$11.75			
COST EACH \$ x EAU40 = EST ANNUAL COST	\$545.60	\$470.00			
PACKAGED EACH					
26. LARYNGOSCOPE BLADE (MILLER 3)					
SPECIFY PRODUCT AND MANUFACTURER		MACO MILLER 3			
ESTIMATED ANNUAL USAGE- 120EA					
COST EACH	\$13.64	\$11.75			
COST EACH \$ x EAU120 = EST ANNUAL COST	\$1,636.80	\$1,410.00			
PACKAGED EACH					
27. LARYNGOSCOPE BLADE (MAC 2)					
SPECIFY PRODUCT AND MANUFACTURER		MACO MAC 2			
ESTIMATED ANNUAL USAGE- 40EA					
COST EACH	\$13.64	\$11.75			
COST EACH \$ x EAU40 = EST ANNUAL COST	\$545.60	\$470.00			
PACKAGED EACH					
28. LARYNGOSCOPE BLADE (MAC 3)					
SPECIFY PRODUCT AND MANUFACTURER		MACO MAC 3			
ESTIMATED ANNUAL USAGE- 100EA					
COST EACH	\$13.64	\$11.75			
COST EACH \$ x EAU100 = EST ANNUAL COST	\$1,364.00	\$1,175.00			
PACKAGED EACH					
29. LARYNGOSCOPE BLADE (MAC 4)					
SPECIFY PRODUCT AND MANUFACTURER		MACO MAC 4			
ESTIMATED ANNUAL USAGE- 100EA					
COST EACH	\$13.64	\$11.75			
COST EACH \$ x EAU100 = EST ANNUAL COST	\$1,364.00	\$1,175.00			
PACKAGED EACH					
30. STANDARD LARYNGOSCOPE HANDLE (SMALL/PENLIGHT)					
RUSCH 008620100-NO SUBSTITUTI					
ESTIMATED ANNUAL USAGE- 20EA					
COST EACH	\$14.75	\$21.15			
COST EACH \$ x EAU20 = EST ANNUAL COST	\$295.00	\$423.00			
PACKAGED EACH					

VENDORS	MOORE MEDICAL CORP	TECH MED INDUSTRIES			
31. LARYNGOSCOPE BLADE (MILLER 4) SPECIFY PRODUCT AND MANUFACTURER ESTIMATED ANNUAL USAGE-100EA COST EACH \$13.65 COST EACH \$ x EAU100 = EST ANNUAL COST \$1,365.00 PACKAGED EACH \$11.75		MACO MILLER 4			
32. LARYNGOSCOPE BLADE (MAC 1) SPECIFY PRODUCT AND MANUFACTURER ESTIMATED ANNUAL USAGE-40EA COST EACH \$13.65 COST EACH \$ x EAU40 = EST ANNUAL COST \$546.00 PACKAGED EACH \$470.00		MACO MAC 1			
33. PURELL HAND SANITIZER SPECIFY PRODUCT AND MANUFACTURER ESTIMATED ANNUAL USAGE-42EA COST EACH \$2.50 COST EACH \$ x EAU42 = EST ANNUAL COST \$105.00 PACKAGED EACH \$24.36		CHESTER LABS 402			
34. SPECIMEN TRANSPORT BAGS MD INDUSTRIES 49-97 68059-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-16,000EA COST EACH \$ NO BID COST EACH \$ x EAU16,000 = EST ANNUAL COST NO BID PACKAGED 1000/BOX					
35. EPINEPHRINE 1M1 (MG/ML) ABBOTT LABS NDC 0074-7241-01-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-500EA COST EACH \$8.25 COST EACH \$ x EAU500 = EST ANNUAL COST \$4,125.00 PACKAGED EACH \$295.00					
36. VASOPRESSIN (20 UNITS/ML) AMERICAN REGENT NDC 0517-1020-25-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-300EA COST EACH \$ NO BID COST EACH \$ x EAU300 = EST ANNUAL COST \$3.40 PACKAGED 25/BOX \$1,020.00					

VENDORS	MOORE MEDICAL CORP	TECH MED INDUSTRIES			
37. INFANT 4.2% SODIUM BICARBONATE ABBOTT LABS NDC 0074-5534-34-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-100EA COST EACH \$2.50					
COST EACH \$ x EAU100 = EST ANNUAL COST \$250.00 PACKAGED 10/PACKAGE \$275.00					
38. GLUCOMETER ELITE NML CTL 2.5 ML SPECIFY PRODUCT & MANUFACTURER ESTIMATED ANNUAL USAGE-100EA COST EACH \$5.59	HYPO GUARD ASSURE II				
COST EACH \$ x EAU100 = EST ANNUAL COST \$559.00 PACKAGED 2/BOX \$1,563.00					
39. GLUCOMETER ELITE XL DIABETES SPECIFY PRODUCT & MANUFACTURER ESTIMATED ANNUAL USAGE-40EA COST EACH \$62.60	NO BID				
COST EACH \$ x EAU40 = EST ANNUAL COST \$2,488.00 PACKAGED EACH					
40. VACUTAINER BLOOD TUBES (4 ML) (GREEN) BECTON DICKINSON 367884-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-4000EA COST EACH \$0.36	NO BID				
COST EACH \$ x EAU4000 = EST ANNUAL COST \$1,440.00 PACKAGED 100/PACKAGE					
41. VACUTAINER BLOOD TUBES (4.5 ML) (BLUE) BECTON DICKINSON 369714-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-4000EA COST EACH \$21.85					
COST EACH \$ x EAU4000 = EST ANNUAL COST \$87,500.00 PACKAGED 100/PACKAGE \$760.00					
42. VACUTAINER BLOOD TUBES (3ML) (PURPLE) BECTON DICKINSON 367856-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-4000EA COST EACH \$13.70					
COST EACH \$ x EAU4000 = EST ANNUAL COST \$54,800.00 PACKAGED 100/PACKAGE \$920.00					

VENDORS	MOORE MEDICAL CORP	TECH MED INDUSTRIES			
43. VACUTAINER BLOOD TUBES (7ML) (MARBLE) BECTON DICKINSON 367975-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-4000EA COST EACH					
COST EACH \$ x EAU4000 = EST ANNUAL COST	NO BID	\$0.35			
PACKAGED 100/PACKAGE		\$1,400.00			
44. PEDIATRIC ECG ELECTRODE CONMED CORP 1620-003-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-50BX COST EACH					
COST EACH \$ x EAU50 = EST ANNUAL COST	NO BID	\$6.35			
PACKAGED 30/BOX		\$317.50			
45. PEDIATRIC DEFIB ELECTRODES AGILENT TECHNOLOGIES M3504A-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-300EA COST EACH					
COST EACH \$ x EAU300 = EST ANNUAL COST	NO BID	NO BID			
PACKAGED 5/BOX					
46. MULTIFUNCTION ADULT DEFIB ELECTRODE: AGILENT TECHNOLOGIES M3501A-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-600EA COST EACH					
COST EACH \$ x EAU600 = EST ANNUAL COST	NO BID	NO BID			
PACKAGED 10/BOX					
47. NAIL POLISH REMOVER PAD: SPECIFY PRODUCT & MANUFACTURER ESTIMATED ANNUAL USAGE-1500EA COST EACH					
COST EACH \$ x EAU1500 = EST ANNUAL COST	\$2.00	\$0.02			
PACKAGED 100 PACKETS/BOX	\$3,000.00	\$30.00			
48. BECK TRACHEAL WHISTLE (BAAM) BAAM MARK IV-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-200EA COST EACH					
COST EACH \$ x EAU200 = EST ANNUAL COST	\$5.69	\$6.95			
PACKAGED 10/BOX	\$1,138.00	\$1,390.00			

VENDORS	MOORE MEDICAL CORP	TECH MED INDUSTRIES			
49. ENDOTRACHEAL TUBE HOLDER, ADULT					
STI MEDICAL 31177-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-1500EA					
COST EACH	\$2.90	\$3.50			
COST EACH \$ x EAU1500 = EST ANNUAL COST	\$4,350.00	\$5,250.00			
PACKAGED 25/BOX					
50. TUBE CHECK INTUBATION DETECTOR SPECIFY PRODUCT & MANUFACTURER		AMBU			
ESTIMATED ANNUAL USAGE-350EA					
COST EACH	\$3.05	\$2.29			
COST EACH \$ x EAU350 = EST ANNUAL COST	\$1,067.50	\$801.50			
PACKAGED 20/BOX					
51. ENDOTRACHEAL TUBE HOLDER (PEDIATRIC) STI MEDICAL 30687-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-600EA					
COST EACH	\$3.09	\$3.50			
COST EACH \$ x EAU600 = EST ANNUAL COST	\$1,854.00	\$2,100.00			
PACKAGED 25/BOX					
52. BURETROL SOLUTION SET (60 DROPS/ML BAXTER 2C7566S-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-25EA					
COST EACH	NO BID	NO BID			
COST EACH \$ x EAU25 = EST ANNUAL COST					
PACKAGED EACH					
53. SENSI-TOUCH SPINAL NEEDLES (18x3.5" BAXTER 220019 -NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-200EA					
COST EACH	NO BID	NO BID			
COST EACH \$ x EAU200 = EST ANNUAL COST					
PACKAGED 25/BOX					
54. MONOJECT NEEDLES (21x1.5") SHERWOOD MEDICAL 216041-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-2000EA					
COST EACH	\$20.90	\$0.14			
COST EACH \$ x EAU2000 = EST ANNUAL COST	\$41,800.00	\$280.00			
PACKAGED 100/BOX					

VENDORS	MOORE MEDICAL CORP	TECH MED INDUSTRIES				
55. MONOJECT NEEDLES (22x1.5")						
SHERWOOD MEDICAL 216066-NO SUBSTITUTE						
ESTIMATED ANNUAL USAGE-2000EA						
COST EACH	\$0.09	\$0.14				
COST EACH \$ x EAU2000 = EST ANNUAL COST	\$187.00	\$280.00				
PACKAGED 100/BOX						
56. SURFLO WINGED INFUSION SET (19G x 0.75")						
TERUMO P-216-119-NO SUBSTITUTE						
ESTIMATED ANNUAL USAGE-40EA						
COST EACH	\$0.31	NO BID				
COST EACH \$ x EAU40 = EST ANNUAL COST	\$12.52					
PACKAGED EACH						
57. SURFLO WINGED INFUSION SET (21G x 0.75")						
TERUMO 0197-NO SUBSTITUTE						
ESTIMATED ANNUAL USAGE-40EA						
COST EACH	\$0.31	NO BID				
COST EACH \$ x EAU40 = EST ANNUAL COST	\$12.52					
PACKAGED 50/BOX						
58. SURFLO WINGED INFUSION SET (25G x 0.75")						
TERUMO SYTW004-NO SUBSTITUTE						
ESTIMATED ANNUAL USAGE-40EA						
COST EACH	NO BID	NO BID				
COST EACH \$ x EAU40 = EST ANNUAL COST						
PACKAGED EACH						
59. MONOJECT FILTER NEEDLE (18G x 1.5")						
SHERWOOD MEDICAL 8881-305117 NO SUBSTITUTE						
ESTIMATED ANNUAL USAGE-2000EA						
COST EACH	\$0.29	NO BID				
COST EACH \$ x EAU2000 = EST ANNUAL COST	\$583.00					
PACKAGED 100/BOX						
60. TWIN PAK DUAL CANNULA DEVICE						
BECTON DICKINSON 303390-NO SUBSTITUTE						
ESTIMATED ANNUAL USAGE-4000EA						
COST EACH	NO BID	\$0.38				
COST EACH \$ x EAU4000 = EST ANNUAL COST		\$1,520.00				
PACKAGED 100/BOX						

VENDORS	MOORE MEDICAL CORP	TECH MED INDUSTRIES	
61. MG SULFATE PRE-FILLED SYRINGE IMS 0548-1034-00-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-500EA COST EACH \$ 0.21 COST EACH \$ x EAU500 = EST ANNUAL COST \$102.50 PACKAGED 100/BOX	NO BID	NO BID	
62. LUBRICATING JELLY FOIL PACKET 2.7G PROFESSIONAL DISPOSABLES INC T-00128 -NO SUBSTITUTE ESTIMATED ANNUAL USAGE-3024EA COST EACH \$ NO BID COST EACH \$ x EAU3024 = EST ANNUAL COST PACKAGED 144/BOX	NO BID	NO BID	
63. LIFESCANS UNISTICK 2 SPRING LOADED LANCET NDC 53885-636-10 - NO SUBSTITUTE ESTIMATED ANNUAL USAGE-5500EA COST EACH \$ NO BID COST EACH \$ x EAU5500 = EST ANNUAL COST PACKAGED 100/BOX	NO BID	NO BID	
64. BIOMEDIX SELECT-3 IV SELECTABLE ADMIN SET BIOMEDIX 10102-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-1920EA COST EACH \$ \$4.45 COST EACH \$ x EAU1920 = EST ANNUAL COST \$8,544.00 PACKAGED 48/CS	\$4.45	\$5.15	\$9,888.00
65. IODINE SWABS DYNAREX 1201-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-1000EA COST EACH \$ \$0.06 COST EACH \$ x EAU1000 = EST ANNUAL COST \$64.00 PACKAGED 50/BOX	\$0.06	\$0.09	\$90.00
66. TINCTURE OF BENZOIN 10% SWABSTICK PROFESSIONAL DISPOSABLES INC S-42450 NO SUBSTITUTE ESTIMATED ANNUAL USAGE-500EA COST EACH \$ NO BID COST EACH \$ x EAU500 = EST ANNUAL COST PACKAGED 50/BOX	NO BID	\$0.17	\$85.00

VENDORS	MOORE MEDICAL CORP	TECH MED INDUSTRIES	
67. GRAHAM FITTED COT SHEETS			
GRAHAM 44547-NO SUBSTITUTE			
ESTIMATED ANNUAL USAGE-10000EA			
COST EACH	\$0.81	\$0.86	
COST EACH \$ x EAU10000 = EST ANNUAL COST	\$8,100.00	\$8,600.00	
PACKAGED 50/BOX			
68. 60CC EXEL SYRINGE			
EXEL 26302-NO SUBSTITUTION			
ESTIMATED ANNUAL USAGE-400EA			
COST EACH	NO BID	\$0.42	
COST EACH \$ x EAU400 = EST ANNUAL COST		\$168.00	
PACKAGED 25/BOX			
69. GRANDVIEW LARYNGOSCOPE BLADES			
GRANDVIEW GV 2020A-NO SUBSTITUTE			
ESTIMATED ANNUAL USAGE-150EA			
COST EACH	\$54.10	NO BID	
COST EACH \$ x EAU150 = EST ANNUAL COST	\$8,115.00		
PACKAGED EACH			
70. GRANDVIEW LARYNGOSCOPE BULBS			
GRANDVIEW GV 1008-NO SUBSTITUTE			
ESTIMATED ANNUAL USAGE-150EA			
COST EACH	\$5.90	NO BID	
COST EACH \$ x EAU150 = EST ANNUAL COST	\$885.00		
PACKAGED EACH			
71. EVAC-U-SPLINT EXTREMITY KIT			
HARTWELL MEDICAL EV 3000-NO SUBSTITUTE			
ESTIMATED ANNUAL USAGE-35EA			
COST EACH	\$305.95	NO BID	
COST EACH \$ x EAU35 = EST ANNUAL COST	\$10,708.25		
PACKAGED EACH			
72. 3C/C SYRINGE WITH TWIN CANNULA			
BECTON DICKINSON 303391-NO SUBSTITUTE			
ESTIMATED ANNUAL USAGE-21000EA			
COST EACH	NO BID	\$0.42	
COST EACH \$ x EAU21000 = EST ANNUAL COST		\$8,820.00	
PACKAGED ?			

VENDORS	MOORE MEDICAL CORP	TECH MED INDUSTRIES	
73. DISPOSABLE POLYESTER BLANKET			
S & F PROMOTIONS C-125-NO SUBSTITUTE			
ESTIMATED ANNUAL USAGE-200EA			
COST EACH	\$7.10	NO BID	
COST EACH \$ x EAU200 = EST ANNUAL COST	\$1,420.00		
PACKAGED EACH			
74. P.A.W.S. ANTI-MICROBIAL WIPES			
SAFETEC 34400-NO SUBSTITUTE			
ESTIMATED ANNUAL USAGE-200BX			
COST EACH	\$3.20	\$5.20	
COST EACH \$ x EAU200 = EST ANNUAL COST	\$640.00	\$1,040.00	
PACKAGED EACH			
75. RECORDER PAPER 80MM FAN FOLDED			
ZOLL 8000-0301-NO SUBSTITUTE			
ESTIMATED ANNUAL USAGE-100BX			
COST EACH	NO BID	NO BID	
COST EACH \$ x EAU100 = EST ANNUAL COST			
PACKAGED ?			
76. DISPOSABLE PEDIATRIC SENSOR			
ZOLL 8000-0044-NO SUBSTITUTE			
ESTIMATED ANNUAL USAGE-30C ^s			
COST EACH	NO BID	\$21.15	
COST EACH \$ x EAU30 = EST ANNUAL COST		\$12,690.00	
PACKAGED ?			
77. 4ECG ELECTRODES			
ZOLL 8900-0004-NO SUBSTITUTE			
ESTIMATED ANNUAL USAGE-20C ^s			
COST EACH	NO BID	NO BID	
COST EACH \$ x EAU20 = EST ANNUAL COST			
PACKAGED ?			
78. HVP MULTI-FUNCTION ELECTRODES (ADULT			
ZOLL 8900-4003-NO SUBSTITUTE			
ESTIMATED ANNUAL USAGE-30C ^s			
COST EACH	NO BID	35.25	
COST EACH \$ x EAU30 = EST ANNUAL COST		\$12,690.00	
PACKAGED ?			

VENDORS	MOORE MEDICAL CORP	TECH MED INDUSTRIES			
79. PEDI-PADZ MULTI-FUNCTION ELECTRODES					
ZOLL 8900-2065-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-30CS					
COST EACH	NO BID	\$46.40			
COST EACH \$	x EA130 = EST ANNUAL COST	\$1,392.00			
PACKAGED ?					
GRAND TOTAL (ANNUAL COST)	\$348,100.69	\$211,980.26			
DELIVERED WITHIN	1 TO 3	7 TO 10			
LOCAL VENDOR PREFERENCE?	NA	N			
QUOTE SIGNED	Y	Y			

ATTACHMENT 2

From: Chris Hansen
To: Ciccarelli, Kathryn
Date: 6/12/03 2:57PM
Subject: Fwd: Quote 030070

Kathy:

Will you please help us accomplish the request attached from John Norton. I have reviewed this with Dave Kainrad and concur with their recommendation.

I am the approving authority for the Division of Public Safety during Michael Bridges and John Wilson's absence. Thanks in advance for your assistance.

Sincerely,

Chief Chris Hansen, EMS Manager
Lee County Division of Public Safety
PO Box 398 Fort Myers, FL 33902
239.335.1604, Fax: 239.335.1638
www.lee-ems.com
chrish@leegov.com

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CC: Jeffcoat, Christopher; Wilson, John

From: John Norton
To: Kainrad, Dave
Date: 6/6/03 5:29PM
Subject: Quote 030070

Hi David,

Please ask Chris Hansen to approve the above quote (item list attached). We are asking Chris Hansen to deny items 14, 40, 41, 42, 43, 45, 46, 54, 55, 75, 76, 77, 78, 79. There are some which have been overcome by events in that they are no longer used and this was determined after the quote went out. Others are priced much higher than we enjoy from our current sources. We have coordinated the right of denial with Chris Jeffcoat.

I have marked the attached copy with the successful vendor and the "each" price they included in their bids. The data was taken from the hard copies of the bids submitted by the vendors and the "tabsheet" provided by Purchasing. In two or three cases there were ties on prices between two vendors and I chose after conferring with Kathy Ciccarelli in Purchasing.

Specifically the Zoll items are going to be handled with an open P/O with Zoll Medical for a dollar amount for the rest of this FY according to our estimate of consumption. For next FY we will establish an open P/O for a dollar amount and if we approach the threshold for BOCC approval we will make it an agenda item as needed. Please advise if this is acceptable. This solution was recommended by Chris Jeffcoat. We have been getting the blood tubes from Lee Memorial (Leesar) and will continue to do so with an open P/O for a dollar amount for the rest of this FY and with the same for all of next FY. We do not expect to exceed the threshold for the blood tubes nor for Leesar based on current plans to use them as a source of supply.

We appreciate having the remaining items on an open contract as it will make procurement results more timely and effective. We continue to assess the warehouse items that are not on open quotes and will submit a list at a later date for those we feel are candidates for a future effort by the Purchasing Division.

Thanks.

Please advise how I may serve you today.

John V. Norton
Supply Specialist/Public Safety
nortonjv@leegov.com
Phone 239-652-6020
Fax 239-652-6018

CC: Molina, Phillip

Items Not in the Contractor Catalogue

- | <u>ITEM DESCRIPTION</u> | <u>MANUFACTURER PRODUCT #</u> |
|---|--------------------------------|
| 1. Angiocath IV Catheter | Becton Dickinson <u>382258</u> |
| Estimated Annual Usage <u>240 ea</u> No Substitute | EMP 0.215 ea |
| Cost Each _____ x EAU <u>240</u> = Est. Annual Cost \$ _____ | |
| Packaged <u>10/ box</u> | |
| <hr/> | |
| 2. Safe-cuff Blood Pressure Cuff (Adult Lg) | CAS Medical <u>CD1642</u> |
| Estimated Annual Usage <u>160 ea</u> No Substitute | Southeastern EE 5.98 ea |
| Cost Each \$ _____ x EAU <u>160</u> = Est. Annual Cost \$ _____ | |
| Packaged <u>20/ box</u> Vendor P/N H6507 | |
| <hr/> | |
| 3. Molded Surgical Mask | <u>Dynarex 22030</u> |
| Estimated Annual Usage <u>250 ea</u> Substitute Allowed | EMP 0.07 ea |
| Cost Each \$ _____ x EAU <u>250</u> = Est. Annual Cost \$ _____ | |
| Packaged <u>50/ box</u> | |
| <hr/> | |
| 4. Charger For Portable Suction Units | Impact <u>810-0305-02</u> |
| Estimated Annual Usage <u>20 ea</u> No Substitute | EMP 21.43 ea |
| Cost Each \$ _____ x EAU <u>20</u> = Est. Annual Cost \$ _____ | |
| Packaged <u>Each</u> Vendor P/N 305-02 | |
| <hr/> | |
| 5. Safecuff BP Cuff (sm adult) | CAS Medical <u>CD1230</u> |
| Estimated Annual Usage <u>80 ea</u> No Substitute | Southeastern EE 5.75 ea |
| Cost Each \$ _____ x EAU <u>80</u> = Est. Annual Cost \$ _____ | |
| Packaged <u>Each</u> Vendor P/N H6509 | |

6. Safecuff BP Cuff (adult) CAS Medical CD1437
Estimated Annual Usage 800 ea No Substitute **Southeastern EE 5.75 ea**
Cost Each \$ _____ x EAU 800 = Est. Annual Cost \$ _____
Packaged 20/ box **Vendor P/N H6508**

7. Safecuff BP Cuff (child) CAS Medical CD927
Estimated Annual Usage 140 ea No Substitute **Southeastern EE 4.51 ea**
Cost Each \$ _____ x EAU 140 = Est. Annual Cost \$ _____
Packaged 20/ box **Vendor P/N H6510**

8. Safecuff BP Cuff (infant) CAS Medical CD618
Estimated Annual Usage 80 ea No Substitute **Southeastern EE 3.92 ea**
Cost Each \$ _____ x EAU 80 = Est. Annual Cost \$ _____
Packaged 20/ box **Vendor P/N H6512**

9. 3M Particulate Respirator N95 3M 8110S
Estimated Annual Usage 160 ea No Substitute **Fisher SC 0.6175**
Cost Each \$ _____ x EAU 160 = Est. Annual Cost \$ _____
Packaged 20/ box

10. 3M Particulate Respirator N95 3M 8210
Estimated Annual Usage 200 ea No Substitute **Fisher SC 0.5255**
Cost Each \$ _____ x EAU 200 = Est. Annual Cost \$ _____
Packaged 20/ box

11. Sta-Block HID STI Medical 975
Estimated Annual Usage 4800 ea No Substitute **Southeastern EE 3.64 ea**
Cost Each \$ _____ x EAU 4800 = Est. Annual Cost \$ _____
Packaged 30/ box **Vendor P/N F2344**

12. Ambu Adult Adjustable Extrication Collars AMBU 000 281 000
Estimated Annual Usage 4000 ea No Substitute **Aero Medic Master 5.27 ea**
Cost Each \$ _____ x EAU 4000 = Est. Annual Cost \$ _____
Packaged 30/ box **Vendor P/N D499406**

13. Pedi/Infant/Sm Adult Adjustable Extrication Collar AMBU 000 281 106
Estimated Annual Usage 800 ea No Substitute **Aero Medic Master 5.40 ea**
Cost Each \$ _____ x EAU 800 = Est. Annual Cost \$ _____
Packaged 30/ box **Vendor P/N D499414**

14. 12 Lead Paper **DELETE** Physio-Control 805319-05
Estimated Annual Usage 200 ea No Substitute
Cost Each \$ _____ x EAU 200 = Est. Annual Cost \$ _____
Packaged 2 rolls/ box

15. Adult BVM Life Support Products L570-040
Estimated Annual Usage 1800 ea No Substitute **EMP 7.84 ea**
Cost Each \$ _____ x EAU 1800 = Est. Annual Cost \$ _____
Packaged 6/ box **Vendor P/N 670-040**

16. Infant BVM Life Support Products L570-200
Estimated Annual Usage 240 ea No Substitute **EMP 9.09 ea**
Cost Each \$ _____ x EAU 240 = Est. Annual Cost \$ _____
Packaged 6/ box **Vendor P/N 670-200**

17. Pediatric BVM Life Support Products L570-101
Estimated Annual Usage 240 ea No Substitute **EMP 9.09 ea**
Cost Each \$ _____ x EAU 240 = Est. Annual Cost \$ _____
Packaged 6/ box **Vendor P/N 670-100**

18. Three-way Stop Cock Baxter 2C6229
 Estimated Annual Usage 80 ea No Substitute **EMP 1.43 ea**
 Cost Each \$ _____ x EAU 80 = Est. Annual Cost \$ _____
 Packaged each
-
19. Meconium Aspirator Neo Tech Products N0101
 Estimated Annual Usage 80 ea No Substitute **EMP 3.44 ea**
 Cost Each \$ _____ x EAU 80 = Est. Annual Cost \$ _____
 Packaged each **Vendor P/N 0101**
-
20. BP Cuff Adult Large MABIS 05-260-016
 Estimated Annual Usage 30 ea No Substitute **Southeastern EE 10.76 ea**
 Cost Each \$ _____ x EAU 30 = Est. Annual Cost \$ _____
 Packaged each
-
21. Easy Cap CO2 Detector Nellcor Puritan Bennet 047412A-0797
 Estimated Annual Usage 1800 ea No Substitute **Alliance 8.45 ea**
 Cost Each \$ _____ x EAU 1800 = Est. Annual Cost \$ _____
 Packaged 6/ box **Vendor P/N 5437A**
-
22. Pedi End-Tidal CO2 Detector Nellcor Puritan Bennett 046700A-0598
 Estimated Annual Usage 480 ea No Substitute **Alliance 8.45 ea**
 Cost Each \$ _____ x EAU 480 = Est. Annual Cost \$ _____
 Packaged 24/ case **Vendor P/N 5438A**
-
23. Laryngoscope Blade (Miller 0) Rusch 008615050
 Estimated Annual Usage 40 ea Substitute Allowed **Alliance 9.90 ea**
 Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
 Packaged each **Vendor P/N 7891**
-

24. Laryngoscope Blade (Miller 1) Rusch 008616100
Estimated Annual Usage 40 ea Substitute Allowed **Alliance 9.90 ea**
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
Packaged each **Vendor P/N 7892**

25. Laryngoscope Blade (Miller 2) Rusch 008617200
Estimated Annual Usage 40 ea Substitute Allowed **Alliance 9.90 ea**
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
Packaged each **Vendor P/N 7893**

26. Laryngoscope Blade (Miller 3) Rusch 008618300
Estimated Annual Usage 120 ea Substitute Allowed **Alliance 9.90 ea**
Cost Each \$ _____ x EAU 120 = Est. Annual Cost \$ _____
Packaged each **Vendor P/N 7894**

27. Laryngoscope Blade (MAC 2) Rusch 008602200
Estimated Annual Usage 40 ea Substitute Allowed **Alliance 9.90 ea**
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
Packaged each **Vendor P/N 7888**

28. Laryngoscope Blade (MAC 3) Rusch 008603300
Estimated Annual Usage 100 ea Substitute Allowed **Alliance 9.90 ea**
Cost Each \$ _____ x EAU 100 = Est. Annual Cost \$ _____
Packaged each **Vendor P/N 7889**

29. Laryngoscope Blade (MAC 4) Rusch 008604400
Estimated Annual Usage 100 ea Substitute Allowed **Alliance 9.90 ea**
Cost Each \$ _____ x EAU 100 = Est. Annual Cost \$ _____
Packaged each **Vendor P/N 7890**

30. Standard Laryngoscope Handle (Small/Penlight) Rusch 008620100
Estimated Annual Usage 20 ea No Substitute **Alliance 9.90 ea**
Cost Each \$ _____ x EAU 20 = Est. Annual Cost \$ _____
Packaged each **Vendor P/N 7897**

31. Laryngoscope Blade (Miller 4) Rusch 008619400
Estimated Annual Usage 100 ea Substitute Allowed **Alliance 9.90 ea**
Cost Each \$ _____ x EAU 100 = Est. Annual Cost \$ _____
Packaged each **Vendor P/N 7895**

32. Laryngoscope Blade (MAC 1) Rusch 008601100
Estimated Annual Usage 40 ea Substitute Allowed **Alliance 9.90 ea**
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
Packaged each **Vendor P/N 7887**

33. Purell Hand Sanitizer GoJo 9584
Estimated Annual Usage 42 ea Substitute Allowed **Fischer SC 4.73 ea**
Cost Each \$ _____ x EAU 42 = Est. Annual Cost \$ _____
Packaged each

34. Specimen Transport Bags MD Industries 49-97 68059
Estimated Annual Usage 16,000 ea No Substitute **Southeastern EE 0.05 ea**
Cost Each \$ _____ x EAU 16,000 = Est. Annual Cost \$ _____
Packaged 1000/ box

35. Epinephrine 1ml (1mg/ml) Abbott Labs NDC 0074-7241-01
Estimated Annual Usage 500 ea No Substitute **RxEMS 0.29 ea**
Cost Each \$ _____ x EAU 500 = Est. Annual Cost \$ _____
Packaged each

36. Vasopressin (20 units/ml) American Regent NDC 0517-1020-25
Estimated Annual Usage 300 ea No Substitute **RxEMS 2.45**
Cost Each \$ _____ x EAU 300 = Est. Annual Cost \$ _____
Packaged 25/ box

37. Infant 4.2% Sodium Bicarbonate Abbott Labs NDC 0074-5534-34
Estimated Annual Usage 100 ea No Substitute **Alliance 2.45 ea**
Cost Each \$ _____ x EAU 100 = Est. Annual Cost \$ _____
Packaged 10/ package **Vendor P/N 1646**

38. Glucometer Elite Nml Ctl 2.5 ml Bayer Corp 3926
Estimated Annual Usage 100 ea Substitute Allowed **EMP 2.40**
Cost Each \$ _____ x EAU 100 = Est. Annual Cost \$ _____
Packaged 2/ box **Vendor P/N 1353325**

39. Glucometer Elite XL Diabetes Bayer Corp NDC 0193-3885-01
Estimated Annual Usage 40 ea Substitute Allowed **RxEMS 42.40**
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
Packaged each

40. Vacutainer Blood Tubes (4 ml) (Green) **DELETE** Becton Dickinson 367884
Estimated Annual Usage 4,000 ea No Substitute
Cost Each \$ _____ x EAU 4,000 = Est. Annual Cost \$ _____
Packaged 100/ package **Vendor P/N 357871**

41. Vacutainer Blood Tubes (4.5 ml) (Blue) **DELETE** Becton Dickinson 369714
Estimated Annual Usage 4,000 ea No Substitute
Cost Each \$ _____ x EAU 4,000 = Est. Annual Cost \$ _____
Packaged 100/ package **Vendor P/N 356418**

42. Vacutainer Blood Tubes (3 ml) (Purple) **DELETE** Becton Dickinson 367856
Estimated Annual Usage 4,000 ea No Substitute
Cost Each \$ _____ x EAU 4,000 = Est. Annual Cost \$ _____
Packaged 100/ package

43. Vacutainer Blood Tubes (7 ml) (Marble) **DELETE** Becton Dickinson 367975
Estimated Annual Usage 4,000 ea No Substitute
Cost Each \$ _____ x EAU 4,000 = Est. Annual Cost \$ _____
Packaged 100/ package

44. Pediatric ECG Electrode Huggables Conmed Corp 1620-003
Estimated Annual Usage 50 bx No Substitute **Boundtree 4.50 ea**
Cost Each \$ _____ x EAU 50 = Est. Annual Cost \$ _____
Packaged 30/ box **Vendor P/N CM 1620**

45. Pediatric Defib Electrodes **DELETE** Agilent Technologies M3504A
Estimated Annual Usage 300 ea No Substitute
Cost Each \$ _____ x EAU 300 = Est. Annual Cost \$ _____
Packaged 5/ box

46. Multifunction Adult Defib Electrodes **DELETE** Agilent Technologies M3501A
Estimated Annual Usage 600 ea No Substitute
Cost Each \$ _____ x EAU 600 = Est. Annual Cost \$ _____
Packaged 10/ box

47. Nail Polish Remover Pads Professional Disposables Inc.(PDI) B71200
Estimated Annual Usage 1500 ea Substitute Allowed **Tech Med 0.02 ea**
Cost Each \$ _____ x EAU 1500 = Est. Annual Cost \$ _____
Packaged 100 packets/ box **Vendor P/N PDI-B71200**

48. Beck Tracheal Whistle (BAAM) BAAM Mark IV
Estimated Annual Usage 200 ea No Substitute **EMP 5.10 ea**
Cost Each \$ _____ x EAU 200 = Est. Annual Cost \$ _____
Packaged 10/ box **Vendor P/N 42555**

49. Endotracheal Tube Holder, Adult STI Medical 31177
Estimated Annual Usage 1500 ea No Substitute **Southeastern EE 2.56 ea**
Cost Each \$ _____ x EAU 1500 = Est. Annual Cost \$ _____
Packaged 25/ box **Vendor P/N N7168**

50. Tube Check Intubation Detector Wolfe Troy Medical EID200
Estimated Annual Usage 350 ea Substitute Allowed **EMP 2.14 ea**
Cost Each \$ _____ x EAU 350 = Est. Annual Cost \$ _____
Packaged 20/ box

51. Endotracheal Tube Holder (Pediatric) STI Medical 30687
Estimated Annual Usage 600 ea No Substitute **Southeastern EE 2.56 ea**
Cost Each \$ _____ x EAU 600 = Est. Annual Cost \$ _____
Packaged 25/ box **N7168P**

52. Buretrol Solution Set (60 drops /ml) Baxter 2C7566S
Estimated Annual Usage 25 ea No Substitute **Southeastern EE 4.81 ea**
Cost Each \$ _____ x EAU 25 = Est. Annual Cost \$ _____
Packaged each

53. Sensi-touch Spinal Needles (18 x 3.5") Baxter 220019
Estimated Annual Usage 200 ea No Substitute **Southeastern EE 1.69 ea**
Cost Each \$ _____ x EAU 200 = Est. Annual Cost \$ _____
Packaged 25/ box **Vendor P/N 8881-220019**

54. Monoject Needles (21 x 1.5") **DELETE** Sherwood Medical 216041
Estimated Annual Usage 2000 ea No Substitute
Cost Each \$ _____ x EAU 2000 = Est. Annual Cost \$ _____
Packaged 100/ box

55. Monoject Needles (22 x 1.5") **DELETE** Sherwood Medical 216066
Estimated Annual Usage 2000 ea No Substitute
Cost Each \$ _____ x EAU 2000 = Est. Annual Cost \$ _____
Packaged 100/ box

56. Surflo Winged Infusion Set (19 G x 0.75") Terumo P-216-119
Estimated Annual Usage 40 ea No Substitute **Aero Medic Master 0.32 ea**
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
Packaged each **Vendor P/N C01010**

57. Surflo Winged Infusion Set (21 G x 0.75") Terumo 0197
Estimated Annual Usage 40 ea No Substitute **Aero Medic Master 0.32 ea**
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
Packaged 50/ box **Vendor P/N C01011**

58. Surflo Winged Infusion Set (25 G x 0.75") Terumo SVTW004
Estimated Annual Usage 40 ea No Substitute **Aero Medic Master 0.32 ea**
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
Packaged each **Vendor P/N**

59. Monoject Filter Needle (18 G x 1.5") Sherwood Medical 8881-305117
Estimated Annual Usage 2000 ea No Substitute **EMP 0.20 ea**
Cost Each \$ _____ x EAU 2000 = Est. Annual Cost \$ _____
Packaged 100/ box **Vendor P/N 305117**

60. Twin Pak Dual Cannula Device Becton Dickinson 303390
Estimated Annual Usage 4000 ea No Substitute **EMP 0.34 ea**
Cost Each \$ _____ x EAU 400 = Est. Annual Cost \$ _____
Packaged 100/ box

61. Mg Sulfate Pre-filled Syringe IMS 0548-1034-00
Estimated Annual Usage 500 ea No Substitute **EMP 1.63 ea**
Cost Each \$ _____ x EAU 500 = Est. Annual Cost \$ _____
Packaged 100/ box

62. Lubricating Jelly Foil Packet 2.7g Professional Disposables Inc T-00128
Estimated Annual Usage 3024 ea No Substitute **Aero Medic Master 0.03 ea**
Cost Each \$ _____ x EAU 3024 = Est. Annual Cost \$ _____
Packaged 144/ box **Vendor P/N A1651**

63. Lifescans Unistick 2 Spring Loaded Lancet NDC 53885-636-10
Estimated Annual Usage 5500 ea No Substitute **EMP 0.172 ea**
Cost Each \$ _____ x EAU 5500 = Est. Annual Cost \$ _____
Packaged 100/ box **Vendor P/N 784-553**

64. Biomedix Select-3 IV Selectable Admin Set Biomedix 10102
Estimated Annual Usage 1920 ea No Substitute **EMP 3.93 ea**
Cost Each \$ _____ x EAU 1920 = Est. Annual Cost \$ _____
Packaged 48/ cs

65. Iodine Swabs Dynarex 1201
Estimated Annual Usage 1000 ea No Substitute **RxEMS 0.073 ea**
Cost Each \$ _____ x EAU 1000 = Est. Annual Cost \$ _____
Packaged 50/ box

66. Tincture of Benzoin 10% SwabStick Professional Disposables Inc S-42450
Estimated Annual Usage 500 No Substitute **Southeastern EE 0.16 ea**
Cost Each \$ _____ x EAU 500 = Est. Annual Cost \$ _____
Packaged 50/ box

67. Graham Fitted Cot Sheets Graham 44547
Estimated Annual Usage 10,000 ea No Substitute **EMP 0.75 ea**
Cost Each \$ _____ x EAU 10,000 = Est. Annual Cost \$ _____
Packaged 50/ box

68. 60 cc Exel Syringe Exel 26302
Estimated Annual Usage 400 ea No Substitute **EMP 0.376 ea**
Cost Each \$ _____ x EAU 400 = Est. Annual Cost \$ _____
Packaged 25/ box

69. Grandview Laryngoscope Blades Grandview GV 2020A
Estimated Annual Usage 150 ea No Substitute **EMP 45.77 ea**
Cost Each \$ _____ x EAU 150 = Est. Annual Cost \$ _____
Packaged each

70. Grandview Laryngoscope Bulbs Grandview GV 1008
Estimated Annual Usage 150 ea No Substitute **Boundtree 1.21 ea**
Cost Each \$ _____ x EAU 150 = Est. Annual Cost \$ _____
Packaged each

71. Evac-u-Splint Extremity Kit Hartwell Medical EV 3000
Estimated Annual Usage 35 ea No Substitute **EMP 244.75 ea**
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____
Packaged Each **Vendor P/N E-100**

72. 3c/c Syringe with Twin Cannula Becton Dickinson 303391
Estimated Annual Usage 21,000 No Substitute **Southeastern EE 0.39 ea**
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____
Packaged ?

