

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

Blue Sheet No. 20040732

**1. REQUESTED MOTION:**

**ACTION REQUESTED:** Approve award of Formal Quotation # Q-040355, the Purchase of Medical Supplies for Product Group A, for the Division of Public Safety (EMS), to the overall low quoters per section meeting all specification requirements as follows: Sections A & B to Emergency Medical Products, Inc. and Section C to Physician Sales and Service. The initial term of this agreement is for three years. Request authority to renew this quotation for one additional two year period if in the best interest of the County, at the expiration of the original term. Funding will come from the individual departments budget and they will be responsible for monitoring their own expenditures.

**WHY ACTION IS NECESSARY:** All purchases that exceed \$50,000 must be board approved.

**WHAT ACTION ACCOMPLISHES:** Establishes competitive pricing for the purchase of these medical supplies.

**2. DEPARTMENTAL CATEGORY:  
COMMISSION DISTRICT #**

**C7A**

**3. MEETING DATE:**

**06-29-2004**

**4. AGENDA:**

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

**5. REQUIREMENT/PURPOSE:  
(Specify)**

- STATUTE
- ORDINANCE
- ADMIN. CODE AC-4-1
- OTHER

**6. REQUESTOR OF INFORMATION:**

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

BY: John Wilson *[Signature]*

**BACKGROUND:** On April 27, 2004 Purchasing received fourteen quotations for the purchase of Medical Supplies for Product Group A for the Division of Public Safety (EMS). After review of the quotes by Public Safety a recommendation was made to award to the low quoters per section meeting all specification requirements as follows: Section A & B to Emergency Medical Products, Inc. and Section C to Physician Sales and Service.

**Please see attachments:**

- (1) Tabulation Sheets
- (2) Department's Recommendation
- (3) Specification
- (4) Awarded Vendor's Quotations

**8. MANAGEMENT RECOMMENDATIONS:**

**9. RECOMMENDED APPROVAL:**

A	B	C	D	E	F	G
Department Director	Purchasing or Contracts	Human Resources	Other	County Attorney	Budget Services	County Manager
<i>[Signature]</i> 6/16/04	<i>[Signature]</i> 6-9-04			<i>[Signature]</i>	QA 6/17/04 DM 6/17/04 Risk 6/17/04 GC 6/17/04	HS 6/17/04

**10. COMMISSION ACTION:**

- APPROVED
- DENIED
- DEFERRED
- OTHER

Rec. by CoAtty  
Date: 6/16/04  
Time: 1:20 PM  
Forwarded To:

RECEIVED BY  
COUNTY ADMIN:  
6/16/04  
1:30 PM SGT  
COUNTY ADMIN  
FORWARDED TO:  
6/17/04



FORMAL QUOTATION #Q-040355	LEE COUNTY, FLORIDA TABULATION SHEET						
OPENING DATE: April 27, 2004	FOR						
BUYER: Chris Jeffcoat	THE PURCHASE OF MEDICAL SUPPLIES PRODUCT GROUP A EMS						
VENDORS	ALLIANCE	AMERICAN	BOUND	EMERGENCY	EVER READY	MERCURY	MEDICAL
	MEDICAL	LAFRANCE	TREE	MEDICAL	FIRST AID	MEDICAL	SUPPLIES
	INC.	MEICMASTER	MEDICAL LLC	PRODUCTS, INC.			DEPOT, INC.
(6) Non-Sterile Dressings 4x4 8 Ply							
Dynarex 3242 no substitute							
Cost/Each	\$0.0088	\$0.015	\$0.01	\$0.008	\$0.02	NO BID	\$0.0095
Cost/Each X 176,000=annual cost	\$1,548.80	\$2,640.00	\$1,760.00	\$1,408.00	\$3,520.00		\$1,672.00
(7) Sterile Dressing 4x4							
Dynarex 3342 no substitute							
Cost/Each	\$0.0218	\$0.03	NO BID	\$0.023	\$0.06	NO BID	\$0.519
Cost/Each X 2,400=annual cost	\$52.32	\$72.00		\$55.20	\$144.00		\$1,245.60
(8) Sterile Dressing 5x9							
Kendall 7196 no substitute							
Cost/Each	\$0.134	\$0.18	\$0.11	\$0.145	\$0.16	NO BID	\$0.0967
Cost/Each X 2,400=annual cost	\$321.60	\$432.00	\$264.00	\$348.00	\$384.00		\$232.08
(9) Sterile Dressing 12"x30"							
Gam 110-1 no substitute							
Cost/Each	\$1.64	\$1.75	\$1.46	\$1.33	\$1.89	NO BID	NO BID
Cost/Each X 400=annual cost	\$656.00	\$700.00	\$584.00	\$532.00	\$756.00		
(10) Tape 1"x10 yds Transpore							
NDC 8333-1527-01 no substitute							
Cost/Each	\$0.9467	\$1.10	\$1.14	\$0.95	\$1.45	NO BID	\$1.29
Cost/Each X 1,680=annaul cost	\$1,590.46	\$1,848.00	\$1,915.20	\$1,596.00	\$2,436.00		\$2,167.20

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OPENING DATE: April 27, 2004	FOR						
BUYER: Chris Jeffcoat	THE PURCHASE OF MEDICAL SUPPLIES PRODUCT GROUP A EMS						
VENDORS	ALLIANCE	AMERICAN	BOUND	EMERGENCY	EVER READY	MERCURY	MEDICAL
	MEDICAL	LAFRANCE	TREE	MEDICAL	FIRST AID	MEDICAL	SUPPLIES
INC.	MEICMASTER	MEDICAL LLC	PRODUCTS, INC.	DEPOT, INC.			
(11) Tape 1"x10 yds,Zonas Adhesive							
Johnson & Johnson 5104 no substitute							
Cost/Each	\$1,0167	\$0.94	\$0.81	\$0.79	NO BID	NO BID	NO BID
Cost/Each X 1,150=annual cost	\$1,169.21	\$1,081.00	\$931.50	\$908.50			
(12) Tape 2"x10yds,Zonas Adhesive							
Johnson & Johnson 5106 no substitute							
Cost/Each	\$2.033	\$1.88	\$1.62	\$1.58	NO BID	NO BID	NO BID
Cost/Each X 1,900=annual cost	\$3,862.70	\$3,572.00	\$3,078.00	\$3,002.00			
(13) Triangular Bandages							
Dynarex 3680 no substitute							
Cost/Each	\$0.3117	\$0.25	\$0.27	\$0.25	\$0.40	NO BID	\$0.20
Cost/Each X 1,300=annual cost	\$405.21	\$325.00	\$351.00	\$325.00	\$520.00		\$260.00
(14) Veni-guards Conmed Adult							
ConMed 7054431 no substitute							
Cost/Each	\$0.3938	\$0.32	\$0.032	\$0.326	\$0.55	NO BID	NO BID
Cost/Each X 34,000=annual cost	\$13,389.20	\$10,880.00	\$1,088.00	\$11,084.00	\$18,700.00		
(15) Petolum Guaze 3"x9"							
Kendall 413605 no substitute							
Cost/Each	\$0.95	\$1.06	\$0.67	\$0.65	\$0.79	NO BID	\$0.66
Cost/Each X 300=annual cost	\$285.00	\$318.00	\$201.00	\$195.00	\$237.00		\$198.00



FORMAL QUOTATION #Q-040355	LEE COUNTY, FLORIDA TABULATION SHEET						
OPENING DATE: April 27, 2004	FOR						
BUYER: Chris Jeffcoat	THE PURCHASE OF MEDICAL SUPPLIES PRODUCT GROUP A EMS						
VENDORS	ALLIANCE	AMERICAN	BOUND	EMERGENCY	EVER READY	MERCURY	MEDICAL
SECTION B	MEDICAL	LAFRANCE	TREE	MEDICAL	FIRST AID	MEDICAL	SUPPLIES
	INC.	MEICMASTER	MEDICAL LLC	PRODUCTS, INC.			DEPOT, INC.
(1) Nasal Canula, Adult, W/7' Tubing							
Allied LSP 33239 no substitute							
Cost/Each	\$0.34	\$0.43	\$0.34	\$0.345	\$0.59	\$0.52	NO BID
Cost/Each X 20,000=annual cost	\$6,800.00	\$8,600.00	\$6,800.00	\$6,900.00	\$11,800.00	\$10,400.00	
(2) Adult High Concentration Mask W/Safety Vent 7' Tubing							
Allied LSP 64060 no substitute							
Cost/Each	\$0.89	\$0.93	\$0.90	\$0.875	\$1.69	\$1.25	NO BID
Cost/Each X 15,000=annual cost	\$13,350.00	\$13,950.00	\$13,500.00	\$13,125.00	\$25,350.00	\$18,750.00	
(3) Pediatric High Concentration Mask W/Safety Vent, 7'Tubing							
Allied LSP 64009 no substitute							
Cost/Each	\$1.13	\$1.07	\$1.12	\$1.26	\$1.95	\$1.38	NO BID
Cost/Each X 800=annual cost	\$904.00	\$856.00	\$896.00	\$1,008.00	\$1,560.00	\$1,104.00	
(4) Infant Oxygen Mask W/7' Tubing							
Rusch 396218 no substitute							
Cost/Each	\$2.35	\$2.43	\$2.48	\$1.38	\$0.70	\$2.68	\$2.41
Cost/Each X 200=annual cost	\$470.00	\$486.00	\$496.00	\$276.00	\$140.00	\$536.00	\$482.00
(5) Berman Dual Channel Airway 40MM							
Rusch 121801 no substitute							
Cost/Each	\$0.14	\$0.19	\$0.13	\$0.14	\$0.25	\$0.24	\$0.21
Cost/Each X 100=annual cost	\$14.00	\$19.00	\$13.00	\$14.00	\$25.00	\$24.00	\$21.00

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	ALLIANCE	AMERICAN	BOUND	EMERGENCY	EVER READY	MERCURY	MEDICAL
VENDORS	MEDICAL	LAFRANCE	TREE	MEDICAL	FIRST AID	MEDICAL	SUPPLIES
	INC.	MEICMASTER	MEDICAL LLC	PRODUCTS, INC.			DEPOT, INC.
(6) Berman Dual Channel Airway 50MM							
Rusch 121850 no substitute							
Cost/Each	\$0.14	\$0.19	\$0.13	\$0.14	\$0.25	\$0.24	\$0.21
Cost/Each X 100=annual cost	\$14.00	\$19.00	\$13.00	\$14.00	\$25.00	\$24.00	\$21.00
(7) Berman Dual Channel Airway 60MM							
Rusch 121802 no substitute							
Cost/Each	\$0.14	\$0.19	\$0.13	\$0.14	\$0.25	\$0.24	\$0.21
Cost/Each X 100=annual cost	\$14.00	\$19.00	\$13.00	\$14.00	\$25.00	\$24.00	\$21.00
(8) Berman Dual Channel Airway 80MM							
Rusch 121803 no substitute							
Cost/Each	\$0.14	\$0.19	\$0.13	\$0.14	\$0.25	\$0.24	\$0.21
Cost/Each X 100=annual cost	\$14.00	\$19.00	\$13.00	\$14.00	\$25.00	\$24.00	\$21.00
(9) Berman Dual Channel Airway 90MM							
Rusch 121804 no substitute							
Cost/Each	\$0.14	\$0.19	\$0.13	\$0.14	\$0.25	\$0.24	\$0.21
Cost/Each X 200=annaul cost	\$28.00	\$38.00	\$26.00	\$28.00	\$50.00	\$48.00	\$42.00
(10) Berman Dual Channel Airway 100MM							
Rusch 121805 no substitute							
Cost/Each	\$0.14	\$0.19	\$0.13	\$0.14	\$0.25	\$0.24	\$0.21
Cost/Each X 200=annual cost	\$28.00	\$38.00	\$26.00	\$28.00	\$50.00	\$48.00	\$42.00

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BUYER: Chris Jeffcoat	THE PURCHASE OF MEDICAL SUPPLIES PRODUCT GROUP A EMS						
VENDORS	ALLIANCE	AMERICAN	BOUND	EMERGENCY	EVER READY	MERCURY	MEDICAL
	MEDICAL	LAFRANCE	TREE	MEDICAL	FIRST AID	MEDICAL	SUPPLIES
	INC.	MEICMASTER	MEDICAL LLC	PRODUCTS, INC.			DEPOT, INC.
(11) Berman Dual Channel Airway 110MM							
Rusch 121806 no substitute							
Cost/Each	\$0.14	\$0.19	\$0.13	\$0.14	\$0.25	\$0.24	\$0.21
Cost/Each X 200=annual cost	\$28.00	\$38.00	\$26.00	\$28.00	\$50.00	\$48.00	\$42.00
(12) Nasal Canula, Pediatric, With 7' Tubing							
Allied LSP 33604 no substitute							
Cost/Each	\$0.784	\$0.70	\$0.49	\$0.575	\$1.85	\$1.32	NO BID
Cost/Each X 300=annual cost	\$235.20	\$210.00	\$147.00	\$172.50	\$555.00	\$396.00	
(13) Combitube Packaged in Roll-up Pouch							
Kendall 5-18441 no substitute							
Cost/Each	\$42.35	\$43.26	\$42.75	\$42.43	\$68.75	NO BID	NO BID
Cost/Each X 500=annual cost	\$21,175.00	\$21,630.00	\$21,375.00	\$21,215.00	\$34,375.00		
(14) HI-D The "Big Stick" Pharyngeal Suction Tip							
SSCOR 44241 no substitute							
Cost/Each	\$1.24	\$1.31	\$1.33	\$1.30	\$2.05	NO BID	NO BID
Cost/Each X 1,100=annual cost	\$1,364.00	\$1,441.00	\$1,463.00	\$1,430.00	\$2,255.00		
(15) Suction Tubing 9/32"							
Argyle 301705 no substitute							
Cost/Each	\$0.96	\$1.02	\$0.85	\$1.00	\$1.89	NO BID	NO BID
Cost/Each X 800=annual cost	\$768.00	\$816.00	\$680.00	\$800.00	\$1,512.00		



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VENDORS	ALLIANCE	AMERICAN	BOUND	EMERGENCY	EVER READY	MERCURY	MEDICAL
	MEDICAL	LAFRANCE	TREE	MEDICAL	FIRST AID	MEDICAL	SUPPLIES
	INC.	MEICMASTER	MEDICAL LLC	PRODUCTS, INC.			DEPOT, INC.
(16) Bemis Suction Canister With Cover, 1200cc							
Bemis Catalog # 484410 no substitute							
Cost/Each	\$2.51	\$2.10	\$2.36	\$1.80	\$2.49	NO BID	NO BID
Cost/Each X 500=annual cost	\$1,255.00	\$1,050.00	\$1,180.00	\$900.00	\$1,245.00		
(17) Nebulizer & Tee Adapter							
Allegiance 002038 no substitute							
Cost/Each	\$0.94	\$0.81	\$0.80	\$0.85	\$1.25	\$0.98	NO BID
Cost/Each X 2,000=annual cost	\$1,880.00	\$1,620.00	\$1,600.00	\$1,700.00	\$2,500.00	\$1,960.00	
(18) Suction Catheter With Air-Space Port, 6Fr.							
Rusch 404500060 no substitute							
Cost/Each	\$0.33	\$0.35	\$0.39	\$0.32	\$0.60	\$0.40	\$0.38
Cost/Each X 80=annual cost	\$26.40	\$28.00	\$31.20	\$25.60	\$48.00	\$32.00	\$30.40
(19) Suction Catheter With Air-Space Port, 8 Fr.							
Rusch 404500080 no substitute							
Cost/Each	\$0.33	\$0.35	\$0.39	\$0.32	\$0.60	\$0.40	\$0.38
Cost/Each X 100=annual cost	\$33.00	\$35.00	\$39.00	\$32.00	\$60.00	\$40.00	\$38.00
(20) Suction Catheters With Air-Space Port 10 Fr.							
Rusch 404500100 no substitute							
Cost/Each	\$0.33	\$0.35	\$0.39	\$0.32	\$0.60	\$0.40	\$0.38
Cost/Each X 150=annual cost	\$49.50	\$52.50	\$58.50	\$48.00	\$90.00	\$60.00	\$57.00



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VENDORS	ALLIANCE	AMERICAN	BOUND	EMERGENCY	EVER READY	MERCURY	MEDICAL
	MEDICAL	LAFRANCE	TREE	MEDICAL	FIRST AID	MEDICAL	SUPPLIES
	INC.	MEICMASTER	MEDICAL LLC	PRODUCTS, INC.			DEPOT, INC.
(26) Nasopharyngeal Airways, Sterile 18 Fr.							
Rusch 123318 no substitute							
Cost/Each	\$2.09	\$1.83	\$2.00	\$2.12	\$3.15	\$2.94	\$2.64
Cost/Each X 100=annual cost	\$209.00	\$183.00	\$200.00	\$212.00	\$315.00	\$294.00	\$264.00
(27) Nasopharyngeal Airways, Sterile, 20 Fr.							
Rusch 123120 no substitute							
Cost/Each	\$2.31	\$1.83	\$2.00	\$2.18	\$5.69	\$3.28	\$4.76
Cost/Each X 100=annual cost	\$231.00	\$183.00	\$200.00	\$218.00	\$569.00	\$328.00	\$476.00
(28) Nasopharyngeal Airways, Sterile 22 Fr.							
Rusch 123122 no substitute							
Cost/Each	\$2.31	\$1.83	\$2.00	\$2.18	\$5.69	\$3.28	\$4.76
Cost/Each X 100=annual cost	\$231.00	\$183.00	\$200.00	\$218.00	\$569.00	\$328.00	\$476.00
(29) Nasopharyngeal Airways, Sterile 24 Fr.							
Rusch 123124 no substitute							
Cost/Each	\$2.09	\$1.83	\$2.00	\$2.18	\$5.69	\$3.28	\$4.76
Cost/Each X 140=annual cost	\$292.60	\$256.20	\$280.00	\$305.20	\$796.60	\$459.20	\$666.40
(30) Nasopharyngeal Airways, Sterile 26 Fr.							
Rusch 123126 no substitute							
Cost/Each	\$2.31	\$1.83	\$2.00	\$2.18	\$5.69	\$3.28	\$4.76
Cost/Each X 145=annual cost	\$334.95	\$265.35	\$290.00	\$316.10	\$825.05	\$475.60	\$690.20

