

Medical Supplies & Related Items

RQID1300097 - Verification of Availability

Find attached the “**Scopes of Work**” and “**Special Requirements**” for an upcoming **Invitation to Bid (ITB)**. Please review to determine if you would be able to **satisfy the requirements** (as applicable), and **interested in responding**; if so, please check the appropriate areas below and respond to this email confirming the same. Please pay “**CLOSE**” attention to the various sections and the “**SPECIAL/MINIMUM**” requirements for each, and confirm your **ability** and **availability** to satisfy “**ALL**” sections/scopes.

See **all sections and subsections** – Paying very close attention to all the requirements/special requirements for each. (While you are **not** bidding at this time, be mindful, your response strongly influences SBD’s determination as it relates to a potential **SBE Measure**). So please be diligent in your review of the information and respond accordingly, based on your ability to meet **ALL** the applicable requirements.

Are you able to satisfy the requirements of the attached documents (ITB)?

YES NO

Are you able to satisfy all the “scopes of work” of the attached documents (ITB)?

YES NO

Do you have prior experience consistent with the requirements of this ITB?

YES NO

.....
See Section 2.5:

A. Can you provide a commercial or governmental agency as a reference?

YES NO

B. Are you an authorized distributor of the products listed in this solicitation?

YES NO (if so please attach signed manufacturer’s letter of authorization)

C. Are you a reseller of said products? (if so please attach signed manufacturer’s

YES NO letter of authorization)

.....
Can you meet the delivery requirements of Section 2.9?

YES NO

Can you comply with the Federal Standards of Section 2.9? (OSHA, NIOSH, and NFPA)?

YES NO

Can you meet the “Shelf Life of Stock” requirements of Section 2.11?

YES NO
.....

Please Check Group in which you are interested (see attached documents with items listed in each group):

- _____ **Group 1 – Oxygen Delivery / Airways (no substitutes)**
- _____ **Group 2 – Sphygmomanometers / Stethoscope (no substitutes)**
- _____ **Group 3 – Syringes and Needles**
- _____ **Group 4 – Safety Catheters (no substitutes)**
- _____ **Group 5 – B.I.G. Bone Injection Gun (no substitutes)**
- _____ **Group 6 – Burn Care (no substitutes)**
- _____ **Group 7 – CPR Replacement Parts and Equipment (no substitutes)**
- _____ **Group 8 – Disposable Laryngoscope “Lite” Blades (no substitutes)**
- _____ **Group 9 – Splint and Miscellaneous (no substitutes)**
- _____ **Group 10 – Stifneck Cervical Collars (no substitutes)**
- _____ **Group 11 – Reynolds Medical Immobilizer (no substitutes)**
- _____ **Group 12 – Amsino Suction Catheter (no substitutes)**
- _____ **Group 13 – Welch Allyn Thermometers & Miscellaneous**
- _____ **Group 14 – Iron Duck Trauma Bags / Surgical Gowns / Blankets**
- _____ **Group 15 – Cincinnati Surgical Blades / Bard-Parker Surgical Blades**
- _____ **Group 16 – Miscellaneous (see pages 21 -24)**

Name of Firm: _____ **SBE Exp. Date:** _____

Owner's Name: _____ **Signature:** _____

Please respond by **10:00am, Thursday April 11, 2013**. Any questions, feel free to contact me at the number below.

(Respond to the “**Verification**” whether you are interested or not (choosing “**Yes**” or “**No**”), as this helps SBD in the determination of measures.

Regards,

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Small Business Development Division
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SECTION 2
SPECIAL CONDITIONS

MEDICAL SUPPLIES AND RELATED ITEMS

This prerogative will be exercised only when such continuation is clearly in the best interest of the County.

2.5 METHOD OF AWARD TO MULTIPLE BY GROUP

Award of this contract will be made to up to the three (3) lowest priced responsive, responsible vendors on a group-by-group basis. Vendors may bid on any or all groups. To be considered for award, the vendor shall offer prices for all items within a given group.

The County will then select the vendors for award for each group by totaling the unit prices for all of the items within each group. If a vendor fails to submit an offer for all items within the group, its offer for that specific group will be rejected.

