		Lee Co				missioners	d 60 (35	20020000
1 RE	QUESTED MOTION:		Agei	nda Item (Summary	В	lue Sheet No.	20030980
	ON REQUESTED: Appro	we award	1 of Form	al Ovotati	on # O 020	1070 for the Dunch	saa of Madical	Cumpling Deadust
Group	C, for the Division of Pub	lic Safety	i Of Politi i (Emerge	aı Quotatı ency Medi	on # Q-050 cal Service:	e) to the low quote	ise of Medical re per line iter	supplies Product
(circle	d) on the attached tabulation	ne Barety on sheet	EMS cho	oses not to	award iter	s), to the low quote	15 per fille fler	11 as mulcaled 5 75 76 77 788 &
79. Th	e initial term of this agreen	nent is fo	r one vea	r. Reques	t authority	to renew this quote	, 45, 40, 54, 5. ition for four a	dditional one-vear
period	s if in the best of the Count	v. at the	expiration	n of the or	iginal term.		mon for four u	danional one year
WHY	ACTION IS NECESSAR	Y: Annu	ıal expen	ditures tha	t exceed \$5	50.000 must be app	roved by the F	Board.
WHA'	T ACTION ACCOMPLIS	SHES: E	Establishe	s competit	ive pricing	for the Purchase o	f Medical Sup	plies-Group C.
				•	, ,	•	1	1 · · · · · · · · · · · · · · · · · · ·
2. DE	PARTMENTAL CATEG	ORY:		***		3. MEETING D	ATE:	
CO	MMISSION DISTRICT	#		7 /	\bigcirc		_	2000
				271		09	-04-	2003
4. AG	ENDA:	5. RE(IENT/PU	•	6. REQUESTO		
		(Speci)				111111111111111111111111111111111111111	THE OF THE OFF	THE TOTAL
X	CONSENT	` 1 3	STATI			A. COMMISSI	ONED	
	ADMINISTRATIVE		_	NANCE	······································	B. DEPARTME		
	APPEALS	X	ADMI		AC-4-1	C. DIVISION		ic Safety
			CODE		210 4 1			•
	PUBLIC		OTHE		-	BY: Jo	ohn Wilson	10
	WALK ON		-				//	
	TIME REQUIRED:						Ü	
7. BA	CKGROUND: On March	25, 2003	Purchasi	ng receive	d twelve qu	iotations for the Pu	irchase of Med	lical Supplies Group
C for tl	ne Public Safety Division (EMS). A	After revie	ew of the c	uotes by P	ublic Safety a reco	mmendation w	vas made to make a
multipl	e award to eight vendors a	s indicate	ed (circle	d) on the a	ttached tab	ulation sheet. All v	endors selecte	ed meet all
specific	cation requirements.							
A 44 1				(2) (2	1.0			
Attache	ements: (1) Tabulation She		1		cification			
	(2) Departments R	.ecomme	ndation	(4) Awa	irded Vend	ors Quotations		
8. MA	NAGEMENT RECOMM	ENDAT	IONS:					
			9. <u>REC</u>	OMMEN	DED APPI	ROVAL:		
A	В	<i>C</i>	- 5	into		Б		
. A Depart		C uman	D Other	E		Product County		G
Direc		ources	Other	County Attorney		Budget Service	ès	County Manager
D11.00	Contracts	Sources		Autorney	' [Mrs. Am aboli	13	4
11	140-15	<u> </u>		Budre	OA	OM Risk	GC/	ß
12:4	8-15-03		•	X.	OM.	Maria Misk		
11811	254			MANU	2 03	8 25/03 8/2/0	3 8 157	17 elaulos
10. CC	OMMISSION ACTION:				773	18 2 1		
	A	PPROV	ED			হা	* * *:	
	D	ENIED		K	by CoAtty			
	D	EFERR	ED	MEP	Classical		RECEIVED BY COUNTY ADMIN	DM
	C	THER		Date	e: 42/109			Am
				Tim	2: 11'A8_		1/22 O	
				The state of the s	- H Off		COUNTY ADMIN	00
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ATTACHNENT

FORMAL QUOTATION #Q-030070		LEE COUNTY ELORIDA TARIILATION SHEET	ET ORINA TARI	AAHS NOLLY L	7
OPENING DATE: MARCH 25, 2003 BUYER: CHRIS JEFFCOAT	PURCHAS	PURCHASE OF MEDICAL SUPPLI	FOR SUPPLIES (PRO	OR IES (PRODUCT GROUP C) FOR EM	C) FOR E
VENDORS	BOUNDTREE MEDICAL	EMERGENCY MEDICAL PRODUCTS, INC.	KENTRON HEALTH CARE,		FISHER SCIENTIFIC,L.L.C
1. ANGIOCATH IV CATHETER	MEMICAL	FACEOCIO, IIV.	INC.	MEDICAL, INC.	1.
BECTON DICKINSON 382258-NO SUBSTITUTE		2			
ESTIMATED ANNUAL USAGE-240 EA		}			
COST EACH	\$4.86	\$0.215	5C P3	NIO BITO	67 513
COST EACH \$ x EAL240 = EST ANNUAL COST	\$1,166.40	\$51.60	\$1,020.00	NOBID	\$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 X EAU1@ = EST ANNUAL COST PACKAGED 20/BOX	\$1,086.40	NO BID	NO BID	\$6.32 \$1,011.20	NO BID
3. MOLDED SURGICAL MASK SPECIFY PRODUCT & MANUFACTURER ESTIMATED ANNUAL USAGE-25(EA					
COST EACH COST EACH \$ x EAU250 = EST ANNUAL COST PACKAGED 50/BOX	\$0.09 \$22.50	\$17.50	\$0.10 \$25.00	\$0.0873 \$21.83	\$0.121 \$30.25
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
ACH	93.00	3720.00	NOBE	\$465.00	NOBID
5. SAFECUFF BP CUFF (SM ADULT) CAS MEDICAL CU1720 NO SUBSTITUTE	-				
ESTIMATED ANNUAL USAGE-8(EA					
	\$6.70	NO BID	NO BID	\$6.08	NO BID
PACKAGED EACH x EAU® = EST ANNUAL COST	\$536.00	NO BID	NOBID	\$486.40	NO BID
6. SAFECUFF BP CUFF (ADULT) CAS MEDICAL CD1437-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 800 EA					
COST EACH x EAU@0 = EST ANNUAL COST	\$6.70	NO BID	NO BID	\$6.08	NO BID
0/B0X	\$2,200.00	MODE	NOBID	34,864.00	NOBID

Page

VENDORS	BOUNDTREE MEDICAL	EMERGENCY MEDICAL PRODUCTS, INC.	KENTRON HEALTH CARE, INC.
7. SAFECUFF BP CUFF (CHILD) CAS MEDICAL CD927-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 14@A			
COST EACH \times EAU1 \overline{Q} = EST ANNUAL COST	\$5.11 \$715.40	NO BID	NO BID
PACKAGED 20/B0X			
8. SAFECUFF BP CUFF (INFANT) CAS MEDICAL CD618-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-8ŒA_			
COST BACH & BATTO - BST ANDIAL COST	\$4.51	NO BID	NO BID
)/B0X	8300.00	NOBID	NOBE
9. 3M PARTICULATE RESPIRATOR N95 3M 8110S -NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 16EA			
COST FACH S FAILIG = EST ANNITAL COST	\$0.94	NO BID	NO BID
)/B0X	\$130.40	NOBID	NOBID
10. 3M PARTICULATE RESPIRATOR N95 3M 8210-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 20ŒA			
COST EACH x EAU2@ = EST ANNUAL COST PACK AGEN 20/20 V	\$0.94 \$188.00	NO BID	NO BID
11.STA-BLOCK HID			
STI MEDICAL 975-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 480 <u>EA</u> COST FACH			
COST EACH \$ x EAU4800 = EST ANNUAL COST PACKAGED 30/B0X	\$19,632.00	\$21,888.00	NO BID
12.AMBU ADULT ADJUSTABLE EXTRICATION COLLARS AMBU 000 281 000-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-400@A			
COST EACH \$ x EAU4(00 = EST ANNUAL COST PACKAGED 30/B0X	\$23,800.00	NOBID	NO BID

NO BID NO BID

\$0.6175

\$98.80

\$331.20

NO BID

NO BID

\$4.14

\$22,000.00

\$60,976.00

\$15.244

\$5.50

\$20,400.00

NO BID NO BID

\$4.25

NO BID NO BID

\$105.10

\$0.5255

ALLIANCE MEDICAL, INC.

FISHER SCIENTIFIC,LL.C

\$667.80

NO BID

NO BID

\$4.77

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\$323.92	\$132.00	NO BID	\$114.40	\$116.00	PACKAGED EACH
\$4.049	\$1.65	NO BID	\$1.43	\$1.45	
					ESTIMATED ANNUAL USAGE- 80E
					18. THREE-WAY STOP COCK
		-			PACKAGED 6/B0X
\$4,097.52	\$2,820.00	NO BID	\$2,181.60	\$3,192.00	COST EACH \$ x EAU240 = EST ANNUAL COST
\$17.073	\$11.75	NO BID	\$9.09	\$13.30	COST EACH
					ESTIMATED ANNUAL USAGE- 24@A
					17. PEDIATRIC BVM
					PACKAGED 6/B0X
\$3,824.40	\$2,820.00	NO BID	\$2,181.60	\$3,192.00	COST EACH \$ x EAU240 = EST ANNUAL COST
\$15.935	\$11.75	NO BID	\$9.09	\$13.30	COST EACH
					ESTIMATED ANNUAL USAGE- 24ŒA
					LIFE SUPPORT PRODUCTS L570-200-NO SUBSTITUTE
					16 INEANT BAM
					PACKAGED 6/B0X
\$28.683.00	\$19,530.00	NO BID	\$14,112.00	\$23,346.00	COST EACH \$ x EAU1800 = EST ANNUAL COST
\$15.025	\$10.85	NOBID	\$7.84	\$12.97	COST EACH
	1700				ESTIMATED ANNUAL USAGE- 180EA
					15. ADULT BVM LIFE SUPPORT PRODUCTS L570-040-NO SUBSTITUTE
					PACKAGED 2 ROLLS/B0X
NO BID	\$1,380.00	NO BID	\$1,224.00	\$736.00	COST EACH \$x EAU 00 = EST ANNUAL COST
NO BID	\$6.90	NO BID	\$6.12	\$3.68	COST EACH
					ESTIMATED ANNUAL USAGE- 20(EA
					14.12 LEAD PAPER PHYSIO-CONTROL 805319-05-NO SUBSTITUTE
					PACKAGED 30/B0X
\$12,032.80	\$4,400.00	NOBID	NO BID	\$476.00	COST EACH \$ x EAU@0 = EST ANNUAL COST
615 041	95.50	NO BID	NO BID	\$5.05	ESTIMATED ANNUAL USAGE- 80@A COST EACH
					13.PEDI/INFANT/SM ADULT ADJUST EXTRICATION COLLAR AMBU 000 281 106-NO SUBSTITUTE
SCIENTIFIC,L.L.C	ALLIANCE MEDICAL, INC.	HEALTH CARE, INC.	MEDICAL PRODUCTS, INC.	BOUNDTREE MEDICAL	VENDORS
FISHER		KENTRON	EMERGENCY		

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-

\$27.80	\$9.90	\$430.00	\$271 60	40.000	
627 00	\$0.00	0.000	*******	\$548.80	COST EACH \$ x EAU40 = EST ANNUAL COST
		\$10.50	\$14.29	\$13.72	COST EACH
				į	ESTIMATED ANNUAL USAGE-40EA
					24.LARYNGOSCOPE BLADE (MILLER I) SPECIFY PRODUCT AND MANUFACTURER
					PACKAGED EACH
\$1,112.00	\$396.00	\$420.00	\$571.60	\$548.80	COST EACH \$ x EAU40 = EST ANNUAL COST
\$27.80	\$9.90	\$10.50	\$14.29	\$13.72	
					ESTIMATED ANNUAL USAGE- 40EA
					SPECIFY PRODUCT AND MANUFACTURER
					23.LARYNGOSCOPE BLADE (MILLER 0)
					PACKAGED 24/CASE
\$6,708.20	\$4,056.00	\$6,480.00	\$4,488.00	\$5,054.40	COST EACH \$ x EAU480 = EST ANNUAL COST
\$13.975	\$8.45	\$13.50	\$9.35	\$10.53	COST EACH
				į	ESTIMATED ANNUAL USAGE- 480EA
					22.PEDI END-TIDAL CO2 DETECTOR NELLCOR PURITAN BENNETT 046700A-0598-NO SUBSTITUTE
\$20,0T	\$10,210.00	## 1940 CO.CO	4-030000		BOX.
\$25,245,00	\$15,210,00	\$24 300.00	\$16.830.00	\$19.350.00	COST EACH \$ x EAU1800 = EST ANNUAL COST
\$14.005	\$0.45	¢13.50	\$6.35	\$10.75	COST EACH
					ESTIMATED ANNUAL USAGE- 1800EA
					VIET I COD BUILDET AND STATE OF STATE O
					THE ACT CAN COO DESTRUCTION
#10E:00	100 000	110			ACH
\$40230	NORID	NO BID	\$336.90	\$598.20	COST EACH \$ x EAU30 = EST ANNUAL COST
\$13.41	NO BID	NO BID	\$11.23	\$19.94	COST EACH
					ESTIMATED ANNUAL USAGE- 30EA
					MABIS 05-260-016 -NO SUBSTITUTE
					30 BD CIEB ADIT TI ABOR
100 101				-	ACH
NO BID	\$304.00	NO BID	\$275.20	\$344.80	COST EACH \$ x EAU80 = EST ANNUAL COST
NO BID	\$3.80	NO BID	\$3.44	\$4.31	COST EACH
					ESTIMATED ANNUAL USAGE- 80EA
					NEO TECH PRODUCTS N0101 - NO SUBSTITUTE
	multiplicate, in co				10 MECONITINA ACRIBATION
FISHER SCIENTIFIC,L.L.C	ALLIANCE	KENTRON HEALTH CARE,	EMERGENCY MEDICAL PRODUCTS, INC.	BOUNDTREE MEDICAL	VENDORS

VENDORS	BOUNDTREE	EMERGENCY MEDICAL	KENTRON HEALTH CARE,	ALLIANCE	FISHER SCIENTIFIC,L.L.C
25. LARYNGOSCOPE BLADE (MILLER 2) SPECIFY PRODUCT AND MANUFACTURER ESTIMATED ANNUAL USAGE- 40EA					
COST EACH	\$13.72 \$548.80	\$14.29 \$571.60	\$10.50 \$420.00	\$9,90 \$396,00	\$27.80 \$1,112.00
26. LARYNGOSCOPE BLADE (MILLER 3 SPECIFY PRODUCT AND MANUFACTURER ESTIMATED ANNUAL USAGE- 120EA					
COST EACH x EAU120 = EST ANNUAL COST PACKAGED EACH	\$1,646.40	\$1,714.80	\$10.50 \$1,260.00	\$1,188.00	\$27.80 \$3,336.00
27. LARYNGOSCOPE BLADE (MAC 2 SPECIFY PRODUCT AND MANUFACTURER ESTIMATED ANNUAL USAGE- 40EA					
COST EACH COST EACH x EAU40 = EST ANNUAL COST PACKAGED EACH	\$13.72 \$548.80	\$14.29 \$571.60	\$10.50 \$420.00	\$396.00	\$27.80 \$1,112.00
28. LARYNGOSCOPE BLADE (MAC 3 SPECIFY PRODUCT AND MANUFACTURER ESTIMATED ANNUAL USAGE- 100EA					
COST EACH x EAU100 = EST ANNUAL COST PACKAGED EACH	\$13.72 \$1,372.00	\$14.29 \$1,429.00	\$10.50 \$1,050.00	\$9.90	\$27.80 \$2,780.00
29. LARYNGOSCOPE BLADE (MAC 4) SPECIFY PRODUCT AND MANUFACTURER ESTIMATED ANNUAL USAGE-100EA					
COST EACH COST EACH S × EAU100 = EST ANNUAL COST PACKAGED EACH	\$13.72 \$1,372.00	\$14.29 \$1,429.00	\$10.50 \$1,050.00	\$9.90	\$27.80 \$2,780.00
30.STANDARD LARYNGOSCOPE HANDLE(SMALL/PENLIGHT) RUSCH 008620100-NO SUBSTITUTI	1)				
ESTIMATED ANNUAL USAGE-20EA COST EACH	\$12.30	\$10.20	NO RID	2000	00 753
COST EACH \$ x EAU20 = EST ANNUAL COST	\$246.00	\$204.00	NO BID	\$198.00	\$556.00

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 MANUFACTURE! ESTIMATED ANNUAL USAGE-100EA					
COST EACH COST EACH EAU100 = EST ANNUAL COST PACKAGED EACH	\$13.72 \$1,372.00	\$14.29 \$1,429.00	\$10.50 \$1,050.00	\$9.90	\$27.80 \$2,780.00
32. LARYNGOSCOPE BLADE (MAC 1) SPECIFY PRODUCT AND MANUFACTURE ESTIMATED ANNUAL USAGE-40EA					
COST EACH COST EACH x EAU40 = EST ANNUAL COST PACKAGED EACH	\$13.72 \$548.80	\$14.29 \$571.60	\$10.50 \$420.00	\$9.90	\$27.80 \$1,112.00
33. PURELL HAND SANITIZER SPECIFY PRODUCT AND MANUFACTUREI ESTIMATED ANNUAL USAGE-42EA)
COST EACH COST EACH EAU42 = EST ANNUAL COST PACKAGED EACH	\$1.09 \$45.78	NO BID	\$1.25 \$52.50	NO BID	\$4.727 \$198.52
34. SPECIMEN TRANSPORT BAGS MD INDUSTRIES 49-97 68059-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-16,000EA					
COST EACH COST EACH S × EAU16,000 = EST ANNUAL COST PACKAGED 1000/BOX	NO BID	\$0.051 \$816.00	\$0.03 \$480.00	\$0.0855 \$1,368.00	NO BID
35. EPINEPHRINE 1M1 (1MG/ML) ABBOTT LABS NDC 0074-7241-01-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-500EA					
COST EACH × EAU500 = EST ANNUAL COST	\$0.31 \$155.00	\$0.29 \$145.00	\$0.45 \$225.00	\$1.72 \$860.00	\$1.08
PACKAGED EACH 36. VASOPRESSIN (20 UNITS/ML)				400000	9770.00
ESTIMATED ANNUAL USAGE-300EA COST EACH	\$5.53	48 C	65.50	9000	NO PUT
COST EACH \$ x EAU300 = EST ANNUAL COST PACKAGED 25/BOX	\$1,659.00	\$852.00	\$1,650.00	\$1,575.00	NO BID

MEDICAL PRODUCTS, INC.	HEALTH CARE, INC.	ALLIANCE MEDICAL INC	
		MILLOYCHU, IIIC.	SCIENTIFIC,L.L.C
		77777	
\$2.61	\$6.00	\$2.45	\$21.70
\$261.00	\$600.00	\$245.00	\$2,170.00
			į
S2.40	NO BID	NO BID	NO BID
\$240.00	NOBID	NORID	TIG ON
		70,070	NO BE
\$45.46	NO BID	NO BID	NO RID
\$1.818.40	NORID	NO BID	Ma ON
43,020	NO DAY	NO DID	NO BID
\$0.445	\$0.30	NO THE	90 2 20 2
\$1.780.00	\$1 560.00	NOBID	\$0.3/9/
7,1000	#1,50000	NOBID	\$1,510.00
			į
\$0.256	\$0.21	CIG ON	20.202
\$1,024,00	00.078	NO DID	\$0.2964
W1,027.00	3070.00	NOBID	\$1,185.44
			i
	_		i
\$0.302	90.08	MIG DIN	
\$1.208.00	\$1,040,00	THE OWL	003500
	\$2.61 \$2.61.00 \$2.40 \$2.40.00 \$240.00 \$1,818.40 \$1,780.00 \$1,780.00 \$1,024.00 \$1,024.00 \$1,024.00		\$6,00 \$600,00 \$0,00 NO BID NO BID NO BID \$1,560,00 \$1,560,00 \$3,560,00

VENDORS	BOUNDTREE	EMERGENCY MEDICAL	KENTRON HEALTH CARE,		FISHER SCIENTIFIC,L.L.C
43. VACUTAINER BLOOD TUBES (7ML)(MARBLE	MEDICAL	FRODUCIS, INC.	INC.	MEDICAL, INC.	
BECTON DICKINSON 367975-NO SUBSTITUTE					
COST EACH	תום כוו	7))		
COST EACH \$ x EAU4000 = EST ANNUAL COST	MIRON	\$0.374	\$0.375	NO BID	\$0.5371
00/PA	NOBIO	\$1,470.00	\$1,500.00	NO BID	\$2,148.40
44. PEDIATRIC ECG ELECTRODE					
CONMED CORP 1620-003-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-50BX)				
COST EACH	\$4.50	\$5.16	NO BID	\$4 95	NORID
COST EACH \$ x EAU50 = EST ANNUAL COST	\$225.00	\$258.00	NORID	\$247.50	NO BID
PACKAGED 30/BOX			, ()	#E-17:00	THE OW
45. PEDIATRIC DEFIR ELECTRODES					
AGILENT TECHNOLOGIES M3504A-NO STRSTITTITE					
ESTIMATED ANNUAL USAGE-300EA					i
COST EACH	\$109.80	\$19.43	NO BID	05 00\$	NO BID
COST EACH \$ x EAU300 = EST ANNUAL COST	\$3,294.00	\$5.829.00	NORID	\$6 150 00	III ON
PACKAGED 5/BOX		4000	100 010	00,100	NO DID
46. MULTIFUNCTION ADULT DEFIB ELECTRODE					
AGILENT TECHNOLOGIES M3501A-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-600EA					
	\$11.40	\$18.73	NO BID	\$19.25	NOBID
COST EACH \$ x EAU600 = EST ANNUAL COST	\$6,840.00	\$11,238.00	NO BID	\$11,550.00	NO BID
FACNAGED IOBOX					
47. NAIL POLISH REMOVER PADS SPECIFY PRODUCT & MANUFACTURED					
ESTIMATED ANNUAL USAGE-1500EA					
	\$2.89	\$0.0315	\$0.035	\$0.0246	NO RID
COST EACH \$ x EAU1500 = EST ANNUAL COST	\$43.35	\$47.25	\$52.50	\$1.500.00	NORID
PACKAGED 100 PACKETS/BOX					10000
48. BECK TRACHEAL WHISTLE (BAAM) BAAM MARK IV-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-200EA					
	\$6.29	\$5.10	NO BID	\$6.25	NO BID
COST EACH S x EAU200 = EST ANNITAL COST	\$1,258.00	\$1,020.00	NO BID	\$1,250.00	NO BID

VENDORS	BOUNDTREE MEDICAL	EMERGENCY MEDICAL PRODUCTS INC	KENTRON HEALTH CARE,	ALLIANCE	FISHER SCIENTIFIC,L.L.C
49. ENDOTRACHEAL TUBE HOLDER, ADUL: STI MEDICAL 31177-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-1500EA					
COST EACH COST EACH EAUIS00 = EST ANNUAL COST PACKAGED 25/BOX	\$2.85 \$4,275.00	\$2.77 \$4,155.00	NO BID	\$2.90 \$4,350.00	NO BID
50. TUBE CHECK INTUBATION DETECTOR SPECIFY PRODUCT & MANUFACTURER ESTIMATED ANNUAL USAGE-350EA					
COST EACH COST EACH Sx EAU350 = EST ANNUAL COST PACKAGED 20/BOX	\$2.44 \$854.00	\$749.00	NO BID	\$2.40 \$840.00	NO BID
51. ENDOTRACHEAL TUBE HOLDER (PEDIATRIC) STI MEDICAL 30687-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-600EA					
COST EACH COST EACH x EAU600 = EST ANNUAL COST PACKAGED 25/BOX	\$2.85 \$170.00	\$2.77 \$1,662.00	NO BID	\$2.90 \$1,740.00	NO BID
52. BURETROL SOLUTION SET (60 DROPS/MIL BAXTER 2C7566S-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-25EA					
COST EACH COST EACH EAU25 = EST ANNUAL COST PACKAGED EACH 53. SENSI-TOUCH SPINAL NEEDLES (18x3.5"	\$5.32 \$133.00	\$4.85 \$121.25	NO BID	\$5.37 \$134.25	\$27.1429 \$678.57
BAXTER 220019 -NO SUBSTITUTE ESTIMATED ANNUAL USAGE-200EA COST EACH	NORID	\$1.60	NO DEL		
COST EACH \$ x EAU200 = EST ANNUAL COST PACKAGED 25/BOX	NOBID	\$338.00	NO BID	NO BID	NO BID
54. MONOJECT NEEDLES (21x1.5") SHERWOOD MEDICAL 216041-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-2000EA COST EACH	9300				
COST EACH \$ x EAU2000 = EST ANNUAL COST	\$77.20	\$237.80	NO BID	NO BID	NO BID

VENDORS	BOUNDTREE	EMERGENCY MEDICAL	KENTRON HEALTH CARE,		FISHER SCIENTIFIC,L.I.C
55. MONOJECT NEEDLES (22x1.5")			inc.	MEDICAL, INC.	
SHERWOOD MEDICAL 216066-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-2000EA					
COST EACH	\$3.86	\$0.1189	NO BID	NORID	NOBID
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")		771			
TERUMO P-216-119-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-40EA			. !		
COST EACH	\$0.42	NO BID	NO BID	\$0.341	\$0.50
COST EACH S x EAU40 = EST ANNUAL COST	\$16.80	NOBID	NO BID	\$13.64	\$20.00
FACKAGED 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	_			į	
ESTIMATED ANNUAL USAGE-40EA					
COST EACH	\$0.42	NO BID	NO BID	\$0.341	\$0.3049
COST EACH S 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 MEDIAL 8881-305117 NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-2000EA	- i				
COST EACH	NO BID	\$0.20	\$0.25	NO BID	NO BID
COST EACH S x EAU2000 = EST ANNUAL COST		\$400.00	\$500.00	NO BID	NORID
PACKAGED 100/BOX				TO BILL	INO DID
60. TWIN PAK DUAL CANNULA DEVICE					
BECTON DICKINSON 303390-NO SUBSTITUTE)			į
COST BACH					
*	\$0.40	\$0.34	\$0.38	NO BID	\$0.392
$\frac{1}{2}$ Colling a part of $\frac{1}{2}$ ANNUAL COSI	\$1.600.00	\$1.360.00	\$1 \$30.00	NO RIT	\$1 568 00

VENDORS	BOUNDTREE	EMERGENCY MEDICAL	KENTRON HEALTH CARE,	ALLIANCE	FISHER SCIENTIFIC,L.L.C
61. MG SULFATE PRE-FILLED SYRINGE IMS 0548-1034-00-NO SUBSTITUE					
ESTIMATED ANNUAL USAGE-500EA					
COST EACH	\$1.96	\$1.63	\$6.25	\$1.98	NO BID
COST EACH S x EAU500 = EST ANNUAL COST PACKAGED 100/BOX	\$980.00	\$815.00	\$3,125.00	\$990.00	NO BID
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
PACKAGED 144/BOX	\$111.89	\$105.84	\$136.08	NO BID	NO BID
63. LIFESCANS UNISTICK 2 SPRING LOADED LANCET NDC 53885-636-10 - NO SUBSTITUTI ESTIMATED ANNUAL LISAGE 4500E A					
COST EACH	\$21.25	\$0.172	NO BID	NO BID	NO RID
COST EACH \$ x EAUSSOO = EST ANNUAL COST PACKAGED 100/BOX	\$1,168.75	\$946.00	NO BID	NO BID	NO BID
64. BIOMEDIX SELECT-3 IV SELECTABLE ADMIN SET BIOMEDIX 10102-NO SUBSTITUTI ESTIMATED ANNUAL USAGE-1920EA)			
	\$4.59	\$3.93	NO BID	\$4.15	NO BID
COST EACH \$ x EAU1920 = EST ANNUAL COST PACKAGED 48/CS	\$8,812.80	\$7,545.60	NO BID	\$7,968.00	NO BID
65. IODINE SWABS DYNAREX 1201-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-1000EA COST EACH	\$3.94	S0 0758	¢n na	en no2	50 1175
COST EACH \$ x EAU1000 = EST ANNUAL COST PACKAGED 50/BOX	\$78.80	\$75.80	\$90.00	\$83.00	\$117.52
66. TINCTURE OF BENZOIN 10% SWABSTICK PROFESSIONAL DISPOSABLES INC S-42450 NO SUBSTITUT ESTIMATED ANNUAL USAGE-500EA COST FACH					
COST EACH \$ x EAU500 = EST ANNUAL COST	\$95.00	\$88.00	\$95.00	NOBID	NO BID

VENDORS	BOUNDTREE MEDICAL	EMERGENCY MEDICAL PRODUCTS, INC.	KENTRON HEALTH CARE,	ALLIANCE	FISHER SCIENTIFIC,L.L.C
67. GRAHAM FITTED COT SHEETS GRAHAM 44547-NO SUBSTITUTI					
ESTIMATED ANNUAL USAGE-10000EA	SO 75	200 715	7000	110 717	
COST EACH \$ x EAU10000 = EST ANNUAL COST	\$7,500.00	\$7,500.00	\$9,500.00	NO BID	\$8,750.00
PACKAGED 50/BOX				T. PAUL	
68. 60CC EXEL SYRINGE		(
EXEL 26302-NO SUBSTITUTION					
ESTIMATED ANNUAL USAGE-400EA		$\Big)$			
	\$0.54	\$0.376	NO BID	NO BID	NO BID
PACKAGED 25/BOX	\$216,00	\$150.40	NO BID	NO BID	NO BID
		(
GRANDVIEW GV 2020A-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-150EA			-		
	\$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					
	/ \$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	NORID
COST EACH \$ x EAU35 = EST ANNUAL COST	\$10,187.45	\$8,566.25	NO BID	\$9,518,25	NORID
PACKAGED EACH					INO DEL
72. 3C/C SYRINGE WITH TWIN CANNULA					
BECTON DICKINSON 303391-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-21000EA					
	NO BID	\$0.505	\$0.43	NO BID	NO BID
COST FACHS V FAITION = BOT ANNITAL COST		\$10,605.00	\$9,030.00	NO BID	NO BID

VENDORS 73. DISPOSABLE POLYESTER BLANKET S & F PROMOTIONS C-125-NO SI RESTITUTE	BOUNDTREE MEDICAL	EMERGENCY MEDICAL PRODUCTS, INC.	KENTRON HEALTH CARE, INC.	ALLIANCE MEDICAL, INC.
S & F PROMOTIONS C-125-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-200EA COST EACH	371	93.17		
COST EACH \$ x EAU200 = EST ANNUAL COST PACKAGED EACH	\$442.00	\$3.14 \$628.00	NO BID	NO BID
74. P.A.W.S. ANTI-MICROBIAL WIPES SAFETEC 34400-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-200BX				
COST EACH	\$4.37 \$874.00	\$3.06 \$612.00	NO BID	\$0.0345 \$690.00
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
76. DISPOSABLE PEDIATRIC SENSOR ZOLL 8000-0044-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-30CS				
COST EACH COST EACH \$ x EAU30 = EST ANNUAL COST PACKAGED ?	NO BID	NO BID	NO BID	NO BID
77. 4ECG ELECTRODES				
ZOLL 8900-0004-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-20CS				
COST EACH x EAU20 = EST ANNUAL COST	NO BID	NO BID	NO BID	NO BID
		NO BID	NO BID	NO BID
78. HVP MULTI-FUNCTION ELECTRODES (ADULT ZOLL 8900-4003-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-30C!				
COST EACH X EAU30 = EST ANNUAL COST	NO BID	NO BID	NO BID	NO BID

LOWING COCTATION #C-0300/0		LEE COUNTY,	LEE COUNTY, FLORIDA TABULATION SHEET	LATION SHEET	Г
BUYER: CHRIS JEFFCOAT	PURCHAS	FOR PURCHASE OF MEDICAL SUPPLIES (P.	FOR SUPPLIES (PRO	RODUCT GROUP C) FOR EMS	C) FOR EMS
VENDORS	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE MEDIC MASTER	SOUTHEASTERN EMERGENCY EQUIPMENT	COLOPLAST CORPORATION	MERCURY MEDICAL	RX EMS
I. ANGIOCATH IV CATHETER BECTON DICKINSON 382258-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-240 EA					
COST EACH <u> </u>	\$4.40 \$1,056.00	\$4.02 \$964.80	NO BID	NO BID	NO BID
2. SAFE-CUFF BLOOD PRESSURE CUFF (ADULT LG) CAS MEDICAL CD1642-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 16(EA_ COST EACH	NO BID	85.98	NORID	NO BID	NO RIII
COST EACH \$ x EAU1@ = EST ANNUAL COST PACKAGED 20/BOX		\$956.80			
3. MOLDED SURGICAL MASK SPECIFY PRODUCT & MANUFACTURER ESTIMATED ANNUAL USAGE- 25(EA					
COST EACH COST EACH x EAU250 = EST ANNUAL COST PACKAGED 50/BOX	\$0.10 \$25.25	\$0.08 \$20.00	NO BID	NO BID	\$0.09 \$22.50
4. CHARGER FOR PORTABLE SUCTION UNITS IMPACT 810-0305-02-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 2(EA					
COST EACH	\$23.80 \$476.00	\$22.85 \$457.00	NO BID	NOBID	NO BID
5. SAFECUFF BP CUFF (SM ADULT) CAS MEDICAL CD1230-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 8(EA_		\$5.75	NO RM	NO RED	NO BID
COST EACH COST EACH x EAU® = EST ANNUAL COST PACKAGED EACH	NOBID	\$460.00			
6. SAFECUFF BP CUFF (ADULT) CAS MEDICAL CD1437-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 800 EA		8575	NOBID	NO	NO DID
COST EACH COST EACH EAU <u>80</u> = EST ANNUAL COST PACKAGED 20/B0X	NO BID	\$4,600.00	NO BID		

NO BID	NO BID	NO BID	NO BID	\$21,080.00	COST EACH COST EACH EACK AGED 20/20X EACK AGED 20/20X EACH EACH AGED 20/20X EACH EACH EACH EACH EACH EACH EACH EACH
					12.AMBU ADULT ADJUSTABLE EXTRICATION COLLARS AMBU 000 281 000-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 400ŒA
NO BID	NO BID	NO BID	\$3.64	\$3.70 \$17,760.00	11.STA-BLOCK HID STI MEDICAL 975-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 480@A COST EACH COST EACH
NO BID	NOBID	NO BID	NO BID	\$0.60 \$120.00	10. 3M PARTICULATE RESPIRATOR N95 3M 8210-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 20EA COST EACH COST EACH COST EACH x EAU2@ = EST ANNUAL COST PACKAGED 20/B0X
NO BID	NO BID	NO BID	NO BID	\$0.63	9. 3M PARTICULATE RESPIRATOR N95 3M 8110S -NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 16@A COST EACH COST EACH COST EACH * EAU16(= EST ANNUAL COST PACKAGED 20/B0X
NOBID	NO BID	MIR ON THE ON	\$3.92 \$313.60	NO BID	8. SAFECUFF BP CUFF (INFANT) CAS MEDICAL CD618-NO SUBSTITUTE ESTIMATED ANNUAL USAGE- 8EA_ COST EACH COST EACH COST EACH
NO BID	NO BID	NO BID	\$4.51	NO BID	CAS MEDICAL CD927-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-14@A COST EACH COST EACH COST EACH
RX EMS	MERCURY MEDICAL	COLOPLAST	SOUTHEASTERN EMERGENCY EQUIPMENT	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE MEDIC MASTER	VENDORS

VENDORS	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE LAFRANCE	SOUTHEASTERN EMERGENCY	COLOPLAST	MERCURY	D V EV
13.PEDI/INFANT/SM ADULT ADJUST EXTRICATION COLLAR AMBU 000 281 106-NO SUBSTITUTE				AT A SALAR A S	YOU PAIN
ESTIMATED ANNUAL USAGE- 80ŒA					
COST EACH \$ x EAU@0 = EST ANNUAL COST	\$5.40	NO BID	NO BID	NO BID	NO BID
)/B0X					
14.12 LEAD PAPER					
PHYSIO-CONTROL 805319-05-NO SUBSTITUTE					
COST EACH	Ela Olv	תוק סוא	NO DIT	110 200	
COST EACH \$ x EAU 200 = EST ANNUAL COST	NOBID	NOBID	NOBID	NO BID	NO BID
ROLI					
15, ADULT BVM					
LIFE SUPPORT PRODUCTS L570-040-NO SUBSTITUTE ESTIMATED ANNITAL LISAGE 180GA					
COST EACH	\$11.15	\$10.70	NO BID	And Oly	ALC OIL
COST EACH \$ x EAU1800 = EST ANNUAL COST	\$20.070.00	\$19.260.00	1000	NOBID	NOPED
B0X	4=0,000	#47,400.00			
16. INFANT BVM					
LIFE SUPPORT PRODUCTS L570-200-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE- 24EA					
ļ	\$11.90	\$11.45	NO BID	NO BID	NO BID
PACKAGED 6/B0X	\$2,856.00	\$2,748.00			
17 PEDIATRIC BUM					
LIFE SUPPORT PRODUCTS L570-101- NO SUBSTITUTE					i
ESTIMATED ANNUAL USAGE- 24EA					
COST EACH	\$11.90	\$11.35	NO BID	NO BID	NO BID
COST EACH \$ x EAU240 = EST ANNUAL COST PACKAGED 6/B0X	\$2,856.00	\$2,724.00			
18. THREE-WAY STOP COCK	į				
BAXTER 2C6229-NO SUBSTITUTE					į
ESTIMATED ANNUAL USAGE- 80E/					
- Cally -	\$1.70	\$1.54	NO BID	NO BID	NO BID
COST EACH 3 X EAU80 = EST ANNUAL COST	\$136.00	\$123.20			