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	ALLIANCE	AMERICAN	BOUND	EMERGENCY	EVER READY	MERCURY	MEDICAL
VENDORS	MEDICAL	LAFRANCE	TREE	MEDICAL	FIRST AID	MEDICAL	SUPPLIES
	INC.	MEICMASTER	MEDICAL LLC	PRODUCTS, INC.			DEPOT, INC.
(31) Nasopharyngeal Airways, Sterile 28 Fr.							
Rusch 124128 no substitute							
Cost/Each	\$2.31	\$1.83	\$2.00	\$2.18	\$5.69	\$3.28	\$4.76
Cost/Each X 160=annual cost	\$369.60	\$292.80	\$320.00	\$348.80	\$910.40	\$524.80	\$761.60
(32) Nasopharyngeal Airways, Sterile 30 Fr.							
Rusch 123130 no substitute							
Cost/Each	\$2.31	\$1.83	\$2.00	\$2.18	\$5.69	\$3.28	\$4.76
Cost/Each X 160=annual cost	\$369.60	\$292.80	\$320.00	\$348.80	\$910.40	\$524.80	\$761.60
(33) Nasogastric Sump Tubes, 8 Fr.							
Argyle 268086 no substitute							
Cost/Each	\$6.76	\$0.75	NO BID	\$5.76	\$6.89	NO BID	NO BID
Cost/Each X 80=annual cost	\$540.80	\$60.00		\$460.80	\$551.20		
(34) Nasogastric Sump Tubes, 14 Fr.							
Argyle 264945 no substitute							
Cost/Each	\$2.32	\$0.75	NO BID	\$1.58	\$2.19	NO BID	NO BID
Cost/Each X 80=annual cost	\$185.60	\$60.00		\$126.40	\$175.20		
(35) Endotracheal Tubes, /Stylet 2.5mm uncuffed							
Rusch 506525 no substitute							
Cost/Each	\$3.19	\$3.41	\$3.67	\$3.09	\$4.30	\$4.00	\$3.60
Cost/Each X 100=annual cost	\$319.00	\$341.00	\$367.00	\$309.00	\$430.00	\$400.00	\$360.00

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	ALLIANCE	AMERICAN	BOUND	EMERGENCY	EVER READY	MERCURY	MEDICAL
VENDORS	MEDICAL	LAFRANCE	TREE	MEDICAL	FIRST AID	MEDICAL	SUPPLIES
	INC.	MEICMASTER	MEDICAL LLC	PRODUCTS, INC.			DEPOT, INC.
(36) Endotracheal Tubes,/Stylet 3.0mm uncuffed							
Rusch 506530 no substitute							
Cost/Each	\$3.19	\$3.41	\$3.67	\$3.09	\$4.30	\$4.00	\$3.60
Cost/Each X 100=annual cost	\$319.00	\$341.00	\$367.00	\$309.00	\$430.00	\$400.00	\$360.00
(37) Endotracheal Tubes,/Stylet, 3.5mm uncuffed							
Rusch 506535 no substitute							
Cost/Each	\$3.19	\$3.41	\$3.67	\$3.09	\$4.30	\$4.00	\$3.60
Cost/Each X 100=annual cost	\$319.00	\$341.00	\$367.00	\$309.00	\$430.00	\$400.00	\$360.00
(38) Endotracheal Tubes,/Stylet 4.0mm uncuffed							
Rusch 506540 no substitute							
Cost/Each	\$3.19	\$3.41	\$3.67	\$3.09	\$4.30	\$4.00	\$3.60
Cost/Each X 100=annual cost	\$319.00	\$241.00	\$367.00	\$309.00	\$430.00	\$400.00	\$360.00
(39) Endotracheal Tubes,/Stylet 4.5mm uncuffed							
Rusch 506545 no substitute							
Cost/Each	\$3.19	\$3.41	\$3.67	\$3.09	\$4.30	\$4.00	\$3.60
Cost/Each X 100=annual cost	\$319.00	\$341.00	\$367.00	\$309.00	\$430.00	\$400.00	\$360.00
(40) Endotracheal Tubes,/Stylet 5.0mm uncuffed							
Rusch 506550 no substitute							
Cost/Each	\$3.19	\$3.41	\$3.67	\$3.09	\$4.30	\$4.00	\$3.60
Cost/Each X 100=annual cost	\$319.00	\$341.00	\$367.00	\$309.00	\$430.00	\$400.00	\$360.00

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BUYER: Chris Jeffcoat	THE PURCHASE OF MEDICAL SUPPLIES PRODUCT GROUP A EMS						
VENDORS	ALLIANCE	AMERICAN	BOUND	EMERGENCY	EVER READY	MERCURY	MEDICAL
	MEDICAL	LAFRANCE	TREE	MEDICAL	FIRST AID	MEDICAL	SUPPLIES
	INC.	MEICMASTER	MEDICAL LLC	PRODUCTS, INC.			DEPOT, INC.
(41) Endotracheal Tube&Stylet set, 5.5mm, cuffed							
Rusch 504555 no substitute							
Cost/Each	\$3.52	\$3.53	\$4.15	\$3.43	\$4.89	\$4.52	\$4.07
Cost/Each X 175=annual cost	\$616.00	\$617.75	\$726.25	\$600.25	\$855.75	\$791.00	\$712.25
(42) Endotracheal Tube&Stylet set, 6.0mm, cuffed							
Rusch 504560 no substitute							
Cost/Each	\$3.52	\$3.53	\$4.15	\$3.43	\$4.89	\$4.52	\$4.07
Cost/Each X 150=annual cost	\$528.00	\$529.50	\$622.50	\$514.50	\$733.50	\$678.00	\$610.50
(43) Endotracheal Tube&Stylet set, 6.5mm, cuffed							
Rusch 504565 no substitute							
Cost/Each	\$3.52	\$3.53	\$4.15	\$3.43	\$4.89	\$4.52	\$4.07
Cost/Each X 150=annual cost	\$528.00	\$529.50	\$622.50	\$514.50	\$733.50	\$678.00	\$610.50
(44) Endotracheal Tube&Stylet set,7.0mm, cuffed							
Rusch 504570							
Cost/Each	\$3.52	\$3.53	\$4.15	\$3.43	\$4.89	\$4.52	\$4.07
Cost/Each X 250=annual cost	\$880.00	\$882.50	10.37.50	\$857.50	\$1,222.50	\$1,130.00	\$1,017.50
(45) Endotracheal Tube&Stylet set, 7.5mm, cuffed							
Rusch 504575 no substitute							
Cost/Each	\$3.52	\$3.53	\$4.15	\$3.43	\$4.89	\$4.52	\$4.06
Cost/Each X 300=annual cost	\$1,056.00	\$1,059.00	\$1,245.00	\$1,029.00	\$1,467.00	\$1,356.00	\$1,218.00

FORMAL QUOTATION #Q-040355	LEE COUNTY, FLORIDA TABULATION SHEET						
OPENING DATE: April 27, 2004	FOR						
BUYER: Chris Jeffcoat	THE PURCHASE OF MEDICAL SUPPLIES PRODUCT GROUP A EMS						
VENDORS	ALLIANCE	AMERICAN	BOUND	EMERGENCY	EVER READY	MERCURY	MEDICAL
	MEDICAL	LAFRANCE	TREE	MEDICAL	FIRST AID	MEDICAL	SUPPLIES
	INC.	MEICMASTER	MEDICAL LLC	PRODUCTS, INC.			DEPOT, INC.
(46) Endotracheal Tube&Stylet set,8.0mm, cuffed							
Rusch 504580 no substitute							
Cost/Each	\$3.52	\$3.53	\$4.15	\$3.43	\$4.89	\$4.52	\$4.06
Cost/Each X 300=annual cost	\$1,056.00	\$1,059.00	\$1,245.00	\$1,029.00	\$1,467.00	\$1,356.00	\$1,218.00
(47) Endotracheal Tube&Stylet set,8.5mm, cuffed							
Rusch 504585 no substitute							
Cost/Each	\$3.52	\$3.53	\$4.15	\$3.43	\$4.89	\$4.52	\$4.06
Cost/Each X 300=annual cost	\$1,056.00	\$1,059.00	\$1,245.00	\$1,029.00	\$1,467.00	\$1,356.00	\$1,218.00
(48) Endotracheal Tube&Stylet set,9.0mm, cuffed							
Rusch 504590 no substitute							
Cost/Each	\$3.52	\$3.53	\$4.15	\$3.43	\$4.89	\$4.52	\$4.07
Cost/Each X 150=annual cost	\$528.00	\$529.50	\$622.50	\$514.50	\$733.50	\$678.00	\$610.50
<b>TOTAL SECTION B</b>	\$60,140.75	\$61,723.90	\$61,073.95	\$59,016.45	\$99,776.60	\$47,897.40	\$15,213.45
			Z.N.B.			6 N.B.	11 N.B.





FORMAL QUOTATION #Q-040355	LEE COUNTY, FLORIDA TABULATION SHEET						
OPENING DATE: April 27, 2004	FOR						
BUYER: Chris Jeffcoat	THE PURCHASE OF MEDICAL SUPPLIES PRODUCT GROUP A EMS						
VENDORS	ALLIANCE	AMERICAN	BOUND	EMERGENCY	EVER READY	MERCURY	MEDICAL
	MEDICAL	LAFRANCE	TREE	MEDICAL	FIRST AID	MEDICAL	SUPPLIES
	INC.	MEICMASTER	MEDICAL LLC	PRODUCTS, INC.			DEPOT, INC.
<b>(6) Sharps Container, 0.6 Liter Sharp Safe</b>							
Sims 4126 no substitute							
Cost/Each	\$2.37	\$2.98	\$3.05	\$3.00	\$3.55	NO BID	NO BID
Cost/Each X 400=annual cost	\$948.00	\$1,192.00	\$1,220.00	\$1,200.00	\$1,420.00		
<b>(7) I.V. Armboard, Peds Disposable, 3"x9"</b>							
Morrison 1009 no substitute							
Cost/Each	\$0.50	\$0.55	\$0.42	\$0.455	\$0.65	NO BID	NO BID
Cost/Each X 150=annual cost	\$75.00	\$82.50	\$63.00	\$68.25	\$97.50		
<b>(8) Digital Thermometer</b>							
Mabis 15-681-000 no substitute							
Cost/Each	\$5.25	\$3.75	NO BID	\$3.03	\$3.50	NO BID	\$4.45
Cost/Each X 50=annual cost	\$262.50	\$187.50		\$151.50	\$175.00		\$222.50
<b>(9) Tympanic Thermometer, Model 6014</b>							
Welch Allyn 03000-200 no substitute							
Cost/Each	\$115.00	\$118.06	\$121.90	\$118.73	\$209.25	NO BID	NO BID
Cost/Each X 30=annual cost	\$3,450.00	\$3,541.80	\$3,657.00	\$3,561.90	\$6,277.50		
<b>(10) Tympanic Thermometer Covers</b>							
Welch Allyn PC 05074-800 no substitute							
Cost/Each	\$0.0538	\$0.055	\$0.058	\$0.0546	\$0.10	NO BID	NO BID
Cost/Each X 48,000=annual cost	\$2,582.40	\$2,640.00	\$2,784.00	\$2,620.80	\$4,800.00		

FORMAL QUOTATION #Q-040355	LEE COUNTY, FLORIDA TABULATION SHEET						
OPENING DATE: April 27, 2004	FOR						
BUYER: Chris Jeffcoat	THE PURCHASE OF MEDICAL SUPPLIES PRODUCT GROUP A EMS						
VENDORS	ALLIANCE	AMERICAN	BOUND	EMERGENCY	EVER READY	MERCURY	MEDICAL
	MEDICAL	LAFRANCE	TREE	MEDICAL	FIRST AID	MEDICAL	SUPPLIES
	INC.	MEICMASTER	MEDICAL LLC	PRODUCTS, INC.			DEPOT, INC.
<b>(11) Bulb Syringes</b>							
Medline 70275 no substitute							
Cost/Each	\$0.87	\$1.21	\$0.82	\$0.90	\$1.45	NO BID	NO BID
Cost/Each X 100=annual cost	\$87.00	\$121.00	\$82.00	\$90.00	\$145.00		
<b>(12) Cynch-Loks, White</b>							
Healthmark 6323 no substitute							
Cost/Each Bag	\$14.00	\$14.40	NO BID	\$14.40	\$21.55	NO BID	NO BID
Cost/Each Bag X 8=annual cost	\$112.00	\$115.20		\$115.20	\$172.40		
<b>(13) Kelly Forceps, 5-1/2", Curved</b>							
Kelly 945 no substitute							
Cost/Each	\$0.60	\$0.98	\$0.77	\$0.69	\$4.25	NO BID	NO BID
Cost/Each X 100=annual cost	\$60.00	\$98.00	\$77.00	\$69.00	\$425.00		
<b>(14) Bags for Vomit &amp; Urine Disposal 50-1000cc</b>							
GKR Ind. Model 1000/7000 no substitute							
Cost/Each	\$0.94	\$0.75	\$0.50	\$0.97	\$1.20	NO BID	NO BID
Cost/Each X 80=annual cost	\$75.20	\$60.00	\$40.00	\$77.60	\$96.00		
<b>(15) Alcohol Prep Pads, Lg</b>							
Dynarex 1106 no substitute							
Cost/Each	\$0.014	\$0.016	\$0.03	\$0.014	\$0.02	NO BID	\$0.015
Cost/Each X 40,000=annual cost	\$560.00	\$640.00	\$1,200.00	\$560.00	\$800.00		\$600.00





FORMAL QUOTATION #Q-040355	LEE COUNTY, FLORIDA TABULATION SHEET						
OPENING DATE: April 27, 2004	FOR						
BUYER: Chris Jeffcoat	THE PURCHASE OF MEDICAL SUPPLIES GROUP A EMS						
VENDORS	MEDLINE INDUSTRIES INC.	MOORE MEDICAL CORP.	PHYSICIAN SALES AND SERVICE	PINE ISLAND DIABETIC SUPPLY, INC.	QUADMED INC.	SOUTH-EASTERN EMERG. EQUIP.	TRI-ANIM HEALTH SERVICES, INC.
(6) Non-Sterile Dressings 4x4 8 Ply							
Dynarex 3242 no substitute							
Cost/Each	\$0.014	NO BID	\$0.0083		\$0.00794	NO BID	NO BID
Cost/Each X 176,000=annual cost	\$2,464.00		\$1,460.80		\$1,397.44		
(7) Sterile Dressing 4x4							
Dynarex 3342 no substitute							
Cost/Each	\$0.024	NO BID	\$0.0444		\$0.0232	\$0.05	\$0.00815
Cost/Each X 2,400=annual cost	\$57.60		\$106.56		\$55.68	\$120.00	\$1,434.40
(8) Sterile Dressing 5x9							
Kendall 7196 no substitute							
Cost/Each	\$0.103	\$0.1575	\$0.118		\$0.154	NO BID	\$0.163
Cost/Each X 2,400=annual cost	\$247.20	\$378.00	\$283.20		\$369.60		\$391.20
(9) Sterile Dressing 12"x30"							
Gam 110-1 no substitute							
Cost/Each	NO BID	NO BID	\$1.595		\$3.94	\$1.48	\$2.04
Cost/Each X 400=annual cost			\$638.00		\$1,576.00	\$592.00	\$816.00
(10) Tape 1"x10 yds Transpore							
NDC 8333-1527-01 no substitute							
Cost/Each	\$0.65	\$1.09833	\$1.10		\$0.64	\$0.92	\$0.96
Cost/Each X 1,680=annaul cost	\$1,092.00	\$1,845.19	\$1,848.00		\$1,075.20	\$1,545.60	\$1,612.80