73. Disposable Polyester Blanket S&F Promotions C-125
Estimated Annual Usage 200 ea. No Substitute **Boundtree 2.21 ea**
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____
Packaged Each **Vendor P/N B0051**

74. P.A.W.S. Anti-Microbial Wipes SafeTec 34400
Estimated Annual Usage 200 bx. No Substitute **EMP 3.06 ea**
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____
Packaged Each

75. Recorder Paper 80 mm Fan Folded **DELETE** Zoll 8000-0301
Estimated Annual Usage 100 bx No Substitute
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____
Packaged ?

76. Disposable Pediatric Sensor **DELETE** Zoll 8000-0044
Estimated Annual Usage 30 cs No Substitute
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____
Packaged ?

77. 4 ECG Electrodes **DELETE** Zoll 8900-0004
Estimated Annual Usage 20 cs No Substitute
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____
Packaged ?

78. HVP Multi-Function Electrodes (Adult) **DELETE** Zoll 8900-4003
Estimated Annual Usage 30 cs No Substitute
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____
Packaged ? _____

79. Pedi-Padz Multi-Function Electrodes **DELETE** Zoll 8900-2065
Estimated Annual Usage 30 cs No Substitute
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____
Packaged ? _____

ATTACHMENT 3

LEE COUNTY, FLORIDA
PROPOSAL QUOTE FORM
FOR THE PURCHASE OF MEDICAL SUPPLIES
PRODUCT GROUP C
FOR LEE COUNTY EMERGENCY MEDICAL SERVICES

DATE SUBMITTED: 4/25/03

VENDOR NAME: BOUNDTREE MEDICAL INC

TO: The Board of County Commissioners
Lee County
Fort Myers, Florida

Having carefully examined the "General Conditions", and the "Detailed Specifications", all of which are contained herein, the Undersigned proposes to furnish the following which meet these specifications:

The undersigned acknowledges receipt of Addenda numbers: #1 7-04

GRAND TOTAL (ANNUAL COST) \$ _____

TO BE (DELIVERED) WITHIN 5 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

Is your firm interested in being considered for the Local Vendor Preference?
Yes _____ No X

If yes, then read the paragraph entitled "Local Vendor Preference" included in these specifications. Also complete the Local Vendor Preference Questionnaire and return with your quotation.

Quoters should carefully read all the terms and conditions of the specifications. Any representation of deviation or modification to the quote may be grounds to reject the quote.

Quoter shall submit his/her quote on the County's Proposal Quote Form, including the firm name and authorized signature. Any blank spaces on the Proposal Quote Form, qualifying notes or exceptions, counter offers, lack of required submittals, or signatures, on County's Form may result in the Quoter/Quote being declared non-responsive by the County.

ANTI-COLLUSION STATEMENT

THE BELOW SIGNED QUOTER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS QUOTE WITH OTHER QUOTERS AND HAS NOT COLLUDED WITH ANY OTHER QUOTER OR PARTIES TO A QUOTE WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIAL (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.

FIRM NAME BOUNDTREE MEDICAL INC

BY (Printed): FRANK HARTSELL

BY (Signature): Frank Hartsell

TITLE: ACCOUNT MGR

FEDERAL ID # OR S.S.# 31-1808952

ADDRESS: 6106 BAUSCH RD

GALLOWAY, OH 43118

PHONE NO.: 877-718-5133

FAX NO.: 772-873-6111

CELLULAR PHONE/PAGER NO.: _____

LEE COUNTY OCCUPATIONAL LICENSE NUMBER: _____

E-MAIL ADDRESS: BOATER905@YAHOO.COM

REVISED: 7/28/00

ATTACHMENT C

	<u>ITEM DESCRIPTION</u>	<u>MANUFACTURER PRODUCT #</u>
1.	Angiocath IV Catheter Estimated Annual Usage <u>240 ea</u> No Substitute Cost Each \$ <u>4.86</u> x EAU <u>240</u> = Est. Annual Cost \$ <u>1,166.40</u> ✓ Packaged <u>10/ box</u>	Becton Dickinson <u>382258</u>
2.	Safe-cuff Blood Pressure Cuff (Adult Lg) Estimated Annual Usage <u>160 ea</u> No Substitute Cost Each \$ <u>6.79</u> x EAU <u>160</u> = Est. Annual Cost \$ <u>1086.40</u> ✓ Packaged <u>20/ box</u>	CAS Medical <u>CD1642</u> <u>171642</u>
3.	Molded Surgical Mask Estimated Annual Usage <u>250 ea</u> Substitute Allowed Cost Each \$ <u>.09</u> x EAU <u>250</u> = Est. Annual Cost \$ <u>22.50</u> ✓ Packaged <u>50/ box</u>	<u>Dynarex 2203</u> <u>290500</u>
4.	Charger For Portable Suction Units Estimated Annual Usage <u>20 ea</u> No Substitute Cost Each \$ <u>27.50</u> x EAU <u>20</u> = Est. Annual Cost \$ <u>550.00</u> ✓ Packaged <u>Each</u>	Impact <u>810-0305-02</u> <u>590306</u>
5.	Safecuff BP Cuff (sm adult) Estimated Annual Usage <u>80 ea</u> No Substitute Cost Each \$ <u>6.70</u> x EAU <u>80</u> = Est. Annual Cost \$ <u>536.00</u> ✓ Packaged <u>Each</u>	CAS Medical <u>CD1230</u> <u>CAS 1230</u>

6. Safecuff BP Cuff (adult) CAS Medical CD1437
 Estimated Annual Usage 800 ea No Substitute 171437
 Cost Each \$ 6.70 x EAU 800 = Est. Annual Cost \$ 5360.00
 Packaged 20/ box
-
7. Safecuff BP Cuff (child) CAS Medical CD927
 Estimated Annual Usage 140 ea No Substitute 170927
 Cost Each \$ 5.11 x EAU 140 = Est. Annual Cost \$ 715.40
 Packaged 20/ box
-
8. Safecuff BP Cuff (infant) CAS Medical CD618
 Estimated Annual Usage 80 ea No Substitute 245618
 Cost Each \$ 4.57 x EAU 80 = Est. Annual Cost \$ 360.80
 Packaged 20/ box
-
9. 3M Particulate Respirator N95 3M 8110S
 Estimated Annual Usage 160 ea No Substitute 291860S
 Cost Each \$.94 x EAU 160 = Est. Annual Cost \$ 150.40
 Packaged 20/ box
-
- * 10. 3M Particulate Respirator N95 3M 8210
 Estimated Annual Usage 200 ea No Substitute 291860
 Cost Each \$.94 x EAU 200 = Est. Annual Cost \$ 150.40
 Packaged 20/ box
-
11. Sta-Block HID STI Medical 975
 Estimated Annual Usage 4800 ea No Substitute 260975
 Cost Each \$ 4.09 x EAU 4800 = Est. Annual Cost \$ 19,632.00
 Packaged 30/ box
-

188.00

24. Laryngoscope Blade (Miller 1) Rusch 008616100
Estimated Annual Usage 40 ea Substitute Allowed 020301
Cost Each \$ 13.72 x EAU 40 = Est. Annual Cost \$ 548.80 ✓
Packaged each
-
25. Laryngoscope Blade (Miller 2) Rusch 008617200
Estimated Annual Usage 40 ea Substitute Allowed 020302 ✓
Cost Each \$ 13.72 x EAU 40 = Est. Annual Cost \$ 548.80
Packaged each
-
26. Laryngoscope Blade (Miller 3) Rusch 008618300
Estimated Annual Usage 120 ea Substitute Allowed 020303
Cost Each \$ 13.72 x EAU 120 = Est. Annual Cost \$ 1646.40 ✓
Packaged each
-
27. Laryngoscope Blade (MAC 2) Rusch 008602200
Estimated Annual Usage 40 ea Substitute Allowed 020312
Cost Each \$ 13.72 x EAU 40 = Est. Annual Cost \$ 548.80 ✓
Packaged each
-
28. Laryngoscope Blade (MAC 3) Rusch 008603300
Estimated Annual Usage 100 ea Substitute Allowed 020313
Cost Each \$ 13.72 x EAU 100 = Est. Annual Cost \$ 1372.00 ✓
Packaged each
-
29. Laryngoscope Blade (MAC 4) Rusch 008604400
Estimated Annual Usage 100 ea Substitute Allowed 020314
Cost Each \$ 13.72 x EAU 100 = Est. Annual Cost \$ 1372.00 ✓
Packaged each
-

30. Standard Laryngoscope Handle (Small/Penlight) Rusch 008620100
Estimated Annual Usage 20 ea No Substitute 020316
Cost Each \$ 12.30 x EAU 20 = Est. Annual Cost \$ 246.00
Packaged each

31. Laryngoscope Blade (Miller 4) Rusch 008619400
Estimated Annual Usage 100 ea Substitute Allowed 020304
Cost Each \$ 13.72 x EAU 100 = Est. Annual Cost \$ 1372.00 ✓
Packaged each

32. Laryngoscope Blade (MAC 1) Rusch 008601100
Estimated Annual Usage 40 ea Substitute Allowed 020311
Cost Each \$ 13.72 x EAU 40 = Est. Annual Cost \$ 548.80 ✓
Packaged each

* 33. Purell Hand Sanitizer GoJo 9584
Estimated Annual Usage 42 ea Substitute Allowed 291643
Cost Each \$ 1.09 x EAU 42 = Est. Annual Cost \$ 45.78 ✓
Packaged each

34. Specimen Transport Bags MD Industries 49-97 68059
Estimated Annual Usage 16,000 ea No Substitute NO BID
Cost Each \$ _____ x EAU 16,000 = Est. Annual Cost \$ _____
Packaged 1000/ box

35. Epinephrine 1ml (1mg/ml) Abbott Labs NDC 0074-7241-01
Estimated Annual Usage 500 ea No Substitute 2043
Cost Each \$.31 x EAU 500 = Est. Annual Cost \$ 155.00 ✓
Packaged each

36. Vasopressin (20 units/ml) American Regent NDC 0517-1020-25
Estimated Annual Usage 300 ea No Substitute 784460
Cost Each \$ 5.53 x EAU 300 = Est. Annual Cost \$ 1659.00 ✓
Packaged 25/ box

* 37. Infant 4.2% Sodium Bicarbonate Abbott Labs NDC 0074-5534-34
Estimated Annual Usage 100 ea No Substitute 0074553401
Cost Each \$ 1.90 x EAU 100 = Est. Annual Cost \$ 119.00 190.00
Packaged 10/ package

38. Glucometer Elite Nrm1 Ctl 2.5 ml Bayer Corp 3926
Estimated Annual Usage 100 ea Substitute Allowed ✓
Cost Each \$ 5.92 x EAU 100 = Est. Annual Cost \$ 592.00
Packaged 2/ box

39. Glucometer Elite XL Diabetes Bayer Corp NDC 0193-3885-01
Estimated Annual Usage 40 ea Substitute Allowed NO BID
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
Packaged each

40. Vacutainer Blood Tubes (4 ml) (Green) Becton Dickinson 367884
Estimated Annual Usage 4,000 ea No Substitute 357871
Cost Each \$.17 x EAU 4,000 = Est. Annual Cost \$ 680.00 ✓
Packaged 100/ package

41. Vacutainer Blood Tubes (4.5 ml) (Blue) Becton Dickinson 369714
Estimated Annual Usage 4,000 ea No Substitute 356418
Cost Each \$.18 x EAU 4,000 = Est. Annual Cost \$ 720.00
Packaged 100/ package



42. Vacutainer Blood Tubes (3 ml) (Purple) Becton Dickinson 367856
 Estimated Annual Usage 4,000 ea No Substitute
 Cost Each \$ 12 x EAU 4,000 = Est. Annual Cost \$ 480.00 ✓
 Packaged 100/ package

43. Vacutainer Blood Tubes (7 ml) (Marble) Becton Dickinson 367975
 Estimated Annual Usage 4,000 ea No Substitute
 Cost Each \$ _____ x EAU 4,000 = Est. Annual Cost \$ _____
 Packaged 100/ package

44. Pediatric ECG Electrode Conmed Corp 1620-003
 Estimated Annual Usage 50 bx No Substitute 231620
 Cost Each \$ 450 x EAU 50 = Est. Annual Cost \$ 22500 ✓
 Packaged 30/ box



45. Pediatric Defib Electrodes Agilent Technologies M3504A
 Estimated Annual Usage 300 ea No Substitute ATM3504A
 Cost Each \$ 109.80^{CS} x EAU 300 = Est. Annual Cost \$ 3294.00
 Packaged 5/ box

46. Multifunction Adult Defib Electrodes Agilent Technologies M3501A
 Estimated Annual Usage 600 ea No Substitute ATM3501A
 Cost Each \$ 11.40 x EAU 600 = Est. Annual Cost \$ 6840.00
 Packaged 10/ box

47. Nail Polish Remover Pads Professional Disposables Inc.(PDI) B71200
 Estimated Annual Usage 1500 ea Substitute Allowed 607120
 Cost Each \$ 2.89¹⁰⁰ x EAU 1500 = Est. Annual Cost \$ 43.35 ✓
 Packaged 100 packets/ box

48. Beck Tracheal Whistle (BAAM) BAAM Mark IV
021410
Estimated Annual Usage 200 ea No Substitute
Cost Each \$ 6.29 x EAU 200 = Est. Annual Cost \$ 1258.00 ✓
Packaged 10/ box

49. Endotracheal Tube Holder, Adult STI Medical 31177
020500
Estimated Annual Usage 1500 ea No Substitute
Cost Each \$ 2.85 x EAU 1500 = Est. Annual Cost \$ 4275.00 ✓
Packaged 25/ box

50. Tube Check Intubation Detector Wolfe Troy Medical EID200
020172
Estimated Annual Usage 350 ea Substitute Allowed
Cost Each \$ 2.44 x EAU 350 = Est. Annual Cost \$ 854.00 ✓
Packaged 20/ box

51. Endotracheal Tube Holder (Pediatric) STI Medical 30687
020400
Estimated Annual Usage 600 ea No Substitute
Cost Each \$ 2.85 x EAU 600 = Est. Annual Cost \$ 1710.00 ✓
Packaged 25/ box

52. Buretrol Solution Set (60 drops /ml) Baxter 2C7566S
64518
Estimated Annual Usage 25 ea No Substitute
Cost Each \$ 5.32 x EAU 25 = Est. Annual Cost \$ 133.00 ✓
Packaged each

53. Sensi-touch Spinal Needles (18 x 3.5") Baxter 220019
NO BID
Estimated Annual Usage 200 ea No Substitute
Cost Each \$ x EAU 200 = Est. Annual Cost \$
Packaged 25/ box

*

54. Monoject Needles (21 x 1.5") Sherwood Medical 216041
 Estimated Annual Usage 2000 ea No Substitute 386M
 Cost Each \$ 3.86 x EAU 2000 = Est. Annual Cost \$ 77.20
 Packaged 100/ box

*

55. Monoject Needles (22 x 1.5") Sherwood Medical 216066
 Estimated Annual Usage 2000 ea No Substitute 386
 Cost Each \$ 3.86 x EAU 2000 = Est. Annual Cost \$ 77.20
 Packaged 100/ box

56. Surflo Winged Infusion Set (19 G x 0.75") Terumo P-216-119
 Estimated Annual Usage 40 ea No Substitute 602019
 Cost Each \$ 42 x EAU 40 = Est. Annual Cost \$ 16.80 ✓
 Packaged each

57. Surflo Winged Infusion Set (21 G x 0.75") Terumo 0197
 Estimated Annual Usage 40 ea No Substitute 602021
 Cost Each \$ 42 x EAU 40 = Est. Annual Cost \$ 16.80 ✓
 Packaged 50/ box

58. Surflo Winged Infusion Set (25 G x 0.75") Terumo SVTW004
 Estimated Annual Usage 40 ea No Substitute 602025
 Cost Each \$ 42 x EAU 40 = Est. Annual Cost \$ 16.80 ✓
 Packaged each

59. Monoject Filter Needle (18 G x 1.5") Sherwood Medical 8881-305117
 Estimated Annual Usage 2000 ea No Substitute
 Cost Each \$ _____ x EAU 2000 = Est. Annual Cost \$ _____
 Packaged 100/ box

60. Twin Pak Dual Cannula Device Becton Dickinson 303390
Estimated Annual Usage 4000 ea No Substitute G4128
Cost Each \$ 40 x EAU 4000 = Est. Annual Cost \$ 1600.00 ✓
Packaged 100/ box

61. Mg Sulfate Pre-filled Syringe IMS 0548-1034-00
Estimated Annual Usage 500 ea No Substitute 1027
Cost Each \$ 1.96 x EAU 500 = Est. Annual Cost \$ 980.00 ✓
Packaged 100/ box

* 62. Lubricating Jelly Foil Packet 2.7g Professional Disposables Inc T-00128
Estimated Annual Usage 3024 ea No Substitute 111.37
Cost Each \$.037 x EAU 3024 = Est. Annual Cost \$ 111.72
Packaged 144/ box

63. Lifescans Unistick 2 Spring Loaded Lancet NDC 53885-636-10
Estimated Annual Usage 5500 ea No Substitute
Cost Each \$ 2125^{Bx} x EAU 5500 = Est. Annual Cost \$ 1168.75 ✓
Packaged 100/ box

64. Biomedix Select-3 IV Selectable Admin Set Biomedix 10102
Estimated Annual Usage 1920 ea No Substitute 351002
Cost Each \$ 4.59 x EAU 1920 = Est. Annual Cost \$ 8812.80 ✓
Packaged 48/ cs

65. Iodine Swabs Dynarex 1201
Estimated Annual Usage 1000 ea No Substitute
Cost Each \$ 3.94^{Bx} x EAU 1000 = Est. Annual Cost \$ 78.80
Packaged 50/ box

66. Tincture of Benzoin 10% SwabStick Professional Disposables Inc S-42450
 Estimated Annual Usage 500 No Substitute 541231
 Cost Each \$ 19 x EAU 500 = Est. Annual Cost \$ 95.00 ✓
 Packaged 50/ box
-
67. Graham Fitted Cot Sheets Graham 44547
 Estimated Annual Usage 10,000 ea No Substitute 130035
 Cost Each \$ 75 x EAU 10,000 = Est. Annual Cost \$ 7500.00 ✓
 Packaged 50/ box MEDLINE
-
68. 60 cc Exel Syringe Exel 26302
 Estimated Annual Usage 400 ea No Substitute 010060
 Cost Each \$ 54 x EAU 400 = Est. Annual Cost \$ 216.00 ✓
 Packaged 25/ box
-
69. Grandview Laryngoscope Blades Grandview GV 2020A
 Estimated Annual Usage 150 ea No Substitute
 Cost Each \$ 57.25 x EAU 150 = Est. Annual Cost \$ 8587.50 ✓
 Packaged each
-
70. Grandview Laryngoscope Bulbs Grandview GV 1008
 Estimated Annual Usage 150 ea No Substitute
 Cost Each \$ 1.21 x EAU 150 = Est. Annual Cost \$ 181.50 ✓
 Packaged each
-
71. Evac-u-Splint Extremity Kit Hartwell Medical EV 3000
 Estimated Annual Usage 35 ea No Substitute 563100
 Cost Each \$ 291.07 x EAU EACH = Est. Annual Cost \$ 10,182.45 ✓
 Packaged Each

72. 3c/c Syringe with Twin Cannula Becton Dickinson 303391
Estimated Annual Usage 21,000 No Substitute
Cost Each \$ x EAU EACH = Est. Annual Cost \$ NO BID
Packaged ?

73. Disposable Polyester Blanket S&F Promotions C-125
B0051
Estimated Annual Usage 200 ea. No Substitute
Cost Each \$ 2.21 x EAU EACH = Est. Annual Cost \$ 442.00 ✓
Packaged Each

74. P.A.W.S. Anti-Microbial Wipes SafeTec 34400
Estimated Annual Usage 200 bx. No Substitute
Cost Each \$ 4.37^{ea} x EAU EACH = Est. Annual Cost \$ 874.00 ✓
Packaged Each

75. Recorder Paper 80 mm Fan Folded Zoll 8000-0301
Estimated Annual Usage 100 bx No Substitute
Cost Each \$ x EAU EACH = Est. Annual Cost \$ NO BID ✓
Packaged ?

76. Disposable Pediatric Sensor Zoll 8000-0044
Estimated Annual Usage 30 cs No Substitute
Cost Each \$ x EAU EACH = Est. Annual Cost \$ NO BID ✓
Packaged ?

77. 4 ECG Electrodes Zoll 8900-0004
Estimated Annual Usage 20 cs No Substitute
Cost Each \$ x EAU EACH = Est. Annual Cost \$ NO BID ✓
Packaged ?

78. HVP Multi-Function Electrodes (Adult) Zoll 8900-4003
Estimated Annual Usage 30 cs No Substitute
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ NO BID ✓
Packaged ?

79. Pedi-Padz Multi-Function Electrodes Zoll 8900-2065
Estimated Annual Usage 30 cs No Substitute
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ NO BID ✓
Packaged ?

LEE COUNTY, FLORIDA
PROPOSAL QUOTE FORM
FOR THE PURCHASE OF MEDICAL SUPPLIES
PRODUCT GROUP C
FOR LEE COUNTY EMERGENCY MEDICAL SERVICES

DATE SUBMITTED: April 28, 2003

VENDOR NAME: Fisher Scientific, L.L.C

TO: The Board of County Commissioners
Lee County
Fort Myers, Florida

Having carefully examined the "General Conditions", and the "Detailed Specifications", all of which are contained herein, the Undersigned proposes to furnish the following which meet these specifications:

The undersigned acknowledges receipt of Addenda numbers: Stephenc fm Th 1 2

GRAND TOTAL (ANNUAL COST) \$ 199,286.62 (Clarified on pgs 16-29)
Quoted Fisher UOM Filled out items 1-79 per Requested UOM

TO BE (DELIVERED) WITHIN 7-10 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

Is your firm interested in being considered for the Local Vendor Preference?
Yes _____ No _____

If yes, then read the paragraph entitled "Local Vendor Preference" included in these specifications. Also complete the Local Vendor Preference Questionnaire and return with your quotation.

Quoters should carefully read all the terms and conditions of the specifications. Any representation of deviation or modification to the quote may be grounds to reject the quote.

Quoter shall submit his/her quote on the County's Proposal Quote Form, including the firm name and authorized signature. Any blank spaces on the Proposal Quote Form, qualifying notes or exceptions, counter offers, lack of required submittals, or signatures, on County's Form may result in the Quoter/Quote being declared non-responsive by the County.

151765.455

ANTI-COLLUSION STATEMENT

THE BELOW SIGNED QUOTER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS QUOTE WITH OTHER QUOTERS AND HAS NOT COLLUDED WITH ANY OTHER QUOTER OR PARTIES TO A QUOTE WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIAL (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.

FIRM NAME Fisher Scientific, LLC.

BY (Printed): Steve Smith

BY (Signature): Steve Smith

TITLE: Senior Vice President

FEDERAL ID # OR S.S.# 232942737

ADDRESS: 2000 Park Lane

Pittsburgh PA 15275

PHONE NO.: 412-490-8946

FAX NO.: 412-490-1023

CELLULAR PHONE/PAGER NO.: _____

LEE COUNTY OCCUPATIONAL LICENSE NUMBER: _____

E-MAIL ADDRESS: Steve.Smith@fishersci.com

REVISED: 7/28/00

ATTACHMENT C

ITEM DESCRIPTION	MANUFACTURER PRODUCT #
1. Angiocath IV Catheter Estimated Annual Usage <u>240 ea</u> No Substitute Cost Each \$ <u>4.512</u> x EAU <u>240</u> = Est. Annual Cost \$ <u>1082.88</u> Packaged <u>10/ box</u>	Becton Dickinson 382258
<u>Only Sold in 50/cs @ 225.61/cs</u>	
2. Safe-cuff Blood Pressure Cuff (Adult Lg) Estimated Annual Usage <u>160 ea</u> No Substitute Cost Each \$ _____ x EAU <u>160</u> = Est. Annual Cost \$ _____ Packaged <u>20/ box</u>	CAS Medical CD1642 Regret NO Bid
3. Molded Surgical Mask Estimated Annual Usage <u>250 ea</u> Substitute Allowed Cost Each \$ <u>.121</u> x EAU <u>250</u> = Est. Annual Cost \$ <u>30.25</u> Packaged <u>50/ box</u>	Dynarex 2203
<u>Only Sold in 1000/cs @ 120.73/cs</u>	
4. Charger For Portable Suction Units Estimated Annual Usage <u>20 ea</u> No Substitute Cost Each \$ _____ x EAU <u>20</u> = Est. Annual Cost \$ _____ Packaged <u>Each</u>	Impact 810-0305-02 Regret NO Bid
5. Safecuff BP Cuff (sm adult) Estimated Annual Usage <u>80 ea</u> No Substitute Cost Each \$ _____ x EAU <u>80</u> = Est. Annual Cost \$ _____ Packaged <u>Each</u>	CAS Medical CD1230 Regret NO BID

6. Safecuff BP Cuff (adult) CAS Medical CD1437
Estimated Annual Usage 800 ea No Substitute Regret
Cost Each \$ _____ x EAU 800 = Est. Annual Cost \$ NO BID
Packaged 20/ box

7. Safecuff BP Cuff (child) CAS Medical CD927
Estimated Annual Usage 140 ea No Substitute Regret
Cost Each \$ _____ x EAU 140 = Est. Annual Cost \$ NO BID
Packaged 20/ box

8. Safecuff BP Cuff (infant) CAS Medical CD618
Estimated Annual Usage 80 ea No Substitute Regret
Cost Each \$ _____ x EAU 80 = Est. Annual Cost \$ NO BID
Packaged 20/ box

9. 3M Particulate Respirator N95 3M 8110S
Estimated Annual Usage 160 ea No Substitute
Cost Each \$ 0.6175 x EAU 160 = Est. Annual Cost \$ 98.80
Packaged 20/ box

only sold in 20/pk @ 12.35/pk

10. 3M Particulate Respirator N95 3M 8210
Estimated Annual Usage 200 ea No Substitute
Cost Each \$ 0.5255 x EAU 200 = Est. Annual Cost \$ 105.10
Packaged 20/ box

only sold in 20/pk @ 10.51/pk

11. Sta-Block HID STI Medical 975
Estimated Annual Usage 4800 ea No Substitute Regret
Cost Each \$ _____ x EAU 4800 = Est. Annual Cost \$ NO Bid
Packaged 30/ box

12. Ambu Adult Adjustable Extrication Collars / AMBU 000 281 000
Estimated Annual Usage 4000 ea No Substitute
Cost Each \$ 15.244 EAU 4000 = Est. Annual Cost \$ 60,976
Packaged 30/ box

only sold 30/cs @ 457.32

13. Pedi/Infant/Sm Adult Adjustable Extrication Collar AMBU 000 281 106
Estimated Annual Usage 800 ea No Substitute
Cost Each \$ 15.041 x EAU 800 = Est. Annual Cost \$ 12032.80 *KSS*
Packaged 30/ box

only sold 30/cs @ 451.22 /cs

14. 12 Lead Paper Physio-Control 805319-05
Estimated Annual Usage 200 ea No Substitute *Heyret*
Cost Each \$ x EAU 200 = Est. Annual Cost \$ NO BID
Packaged 2 rolls/ box

15. Adult BVM Life Support Products L570-040
Estimated Annual Usage 1800 ea No Substitute
Cost Each \$ 15.935 x EAU 1800 = Est. Annual Cost \$ 28683.00
Packaged 6/ box

only sold 6/cs @ 95.61/cs

16. Infant BVM Life Support Products L570-200
Estimated Annual Usage 240 ea No Substitute
Cost Each \$ 15.935 x EAU 240 = Est. Annual Cost \$ 3824.40
Packaged 6/ box

only sold 6/cs 95.61/cs

17. Pediatric BVM Life Support Products L570-101
Estimated Annual Usage 240 ea No Substitute
Cost Each \$ 17.073 EAU 240 = Est. Annual Cost \$ 4097.52
Packaged 6/ box

only sold 6/cs @ 102.44/cs

18. Three-way Stop Cock Baxter 2C6229
 Estimated Annual Usage 80 ea No Substitute ✓
 Cost Each \$ 4.049 x EAU 80 = Est. Annual Cost \$ 323.92
 Packaged each
only sold 50/cs @ 202.44
-
19. Meconium Aspirator Neo Tech Products N0101
 Estimated Annual Usage 80 ea No Substitute Regret
 Cost Each \$ x EAU 80 = Est. Annual Cost \$ NO Bid
 Packaged each
-
20. BP Cuff Adult Large MABIS 05-260-016
 Estimated Annual Usage 30 ea No Substitute ✓
 Cost Each \$ 13.41 x EAU 30 = Est. Annual Cost \$ 402.30
 Packaged each
-
21. Easy Cap CO2 Detector Nelcor Puritan Bennet 047412A-0797
 Estimated Annual Usage 1800 ea No Substitute ✓
 Cost Each \$ 14.025 x EAU 1800 = Est. Annual Cost \$ 25,245
 Packaged 6/ box
only sold 6/pk @ 84.15/pk
-
22. Pedi End-Tidal CO2 Detector Nelcor Puritan Bennett 046700A-0598
 Estimated Annual Usage 480 ea No Substitute ✓
 Cost Each \$ 13.95 x EAU 480 = Est. Annual Cost \$ 6708.20
 Packaged 24/ case
only sold 24/pk 335.41/pk
-
23. Laryngoscope Blade (Miller 0) Rusch 008615050
 Estimated Annual Usage 40 ea Substitute Allowed ✓
 Cost Each \$ 27.80 x EAU 40 = Est. Annual Cost \$ 27.80
 Packaged each

1112.00

24. Laryngoscope Blade (Miller 1) Rusch 008616100
Estimated Annual Usage 40 ea Substitute Allowed
Cost Each \$ 27.8 x EAU 40 = Est. Annual Cost \$ 1112.00 *KSS*
Packaged each

25. Laryngoscope Blade (Miller 2) Rusch 008617200
Estimated Annual Usage 40 ea Substitute Allowed
Cost Each \$ 27.8 x EAU 40 = Est. Annual Cost \$ 1112.00
Packaged each

26. Laryngoscope Blade (Miller 3) Rusch 008618300
Estimated Annual Usage 120 ea Substitute Allowed
Cost Each \$ 27.8 x EAU 120 = Est. Annual Cost \$ 3336.00
Packaged each

27. Laryngoscope Blade (MAC 2) Rusch 008602200
Estimated Annual Usage 40 ea Substitute Allowed
Cost Each \$ 27.8 x EAU 40 = Est. Annual Cost \$ 1112.00
Packaged each

28. Laryngoscope Blade (MAC 3) Rusch 008603300
Estimated Annual Usage 100 ea Substitute Allowed
Cost Each \$ 27.8 x EAU 100 = Est. Annual Cost \$ 2780.00
Packaged each

29. Laryngoscope Blade (MAC 4) Rusch 008604400
Estimated Annual Usage 100 ea Substitute Allowed
Cost Each \$ 27.8 x EAU 100 = Est. Annual Cost \$ 2780.00
Packaged each

30. Standard Laryngoscope Handle (Small/Penlight) Rusch 008620100
Estimated Annual Usage 20 ea No Substitute
Cost Each \$ 27.8 x EAU 20 = Est. Annual Cost \$ 556.00
Packaged each

31. Laryngoscope Blade (Miller 4) Rusch 008619400
Estimated Annual Usage 100 ea Substitute Allowed
Cost Each \$ 27.8 x EAU 100 = Est. Annual Cost \$ 2780.00
Packaged each

32. Laryngoscope Blade (MAC 1) Rusch 008601100
Estimated Annual Usage 40 ea Substitute Allowed
Cost Each \$ 27.8 x EAU 40 = Est. Annual Cost \$ 1112.00
Packaged each

33. Purell Hand Sanitizer GoJo 9584
Estimated Annual Usage 42 ea Substitute Allowed
Cost Each \$ 4.727 x EAU 42 = Est. Annual Cost \$ 198.52
Packaged each

Only Sold 6/cs @ 28.36

34. Specimen Transport Bags MD Industries 49-97 68059
Estimated Annual Usage 16,000 ea No Substitute
Cost Each \$ Regret x EAU 16,000 = Est. Annual Cost \$ NO Bid
Packaged 1000/box

35. Epinephrine 1ml (1mg/ml) Abbott Labs NDC 0074-7241-01
Estimated Annual Usage 500 ea No Substitute
Cost Each \$ 1.08 x EAU 500 = Est. Annual Cost \$ 540.00
Packaged each