MASPIRATOR RODUCTS N0101 - NO SUBSTITUTE ANNUAL USAGE- 80EA S12.53 X EAU80 = EST ANNUAL COST SACH SACH **CO2 DETECTOR ANNUAL USAGE- 180EA **X EAU1800 = EST ANNUAL COST SACH **X EAU1800 = EST ANNUAL COST SACH **X EAU1800 = EST ANNUAL COST SACH **X EAU300 = EST ANNUAL COST SACH **X EAU300 = EST ANNUAL COST SACH **X EAU1800 = EST ANNUAL COST SACH **X EAU480 = EST ANNUAL COST SACH **X EAU480 = EST ANNUAL COST SACH **X EAU480 = EST ANNUAL COST SACH **X EAU40 = EST ANNUAL COST SAL6160 **X EAU40 = EST ANNUAL COST SACH **X EAU40 = EST ANNUAL COST SACH **X EAU40 = EST ANNUAL COST SACH **X EAU40 = EST ANNUAL COST SAL6160 **X EAU40 = EST ANNUAL COST SACH **X EAU40 = EST ANNUAL COST SAL6160 **X EAU50	ABRO PRODUCTS CORPUBAN AMERICAN AMERICAN SOUTHEASTERN COLOPLAST MERCURY COLOPLAST CORPORATION MEDICAL		\$1,120.00		\$468.00	\$422.00	PACKAGED EACH
ALERO PRODUCTS CORP DBA CORP DBA AMERICAN SOUTHEASTERN COLOPLAST AMERICAN EMERGENCY COLOPLAST MEDIC MASTER EQUIPMENT CORPORATION MEDICAL	AERO PRODUCTS CORPUBAN AMERICAN LAFRANCE LAFRANCE ENERGENCY MEDIC MASTER EQUIPMENT CORPORATION MEDICAL 1UTE 1UTE \$13.80 \$23.40 \$234.40 \$10.55 \$10.76 NO BID LCOST \$15.606.00 \$16.812.00 \$16.812.00 \$11.70 NO BID \$11.00 \$11.00 \$11.28.00 \$11.28.00 \$11.70 NO BID \$11.28.00 \$11.28.00 \$11.20 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00	NO BID	\$28.00	NOBID	\$11./0	CCOT®	2
AGRO PRODUCTS CORP DBA AMERICAN SUTHEASTERN LAFRANCE EMERGENCY COLOPLAST MEDIC MASTER EQUIPMENT CORPORATION MEDICAL LOST S12.55 S10.76 S12.55 LCOST S376.50 S376.50 S222.80 NO BID S14.95 S14.95 S16.812.00 S16.812.00 S19.800.00 S16.812.00 S10.55 S11.70 NO BID S19.800.00 S19.800.00 S10.55 S11.70 NO BID S11.200 S10.25 S11.70 NO BID S11.200	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE EMERGENCY MEDIC MASTER EQUIPMENT COMPORATION MEDICAL 11/1TE					510.55	COST EACH
AGRIO PRODUCTS CORP DBA AMERICAN AMERICAN EMERGENCY LAFRANCE LAFRANCE EMERGENCY COLOPLAST MEDIC MASTER: EQUIPMENT CORPORATION MEDICAL IUTE \$33.80 \$33.80 \$33.88 NO BID NO BID LCOST \$12.55 \$10.76 NO BID \$14.95 LCOST \$376.50 \$376.50 \$322.80 ALCOST \$376.50 \$15.606.00 \$16.812.00 S1.6312.00 S1.6	AERO PRODUCTS CORP DBA AMERICAN MEDIC MASTER EQUIPMENT CORPORATION MEDICAL 1UTE \$12.55 \$12.55 \$10.76 \$10.85 LCOST \$12.55 \$10.76 \$15.606.00 \$16.812.00 \$16.812.00 \$16.812.00 \$16.833.00 \$16.812.00 \$11.00 \$11.00 \$11.00 \$11.00 \$10.05T \$10.05 \$10.05 \$10.05 \$11.70 \$10.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.00 \$11.20.0						ECTIVATED ANNITAL LIGACE AGEA
### APRODUCTS PRODUCTS PRODUCTS PROPORT DBA AMERICAN AMERICAN AMERICAN LAFRANCE EMERGENCY COLOPLAST MERCURY MEDIC MASTER EQUIPMENT CORPORATION MEDIC MASTER EXCHAPGENCY CORPORATION MEDIC MASTER NO BID S14.95 S12.55 S10.75 S12.80 S12.80 S12.80 S12.80 S12.80 S14.95 S14.9	ABRO PRODUCTS CORPUBA AMERICAN						24.LARYNGOSCOPE BLADE (MILLER 1) SPECIFY PRODUCT AND MANUFACTURES
AERO PRODUCTS CORP DBA AREA COLOPIAST MERCURY CORP DBA AMERICAN COLOPIAST MERCURY CORPORATION MEDICAL LAFRACAN ENGREENCY COLOPIAST MERCURY LAFRACAN ENGREENCY CORPORATION MEDICAL MEDICAL S3.80 S3.80 S3.88 NO BID NO BID S448.00 S448	ABRO PRODUCTS CORP DBA AMERICAN COLOPLAST MERCURY AMEDICAL CORPORATION MEDICAL					ļ	
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UM ASPIRATOR UM ASPIRATOR PRODUCTS CORP DBA AMERICAN LAFRANCE EMERGENCY COLOPLAST MEDIC MASTER LAFRANCE EMERGENCY COLOPLAST MEDIC MASTER EQUIPMENT COLOPLAST MEDICAL MEDIC MASTER EQUIPMENT COLOPLAST MEDICAL NO BID S14.95 S10.76 NO BID S14.95 S12.80 S10.76 NO BID S14.95 S148.00 S148.00 S16.812.00 S19.800.00 MEDICAL NO BID S14.95 S14.95 S12.80 S10.76 NO BID S14.95 S14.95 S11.00 S19.800.00 MEDICAL NO BID S14.95 S14.	ABRO PRODUCTS CORP DBA AMERICAN AMERICA				\$4,483.20	\$4,161.60	COST EACH \$ x EAU480 = EST ANNUAL COST
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AERO PRODUCTS CORP DBA AMERICAN LAFRANCE LAFRANCE EMERGENCY COLOPLAST MEDIC MASTER EQUIPMENT CORPORATION MEDICAL UBSTITUTE \$3.80 \$3.80 \$3.68 NO BID NO BID NO BID S304.00 \$294.40	ABRO PRODUCTS CORP DBA AMERICAN LAFRANCE LAFRANCE EMERGENCY COLOPLAST MERCURY CORPORATION MEDICAL UBSTITUTE S3.80 S3.80 S3.68 NO BID NO BID NO BID S3.67 S12.55 S	NOBID	914.73	TAGENT	08 6658	05 9255	
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AERO PRODUCTS CORP DBA AMERICAN LAFRANCE MEDIC MASTER EQUIPMENT CORPORATION MERCURY COLOPLAST CORPORATION MEDICAL 31 - NO SUBSTITUTE 32 - 80EA S3.80 S3.68 NO BID NO BID S304.00 S294.40	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE EMERGENCY COLOPLAST MEDIC MASTER 1 - NO SUBSTITUTE EST ANNUAL COST S304.00 S294.40 AERO PRODUCTS CORP DBA AMERICAN EQUIPMENT CORPORATION MERCURY MEDICAL MEDICAL MEDICAL MEDICAL S3.80 S3.68 NO BID NO BID						MABIS 05-260-016 -NO SUBSTITUTE
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AERO PRODUCTS CORP DBA AMERICAN LAFRANCE EMERGENCY LAFRANCE EMERGENCY COLOPLAST CORPORATION MEDIC MASTER CORPORATION MEDIC MASTER CORPORATION MEDICAL MEDIC MASTER S3.80 S3.80 S3.68 NO BID NO BID	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE EMERGENCY LAFRANCE EMERGENCY COLOPLAST CORPORATION MEDIC MASTER CORPORATION MEDIC MASTER CORPORATION MEDIC MASTER S3.80 S3.80 S3.68 NO BID NO BID						A STATE OF THE STA
ABRO PRODUCTS CORP DBA AMERICAN LAFRANCE EMERGENCY LAFRANCE EMERGENCY COLOPLAST MERCURY MEDIC MASTER ODUCTS NOIO1 - NO SUBSTITUTE NUNUAL USAGE-80EA ** FAIR0 = FST ANNIAI COST S3.80 S3.80 S3.68 NO BID NO BID	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE EMERGENCY LAFRANCE EMERGENCY COLOPLAST MERCURY MEDIC MASTER ODUCTS NOIO1 - NO SUBSTITUTE NUNUAL USAGE-80EA **FAIR0 = FST ANNITAL COST S3.80 S3.88 NO BID NO BID				\$294.40	\$304.00	- 11
AERO PRODUCTS CORP DBA AMERICAN SOUTHEASTERN LAFRANCE EMERGENCY COLOPLAST MERCURY MEDIC MASTER EQUIPMENT CORPORATION MEDICAL UBSTITUTE CORPORATION MEDICAL	AERO PRODUCTS CORP DBA AMERICAN SOUTHEASTERN LAFRANCE EMERGENCY COLOPLAST MERCURY MEDIC MASTER EQUIPMENT CORPORATION MEDICAL UBSTITUTE	NO BID	NUBID	NORID	\$3.08	\$307.00	İ
AERO PRODUCTS CORP DBA AMERICAN SOUTHEASTERN LAFRANCE EMERGENCY COLOPLAST MERCURY MEDIC MASTER EQUIPMENT CORPORATION MEDICAL UBSTITUTE	AERO PRODUCTS CORP DBA AMERICAN SOUTHEASTERN LAFRANCE EMERGENCY COLOPLAST MERCURY MEDIC MASTER EQUIPMENT CORPORATION MEDICAL UBSTITUTE			NO PER	67.69	62.80	COST EACH
AERO PRODUCTS CORP DBA AMERICAN SOUTHEASTERN LAFRANCE EMERGENCY COLOPLAST MERCURY MEDIC MASTER EQUIPMENT CORPORATION MEDICAL	AERO PRODUCTS CORP DBA AMERICAN SOUTHEASTERN LAFRANCE EMERGENCY COLOPLAST MERCURY MEDIC MASTER EQUIPMENT CORPORATION MEDICAL						ESTIMATED ANNUAL USAGE- 80EA
AERO PRODUCTS CORP DBA AMERICAN SOUTHEASTERN LAFRANCE EMERGENCY COLOPLAST MERCURY MEDIC MASTER EQUIPMENT CORPORATION MEDICAL	AERO PRODUCTS CORP DBA AMERICAN SOUTHEASTERN LAFRANCE EMERGENCY MEDIC MASTER EQUIPMENT CORPORATION MEDICAL						NEO TECH PRODUCTS N0101 - NO SUBSTITUTE
AERO PRODUCTS CORP DBA AMERICAN SOUTHEASTERN LAFRANCE EMERGENCY COLOPLAST MERCURY MEDIC MASTER EQUIPMENT CORPORATION MEDICAL	AERO PRODUCTS CORP DBA AMERICAN SOUTHEASTERN LAFRANCE EMERGENCY COLOPLAST MERCURY MEDIC MASTER EQUIPMENT CORPORATION MEDICAL						19. MECONIUM ASPIRATOR
SOUTHEASTERN	SOUTHEASTERN	RX EMS	MEDICAL	CORPORATION		MEDIC MASTER	VENDORS
AERO PRODUCTS CORP DBA	AERO PRODUCTS CORP DBA		MEDCHBY	COLOBI VS.	SOUTHEASTERN	AMERICAN LAFRANCE	
AERO	AERO					CORP DBA	
-						AERO	

VENDORS	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE MEDIC MASTER	SOUTHEASTERN EMERGENCY	COLOPLAST	MERCURY	RX HMC
25. LARYNGOSCOPE BLADE (MILLER 2)		1			
ESTIMATED ANNUAL USAGE- 40EA			_		
	\$10.55	\$11.70	NO BID	\$28.00	NO BID
COST EACH \$ x EAU40 = EST ANNUAL COST PACKAGED EACH	\$422.00	\$468.00		\$1,120.00	
26. LARYNGOSCOPE BLADE (MILLER 3 SPECIFY PRODUCT AND MANUFACTURER ESTIMATED ANNUAL USAGE- 120EA					
COST EACH	\$10.55	\$11.70	NO BID	\$28.00	NO BID
PACKAGED EACH * EAU120 = EST ANNUAL COST	\$1,266.00	\$1,404.00		\$3,360.00	
27. LARYNGOSCOPE BLADE (MAC 2 SPECIFY PRODUCT AND MANUFACTURER ESTIMATED ANNUAL USAGE- 40EA					
COST BACH VEALIAN = BOT ANNUAL COST	\$10.55	\$11.70	NO BID	\$28.00	NO BID
ACH	#	90.00		31,120.00	
28. LARYNGOSCOPE BLADE (MAC 3 SPECIFY PRODITCT AND MANUTE ACTURES					
ESTIMATED ANNUAL USAGE- 100EA					
	\$10.55	\$11.70	NO BID	\$28.00	NO BID
COST EACH \$ x EAU100 = EST ANNUAL COST PACKAGED EACH	\$1,055.00	\$1,170.00		\$2,800.00	
29. LARYNGOSCOPE BLADE (MAC 4)					
SPECIFY PRODUCT AND MANUFACTURER					
ESTIMATED ANNUAL USAGE-100EA COST EACH	610 55	61170			
COST EACH S x EAU100 = EST ANNUAL COST PACKAGED EACH	\$1,055.00	\$1,170.00		\$2,800.00	NOBE
30.STANDARD LARYNGOSCOPE HANDLE(SMALL/PENLIGHT) RUSCH 008620100-NO SUBSTITUTI					
ESTEMATED ANNUAL USAGE-20EA COST EACH	\$10.50	\$10.87	NO RID	NORID	dia Oiv
COST EACH § x EAU20 = EST ANNUAL COST	\$210.00	\$217.40	NO DEC	NOBIL	NO BID

VENDORS	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE MACTICE MACTI	SC	COLOPLAST	MERCURY	
31. LARYNGOSCOPE RI ADE (MILLER 4)	VITTO TOTAL	ECOH MEDIA	COMPORATION	MEDICAL	KA EMS
31. LARYNGOSCOPE BLADE (MILLER 4) SPECIFY PRODUCT AND MANUFACTURE!					
ESTIMATED ANNUAL USAGE-100EA					
COST EACH	\$10.55	\$11.70	NO BID	\$28.00	NORID
COST EACH \$ x EAU100 = EST ANNUAL COST PACKAGED EACH	\$1,055.00	\$1,170.00		\$2,800.00	
32 I ARVNGOSCOPE BI ADE MAC IX					
SPECIFY PRODUCT AND MANUFACTUREI					
COST EACH	\$10.55	\$11.70	UIG OIN	70000	
COST EACH \$ x EAU40 = EST ANNUAL COST PACKAGED EACH	\$422.00	\$468.00		\$1,120.00	1000
33. PURELL HAND SANITIZER					
ESTIMATED ANNUAL USAGE 42EA					
	\$0.75	\$1.08	\$4.99	NO BID	NO BID
PACKAGED EACH X EAU42 = EST ANNUAL COST	\$31.50	\$45.36	\$209.58		
34. SPECIMEN TRANSPORT BAGS MD INDUSTRIES 49-97 68059-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-16,000EA COST EACH	NO RID	so os	חום חות	לוני כוני	100
COST EACH \$x EAU16,000 = EST ANNUAL COST PACKAGED 1000/BOX		\$800.00	INOBID	NOBED	NOBID
35. EPINEPHRINE 1M1 (1MG/ML) ABBOTT LABS NDC 0074-7241-01-NO SUBSTITUTE					
COST EACH	NO BID	\$0.39 \$195.00	NO BID	NO BID	\$145.00
36. VASOPRESSIN (20 UNITS/ML) AMERICAN REGENT NDC 0517-1020-25-NO SUBSTITUTE BSTIMATED ANNUAL USAGE-300EA					
COST EACH EAU300 = EST ANNUAL COST PACKAGED 25/BOX	NO BID	\$3.62 \$1,086.00	NOBID	NO BID	\$2.45 \$735.00

VENDORS	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE MEDIC MASTER	SOUTHEASTERN EMERGENCY EOUIPMENT	COLOPLAST	MERCURY	RX HWS
37. INFANT 4.2% SODIUM BICARBONATE ABBOTT LABS NDC 0074-5534-34-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-100EA					
COST EACH	NO BID	\$2.62	NO BID	NO BID	\$2.92
COST EACH \$ x EAU100 = EST ANNUAL COST PACKAGED 10/PACKAGE		\$262.00		TAO DIA	\$292.00
38. GLUCOMETER ELITE NML CTL 2.5 ML SPECIFY PRODUCT & MANUFACTURER ESTIMATED ANNUAL USAGE-100EA					
	\$5.35	\$5.94	NO BID	NO BID	\$5.74
PACKAGED 2/BOX	\$535.00	\$594.00		7.70	\$574.00
39. GLUCOMETER ELITE XL DIABETES SPECIFY PRODUCT & MANUFACTURER ESTIMATED ANNUAL USAGE-40EA					
COST EACH x EAU40 = EST ANNUAL COST	\$2,000,00	\$49.00	NO BID	NO BID	\$42.40
ACH	4.000	##,000.00			\$1,050.00
40. VACUTAINER BLOOD TUBES (4 ML) (GREEN) BECTON DICKINSON 367884-NO SUBSTITUTE ESTRAATED ANNUAL USAGE AGONE A					
COST EACH	\$0.44	\$0.34	NO RID	NO RID	NO RID
COST EACH \$ x EAU4000 = EST ANNUAL COST	\$1,746.00	\$1,360.00	I TO DELLE	110 110	140 010
PACKAGED 100/PACKAGE 41 VACTITAINER RI OOD TITRES (4 5 MT) (51 115)					
BECTON DICKINSON 369714-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-4000EA	60.33	70.10			
COST EACH S x EAU4000 = EST ANNUAL COST	\$938.00	\$720.00	NO BILL	NOBID	NOBID
00/PA		# . Ec. 00			
42. VACUTAINER BLOOD TUBES (3ML)(PURPLE) BECTON DICKINSON 367856-NO SUBSTITUTE					
ESTIMATED ANNUAL USAGE-4000EA COST EACH	\$0.78	60.00	NO DID		
COST EACH \$ x EAU4000 = EST ANNUAL COST	\$1,132.00	\$880.00	NODE	NOBID	MG DID

VENDORS	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE MEDIC MASTER	SOUTHEASTERN EMERGENCY	COLOPLAST	MERCURY	R X FM
43. VACUTAINER BLOOD TUBES (7ML)(MARBLE					
BECTON DICKINSON 367975-NO SUBSTITUTE ESTIMATED ANNUAL USAGE 4000EA					
COST EACH	\$0.42	\$0.33	NO BID	NO BID	NO BID
COST EACH \$ x EAU4000 = EST ANNUAL COST PACKAGED 100/PACKAGE	\$1,696.00	\$1,320.00			
44. PEDIATRIC ECG ELECTRODE CONMED CORP 1620-003-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-50BX					
COST EACH COST EACH x EAU50 = EST ANNUAL COST PACKAGED 30/BOX	\$9.75 \$487.50	\$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 COST EACH \$ x EAU300 = EST ANNUAL COST PACKAGED 5/BOX	\$29.60 \$8,880.00	\$17.60 \$5,280.00	NO BID	NOBID	NO BID
46. MULTIFUNCTION ADULT DEFIB ELECTRODE: AGILENT TECHNOLOGIES M3501A-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-600EA					
COST EACH \$ x EAU600 = EST ANNUAL COST PACKAGED 10/BOX	\$27.84 \$16,704.00	\$16.80 \$10,080.00	NO BID	NO BID	NO BID
47. NAIL POLISH REMOVER PADS SPECIFY PRODUCT & MANUFACTURER ESTIMATED ANNUAL USAGE-1500EA					
COST EACH \$ x EAU1500 = EST ANNUAL COST PACKAGED 100 PACKETS/BOX	\$0.03 \$42.00	\$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 x EAU200 = EST ANNUAL COST	\$5.56 \$1,112.00	\$5.44 \$1,088.00	NO BID	NO BID	NO BID

Page 8

\$160.00			\$260.00	\$284.00	COST EACH S x EAU2000 = EST ANNUAL COST
\$0.08	NO BID	NO BID	\$0.13	\$0.14	
					ESTIMATED ANNUAL USAGE-2000EA
					SHERWOOD MEDICAL 216041-NO SUBSTITUTE
			(<u>i</u>	
		-			PACKAGED 25/BOX
TIGON	INC DIE	110 111	\$338.00	\$368.00	COST EACH \$ x EAU200 = EST ANNUAL COST
NO BID	NO BID	NO RID	\$1.69	\$1.84	COST EACH
					ESTIMATED ANNUAL USAGE-200EA
					BAXTER 220019 -NO SUBSTITUTE
					53. SENSI-TOUCH SPINAL NEEDLES (18x3.5"
					PACKAGED EACH
			\$120.25		COST EACH S x EAU25 = EST ANNUAL COST
NO BID	NO BID	NO BID	\$4.81	NO BID	COST EACH
)		ESTIMATED ANNUAL USAGE-25EA
					BAXTER 2C7566S-NO SUBSTITUTE
					52. BURETROL SOLUTION SET (60 DROPS/ML
					PACKAGED 25/BOX
	2 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -		\$1,536.00	\$1,572.00	COST EACH \$ x EAU600 = EST ANNUAL COST
NO BID	NORTH	NOBID	\$2.56	\$2.62	COST EACH
					ESTIMATED ANNUAL USAGE-600EA
					STI MEDICAL 30687-NO SUBSTITUTE
			-		51. ENDOTRACHEAL TUBE HOLDER (PEDIATRIC)
					PACKAGED 20/BOX
	\$980.00		\$801.50	\$833.00	COST EACH \$ x EAU350 = EST ANNUAL COST
NO BID	\$2.80	NO BID	\$2.29	\$2.38	
					ESTIMATED ANNUAL USAGE-350EA
					SPECIFY PRODUCT & MANUFACTURER
					50. TUBE CHECK INTUBATION DETECTOR
					PACKAGED 25/BOX
-			\$3,840.00	\$3,930.00	COST EACH \$ x EAU1500 = EST ANNUAL COST
NO BID	NO BID	NO BID	\$2.56	\$2.62	
					ESTIMATED ANNUAL USAGE-1500EA
					STI MEDICAL 31177-NO SUBSTITUTE
					49. ENDOTRACHEAL TUBE HOLDER, ADUL:
RX EMS	MERCURY MEDICAL	COLOPLAST CORPORATION	EMERGENCY EQUIPMENT	AMERICAN LAFRANCE MEDIC MASTER	VENDORS
				CORP DBA	
				TO NO.	

NO BID	NO BID	\$0.35 \$1,400.00	0.3835 \$1,534.00	COST EACH COST EACH EAU4000 = EST ANNUAL COST PACK AGED 100/BOX
				60. TWIN PAK DUAL CANNULA DEVICE BECTON DICKINSON 303390-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-4000EA
		\$440.00	\$480.00	COST EACH \$\(\times \text{EAU2000} = \text{EST ANNUAL COST} \) PACKAGED 100/BOX
NO BID	NO BID	\$0.22	\$0.24	COST EACH
				59. MONOJECT FILTER NEEDLE (18G x 1.5") SHERWOOD MEDIAL 8881-305117 NO SUBSTITUTE
				PACKAGED EACH
Magn	NOBE	NOBIE	\$12.80	COST EACH \$ x EAU40 = EST ANNUAL COST
NO PE	NO BID	NIO BITT	\$0.32	COST EACH
			1	PSTIMATED ANNITAL ITSAGE AGEA
				58. SURFLO WINGED INFUSION SET (25G x 0.75")
				PACKAGED 50/BOX
	1000		\$12.80	COST EACH \$ x EAU40 = EST ANNUAL COST
NO BID	NORID	NO RID	\$0.32	COST EACH
				ESTIMATED ANNUAL USAGE-40EA
				57. SURFLO WINGED INFUSION SET (21G x 0.75")
				ACH
30 55	NO BE	THO BILL	\$12.80	COST EACH \$ x EAU40 = EST ANNUAL COST
NO RID	NO BID	NORID	\$0.32	COST EACH
			,	56. SURFLO WINGED INFUSION SET (19G x 0.75") TERUMO P-216-119-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-40EA
				PACKAGED 100/BOX
		\$260.00	\$284.00	COST EACH \$ x EAU2000 = EST ANNUAL COST
NO BID	NO BID	\$0.13	\$0.14	SHERWOOD MEDICAL 216066-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-2000BA COST EACH
				55. MONOJECT NEEDLES (22x1.5")
MERCURY MEDICAL	COLOPLAST CORPORATION	SOUTHEASTERN EMERGENCY EQUIPMENT	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE MEDIC MASTER	VENDORS

			\$80.00		COST EACH \$ x EAU500 = EST ANNUAL COST PACK AGED SO/ROY
NO BID	NO BID	NO BID	\$0.16	NO BID	ESTIMATED ANNUAL USAGE-500BA COST EACH
					66. TINCTURE OF BENZOIN 10% SWABSTICK PROFESSIONAL DISPOSABLES INC S-42450 NO SUBSTITUT
0.073 \$73.00	NO BID	NO BID	\$0.08 \$80.00	\$0.08 \$79.00	COST EACH COST EACH \$ x EAU1000 = EST ANNUAL COST PACKAGED 50/BOX
					65. IODINE SWABS DYNAREX 1201-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-1000FA
NO BID	NO BID	NO BID	\$4.19	\$4.28 \$8,217.60	ESTIMATED ANNUAL USAGE-1920EA COST EACH COST EACH ESTIMATED ANNUAL USAGE-1920EA COST EACH EAC
\$1,155.00					PACKAGED 100/BOX PACKAGED 100/BOX 64. BIOMEDIX SELECT-3 IV SELECTABLE ADMIN SET
\$0.21	NO BID	NO BID	NOBID	NO BID	63. LIFESCANS UNISTICK 2 SPRING LOADED LANCET NDC 53885-636-10 - NO SUBSTITUTI ESTIMATED ANNUAL USAGE-5500EA COST EACH
			\$120.96	\$85.88	PACKAGED 144/BOX
NO BID	NO BID	NO BID	\$0.04	\$0.03	62. LUBRICATING JELLY FOIL PACKET 2.7G PROFESSIONAL DISPOSABLES INC T-00128 -NO SUBSTITUTE ESTIMATED ANNUAL USAGE-3024EA COST EACH
\$1,635.00					COST EACH \$ x EAU500 = EST ANNUAL COST PACKAGED 100/BOX
\$3.27	NO BID	NO BID	NO BID	NO BID	NNU P
RX EMS	MERCURY MEDICAL	COLOPLAST CORPORATION	SOUTHEASTERN EMERGENCY EQUIPMENT	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE MEDIC MASTER	VENDORS

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

VENDORS	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE MEDIC MASTER	SOUTHEASTERN EMERGENCY EOUIPMENT	COLOPLAST	MERCURY	RXEMS
73. DISPOSABLE POLYESTER BLANKET S & F PROMOTIONS C-125-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-200EA					
COST EACH S × EAU200 = EST ANNUAL COST PACKAGED EACH	NOBID	NO BID	NO BID	NO BID	NO BID
74. P.A.W.S. ANTI-MICROBIAL WIPES SAFETEC 34400-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-200BX COST PACH					
COST EACH x EAU200 = EST ANNUAL COST PACKAGED EACH	\$680.00	\$3.35 \$670.00	NO BID	NO BID	NO BID
75. RECORDER PAPER 80MM FAN FOLDED ZOLL 8000-0301-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-100BX					
COST EACH \$ x EAU100 = EST ANNUAL COST PACKAGED?	NOBID	NOBIL	NOBID	NO BID	NO BID
76. DISPOSABLE PEDIATRIC SENSOR ZOLL 8000-0044-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-30CS					
COST EACH x EAU30 = EST ANNUAL COST PACKAGED?	NO BID	NO BID	NO BID	NO BID	NO BID
77. 4ECG ELECTRODES ZOLL 8906-0004-NO SUBSTITUTE ESTEMATED ANNUAL USAGE-20CS					
COST EACH x EAU20 = EST ANNUAL COST PACKAGED?	NO BID	NOBID	NO BID	NO BID	NO BID
78. HVP MULTI-FUNCTION ELECTRODES (ADULT ZOLL 8900-4003-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-30CS			NORID	NO RID	NO RID
COST EACH x EAU30 = EST ANNUAL COST PACKAGED?	NO BID	NO BID	NO BID		

MULTI-FUNCTION ELECTRODES \$NO SUBSTITUTE NNUAL USAGE-SOC: NO BID NO BID NO BID	VENDORS	AERO PRODUCTS CORP DBA AMERICAN LAFRANCE MEDIC MASTER	SOUTHEASTERN EMERGENCY EQUIPMENT	COLOPLAST CORPORATION	MERCURY MEDICAL	RX EMS
NO BID NO	79. PEDI-PADZ MULTI-FUNCTION ELECTRODES ZOLL 8900-2065-NO SUBSTITUTE	7.74				
NO BID N	ESTIMATED ANNUAL USAGE-30CS					
X FAU30 = EST ANNUAL COST (ANNUAL COST) S178,125.23 S18,061.47 S209.58 S43,829.60 THIN CALENDAR DAYS NO NO NO NO NO NO NO NO NO N	COST EACH	NO BID	NO BID	NO BID	NO BID	NO BID
SI78,125.23 SI58,061.47 S209.58 S43,829,60 ITHIN						
COTAL (ANNUAL COST S178,125.23 S158,061.47 S209.58 S43,829.60 ED WITHIN CALENDAR DAYS 3 7-10 7-10 2 TO 5 ENDOR PREFERNCE NO NO NO NO NO NO NO IGNED YES YES YES YES YES YES IG TIME/DATE						
ED WITHIN CALLENDAR DAYS 3 7-10 2TO 5 ENDOR PREFERENCE NO	FRAND TOTAL (ANNUAL COST	\$178,125.23	\$158,061.47	\$209.58	\$43,829,60	\$6,703.00
ED WITHINCALENDAR DAYS						
IGNED YES YES YES YES YES SES		3	7-10	7-10	2 TO 5	2 TO 3
IG TIME/DATE IG TIME/DATE / / / / / / / / / / / / / / / / / /	OCAL VENDOR PREFERENCE	NO	NO	NO	NO	NO
NOSTING TIME/DATE ROM: / INTIL: / SY:	UOTE SIGNED	YES	YES	YES	YES	YES
POSTING TIME/DATE PROM: /	NO BIDS					
OSTING TIME/DATE ROM: / NTIL: / 3Y:						
PROM: / ROM: / SY:						
3Y:	OSTING TIME/DATE					
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3X:	JNTIL: /					
	3Y:					
	The state of the s					
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	THE COLUMN TWO IS NOT					

FORMAL QUOTATION #Q-030070		LEE COUNTY, FLO	LEE COUNTY, FLORIDA TABULATION SHEET
OPENING DATE: MARCH 25, 2003			FOR
DO X MAIN CHANG OLD I VOCATI	FUNCHASE	FORCIASE OF MEDICAL SUPPLIES (F	PPLIES (PRODUCT GROUP C) FOR EMS
VENDORS	MOORE MEDICAL CORP	TECH MED	
1. ANGIOCATH IV CATHETER			
BECTON DICKINSON 382258-NO SUBSTITUTE			
ESTIMATED ANNUAL USAGE-240 EA			
•	NO BID	\$4.35	
PACK AGED 10/BOX		\$1,044.00	
TOCKHOLD TOLDON			
2. SAFE-CUFF BLOOD PRESSURE CUFF (ADULT LG) CAS MEDICAL COLLAR NO SUBSTITUTE		-	
ESTIMATED ANNUAL USAGE- 16(EA			
COST EACH	NO BID	NO BID	
COST EACH \$ x EAU1@ = EST ANNUAL COST PACKAGED 20/BOX			
3. MOLDED SURGICAL MASK			
SPECIFY PRODUCT & MANUFACTURER ESTIMATED ANNUAL USAGE-25(FA			
COST EACH	\$0.08	\$0.11	
PACKAGED 50/BOX PACKAGED 50/BOX	\$20.75	\$27.50	
4. CHARGER FOR PORTABLE SUCTION UNITS			
ESTIMATED ANNUAL USAGE-2(EA			
COST EACH & FAIOU - EST VARIANT COST	NO BID	NO BID	
PACKAGED EACH			
5. SAFECUFF BP CUFF (SM ADULT)			
CAS MEDICAL CD1230-NO SUBSTITUTE FSTIMATED ANNIAL LISAGE 8/FA			
COST EACH	NO RID	NO BID	
COST BACH \$ x EAU\(\text{0} = EST ANNUAL COST	NOBE	NOBIL	
ACH			
6. SAFECUFF BP CUFF (ADULT)			
CAS MEDICAL CD1437-NO SUBSTITUTE			
ESTIMATED ANNUAL USAGE-800 EA			
COST EACH \$ × EAU/00 = EST ANNUAL COST	NOBID	NOBID	
)/B0X			

MOORE MEDICAL CORP MEDICAL CORP MEDICAL CORP NO BID S0.58 ANNUAL COST S116.50 S16.50 RICATION COLLARS S6.89	-	\$23,520.00	\$27,560.00	PACKAGED 30/B0X
MOORE MEDICAL CORP NO BID		\$5.88	\$6.89	
MOORE MEDICAL CORP ANNUAL COST NO BID NONUAL COST NO BID NONUAL COST NO BID Su.58 ANNUAL COST Su.58 Su.59 Su.58			COST BACH	
MOORE MEDICAL CORP A NO BID ANNUAL COST NO BID NO BID NONUAL COST NO BID ANNUAL COST So.58 ANNUAL COST Su.58 SI16.50 PALOST SUCATION COLLARS SUCATION COLLARS				AMBU 000 281 000-NO SUBSTITUTE
MOORE MEDICAL CORP MEDICAL CORP NO BID				12.AMBU ADULT ADJUSTABLE EXTRICATION COLLARS
MOORE MEDICAL CORP MEDICAL CORP MEDICAL CORP NO BID				TROKENDED SUDVA
MOORE MEDICAL CORP MEDICAL CORP MEDICAL CORP NO BID		323,932.00	00.070,000	VOG/
WOORE MEDICAL CORP MEDICAL CORP MEDICAL CORP NO BID		\$4.99	\$72,200	S
MOORE MEDICAL CORP MEDICAL CORP MEDICAL CORP NO BID		200	e7 62	COST EACH
MOORE MEDICAL CORP MEDICAL CORP ANNUAL COST NO BID				ESTIMATED ANNUAL USAGE- 480ŒA
TE TE NO BID				STI MEDICAL 975-NO SUBSTITUTE
TE TE NNUAL COST NO BID NNUAL COST S0.58 NNUAL COST				11.STA-BLOCK HID
TE TE NO BID NUAL COST NO BID				FACKAGED 20/BOX
TE NO BID NUAL COST NO BID NO BID NNUAL COST NO BID			\$116.50	COST EACH 3 X EAUZW = EST ANNUAL COST
TE NO BID NUAL COST NO BID		NO BID	\$0.58	
TE NO BID NUAL COST NO BID NUAL COST NO BID NO BID NO BID NO BID NO BID				ESTIMATED ANNUAL USAGE- 2008A
MOORE MEDICAL CORP NO BID				3M 8210-NO SUBSTITUTE
MOORE MEDICAL CORP NUAL COST NO BID NO BID NUAL COST NO BID				10. 3M PARTICULATE RESPIRATOR N95
MOORE MEDICAL CORP NO BID NO BID NO BID NO BID NO BID			1000	
MOORE MEDICAL CORP NUAL COST NO BID NUAL COST NO BID NO BID	7,000			PACKAGED 20/B0X
MOORE MEDICAL CORP NUAL COST NO BID NO BID NO BID			Ī	COST EACH \$ x EAU16(= EST ANNUAL COST
MOORE MEDICAL CORP NUAL COST NO BID NO BID NO BID		NO BID	NO BID	COST EACH
MOORE MEDICAL CORP NUAL COST NO BID NO BID NO BID	77 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7	7788		ESTIMATED ANNUAL USAGE- 16@A_
MOORE MEDICAL CORP NUAL COST NO BID NO BID NO BID				3M 8110S -NO SUBSTITUTE
MOORE MEDICAL CORP T ANNUAL COST NO BID T ANNUAL COST NO BID NO BID				9. 3M PARTICULATE RESPIRATOR N95
MOORE MEDICAL CORP 4EA NO BID ST ANNUAL COST RITUTE RITUTE NO BID T ANNUAL COST NO BID				PACKAGED 20/B0X
MOORE MEDICAL CORP 4EA NO BID OUTUTE NO BID OUTUTE NO BID OUTUTE OUTUTE NO BID OUTUTE				COST EACH \$ x EAU@ = BST ANNUAL COST
MOORE MEDICAL CORP HEA MEDICAL CORP MEDICAL CORP MEDICAL CORP MEDICAL CORP MEDICAL CORP		NO BID	NO BID	COST EACH
MOORE MEDICAL CORP HITUTE VO BID ST ANNUAL COST NO BID				ESTIMATED ANNUAL USAGE- 8ŒA
MOORE MEDICAL CORP 4EA NO BID ST ANNUAL COST				CAS MEDICAL CD618-NO SUBSTITUTE
MOORE MEDICAL CORP B NO BID			į	8. SAFECUFF BP CUFF (INFANT)
MOORE MEDICAL CORP B NO BID				PACKAGED 20/B0X
MOORE MEDICAL CORP				COST EACH \$ x EAU1@ = EST ANNUAL COST
MOORE MEDICAL CORP		NO BID	NO BID	COST EACH
MOORE MEDICAL CORP				ESTIMATED ANNUAL USAGE- 14EA
MOORE MEDICAL CORP				CAS MEDICAL CD927-NO SUBSTITUTE
				7. SAFECUFF BP CUFF (CHILD)
		TECH MED INDUSTRIES	MOORE MEDICAL CORP	VENDORS