FORMAL QUOTATION #Q-040355	LEE COUNTY, FLORIDA TABULATION SHEET						
OPENING DATE: April 27, 2004	FOR						
BUYER: Chris Jeffcoat	THE PURCHASE OF MEDICAL SUPPLIES GROUP A EMS						
VENDORS	MEDLINE	MOORE	PHYSICIAN	PINE ISLAND	QUADMED	SOUTH-	TRI-ANIM
	INDUSTRIES	MEDICAL	SALES AND	DIABETIC	INC.	EASTERN	HEALTH
	INC.	CORP.	SERVICE	SUPPLY, INC.		EMERG. EQUIP.	SERVICES, INC.
(11) Tape 1"x10 yds,Zonas Adhesive							
Johnson & Johnson 5104 no substitute							
Cost/Each	\$0.71	\$0.84833	\$0.79		\$0.93	NO BID	\$1.23
Cost/Each X 1,150=annual cost	\$816.50	\$975.58	\$908.50		\$1,069.50		\$1,414.50
(12) Tape 2"x10yds,Zonas Adhesive							
Johnson & Johnson 5106 no substitute							
Cost/Each	\$1.43	\$1.56830	\$1.58		\$1.86	NO BID	\$2.47
Cost/Each X 1,900=annual cost	\$2,717.00	\$2,979.77	\$3,002.00		\$3,534.00		\$4,693.00
(13) Triangular Bandages							
Dynarex 3680 no substitute							
Cost/Each	\$0.23	NO BID	\$0.28		\$0.213	NO BID	\$0.21
Cost/Each X 1,300=annual cost	\$299.00		\$364.00		\$276.90		\$273.00
(14) Veni-guards Conmed Adult							
ConMed 7054431 no substitute							
Cost/Each	\$1.04	\$0.4545	\$0.32		\$0.2918	\$0.33	\$0.31
Cost/Each X 34,000=annual cost	\$35,360.00	\$15,453.00	\$10,880.00		\$9,921.20	\$11,220.00	\$10,540.00
(15) Petrolatum Guaze 3"x9"							
Kendall 413605 no substitute							
Cost/Each	\$0.68	\$0.7082	\$0.556		\$0.647	NO BID	\$0.68
Cost/Each X 300=annual cost	\$204.00	\$212.46	\$166.80		\$194.10		\$204.00



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VENDORS	MEDLINE INDUSTRIES INC.	MOORE MEDICAL CORP.	PHYSICIAN SALES AND SERVICE	PINE ISLAND DIABETIC SUPPLY, INC.	QUADMED INC.	SOUTH-EASTERN EMERG. EQUIP.	TRI-ANIM HEALTH SERVICES, INC.
<b>SECTION B</b>							
(1) Nasal Canula, Adult, W/7' Tubing							
Allied LSP 33239 no substitute							
Cost/Each	\$0.36	\$0.43	\$0.46		NO BID	\$0.35	\$0.48
Cost/Each X 20,000=annual cost	\$7,200.00	\$8,600.00	\$9,200.00			\$7,000.00	\$9,600.00
(2) Adult High Concentration Mask W/Safety Vent 7' Tubing							
Allied LSP 64060 no substitute							
Cost/Each	\$1.12	\$0.98	\$1.29		NO BID	\$0.31	\$1.33
Cost/Each X 15,000=annual cost	\$16,800.00	\$14,700.00	\$19,350.00			\$4,650.00	\$19,950.00
(3) Pediatric High Concentration Mask W/Safety Vent, 7'Tubing							
Allied LSP 64009 no substitute							
Cost/Each	\$1.37	\$1.09	\$1.25		NO BID	NO BID	\$1.24
Cost/Each X 800=annual cost	\$1,096.00	\$872.00	\$1,000.00				\$992.00
(4) Infant Oxygen Mask W/7' Tubing							
Rusch 396218 no substitute							
Cost/Each	\$0.63	\$1.77	\$2.43		NO BID	\$2.37	\$2.42
Cost/Each X 200=annual cost	\$126.00	\$354.00	\$486.00			\$1,896.00	\$484.00
(5) Berman Dual Channel Airway 40MM							
Rusch 121801 no substitute							
Cost/Each	\$0.25	NO BID	\$0.22		NO BID	\$0.13	\$0.22
Cost/Each X 100=annual cost	\$25.00		\$22.00			\$13.00	\$22.00



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VENDORS	MEDLINE	MOORE	PHYSICIAN	PINE ISLAND	QUADMED	SOUTH-	TRI-ANIM
	INDUSTRIES	MEDICAL	SALES AND	DIABETIC	INC.	EASTERN	HEALTH
	INC.	CORP.	SERVICE	SUPPLY, INC.		EMERG. EQUIP.	SERVICES, INC.
(6) Berman Dual Channel Airway 50MM							
Rusch 121850 no substitute							
Cost/Each	\$0.25	NO BID	\$0.22		NO BID	\$0.13	\$0.22
Cost/Each X 100=annual cost	\$25.00		\$22.00			\$13.00	\$22.00
(7) Berman Dual Channel Airway 60MM							
Rusch 121802 no substitute							
Cost/Each	\$0.25	NO BID	\$0.22		NO BID	\$0.13	\$0.22
Cost/Each X 100=annual cost	\$25.00		\$22.00			\$13.00	\$22.00
(8) Berman Dual Channel Airway 80MM							
Rusch 121803 no substitute							
Cost/Each	\$0.25	NO BID	\$0.22		NO BID	\$0.13	\$0.22
Cost/Each X 100=annual cost	\$25.00		\$22.00			\$13.00	\$22.00
(9) Berman Dual Channel Airway 90MM							
Rusch 121804 no substitute							
Cost/Each	\$0.25	NO BID	\$0.22		NO BID	\$0.13	\$0.22
Cost/Each X 200=annual cost	\$50.00		\$22.00			\$26.00	\$44.00
(10) Berman Dual Channel Airway 100MM							
Rusch 121805 no substitute							
Cost/Each	\$0.25	NO BID	\$0.22		NO BID	\$0.13	\$0.22
Cost/Each X 200=annual cost	\$50.00		\$44.00			\$26.00	\$44.00

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BUYER: Chris Jeffcoat	THE PURCHASE OF MEDICAL SUPPLIES GROUP A EMS						
VENDORS	MEDLINE INDUSTRIES INC.	MOORE MEDICAL CORP.	PHYSICIAN SALES AND SERVICE	PINE ISLAND DIABETIC SUPPLY, INC.	QUADMED INC.	SOUTH-EASTERN EMERG. EQUIP.	TRI-ANIM HEALTH SERVICES, INC.
<b>(11) Berman Dual Channel Airway 110MM</b>							
Rusch 121806 no substitute							
Cost/Each	\$0.25	NO BID	\$0.22		NO BID	\$0.13	\$0.22
Cost/Each X 200=annual cost	\$50.00		\$44.00			\$26.00	\$44.00
<b>(12) Nasal Canula, Pediatric, With 7' Tubing</b>							
Allied LSP 33604 no substitute							
Cost/Each	\$1.18	\$1.19	\$1.20		NO BID	NO BID	\$1.23
Cost/Each X 300=annual cost	\$354.00	\$357.00	\$360.00				\$369.00
<b>(13) Combitube Packaged in Roll-up Pouch</b>							
Kendall 5-18441 no substitute							
Cost/Each	NO BID	\$45.39	\$46.01		NO BID	\$44.38	\$67.00
Cost/Each X 500=annual cost		\$22,695.00	\$23,005.00			\$22,190.00	\$33,500.00
<b>(14) HI-D The "Big Stick" Pharyngeal Suction Tip</b>							
SSCOR 44241 no substitute							
Cost/Each	NO BID	\$1.28	\$1.29		NO BID	NO BID	\$1.33
Cost/Each X 1,100=annual cost		\$1,408.00	\$1,419.00				\$1,463.00
<b>(15) Suction Tubing 9/32"</b>							
Argyle 301705 no substitute							
Cost/Each	\$0.21	NO BID	\$0.7626		NO BID	NO BID	\$0.82
Cost/Each X 800=annual cost	\$168.00		\$610.08				\$656.00

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VENDORS	MEDLINE INDUSTRIES INC.	MOORE MEDICAL CORP.	PHYSICIAN SALES AND SERVICE	PINE ISLAND DIABETIC SUPPLY, INC.	QUADMED INC.	SOUTH-EASTERN EMERG. EQUIP.	TRI-ANIM HEALTH SERVICES, INC.
(16) Bemis Suction Canister With Cover, 1200cc Bemis Catalog # 484410 no substitute							
Cost/Each	\$3.76	\$2.59	\$2.60		NO BID	\$2.17	\$1.88
Cost/Each X 500=annual cost	\$188.00	\$1,295.00	\$1,300.00			\$1,085.00	\$940.00
(17) Nebulizer & Tee Adapter Allegiance 002038 no substitute							
Cost/Each	\$0.84	NO BID	\$0.79		NO BID	NO BID	\$0.95
Cost/Each X 2,000=annual cost	\$1,680.00		\$1,580.00				\$1,900.00
(18) Suction Catheter With Air-Space Port, 6Fr. Rusch 404500060 no substitute							
Cost/Each	\$0.40	NO BID	\$0.46		NO BID	\$0.31	\$0.45
Cost/Each X 80=annual cost	\$32.00		\$36.80			\$24.80	\$36.00
(19) Suction Catheter With Air-Space Port, 8 Fr. Rusch 404500080 no substitute							
Cost/Each	\$0.63	NO BID	\$0.46		NO BID	\$0.31	\$0.45
Cost/Each X 100=annual cost	\$63.00		\$46.00			\$31.00	\$45.00
(20) Suction Catheters With Air-Space Port 10 Fr. Rusch 404500100 no substitute							
Cost/Each	\$0.70	NO BID	\$0.46		NO BID	\$0.31	\$0.45
Cost/Each X 150=annual cost	\$105.00		\$69.00			\$46.50	\$67.50

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VENDORS	MEDLINE	MOORE	PHYSICIAN	PINE ISLAND	QUADMED	SOUTH-	TRI-ANIM
	INDUSTRIES	MEDICAL	SALES AND	DIABETIC	INC.	EASTERN	HEALTH
	INC.	CORP.	SERVICE	SUPPLY, INC.		EMERG. EQUIP.	SERVICES, INC.
(21) Suction Catheters With Air-Space Port 12 Fr.							
Rusch 404500120 no substitute							
Cost/Each	\$0.70	NO BID	\$0.46		NO BID	\$0.31	\$0.45
Cost/Each X 100=annual cost	\$70.00		\$46.00			\$31.00	\$45.00
(22) Suction Catheters With Air-Space Port 14 Fr.							
Rusch 404500140 no substitute							
Cost/Each	\$0.70	NO BID	\$0.46		NO BID	\$0.31	\$0.45
Cost/Each X 250=annual cost	\$175.00		\$115.00			\$77.50	\$112.50
(23) Nasopharyngeal Airways, Sterile, 12 Fr.							
Rusch 123312 no substitute							
Cost/Each	\$3.50	\$1.99	\$2.17		NO BID	\$2.60	\$2.15
Cost/Each X 100=annual cost	\$350.00	\$199.00	\$217.00			\$260.00	\$215.00
(24) Nasopharyngeal Airways, Sterile, 14 Fr.							
Rusch 123314 no substitute							
Cost/Each	\$3.50	\$1.99	\$2.17		NO BID	\$2.60	\$2.15
Cost/Each X 100=annual cost	\$350.00	\$199.00	\$217.00			\$260.00	\$215.00
(25) Nasopharyngeal Airways, Sterile, 16 Fr.							
Rusch 123316 no substitute							
Cost/Each	\$3.50	\$1.99	\$2.17		NO BID	\$2.60	\$2.15
Cost/Each X 100=annual cost	\$350.00	\$199.00	\$217.00			\$260.00	\$215.00

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OPENING DATE: April 27, 2004	FOR						
BUYER: Chris Jeffcoat	THE PURCHASE OF MEDICAL SUPPLIES GROUP A EMS						
VENDORS	MEDLINE INDUSTRIES INC.	MOORE MEDICAL CORP.	PHYSICIAN SALES AND SERVICE	PINE ISLAND DIABETIC SUPPLY, INC.	QUADMED INC.	SOUTH-EASTERN EMERG. EQUIP.	TRI-ANIM HEALTH SERVICES, INC.
(26) Nasopharyngeal Airways, Sterile 18 Fr.							
Rusch 123318 no substitute							
Cost/Each	\$3.50	\$1.99	\$2.17		NO BID	\$2.60	\$2.15
Cost/Each X 100=annual cost	\$350.00	\$199.00	\$217.00			\$260.00	\$215.00
(27) Nasopharyngeal Airways, Sterile, 20 Fr.							
Rusch 123120 no substitute							
Cost/Each	\$6.40	\$2.21	\$2.28		NO BID	\$2.60	\$2.27
Cost/Each X 100=annual cost	\$640.00	\$221.00	\$228.00			\$260.00	\$227.00
(28) Nasopharyngeal Airways, Sterile 22 Fr.							
Rusch 123122 no substitute							
Cost/Each	\$6.70	\$2.21	\$2.28		NO BID	\$2.60	\$2.27
Cost/Each X 100=annual cost	\$670.00	\$221.00	\$228.00			\$260.00	\$227.00
(29) Nasopharyngeal Airways, Sterile 24 Fr.							
Rusch 123124 no substitute							
Cost/Each	\$6.70	\$2.21	\$2.28		NO BID	\$2.60	\$2.27
Cost/Each X 140=annual cost	\$938.00	\$309.40	\$319.20			\$364.00	\$317.80
(30) Nasopharyngeal Airways, Sterile 26 Fr.							
Rusch 123126 no substitute							
Cost/Each	\$6.70	\$2.21	\$2.28		NO BID	\$2.60	\$2.27
Cost/Each X 145=annual cost	\$971.50	\$320.45	\$330.60			\$377.00	\$329.15

FORMAL QUOTATION #Q-040355	LEE COUNTY, FLORIDA TABULATION SHEET						
OPENING DATE: April 27, 2004	FOR						
BUYER: Chris Jeffcoat	THE PURCHASE OF MEDICAL SUPPLIES GROUP A EMS						
VENDORS	MEDLINE INDUSTRIES INC.	MOORE MEDICAL CORP.	PHYSICIAN SALES AND SERVICE	PINE ISLAND DIABETIC SUPPLY, INC.	QUADMED INC.	SOUTH-EASTERN EMERG. EQUIP.	TRI-ANIM HEALTH SERVICES, INC.
(31) Nasopharyngeal Airways, Sterile 28 Fr.							
Rusch 124128 no substitute							
Cost/Each	\$6.80	\$2.21	\$2.28		NO BID	\$2.60	\$2.27
Cost/Each X 160=annual cost	\$1,088.00	\$353.60	\$364.80			\$416.00	\$363.20
(32) Nasopharyngeal Airways, Sterile 30 Fr.							
Rusch 123130 no substitute							
Cost/Each	\$6.80	\$2.21	\$2.28		NO BID	\$2.60	\$2.27
Cost/Each X 160=annual cost	\$1,088.00	\$353.60	\$364.80			\$416.00	\$363.20
(33) Nasogastric Sump Tubes, 8 Fr.							
Argyle 268086 no substitute							
Cost/Each	NO BID	NO BID	\$5.82		NO BID	NO BID	\$0.78
Cost/Each X 80=annual cost			\$465.60				\$62.40
(34) Nasogastric Sump Tubes, 14 Fr.							
Argyle 264945 no substitute							
Cost/Each	\$2.37	NO BID	\$1.84		NO BID	NO BID	\$1.80
Cost/Each X 80=annual cost	\$189.60		\$147.20				\$144.00
(35) Endotracheal Tubes, /Stylet 2.5mm uncuffed							
Rusch 506525 no substitute							
Cost/Each	\$1.43	NO BID	\$3.31		NO BID	\$3.22	\$3.29
Cost/Each X 100=annual cost	\$143.00		\$331.00			\$322.00	\$329.00

FORMAL QUOTATION #Q-040355	LEE COUNTY, FLORIDA TABULATION SHEET						
OPENING DATE: April 27, 2004	FOR						
BUYER: Chris Jeffcoat	THE PURCHASE OF MEDICAL SUPPLIES GROUP A EMS						
VENDORS	MEDLINE	MOORE	PHYSICIAN	PINE ISLAND	QUADMED	SOUTH-	TRI-ANIM
	INDUSTRIES	MEDICAL	SALES AND	DIABETIC	INC.	EASTERN	HEALTH
	INC.	CORP.	SERVICE	SUPPLY, INC.		EMERG. EQUIP.	SERVICES, INC.
(36) Endotracheal Tubes,/Stylet 3.0mm uncuffed							
Rusch 506530 no substitute							
Cost/Each	\$1.43	NO BID	\$3.31		NO BID	\$3.22	\$3.29
Cost/Each X 100=annual cost	\$143.00		\$331.00			\$322.00	\$329.00
(37) Endotracheal Tubes,/Stylet, 3.5mm uncuffed							
Rusch 506535 no substitute							
Cost/Each	\$1.43	NO BID	\$3.31		NO BID	\$3.22	\$3.29
Cost/Each X 100=annual cost	\$143.00		\$331.00			\$322.00	\$329.00
(38) Endotracheal Tubes,/Stylet 4.0mm uncuffed							
Rusch 506540 no substitute							
Cost/Each	\$1.43	\$3.35	\$3.31		NO BID	\$3.22	\$3.29
Cost/Each X 100=annual cost	\$143.00	\$335.00	\$331.00			\$322.00	\$329.00
(39) Endotracheal Tubes,/Stylet 4.5mm uncuffed							
Rusch 506545 no substitute							
Cost/Each	\$1.43	NO BID	\$3.31		NO BID	\$3.22	\$3.29
Cost/Each X 100=annual cost	\$143.00		\$331.00			\$322.00	\$329.00
(40) Endotracheal Tubes,/Stylet 5.0mm uncuffed							
Rusch 506550 no substitute							
Cost/Each	\$1.43	\$3.35	\$3.31		NO BID	\$3.22	\$3.29
Cost/Each X 100=annual cost	\$143.00	\$335.00	\$331.00			\$322.00	\$329.00