The primary vendor shall have the primary responsibility to initially deliver the goods identified in this contract. If the primary vendor fails to perform it may be terminated for default and the County shall have the option to seek the identified goods from the secondary vendor. During the term of the contract, the County may also make award to the third lowest vendor as tertiary if the primary and secondary vendors do not perform. Additionally, the County reserves the right to re-assign the primary, secondary and tertiary designations should the price adjustments pursuant to Section 2.4 result in a new order of low price.

Award to multiple vendors is made for the convenience of the County and does not exempt the primary vendor from fulfilling its contractual obligations. Failure of any vendor to perform in accordance with the terms and conditions of the contract may result in the vendor being deemed in breach of contract. The County may terminate the contract for default and charge the vendor re-procurement costs, if applicable.

Bidders requirements are listed below, proof of requirements shall be provided in Section 4, of the bid submittal form for all groups as specified. Bidders must meet all specifications and sample requirements contained within this document. If at any time a bidder does not meet a requirement of the specifications, they may be rendered non-responsive.

- A) The bidder's submittal shall include one (1) commercial or governmental agency as a reference who can verify to the County that the bidder has successfully provided the products listed in this bid. The reference's company name, contact name, telephone number, and e-mail address shall be provided.
- B) Bidder shall be an authorized distributor for the products listed in this solicitation.
- C) If you are a distributor, please attach signed manufacturer's letter of authorization on Manufacturer's letterhead.
- D) If you are a manufacturer, please provide your price list or verifiable webpage for products.
- E) Reseller, please attach signed distributor's letter of authorization on distributor's letterhead.

SECTION 2
SPECIAL CONDITIONS

MEDICAL SUPPLIES AND RELATED ITEMS

2.6 CONTACT PERSON

For any additional information regarding the specification and requirements of this contract, Contact: Martha Garofolo, at (305) 375-4265 or email: marthag@miamidade.gov

2.7 PURCHASE OF OTHER ITEMS NOT LISTED WITHIN THIS SOLICITATION BASED ON PRICE QUOTES

While the County has listed all major items within this solicitation, which are utilized by County departments in conjunction with their operations, there may be similar items that must be purchased by the County during the term of this contract. Any additional items required may be purchased as needed. Under these circumstances, a County representative will contact the primary vendor to obtain a price quote for the similar services or items.

If there are multiple vendors on the contract, the County representative shall also obtain price quotes from these vendors. The County reserves the right to award these similar items to the primary contract vendor, another contract vendor based on the lowest price quoted, or to acquire the items through another means.

2.8 "EQUAL" PRODUCT CAN BE CONSIDERED UPON RECEIPT OF SPECIFIED DATA

The manufacturer's name, brand name and/or product number information contained in this solicitation are being used for the sole purpose of establishing the minimum requirement of level of quality, standard of performance, and design and is in no way intended to prohibit the offer of another manufacturer's items of equal material unless otherwise indicated on the Bid/Proposal Submission Form.

This specific solicitation requires submission of the following documentation to enable County evaluation of "equal" products:

- : Product Information Sheets
- : Product Samples with Initial Offer
- : Product Samples Upon Specific Request
- : Product labels
- : Performance Test Results

If an "equal" product may be considered by the County in accordance with the Bid/Proposal Submission Form, the product shall be equal in quality and standards of performance to the product specified in the solicitation. Where an "or equal" product is offered, the County may request from the bidder two (2) complete sets of product information sheets, standard manufacturer information sheets, catalogues, and brochures. Also for product information submittals, all supporting documentation submitted by the offeror must in total meet the required specifications set forth in this solicitation. Where the standard product literature submitted provides information that does not comply with the specifications, the offeror shall state, in an official letter on corporate letterhead as part of their initial offer, the differences between the product they are specifically offering.

SECTION 2
SPECIAL CONDITIONS

MEDICAL SUPPLIES AND RELATED ITEMS

If samples of all "or equal" products are required for evaluation, such product samples are to be provided at no cost to the County at the time of specific request. Failure to meet this requirement may result in your offer being rejected. The County shall be sole judge of equality, based on the best interests of the County, and its decision in this regard shall be final. Items labeled "No Substitute" on the County's Bid/Proposal Submission Form are the only products that will be accepted under this solicitation.