VENDORS	MOORE MEDICAL CORP	TECH MED	···-
13.PEDI/INFANT/SM ADULT ADJUST EXTRICATION COLLAR			
AMBU 000 281 106-NO SUBSTITUTE			
ESTIMATED ANNUAL USAGE- 80ŒA			
	\$6.80	\$5.88	
PACKAGED 30/B0X	\$5,440.00	\$4,704.00	
14.12 LEAD PAPER			
PHYSIO-CONTROL 805319-05-NO SUBSTITUTE			
COST EACH	NO RID	NO BID	
COST EACH \$ x EAU 200 = EST ANNUAL COST	TAO DIE	NODE	
ROLI			
15. ADULT BVM			
LIFE SUPPORT PRODUCTS L570-040-NO SUBSTITUTE			
ESTIMATED ANNUAL USAGE- 180@A			
COST BACH S TATION - BOT ANNUAL COST	\$9.30	\$19.20	
PACKAGED 6/B0X	\$16,740.00	\$34,560.00	
16. INFANT BVM			
LIFE SUPPORT PRODUCTS L570-200-NO SUBSTITUTE			
ESTIMATED ANNUAL USAGE- 24 <u>GA</u>			
İ	\$10.69	\$20.56	
COST EACH \$ x EAU240 = EST ANNUAL COST	\$2,565.60	\$4,934.40	
FACNACED 0/DUA			
LIFE SUPPORT PRODUCTS 1 570, 101, NO SUBSCRIMITE			
ESTIMATED ANNUAL USAGE-24EA			
COST EACH	\$10.69	\$20.56	7,000
COST EACH \$ x EAU240 = EST ANNUAL COST PACKAGED 6/B0X	\$2,565.60	\$4,934.40	
18. THREE-WAY STOP COCK			
BAXTER 2C6229-NO SUBSTITUTE			
COST EACH	\$1.80	NO RID	1000
COST FACHS Y FALISO = FCT ANNITAL COCT	\$144.00		

	\$470.00	\$545.60	COST EACH \$ x EAU40 = EST ANNUAL COST PACKAGED EACH
	\$11.75	\$13.64	
			ESTIMATED ANNUAL USAGE- 40EA
	MACO MILLER 1		SPECIFY PRODUCT AND MANUFACTURER
			24.LARYNGOSCOPE BLADE (MILLER 1)
			PACKAGED EACH
	\$470.00	\$545.60	COST EACH \$ x EAU40 = EST ANNUAL COST
	\$11.75	\$13.64	COST EACH
			ESTIMATED ANNUAL USAGE- 40EA
	MACO MILLER 0		SPECIFY PRODUCT AND MANUFACTURER
			23.LARYNGOSCOPE BLADE (MILLER 0)
			PACKAGED 24/CASE
	\$6,513.60	\$4,728.00	COST EACH \$ x EAU480 = EST ANNUAL COST
	\$13.57	\$9.85	COST EACH
			ESTIMATED ANNUAL USAGE- 480EA
		1	NELLCOR PURITAN BENNETT 046700A-0598-NO SUBSTITUTE
			22.PEDI END-TIDAL CO2 DETECTOR
	#±0,100,00	410,000.00	BOX
	\$23 130 00	\$16.830.00	COST EACH \$ x EAU1800 = EST ANNUAL COST
	\$12.85	\$9 35	COST EACH
			ESTIMATED ANNUAL USAGE- 1800EA
			NELLCOR PURITAN BENNET 047412A-0797-NO SUBSTITUTE
			21. EASY CAP CO2 DETECTOR
			PACKAGED EACH
100	\$329.40		COST EACH \$ x EAU30 = EST ANNUAL COST
	\$10.98	NO BID	COST EACH
, mi valati.			ESTIMATED ANNUAL USAGE- 30EA
	777.0		MABIS 05-260-016 -NO SUBSTITUTE
			20. BP CUFF ADULT LARGE
			PACKAGED EACH
	\$373.60	\$308.00	COST EACH \$ x EAU80 = EST ANNUAL COST
	\$4.67	\$3.85	COST EACH
			ESTIMATED ANNUAL USAGE-80EA
		į	NEO TECH PRODUCTS N0101 - NO SUBSTITUTE
-			19. MECONIUM ASPIRATOR
	TECH MED INDUSTRIES	MOORE MEDICAL CORP	VENDORS

VENDORS	MOORE MEDICAL CORP	TECH MED INDUSTRIES
25. LARYNGOSCOPE BLADE (MILLER 2)		\top
SPECIFY PRODUCT AND MANUFACTURER ESTIMATED ANNUAL USAGE- 40EA		MACO MILLER 2
COST EACH	\$13.64	\$11.75
COST EACH \$ x EAU40 = EST ANNUAL COST PACKAGED EACH	\$545.60	\$470.00
26. LARYNGOSCOPE BLADE (MILLER 3	-	
SPECIFY PRODUCT AND MANUFACTURER ESTIMATED ANNUAL USAGE- 120EA	7	MACO MILLER 3
į	\$13.64	\$11.75
PACKAGED EACH	\$1,636.80	\$1,410.00
27. LARYNGOSCOPE BLADE (MAC 2		
SPECIFY PRODUCT AND MANUFACTURER ESTIMATED ANNUAL USAGE- 40EA		MACO MAC 2
COST EACH	\$13.64	\$11.75
PACKAGED EACH * EAU40 = EST ANNUAL COST	\$545.60	\$470.00
28. LARYNGOSCOPE BLADE (MAC 3		
ESTIMATED ANNUAL USAGE- 100EA		MACO MAC 3
	\$13.64	\$11.75
COST EACH \$ x EAU100 = EST ANNUAL COST PACKAGED EACH	\$1,364.00	\$1,175.00
29. LARYNGOSCOPE BLADE (MAC 4)		
SPECIFY PRODUCT AND MANUFACTURER		MACO MAC 4
ESTIMATED ANNUAL USAGE-100EA COST EACH		
COST EACH X EAU100 = EST ANNUAL COST	\$1,364.00	\$1,175.00
30.STANDARD LARYNGOSCOPE HANDI E/SMAI I DENI IGET		
RUSCH 008620100-NO SUBSTITUTI		
COST EACH	\$14.75	531 15
COST EACH S x EAU20 = EST ANNUAL COST	\$295.00	\$423.00

VENDORS	MOORE MEDICAL CORP	TECH MED	
31. LARYNGOSCOPE BLADE (MILLER 4) SPECIFY PRODUCT AND MANUEACTURE			
ESTIMATED ANNUAL USAGE-100EA		MACO MILLER 4	
COST EACH	\$13.65	\$11.75	
COST EACH S x EAU100 = EST ANNUAL COST PACKAGED EACH	\$1,365.00	\$1,175.00	
32. LARYNGOSCOPE BLADE (MAC 1)			
SPECIFY PRODUCT AND MANUFACTURES ESTIMATED ANNUAL USAGE-40EA		MACO MAC 1	
COST EACH	\$13.65	\$11.75	
COST EACH \$\(\times \text{EAU40} = \text{EST ANNUAL COST} \) PACKAGED EACH	\$546.00	\$470.00	
33. PURELL HAND SANITIZER			
SPECIFY PRODUCT AND MANUFACTUREF ESTIMATED ANNUAL USAGE-42EA		CHESTER LABS 402	
COST EACH	\$2.50	\$0.58	
PACKAGED EACH x EAU42 = EST ANNUAL COST	\$105.00	\$24.36	
34. SPECIMEN TRANSPORT BAGS MD INDUSTRIES 49-97 68059-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-16 000FA			
COST EACH E FAIL COOK FOR THE COOK	NO BID	NO BID	
PACKAGED 1000/BOX			
35. EPINEPHRINE IMI (IMG/ML)			
ABBOTT LABS NDC 0074-7241-01-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-500EA			
COST EACH S VEALISON = EST ANNHAL COST	\$8.25	\$0.59	
PACKAGED EACH	\$4,125.00	\$295.00	
36. VASOPRESSIN (20 UNITS/ML) AMERICAN REGENT NDC 0517-1020-25-NO SUBSTITUTE			
COST EACH	NO BID	\$3.40	
COST EACH \$ x EAU300 = EST ANNUAL COST 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	111		
COST RACH			
COST EACH \$ x EAU100 = EST ANNUAL COST	\$250.00	\$275.00	
)/PAC	417	£	
38. GLUCOMETER ELITE NML CTL 2.5 ML			
SPECIFY PRODUCT & MANUFACTURER	АН	HYPO GUARD ASSURE II	
ESTIMATED ANNUAL USAGE-100EA			
COST EACH	\$5.59	\$15.63	7.76
PACKAGED 2/BOX	9207,000	\$1,303.00	
39. GLUCOMETER ELITE XL DIABETES			
SPECIFY PRODUCT & MANUFACTURER			
COST EACH	NIO BID	65.60	
COST EACH \$ x EAU40 = EST ANNUAL COST	140 010	\$2.00	
ACH		4 A) TOO OO	
40. VACUTAINER BLOOD TUBES (4 ML) (GREEN)			
ESTIMATED ANNUAL USAGE-4000EA			
COST EACH	NO BID	\$0.36	
COST EACH \$ x EAU4000 = EST ANNUAL COST		\$1,440.00	
PACKAGED 100/PACKAGE			
41. VACUTAINER BLOOD TUBES (4.5 ML) (BLUE)			
ESTIMATED ANNUAL USAGE-4000EA		į	
COST EACH	\$21.85	\$0.19	
COST EACH S x EAU4000 = EST ANNUAL COST PACKAGED 100/PACKAGE	\$87,500.00	\$760.00	
42. VACUTAINER BLOOD TUBES (3ML)(PURPLE)		annia.	77.4
BECTON DICKINSON 367856-NO SUBSTITUTE			
COST EACH	213		
COST EACH \$ x EAU4000 = EST ANNUAL COST	\$54,800.00	\$920.00	
00/PA	##T,~~~~	\$720.00	

VENDORS MOORE MOORE TICHMED
MOORE MEDICAL CORP MEDICAL CORP MEDICAL CORP NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID NO BID
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	\$0.14	\$20.90	COST EACH
			CONT. CIT.
			ESTIMATED ANNUAL USAGE-2000EA
	_		54. MONOJECT NEEDLES (21x1.5") SHERWOOD MEDICAL 216041-NO SUBSTITUTE
	-		5/BOX
	NOBIL	NOBIL	COST EACH \$ x EAU200 = EST ANNUAL COST
	NO DID	NIO DIII	COST EACH
			ESTIMATED ANNUAL USAGE-200RA
			BAXTER 220019 -NO SUBSTITUTE
			53. SENSI-TOUCH SPINAL NEEDLES (18x3.5"
			PACKAGED EACH
	į		COST EACH \$ x EAU25 = EST ANNUAL COST
	NO BID	NO BID	COST EACH
			ESTIMATED ANNUAL USAGE-25EA
			BAXTER 2C7566S-NO SUBSTITUTE
			52. BURETROL SOLUTION SET (60 DROPS/ML
			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
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	\$2,100.00	\$1.854.00	COST EACH \$ x EAU600 = EST ANNUAL COST
77.00	\$3.50	\$3.09	COST EACH
			ESTIMATED ANNUAL USAGE-600EA
			STI MEDICAL 30687-NO SUBSTITUTE
			51. ENDOTRACHEAL TUBE HOLDER (PEDIATRIC)
	307.300	91,007.50)/BOX
	\$801.40	\$1.067.50	COST EACH \$ x EAU350 = EST ANNUAL COST
	\$2.29	\$3.05	COST EACH
			ESTIMATED ANNUAL USAGE-350EA
	AMBU		SPECIFY PRODUCT & MANUFACTURER
			SOTTORTE AGENT MOTTA GITTIN TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TO
			PACKAGED 25/BOX
	\$5,250.00	\$4,350.00	COST EACH \$ x EAU1500 = EST ANNUAL COST
	\$3.50	\$2.90	COST EACH
			ESTIMATED ANNUAL USAGE-1500EA
			STI MEDICAL 31177-NO SUBSTITUTE
			40 EVIDOTO A CHEAT THEE HOLDER ADITIO
	TECH MED INDUSTRIES	MOORE MEDICAL CORP	VENDORS
· · -			

\$1,520.00		PACKAGED 100/ROX
\$0.38	NOBID	
		ESTIMATED ANNUAL USAGE-4000EA
		60. TWIN PAK DUAL CANNULA DEVICE BECTON DICKINSON 303390-NO SUBSTITUTE
	\$583.00	PACKAGED 100/BOX
NO BID	\$0.29	
		ESTIMATED ANNUAL USAGE-2000EA
		59. MONOJECT FILTER NEEDLE (18G x 1.5")
		PACKAGED EACH
		COST EACH \$ x EAU40 = EST ANNUAL COST
NO BID	NO BID	COST EACH
		ESTIMATED ANNUAL USAGE 40EA
		58. SURFLO WINGED INFUSION SET (25G x 0.75") TERUMO SVTW004-NO SUBSTITUTE
		PACKAGED SUBOX
NO BID	\$12.52	COST EACH \$ x EAU40 = EST ANNUAL COST
	\$0.31	
		ESTIMATED ANNUAL USAGE-40EA
		TERUMO 0197- NO SUBSTITUTE
	(57. SURFLO WINGED INFLISION SET (21G x 0.75")
		PACKAGED EACH
	\$12.52	COST EACH \$ x EAU40 = EST ANNUAL COST
NO BID	\$0.31	COST EACH
		ESTIMATED ANNUAL USAGE-40EA
		56. SURFLO WINGED INFUSION SET (19G x 0.75")
		PACKAGED 100/BOX
\$280.00	\$187.00	COST EACH \$ x EAU2000 = EST ANNUAL COST
\$0.14	\$0.09	COST EACH
		SHERWOOD MEDICAL 216066-NO SUBSTITUTE ESTIMATED ANNUAL USAGE-2000FA
		55. MONOJECT NEEDLES (22x1.5")
TECH MED INDUSTRIES	MOORE MEDICAL CORP	VENDORS

\$85.00		
90.17	110 000	COST EACH S x FAIISON = FST ANNITAL COST
SO 17	NORID	COST EACH
		ESTIMATED ANNUAL USAGE-500EA
		PROFESSIONAL DISPOSABLES INC. S.42450 NO. SLIBSTITLITE
		PACKAGED 50/BOX
\$90.00	\$64.00	COST EACH \$ x EAU1000 = EST ANNUAL COST
\$0.09	\$0.06	COST EACH
		ESTIMATED ANNUAL USAGE-1000EA
		DYNAREX 1201-NO SUBSTITUTE
		65. IODINE SWABS
		PACKAGED 48/CS
\$9,888.00	\$8,544.00	COST EACH \$ x EAU1920 = EST ANNUAL COST
\$5.15	\$4.45	COST BACH
		ESTIMATED ANNUAL USAGE-1920EA
		BIOMEDIX 10102-NO SUBSTITUTI
		64. BIOMEDIX SELECT-3 IV SELECTABLE ADMIN SET
		PACKAGED 100/BOX
		COST EACH S x EAUS500 = EST ANNUAL COST
NO BID	NO BID	
		ESTIMATED ANNUAL USAGE-5500EA
		NDC 53885-636-10 - NO SUBSTITUTI
		63. LIFESCANS UNISTICK 2 SPRING LOADED LANCET
		PACKAGED 144/BOX
	-	COST EACH \$ x EAU3024 = EST ANNUAL COST
NO BID	NO BID	COST EACH
		62. LUBRICATING JELLY FOIL PACKET 2.7G PROFESSIONAL DISPOSABLES INC T-00128 -NO SUBSTITUTE ESTIMATED ANNUAL USAGE-3024EA
		PACKAGED 100/BOX
	\$102.50	COST EACH \$ x EAU500 = EST ANNUAL COST
NO BID	\$0.21	COST EACH
		61. MG SULFATE PRE-FILLED SYRINGE IMS 0548-1034-00-NO SUBSTITUE ESTRACTED ANDITIAL LIST FROM A
TECH MED INDUSTRIES	MOORE MEDICAL CORP	VENDORS

	\$0.42	NO BID	BSTIMATED ANNUAL USAGE-21000EA COST EACH
			ESTIMATED ANNUAL USAGE-21000EA
	_		
			72. 3C/C SYRINGE WITH TWIN CANNULA BECTON DICKINSON 303391-NO SUBSTITUTE
		\$10,100.23	ACH
	NO BID	\$305.95	COST EACH S x EAVI35 = FST ANNIAI COST
			ESTIMATED ANNUAL USAGE-35EA
			71. EVAC-U-SPLINT EXTREMITY KIT
			PACKAGED EACH
	NOBID	\$885.00	COST EACH \$ x EAU150 = EST ANNUAL COST
		es no	COST EACH
774.			GRANDVIEW GV 1008-NO SUBSTITUTE
			70. GRANDVIEW LARYNGOSCOPE BULBS
			PACKAGED EACH
	77.	\$8,115.00	COST EACH \$ x EAU150 = EST ANNUAL COST
	NO BID	\$54.10	COST EACH
	-		ESTIMATED ANNUAL USAGE-150EA
			GRANDVIEW CARYNGOSCOPE BLADES GRANDVIEW GV 2020A-NO STIRSTITITE
	\$100.00		5/BOX
	\$160.00	NO DED	COST EACH \$ x EAU400 = EST ANNUAL COST
	CV 03	NO BID	COST EACH
			68. 60CC EXEL SYRINGE EXEL 26302-NO SUBSTITUTION
			A CARRYLL SULDON
4 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$8,600.00	\$8,100.00	DACK AGED SOROY BACK AGED SOROY
	\$0.86	\$0.81	
			ESTIMATED ANNUAL USAGE-10000EA
			67. GRAHAM FITTED COT SHEETS
	TECH MED INDUSTRIES	MOORE MEDICAL CORP	VENDORS

	\$12,690.00		PACK AGED 9 x EAU30 = EST ANNUAL COST
	3525	NO BID	
			ESTIMATED ANNUAL USAGE-30CS
			ZOLL 8900-4003-NO SUBSTITUTE
			78. HVP MULTI-FUNCTION ELECTRODES (ADITIT
	TO THE		COST EACH \$ x EAU20 = EST ANNUAL COST
	NORID	NO BID	COST EACH
			ESTIMATED ANNUAL USAGE-20C
			ZOLL 8900-0004-NO SUBSTITUTE
	77		77. 4ECG ELECTRODES
	- TANKE		TACKAUEU?
	\$12,690.00		COST EACH \$ x EAU30 = EST ANNUAL COST
	\$21.15	NO BID	
			ESTIMATED ANNUAL USAGE-30CS
1 1111			ZOLL 8000-0044-NO SUBSTITUTE
			76. DISPOSABLE PEDIATRIC SENSOR
			COST EACH \$ x EAU100 = EST ANNUAL COST
	NO RID	NO BID	COST EACH
			ESTIMATED ANNUAL USAGE-100BX
			ZOLL 8000-0301-NO SUBSTITUTE
			75. RECORDER PAPER SOMM FAN FOI DED
			PACKAGED EACH
	\$1,040.00	\$640.00	COST EACH \$ x EAU200 = EST ANNUAL COST
	\$5.20	\$3.20	COST EACH
			ESTIMATED ANNUAL USAGE-200BX
			SAFETEC 34400-NO SUBSTITUTE
			74. P.A.W.S. ANTI-MICROBIAL WIPES
			PACKAGED EACH
	777	\$1,420.00	COST EACH \$ x EAU200 = EST ANNUAL COST
	NO BID	\$7.10	COST EACH
			ESTIMATED ANNUAL USAGE-200EA
			S & F PROMOTIONS C-125-NO SUBSTITUTE
			73. DISPOSABLE POLYESTER BLANKET
	TECH MED INDUSTRIES	MOORE MEDICAL CORP	VENDORS
-			

				:	
		- 			
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 EAU30 = EST ANNUAL COST		\$1,392.00			
PACKAGED?					
GRAND TOTAL (ANNUAL COST	\$348,100.69	\$211,980.26			
DELIVERED WITHIN CALENDAR DAYS	1 TO 3	7 TO 10			
LOCAL VENDOR PREFERENCE?	NA	Z			
QUOTE SIGNED	X	Y			
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Allevine

From:

Chris Hansen

To: Date: Ciccarelli, Kathryn

Subject:

6/12/03 2:57PM 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: Date: Kainrad, Dave 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

	ITEM DESCRIPTION MANUFACTURER PRODUCT	#
1.	Angiocath IV Catheter Becton Dickinson 382258	
	Estimated Annual Usage 240 ea No Substitute EMP 0.215 ea	
	Cost Each x EAU <u>240</u> = Est. Annual Cost \$	
	Packaged 10/box	
2.	Safe-cuff Blood Pressure Cuff (Adult Lg) CAS Medical CD164	2
	Estimated Annual Usage 160 ea No Substitute Southeastern EE 5.98 e	
	Cost Each \$ x EAU 160 = Est. Annual Cost \$	
	Packaged 20/ box Vendor P/N H6507	
3.	Molded Surgical Mask Dynarex 2203	
	Estimated Annual Usage <u>250 ea</u> Substitute Allowed EMP 0.07 ea	
	Cost Each \$ x EAU 250 = Est. Annual Cost \$	
	Packaged 50/box	
4.	Charger For Portable Suction Units Impact 810-0305-0	 <u>)2</u>
	Estimated Annual Usage 20 ea No Substitute EMP 21.43 ea	
	Cost Each \$ x EAU <u>20</u> = Est. Annual Cost \$	
	Packaged Each Vendor P/N 305-02	
5.	Safecuff BP Cuff (sm adult) CAS Medical CD123	— <u>30</u>
	Estimated Annual Usage 80 ea No Substitute Southeastern EE 5.75 e	a
	Cost Each \$ x EAU 80 = Est. Annual Cost \$	
	Packaged Each Vendor P/N H6509	

6.	Safecuff BP Cuff (adult)	CAS Medical <u>CD1437</u>
	Estimated Annual Usage 800 ea No Substitute	Southeastern EE 5.75 ea
	Cost Each \$ x EAU 800 = Est. Annual Cost S	
	Packaged 20/ box Vendor P/N H	6508
7.	Safecuff BP Cuff (child)	CAS Medical <u>CD927</u>
	Estimated Annual Usage140 eaNo Substitute	Southeastern EE 4.51 ea
	Cost Each \$ x EAU <u>140</u> = Est. Annual Cost \$	
	Packaged 20/ box Vendor P/N He	5510
8.	Safecuff BP Cuff (infant)	CAS Medical <u>CD618</u>
	Estimated Annual Usage <u>80 ea</u> No Substitute	Southeastern EE 3.92 ea
	Cost Each \$ x EAU 80 = Est. Annual Cost \$	
	Packaged 20/ box Vendor P/N He	5512
9.	3M Particulate Respirator N95	3M <u>8110S</u>
	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 <u>8210</u>
	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 <u>975</u>
	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 F2:	

12.	Ambu Adult Adjustable Extr	rication Collars	AMBU <u>000 281 000</u>
	Estimated Annual Usage	1000 ea_ No Substitute	Aero Medic Master 5.27 ea
	Cost Each \$ x EAU 4	000 = Est. Annual Cost	\$
	Packaged30/ box	Vendor P/N D4	99406
12	Dadi/Infant/Co. A 1-14 A 1:	-11- P. C. C. B.	1) FDI 1000 001 106
13.	Pedi/Infant/Sm Adult Adjust		
	Estimated Annual Usage		
	Cost Each \$ x EAU 8		
	Packaged 30/box	Vendor P/N D4	99414
14.	12 Lead Paper	DELETE P.	hysio-Control <u>805319-05</u>
	Estimated Annual Usage	200 ea No Substitute	
	Cost Each \$ x EAU 2	00 = Est. Annual Cost \$	
	Packaged 2 rolls/box		
15.	Adult BVM		Support Products <u>L5</u> 70-040
	Estimated Annual Usage1		
	Cost Each \$ x EAU 1		
	Packaged 6/box		
16.	Infant BVM	Life	Support Products <u>L570-200</u>
	Estimated Annual Usage		
	Cost Each \$x EAU 24		
	Packaged6/ box		
17.	Pediatric BVM	Life S	Support Products <u>L</u> 570-101
	Estimated Annual Usage		
	Cost Each \$x EAU 24		
	Packaged 6/box		

18.	Three-way Stop Cock	Baxter 2 <u>C6229</u>	<u>)</u>
	Estimated Annual Usage80 ea_No Substitute	EMP	1.43 ea
	Cost Each \$ x EAU <u>80</u> = Est. Annual Cost \$		
	Packaged <u>each</u>		
19.	Meconium Aspirator Ne	o 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	<u> </u>	
20.	BP Cuff Adult Large	MABIS 05-2	260-016
	Estimated Annual Usage 30 ea No Substitute So	utheastern EE	10.76 ea
	Cost Each \$ x EAU 30 = Est. Annual Cost \$		
	Packaged each	····	
21.	Easy Cap CO2 Detector Nellcor Purit	an Bennet <u>04741</u>	2A-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 5437	'A	
22.	Pedi End-Tidal CO2 Detector Nellcor Purit	an Bennett <u>0467</u>	00A-0598
	Estimated Annual Usage480 ea_No Substitute	Alliance	8.45 ea
	Cost Each \$ x EAU <u>480</u> = Est. Annual Cost \$		
	Packaged 24/ case Vendor P/N 5438	A	
23.	Laryngoscope Blade (Miller 0)	Rusch 0086	15050
	Estimated Annual Usage 40 ea Substitute Allowed	d Alliance	9.90 ea
	Cost Each \$ x EAU <u>40</u> = Est. Annual Cost \$		
	Packaged each Vendor P/N 7891		

24.	Laryngoscope Blade (Miller 1)	Rusch 00861610	00
	Estimated Annual Usage40 ea _Substitute Allowed	Alliance 9.9	00 ea
	Cost Each \$ x EAU <u>40</u> = Est. Annual Cost \$		
	Packaged each Vendor P/N 7892		
25.	Laryngoscope Blade (Miller 2)	Rusch 0086172	00
	Estimated Annual Usage <u>40 ea</u> Substitute Allowed	Alliance 9.	90 ea
	Cost Each \$ x EAU <u>40</u> = Est. Annual Cost \$		
	Packaged each Vendor P/N 7893	····	
26.	Laryngoscope Blade (Miller 3)	Rusch 0086183	00
	Estimated Annual Usage <u>120 ea</u> Substitute Allowed	Alliance 9.9	90 ea
	Cost Each \$ x EAU 120 = Est. Annual Cost \$		
	Packaged each Vendor P/N 7894		
 27.	Laryngoscope Blade (MAC 2)	Rusch 0086022	200
	Estimated Annual Usage 40 ea Substitute Allowed	Alliance 9.9	0 ea
	Cost Each \$ x EAU <u>40</u> = Est. Annual Cost \$		
	Packaged each Vendor P/N 7888		
28.	Laryngoscope Blade (MAC 3)	Rusch 0086033	300
	Estimated Annual Usage100 ea_Substitute Allowed	Alliance 9.9	00 ea
	Cost Each \$ x EAU <u>100</u> = Est. Annual Cost \$		
	Packaged each Vendor P/N 7889	•	
29.	Laryngoscope Blade (MAC 4)	Rusch 0086044	
	Estimated Annual Usage100 ea_Substitute Allowed	Alliance 9.9	0 ea
	Cost Each \$ x EAU 100 = Est. Annual Cost \$		
	Packaged each Vendor P/N 7890		

30.	Standard Laryngoscope Handle (Small/Penlight)	Rusch <u>008620100</u>
	Estimated Annual Usage 20 ea No Substitute	Alliance 9.90 ea
	Cost Each \$ x EAU 20 = Est. Annual Cost \$	<u>.</u>
	Packaged each Vendor P/N 7897	
31.	Laryngoscope Blade (Miller 4)	Rusch 008619400
	Estimated Annual Usage100 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 <u>40</u> = Est. Annual Cost \$	
	Packaged each Vendor P/N 7887	
33.	Purell Hand Sanitizer	GoJo <u>9584</u>
	Estimated Annual Usage42 ea_Substitute Allowed	Fischer SC 4.73 ea
	Cost Each \$ x EAU <u>42</u> = Est. Annual Cost \$	
	Packaged each	
34.	Specimen Transport Bags MD	Industries <u>49-97 68059</u>
	Estimated Annual Usage 16,000 ea No Substitute Sout	heastern EE 0.05 ea
	Cost Each \$ x EAU <u>16,000</u> = Est. Annual Cost \$	
	Packaged 1000/ box	····
35.	Epinephrine 1ml (1mg/ml) Abbott Lab	s NDC 0074-7241-01
	Estimated Annual Usage 500 ea No Substitute RxEI	AS 0.29 ea
	Cost Each \$ x EAU <u>500</u> = Est. Annual Cost \$	
	Packaged each	· · ·

Vasopressin (20 units/ml) American Reg	gent NDC 0517-1020-25
Estimated Annual Usage300 ea_No Substitute	RxEMS 2.45
Cost Each \$ x EAU <u>300</u> = Est. Annual Cost \$	
Packaged25/ box	
Infant 4.2% Sodium Bicarbonate Abbott I	Labs <u>NDC 0074-5534-34</u>
Estimated Annual Usage100 ea_No Substitute	Alliance 2.45 ea
Cost Each \$ x EAU 100 = Est. Annual Cost \$	
Packaged 10/ package Vendor P/N 1646	
Glucometer Elite Nml Ctl 2.5 ml	Bayer Corp 3926
Estimated Annual Usage100 ea_Substitute Allowed	EMP 2.40
Cost Each \$ x EAU <u>100</u> = Est. Annual Cost \$	
Packaged 2/box Vendor P/N 135332	25
Glucometer Elite XL Diabetes Bayer C	orp NDC 0193-3885-01
Estimated Annual Usage40 ea _Substitute Allowed	RxEMS 42.40
Cost Each \$ x EAU <u>40</u> = Est. Annual Cost \$	
Packaged <u>each</u>	
Vacutainer Blood Tubes (4 ml) (Green) DELETE Becto	on Dickinson <u>367884</u>
Estimated Annual Usage 4,000 ea No Substitute	
Cost Each \$ x EAU 4 <u>,000</u> = Est. Annual Cost \$	·····
Packaged 100/ package Vendor P/N	357871
Vacutainer Blood Tubes (4.5 ml) (Blue) DELETE Be	cton Dickinson <u>369714</u>
Estimated Annual Usage 4,000 ea No Substitute	
Cost Each \$ x EAU 4,000 = Est. Annual Cost \$	
Packaged 100/ package Vendor P/N	
	Estimated Annual Usage

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 <u>50</u> = 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 <u>300</u> = Est. Annual Cost \$			
	Packaged 5/ box			
	Tuckagea			
46.	Multifunction Adult Defib Electrodes DELETE Agilent Technologies <u>M3501A</u>			
	Estimated Annual Usage 600 ea No Substitute			
	Cost Each \$ x EAU 600 = Est. Annual Cost \$			
	Packaged 10/box			
1 7.	Nail Polish Remover Pads Professional Disposables Inc.(PDI) <u>B71200</u>			
	Estimated Annual Usage 1500 ea Substitute Allowed Tech Med 0.02 ea			
	Cost Each \$ x EAU <u>1500</u> = 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
π,,	Estimated Annual Usage 1500 ea No Substitute Southeastern EE 2.56 ea
	Cost Each \$ x EAU 1500 = Est. Annual Cost \$
	Packaged
	Venuol F/IV IV/100
**	
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 <u>600</u> = Est. Annual Cost \$
	Packaged <u>25/ box</u> N7168P
52.	Buretrol Solution Set (60 drops /ml) Baxter <u>2C7566S</u>
	Estimated Annual Usage <u>25 ea</u> No Substitute Southeastern EE 4.81 ea
	Cost Each \$ x EAU <u>25</u> = Est. Annual Cost \$
	Packaged each
53.	Sensi-touch Spinal Needles (18 x 3.5") Baxter 220019
<i>.</i>	
	Estimated Annual Usage 200 ea No Substitute Southeastern EE 1.69 ea
	Cost Each \$ x EAU 200 = Est. Annual Cost \$
	Packaged <u>25/ box</u> Vendor P/N 8881-220019

54.	Monoject Needles (21 x 1.5") DELETE Sherwood Medical <u>216041</u>
	Estimated Annual Usage 2000 ea No Substitute
	Cost Each \$ x EAU <u>2000</u> = Est. Annual Cost \$
	Packaged 100/box
55.	Monoject Needles (22 x 1.5") DELETE Sherwood Medical <u>216066</u>
	Estimated Annual Usage 2000 ea No Substitute
	Cost Each \$ x EAU <u>2000</u> = Est. Annual Cost \$
	Packaged100/ box
56.	Surflo Winged Infusion Set (19 G x 0.75") Terumo P-216-119
	Estimated Annual Usage40 eaNo Substitute Aero Medic Master 0.32 ea
	Cost Each \$ x EAU <u>40</u> = Est. Annual Cost \$
	Packaged each Vendor P/N C01010
57.	Surflo Winged Infusion Set (21 G x 0.75") Terumo 0197
	retuino <u>0197</u>
	Estimated Annual Usage 40 ea No Substitute Aero Medic Master 0.32 ea
	
	Estimated Annual Usage 40 ea No Substitute Aero Medic Master 0.32 ea
	Estimated Annual Usage40 ea _No Substitute Aero Medic Master 0.32 ea Cost Each \$ x EAU 40 = Est. Annual Cost \$
	Estimated Annual Usage40 ea _No Substitute Aero Medic Master 0.32 ea Cost Each \$ x EAU 40 = Est. Annual Cost \$
58.	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
	Estimated Annual Usage40 eaNo Substitute Aero Medic Master 0.32 ea Cost Each \$ x EAU 40 = Est. Annual Cost \$ Packaged 50/ box
	Estimated Annual Usage40 eaNo Substitute Aero Medic Master 0.32 ea Cost Each \$ x EAU 40 = Est. Annual Cost \$ Packaged 50/ box
	Estimated Annual Usage40 eaNo Substitute Aero Medic Master 0.32 ea Cost Each \$ x EAU 40 = Est. Annual Cost \$ Packaged 50/ box
58.	Estimated Annual Usage40 eaNo Substitute Aero Medic Master 0.32 ea Cost Each \$ x EAU 40 = Est. Annual Cost \$ Packaged 50/ box
	Estimated Annual Usage40 eaNo Substitute Aero Medic Master 0.32 ea Cost Each \$ x EAU 40 = Est. Annual Cost \$ Packaged50/ box
58.	Estimated Annual Usage40 eaNo Substitute Aero Medic Master 0.32 ea Cost Each \$ x EAU 40 = Est. Annual Cost \$ Packaged50/ box
58.	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 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 Monoject Filter Needle (18 G x 1.5") Sherwood Medical 8881-305117 Estimated Annual Usage 2000 ea No Substitute EMP 0.20 ea

60.	Twin Pak Dual Cannula Device Becto	on Dickinson 303390
	Estimated Annual Usage 4000 ea No Substitute	EMP 0.34 ea
	Cost Each \$ x EAU <u>400</u> = Est. Annual Cost \$	
	Packaged 100/ box	
61.	Mg Sulfate Pre-filled Syringe	IMS <u>0548-1034-00</u>
	Estimated Annual Usage 500 ea No Substitute	EMP 1.63 ea
	Cost Each \$ x EAU <u>500</u> = Est. Annual Cost \$	
	Packaged 100/box	
62.	Lubricating Jelly Foil Packet 2.7g Professional Disp	osables Inc T-00128
	Estimated Annual Usage 3024 ea No Substitute Aero Me	edic Master 0.03 ea
	Cost Each \$ x EAU <u>3024</u> = Est. Annual Cost \$	
	Packaged 144/box Vendor P/N A1651	
63.	Lifescans Unistick 2 Spring Loaded Lancet NE	OC 53885-636-10
	Estimated Annual Usage S500 ea No Substitute	EMP 0.172 ea
	Cost Each \$ x EAU <u>5500</u> = Est. Annual Cost \$	
	Packaged 100/ box Vendor P/N 784-553	
64.	Biomedix Select-3 IV Selectable Admin Set	Biomedix <u>10102</u>
	Estimated Annual Usage <u>1920 ea</u> No Substitute	EMP 3.93 ea
	Cost Each \$ x EAU <u>1920</u> = Est. Annual Cost \$	
	Packaged 48/ cs	
65.	Iodine Swabs	<u>Dynarex 1201</u>
	Estimated Annual Usage 1000 ea No Substitute	RxEMS 0.073 ea
	Cost Each \$ x EAU <u>1000</u> = Est. Annual Cost \$	
	Packaged 50/box	

66.	Tincture of Benzoin 10% SwabStick Professional Disposables Inc S-42450				
	Estimated Annual Usage500 No Substitute S	outheas	tern EF	E 0.16 ea	
	Cost Each \$ x EAU <u>500</u> = Est. Annual Cost \$	<u>, </u>			
	Packaged 50/ box	- 4			
67.	Graham Fitted Cot Sheets		Graha	m 44547	
	Estimated Annual Usage 10,000 ea No Substitut	te	EMP	0.75 ea	
	Cost Each \$ x EAU 10,000 = Est. Annual Cost \$				
	Packaged 50/box				
68.	60 cc Exel Syringe		Ex	el <u>26302</u>	
	Estimated Annual Usage400 ea_No Substitute		EMP	0.376 ea	
	Cost Each \$ x EAU <u>400</u> = Est. Annual Cost \$				
	Packaged 25/box	7.13.			
 69.	Grandview Laryngoscope Blades	Grand	view G	V 2020A	
	Estimated Annual Usage 150 ea No Substitute		EMP	45.77 ea	
	Cost Each \$ x EAU <u>150</u> = Est. Annual Cost \$				
	Packaged each				
70.	Grandview Laryngoscope Bulbs	Gran	dview (GV 1008	
	Estimated Annual Usage 150 ea No Substitute	Bou	ndtree	1.21 ea	
	Cost Each \$ x EAU <u>150</u> = Est. Annual Cost \$				
	Packaged each	,	_		
71.	Evac-u-Splint Extremity Kit Hart	twell Me	edical E	V 3000	
	Estimated Annual Usage 35 ea No Substitute	EMP	244.75	ea	
	Cost Each \$ x EAU <u>EACH</u> = 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 <u>EACH</u> = Est. Annual Cost \$		
	Packaged ?	-	
73.	Disposable Polyester Blanket	S&F Promotions C-125	
	Estimated Annual Usage200 ea. No Substitute	Boundtree 2.21 ea	
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$		
	Packaged Each Vendor P/N B005		
 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 <u>EACH</u> = Est. Annual Cost \$		
	Packaged <u>Each</u>		
75.	Recorder Paper 80 mm Fan Folded DELETE	Zoll 8000-0301	
	Estimated Annual Usage 100 bx No Substitute		
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$		
	Packaged ?		
76.	Disposable Pediatric Sensor <u>DELETE</u>	Zoll 8000-0044	
	Estimated Annual Usage 30 cs No Substitute		
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$		
	Packaged ?		
77.	4 ECG Electrodes <u>DELETE</u>	Zoll 8900-0004	
	Estimated Annual Usage 20 cs No Substitute		
	Cost Each \$ x EAU <u>EACH</u> = 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 <u>EACH</u> = Est. Annual Cost \$	
	Packaged ?	
79.	Pedi-Padz Multi-Function Electrodes <u>DELETE</u>	Zoll 8900-2065
	Estimated Annual Usage 30 cs No Substitute	
	Cost Each \$ x EAU <u>EACH</u> = 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: BOUNTEGE MEDICAL TVC

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:	+ut
GRAND TOTAL (ANNUAL COST)	\$
	.°
TO BE (DELIVERED) WITHIN	_CALENDAR DAYS AFTER RECEIPT OF AWARD
Is your firm interested in being considered for the l Yes No	Local Vendor Preference?