FORMAL QUOTATION #Q-040355	LEE COUNTY, FLORIDA TABULATION SHEET						
OPENING DATE: April 27, 2004	FOR						
BUYER: Chris Jeffcoat	THE PURCHASE OF MEDICAL SUPPLIES GROUP A EMS						
VENDORS	MEDLINE INDUSTRIES INC.	MOORE MEDICAL CORP.	PHYSICIAN SALES AND SERVICE	PINE ISLAND DIABETIC SUPPLY, INC.	QUADMED INC.	SOUTH-EASTERN EMERG. EQUIP.	TRI-ANIM HEALTH SERVICES, INC.
(41) Endotracheal Tube&Styler set, 5.5mm, cuffed							
Rusch 504555 no substitute							
Cost/Each	\$1.43	\$3.80	\$3.65		NO BID	\$3.61	\$3.63
Cost/Each X 175=annual cost	\$250.25	\$665.00	\$638.75			\$631.75	\$544.50
(42) Endotracheal Tube&Styler set, 6.0mm, cuffed							
Rusch 504560 no substitute							
Cost/Each	\$1.43	\$3.81	\$3.65		NO BID	\$3.61	\$3.63
Cost/Each X 150=annual cost	\$214.50	\$571.50	\$547.50			\$541.50	\$544.50
(43) Endotracheal Tube&Styler set, 6.5mm, cuffed							
Rusch 504565 no substitute							
Cost/Each	\$1.43	\$3.81	\$3.65		NO BID	\$3.61	\$3.63
Cost/Each X 150=annual cost	\$214.50	\$571.50	\$547.50			\$541.50	\$544.50
(44) Endotracheal Tube&Styler set, 7.0mm, cuffed							
Rusch 504570							
Cost/Each	\$1.43	\$3.81	\$3.65		NO BID	\$3.61	\$3.63
Cost/Each X 250=annual cost	\$357.50	\$952.50	\$912.50			\$902.50	\$907.50
(45) Endotracheal Tube&Styler set, 7.5mm, cuffed							
Rusch 504575 no substitute							
Cost/Each	\$1.43	\$3.80	\$6.65		NO BID	\$3.61	\$3.63
Cost/Each X 300=annual cost	\$429.00	\$1,140.00	\$1,095.00			\$1,083.00	\$1,089.00





FORMAL QUOTATION #Q-040355		LEE COUNTY, FLORIDA TABULATION SHEET						
OPENING DATE: April 27, 2004		FOR						
BUYER: Chris Jeffcoat		THE PURCHASE OF MEDICAL SUPPLIES GROUP A EMS						
VENDORS		MEDLINE INDUSTRIES INC.	MOORE MEDICAL CORP.	PHYSICIAN SALES AND SERVICE	PINE ISLAND DIABETIC SUPPLY, INC.	QUADMED INC.	SOUTH-EASTERN EMERG. EQUIP. SERVICES, INC.	TRI-ANIM HEALTH SERVICES, INC.
(1) Triage Tags								
Mettag MT 137 no substitute							<i>EMER</i>	
Cost/Each		NO BID	\$0.75680	\$0.89		\$0.88	\$0.73	\$0.91
Cost/Each X 300=annual cost			\$227.04	\$267.00		\$264.00	\$219.00	\$273.00
(2) Medication Labels								
Veriad HH 207 no substitute								
Cost/Each		NO BID	NO BID	\$0.065		\$0.025	NO BID	\$25.35
Cost/Each X 500=annual cost				\$32.50		\$12.50		\$12,675.00
(3) Glucometer Elite Blood Test Strips								
NDC 0193-3918-50 no substitute								
Cost/Each		\$0.40	\$0.8068	\$0.47		\$0.612	NO BID	\$0.86
Cost/Each X 15,000=annual cost		\$6,000.00	\$12,102.00	\$7,050.00		\$9,180.00		\$12,900.00
(4) Foil Baby Bunting Sterile								
GAM 112 no substitute								
Cost/Each		NO BID	\$3.67	\$4.47		\$3.32	NO BID	\$4.60
Cost/Each X 100=annual cost			\$367.00	\$447.00		\$332.00		\$460.00
(5) Hurricane Spray, Beutlich								
NDC 0283-0679-02 no substitute								
Cost/Each		NO BID	NO BID	\$29.02		\$35.75	NO BID	\$15.20
Cost/Each X 100=annual cost				\$2,902.00		\$3,575.00		\$1,520.00

FORMAL QUOTATION #Q-040355	LEE COUNTY, FLORIDA TABULATION SHEET						
OPENING DATE: April 27, 2004	FOR						
BUYER: Chris Jeffcoat	THE PURCHASE OF MEDICAL SUPPLIES GROUP A EMS						
VENDORS	MEDLINE INDUSTRIES INC.	MOORE MEDICAL CORP.	PHYSICIAN SALES AND SERVICE	PINE ISLAND DIABETIC SUPPLY, INC.	QUADMED INC.	SOUTH-EASTERN EMERG. EQUIP.	TRI-ANIM HEALTH SERVICES, INC.
(6) Sharps Container, 0.6 Liter Sharp Safe							
Sims 4126 no substitute							
Cost/Each	\$2.81	NO BID	\$2.99		\$2.92	\$2.72	\$3.19
Cost/Each X 400=annual cost	\$1,124.00		\$1,196.00		\$1,168.00	\$1,088.00	\$1,276.00
(7) I.V. Armboard, Peds Disposable, 3"x9"							
Morrison 1009 no substitute							
Cost/Each	\$0.27	NO BID	\$0.86		\$0.51	\$0.49	\$0.42
Cost/Each X 150=annual cost	\$40.50		\$129.00		\$76.50	\$73.50	\$63.00
(8) Digital Thermometer							
Mabis 15-681-000 no substitute							
Cost/Each	\$4.47	NO BID	\$2.57		\$4.20	NO BID	\$4.15
Cost/Each X 50=annual cost	\$223.50		\$128.50		\$210.00		\$207.50
(9) Tympanic Thermometer, Model 6014							
Weich Allyn 03000-200 no substitute							
Cost/Each	\$160.00	\$118.05	\$118.00		\$137.65	\$118.05	\$126.00
Cost/Each X 30=annual cost	\$4,800.00	\$3,541.50	\$3,540.00		\$4,129.50	\$3,541.50	\$3,780.00
(10) Tympanic Thermometer Covers							
Weich Allyn PC 05074-800 no substitute							
Cost/Each	\$0.07	\$0.05435	\$0.05450		\$0.0774	\$0.05	\$0.06
Cost/Each X 48,000=annual cost	\$3,360.00	\$2,608.80	\$2,616.00		\$3,715.20	\$2,400.00	\$2,880.00

FORMAL QUOTATION #Q-040355	LEE COUNTY, FLORIDA TABULATION SHEET						
OPENING DATE: April 27, 2004	FOR						
BUYER: Chris Jeffcoat	THE PURCHASE OF MEDICAL SUPPLIES GROUP A EMS						
VENDORS	MEDLINE INDUSTRIES INC.	MOORE MEDICAL CORP.	PHYSICIAN SALES AND SERVICE	PINE ISLAND DIABETIC SUPPLY, INC.	QUADMED INC.	SOUTH-EASTERN EMERG. EQUIP.	TRI-ANIM HEALTH SERVICES, INC.
(11) Bulb Syringes							
Medline 70275 no substitute							
Cost/Each	\$0.44	NO BID	\$1.21		\$0.82	NO BID	\$0.94
Cost/Each X 100=annual cost	\$44.00		\$121.00		\$82.00		\$94.00
(12) Cynch-Loks, White							
Healthmark 6323 no substitute							
Cost/Each Bag	NO BID	\$15.90	\$16.30		\$16.85	NO BID	\$13.20
Cost/Each Bag X 8=annual cost		\$127.20	\$130.40		\$134.80		\$105.60
(13) Kelly Forceps, 5-1/2", Curved							
Kelly 945 no substitute							
Cost/Each	\$9.43	NO BID	\$1.43		\$1.02	NO BID	\$0.82
Cost/Each X 100=annual cost	\$943.00		\$143.00		\$102.00		\$82.00
(14) Bags for Vomit & Urine Disposal 50-1000cc							
GKR Ind. Model 1000/7000 no substitute							
Cost/Each	NO BID	\$0.8333	\$1.00		\$0.84	\$1.08	\$0.98
Cost/Each X 80=annual cost		\$66.66	\$80.00		\$67.20	\$86.40	\$78.40
(15) Alcohol Prep Pads, Lg							
Dynarex 1106 no substitute							
Cost/Each	\$0.015	NO BID	\$0.0142		\$0.0168	\$0.014	\$0.0147
Cost/Each X 40,000=annual cost	\$600.00		\$568.00		\$672.00	\$560.00	\$588.00



**Christopher Jeffcoat - Quote 040355**

**From:** John Norton  
**To:** McBride, Cindy  
**Date:** 5/14/2004 4:49 PM  
**Subject:** Quote 040355  
**CC:** Kainrad, Dave; Molina, Philip

Hi Cindy,

Quote 040355 is for Group "A" Medical Supplies. The Purchasing Office has recommended the following awards:

1. Emergency Medical Products; Sections A and B
2. Physicians Sales and Services; Section C

We concur with this recommendation. Please ask Director Wilson to approve this quote for award to those vendors and return his approval to the Purchasing Office to the attention of Mr. Chris Jeffcoat.

Thanks , John Norton.

Please advise how I may serve you today.

John V. Norton  
Logistic Manager (North)  
Public Safety/EMS  
nortonjv@leegov.com  
Phone 239-652-6020  
Fax 239-652-6018

*I concur with recommendation*  
*John Wilson*

# ATTACHMENT 3



**LEE COUNTY**  
SOUTHWEST FLORIDA

PROJECT NO.: Q-040355

OPEN DATE: APRIL 27, 2004

AND TIME: 2:30 P.M.

PRE-BID DATE: APRIL 5, 2004

AND TIME: 1:30 P. M.

LOCATION: LEE CO. DIVISION OF PURCHASING  
1825 HENDRY ST.  
FT. MYERS, FL. 33901

# REQUEST FOR QUOTATIONS

## **TITLE:**

**THE PURCHASE OF MEDICAL SUPPLIES  
FOR PRODUCT GROUP A  
FOR 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**

1825 Hendry St 3<sup>rd</sup> Floor  
FORT MYERS, FL 33901

BUYER: CHRIS JEFFCOAT  
PURCHASING AGENT  
PHONE NO.: (239) 344-5458

## 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) 344-5450.

### 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 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 by the County and is to be in compliance with the terms herein, fully in accord with the specifications and of the highest quality. In the event the materials and/or services supplied to the County are found to be defective or do not conform to specifications, the County reserves the right to cancel the order upon written notice to the seller and return such product to the seller at the seller's expense.

3. **SUBSTITUTIONS**

Whenever in these specifications a brand name or make is mentioned, it is the intention of the County only to establish a grade or quality of materials and not to rule out other brands or makes of equality. However, if a product other than that specified is quote, it is the vendor's responsibility to name such product with his quote and to prove to the County that said product is equal to the product specified. Lee County **shall** be the sole judge as to whether a product being offered by the quoter is actually equivalent to the one being specified by the detailed specifications. (Note: This paragraph does not apply when it is determined that the technical requirements of this solicitation require only a specific product as stated in the detailed specifications.)

4. **RULES, REGULATIONS, LAWS, ORDINANCES & LICENSES**

The awarded vendor shall observe and obey all laws, ordinances, rules, and regulations, of the federal, state, and local government, which may be applicable to the supply of this product or service.

- a. Occupational License – Vendor shall submit within 10 calendar days after request.
- b. Specialty License(s) – Vendor shall possess at the time of the opening of the quote all necessary permits and/or license required for the sale of this product and/or service and upon the request of the County provide copies of licenses and/or permits within 10 calendar days after request.

5. **RECYCLED PRODUCTS**

It is the Lee County Board of County Commissioners' stated policy objective to "Ensure all departments are aware of the availability of recycled products..." (Administrative Code #AC-10-4). In an effort to provide the utmost opportunity for the use of recycled products by Lee County, vendors should list on their letterhead, all necessary information regarding any applicable recycled products they have available. Recycled products should meet all other specifications listed and have a minimum of 50%-recycled content. Whenever fiscally feasible, available recycled products will be purchased.

6. **WARRANTY/GUARANTY** (unless otherwise specified)

All materials and/or services furnished under this quote shall be warranted by the vendor to be free from defects and fit for the intended use.

7. **PRE-BID CONFERENCE**

A pre-bid conference will be held at the location, date, and time specified on the cover of this solicitation. Pre-bid conferences are generally non-mandatory, but it is highly recommended that everyone planning to submit a quote attend.

In the event a pre-bid conference is classified as mandatory, it will be so specified on the cover of this solicitation and it will be the responsibility of the quoter to ensure that they are represented at the pre-bid. Only those quoters who attend the pre-bid conference will be allowed to quote on this project.

8. **BIDDERS LIST MAINTENANCE**

A bidder should respond to “Request for Quotations” in order to be kept on the Bidder’s List. Failure to respond to three different “request for quotations” may result in the vendor being removed from the Bidder’s List. A bidder may do one of the following, in order to respond properly to the request:

- a. Submission of a quotation prior to the quote receipt deadline.
- b. Submission of a “no bid” notice prior to the quote receipt deadline.

9. **LEE COUNTY PAYMENT PROCEDURES**

All vendors are requested to mail one original invoice and one invoice copy to:

Lee County Finance Department  
Post Office Box 2238  
Fort Myers, FL 33902-2238

All invoices will be paid as directed by the Lee County payment procedure unless otherwise differently stated in the detailed specification portion of this quote.

Lee county will not be liable for request of payment deriving from aid, assistance, or help by any individual, vendor, quoter, or bidder for the preparation of these specifications.

Lee County is generally a tax-exempt entity subject to the provisions of the 1987 legislation regarding sales tax on services. Lee County will pay those taxes for which it is obligated, or it will provide a Certificate of Exemption furnished by the Department of Revenue. All contractors or quoters should include in their quote all sales or use taxes, which they will pay when making purchases of material or subcontractor’s services.

10. **LEE COUNTY BID PROTEST PROCEDURE**

Any contractor/vendor/firm that has submitted a formal bid/quote/proposal to Lee County, and who is adversely affected by an intended decision with respect to the award of the formal bid/quote/proposal, shall file with the County’s Purchasing Director or Public Works Director a written “Notice of Intent to File a Protest” not later than seventy-two (72) hours (excluding Saturdays, Sundays and Legal Holidays) after receipt of a “Notice of Intended Decision” from the County with respect to the proposed award of the formal bid/quote/proposal.

The “Notice of Intent to File a Protest” is one of two documents necessary to perfect Protest. The second document is the “Formal Written Protest”, both documents are described below.

The “Notice of Intent to File a Protest” document shall state all grounds claimed for the Protest, and clearly indicate it as the “Notice of Intent to File a Protest”. Failure to clearly indicate the Intent to file the Protest shall constitute a waiver of all rights to seek any further remedies provided for under this Protest Procedure.

The “Notice of Intent to File a Protest” shall be received (“stamped in”) by the Purchasing Director or Public Works Director not later than Four o’clock (4:00) PM on the third working day following the day of receipt of the County’s Notice of Intended Decision.

The affected party shall then file its Formal Written Protest within ten (10) calendar days after the time for the filing of the Notice of Intent to File a Protest has expired. Except as provided for in the paragraph below, upon filing of the Formal Written Protest, the contractor/vendor/firm shall post a bond, payable to the Lee County Board of County Commissioners in an amount equal to five percent (5%) of the total bid/quote/proposal, or Ten Thousand Dollars (\$10,000.00), whichever is less. Said bond shall be designated and held for payment of any costs that may be levied against the protesting contractor/vendor/firm by the Board of County Commissioners, as the result of a frivolous Protest.

A clean, Irrevocable Letter of Credit or other form of approved security, payable to the County, may be accepted. Failure to submit a bond, letter of credit, or other approved security simultaneously with the Formal Written Protest shall invalidate the protest, at which time the County may continue its procurement process as if the original “Notice of Intent to File a Protest” had never been filed.

Any contractor/vendor/firm submitting the County’s standard bond form (CSD: 514), along with the bid/quote/proposal, shall not be required to submit an additional bond with the filing of the Formal Written Protest.

The Formal Written Protest shall contain the following:

- County bid/quote/proposal identification number and title.
- Name and address of the affected party, and the title or position of the person submitting the Protest.
- A statement of disputed issues of material fact. If there are no disputed material facts, the Formal Protest must so indicate.
- A concise statement of the facts alleged, and of the rules, regulations, 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 Statutes, it is the vendor's responsibility to provide Lee County with Materials Safety Data Sheets on quoted materials, as may apply to this procurement.

14. **MISCELLANEOUS**

If a conflict exists between the General Conditions and the detailed specifications, then the detailed specifications shall prevail.

15. **WAIVER OF CLAIMS**

Once this contract expires, or final payment has been requested and made, the awarded contractor shall have no more than 30 days to present or file any claims against the County concerning this contract. After that period, the County will consider the Contractor to have waived any right to claims against the County concerning this agreement.