Only Sold 200cs @ 216/cs

36. Vasopressin (20 units/ml) American Regent NDC 0517-1020-25
Estimated Annual Usage 300 ea No Substitute *Regret*
Cost Each \$ x EAU 300 = Est. Annual Cost \$ NO Bid
Packaged 25/ box

37. Infant 4.2% Sodium Bicarbonate Abbott Labs NDC 0074-5534-34
Estimated Annual Usage 100 ea No Substitute
Cost Each \$ 21.70 x EAU 100 = Est. Annual Cost \$ 2170.00
Packaged 10/ package

Sold only 10/pk @ 217/pk

38. Glucometer Elite Nml Ctl 2.5 ml Bayer Corp 3926
Estimated Annual Usage 100 ea Substitute Allowed *Regret*
Cost Each \$ x EAU 100 = Est. Annual Cost \$ NO Bid
Packaged 2/ box

39. Glucometer Elite XL Diabetes Bayer Corp NDC 0193-3885-01
Estimated Annual Usage 40 ea Substitute Allowed *Regret*
Cost Each \$ x EAU 40 = Est. Annual Cost \$ NO Bid
Packaged each

40. Vacutainer Blood Tubes (4 ml) (Green) Becton Dickinson 367884
Estimated Annual Usage 4,000 ea No Substitute
Cost Each \$ 0.3797 x EAU 4,000 = Est. Annual Cost \$ 1518.88
Packaged 100/ package

Only sold 1000/cs @ 379.72/cs

41. Vacutainer Blood Tubes (4.5 ml) (Blue) Becton Dickinson 369714
Estimated Annual Usage 4,000 ea No Substitute
Cost Each \$ 0.2964 x EAU 4,000 = Est. Annual Cost \$ 1185.44
Packaged 100/ package

Only sold 1000/cs @ 296.36/cs

42. Vacutainer Blood Tubes (3 ml) (Purple) Becton Dickinson 367856
 Estimated Annual Usage 4,000 ea No Substitute
 Cost Each \$ 0.3589 x EAU 4,000 = Est. Annual Cost \$ 1435.76
 Packaged 100/ package
Only Sold 1000/cs @ 358.94/cs
-
43. Vacutainer Blood Tubes (7 ml) (Marble) Becton Dickinson 367975
 Estimated Annual Usage 4,000 ea No Substitute
 Cost Each \$ 0.5371 x EAU 4,000 = Est. Annual Cost \$ 2148.36
 Packaged 100/ package
Only Sold 1000/cs @ 537.09/cs
-
44. Pediatric ECG Electrode Conmed Corp 1620-003
 Estimated Annual Usage 50 bx No Substitute Regret
 Cost Each \$ x EAU 50 = Est. Annual Cost \$ NO Bid
 Packaged 30/ box
-
45. Pediatric Defib Electrodes Agilent Technologies M3504A
 Estimated Annual Usage 300 ea No Substitute Regret
 Cost Each \$ x EAU 300 = Est. Annual Cost \$ NO Bid
 Packaged 5/ box
-
46. Multifunction Adult Defib Electrodes Agilent Technologies M3501A
 Estimated Annual Usage 600 ea No Substitute Regret
 Cost Each \$ x EAU 600 = Est. Annual Cost \$ NO Bid
 Packaged 10/ box
-
47. Nail Polish Remover Pads Professional Disposables Inc.(PDI) B71200
 Estimated Annual Usage 1500 ea Substitute Allowed Regret
 Cost Each \$ x EAU 1500 = Est. Annual Cost \$ NO Bid
 Packaged 100 packets/ box

Handwritten notes:
 *
 ?
 correct.
 0.5371

48. Beck Tracheal Whistle (BAAM) BAAM Mark IV
Estimated Annual Usage 200 ea No Substitute *Regret*
Cost Each \$ _____ x EAU 200 = Est. Annual Cost \$ NO Bid
Packaged 10/ box

49. Endotracheal Tube Holder, Adult STI Medical 31177
Estimated Annual Usage 1500 ea No Substitute *Regret*
Cost Each \$ _____ x EAU 1500 = Est. Annual Cost \$ NO Bid
Packaged 25/ box

50. Tube Check Intubation Detector Wolfe Troy Medical EID200
Estimated Annual Usage 350 ea Substitute Allowed *Regret*
Cost Each \$ _____ x EAU 350 = Est. Annual Cost \$ NO Bid
Packaged 20/ box

51. Endotracheal Tube Holder (Pediatric) STI Medical 30687
Estimated Annual Usage 600 ea No Substitute *Regret*
Cost Each \$ _____ x EAU 600 = Est. Annual Cost \$ NO Bid
Packaged 25/ box

52. Buretrol Solution Set (60 drops /ml) Baxter 2C7566S
Estimated Annual Usage 25 ea No Substitute
Cost Each \$ 27.1439 x EAU 25 = Est. Annual Cost \$ 428.57
Packaged each
Only sold 48/cs © 1302.86/cs

*vendor wants
no bid*

6/18/07
1302.86

53. Sensi-touch Spinal Needles (18 x 3.5") Baxter 220019
Estimated Annual Usage 200 ea No Substitute *Regret*
Cost Each \$ _____ x EAU 200 = Est. Annual Cost \$ NO Bid
Packaged 25/ box

54. Monoject Needles (21 x 1.5") Sherwood Medical 216041
Estimated Annual Usage 2000 ea No Substitute Regret
Cost Each \$ _____ x EAU 2000 = Est. Annual Cost \$ NO Bid
Packaged 100/ box

55. Monoject Needles (22 x 1.5") Sherwood Medical 216066
Estimated Annual Usage 2000 ea No Substitute Regret
Cost Each \$ _____ x EAU 2000 = Est. Annual Cost \$ NO Bid
Packaged 100/ box

56. Surflo Winged Infusion Set (19 G x 0.75") Terumo P-216-119
Estimated Annual Usage 40 ea No Substitute
Cost Each \$.50 x EAU 40 = Est. Annual Cost \$ 20
Packaged each

57. Surflo Winged Infusion Set (21 G x 0.75") Terumo 0197
Estimated Annual Usage 40 ea No Substitute
Cost Each \$ 0.3049 x EAU 40 = Est. Annual Cost \$ 12.196
Packaged 50/ box

58. Surflo Winged Infusion Set (25 G x 0.75") Terumo SVTW004
Estimated Annual Usage 40 ea No Substitute
Cost Each \$ 0.3049 x EAU 40 = Est. Annual Cost \$ 12.196
Packaged each

59. Monoject Filter Needle (18 G x 1.5") Sherwood Medical 8881-305117
Estimated Annual Usage 2000 ea No Substitute Regret
Cost Each \$ _____ x EAU 2000 = Est. Annual Cost \$ NO Bid
Packaged 100/ box

60. Twin Pak Dual Cannula Device Becton Dickinson 303390
 Estimated Annual Usage 4000 ea No Substitute
 Cost Each \$ 392 x EAU 4000 = Est. Annual Cost \$ 1568.00
 Packaged 100/box
Only Sold 1000/cs @ 392.00/cs
-
61. Mg Sulfate Pre-filled Syringe IMS 0548-1034-00
 Estimated Annual Usage 500 ea No Substitute *Regret*
 Cost Each \$ x EAU 500 = Est. Annual Cost \$ NO Bid
 Packaged 100/box
-
62. Lubricating Jelly Foil Packet 2.7g Professional Disposables Inc T-00128
 Estimated Annual Usage 3024 ea No Substitute *Regret*
 Cost Each \$ x EAU 3024 = Est. Annual Cost \$ NO Bid
 Packaged 144/box
-
63. Lifescans Unistick 2 Spring Loaded Lancet NDC 53885-636-10
 Estimated Annual Usage 5500 ea No Substitute *Regret*
 Cost Each \$ x EAU 5500 = Est. Annual Cost \$ NO Bid
 Packaged 100/box
-
64. Biomedix Select-3 IV Selectable Admin Set Biomedix 10102
 Estimated Annual Usage 1920 ea No Substitute *Regret*
 Cost Each \$ x EAU 1920 = Est. Annual Cost \$ NO Bid
 Packaged 48/ cs
-
65. Iodine Swabs Dynarex 1201
 Estimated Annual Usage 1000 ea No Substitute
 Cost Each \$ 0.11752 x EAU 1000 = Est. Annual Cost \$ 117.52
 Packaged 50/ box
Only Sold 500/cs @ 58.76/cs

66. Tincture of Benzoin 10% SwabStick Professional Disposables Inc S-42450
Estimated Annual Usage 500 No Substitute *Regret*
Cost Each \$ x EAU 500 = Est. Annual Cost \$ NO Bid
Packaged 50/ box

67. Graham Fitted Cot Sheets Graham 44547
Estimated Annual Usage 10,000 ea No Substitute
Cost Each \$.875 x EAU 10,000 = Est. Annual Cost \$ 8750.00
Packaged 50/ box

Only sold 59/cs @ 43.75

68. 60 cc Exel Syringe Exel 26302
Estimated Annual Usage 400 ea No Substitute *Regret*
Cost Each \$ x EAU 400 = Est. Annual Cost \$ NO Bid
Packaged 25/ box

69. Grandview Laryngoscope Blades Grandview GV-2020A
Estimated Annual Usage 150 ea No Substitute *Regret*
Cost Each \$ x EAU 150 = Est. Annual Cost \$ NO Bid
Packaged each

70. Grandview Laryngoscope Bulbs Grandview GV 1008
Estimated Annual Usage 150 ea No Substitute *Regret*
Cost Each \$ x EAU 150 = Est. Annual Cost \$ NO Bid
Packaged each

71. Evac-u-Splint Extremity Kit Hartwell Medical EV 3000
Estimated Annual Usage 35 ea No Substitute *Regret*
Cost Each \$ x EAU EACH = Est. Annual Cost \$ NO Bid
Packaged Each

72. 3c/c Syringe with Twin Cannula Becton Dickinson 303391
Estimated Annual Usage 21,000 No Substitute *Regret*
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ NO Bid
Packaged ?

73. Disposable Polyester Blanket S&F Promotions C-125
Estimated Annual Usage 200 ea. No Substitute *Regret*
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ NO Bid
Packaged Each

74. P.A.W.S. Anti-Microbial Wipes SafeTec 34400
Estimated Annual Usage 200 bx. No Substitute *find out what wings each*
Cost Each \$ 4.02 x EAU EACH = Est. Annual Cost \$.0402 804.00
Packaged Each

Only Sold 1000/cs @ 40.20/cs

75. Recorder Paper 80 mm Fan Folded Zoll 8000-0301
Estimated Annual Usage 100 bx No Substitute *Regret*
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ NO Bid
Packaged ?

76. Disposable Pediatric Sensor Zoll 8000-0044
Estimated Annual Usage 30 cs No Substitute *Regret*
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ NO Bid
Packaged ?

77. 4 ECG Electrodes Zoll 8900-0004
Estimated Annual Usage 20 cs No Substitute *Regret*
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ NO Bid
Packaged ?

100 EACH EACH
4.02
100

78. HVP Multi-Function Electrodes (Adult) Zoll 8900-4003
Estimated Annual Usage 30 cs No Substitute *Regret*
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ NO Bid
Packaged ?

79. Pedi-Padz Multi-Function Electrodes Zoll 8900-2065
Estimated Annual Usage 30 cs No Substitute *Regret*
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ NO Bid
Packaged ?

ATTACHMENT A
LOCAL VENDOR PREFERENCE QUESTIONNAIRE
(LEE COUNTY ORDINANCE NO. 00-10)

Instructions: Please complete either Part A or B whichever is applicable to your firm

PART A: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS LOCATED WITHIN LEE COUNTY (Only complete Part A if your principal place of business is located within the boundaries of Lee County)

1. **What is the physical location of your principal place of business that is located within the boundaries of Lee County, Florida?**

2. **What is the size of this facility (i.e. sales area size, warehouse, storage yard, etc.)**

PART B: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS NOT LOCATED WITHIN LEE COUNTY OR DOES NOT HAVE A PHYSICAL LOCATION WITHIN LEE COUNTY (Please complete this section.)

1. How many employees are available to service this contract? Varies
Prod. Mgmt, Cust. Serv, Sales, etc.

2. Describe the types and amount of equipment you have available to service this contract.

All items bid on will be available
to service this contract

LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED

3. Describe the types and amount of material stock that you have available to service this contract.

All Items bid on will be Available in
Stock

4. Have you provided goods or services to Lee County on a regular basis for the preceding, consecutive five years?

Yes _____

No X

If yes, please provide your contractual history with Lee County for the past five, consecutive years. Attach additional pages if necessary.

**LEE COUNTY, FLORIDA
PROPOSAL QUOTE FORM
FOR THE PURCHASE OF MEDICAL SUPPLIES
PRODUCT GROUP C
FOR LEE COUNTY EMERGENCY MEDICAL SERVICES**

DATE SUBMITTED: 4-23-03

VENDOR NAME: Southwestern Emergency Equipment

TO: The Board of County Commissioners
Lee County
Fort Myers, Florida

Having carefully examined the "General Conditions", and the "Detailed Specifications", all of which are contained herein, the Undersigned proposes to furnish the following which meet these specifications:

The undersigned acknowledges receipt of Addenda numbers: 2

GRAND TOTAL (ANNUAL COST)

\$ 156,164.97 ^{JK or}

156164.97
- 140.00
+ 140.00

TO BE (DELIVERED) WITHIN 7-10 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

157424.97
- 33.50
+ 670.00

Is your firm interested in being considered for the Local Vendor Preference?
Yes _____ No

158061.47

If yes, then read the paragraph entitled "Local Vendor Preference" included in these specifications. Also complete the Local Vendor Preference Questionnaire and return with your quotation.

Quoters should carefully read all the terms and conditions of the specifications. Any representation of deviation or modification to the quote may be grounds to reject the quote.

Quoter shall submit his/her quote on the County's Proposal Quote Form, including the firm name and authorized signature. Any blank spaces on the Proposal Quote Form, qualifying notes or exceptions, counter offers, lack of required submittals, or signatures, on County's Form may result in the Quoter/Quote being declared non-responsive by the County.

ANTI-COLLUSION STATEMENT

THE BELOW SIGNED QUOTER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS QUOTE WITH OTHER QUOTERS AND HAS NOT COLLUDED WITH ANY OTHER QUOTER OR PARTIES TO A QUOTE WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIAL (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.

FIRM NAME: Southeastern Emergency Equipment

BY (Printed): Teresa Shepherd

BY (Signature): Teresa Shepherd

TITLE: Customer Service Rep.

FEDERAL ID # OR S.S.#: 56-1246302

ADDRESS: P.O. Box 1196

Wake Forest, NC 27588

PHONE NO.: 800-334-6656

FAX NO.: 888-556-1048

CELLULAR PHONE/PAGER NO.: 919-971-0671

LEE COUNTY OCCUPATIONAL LICENSE NUMBER: _____

E-MAIL ADDRESS: teresas@seequip.com

REVISED: 7/28/00

**DETAILED SPECIFICATIONS
FOR THE PURCHASE OF MEDICAL SUPPLIES
PRODUCT GROUP C
FOR LEE COUNTY EMERGENCY MEDICAL SERVICES**

SCOPE

The intent of this quotation is to acquire a vendor who can provide some of the Medical Supplies required by Lee County Emergency Medical Services, on an annual basis.

TERM

This quote shall be in effect for one year, or until new quotes are taken and awarded. This quote, or any portion thereof, shall have the option of being renewed for four additional one year periods, upon mutual agreement of the parties.

DELIVERY REQUIREMENTS

All supplies are to be delivered F.O.B. to Lee County Emergency Medical Services, Lee County, Florida. The exact location will be designated at time of placement of order.

ATTACHMENT C

Attachment C consists of a brief description and the estimated annual usage is given for each product. **Because Lee County would prefer to award on an overall basis, it is desired that vendors quote on all products.**

On Attachment C some products are marked "NO SUBSTITUTE", in those cases the brand listed is the **only product** Lee County will accept. For all other products, whenever a brand name or make is mentioned, it is the intention of the County only to establish a grade or quality of material, and not to rule out other brands or makes of equality. Vendors shall list the product, manufacturer, manufacturer number and packaging quantity (Example 10/bx) next to the item if the item quoted is not the same product the county is using.

Vendors are required to price the products as listed (generally as "each"). The price shall contain no more than four places to the right of the decimal point.

To determine the estimated annual cost for each item, vendors are required to multiply the price by the estimated annual usage.

Vendors are required to indicate the package quantity for each item they are quoting if the packaging is different from what the county is currently using. The package quantity listed on Attachment C is based on what is currently being purchased by the county.

DESIGNATED CONTACT

The awarded vendor(s) shall appoint a person or persons to act as a primary contact with Lee County Emergency Medical Services. This person or back-up shall be readily available during normal work hours by phone or in person, and shall be knowledgeable of the terms and procedures involved in this quote.

SUMMARY REPORTS

The awarded vendor(s) shall be responsible for furnishing a summary report to Purchasing at the end of each six month period of the quote. This report shall include a six month history, showing at a minimum, the following information:

Total dollar value of products purchased
Total quantity of each product purchased

BACKORDERS

Backorders must be held to a minimum. Back orders will generally be allowed, subject to Lee County Emergency Medical Services approval. However, if the awarded vendor is unable to deliver an item(s) within the time frame specified on the Proposal Quote Form and a back-order is not desirable to Lee County, the County reserves the right to purchase that item(s) from an alternate vendor.

DISCONTINUED PRODUCTS

Substitutes for any discontinued products must be approved by Lee County Emergency Medical Services. If an acceptable substitute cannot be supplied, Lee County Emergency Medical Services shall have the right to purchase that item elsewhere.

PRICE INCREASES

If the awarded vendor experiences a major price increase from suppliers for items in this quotation, the vendor may submit a written request to increase pricing. All information necessary to review and analyze the request must be submitted to Lee County Purchasing. Lee County shall have the right to grant the price increase, or quote, at the County's sole discretion.

SAMPLES

After quotes are received, if requested by Lee County, vendors will be required to submit manufacturer's specification sheets and/or samples for evaluation. These products must be submitted at no cost to Lee County, and must be submitted within 10 calendar days after request.

BASIS OF AWARD

Vendors are encouraged to quote on all products. Preference may be given to vendors who quote all products. The evaluation for award will be based on the extended cost of the estimated annual usage of the products. The award will be made either to the low quoter per item meeting specifications, or overall low quoter meeting specifications, whichever is in the best interest of Lee County.

NOTE: Lee County reserves the right, at the Purchasing Director's discretion, not to award certain products on Attachment C. Lee County also reserves the right to reject unbalanced quotes (a quote where a normally low cost item is priced well out of the normal range).

INSURANCE (Guide B)

Insurance shall be provided, per the attached insurance guide(Guide B), prior to award.

MAJOR BREAKDOWNS/NATURAL DISASTERS

Lee County requires that the awarded vendor(s) provide the name of a contact person and phone number which will afford Lee County access twenty-four hours per day, 365 days per year, to Medical Supplies, in the event of major breakdowns or natural disasters.

LOCAL BIDDER'S PREFERENCE

Note: In order for your firm to be considered for the local vendor preference, you must complete and return the attached "Local Vendor Preference Questionnaire" with your quotation.

The Lee County Local Bidder's Preference Ordinance No. 00-10 is being included as part of the award process for this project. As such, Lee County at its sole discretion, may choose to award a preference to any qualified "Local Contractor/Vendor" in an amount not to exceed 3 % of the total amount quoted by that firm.

"Local Contractor / Vendor" shall mean: a) any person, firm, partnership, company or corporation whose principal place of business in the sole opinion of the County, is located within the boundaries of Lee County, Florida; or b) any person, firm, partnership, company or corporation that has provided goods or services to Lee County on a regular basis for the preceding consecutive five (5) years, and that has the personnel, equipment and materials located within the boundaries of Lee County sufficient to constitute a present ability to perform the service or provide the goods.

The County reserves the exclusive right to compare, contrast and otherwise evaluate the qualifications, character, responsibility and fitness of all persons, firms, partnerships, companies or corporations submitting formal bids or formal quotes in any procurement for goods or services when making an award in the best interests of the County.

ATTACHMENT C

<u>ITEM DESCRIPTION</u>	<u>MANUFACTURER PRODUCT #</u>
1. Angiocath IV Catheter Estimated Annual Usage <u>240 ea</u> No Substitute Cost Each \$ <u>4.02</u> x EAU <u>240</u> = Est. Annual Cost \$ <u>964.80</u> Packaged <u>10/ box</u>	Becton Dickinson <u>382258</u>
2. Safe-cuff Blood Pressure Cuff (Adult Lg) Estimated Annual Usage <u>160 ea</u> No Substitute Cost Each \$ <u>5.98</u> x EAU <u>160</u> = Est. Annual Cost \$ <u>956.80</u> Packaged <u>20/ box</u>	CAS Medical <u>CD1642</u> <u>H6507</u>
3. Molded Surgical Mask Estimated Annual Usage <u>250 ea</u> Substitute Allowed Cost Each \$ <u>.08</u> x EAU <u>250</u> = Est. Annual Cost \$ <u>20.00</u> Packaged <u>50/ box</u>	<u>Dynarex 2203</u> <u>S3727</u>
4. Charger For Portable Suction Units Estimated Annual Usage <u>20 ea</u> No Substitute Cost Each \$ <u>22.85</u> x EAU <u>20</u> = Est. Annual Cost \$ <u>457.00</u> Packaged <u>Each</u>	Impact <u>810-0305-02</u>
5. Safecuff BP Cuff (sm adult) Estimated Annual Usage <u>80 ea</u> No Substitute Cost Each \$ <u>5.75</u> x EAU <u>80</u> = Est. Annual Cost \$ <u>460.00</u> Packaged <u>Each</u>	CAS Medical <u>CD1230</u> <u>H6509</u>

6. Safecuff BP Cuff (adult) CAS Medical CD1437
 Estimated Annual Usage 800 ea No Substitute H6508
 Cost Each \$ 5.75 x EAU 800 = Est. Annual Cost \$ 4,600.00
 Packaged 20/ box
-
7. Safecuff BP Cuff (child) CAS Medical CD927
 Estimated Annual Usage 140 ea No Substitute H6510
 Cost Each \$ 4.51 x EAU 140 = Est. Annual Cost \$ 631.40
 Packaged 20/ box
-
8. Safecuff BP Cuff (infant) CAS Medical CD618
 Estimated Annual Usage 80 ea No Substitute H6512
 Cost Each \$ 3.92 x EAU 80 = Est. Annual Cost \$ 313.60
 Packaged 20/ box
-
9. 3M Particulate Respirator N95 3M 8110S
 Estimated Annual Usage 160 ea No Substitute
 Cost Each \$ _____ x EAU 160 = Est. Annual Cost \$ No Bid
 Packaged 20/ box
-
10. 3M Particulate Respirator N95 3M 8210
 Estimated Annual Usage 200 ea No Substitute
 Cost Each \$ _____ x EAU 200 = Est. Annual Cost \$ No Bid
 Packaged 20/ box
-
11. Sta-Block HID STI Medical 975
 Estimated Annual Usage 4800 ea No Substitute F2344
 Cost Each \$ 3.64 x EAU 4800 = Est. Annual Cost \$ 17,472.00
 Packaged 30/ box

12. Ambu Adult Adjustable Extrication Collars AMBU 000 281 000
Estimated Annual Usage 4000 ea No Substitute
Cost Each \$ _____ x EAU 4000 = Est. Annual Cost \$ No Bid
Packaged 30/ box

13. Pedi/Infant/Sm Adult Adjustable Extrication Collar AMBU 000 281 106
Estimated Annual Usage 800 ea No Substitute
Cost Each \$ _____ x EAU 800 = Est. Annual Cost \$ No Bid
Packaged 30/ box

14. 12 Lead Paper Physio-Control 805319-05
Estimated Annual Usage 200 ea No Substitute
Cost Each \$ _____ x EAU 200 = Est. Annual Cost \$ No Bid
Packaged 2 rolls/ box

15. Adult BVM Life Support Products L⁶870-040
Estimated Annual Usage 1800 ea No Substitute N7065
Cost Each \$ 10.70 x EAU 1800 = Est. Annual Cost \$ 19,260.00
Packaged 6/ box

16. Infant BVM Life Support Products L⁶870-200 52
Estimated Annual Usage 240 ea No Substitute N7067
Cost Each \$ 11.45 x EAU 240 = Est. Annual Cost \$ 2,748.00
Packaged 6/ box

17. Pediatric BVM Life Support Products L⁶870-101
Estimated Annual Usage 240 ea No Substitute N7066
Cost Each \$ 11.35 x EAU 240 = Est. Annual Cost \$ 2,724.00
Packaged 6/ box

18. Three-way Stop Cock Baxter 2C6229
 Estimated Annual Usage 80 ea No Substitute
 Cost Each \$ 1.54 x EAU 80 = Est. Annual Cost \$ 123.20
 Packaged each 50/case
-
19. Meconium Aspirator Neo Tech Products N0101
 Estimated Annual Usage 80 ea No Substitute L5190
 Cost Each \$ 3.68 x EAU 80 = Est. Annual Cost \$ 294.40
 Packaged each
-
20. BP Cuff Adult Large MABIS 05-260-016
 Estimated Annual Usage 30 ea No Substitute
 Cost Each \$ 10.76 x EAU 30 = Est. Annual Cost \$ 322.80
 Packaged each
-
21. Easy Cap CO2 Detector Nellcor Puritan Bennet 047412A-0797
 Estimated Annual Usage 1800 ea No Substitute N7697
 Cost Each \$ 9.34 x EAU 1800 = Est. Annual Cost \$ 16,812.00
 Packaged 6/box 24/case
-
22. Pedi End-Tidal CO2 Detector Nellcor Puritan Bennett 046700A-0598
 Estimated Annual Usage 480 ea No Substitute N7698
 Cost Each \$ 9.34 x EAU 480 = Est. Annual Cost \$ 4,483.20
 Packaged 24/case
-
23. Laryngoscope Blade (Miller 0) Rusch 008615050
 Estimated Annual Usage 40 ea Substitute Allowed N7334
 Cost Each \$ 11.70 x EAU 40 = Est. Annual Cost \$ 468.00
 Packaged each

24. Laryngoscope Blade (Miller 1) Rusch 008616100
Estimated Annual Usage 40 ea Substitute Allowed *JB N7335*
Cost Each \$ 11.70 x EAU 40 = Est. Annual Cost \$ 468.00
Packaged each

25. Laryngoscope Blade (Miller 2) Rusch 008617200
Estimated Annual Usage 40 ea Substitute Allowed *JB N7336*
Cost Each \$ 11.70 x EAU 40 = Est. Annual Cost \$ 468.00
Packaged each

26. Laryngoscope Blade (Miller 3) Rusch 008618300
Estimated Annual Usage 120 ea Substitute Allowed *JB N7337*
Cost Each \$ 11.70 x EAU 120 = Est. Annual Cost \$ 6,404.00
Packaged each

27. Laryngoscope Blade (MAC 2) Rusch 008602200
Estimated Annual Usage 40 ea Substitute Allowed *JB N7331*
Cost Each \$ 11.70 x EAU 40 = Est. Annual Cost \$ 468.00
Packaged each

28. Laryngoscope Blade (MAC 3) Rusch 008603300
Estimated Annual Usage 100 ea Substitute Allowed *JB N7332*
Cost Each \$ 11.70 x EAU 100 = Est. Annual Cost \$ 1,170.00
Packaged each

29. Laryngoscope Blade (MAC 4) Rusch 008604400
Estimated Annual Usage 100 ea Substitute Allowed *JB N7333*
Cost Each \$ 11.70 x EAU 100 = Est. Annual Cost \$ 1,170.00
Packaged each

30. Standard Laryngoscope Handle (Small/Penlight) Rusch 008620100
Estimated Annual Usage 20 ea No Substitute *N7339 PEDI*
Cost Each \$ 10.87 x EAU 20 = Est. Annual Cost \$ 217.40
Packaged each

31. Laryngoscope Blade (Miller 4) Rusch 008619400
Estimated Annual Usage 100 ea Substitute Allowed *N7335*
Cost Each \$ 11.70 x EAU 100 = Est. Annual Cost \$ 1,170.00 *JB*
Packaged each

32. Laryngoscope Blade (MAC 1) Rusch 008601100
Estimated Annual Usage 40 ea Substitute Allowed *N7330*
Cost Each \$ 11.70 x EAU 40 = Est. Annual Cost \$ 468.00 *JB*
Packaged each

33. Purell Hand Sanitizer GoJo 9584
Estimated Annual Usage 42 ea Substitute Allowed *53660*
Cost Each \$ 1.08 x EAU 42 = Est. Annual Cost \$ 45.36
Packaged each

34. Specimen Transport Bags MD Industries 49-97 68059
Estimated Annual Usage 16,000 ea No Substitute
Cost Each \$.05 x EAU 16,000 = Est. Annual Cost \$ 800.00
Packaged 1000/ box

35. Epinephrine 1ml (1mg/ml) Abbott Labs NDC 0074-7241-01
Estimated Annual Usage 500 ea No Substitute *J8357*
Cost Each \$.39 x EAU 500 = Est. Annual Cost \$ 195.00
Packaged each

36. Vasopressin (20 units/ml) American Regent NDC 0517-1020-25
Estimated Annual Usage 300 ea No Substitute 1020-25
Cost Each \$ 3.62 x EAU 300 = Est. Annual Cost \$ 1,086.00
Packaged 25/ box

37. Infant 4.2% Sodium Bicarbonate Abbott Labs NDC 0074-5534-34
Estimated Annual Usage 100 ea No Substitute J8331
Cost Each \$ 2.62 x EAU 100 = Est. Annual Cost \$ 262.00
Packaged 10/ package

38. Glucometer Elite Nml Ctl 2.5 ml Bayer Corp 3926
Estimated Annual Usage 100 ea Substitute Allowed J8092N
Cost Each \$ 5.94 x EAU 100 = Est. Annual Cost \$ 594.00
Packaged 2/box each

39. Glucometer Elite XL Diabetes Bayer Corp NDC 0193-3885-01
Estimated Annual Usage 40 ea Substitute Allowed J8095
Cost Each \$ 49.00 x EAU 40 = Est. Annual Cost \$ 1,960.00
Packaged each

40. Vacutainer Blood Tubes (4 ml) (Green) Becton Dickinson 367884
Estimated Annual Usage 4,000 ea No Substitute
Cost Each \$.34 x EAU 4,000 = Est. Annual Cost \$ 1,360.00
Packaged 100/ package

41. Vacutainer Blood Tubes (4.5 ml) (Blue) Becton Dickinson 369714
Estimated Annual Usage 4,000 ea No Substitute
Cost Each \$.18 x EAU 4,000 = Est. Annual Cost \$ 720.00
Packaged 100/ package

42. Vacutainer Blood Tubes (3 ml) (Purple) Becton Dickinson 367856

Estimated Annual Usage 4,000 ea No Substitute

Cost Each \$.22 x EAU 4,000 = Est. Annual Cost \$ 880.00

Packaged 100/ package

43. Vacutainer Blood Tubes (7 ml) (Marble) Becton Dickinson 367975

Estimated Annual Usage 4,000 ea No Substitute

Cost Each \$.33 x EAU 4,000 = Est. Annual Cost \$ 1,320.00

Packaged 100/ package

44. Pediatric ECG Electrode Conmed Corp 1620-003

Estimated Annual Usage 50 bx No Substitute

Cost Each \$ 5.40 x EAU 50 = Est. Annual Cost \$ 270.00

Packaged 30/ box 600/ case

45. Pediatric Defib Electrodes Agilent Technologies M3504A

Estimated Annual Usage 300 ea No Substitute

Cost Each \$ 17.60 x EAU 300 = Est. Annual Cost \$ 5,280.00

Packaged 5/ box

46. Multifunction Adult Defib Electrodes Agilent Technologies M3501A

Estimated Annual Usage 600 ea No Substitute

Cost Each \$ 16.80 x EAU 600 = Est. Annual Cost \$ 10,080.00

Packaged 10/ box

47. Nail Polish Remover Pads Professional Disposables Inc.(PDI) B71200

Estimated Annual Usage 1500 ea Substitute Allowed

Cost Each \$.03 x EAU 1500 = Est. Annual Cost \$ 45.00

Packaged 100 packets/ box

48. Beck Tracheal Whistle (BAAM) BAAM Mark IV
N6050
 Estimated Annual Usage 200 ea No Substitute
 Cost Each \$ 5.44 x EAU 200 = Est. Annual Cost \$ 1,088.00
 Packaged 10/ box
-
49. Endotracheal Tube Holder, Adult STI Medical 31177
N7168
 Estimated Annual Usage 1500 ea No Substitute
 Cost Each \$ 2.56 x EAU 1500 = Est. Annual Cost \$ 3,840.00
 Packaged 25/ box
-
50. Tube Check Intubation Detector Wolfe Troy Medical EID200
N7696
 Estimated Annual Usage 350 ea Substitute Allowed
 Cost Each \$ 2.29 x EAU 350 = Est. Annual Cost \$ 801.50
 Packaged 20/ box
-
51. Endotracheal Tube Holder (Pediatric) STI Medical 30687
N7168P
 Estimated Annual Usage 600 ea No Substitute
 Cost Each \$ 2.56 x EAU 600 = Est. Annual Cost \$ 1,536.00
 Packaged 25/ box
-
52. Buretrol Solution Set (60 drops /ml) Baxter 2C7566S
 Estimated Annual Usage 25 ea No Substitute
 Cost Each \$ 4.81 x EAU 25 = Est. Annual Cost \$ 120.25
 Packaged each
-
53. Sensi-touch Spinal Needles (18 x 3.5") Baxter 220019
8881-220019
 Estimated Annual Usage 200 ea No Substitute
 Cost Each \$ 1.69 x EAU 200 = Est. Annual Cost \$ 338.00
 Packaged 25/box 100/case

54. Monoject Needles (21 x 1.5") Sherwood Medical 216041
 Estimated Annual Usage 2000 ea No Substitute ~~8881-216041~~
 Cost Each \$.13 x EAU 2000 = Est. Annual Cost \$ 260.00
 Packaged 100/ box
-
55. Monoject Needles (22 x 1.5") Sherwood Medical 216066
 Estimated Annual Usage 2000 ea No Substitute 8881-216066
 Cost Each \$.13 x EAU 2000 = Est. Annual Cost \$ 260.00
 Packaged 100/ box
-
56. Surflo Winged Infusion Set (19 G x 0.75") Terumo P-216-119
 Estimated Annual Usage 40 ea No Substitute
 Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ No Bid
 Packaged each
-
57. Surflo Winged Infusion Set (21 G x 0.75") Terumo 0197
 Estimated Annual Usage 40 ea No Substitute
 Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ No Bid
 Packaged 50/ box
-
58. Surflo Winged Infusion Set (25 G x 0.75") Terumo SVTW004
 Estimated Annual Usage 40 ea No Substitute
 Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ No Bid
 Packaged each
-
59. Monoject Filter Needle (18 G x 1.5") Sherwood Medical 8881-305117
 Estimated Annual Usage 2000 ea No Substitute
 Cost Each \$.22 x EAU 2000 = Est. Annual Cost \$ 440.00
 Packaged 100/ box

60. Twin Pak Dual Cannula Device Becton Dickinson 303390
Estimated Annual Usage 4000 ea No Substitute
Cost Each \$.35 x EAU 400 = Est. Annual Cost \$ 140.00 or 1400⁰⁰
Packaged 100/ box

SB 4000 1400⁰⁰

61. Mg Sulfate Pre-filled Syringe IMS 0548-1034-00
Estimated Annual Usage 500 ea No Substitute
Cost Each \$ x EAU 500 = Est. Annual Cost \$ No Bid
Packaged 100/ box

62. Lubricating Jelly Foil Packet 2.7g Professional Disposables Inc T-00128
Estimated Annual Usage 3024 ea No Substitute 53716
Cost Each \$.04 x EAU 3024 = Est. Annual Cost \$ 120.96
Packaged 144/ box

63. Lifescans Unistick 2 Spring Loaded Lancet NDC 53885-636-10
Estimated Annual Usage 5500 ea No Substitute
Cost Each \$ x EAU 5500 = Est. Annual Cost \$ No Bid
Packaged 100/ box

64. Biomedix Select-3 IV Selectable Admin Set Biomedix 10102
Estimated Annual Usage 1920 ea No Substitute J8125
Cost Each \$ 4.19 x EAU 1920 = Est. Annual Cost \$ 8,044.80
Packaged 48/ cs

65. Iodine Swabs Dynarex 1201
Estimated Annual Usage 1000 ea No Substitute 53719
Cost Each \$.08 x EAU 1000 = Est. Annual Cost \$ 80.00
Packaged 50/ box

66. Tincture of Benzoin 10% SwabStick Professional Disposables Inc S-42450

Estimated Annual Usage 500 No Substitute

Cost Each \$.16 x EAU 500 = Est. Annual Cost \$ 80.00

Packaged 50/ box

67. Graham Fitted Cot Sheets Graham 44547

Estimated Annual Usage 10,000 ea No Substitute

Cost Each \$.80 x EAU 10,000 = Est. Annual Cost \$ 8,000.00

Packaged 50/ box

68. 60 cc Exel Syringe Exel 26302

Estimated Annual Usage 400 ea No Substitute

Cost Each \$.39 x EAU 400 = Est. Annual Cost \$ 156.00

Packaged 25/ box

69. Grandview Laryngoscope Blades Grandview GV 2020A

Estimated Annual Usage 150 ea No Substitute

Cost Each \$ 49.85 x EAU 150 = Est. Annual Cost \$ 7,477.50

Packaged each

70. Grandview Laryngoscope Bulbs Grandview GV 1008

Estimated Annual Usage 150 ea No Substitute

Cost Each \$ 5.46 x EAU 150 = Est. Annual Cost \$ 819.00

Packaged each

71. Evac-u-Splint Extremity Kit Hartwell Medical EV 3000

Estimated Annual Usage 35 ea No Substitute

Cost Each \$ 266.50 x EAU EACH = Est. Annual Cost \$ 9,327.50

Packaged Each

72. 3c/c Syringe with Twin Cannula Becton Dickinson 303391

Estimated Annual Usage 21,000 No Substitute

Cost Each \$.39 x EAU EACH = Est. Annual Cost \$ 8,190.00

Packaged 2 100 box / 8bx case

73. Disposable Polyester Blanket S&F Promotions C-125

Estimated Annual Usage 200 ea. No Substitute

Cost Each \$ x EAU EACH = Est. Annual Cost \$ No Bid

Packaged Each

74. P.A.W.S. Anti-Microbial Wipes SafeTec 34400

Estimated Annual Usage 200 bx. No Substitute

Cost Each \$ 33.50 x EAU EACH = Est. Annual Cost \$ 33.50 x 200 33500

Packaged Each 100 bx / 10 bx case

SB 670⁰⁰

75. Recorder Paper 80 mm Fan Folded Zoll 8000-0301

Estimated Annual Usage 100 bx No Substitute

Cost Each \$ x EAU EACH = Est. Annual Cost \$ No Bid

Packaged ?