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): Jank Hartiett
•	TITLE: HOCOUNT MER
	FEDERAL ID # OR S.S.#_3/-1808952
	ADDRESS: 6106 BAUSCH RD
	GALLOWAY, OH 43118
	PHONE NO.: 877-718-5133
	FAX NO.: 772-873-6111
CELLULAR PHON	E/PAGER NO.:
LEE COUNTY OCCUPATIONAL LI	CENSE NUMBER:
E-MAIL ADDRESS:	ATER 905@ VAHOO, COM
REVISED: 7/28/00	

BOUNDTREE MEDICAL

ATTACHENT C

ITEM DESCRIPTION	MANUFACTURER PRODUCT #
Angiocath IV Catheter	Becton Dickinson 382258
Estimated Annual Usage24	<u>l0 ea</u> No Substitute
Cost Each \$ 4.86 x EAU 240	= Est. Annual Cost \$ 1,166 40
Packaged 10/box	
Safe-cuff Blood Pressure Cuff (Adult Lg) CAS Medical CD1642
Estimated Annual Usage16	60 ea No Substitute 171642
Cost Each \$6.79 x EAU 160	= Est. Annual Cost \$ 1086 40
Packaged 20/box	
Molded Surgical Mask	Dynarex 2203
Estimated Annual Usage25	50 ea Substitute Allowed 290500
Packaged50/box	
Charger For Portable Suction U	nits Impact 810-0305-02
Estimated Annual Usage20	Dea No Substitute 590306
Cost Each \$27.50 x EAU 20 =	Est. Annual Cost \$ 550,00
Packaged Each	
Safecuff BP Cuff (sm adult)	CAS Medical CD1230
Estimated Annual Usage 80	01012
-	
	V .
	Angiocath IV Catheter Estimated Annual Usage

0.	Safecuff BP Cuff (adult) CAS Medical <u>CD1437</u>				
	Estimated Annual Usage 800 ea No Substitute 171437				
	Cost Each \$ 6.70 x EAU 800 = Est. Annual Cost \$ 5.360.00				
	Packaged 20/ box				
7.	Safecuff BP Cuff (child) CAS Medical <u>CD927</u>				
	Estimated Annual Usage 140 ea No Substitute 170927				
	Cost Each \$ <u>\(\(\) \(\) \(\) x EAU 140 = Est. Annual Cost \$ <u>\(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) </u></u>				
	Packaged 20/ box				
8.	Safecuff BP Cuff (infant) CAS Medical CD618				
	Estimated Annual Usage 80 ea No Substitute CAS618				
	Cost Each \$ <u>7.57</u> x EAU <u>80</u> = Est. Annual Cost \$ <u>360.80</u>				
	Packaged 20/ box				
9.	3M Particulate Respirator N95 3M <u>8110S</u>				
	Estimated Annual Usage 160 ea No Substitute				
	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 \$ 15040				
	Packaged 20/ box				
11.	Sta-Block HID STI Medical 975				
	Sta-Block HID STI Medical 975 Estimated Annual Usage 4800 ea No Substitute				
	Cost Each \$ 4.09 x EAU 4800 = Est. Annual Cost \$ 19632 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 \$ 54	P. 80		
	Packaged each			
25.	Laryngoscope Blade (Miller 2)	Rusch 008617200		
	Estimated Annual Usage40 eaSubstitute Allowed	020302		
	Cost Each $\frac{13.72}{2}$ EAU $\frac{40}{2}$ = Est. Annual Cost $\frac{3.72}{2}$	8.80		
	Packaged each			
26.	Laryngoscope Blade (Miller 3)	Rusch 008618300		
	Estimated Annual Usage120 ea_Substitute Allowed	020303		
	Cost Each \$ <u>/3.72</u> x EAU <u>120</u> = Est. Annual Cost \$ <u>/6</u>	46.40		
	Packaged each			
27.	Laryngoscope Blade (MAC 2)	Rusch 008602200		
	Estimated Annual Usage40 eaSubstitute Allowed	020312		
	Cost Each \$13.72 x EAU 40 = Est. Annual Cost \$ 548.80			
	Packaged each	<u> </u>		
28.	Laryngoscope Blade (MAC 3)	Rusch 008603300		
	Estimated Annual Usage100 ea_Substitute Allowed	020313		
	Cost Each \$/3, 72 x EAU 100 = Est. Annual Cost \$	372.00		
	Packaged <u>each</u>			
29.	Laryngoscope Blade (MAC 4)	Rusch 008604400		
	Estimated Annual Usage100 ea Substitute Allowed	020314		
	Cost Each \$ <u>/3.72</u> x EAU <u>100</u> = Est. Annual Cost \$	372.00		
	Packaged each			

30.	Standard Laryngoscope Handle (Small/Penlight)	Rusch <u>008620100</u>
	Estimated Annual Usage 20 ea No Substitute	020316
	Cost Each \$/230 x EAU 20 = Est. Annual Cost \$ 24/6.	00
	Packaged each	
31.	Laryngoscope Blade (Miller 4)	Rusch 008619400
	Estimated Annual Usage 100 ea Substitute Allowed	020304
	Cost Each \$ /3.72 x EAU 100 = Est. Annual Cost \$ /37	2.00 V
	Packaged each	
32.	Laryngoscope Blade (MAC 1)	Rusch 008601100
	Estimated Annual Usage 40 ea Substitute Allowed	02.0311
	Cost Each $\frac{13.72}{2}$ x EAU $\frac{40}{2}$ = Est. Annual Cost $\frac{5.42}{2}$	P.80 V
	Packaged each	·
33.	Purell Hand Sanitizer	GoJo <u>9584</u>
	Estimated Annual Usage42 ea Substitute Allowed	291643
	Cost Each $\frac{9}{1.09}$ x EAU $\frac{42}{2}$ = Est. Annual Cost $\frac{9}{1.09}$	73
	Packaged each	
34.	Specimen Transport Bags MD In	ndustries 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 \$_3/ x EAU 500 = Est. Annual Cost \$ _/53	T-00
	Packaged each	

	Vasopressin (20 units/ml) American Regent NDC 0517-1020-2
	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 0074-5534-3
	Estimated Annual Usage100 ea No Substitute00745534
	Cost Each $$ 190 \times EAU = Est. Annual Cost $ 119.00$
	Packaged 10/ package
38.	Glucometer Elite Nml Ctl 2.5 ml Bayer Corp 392
	Estimated Annual Usage 100 ea Substitute Allowed
	Cost Each \$ 5.92 x EAU 100 = Est. Annual Cost \$ 592.00
	Packaged 2/ box
39.	A La R LA
39.	Glucometer Elite XL Diabetes Bayer Corp NDC 0193-3885-0 NOBID Estimated Annual Usage 40 ea Substitute Allowed
39.	Glucometer Elite XL Diabetes Bayer Corp NDC 0193-3885-0 NO B / D Estimated Annual Usage 40 ea Substitute Allowed Cost Each \$ x EAU 40 = Est. Annual Cost \$
39.	Glucometer Elite XL Diabetes Bayer Corp NDC 0193-3885-0 NOBID Estimated Annual Usage 40 ea Substitute Allowed
39.	Glucometer Elite XL Diabetes Bayer Corp NDC 0193-3885-0 NO B / D Estimated Annual Usage 40 ea Substitute Allowed Cost Each \$ x EAU 40 = Est. Annual Cost \$ Packaged each
	Glucometer Elite XL Diabetes Bayer Corp NDC 0193-3885-0 NO B / D Estimated Annual Usage40 ea _ Substitute Allowed Cost Each \$ x EAU 40 = Est. Annual Cost \$ Packagedeach Vacutainer Blood Tubes (4 ml) (Green) Becton Dickinson 367884
	Glucometer Elite XL Diabetes Bayer Corp NDC 0193-3885-0 NO B / D Estimated Annual Usage 40 ea Substitute Allowed Cost Each \$ x EAU 40 = Est. Annual Cost \$ Packaged each Vacutainer Blood Tubes (4 ml) (Green) Becton Dickinson 367884 Estimated Annual Usage 4,000 ea No Substitute
	Glucometer Elite XL Diabetes Bayer Corp NDC 0193-3885-0 NOBID Estimated Annual Usage 40 ea Substitute Allowed Cost Each \$_ x EAU 40 = Est. Annual Cost \$_ Packaged each Vacutainer Blood Tubes (4 ml) (Green) Becton Dickinson 367884
	Glucometer Elite XL Diabetes Bayer Corp NDC 0193-3885-0 **No B / D Estimated Annual Usage
40.	Glucometer Elite XL Diabetes Estimated Annual Usage
40.	Glucometer Elite XL Diabetes Bayer Corp NDC 0193-3885-0 NOBID Estimated Annual Usage

42.	Vacutainer Blood Tubes (3 ml) (Purple) Becton Dickinson 36785
	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 36797
	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 23/62
	Cost Each \$450 x EAU 50 = Est. Annual Cost \$ 22500
	Packaged 30/ box
45.	
43.	Pediatric Defib Electrodes Agilent Technologies M3504A
43.	M'TM 7 m
43.	Estimated Annual Usage 300 ea No Substitute ATM 350
43,	M'TM 7 m
	Estimated Annual Usage 300 ea No Substitute Cost Each \$109.80 x EAU 300 = Est. Annual Cost \$3294.00 Packaged 5/box Multifunction Adult Defib Electrodes Agilent Technologies M3501A
46.	Estimated Annual Usage 300 ea No Substitute Cost Each \$109.80 x EAU 300 = Est. Annual Cost \$3294.00 Packaged 5/box Multifunction Adult Defib Electrodes Agilent Technologies M35014 Estimated Annual Usage 600 ea No Substitute
	Estimated Annual Usage 300 ea No Substitute Cost Each \$109.80 x EAU 300 = Est. Annual Cost \$3294.00 Packaged 5/box Multifunction Adult Defib Electrodes Agilent Technologies M35014 Estimated Annual Usage 600 ea No Substitute Cost Each \$11.40 x EAU 600 = Est. Annual Cost \$6840.00
	Estimated Annual Usage 300 ea No Substitute Cost Each \$109.80 x EAU 300 = Est. Annual Cost \$3294.00 Packaged 5/box Multifunction Adult Defib Electrodes Agilent Technologies M35014 Estimated Annual Usage 600 ea No Substitute
46.	Estimated Annual Usage 300 ea No Substitute Cost Each \$109.80 x EAU 300 = Est. Annual Cost \$3294.00 Packaged 5/box Multifunction Adult Defib Electrodes Agilent Technologies M35014 Estimated Annual Usage 600 ea No Substitute Cost Each \$11.40 x EAU 600 = Est. Annual Cost \$6840.00
	Estimated Annual Usage300 ea No Substitute Cost Each \$\frac{109.80}{209.80} \times EAU \frac{300}{300} = Est. Annual Cost \$\frac{3294.00}{3294.00} Packaged5/box Multifunction Adult Defib Electrodes
46.	Estimated Annual Usage 300 ea No Substitute Cost Each \$109.86 x EAU 300 = Est. Annual Cost \$3294.00 Packaged 5/box Multifunction Adult Defib Electrodes Agilent Technologies M35014 Estimated Annual Usage 600 ea No Substitute Arm 3501 Cost Each \$1/40 x EAU 600 = Est. Annual Cost \$6840.00 Packaged 10/box Nail Polish Remover Pads Professional Disposables Inc.(PDI) B71200

48.	Beck Tracheal Whistle (BAAM) BAAM Mark IV
	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
	Estimated Annual Usage 1500 ea No Substitute
	Cost Each \$285 x EAU 1500 = Est. Annual Cost \$ 4275.00
	Packaged 25/box
50.	Tube Check Intubation Detector Wolfe Troy Medical EID200
	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
	Estimated Annual Usage 600 ea No Substitute
	Cost Each \$ 2.85 x EAU 600 = Est. Annual Cost \$ 1710.00
	Packaged25/ box
52.	Buretrol Solution Set (60 drops /ml) Baxter 2C7566S
	Estimated Annual Usage 25 ea No Substitute 6-4518
	Cost Each \$5.32 x EAU 25 = Est. Annual Cost \$ 133.00
	Packaged each
53.	Sensi-touch Spinal Needles (18 x 3.5") Estimated Annual Usage 200 ea No Substitute Baxter 220019 NO B 12
	Estimated Annual Usage 200 ea No Substitute
	Cost Each \$ x EAU <u>200</u> = Est. Annual Cost \$
	Packaged 25/box

54.	Monoject Needles (21 x 1.5") Sherwood Medical 2160
	Estimated Annual Usage 2000 ea No Substitute 384.
	Cost Each \$ 386 x EAU 2000 = Est. Annual Cost \$ 77.20
	Packaged 100/box
55.	Monoject Needles (22 x 1.5") Sherwood Medical 2160
	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-216-1
	Estimated Annual Usage 40 ea No Substitute
	Cost Each \$ 42 x EAU 40 = Est. Annual Cost \$ 16.80
	Packaged each
57.	Surflo Winged Infusion Set (21 G x 0.75") Terumo 01
	Estimated Annual Usage 40 ea No Substitute 60202,
	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 SVTW0
	Estimated Annual Usage 40 ea No Substitute 6 0203
	Cost Each \$ 42 x EAU 40 = Est. Annual Cost \$ 16.80
	Packaged each
	Monoject Filter Needle (18 G x 1.5") Sherwood Medical 8881-305
59.	
59.	Estimated Annual Usage 2000 ea No Substitute
59.	Estimated Annual Usage No Substitute Cost Each \$ x EAU 2000 = Est. Annual Cost \$

60.	I win Pak Dual Cannula Device Becton Dickinson 303390
	Estimated Annual Usage 4000 ea No Substitute G412
	Cost Each \$ 40 x EAU 4000 = Est. Annual Cost \$ 1600.00
	Packaged 100/ box
61.	Mg Sulfate Pre-filled Syringe IMS 0548-1034-0
	Estimated Annual Usage 500 ea No Substitute
	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
	Cost Each \$, 037 x EAU 3024 = Est. Annual Cost \$
	Packaged 144/box
63.	Lifescans Unistick 2 Spring Loaded Lancet NDC 53885-636-1
	Estimated Annual Usage 5500 ea No Substitute
	Cost Each $\$2/25$ x EAU 5500 = Est. Annual Cost $\$1/68.75$
	Packaged 100/ box
64.	Biomedix Select-3 IV Selectable Admin Set Biomedix 1010
	Estimated Annual Usage 1920 ea No Substitute 357002
	Cost Each \$4.59 x EAU 1920 = Est. Annual Cost \$ 28/2 80 V
	Packaged 48/ cs
65.	Iodine Swabs Dynarex 1201
	Estimated Annual Usage 1000 ea No Substitute
	Cost Each $\$3.94^{8x}$ EAU 1000 = Est. Annual Cost $\$78.90$
	Packaged 50/ box

66.	Tincture of Benzoin 10% SwabStick Professional Disposables Inc S-42450			
	Estimated Annual Usage 500 No Substitute 54/23/			
	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 medine			
68.	60 cc Exel Syringe Exel 26302			
	Estimated Annual Usage 400 ea No Substitute			
	Cost Each \$.54 x EAU 400 = Est. Annual Cost \$ 216.00			
	Packaged 25/ box			
69.	Grandview Laryngoscope Blades Grandview GV 2020A			
	Estimated Annual Usage150 ea_No Substitute			
	Cost Each \$ 57.25 x EAU 150 = Est. Annual Cost \$ 8587.50			
	Packaged <u>each</u>			
70.	Grandview Laryngoscope Bulbs Grandview GV 1008			
	Estimated Annual Usage150 ea_No Substitute			
	Cost Each \$ /.2/ x EAU 150 = Est. Annual Cost \$ /8/.50			
	Packaged each			
71.	Evac-u-Splint Extremity Kit Hartwell Medical EV 3000			
	Estimated Annual Usage 35 ea No Substitute			
	Cost Each \$ 29/07x EAU EACH = Est. Annual Cost \$ 10,187-45			
	Packaged Each			

72.	3c/c Syringe with Twin Cannula	Becton Dickinson 303391
	Estimated Annual Usage 21,000 No Substitute	
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$	NOBID
	Packaged ?	· · ·
73.	Disposable Polyester Blanket	S&F Promotions C-125
	Estimated Annual Usage 200 ea No Substitute	B0051
	Cost Each \$ 22/ 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 x EAU EACH = Est. Annual Cost S	874.00
	Packaged <u>Each</u>	
75.	Recorder Paper 80 mm Fan Folded	Zoll 8000-0301
	Estimated Annual Usage 100 bx No Substitute	
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$	NO BID
	Packaged ?	
 76.	Disposable Pediatric Sensor	Zoll 8000-0044
	Estimated Annual Usage 30 cs No Substitute	<i>y</i>
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$	NO BID
	Packaged ?	
77.	4 ECG Electrodes	Zoll 8900-0004
	Estimated Annual Usage 20 cs No Substitute	
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$	NO BID
	Packaged ?	•
	<u> </u>	

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 Usage30 csNo Substitute		
	Cost Each \$ x EAU <u>EACH</u> = Est, Annual Cost \$	BID	
	Packaged ?		

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

TOTAL COUNTY DIMERCOLITET WILD DESCRICE	•
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:	
GRAND TOTAL (ANNUAL COST) \$ 199,286.62 (Clairified on PSS 16-29) Oucled Fisher Uom (Clairified on PSS 16-29) Filled out items. 1-79 Per Requested 404	Ser Ser
TO BE (DELIVERED) WITHIN 7-10 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.	T
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	en ja

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.

deviation or modification to the quote may be grounds to reject the quote.

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 tisher Scientific, LLC
BY (Printed): Steve Smith
BY (Signature): Statence for ??
TITLE: Senior Yice Tresident
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

ATTACHENT C

	ITEM DESCRIPTION	MANUFACTURER PRODUCT #
1.	Angiocath IV Catheter	Becton Dickinson 382258
	Estimated Annual Usage	240 ea No Substitute
	Cost Each \$ <u>4,5/2</u> x EAU <u>2</u> 4	$\underline{0} = \text{Est. Annual Cost } \frac{1082.88}{}$
	Packaged 10/box	
	Only Sold in 5	0/05 @ 225.61/cs
2.	Safe-cuff Blood Pressure Cuf	CAS Medical <u>CD1642</u> 160 ea No Substitute DEGYCH
	Estimated Annual Usage	160 ea No Substitute Degret
	Cost Each \$ x EAU 16	$\underline{0} = \text{Est. Annual Cost } $
	Packaged 20/box	
3.	Molded Surgical Mask	<u>Dynarex 2203</u>
	Estimated Annual Usage	250 ea Substitute Allowed
	Cost Each \$ • 121 x EAU 25	$\underline{0}$ = Est. Annual Cost $\sqrt[8]{30.25}$
	Packaged50/ box	
	Only 50	old in 1000/cs@120.73/cs
4.	Charger For Portable Suction	er and a second and a second and a second and a second and a second and a second and a second and a second and
	Estimated Annual Usage	20 ea No Substitute Degret
	Cost Each \$ x EAU 20	= Est. Annual Cost \$ \(\sum_{B} \) \(\sum_{B} \)
	Packaged Each	
		
5.	Safecuff BP Cuff (sm adult)	CAS Medical CD1230
	Estimated Annual Usage	80 ea No Substitute De gret
	Cost Each \$x EAU 80	= Est. Annual Cost \$ \(\times \)
	Packaged <u>Each</u>	

6.	Safecuff BP Cuff (adult) CAS Medical CD1437
	Estimated Annual Usage 800 ea No Substitute Degret
	Cost Each \$x EAU 800 = Est. Annual Cost \$_\ldot\delta \frac{2}{2} \ldot\delta
	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 \$0.6175 x EAU 160 = Est. Annual Cost \$ 98.80
5 ,	Packaged 20/ box
	only 50ld in 20/PK @ 12.35/pK
10.	3M Particulate Respirator N95 3M 8210
	Estimated Annual Usage 200 ea No Substitute
	Cost Each \$0.525 EAU 200 = Est. Annual Cost \$ 105. O
	Packaged 20/ box
	Only 50ld in 20/DK @ 10.51/PK
11.	Sta-Block HID STI Medical 975
	Estimated Annual Usage 4800 ea No Substitute
	Cost Each \$ x EAU 4800 = Est. Annual Cost \$ 10
	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 30/05 @457.32	
13.	Pedi/Infant/Sm Adult Adjustable Extrication Collar AMBU 000 281 106	
	Estimated Annual Usage 800 ea No Substitute	. 1 1
	Cost Each \$ 504 x EAU 800 = Est. Annual Cost \$ 13033.80	11
	Packaged 30/box Only 50/d 30/cs 0 4,51,22 /cs	
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 <u>L570-040</u>	
	Estimated Annual Usage <u>1800 ea</u> No Substitute	
	Cost Each \$ 15.85 EAU 1800 = Est. Annual Cost \$ 28683-00	
	Packaged 6/ box	
	only 30ld 6/CS @ 95.61/CS	
16.	Infant BVM Life Support Products <u>L570-200</u>	
	Estimated Annual Usage240 ea No Substitute	
	Cost Each $$15.93$ EAU 240 = Est. Annual Cost $$2824.4$ O	
	Packaged 6/box	
	only sold 6/C5 45.61/CS	
17.	Pediatric BVM Life Support Products <u>L570-101</u>	
	Estimated Annual Usage 240 ea No Substitute	
	Cost Each \$17.013 EAU 240 = Est. Annual Cost \$ 4097.52	
	Packaged 6/box CMU 5010 GC5 (2)102.44/C5	

18.	Three-way Stop Cock Baxter 2 <u>C6229</u>
	Estimated Annual Usage 80 ea No Substitute
	Cost Each $\$4.049$ k EAU 80 = Est. Annual Cost $\$23.92$
	Packaged <u>each</u>
	only 50ld 50/cs @202,44
19.	Meconium Aspirator Neo Tech Products N0101
	Estimated Annual Usage 80 ea No Substitute Degret
	Cost Each \$ x EAU 80 = Est. Annual Cost \$ NOB
	Packagedeach
····	
20.	BP Cuff Adult Large MABIS 05-260-016
	Estimated Annual Usage 30 ea No Substitute
	Cost Each $$13.41$ x EAU 30 = Est. Annual Cost $$402.20$
	Packaged each
2.1.	Easy Cap CO2 Detector Nellcor Puritan Bennet <u>047412A-0797</u>
	Estimated Annual Usage1800 ea_ No Substitute
	Cost Each $$14.02$ EAU 1800 = Est. Annual Cost $$25.245$
	Packaged 6/ box
	Only 5010 6/01 (984.15/0)K
22.	Pedi End-Tidal CO2 Detector Nellcor Puritan Bennett <u>046700A-0598</u>
	Estimated Annual Usage480 ea_No Substitute
	Cost Each $$13.95$ EAU $480 = $ Est. Annual Cost $$6708.20$
	Packaged 24/ case
	Only sold 24/px 335.41/px
23.	Laryngoscope Blade (Miller 0) Rusch 008615050
	Estimated Annual Usage 40 ea Substitute Allowed
	Cost Each \$ $\frac{27.80}{600}$ EAU $\frac{40}{600}$ = Est. Annual Cost \$ $\frac{27.80}{600}$
	Cost Each 5 0 10 Oct EAU 40 - Est. Allitual Cost 5 00 10 00

24.	Laryngoscope Blade (Miller 1)	Rusch 008616100
	Estimated Annual Usage40 ea _Substitute Allowed	4
	Cost Each \$27.8 x EAU 40 = Est. Annual Cost \$ 412	200
	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	<u>.</u>
<u></u>	Laryngoscope Blade (Miller 3)	Rusch 008618300
	Estimated Annual Usage 120 ea Substitute Allowed	Rusen 000016500
	Cost Each \$ $\frac{27.8}{2}$ x EAU $\frac{120}{20}$ = Est. Annual Cost \$ $\frac{33}{20}$	536.06
	Packaged each Packaged	<u> </u>
	rackaged each	
27.	Laryngoscope Blade (MAC 2)	Rusch 008602200
	Estimated Annual Usage40 eaSubstitute Allowed	
	Cost Each \$ 27. 8 x EAU 40 = Est, Annual Cost \$ 1116	2.00
	Packaged each	
		·
28.	Laryngoscope Blade (MAC 3)	Rusch 008603300
	Estimated Annual Usage100 ea_Substitute Allowed	
	Cost Each \$ 27.8 x EAU 100 = Est. Annual Cost \$ 21	780.00
	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 \$27.8	1 <u>80.</u> 00
	Packaged each	

30.	Standard Laryngoscope Handle (Small/Penlight)	Rusch <u>008620100</u>	
•	Estimated Annual Usage 20 eaNo Substitute /		
	Cost Each \$ 27.8 x EAU 20 = Est. Annual Cost \$ 55	6.00	
	Packaged each		
31.	Laryngoscope Blade (Miller 4)	Rusch 008619400	
	Estimated Annual Usage100 ea_Substitute Allowed		
	Cost Each \$\frac{97.\frac{8}{2}}{2} x EAU 100 = Est. Annual Cost \$\frac{27}{27}	80.00	
	Packaged <u>each</u>	 	
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 <u>9584</u>	
	Estimated Annual Usage42 ea Substitute Allowed		
٠	Cost Each $\$\cancel{4.727}$ x EAU 42 = Est. Annual Cost $\$\cancel{198}$.52	
	Packaged each		
	Only Sold 6/cs (3) 28.36		
34.	Specimen Transport Bags / MD I	Industries <u>49-97 68059</u>	
	Estimated Annual Usage 16,000 ea No Substitute	egret.	
	Cost Each \$ x EAU 16,000 = Est. Annual Cost \$	B 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 \$ 50	10.00	
	Packagedeach		
\mathcal{C}	only Sold 2000s (9 216/cs		

36.	Vasopressin (20 units/ml) American Regent NDC 0517-1020-25
	Estimated Annual Usage300 ea_No Substitute // fg/ch
	Cost Each \$x EAU 300 = Est. Annual Cost \$_\lambda \frac{\text{NO} Psi \text{O}}{\text{Cost}}
	Packaged 25/ box
37.	Infant 4.2% Sodium Bicarbonate Abbott Labs <u>NDC 0074-5534-34</u>
	Estimated Annual Usage 100 ea No Substitute
	Cost Each $\frac{2170}{x}$ EAU $\underline{100}$ = Est. Annual Cost $\frac{2170}{000}$
	Packaged 10/ package
	Sold only 10/PK @217/PK
38	Glucometer Elite Nml Ctl 2.5 ml Bayer Corp 3926
	Estimated Annual Usage100 ea Substitute Allowed Project
	Cost Each \$ x EAU 100 = Est. Annual Cost \$ \(\frac{100}{2} \)
	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 \$ X
	Packaged each
_	·
40	Vacutainer Blood Tubes (4 ml) (Green) Becton Dickinson <u>367884</u>
	Estimated Annual Usage 4,000 ea No Substitute
	Cost Each $$0.379$ k EAU $4,000$ = Est. Annual Cost $$1518.88$
	Packaged 100/ package
	only Sold 1000/ps @ 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; EAU 4,000 = Est. Annual Cost \$1185.44
	Packaged 100/ package
	Only sold1000/05 @ 296.36/cs

42.	Vacutainer Blood Tubes (3 ml) (Purple)	Becton Dickinson 3 <u>67856</u>
	Estimated Annual Usage 4,000 ea_ No Substitute	,
	Cost Each \$0-358 EAU 4,000 = Est. Annual Cost \$	1435.46
	Packaged 100/ package	
	Only Sold 1000/CS O.	358.94/cs
43.	Vacutainer Blood Tubes (7 ml) (Marble)	Becton Dickinson 367975
	Estimated Annual Usage 4,000 ea No Substitute	1. 40
	Cost Each $\frac{40537}{x}$ EAU $\frac{4000}{x}$ = Est. Annual Cost \$	*2198,36
	Packaged 100/ package	
	only sold 100/cs: 9	537.09/cs
44.	Pediatric ECG Electrode	Conmed Corp 1 <u>620-003</u>
	Estimated Annual Usage50 bx No Substitute	egnet,
	Cost Each \$x EAU <u>50</u> = Est. Annual Cost \$	P.RIG
	Packaged 30/box	
		· <u>.</u>
45.	Pediatric Defib Electrodes Agiler	nt Technologies M3 <u>504A</u>
	Estimated Annual Usage300 ea_No Substitute	bearet.
.:	Cost Each \$ x EAU 300 = Est. Annual Cost \$ 1	OBBIO -
	Packaged5/ box	
	·	
46.	Multifunction Adult Defib Electrodes Agile	nt Technologies <u>M3501A</u>
	Estimated Annual Usage 600 ea No Substitute	geagnet,
	Cost Each \$ x EAU 600 = Est. Annual Cost \$	40, Ria
	Packaged 10/ box	·
47.	Nail Polish Remover Pads Professional Dispo	osables Inc.(PDI) <u>B71200</u>
	Estimated Annual Usage1500 ea _ Substitute Allowed	Bearel
	Cost Each \$ x EAU 1500 = Est. Annual Cost \$	1051d
	Packaged 100 packets/ box	

48.	Beck Tracheal Whistle (BAAM) BAAM Mark IV			
	Estimated Annual Usage 200 ea No Substitute Heavet		•	er in the second
	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 \$ \(\frac{1500}{2} \)			
	Packaged 25/ box			
50.	Tube Check Intubation Detector Wolfe Troy Medical EID200	•		
50.				
	Estimated Annual Usage 350 ea Substitute Allowed Cost Each \$ x EAU 350 = Est. Annual Cost \$ 350 C			•
•				
	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 \$	1.50		•
	Packaged 25/ box			yout
			1	War
52.	Buretrol Solution Set (60 drops /ml) Baxter 2C7566S		nn 0 %	(⁽¹⁾
	Estimated Annual Usage 25 ea No Substitute	1 \ 0	(A) ()	
	Cost Each $\frac{27.14}{2}$ EAU $\frac{25}{25}$ = Est. Annual Cost $\frac{428.57}{25}$	7	f *	
	Packaged each	ant		
	Only Sold 48/CS @ 1302.86/CS	Language 1		
53.	Sensi-touch Spinal Needles (18 x 3.5") Baxter 220019	1.02	• .	
	Estimated Annual Usage 200 ea No Substitute	· · · · · · · · · · · · · · · · · · ·		
	Cost Each \$ x EAU 200 = Est. Annual Cost \$,	•	
	Packaged 25/ box	•	1	

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 \$ 100 Bid
	Packaged 100/ box
56.	Surflo Winged Infusion Set (19 G x 0.75") Terumo P-216-119
	Estimated Annual Usage40 ea _No Substitute
	Cost Each $\frac{50}{20}$ x EAU $\frac{40}{20}$ = Est. Annual Cost $\frac{50}{20}$
	Packaged each
	only Sold 500/cs (34850/cs
57.	Surflo Winged Infusion Set (21 G x 0.75") Terumo 0197
	Estimated Annual Usage 40.ea _ No Substitute
	Cost Each $\$0.394$ EAU 40 = Est. Annual Cost $\$12.196$
	Packaged 50/box
	Only Sold 500/CS (3) 152.44/CS
58.	Surflo Winged Infusion Set (25 G x 0.75") Terumo SVTW004
	Estimated Annual Usage 40 ea No Substitute
	Cost Each $0.304 \times EAU_{40} = Est.$ Annual Cost $\frac{72.196}{}$
	Packaged each
	Only Sold 300/CS (3) 15244/CS
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 \$\text{Cost}
	Packaged 100/ box

60.	Twin Pak Dual Cannula Device Becton Dickinson 303390
	Estimated Annual Usage 4000 ea No Substitute
•	Cost Each \$ <u>-312</u> x EAU <u>4000</u> = Est. Annual Cost \$ <u>1568.00</u>
	Packaged 100/box
	Only Sold 1000/CS@392.00/CS
61.	Mg Sulfate Pre-filled Syringe IMS <u>0548-1034-00</u>
	Estimated Annual Usage 500 ea No Substitute Present
	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 No Substitute Pegye-
	Cost Each \$ x EAU 3024 = Est. Annual Cost \$ \(\sqrt{O} \) Bid
	Packaged 144/box
63.	Lifescans Unistick 2 Spring Loaded Lancet NDC 53885-636-10
	Estimated Annual Usage 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
	Cost Each \$ x EAU 1920 = Est. Annual Cost \$ \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\
	Packaged 48/ cs
65.	Iodine Swabs <u>Dynarex 1201</u>
	Estimated Annual Usage 1000 ea No Substitute
	Cost Each $\$0.1175$ 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				
	Cost Each \$ x EAU 500 = Est. Annual Cost \$ X EAU 500 = Est.				
	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 8ald 50/05 (343,75				
68.	60 cc Exel Syringe Exel 26302				
	Estimated Annual Usage 400 ea No Substitute heave				
	Cost Each \$ x EAU 400 = Est. Annual Cost \$ 100 bid				
	Packaged25/ box				
69.	Grandview Laryngoscope Blades Grandview GV 2020A				
	Estimated Annual Usage150 ea_No_Substitute				
	Cost Each \$ x EAU 150 = Est. Annual Cost \$ 10				
	Packaged each				
70.	Grandview Laryngoscope Bulbs Grandview GV 1008				
	Estimated Annual Usage 150 ea No Substitute				
	Cost Each \$ x EAU 150 = Est. Annual Cost \$ 100				
	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 \$ \(\tilde{D} \)				
	Packaged Each				

72.	3c/c Syringe with Twin Cannula	Becton Dickinson 303391
	Estimated Annual Usage 21,000 No Substitute	Begret
	Cost Each \$ x EAU <u>EACH</u> = Est, Annual Cost \$	Nobid
	Packaged ?	
73.	Disposable Polyester Blanket	S&F Promotions C-125
	Estimated Annual Usage 200 ea. No Substitute	Begret
	Cost Each \$ x EAU EACH = Est. Annual Cost \$	NO DIA
	Packaged Each	·
74.	P.A.W.S. Anti-Microbial Wipes	find aut who were
*	Estimated Annual Usage 200 bx. No Substitute	find any will
4,02	Cost Each \$-0102 x EAU EACH = Est. Annual Cost \$.040Z 804.00 A
	Packaged Each	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
\overline{OU}	<u>y Sold 1000/CS (9 40, ac</u>	Jcs
7.5.	Recorder Paper 80 mm Fan Folded	Zoll 8000-0301
	Estimated Annual Usage 100 bx No Substitute	hegret
	Cost Each \$x EAU <u>EACH</u> = Est. Annual Cost \$	<u>100 Bil</u>
	Packaged ?	
		<u> </u>
76.	Disposable Pediatric Sensor	Zoll 8000-0044
	Estimated Annual Usage 30 cs No Substitute	Degret
	Cost Each \$ x EAU EACH = Est. Annual Cost \$	
	Packaged?	
77.	4 ECG Electrodes	Zoll 8900-0004
	Estimated Annual Usage 20 cs No Substitute	Hegret
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$	700 RIG
	Packaged?	

70.	HVP Multi-Function Electrodes (Adult) Zoll 8900-4003
	Estimated Annual Usage30 cs_No Substitute Degree
	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 Degree
	Cost Each \$x EAU <u>EACH</u> = 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

	within the boundaries of Lee County)
What is t located w	the physical location of your principal place of business that is within the boundaries of Lee County, Florida?
What is th	ne size of this facility (i.e. sales area size, warehouse, storage yard, o
WITHIN I	VENDOR'S PRINCIPAL PLACE OF BUSINESS IS NOT LOCATE LEE COUNTY OR DOES NOT HAVE A PHYSICAL LOCATION LEE COUNTY (Please complete this section.)
	**
1.	How many employees are available to service this contract? Y COA. MIGHT, CUST. Serv, Sches, Etc.
1. 2. ser	How many employees are available to service this contract? I COO. HIGH, Cust. Serv. Scales, etc. Describe the types and amount of equipment you have available vice this contract.

LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED

3.

3. avai	Describe the lable to service t	types and amo this contract.	unt of material	stock that you h	ave
	1 Hems	pid on	Will be	Availabl	e .
Stock					-
				-	
-					
Have you pro	ovided goods or so five years?	ervices to Lee C	ounty on a regula	ar basis for the pr	eced
	Yes		No X	-	
If you plan-					
If yes, please consecutive y	provide your con years. Attach add	ntractual history	with Lee County	for the past five,	
If yes, please consecutive y	provide your con years. Attach add	atractual history litional pages if	with Lee County necessary.		1
If yes, please consecutive y	provide your con years. Attach add	atractual history litional pages if	with Lee County		
If yes, please consecutive	provide your con years. Attach add	atractual history litional pages if	with Lee County necessary.		
If yes, please consecutive	provide your con years. Attach add	atractual history litional pages if	with Lee County necessary.		
If yes, please consecutive	provide your con years. Attach add	atractual history litional pages if	with Lee County necessary.		