16. **AUTHORITY TO PIGGYBACK**

It is hereby made a precondition of any quote and a part of these specifications that the submission of any quote in response to this request constitutes a quote made under the same conditions, for the same price, and for the same effective period as this quote, to any other governmental entity.

17. **COUNTY RESERVES THE RIGHT**

a) **State Contract**

If applicable, the County reserves the right to purchase any of the items in this quote from State Contract Vendors if the prices are deemed lower on State Contract than the prices we receive in this quotation.

b) **Any Single Large Project**

The County, in its sole discretion, reserves the right to separately quote any project that is outside the scope of this quote, whether through size, complexity, or dollar value.

c) **Disadvantaged Business Enterprises**

The County, in its sole discretion, reserves the right to purchase any of the items in this quote from Disadvantage Business Enterprise vendor if the prices are determined to be in the best interest of the County, to assist the County in the fulfillment of any of the County's grant commitments to federal or state agencies.

The County further reserves the right to purchase any of the items in this quote from DBE's to fulfill the County's state policy toward DBE's as outlined in County Ordinance 88-45 and 90-04, as amended.

d) **Anti-Discrimination**

The vendor for itself, its successors in interest, and assignees, as part of the consideration there of covenant and agree that:

In the furnishing of services to the County hereunder, no person on the grounds of race, religion, color, age, sex, national origin, handicap or marital status shall be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination.

The vendor will not discriminate against any employee or applicant for employment because of race, religion, color, age, sex, national origin, handicap or marital status. The vendor will make affirmative efforts to insure that applicants are employed and that employees are treated during employment without regard to their race, religion, color, age, sex, national origin, handicap or marital status. Such action shall include, but not be limited to, acts of employment, upgrading, demotion or transfer; recruitment advertising; layoff or termination; rates of pay or other forms of compensation and selection for training, including apprenticeship.

Vendor agrees to post in a conspicuous place, available to employees and applicants for employment, notices setting forth the provisions of this anti-discrimination clause.

Vendor will provide all information and reports required by relevant regulations and/or applicable directives. In addition, the vendor shall permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the County to be pertinent to ascertain compliance. The vendor shall maintain and make available relevant data showing the extent to which members of minority groups are beneficiaries under these contracts.

Where any information required of the vendor is in the exclusive possession of another who fails or refuses to furnish this information, the vendor shall so certify to the County its effort made toward obtaining said information. The vendor shall remain obligated under this paragraph until the expiration of three (3) years after the termination of this contract.

In the event of breach of any of the above anti-discrimination covenants, the County shall have the right to impose sanctions as it may determine to be appropriate, including withholding payment to the vendor or canceling, terminating, or suspending this contract, in whole or in part.

Additionally, the vendor may be declared ineligible for further County contracts by rule, regulation or order of the Board of County Commissioners of Lee County, or as otherwise provided by law.



The vendor will send to each union, or representative of workers with which the vendor has a collective bargaining agreement or other contract of understanding, a notice informing the labor union of worker's representative of the vendor's commitments under this assurance, and shall post copies of the notice in conspicuous places available to the employees and the applicants for employment.

The vendor will include the provisions of this section in every subcontract under this contract to insure its provisions will be binding upon each subcontractor. The vendor will take such actions with respect to any subcontractor, as the contracting agency may direct, as a means of enforcing such provisions, including sanctions for non-compliance.

18. **AUDITABLE RECORDS**

The awarded vendor shall maintain auditable records concerning the procurement adequate to account for all receipts and expenditures, and to document compliance with the specifications. These records shall be kept in accordance with generally accepted accounting methods, and Lee County reserves the right to determine the record-keeping method required in the event of non-conformity. These records shall be maintained for two years after completion of the project and shall be readily available to County personnel with reasonable notice, and to other persons in accordance with the Florida Public Disclosure Statutes.

19. **DRUG FREE WORKPLACE**

Whenever two or more quotes/proposals, which are equal with respect to price, quality and service, are received for the procurement of commodities or contractual services, a quote/proposal received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. In order to have a drug-free workplace program, a business shall comply with the requirements of Florida Statutes 287.087.

20. **REQUIRED SUBMITTALS**

Any submittals requested should be returned with the quote response. This information may be accepted after opening, but no later than 10 calendar days after request.

21. **TERMINATION**

Any agreement as a result of this quote may be terminated by either party giving thirty (30) calendar days advance written notice. The County reserves the right to accept or not accept a termination notice submitted by the vendor, and no such termination notice submitted by the vendor shall become effective unless and until the vendor is notified in writing by the County of its acceptance.

The Purchasing Director may immediately terminate any agreement as a result of this quote for emergency purposes, as defined by the Lee County Purchasing and Payment Procedure Manual.

Any vendor who has voluntarily withdrawn from a formal quote/proposal without the County's mutual consent during the contract period shall be barred from further County procurement for a period of 180 days. The vendor may apply to the Board of Lee County Commissioners for waiver of this debarment. Such application for waiver of debarment must be coordinated with and processed by Purchasing.

22. **CONFIDENTIALITY**

Vendors should be aware that all submittals (including financial statements) provided with a quote/proposal are subject to public disclosure and will **not** be afforded confidentiality.

23. **ANTI-LOBBYING CLAUSE**

All firms are hereby placed on formal notice that neither the County Commissioners nor candidates for County Commission, nor any employees from the Lee County Government, Lee County staff members, nor any members of the Qualification/Evaluation Review Committee are to be lobbied, either individually or collectively, concerning this project. Firms and their agents who intend to submit qualifications, or have submitted qualifications, for this project are hereby placed on *formal notice* that they are **not** to contact County personnel for such purposes as holding meetings of introduction, meals, or meetings relating to the selection process outside of those specifically scheduled by the County for negotiations. Any such lobbying activities may cause immediate disqualification for this project.

24. **INSURANCE (AS APPLICABLE)**

Insurance shall be provided, per the attached insurance guide. Upon request, an insurance certificate complying with the attached guide may be required prior to award.

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

DATE SUBMITTED: \_\_\_\_\_

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:

\_\_\_\_\_

**INSERT PRICES ON ATTACHMENT A**

**TOTAL FROM ATTACHMENT A, SECTION A:** \$ \_\_\_\_\_

**TOTAL FROM ATTACHMENT A, SECTION B:** \$ \_\_\_\_\_

**TOTAL FROM ATTACHMENT A, SECTION C:** \$ \_\_\_\_\_

**GRAND TOTAL FOR ALL SECTIONS QUOTING** \$ \_\_\_\_\_

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

WILL YOU DELIVER WITH YOUR OWN VEHICLES AS OPPOSED TO COMMON CARRIER?

YES \_\_\_\_\_ NO \_\_\_\_\_

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.

Are there any modifications to the quote or specifications:

Yes \_\_\_\_\_ No \_\_\_\_\_

Failure to clearly identify any modifications in the space below or on a separate page may be grounds for the quoter being declared nonresponsive or to have the award of the quote rescinded by the County.

MODIFICATIONS:

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

ANTI-COLLUSION STATEMENT

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

FIRM NAME \_\_\_\_\_

BY (Printed): \_\_\_\_\_

BY (Signature): \_\_\_\_\_

TITLE: \_\_\_\_\_

FEDERAL ID # OR S.S.# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NO.: \_\_\_\_\_

FAX NO.: \_\_\_\_\_

CELLULAR PHONE/PAGER NO.: \_\_\_\_\_

LEE COUNTY OCCUPATIONAL LICENSE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

REVISED: 7/28/00

**LEE COUNTY, FLORIDA  
DETAILED SPECIFICATIONS  
FOR THE PURCHASE OF  
MEDICAL SUPPLIES GROUP A**

(Please read detailed specifications before attempting to quote)

SCOPE

The intent of this specification is to provide for the purchase of Medical Supplies for the Lee County Division of Public Safety, Emergency Medical Services (EMS), on an annual basis. For any questions regarding this quote please contact the purchasing agent listed on the cover page.

REQUIRED PRODUCTS

The items required under this quote and their estimated annual usage are listed on Attachment A. Vendors must price the items per the quantity and unit of measure listed on Attachment A. If the case or box quantity you are quoting differs from those listed, please list the case or box quantity your firm is quoting. Vendors are required to multiply the case, box, each, etc. price by the estimated annual usage, to provide the estimated total annual cost per item. If you have any questions or doubts regarding this paragraph do not attempt to quote until you understand. Call the purchasing agent listed on the cover sheet for clarification

**For example:** Currently we get this item 12 each per box. We want you to quote per each times 900 to give us the annual cost. Don't quote it per box, case etc. Quote it per our indication the way we want you to quote it. We don't care how its packaged for your firm. We have chosen in most cases the smallest common unit of measurement to avoid the old problem of what is a case and what is a box.

If for some reason your packaging is different than 12 each per box you can indicate that on the line that states "Specify Package Details".

Elastic Bandage 4"

**Dynarex 3654**

Estimated Annual Usage: 900 EACH **No Substitute**

**COST EACH \$ \_\_\_\_\_ X 900 = EST. ANNUAL COST \$ \_\_\_\_\_**

PACKAGED APPROX. 12/BOX \_\_\_\_\_  
**Specify Package Details**

TERM OF QUOTE

This quote shall be in effect for three years, or until new quotes are taken and awarded. This quote, or any portion thereof, has the option of being renewed for one additional two year period, upon mutual agreement of both parties, under the same terms and conditions.

DELIVERY REQUIREMENTS

Items are to be delivered F.O.B. Destination, Freight Prepaid and Allowed. EMS may pick up items from vendors located in the metropolitan Fort Myers area, at its discretion. There shall be NO MINIMUM amount required for delivery. All orders of materials off this quotation must be made within 3-6 days working after order has been placed. If the material is not available within the 3-6 working days Public Safety/EMS for Lee County reserves the right to obtain materials elsewhere.

BASIS OF AWARD

The basis of award for this quote will be low quoter meeting specifications per section, or overall low quoter meeting specifications, at Lee County's sole discretion. The award will be based on the extended cost of the estimated annual usage of the items. **In order to be considered for award of a section all items in the section must be quoted. Preference will be given to vendors quoting all sections. Substitutions will not be allowed on any items listed in this quote.**

**Please double check all math on Attachment A (page 17) before transferring totals to the quote proposal form on page 12.**

Lee County reserves the right, at the Purchasing Director's discretion, not to award certain items listed on the Proposal Quote Form.

DESIGNATED CONTACT

The awarded vendor 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.

MAJOR BREAKDOWNS/NATURAL DISASTERS

Lee County requires that the awarded vendor 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 these products, in the event of major breakdowns or natural disasters.

BACKORDERS

Back orders will generally be allowed, subject to Lee County's approval. Backorders must be held to a minimum.

DISCONTINUED ITEMS

Lee County must approve substitutes for any discontinued items. If an acceptable substitute cannot be supplied, Lee County 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.

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.





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**ITEM DESCRIPTION                      SPECIFY PRODUCT & MANUFACTURER**

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5      Disposable Sterile Burn Sheets 60" x 96"      **Roehampton 312**  
Estimated Annual Usage:      200 EACH **No Substitute**  
COST EACH \$ \_\_\_\_\_ X 200 = EST. ANNUAL COST \$ \_\_\_\_\_  
DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Package Details

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6      Non-Sterile Dressings 4 x 4 8-PLY      **Dynarex 3242**  
Estimated Annual Usage:      176,000 EACH **No Substitute**  
COST EACH \$ \_\_\_\_\_ X 176,000 = EST. ANNUAL COST \$ \_\_\_\_\_  
PACKAGED APPROX. 200/PKG. \_\_\_\_\_  
Specify Package Details

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7      Sterile Dressing 4 x 4      **Dynarex 3342**  
Estimated Annual Usage:      2,400 EACH      **No Substitute**  
COST EACH \$ \_\_\_\_\_ X 2,400 = EST. ANNUAL COST \$ \_\_\_\_\_  
PACKAGED APPROX. 25/TRAY \_\_\_\_\_  
Specify Package Details

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8      Sterile Dressing 5 x 9      **Kendall 7196**  
Estimated Annual Usage:      2,400 EACH **No Substitute**  
COST EACH \$ \_\_\_\_\_ X 2,400 = EST. ANNUAL COST \$ \_\_\_\_\_  
PACKAGED APPROX. 25/TRAY \_\_\_\_\_  
Specify Package Details

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**ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER**

9 Sterile Dressing 12" x 30" **GAM 110-1**  
 Estimated Annual Usage: 400 EACH **No Substitute**  
 COST EACH \$ \_\_\_\_\_ X 400 = EST. ANNUAL COST \$ \_\_\_\_\_  
 DESIRED PACKAGING: EACH \_\_\_\_\_  
 Specify Package Details

10 Tape 1" x 10 yards Transpore **NDC 8333-1527-01**  
 Estimated Annual Usage: 1,680 EACH **No Substitute**  
 COST EACH \$ \_\_\_\_\_ X 1,680 = EST. ANNUAL COST \$ \_\_\_\_\_  
 PACKAGED APPROX. 12 ROLLS/BOX \_\_\_\_\_  
 Specify Package Details

11 Tape 1" x 10 yards, Zonas Adhesive **Johnson +Johnson 5104**  
 Estimated Annual Usage: 1,150 EACH **No Substitute**  
 COST EACH \$ \_\_\_\_\_ X 1,150 = EST. ANNUAL COST \$ \_\_\_\_\_  
 PACKAGED APPROX. 12 ROLLS/BOX \_\_\_\_\_  
 Specify Package Details

12 Tape 2" x 10 yards, Zonas Adhesive **Johnson+Johnson 5106**  
 Estimated Annual Usage: 1,900 EACH **No Substitute**  
 COST EACH \$ \_\_\_\_\_ X 1,900 = EST. ANNUAL COST \$ \_\_\_\_\_  
 PACKAGED APPROX. 6 ROLLS/BOX \_\_\_\_\_  
 Specify Package Details

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**ITEM DESCRIPTION                      SPECIFY PRODUCT & MANUFACTURER**

13     Triangular Bandages                      **Dynarex 3680**

Estimated Annual Usage:     1,300 EACH     **No Substitute**

COST EACH \$ \_\_\_\_\_ X 1,300 = EST. ANNUAL COST \$ \_\_\_\_\_

DESIRED PACKAGING: EACH \_\_\_\_\_

Specify Package Details

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14     Veni-guards Conmed Adult                      **ConMed 7054431**

Estimated Annual Usage:     34,000 EACH     **No Substitute**

COST EACH \$ \_\_\_\_\_ X 34,000 = EST. ANNUAL COST \$ \_\_\_\_\_

PACKAGED APPROX. 100/BOX \_\_\_\_\_

Specify Package Details

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15     Petrolatum Gauze 3" x 9"                      **Kendall 413605**

Estimated Annual Usage:     300 EACH     **No Substitute**

COST EACH \$ \_\_\_\_\_ X 300 = EST. ANNUAL COST \$ \_\_\_\_\_

PACKAGED APPROX. 10/BOX \_\_\_\_\_

Specify Package Details

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16     Cold Packs - Cold Cycle                      **Duro-Med P/N 612-0022-9724**

Estimated Annual Usage:     3,200 EACH     **No Substitute**

COST EACH \$ \_\_\_\_\_ X 3,200 = EST. ANNUAL COST \$ \_\_\_\_\_

PACKAGED APPROX. 24/BOX \_\_\_\_\_

Specify Package Details

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**ITEM DESCRIPTION                      SPECIFY PRODUCT & MANUFACTURER**

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17    Micropore Paper Surgical Tape, 1 Inch    **NDC 8333-1530-01**

Estimated Annual Usage:    144 ROLLS    **No Substitute**

COST EACH ROLL \$ \_\_\_\_\_ X 144 = EST. ANNUAL COST \$ \_\_\_\_\_

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Package Details

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18    SAMS' Splints, 36"long, Orange & Blue    **SAMS 1121**

Estimated Annual Usage: 500 EACH    **No Substitute**

COST EACH \$ \_\_\_\_\_ X 500 = EST. ANNUAL COST \$ \_\_\_\_\_

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Package Details

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**TOTAL SECTION A \$ \_\_\_\_\_**





**ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER**

9 Berman Dual Channel Airway 90MM **Rusch 121804**  
 Estimated Annual Usage: 200 EACH **No Substitute**  
 COST EACH \$ \_\_\_\_\_ X 200 = EST. ANNUAL COST \$ \_\_\_\_\_  
 DESIRED PACKAGING: EACH \_\_\_\_\_  
 Specify Package Details

10 Berman Dual Channel Airway 100MM **Rusch 121805**  
 Estimated Annual Usage: 200 EACH **No Substitute**  
 COST EACH \$ \_\_\_\_\_ X 200 = EST. ANNUAL COST \$ \_\_\_\_\_  
 DESIRED PACKAGING: EACH \_\_\_\_\_  
 Specify Package Details

11 Berman Dual Channel Airway 110MM **Rusch 121806**  
 Estimated Annual Usage: 200 EACH **No Substitute**  
 COST EACH \$ \_\_\_\_\_ X 200 = EST. ANNUAL COST \$ \_\_\_\_\_  
 DESIRED PACKAGING: EACH \_\_\_\_\_  
 Specify Package Details