2.9 DELIVERY SHALL BE FIVE (5) BUSINESS DAYS AFTER DATE OF ORDER

The vendor shall make deliveries within five (5) business days after the date of the order. All deliveries shall be made in accordance with good commercial practice and all required delivery timeframes shall be adhered to by the vendor(s); except in such cases where the delivery will be delayed due to acts of nature, strikes, or other causes beyond the control of the vendor. In these cases, the vendor shall notify the County of the delays in advance of the original delivery date so that a revised delivery schedule can be appropriately considered by the County. All products submitted must be in the original manufacturers packaging.

Should the vendor(s) to whom the contract(s) is awarded fail to deliver in the number of days stated above, the County reserves the right to cancel the contract on a default basis after any back order period that has been specified in this contract has lapsed. If the contract is so terminated, it is hereby understood and agreed that the County has the authority to purchase the goods elsewhere and to charge the incumbent vendor with any re-procurement costs. If the vendor fails to honor these re-procurement costs, the County may terminate the contract for default.

Certain County employees may be authorized in writing to pick-up materials under this contract. Vendors shall require presentation of this written authorization. The vendor shall maintain a copy of the authorization. If the vendor is in doubt about any aspect of material pick-up, vendor shall contact the appropriate user department to confirm the authorization.

A. BACK ORDERS MUST BE FILLED WITHIN FIVE (5) BUSINESS DAYS

If the vendor cannot deliver an ordered products in accordance with the scheduled delivery date due to a current existing backorder of that item with the vendor's manufacturer or distributor, the vendor shall insure that such back orders are filled within five (5) business days from the initial scheduled delivery date for the item. The vendor shall not invoice the County for back ordered items until such back orders are delivered and accepted by the County's authorized representative. It is understood and agreed that the County may, at its discretion, verbally cancel back orders after the grace period identified in this paragraph has lapsed, seek the items from another vendor, and charge the incumbent vendor under this contract for any directly associated re-procurement costs. If the vendor fails to honor these re-procurement costs, the County may terminate the contract for default.

2.10 COMPLIANCE WITH FEDERAL STANDARDS

All items to be purchased under this contract shall be in accordance with all governmental standards, to include, but not be limited to, those issued by the Occupational Safety and Health Administration (OSHA), the National Institute of Occupational Safety Hazards (NIOSH), and the National Fire Protection Association (NFPA).

SECTION 2
SPECIAL CONDITIONS

MEDICAL SUPPLIES AND RELATED ITEMS

2.11 SHELF LIFE OF STOCK

The vendor shall supply the County with products equal to or greater than 18 months of manufacturer shelf life and shall insure that all items are within this specified shelf life prior to shipment to the County.

A. STOCK LEVELS SHALL BE MAINTAINED BY VENDOR

The primary vendor(s) shall ensure that adequate stock levels equivalent to a monthly average based on estimated annual quantities are maintained at its place of business in order to assure the County of prompt delivery.

2.12 SUBSTITUTION OF ITEMS DURING TERM OF CONTRACT

Substitute brands may be considered during the contract period for discontinued products. The vendor shall not deliver any substitute product as a replacement to an awarded brand or model without express written consent of Department of Procurement Management, Bids & Contracts Division prior to such delivery. Substitute items must be of equal or better quality than the awarded item. Substitutes shall be considered only in emergency situations and unauthorized or excessive substitution requests may be cause to cancel the contract.

2.13 REQUEST FOR ADDITIONAL INFORMATION FROM VENDOR DURING CONTRACT TERM

The County upon request shall have the right to inspect the manufacturers, books and records for the purposes of verifying the vendor's source of the products furnished under this agreement and for such other purposes as permitted or required by applicable law.

The vendor shall make all arrangements necessary for the County to review such records at no cost to the County.

**SECTION 4
BID SUBMITTAL FOR:
MEDICAL SUPPLIES AND RELATED ITEMS**

FIRM NAME: _____

Award Criteria:

- A) The bidder's submittal shall include one (1) reference who can verify to the County that the bidder has successfully provided the products listed in this bid.