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

DATE SUBMITTED: $\frac{7-23-03}{}$
VENDOR NAME: Southeastern 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:
The undersigned acknowledges receipt of Addenda numbers: GRAND TOTAL (ANNUAL COST) \$ 156, 164.97 156, 164.97 140.00 157, 124.00
TO BE (DELIVERED) WITHIN 7-10 CALENDAR DAYS AFTER RECEIPT OF AWARD 33.50 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 Southeastern Emergency Equipment
BY (Printed): Teresa Shepherd
BY (Signature): Lees Shepher
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.; 919-97/-067/
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 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 <u>all</u> 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.

ATTACHENT C

	ITEM DESCRIPTION MANUFACTURER PROD	UCT#
1.	Angiocath IV Catheter Becton Dickinson 3822	<u>58</u>
	Estimated Annual Usage 240 ea No Substitute	
	Cost Each \$ 402 x EAU 240 = Est. Annual Cost \$ 964.80	
	Packaged 10/ box	
2.	Safe-cuff Blood Pressure Cuff (Adult Lg) CAS Medical C	D1642
	Estimated Annual Usage 160 ea No Substitute	6507
	Cost Each \$ 5.98 x EAU 160 = Est. Annual Cost \$ 956.80	
	Packaged 20/ box	
3.	Molded Surgical Mask Dynarex	2203
	Estimated Annual Usage 250 ea Substitute Allowed	727
	Cost Each \$. 08 x EAU 250 = Est. Annual Cost \$20.00	
	Packaged 50/box	
4.	Charger For Portable Suction Units Impact 810-0	305-02
	Estimated Annual Usage 20 ea No Substitute	
	Cost Each \$ 22.85x EAU 20 = Est. Annual Cost \$ 457.00	
	Packaged <u>Each</u>	
 5.	Safecuff BP Cuff (sm adult) CAS Medical C	D1230
		H6509
,	Cost Each \$5.75 x EAU 80 = Est. Annual Cost \$ 460.00	
, .	Packaged Each	

6.	Safecuff BP Cuff (adult) CAS Medical <u>CD1437</u>				
	Estimated Annual Usage 800 ea No Substitute H6508				
	Cost Each \$ $\frac{5.75}{x}$ EAU $\frac{800}{x}$ = Est. Annual Cost \$ $\frac{4,600.00}{x}$				
	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 \$ 3/3.60				
	Packaged 20/box				
9.	3M Particulate Respirator N95 3M 8110S				
	Estimated Annual Usage160 ea_No Substitute				
	Cost Each \$ x EAU 160 = Est. Annual Cost \$ No Big				
	Packaged 20/ box				
·					
10.	3M Particulate Respirator N95 3M <u>8210</u>				
	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 F234				
	Cost Each \$3,64 x EAU 4800 = Est. Annual Cost \$ 17,472.00				
	Packaged 30/ box				

12.	Ambu Adult Adjustable Extrication Collars	AMBU <u>000 281 000</u>
	Estimated Annual Usage 4000 ea No Substitute	A
	Cost Each \$ x EAU 4000 = Est. Annual Cost \$	Vo Bid
	Packaged 30/box	
13.	Pedi/Infant/Sm Adult Adjustable Extrication Collar	AMBU <u>000 281 106</u>
	Estimated Annual Usage800 ea_No Substitute	2 1
	Cost Each \$ x EAU 800 = Est. Annual Cost \$ \(\sqrt{\text{\$\sqrt{V}}} \)	o Bid
	Packaged 30/box	
14.	12 Lead Paper Phys	io-Control <u>805319-05</u>
	Estimated Annual Usage 200 ea No Substitute	1
	Cost Each \$ x EAU 200 = Est. Annual Cost \$ \(\sqrt{200} \)	Bid
	Packaged 2 rolls/ box	
 15.	Adult BVM Life Suppo	ort Products <u>1.870-040</u>
	Estimated Annual Usage 1800 ea No Substitute	N7065
	Cost Each $\frac{50.70}{100}$ x EAU $\frac{1800}{100}$ = Est. Annual Cost $\frac{160}{100}$	7 260.00
-	Packaged 6/box	• • • • • • • • • • • • • • • • • • • •
	Tuomagen	
16.	Infant BVM Life Suppo	ort Products <u>L870-200</u>
	Estimated Annual Usage 240 ea No Substitute	N7067
	Cost Each $\frac{1/.45}{x}$ x EAU $\underline{240}$ = Est. Annual Cost $\frac{2}{3}$	148.00
	Packaged 6/ box	
.,	Secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secretary of the secret	
7.	Pediatric BVM Life Suppo	ort Products <u>L\$70-101</u>
	Estimated Annual Usage 240 ea No Substitute	N7066
	Cost Each \$ $1/.35$ x EAU 240 = Est. Annual Cost \$ 2.7	24.00
	Packaged 6/box	
		· -

Estimated Annual Usage 80 ea No Substitute
Cost Each \$ 1.54 x EAU 80 = Est. Annual Cost \$ 123.20
Packaged each 50/case
Meconium Aspirator Neo Tech Products No101
Estimated Annual Usage 80 ea No Substitute 25190
Cost Each $$3.68 \times EAU 80 = Est. Annual Cost 294.40
Packaged each
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
Easy Cap CO2 Detector Nellcor Puritan Bennet <u>047412A-0797</u>
Estimated Annual Usage 1800 ea No Substitute
Cost Each $\$ 9.34$ x EAU 1800 = Est. Annual Cost $\$ 16,812.00$
Packaged 6/box 24/case
•
Pedi End-Tidal CO2 Detector Nellcor Puritan Bennett <u>046700A-0598</u>
Estimated Annual Usage 480 ea_No Substitute N769
Cost Each $\$ 9.34 \times EAU = Est.$ Annual Cost $\$ 4.483.20$
Packaged24/ case
Laryngoscope Blade (Miller 0) Rusch 008615050
N7334
Cost Each $\frac{11.70}{x}$ EAU $\frac{40}{20}$ = Est. Annual Cost $\frac{468.00}{x}$
15.10

24.	Laryngoscope Blade (Miller 1)	Rusch 008616100
	Estimated Annual Usage 40 ea Substitute Allowed	N7335
	Cost Each $\frac{11}{10}$ x EAU $\frac{40}{10}$ = Est. Annual Cost $\frac{96}{100}$	
	Packaged each	
25.	Laryngoscope Blade (Miller 2)	Rusch 008617200
	Estimated Annual Usage 40 ea Substitute Allowed	N7336 13
	Cost Each $\frac{11.70}{2}$ x EAU $\frac{40}{2}$ = Est. Annual Cost $\frac{5.46}{2}$	
	Packaged each	
26.	Laryngoscope Blade (Miller 3)	Rusch 008618300
	Estimated Annual Usage 120 ea Substitute Allowed	12 N 2337
	Cost Each \$ //. 70 x EAU 120 = Est. Annual Cost \$	<u>404.0</u> 0
	Packaged each	·
27.	Laryngoscope Blade (MAC 2)	Rusch 008602200
	Estimated Annual Usage40 eaSubstitute Allowed	N7331
	Cost Each $\frac{11.70}{}$ x EAU $\frac{40}{}$ = Est. Annual Cost $\frac{96}{}$	8.00
	Packaged each	
20	Lawracacana Plada (MAC 2)	P1 000003300
28.	Laryngoscope Blade (MAC 3)	Rusch 008603300 ルク33ス
	Estimated Annual Usage 100 ea Substitute Allowed	120.00
	Cost Each \$ // ? EAU 100 = Est. Annual Cost \$ //	<u> </u>
	Packaged each	
29.	Laryngoscope Blade (MAC 4)	Rusch 008604400
	Estimated Annual Usage 100 ea Substitute Allowed	S2 N7333
	Cost Each \$ //. 70 x EAU 100 = Est. Annual Cost \$ //	170.00
	Packaged each	form-Apple and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th

30.	Standard Laryngoscope Handle (Small/Penlight) Rusch 008620100 NO 339 PE
	Estimated Affilial Osage
	Cost Each $\frac{90.87}{2}$ EAU $\frac{20}{20}$ = Est. Annual Cost $\frac{217.40}{20}$
	Packaged each
31.	Laryngoscope Blade (Miller 4) Rusch 008619400
	Estimated Annual Usage 100 ea Substitute Allowed
	Cost Each \$ $1/.70$ x EAU 100 = Est. Annual Cost \$ $1.170.00$
	Packaged each
32.	Laryngoscope Blade (MAC 1) Rusch 008601100
	Estimated Annual Usage 40 ea Substitute Allowed
	Cost Each $\frac{11.70}{x}$ EAU $\frac{40}{9}$ = Est. Annual Cost $\frac{468.00}{9}$
	Packaged each
33.	Purell Hand Sanitizer GoJo 9584
	Estimated Annual Usage 42 ea Substitute Allowed
	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 \$. 0.5 x EAU 16,000 = Est. Annual Cost \$ 800.00
	Packaged 1000/ box
	THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STA
35.	Epinephrine Iml (1mg/ml) Abbott Labs NDC 0074-7241-01
	Estimated Annual Usage 500 ea No Substitute 78357
	Cost Each $\$$. 39 x EAU 500 = Est. Annual Cost $\$$. 195.00
	Packaged each

36.	Vasopressin (20 units/ml) American Regent NDC 0517-1020-25
	Vasopressin (20 units/ml) American Regent NDC 0517-1020-25 Estimated Annual Usage 300 ea No Substitute
	Cost Each \$3.62 x EAU 300 = Est. Annual Cost \$ 1,086.00
	Packaged 25/ box
	I doktaged
37.	Infant 4.2% Sodium Bicarbonate Abbott Labs NDC 0074-5534-34
	Estimated Annual Usage 100 ea No Substitute
	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 Fstimated Annual Usage 100 ea Substitute Allowed T8092
	Estimated Annual Usage 100 ea Substitute Allowed
	Cost Each \$ 5.94x 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
	Cost Each \$ 49.00 x EAU 40 = Est. Annual Cost \$ $1,960.00$
	Packaged each
40.	Vacutainer Blood Tubes (4 ml) (Green) Becton Dickinson <u>367884</u>
	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 3 <u>67856</u>
	Estimated Annual Usage 4,000 ea No Substitute
	Cost Each \$. 22 x EAU 4,000 = Est. Annual Cost \$ 80.00
	Packaged 100/ package
- 43.	Vacutain on Diag d Tubes (7 m.l) (Martin)
4 3.	Vacutainer Blood Tubes (7 ml) (Marble) Becton Dickinson 367975 Betieved I.A. (1997)
	Estimated Annual Usage 4,000 ea No Substitute
	Cost Each $\frac{33}{3000}$ x EAU 4,000 = Est. Annual Cost $\frac{632000}{32000}$
	Packaged 100/ package
44.	Pediatric ECG Electrode Conmed Corp 1620-003
	Estimated Annual Usage50 bx _No Substitute
	Cost Each \$5.40 x EAU 50 = Est. Annual Cost \$ 270.00
1 - gent	Packaged 30/box 600/case
45.	Pediatric Defib Electrodes Agilent Technologies M3 <u>504A</u>
	Estimated Annual Usage300 ea_No Substitute
	Cost Each $\frac{17.60}{100}$ EAU $\underline{300}$ = Est. Annual Cost $\frac{5.280.0}{100}$
	Packaged 5/ box
46.	Multifunction Adult Defib Electrodes Agilent Technologies M3501A
	Estimated Annual Usage 600 ea No Substitute
	Cost Each \$ 16.80x EAU 600 = Est. Annual Cost \$ 10,080.00
	Packaged 10/ box
:	
47.	Nail Polish Remover Pads Professional Disposables Inc.(PDI) <u>B71200</u>
	Estimated Annual Usage 1500 ea Substitute Allowed
	0 1F 10 02 FITTIES - 1/500
	Cost Each \$. 03 x EAU 1500 = Est. Annual Cost \$ 45.00

Beck Tracheal Whistle (BAAM) BAAM N	Mark IV
Estimated Annual Usage 200 ea No Substitute	16050
Cost Each \$5.44 x EAU 200 = Est. Annual Cost \$ 1,088.00	
Packaged 10/box	_
Endotracheal Tube Holder, Adult STI Medica	1 <u>31177</u> N7168
Estimated Annual Usage 1500 ea No Substitute	101100
Cost Each $\$2.56 \times EAU 1500 = Est.$ Annual Cost $\$3.840.00$	
Packaged 25/ box	_
Tube Check Intubation Detector Wolfe Troy Medical	EID200
Estimated Annual Usage350 ea Substitute Allowed	N7696
Cost Each $\$2.29$ x EAU 350 = Est. Annual Cost $\$2.50$	
Packaged 20/ box	
Endotracheal Tube Holder (Pediatric) STI Medic	al <u>30687</u>
Estimated Annual Usage600 ea_No Substitute	N7168P
Cost Each \$2.56 x EAU 600 = Est. Annual Cost \$ 1,536.00	
Packaged 25/ box	
Buretrol Solution Set (60 drops /ml) Baxter 2	C7566S
Estimated Annual Usage 25 ea No Substitute	
Cost Each $$4.81 \times EAU_{25} = Est. Annual Cost 120.25	
Packaged <u>each</u>	
Sensi-touch Spinal Needles (18 x 3.5") Baxter	220019
Estimated Annual Usage 200 ea No Substitute	8881-220019
Cost Each $$1.69$ x EAU 200 = Est. Annual Cost $$38.00$	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
Packaged 25/box 100/case	
	Estimated Annual Usage

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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
50.	
	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
ner i	Estimated Annual Usage 40 ea No Substitute
	Cost Each $\$ x EAU $\underline{40}$ = Est. Annual Cost $\$ \underline{No} \underline{B} , \underline{A}
	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 1400
	Packaged 100/box
	SB 4000 1,400°
61.	Mg Sulfate Pre-filled Syringe IMS <u>0548-1034-00</u>
	Estimated Annual Usage 500 ea No Substitute
	Cost Each \$ x EAU 500 = Est. Annual Cost \$ 1/0 Bi
	Packaged 100/box
62.	Lubricating Jelly Foil Packet 2.7g Professional Disposables Inc T-00128
	Estimated Annual Usage 3024 ea No Substitute
	Cost Each \$, 0 4 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 \(\overline{\mathcal{T}8/25} \)
	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 537/9
	Cost Each $\$$ x EAU 1000 = Est. Annual Cost $\$$ 80.00
,	Packaged 50/ box
	2 doubles Joi von

Tincture of Benzoin 10% SwabStick Professional Disposables Inc S-42450
Estimated Annual Usage 500 No Substitute
Cost Each \$./6 x EAU 500 = Est. Annual Cost \$ 80.00
Packaged 50/box
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
60 cc Exel Syringe Exel 26302
Estimated Annual Usage 400 ea No Substitute 78/42
Cost Each $\$$, 39 x EAU 400 = Est. Annual Cost $\$$ 156.00
Packaged 25/ box
Grandview Laryngoscope Blades Grandview GV 2020A
Estimated Annual Usage 150 ea No Substitute N930S
Cost Each \$ 49.85 x EAU 150 = Est. Annual Cost \$ 7,477.50
Packaged each
Grandview Laryngoscope Bulbs Grandview GV 1008
Estimated Annual Usage 150 ea No Substitute N730 6
Cost Each \$ <u>5,46</u> x EAU <u>150</u> = Est. Annual Cost \$ <u>8 19.00</u>
Packaged each
Evac-u-Splint Extremity Kit Hartwell Medical EV 3000
F348/
Estimated Annual Usage 35 ea No Substitute
Estimated Annual Usage 35 ea No Substitute Cost Each \$266.50x EAU EACH = Est. Annual Cost \$ 9,327.50

, 2.	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 <u>Each</u>
74.	P.A.W.S. Anti-Microbial Wipes 1000 bx Estimated Annual Usage 200 bx No Substitute SA3440
	Estimated Annual Usage 200 bx. No Substitute
	Cost Each \$33,50 x EAU EACH = Est. Annual Cost \$ 33.50 X2 335
	Packaged <u>Each 100 bx 110 bx case</u> SB 670° Recorder Paper 80 mm Fan Folded Zall 8000 0301
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 Bis
	Packaged ?
77.	4 ECG Electrodes Zoll 8900-0004
and software or .	Estimated Annual Usage 20 cs No Substitute
e e	Cost Each \$ x EAU EACH = Est. Annual Cost \$ 10 Bid
	Packaged ?

78.	HVP Multi-Function Electrodes (Adult)	Zoll 8900-4003
	Estimated Annual Usage 30 cs No Substitute	
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$	10 Bid
	Packaged ?	
79.	Pedi-Padz Multi-Function Electrodes	Zoll 8900-2065
	Estimated Annual Usage 30 cs No Substitute	
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$	No Bid
	Packaged?	

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Ibex	:/Independent Agency Serv	vices	ONLYAN	ID CONFERS NO	RIGHTS UPON THE C	FRTIFICATE
4020	D Stirrup Creek Dr Ste 1 . Box 14988	12	HOLDER	THIS CERTIFIC.	ATE DOES NOT AMEN AFFORDED BY THE PO	D EYTEND OF
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	5760 Hwy. 96 West	Equipment Corp.	INSURERA F	ederal Insur	ance Company	
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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

	LEE COUNTY (Only complete Part A if your principal place of business is located within the boundaries of Lee County)
W lo	hat is the physical location of your principal place of business that is cated within the boundaries of Lee County, Florida?
W	hat is the size of this facility (i.e. sales area size, warehouse, storage yard, etc.)
W.	ART B: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS NOT LOCATED ITHIN LEE COUNTY OR DOES NOT HAVE A PHYSICAL LOCATION ITHIN LEE COUNTY (Please complete this section.)
	1. How many employees are available to service this contract?
	mag Magnetin Mariana.
ikiske ja jerte.	2. Describe the types and amount of equipment you have available t service this contract.
	Full supply of EMS equipment and supplies requested.

LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED

	 Describe available to serv 	ice this contr	act.	aterial stock	mat you have
	Full Su	upply	of E	MS e	gui pmeni wareho
94	d sup	M. 1 plies	stock	ed in	wareho
_£o	r regu	est.			
	ı provided goods ive five years?				
	Yes		No _		
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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: AURO PROCES CAR. DAN
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 (3.703) Two (53003) 181,004,63
GRAND TOTAL (ANNUAL COST) \$ \[\frac{178}{178} \frac{123}{125} \] \$ \frac{178}{15340} \\ \frac{15340}{15340} \\ \frac{15340}{1530} \\ \frac{15340} \\ \frac{15340} \\ \frac{15340}{1530} \\ \frac{15340}{153
TO BE (DELIVERED) WITHIN 3 CALENDAR DAYS AFTER RECEIPT OF AWARD 1/18,125.22 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.
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G

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 ACRO PRODUTS COOP.
BY (Printed): LEW SAN FE/11
BY (Signature): Lew Saw Place
TITLE: CONTRACTS MER.
FEDERAL ID # OR S.S.# 53-1897336
ADDRESS: P.O. BOX 1707
SONFORD, Fl. 32772-1707
PHONE NO.: 800. 293. 2376
FAX NO.: 811-692 7895
CELLULAR PHONE/PAGER NO.:
LEE COUNTY OCCUPATIONAL LICENSE NUMBER:
E-MAIL ADDRESS: LEW MEDIC MASTER, NET
REVISED: 7/28/00

ATTACHENT C

	ITEM DESCRIPTION	MANUFACTURER PRODUCT #
1.	Angiocath IV Catheter	Becton Dickinson 382258
	Estimated Annual Usage240 ea _No Su	bstitute
	Cost Each \$ <u>440</u> x EAU <u>240</u> = Est. Annu	al Cost \$ <u>/056.00</u>
	•	CO12370
2.	Safe-cuff Blood Pressure Cuff (Adult Lg)	CAS Medical CD1642
	Estimated Annual Usage160 ea _No Su	bstitute
	Cost Each \$ x EAU 160 = Est. Annu	al Cost \$/3
	Packaged 20/box	
3.	Molded Surgical Mask	Dynarex 2203
	Estimated Annual Usage 250 ea Subs	stitute Allowed
	Cost Each $\frac{10}{10}$ x EAU $\frac{250}{10}$ = Est. Annu	al Cost \$
	Packaged 50/box	
	DYNAY	16x 2203 F3/9/
4.	Charger For Portable Suction Units	Impact <u>810-0305-02</u>
	Estimated Annual Usage 20 ea No St	abstitute
	Cost Each \$ 33 80 x EAU 20 = Est. Annua	1 Cost \$ <u>476.00</u>
	Packaged <u>Each</u>	
		BB 810030502
5.	Safecuff BP Cuff (sm adult)	CAS Medical CD1230
	Estimated Annual Usage 80 ea No S	ubstitute
,	Cost Each \$ x EAU 80 = Est. Annu	· · · · · · · · · · · · · · · · · · ·
	Packaged Each	
	<u> </u>	

6.	Safecuff BP Cuff (adult) CAS N	Medical <u>CD1437</u>
	Estimated Annual Usage800 eaNo Substitute	
	Cost Each \$ x EAU <u>800</u> = Est. Annual Cost \$	<u> </u>
	Packaged 20/ box	
	CAS CAS CAS CAS CAS CAS CAS CAS CAS CAS	Medical CD927
7.	Salcoult B1 Ouil (Since)	
	Estimated Annual Usage 140 ea No Substitute	n /2
	Cost Each \$ x EAU 140 = Est. Annual Cost \$	
	Packaged 20/ box	
8.	Safecuff BP Cuff (infant) CA	S Medical <u>CD618</u>
,	Estimated Annual Usage 80 ea No Substitute	
	Cost Each \$ x EAU 80 = Est. Annual Cost \$	n/3_
	Packaged 20/ box	•
9.	3M Particulate Respirator N95	3M <u>8110S</u>
	Estimated Annual Usage160 ea_No Substitute	
	Cost Each \$.63 x EAU 160 = Est. Annual Cost \$	100.80
	Packaged 20/ box	
10.	3M Particulate Respirator N95	3M <u>8210</u>
10.	Estimated Annual Usage <u>200 ea</u> No Substitute	
	Cost Each \$ x EAU 200 = Est. Annual Cost \$	120.00
	Packaged 20/ box	
	. doingos	
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 \$ 2/180.00
	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 \$ 430.00
	Packaged 30/ box
	0499414
14.	12 Lead Paper Physio-Control 805319-05
	Estimated Annual Usage 200 ea No Substitute
	Cost Each \$ x EAU 200 = Est. Annual Cost \$ \(\times \sqrt{\beta} \)
	Packaged 2 rolls/ box
15.	Adult BVM Life Support Products <u>L570-040</u>
	Estimated Annual Usage 1800 ea No Substitute
	Cost Each \$ //./ x EAU 1800 = Est. Annual Cost \$ _20070.00
	Packaged 6/ box
	A636115
16.	Infant BVM Life Support Products <u>L570-200</u>
	Estimated Annual Usage 240 ea No Substitute
	Cost Each \$ //.90 x EAU 240 = Est. Annual Cost \$ _2856.00
	Packaged 6/ box
	1636104
17.	Pediatric BVM Life Support Products <u>L570-101</u>
	Estimated Annual Usage 240 ea No Substitute
	Cost Each \$ 11.90 x EAU 240 = Est. Annual Cost \$ 2856.00
	Packaged6/ box
	A636119

	18.	Three-way Stop Cock Baxter 2 <u>C6229</u>
		Estimated Annual Usage 80 ea No Substitute
		Cost Each \$ 1.70 x EAU 80 = Est. Annual Cost \$ 136.00
	٠	Packaged each (PACKED SO/CASE)
		AAK52L
	19.	Meconium Aspirator Neo Tech Products No101
		Estimated Annual Usage 80 ea No Substitute
		Cost Each $\frac{3.80}{1.00}$ x EAU $\frac{80}{1.00}$ = Est. Annual Cost $\frac{309.00}{1.00}$
		Packaged each
		B4092
	20.	BP Cuff Adult Large MABIS 05-260-016
		Estimated Annual Usage30 eaNo Substitute
		Cost Each \$ 13.36 x EAU 30 = Est. Annual Cost \$ 376.50
		Packaged each each
		MO 1990
1	21.	Easy Cap CO2 Detector Nellcor Puritan Bennet <u>047412A-0797</u>
		Estimated Annual Usage 1800 ea No Substitute
		Cost Each \$ 8.67 x EAU 1800 = Est. Annual Cost \$ / 56.00
		Packaged 6/box
	,, , , , , , , , , , , , , , , , , , ,	Pedi End-Tidal CO2 Detector Nellcor Puritan Bennett 046700A-0598
ζ.	22.	Tedi Bid Tidas som a tittle
		Estimated Annual Usage 480 ea No Substitute
		Cost Each \$ $\frac{\mathcal{E}(l)}{24}$ x EAU $\frac{480}{2}$ = Est. Annual Cost \$ $\frac{4ll}{60}$
		Packaged
	23.	Zinjingoboop Zinin (Cinina)
		Estimated Annual Usage 40 ea Substitute Allowed
		Cost Each \$ $\frac{70.55}{x}$ x EAU $\frac{40}{9}$ = Est. Annual Cost \$ $\frac{993.00}{x}$
		Packaged each AMILE ASGUES
		MACO AMILO A865/05
		19

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					
	MACO AMILI	A 865 DC				
25.	Laryngoscope Blade (Miller 2)	Rusch 008617200				
	Estimated Annual Usage 40 ea Substitute Allowed					
	Cost Each \$ 10.55 x EAU 40 = Est. Annual Cost \$ 42.	0.00				
	Packaged each					
	MACO AMI/2	1865/07				
26.	Laryngoscope Blade (Miller 3)	Rusch 008618300				
	Estimated Annual Usage 120 ea Substitute Allowed					
	Cost Each \$ 1055 x EAU 120 = Est. Annual Cost \$	166.00				
	Packaged each					
	MACO AHI/3	A 865/08				
27.	Laryngoscope Blade (MAC 2)	Rusch 008602200				
	Estimated Annual Usage 40 ea Substitute Allowed					
	Cost Each \$ 10.55 x EAU 40 = Est. Annual Cost \$ 42	2.00				
	Packaged each					
	MARO AMMAR 2	A865/02				
28.	Laryngoscope Blade (MAC 3)	Rusch 008603300				
	Estimated Annual Usage 100 ea Substitute Allowed					
	Cost Each \$ 105 x EAU 100 = Est. Annual Cost \$ 1	555.00				
	Packaged <u>each</u>					
	MACO AMMAE 3	A 865103				
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 AM MAE Y	A865104				

30.	Standard Laryngoscope Handle (Small/Penlight)	Rusch <u>0086</u>	<u>20100</u>
	Estimated Annual Usage 20 ea No Substitute		
	Cost Each \$ 10.50 x EAU 20 = Est. Annual Cost \$ 3/0.	00	
	Packaged each		_
		AO.	342
31.	Laryngoscope Blade (Miller 4)	Rusch 0086	19400
	Estimated Annual Usage100 ea_Substitute Allowed		
	Cost Each \$ 10.55 x EAU 100 = Est. Annual Cost \$	5.00	
	Packaged each	-m·	-
	MACO AMILY	A865	109
32.	Laryngoscope Blade (MAC 1)	Rusch 0086	501100
	Estimated Annual Usage 40 ea Substitute Allowed		
	Cost Each \$ 10.55 x EAU 40 = Est. Annual Cost \$ 422.	00	
	Packaged each	·	
	MACO AMMACI	A 865	10/
33.	Purell Hand Sanitizer	G	oJo <u>9584</u>
	Estimated Annual Usage <u>42 ea</u> Substitute Allowed		
	Cost Each \$.75 x EAU <u>42</u> = Est. Annual Cost \$3/.5	50	
	Packaged <u>each</u>		
	BID 402. ANTISOFFICE Alected TELL HTPINDU	5/8/83	F5693
34.		ndustries <u>49</u>	97 68059
	Estimated Annual Usage 16,000 ea No Substitute		
	Cost Each \$ x EAU <u>16,000</u> = Est. Annual Cost \$	r/3	
	Packaged 1000/ box	·	
35.	Epinephrine 1ml (1mg/ml) Abbott Labs	NDC 0074-	7241-01
	Estimated Annual Usage500 ea_No Substitute		
	Cost Each \$ x EAU <u>500</u> = Est. Annual Cost \$	N/3	
	Packaged each		
	2.36		

36.	Vasopressin (20 units/ml) American Regent NDC 0517-1020-25
	Estimated Annual Usage300 ea No Substitute
	Cost Each \$ x EAU 300 = Est. Annual Cost \$ \(\begin{align*} \frac{1}{2} \end{align*} \]
	Packaged 25/ box
37.	Infant 4.2% Sodium Bicarbonate Abbott Labs NDC 0074-5534-34
	Estimated Annual Usage100 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 \$ 5.35 x EAU 100 = Est. Annual Cost \$ 535.00
	Packaged 2/ box
	· HH3926
39.	Glucometer Elite XL Diabetes Bayer Corp NDC 0193-3885-01
	Estimated Annual Usage40 ea _Substitute Allowed
	Cost Each \$ 50,00 x EAU 40 = Est. Annual Cost \$ 2000_00
	Packaged each
40.	Packaged each
40.	Packaged each
40.	Packaged <u>each</u> Wacutainer Blood Tubes (4 ml) (Green) Becton Dickinson <u>367884</u>
40.	Packaged each Wacutainer Blood Tubes (4 ml) (Green) Estimated Annual Usage 4,000 ea No Substitute
40.	Packaged each 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 \$
	Packagedeach
	Packaged each Vacutainer Blood Tubes (4 ml) (Green) Estimated Annual Usage 4,000 ea No Substitute Cost Each \$. \(\frac{7365}{2} \) x EAU 4,000 = Est. Annual Cost \$ \(\frac{1796.00}{2} \) Packaged 100/ package Vacutainer Blood Tubes (4.5 ml) (Blue) Becton Dickinson 369714

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42.	Vacutainer Blood Tubes (3 ml) (Purple)	Becton Dickinson 367856			
	Estimated Annual Usage 4,000 ea No Substitute				
	Cost Each \$ 383 x EAU 4,000 = Est. Annual Cost \$	1132.00			
	Packaged 100/ package				
43.	Vacutainer Blood Tubes (7 ml) (Marble)	Becton Dickinson 367975			
	Estimated Annual Usage4,000 ea_ No Substitute				
	Cost Each \$ x EAU 4,000 = Est. Annual Cost \$	1696.00			
	Packaged 100/ package				
44.	Pediatric ECG Electrode	Conmed Corp 1 <u>620-003</u>			
	Estimated Annual Usage50 bx No Substitute				
	Cost Each \$ <u>9.75</u> x EAU <u>50</u> = Est. Annual Cost \$	487.50			
	Packaged 30/box	· .			
		£ 327/3			
45.	Pediatric Defib Electrodes Agile	ent Technologies M3 <u>504A</u>			
	Estimated Annual Usage 300 ea No Substitute				
	Cost Each \$ 29.60 x EAU 300 = Est. Annual Cost \$ 3	8.880,00			
	Packaged 5/ box				
46.	Multifunction Adult Defib Electrodes Agil	ent Technologies M3501A			
	Estimated Annual Usage600 ea No Substitute				
	Cost Each \$ _27.84 x EAU 600 = Est. Annual Cost \$ _	16704.00			
	Packaged 10/box				
47.	Nail Polish Remover Pads Professional Dis	posables Inc.(PDI) <u>B71200</u>			
	Estimated Annual Usage 1500 ea Substitute Allowe	ed			
	Cost Each \$.028 x EAU 1500 = Est. Annual Cost \$	42.00			
	Packaged100 packets/ box				
	TRIAD 10.6200	F16531			

48.	Beck Tracheal Whistle (BAAM)	AAM Mark
	Estimated Annual Usage 200 ea No Substitute	
	Cost Each \$ 5.56 x EAU 200 = Est. Annual Cost \$ ///2.00	
	Packaged 10/ box	
	A 7 95	310
49.	Endotracheal Tube Holder, Adult STI	Medical <u>311</u>
	Estimated Annual Usage 1500 ea No Substitute	
	Cost Each \$ 2.62 x EAU 1500 = Est. Annual Cost \$ 3930.4	00
	Packaged 25/box	
	THOMAS 500	A6681
50.	Tube Check Intubation Detector Wolfe Troy N	Medical <u>EID</u>
	Estimated Annual Usage 350 ea Substitute Allowed	
	Cost Each \$ 2.38 x EAU 350 = Est. Annual Cost \$ 833.00	
	Packaged 20/ box	
	AMBU 000/72002	A63
51.	Endotracheal Tube Holder (Pediatric) ST	I Medical <u>30</u>
	Estimated Annual Usage600 ea_No Substitute	
	Cost Each \$ 2.62 x EAU 600 = Est. Annual Cost \$/572.6	90
	Packaged 25/ box	
	THOMAS 400	A6682
52.	Buretrol Solution Set (60 drops /ml)	Baxter 2C7:
	Estimated Annual Usage <u>25 ea</u> No Substitute	
	Cost Each \$x EAU <u>25</u> = Est. Annual Cost \$	
	Packaged <u>each</u>	
53.	Sensi-touch Spinal Needles (18 x 3.5")	Baxter 220
.در	Estimated Annual Usage 200 ea No Substitute	
	Cost Each \$ $\frac{1.84}{1.84}$ x EAU 200 = Est. Annual Cost \$ $\frac{368.00}{1.84}$	
-	Packaged 25/box (So/p 100/1486)	

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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 \$ 284.00	
	Packaged 100/ box	*
		-
55.	Monoject Needles (22 x 1.5") Sherwood Medical 216066	
	Estimated Annual Usage 2000 ea No Substitute	
	Cost Each $\frac{3}{142}$ x EAU $\frac{2000}{1}$ = Est. Annual Cost $\frac{3}{2}$	
	Packaged 100/ box	
	SHORWOUD # 2/6066 15 A 22x1 Multi SAMPLE - 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 $\$$ 280	
	Packaged each Solo Doly By Solax	
	Cof0/0	
57.	Surflo Winged Infusion Set (21 G x 0.75") Terumo 0197	7
	Estimated Annual Usage 40 ea No Substitute	
	Cost Each \$ /3\(\lambda\) x EAU 40 = Est. Annual Cost \$ /2.80	
	Packaged 50/box Solo 50/BX	
	C0/0//	
58.	Surflo Winged Infusion Set (25 G x 0.75") Terumo <u>SVTW00</u>	<u>4</u>
	Estimated Annual Usage 40 ea No Substitute	
	Cost Each $\$$, 32 x EAU 40 = Est. Annual Cost $\$$ /2.80	
	Packaged each	
		_
59.	Monoject Filter Needle (18 G x 1.5") Sherwood Medical 8881-30511	<u>.7</u>
	Estimated Annual Usage 2000 ea No Substitute	1
	Cost Each \$, 14 x EAU 2000 = Est. Annual Cost \$	48000
	Packaged 100/ box	
	/	
		Por Con
		120.
	25	

6526020 John Ninton

(4,000) or 400?

60.	Twin Pak Dual Cannula Device Becton Dickinson 303390
	Estimated Annual Usage 4000 ea No Substitute
	Cost Each \$.3835 x EAU 400 = Est. Annual Cost \$
	Packaged 100/box
	Co12377
61.	Mg Sulfate Pre-filled Syringe IMS <u>0548-1034-00</u>
	Estimated Annual Usage 500 ea No Substitute
	Cost Each \$ x EAU 500 = Est. Annual Cost \$ \(\frac{1}{2} \)
	Packaged 100/box
	7 m 00100
62.	Lubricating Jelly Foil Packet 2.7g Professional Disposables Inc T-00128
	Estimated Annual Usage 3024 ea No Substitute
-	Cost Each \$ 10284 x EAU 3024 = Est. Annual Cost \$ 85.88
	Packaged 144/ box
	A/651
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
	Biomedix Select-3 IV Selectable Admin Set Biomedix 10102
64.	promophi Service Caracteristics and a service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service control of the service
	Estimated Annual Usage 1920 ea No Substitute
	Cost Each $\$ \frac{4.28}{2.28}$ x EAU 1920 = Est. Annual Cost $\$ 82/7.60$
	Packaged <u>48/ cs</u> <i>CG232</i>
65.	Iodine Swabs Dynarex 1201
05.	Estimated Annual Usage 1000 ea No Substitute
	Cost Each $\$$, 079 x EAU 1000 = Est. Annual Cost $\$$ 79.00
	Packaged 50/ box
	1 ackaged

56.	Tincture of Benzoin 10% SwabStick Professional Disposables Inc S-42450				
	Estimated Annual Usage 500 No Substitute				
	Cost Each \$ x EAU 500 = Est. Annual Cost \$ \(\bullet \psi \)				
•	Packaged 50/ box				
 57.	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 <u>26302</u>				
	Estimated Annual Usage400 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 \$ 49.80 x EAU 150 = Est. Annual Cost \$ 7470.00				
	Packaged each				
	A 538/00				
70.	Grandview Laryngoscope Bulbs Grandview GV 1008				
	Estimated Annual Usage150 ea_No Substitute				
	Cost Each \$ 5.15 x EAU 150 = Est. Annual Cost \$ 772.50				
	Packaged each				
	A 5 3 8/0/				
71.	Evac-u-Splint Extremity Kit Hartwell Medical EV 3000				
	Estimated Annual Usage35 ea No Substitute				
	Cost Each \$ 267.00 x EAU EACH = Est. Annual Cost \$ 9345.00				
	Packaged <u>Each</u>				
	D 5383				

72.	3c/c Syringe with Twin Cannula	Becton Dickinson 303391					
	Estimated Annual Usage 21,000 No Substitute						
	Cost Each \$.4/87 x EAU <u>EACH</u> = Est. Annual Cost \$ <u>8792.70</u>						
	Packaged ? 100/ BK 800/0935						
73.	Disposable Polyester Blanket	S&F Promotions C-125					
15.	Estimated Annual Usage 200 ea. No Substitute						
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$	JB					
	Packaged <u>Each</u>						
74.	P.A.W.S. Anti-Microbial Wipes	SafeTec 34400					
	Estimated Annual Usage 200 bx. No Substitute						
	Cost Each \$ 3.40 x EAU EACH = Est. Annual Cost \$	680,00					
	Packaged Each PENASOD 180/15 0x						
		F816604					
75.	Recorder Paper 80 mm Fan Folded	Zoll 8000-0301					
	Estimated Annual Usage 100 bx No Substitute						
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost S	S					
	Packaged ?						
76 .	Disposable Pediatric Sensor	Zoll 8000-0044					
	Estimated Annual Usage 30 cs No Substitute						
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost	s					
	Packaged ?	,					
77.	4 ECG Electrodes	Zoll 8900-0004					
	Estimated Annual Usage 20 csNo Substitute						
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost	\$					
	Packaged ?	•					

*	-	
78.	HVP Multi-Function Electrodes (Adult)	Zoll 8900-4003
•	Estimated Annual Usage30 csNo Substitute	
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$	1/1
	Packaged ?	
79.	Pedi-Padz Multi-Function Electrodes	Zoll 8900-2065
	Estimated Annual Usage30 csNo Substitute	
	Cost Each \$ x EAU EACH = Est. Annual Cost \$	N/B
	Packaged ?	