12 Nasal Canula, Pediatric, With 7' Tubing, **Allied LSP 33604**  
 Estimated Annual Usage: 300 EACH **No Substitute**  
 COST EACH \$ \_\_\_\_\_ X 300 = EST. ANNUAL COST \$ \_\_\_\_\_  
 PACKAGED APPROX. 50/CASE \_\_\_\_\_  
 Specify Package Details





**ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER**

16 Nebulizer & Tee Adapter **Allegiance 002038**  
 Estimated Annual Usage: 2000 EACH **No Substitute**  
 COST EACH \$ \_\_\_\_\_ X 2000 = EST. ANNUAL COST \$ \_\_\_\_\_  
 DESIRED PACKAGING: EACH \_\_\_\_\_  
 Specify Package Details

17 Suction Catheters With Air-Space Port, 6 FR, **Rusch 404500060**  
 Estimated Annual Usage: 80 EACH **No Substitute**  
 COST EACH \$ \_\_\_\_\_ X 80 = EST. ANNUAL COST \$ \_\_\_\_\_  
 DESIRED PACKAGING: EACH \_\_\_\_\_  
 Specify Package Details

18 Suction Catheters, With Air-Space Port, 8 FR **Rusch 404500080**  
 Estimated Annual Usage: 100 EACH **No Substitute**  
 COST EACH \$ \_\_\_\_\_ X 100 = EST. ANNUAL COST \$ \_\_\_\_\_  
 DESIRED PACKAGING: EACH \_\_\_\_\_  
 Specify Package Details

19 Suction Catheters With Air-Space Port, 10 FR **Rusch 404500100**  
 Estimated Annual Usage: 150 EACH **No Substitute**  
 COST EACH \$ \_\_\_\_\_ X 150 = EST. ANNUAL COST \$ \_\_\_\_\_  
 PACKAGED APPROX. 50/BOX \_\_\_\_\_  
 Specify Package Details

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**ITEM DESCRIPTION                      SPECIFY PRODUCT & MANUFACTURER**

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**20 Suction Catheters With Air-Space Port, 12 FR Rusch 404500120**

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ \_\_\_\_\_ X 100 = EST. ANNUAL COST \$ \_\_\_\_\_

PACKAGED APPROX. 50/BOX \_\_\_\_\_  
Specify Package Details

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**21 Suction Catheters With Air-Space Port 14 FR Rusch 404500140**

Estimated Annual Usage: 250 EACH **No Substitute**

COST EACH \$ \_\_\_\_\_ X 250 = EST. ANNUAL COST \$ \_\_\_\_\_

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Packaging Details

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**22 Nasopharyngeal Airways, Sterile, 12 FR Rusch 123312**

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ \_\_\_\_\_ X 100 = EST. ANNUAL COST \$ \_\_\_\_\_

PACKAGED APPROX. 50/BOX \_\_\_\_\_  
Specify Package Details

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**23 Nasopharyngeal Airways, Sterile, 14 FR Rusch 123314**

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ \_\_\_\_\_ X 100 = EST. ANNUAL COST \$ \_\_\_\_\_

PACKAGED APPROX. 50/BOX \_\_\_\_\_  
Specify Package Details

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ITEM DESCRIPTION	SPECIFY PRODUCT & MANUFACTURER
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**24** Nasopharyngeal Airways, Sterile, 16 FR **Rusch 123316**

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ \_\_\_\_\_ X 100 = EST. ANNUAL COST \$ \_\_\_\_\_

PACKAGED APPROX. 50/BOX \_\_\_\_\_  
Specify Package Details

**25** Nasopharyngeal Airways, Sterile, 18 FR **Rusch 123318**

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ \_\_\_\_\_ X 100 = EST. ANNUAL COST \$ \_\_\_\_\_

PACKAGED APPROX. 50/BOX \_\_\_\_\_  
Specify Package Details

**26** Nasopharyngeal Airways, Sterile, 20 FR **Rusch 123120**

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ \_\_\_\_\_ X 100 = EST. ANNUAL COST \$ \_\_\_\_\_

PACKAGED APPROX. 50/BOX \_\_\_\_\_  
Specify Package Details

**27** Nasopharyngeal Airways, Sterile, 22 FR **Rusch 123122**

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ \_\_\_\_\_ X 100 = EST. ANNUAL COST \$ \_\_\_\_\_

PACKAGED APPROX. 50/BOX \_\_\_\_\_  
Specify Package Details





<u>ITEM DESCRIPTION</u>	<u>SPECIFY PRODUCT &amp; MANUFACTURER</u>
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36 Rusch Endotracheal Tubes, With Stylet, 3.5 mm, Uncuffed **Rusch 506535**

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ \_\_\_\_\_ X 100 = EST. ANNUAL COST \$ \_\_\_\_\_

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Package Details

37 Rusch Endotracheal Tubes, With Stylet, 4.0 mm, Uncuffed **Rusch 506540**

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ \_\_\_\_\_ X 100 = EST. ANNUAL COST \$ \_\_\_\_\_

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Package Details

38 Rusch Endotracheal Tubes, With Stylet, 4.5 mm, Uncuffed **Rusch 506545**

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ \_\_\_\_\_ X 100 = EST. ANNUAL COST \$ \_\_\_\_\_

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Package Details

39 Rusch Endotracheal Tubes, With Stylet, 5.0 mm, Uncuffed **Rusch 506550**

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ \_\_\_\_\_ X 100 = EST. ANNUAL COST \$ \_\_\_\_\_

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Package Details













**ITEM DESCRIPTION                      SPECIFY PRODUCT & MANUFACTURER**

13    Kelly Forceps, 5-1/2", Curved **Kelly 945**

Estimated Annual Usage:      100 EACH **No Substitute**

COST EACH \$ \_\_\_\_\_ X 100 = EST. ANNUAL COST \$ \_\_\_\_\_

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Package Details

14    Convenience Bags for Vomit & Urine Disposal 50cc-1000cc **GKR Ind. Model 1000/7000**

Estimated Annual Usage:      80 EACH **No Substitute**

COST EACH \$ \_\_\_\_\_ X 80 = EST. ANNUAL COST \$ \_\_\_\_\_

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Package Details

15    Alcohol Prep Pads, Large **Dynarex 1106**

Estimated Annual Usage:      40,000 EACH **No Substitute**

COST EACH \$ \_\_\_\_\_ X 40,000 = EST. ANNUAL COST \$ \_\_\_\_\_

PACKAGED APPROX. 100/BOX \_\_\_\_\_  
Specify Package Details

16    Disposable Prep Razor **Dynarex 4251**

Estimated Annual Usage:      1500 EACH **No Substitute**

COST EACH \$ \_\_\_\_\_ X 1500 = EST. ANNUAL COST \$ \_\_\_\_\_

DESIRED PACKAGING: 50 BOX \_\_\_\_\_  
Specify Package Details

**TOTAL SECTION C \$ \_\_\_\_\_**

**STANDARD CONTRACT** - Contracts that will not exceed three hundred and sixty five (365) calendar days; or where costs will not exceed \$500,000; and/or there are no unusual hazards present.

1. **Insurance Requirements:** *These are minimum requirements, which are subject to modification in response to operations involving a higher level of loss exposure.*

a. **Workers' Compensation** - Statutory benefits as defined by FS 440 encompassing all operations contemplated by this contract or agreement to apply to all owners, officers, and employees regardless of the number of employees. Individual employees may be exempted per State Law. Employers' liability will have minimum limits of:

\$500,000 per accident  
\$500,000 disease limit  
\$500,000 disease limit per employee

b. **Commercial General Liability** - Coverage shall apply to premises and/or operations, products and/or completed operations, independent contractors, contractual liability, and broad form property damage exposures with minimum limits of:

\$500,000 bodily injury per person (BI)  
\$1,000,000 bodily injury per occurrence (BI)  
\$500,000 property damage (PD) or  
\$1,000,000 combined single limit (CSL) of BI and PD

c. **Business Auto Liability** - The following Automobile Liability will be required and coverage shall apply to all owned, hired and non-owned vehicles use with minimum limits of:

\$500,000 bodily injury per person (BI)  
\$1,000,000 bodily injury per occurrence (BI)  
\$100,000 property damage (PD) or  
\$1,000,000 combined single limit (CSL) of BI and PD

*\*The required limit of liability shown in Standard Contract: 1.a; 1.b; 1.c; may be provided in the form of "Excess Insurance" or "Commercial Umbrella Policies." In which case, a "Following Form Endorsement" will be required on the "Excess Insurance Policy" or "Commercial Umbrella Policy."*

2. **Verification of Coverage:**

- a. Ten (10) days prior to the commencement of any work under this contract a certificate of insurance will be provided to the Risk Manager for review and approval. The certificate shall provide for the following:
  1. ***“Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials@ will be named as an “Additional Insured” on the General Liability policy.***
  2. Lee County will be given thirty (30) days notice prior to cancellation or modification of any stipulated insurance. Such notification will be in writing by registered mail, return receipt requested and addressed to the Risk Manager (P.O. BOX 398 Ft. Myers, FL 33902).
3. Special Requirements:
  - a. An appropriate “Indemnification” clause shall be made a provision of the contract.
  - b. It is the responsibility of the general contractor to insure that all subcontractors comply with all insurance requirements.

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

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

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

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

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

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

1. How many employees are available to service this contract? \_\_\_\_\_
2. Describe the types and amount of equipment you have available to service this contract.

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LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED



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

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

Yes \_\_\_\_\_ No \_\_\_\_\_

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

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LEE COUNTY PURCHASING - BIDDERS CHECK LIST

**IMPORTANT:** Please read carefully and return with your bid proposal.

Please check off each of the following items as the necessary action is completed:

- 1. The Quote has been signed.
- 2. The Quote prices offered have been reviewed.
- 3. The price extensions and totals have been checked.
- 4. The original (must be manually signed) and 2 copies of the quote have been submitted.
- 5. Three (3) identical sets of descriptive literature, brochures and/or data (if required) have been submitted under separate cover.
- 6. All modifications have been acknowledged in the space provided.
- 7. All addendums issued, if any, have been acknowledged in the space provided.
- 8. Erasures or other changes made to the quote document have been initialed by the person signing the quote.
- 9. Bid Bond and/or certified Check, (if required) have been submitted with the quote in amounts indicated.
- 10. Any Delivery information required is included.

11. The mailing envelope has been addressed to:

**MAILING ADDRESS**

Lee County Purchasing  
P.O. Box 398 or  
Ft. Myers, FL 33902-0398

**PHYSICAL ADDRESS**

Lee County Purchasing  
1825 Hendry St 3<sup>rd</sup> Floor  
Ft. Myers, FL 33901

- 12. The mailing envelope **MUST** be sealed and marked with:  
Quote Number  
Opening Date and/or Receiving Date
- 13. The quote will be mailed or delivered in time to be received no later than the specified opening date and time. (Otherwise quote cannot be considered or accepted.)
- 14. If submitting a "NO BID" please write quote number here \_\_\_\_\_  
and check one of the following:  
 Do not offer this product       Insufficient time to respond.  
 Unable to meet specifications (why)  
 Unable to meet bond or insurance requirement.  
Other: \_\_\_\_\_  
Company Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Emergency*

FORMAL QUOTE NO.: Q-040355

# ATTACHMENT

4

## FOR LEE COUNTY EMERGENCY MEDICAL SERVICES

DATE SUBMITTED: 4/22/04

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:

\_\_\_\_\_

### INSERT PRICES ON ATTACHMENT A

TOTAL FROM ATTACHMENT A, SECTION A: \$ 32,118.84

TOTAL FROM ATTACHMENT A, SECTION B: \$ 59,016.45

TOTAL FROM ATTACHMENT A, SECTION C: \$ 23,859.55

GRAND TOTAL FOR ALL SECTIONS QUOTING \$ 114,994.84

TO BE (DELIVERED) WITHIN 3-6 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

WILL YOU DELIVER WITH YOUR OWN VEHICLES AS OPPOSED TO COMMON CARRIER?

YES \_\_\_\_\_ NO

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.

Are there any modifications to the quote or specifications:

EMERGENCY MEDICAL PRODUCTS INC  
1711 PARAMOUNT COURT  
WAUKESHA, WI 53186

Yes \_\_\_\_\_ No

Failure to clearly identify any modifications in the space below or on a separate page may be grounds for the quoter being declared nonresponsive or to have the award of the quote rescinded by the County.

MODIFICATIONS:

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,





**ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER**

5 Disposable Sterile Burn Sheets 60" x 96" **Roehampton 312** *312*  
 Estimated Annual Usage: 200 EACH **No Substitute**  
 COST EACH \$ 5.43 X 200 = EST. ANNUAL COST \$ 1086.00  
 DESIRED PACKAGING: EACH 24/cs  
 Specify Package Details

6 Non-Sterile Dressings 4 x 4 8-PLY **Dynarex 3242** *3242*  
 Estimated Annual Usage: 176,000 EACH **No Substitute**  
 COST EACH \$ .008 X 176,000 = EST. ANNUAL COST \$ 1408.00  
 PACKAGED APPROX. 200/PKG. 200/PK 20 PK/cs  
 Specify Package Details

7 Sterile Dressing 4 x 4 **Dynarex 3342** *3342*  
 Estimated Annual Usage: 2,400 EACH **No Substitute**  
 COST EACH \$ .023 X 2,400 = EST. ANNUAL COST \$ 55.20  
 PACKAGED APPROX. 25/TRAY \*25/TRAY 24 TRAYS/cs  
 \* 25 PKGS OF 2 EACH/TRAY  
 Specify Package Details

8 Sterile Dressing 5 x 9 **Kendall 7196** *7196*  
 Estimated Annual Usage: 2,400 EACH **No Substitute**  
 COST EACH \$ .145 X 2,400 = EST. ANNUAL COST \$ 348.00  
 PACKAGED APPROX. 25/TRAY 20/BX 20 Bx/cs  
 Specify Package Details

**ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER**

9 Sterile Dressing 12" x 30" **GAM 110-1** *3050*  
 Estimated Annual Usage: 400 EACH **No Substitute**  
 COST EACH \$ *1.33* X 400 = EST. ANNUAL COST \$ *532.00*  
 DESIRED PACKAGING: EACH *50/cs*  
 Specify Package Details

10 Tape 1" x 10 yards Transpore **NDC 8333-1527-01** *15271*  
 Estimated Annual Usage: 1,680 EACH **No Substitute**  
 COST EACH \$ *.95* X 1,680 = EST. ANNUAL COST \$ *1596.00*  
 PACKAGED APPROX. 12 ROLLS/BOX *12/Bx 10 Bx/cs*  
 Specify Package Details

11 Tape 1" x 10 yards, Zonas Adhesive **Johnson +Johnson 5104** *5104*  
 Estimated Annual Usage: 1,150 EACH **No Substitute**  
 COST EACH \$ *.79* X 1,150 = EST. ANNUAL COST \$ *908.50*  
 PACKAGED APPROX. 12 ROLLS/BOX *12/Bx 12 Bx/cs*  
 Specify Package Details

12 Tape 2" x 10 yards, Zonas Adhesive **Johnson+Johnson 5106** *5106*  
 Estimated Annual Usage: 1,900 EACH **No Substitute**  
 COST EACH \$ *1.58* X 1,900 = EST. ANNUAL COST \$ *3002.00*  
 PACKAGED APPROX. 6 ROLLS/BOX *6/Bx 12 Bx/cs*  
 Specify Package Details



**ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER**

13 Triangular Bandages **Dynarex 3680** *11202*  
 Estimated Annual Usage: 1,300 EACH **No Substitute**  
 COST EACH \$ .25 X 1,300 = EST. ANNUAL COST \$ 325.<sup>00</sup>  
 DESIRED PACKAGING: EACH 12/Bx 20 Bx/CS  
 Specify Package Details

14 Veni-guards Conmed Adult **ConMed 7054431** *7054431*  
 Estimated Annual Usage: 34,000 EACH **No Substitute**  
 COST EACH \$ .326 X 34,000 = EST. ANNUAL COST \$ 11,084.<sup>00</sup>  
 PACKAGED APPROX. 100/BOX 100/Bx 5 Bx/CS  
 Specify Package Details

15 Petrolatum Gauze 3" x 9" **Kendall 413605** *4136*  
 Estimated Annual Usage: 300 EACH **No Substitute**  
 COST EACH \$ .65 X 300 = EST. ANNUAL COST \$ 195.<sup>00</sup>  
 PACKAGED APPROX. 10/BOX 10/Bx 20 Bx/CS  
 Specify Package Details

16 Cold Packs - Cold Cycle **Duro-Med P/N 612-0022-9724** *612-0022-9724*  
 Estimated Annual Usage: 3,200 EACH **No Substitute**  
 COST EACH \$ 1.10 X 3,200 = EST. ANNUAL COST \$ 3520.<sup>00</sup>  
 PACKAGED APPROX. 24/BOX \*48/CASE  
 Specify Package Details

*\* 24 Small BOXES OF 2 EACH / CASE*







**ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER**

9 Berman Dual Channel Airway 90MM **Rusch 121804** *1149*  
 Estimated Annual Usage: 200 EACH **No Substitute**  
 COST EACH \$ .14 X 200 = EST. ANNUAL COST \$ 28.00  
 DESIRED PACKAGING: EACH 50/BX  
 Specify Package Details

10 Berman Dual Channel Airway 100MM **Rusch 121805** *1148*  
 Estimated Annual Usage: 200 EACH **No Substitute**  
 COST EACH \$ .14 X 200 = EST. ANNUAL COST \$ 28.00  
 DESIRED PACKAGING: EACH 50/BX  
 Specify Package Details