76. Disposable Pediatric Sensor Zoll 8000-0044

Estimated Annual Usage 30 cs No Substitute

Cost Each \$ x EAU EACH = Est. Annual Cost \$ No Bid

Packaged ?

77. 4 ECG Electrodes Zoll 8900-0004

Estimated Annual Usage 20 cs No Substitute

Cost Each \$ x EAU EACH = Est. Annual Cost \$ No Bid

Packaged ?

78. HVP Multi-Function Electrodes (Adult) Zoll 8900-4003

Estimated Annual Usage 30 cs No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ No Bid

Packaged ?

79. Pedi-Padz Multi-Function Electrodes Zoll 8900-2065

Estimated Annual Usage 30 cs No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ No Bid

Packaged ?

ATTACHMENT A
LOCAL VENDOR PREFERENCE QUESTIONNAIRE
(LEE COUNTY ORDINANCE NO. 00-10)

Instructions: Please complete either Part A or B whichever is applicable to your firm

PART A: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS LOCATED WITHIN LEE COUNTY (Only complete Part A if your principal place of business is located within the boundaries of Lee County)

1. **What is the physical location of your principal place of business that is located within the boundaries of Lee County, Florida?**

2. **What is the size of this facility (i.e. sales area size, warehouse, storage yard, etc.)**

PART B: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS NOT LOCATED WITHIN LEE COUNTY OR DOES NOT HAVE A PHYSICAL LOCATION WITHIN LEE COUNTY (Please complete this section.)

1. How many employees are available to service this contract? 7

2. Describe the types and amount of equipment you have available to service this contract.

*Full supply of EMS equipment
and supplies requested.*

LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED

3. Describe the types and amount of material stock that you have available to service this contract.

Full supply of EMS equipment
and supplies stocked in warehouse
for request.

4. Have you provided goods or services to Lee County on a regular basis for the preceding, consecutive five years?

Yes _____

No

If yes, please provide your contractual history with Lee County for the past five, consecutive years. Attach additional pages if necessary.



LEE COUNTY
SOUTHWEST FLORIDA

BOARD OF COUNTY COMMISSIONERS

Writer's Direct Dial Number: (239) 689-7392

Bob Janes
District One

March 20, 2003

Douglas R. St. Cerny
District Two

PROJECT NO.: Q-030070

Ray Judah
District Three

Andrew W. Coy
District Four

John E. Albion
District Five

Donald D. Stilwell
County Manager

James G. Yaeger
County Attorney

Diana M. Parker
County Hearing
Examiner

**LEE COUNTY ADDENDUM NUMBER TWO
TO SPECIFICATIONS FOR
The Purchase of Medical Supplies Product Group C
For the Lee County Emergency Medical Services**

**QUOTERS MUST ACKNOWLEDGE RECEIPT OF THIS ADDENDUM ON THE PROPOSAL
QUOTE FORM, PAGE 11.**

The original specifications and other contract documents are amended as noted below:

Note: The new opening date for this project will be April 29, 2003 at 2:30P.M.

**Please note that a entire new package is included for your review. Please discard old
specification for this project.**

Chris Jeffcoat
Purchasing Agent

cc: Chris Hansen
Minutes Department

**LEE COUNTY, FLORIDA
PROPOSAL QUOTE FORM
FOR THE PURCHASE OF MEDICAL SUPPLIES
PRODUCT GROUP C
FOR LEE COUNTY EMERGENCY MEDICAL SERVICES**

DATE SUBMITTED: 4-25-03 American LaFrance MedicMaster

VENDOR NAME: AERO PRODUCTS CORP. DBA

TO: The Board of County Commissioners
Lee County
Fort Myers, Florida

Having carefully examined the "General Conditions", and the "Detailed Specifications", all of which are contained herein, the Undersigned proposes to furnish the following which meet these specifications:

The undersigned acknowledges receipt of Addenda numbers:

ONE (3-7-03) Two (5-20-03) 181,064.63

with adjustment of

GRAND TOTAL (ANNUAL COST) \$ 178,125.23

$\begin{matrix} \{ = 4800^{00} \\ \{ + 480 \\ \{ = 153.40 \\ \{ + 1534.00 = \end{matrix}$

TO BE (DELIVERED) WITHIN 3 CALENDAR DAYS AFTER RECEIPT OF AWARD 178,125.23
AND PURCHASE ORDER.

Is your firm interested in being considered for the Local Vendor Preference?
Yes _____ No ✓

If yes, then read the paragraph entitled "Local Vendor Preference" included in these specifications. Also complete the Local Vendor Preference Questionnaire and return with your quotation.

Quoters should carefully read all the terms and conditions of the specifications. Any representation of deviation or modification to the quote may be grounds to reject the quote.

Quoter shall submit his/her quote on the County's Proposal Quote Form, including the firm name and authorized signature. Any blank spaces on the Proposal Quote Form, qualifying notes or exceptions, counter offers, lack of required submittals, or signatures, on County's Form may result in the Quoter/Quote being declared non-responsive by the County.

ANTI-COLLUSION STATEMENT

THE BELOW SIGNED QUOTER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS QUOTE WITH OTHER QUOTERS AND HAS NOT COLLUDED WITH ANY OTHER QUOTER OR PARTIES TO A QUOTE WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIAL (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.

FIRM NAME AGRO PRODUCTS CORP.
BY (Printed): LEW SAN FELICE
BY (Signature): LEW SAN FELICE
TITLE: CONTRACTS MGR.
FEDERAL ID # OR S.S.# 54-1897336
ADDRESS: P.O. BOX 1707
SANFORD, FL 32772-1707
PHONE NO.: 800-292-2396
FAX NO.: 800-642-7895

CELLULAR PHONE/PAGER NO.: _____

LEE COUNTY OCCUPATIONAL LICENSE NUMBER: _____

E-MAIL ADDRESS: LEW@MEDICMASTER.NET

REVISED: 7/28/00

ATTACHMENT C

<u>ITEM DESCRIPTION</u>	<u>MANUFACTURER PRODUCT #</u>
1. Angiocath IV Catheter Estimated Annual Usage <u>240 ea</u> No Substitute Cost Each \$ <u>4.40</u> x EAU <u>240</u> = Est. Annual Cost \$ <u>1056.00</u> Packaged <u>10/ box</u>	Becton Dickinson <u>382258</u> <u>CD12370</u>
2. Safe-cuff Blood Pressure Cuff (Adult Lg) Estimated Annual Usage <u>160 ea</u> No Substitute Cost Each \$ _____ x EAU <u>160</u> = Est. Annual Cost \$ <u>n/s</u> Packaged <u>20/ box</u>	CAS Medical <u>CD1642</u> _____
3. Molded Surgical Mask Estimated Annual Usage <u>250 ea</u> Substitute Allowed Cost Each \$ <u>.101</u> x EAU <u>250</u> = Est. Annual Cost \$ <u>25.25</u> Packaged <u>50/ box</u>	<u>Dynarex 2203</u> <u>DYNAREX 2203</u> <u>F3191</u>
4. Charger For Portable Suction Units Estimated Annual Usage <u>20 ea</u> No Substitute Cost Each \$ <u>23.80</u> x EAU <u>20</u> = Est. Annual Cost \$ <u>476.00</u> Packaged <u>Each</u>	Impact <u>810-0305-02</u> <u>BB 810030502</u>
5. Safecuff BP Cuff (sm adult) Estimated Annual Usage <u>80 ea</u> No Substitute Cost Each \$ _____ x EAU <u>80</u> = Est. Annual Cost \$ <u>n/s</u> Packaged <u>Each</u>	CAS Medical <u>CD1230</u> _____

6. Safecuff BP Cuff (adult) CAS Medical CD1437
Estimated Annual Usage 800 ea No Substitute
Cost Each \$ _____ x EAU 800 = Est. Annual Cost \$ n/a
Packaged 20/ box

7. Safecuff BP Cuff (child) CAS Medical CD927
Estimated Annual Usage 140 ea No Substitute
Cost Each \$ _____ x EAU 140 = Est. Annual Cost \$ n/a
Packaged 20/ box

8. Safecuff BP Cuff (infant) CAS Medical CD618
Estimated Annual Usage 80 ea No Substitute
Cost Each \$ _____ x EAU 80 = Est. Annual Cost \$ n/a
Packaged 20/ box

9. 3M Particulate Respirator N95 3M 8110S
Estimated Annual Usage 160 ea No Substitute
Cost Each \$.63 x EAU 160 = Est. Annual Cost \$ 100.80
Packaged 20/ box

10. 3M Particulate Respirator N95 3M 8210
Estimated Annual Usage 200 ea No Substitute
Cost Each \$.60 x EAU 200 = Est. Annual Cost \$ 120.00
Packaged 20/ box

11. Sta-Block HID STI Medical 975
Estimated Annual Usage 4800 ea No Substitute
Cost Each \$ 3.70 x EAU 4800 = Est. Annual Cost \$ 17760.00
Packaged 30/ box

D668301

12. Ambu Adult Adjustable Extrication Collars AMBU 000 281 000
 Estimated Annual Usage 4000 ea No Substitute
 Cost Each \$ 5.27 x EAU 4000 = Est. Annual Cost \$ 21080.00
 Packaged 30/ box
D499406
-
13. Pedi/Infant/Sm Adult Adjustable Extrication Collar AMBU 000 281 106
 Estimated Annual Usage 800 ea No Substitute
 Cost Each \$ 5.40 x EAU 800 = Est. Annual Cost \$ 4320.00 4320.00
 Packaged 30/ box
D499414
-
14. 12 Lead Paper Physio-Control 805319-05
 Estimated Annual Usage 200 ea No Substitute
 Cost Each \$ _____ x EAU 200 = Est. Annual Cost \$ 2/3
 Packaged 2 rolls/ box
-
15. Adult BVM Life Support Products L570-040
 Estimated Annual Usage 1800 ea No Substitute
 Cost Each \$ 11.15 x EAU 1800 = Est. Annual Cost \$ 20070.00
 Packaged 6/ box
A636115
-
16. Infant BVM Life Support Products L570-200
 Estimated Annual Usage 240 ea No Substitute
 Cost Each \$ 11.90 x EAU 240 = Est. Annual Cost \$ 2856.00
 Packaged 6/ box
A636124
-
17. Pediatric BVM Life Support Products L570-101
 Estimated Annual Usage 240 ea No Substitute
 Cost Each \$ 11.90 x EAU 240 = Est. Annual Cost \$ 2856.00
 Packaged 6/ box
A636119

18. Three-way Stop Cock Baxter 2C6229
 Estimated Annual Usage 80 ea No Substitute
 Cost Each \$ 1.70 x EAU 80 = Est. Annual Cost \$ 136.00
 Packaged each (Packed & sold 50/case)
AAK52L
-
19. Meconium Aspirator Neo Tech Products N0101
 Estimated Annual Usage 80 ea No Substitute
 Cost Each \$ 3.80 x EAU 80 = Est. Annual Cost \$ 304.00
 Packaged each
B4092
-
20. BP Cuff Adult Large MABIS 05-260-016
 Estimated Annual Usage 30 ea No Substitute
 Cost Each \$ 12.55 x EAU 30 = Est. Annual Cost \$ 376.50
 Packaged each
A092200 ^{ES.}
-
21. Easy Cap CO2 Detector Nelcor Puritan Bennet 047412A-0797
 Estimated Annual Usage 1800 ea No Substitute
 Cost Each \$ 8.67 x EAU 1800 = Est. Annual Cost \$ 15606.00
 Packaged 6/ box
A092200
-
22. Pedi End-Tidal CO2 Detector Nelcor Puritan Bennett 046700A-0598
 Estimated Annual Usage 480 ea No Substitute
 Cost Each \$ 8.67 x EAU 480 = Est. Annual Cost \$ 4161.60
 Packaged 24/ case
A092201
-
23. Laryngoscope Blade (Miller 0) Rusch 008615050
 Estimated Annual Usage 40 ea Substitute Allowed
 Cost Each \$ 10.55 x EAU 40 = Est. Annual Cost \$ 422.00
 Packaged each
MACO AMILO A865105

24. Laryngoscope Blade (Miller 1) Rusch 008616100
 Estimated Annual Usage 40 ea Substitute Allowed
 Cost Each \$ 10.55 x EAU 40 = Est. Annual Cost \$ 422.00
 Packaged each

MACO AM1/1 *A865106*
25. Laryngoscope Blade (Miller 2) Rusch 008617200
 Estimated Annual Usage 40 ea Substitute Allowed
 Cost Each \$ 10.55 x EAU 40 = Est. Annual Cost \$ 422.00
 Packaged each

MACO AM1/2 *A865107*
26. Laryngoscope Blade (Miller 3) Rusch 008618300
 Estimated Annual Usage 120 ea Substitute Allowed
 Cost Each \$ 10.55 x EAU 120 = Est. Annual Cost \$ 1266.00
 Packaged each

MACO AM1/3 *A865108*
27. Laryngoscope Blade (MAC 2) Rusch 008602200
 Estimated Annual Usage 40 ea Substitute Allowed
 Cost Each \$ 10.55 x EAU 40 = Est. Annual Cost \$ 422.00
 Packaged each

MACO AMMAC 2 *A865102*
28. Laryngoscope Blade (MAC 3) Rusch 008603300
 Estimated Annual Usage 100 ea Substitute Allowed
 Cost Each \$ 10.55 x EAU 100 = Est. Annual Cost \$ 1055.00
 Packaged each

MACO AMMAC 3 *A865103*
29. Laryngoscope Blade (MAC 4) Rusch 008604400
 Estimated Annual Usage 100 ea Substitute Allowed
 Cost Each \$ 10.55 x EAU 100 = Est. Annual Cost \$ 1055.00
 Packaged each

MACO AMMAC 4 *A865104*

30. Standard Laryngoscope Handle (Small/Penlight) Rusch 008620100
 Estimated Annual Usage 20 ea No Substitute
 Cost Each \$ 10.50 x EAU 20 = Est. Annual Cost \$ 210.00
 Packaged each
 _____ A0342
-
31. Laryngoscope Blade (Miller 4) Rusch 008619400
 Estimated Annual Usage 100 ea Substitute Allowed
 Cost Each \$ 10.55 x EAU 100 = Est. Annual Cost \$ 1055.00
 Packaged each
 _____ MACO AM14 A865109
-
32. Laryngoscope Blade (MAC 1) Rusch 008601100
 Estimated Annual Usage 40 ea Substitute Allowed
 Cost Each \$ 10.55 x EAU 40 = Est. Annual Cost \$ 422.00
 Packaged each
 _____ MACO AMMAC1 A865101
-
33. Purell Hand Sanitizer GoJo 9584
 Estimated Annual Usage 42 ea Substitute Allowed
 Cost Each \$.75 x EAU 42 = Est. Annual Cost \$ 31.50
 Packaged each
 _____ BID 402. ANTISEPTIC Alcohol Gel HTP INDUSTRIES F5693
-
34. Specimen Transport Bags MD Industries 49-97 68059
 Estimated Annual Usage 16,000 ea No Substitute
 Cost Each \$ _____ x EAU 16,000 = Est. Annual Cost \$ n/a
 Packaged 1000/ box

-
35. Epinephrine 1ml (1mg/ml) Abbott Labs NDC 0074-7241-01
 Estimated Annual Usage 500 ea No Substitute
 Cost Each \$ _____ x EAU 500 = Est. Annual Cost \$ n/a
 Packaged each

-

36. Vasopressin (20 units/ml) American Regent NDC 0517-1020-25
 Estimated Annual Usage 300 ea No Substitute
 Cost Each \$ _____ x EAU 300 = Est. Annual Cost \$ N/A
 Packaged 25/ box
-
37. Infant 4.2% Sodium Bicarbonate Abbott Labs NDC 0074-5534-34
 Estimated Annual Usage 100 ea No Substitute
 Cost Each \$ _____ x EAU 100 = Est. Annual Cost \$ N/A
 Packaged 10/ package
-
38. Glucometer Elite Nml Ctl 2.5 ml Bayer Corp 3926
 Estimated Annual Usage 100 ea Substitute Allowed
 Cost Each \$ 5.35 x EAU 100 = Est. Annual Cost \$ 535.00
 Packaged 2/ box
-
39. Glucometer Elite XL Diabetes Bayer Corp NDC 0193-3885-01
 Estimated Annual Usage 40 ea Substitute Allowed
 Cost Each \$ 50.00 x EAU 40 = Est. Annual Cost \$ 2000.00
 Packaged each
-
40. Vacutainer Blood Tubes (4 ml) (Green) Becton Dickinson 367884
 Estimated Annual Usage 4,000 ea No Substitute
 Cost Each \$.7365 x EAU 4,000 = Est. Annual Cost \$ 1746.00
 Packaged 100/ package
-
41. Vacutainer Blood Tubes (4.5 ml) (Blue) Becton Dickinson 369714
 Estimated Annual Usage 4,000 ea No Substitute
 Cost Each \$.2345 x EAU 4,000 = Est. Annual Cost \$ 938.00
 Packaged 100/ package
-

42. Vacutainer Blood Tubes (3 ml) (Purple) Becton Dickinson 367856
 Estimated Annual Usage 4,000 ea No Substitute
 Cost Each \$.283 x EAU 4,000 = Est. Annual Cost \$ 1132.00
 Packaged 100/ package
-
43. Vacutainer Blood Tubes (7 ml) (Marble) Becton Dickinson 367975
 Estimated Annual Usage 4,000 ea No Substitute
 Cost Each \$.424 x EAU 4,000 = Est. Annual Cost \$ 1696.00
 Packaged 100/ package
-
44. Pediatric ECG Electrode Conmed Corp 1620-003
 Estimated Annual Usage 50 bx No Substitute
 Cost Each \$ 9.75 x EAU 50 = Est. Annual Cost \$ 487.50
 Packaged 30/ box
- 032713
-
45. Pediatric Defib Electrodes Agilent Technologies M3504A
 Estimated Annual Usage 300 ea No Substitute
 Cost Each \$ 29.60 x EAU 300 = Est. Annual Cost \$ 8880.00
 Packaged 5/ box
-
46. Multifunction Adult Defib Electrodes Agilent Technologies M3501A
 Estimated Annual Usage 600 ea No Substitute
 Cost Each \$ 27.84 x EAU 600 = Est. Annual Cost \$ 16704.00
 Packaged 10/ box
-
47. Nail Polish Remover Pads Professional Disposables Inc.(PDI) B71200
 Estimated Annual Usage 1500 ea Substitute Allowed
 Cost Each \$.028 x EAU 1500 = Est. Annual Cost \$ 42.00
 Packaged 100 packets/ box
- TRAD 106200 F16531

48. Beck Tracheal Whistle (BAAM) BAAM Mark IV
 Estimated Annual Usage 200 ea No Substitute
 Cost Each \$ 5.56 x EAU 200 = Est. Annual Cost \$ 1112.00
 Packaged 10/ box
A79910
-
49. Endotracheal Tube Holder, Adult STI Medical 31177
 Estimated Annual Usage 1500 ea No Substitute
 Cost Each \$ 2.62 x EAU 1500 = Est. Annual Cost \$ 3930.00
 Packaged 25/ box
THOMAS 500 AG681
-
50. Tube Check Intubation Detector Wolfe Troy Medical EID200
 Estimated Annual Usage 350 ea Substitute Allowed
 Cost Each \$ 2.38 x EAU 350 = Est. Annual Cost \$ 833.00
 Packaged 20/ box
AMBU 000172002 AG3511
-
51. Endotracheal Tube Holder (Pediatric) STI Medical 30687
 Estimated Annual Usage 600 ea No Substitute
 Cost Each \$ 2.62 x EAU 600 = Est. Annual Cost \$ 1572.00
 Packaged 25/ box
THOMAS 400 AG682
-
52. Buretrol Solution Set (60 drops /ml) Baxter 2C7566S
 Estimated Annual Usage 25 ea No Substitute
 Cost Each \$ x EAU 25 = Est. Annual Cost \$ 1/3
 Packaged each
-
53. Sensi-touch Spinal Needles (18 x 3.5") Baxter 220019
 Estimated Annual Usage 200 ea No Substitute
 Cost Each \$ 1.84 x EAU 200 = Est. Annual Cost \$ 368.00
 Packaged 25/ box (50/p 100/ case)

54. Monoject Needles (21 x 1.5") Sherwood Medical 216041
 Estimated Annual Usage 2000 ea No Substitute
 Cost Each \$.142 x EAU 2000 = Est. Annual Cost \$ 284.00
 Packaged 100/ box
-
55. Monoject Needles (22 x 1.5") Sherwood Medical 216066
 Estimated Annual Usage 2000 ea No Substitute
 Cost Each \$.142 x EAU 2000 = Est. Annual Cost \$ 284.00
 Packaged 100/ box
Sherwood # 216066 is a 22x1 Monoject Syringe - BLUE
-
56. Surflo Winged Infusion Set (19 G x 0.75") Terumo P-216-119
 Estimated Annual Usage 40 ea No Substitute
 Cost Each \$.32 x EAU 40 = Est. Annual Cost \$ 12.80
 Packaged each *Sold only by 50/bx*
CO/NO
-
57. Surflo Winged Infusion Set (21 G x 0.75") Terumo 0197
 Estimated Annual Usage 40 ea No Substitute
 Cost Each \$.32 x EAU 40 = Est. Annual Cost \$ 12.80
 Packaged 50/ box *Sold 50/bx*
CO/NO
-
58. Surflo Winged Infusion Set (25 G x 0.75") Terumo SVTW004
 Estimated Annual Usage 40 ea No Substitute
 Cost Each \$.32 x EAU 40 = Est. Annual Cost \$ 12.80
 Packaged each
-
59. Monoject Filter Needle (18 G x 1.5") Sherwood Medical 8881-305117
 Estimated Annual Usage 2000 ea No Substitute
 Cost Each \$.24 x EAU 2000 = Est. Annual Cost \$ 480.00
 Packaged 100/ box

480.00

24x200 = 480.00

6526020
John Nelson

4,000 or 400?

60. Twin Pak Dual Cannula Device Becton Dickinson 303390
 Estimated Annual Usage 4000 ea No Substitute SB
 Cost Each \$.3835 x EAU 400 = Est. Annual Cost \$ 153.40 1,534.00
 Packaged 100/ box
 C012377

61. Mg Sulfate Pre-filled Syringe IMS 0548-1034-00
 Estimated Annual Usage 500 ea No Substitute
 Cost Each \$ _____ x EAU 500 = Est. Annual Cost \$ n/b
 Packaged 100/ box

62. Lubricating Jelly Foil Packet 2.7g Professional Disposables Inc T-00128
 Estimated Annual Usage 3024 ea No Substitute
 Cost Each \$.0284 x EAU 3024 = Est. Annual Cost \$ 85.88
 Packaged 144/ box
 A1651

63. Lifescans Unistick 2 Spring Loaded Lancet NDC 53885-636-10
 Estimated Annual Usage 5500 ea No Substitute
 Cost Each \$ _____ x EAU 5500 = Est. Annual Cost \$ n/b
 Packaged 100/ box

64. Biomedix Select-3 IV Selectable Admin Set Biomedix 10102
 Estimated Annual Usage 1920 ea No Substitute
 Cost Each \$ 4.28 x EAU 1920 = Est. Annual Cost \$ 8217.60
 Packaged 48/ cs
 C6232

65. Iodine Swabs Dynarex 1201
 Estimated Annual Usage 1000 ea No Substitute
 Cost Each \$.079 x EAU 1000 = Est. Annual Cost \$ 79.00
 Packaged 50/ box

66. Tincture of Benzoin 10% SwabStick Professional Disposables Inc S-42450
 Estimated Annual Usage 500 No Substitute
 Cost Each \$ _____ x EAU 500 = Est. Annual Cost \$ n/b
 Packaged 50/ box
-
67. Graham Fitted Cot Sheets Graham 44547
 Estimated Annual Usage 10,000 ea No Substitute
 Cost Each \$ _____ x EAU 10,000 = Est. Annual Cost \$ n/b
 Packaged 50/ box
-
68. 60 cc Exel Syringe Exel 26302
 Estimated Annual Usage 400 ea No Substitute
 Cost Each \$ _____ x EAU 400 = Est. Annual Cost \$ n/b
 Packaged 25/ box
-
69. Grandview Laryngoscope Blades Grandview GV 2020A
 Estimated Annual Usage 150 ea No Substitute
 Cost Each \$ 49.80 x EAU 150 = Est. Annual Cost \$ 7470.00
 Packaged each
A 538/00
-
70. Grandview Laryngoscope Bulbs Grandview GV 1008
 Estimated Annual Usage 150 ea No Substitute
 Cost Each \$ 5.15 x EAU 150 = Est. Annual Cost \$ 772.50
 Packaged each
A 538/01
-
71. Evac-u-Splint Extremity Kit Hartwell Medical EV 3000
 Estimated Annual Usage 35 ea No Substitute
 Cost Each \$ 267.00 x EAU EACH = Est. Annual Cost \$ 9345.00
 Packaged Each
D 5383

D 345

72. 3c/c Syringe with Twin Cannula Becton Dickinson 303391
Estimated Annual Usage 21,000 No Substitute
Cost Each \$.4187 x EAU EACH = Est. Annual Cost \$ 8792.70
Packaged ? 100/bx 800/cases

73. Disposable Polyester Blanket S&F Promotions C-125
Estimated Annual Usage 200 ea. No Substitute
Cost Each \$ x EAU EACH = Est. Annual Cost \$ n/b
Packaged Each

74. P.A.W.S. Anti-Microbial Wipes SafeTec 34400
Estimated Annual Usage 200 bx. No Substitute
Cost Each \$.340 x EAU EACH = Est. Annual Cost \$ 680.00
Packaged Each 2000 100/bx
F816604

75. Recorder Paper 80 mm Fan Folded Zoll 8000-0301
Estimated Annual Usage 100 bx No Substitute
Cost Each \$ x EAU EACH = Est. Annual Cost \$ n/b
Packaged ?

76. Disposable Pediatric Sensor Zoll 8000-0044
Estimated Annual Usage 30 cs No Substitute
Cost Each \$ x EAU EACH = Est. Annual Cost \$ n/b
Packaged ?

77. 4 ECG Electrodes Zoll 8900-0004
Estimated Annual Usage 20 cs No Substitute
Cost Each \$ x EAU EACH = Est. Annual Cost \$ n/b
Packaged ?

78. HVP Multi-Function Electrodes (Adult) Zoll 8900-4003

Estimated Annual Usage 30 cs No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ N/A

Packaged ?

79. Pedi-Padz Multi-Function Electrodes Zoll 8900-2065

Estimated Annual Usage 30 cs No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ N/A

Packaged ?

ATTACHMENT A
LOCAL VENDOR PREFERENCE QUESTIONNAIRE
(LEE COUNTY ORDINANCE NO. 00-10)

Instructions: Please complete either Part A or B whichever is applicable to your firm

PART A: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS LOCATED WITHIN LEE COUNTY (Only complete Part A if your principal place of business is located within the boundaries of Lee County)

1. **What is the physical location of your principal place of business that is located within the boundaries of Lee County, Florida?**

2. **What is the size of this facility (i.e. sales area size, warehouse, storage yard, etc.)**

PART B: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS NOT LOCATED WITHIN LEE COUNTY OR DOES NOT HAVE A PHYSICAL LOCATION WITHIN LEE COUNTY (Please complete this section.)

1. How many employees are available to service this contract? 17

2. Describe the types and amount of equipment you have available to service this contract.

LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED

3. Describe the types and amount of material stock that you have available to service this contract.

FULL LINE DISTRIBUTION

4. Have you provided goods or services to Lee County on a regular basis for the preceding, consecutive five years?

Yes No

If yes, please provide your contractual history with Lee County for the past five, consecutive years. Attach additional pages if necessary.

Q0078 Q-000354 7-12-02 TRASH 7-15-03

LEE COUNTY, FLORIDA
PROPOSAL QUOTE FORM
FOR THE PURCHASE OF MEDICAL SUPPLIES
PRODUCT GROUP C
FOR LEE COUNTY EMERGENCY MEDICAL SERVICES

DATE SUBMITTED: 4/29/03

VENDOR NAME: EMERGENCY MEDICAL PRODUCTS, INC.

TO: The Board of County Commissioners
Lee County
Fort Myers, Florida

✓ # 600

Having carefully examined the "General Conditions", and the "Detailed Specifications", all of which are contained herein, the Undersigned proposes to furnish the following which meet these specifications:

The undersigned acknowledges receipt of Addenda numbers: #1 & #2

GRAND TOTAL (ANNUAL COST) \$ 154,457.59 ✓ 155,681.59

TO BE (DELIVERED) WITHIN 4-5 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

Is your firm interested in being considered for the Local Vendor Preference?
Yes _____ No

If yes, then read the paragraph entitled "Local Vendor Preference" included in these specifications. Also complete the Local Vendor Preference Questionnaire and return with your quotation.

Quoters should carefully read all the terms and conditions of the specifications. Any representation of deviation or modification to the quote may be grounds to reject the quote.

Quoter shall submit his/her quote on the County's Proposal Quote Form, including the firm name and authorized signature. Any blank spaces on the Proposal Quote Form, qualifying notes or exceptions, counter offers, lack of required submittals, or signatures, on County's Form may result in the Quoter/Quote being declared non-responsive by the County.