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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

loc	E COU	'S PRINCIPAL PLACE OF BUSINESS IS LOCATED WITHIN NTY (Only complete Part A if your principal place of business thin the boundaries of Lee County)
What locate	is the jed with	physical location of your principal place of business that is in the boundaries of Lee County, Florida?
What	is the s	size of this facility (i.e. sales area size, warehouse, storage yard,
WITI	HIN LE	ENDOR'S PRINCIPAL PLACE OF BUSINESS IS NOT LOCAT EE COUNTY OR DOES NOT HAVE A PHYSICAL LOCATION EE 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 availa
		ce this contract.

LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED

Have you pr		rvices to Lee	County on a 1	egular basis for the prec
	Yes		No	
	e provide your cont years. Attach addi			ounty for the past five,
90018	Q-000354	7-16-02	Trassoll	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
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 #/ : #2 receipt of Addenda numbers:
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.

ATTACHENT C

	ITEM DESCRIPTION M.	ANUFACTURER PRODUCT #
1	Angiocath IV Catheter	Becton Dickinson 382258
NO PG	Estimated Annual Usage 240 ea No Subst	itute
٠	Cost Each $\frac{2/5}{x}$ EAU $\frac{240}{x}$ = Est. Annual 6	Cost \$ 51.60
	Packaged 10/box	
2.	Safe-cuff Blood Pressure Cuff (Adult Lg)	CAS Medical CD1642
	Estimated Annual Usage160 ea _No Subst	itute
	Cost Each $x EAU 160 = Est$. Annual $x EAU 160 = Est$.	Cost \$ <u>NO BID</u>
	Packaged 20/ box	
3.	Molded Surgical Mask	Dynarex 2203
P.395	Estimated Annual Usage 250 ea Substitu	te Allowed #22030
	Cost Each \$.07 x EAU <u>250</u> = Est. Annual C	Cost \$ 17.50
	Packaged 50/box	· · · · · · · · · · · · · · · · · · ·
<u>*</u>		<u> a cara managan an ang ang ang ang ang ang ang an</u>
4.	Charger For Portable Suction Units	
P.50	Estimated Annual Usage 20 ea No Subst	itute #305-02
	Cost Each \$ 21.43 x EAU 20 = Est. Annual Co	st \$ 428.60
	Packaged <u>Each</u>	
***	and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o	·
5.	Safecuff BP Cuff (sm adult)	CAS Medical CD1230
	Estimated Annual Usage 80 ea No Subst	itute
	Cost Each \$ x EAU <u>80</u> = Est. Annual C	ost \$ <u>NO BID</u>
	Packaged <u>Each</u>	
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6.	Safecuff BP Cuff (adult) CAS Medical <u>CD1437</u>
***	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 Usage140 ea _No Substitute
	Cost Each \$ x EAU 140 = Est. Annual Cost \$ No BID
	Packaged 20/box
. 8 ti	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 <u>8110S</u>
	Estimated Annual Usage160 ea_No Substitute
- 1	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
, e de	Secretarian de la companya de la companya de la companya de la companya de la companya de la companya de la co
11.	Sta-Block HID STI Medical 975
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 <u>000 281 000</u>
	Estimated Annual Usage 4000 ea No Substitute	
	Cost Each \$ x EAU <u>4000</u> = Est. Annual Cost \$	NO BID
	Packaged 30/box	
. Section of	ents the many many and a second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the secon	
13.	Pedi/Infant/Sm Adult Adjustable Extrication Collar	AMBU <u>000 281 106</u>
-	Estimated Annual Usage 800 ea No Substitute	
	Cost Each \$ x EAU 800 = Est. Annual Cost \$	JO BID
	Packaged 30/box	
14.	12 Lead Paper Ph	ysio-Control <u>805319-05</u>
P.181	Estimated Annual Usage 200 ea No Substitute	
- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	Cost Each \$ 6./2 x EAU 200 = Est. Annual Cost \$ _/	224.00
	Packaged 2 rolls/ box	
15.	Adult BVM Life Su	pport Products L570-040
P. 83	Estimated Annual Usage 1800 ea No Substitute	#690-040
		±1690-040
P.83	Estimated Annual Usage 1800 ea No Substitute	#690-040 14,112.00 /
P.83	Estimated Annual Usage 1800 ea No Substitute Cost Each \$ 7.84 x EAU 1800 = Est. Annual Cost \$	#690-040 14,112.00 /
P.83	Estimated Annual Usage 1800 ea No Substitute Cost Each \$ 7.84 x EAU 1800 = Est. Annual Cost \$ _ Packaged 6/ box	#690-040 14,112.00 /
P. 83	Estimated Annual Usage 1800 ea No Substitute Cost Each \$ 7.84 x EAU 1800 = Est. Annual Cost \$ _ Packaged 6/ box	#690-040 14,112.00 V
P. 83	Estimated Annual Usage 1800 ea No Substitute Cost Each \$ 7.84 x EAU 1800 = Est. Annual Cost \$ _ Packaged 6/ box Infant BVM Life Suge 240 ea No Substitute	#690-040 14/12.00 pport Products <u>L570-200</u> #670-200
P. 83	Estimated Annual Usage 1800 ea No Substitute Cost Each \$ 7.84 x EAU 1800 = Est. Annual Cost \$ _ Packaged 6/ box Infant BVM Life Suge 140 ea No Substitute Cost Each \$ 9.09 x EAU 240 = Est. Annual Cost \$	#690-040 14/12.00 pport Products <u>L570-200</u> #670-200
P. 83	Estimated Annual Usage 1800 ea No Substitute Cost Each \$ 7.84 x EAU 1800 = Est. Annual Cost \$ _ Packaged 6/ box Infant BVM Life Suge 240 ea No Substitute	#690-040 14/12.00 pport Products <u>L570-200</u> #670-200
P. 83	Estimated Annual Usage 1800 ea No Substitute Cost Each \$ 7.84 x EAU 1800 = Est. Annual Cost \$ _ Packaged 6/ box Life Sugestimated Annual Usage 240 ea No Substitute Cost Each \$ 9.09 x EAU 240 = Est. Annual Cost \$ _ Packaged 6/ box	#690-040 14/12.00 pport Products <u>L570-200</u> #670-200
P. 83 16. P. 83	Estimated Annual Usage 1800 ea No Substitute Cost Each \$ 7.84 x EAU 1800 = Est. Annual Cost \$ _ Packaged 6/ box Life Sugestimated Annual Usage 240 ea No Substitute Cost Each \$ 9.09 x EAU 240 = Est. Annual Cost \$ _ Packaged 6/ box	#690-040 14/12.00 pport Products <u>L570-200</u> #670-200
P. 83 16. P. 83	Estimated Annual Usage 1800 ea No Substitute Cost Each \$ 7.84 x EAU 1800 = Est. Annual Cost \$ Packaged 6/ box Infant BVM Life Suge 240 ea No Substitute Cost Each \$ 9.09 x EAU 240 = Est. Annual Cost \$ Packaged 6/ box Pediatric BVM Life Suge 240 ea No Substitute Estimated Annual Usage 240 ea No Substitute	#670-040 14/12.00 pport Products L570-200 #670-200 2/8/.60 pport Products L570-101 #670-100
P. 83 16. P. 83	Estimated Annual Usage 1800 ea No Substitute Cost Each \$ 7.84 x EAU 1800 = Est. Annual Cost \$	#670-040 14/12.00 poport Products L570-200 #670-200 2/8/.60 poport Products L570-101 #670-100

18.	Three-way Stop Cock	Baxter 2 <u>C6229</u>
NOPG.	Estimated Annual Usage 80 ea No Substitute	
	Cost Each \$ <u>/.43</u> x EAU <u>80</u> = Est. Annual Cost \$ _	114.40
	Packaged <u>each</u>	
19.	Meconium Aspirator N	eo 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
1.126	Estimated Annual Usage 30 ea No Substitute	#260016
i se se i i i i i deli se	Cost Each \$ //. 23 x EAU 30 = Est. Annual Cost \$ _	336.90
	Packaged each	· · · · · · · · · · · · · · · · · · ·
21.	Easy Cap CO2 Detector Nellcor Puri	tan Bennet <u>047412A-0797</u>
P.36	Estimated Annual Usage 1800 ea No Substitute	#32790
	Cost Each $$9.35$ x EAU 1800 = Est. Annual Cost $$$	
	Packaged 6/ box	
22.		itan Bennett <u>046700A-0598</u>
P.36	Estimated Annual Usage 480 ea No Substitute	#32795
	Cost Each $$\frac{9.35}{}$ x EAU $\underline{480}$ = Est. Annual Cost $$$	4488.00
•	Packaged 24/ case	
	Tarrana Diala (NCII) - O	D 1.000717070
	Laryngoscope Blade (Miller 0)	Rusch 008615050
P41 "	Estimated Annual Usage 40 ea Substitute Allow	eu
	Cost Each $\frac{14.29}{2}$ x EAU $\frac{40}{2}$ = Est. Annual Cost $\frac{1}{2}$	3/1.60 V
	Packaged each	•

24. P. 41	Laryngoscope Blade (Miller 1) Estimated Annual Usage40 ea Substitute Allowed	Rusch 008616100 #86/6
	Cost Each \$ $\frac{14.29}{2}$ x EAU $\frac{40}{2}$ = Est. Annual Cost \$ $\frac{57}{2}$	-
	Packaged each	<u> </u>
	T WHITE THE THE THE THE THE THE THE THE THE T	
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 \$ 57	1.60 /
	Packaged each	
26.	Laryngoscope Blade (Miller 3)	Rusch 008618300
P.41	Estimated Annual Usage 120 ea Substitute Allowed	±9618
e e e e e e e e e e e e e e e e e e e	Cost Each \$ 14.29 x EAU 120 = Est. Annual Cost \$ 17/	14.80 1
	Packaged each	•
·		
. 27.	Laryngoscope Blade (MAC 2)	Rusch 008602200
P.41	Estimated Annual Usage 40 ea Substitute Allowed	#860Z
	Cost Each \$ 14.29 x EAU 40 = Est. Annual Cost \$ 57	1.60 /
÷	Packaged each	· · · · · · · · · · · · · · · · · · ·
28.	Laryngoscope Blade (MAC 3)	Rusch 008603300
P.41	Estimated Annual Usage 100 ea Substitute Allowed	#8603
	Cost Each \$ /4.29 x EAU 100 = Est. Annual Cost \$ /4	29.00 /
	Packaged each	
		755-05-05-05
29.		Rusch 008604400
P.41	Estimated Annual Usage100 ea_Substitute Allowed	#8604
	Cost Each \$ 14.29 x EAU 100 = Est. Annual Cost \$ 19.	29.00
•	Packaged each	

30.	Standard Laryngoscope Handle (Small/Penlight) Rusch <u>008620100</u>
P41	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 \$ /4.29 x EAU 100 = Est. Annual Cost \$ /429.00
-	Packaged each
32.	Laryngoscope Blade (MAC 1) Rusch 008601100
P.41	Estimated Annual Usage 40 ea Substitute Allowed 48601
	Cost Each \$ /4.29 x EAU 40 = Est. Annual Cost \$ 571.60 V
k;	Packaged each
<u></u>	
33.	Purell Hand Sanitizer GoJo 9584
	Estimated Annual Usage 42 ea Substitute Allowed
	Cost Each \$ x EAU 42 = Est. Annual Cost \$ No BID
140 1 2 4	Packaged each
34.	Specimen Transport Bags MD Industries 49-97 68059
IO 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
518	Estimated Annual Usage 500 ea No Substitute #07241-01-13
,	Cost Each \$ $.29$ x EAU 500 = Est. Annual Cost \$ $/45.00$
	Packaged each

36.	Vasopressin (20 units/ml) American Regent NDC 0517-1020-25
1.516	Estimated Annual Usage 300 ea No Substitute #1020-25
	Cost Each \$ <u>2.84</u> x EAU <u>300</u> = Est. Annual Cost \$ <u>852.00</u>
	Packaged 25/ box
37.	Infant 4.2% Sodium Bicarbonate Abbott Labs NDC 0074-5534-34
1.565	Estimated Annual Usage 100 ea No Substitute #05534-34-34
i Line of the second	Cost Each \$ 2.6/ x EAU 100 = Est. Annual Cost \$ 261.00
e e e e e e e e e e	Packaged 10/ package
,	1 ackaged 107 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
er erbaya e	Packaged 2/box
· · · · · · · · · · · · · · · · · · ·	
39.	Glucometer Elite XL Diabetes Bayer Corp NDC 0193-3885-01
P.157	Estimated Annual Usage 40 ea Substitute Allowed 4/3/5787
	Cost Each \$ 45.46 x EAU 40 = Est. Annual Cost \$ /8/8.40
	Packaged each
40.	Vacutainer Blood Tubes (4 ml) (Green) Becton Dickinson <u>367884</u>
NOPG.	Estimated Annual Usage 4,000 ea No Substitute
e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l	Cost Each $\$.445$ x EAU $4,000$ = Est. Annual Cost $\$ /780.00$
•	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 \$ /024.00
	Packaged 100/ package
14 - 20 -	

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 \$ $/208.00$
	Packaged100/ package
43.	Vacutainer Blood Tubes (7 ml) (Marble) Becton Dickinson 367975
NO PG.	Estimated Annual Usage 4,000 ea No Substitute
BASS A COMMO	Cost Each \$.374 x EAU 4,000 = Est. Annual Cost \$/
	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 M3 <u>504A</u>
1.177	Estimated Annual Usage300 ea_No Substitute
•	Cost Each \$ <u>/9.43</u> x EAU <u>300</u> = Est. Annual Cost \$ <u>5829.00</u>
	Packaged 5/ box
4- 4	
46.	Multifunction Adult Defib Electrodes Agilent Technologies <u>M3501A</u>
P.177	Estimated Annual Usage 600 ea No Substitute
	Cost Each \$ 18.73 x EAU 600 = Est. Annual Cost \$ 11,238.00
٠	Packaged 10/ box
47.	Nail Polish Remover Pads Professional Disposables Inc.(PDI) <u>B71200</u>
P.476	Estimated Annual Usage 1500 ea Substitute Allowed #1/1200
	Cost Each $\frac{.03/5}{x}$ x EAU $\frac{1500}{x}$ = Est. Annual Cost $\frac{47.25}{x}$
See See 45	Packaged100 packets/ box

48.	Beck Tracheal Whistle (BAAM) BAAM Mark IV
1.31	Estimated Annual Usage 200 ea No Substitute #42555
	Cost Each \$ 5.10 x EAU 200 = Est. Annual Cost \$
	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 \$ 4/55.00
n angka sa dhin	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
e san en e	Packaged 20/ box
51.	Endotracheal Tube Holder (Pediatric) STI Medical 3068
P.30	Estimated Annual Usage 600 ea No Substitute #04400
•	Cost Each \$ 2.77 x EAU 600 = Est. Annual Cost \$
**	Packaged 25/box
52.	Buretrol Solution Set (60 drops /ml) Baxter 2C7566S
NO PG.	Estimated Annual Usage 25 ea _No Substitute #2C7566
e i e e ga a e e e e a ko	Cost Each \$ 4.85 x EAU 25 = Est. Annual Cost \$ /21.25 /
	Packaged each
53.	Sensi-touch Spinal Needles (18 x 3.5") Baxter 220019
NO PG.	Estimated Annual Usage 200 ea No Substitute
	Cost Each \$ 1.69 x EAU 200 = Est. Annual Cost \$ 338.00
11 3 2 1 300	Packaged 25/ box

54.	Monoject Needles (21 x 1.5")	Sherwood M	ledical <u>216041</u>
NO PG.	Estimated Annual Usage 2000 ea No Substitute		•
and the second second	Cost Each \$ x EAU 2000 = Est. Annual Cost	s 237.80	<u> </u>
	Packaged 100/ box		
-			· · · · · · · · · · · · · · · · · · ·
55.	Monoject Needles (22 x 1.5")	Sherwood N	Medical <u>216066</u>
NO PG.	Estimated Annual Usage 2000 ea No Substitute		
	Cost Each \$.//89 x EAU 2000 = Est. Annual Cost	\$ 237.80	
	Packaged 100/box		
· · · · · · · · · · · · · · · · · · ·			
56.	Surflo Winged Infusion Set (19 G x 0.75")	Teru	mo <u>P-216-119</u>
	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 <u>0197</u>
والمعارض والمرادي	Estimated Annual Usage 40 ea No Substitute	and the second of the second of the second	en en en en en en en en en en en en en e
* * * * * * * *	Cost Each \$ x EAU 40 = Est. Annual Cost \$_	NO BID	-
-	Packaged50/box		
 58.	Surflo Winged Infusion Set (25 G x 0.75")	Ten	ımo <u>SVTW004</u>
58.		Ten	mo <u>SVTW004</u>
58.	Surflo Winged Infusion Set (25 G x 0.75") Estimated Annual Usage 40 ea No Substitute		mo <u>SVTW004</u>
58.	Surflo Winged Infusion Set (25 G x 0.75") Estimated Annual Usage 40 ea No Substitute Cost Each \$ x EAU 40 = Est. Annual Cost \$		ımo <u>SVTW004</u>
58.	Surflo Winged Infusion Set (25 G x 0.75") Estimated Annual Usage 40 ea No Substitute		mo <u>SVTW004</u>
58.	Surflo Winged Infusion Set (25 G x 0.75") Estimated Annual Usage40 eaNo Substitute Cost Each \$ x EAU 40_ = Est. Annual Cost \$ Packagedeach	NO BID	
	Surflo Winged Infusion Set (25 G x 0.75") Estimated Annual Usage40 eaNo Substitute Cost Each \$ x EAU 40_ = Est. Annual Cost \$ Packagedeach Monoject Filter Needle (18 G x 1.5") Sher	NO BID	ano <u>SVTW004</u> al 8 <u>881-305117</u> =#305117
	Surflo Winged Infusion Set (25 G x 0.75") Estimated Annual Usage 40 ea No Substitute Cost Each \$ x EAU 40 = Est. Annual Cost \$ Packaged each Monoject Filter Needle (18 G x 1.5") Sher Estimated Annual Usage 2000 ea No Substitute	Wood Medic	- al 8 <u>881-305117</u>
	Surflo Winged Infusion Set (25 G x 0.75") Estimated Annual Usage40 eaNo Substitute Cost Each \$ x EAU 40_ = Est. Annual Cost \$ Packagedeach Monoject Filter Needle (18 G x 1.5") Sher	Wood Medic	- al 8 <u>881-305117</u>

60.	Twin Pak Dual Cannula Device Becton Dickinson 303390
P.540	Estimated Annual Usage 4000 ea No Substitute Cost Each \$.34 x EAU 400 = Est. Annual Cost \$ /36.00 \ / /360.00
	Packaged 100/box 4000
61.	Mg Sulfate Pre-filled Syringe IMS <u>0548-1034-00</u>
P.557	Estimated Annual Usage 500 ea No Substitute
	Cost Each \$ <u>/.63</u> x EAU <u>500</u> = Est. Annual Cost \$ <u>8/5.00</u> \(
	Packaged 100/box
	Lubricating Jelly Foil Packet 2.7g Professional Disposables Inc T-00128 Estimated Annual Usage 3024 ea No Substitute #c0128 Cost Each \$.035 x EAU 3024 = Est. Annual Cost \$ /05.84 /
· · · · · · · · · · · · · · · · · · ·	Packaged 144/box
63.	Lifescans Unistick 2 Spring Loaded Lancet NDC 53885-636-10
P. 161	Estimated Annual Usage 5500 ea No Substitute #784-53
	Cost Each $\frac{100}{\text{box}}$ x EAU $\frac{5500}{\text{est}}$ = Est. Annual Cost $\frac{946.00}{\text{oo}}$ V
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
e i kaje ki i kingles	
65.	Iodine Swabs Dynarex 1201
1.475	Estimated Annual UsageNo Substitute
·	Cost Each \$.0758 x EAU 1000 = Est. Annual Cost \$
	Packaged 50/ box

66. 1.475	Tincture of Benzoin 10% SwabStick Professional Disposables Inc S-42450 Estimated Annual Usage 500 No Substitute #42450
an the second control of	Cost Each \$.176 x EAU 500 = Est. Annual Cost \$ 88.00 \frac{1}{2} Packaged 50/box
, , , , . 	
67.	Graham Fitted Cot Sheets Graham 44547
P.217	Estimated Annual Usage 10,000 ea No Substitute
	Cost Each \$.75 x EAU 10,000 = Est. Annual Cost \$ 7500.00 /
en en en en en en en en en en en en en e	Packaged 50/box
68.	60 cc Exel Syringe Exel 26302
P.534	Estimated Annual Usage 400 ea No Substitute
	Cost Each \$.378 x EAU 400 = Est. Annual Cost \$ /50.40
Service Annual Control	Packaged 25/ box
69.	Grandview Laryngoscope Blades Grandview GV 2020A
P.43	Estimated Annual Usage150 ea_No Substitute
	/
erio. Servicio en el caralte	Cost Each \$ 45.77 x EAU 150 = Est. Annual Cost \$ 6865.50
an an an an an an an an an an an an an a	/
70.	Cost Each \$ 45.77 x EAU 150 = Est. Annual Cost \$ 6865.50
70.	Cost Each \$ 45.77 x EAU 150 = Est. Annual Cost \$ 6865.50 Packaged each Grandview Laryngoscope Bulbs Grandview GV 1008
_	Cost Each \$ 45.77 x EAU 150 = Est. Annual Cost \$ 6865.50 Packaged each Grandview Laryngoscope Bulbs Grandview GV 1008 Estimated Annual Usage 150 ea No Substitute
_	Cost Each \$ 45.77 x EAU 150 = Est. Annual Cost \$ 6865.50 \ Packaged each Grandview Laryngoscope Bulbs Grandview GV 1008 Estimated Annual Usage 150 ea No Substitute Cost Each \$ 4.61 x EAU 150 = Est. Annual Cost \$ 691.50 \
_	Cost Each \$ 45.77 x EAU 150 = Est. Annual Cost \$ 6865.50 \ Packaged each Grandview Laryngoscope Bulbs Grandview GV 1008 Estimated Annual Usage 150 ea No Substitute
P.43	Cost Each \$ 45.77 x EAU 150 = Est. Annual Cost \$ 6865.50 \ Packaged
P.43 71.	Cost Each \$ 45.77 x EAU 150 = Est. Annual Cost \$ 6865.50 Packagedeach Grandview Laryngoscope Bulbs Grandview GV 1008 Estimated Annual Usage150 eaNo Substitute Cost Each \$ 4.61 x EAU 150 = Est. Annual Cost \$ 691.50 Packagedeach Evac-u-Splint Extremity Kit Hartwell Medical EV 3000
P.43	Cost Each \$ 45.77 x EAU 150 = Est. Annual Cost \$ 6865.50 Packaged each Grandview Laryngoscope Bulbs Grandview GV 1008 Estimated Annual Usage 150 ea No Substitute Cost Each \$ 4.61 x EAU 150 = Est. Annual Cost \$ 691.50 Packaged each Evac-u-Splint Extremity Kit Hartwell Medical EV 3000 Estimated Annual Usage 35 ea No Substitute
P.43 71.	Cost Each \$ 45.77 x EAU 150 = Est. Annual Cost \$ 6865.50 Packagedeach Grandview Laryngoscope Bulbs Grandview GV 1008 Estimated Annual Usage150 eaNo Substitute Cost Each \$ 4.61 x EAU 150 = Est. Annual Cost \$ 691.50 Packagedeach Evac-u-Splint Extremity Kit Hartwell Medical EV 3000

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/ex, 8 8x/case	
the section of		
73.	Disposable Polyester Blanket	S&F Promotions C-125
P.274	Estimated Annual Usage 200 ea. No Substitute	-
• • • • • • •	Cost Each \$ 3./4 x EAU EACH = Est. Annual Cost \$	628.00
	Packaged Each	
 74.	P.A.W.S. Anti-Microbial Wipes	SafeTec 34400
	Estimated Annual Usage 200 bx. No Substitute	
7.5	Cost Each \$ 3.06/Bx x EAU EACH = Est. Annual Cost \$	612 00
	Packaged <u>Each</u>	
	Tackager Each	
75.	Recorder Paper 80 mm Fan Folded	Zoll 8000-0301
	Estimated Annual Usage 100 bx No Substitute	
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$	NO BID
	Packaged?	,
76.	Disposable Pediatric Sensor	Zoll 8000-0044
or to the second	Estimated Annual Usage 30 cs No Substitute	
! -	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$	NO BID
	Packaged 2	•
· .		
77. +	4 ECG Electrodes	Zoll 8900-0004
*	Estimated Annual Usage 20 cs No Substitute	
-	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$	NO BID
	Packaged ?	

78.	HVP Multi-Function Electrodes (Adult) Zoll	8900-4003
	Estimated Annual Usage 30 cs No Substitute	
٠	Cost Each \$ x EAU EACH = Est. Annual Cost \$ No Bio	
	Packaged ?	<u>:</u>
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 BIA	
	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

A: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS LOCATED WITH LEE COUNTY (Only complete Part A if your principal place of busine located within the boundaries of Lee County) What is the physical location of your principal place of business that is located within the boundaries of Lee County, Florida? What is the size of this facility (i.e. sales area size, warehouse, storage yard within the size of this facility (i.e. sales area size, warehouse, storage yard 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 avail service this contract. With Emp, INC'S Interested Barcoding System Can Boast A 99.4% once accounty Rate As				• •	•
PART B: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS NOT LOCA' WITHIN LEE COUNTY OR DOES NOT HAVE A PHYSICAL LOCATIO 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 avail service this contract.	LEE CO	UNTY (Only complete	Part A if yo	our principal	
PART B: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS NOT LOCA' 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 avail service this contract.					business that
PART B: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS NOT LOCA' 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 avail service this contract.					
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 avail service this contract.	What is the	size of this facility (i.e.	sales area s	size, warehou	se, storage yar
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 avail service this contract.					
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 avail service this contract.			<u></u>		
 Describe the types and amount of equipment you have avail service this contract. 	WITHIN LE	EE COUNTY OR DOES	NOT HAV	E A PHYSIC	
service this contract.	1.	How many employee	es are availa	able to servic	e this contract
WITH EMP, INC'S INTEGRATED BARCODING SYSTEM CAN BOAST A 99.4% ORDER ACCURACY RATE AS			nd amount	of equipment	; you have avai
CAN BOAST A 99.4% ORDER ACCURACY RATE AS					
	WITH EN	MP, INC'S INTEGE	YATED B	ARCODING	SYSTEM

LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED

HOUSET	MOUR.	50,000 F	XX. 1-00	7 W	ARE HOU	VSE,
EMP, I	NC. ALWAY	S KEEPS	IN ST	TOCIC	APPRO	XING
2.5 M	11.00 DollAR	es WORTH	OF I	VENT	BRY AN	IB Su
Have you pro consecutive f	vided goods or serive years?	rvices to Lee C	ounty on a	regular b	asis for th	ie prec
If yes, please consecutive v	Yesprovide your cont	ractual history	Nowith Lee C		r the past	five,
If yes, please consecutive y		ractual history tional pages if r	with Lee C	ounty fo		five,
consecutive y	provide your cont ears. Attach addi	ractual history tional pages if r	with Lee C necessary.	ounty fo		five,
consecutive y	provide your cont	ractual history tional pages if r	with Lee C necessary.	ounty fo		five,
consecutive y	provide your cont ears. Attach addi	ractual history tional pages if r	with Lee C	ounty fo		five,
consecutive y	provide your cont ears. Attach addi	ractual history tional pages if r	with Lee C	ounty fo		five,

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

DATE SUBMITTED: 4-05-03
VENDOR NAME: MOORE MEDICAL CORA
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: Two
GRAND TOTAL (ANNUAL COST) \$
TO BE (DELIVERED) WITHIN /- 3 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.
s 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 leviation 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): Dudy Miller
TITLE: CONTRACT SPECIALIST
FEDERAL ID # OR S.S.#
ADDRESS: 389 JOHN DOWNEY DR.
NEW BRITAIN C+ 06050
PHONE NO.: 800 - 234-1464
FAX NO.: 822-354-5916
CELLULAR PHONE/PAGER NO.:
LEE COUNTY OCCUPATIONAL LICENSE NUMBER:
E-MAIL ADDRESS: jmiller @ moore medical. Com
REVISED: 7/28/00

ATTACHENT C

	ITEM DESCRIPTION MAN	UFACTURER PRODUCT #
1.	Angiocath IV Catheter	Becton Dickinson 382258
	Estimated Annual Usage 240 eaNo Substitu	ite
	Cost Each \$ x EAU 240 = Est. Annual Co	st \$ <i>NC B 1</i> 4
	Packaged 10/ box	
2.	Safe-cuff Blood Pressure Cuff (Adult Lg)	CAS Medical CD1642
	Estimated Annual Usage <u>160 ea</u> No Substitu	te
	Cost Each \$ x EAU 160 = Est. Annual Cost	st \$ <u>NO B /D</u>
	Packaged 20/ box	
3.	Molded Surgical Mask	Dynarex 2203
	Estimated Annual Usage <u>250 ea</u> Substitute	Allowed
	Cost Each \$. 083 x EAU 250 = Est. Annual Cos	t\$ <u>20.75</u>
	Packaged 50/box - 3.522/	
4.	Charger For Portable Suction Units	Impact <u>810-0305-02</u>
	Estimated Annual Usage 20 ea No Substitu	te
	Cost Each \$ x EAU <u>20</u> = Est. Annual Cost	NO BID
	Packaged <u>Each</u>	· .
 5.	Safacuff DD Cuff (on adult)	CAGACA: 1 CD1000
J.	Safecuff BP Cuff (sm adult)	CAS Medical CD1230
	Estimated Annual Usage 80 ea No Substitut	
	Cost Each \$ x EAU 80 = Est. Annual Cost	S ALC BIB
	Packaged <u>Each</u>	
		0

6.	Safecuff BP Cuff (adult)	CAS Medical <u>CD1437</u>
	Estimated Annual Usage 800 ea No Substitute	
	Cost Each \$ x EAU 800 = Est. Annual Cost \$	NO BIA
	Packaged 20/ box	
7.	Safecuff BP Cuff (child)	CAS Medical <u>CD927</u>
	Estimated Annual Usage140 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 Usage80 eaNo Substitute	
	Cost Each \$ x EAU <u>80</u> = Est. Annual Cost \$_	NO BAD
	Packaged20/ box	
9.	3M Particulate Respirator N95	3M <u>8110S</u>
	Estimated Annual Usage160 ea_No Substitute	. *
	Cost Each \$ x EAU 160 = Est. Annual Cost \$	NO BID
	Packaged 20/ box	
10.	3M Particulate Respirator N95	3M <u>8210</u>
	Estimated Annual Usage 200 ea No Substitute	/
	Cost Each \$ _ SP25x EAU 200 = Est. Annual Cost \$	116.50
	Packaged 20/ box 7/693	
11.	Sta-Block HID	STI Medical <u>975</u>
	Estimated Annual Usage 4800 ea No Substitute	
	Cost Each \$ 465 x EAU 4800 = Est. Annual Cost	\$ 223200

Ambu Adult Adjustable Extrication Collars	AMBU <u>000 281 000</u>
Estimated Annual Usage 4000 ea No Substitute	
Cost Each \$ 6 89 x EAU 4000 = Est. Annual Cost \$ _	27560.00
Packaged 30/box - 59897	
· · · · · · · · · · · · · · · · · · ·	
Pedi/Infant/Sm Adult Adjustable Extrication Collar	AMBU <u>000 281 106</u>
Estimated Annual Usage 800 ea No Substitute	/
Cost Each \$ 680 x EAU 800 = Est. Annual Cost \$ 3	740.00
Packaged 30/box lostelele	.
12 Lead Paper Ph	ysio-Control <u>805319-05</u>
Estimated Annual Usage 200 ea No Substitute	
	OBID
Adult BVM Life Sur	port Products <u>L570-040</u>
Estimated Annual Usage <u>1800 ea</u> No Substitute	/
Cost Each \$ 9.30 x EAU 1800 = Est. Annual Cost \$ _	1674000
Packaged 6/box 68200	
Infant RVM Life Sur	oport Products <u>L570-200</u>
	/port 1 roddets <u>1570-250</u>
./	
-	<u> </u>
rackaged 0/ box 93 7-74 FAL FOF C.	
Pediatric BVM Life Sup	port Products 1-570-101
Estimated Annual Usage 240 ea No Substitute	
Cost Each \$ 1069 x EAU 240 = Est. Annual Cost \$	365.60
	Estimated Annual Usage 4000 ea No Substitute Cost Each \$ 6 99 x EAU 4000 = Est. Annual Cost \$ 2 enchanged 30/box - 598 97 Pedi/Infant/Sm Adult Adjustable Extrication Collar Estimated Annual Usage 800 ea No Substitute Cost Each \$ 680 x EAU 800 = Est. Annual Cost \$ 2 enchanged 30/box 656666 Packaged 30/box 656666 12 Lead Paper Phe Estimated Annual Usage 200 ea No Substitute Cost Each \$ x EAU 200 = Est. Annual Cost \$ 16 enchanged 2 rolls/box Adult BVM Life Sup Estimated Annual Usage 1800 ea No Substitute Cost Each \$ 9.30 x EAU 1800 = Est. Annual Cost \$ 2 enchanged 6/box 68200 Infant BVM Life Sup Estimated Annual Usage 240 ea No Substitute Cost Each \$ 1069 x EAU 240 = Est. Annual Cost \$ 2 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200 enchanged 6/box 68200

18.	Three-way Stop Cock	Baxter 2 <u>C6229</u>
	Estimated Annual Usage 80 ea No Substitute	/
	Cost Each \$ / 80 x EAU 80 = Est. Annual Cost \$	14/4/00
	Packaged each 62894	
19.	Meconium Aspirator N	eo Tech Products <u>N0101</u>
	Estimated Annual Usage 80 ea No Substitute	/
	Cost Each \$ 385 x EAU 80 = Est. Annual Cost \$_	30800
	Packaged each 50409	
20.	BP Cuff Adult Large	MABIS 05-260-016
	Estimated Annual Usage30 eaNo Substitute	
<.>.>	Cost Each \$ x EAU 30 = Est. Annual Cost \$_	NOBID
	Packaged each	
21.	Easy Cap CO2 Detector Nellcor Puri	tan Bennet <u>047412A-0797</u>
	Estimated Annual Usage1800 ea _ No Substitute	
	Cost Each \$ 9.35 x EAU 1800 = Est. Annual Cost \$	16830.00
	Packaged 6/box - 56.338	
22.	Pedi End-Tidal CO2 Detector Nellcor Pur	itan Bennett <u>046700A-0598</u>
	Estimated Annual Usage480 ea_No Substitute	
	Cost Each \$ 985 x EAU 480 = Est. Annual Cost \$	4228.00
	Packaged 24/ case 56339	
23.	Laryngoscope Blade (Miller 0)	Rusch 008615050
	Estimated Annual Usage 40 ea Substitute Allowe	;d
	Cost Each \$1369 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 \$ 545.60				
	Packaged each /5/8/				
25.	Laryngoscope Blade (Miller 2)	Rusch 008617200			
	Estimated Annual Usage 40 ea Substitute Allowed				
	Cost Each $\frac{1364}{x}$ x EAU $\frac{40}{20}$ = Est. Annual Cost $\frac{1364}{20}$	5.60			
	Packaged each 15782	-			
26.	Laryngoscope Blade (Miller 3)	Rusch 008618300			
	Estimated Annual Usage 120 ea Substitute Allowed				
	Cost Each \$ 1364 x EAU 120 = Est. Annual Cost \$ 16.	36.80			
	Packaged each /5/83_				
27.	Laryngoscope Blade (MAC 2)	Rusch 008602200			
	Estimated Annual Usage40 ea _Substitute Allowed_	. •			
	Cost Each \$ 1364 x EAU 40 = Est. Annual Cost \$ 54	5-60			
	Packaged each - 15186	<u> </u>			
28.	Laryngoscope Blade (MAC 3)	Rusch 008603300			
	Estimated Annual Usage 100 ea Substitute Allowed				
	Cost Each \$ 13 64 x EAU 100 = Est. Annual Cost \$ 13	64.00			
	Packaged each /5787				
29.	Laryngoscope Blade (MAC 4)	Rusch 008604400			
	Estimated Annual Usage 100 ea Substitute Allowed	/			
	Cost Each \$ /3 69 x EAU 100 = Est. Annual Cost \$ /36	4.00			
	Packaged each 15/88				

30.	Standard Laryngoscope Handle (Small/Penlight)	Rusch <u>008620100</u>
	Estimated Annual Usage 20 eaNo Substitute	
	Cost Each \$ 14.75 x EAU 20 = Est. Annual Cost \$ ~ 9.5	00
	Packaged each 15779	·
31.	Laryngoscope Blade (Miller 4)	Rusch 008619400
	Estimated Annual Usage 100 ea Substitute Allowed	
	Cost Each \$ 13.65 x EAU 100 = Est. Annual Cost \$ 136	
	Packaged each 15184	
32.	Laryngoscope Blade (MAC 1)	Rusch 008601100
	Estimated Annual Usage 40 ea Substitute Allowed	
	Cost Each \$ 1365 x EAU 40 = Est. Annual Cost \$ 540	<u>(a. 00</u>
	Packaged each /5/85	·
33.	Purell Hand Sanitizer	GoJo <u>9584</u>
	Estimated Annual Usage42 ea Substitute Allowed	,
	Cost Each \$ 250 x EAU 42 = Est. Annual Cost \$ 105.	00_
	Packaged each 59851 802 Pump CITRUSIL	
34.		dustries <u>49-97 68059</u>
	Estimated Annual Usage 16,000 ea No Substitute	
	Cost Each \$ x EAU <u>16,000</u> = Est. Annual Cost \$	(0 B 10)
	Packaged 1000/box	
35.	Epinephrine 1ml (1mg/ml) Abbott Labs 1	NDC 0074-7241-01
•	Estimated Annual Usage 500 ea_No Substitute	
	Cost Each \$ 825 x EAU 500 = Est. Annual Cost \$ 4/1	A PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF
	Cost Each \$ 3.23 x EAU 300 = Est. Annual Cost \$ 3/2	<u>23,00</u>

36.	Vasopressin (20 units/ml) American Regent <u>NDC 0517-1020-25</u>	
	Estimated Annual Usage300 ea_No Substitute	
	Cost Each \$ x EAU 300 = Est. Annual Cost \$	
	Packaged 25/box NoBA	
27	T. C 4.20 (G. 1' D' . 1	
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 529/0	
38.	Glucometer Elite Nml Ctl 2.5 ml Bayer Corp 3926	
	Estimated Annual Usage 100 ea Substitute Allowed	
	Cost Each \$ 559 x EAU 100 = Est. Annual Cost \$ 559.00	
	Packaged 2/box 68117	
L		
39.	Glucometer Elite XL Diabetes Bayer Corp NDC 0193-3885-01	
	Estimated Annual Usage40 ea _Substitute Allowed	
	Cost Each \$ x EAU 40 = Est. Annual Cost \$	
	Packaged each No Bib	
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 B A	
41.	Vacutainer Blood Tubes (4.5 ml) (Blue) Becton Dickinson 369714	
	Entimated Annual Hanna 4 000 No C. L. J. J.	
	Cost Each \$ 21.85 x EAU 4,000 = Est. Annual Cost \$ 874.00	
٠	Cost Each \$ 21.85 x EAU 4,000 = Est. Annual Cost \$ 874.00 Packaged 100/ package - 64895	

42.	Vacutainer Blood Tubes (3 ml) (Purple)	Becton Dickinson 367856
-	Estimated Annual Usage 4,000 ea No Substitute	63
	Cost Each \$ 1500 x EAU 4,000 = Est. Annual Cost	548.00
	Packaged 100/ package 35925	· · · · · · · · · · · · · · · · · · ·
43.	Vacutainer Blood Tubes (7 ml) (Marble)	Becton Dickinson <u>367975</u>
	Estimated Annual Usage 4,000 ea No Substitute	
	Cost Each \$ x EAU 4,000 = Est. Annual Cost \$	
	Packaged 100/ package No Bix	
44.	Pediatric ECG Electrode	Conmed Corp 1 <u>620-003</u>
	Estimated Annual Usage50 bx No Substitute	
	Cost Each \$ x EAU 50 = Est. Annual Cost \$ _	
	Packaged 30/box No Bis	
45.	Pediatric Defib Electrodes Agil	ent Technologies M3 <u>504A</u>
	Estimated Annual Usage 300 ea No Substitute	
	Cost Each \$ x EAU 300 = Est. Annual Cost \$ _	
	Packaged 5/box NOBB	
46.	Multifunction Adult Defib Electrodes Agil	ent Technologies <u>M3501A</u>
	Estimated Annual Usage 600 ea No Substitute	
	Cost Each \$ x EAU 600 = Est. Annual Cost \$_	
	Packaged 10/box NOBID	
47.	Nail Polish Remover Pads Professional Disp	osables Inc.(PDI) <u>B71200</u>
	Estimated Annual Usage <u>1500 ea</u> Substitute Allowe	đ 🖑
	Cost Each \$2.00 x EAU 1500 = Est. Annual Cost \$	30.00
	Packaged 100 packets/box 68556	ó
	TRIAD 100/BX 10 BX/cs.	