11 Berman Dual Channel Airway 110MM **Rusch 121806** *1147*  
 Estimated Annual Usage: 200 EACH **No Substitute**  
 COST EACH \$ .14 X 200 = EST. ANNUAL COST \$ 28.00  
 DESIRED PACKAGING: EACH 50/BX  
 Specify Package Details

12 Nasal Canula, Pediatric, With 7' Tubing, **Allied LSP 33604** *33604*  
 Estimated Annual Usage: 300 EACH **No Substitute**  
 COST EACH \$ .575 X 300 = EST. ANNUAL COST \$ 172.50  
 PACKAGED APPROX. 50/CASE 50/CS  
 Specify Package Details



16 Nebulizer & Tee Adapter **Allegiance 002038** *002038*  
 Estimated Annual Usage: 2000 EACH **No Substitute**  
 COST EACH \$ .85 X 2000 = EST. ANNUAL COST \$ 1700.<sup>00</sup>  
 DESIRED PACKAGING: EACH 50/cs  
 Specify Package Details

17 Suction Catheters With Air-Space Port, 6 FR, **Rusch 404500060** *40106*  
 Estimated Annual Usage: 80 EACH **No Substitute**  
 COST EACH \$ .32 X 80 = EST. ANNUAL COST \$ 25.60  
 DESIRED PACKAGING: EACH 50/cs  
 Specify Package Details

18 Suction Catheters, With Air-Space Port, 8 FR **Rusch 404500080** *40108*  
 Estimated Annual Usage: 100 EACH **No Substitute**  
 COST EACH \$ .32 X 100 = EST. ANNUAL COST \$ 32.<sup>00</sup>  
 DESIRED PACKAGING: EACH 50/cs  
 Specify Package Details

19 Suction Catheters With Air-Space Port, 10 FR **Rusch 404500100** *40110*  
 Estimated Annual Usage: 150 EACH **No Substitute**  
 COST EACH \$ .32 X 150 = EST. ANNUAL COST \$ 48.<sup>00</sup>  
 PACKAGED APPROX. 50/BOX 50/cs  
 Specify Package Details

**ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER**

20 Suction Catheters With Air-Space Port, 12 FR **Rusch 404500120** *40112*

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ .32 X 100 = EST. ANNUAL COST \$ 32.00

PACKAGED APPROX. 50/BOX 50/cs  
Specify Package Details

---

21 Suction Catheters With Air-Space Port 14 FR **Rusch 404500140** 40/02

Estimated Annual Usage: 250 EACH **No Substitute**

COST EACH \$ .32 X 250 = EST. ANNUAL COST \$ 80.00

DESIRED PACKAGING: EACH 50/cs  
Specify Packaging Details

---

22 Nasopharyngeal Airways, Sterile, 12 FR **Rusch 123312** 1233/2

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ 2.12 X 100 = EST. ANNUAL COST \$ 212.00

PACKAGED APPROX. 50/BOX 10/Bx  
Specify Package Details

---

23 Nasopharyngeal Airways, Sterile, 14 FR **Rusch 123314** 1233/4

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ 2.12 X 100 = EST. ANNUAL COST \$ 212.00

PACKAGED APPROX. 50/BOX 10/Bx  
Specify Package Details

---

**ITEM DESCRIPTION**                      **SPECIFY PRODUCT & MANUFACTURER**

24 Nasopharyngeal Airways, Sterile, 16 FR **Rusch 123316** 1233/6



Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ 2.12 X 100 = EST. ANNUAL COST \$ 212.00

PACKAGED APPROX. 50/BOX 10/BX  
Specify Package Details

---

**25** Nasopharyngeal Airways, Sterile, 18 FR **Rusch 123318** 123318

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ 2.12 X 100 = EST. ANNUAL COST \$ 212.00

PACKAGED APPROX. 50/BOX 10/BX  
Specify Package Details

---

**26** Nasopharyngeal Airways, Sterile, 20 FR **Rusch 123120** 507620

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ 2.18 X 100 = EST. ANNUAL COST \$ 218.00

PACKAGED APPROX. 50/BOX 10/BX  
Specify Package Details

---

**27** Nasopharyngeal Airways, Sterile, 22 FR **Rusch 123122** 507622

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ 2.18 X 100 = EST. ANNUAL COST \$ 218.00

PACKAGED APPROX. 50/BOX 10/BX  
Specify Package Details

---

**ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER**

**28** Nasopharyngeal Airways, Sterile, 24 FR **Rusch 123124** 507624

Estimated Annual Usage: 140 EACH **No Substitute**

COST EACH \$ 2.18 X 140 = EST. ANNUAL COST \$ 305.20

PACKAGED APPROX. 50/BOX 10/Bx  
Specify Package Details

**29** Nasopharyngeal Airways, Sterile, 26 FR **Rusch 123126 507626**

Estimated Annual Usage: 145 EACH **No Substitute**

COST EACH \$ 2.18 X 145 = EST. ANNUAL COST \$ 316.10

PACKAGED APPROX. 50/BOX 10/Bx  
Specify Package Details

**30** Nasopharyngeal Airways, Sterile, 28 FR **Rusch 123128 507628**

Estimated Annual Usage: 160 EACH **No Substitute**

COST EACH \$ 2.18 X 160 = EST. ANNUAL COST \$ 348.80

PACKAGED APPROX. 50/BOX 10/Bx  
Specify Package Details

**31** Nasopharyngeal Airways, Sterile, 30 FR **Rusch 123130 507630**

Estimated Annual Usage: 160 EACH **No Substitute**

COST EACH \$ 2.18 X 160 = EST. ANNUAL COST \$ 348.80

PACKAGED APPROX. 50/BOX 10/Bx  
Specify Package Details

**ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER**

**32** Nasogastric Sump Tubes, 8 FR **Argyle 268086 268086**

Estimated Annual Usage: 80 EACH **No Substitute**

COST EACH \$ 5.76 X 80 = EST. ANNUAL COST \$ 460.80

DESIRED PACKAGING: EACH 10/cs  
Specify Package Details

33 Nasogastric Sump Tubes, 14 FR Argyle **264945** *264945*

Estimated Annual Usage: 80 EACH **No Substitute**

COST EACH \$ 1.58 X 80 = EST. ANNUAL COST \$ 126.40

DESIRED PACKAGING: EACH 50/cs  
Specify Package Details

34 Rusch Endotracheal Tubes, With Stylet 2.5 mm, Uncuffed **Rusch 506525** *506525*

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ 3.09 X 100 = EST. ANNUAL COST \$ 309.00

DESIRED PACKAGING: EACH 10/Bx  
Specify Package Details

35 Rusch Endotracheal Tubes, With Stylet, 3.0 mm, Uncuffed **Rusch 506530** *506530*

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ 3.09 X 100 = EST. ANNUAL COST \$ 309.00

DESIRED PACKAGING: EACH 10/Bx  
Specify Package Details

**ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER**

36 Rusch Endotracheal Tubes, With Stylet, 3.5 mm, Uncuffed **Rusch 506535** *506535*

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ 3.09 X 100 = EST. ANNUAL COST \$ 309.00

DESIRED PACKAGING: EACH 10 / Bx  
Specify Package Details

---

37 Rusch Endotracheal Tubes, With Stylet, 4.0 mm, Uncuffed **Rusch 506540** *506540*

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ 3.09 X 100 = EST. ANNUAL COST \$ 309.00

DESIRED PACKAGING: EACH 10 / Bx  
Specify Package Details

---

38 Rusch Endotracheal Tubes, With Stylet, 4.5 mm, Uncuffed **Rusch 506545** *506545*

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ 3.09 X 100 = EST. ANNUAL COST \$ 309.00

DESIRED PACKAGING: EACH 10 / Bx  
Specify Package Details

---

39 Rusch Endotracheal Tubes, With Stylet, 5.0 mm, Uncuffed **Rusch 506550** *506550*

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ 3.09 X 100 = EST. ANNUAL COST \$ 309.00

DESIRED PACKAGING: EACH 10 / Bx  
Specify Package Details

---

**ITEM DESCRIPTION                      SPECIFY PRODUCT & MANUFACTURER**

40 Rusch Endotracheal Tube & Stylet set, 5.5 mm, Cuffed **Rusch 504555** *504555*

Estimated Annual Usage: 175 EACH **No Substitute**

COST EACH \$ 3.43 X 175 = EST. ANNUAL COST \$ 600.25

DESIRED PACKAGING: EACH 10/BX  
Specify Package Details

41 Rusch Endotracheal Tube & Stylet set, 6.0 mm, Cuffed **Rusch 504560** *504560*

Estimated Annual Usage: 150 EACH **No Substitute**

COST EACH \$ 3.43 X 150 = EST. ANNUAL COST \$ 514.50

DESIRED PACKAGING: EACH 10/BX  
Specify Package Details

42 Rusch Endotracheal Tube & Stylet set, 6.5 mm, Cuffed **Rusch 504565** *504565*

Estimated Annual Usage: 150 EACH **No Substitute**

COST EACH \$ 3.43 X 150 = EST. ANNUAL COST \$ 514.50

DESIRED PACKAGING: EACH 10/BX  
Specify Package Details

43 Rusch Endotracheal Tube & Stylet set, 7.0 mm Cuffed **Rusch 504570** *504570*

Estimated Annual Usage: 250 EACH **No Substitute**

COST EACH \$ 3.43 X 250 = EST. ANNUAL COST \$ 857.50

DESIRED PACKAGING: EACH 10/BX  
Specify Package Details

**ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER**

44 Rusch Endotracheal Tube & Stylet set, 7.5 mm, Cuffed **Rusch 504575** *504575*

Estimated Annual Usage: 300 EACH **No Substitute**

COST EACH \$ 3.43 X 300 = EST. ANNUAL COST \$ 1029.00

DESIRED PACKAGING: EACH 10/BX

Specify Package Details

45 Rusch Endotracheal Tube & Stylet set, 8.0 mm, Cuffed **Rusch 504580** *504580*

Estimated Annual Usage: 300 EACH **No Substitute**

COST EACH \$ 3.43 X 300 = EST. ANNUAL COST \$ 1029.00

DESIRED PACKAGING: EACH 10/Bx  
Specify Package Details

46 Rusch Endotracheal Tube & Stylet set, 8.5 mm, Cuffed **Rusch 504585** *504585*

Estimated Annual Usage: 300 EACH **No Substitute**

COST EACH \$ 3.43 X 300 = EST. ANNUAL COST \$ 1029.00

DESIRED PACKAGING: EACH 10/Bx  
Specify Package Details

47 Rusch Endotracheal Tube & Stylet set, 9.0 mm, Cuffed **Rusch 504590** *504590*

Estimated Annual Usage: 150 EACH **No Substitute**

COST EACH \$ 3.43 X 150 = EST. ANNUAL COST \$ 514.50

DESIRED PACKAGING: EACH 10/Bx  
Specify Package Details

TOTAL SECTION B \$ 59,016.45

SECTION C MISCELLANEOUS

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

1 Mettag Triage Tags **Mettag MT 137** *MT137*

Estimated Annual Usage: 300 EACH **No Substitute**

COST EACH \$ .741 X 300 = EST. ANNUAL COST \$ 222.30

DESIRED PACKAGING: EACH 50/PK  
Specify Package Details

2 Medication Labels **Veriad HH207** *HH207*  
Estimated Annual Usage: 500 EACH **No Substitute**  
COST EACH \$ .07 X 500 = EST. ANNUAL COST \$ 35.00  
DESIRED PACKAGING: EACH 381/roll  
Specify Package Details

3 Glucometer Elite Blood Test Strips **NDC 0193-3918-50** *3663291*  
Estimated Annual Usage: 15,000 EACH **No Substitute**  
COST EACH \$ .804 X 15,000 = EST. ANNUAL COST \$ 12,060.00  
PACKAGED APPROX. 50/BOX 50/BX  
Specify Package Details

4 Foil Baby Bunting Sterile **GAM 112** *112*  
Estimated Annual Usage: 100 EACH **No Substitute**  
COST EACH \$ 3.66 X 100 = EST. ANNUAL COST \$ 366.00  
DESIRED PACKAGING: EACH EACH ONLY  
Specify Package Details

**ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER**

5 Hurricane Spray, Beutlich NDC 0283-0679-02 *25964*  
 Estimated Annual Usage: 100 EACH **No Substitute**  
 COST EACH \$ *21.67* X 100 = EST. ANNUAL COST \$ *2167.00*  
 DESIRED PACKAGING: EACH *EACH ONLY*  
 Specify Package Details

6 Sharps Container, 0.6 Liter, Sharp Safe #4126, Sims 4126 *4126*  
 Estimated Annual Usage: 400 EACH **No Substitute**  
 COST EACH \$ *3.00* X 400 = EST. ANNUAL COST \$ *1200.00*  
 DESIRED PACKAGING: EACH *100/cs*  
 Specify Package Details

7 I.V. Armboard, Peds Disposable, 3" x 9" Morrison 1009 *95021*  
 Estimated Annual Usage: 150 EACH **No Substitute**  
 COST EACH \$ *.455* X 150 = EST. ANNUAL COST \$ *68.25*  
 PACKAGED APPROX. 10/PKG. *100/cs*  
 Specify Package Details,

8 Digital Thermometer, Mabis 15-681-000 *15600*  
 Estimated Annual Usage: 50 EACH **No Substitute**  
 COST EACH \$ *3.03* X 50 = EST. ANNUAL COST \$ *151.50*  
 DESIRED PACKAGING: EACH *EACH ONLY*  
 Specify Package Details



**ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER**

9 Tympanic Thermometer, Model 6014 **Welch Allyn 03000-200** *55565*  
 Estimated Annual Usage: 30 EACH **No Substitute**  
 COST EACH \$ *118.73* X 30=EST.ANNUAL COST \$ *3561.90*  
 DESIRED PACKAGING: EACH *EACH ONLY*  
 Specify Package Details

10 Tympanic Thermometer Covers BRAUN THERMO-SCAN Model 6014 *55560B*  
**Welch Allyn PC 05074-800**  
 Estimated Annual Usage: 48,000 EACH **No Substitute**  
 COST EACH \$ *.0546* X 48,000=EST.ANNUAL COST \$ *2620.80*  
 DESIRED PACKAGING: 800/BOX *200/Bx 4 Bx /CS*  
 Specify Package Details

11 Bulb Syringes **Medline 70275** *70275*  
 Estimated Annual Usage: 100 EACH **No Substitute**  
 COST EACH \$ *.90* X 100 = EST. ANNUAL COST \$ *90.00*  
 DESIRED PACKAGING: EACH *50/CS*  
 Specify Package Details

12 Cynch-Loks, White **Healthmark 6323** *6323*  
 Estimated Annual Usage: 8 BAGS **No Substitute**  
 COST EACH BAG \$ *14.40* X 8 = EST. ANNUAL COST \$ *115.20*  
 PACKAGED APPROX. 100/BAG *100/BAG*  
 Specify Package Details

**ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER**

13 Kelly Forceps, 5-1/2", Curved **Kelly 945** *725000*  
 Estimated Annual Usage: 100 EACH **No Substitute**  
 COST EACH \$ *.69* X 100 = EST. ANNUAL COST \$ *69.00*  
 DESIRED PACKAGING: EACH *EACH ONLY*  
 Specify Package Details

14 Convenience Bags for Vomit & Urine Disposal 50cc-1000cc **GKR Ind. Model 1000/7000** *3255*  
 Estimated Annual Usage: 80 EACH **No Substitute**  
 COST EACH \$ *.97* X 80 = EST. ANNUAL COST \$ *77.60*  
 DESIRED PACKAGING: EACH *12/PK 20 PK/CS*  
 Specify Package Details

15 Alcohol Prep Pads, Large **Dynarex 1106** *1106*  
 Estimated Annual Usage: 40,000 EACH **No Substitute**  
 COST EACH \$ *.014* X 40,000 = EST. ANNUAL COST \$ *560.00*  
 PACKAGED APPROX. 100/BOX *100/Bx 10 Bx/CS*  
 Specify Package Details

16 Disposable Prep Razor **Dynarex 4251** *11845*  
 Estimated Annual Usage: 1500 EACH **No Substitute**  
 COST EACH \$ *.33* X 1500 = EST. ANNUAL COST \$ *495.00*  
 DESIRED PACKAGING: 50 BOX *50/Bx 5 Bx/CS*  
 Specify Package Details

**TOTAL SECTION C \$ *23,859.55***

**FOR LEE COUNTY EMERGENCY MEDICAL SERVICES**

DATE SUBMITTED: 4/26/04

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:

*Michael Barnett*

**INSERT PRICES ON ATTACHMENT A**

TOTAL FROM ATTACHMENT A, SECTION A:	\$ <u>32,299.76</u>
TOTAL FROM ATTACHMENT A, SECTION B:	\$ <u>70,627.83</u>
TOTAL FROM ATTACHMENT A, SECTION C:	\$ <u><del>24,546.40</del> 19,746.40</u> <sup>MB</sup>
GRAND TOTAL FOR ALL SECTIONS QUOTING	\$ <u><del>127,473.99</del> 122,673.99</u> <sup>MB</sup>

TO BE (DELIVERED) WITHIN 3-5 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

WILL YOU DELIVER WITH YOUR OWN VEHICLES AS OPPOSED TO COMMON CARRIER?