ATTACHMENT C

	<u>ITEM DESCRIPTION</u>	<u>MANUFACTURER PRODUCT #</u>
1.	Angiocath IV Catheter	Becton Dickinson <u>382258</u>
<i>NO PG</i>	Estimated Annual Usage <u>240 ea</u> No Substitute	
	Cost Each \$ <u>.215</u> x EAU <u>240</u> = Est. Annual Cost \$ <u>51.60</u> ✓	
	Packaged <u>10/ box</u>	
2.	Safe-cuff Blood Pressure Cuff (Adult Lg)	CAS Medical <u>CD1642</u>
	Estimated Annual Usage <u>160 ea</u> No Substitute	
	Cost Each \$ _____ x EAU <u>160</u> = Est. Annual Cost \$ <u>NO BID</u>	
	Packaged <u>20/ box</u>	
3.	Molded Surgical Mask	Dynarex <u>2203</u>
<i>P. 395</i>	Estimated Annual Usage <u>250 ea</u> Substitute Allowed	<u>#22030</u>
	Cost Each \$ <u>.07</u> x EAU <u>250</u> = Est. Annual Cost \$ <u>17.50</u> ✓	
	Packaged <u>50/ box</u>	
4.	Charger For Portable Suction Units	Impact <u>810-0305-02</u>
<i>P. 50</i>	Estimated Annual Usage <u>20 ea</u> No Substitute	<u>#305-02</u>
	Cost Each \$ <u>21.43</u> x EAU <u>20</u> = Est. Annual Cost \$ <u>428.60</u> ✓	
	Packaged <u>Each</u>	
5.	Safecuff BP Cuff (sm adult)	CAS Medical <u>CD1230</u>
	Estimated Annual Usage <u>80 ea</u> No Substitute	
	Cost Each \$ _____ x EAU <u>80</u> = Est. Annual Cost \$ <u>NO BID</u>	
	Packaged <u>Each</u>	

EMERGENCY MEDICAL PRODUCTS INC
 1711 PARAMOUNT COURT
 WAUKESHA, WI 53186

6. Safecuff BP Cuff (adult) CAS Medical CD1437
Estimated Annual Usage 800 ea No Substitute
Cost Each \$ _____ x EAU 800 = Est. Annual Cost \$ No Bid
Packaged 20/ box

7. Safecuff BP Cuff (child) CAS Medical CD927
Estimated Annual Usage 140 ea No Substitute
Cost Each \$ _____ x EAU 140 = Est. Annual Cost \$ No Bid
Packaged 20/ box

8. Safecuff BP Cuff (infant) CAS Medical CD618
Estimated Annual Usage 80 ea No Substitute
Cost Each \$ _____ x EAU 80 = Est. Annual Cost \$ No Bid
Packaged 20/ box

9. 3M Particulate Respirator N95 3M 8110S
Estimated Annual Usage 160 ea No Substitute
Cost Each \$ _____ x EAU 160 = Est. Annual Cost \$ No Bid
Packaged 20/ box

10. 3M Particulate Respirator N95 3M 8210
Estimated Annual Usage 200 ea No Substitute
Cost Each \$ _____ x EAU 200 = Est. Annual Cost \$ No Bid
Packaged 20/ box

11. Sta-Block HID STI Medical 975
P.242 Estimated Annual Usage 4800 ea No Substitute
Cost Each \$ 4.56 x EAU 4800 = Est. Annual Cost \$ 21,888.⁰⁰ ✓
Packaged 30/ box

12. Ambu Adult Adjustable Extrication Collars AMBU 000 281 000
Estimated Annual Usage 4000 ea No Substitute
Cost Each \$ _____ x EAU 4000 = Est. Annual Cost \$ No Bid
Packaged 30/ box

13. Pedi/Infant/Sm Adult Adjustable Extrication Collar AMBU 000 281 106
Estimated Annual Usage 800 ea No Substitute
Cost Each \$ _____ x EAU 800 = Est. Annual Cost \$ No Bid
Packaged 30/ box

14. 12 Lead Paper Physio-Control 805319-05
P.181 Estimated Annual Usage 200 ea No Substitute
Cost Each \$ 6.12 x EAU 200 = Est. Annual Cost \$ 1224.00 ✓
Packaged 2 rolls/ box

15. Adult BVM Life Support Products L570-040
P.83 Estimated Annual Usage 1800 ea No Substitute #670-040
Cost Each \$ 7.84 x EAU 1800 = Est. Annual Cost \$ 14,112.00 ✓
Packaged 6/ box

16. Infant BVM Life Support Products L570-200
P.83 Estimated Annual Usage 240 ea No Substitute #670-200
Cost Each \$ 9.09 x EAU 240 = Est. Annual Cost \$ 2181.60 ✓
Packaged 6/ box

17. Pediatric BVM Life Support Products L570-101
P.83 Estimated Annual Usage 240 ea No Substitute #670-100
Cost Each \$ 9.09 x EAU 240 = Est. Annual Cost \$ 2181.60
Packaged 6/ box

18. Three-way Stop Cock Baxter 2C6229
No PG. Estimated Annual Usage 80 ea No Substitute
Cost Each \$ 1.43 x EAU 80 = Est. Annual Cost \$ 114.40 ✓
Packaged each

19. Meconium Aspirator Neo Tech Products N0101
P.57 Estimated Annual Usage 80 ea No Substitute #0101
Cost Each \$ 3.44 x EAU 80 = Est. Annual Cost \$ 275.20 ✓
Packaged each

20. BP Cuff Adult Large MABIS 05-260-016
P.126 Estimated Annual Usage 30 ea No Substitute #260016
Cost Each \$ 11.23 x EAU 30 = Est. Annual Cost \$ 336.90 ✓
Packaged each

21. Easy Cap CO2 Detector Nellcor Puritan Bennet 047412A-0797
P.36 Estimated Annual Usage 1800 ea No Substitute #32790
Cost Each \$ 9.35 x EAU 1800 = Est. Annual Cost \$ 16,830.00 ✓
Packaged 6/ box

22. Pedi End-Tidal CO2 Detector Nellcor Puritan Bennett 046700A-0598
P.36 Estimated Annual Usage 480 ea No Substitute #32795
Cost Each \$ 9.35 x EAU 480 = Est. Annual Cost \$ 4488.00 ✓
Packaged 24/ case

23. Laryngoscope Blade (Miller 0) Rusch 008615050
P.41 Estimated Annual Usage 40 ea Substitute Allowed #0615
Cost Each \$ 14.29 x EAU 40 = Est. Annual Cost \$ 571.60 ✓
Packaged each

24. Laryngoscope Blade (Miller 1) Rusch 008616100
P.41 Estimated Annual Usage 40 ea Substitute Allowed *#8616*
Cost Each \$ 14.29 x EAU 40 = Est. Annual Cost \$ 571.60 ✓
Packaged each

25. Laryngoscope Blade (Miller 2) Rusch 008617200
P.41 Estimated Annual Usage 40 ea Substitute Allowed *#8617*
Cost Each \$ 14.29 x EAU 40 = Est. Annual Cost \$ 571.60 ✓
Packaged each

26. Laryngoscope Blade (Miller 3) Rusch 008618300
P.41 Estimated Annual Usage 120 ea Substitute Allowed *#8618*
Cost Each \$ 14.29 x EAU 120 = Est. Annual Cost \$ 1714.80 ✓
Packaged each

27. Laryngoscope Blade (MAC 2) Rusch 008602200
P.41 Estimated Annual Usage 40 ea Substitute Allowed *#8602*
Cost Each \$ 14.29 x EAU 40 = Est. Annual Cost \$ 571.60 ✓
Packaged each

28. Laryngoscope Blade (MAC 3) Rusch 008603300
P.41 Estimated Annual Usage 100 ea Substitute Allowed *#8603*
Cost Each \$ 14.29 x EAU 100 = Est. Annual Cost \$ 1429.00 ✓
Packaged each

29. Laryngoscope Blade (MAC 4) Rusch 008604400
P.41 Estimated Annual Usage 100 ea Substitute Allowed *#8604*
Cost Each \$ 14.29 x EAU 100 = Est. Annual Cost \$ 1429.00 ✓
Packaged each

30. Standard Laryngoscope Handle (Small/Penlight) Rusch 008620100
P.41 Estimated Annual Usage 20 ea No Substitute #8620
 Cost Each \$ 10.20 x EAU 20 = Est. Annual Cost \$ 204.00 ✓
 Packaged each
-
31. Laryngoscope Blade (Miller 4) Rusch 008619400
P.41 Estimated Annual Usage 100 ea Substitute Allowed #8619
 Cost Each \$ 14.29 x EAU 100 = Est. Annual Cost \$ 1429.00 ✓
 Packaged each
-
32. Laryngoscope Blade (MAC 1) Rusch 008601100
P.41 Estimated Annual Usage 40 ea Substitute Allowed #8601
 Cost Each \$ 14.29 x EAU 40 = Est. Annual Cost \$ 571.60 ✓
 Packaged each
-
33. Purell Hand Sanitizer GoJo 9584
 Estimated Annual Usage 42 ea Substitute Allowed
 Cost Each \$ _____ x EAU 42 = Est. Annual Cost \$ No Bid
 Packaged each
-
34. Specimen Transport Bags MD Industries 49-97 68059
NO PG. Estimated Annual Usage 16,000 ea No Substitute #49-97
 Cost Each \$.051 x EAU 16,000 = Est. Annual Cost \$ 816.00 ✓
 Packaged 1000/ box
-
35. Epinephrine 1ml (1mg/ml) Abbott Labs NDC 0074-7241-01
P.578 Estimated Annual Usage 500 ea No Substitute #07241-01-13
 Cost Each \$.29 x EAU 500 = Est. Annual Cost \$ 145.00 ✓
 Packaged each

36. Vasopressin (20 units/ml) American Regent NDC 0517-1020-25
P.576 Estimated Annual Usage 300 ea No Substitute #1020-25
 Cost Each \$ 2.84 x EAU 300 = Est. Annual Cost \$ 852.00 ✓
 Packaged 25/ box
-
37. Infant 4.2% Sodium Bicarbonate Abbott Labs NDC 0074-5534-34
P.565 Estimated Annual Usage 100 ea No Substitute #05534-34-34
 Cost Each \$ 2.61 x EAU 100 = Est. Annual Cost \$ 261.00 ✓
 Packaged 10/ package
-
38. Glucometer Elite Nml Ctl 2.5 ml Bayer Corp 3926
P.157 Estimated Annual Usage 100 ea Substitute Allowed #1353325
 Cost Each \$ 2.40 x EAU 100 = Est. Annual Cost \$ 240.00 ✓
 Packaged 2/ box
-
39. Glucometer Elite XL Diabetes Bayer Corp NDC 0193-3885-01
P.157 Estimated Annual Usage 40 ea Substitute Allowed #1315787
 Cost Each \$ 45.46 x EAU 40 = Est. Annual Cost \$ 1818.40 ✓
 Packaged each
-
40. Vacutainer Blood Tubes (4 ml) (Green) Becton Dickinson 367884
NO PG. Estimated Annual Usage 4,000 ea No Substitute
 Cost Each \$.445 x EAU 4,000 = Est. Annual Cost \$ 1780.00 ✓
 Packaged 100/ package
-
41. Vacutainer Blood Tubes (4.5 ml) (Blue) Becton Dickinson 369714
NO PG. Estimated Annual Usage 4,000 ea No Substitute
 Cost Each \$.256 x EAU 4,000 = Est. Annual Cost \$ 1024.00 ✓
 Packaged 100/ package

42. Vacutainer Blood Tubes (3 ml) (Purple) Becton Dickinson 367856
No PG. Estimated Annual Usage 4,000 ea No Substitute
Cost Each \$.302 x EAU 4,000 = Est. Annual Cost \$ 1208.00 ✓
Packaged 100/ package

43. Vacutainer Blood Tubes (7 ml) (Marble) Becton Dickinson 367975
No PG. Estimated Annual Usage 4,000 ea No Substitute
Cost Each \$.374 x EAU 4,000 = Est. Annual Cost \$ 1496.00 ✓
Packaged 100/ package

44. Pediatric ECG Electrode Conmed Corp 1620-003
P.165 Estimated Annual Usage 50 bx No Substitute
Cost Each \$ 5.16/Bx x EAU 50 = Est. Annual Cost \$ 258.00 ✓
Packaged 30/ box

45. Pediatric Defib Electrodes Agilent Technologies M3504A
P.177 Estimated Annual Usage 300 ea No Substitute
Cost Each \$ 19.43 x EAU 300 = Est. Annual Cost \$ 5829.00 ✓
Packaged 5/ box

46. Multifunction Adult Defib Electrodes Agilent Technologies M3501A
P.177 Estimated Annual Usage 600 ea No Substitute
Cost Each \$ 18.73 x EAU 600 = Est. Annual Cost \$ 11,238.00 ✓
Packaged 10/ box

47. Nail Polish Remover Pads Professional Disposables Inc.(PDI) B71200
P.476 Estimated Annual Usage 1500 ea Substitute Allowed *#71200*
Cost Each \$.0315 x EAU 1500 = Est. Annual Cost \$ 47.25 ✓
Packaged 100 packets/ box

48. Beck Tracheal Whistle (BAAM) BAAM Mark IV
p. 37 Estimated Annual Usage 200 ea No Substitute #42555
Cost Each \$ 5.10 x EAU 200 = Est. Annual Cost \$ 1020.00 ✓
Packaged 10/ box

49. Endotracheal Tube Holder, Adult STI Medical 31177
p. 30 Estimated Annual Usage 1500 ea No Substitute #09500
Cost Each \$ 2.77 x EAU 1500 = Est. Annual Cost \$ 4155.00 ✓
Packaged 25/ box

50. Tube Check Intubation Detector Wolfe Troy Medical EID200
p. 37 Estimated Annual Usage 350 ea Substitute Allowed
Cost Each \$ 2.14 x EAU 350 = Est. Annual Cost \$ 749.00 ✓
Packaged 20/ box

51. Endotracheal Tube Holder (Pediatric) STI Medical 30687
p. 30 Estimated Annual Usage 600 ea No Substitute #04400
Cost Each \$ 2.77 x EAU 600 = Est. Annual Cost \$ 1662.00 ✓
Packaged 25/ box

52. Buretrol Solution Set (60 drops/ml) Baxter 2C7566S
NO PG. Estimated Annual Usage 25 ea No Substitute #2C7566
Cost Each \$ 4.85 x EAU 25 = Est. Annual Cost \$ 121.25 ✓
Packaged each

53. Sensi-touch Spinal Needles (18 x 3.5") ~~Baxter~~ 220019
SHERWOOD
NO PG. Estimated Annual Usage 200 ea No Substitute
Cost Each \$ 1.69 x EAU 200 = Est. Annual Cost \$ 338.00 ✓
Packaged 25/ box

54. Monoject Needles (21 x 1.5") Sherwood Medical 216041
No PG. Estimated Annual Usage 2000 ea No Substitute
Cost Each \$.1189 x EAU 2000 = Est. Annual Cost \$ 237.80 ✓
Packaged 100/ box

55. Monoject Needles (22 x 1.5") Sherwood Medical 216066
No PG. Estimated Annual Usage 2000 ea No Substitute
Cost Each \$.1189 x EAU 2000 = Est. Annual Cost \$ 237.80 ✓
Packaged 100/ box

56. Surflo Winged Infusion Set (19 G x 0.75") Terumo P-216-119
Estimated Annual Usage 40 ea No Substitute
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ No BID
Packaged each

57. Surflo Winged Infusion Set (21 G x 0.75") Terumo 0197
Estimated Annual Usage 40 ea No Substitute
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ No BID
Packaged 50/ box

58. Surflo Winged Infusion Set (25 G x 0.75") Terumo SVTW004
Estimated Annual Usage 40 ea No Substitute
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ No BID
Packaged each

59. Monoject Filter Needle (18 G x 1.5") Sherwood Medical 8881-305117
P.578 Estimated Annual Usage 2000 ea No Substitute *#305117*
Cost Each \$.20 x EAU 2000 = Est. Annual Cost \$ 400.00 ✓
Packaged 100/ box

60. Twin Pak Dual Cannula Device Becton Dickinson 303390
P.540 Estimated Annual Usage 4000 ea No Substitute
 Cost Each \$.34 x EAU 4000 = Est. Annual Cost \$ 136.00 ✓ 1360.00
 Packaged 100/ box
-
61. Mg Sulfate Pre-filled Syringe IMS 0548-1034-00
P.557 Estimated Annual Usage 500 ea No Substitute
 Cost Each \$ 1.63 x EAU 500 = Est. Annual Cost \$ 815.00 ✓
 Packaged 100/ box
-
62. Lubricating Jelly Foil Packet 2.7g Professional Disposables Inc T-00128
P.40 Estimated Annual Usage 3024 ea No Substitute #00128
 Cost Each \$.035 x EAU 3024 = Est. Annual Cost \$ 105.84 ✓
 Packaged 144/ box
-
63. Lifescans Unistick 2 Spring Loaded Lancet NDC 53885-636-10
P.161 Estimated Annual Usage 5500 ea No Substitute #784-553
 Cost Each \$.172 x EAU 5500 = Est. Annual Cost \$ 946.00 ✓
 Packaged 100/ box
-
64. Biomedix Select-3 IV Selectable Admin Set Biomedix 10102
P.506 Estimated Annual Usage 1920 ea No Substitute
 Cost Each \$ 3.93 x EAU 1920 = Est. Annual Cost \$ 7545.60 ✓
 Packaged 48/ cs
-
65. Iodine Swabs Dynarex 1201
P.475 Estimated Annual Usage 1000 ea No Substitute
 Cost Each \$.0758 x EAU 1000 = Est. Annual Cost \$ 75.80 ✓
 Packaged 50/ box

EMERGENCY MEDICAL PRODUCTS INC
 1711 PARAMOUNT COURT
 WAUKESHA, WI 53186

66. Tincture of Benzoin 10% SwabStick Professional Disposables Inc S-42450
P. 475 Estimated Annual Usage 500 No Substitute #42450
Cost Each \$.176 x EAU 500 = Est. Annual Cost \$ 88.00 ✓
Packaged 50/ box

67. Graham Fitted Cot Sheets Graham 44547
P. 277 Estimated Annual Usage 10,000 ea No Substitute
Cost Each \$.75 x EAU 10,000 = Est. Annual Cost \$ 7500.00 ✓
Packaged 50/ box

68. 60 cc Exel Syringe Exel 26302
P. 534 Estimated Annual Usage 400 ea No Substitute
Cost Each \$.375 x EAU 400 = Est. Annual Cost \$ 150.40 ✓
Packaged 25/ box

69. Grandview Laryngoscope Blades Grandview GV 2020A
P. 43 Estimated Annual Usage 150 ea No Substitute
Cost Each \$ 45.77 x EAU 150 = Est. Annual Cost \$ 6865.50 ✓
Packaged each

70. Grandview Laryngoscope Bulbs Grandview GV 1008
P. 43 Estimated Annual Usage 150 ea No Substitute
Cost Each \$ 4.61 x EAU 150 = Est. Annual Cost \$ 691.50 ✓
Packaged each

71. Evac-u-Splint Extremity Kit Hartwell Medical EV 3000
P. 254 Estimated Annual Usage 35 ea No Substitute #E-100
Cost Each \$ 244.75 x EAU EACH = Est. Annual Cost \$ 8566.25 ✓
Packaged Each

72. 3c/c Syringe with Twin Cannula Becton Dickinson 303391
NO PG. Estimated Annual Usage 21,000 No Substitute
Cost Each \$.505 x EAU EACH = Est. Annual Cost \$ 10,605.00 ✓
Packaged ? 100/bx, 8 bx/case

73. Disposable Polyester Blanket S&F Promotions C-125
P.274 Estimated Annual Usage 200 ea. No Substitute
Cost Each \$ 3.14 x EAU EACH = Est. Annual Cost \$ 628.00 ✓
Packaged Each

74. P.A.W.S. Anti-Microbial Wipes SafeTec 34400
P.367 Estimated Annual Usage 200 bx. No Substitute
Cost Each \$ 3.06/bx x EAU EACH = Est. Annual Cost \$ 612.00 ✓
Packaged Each

75. Recorder Paper 80 mm Fan Folded Zoll 8000-0301
Estimated Annual Usage 100 bx No Substitute
Cost Each \$ x EAU EACH = Est. Annual Cost \$ NO BID
Packaged ?

76. Disposable Pediatric Sensor Zoll 8000-0044
Estimated Annual Usage 30 cs No Substitute
Cost Each \$ x EAU EACH = Est. Annual Cost \$ NO BID
Packaged ?

77. 4 ECG Electrodes Zoll 8900-0004
Estimated Annual Usage 20 cs No Substitute
Cost Each \$ x EAU EACH = Est. Annual Cost \$ NO BID
Packaged ?

78. HVP Multi-Function Electrodes (Adult) Zoll 8900-4003

Estimated Annual Usage 30 cs No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ No Bid

Packaged ?

79. Pedi-Padz Multi-Function Electrodes Zoll 8900-2065

Estimated Annual Usage 30 cs No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ No Bid

Packaged ?

ATTACHMENT A
LOCAL VENDOR PREFERENCE QUESTIONNAIRE
(LEE COUNTY ORDINANCE NO. 00-10)

Instructions: Please complete either Part A or B whichever is applicable to your firm

PART A: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS LOCATED WITHIN LEE COUNTY (Only complete Part A if your principal place of business is located within the boundaries of Lee County)

1. **What is the physical location of your principal place of business that is located within the boundaries of Lee County, Florida?**

2. **What is the size of this facility (i.e. sales area size, warehouse, storage yard, etc.)**

PART B: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS NOT LOCATED WITHIN LEE COUNTY OR DOES NOT HAVE A PHYSICAL LOCATION WITHIN LEE COUNTY (Please complete this section.)

1. How many employees are available to service this contract? 61

2. Describe the types and amount of equipment you have available to service this contract.

WITH EMP, INC'S INTEGRATED BARCODING SYSTEM WE
CAN BOAST A 99.4% ORDER ACCURACY RATE AS WELL
AS A 97.8 ORDER FILL RATE.

LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED

3. Describe the types and amount of material stock that you have available to service this contract.

HOUSED IN OUR 50,000+ SQ. FOOT WAREHOUSE,
EMP, INC. ALWAYS KEEPS IN STOCK APPROXIMATELY
2.5 MILLION DOLLARS WORTH OF INVENTORY AND SUPPLIES.

4. Have you provided goods or services to Lee County on a regular basis for the preceding, consecutive five years?

Yes _____

No _____

If yes, please provide your contractual history with Lee County for the past five, consecutive years. Attach additional pages if necessary.

**LEE COUNTY, FLORIDA
PROPOSAL QUOTE FORM
FOR THE PURCHASE OF MEDICAL SUPPLIES
PRODUCT GROUP C
FOR LEE COUNTY EMERGENCY MEDICAL SERVICES**

DATE SUBMITTED: 4-25-03

VENDOR NAME: MOORE MEDICAL CORP.

TO: The Board of County Commissioners
Lee County
Fort Myers, Florida

Having carefully examined the "General Conditions", and the "Detailed Specifications", all of which are contained herein, the Undersigned proposes to furnish the following which meet these specifications:

The undersigned acknowledges receipt of Addenda numbers: Number Two

GRAND TOTAL (ANNUAL COST) \$ _____

348,100.69

TO BE (DELIVERED) WITHIN 1-3 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

Is your firm interested in being considered for the Local Vendor Preference?
Yes _____ No _____

If yes, then read the paragraph entitled "Local Vendor Preference" included in these specifications. Also complete the Local Vendor Preference Questionnaire and return with your quotation.

Quoters should carefully read all the terms and conditions of the specifications. Any representation of deviation or modification to the quote may be grounds to reject the quote.

Quoter shall submit his/her quote on the County's Proposal Quote Form, including the firm name and authorized signature. Any blank spaces on the Proposal Quote Form, qualifying notes or exceptions, counter offers, lack of required submittals, or signatures, on County's Form may result in the Quoter/Quote being declared non-responsive by the County.

ANTI-COLLUSION STATEMENT

THE BELOW SIGNED QUOTER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS QUOTE WITH OTHER QUOTERS AND HAS NOT COLLUDED WITH ANY OTHER QUOTER OR PARTIES TO A QUOTE WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIAL (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.

FIRM NAME MOORE MEDICAL

BY (Printed): JUDY MILLER

BY (Signature): Judy Miller

TITLE: CONTRACT SPECIALIST

FEDERAL ID # OR S.S.# 221897821

ADDRESS: 389 JOHN DOWNEY DR.

NEW BRITAIN, CT 06050

PHONE NO.: 800-234-1464

FAX NO.: 877-354-5916

CELLULAR PHONE/PAGER NO.: _____

LEE COUNTY OCCUPATIONAL LICENSE NUMBER: _____

E-MAIL ADDRESS: j.miller@mooremedical.com

REVISED: 7/28/00

ATTACHMENT C

	<u>ITEM DESCRIPTION</u>	<u>MANUFACTURER PRODUCT #</u>
1.	Angiocath IV Catheter	Becton Dickinson <u>382258</u>
	Estimated Annual Usage <u>240 ea</u> No Substitute	
	Cost Each \$ _____ x EAU <u>240</u> = Est. Annual Cost \$ <u>NO BID</u>	
	Packaged <u>10/ box</u>	
<hr/>		
2.	Safe-cuff Blood Pressure Cuff (Adult Lg)	CAS Medical <u>CD1642</u>
	Estimated Annual Usage <u>160 ea</u> No Substitute	
	Cost Each \$ _____ x EAU <u>160</u> = Est. Annual Cost \$ <u>NO BID</u>	
	Packaged <u>20/ box</u>	
<hr/>		
3.	Molded Surgical Mask	<u>Dynarex 2203</u>
	Estimated Annual Usage <u>250 ea</u> Substitute Allowed	
	Cost Each \$ <u>.083</u> x EAU <u>250</u> = Est. Annual Cost \$ <u>20.75</u>	
	Packaged <u>50/ box - 35221</u>	
<hr/>		
4.	Charger For Portable Suction Units	Impact <u>810-0305-02</u>
	Estimated Annual Usage <u>20 ea</u> No Substitute	
	Cost Each \$ _____ x EAU <u>20</u> = Est. Annual Cost \$ <u>NO BID</u>	
	Packaged <u>Each</u>	
<hr/>		
5.	Safecuff BP Cuff (sm adult)	CAS Medical <u>CD1230</u>
	Estimated Annual Usage <u>80 ea</u> No Substitute	
	Cost Each \$ _____ x EAU <u>80</u> = Est. Annual Cost \$ <u>NO BID</u>	
	Packaged <u>Each</u>	
<hr/>		

6. Safecuff BP Cuff (adult) CAS Medical CD1437
Estimated Annual Usage 800 ea No Substitute
Cost Each \$ _____ x EAU 800 = Est. Annual Cost \$ NO BID
Packaged 20/ box

7. Safecuff BP Cuff (child) CAS Medical CD927
Estimated Annual Usage 140 ea No Substitute
Cost Each \$ _____ x EAU 140 = Est. Annual Cost \$ NO BID
Packaged 20/ box

8. Safecuff BP Cuff (infant) CAS Medical CD618
Estimated Annual Usage 80 ea No Substitute
Cost Each \$ _____ x EAU 80 = Est. Annual Cost \$ NO BID
Packaged 20/ box

9. 3M Particulate Respirator N95 3M 8110S
Estimated Annual Usage 160 ea No Substitute
Cost Each \$ _____ x EAU 160 = Est. Annual Cost \$ NO BID
Packaged 20/ box

10. 3M Particulate Respirator N95 3M 8210
Estimated Annual Usage 200 ea No Substitute
Cost Each \$ 5825 x EAU 200 = Est. Annual Cost \$ 11650
Packaged 20/ box 7169.3

11. Sta-Block HID STI Medical 975
Estimated Annual Usage 4800 ea No Substitute
Cost Each \$ 465 x EAU 4800 = Est. Annual Cost \$ 22320.00
Packaged 30/ box 5892.9

12. Ambu Adult Adjustable Extrication Collars AMBU 000 281 000
 Estimated Annual Usage 4000 ea No Substitute
 Cost Each \$ 6.89 x EAU 4000 = Est. Annual Cost \$ 27570.00
 Packaged 30/ box - 59897
-
13. Pedi/Infant/Sm Adult Adjustable Extrication Collar AMBU 000 281 106
 Estimated Annual Usage 800 ea No Substitute
 Cost Each \$ 6.80 x EAU 800 = Est. Annual Cost \$ 5440.00
 Packaged 30/ box 105666
-
14. 12 Lead Paper Physio-Control 805319-05
 Estimated Annual Usage 200 ea No Substitute
 Cost Each \$ x EAU 200 = Est. Annual Cost \$ NO BID
 Packaged 2 rolls/ box
-
15. Adult BVM Life Support Products L570-040
 Estimated Annual Usage 1800 ea No Substitute
 Cost Each \$ 9.30 x EAU 1800 = Est. Annual Cost \$ 16740.00
 Packaged 6/ box 68720
-
16. Infant BVM Life Support Products L570-200
 Estimated Annual Usage 240 ea No Substitute
 Cost Each \$ 10.69 x EAU 240 = Est. Annual Cost \$ 2565.60
 Packaged 6/ box 68708 PR MFG.
-
17. Pediatric BVM Life Support Products ⁶⁷⁰L570-101
 Estimated Annual Usage 240 ea No Substitute
 Cost Each \$ 10.69 x EAU 240 = Est. Annual Cost \$ 2565.60
 Packaged 6/ box 68709

18. Three-way Stop Cock Baxter 2C6229
 Estimated Annual Usage 80 ea No Substitute
 Cost Each \$ 1.80 x EAU 80 = Est. Annual Cost \$ 144.00 ✓
 Packaged each 62894
-
19. Meconium Aspirator Neo Tech Products N0101
 Estimated Annual Usage 80 ea No Substitute
 Cost Each \$ 3.85 x EAU 80 = Est. Annual Cost \$ 308.00 ✓
 Packaged each 51409
-
20. BP Cuff Adult Large MABIS 05-260-016
 Estimated Annual Usage 30 ea No Substitute
 Cost Each \$ _____ x EAU 30 = Est. Annual Cost \$ NO BID
 Packaged each
-
21. Easy Cap CO2 Detector Nellcor Puritan Bennet 047412A-0797
 Estimated Annual Usage 1800 ea No Substitute
 Cost Each \$ 9.35 x EAU 1800 = Est. Annual Cost \$ 16830.00 ✓
 Packaged 6/ box - 56338
-
22. Pedi End-Tidal CO2 Detector Nellcor Puritan Bennett 046700A-0598
 Estimated Annual Usage 480 ea No Substitute
 Cost Each \$ 9.85 x EAU 480 = Est. Annual Cost \$ 4728.00 ✓
 Packaged 24/ case 56339
-
23. Laryngoscope Blade (Miller 0) Rusch 008615050
 Estimated Annual Usage 40 ea Substitute Allowed
 Cost Each \$ 1364 x EAU 40 = Est. Annual Cost \$ 545.60 ✓
 Packaged each - 15180

24. Laryngoscope Blade (Miller 1) Rusch 008616100
 Estimated Annual Usage 40 ea Substitute Allowed ✓
 Cost Each \$ 1364 x EAU 40 = Est. Annual Cost \$ 54560
 Packaged each - 15181
-
25. Laryngoscope Blade (Miller 2) Rusch 008617200
 Estimated Annual Usage 40 ea Substitute Allowed ✓
 Cost Each \$ 1364 x EAU 40 = Est. Annual Cost \$ 54560
 Packaged each 15182
-
26. Laryngoscope Blade (Miller 3) Rusch 008618300
 Estimated Annual Usage 120 ea Substitute Allowed ✓
 Cost Each \$ 1364 x EAU 120 = Est. Annual Cost \$ 163680
 Packaged each 15183
-
27. Laryngoscope Blade (MAC 2) Rusch 008602200
 Estimated Annual Usage 40 ea Substitute Allowed ✓
 Cost Each \$ 1364 x EAU 40 = Est. Annual Cost \$ 54560
 Packaged each - 15186
-
28. Laryngoscope Blade (MAC 3) Rusch 008603300
 Estimated Annual Usage 100 ea Substitute Allowed ✓
 Cost Each \$ 1364 x EAU 100 = Est. Annual Cost \$ 136400
 Packaged each 15187
-
29. Laryngoscope Blade (MAC 4) Rusch 008604400
 Estimated Annual Usage 100 ea Substitute Allowed ✓
 Cost Each \$ 1364 x EAU 100 = Est. Annual Cost \$ 136400
 Packaged each - 15188
-

30. Standard Laryngoscope Handle (Small/Penlight) Rusch 008620100
 Estimated Annual Usage 20 ea No Substitute ✓
 Cost Each \$ 14.75 x EAU 20 = Est. Annual Cost \$ 295.00
 Packaged each 15179
-
31. Laryngoscope Blade (Miller 4) Rusch 008619400
 Estimated Annual Usage 100 ea Substitute Allowed ✓
 Cost Each \$ 13.65 x EAU 100 = Est. Annual Cost \$ 1365.00
 Packaged each 15184
-
32. Laryngoscope Blade (MAC 1) Rusch 008601100
 Estimated Annual Usage 40 ea Substitute Allowed ✓
 Cost Each \$ 13.65 x EAU 40 = Est. Annual Cost \$ 546.00
 Packaged each 15185
-
33. Purell Hand Sanitizer GoJo 9584
 Estimated Annual Usage 42 ea Substitute Allowed ✓
 Cost Each \$ 2.50 x EAU 42 = Est. Annual Cost \$ 105.00
 Packaged each 59851
8oz/PUMP CITRUS II
-
34. Specimen Transport Bags MD Industries 49-97 68059
 Estimated Annual Usage 16,000 ea No Substitute
 Cost Each \$ _____ x EAU 16,000 = Est. Annual Cost \$ NO BID
 Packaged 1000/box
-
35. Epinephrine 1ml (1mg/ml) Abbott Labs NDC 0074-7241-01
 Estimated Annual Usage 500 ea No Substitute ✓
 Cost Each \$ 8.25 x EAU 500 = Est. Annual Cost \$ 4125.00
 Packaged each 52909

36. Vasopressin (20 units/ml) American Regent NDC 0517-1020-25

Estimated Annual Usage 300 ea No Substitute

Cost Each \$ _____ x EAU 300 = Est. Annual Cost \$ _____

Packaged 25/ box NO BID

37. Infant 4.2% Sodium Bicarbonate Abbott Labs NDC 0074-5534-34

Estimated Annual Usage 100 ea No Substitute

Cost Each \$ 2.50 x EAU 100 = Est. Annual Cost \$ 250.00

Packaged 10/ package 52910

is this correct?

38. Glucometer Elite Nml Ctl 2.5 ml Bayer Corp 3926

Estimated Annual Usage 100 ea Substitute Allowed

Cost Each \$ 5.59 x EAU 100 = Est. Annual Cost \$ 559.00

Packaged 2/ box 68117

39. Glucometer Elite XL Diabetes Bayer Corp NDC 0193-3885-01

Estimated Annual Usage 40 ea Substitute Allowed

Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____

Packaged each NO BID

40. Vacutainer Blood Tubes (4 ml) (Green) Becton Dickinson 367884

Estimated Annual Usage 4,000 ea No Substitute

Cost Each \$ _____ x EAU 4,000 = Est. Annual Cost \$ _____

Packaged 100/ package NO BID

41. Vacutainer Blood Tubes (4.5 ml) (Blue) Becton Dickinson 369714

Estimated Annual Usage 4,000 ea No Substitute

Cost Each \$ 21.85 x EAU 4,000 = Est. Annual Cost \$ 874.00

Packaged 100/ package 64895

87,400.

42. Vacutainer Blood Tubes (3 ml) (Purple) Becton Dickinson 367856
 Estimated Annual Usage 4,000 ea No Substitute
 Cost Each \$ 13.70 x EAU 4,000 = Est. Annual Cost \$ 548.00 *\$2,800.00*
 Packaged 100/ package 35925
-
43. Vacutainer Blood Tubes (7 ml) (Marble) Becton Dickinson 367975
 Estimated Annual Usage 4,000 ea No Substitute
 Cost Each \$ _____ x EAU 4,000 = Est. Annual Cost \$ _____
 Packaged 100/ package No Bid
-
44. Pediatric ECG Electrode Conmed Corp 1620-003
 Estimated Annual Usage 50 bx No Substitute
 Cost Each \$ _____ x EAU 50 = Est. Annual Cost \$ _____
 Packaged 30/ box No Bid
-
45. Pediatric Defib Electrodes Agilent Technologies M3504A
 Estimated Annual Usage 300 ea No Substitute
 Cost Each \$ _____ x EAU 300 = Est. Annual Cost \$ _____
 Packaged 5/ box No Bid
-
46. Multifunction Adult Defib Electrodes Agilent Technologies M3501A
 Estimated Annual Usage 600 ea No Substitute
 Cost Each \$ _____ x EAU 600 = Est. Annual Cost \$ _____
 Packaged 10/ box No Bid
-
47. Nail Polish Remover Pads Professional Disposables Inc.(PDI) B71200
 Estimated Annual Usage 1500 ea Substitute Allowed *\$2,000*
 Cost Each \$ 2.00 x EAU 1500 = Est. Annual Cost \$ 30.00
 Packaged 100 packets/ box 68556
Triad 100/Bx 10 Bx/cs.

48. Beck Tracheal Whistle (BAAM) BAAM Mark IV

Estimated Annual Usage 200 ea No Substitute

Cost Each \$ 569 x EAU 200 = Est. Annual Cost \$ 113800

Packaged 10/ box 45338

49. Endotracheal Tube Holder, Adult STI Medical 31177

Estimated Annual Usage 1500 ea No Substitute

Cost Each \$ 290 x EAU 1500 = Est. Annual Cost \$ 435000

Packaged 25/ box 69215

50. Tube Check Intubation Detector Wolfe Troy Medical EID200

Estimated Annual Usage 350 ea Substitute Allowed

Cost Each \$ 305 x EAU 350 = Est. Annual Cost \$ 106750

Packaged 20/ box 54521 AMBU

51. Endotracheal Tube Holder (Pediatric) STI Medical 30687

Estimated Annual Usage 600 ea No Substitute

Cost Each \$ 309 x EAU 600 = Est. Annual Cost \$ 185400

Packaged 25/ box 54288

52. Buretrol Solution Set (60 drops /ml) Baxter 2C7566S

Estimated Annual Usage 25 ea No Substitute

Cost Each \$ _____ x EAU 25 = Est. Annual Cost \$ _____

Packaged each NO BID

53. Sensi-touch Spinal Needles (18 x 3.5") Baxter 220019

Estimated Annual Usage 200 ea No Substitute

Cost Each \$ _____ x EAU 200 = Est. Annual Cost \$ _____

Packaged 25/ box NO BID

54. Monoject Needles (21 x 1.5") Sherwood Medical 216041
Estimated Annual Usage 2000 ea No Substitute
Cost Each \$ 20.90 x EAU 2000 = Est. Annual Cost \$ 418.00
Packaged 100/ box 66421

41800.00

55. Monoject Needles (22 x 1.5") Sherwood Medical 216066
Estimated Annual Usage 2000 ea No Substitute
Cost Each \$ 9.35^{Bx} x EAU 2000²⁰ = Est. Annual Cost \$ 187.00
Packaged 100/ box 65815

56. Surflo Winged Infusion Set (19 G x 0.75") Terumo P-216-119
Estimated Annual Usage 40 ea No Substitute
Cost Each \$ 3.13 x EAU 40 = Est. Annual Cost \$ 15.65^{Bx/50}
Packaged each 59802

12.52

57. Surflo Winged Infusion Set (21 G x 0.75") Terumo 0197
Estimated Annual Usage 40 ea No Substitute
Cost Each \$ 3.13 x EAU 40 = Est. Annual Cost \$ 15.65
Packaged 50/ box 59803

12.52

58. Surflo Winged Infusion Set (25 G x 0.75") Terumo SVTW004
Estimated Annual Usage 40 ea No Substitute
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
Packaged each No BIA

59. Monoject Filter Needle (18 G x 1.5") Sherwood Medical 8881-305117
Estimated Annual Usage 2000 ea No Substitute
Cost Each \$ 29.15^{Bx/100} x EAU 2000 = Est. Annual Cost \$ 583.00
Packaged 100/ box 67610

60. Twin Pak Dual Cannula Device Becton Dickinson 303390

Estimated Annual Usage 4000 ea No Substitute

Cost Each \$ _____ x EAU 400 = Est. Annual Cost \$ _____

Packaged 100/ box No Bid

61. Mg Sulfate Pre-filled Syringe IMS 0548-1034-00

Estimated Annual Usage 500 ea No Substitute

Cost Each \$.205 x EAU 500 = Est. Annual Cost \$ 102.50

Packaged 100/ box 10/box 65789

62. Lubricating Jelly Foil Packet 2.7g Professional Disposables Inc T-00128

Estimated Annual Usage 3024 ea No Substitute

Cost Each \$ _____ x EAU 3024 = Est. Annual Cost \$ _____

Packaged 144/ box - No Bid

63. Lifescans Unistick 2 Spring Loaded Lancet NDC 53885-636-10

Estimated Annual Usage 5500 ea No Substitute

Cost Each \$ _____ x EAU 5500 = Est. Annual Cost \$ _____

Packaged 100/ box No Bid

64. Biomedix Select-3 IV Selectable Admin Set Biomedix 10102

Estimated Annual Usage 1920 ea No Substitute

Cost Each \$ 4.45 x EAU 1920 = Est. Annual Cost \$ 8544.00

Packaged 48/ cs 49201

65. Iodine Swabs Dynarex 1201

Estimated Annual Usage 1000 ea No Substitute

Cost Each \$.064 x EAU 1000 = Est. Annual Cost \$ 64.00

Packaged 50/ box 68549

66. Tincture of Benzoin 10% SwabStick Professional Disposables Inc S-42450

Estimated Annual Usage 500 No Substitute

Cost Each \$ _____ x EAU 500 = Est. Annual Cost \$ _____

Packaged 50/ box No Bid

67. Graham Fitted Cot Sheets

Graham 44547

Estimated Annual Usage 10,000 ea No Substitute

Cost Each \$.81 x EAU 10,000 = Est. Annual Cost \$ 8100.00

Packaged 50/ box - 71184 5 pkg.