Business name _____

Address _____ City _____ State ____ Zip _____

Contact name _____ Phone _____

Email address _____

- B) If the bidder is a manufacturer, your price list or verifiable webpage for products shall be submitted with bid submittal.
- C) If the bidder is a Distributor, a signed manufacturer's letter of authorization on Manufacturer's letterhead shall be submitted with bid submittal.
- D) If the bidder is a Reseller, a signed distributor's letter of authorization on distributor's letterhead shall be submitted with bid submittal.

GROUP #1 OXYGEN DELIVERY / AIRWAY (NO SUBSTITUTE)

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Each	Oxygen Regulator for use with on-board (M) tank large cylinder connection Flotec™ # RR510-600 (No Substitute)	\$
2		Each	Oxygen Regulator for use with portable oxygen cylinder, must have flow from 0 1pm to 25 1pm, must have 2 diss outlets and yoke connection Flotec™ # RR830-540P2 (No Substitute)	\$
3		Each	Nebulizer with Tee adapter, mouth piece, 7 ft. oxygen tubing, and corrugated reservoir hose. Hudson™ #1883 (No Substitute)	\$
4		Each	Nasopharyngeal Airways 12 Fr. Rusch™ (Robertazzi Style) (No Substitute)	\$
5		Each	Nasopharyngeal Airways 14 Fr. Rusch™ (Robertazzi Style) (No Substitute)	\$

SECTION 4
BID SUBMITTAL FOR:
MEDICAL SUPPLIES AND RELATED ITEMS

FIRM NAME: _____

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
6		Each	Nasopharyngeal Airways 16 Fr. Rusch TM (Robertazzi Style) (No Substitute)	\$
7		Each	Nasopharyngeal Airways 18 Fr. Rusch TM (Robertazzi Style) (No Substitute)	\$
8		Each	Nasopharyngeal Airways 20 Fr. Rusch TM (Robertazzi Style) (No Substitute)	\$
9		Each	Nasopharyngeal Airways 22 Fr. Rusch TM (Robertazzi Style) (No Substitute)	\$
10		Each	Nasopharyngeal Airways 24 Fr. Rusch TM (Robertazzi Style) (No Substitute)	\$
11		Each	Nasopharyngeal Airways 26 Fr. Rusch TM (Robertazzi Style) (No Substitute)	\$
12		Each	Nasopharyngeal Airways 28 Fr. Rusch TM (Robertazzi Style) (No Substitute)	\$
13		Each	Nasopharyngeal Airways 30Fr. Rusch TM (Robertazzi Style) (No Substitute)	\$
14		Each	Nasopharyngeal Airways 32 Fr. Rusch TM (Robertazzi Style) (No Substitute)	\$
15		Each	Nasopharyngeal Airways 34 Fr. Rusch TM (Robertazzi Style) (No Substitute)	\$
16		Each	Nasopharyngeal Airways 36 Fr. Rusch TM (Robertazzi Style) (No Substitute)	\$
17		Each	Oral Pharyngeal Airways 100mm Gratco TM or Approved Equal	\$
18		Each	Oral Pharyngeal Airways 90mm Gratco TM or Approved Equal	\$
19		Each	Oral Pharyngeal Airways 80mm Gratco TM or Approved Equal	\$
20		Each	Oral Pharyngeal Airways 60mm Gratco TM or Approved Equal	\$