	Estimated Annual Usage 200 ea No Substitute Cost Each \$ 569 x EAU 200 = Est. Annual Cost \$ 113500
	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 \$
	Packaged 25/box 69213
50.	Tube Check Intubation Detector Wolfe Troy Medical EID200
	Estimated Annual Usage350 ea_Substitute Allowed /
	Cost Each \$ 3 05 x EAU 350 = Est. Annual Cost \$ 1062.50
	Packaged 20/box 5452/ Ameu
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
<u></u> 52.	Buretrol Solution Set (60 drops /ml) Baxter 2C7566S
	Estimated Annual Usage 25 eaNo Substitute
	Cost Each \$ x EAU <u>25</u> = Est. Annual Cost \$
	Packaged each No Bis
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 \$

54.	Monoject Needles (21 x 1,5")	Sherwood Medical 216041	
	Estimated Annual Usage <u>2000 ea</u> No Substitute		
	Cost Each \$ 20 90 x EAU 2000 = Est. Annual Cost	\$ 418.00 \$	
	Packaged 100/box 66421	\$_418.00 \$7	0 .
<u></u> 55.	Monoject Needles (22 x 1.5")		. 6
<i>JJ</i> .	,	Sherwood Medical 216066	
	Estimated Annual Usage 2000 ea No Substitute Cost Each \$ 935 x EAU 2000 = Est. Annual Cost	* 10000	
	Packaged 100/box 658/5	\$ 107.00	
	rackaged 100/ box 200/2		
56.	Surflo Winged Infusion Set (19 G x 0.75")	Terumo <u>P-216-119</u>	
	Estimated Annual Usage40 ea _No Substitute	BV/FX	
	Cost Each \$ 3/3 x EAU 40 = Est. Annual Cost \$	15165 DX/00	Ģ
	Packaged each 59802		, U,
57.	Surflo Winged Infusion Set (21 G x 0.75")	Terumo <u>0197</u>	
	Estimated Annual Usage 40 ea No Substitute		
	Cost Each \$ \(\frac{3}{3} \) x EAU \(\frac{40}{20} = \) Est. Annual Cost \$	15.65	
	Packaged 50/box 59803		
 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.BA	······································	
59.	Monoject Filter Needle (18 G x 1.5") Sher	wood Medical 8 <u>881-305117</u>	
	Estimated Annual Usage 2000 ea No Subst	/	
	Cost Each \$ 29.5 x EAU 2000 = Est. Annual Cost	\$ 583.00	
	Packaged 100/box 67615	·	

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 Bib
61.	Mg Sulfate Pre-filled Syringe IMS <u>0548-1034-00</u>
	Estimated Annual Usage No Substitute
	Cost Each \$ 120 x EAU 500 = Est. Annual Cost \$ 102.50
	Packaged 100/box 10/8x 65789
62.	Lubricating Jelly Foil Packet 2.7g Professional Disposables Inc T-00128
	Estimated Annual UsageNo Substitute
	Cost Each \$ x EAU 3024 = Est. Annual Cost \$
	Packaged 144/box - No Bis
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 Bib
64.	Biomedix Select-3 IV Selectable Admin Set Biomedix 10102
	Estimated Annual Usage No Substitute
	Cost Each \$ 445 x EAU 1920 = Est. Annual Cost \$ 8544.00
•	Packaged 48/cs 4930/
65.	Iodine Swabs Dynarex 1201

66.	Tincture of Benzoin 10% SwabStick Professional Disposables Inc S-42450
	Estimated Annual Usage500No Substitute
	Cost Each \$ x EAU 500 = Est. Annual Cost \$
	Packaged 50/box No Bis
67.	Graham Fitted Cot Sheets Graham 44547
	Estimated Annual Usage 10,000 ea No Substitute
	Cost Each \$ / f/ x EAU 10,000 = Est. Annual Cost \$ 8100.00
	Packaged 50/box - 7/184 5 pkg.
68.	60 cc Exel Syringe Exel 26302
	Estimated Annual Usage400 ea No Substitute
	Cost Each \$ x EAU 400 = Est. Annual Cost \$
	Packaged 25/box No Bio
69.	Grandview Laryngoscope Blades Grandview GV 2020A
	Estimated Annual Usage150 ea_No Substitute
	Cost Each \$54/0 x EAU 150 = Est. Annual Cost \$ 8/1500
	Packaged each 65461
70.	Grandview Laryngoscope Bulbs Grandview GV 1008
	Estimated Annual Usage 150 ea No Substitute
	Cost Each \$ 5.90 x EAU 150 = Est. Annual Cost \$ \(\frac{150}{285.00} \)
	Packaged each 68462
71.	Evac-u-Splint Extremity Kit Hartwell Medical EV 3000
	Estimated Annual Usage35 ea No Substitute
	Cost Each \$305.85 x EAU EACH = Est. Annual Cost \$ 10 208.25

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 \$	B
73.	Disposable Polyester Blanket	S&F Promotions C-125
	Estimated Annual Usage 200 ea. No Substitute	
	Cost Each \$7/0 x EAU EACH = Est, Annual Cost \$	1420.00
	Packaged Each 5/570 Ges	y 72" x 96"
74.	P.A.W.S. Anti-Microbial Wipes	SafeTec 34400
	Estimated Annual Usage	
	Cost Each \$ 3 20 x EAU EACH = Est. Annual Cost \$	640.00
	Packaged Each 50578	· · · · · · · · · · · · · · · · · · ·
75.	Recorder Paper 80 mm Fan Folded	Zoll 8000-0301
	Estimated Annual Usage 100 bx No Substitute	
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$	
	Packaged ? No B 13	
76.	Disposable Pediatric Sensor	Zoll 8000-0044
	Estimated Annual Usage30 cs_ No Substitute	
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$	
	Packaged ? No Bis	-
77.	4 ECG Electrodes	Zoll 8900-0004
	Estimated Annual Usage20 cs_No Substitute	
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$	
	Packaged ? No Bio	

78.	HVP Multi-Function Electrodes (Adult)	Zoll 8900-4003		
	Estimated Annual Usage30 cs_No Substitute			
	Cost Each \$x EAU <u>EACH</u> = Est. Annual Cost \$			
	Packaged ? No.B.			
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 Bo			
			•	
			•	

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

Certificate of Insurance

An original hand signed co Management Office prior

In the event the insurance certificate shall be on file

Revised 10/18/00

GUIDE "B"

INSURANCE REQUIREMENTS FOR PRODUC

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 it 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 (confor delivery, then the following Automobile Liability will not be required.

Coverage shall apply to owned vehicles and/or hired and non-owned vehicles a 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

Τ.	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)
	What is the physical location of your principal place of business that is located within the boundaries of Lee County, Florida?
	What is the size of this facility (i.e. sales area size, warehouse, storage yard, et
	•
1	PART B: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS NOT LOCATEI 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?
	 Describe the types and amount of equipment you have available service this contract.
_	MEDICAL/SURGICAL SUPPLIES
	•

LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED

3.

Mexico	1 Sugaria	50000	ica auca 13
- 1 E B (CE)	c j supplies	c suppor	ies over 12.
PRODUC	TS 3 WAR	E 140 USS 5	·····
Have you pro- consecutive fi	vided goods or services ve years?	s to Lee County o	n a regular basis for the pre
	Yes	No	<u> </u>
	· 		•
If yes, please peonsecutive ye	· 	al history with Le	e County for the past five,
If yes, please peonsecutive ye	provide your contractua	al history with Le	e County for the past five,
If yes, please personate of the consecutive year.	provide your contractua	al history with Le	e County for the past five,
If yes, please possecutive ye	provide your contractua	al history with Le	e County for the past five,
If yes, please peonsecutive ye	provide your contractua	al history with Le	e County for the past five,
If yes, please possecutive ye	provide your contractua	al history with Le	e County for the past five,
If yes, please possecutive ye	provide your contractua	al history with Le	e County for the past five,

Describe the types and amount of material stock that you have

JERJ

Page Number-Date Customer

04/24/03 21225950 1270

F

Brn/Plt Customer PO- Q030070 Order Nbr -

54884 SQ

Invoice

Ship To: Lee County Finance Dept. PO Drawer 2238

Fort Myers FL 33902

Sold To: Lee County Finance Dept. ATTN: Accounts Payable Dept. PO Drawer 2238

Fort Myers FL 33902

Tax ID: Tax Cert: Cust DEA:

Moore's DEA: RM0202717

Request Date Custom 04/24/03 Q030070	er P.O.		Freigh	F.O.B. t for Moore Medical Acc	Ship : ct Tnst :		
Description	Item#	UM S	hip Qty	Price		Extended Price	Code Qty Backorders
rgical 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 ·
3-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
Du Perfit Mini Ace #281106 EA 1	65666	EA	800	6.8000 Per EA		5,440.00	т
P Disp Resus W/Bag Adult 040 EA 1	68777	ΕA	1800	9.3000 Per EA		16,740.00	T
PDisp Resus W/Bg Inf/Neo202 EA 1	68778	EA	240	10.6900 Per EA		2,565.60	т
PDisp Resus W/Bag Chld 100 EA 1	68779	EA	240	10.6900 Per EA		2,565.60	T .
opcock 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
By Cap CO2 Detector EA 1	56338	EA	1800	9.3500 Per EA		16,830.00	т

Page Number-Date -Customer -

04/24/03 21225950 1270

Brn/Plt -Customer PO- Q030070

Order Nbr -Invoice - 54884 SQ

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	Custo Q030070	mer P.O.		Freight	F.O.B. for Moore	Medical A	Acct	Ship : Inst :			
Description		Item#	UM S	hip Qty	Price				Extended Price		Qty Backordere
ii-Cap CO2 Dete	ctor	56339	EA	480	9.8500 Per EA				4,728.00	T	
iler Blades SS i EA 1	8615 Size 0	15180	EA	40	13.6400 Per EA				545.60	T	
ller Blades SS 8 EA 1	8616 Size 1	15181	EA	40	13.6400 Per EA				545.60	T	
ller Blades SS 8 EA 1	3617 Size 2	15182	EA	40	13.6400 Per EA				545.60	T	
ller Blades SS 8 EA 1	3618 Size 3	15183	EA	120	13.6400 Per EA				1,636.80	T	
intosh Blade SS EA 1	8602 Size2	15186	EA	40	13.6400 Per EA				545.60	T	
intosh Blade SS EA 1	8603 Size3	15187	EA	100	13.6400 Per EA				1,364.00	т	
intosh Blade SS EA 1	8604 Size4	15188	EA	100	13.6400 Per EA				1,364.00	т	
ryngoscope Ped 8 EA 1	620	15179	EA	20	14.7500 Per EA				295.00	T	
ller Blades SS 8 EA 1	619 Size 4	15184	EA	100	13.6500 Per EA				1,365.00	Т	·
intosh Blade SS EA 1 ERJ	8601 Size1	15185	EA	40	13.6500 Per EA				546.00	T	

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Moore Medical Corp QUOTE ACKNOWLEDGMENT

Page Number- 3
Date - 04/24/03
Customer - 21225950
Brn/Plt - 1270

Customer PO- Q030070

Order Nbr -Invoice -

Nbr - 54884 SQ

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 04/24/03	Q030070			Freight	F.O.B. for Moore Medic		, and the gap and up gap and had the test and had not been the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test and the test an	
Description				Ship Qty	Price		Extended Price	Code Qty Backordere
crus II Hand Sai	n Lotion ORM	59851	EA	42	2.5000 Per EA	 	105.00	
inephrine 1:100 BX 25	0 1mg/mlAmp	52909	ΕA	500	8.2500 Per EA		4,125.00	T'
l Bicarb 4.2% 5 ML 10	Meq/ml Pref	52910	EA	100	2.5000 Per EA		250.00	Т
scometer Elite (BX 1	Control Sol	68117	EA	100	5.5900 Per EA		559.00	
rutainer Blood 1 BX 100	Tube Blue Top	64895	EA	40	21.8500 Per EA		874.00	
rutainer 3ml Lav BX 100	v EDTA 6385	35925	EA	40	13.7000 Per EA		548.00	
il Polish Remove BX 100	er Pads ORM	68556	EA	15	2.0000 Per EA		30.00	
M Beck Arwy Air EA 1	flow Monitor	65338	EA	200	5.6900 Per EA		1,138.00	T
lotracheal Tube EA 1	Holdr 264040	69215	EA	1500	2.9000 Per EA		4,350.00	T .
ou Tubechek #172 EA 1	3-002	54521	EA	350	3.0500 Per EA		1,067.50	т
omas E.T. Tube H EA 1 ERJ	Iolder Pedi	54288	EA	600	3.0900 Per EA		1,854.00	T .

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Moore Medical Corp QUOTE ACKNOWLEDGMENT

Page Number-Date -Customer -

04/24/03 21225950 1270

Brn/Plt -Customer PO- Q030070

Order Nbr -Invoice - 54884 SQ

F

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

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<pre></pre>	er P.O.		Freight	F.O.B. for Moore Medical Acct	Ship : Inst :		
Description	Item#	UM S	hip Qty	Price		Extended Price	Code Qty Backorders
noject Sfty Syr/Nd 3 21x11/2 BX 100	66421	EA	20	20.9000 Per EA		418.00	
noject 3cc Syr/Ndl 22x11/2 BX 100	65815	EA	20	9.3500 Per EA		187.00	
iged Infusion 19x3/4 BX BX 50	59802	EA	1	15.6500 Per EA		15.65	
iged Infusion 21x3/4 BX 50	59803	EA	1.	15.6500 Per EA		15.65	
ter 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	
ridone 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
yng Blade Grandview GV2020A EA 1	68461	EA	. 150	54.1000 Per EA		8,115.00	T .
yngoscope Bulb Grandview EA 1 ERJ	68462	EA	150	5.9000 Per EA		885.00	T

Moore Medical Corp QUOTE ACKNOWLEDGMENT

Page Number-Date

04/24/03 21225950 1270

5

F

Customer Brn/Plt

Invoice

Customer PO- Q030070 Order Nbr - 5 54884 SQ

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

TAX CCIL.			MOOI	ce·s DEA:	RM0202717					
Request Date	Custon Q030070	mer P.O.		Freight	F.O.B. for Moore Medica	ıl Acct	Ship : Inst :	**************************************		
Description		Item#	UM Shi	p Qty	Price			Extended Price	Code Qty Backorde	re
ic-U-Splint Set EA 1	EV-3000	47418	EA	35	305.9500 Per EA			10,708.25	T	
inket Grey Polye EA 1	ester	51560	EA	200	7.1000 Per EA		·	1,420.00	Т	
IS Antimicrobia: BX 100	l Wps 34 ORM	57578	EĄ	200	3.2000 Per EA			640.00		

					Sales Tax	Total Order	
າສ	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 FI 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 email 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

Judy Muller

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

DATE SUBMITTED: ___

TO:	The Board of County Commissioners Lee County Fort Myers, Florida
Having contains	carefully examined the "General Conditions", and the "Detailed Specifications", all of which are ed herein, the Undersigned proposes to furnish the following which meet these specifications:
The und	ersigned acknowledges of Addenda numbers:
GRAN	D TOTAL (ANNUAL COST) \$ NA
TO BE (AND PU	DELIVERED) WITHIN $2 - 3$ CALENDAR DAYS AFTER RECEIPT OF AWARD RCHASE ORDER.
Is your fi	rm interested in being considered for the Local Vendor Preference? Yes No
If yes, the complete	en read the paragraph entitled "Local Vendor Preference" included in these specifications. Also the Local Vendor Preference Questionnaire and return with your quotation.
Quoters s deviation	hould carefully read all the terms and conditions of the specifications. Any representation of

fication 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 K EMS
BY (Printed): LISA GUIDO
BY (Signature): Yua Quin
TITLE: Director of Operations
FEDERAL ID # OR S.S.# 93-1311513
ADDRESS: 1072 South Dowelline Road
Deefield Beach, Fr 33442
PHONE NO.: 888-397-1800
FAX NO.: 800 - 536-5016
CELLULAR PHONE/PAGER NO.: 954-683.8990
LEE COUNTY OCCUPATIONAL LICENSE NUMBER:
E-MAIL ADDRESS: LISA @ RX EMS (OM
REVISED: 7/20/00

ATTACHENT C

	ITEM DESCRIPTION MAN	UFACTURER PRODUCT #
1.	Angiocath IV Catheter	Becton Dickinson 382258
	Estimated Annual Usage 240 ea No Substitut	te
	Cost Each \$ x EAU 240 = Est. Annual Cos	t \$
	Packaged 10/box	
2.	Safe-cuff Blood Pressure Cuff (Adult Lg)	CACAL II 1 OD1640
٠.		CAS Medical <u>CD1642</u>
	Estimated Annual Usage 160 ea No Substitut	
	Cost Each \$ x EAU 160 = Est. Annual Cost	
	Packaged 20/ box	
3.	Molded Surgical Mask	Dynarex 2203
	Estimated Annual Usage <u>250 ea</u> Substitute A	Allowed
	Cost Each \$.09 x EAU 250 = Est. Annual Cost	\$ <u>22.50</u>
	Packaged 50/ box	
4.	Charger For Portable Suction Units	Impact 810-0305-02
	Estimated Annual Usage <u>20 ea</u> No Substitute	
	Cost Each \$ x EAU 20 = Est. Annual Cost \$	
	Packaged Each	
·		
5.	Safecuff BP Cuff (sm adult)	CAS Medical CD1230
	Estimated Annual Usage <u>80 ea</u> No Substitute	;
	Cost Each \$ x EAU <u>80</u> = Est. Annual Cost \$	
	Packaged Each	

6.	Safecuff BP Cuff (adult)	CAS Medical CD1437						
	Estimated Annual Usage 800 ea No Substitut	te						
	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 Substitut	··· -						
	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 <u>8110S</u>						
	Estimated Annual Usage 160 ea No Substitute							
	Cost Each \$ x EAU 160 = Est. Annual Cost	\$						
	Packaged 20/ box							
0.	3M Particulate Respirator N95	3M 8210						
	Estimated Annual Usage 200 ea No Substitute	>						
	Cost Each \$ x EAU 200 = Est. Annual Cost	\$						
	Packaged 20/ box	•						
1.	Sta-Block HID	STI Medical 975						
	Estimated Annual Usage 4800 ea No Substitute							
	Cost Each \$ x EAU 4800 = Est. Annual Cost	t \$						
	Packaged 30/box							

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

Three-way Stop Cock Baxter 2 <u>C6229</u>							
Estimated Annual Usage 80 ea No Substitute							
Cost Each \$ x EAU <u>80</u> = Est. Annual Cost \$							
Packaged each							
Meconium Aspirator Neo Tech Products No. 10101							
Estimated Annual Usage 80 ea No Substitute							
Cost Each \$ x EAU 80 = Est. Annual Cost \$							
Packaged each							
BP Cuff Adult Large MABIS 05-260-016							
Estimated Annual Usage30 eaNo Substitute							
Cost Each \$ x EAU 30 = Est. Annual Cost \$							
Packaged each							
Easy Cap CO2 Detector Nellcor Puritan Bennet <u>047412A-0797</u>							
Estimated Annual Usage 1800 ea No Substitute							
Cost Each \$ x EAU <u>1800</u> = Est. Annual Cost \$							
Packaged 6/box							
Pedi End-Tidal CO2 Detector Nellcor Puritan Bennett <u>046700A-059</u>							
Estimated Annual Usage480 ea_No Substitute							
Cost Each \$ x EAU 480 = Est. Annual Cost \$							
Packaged 24/ case							
Laryngoscope Blade (Miller 0) Rusch 008615050							
Estimated Annual Usage 40 ea Substitute Allowed							
Cost Each \$ x EAU 40 = Est. Annual Cost \$							

24.	Laryngoscope Blade (Miller 1)	Rusch 008616100
	Estimated Annual Usage 40 ea Substitute Allowed	
	Cost Each \$ x EAU 40 = Est. Annual Cost \$	
	Packaged <u>each</u>	
<u></u> 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 <u>40</u> = Est. Annual Cost \$	
	Packaged <u>each</u>	
28.	Laryngoscope Blade (MAC 3)	Rusch 008603300
	Estimated Annual Usage100 ea_Substitute Allowed	
	Cost Each \$ x EAU 100 = Est. Annual Cost \$	
	Packaged each	•
29.	Laryngoscope Blade (MAC 4)	Rusch 008604400
	Estimated Annual Usage100 ea Substitute Allowed	
	Cost Each \$ x EAU <u>100</u> = Est. Annual Cost \$	
	Packaged each	· · · · · · · · · · · · · · · · · · ·

Estimated Annual Usage20 eaNo Substitute Cost Each \$ x EAU 20 = Est. Annual Cost \$	
Packaged each	
Laryngoscope Blade (Miller 4)	Rusch 008619400
Estimated Annual Usage100 ea_Substitute Allowed	
Cost Each \$ x EAU <u>100</u> = Est. Annual Cost \$	·
Packaged each	
Laryngoscope Blade (MAC 1)	Rusch 008601100
Estimated Annual Usage40 ea _Substitute Allowed	
Cost Each \$ x EAU <u>40</u> = Est. Annual Cost \$	
Packaged each	
Purell Hand Sanitizer	GoJo <u>9584</u>
Estimated Annual Usage <u>42 ea Substitute Allowed</u>	
Cost Each \$ x EAU 42 = Est. Annual Cost \$	-
Packaged each	
Specimen Transport Bags MD Ir	ndustries <u>49-97 68059</u>
Estimated Annual Usage 16,000 ea No Substitute	
Cost Each \$ x EAU <u>16,000</u> = Est. Annual Cost \$	
Packaged 1000/ box	·
Epinephrine 1ml (1mg/ml) Abbott Labs	NDC 0074-7241-01
Estimated Annual Usage500 ea_No Substitute	
Cost Each \$ <u></u>	.00
Dooles and 1	
	Estimated Annual Usage

36.	Vasopressin (20 units/ml) American Regent NDC 0517-1020-25
	Estimated Annual Usage 300 ea_No Substitute
	Cost Each \$ <u>1.45</u> x EAU <u>300</u> = Est. Annual Cost \$ <u>7.55.00</u> ,
	Packaged
37.	Infant 4.2% Sodium Bicarbonate Abbott Labs NDC 0074-5534-34
	Estimated Annual Usage 100 ea No Substitute
	Cost Each \$ <u>2.92</u> x EAU <u>100</u> = Est. Annual Cost \$ <u>292.00</u> \
	Packaged 10/ package
38.	Glucometer Elite Nml Ctl 2.5 ml Bayer Corp 3926
	Estimated Annual Usage 100 ea Substitute Allowed
	Cost Each \$ <u>5.74</u> x EAU <u>100</u> = Est. Annual Cost \$ <u>5.74.00</u>
	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 \$
	Packaged100/ 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 \$
	Packaged100/ 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 1 <u>620-003</u>
	Estimated Annual Usage50 bx No Substitute	
	Cost Each \$ x EAU 50 = Est. Annual Cost \$	
	Packaged 30/box	·
45.	Pediatric Defib Electrodes Agile	nt Technologies M3 <u>504A</u>
	Estimated Annual Usage 300 ea No Substitute	<u> </u>
	Cost Each \$ x EAU 300 = Est. Annual Cost \$	
	Packaged 5/box	
——— 46.	Multifunction Adult Defib Electrodes Agile	nt 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 Dispo	osables Inc.(PDI) <u>B71200</u>
	Estimated Annual Usage 1500 ea Substitute Allowed	
	Cost Each \$ 037 x EAU 1500 = Est. Annual Cost \$ _	55,5D
	Paglagged 1001/ /1	

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	e Troy Medical <u>EID200</u>
	Estimated Annual Usage350 ea Substitute Allowed	
	Cost Each \$ x EAU <u>350</u> = 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 <u>600</u> = Est. Annual Cost \$	
	Packaged 25/box	<u></u>
52.	Buretrol Solution Set (60 drops /ml)	Baxter <u>2C7566S</u>
	Estimated Annual Usage <u>25 ea</u> No Substitute	
	Cost Each \$ x EAU <u>25</u> = Est. Annual Cost \$	····
	Packaged <u>each</u>	
53.	Sensi-touch Spinal Needles (18 x 3.5")	Baxter <u>220019</u>
	Estimated Annual Usage 200 ea No Substitute	
	Cost Each \$ x EAU 200 = Est. Annual Cost \$	
		

54.	Monoject Needles (21 x 1.5")	Sherwood Medical 216041
	Estimated Annual Usage <u>2000 ea</u> 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 \$0\forall x EAU 2000 = Est. Annual Cost S	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 <u>0197</u>
	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 <u>each</u>	
59.	Monoject Filter Needle (18 G x 1.5") Sherw	yood Medical 8 <u>881-305117</u>
	Estimated Annual Usage 2000 ea No Substi-	
	Cost Each \$ x EAU 2000 = Est. Annual Cost \$	
	Packaged 100/box	

ou.	I Win 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 <u>0548-1034-00</u>
	Estimated Annual Usage 500 ea No Substitute
	Cost Each \$ 3.27 x EAU 500 = Est. Annual Cost \$ 1635.00
	Packaged 100/box biddig Abbet # 1754-10
	(Ansyr 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
·	
ó5.	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 <u>500</u> = Est. Annual Cost \$	3.14 m.		
	Packaged50/ 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 <u>26302</u>		
	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 <u>150 ea</u> No Substitute			
	Cost Each \$ x EAU <u>150</u> = Est. Annual Cost \$			
	Packaged <u>each</u>			
70.	Grandview Laryngoscope Bulbs	Grandview GV 1008		
	Estimated Annual Usage150 ea_No Substitute			
	Cost Each \$ x EAU <u>150</u> = Est. Annual Cost \$			
	Packaged <u>each</u>			
71.	Evac-u-Splint Extremity Kit Hartw	rell Medical EV 3000		
	Estimated Annual Usage 35 ea No Substitute			
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$	<u></u>		
	Packaged <u>Each</u>			

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 <u>EACH</u> = Est. Annual Cost \$		
	Packaged <u>Each</u>		
74.	P.A.W.S. Anti-Microbial Wipes	SafeTec 34400	
	Estimated Annual Usage 200 bx. No Substitute		
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$		
	Packaged <u>Each</u>		
75.	Recorder Paper 80 mm Fan Folded	Zoll 8000-0301	
	Estimated Annual Usage 100 bx No Substitute		
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$		
	Packaged ?		
76.	Disposable Pediatric Sensor	Zoll 8000-0044	
	Estimated Annual Usage 30 cs No Substitute		
	Cost Each \$ x EAU <u>EACH</u> = 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 Usage30 csNo Substitute	
	Cost Each \$ x EAU <u>EACH</u> = 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

	: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS LOCATED WITHIN LEE COUNTY (Only complete Part A if your principal place of business located within the boundaries of Lee County)
V Io	What is the physical location of your principal place of business that is ocated within the boundaries of Lee County, Florida?
Ŋ	That is the size of this facility (i.e. sales area size, warehouse, storage yard, e
W	ART B: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS NOT LOCATED ITHIN LEE COUNTY OR DOES NOT HAVE A PHYSICAL LOCATION ITHIN LEE COUNTY (Please complete this section.)
	1. How many employees are available to service this contract?
	
	 Describe the types and amount of equipment you have available 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.
	We have a 14.000 sq foot facility &
	We have a 14.000 sq foot facility & provide these e other items to Emergency Medical Services nationwide.
	Medical Services nationwide.
4.	Have you provided goods or services to Lee County on a regular basis for the preceding, consecutive five years?
	Yes NoX
	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: 4/25/13
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:
GRAND TOTAL (ANNUAL COST) \$ 1155. 881. 25 Chart Complete)
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 Alliance Medical, Inc.
BY (Printed): Michiel Cellins
BY (Signature): With Will (City (1))
TITLE: Office Services Manager
FEDERAL ID # OR S.S.# 43-141, 5457
ADDRESS: PO 1504 147
Russellville, Mo 105074
PHONE NO.: 387-635-6908
FAX NO.: 800-425-56-33
CELLULAR PHONE/PAGER NO.:
LEE COUNTY OCCUPATIONAL LICENSE NUMBER:
E-MAIL ADDRESS: Collinsh Callmed, Met
REVISED: 7/28/00

ATTACHENT C

Cost Each \$ \(\frac{3}{0.6873} \) x EAU \(\frac{250}{250} = \text{Est. Annual Cost } \) \(\frac{21.23}{2.23} \) Packaged \(\frac{50}{box} \) 4. Charger For Portable Suction Units Impact \(\frac{810-0305-02}{20 \) ea No Substitute Cost Each \(\frac{3}{24.15} \) x EAU \(\frac{20}{20} = \text{Est. Annual Cost } \) \(\frac{423.60}{250} \) Packaged \(\frac{Each}{200} \) 5. Safecuff BP Cuff (sm adult) CAS Medical \(\frac{CD1230}{200} \)		ITEM DESCRIPTION MANUFACTURER PRODUCT #
Cost Each \$ x EAU 240 = Est. Annual Cost \$	1.	Angiocath IV Catheter Becton Dickinson 382258
2. Safe-cuff Blood Pressure Cuff (Adult Lg) CAS Medical CD1642 Estimated Annual Usage 160 ea No Substitute Cost Each \$ \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \)		Estimated Annual Usage 240 ea No Substitute
2. Safe-cuff Blood Pressure Cuff (Adult Lg) CAS Medical CD1642 Estimated Annual Usage 160 ea No Substitute Cost Each \$ \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \)		Cost Each \$ x EAU 240 = Est. Annual Cost \$
Estimated Annual Usage 160 ea No Substitute Cost Each \$\(\frac{1}{6}, \frac{3}{2} \) x EAU 160 = Est. Annual Cost \$\(\frac{1}{10} \) 1/20 Packaged 20/ box 3. Molded Surgical Mask Estimated Annual Usage 250 ea Substitute Allowed Cost Each \$\(\frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \fr		
Estimated Annual Usage 160 ea No Substitute Cost Each \$\(\frac{1}{6}, \frac{3}{2} \) x EAU 160 = Est. Annual Cost \$\(\frac{1}{10} \) 1/20 Packaged 20/ box 3. Molded Surgical Mask Estimated Annual Usage 250 ea Substitute Allowed Cost Each \$\(\frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \frac{1}{6}, \fr	***	
Cost Each \$ 6.32 x EAU 160 = Est. Annual Cost \$ 1.911.20 Packaged 20/ box 3. Molded Surgical Mask Estimated Annual Usage 250 ea Substitute Allowed Cost Each \$ 6.6873 x EAU 250 = Est. Annual Cost \$ 21.53 Packaged 50/ box 4. Charger For Portable Suction Units Impact 810-0305-02 Estimated Annual Usage 20 ea No Substitute Cost Each \$ 34.55 x EAU 20 = Est. Annual Cost \$ 4.350 Packaged Each 5. Safecuff BP Cuff (sm adult) CAS Medical CD1230 COST Each \$ 6.05 x EAU 80 = Est. Annual Cost \$ 4.350 Packaged Estimated Annual Usage 80 ea No Substitute Cost Each \$ 6.05 x EAU 80 = Est. Annual Cost \$ 4.350 Packaged Each	2.	Safe-cuff Blood Pressure Cuff (Adult Lg) CAS Medical CD1642
Packaged 20/ box 3. Molded Surgical Mask Estimated Annual Usage 250 ea Substitute Allowed Cost Each \$ \(\frac{0.6873}{0.6873} \) x EAU 250 = Bst. Annual Cost \$ \(\frac{1.83}{0.0305-02} \) Packaged 50/ box 4. Charger For Portable Suction Units Impact 810-0305-02 Estimated Annual Usage 20 ea No Substitute Cost Each \$ \(\frac{3.44.5}{0.485} \) x EAU 20 = Est. Annual Cost \$ \(\frac{4.83}{0.685} \) CAS Medical CD1230 5. Safecuff BP Cuff (sm adult) CAS Medical CD1230 Estimated Annual Usage 80 ea No Substitute Cost Each \$ \(\frac{1.85}{0.485} \) x EAU 80 = Est. Annual Cost \$ \(\frac{4.85}{0.485} \) x EAU 80 = Est. Annual Cost \$ \(\frac{4.85}{0.485} \) Estimated Substitute	Hilber	Estimated Annual Usage160 eaNo Substitute
3. Molded Surgical Mask Estimated Annual Usage	·	Cost Each \$ \(\frac{1}{2} \) x EAU \(\frac{160}{2} = \text{Est. Annual Cost } \) \(\frac{1}{2} \) \(\frac{1}{2} \)
Estimated Annual Usage 250 ea Substitute Allowed Cost Each \$ \(\frac{0.6873}{0.6873} \) x EAU 250 = Est. Annual Cost \$ \(\frac{1.53}{0.083} \) Packaged 50/ box 4. Charger For Portable Suction Units		Packaged 20/ box
Estimated Annual Usage 250 ea Substitute Allowed Cost Each \$ \(\frac{0.6873}{0.6873} \) x EAU 250 = Est. Annual Cost \$ \(\frac{1.53}{0.083} \) Packaged 50/ box 4. Charger For Portable Suction Units	######################################	
Cost Each \$ \(\frac{0.6873}{0.6873} \) x EAU 250 = Est. Annual Cost \$ \(\frac{1.83}{0.83} \) Packaged \(\frac{50}{box} \) 4. Charger For Portable Suction Units Impact \(\frac{810-0305-02}{0.005} \) Estimated Annual Usage \(\frac{20}{20} \) ea \(\frac{8}{30} \) No Substitute Cost Each \$ \(\frac{3.44.55}{0.85} \) x EAU 20 = Est. Annual Cost \$ \(\frac{4.83}{0.65} \) Packaged \(\frac{100}{100} \) Estimated Annual Usage \(\frac{80}{20} \) ea \(\frac{100}{20} \) CAS Medical \(\frac{CD1230}{20} \) Cost Each \$ \(\frac{10}{0.85} \) x EAU 80 = Est. Annual Cost \$ \(\frac{4.86}{20} \)	3.	Molded Surgical Mask <u>Dynarex 2203</u>
4. Charger For Portable Suction Units Impact 810-0305-02 Estimated Annual Usage 20 ea No Substitute Cost Each \$\frac{\partial 4.15}{\partial 5.5} x EAU 20 = Est. Annual Cost \$\frac{\partial 4.35}{\partial 5.5} \text{ CAS Medical CD1230} Let Cost Each \$\frac{\partial 6.55}{\partial 6.55} x EAU 80 = Est. Annual Cost \$\frac{\partial 5.5}{\partial 5.5} \text{ CAS Medical CD1230}	MISC	Estimated Annual Usage 250 ea Substitute Allowed
4. Charger For Portable Suction Units Impact 810-0305-02 Estimated Annual Usage 20 ea No Substitute Cost Each \$ 44.5 x EAU 20 = Est. Annual Cost \$ 483.50 Packaged Each 5. Safecuff BP Cuff (sm adult) CAS Medical CD1230 CAS Medical CD1230 Cost Each \$ 6.08 x EAU 80 = Est. Annual Cost \$ 486.40		Cost Each \$ <u>0.6873</u> x EAU <u>250</u> = Est. Annual Cost \$ <u>21.53</u>
Estimated Annual Usage 20 ea No Substitute Cost Each \$ \$\frac{34.15}{2.15} \times EAU 20 = Est. Annual Cost \$ \frac{483.50}{2.15} \] Packaged Each 5. Safecuff BP Cuff (sm adult) CAS Medical CD1230 Estimated Annual Usage 80 ea No Substitute Cost Each \$ \frac{16.55}{6.55} \times EAU 80 = Est. Annual Cost \$ \frac{486.40}{2.40}		Packaged 50/ box
Estimated Annual Usage 20 ea No Substitute Cost Each \$ \$\frac{34.15}{2.15} \times EAU 20 = Est. Annual Cost \$ \frac{483.50}{2.15} \] Packaged Each 5. Safecuff BP Cuff (sm adult) CAS Medical CD1230 Estimated Annual Usage 80 ea No Substitute Cost Each \$ \frac{16.55}{6.55} \times EAU 80 = Est. Annual Cost \$ \frac{486.40}{2.40}	· .	
Cost Each \$ 34.5 x EAU 20 = Est. Annual Cost \$ 483.50 Packaged Each 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	4.	Charger For Portable Suction Units Impact <u>810-0305-02</u>
Packaged <u>Each</u> 5. Safecuff BP Cuff (sm adult) CAS Medical <u>CD1230</u> U[[C	MISC.	Estimated Annual Usage 20 ea No Substitute
5. Safecuff BP Cuff (sm adult) CAS Medical CD1230 CIUC Estimated Annual Usage 80 ea No Substitute Cost Each \$ 6.05 x EAU 80 = Est. Annual Cost \$ 486.40		Cost Each \$ 34.15 x EAU 20 = Est. Annual Cost \$ 483.50
Estimated Annual Usage 80 ea No Substitute Cost Each \$ 6.05 x EAU 80 = Est. Annual Cost \$ 486.40		Packaged Each
Estimated Annual Usage 80 ea No Substitute Cost Each \$ 6.05 x EAU 80 = Est. Annual Cost \$ 486.40		·
Cost Each \$ 6.08 x EAU 80 = Est. Annual Cost \$ 486.40	5.	Safecuff BP Cuff (sm adult) CAS Medical CD1230
	ULUS	Estimated Annual Usage 80 ea No Substitute
Packaged <u>Each</u>	-	Cost Each \$ 6.08 x EAU 80 = Est. Annual Cost \$ 486.40
		Packaged Each