68. 60 cc Exel Syringe

Exel 26302

Estimated Annual Usage 400 ea No Substitute

Cost Each \$ _____ x EAU 400 = Est. Annual Cost \$ _____

Packaged 25/ box No Bid

69. Grandview Laryngoscope Blades

Grandview GV 2020A

Estimated Annual Usage 150 ea No Substitute

Cost Each \$ 54.10 x EAU 150 = Est. Annual Cost \$ 8115.00

Packaged each 68461

70. Grandview Laryngoscope Bulbs

Grandview GV 1008

Estimated Annual Usage 150 ea No Substitute

Cost Each \$ 5.90 x EAU 150 = Est. Annual Cost \$ 885.00

Packaged each 68462

71. Evac-u-Splint Extremity Kit

Hartwell Medical EV 3000

Estimated Annual Usage 35 ea No Substitute

Cost Each \$ 305.25 x EAU EACH = Est. Annual Cost \$ 10708.25

Packaged Each 4748

72. 3c/c Syringe with Twin Cannula Becton Dickinson 303391

Estimated Annual Usage 21,000 No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____

Packaged ? No Bids

73. Disposable Polyester Blanket S&F Promotions C-125

Estimated Annual Usage 200 ea. No Substitute

Cost Each \$ 7.10 x EAU EACH = Est. Annual Cost \$ 1420.00

Packaged Each 51560 Green 72" x 96"

74. P.A.W.S. Anti-Microbial Wipes SafeTec 34400

Estimated Annual Usage 260 bx. No Substitute

Cost Each \$ 3.20 x EAU EACH = Est. Annual Cost \$ 640.00

Packaged Each 57578

75. Recorder Paper 80 mm Fan Folded Zoll 8000-0301

Estimated Annual Usage 100 bx No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____

Packaged ? No Bids

76. Disposable Pediatric Sensor Zoll 8000-0044

Estimated Annual Usage 30 cs No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____

Packaged ? No Bids

77. 4 ECG Electrodes Zoll 8900-0004

Estimated Annual Usage 20 cs No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____

Packaged ? No Bids

78. HVP Multi-Function Electrodes (Adult) Zoll 8900-4003

Estimated Annual Usage 30 cs No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____

Packaged ? No Bus

79. Pedi-Padz Multi-Function Electrodes Zoll 8900-2065

Estimated Annual Usage 30 cs No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____

Packaged ? No Bus

\$100,000 bodily injury per pe
\$300,000 bodily injury per oc
\$100,000 property damage (P
\$300,000 combined single lin

GUIDE "B"

INSURANCE REQUIREMENTS FOR PRODUC

Certificate of Insurance

An original hand signed ce
Management Office prior t

In the event the insurance
certificate shall be on file

Revised 10/18/00

Your certificate of insurance must meet the following re

**Requirement #1: The Lee County Board of County Commission
additional insured on the comprehensive gener**

Requirement #2: Certificate holder shall be listed as follows:

**Lee County Board of County Comm
C/O Lee County Purchasing
P.O. Box 398
Fort Myers, FL 33902**

**Requirement #3: Each policy shall provide a 30 day notification
cancellation, non-renewal or adverse change.**

This Standard Insurance Language is to be utilized for Contracts, or Agreemen
circumstances. Certain conditions and/or exposures may not relieve or limit th
These requirements may not be sufficient or adequate to protect the vendor's in
merely minimums.

Circumstances

Project is for vendors providing a tangible product, and not labor, such as, but
supplies, and other merchandise.

Worker's Compensation

Does not apply.

Commercial General Liability

Coverage shall apply to premised and/or operations, products and/or complete
contractors, contractual liability, and broad form property damage exposures v

\$100,000 bodily injury per person (BI)
\$300,000 bodily injury per occurrence (BI)
\$100,000 property damage (PD) or
\$300,000 combined single limit (CSL) of BI and PD

Business Automobile Liability

If the vendor indicates on the price page that vehicles other than their own (co
for delivery, then the following Automobile Liability will not be required.

Coverage shall apply to owned vehicles and/or hired and non-owned vehicles ;
use with minimum limits of:

ATTACHMENT A
LOCAL VENDOR PREFERENCE QUESTIONNAIRE
(LEE COUNTY ORDINANCE NO. 00-10)

Instructions: Please complete either Part A or B whichever is applicable to your firm

PART A: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS LOCATED WITHIN LEE COUNTY (Only complete Part A if your principal place of business is located within the boundaries of Lee County)

1. **What is the physical location of your principal place of business that is located within the boundaries of Lee County, Florida?**

2. **What is the size of this facility (i.e. sales area size, warehouse, storage yard, etc.)**

PART B: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS NOT LOCATED WITHIN LEE COUNTY OR DOES NOT HAVE A PHYSICAL LOCATION WITHIN LEE COUNTY (Please complete this section.)

1. How many employees are available to service this contract? 360

Average

2. Describe the types and amount of equipment you have available to service this contract.

MEDICAL/SURGICAL SUPPLIES

LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED

3. Describe the types and amount of material stock that you have available to service this contract.

MEDICAL / SURGICAL SUPPLIES OVER 62,000
PRODUCTS 3 WAREHOUSES

4. Have you provided goods or services to Lee County on a regular basis for the preceding, consecutive five years?

Yes _____ No A

If yes, please provide your contractual history with Lee County for the past five, consecutive years. Attach additional pages if necessary.

Sold To: Lee County Finance Dept.
ATTN: Accounts Payable Dept.
PO Drawer 2238
Fort Myers FL 33902

Ship To: Lee County Finance Dept.
PO Drawer 2238
Fort Myers FL 33902

Tax ID: Cust DEA:
Tax Cert: Moore's DEA: RM0202717

Request Date 04/24/03 Customer P.O. Q030070 F.O.B. Freight for Moore Medical Acct Ship : Inst :

Description	Item#	UM	Ship Qty	Price	Extended Price	Code	Qty	Backorder
Surgical Face Mask BX 50	35221	EA	5	4.1500 Per EA	20.75	T		
5 Mask 3M #8210 DS BX 20	71693	EA	10	11.6500 Per EA	116.50	T		
a-Blok Head Immobilization EA 1	58929	EA	4800	4.6500 Per EA	22,320.00	T		
ou Perfit Ace Collar EA 1	59897	EA	4000	6.8900 Per EA	27,560.00	T		
ou Perfit Mini Ace #281106 EA 1	65666	EA	800	6.8000 Per EA	5,440.00	T		
? Disp Resus W/Bag Adult 040 EA 1	68777	EA	1800	9.3000 Per EA	16,740.00	T		
? Disp Resus W/Bg Inf/Neo202 EA 1	68778	EA	240	10.6900 Per EA	2,565.60	T		
? Disp Resus W/Bag Chld 100 EA 1	68779	EA	240	10.6900 Per EA	2,565.60	T		
ppcock 3Way/Ext 20" Tube EA 1	62894	EA	80	1.8000 Per EA	144.00			
pirator Meconium EA 1	51409	EA	80	3.8500 Per EA	308.00	T		
ay Cap CO2 Detector EA 1	56338	EA	1800	9.3500 Per EA	16,830.00	T		

Moore Medical Corp
 QUOTE ACKNOWLEDGMENT

Page Number- 2
 Date - 04/24/03
 Customer - 21225950
 Brn/Plt - 1270
 Customer PO- Q030070
 Order Nbr - 54884 SQ
 Invoice -

Sold To: Lee County Finance Dept.
 ATTN: Accounts Payable Dept.
 PO Drawer 2238
 Fort Myers FL 33902

Ship To: Lee County Finance Dept.
 PO Drawer 2238
 Fort Myers FL 33902

Tax ID: Cust DEA:
 Tax Cert: Moore's DEA: RM0202717

Request Date	Customer P.O.	F.O.B.		Ship :			
04/24/03	Q030070	Freight for Moore Medical Acct		Inst :			
Description	Item#	UM	Ship Qty	Price	Extended Price	Code	Qty Backorders
ii-Cap CO2 Detector EA 1	56339	EA	480	9.8500 Per EA	4,728.00	T	
liler Blades SS 8615 Size 0 EA 1	15180	EA	40	13.6400 Per EA	545.60	T	
liler Blades SS 8616 Size 1 EA 1	15181	EA	40	13.6400 Per EA	545.60	T	
liler Blades SS 8617 Size 2 EA 1	15182	EA	40	13.6400 Per EA	545.60	T	
liler Blades SS 8618 Size 3 EA 1	15183	EA	120	13.6400 Per EA	1,636.80	T	
Intosh Blade SS 8602 Size2 EA 1	15186	EA	40	13.6400 Per EA	545.60	T	
Intosh Blade SS 8603 Size3 EA 1	15187	EA	100	13.6400 Per EA	1,364.00	T	
Intosh Blade SS 8604 Size4 EA 1	15188	EA	100	13.6400 Per EA	1,364.00	T	
ryngoscope Ped 8620 EA 1	15179	EA	20	14.7500 Per EA	295.00	T	
liler Blades SS 8619 Size 4 EA 1	15184	EA	100	13.6500 Per EA	1,365.00	T	
Intosh Blade SS 8601 Size1 EA 1	15185	EA	40	13.6500 Per EA	546.00	T	

LERJ

Moore Medical Corp
 QUOTE ACKNOWLEDGMENT

Page Number- 3
 Date - 04/24/03
 Customer - 21225950
 Brn/Plt - 1270
 Customer PO- Q030070
 Order Nbr - 54884 SQ
 Invoice -

Sold To: Lee County Finance Dept.
 ATTN: Accounts Payable Dept.
 PO Drawer 2238
 Fort Myers FL 33902

Ship To: Lee County Finance Dept.
 PO Drawer 2238
 Fort Myers FL 33902

Tax ID:
 Tax Cert:

Cust DEA:
 Moore's DEA: RM0202717

Request Date	Customer P.O.	F.O.B.		Ship :				
04/24/03	Q030070	Freight for Moore Medical Acct		Inst :				
Description	Item#	UM	Ship Qty	Price	Extended Price	Code	Qty	Backorders
Crus II Hand San Lotion ORM OZ 8	59851	EA	42	2.5000 Per EA	105.00			
Ineprine 1:1000 1mg/mlAmp BX 25	52909	EA	500	8.2500 Per EA	4,125.00	T		
i Bicarb 4.2% 5Meq/ml Pref ML 10	52910	EA	100	2.5000 Per EA	250.00	T		
cometer Elite Control Sol BX 1	68117	EA	100	5.5900 Per EA	559.00			
utainer Blood Tube Blue Top BX 100	64895	EA	40	21.8500 Per EA	874.00			
utainer 3ml Lav EDTA 6385 BX 100	35925	EA	40	13.7000 Per EA	548.00			
il Polish Remover Pads ORM BX 100	68556	EA	15	2.0000 Per EA	30.00			
M Beck Arwy Airflow Monitor EA 1	65338	EA	200	5.6900 Per EA	1,138.00	T		
otracheal Tube Holdr 264040 EA 1	69215	EA	1500	2.9000 Per EA	4,350.00	T		
u Tubecek #172-002 EA 1	54521	EA	350	3.0500 Per EA	1,067.50	T		
mas E.T. Tube Holder Pedi EA 1	54288	EA	600	3.0900 Per EA	1,854.00	T		

BERJ

Moore Medical Corp
 QUOTE ACKNOWLEDGMENT

Page Number- 4
 Date - 04/24/03
 Customer - 21225950
 Brn/Plt - 1270
 Customer PO- Q030070
 Order Nbr - 54884 SQ
 Invoice -

Sold To: Lee County Finance Dept.
 ATTN: Accounts Payable Dept.
 PO Drawer 2238
 Fort Myers FL 33902

Ship To: Lee County Finance Dept.
 PO Drawer 2238
 Fort Myers FL 33902

Tax ID: Cust DEA:
 Tax Cert: Moore's DEA: RM0202717

Request Date		Customer P.O.		F.O.B.		Ship :	
04/24/03		Q030070		Freight for Moore Medical Acct		Inst :	
Description	Item#	UM	Ship Qty	Price	Extended Price	Code	Qty Backorder
Project Sfty Syr/Ndl 3 21x11/2 BX 100	66421	EA	20	20.9000 Per EA	418.00		
Project 3cc Syr/Ndl 22x11/2 BX 100	65815	EA	20	9.3500 Per EA	187.00		
aged Infusion 19x3/4 BX BX 50	59802	EA	1	15.6500 Per EA	15.65		
aged Infusion 21x3/4 BX 50	59803	EA	1	15.6500 Per EA	15.65		
ster Needle 18Gx11/2 #305201 BX 100	67615	EA	20	29.1500 Per EA	583.00		
mesium Sulfate 50% Pref Syr ML 10	65789	EA	50	2.0500 Per EA	102.50		
ec-3 IV Admin Set B10-102 EA 1	49201	EA	1920	4.4500 Per EA	8,544.00		
idone Iodine Swabsticks 1's BX 50	68549	EA	20	3.2000 Per EA	64.00		
etcher Sheet 30x84 44547 PK 5	71184	EA	2000	4.0500 Per EA	8,100.00	T	
ng Blade Grandview GV2020A EA 1	68461	EA	150	54.1000 Per EA	8,115.00	T	
ngoscope Bulb Grandview EA 1 ERJ	68462	EA	150	5.9000 Per EA	885.00	T	

Moore Medical Corp
 QUOTE ACKNOWLEDGMENT

Page Number- 5
 Date - 04/24/03
 Customer - 21225950
 Brn/Pit - 1270
 Customer PO- Q030070
 Order Nbr - 54884 SQ
 Invoice -

Sold To: Lee County Finance Dept.
 ATTN: Accounts Payable Dept.
 PO Drawer 2238
 Fort Myers FL 33902

Ship To: Lee County Finance Dept.
 PO Drawer 2238
 Fort Myers FL 33902

Tax ID: Cust DEA:
 Tax Cert: Moore's DEA: RM0202717

Request Date	Customer P.O.	F.O.B.		Ship :			
04/24/03	Q030070	Freight for Moore Medical Acct		Inst :			
Description	Item#	UM	Ship Qty	Price	Extended Price	Code	Qty Backorders
U-Splint Set EV-3000	47418	EA	35	305.9500	10,708.25	T	
EA 1				Per EA			
Market Grey Polyester	51560	EA	200	7.1000	1,420.00	T	
EA 1				Per EA			
MS Antimicrobial Wps 34 ORM	57578	EA	200	3.2000	640.00		
BX 100				Per EA			

				Sales Tax	Total Order
NET 30 DAYS	Net Due Date 05/24/03	Tax Rt 6.000		8,997.66	171,787.86



April 24, 2003

Lee County Southwest Florida
Attn: Chris Hansen
3434 Hancock Bridge Pkwy, 3rd Fl
N. Ft. Myers, FL 33903

Quotation Number – 54884 SQ

IN RESPONSE TO YOUR REQUEST FOR QUOTATION:

We are pleased to present the following for your consideration and approval. The terms below represent the basis for this quotation and do not extend to other orders or quotes:

1. Merchandise is freight prepaid to destination via ground service received 1-3 days ARO.
2. Prices are in effect until June 30, 2004.
3. Please reference **Quotation Number 54884 SQ** when placing an order to receive special prices. Please attention your purchase order(s) to the Bid/Quote Dept.

To better service your needs in the future, a copy of your bid tabulation would be greatly appreciated after award is given. This will help to ensure that you receive proper pricing on all purchase orders and to let us know where we need to be more competitive on further bids. You can mail your tabulation or you can also e-mail it to jmiller@mooremedical.com

Thank you for your interest in Moore Medical Corporation. We look forward to a successful relationship and appreciate the opportunity to serve you.

Sincerely,

Judy Miller
Contract Specialist
www.mooremedical.com

**LEE COUNTY, FLORIDA
PROPOSAL QUOTE FORM
FOR THE PURCHASE OF MEDICAL SUPPLIES
PRODUCT GROUP C
FOR LEE COUNTY EMERGENCY MEDICAL SERVICES**

DATE SUBMITTED: 4/21/03

VENDOR NAME: Rx EMS

TO: The Board of County Commissioners
Lee County
Fort Myers, Florida

Having carefully examined the "General Conditions", and the "Detailed Specifications", all of which are contained herein, the Undersigned proposes to furnish the following which meet these specifications:

The undersigned acknowledges receipt of Addenda numbers: 2

GRAND TOTAL (ANNUAL COST) \$ N/A

TO BE (DELIVERED) WITHIN 2-3 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

Is your firm interested in being considered for the Local Vendor Preference?
Yes _____ No

If yes, then read the paragraph entitled "Local Vendor Preference" included in these specifications. Also complete the Local Vendor Preference Questionnaire and return with your quotation.

Quoters should carefully read all the terms and conditions of the specifications. Any representation of deviation or modification to the quote may be grounds to reject the quote.

Quoter shall submit his/her quote on the County's Proposal Quote Form, including the firm name and authorized signature. Any blank spaces on the Proposal Quote Form, qualifying notes or exceptions, counter offers, lack of required submittals, or signatures, on County's Form may result in the Quoter/Quote being declared non-responsive by the County.

ANTI-COLLUSION STATEMENT

THE BELOW SIGNED QUOTER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS QUOTE WITH OTHER QUOTERS AND HAS NOT COLLUDED WITH ANY OTHER QUOTER OR PARTIES TO A QUOTE WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIAL (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.

FIRM NAME RxEMS

BY (Printed): Lisa Quinn

BY (Signature): Lisa Quinn

TITLE: Director of Operations

FEDERAL ID # OR S.S.# 93-1311513

ADDRESS: 1072 South Powerline Road
Deerfield Beach, FL 33442

PHONE NO.: 888-397-1800

FAX NO.: 860-536-5016

CELLULAR PHONE/PAGER NO.: 954-683-8990

LEE COUNTY OCCUPATIONAL LICENSE NUMBER: _____

E-MAIL ADDRESS: LISA@RXEMS.COM

REVISED: 7/28/00

ATTACHMENT C

<u>ITEM DESCRIPTION</u>	<u>MANUFACTURER PRODUCT #</u>
1. Angiocath IV Catheter Estimated Annual Usage <u>240 ea</u> No Substitute Cost Each \$ _____ x EAU <u>240</u> = Est. Annual Cost \$ _____ Packaged <u>10/ box</u>	Becton Dickinson <u>382258</u>
2. Safe-cuff Blood Pressure Cuff (Adult Lg) Estimated Annual Usage <u>160 ea</u> No Substitute Cost Each \$ _____ x EAU <u>160</u> = Est. Annual Cost \$ _____ Packaged <u>20/ box</u>	CAS Medical <u>CD1642</u>
3. Molded Surgical Mask Estimated Annual Usage <u>250 ea</u> Substitute Allowed Cost Each \$ <u>.09</u> x EAU <u>250</u> = Est. Annual Cost \$ <u>22.50</u> Packaged <u>50/ box</u>	<u>Dynarex 2203</u>
4. Charger For Portable Suction Units Estimated Annual Usage <u>20 ea</u> No Substitute Cost Each \$ _____ x EAU <u>20</u> = Est. Annual Cost \$ _____ Packaged <u>Each</u>	Impact <u>810-0305-02</u>
5. Safecuff BP Cuff (sm adult) Estimated Annual Usage <u>80 ea</u> No Substitute Cost Each \$ _____ x EAU <u>80</u> = Est. Annual Cost \$ _____ Packaged <u>Each</u>	CAS Medical <u>CD1230</u>

6. Safecuff BP Cuff (adult) CAS Medical CD1437
 Estimated Annual Usage 800 ea No Substitute
 Cost Each \$ _____ x EAU 800 = Est. Annual Cost \$ _____
 Packaged 20/ box
-
7. Safecuff BP Cuff (child) CAS Medical CD927
 Estimated Annual Usage 140 ea No Substitute
 Cost Each \$ _____ x EAU 140 = Est. Annual Cost \$ _____
 Packaged 20/ box
-
8. Safecuff BP Cuff (infant) CAS Medical CD618
 Estimated Annual Usage 80 ea No Substitute
 Cost Each \$ _____ x EAU 80 = Est. Annual Cost \$ _____
 Packaged 20/ box
-
9. 3M Particulate Respirator N95 3M 8110S
 Estimated Annual Usage 160 ea No Substitute
 Cost Each \$ _____ x EAU 160 = Est. Annual Cost \$ _____
 Packaged 20/ box
-
10. 3M Particulate Respirator N95 3M 8210
 Estimated Annual Usage 200 ea No Substitute
 Cost Each \$ _____ x EAU 200 = Est. Annual Cost \$ _____
 Packaged 20/ box
-
11. Sta-Block HID STI Medical 975
 Estimated Annual Usage 4800 ea No Substitute
 Cost Each \$ _____ x EAU 4800 = Est. Annual Cost \$ _____
 Packaged 30/ box
-

12. Ambu Adult Adjustable Extrication Collars AMBU 000 281 000
Estimated Annual Usage 4000 ea No Substitute
Cost Each \$ _____ x EAU 4000 = Est. Annual Cost \$ _____
Packaged 30/ box
-
13. Pedi/Infant/Sm Adult Adjustable Extrication Collar AMBU 000 281 106
Estimated Annual Usage 800 ea No Substitute
Cost Each \$ _____ x EAU 800 = Est. Annual Cost \$ _____
Packaged 30/ box
-
14. 12 Lead Paper Physio-Control 805319-05
Estimated Annual Usage 200 ea No Substitute
Cost Each \$ _____ x EAU 200 = Est. Annual Cost \$ _____
Packaged 2 rolls/ box
-
15. Adult BVM Life Support Products L570-040
Estimated Annual Usage 1800 ea No Substitute
Cost Each \$ _____ x EAU 1800 = Est. Annual Cost \$ _____
Packaged 6/ box
-
16. Infant BVM Life Support Products L570-200
Estimated Annual Usage 240 ea No Substitute
Cost Each \$ _____ x EAU 240 = Est. Annual Cost \$ _____
Packaged 6/ box
-
17. Pediatric BVM Life Support Products L570-101
Estimated Annual Usage 240 ea No Substitute
Cost Each \$ _____ x EAU 240 = Est. Annual Cost \$ _____
Packaged 6/ box
-

18. Three-way Stop Cock Baxter 2C6229
 Estimated Annual Usage 80 ea No Substitute
 Cost Each \$ _____ x EAU 80 = Est. Annual Cost \$ _____
 Packaged each
-
19. Meconium Aspirator Neo Tech Products N0101
 Estimated Annual Usage 80 ea No Substitute
 Cost Each \$ _____ x EAU 80 = Est. Annual Cost \$ _____
 Packaged each
-
20. BP Cuff Adult Large MABIS 05-260-016
 Estimated Annual Usage 30 ea No Substitute
 Cost Each \$ _____ x EAU 30 = Est. Annual Cost \$ _____
 Packaged each
-
21. Easy Cap CO2 Detector Nelcor Puritan Bennet 047412A-0797
 Estimated Annual Usage 1800 ea No Substitute
 Cost Each \$ _____ x EAU 1800 = Est. Annual Cost \$ _____
 Packaged 6/ box
-
22. Pedi End-Tidal CO2 Detector Nelcor Puritan Bennett 046700A-0598
 Estimated Annual Usage 480 ea No Substitute
 Cost Each \$ _____ x EAU 480 = Est. Annual Cost \$ _____
 Packaged 24/ case
-
23. Laryngoscope Blade (Miller 0) Rusch 008615050
 Estimated Annual Usage 40 ea Substitute Allowed
 Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
 Packaged each
-

24. Laryngoscope Blade (Miller 1) Rusch 008616100
Estimated Annual Usage 40 ea Substitute Allowed
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
Packaged each
-
25. Laryngoscope Blade (Miller 2) Rusch 008617200
Estimated Annual Usage 40 ea Substitute Allowed
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
Packaged each
-
26. Laryngoscope Blade (Miller 3) Rusch 008618300
Estimated Annual Usage 120 ea Substitute Allowed
Cost Each \$ _____ x EAU 120 = Est. Annual Cost \$ _____
Packaged each
-
27. Laryngoscope Blade (MAC 2) Rusch 008602200
Estimated Annual Usage 40 ea Substitute Allowed
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
Packaged each
-
28. Laryngoscope Blade (MAC 3) Rusch 008603300
Estimated Annual Usage 100 ea Substitute Allowed
Cost Each \$ _____ x EAU 100 = Est. Annual Cost \$ _____
Packaged each
-
29. Laryngoscope Blade (MAC 4) Rusch 008604400
Estimated Annual Usage 100 ea Substitute Allowed
Cost Each \$ _____ x EAU 100 = Est. Annual Cost \$ _____
Packaged each
-

30. Standard Laryngoscope Handle (Small/Penlight) Rusch 008620100
 Estimated Annual Usage 20 ea No Substitute
 Cost Each \$ _____ x EAU 20 = Est. Annual Cost \$ _____
 Packaged each
-
31. Laryngoscope Blade (Miller 4) Rusch 008619400
 Estimated Annual Usage 100 ea Substitute Allowed
 Cost Each \$ _____ x EAU 100 = Est. Annual Cost \$ _____
 Packaged each
-
32. Laryngoscope Blade (MAC 1) Rusch 008601100
 Estimated Annual Usage 40 ea Substitute Allowed
 Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
 Packaged each
-
33. Purell Hand Sanitizer GoJo 9584
 Estimated Annual Usage 42 ea Substitute Allowed
 Cost Each \$ _____ x EAU 42 = Est. Annual Cost \$ _____
 Packaged each
-
34. Specimen Transport Bags MD Industries 49-97 68059
 Estimated Annual Usage 16,000 ea No Substitute
 Cost Each \$ _____ x EAU 16,000 = Est. Annual Cost \$ _____
 Packaged 1000/ box
-
35. Epinephrine 1ml (1mg/ml) Abbott Labs NDC 0074-7241-01
 Estimated Annual Usage 500 ea No Substitute
 Cost Each \$.29 x EAU 500 = Est. Annual Cost \$ 145.00
 Packaged each
-

36. Vasopressin (20 units/ml) American Regent NDC 0517-1020-25
Estimated Annual Usage 300 ea No Substitute
Cost Each \$ 2.45 x EAU 300 = Est. Annual Cost \$ 735.00 ✓
Packaged 25/ box
-
37. Infant 4.2% Sodium Bicarbonate Abbott Labs NDC 0074-5534-34
Estimated Annual Usage 100 ea No Substitute
Cost Each \$ 2.92 x EAU 100 = Est. Annual Cost \$ 292.00 ✓
Packaged 10/ package
-
38. Glucometer Elite Nml Ctl 2.5 ml Bayer Corp 3926
Estimated Annual Usage 100 ea Substitute Allowed
Cost Each \$ 5.74 x EAU 100 = Est. Annual Cost \$ 574.00 ✓
Packaged 2/ box
-
39. Glucometer Elite XL Diabetes Bayer Corp NDC 0193-3885-01
Estimated Annual Usage 40 ea Substitute Allowed
Cost Each \$ 42.40 x EAU 40 = Est. Annual Cost \$ 1,696.00 ✓
Packaged each
-
40. Vacutainer Blood Tubes (4 ml) (Green) Becton Dickinson 367884
Estimated Annual Usage 4,000 ea No Substitute
Cost Each \$ _____ x EAU 4,000 = Est. Annual Cost \$ _____
Packaged 100/ package
-
41. Vacutainer Blood Tubes (4.5 ml) (Blue) Becton Dickinson 369714
Estimated Annual Usage 4,000 ea No Substitute
Cost Each \$ _____ x EAU 4,000 = Est. Annual Cost \$ _____
Packaged 100/ package
-

42. Vacutainer Blood Tubes (3 ml) (Purple) Becton Dickinson 367856
Estimated Annual Usage 4,000 ea No Substitute
Cost Each \$ _____ x EAU 4,000 = Est. Annual Cost \$ _____
Packaged 100/ package
-
43. Vacutainer Blood Tubes (7 ml) (Marble) Becton Dickinson 367975
Estimated Annual Usage 4,000 ea No Substitute
Cost Each \$ _____ x EAU 4,000 = Est. Annual Cost \$ _____
Packaged 100/ package
-
44. Pediatric ECG Electrode Conmed Corp 1620-003
Estimated Annual Usage 50 bx No Substitute
Cost Each \$ _____ x EAU 50 = Est. Annual Cost \$ _____
Packaged 30/ box
-
45. Pediatric Defib Electrodes Agilent Technologies M3504A
Estimated Annual Usage 300 ea No Substitute
Cost Each \$ _____ x EAU 300 = Est. Annual Cost \$ _____
Packaged 5/ box
-
46. Multifunction Adult Defib Electrodes Agilent Technologies M3501A
Estimated Annual Usage 600 ea No Substitute
Cost Each \$ _____ x EAU 600 = Est. Annual Cost \$ _____
Packaged 10/ box
-
47. Nail Polish Remover Pads Professional Disposables Inc.(PDI) B71200
Estimated Annual Usage 1500 ea Substitute Allowed
Cost Each \$.037 x EAU 1500 = Est. Annual Cost \$ 55.50
Packaged 100 packets/ box
-

48. Beck Tracheal Whistle (BAAM) BAAM Mark IV
Estimated Annual Usage 200 ea No Substitute
Cost Each \$ _____ x EAU 200 = Est. Annual Cost \$ _____
Packaged 10/ box
-
49. Endotracheal Tube Holder, Adult STI Medical 31177
Estimated Annual Usage 1500 ea No Substitute
Cost Each \$ _____ x EAU 1500 = Est. Annual Cost \$ _____
Packaged 25/ box
-
50. Tube Check Intubation Detector Wolfe Troy Medical EID200
Estimated Annual Usage 350 ea Substitute Allowed
Cost Each \$ _____ x EAU 350 = Est. Annual Cost \$ _____
Packaged 20/ box
-
51. Endotracheal Tube Holder (Pediatric) STI Medical 30687
Estimated Annual Usage 600 ea No Substitute
Cost Each \$ _____ x EAU 600 = Est. Annual Cost \$ _____
Packaged 25/ box
-
52. Buretrol Solution Set (60 drops /ml) Baxter 2C7566S
Estimated Annual Usage 25 ea No Substitute
Cost Each \$ _____ x EAU 25 = Est. Annual Cost \$ _____
Packaged each
-
53. Sensi-touch Spinal Needles (18 x 3.5") Baxter 220019
Estimated Annual Usage 200 ea No Substitute
Cost Each \$ _____ x EAU 200 = Est. Annual Cost \$ _____
Packaged 25/ box
-

54. Monoject Needles (21 x 1.5") Sherwood Medical 216041
Estimated Annual Usage 2000 ea No Substitute
Cost Each \$.08 x EAU 2000 = Est. Annual Cost \$ 160.00 ✓
Packaged 100/ box
-
55. Monoject Needles (22 x 1.5") Sherwood Medical 216066
Estimated Annual Usage 2000 ea No Substitute
Cost Each \$.08 x EAU 2000 = Est. Annual Cost \$ 160.00 ✓
Packaged 100/ box
-
56. Surflo Winged Infusion Set (19 G x 0.75") Terumo P-216-119
Estimated Annual Usage 40 ea No Substitute
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
Packaged each
-
57. Surflo Winged Infusion Set (21 G x 0.75") Terumo 0197
Estimated Annual Usage 40 ea No Substitute
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
Packaged 50/ box
-
58. Surflo Winged Infusion Set (25 G x 0.75") Terumo SVTW004
Estimated Annual Usage 40 ea No Substitute
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
Packaged each
-
59. Monoject Filter Needle (18 G x 1.5") Sherwood Medical 8881-305117
Estimated Annual Usage 2000 ea No Substitute
Cost Each \$ _____ x EAU 2000 = Est. Annual Cost \$ _____
Packaged 100/ box
-

60. Twin Pak Dual Cannula Device Becton Dickinson 303390
Estimated Annual Usage 4000 ea No Substitute
Cost Each \$ _____ x EAU 400 = Est. Annual Cost \$ _____
Packaged 100/ box

61. Mg Sulfate Pre-filled Syringe IMS ~~0548-1034-00~~ *DK*
Estimated Annual Usage 500 ea No Substitute
Cost Each \$ 3.27 x EAU 500 = Est. Annual Cost \$ 1635.00 ✓
Packaged 100/ box *bidding Abbott # 1754-10*
(Ansysy Syringe)

62. Lubricating Jelly Foil Packet 2.7g Professional Disposables Inc T-00128
Estimated Annual Usage 3024 ea No Substitute
Cost Each \$ _____ x EAU 3024 = Est. Annual Cost \$ _____
Packaged 144/ box

63. Lifescans Unistick 2 Spring Loaded Lancet NDC 53885-636-10
Estimated Annual Usage 5500 ea No Substitute
Cost Each \$.21 x EAU 5500 = Est. Annual Cost \$ 1,155.00 ✓
Packaged 100/ box

64. Biomedix Select-3 IV Selectable Admin Set Biomedix 10102
Estimated Annual Usage 1920 ea No Substitute
Cost Each \$ _____ x EAU 1920 = Est. Annual Cost \$ _____
Packaged 48/ cs

65. Iodine Swabs Dynarex 1201
Estimated Annual Usage 1000 ea No Substitute
Cost Each \$.073 x EAU 1000 = Est. Annual Cost \$ 73.00 ✓
Packaged 50/ box

66. Tincture of Benzoin 10% SwabStick Professional Disposables Inc S-42450
Estimated Annual Usage 500 No Substitute
Cost Each \$ _____ x EAU 500 = Est. Annual Cost \$ _____
Packaged 50/ box

67. Graham Fitted Cot Sheets Graham 44547
Estimated Annual Usage 10,000 ea No Substitute
Cost Each \$ _____ x EAU 10,000 = Est. Annual Cost \$ _____
Packaged 50/ box

68. 60 cc Exel Syringe Exel 26302
Estimated Annual Usage 400 ea No Substitute
Cost Each \$ _____ x EAU 400 = Est. Annual Cost \$ _____
Packaged 25/ box

69. Grandview Laryngoscope Blades Grandview GV 2020A
Estimated Annual Usage 150 ea No Substitute
Cost Each \$ _____ x EAU 150 = Est. Annual Cost \$ _____
Packaged each

70. Grandview Laryngoscope Bulbs Grandview GV 1008
Estimated Annual Usage 150 ea No Substitute
Cost Each \$ _____ x EAU 150 = Est. Annual Cost \$ _____
Packaged each

71. Evac-u-Splint Extremity Kit Hartwell Medical EV 3000
Estimated Annual Usage 35 ea No Substitute
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____
Packaged Each

72. 3c/c Syringe with Twin Cannula Becton Dickinson 303391
Estimated Annual Usage 21,000 No Substitute
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____
Packaged ?

73. Disposable Polyester Blanket S&F Promotions C-125
Estimated Annual Usage 200 ea. No Substitute
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____
Packaged Each

74. P.A.W.S. Anti-Microbial Wipes SafeTec 34400
Estimated Annual Usage 200 bx. No Substitute
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____
Packaged Each

75. Recorder Paper 80 mm Fan Folded Zoll 8000-0301
Estimated Annual Usage 100 bx No Substitute
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____
Packaged ?

76. Disposable Pediatric Sensor Zoll 8000-0044
Estimated Annual Usage 30 cs No Substitute
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____
Packaged ?

77. 4 ECG Electrodes Zoll 8900-0004
Estimated Annual Usage 20 cs No Substitute
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____
Packaged ?