YES  NO

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.

Are there any modifications to the quote or specifications:

Yes \_\_\_\_\_ No  \_\_\_\_\_

Failure to clearly identify any modifications in the space below or on a separate page may be grounds for the quoter being declared nonresponsive or to have the award of the quote rescinded by the County.

MODIFICATIONS:

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 Physician Sales & Service

BY (Printed): Michael Barrett

BY (Signature): Michael Barrett

TITLE: Sales Consultant

FEDERAL ID # OR S.S.# 59 2280 364

ADDRESS: 9843 18<sup>th</sup> St. N. Suite 1200

St. Petersburg, FL 33716

PHONE NO.: 727 577 4387

FAX NO.: 727 577 4767

CELLULAR PHONE/PAGER NO.: 720 987 4245

LEE COUNTY OCCUPATIONAL LICENSE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: mbarrett@pssd.com

REVISED: 7/28/00





**ITEM DESCRIPTION                      SPECIFY PRODUCT & MANUFACTURER**

9     Sterile Dressing 12" x 30"     **GAM 110-1**  
 Estimated Annual Usage:     400 EACH **No Substitute**  
 COST EACH \$ 1.595 X 400 = EST. ANNUAL COST \$ 638.00  
 DESIRED PACKAGING: EACH 50/CS  
Specify Package Details

10    Tape 1" x 10 yards Transpore        **NDC 8333-1527-01**  
 Estimated Annual Usage:     1,680 EACH **No Substitute**  
 COST EACH \$ 1.10 X 1,680 = EST. ANNUAL COST \$ 1848.00  
 PACKAGED APPROX. 12 ROLLS/BOX \_\_\_\_\_  
Specify Package Details

11    Tape 1" x 10 yards, Zonas Adhesive **Johnson +Johnson 5104**  
 Estimated Annual Usage:     1,150 EACH **No Substitute**  
 COST EACH \$ .79 X 1,150 = EST. ANNUAL COST \$ 908.50  
 PACKAGED APPROX. 12 ROLLS/BOX \_\_\_\_\_  
Specify Package Details

12    Tape 2" x 10 yards, Zonas Adhesive **Johnson+Johnson 5106**  
 Estimated Annual Usage:     1,900 EACH     **No Substitute**  
 COST EACH \$ 1.58 X 1,900 = EST. ANNUAL COST \$ 3002.00  
 PACKAGED APPROX. 6 ROLLS/BOX \_\_\_\_\_  
Specify Package Details





**ITEM DESCRIPTION**                      **SPECIFY PRODUCT & MANUFACTURER**

17    Micropore Paper Surgical Tape, 1 Inch    **NDC 8333-1530-01**

Estimated Annual Usage:    144 ROLLS    **No Substitute**

COST EACH ROLL \$ .55 X 144 = EST. ANNUAL COST \$ 79.20

DESIRED PACKAGING: EACH    12/BX

Specify Package Details

18    SAMS' Splints, 36"long, Orange & Blue    **SAMS 1121**

Estimated Annual Usage: 500 EACH    **No Substitute**

COST EACH \$ 9.90 X 500 = EST. ANNUAL COST \$ 4950.00

DESIRED PACKAGING: EACH    each

Specify Package Details

TOTAL SECTION A \$ 32,299.76









16 Nebulizer & Tee Adapter **Allegiance 002038**

Estimated Annual Usage: 2000 EACH **No Substitute**

COST EACH \$ .79 X 2000 = EST. ANNUAL COST \$ 1580.00

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Package Details

17 Suction Catheters With Air-Space Port, 6 FR, **Rusch 404500060**

Estimated Annual Usage: 80 EACH **No Substitute**

COST EACH \$ .46 X 80 = EST. ANNUAL COST \$ 36.80

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Package Details

18 Suction Catheters, With Air-Space Port, 8 FR **Rusch 404500080**

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ .46 X 100 = EST. ANNUAL COST \$ 46.00

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Package Details

19 Suction Catheters With Air-Space Port, 10 FR **Rusch 404500100**

Estimated Annual Usage: 150 EACH **No Substitute**

COST EACH \$ .46 X 150 = EST. ANNUAL COST \$ 69.00

PACKAGED APPROX. 50/BOX \_\_\_\_\_  
Specify Package Details

**ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER**

20 Suction Catheters With Air-Space Port, 12 FR **Rusch 404500120**

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ .46 X 100 = EST. ANNUAL COST \$ 46.00

PACKAGED APPROX. 50/BOX \_\_\_\_\_  
Specify Package Details

**21 Suction Catheters With Air-Space Port 14 FR Rusch 404500140**

Estimated Annual Usage: 250 EACH **No Substitute**

COST EACH \$ .46 X 250 = EST. ANNUAL COST \$ 115.00

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Packaging Details

**22 Nasopharyngeal Airways, Sterile, 12 FR Rusch 123312**

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ 2.17 X 100 = EST. ANNUAL COST \$ 217.00

PACKAGED APPROX. 50/BOX 10/Bx \_\_\_\_\_  
Specify Package Details

**23 Nasopharyngeal Airways, Sterile, 14 FR Rusch 123314**

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ 2.17 X 100 = EST. ANNUAL COST \$ 217.00

PACKAGED APPROX. 50/BOX 10/Bx \_\_\_\_\_  
Specify Package Details

---

**ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER**

---

**24 Nasopharyngeal Airways, Sterile, 16 FR Rusch 123316**



Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ 2.17 X 100 = EST. ANNUAL COST \$ 217.00

PACKAGED APPROX. 50/BOX 10/BX  
Specify Package Details

---

**25 Nasopharyngeal Airways, Sterile, 18 FR Rusch 123318**

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ 2.17 X 100 = EST. ANNUAL COST \$ 217.00

PACKAGED APPROX. 50/BOX 10/BX  
Specify Package Details

---

**26 Nasopharyngeal Airways, Sterile, 20 FR Rusch 123120**

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ 2.28 X 100 = EST. ANNUAL COST \$ 228.00

PACKAGED APPROX. 50/BOX 10/BX  
Specify Package Details

---

**27 Nasopharyngeal Airways, Sterile, 22 FR Rusch 123122**

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ 2.28 X 100 = EST. ANNUAL COST \$ 228.00

PACKAGED APPROX. 50/BOX 10/BX  
Specify Package Details

---

**ITEM DESCRIPTION                      SPECIFY PRODUCT & MANUFACTURER**

**28 Nasopharyngeal Airways, Sterile, 24 FR Rusch 123124**

Estimated Annual Usage: 140 EACH **No Substitute**

COST EACH \$ 2.28 X 140 = EST. ANNUAL COST \$ 319.20

PACKAGED APPROX. 50/BOX 10/BX  
Specify Package Details

---

**29 Nasopharyngeal Airways, Sterile, 26 FR Rusch 123126**

Estimated Annual Usage: 145 EACH **No Substitute**

COST EACH \$ 2.28 X 145 = EST. ANNUAL COST \$ 330.60

PACKAGED APPROX. 50/BOX 10/BX  
Specify Package Details

---

**30 Nasopharyngeal Airways, Sterile, 28 FR Rusch 123128**

Estimated Annual Usage: 160 EACH **No Substitute**

COST EACH \$ 2.28 X 160 = EST. ANNUAL COST \$ 364.80

PACKAGED APPROX. 50/BOX 10/BX  
Specify Package Details

---

**31 Nasopharyngeal Airways, Sterile, 30 FR Rusch 123130**

Estimated Annual Usage: 160 EACH **No Substitute**

COST EACH \$ 2.28 X 160 = EST. ANNUAL COST \$ 364.80

PACKAGED APPROX. 50/BOX 10/BX  
Specify Package Details

---

**ITEM DESCRIPTION                      SPECIFY PRODUCT & MANUFACTURER**

**32 Nasogastric Sump Tubes, 8 FR Argyle 268086**

Estimated Annual Usage: 80 EACH **No Substitute**

COST EACH \$ 5.82 X 80 = EST. ANNUAL COST \$ 465.60

DESIRED PACKAGING: EACH 10/cs  
Specify Package Details

---

33 Nasogastric Sump Tubes, 14 FR **Argyle 264945**

Estimated Annual Usage: 80 EACH **No Substitute**

COST EACH \$ 1.84 X 80 = EST. ANNUAL COST \$ 147.20

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Package Details

---

34 Rusch Endotracheal Tubes, With Stylet 2.5 mm, Uncuffed **Rusch 506525**

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ 3.31 X 100 = EST. ANNUAL COST \$ 331.00

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Package Details

---

35 Rusch Endotracheal Tubes, With Stylet, 3.0 mm, Uncuffed **Rusch 506530**

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ 3.31 X 100 = EST. ANNUAL COST \$ 331.00

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Package Details

---

**ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER**

36 Rusch Endotracheal Tubes, With Stylet, 3.5 mm, Uncuffed **Rusch 506535**

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ 3.31 X 100 = EST. ANNUAL COST \$ 331.00

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Package Details

---

37 Rusch Endotracheal Tubes, With Stylet, 4.0 mm, Uncuffed **Rusch 506540**

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ 3.31 X 100 = EST. ANNUAL COST \$ 331.00

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Package Details

---

38 Rusch Endotracheal Tubes, With Stylet, 4.5 mm, Uncuffed **Rusch 506545**

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ 3.31 X 100 = EST. ANNUAL COST \$ 331.00

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Package Details

---

39 Rusch Endotracheal Tubes, With Stylet, 5.0 mm, Uncuffed **Rusch 506550**

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ 3.31 X 100 = EST. ANNUAL COST \$ 331.00

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Package Details

---

**ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER**

40 Rusch Endotracheal Tube & Stylet set, 5.5 mm, Cuffed **Rusch 504555**

Estimated Annual Usage: 175 EACH **No Substitute**

COST EACH \$ 3.65 X 175 = EST. ANNUAL COST \$ 638.75

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Package Details

---

41 Rusch Endotracheal Tube & Stylet set, 6.0 mm, Cuffed **Rusch 504560**

Estimated Annual Usage: 150 EACH **No Substitute**

COST EACH \$ 3.65 X 150 = EST. ANNUAL COST \$ 547.50

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Package Details

---

42 Rusch Endotracheal Tube & Stylet set, 6.5 mm, Cuffed **Rusch 504565**

Estimated Annual Usage: 150 EACH **No Substitute**

COST EACH \$ 3.65 X 150 = EST. ANNUAL COST \$ 547.50

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Package Details

---

43 Rusch Endotracheal Tube & Stylet set, 7.0 mm Cuffed **Rusch 504570**

Estimated Annual Usage: 250 EACH **No Substitute**

COST EACH \$ 3.65 X 250 = EST. ANNUAL COST \$ 912.50

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Package Details

---

**ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER**

---

44 Rusch Endotracheal Tube & Stylet set, 7.5 mm, Cuffed **Rusch 504575**

Estimated Annual Usage: 300 EACH **No Substitute**

COST EACH \$ 3.65 X 300 = EST. ANNUAL COST \$ 1095.00

DESIRED PACKAGING: EACH \_\_\_\_\_

Specify Package Details

45 Rusch Endotracheal Tube & Stylet set, 8.0 mm, Cuffed **Rusch 504580**  
 Estimated Annual Usage: 300 EACH **No Substitute**  
 COST EACH \$ 3.65 X 300 = EST. ANNUAL COST \$ 1095.00  
 DESIRED PACKAGING: EACH \_\_\_\_\_  
 Specify Package Details

46 Rusch Endotracheal Tube & Stylet set, 8.5 mm, Cuffed **Rusch 504585**  
 Estimated Annual Usage: 300 EACH **No Substitute**  
 COST EACH \$ 3.65 X 300 = EST. ANNUAL COST \$ 1095.00  
 DESIRED PACKAGING: EACH \_\_\_\_\_  
 Specify Package Details

47 Rusch Endotracheal Tube & Stylet set, 9.0 mm, Cuffed **Rusch 504590**  
 Estimated Annual Usage: 150 EACH **No Substitute**  
 COST EACH \$ 3.65 X 150 = EST. ANNUAL COST \$ 547.50  
 DESIRED PACKAGING: EACH \_\_\_\_\_  
 Specify Package Details

TOTAL SECTION B \$ 70,627.83

SECTION C MISCELLANEOUS

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

1 Mettag Triage Tags **Mettag MT 137**  
 Estimated Annual Usage: 300 EACH **No Substitute**  
 COST EACH \$ .89 X 300 = EST. ANNUAL COST \$ 267.00

DESIRED PACKAGING: EACH 50/BX  
Specify Package Details

2 Medication Labels **Veriad HH207** UAL

Estimated Annual Usage: 500 EACH **No Substitute**

COST EACH \$ .065 X 500 = EST. ANNUAL COST \$ 32.50

DESIRED PACKAGING: EACH 380/BX  
Specify Package Details

3 Glucometer Elite Blood Test Strips **NDC 0193-3918-50**

Estimated Annual Usage: <sup>49 MB</sup> 15,000 EACH **No Substitute**

COST EACH \$ .79 X 15,000 = EST. ANNUAL COST \$ 11850.00 <sup>MB</sup> 7050.00

PACKAGED APPROX. 50/BOX \_\_\_\_\_  
Specify Package Details

4 Foil Baby Bunting Sterile **GAM 112**

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ 4.47 X 100 = EST. ANNUAL COST \$ 447.00

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Package Details

**ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER**

5 Hurricane Spray, Beutlich NDC 0283-0679-02  
 Estimated Annual Usage: 100 EACH No Substitute  
 COST EACH \$ 29.02 X 100 = EST. ANNUAL COST \$ 2902.00  
 DESIRED PACKAGING: EACH \_\_\_\_\_  
 Specify Package Details

6 Sharps Container, 0.6 Liter, Sharp Safe #4126, Sims 4126  
 Estimated Annual Usage: 400 EACH No Substitute  
 COST EACH \$ 2.99 X 400 = EST. ANNUAL COST \$ 1196.00  
 DESIRED PACKAGING: EACH \_\_\_\_\_  
 Specify Package Details

7 I.V. Armboard, Peds Disposable, 3" x 9" Morrison 1009  
 Estimated Annual Usage: 150 EACH No Substitute  
 COST EACH \$ .86 X 150 = EST. ANNUAL COST \$ 129.00  
 PACKAGED APPROX. 10/PKG. \_\_\_\_\_  
 Specify Package Details,

8 Digital Thermometer, Mabis 15-681-000  
 Estimated Annual Usage: 50 EACH No Substitute  
 COST EACH \$ 2.57 X 50 = EST. ANNUAL COST \$ 128.50  
 DESIRED PACKAGING: EACH \_\_\_\_\_  
 Specify Package Details



**ITEM DESCRIPTION                      SPECIFY PRODUCT & MANUFACTURER**

9 Tympanic Thermometer, Model 6014 **Welch Allyn 03000-200**

Estimated Annual Usage: 30 EACH **No Substitute**

COST EACH \$ 118.00 X 30 = EST. ANNUAL COST \$ 3540.00

DESIRED PACKAGING: EACH \_\_\_\_\_

Specify Package Details

10 Tympanic Thermometer Covers BRAUN THERMO-SCAN Model 6014  
**Welch Allyn PC 05074-800**

Estimated Annual Usage: 48,000 EACH **No Substitute**

COST EACH \$ .0545 X 48,000 = EST. ANNUAL COST \$ 2616.00

DESIRED PACKAGING: 800/BOX 800/CS

Specify Package Details

11 Bulb Syringes **Medline 70275**

Estimated Annual Usage: 100 EACH **No Substitute**

COST EACH \$ 1.21 X 100 = EST. ANNUAL COST \$ 121.00

DESIRED PACKAGING: EACH 50/CS

Specify Package Details

12 Cynch-Loks, White **Healthmark 6323**

Estimated Annual Usage: 8 BAGS **No Substitute**

COST EACH BAG \$ 16.30 X 8 = EST. ANNUAL COST \$ 130.40

PACKAGED APPROX. 100/BAG 100/BX

Specify Package Details

**ITEM DESCRIPTION                      SPECIFY PRODUCT & MANUFACTURER**

13 Kelly Forceps, 5-1/2", Curved **Kelly 945**

Estimated Annual Usage:      100 EACH **No Substitute**

COST EACH \$ 1.43 X 100 = EST. ANNUAL COST \$ 143.00

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Package Details

14 Convenience Bags for Vomit & Urine Disposal 50cc-1000cc **GKR Ind. Model 1000/7000**

Estimated Annual Usage:      80 EACH **No Substitute**

COST EACH \$ 1.00 X 80 = EST. ANNUAL COST \$ 80.00

DESIRED PACKAGING: EACH \_\_\_\_\_  
Specify Package Details

15 Alcohol Prep Pads, Large **Dynarex 1106**

Estimated Annual Usage:      40,000 EACH **No Substitute**

COST EACH \$ .0142 X 40,000 = EST. ANNUAL COST \$ 568.00

PACKAGED APPROX. 100/BOX \_\_\_\_\_  
Specify Package Details

16 Disposable Prep Razor **Dynarex 4251**

Estimated Annual Usage:      1500 EACH **No Substitute**

COST EACH \$ .264 X 1500 = EST. ANNUAL COST \$ 396.00

DESIRED PACKAGING: 50 BOX \_\_\_\_\_  
Specify Package Details

**TOTAL SECTION C \$ 24,546.40** <sup>MB</sup> 19,746.40