6.	Safecuff BP Cuff (adult)	CAS Medical CD1437
41127	Estimated Annual Usage 800 ea No S	ubstitute
, ,	Cost Each \$ ట్రార్ఫ్ x EAU <u>800</u> = Est. Ann	ual Cost \$ <u>닉, 양(닉, 80</u>
		
7.	Safecuff BP Cuff (child)	CAS Medical CD927
41629	Estimated Annual Usage140 ea _No S	ubstitute
	Cost Each \$4.77 x EAU 140 = Est. Ann	ual Cost \$ <u>lele 7.80</u>
	Packaged 20/ box	•
8.	Safecuff BP Cuff (infant)	CAS Medical CD618
4/70	Estimated Annual Usage 80 ea No S	ubstitute
	Cost Each \$ 4.64 x EAU 80 = Est. Annu	al Cost \$ <u>361.40</u>
, page 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
9.	3M Particulate Respirator N95	3M <u>8110S</u>
	Estimated Annual Usage160 ea_No Su	bstitute
	Cost Each \$ x EAU <u>160</u> = Est. Ann	ual Cost \$
	Packaged 20/ box	
10.	3M Particulate Respirator N95	3M <u>8210</u>
	Estimated Annual Usage 200 ea No S	·
	Cost Each \$ x EAU 200 = Est. Ann	ual Cost \$
	n 1 1 00/1	
11.	Sta-Block HID	STI Medical <u>975</u>
bolod	Estimated Annual Usage 4800 ea No S	ubstitute
	Cost Each $\$ 4800 = Est.$ An	nual Cost \$ <u>AP, 400,00</u>
	Packaged 30/ box	

12.	Ambu Adult Adjustable Extrication Collars AMBU <u>000 281 000</u>
684	Estimated Annual Usage 4000 ea No Substitute
	Cost Each \$550 x EAU 4000 = Est. Annual Cost \$ 30,000
	Packaged 30/ box
~	
13.	Pedi/Infant/Sm Adult Adjustable Extrication Collar AMBU 000 281 106
724	Estimated Annual Usage800 ea_No Substitute
	Cost Each \$5.50 x EAU 800 = Est. Annual Cost \$ 4.00.00
•	Packaged 30/box
14.	12 Lead Paper Physio-Control <u>805319-05</u>
MISC	Estimated Annual Usage 200 ea_No Substitute
	Cost Each \$ 1. Fig. x EAU 200 = Est. Annual Cost \$ 1.386.00
	Packaged 2 rolls/ box
	*Min. order bx/2
15.	Adult BVM Life Support Products <u>L370-040</u>
Maj	Estimated Annual Usage 1800 ea No Substitute
	Cost Each \$ 16,85 x EAU 1800 = Est. Annual Cost \$ 19,535.80
	Packaged 6/box
16.	Infant BVM Life Support Products <u>L570-200</u>
8033	Estimated Annual Usage240 ea_No Substitute
	Cost Each \$ 11.75 x EAU 240 = Est. Annual Cost \$ 32.00
	Packaged 6/ box

17.	Pediatric BVM Life Support Products <u>L570-101</u>
MISC	Estimated Annual Usage 240 ea No Substitute
	Cost Each \$1175 x EAU 240 = Est. Annual Cost \$ 37, 826.00
	Packaged 6/box 2820.00

18.	Three-way Stop Cock Baxter 2 <u>C6229</u>
MISC	Estimated Annual Usage 80 ea No Substitute
	Cost Each \$115 x EAU 80 = Est. Annual Cost \$ 1300
•	Packaged each
•	*Min. order CS/SO
19.	Meconium Aspirator Neo Tech Products No101
7997	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
· Property	Estimated Annual Usage 30 ea No Substitute
	Cost Each \$ x EAU 30 = Est. Annual Cost \$ N/2
	Packaged each
21.	Easy Cap CO2 Detector Nellcor Puritan Bennet <u>047412A-0797</u>
54374	Estimated Annual Usage 1800 ea No Substitute
,	Cost Each $\$3.45$ x EAU 1800 = Est. Annual Cost $\$15.210.00$
	Packaged 6/ box
22.	Pedi End-Tidal CO2 Detector Nellcor Puritan Bennett <u>046700A-0598</u>
J-1584	Estimated Annual Usage480 ea No Substitute
	Cost Each \$ $\frac{3.45}{2.466}$ x EAU $\frac{480}{480}$ = Est. Annual Cost \$ $\frac{4.556.00}{4.556.00}$
	Packaged 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 \$ 391000
	Packaged each
	Sturgical Designs

24.	Laryngoscope Blade (Miller 1)	Rusch 008616100
789	Estimated Annual Usage 40 ea Substitute Allowed	. /
	Cost Each \$9.90 x EAU 40 = Est. Annual Cost \$ 390	200
	Packaged each	
	Surgical Degrans	
25.	Laryngoscope Blade (Miller 2)	Rusch 008617200
7893	Estimated Annual Usage 40 ea Substitute Allowed	/
	Cost Each $\$990$ x EAU 40 = Est. Annual Cost $\$99$	6.00
	Packaged each	
	Surgical Designs	
26.	Laryngoscope Blade (Miller 3)	Rusch 008618300
7894	Estimated Annual Usage120 ea_Substitute Allowed	
	Cost Each $\S G G = x EAU 120 = Est.$ Annual Cost $\S J G$	88.00 V
	Packaged each	·
#070 Phatelian February	Surgical Designs	
27.	Laryngoscope Blade (MAC 2)	Rusch 008602200
7883	Estimated Annual Usage40 ea _Substitute Allowed	
	Cost Each \$ \(\frac{9.50}{2.50} \) x EAU \(\frac{40}{20} = \) Est. Annual Cost \$ \(\frac{30}{20} \)	6000
	Packaged <u>each</u>	
	Surgical Designs	
28.	Laryngoscope Blade (MAC 3)	Rusch 008603300
7889	Estimated Annual Usage100 ea_Substitute Allowed	,
	Cost Each \$ \(\frac{\alpha}{2}\) \(\frac{\alpha}{2}\) \(\text{x} \) EAU \(\frac{100}{2}\) = Est. Annual Cost \$ \(\frac{\alpha}{2}\)	10.00
	Packaged each	
	Scurgical Designs	
29.	Laryngoscope Blade (MAC 4)	Rusch 008604400
7890	Estimated Annual Usage100 ea_Substitute Allowed	
	Cost Each \$990 x EAU 100 = Est. Annual Cost \$ 99	0.00
	Packaged each	
	Surgical Designs	
·		

30.	Standard Laryngoscope Handle (Small/Penlight)	Rusch <u>008620100</u>
7897	Estimated Annual Usage <u>20 ea</u> No Substitute	/
	Cost Each \$ 9.90 x EAU 20 = Est. Annual Cost \$ 198.	00 /
	Packaged each	
	Surgical Designs	C
31.	Laryngoscope Blade (Miller 4)	Rusch 008619400
7895	Estimated Annual Usage100 ea_Substitute Allowed	/ .
	Cost Each \$ 9.90 x EAU 100 = Est. Annual Cost \$ 99.	0.00
	Packaged each	
	Surnitul Designs	
32.	Laryngoscope Blade (MAC 1)	Rusch 008601100
7887	Estimated Annual Usage 40 ea Substitute Allowed	
	Cost Each \$ 4.40 x EAU 40 = Est. Annual Cost \$ 990	M
	Packaged each	
	Sungital designs	
33.	Purell Hand Sanitizer	GoJo <u>9584</u>
. · ·	Estimated Annual Usage42 ea Substitute Allowed	
	Cost Each \$ x EAU 42 = Est. Annual Cost \$	3
	Packaged each	
34.	Specimen Transport Bags MD In	ndustries <u>49-97 68059</u>
MISC	Estimated Annual Usage 16,000 ea No Substitute	/
	Cost Each \$1.005 x EAU 16,000 = Est. Annual Cost \$ 1	368,00
	Packaged 1000/ box	
	+Min. order cs/1000	
35.	Epinephrine 1ml (1mg/ml) Abbott Labs	NDC 0074-7241-01
1304	Estimated Annual Usage500 ea_No Substitute	
	Cost Each \$ 1. 2 x EAU 500 = Est. Annual Cost \$ 368	we Ro
		· · · · · · · · · · · · · · · · · · ·

36.	Vasopressin (20 units/ml) American Regent <u>NDC 0517-1020-25</u>
1403	Estimated Annual Usage 300 ea No Substitute
1 1 1 1	Cost Each $\$5.35$ x EAU 300 = Est. Annual Cost $\$1.575.00$
	Packaged 25/ box
37.	Infant 4.2% Sodium Bicarbonate Abbott Labs NDC 0074-5534-34
1416	Estimated Annual Usage100 ea_No Substitute
1 W.	Cost Each \$ 245 x EAU 100 = Est. Annual Cost \$ 245.80
	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 \$ \triangle / \triangle
	Packaged 2/ box
39.	Glucometer Elite XL Diabetes Bayer Corp NDC 0193-3885-01
•	Estimated Annual Usage40 eaSubstitute 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 \$\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lambda_\lamb
	Packaged 100/ package
41.	Vacutainer Blood Tubes (4.5 ml) (Blue) Becton Dickinson <u>369714</u>
	Estimated Annual Usage 4,000 ea No Substitute
	Cost Each \$ x EAU 4,000 = Est. Annual Cost \$

42.	Vacutainer Blood Tubes (3 ml) (Purple) Becton Dickinson 36/85
	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 <u>36797</u>
	Estimated Annual Usage 4,000 ea No Substitute
	Cost Each \$ x EAU 4,000 = Est. Annual Cost \$ 19
•	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 \$ x EAU 300 = Est. Annual Cost \$ 4,150.00
	Packaged 5/ box
	*Min. order bx/5
46.	Multifunction Adult Defib Electrodes Agilent Technologies M35014
MISC	Estimated Annual Usage 600 ea No Substitute
	Cost Each \$ 19.35 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) <u>B71200</u>
4011 -	Estimated Annual Usage 1500 ea Substitute Allowed
" الريايمو	Cost Each \$ Out of x EAU 1500 = Est. Annual Cost \$ 2000
•	Packaged 100 packets/ box
·	Triad 10-4200

48.	Beck Tracheal Whistle (BAAM) BAAM Mark IV
	Estimated Annual Usage 200 ea No Substitute
	Cost Each \$ les x EAU 200 = Est. Annual Cost \$ 1,350.00
	Packaged 10/box
49.	Endotracheal Tube Holder, Adult STI Medical 31177
1554	Estimated Annual Usage 1500 ea No Substitute
•	Cost Each \$ 350 x EAU 1500 = Est. Annual Cost \$ 4.350.00
	Packaged 25/ box
50.	Tube Check Intubation Detector Wolfe Troy Medical EID200
沙县	Estimated Annual Usage350 ea Substitute Allowed
	Cost Each \$ 3.40 x EAU 350 = Est. Annual Cost \$ 840.00
	Packaged 20/ box
51.	Endotracheal Tube Holder (Pediatric) STI Medical 30687
	Estimated Annual Usage 600 ea No Substitute
	Cost Each \$ 1.70 x EAU 600 = Est. Annual Cost \$ 1.740.00
	Packaged 25/ box
52.	Buretrol Solution Set (60 drops /ml) Baxter 2C7566S
HSC	Estimated Annual Usage25 eaNo Substitute
	Cost Each \$537 x EAU 25 = Est. Annual Cost \$ 13465
	Packaged each
	471111. order cs/48
53.	Sensi-touch Spinal Needles (18 x 3.5") Baxter 220019
53.	Sensi-touch Spinal Needles (18 x 3.5") Estimated Annual Usage 200 ea No Substitute Baxter 220019
53.	Sensi-touch Spinal Needles (18 x 3.5") Baxter 220019

54.	Monoject Needles (21 x 1.5") Sherwo	od Medical 216041
	Estimated Annual Usage 2000 ea No Substitute	
	Cost Each \$ x EAU 2000 = Est. Annual Cost \$	NB
	Packaged 100/ box	
55.	Monoject Needles (22 x 1.5") Sherwo	ood Medical <u>216066</u>
	Estimated Annual Usage 2000 ea No Substitute	
	Cost Each \$ x EAU 2000 = Est. Annual Cost \$ /	<u> 145</u>
	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 \$ 6.341 x EAU 40 = Est. Annual Cost \$ 13.16	.1
	Packaged each	
<u> </u>	*Min. order ettlo	
57.	Surflo Winged Infusion Set (21 G x 0.75")	Terumo <u>0197</u>
3515	Estimated Annual Usage40 eaNo Substitute	/ · · · · · · · · · · · · · · · · · · ·
•	Cost Each $\frac{1}{3}$ \times EAU $\frac{1}{20}$ = Est. Annual Cost $\frac{1}{3}$	
	Packaged 50/ box	
www.chan	4min, order offic	
58.	Surflo Winged Infusion Set (25 G x 0.75")	Terumo SVTW004
1542,	Estimated Annual Usage40 ea _No Substitute	
Market State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of th	Cost Each \$ 6.341 x EAU 40 = Est. Annual Cost \$ 13.14	1
	Packaged each	
	4Min order et 110	
59.	Monoject Filter Needle (18 G x 1.5") Sherwood M	dedical 8 <u>881-305117</u>
	Estimated Annual Usage 2000 ea No Substitute	
	C T I D TATIONN THE A COLUMN AS	3
	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 <u>0548-1034-00</u>
115	Estimated Annual Usage 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 No Substitute
	Cost Each \$x EAU 3024 = Est. Annual Cost \$
	Packaged144/ box
63.	Lifescans Unistick 2 Spring Loaded Lancet NDC 53885-636-10
• • • • • • • • • • • • • • • • • • • •	Estimated Annual Usage No Substitute
	Cost Each \$ x EAU 5500 = Est. Annual Cost \$
	Packaged 100/box
64.	Biomedix Select-3 IV Selectable Admin Set Biomedix 10102
4010	Estimated Annual Usage 1920 ea No Substitute
	Cost Each \$4.5 x EAU 1920 = Est. Annual Cost \$ 79(68.66
	Packaged 48/ cs
65.	Iodine Swabs Dynarex 1201
AUI	Estimated Annual Usage 1000 ea No Substitute
かっしょ	Cost Each \$\O_1\Oxide \Oxide \
	Packaged 50/ box

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	Estimated Annual Usage 500 No Substitute
	Cost Each \$ x EAU 500 = Est. Annual Cost \$ 1/5 Packaged 50/ box
	Packaged50/ 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 \$
	Packaged 25/ box
69.	Grandview Laryngoscope Blades Grandview GV 2020A
J.A	Estimated Annual Usage150 ea_No Substitute
	Cost Each \$ x EAU 150 = Est. Annual Cost \$ 27.50
	Packaged each
70.	Grandview Laryngoscope Bulbs Grandview GV 1008
J2	Estimated Annual Usage 150 ea No Substitute
	Cost Each \$5.13 x EAU 150 = Est. Annual Cost \$ 7665
	Packaged each
71.	Evac-u-Splint Extremity Kit Hartwell Medical EV 3000
	Estimated Annual Hanne /25 as No Cultutitude
40	Estimated Annual Usage35 ea No Substitute
	Cost Each \$\frac{171.95}{1.05} x EAU EACH = Est. Annual Cost \$\frac{1.518.35}{25600}\$

12.	3c/c Syringe with 1 win Camula	Becton Dickinson 303391
	Estimated Annual Usage 21,000 No Substitute	
	Cost Each \$ x EAU <u>EACH</u> = 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 <u>EACH</u> = Est. Annual Cost \$	NS
	Packaged Each	
		· · · · · · · · · · · · · · · · · · ·
74.	P.A.W.S. Anti-Microbial Wipes	SafeTec 34400
QC4	Estimated Annual Usage 200 bx. No Substitute	
	Cost Each \$ 5.00 x EAU EACH = Est. Annual Cost \$	490.00 Q00 box
	Packaged Each	
	+Min. oxter bx/100	
75.	Recorder Paper 80 mm Fan Folded	Zoll 8000-0301
	Estimated Annual Usage 100 bx No Substitute	
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$	<u> </u>
	Packaged ?	
76.	Disposable Pediatric Sensor	Zoll 8000-0044
	Estimated Annual Usage 30 cs No Substitute	4. 3
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$	
	Packaged ?	
77.	4 ECG Electrodes	Zoll 8900-0004
	Estimated Annual Usage 20 cs No Substitute	
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$	<u> </u>
-	Packaged ?	

78.	HVP Multi-Function Electrodes (Adult)	Zoll 8900-4003
	Estimated Annual Usage30 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 <u>EACH</u> = Est. Annual Cost \$_	<u> 1775 </u>
	Packaged ?	
		•

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

LEE COUN		E OF BUSINESS IS LOCATED WITH Part A if your principal place of busines Lee County)
-	hysical location of you the boundaries of L	ur principal place of business that is ee County, Florida?
What is the siz	ze of this facility (i.e. sa	ales area size, warehouse, storage yard,
WITHIN LEE		LACE OF BUSINESS IS NOT LOCAT NOT HAVE A PHYSICAL LOCATION plete this section.)
1.	How many employees	are available to service this contract?
	Describe the types and this contract.	I amount of equipment you have availa
NA-S	ale of goods	contract, not service
	9	

LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED

Most	items cca	uested in	this auc	tation are	<u> </u>
Sizol	items requirements	to ad one	ho stance	M Jist Shu	c /
· 3/DC/C	BLOW ADL CC	THE DISTORT	OC SPILLIN	(A 7-3(K	<u> </u>
•					
	provided goods or see e five years?	ervices to Lee Co	ounty on a regula	r basis for the prec	eding.
	Yes		No	-	
	Yesse provide your cone years. Attach add	tractual history	with Lee County	for the past five,	
	se provide your con	tractual history	with Lee County	for the past five,	
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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 <u>non-mandatory</u>, but it is highly recommended that everyone planning to submit a quote attend.

In the event a pre-bid conference is classified as <u>mandatory</u>, 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, statues, 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 Statues, 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. <u>MISCELLANEOUS</u>

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. <u>AUTHORITY TO PIGGYBACK</u>

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) <u>Disadvantaged Business Enterprises</u>

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 ore 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 Statues.

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 <u>not</u> be afforded confidentiality.

23. <u>ANTI-LOBBYING CLAUSE</u>

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) WITHINCALENDAR 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 SUCII 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/PAC	GER NO.;
LEE COUNTY OCCUPATIONAL LICENS	E NUMBER:
E-MAIL ADDRESS:	

REVISED: 7/28/00

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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 <u>all</u> 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.

ATTACHENT C

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

6.	Safecuff BP Cuff (adult)	CAS Medical CD1437	
	Estimated Annual Usage800 ea _No Substitute		
	Cost Each \$ x EAU <u>800</u> = Est. Annual Cos	t \$	
	Packaged 20/ box		
7.	Safecuff BP Cuff (child)	CAS Medical CD927	
	Estimated Annual Usage140 ea _No Substitu	te	
	Cost Each \$ x EAU 140 = Est. Annual Cos	st \$	
	Packaged 20/ box		
8.	Safecuff BP Cuff (infant)	CAS Medical CD618	
	Estimated Annual Usage80 eaNo Substitu	te	
	Cost Each \$ x EAU <u>80</u> = Est. Annual Cost	\$	
	Packaged 20/ box		
9.	3M Particulate Respirator N95	3M <u>8110S</u>	
	Estimated Annual Usage160 ea_No Substitute)	
	Cost Each \$ x EAU <u>160</u> = Est. Annual Cos	st \$	
	Packaged 20/box		
10.	3M Particulate Respirator N95	3M <u>8210</u>	
	Estimated Annual Usage 200 ea No Substitu	te	
	Cost Each \$ x EAU <u>200</u> = Est. Annual Cos	st \$	
	Packaged 20/ box		
11.	Sta-Block HID	STI Medical <u>975</u>	
	Estimated Annual Usage <u>4800 ea</u> No Substitut	re	
	Cost Each \$ x EAU 4800 = Est. Annual Co	ost \$	
	Packaged 30/box		

12.	Ambu Adult Adjustable Extrication Collars	AMBU <u>000 281 000</u>		
	Estimated Annual Usage 4000 ea No Substitute			
	Cost Each \$ x EAU <u>4000</u> = Est. Annual Cost \$			
	Packaged30/ box			
13.	Pedi/Infant/Sm Adult Adjustable Extrication Collar	AMBU <u>000 281 106</u>		
	Estimated Annual Usage 800 ea No Substitute			
	Cost Each \$ x EAU <u>800</u> = Est. Annual Cost \$,		
	Packaged 30/ box			
14.	12 Lead Paper Phy	ysio-Control <u>805319-05</u>		
	Estimated Annual Usage200 ea_No Substitute			
	Cost Each \$ x EAU <u>200</u> = Est. Annual Cost \$	·		
	Packaged 2 rolls/ box			
15.	Adult BVM Life Sup	port Products <u>L570-040</u>		
	Estimated Annual Usage <u>1800 ea</u> No Substitute			
	Cost Each \$ x EAU <u>1800</u> = Est. Annual Cost \$			
	Packaged 6/ box			
16.	Infant BVM Life Sup	port Products <u>L570-200</u>		
	Estimated Annual Usage240 ea_No Substitute			
	Cost Each \$ x EAU <u>240</u> = Est. Annual Cost \$			
	Packaged 6/ box			
17.	Pediatric BVM Life Sup	port Products <u>L570-101</u>		
	Estimated Annual Usage 240 ea No Substitute			
	Cost Each \$ x EAU 240 = Est. Annual Cost \$	<u> </u>		
	Packaged 6/ box			

18.	Three-way Stop Cock	Baxter 2 <u>C6229</u>
	Estimated Annual Usage 80 ea No Substitute	
	Cost Each \$ x EAU 80 = Est. Annual Cost \$	
	Packaged each	
19.	Meconium Aspirator Neo	Гесh Products N0101
	Estimated Annual Usage80 ea _No Substitute	
	Cost Each \$ x EAU <u>80</u> = Est. Annual Cost \$	
	Packaged each	
20.	BP Cuff Adult Large	MABIS 05-260-016
	Estimated Annual Usage30 eaNo Substitute	
	Cost Each \$ x EAU <u>30</u> = Est. Annual Cost \$	
	Packaged each	
21.	Easy Cap CO2 Detector Nellcor Puritan	Bennet <u>047412A-0797</u>
	Estimated Annual Usage <u>1800 ea</u> No Substitute	
	Cost Each \$ x EAU <u>1800</u> = Est. Annual Cost \$	
	Packaged 6/ box	
22.	Pedi End-Tidal CO2 Detector Nellcor Puritar	n Bennett <u>046700A-0598</u>
	Estimated Annual Usage480 ea_No Substitute	
	Cost Each \$ x EAU <u>480</u> = Est. Annual Cost \$	
	Packaged 24/ case	
23.	Laryngoscope Blade (Miller 0)	Rusch 008615050
	Estimated Annual Usage <u>40 ea</u> Substitute Allowed	
	Cost Each \$ x EAU <u>40</u> = Est. Annual Cost \$	
	Packaged each	

24.	Laryngoscope Blade (Miller 1)	Rusch 008616100
	Estimated Annual Usage 40 ea Substitute Allowed	
	Cost Each \$ x EAU <u>40</u> = Est. Annual Cost \$	
	Packaged each	
25.	Laryngoscope Blade (Miller 2)	Rusch 008617200
	Estimated Annual Usage40 eaSubstitute Allowed	
	Cost Each \$ x EAU <u>40</u> = Est. Annual Cost \$	· · · · · · · · · · · · · · · · · · ·
	Packaged each	············
26.	Laryngoscope Blade (Miller 3)	Rusch 008618300
	Estimated Annual Usage120 ea_Substitute Allowed	
	Cost Each \$ x EAU <u>120</u> = Est. Annual Cost \$	
	Packaged each	
27.	Laryngoscope Blade (MAC 2)	Rusch 008602200
	Estimated Annual Usage40 ea _Substitute Allowed	
	Cost Each \$ x EAU <u>40</u> = Est. Annual Cost \$	
	Packaged each	
28.	Laryngoscope Blade (MAC 3)	Rusch 008603300
	Estimated Annual Usage100 ea_Substitute Allowed	
	Cost Each \$ x EAU <u>100</u> = Est. Annual Cost \$	<u> </u>
	Packaged each	
29.	Laryngoscope Blade (MAC 4)	Rusch 008604400
	Estimated Annual Usage100 ea_Substitute Allowed	
	Cost Each \$ x EAU <u>100</u> = Est. Annual Cost \$	
	Packaged each	
_		

30.	Standard Laryngoscope Handle (Small/Penlight)	Rusch <u>008620100</u>	
	Estimated Annual Usage 20 ea No Substitute		
	Cost Each \$ x EAU <u>20</u> = Est. Annual Cost \$		
	Packaged <u>each</u>		
31.	Laryngoscope Blade (Miller 4)	Rusch 008619400	
	Estimated Annual Usage100 ea_Substitute Allowed		
	Cost Each \$ x EAU <u>100</u> = Est. Annual Cost \$	·	
	Packaged each		
32.	Laryngoscope Blade (MAC 1)	Rusch 008601100	
	Estimated Annual Usage40 ea _Substitute Allowed		
	Cost Each \$ x EAU <u>40</u> = Est. Annual Cost \$		
	Packaged each	· 	
33.	Purell Hand Sanitizer	GoJo <u>9584</u>	
	Estimated Annual Usage <u>42 ea Substitute Allowed</u>		
	Cost Each \$ x EAU <u>42</u> = Est. Annual Cost \$		
	Packaged each		
34.	Specimen Transport Bags MD I	Industries <u>49-97 68059</u>	
	Estimated Annual Usage 16,000 ea No Substitute		
	Cost Each \$ x EAU <u>16,000</u> = Est. Annual Cost \$		
	Packaged 1000/ box		
35.	Epinephrine 1ml (1mg/ml) Abbott Labs	s NDC 0074-7241-01	
	Estimated Annual Usage500 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 Usage300 ea_No Substitute
	Cost Each \$ x EAU 300 = Est. Annual Cost \$
	Packaged
37.	Infant 4.2% Sodium Bicarbonate Abbott Labs NDC 0074-5534-34
	Estimated Annual Usage100 ea_No Substitute
	Cost Each \$ x EAU <u>100</u> = Est. Annual Cost \$
	Packaged 10/ package
38.	Glucometer Elite Nml Ctl 2.5 ml Bayer Corp 3926
	Estimated Annual Usage100 ea_Substitute Allowed
	Cost Each \$ x EAU <u>100</u> = Est. Annual Cost \$
	Packaged
39.	Glucometer Elite XL Diabetes Bayer Corp NDC 0193-3885-01
	Estimated Annual Usage40 eaSubstitute Allowed
	Cost Each \$ x EAU <u>40</u> = Est. Annual Cost \$
	Packaged each
40.	Vacutainer Blood Tubes (4 ml) (Green) Becton Dickinson <u>367884</u>
	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 \$
	Packaged100/ package

42.	Vacutainer Blood Tubes (3 ml) (Purple) Becton Dickinson 3 <u>67856</u>		
	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 36797		
	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 Usage50 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		
46.	Multifunction Adult Defib Electrodes Agilent Technologies M3501		
	Estimated Annual Usage 600 ea No Substitute		
	Cost Each \$ x EAU 6 <u>00</u> = Est. Annual Cost \$		
	Packaged 10/ box		
47.	Nail Polish Remover Pads Professional Disposables Inc.(PDI) <u>B71200</u>		
	Estimated Annual Usage <u>1500 ea</u> Substitute Allowed		
	Cost Each \$ x EAU <u>1500</u> = Est. Annual Cost \$		
	Packaged 100 packets/ box		

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Estimated Annual Usage200 ea_No Substitute	
Cost Each \$ x EAU 200 = Est. Annual Cost \$_	<u>.</u>
Packaged 10/box	
Endotracheal Tube Holder, Adult	STI Medical 31177
Estimated Annual Usage1500 ea_No Substitute	
Cost Each \$ x EAU <u>1500</u> = Est. Annual Cost \$	
Packaged 25/box	
Tube Check Intubation Detector Wo	olfe Troy Medical <u>EID200</u>
Estimated Annual Usage350 ea Substitute Allowe	d
Cost Each \$ x EAU 350 = Est. Annual Cost \$_	
Packaged 20/ box	
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	
Buretrol Solution Set (60 drops /ml)	Baxter <u>2C7566S</u>
Estimated Annual Usage <u>25 ea</u> No Substitute	
Cost Each \$ x EAU <u>25</u> = Est. Annual Cost \$	
Packaged each	
Sensi-touch Spinal Needles (18 x 3.5")	Baxter <u>220019</u>
Estimated Annual Usage 200 ea No Substitute	
Cost Each \$ x EAU 200 = Est. Annual Cost \$ _	<u>.</u>
Packaged 25/ box	
	Endotracheal Tube Holder, Adult Estimated Annual Usage1500 eaNo Substitute Cost Each \$ x EAU _1500 = Est. Annual Cost \$ Packaged 25/ box Tube Check Intubation Detector

54.	Monoject Needles (21 x 1.5")	Sherwood Medical 216041	
	Estimated Annual Usage 2000 ea No Substitute		
	Cost Each \$ x EAU <u>2000</u> = Est. Annual Cost	\$	
	Packaged 100/ box		
55.	Monoject Needles (22 x 1.5")	Sherwood Medical 216066	
	Estimated Annual Usage <u>2000 ea</u> No Substitute		
	Cost Each \$ x EAU <u>2000</u> = Est. Annual Cost	\$	
	Packaged 100/ box		
56.	Surflo Winged Infusion Set (19 G x 0.75")	Terumo <u>P-216-119</u>	
	Estimated Annual Usage 40 ea No Substitute		
	Cost Each \$ x EAU 40 = Est. Annual Cost \$		
	Packaged each	,, <u>.</u>	
57.	Surflo Winged Infusion Set (21 G x 0.75")	Terumo <u>0197</u>	
	Estimated Annual Usage40 eaNo Substitute		
	Cost Each \$ x EAU <u>40</u> = Est. Annual Cost \$		
	Packaged 50/box	_	
 58.	Surflo Winged Infusion Set (25 G x 0.75")	Terumo SVTW004	
	Estimated Annual Usage40 ea _No Substitute		
	Cost Each \$ x EAU <u>40</u> = Est. Annual Cost \$		
	Packaged each		
59.	Monoject Filter Needle (18 G x 1.5") She	rwood Medical 8 <u>881-305117</u>	
	Estimated Annual Usage 2000 ea No Subs	stitute	
	Cost Each \$ x EAU 2000 = Est. Annual Cost	\$	
	Packaged 100/box		

60.	Twin Pak Dual Cannula Device Becton Dickinson <u>303390</u>
	Estimated Annual UsageNo Substitute
	Cost Each \$ x EAU <u>400</u> = Est. Annual Cost \$
	Packaged 100/ box
61.	Mg Sulfate Pre-filled Syringe IMS <u>0548-1034-00</u>
	Estimated Annual UsageNo Substitute
	Cost Each \$ x EAU <u>500</u> = Est. Annual Cost \$
	Packaged
62.	Lubricating Jelly Foil Packet 2.7g Professional Disposables Inc T-00128
	Estimated Annual Usage <u>3024 ea</u> No Substitute
	Cost Each \$ x EAU <u>3024</u> = Est. Annual Cost \$
	Packaged 144/ box
63.	Lifescans Unistick 2 Spring Loaded Lancet NDC 53885-636-10
	Estimated Annual Usage S500 ea No Substitute
	Cost Each \$ x EAU <u>5500</u> = Est. Annual Cost \$
	Packaged 100/box
64.	Biomedix Select-3 IV Selectable Admin Set Biomedix 10102
	Estimated Annual UsageNo Substitute
	Cost Each \$ x EAU <u>1920</u> = Est. Annual Cost \$
	Packaged 48/ cs
65.	Iodine Swabs <u>Dynarex 1201</u>
	Estimated Annual UsageNo Substitute
	Cost Each \$ x EAU <u>1000</u> = 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 <u>500</u> = 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 2630			
	Estimated Annual Usage 400 ea No Substitute			
	Cost Each \$ x EAU <u>400</u> = Est. Annual Cost \$			
	Packaged 25/ box			
69.	Grandview Laryngoscope Blades Grandview GV 2020A			
	Estimated Annual Usage 150 ea No Substitute			
	Cost Each \$ x EAU <u>150</u> = Est. Annual Cost \$			
	Packaged each			
70.	Grandview Laryngoscope Bulbs Grandview GV 100			
	Estimated Annual Usage 150 ea No Substitute			
	Cost Each \$ x EAU <u>150</u> = Est. Annual Cost \$			
	Packaged each			
71.	Evac-u-Splint Extremity Kit Hartwell Medical EV 3000			
	Estimated Annual Usage35 ea No Substitute			
	Cost Each \$ x EAU <u>EACH</u> = 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 <u>EACH</u> = Est. Annual Cost \$	
	Packaged ?	
73.	Disposable Polyester Blanket	S&F Promotions C-125
	Estimated Annual Usage 200 ea. No Substitute	
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$	S
	Packaged Each	·
74.	P.A.W.S. Anti-Microbial Wipes	SafeTec 34400
	Estimated Annual Usage200 bx. No Substitute	
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$	S
	Packaged <u>Each</u>	
75.	Recorder Paper 80 mm Fan Folded	Zoll 8000-0301
	Estimated Annual Usage100 bx No Substitute	
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$	S
	Packaged ?	
 76.	Disposable Pediatric Sensor	Zoll 8000-0044
	Estimated Annual Usage30 cs No Substitute	
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost S	S
	Packaged ?	
77.		Zoll 8900-0004
	Estimated Annual Usage20 csNo Substitute	
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost S	S
	Packaged ?	

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78.	HVP Multi-Function Electrodes (Adult)	Zoll 8900-4003
	Estimated Annual Usage30 csNo Substitute	
	Cost Each \$ x EAU <u>EACH</u> = Est. Annual Cost \$	
	Packaged ?	
79.	Pedi-Padz Multi-Function Electrodes	Zoll 8900-2065
	Estimated Annual Usage30 csNo Substitute	
	Cost Each \$ x EAU <u>EACH</u> = 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) What is the physical location of your principal place of business that is 1. 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.) How many employees are available to service this contract? 1. Describe the types and amount of equipment you have available to service this contract.

LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED

3.	Describe the type vailable to service this	es and amount of material stock that you have contract.		
				
Have you provided goods or services to Lee County on a regular basis for the prece consecutive five years?				
	Yes	No		
	ase provide your contractive years. Attach addition	ctual history with Lee County for the past five, nal pages if necessary.		
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