78. HVP Multi-Function Electrodes (Adult) Zoll 8900-4003
Estimated Annual Usage 30 cs No Substitute
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____
Packaged ?

79. Pedi-Padz Multi-Function Electrodes Zoll 8900-2065
Estimated Annual Usage 30 cs No Substitute
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____
Packaged ?

ATTACHMENT A
LOCAL VENDOR PREFERENCE QUESTIONNAIRE
(LEE COUNTY ORDINANCE NO. 00-10)

Instructions: Please complete either Part A or B whichever is applicable to your firm

PART A: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS LOCATED WITHIN LEE COUNTY (Only complete Part A if your principal place of business is located within the boundaries of Lee County)

1. What is the physical location of your principal place of business that is located within the boundaries of Lee County, Florida?

2. What is the size of this facility (i.e. sales area size, warehouse, storage yard, etc.)

PART B: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS NOT LOCATED WITHIN LEE COUNTY OR DOES NOT HAVE A PHYSICAL LOCATION WITHIN LEE COUNTY (Please complete this section.)

1. How many employees are available to service this contract? 10

2. Describe the types and amount of equipment you have available to service this contract.

N/A

LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED

3. Describe the types and amount of material stock that you have available to service this contract.

We have a 14,000 sq foot facility &
provide these & other items to Emergency
Medical Services nationwide.

4. Have you provided goods or services to Lee County on a regular basis for the preceding, consecutive five years?

Yes _____

No X

If yes, please provide your contractual history with Lee County for the past five, consecutive years. Attach additional pages if necessary.

LEE COUNTY, FLORIDA
PROPOSAL QUOTE FORM
FOR THE PURCHASE OF MEDICAL SUPPLIES
PRODUCT GROUP C
FOR LEE COUNTY EMERGENCY MEDICAL SERVICES

DATE SUBMITTED: 4/25/03

VENDOR NAME: Alliance Medical, Inc

TO: The Board of County Commissioners
Lee County
Fort Myers, Florida

Having carefully examined the "General Conditions", and the "Detailed Specifications", all of which are contained herein, the Undersigned proposes to furnish the following which meet these specifications:

The undersigned acknowledges receipt of Addenda numbers: 1, 2

GRAND TOTAL (ANNUAL COST) \$ 115,881.25 (not complete)

TO BE (DELIVERED) WITHIN 15 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

Is your firm interested in being considered for the Local Vendor Preference?
Yes _____ No _____

If yes, then read the paragraph entitled "Local Vendor Preference" included in these specifications. Also complete the Local Vendor Preference Questionnaire and return with your quotation.

Quoters should carefully read all the terms and conditions of the specifications. Any representation of deviation or modification to the quote may be grounds to reject the quote.

Quoter shall submit his/her quote on the County's Proposal Quote Form, including the firm name and authorized signature. Any blank spaces on the Proposal Quote Form, qualifying notes or exceptions, counter offers, lack of required submittals, or signatures, on County's Form may result in the Quoter/Quote being declared non-responsive by the County.

ANTI-COLLUSION STATEMENT

THE BELOW SIGNED QUOTER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS QUOTE WITH OTHER QUOTERS AND HAS NOT COLLUDED WITH ANY OTHER QUOTER OR PARTIES TO A QUOTE WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIAL (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.

FIRM NAME Alliance Medical, Inc.

BY (Printed): Michelle Collins

BY (Signature): Michelle Collins

TITLE: Office Services Manager

FEDERAL ID # OR S.S.# 43-1065457

ADDRESS: Po Box 147

Russellville, MO 65074

PHONE NO.: 888-633-6908

FAX NO.: 800-425-5633

CELLULAR PHONE/PAGER NO.: NA

LEE COUNTY OCCUPATIONAL LICENSE NUMBER: _____

E-MAIL ADDRESS: collinsm@allmed.net

REVISED: 7/28/00

ATTACHMENT C

ITEM DESCRIPTION MANUFACTURER PRODUCT #

1. Angiocath IV Catheter Becton Dickinson 382258
Estimated Annual Usage 240 ea No Substitute
Cost Each \$ x EAU 240 = Est. Annual Cost \$ N/A
Packaged 10/ box

4166
2. Safe-cuff Blood Pressure Cuff (Adult Lg) CAS Medical CD1642
Estimated Annual Usage 160 ea No Substitute
Cost Each \$ 6.32 x EAU 160 = Est. Annual Cost \$ 1,011.20 ✓
Packaged 20/ box

MISC
3. Molded Surgical Mask Dynarex 2203
Estimated Annual Usage 250 ea Substitute Allowed ✓
Cost Each \$ 0.873 x EAU 250 = Est. Annual Cost \$ 21.83
Packaged 50/ box

MISC
4. Charger For Portable Suction Units Impact 810-0305-02
Estimated Annual Usage 20 ea No Substitute
Cost Each \$ 24.15 x EAU 20 = Est. Annual Cost \$ 483.00 ✓
Packaged Each

4168
5. Safecuff BP Cuff (sm adult) CAS Medical CD1230
Estimated Annual Usage 80 ea No Substitute
Cost Each \$ 6.05 x EAU 80 = Est. Annual Cost \$ 486.40 ✓
Packaged Each

4167 6. Safecuff BP Cuff (adult) CAS Medical CD1437
Estimated Annual Usage 800 ea No Substitute
Cost Each \$ 6.08 x EAU 800 = Est. Annual Cost \$ 4,864.00 ✓
Packaged 20/ box

4169 7. Safecuff BP Cuff (child) CAS Medical CD927
Estimated Annual Usage 140 ea No Substitute
Cost Each \$ 4.77 x EAU 140 = Est. Annual Cost \$ 667.80 ✓
Packaged 20/ box

4170 8. Safecuff BP Cuff (infant) CAS Medical CD618
Estimated Annual Usage 80 ea No Substitute
Cost Each \$ 4.14 x EAU 80 = Est. Annual Cost \$ 331.20 ✓
Packaged 20/ box

9. 3M Particulate Respirator N95 3M 8110S
Estimated Annual Usage 160 ea No Substitute
Cost Each \$ x EAU 160 = Est. Annual Cost \$ 1.75
Packaged 20/ box

10. 3M Particulate Respirator N95 3M 8210
Estimated Annual Usage 200 ea No Substitute
Cost Each \$ x EAU 200 = Est. Annual Cost \$ 1.75
Packaged 20/ box

6062 11. Sta-Block HID STI Medical 975
Estimated Annual Usage 4800 ea No Substitute
Cost Each \$ 4.25 x EAU 4800 = Est. Annual Cost \$ 20,400.00 ✓
Packaged 30/ box

12. Ambu Adult Adjustable Extrication Collars AMBU 000 281 000
6884 Estimated Annual Usage 4000 ea No Substitute
Cost Each \$5.50 x EAU 4000 = Est. Annual Cost \$ 22,000.00 ✓
Packaged 30/ box

13. Pedi/Infant/Sm Adult Adjustable Extrication Collar AMBU 000 281 106
7524 Estimated Annual Usage 800 ea No Substitute
Cost Each \$5.50 x EAU 800 = Est. Annual Cost \$ 4,400.00 ✓
Packaged 30/ box

14. 12 Lead Paper Physio-Control 805319-05
MISC Estimated Annual Usage 200 ea No Substitute
Cost Each \$6.90 x EAU 200 = Est. Annual Cost \$ 1,380.00 ✓
Packaged 2 rolls/ box
*Min. order bx/2

15. Adult BVM Life Support Products L570-040
8051 Estimated Annual Usage 1800 ea No Substitute
Cost Each \$10.85 x EAU 1800 = Est. Annual Cost \$ 19,530.00 ✓
Packaged 6/ box

16. Infant BVM Life Support Products L570-200
8053 Estimated Annual Usage 240 ea No Substitute
Cost Each \$11.75 x EAU 240 = Est. Annual Cost \$ 2820.00 ✓
Packaged 6/ box

17. Pediatric BVM Life Support Products L570-101
MISC Estimated Annual Usage 240 ea No Substitute
Cost Each \$11.75 x EAU 240 = Est. Annual Cost \$ 2,820.00 ✓
Packaged 6/ box 2820.00
*Min. order bx/6

*The manufacturer is replacing the 570 series with 670 series.
(times 15-17)

18. Three-way Stop Cock Baxter 2C6229
 MISC Estimated Annual Usage 80 ea No Substitute
 Cost Each \$ 1.65 x EAU 80 = Est. Annual Cost \$ 132.00 ✓
 Packaged each
 *Min. order 09/50
-
19. Meconium Aspirator Neo Tech Products N0101
 3897 Estimated Annual Usage 80 ea No Substitute
 Cost Each \$ 3.80 x EAU 80 = Est. Annual Cost \$ 304.00 ✓
 Packaged each
-
20. BP Cuff Adult Large MABIS 05-260-016
 Estimated Annual Usage 30 ea No Substitute
 Cost Each \$ x EAU 30 = Est. Annual Cost \$ NB
 Packaged each
-
21. Easy Cap CO2 Detector Nelcor Puritan Bennet 047412A-0797
 5437A Estimated Annual Usage 1800 ea No Substitute
 Cost Each \$ 8.45 x EAU 1800 = Est. Annual Cost \$ 15,210.00 ✓
 Packaged 6/ box
-
22. Pedi End-Tidal CO2 Detector Nelcor Puritan Bennett 046700A-0598
 5438A Estimated Annual Usage 480 ea No Substitute
 Cost Each \$ 8.45 x EAU 480 = Est. Annual Cost \$ 4,056.00 ✓
 Packaged 8.45 24/ case
-
23. Laryngoscope Blade (Miller 0) Rusch 008615050
 7891 Estimated Annual Usage 40 ea Substitute Allowed
 Cost Each \$ 9.90 x EAU 40 = Est. Annual Cost \$ 396.00 ✓
 Packaged each
 Surgical Designs

24. Laryngoscope Blade (Miller 1) Rusch 008616100

7892

Estimated Annual Usage 40 ea Substitute Allowed

Cost Each \$ 9.90 x EAU 40 = Est. Annual Cost \$ 396.00 ✓

Packaged each

Surgical Designs

25. Laryngoscope Blade (Miller 2) Rusch 008617200

7893

Estimated Annual Usage 40 ea Substitute Allowed

Cost Each \$ 9.90 x EAU 40 = Est. Annual Cost \$ 396.00 ✓

Packaged each

Surgical Designs

26. Laryngoscope Blade (Miller 3) Rusch 008618300

7894

Estimated Annual Usage 120 ea Substitute Allowed

Cost Each \$ 9.90 x EAU 120 = Est. Annual Cost \$ 1,188.00 ✓

Packaged each

Surgical Designs

27. Laryngoscope Blade (MAC 2) Rusch 008602200

7883

Estimated Annual Usage 40 ea Substitute Allowed

Cost Each \$ 9.90 x EAU 40 = Est. Annual Cost \$ 396.00 ✓

Packaged each

Surgical Designs

28. Laryngoscope Blade (MAC 3) Rusch 008603300

7899

Estimated Annual Usage 100 ea Substitute Allowed

Cost Each \$ 9.90 x EAU 100 = Est. Annual Cost \$ 990.00 ✓

Packaged each

Surgical Designs

29. Laryngoscope Blade (MAC 4) Rusch 008604400

7890

Estimated Annual Usage 100 ea Substitute Allowed

Cost Each \$ 9.90 x EAU 100 = Est. Annual Cost \$ 990.00 ✓

Packaged each

Surgical Designs

7897 30. Standard Laryngoscope Handle (Small/Penlight) Rusch 008620100
Estimated Annual Usage 20 ea No Substitute
Cost Each \$ 9.90 x EAU 20 = Est. Annual Cost \$ 198.00 ✓
Packaged each

Surgical Designs

7895 31. Laryngoscope Blade (Miller 4) Rusch 008619400
Estimated Annual Usage 100 ea Substitute Allowed
Cost Each \$ 9.90 x EAU 100 = Est. Annual Cost \$ 990.00 ✓
Packaged each

Surgical Designs

7887 32. Laryngoscope Blade (MAC 1) Rusch 008601100
Estimated Annual Usage 40 ea Substitute Allowed
Cost Each \$ 9.90 x EAU 40 = Est. Annual Cost \$ 990.00 ✓
Packaged each

Surgical Designs

33. Purell Hand Sanitizer GoJo 9584
Estimated Annual Usage 42 ea Substitute Allowed
Cost Each \$ _____ x EAU 42 = Est. Annual Cost \$ 1.78
Packaged each

MISC 34. Specimen Transport Bags MD Industries 49-97 68059
Estimated Annual Usage 16,000 ea No Substitute
Cost Each \$ 8.6855 x EAU 16,000 = Est. Annual Cost \$ 1,368.00 ✓
Packaged 1000/ box

**Min. order 1000*

7304 35. Epinephrine 1ml (1mg/ml) Abbott Labs NDC 0074-7241-01
Estimated Annual Usage 500 ea No Substitute
Cost Each \$ 1.72 x EAU 500 = Est. Annual Cost \$ 860.00 ✓
Packaged each

860.00

36. Vasopressin (20 units/ml) American Regent NDC 0517-1020-25
Estimated Annual Usage 300 ea No Substitute
Cost Each \$ 5.25 x EAU 300 = Est. Annual Cost \$ 1,575.00 ✓
Packaged 25/ box

37. Infant 4.2% Sodium Bicarbonate Abbott Labs NDC 0074-5534-34
Estimated Annual Usage 100 ea No Substitute
Cost Each \$ 2.45 x EAU 100 = Est. Annual Cost \$ 245.00 ✓
Packaged 10/ package

38. Glucometer Elite Nml Ctl 2.5 ml Bayer Corp 3926
Estimated Annual Usage 100 ea Substitute Allowed
Cost Each \$ _____ x EAU 100 = Est. Annual Cost \$ N/B
Packaged 2/ box

39. Glucometer Elite XL Diabetes Bayer Corp NDC 0193-3885-01
Estimated Annual Usage 40 ea Substitute Allowed
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ N/B
Packaged each

40. Vacutainer Blood Tubes (4 ml) (Green) Becton Dickinson 367884
Estimated Annual Usage 4,000 ea No Substitute
Cost Each \$ _____ x EAU 4,000 = Est. Annual Cost \$ N/B
Packaged 100/ package

41. Vacutainer Blood Tubes (4.5 ml) (Blue) Becton Dickinson 369714
Estimated Annual Usage 4,000 ea No Substitute
Cost Each \$ _____ x EAU 4,000 = Est. Annual Cost \$ N/B
Packaged 100/ package

42. Vacutainer Blood Tubes (3 ml) (Purple) Becton Dickinson 367856

Estimated Annual Usage 4,000 ea No Substitute

Cost Each \$ _____ x EAU 4,000 = Est. Annual Cost \$ NR

Packaged 100/ package

43. Vacutainer Blood Tubes (7 ml) (Marble) Becton Dickinson 367975

Estimated Annual Usage 4,000 ea No Substitute

Cost Each \$ _____ x EAU 4,000 = Est. Annual Cost \$ NR

Packaged 100/ package

44. Pediatric ECG Electrode Conmed Corp 1620-003

7427

Estimated Annual Usage 50 bx No Substitute

Cost Each \$ 4.95 x EAU 50 = Est. Annual Cost \$ 247.50 ✓

Packaged 30/ box

45. Pediatric Defib Electrodes Agilent Technologies M3504A

MISC

Estimated Annual Usage 300 ea No Substitute

Cost Each \$ 20.50 x EAU 300 = Est. Annual Cost \$ 6,150.00 ✓

Packaged 5/ box

*Min. order bx/5

46. Multifunction Adult Defib Electrodes Agilent Technologies M3501A

MISC

Estimated Annual Usage 600 ea No Substitute

Cost Each \$ 19.25 x EAU 600 = Est. Annual Cost \$ 11,550.00 ✓

Packaged 10/ box

*Min. order bx/10

47. Nail Polish Remover Pads Professional Disposables Inc.(PDI) B71200

3871

Estimated Annual Usage 1500 ea Substitute Allowed

Cost Each \$ 0.04 x EAU 1500 = Est. Annual Cost \$ 3.90 ✓

Packaged 100 packets/ box

Triad 10-6200

48. Beck Tracheal Whistle (BAAM) BAAM Mark IV
5245 Estimated Annual Usage 200 ea No Substitute
Cost Each \$ 6.25 x EAU 200 = Est. Annual Cost \$ 1,250.00 ✓
Packaged 10/ box

49. Endotracheal Tube Holder, Adult STI Medical 31177
4554 Estimated Annual Usage 1500 ea No Substitute
Cost Each \$ 2.90 x EAU 1500 = Est. Annual Cost \$ 4,350.00 ✓
Packaged 25/ box

50. Tube Check Intubation Detector Wolfe Troy Medical EID200
7043 Estimated Annual Usage 350 ea Substitute Allowed
Cost Each \$ 2.40 x EAU 350 = Est. Annual Cost \$ 840.00 ✓
Packaged 20/ box

51. Endotracheal Tube Holder (Pediatric) STI Medical 30687
4600 Estimated Annual Usage 600 ea No Substitute
Cost Each \$ 2.90 x EAU 600 = Est. Annual Cost \$ 1,740.00 ✓
Packaged 25/ box

52. Buretrol Solution Set (60 drops /ml) Baxter 2C7566S
MISC Estimated Annual Usage 25 ea No Substitute
Cost Each \$ 5.37 x EAU 25 = Est. Annual Cost \$ 134.25 ✓
Packaged each

*Mtn. order 03/48

53. Sensi-touch Spinal Needles (18 x 3.5") Baxter 220019
Estimated Annual Usage 200 ea No Substitute
Cost Each \$ _____ x EAU 200 = Est. Annual Cost \$ _____
Packaged 25/ box

No Bid

54. Monoject Needles (21 x 1.5") Sherwood Medical 216041

Estimated Annual Usage 2000 ea No Substitute

Cost Each \$ _____ x EAU 2000 = Est. Annual Cost \$ 115

Packaged 100/ box

55. Monoject Needles (22 x 1.5") Sherwood Medical 216066

Estimated Annual Usage 2000 ea No Substitute

Cost Each \$ _____ x EAU 2000 = Est. Annual Cost \$ 115

Packaged 100/ box

56. Surflo Winged Infusion Set (19 G x 0.75") Terumo P-216-119

5374 Estimated Annual Usage 40 ea No Substitute

Cost Each \$ 0.341 x EAU 40 = Est. Annual Cost \$ 13.64 ✓

Packaged each

**Min. order e/10*

57. Surflo Winged Infusion Set (21 G x 0.75") Terumo 0197

5375 Estimated Annual Usage 40 ea No Substitute

Cost Each \$ 0.341 x EAU 40 = Est. Annual Cost \$ 13.64 ✓

Packaged 50/ box

**Min. order e/10*

58. Surflo Winged Infusion Set (25 G x 0.75") Terumo SVTW004

5343 Estimated Annual Usage 40 ea No Substitute

Cost Each \$ 0.341 x EAU 40 = Est. Annual Cost \$ 13.64 ✓

Packaged each

**Min. order e/10*

59. Monoject Filter Needle (18 G x 1.5") Sherwood Medical 8881-305117

Estimated Annual Usage 2000 ea No Substitute

Cost Each \$ _____ x EAU 2000 = Est. Annual Cost \$ 115

Packaged 100/ box

60. Twin Pak Dual Cannula Device Becton Dickinson 303390
Estimated Annual Usage 4000 ea No Substitute
Cost Each \$ _____ x EAU 400 = Est. Annual Cost \$ NB
Packaged 100/ box

0705 61. Mg Sulfate Pre-filled Syringe IMS 0548-1034-00
Estimated Annual Usage 500 ea No Substitute
Cost Each \$ 1.98 x EAU 500 = Est. Annual Cost \$ 990.00 ✓
Packaged 100/ box

62. Lubricating Jelly Foil Packet 2.7g Professional Disposables Inc T-00128
Estimated Annual Usage 3024 ea No Substitute
Cost Each \$ _____ x EAU 3024 = Est. Annual Cost \$ NB
Packaged 144/ box

63. Lifescans Unistick 2 Spring Loaded Lancet NDC 53885-636-10
Estimated Annual Usage 5500 ea No Substitute
Cost Each \$ _____ x EAU 5500 = Est. Annual Cost \$ NB
Packaged 100/ box

4070 64. Biomedix Select-3 IV Selectable Admin Set Biomedix 10102
Estimated Annual Usage 1920 ea No Substitute
Cost Each \$ 4.15 x EAU 1920 = Est. Annual Cost \$ 7,968.00 ✓
Packaged 48/ cs

8461 65. Iodine Swabs Dynarex 1201
Estimated Annual Usage 1000 ea No Substitute
Cost Each \$ 0.083 x EAU 1000 = Est. Annual Cost \$ 83.00 ✓
Packaged 50/ box

66. Tincture of Benzoin 10% SwabStick Professional Disposables Inc S-42450

Estimated Annual Usage 500 No Substitute

Cost Each \$ _____ x EAU 500 = Est. Annual Cost \$ NB

Packaged 50/ box

67. Graham Fitted Cot Sheets Graham 44547

Estimated Annual Usage 10,000 ea No Substitute

Cost Each \$ _____ x EAU 10,000 = Est. Annual Cost \$ NB

Packaged 50/ box

68. 60 cc Exel Syringe Exel 26302

Estimated Annual Usage 400 ea No Substitute

Cost Each \$ _____ x EAU 400 = Est. Annual Cost \$ NB

Packaged 25/ box

69. Grandview Laryngoscope Blades Grandview GV 2020A

700 Estimated Annual Usage 150 ea No Substitute

Cost Each \$ 50.85 x EAU 150 = Est. Annual Cost \$ 7,627.50 ✓

Packaged each

70. Grandview Laryngoscope Bulbs Grandview GV 1008

700 Estimated Annual Usage 150 ea No Substitute

Cost Each \$ 5.13 x EAU 150 = Est. Annual Cost \$ 769.50 ✓

Packaged each

71. Evac-u-Splint Extremity Kit Hartwell Medical EV 3000

505 Estimated Annual Usage 35 ea No Substitute

Cost Each \$ 271.95 x EAU EACH = Est. Annual Cost \$ 9,518.25 (35 each) ✓

Packaged Each

72. 3c/c Syringe with Twin Cannula Becton Dickinson 303391

Estimated Annual Usage 21,000 No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ NB

Packaged ?

73. Disposable Polyester Blanket S&F Promotions C-125

Estimated Annual Usage 200 ea. No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ NB

Packaged Each

74. P.A.W.S. Anti-Microbial Wipes SafeTec 34400

5224 Estimated Annual Usage 200 bx. No Substitute

Cost Each \$ 0.95 x EAU EACH = Est. Annual Cost \$ 190.00 (200 boxes/100)

Packaged Each

*Min. order bx/100

75. Recorder Paper 80 mm Fan Folded Zoll 8000-0301

Estimated Annual Usage 100 bx No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ NB

Packaged ?

76. Disposable Pediatric Sensor Zoll 8000-0044

Estimated Annual Usage 30 cs No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ NB

Packaged ?

77. 4 ECG Electrodes Zoll 8900-0004

Estimated Annual Usage 20 cs No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ NB

Packaged ?

78. HVP Multi-Function Electrodes (Adult) Zoll 8900-4003

Estimated Annual Usage 30 cs No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ NB

Packaged ?

79. Pedi-Padz Multi-Function Electrodes Zoll 8900-2065

Estimated Annual Usage 30 cs No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ NB

Packaged ?

ATTACHMENT A
LOCAL VENDOR PREFERENCE QUESTIONNAIRE
(LEE COUNTY ORDINANCE NO. 00-10)

Instructions: Please complete either Part A or B whichever is applicable to your firm

PART A: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS LOCATED WITHIN LEE COUNTY (Only complete Part A if your principal place of business is located within the boundaries of Lee County)

1. What is the physical location of your principal place of business that is located within the boundaries of Lee County, Florida?

2. What is the size of this facility (i.e. sales area size, warehouse, storage yard, etc.)

PART B: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS NOT LOCATED WITHIN LEE COUNTY OR DOES NOT HAVE A PHYSICAL LOCATION WITHIN LEE COUNTY (Please complete this section.)

1. How many employees are available to service this contract? 5

2. Describe the types and amount of equipment you have available to service this contract.

NA - sale of goods contract, not service

LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED

3. Describe the types and amount of material stock that you have available to service this contract.

Most items requested in this quotation are normal
stock item for us and can be shipped the same day.

4. Have you provided goods or services to Lee County on a regular basis for the preceding, consecutive five years?

Yes _____

No ✓

If yes, please provide your contractual history with Lee County for the past five, consecutive years. Attach additional pages if necessary.



PROJECT NO.: Q-030070

OPEN DATE: April 29, 2003

AND TIME: 2:30 P.M.

PRE-BID DATE: March 6, 2003

AND TIME: 2:00 P.M.

LOCATION: DIVISION OF PURCHASING
3434 HANCOCK BRIDGE PKWY
3RD FLOOR
N. FT. MYERS, FL 33903

REQUEST FOR QUOTATIONS

TITLE:
FOR THE PURCHASE OF MEDICAL SUPPLIES
PRODUCT GROUP C
FOR LEE COUNTY EMERGENCY MEDICAL
SERVICES

REQUESTER: LEE COUNTY BOARD OF COUNTY COMMISSIONERS
DIVISION OF PURCHASING

MAILING ADDRESS
P.O. BOX 398
FORT MYERS, FL 33902-0398

PHYSICAL ADDRESS
3434 HANCOCK BRIDGE PKWY, #307
NORTH FORT MYERS, FL 33903

BUYER: CHRIS JEFFCOAT
PURCHASING AGENT
PHONE NO.: (239) 689-7392

GENERAL CONDITIONS

Sealed Quotations will be received by the DIVISION OF PURCHASING, until 2:30pm on the date specified on the cover sheet of this "Request for Quotations", and opened immediately thereafter by the Purchasing Director or designee.

Any question regarding this solicitation should be directed to the Buyer listed on the cover page of this solicitation, or by calling the Division of Purchasing at (239) 689-7385.

1. SUBMISSION OF QUOTE:

- a. Quotations shall be sealed in an envelope, and the outside of the envelope should be marked with the following information:
 1. Marked with the words "Sealed Quote"
 2. Name of the firm submitting the quotation
 3. Title of the quotation
 4. Quotation number
- b. The Quotation shall be submitted in triplicate as follows:
 1. The original consisting of the Lee County quotes forms completed and signed.
 2. A copy of the original quote forms for the Purchasing Director.
 3. A second copy of the original quote forms for use by the requesting department.
- c. The following should be submitted along with the quotation in a separate envelope. This envelope should be marked as described above, but instead of marking the envelope as "Sealed Quote", please indicate the contents; i.e., literature, drawings, submittals, etc. This information should be submitted in duplicate.
 1. Any information (either required or in addition to that asked for by the specifications) necessary to analyze your quotation; i.e., required submittals, literature, technical data, financial statements.
 2. Warranties and guarantees against defective materials and workmanship.
- d. **ALTERNATE QUOTE:** If the vendor elects to submit more than one quote, then the quotes should be submitted in separate envelopes and marked as indicated above. The second, or alternate quote should be marked as "Alternate".
- e. **QUOTES RECEIVED LATE:** It is the quoter's responsibility to ensure that his quote is received by the Division of Purchasing Services prior to the opening date and time specified. Any quote received after the opening date and time will be promptly returned to the quoter unopened. Lee County will not be responsible for quotes received late because of delays by a third party delivery service; i.e., U.S. Mail, UPS, Federal Express, etc.

- f. **QUOTE CALCULATION ERRORS:** In the event there is a discrepancy between the total quoted amount or the extended amounts and the unit prices quoted, the unit prices will prevail and the corrected sum will be considered the quoted price.
- g. **PAST PERFORMANCE:** All vendors will be evaluated on their past performance and prior dealings with Lee County (i.e., failure to meet specifications, poor workmanship, late delivery, etc.).
- h. **WITHDRAWAL OF QUOTE:** No quote may be withdrawn for a period of 90 days after the scheduled time for receiving quotes. A quote may be withdrawn prior to the quote-opening date and time. Such a request to withdraw should be made in writing to the Purchasing Director, who will approve or disapprove of the request.
- i. **COUNTY RESERVES THE RIGHT:** The County reserves the right to waive minor informalities in any quote; to reject any or all quotes with or without cause; and/or to accept the quote that in its judgment will be in the best interest of the County of Lee.
- j. **EXECUTION OF QUOTE:** All quotes shall contain the signature of an authorized representative of the quoter in the space provided on the quote proposal form. All quotes shall be typed or printed in ink. The bidder may not use erasable ink. All corrections made to the quote shall be initialed.

2. **ACCEPTANCE**

The materials and/or services delivered under the quote **shall** remain the property of the seller until a physical inspection and actual usage of these materials and/or services is accepted to the County and is to be in compliance with the terms herein, fully in accord with the specifications and of the highest quality. In the event the materials and/or services supplied to the County are found to be defective or do not conform to specifications, the County reserves the right to cancel the order upon written notice to the seller and return such product to the seller at the seller's expense.

3. **SUBSTITUTIONS**

Whenever in these specifications a brand name or make is mentioned, it is the intention of the County only to establish a grade or quality of materials and not to rule out other brands or makes of equality. However, if a product other than that specified is quote, it is the vendor's responsibility to name such product with his quote and to prove to the County that said product is equal to the product specified. Lee County **shall** be the sole judge as to whether a product being offered by the quoter is actually equivalent to the one being specified by the detailed specifications. (Note: This paragraph does not apply when it is determined that the technical requirements of this solicitation require only a specific product as stated in the detailed specifications.

4. **RULES, REGULATIONS, LAWS, ORDINANCES & LICENSES**

The awarded vendor shall observe and obey all laws, ordinances, rules, and regulations, of the federal, state, and local government, which may be applicable to the supply of this product or service.

- a. Occupational License – Vendor shall submit within 10 calendar days after request.
- b. Specialty License(s) – Vendor shall possess at the time of the opening of the quote all necessary permits and/or license required for the sale of this product and/or service and upon the request of the County provide copies of licenses and/or permits within 10 calendar days after request.

5. **RECYCLED PRODUCTS**

It is the Lee County Board of County Commissioners' stated policy objective to "Ensure all departments are aware of the availability of recycled products..." (Administrative Code #AC-10-4). In an effort to provide the utmost opportunity for the use of recycled products by Lee County, vendors should list on their letterhead, all necessary information regarding any applicable recycled products they have available. Recycled products should meet all other specifications listed and have a minimum of 50%-recycled content. Whenever fiscally feasible, available recycled products will be purchased.

6. **WARRANTY/GUARANTY** (unless otherwise specified)

All materials and/or services furnished under this quote shall be warranted by the vendor to be free from defects and fit for the intended use.

7. **PRE-BID CONFERENCE**

A pre-bid conference will be held at the location, date, and time specified on the cover of this solicitation. Pre-bid conferences are generally non-mandatory, but it is highly recommended that everyone planning to submit a quote attend.

In the event a pre-bid conference is classified as mandatory, it will be so specified on the cover of this solicitation and it will be the responsibility of the quoter to ensure that they are represented at the pre-bid. Only those quoters who attend the pre-bid conference will be allowed to quote on this project.

8. **BIDDERS LIST MAINTENANCE**

A bidder should respond to "Request for Quotations" in order to be kept on the Bidder's List. Failure to respond to three different "request for quotations" may result in the vendor being removed from the Bidder's List. A bidder may do one of the following, in order to respond properly to the request:

- a. Submission of a quotation prior to the quote receipt deadline.
- b. Submission of a "no bid" notice prior to the quote receipt deadline.

9. **LEE COUNTY PAYMENT PROCEDURES**

All vendors are requested to mail one original invoice and one invoice copy to:

Lee County Finance Department
Post Office Box 2238
Fort Myers, FL 33902-2238

All invoices will be paid as directed by the Lee County payment procedure unless otherwise differently stated in the detailed specification portion of this quote.

Lee county will not be liable for request of payment deriving from aid, assistance, or help by any individual, vendor, quoter, or bidder for the preparation of these specifications.

Lee County is generally a tax-exempt entity subject to the provisions of the 1987 legislation regarding sales tax on services. Lee County will pay those taxes for which it is obligated, or it will provide a Certificate of Exemption furnished by the Department of Revenue. All contractors or quoters should include in their quote all sales or use taxes, which they will pay when making purchases of material or subcontractor's services.

10. **LEE COUNTY BID PROTEST PROCEDURE**

Any contractor/vendor/firm that has submitted a formal bid/quote/proposal to Lee County, and who is adversely affected by an intended decision with respect to the award of the formal bid/quote/proposal, shall file with the County's Purchasing Director or Public Works Director a written "Notice of Intent to File a Protest" not later than seventy-two (72) hours (excluding Saturdays, Sundays and Legal Holidays) after receipt of a "Notice of Intended Decision" from the County with respect to the proposed award of the formal bid/quote/proposal.

The "Notice of Intent to File a Protest" is one of two documents necessary to perfect Protest. The second document is the "Formal Written Protest", both documents are described below.

The "Notice of Intent to File a Protest" document shall state all grounds claimed for the Protest, and clearly indicate it as the "Notice of Intent to File a Protest". Failure to clearly indicate the Intent to file the Protest shall constitute a waiver of all rights to seek any further remedies provided for under this Protest Procedure.

The "Notice of Intent to File a Protest" shall be received ("stamped in") by the Purchasing Director or Public Works Director not later than Four o'clock (4:00) PM on the third working day following the day of receipt of the County's Notice of Intended Decision.

The affected party shall then file its Formal Written Protest within ten (10) calendar days after the time for the filing of the Notice of Intent to File a Protest has expired. Except as provided for in the paragraph below, upon filing of the Formal Written Protest, the contractor/vendor/firm shall post a bond, payable to the Lee County Board of County Commissioners in an amount equal to five percent (5%) of the total bid/quote/proposal, or Ten Thousand Dollars (\$10,000.00), whichever is less. Said bond shall be designated and held for payment of any costs that may be levied against the protesting

contractor/vendor/firm by the Board of County Commissioners, as the result of a frivolous Protest.

A clean, Irrevocable Letter of Credit or other form of approved security, payable to the County, may be accepted. Failure to submit a bond, letter of credit, or other approved security simultaneously with the Formal Written Protest shall invalidate the protest, at which time the County may continue its procurement process as if the original "Notice of Intent to File a Protest" had never been filed.

Any contractor/vendor/firm submitting the County's standard bond form (CSD: 514), along with the bid/quote/proposal, shall not be required to submit an additional bond with the filing of the Formal Written Protest.

The Formal Written Protest shall contain the following:

- County bid/quote/proposal identification number and title.
- Name and address of the affected party, and the title or position of the person submitting the Protest.
- A statement of disputed issues of material fact. If there are no disputed material facts, the Formal Protest must so indicate.
- A concise statement of the facts alleged, and of the rules, regulations, statutes, or constitutional provisions, which entitle the affected party to relief.
- All information, documents, other materials, calculations, and any statutory or case law authority in support of the grounds for the Protest.
- A statement indicating the relief sought by the affected (protesting) party.
- Any other relevant information that the affected party deems to be material to Protest.

Upon receipt of a timely filed "Notice of Intent to File a Protest", the Purchasing Director or Public Works Director (as appropriate) may abate the award of the formal bid/quote/proposal as appropriate, until the Protest is heard pursuant to the informal hearing process as further outlined below, except and unless the County Manager shall find and set forth in writing, particular facts and circumstances that would require an immediate award of the formal bid/quote/proposal for the purpose of avoiding a danger to the public health, safety, or welfare. Upon such written finding by the County Manager, the County Manager may authorize an expedited Protest hearing procedure. The expedited Protest hearing shall be held within ninety-six (96) hours of the action giving rise to the contractor/vendor/firm's Protest, or as soon as may be practicable for all parties. The "Notice of Intent to File a Protest" shall serve as the grounds for the affected party's presentation and the requirements for the submittal of a formal, written Protest under these procedures, to include the requirement for a bond, shall not apply.

The Dispute Committee shall conduct an informal hearing with the protesting contractor/vendor/firm to attempt to resolve the Protest, within seven working days

(excluding Saturdays, Sundays and legal holidays) from receipt of the Formal Written Protest. The Chairman of the Dispute Committee shall ensure that all affected parties may make presentations and rebuttals, subject to reasonable time limitations, as appropriate. The purpose of the informal hearing by the Dispute Committee, the protestor and other affected parties is to provide and opportunity: (1) to review the basis of the Protest; (2) to evaluate the facts and merits of the Protest; and (3) to make a determination whether to accept or reject the Protest.

Once a determination is made by the Dispute Committee with respect to the merits of the Protest, the Dispute Committee shall forward to the Board of County Commissioners its recommendations, which shall include relevant background information related to the procurement.

Upon receiving the recommendation from the Dispute Committee, the Board of County Commissioners shall conduct a hearing on the matter at a regularly scheduled meeting. Following presentations by the affected parties, the Board shall render its decision on the merits of the Protest.

If the Board's decision upholds the recommendation by the Dispute Committee regarding the award, and further finds that the Protest was either frivolous and/or lacked merit, the Board, at its discretion, may assess costs, charges, or damages associated with any delay of the award, or any costs incurred with regard to the protest. These costs, charges or damages may be deducted from the security (bond or letter of credit) provided by the contractor/vendor/firm. Any costs, charges or damages assessed by the Board in excess of the security shall be paid by the protesting contractor/vendor/firm within thirty (30) calendar days of the Board's final determination concerning the award.

All formal bid/quote/proposal solicitations shall set forth the following statement:

“FAILURE TO FOLLOW THE BID PROTEST PROCEDURE REQUIREMENTS WITHIN THE TIMEFRAMES AS PRESCRIBED HEREIN AND ESTABLISHED BY LEE COUNTY BOARD OF COUNTY COMMISSIONERS, FLORIDA, SHALL CONSTITUTE A WAIVER OF YOUR PROTEST AND ANY RESULTING CLAIMS.”

11. **PUBLIC ENTITY CRIME**

Any person or affiliate as defined by statute who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid or a contract to provide any goods or services to the County; may not submit a bid on a contract with the County for the construction or repair of a public building or a public work; may not submit bids or leases of real property to the County; may not be awarded or perform works as a contractor, supplier, subcontractor, or consultant under a contract with the County, and may not transact business with the County in excess of \$25,000.00 for a period of 36 months from the date of being placed on the convicted vendor list.

12. **QUALIFICATION OF QUOTERS** (unless otherwise noted)

Quotes will be considered only from firms normally engaged in the sale and distribution or provision of the services as specified herein. Quoters shall have adequate

organization, facilities, equipment, and personnel to ensure prompt and efficient service to Lee County. The County reserves the right before recommending any award to inspect the facilities and organization; or to take any other action necessary to determine ability to perform is satisfactory, and reserves the right to reject quotes where evidence submitted or investigation and evaluation indicates an inability of the quoter to perform.

13. **MATERIAL SAFETY DATA SHEETS**

In accordance with Chapter 443 of the Florida Statutes, it is the vendor's responsibility to provide Lee County with Materials Safety Data Sheets on quoted materials, as may apply to this procurement.

14. **MISCELLANEOUS**

If a conflict exists between the General Conditions and the detailed specifications, then the detailed specifications shall prevail.

15. **WAIVER OF CLAIMS**

Once this contract expires, or final payment has been requested and made, the awarded contractor shall have no more than 30 days to present or file any claims against the County concerning this contract. After that period, the County will consider the Contractor to have waived any right to claims against the County concerning this agreement.

16. **AUTHORITY TO PIGGYBACK**

It is hereby made a precondition of any quote and a part of these specifications that the submission of any quote in response to this request constitutes a quote made under the same conditions, for the same price, and for the same effective period as this quote, to any other governmental entity.

17. **COUNTY RESERVES THE RIGHT**

a) **State Contract**

If applicable, the County reserves the right to purchase any of the items in this quote from State Contract Vendors if the prices are deemed lower on State Contract than the prices we receive in this quotation.

b) **Any Single Large Project**

The County, in its sole discretion, reserves the right to separately quote any project that is outside the scope of this quote, whether through size, complexity, or dollar value.

c) **Disadvantaged Business Enterprises**

The County, in its sole discretion, reserves the right to purchase any of the items in this quote from Disadvantage Business Enterprise vendor if the prices are

determined to be in the best interest of the County, to assist the County in the fulfillment of any of the County's grant commitments to federal or state agencies.

The County further reserves the right to purchase any of the items in this quote from DBE's to fulfill the County's state policy toward DBE's as outlined in County Ordinance 88-45 and 90-04, as amended.

d) **Anti-Discrimination**

The vendor for itself, its successors in interest, and assignees, as part of the consideration there of covenant and agree that:

In the furnishing of services to the County hereunder, no person on the grounds of race, religion, color, age, sex, national origin, handicap or marital status shall be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination.

The vendor will not discriminate against any employee or applicant for employment because of race, religion, color, age, sex, national origin, handicap or marital status. The vendor will make affirmative efforts to insure that applicants are employed and that employees are treated during employment without regard to their race, religion, color, age, sex, national origin, handicap or marital status. Such action shall include, but not be limited to, acts of employment, upgrading, demotion or transfer; recruitment advertising; layoff or termination, rates of pay or other forms of compensation and selection for training, including apprenticeship.

Vendor agrees to post in a conspicuous place, available to employees and applicants for employment, notices setting forth the provisions of this anti-discrimination clause.

Vendor will provide all information and reports required by relevant regulations and/or applicable directives. In addition, the vendor shall permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the County to be pertinent to ascertain compliance. The vendor shall maintain and make available relevant data showing the extent to which members of minority groups are beneficiaries under these contracts.

Where any information required of the vendor is in the exclusive possession of another who fails or refuses to furnish this information, the vendor shall so certify to the County its effort made toward obtaining said information. The vendor shall remain obligated under this paragraph until the expiration of three (3) years after the termination of this contract.

In the event of breach of any of the above anti-discrimination covenants, the County shall have the right to impose sanctions as it may determine to be appropriate, including withholding payment to the vendor or canceling, terminating, or suspending this contract, in whole or in part.

Additionally, the vendor may be declared ineligible for further County contracts by rule, regulation or order of the Board of County Commissioners of Lee County, or as otherwise provided by law.

The vendor will send to each union, or representative of workers with which the vendor has a collective bargaining agreement or other contract of understanding, a notice informing the labor union of worker's representative of the vendor's commitments under this assurance, and shall post copies of the notice in conspicuous places available to the employees and the applicants for employment.

The vendor will include the provisions of this section in every subcontract under this contract to insure its provisions will be binding upon each subcontractor. The vendor will take such actions with respect to any subcontractor, as the contracting agency may direct, as a means of enforcing such provisions, including sanctions for non-compliance.

18. **AUDITABLE RECORDS**

The awarded vendor shall maintain auditable records concerning the procurement adequate to account for all receipts and expenditures, and to document compliance with the specifications. These records shall be kept in accordance with generally accepted accounting methods, and Lee County reserves the right to determine the record-keeping method required in the event of non-conformity. These records shall be maintained for two years after completion of the project and shall be readily available to County personnel with reasonable notice, and to other persons in accordance with the Florida Public Disclosure Statutes.

19. **DRUG FREE WORKPLACE**

Whenever two or more quotes/proposals, which are equal with respect to price, quality and service, are received for the procurement of commodities or contractual services, a quote/proposal received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. In order to have a drug-free workplace program, a business shall comply with the requirements of Florida Statutes 287.087.

20. **REQUIRED SUBMITTALS**

Any submittals requested should be returned with the quote response. This information may be accepted after opening, but no later than 10 calendar days after request.

21. **TERMINATION**

Any agreement as a result of this quote may be terminated by either party giving thirty (30) calendar days advance written notice. The County reserves the right to accept or not accept a termination notice submitted by the vendor, and no such termination notice submitted by the vendor shall become effective unless and until the vendor is notified in writing by the County of its acceptance.

The Purchasing Director may immediately terminate any agreement as a result of this quote for emergency purposes, as defined by the Lee County Purchasing and Payment Procedure Manual.

Any vendor who has voluntarily withdrawn from a formal quote/proposal without the County's mutual consent during the contract period shall be barred from further County procurement for a period of 180 days. The vendor may apply to the Board of Lee County Commissioners for waiver of this debarment. Such application for waiver of debarment must be coordinated with and processed by Purchasing.

22. **CONFIDENTIALITY**

Vendors should be aware that all submittals (including financial statements) provided with a quote/proposal are subject to public disclosure and will **not** be afforded confidentiality.

23. **ANTI-LOBBYING CLAUSE**

All firms are hereby placed on formal notice that neither the County Commissioners nor candidates for County Commission, nor any employees from the Lee County Government, Lee County staff members, nor any members of the Qualification/Evaluation Review Committee are to be lobbied, either individually or collectively, concerning this project. Firms and their agents who intend to submit qualifications, or have submitted qualifications, for this project are hereby placed on *formal notice* that they are **not** to contact County personnel for such purposes as holding meetings of introduction, meals, or meetings relating to the selection process outside of those specifically scheduled by the County for negotiations. Any such lobbying activities may cause immediate disqualification for this project.

24. **INSURANCE (AS APPLICABLE)**

Insurance shall be provided, per the attached insurance guide. Upon request, an insurance certificate complying with the attached guide may be required prior to award.

**LEE COUNTY, FLORIDA
PROPOSAL QUOTE FORM
FOR THE PURCHASE OF MEDICAL SUPPLIES
PRODUCT GROUP C
FOR LEE COUNTY EMERGENCY MEDICAL SERVICES**

DATE SUBMITTED: _____

VENDOR NAME: _____

TO: The Board of County Commissioners
Lee County
Fort Myers, Florida

Having carefully examined the "General Conditions", and the "Detailed Specifications", all of which are contained herein, the Undersigned proposes to furnish the following which meet these specifications:

The undersigned acknowledges receipt of Addenda numbers: _____

GRAND TOTAL (ANNUAL COST) \$ _____

TO BE (DELIVERED) WITHIN _____ CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

Is your firm interested in being considered for the Local Vendor Preference?
Yes _____ No _____

If yes, then read the paragraph entitled "Local Vendor Preference" included in these specifications. Also complete the Local Vendor Preference Questionnaire and return with your quotation.

Quoters should carefully read all the terms and conditions of the specifications. Any representation of deviation or modification to the quote may be grounds to reject the quote.

Quoter shall submit his/her quote on the County's Proposal Quote Form, including the firm name and authorized signature. Any blank spaces on the Proposal Quote Form, qualifying notes or exceptions, counter offers, lack of required submittals, or signatures, on County's Form may result in the Quoter/Quote being declared non-responsive by the County.

ANTI-COLLUSION STATEMENT

THE BELOW SIGNED QUOTER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS QUOTE WITH OTHER QUOTERS AND HAS NOT COLLUDED WITH ANY OTHER QUOTER OR PARTIES TO A QUOTE WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIAL (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.

FIRM NAME _____

BY (Printed): _____

BY (Signature): _____

TITLE: _____

FEDERAL ID # OR S.S.# _____

ADDRESS: _____

PHONE NO.: _____

FAX NO.: _____

CELLULAR PHONE/PAGER NO.: _____

LEE COUNTY OCCUPATIONAL LICENSE NUMBER: _____

E-MAIL ADDRESS: _____

REVISED: 7/28/00

**DETAILED SPECIFICATIONS
FOR THE PURCHASE OF MEDICAL SUPPLIES
PRODUCT GROUP C
FOR LEE COUNTY EMERGENCY MEDICAL SERVICES**

SCOPE

The intent of this quotation is to acquire a vendor who can provide some of the Medical Supplies required by Lee County Emergency Medical Services, on an annual basis.

TERM

This quote shall be in effect for one year, or until new quotes are taken and awarded. This quote, or any portion thereof, shall have the option of being renewed for four additional one year periods, upon mutual agreement of the parties.

DELIVERY REQUIREMENTS

All supplies are to be delivered F.O.B. to Lee County Emergency Medical Services, Lee County, Florida. The exact location will be designated at time of placement of order.

ATTACHMENT C

Attachment C consists of a brief description and the estimated annual usage is given for each product. **Because Lee County would prefer to award on an overall basis, it is desired that vendors quote on all products.**

On Attachment C some products are marked "NO SUBSTITUTE", in those cases the brand listed is the **only product** Lee County will accept. For all other products, whenever a brand name or make is mentioned, it is the intention of the County only to establish a grade or quality of material, and not to rule out other brands or makes of equality. Vendors shall list the product, manufacturer, manufacturer number and packaging quantity (Example 10/bx) next to the item if the item quoted is not the same product the county is using.

Vendors are required to price the products as listed (generally as "each"). The price shall contain no more than four places to the right of the decimal point.

To determine the estimated annual cost for each item, vendors are required to multiply the price by the estimated annual usage.

Vendors are required to indicate the package quantity for each item they are quoting if the packaging is different from what the county is currently using. The package quantity listed on Attachment C is based on what is currently being purchased by the county.

DESIGNATED CONTACT

The awarded vendor(s) shall appoint a person or persons to act as a primary contact with Lee County Emergency Medical Services. This person or back-up shall be readily available during normal work hours by phone or in person, and shall be knowledgeable of the terms and procedures involved in this quote.

SUMMARY REPORTS

The awarded vendor(s) shall be responsible for furnishing a summary report to Purchasing at the end of each six month period of the quote. This report shall include a six month history, showing at a minimum, the following information:

Total dollar value of products purchased
Total quantity of each product purchased

BACKORDERS

Backorders must be held to a minimum. Back orders will generally be allowed, subject to Lee County Emergency Medical Services approval. However, if the awarded vendor is unable to deliver an item(s) within the time frame specified on the Proposal Quote Form and a back-order is not desirable to Lee County, the County reserves the right to purchase that item(s) from an alternate vendor.

DISCONTINUED PRODUCTS

Substitutes for any discontinued products must be approved by Lee County Emergency Medical Services. If an acceptable substitute cannot be supplied, Lee County Emergency Medical Services shall have the right to purchase that item elsewhere.

PRICE INCREASES

If the awarded vendor experiences a major price increase from suppliers for items in this quotation, the vendor may submit a written request to increase pricing. All information necessary to review and analyze the request must be submitted to Lee County Purchasing. Lee County shall have the right to grant the price increase, or requote, at the County's sole discretion.

SAMPLES

After quotes are received, if requested by Lee County, vendors will be required to submit manufacturer's specification sheets and/or samples for evaluation. These products must be submitted at no cost to Lee County, and must be submitted within 10 calendar days after request.

BASIS OF AWARD

Vendors are encouraged to quote on all products. Preference may be given to vendors who quote all products. The evaluation for award will be based on the extended cost of the estimated annual usage of the products. The award will be made either to the low quoter per item meeting specifications, or overall low quoter meeting specifications, whichever is in the best interest of Lee County.

NOTE: Lee County reserves the right, at the Purchasing Director's discretion, not to award certain products on Attachment C. Lee County also reserves the right to reject unbalanced quotes (a quote where a normally low cost item is priced well out of the normal range).

INSURANCE (Guide B)

Insurance shall be provided, per the attached insurance guide(Guide B), prior to award.

MAJOR BREAKDOWNS/NATURAL DISASTERS

Lee County requires that the awarded vendor(s) provide the name of a contact person and phone number which will afford Lee County access twenty-four hours per day, 365 days per year, to Medical Supplies, in the event of major breakdowns or natural disasters.

LOCAL BIDDER'S PREFERENCE

Note: In order for your firm to be considered for the local vendor preference, you must complete and return the attached "Local Vendor Preference Questionnaire" with your quotation.

The Lee County Local Bidder's Preference Ordinance No. 00-10 is being included as part of the award process for this project. As such, Lee County at its sole discretion, may choose to award a preference to any qualified "Local Contractor/Vendor" in an amount not to exceed 3 % of the total amount quoted by that firm.

"Local Contractor / Vendor" shall mean: a) any person, firm, partnership, company or corporation whose principal place of business in the sole opinion of the County, is located within the boundaries of Lee County, Florida; or b) any person, firm, partnership, company or corporation that has provided goods or services to Lee County on a regular basis for the preceding consecutive five (5) years, and that has the personnel, equipment and materials located within the boundaries of Lee County sufficient to constitute a present ability to perform the service or provide the goods.

The County reserves the exclusive right to compare, contrast and otherwise evaluate the qualifications, character, responsibility and fitness of all persons, firms, partnerships, companies or corporations submitting formal bids or formal quotes in any procurement for goods or services when making an award in the best interests of the County.

ATTACHMENT C

<u>ITEM DESCRIPTION</u>	<u>MANUFACTURER PRODUCT #</u>
1. Angiocath IV Catheter Estimated Annual Usage <u>240 ea</u> No Substitute Cost Each \$ _____ x EAU <u>240</u> = Est. Annual Cost \$ _____ Packaged <u>10/ box</u>	Becton Dickinson <u>382258</u>
2. Safe-cuff Blood Pressure Cuff (Adult Lg) Estimated Annual Usage <u>160 ea</u> No Substitute Cost Each \$ _____ x EAU <u>160</u> = Est. Annual Cost \$ _____ Packaged <u>20/ box</u>	CAS Medical <u>CD1642</u>
3. Molded Surgical Mask Estimated Annual Usage <u>250 ea</u> Substitute Allowed Cost Each \$ _____ x EAU <u>250</u> = Est. Annual Cost \$ _____ Packaged <u>50/ box</u>	<u>Dynarex 2203</u>
4. Charger For Portable Suction Units Estimated Annual Usage <u>20 ea</u> No Substitute Cost Each \$ _____ x EAU <u>20</u> = Est. Annual Cost \$ _____ Packaged <u>Each</u>	Impact <u>810-0305-02</u>
5. Safecuff BP Cuff (sm adult) Estimated Annual Usage <u>80 ea</u> No Substitute Cost Each \$ _____ x EAU <u>80</u> = Est. Annual Cost \$ _____ Packaged <u>Each</u>	CAS Medical <u>CD1230</u>

6. Safecuff BP Cuff (adult) CAS Medical CD1437
 Estimated Annual Usage 800 ea No Substitute
 Cost Each \$ _____ x EAU 800 = Est. Annual Cost \$ _____
 Packaged 20/ box
-
7. Safecuff BP Cuff (child) CAS Medical CD927
 Estimated Annual Usage 140 ea No Substitute
 Cost Each \$ _____ x EAU 140 = Est. Annual Cost \$ _____
 Packaged 20/ box
-
8. Safecuff BP Cuff (infant) CAS Medical CD618
 Estimated Annual Usage 80 ea No Substitute
 Cost Each \$ _____ x EAU 80 = Est. Annual Cost \$ _____
 Packaged 20/ box
-
9. 3M Particulate Respirator N95 3M 8110S
 Estimated Annual Usage 160 ea No Substitute
 Cost Each \$ _____ x EAU 160 = Est. Annual Cost \$ _____
 Packaged 20/ box
-
10. 3M Particulate Respirator N95 3M 8210
 Estimated Annual Usage 200 ea No Substitute
 Cost Each \$ _____ x EAU 200 = Est. Annual Cost \$ _____
 Packaged 20/ box
-
11. Sta-Block HID STI Medical 975
 Estimated Annual Usage 4800 ea No Substitute
 Cost Each \$ _____ x EAU 4800 = Est. Annual Cost \$ _____
 Packaged 30/ box
-

12. Ambu Adult Adjustable Extrication Collars AMBU 000 281 000

Estimated Annual Usage 4000 ea No Substitute

Cost Each \$ _____ x EAU 4000 = Est. Annual Cost \$ _____

Packaged 30/ box

13. Pedi/Infant/Sm Adult Adjustable Extrication Collar AMBU 000 281 106

Estimated Annual Usage 800 ea No Substitute

Cost Each \$ _____ x EAU 800 = Est. Annual Cost \$ _____

Packaged 30/ box

14. 12 Lead Paper Physio-Control 805319-05

Estimated Annual Usage 200 ea No Substitute

Cost Each \$ _____ x EAU 200 = Est. Annual Cost \$ _____

Packaged 2 rolls/ box

15. Adult BVM Life Support Products L570-040

Estimated Annual Usage 1800 ea No Substitute

Cost Each \$ _____ x EAU 1800 = Est. Annual Cost \$ _____

Packaged 6/ box

16. Infant BVM Life Support Products L570-200

Estimated Annual Usage 240 ea No Substitute

Cost Each \$ _____ x EAU 240 = Est. Annual Cost \$ _____

Packaged 6/ box

17. Pediatric BVM Life Support Products L570-101

Estimated Annual Usage 240 ea No Substitute

Cost Each \$ _____ x EAU 240 = Est. Annual Cost \$ _____

Packaged 6/ box

18. Three-way Stop Cock Baxter 2C6229
 Estimated Annual Usage 80 ea No Substitute
 Cost Each \$ _____ x EAU 80 = Est. Annual Cost \$ _____
 Packaged each
-
19. Meconium Aspirator Neo Tech Products N0101
 Estimated Annual Usage 80 ea No Substitute
 Cost Each \$ _____ x EAU 80 = Est. Annual Cost \$ _____
 Packaged each
-
20. BP Cuff Adult Large MABIS 05-260-016
 Estimated Annual Usage 30 ea No Substitute
 Cost Each \$ _____ x EAU 30 = Est. Annual Cost \$ _____
 Packaged each
-
21. Easy Cap CO2 Detector Nelcor Puritan Bennet 047412A-0797
 Estimated Annual Usage 1800 ea No Substitute
 Cost Each \$ _____ x EAU 1800 = Est. Annual Cost \$ _____
 Packaged 6/ box
-
22. Pedi End-Tidal CO2 Detector Nelcor Puritan Bennett 046700A-0598
 Estimated Annual Usage 480 ea No Substitute
 Cost Each \$ _____ x EAU 480 = Est. Annual Cost \$ _____
 Packaged 24/ case
-
23. Laryngoscope Blade (Miller 0) Rusch 008615050
 Estimated Annual Usage 40 ea Substitute Allowed
 Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
 Packaged each
-

24. Laryngoscope Blade (Miller 1) Rusch 008616100
Estimated Annual Usage 40 ea Substitute Allowed
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
Packaged each

25. Laryngoscope Blade (Miller 2) Rusch 008617200
Estimated Annual Usage 40 ea Substitute Allowed
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
Packaged each

26. Laryngoscope Blade (Miller 3) Rusch 008618300
Estimated Annual Usage 120 ea Substitute Allowed
Cost Each \$ _____ x EAU 120 = Est. Annual Cost \$ _____
Packaged each

27. Laryngoscope Blade (MAC 2) Rusch 008602200
Estimated Annual Usage 40 ea Substitute Allowed
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
Packaged each

28. Laryngoscope Blade (MAC 3) Rusch 008603300
Estimated Annual Usage 100 ea Substitute Allowed
Cost Each \$ _____ x EAU 100 = Est. Annual Cost \$ _____
Packaged each

29. Laryngoscope Blade (MAC 4) Rusch 008604400
Estimated Annual Usage 100 ea Substitute Allowed
Cost Each \$ _____ x EAU 100 = Est. Annual Cost \$ _____
Packaged each

30. Standard Laryngoscope Handle (Small/Penlight) Rusch 008620100

Estimated Annual Usage 20 ea No Substitute

Cost Each \$ _____ x EAU 20 = Est. Annual Cost \$ _____

Packaged each

31. Laryngoscope Blade (Miller 4) Rusch 008619400

Estimated Annual Usage 100 ea Substitute Allowed

Cost Each \$ _____ x EAU 100 = Est. Annual Cost \$ _____

Packaged each

32. Laryngoscope Blade (MAC 1) Rusch 008601100

Estimated Annual Usage 40 ea Substitute Allowed

Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____

Packaged each

33. Purell Hand Sanitizer GoJo 9584

Estimated Annual Usage 42 ea Substitute Allowed

Cost Each \$ _____ x EAU 42 = Est. Annual Cost \$ _____

Packaged each

34. Specimen Transport Bags MD Industries 49-97 68059

Estimated Annual Usage 16,000 ea No Substitute

Cost Each \$ _____ x EAU 16,000 = Est. Annual Cost \$ _____

Packaged 1000/ box

35. Epinephrine 1ml (1mg/ml) Abbott Labs NDC 0074-7241-01

Estimated Annual Usage 500 ea No Substitute

Cost Each \$ _____ x EAU 500 = Est. Annual Cost \$ _____

Packaged each

36. Vasopressin (20 units/ml) American Regent NDC 0517-1020-25
Estimated Annual Usage 300 ea No Substitute
Cost Each \$ _____ x EAU 300 = Est. Annual Cost \$ _____
Packaged 25/ box

37. Infant 4.2% Sodium Bicarbonate Abbott Labs NDC 0074-5534-34
Estimated Annual Usage 100 ea No Substitute
Cost Each \$ _____ x EAU 100 = Est. Annual Cost \$ _____
Packaged 10/ package

38. Glucometer Elite Nml Ctl 2.5 ml Bayer Corp 3926
Estimated Annual Usage 100 ea Substitute Allowed
Cost Each \$ _____ x EAU 100 = Est. Annual Cost \$ _____
Packaged 2/ box

39. Glucometer Elite XL Diabetes Bayer Corp NDC 0193-3885-01
Estimated Annual Usage 40 ea Substitute Allowed
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
Packaged each

40. Vacutainer Blood Tubes (4 ml) (Green) Becton Dickinson 367884
Estimated Annual Usage 4,000 ea No Substitute
Cost Each \$ _____ x EAU 4,000 = Est. Annual Cost \$ _____
Packaged 100/ package

41. Vacutainer Blood Tubes (4.5 ml) (Blue) Becton Dickinson 369714
Estimated Annual Usage 4,000 ea No Substitute
Cost Each \$ _____ x EAU 4,000 = Est. Annual Cost \$ _____
Packaged 100/ package

42. Vacutainer Blood Tubes (3 ml) (Purple) Becton Dickinson 367856
Estimated Annual Usage 4,000 ea No Substitute
Cost Each \$ _____ x EAU 4,000 = Est. Annual Cost \$ _____
Packaged 100/ package

43. Vacutainer Blood Tubes (7 ml) (Marble) Becton Dickinson 367975
Estimated Annual Usage 4,000 ea No Substitute
Cost Each \$ _____ x EAU 4,000 = Est. Annual Cost \$ _____
Packaged 100/ package

44. Pediatric ECG Electrode Conmed Corp 1620-003
Estimated Annual Usage 50 bx No Substitute
Cost Each \$ _____ x EAU 50 = Est. Annual Cost \$ _____
Packaged 30/ box

45. Pediatric Defib Electrodes Agilent Technologies M3504A
Estimated Annual Usage 300 ea No Substitute
Cost Each \$ _____ x EAU 300 = Est. Annual Cost \$ _____
Packaged 5/ box

46. Multifunction Adult Defib Electrodes Agilent Technologies M3501A
Estimated Annual Usage 600 ea No Substitute
Cost Each \$ _____ x EAU 600 = Est. Annual Cost \$ _____
Packaged 10/ box

47. Nail Polish Remover Pads Professional Disposables Inc.(PDI) B71200
Estimated Annual Usage 1500 ea Substitute Allowed
Cost Each \$ _____ x EAU 1500 = Est. Annual Cost \$ _____
Packaged 100 packets/ box

48. Beck Tracheal Whistle (BAAM) BAAM Mark IV
 Estimated Annual Usage 200 ea No Substitute
 Cost Each \$ _____ x EAU 200 = Est. Annual Cost \$ _____
 Packaged 10/ box
-
49. Endotracheal Tube Holder, Adult STI Medical 31177
 Estimated Annual Usage 1500 ea No Substitute
 Cost Each \$ _____ x EAU 1500 = Est. Annual Cost \$ _____
 Packaged 25/ box
-
50. Tube Check Intubation Detector Wolfe Troy Medical EID200
 Estimated Annual Usage 350 ea Substitute Allowed
 Cost Each \$ _____ x EAU 350 = Est. Annual Cost \$ _____
 Packaged 20/ box
-
51. Endotracheal Tube Holder (Pediatric) STI Medical 30687
 Estimated Annual Usage 600 ea No Substitute
 Cost Each \$ _____ x EAU 600 = Est. Annual Cost \$ _____
 Packaged 25/ box
-
52. Buretrol Solution Set (60 drops /ml) Baxter 2C7566S
 Estimated Annual Usage 25 ea No Substitute
 Cost Each \$ _____ x EAU 25 = Est. Annual Cost \$ _____
 Packaged each
-
53. Sensi-touch Spinal Needles (18 x 3.5") Baxter 220019
 Estimated Annual Usage 200 ea No Substitute
 Cost Each \$ _____ x EAU 200 = Est. Annual Cost \$ _____
 Packaged 25/ box
-

54. Monoject Needles (21 x 1.5") Sherwood Medical 216041
Estimated Annual Usage 2000 ea No Substitute
Cost Each \$ _____ x EAU 2000 = Est. Annual Cost \$ _____
Packaged 100/ box

55. Monoject Needles (22 x 1.5") Sherwood Medical 216066
Estimated Annual Usage 2000 ea No Substitute
Cost Each \$ _____ x EAU 2000 = Est. Annual Cost \$ _____
Packaged 100/ box

56. Surflo Winged Infusion Set (19 G x 0.75") Terumo P-216-119
Estimated Annual Usage 40 ea No Substitute
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
Packaged each

57. Surflo Winged Infusion Set (21 G x 0.75") Terumo 0197
Estimated Annual Usage 40 ea No Substitute
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
Packaged 50/ box

58. Surflo Winged Infusion Set (25 G x 0.75") Terumo SVTW004
Estimated Annual Usage 40 ea No Substitute
Cost Each \$ _____ x EAU 40 = Est. Annual Cost \$ _____
Packaged each

59. Monoject Filter Needle (18 G x 1.5") Sherwood Medical 8881-305117
Estimated Annual Usage 2000 ea No Substitute
Cost Each \$ _____ x EAU 2000 = Est. Annual Cost \$ _____
Packaged 100/ box

60. Twin Pak Dual Cannula Device Becton Dickinson 303390
Estimated Annual Usage 4000 ea No Substitute
Cost Each \$ _____ x EAU 400 = Est. Annual Cost \$ _____
Packaged 100/ box

61. Mg Sulfate Pre-filled Syringe IMS 0548-1034-00
Estimated Annual Usage 500 ea No Substitute
Cost Each \$ _____ x EAU 500 = Est. Annual Cost \$ _____
Packaged 100/ box

62. Lubricating Jelly Foil Packet 2.7g Professional Disposables Inc T-00128
Estimated Annual Usage 3024 ea No Substitute
Cost Each \$ _____ x EAU 3024 = Est. Annual Cost \$ _____
Packaged 144/ box

63. Lifescans Unistick 2 Spring Loaded Lancet NDC 53885-636-10
Estimated Annual Usage 5500 ea No Substitute
Cost Each \$ _____ x EAU 5500 = Est. Annual Cost \$ _____
Packaged 100/ box

64. Biomedix Select-3 IV Selectable Admin Set Biomedix 10102
Estimated Annual Usage 1920 ea No Substitute
Cost Each \$ _____ x EAU 1920 = Est. Annual Cost \$ _____
Packaged 48/ cs

65. Iodine Swabs Dynarex 1201
Estimated Annual Usage 1000 ea No Substitute
Cost Each \$ _____ x EAU 1000 = Est. Annual Cost \$ _____
Packaged 50/ box

66. Tincture of Benzoin 10% SwabStick Professional Disposables Inc S-42450
Estimated Annual Usage 500 No Substitute
Cost Each \$ _____ x EAU 500 = Est. Annual Cost \$ _____
Packaged 50/ box

67. Graham Fitted Cot Sheets Graham 44547
Estimated Annual Usage 10,000 ea No Substitute
Cost Each \$ _____ x EAU 10,000 = Est. Annual Cost \$ _____
Packaged 50/ box

68. 60 cc Exel Syringe Exel 26302
Estimated Annual Usage 400 ea No Substitute
Cost Each \$ _____ x EAU 400 = Est. Annual Cost \$ _____
Packaged 25/ box

69. Grandview Laryngoscope Blades Grandview GV 2020A
Estimated Annual Usage 150 ea No Substitute
Cost Each \$ _____ x EAU 150 = Est. Annual Cost \$ _____
Packaged each

70. Grandview Laryngoscope Bulbs Grandview GV 1008
Estimated Annual Usage 150 ea No Substitute
Cost Each \$ _____ x EAU 150 = Est. Annual Cost \$ _____
Packaged each

71. Evac-u-Splint Extremity Kit Hartwell Medical EV 3000
Estimated Annual Usage 35 ea No Substitute
Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____
Packaged Each

72. 3c/c Syringe with Twin Cannula Becton Dickinson 303391

Estimated Annual Usage 21,000 No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____

Packaged ?

73. Disposable Polyester Blanket S&F Promotions C-125

Estimated Annual Usage 200 ea. No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____

Packaged Each

74. P.A.W.S. Anti-Microbial Wipes SafeTec 34400

Estimated Annual Usage 200 bx. No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____

Packaged Each

75. Recorder Paper 80 mm Fan Folded Zoll 8000-0301

Estimated Annual Usage 100 bx No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____

Packaged ?

76. Disposable Pediatric Sensor Zoll 8000-0044

Estimated Annual Usage 30 cs No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____

Packaged ?

77. 4 ECG Electrodes Zoll 8900-0004

Estimated Annual Usage 20 cs No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____

Packaged ?

78. HVP Multi-Function Electrodes (Adult) Zoll 8900-4003

Estimated Annual Usage 30 cs No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____

Packaged ? _____

79. Pedi-Padz Multi-Function Electrodes Zoll 8900-2065

Estimated Annual Usage 30 cs No Substitute

Cost Each \$ _____ x EAU EACH = Est. Annual Cost \$ _____

Packaged ? _____

GUIDE "B"

INSURANCE REQUIREMENTS FOR PRODUCTS

Your certificate of insurance must meet the following requirements

Requirement #1: The Lee County Board of County Commissioners shall be added as an additional insured on the comprehensive general liability policy.

Requirement #2: Certificate holder shall be listed as follows:

**Lee County Board of County Commissioners
C/O Lee County Purchasing
P.O. Box 398
Fort Myers, FL 33902**

Requirement #3: Each policy shall provide a 30 day notification clause in the event of cancellation, non-renewal or adverse change.

This Standard Insurance Language is to be utilized for Contracts, or Agreements meeting these circumstances. Certain conditions and/or exposures may not relieve or limit the liability of the vendor. These requirements may not be sufficient or adequate to protect the vendor's interests or liabilities, but are merely minimums.

Circumstances

Project is for vendors providing a tangible product, and not labor, such as, but not limited to , hardware, supplies, and other merchandise.

Worker's Compensation

Does not apply.

Commercial General Liability

Coverage shall apply to premised and/or operations, products and/or completed operations, independent contractors, contractual liability, and broad form property damage exposures with minimum limits of:

- \$100,000 bodily injury per person (BI)
- \$300,000 bodily injury per occurrence (BI)
- \$100,000 property damage (PD) or
- \$300,000 combined single limit (CSL) of BI and PD

Business Automobile Liability

If the vendor indicates on the price page that vehicles other than their own (common carrier) will be used for delivery, then the following Automobile Liability will not be required.

Coverage shall apply to owned vehicles and/or hired and non-owned vehicles and employee non-ownership use with minimum limits of:

\$100,000 bodily injury per person (BI)
\$300,000 bodily injury per occurrence (BI)
\$100,000 property damage (PD) or
\$300,000 combined single limit (CSL) of BI and PD

Certificate of Insurance

An original hand signed certificate shall be on file with and approved by the Lee County Risk Management Office prior to the commencement of any work activities.

In the event the insurance coverage expires prior to the completion of the project, a renewal certificate shall be on file with Risk Management at least 15 days prior to the expiration date.

Revised 10/18/00

ATTACHMENT A
LOCAL VENDOR PREFERENCE QUESTIONNAIRE
(LEE COUNTY ORDINANCE NO. 00-10)

Instructions: Please complete either Part A or B whichever is applicable to your firm

PART A: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS LOCATED WITHIN LEE COUNTY (Only complete Part A if your principal place of business is located within the boundaries of Lee County)

- 1. What is the physical location of your principal place of business that is located within the boundaries of Lee County, Florida?**

- 2. What is the size of this facility (i.e. sales area size, warehouse, storage yard, etc.)**

PART B: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS NOT LOCATED WITHIN LEE COUNTY OR DOES NOT HAVE A PHYSICAL LOCATION WITHIN LEE COUNTY (Please complete this section.)

1. How many employees are available to service this contract? _____

2. Describe the types and amount of equipment you have available to service this contract.

LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED

3. Describe the types and amount of material stock that you have available to service this contract.

4. Have you provided goods or services to Lee County on a regular basis for the preceding, consecutive five years?

Yes _____ No _____

If yes, please provide your contractual history with Lee County for the past five, consecutive years. Attach additional pages if necessary.

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