SECTION 4
BID SUBMITTAL FOR:
MEDICAL SUPPLIES AND RELATED ITEMS

FIRM NAME: _____

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
21		Each	Oral Pharyngeal Airways 50mm Gratco™ or Approved Equal	\$
22		Each	Oral Pharyngeal Airways 40mm Gratco™ or Approved Equal	\$
23		Each	Double Lumen Nasal Gastric Sump Tube Transparent with X-Ray Opaque Stripe and Sentinel Eye Medovations Style #1217 <u>10 French</u> (No Substitute)	\$
24		Each	Double Lumen Nasal Gastric SumpTube. Transparent with X-Ray Opaque Stripe and Sentinel Eye Medovations Style 1217 <u>12 French</u> (No Substitute)	\$
25		Each	Double Lumen Nasal Gastric SumpTube. Transparent with X-Ray Opaque Stripe and Sentinel Eye Medovations Style 1217 <u>14 French</u> (No Substitute)	\$
26		Each	Double Lumen Nasal Gastric SumpTube. Transparent with X-Ray Opaque Stripe and Sentinel Eye Medovations Style 1217 <u>16 French</u> (No Substitute)	\$
27		Each	Meconium Aspirator NeoTech #0100101 (No Substitute)	\$
28		Each	Adult Nasal Cannula Hudson™ # 1103 (No Substitute)	\$
29		Each	Pediatric Nasal Cannula Hudson™ #1826 (No Substitute)	\$
30		Each	Non-Rebreather Infant Oxygen Mask with tubing Rusch™ #395497 (No Substitute)	\$
31		Each	Pediatric Aerosol Mask Hudson™ #1085 (No Substitute)	\$
32		Each	Non-rebreather Mask with 7 Ft. Oxygen Supply, Adult Tubing and Reservoir Bag Hudson™ #1059 (No Substitute)	\$
33		Each	Non-rebreather Mask with 7 Ft. oxygen supply, pediatric tubing and reservoir bag Hudson™ #1058 (No Substitute)	\$

**SECTION 4
BID SUBMITTAL FOR:
MEDICAL SUPPLIES AND RELATED ITEMS**

FIRM NAME: _____

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
34		Each	Mask aerosol adult Hudson™ #1083 (No Substitute)	\$
35	50	BOXES	CPR Pocket Mask Curaplex #R5014 (No Substitute)	
36		Each	Disposable Suction Container 1200cc must be compatible with impact suction unit model #321K Bemis™ #484410 (No Substitute)	\$
37		Each	Laryngoscope handle adult medium chrome plated brass 2"C". This item must not have a removable pivot pin. The pivot point for the attachment of the blade must be an integral part of the handle. Sun-Med™ #5-0327-03 (No Substitute)	\$
38		Each	Laryngoscope handle, penlite chrome plated brass 2"AA" pediatric. This item must not have a removable pivot pin. The pivot point for the attachment of the blade must be an integral part of the handle. Sun-Med™ #5-0237-01 (No Substitute)	\$
39		Each	Adapter Tips V-Vac® #985002 (No Substitute)	\$
40		Each	Catheter Replacements V-Vac® #985004 (No Substitute)	\$
41		Each	Hand Powered Suction Unit V-Vac® #985000 (No Substitute)	\$
42		Each	Hand Powered Suction Unit Disposable Canister V-Vac® #985001. (No Substitute)	\$
43		Each	Beck Airway Airflow Monitor, Baam™	\$
44		Each	Endotracheal Tube Securing Device Thomas™ Et Holder, Adult #500ETH (No Substitute)	\$
45		Each	Endotracheal Tube Securing Device Thomas™ Et Holder, Pedi #400ETH (No Substitute)	\$
46		Each	Esophageal Intubation Detector Ambu Tubecheck-B® # 000172002 (No Substitute)	\$
47		Each	Disposable Bag-Valve Mask, Adult. Must meet all State of Florida HRS Requirements for Bag Valve Masks Ambu Spur™ #420211000B (No Substitute)	\$

SECTION 4
BID SUBMITTAL FOR:
MEDICAL SUPPLIES AND RELATED ITEMS

FIRM NAME: _____

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
48		Each	Disposable Bag-Valve Mask, Child. Must meet all State of Florida HRS Requirements for Bag Valve Masks Ambu Spur™ #430213000B (No Substitute)	\$
50		Each	Pediatric Dragon Mask Westmed® #312 (No Substitute)	\$
51		Each	Slick Set® ET Tube & Stylette Set 2.5mm The 15mm adapter must not be removable. (No Substitute)	\$
52		Each	Slick Set® ET Tube & Stylette Set 3.0mm The 15mm adapter must not be removable. (No Substitute)	\$
53		Each	Slick Set® ET Tube & Stylette Set 3.5mm The 15mm adapter must not be removable. (No Substitute)	\$
54		Each	Slick Set® ET Tube & Stylette Set 4.0mm The 15mm adapter must not be removable. (No Substitute)	\$
55		Each	Slick Set® ET Tube & Stylette Set 4.5mm The 15mm adapter must not be removable. (No Substitute)	\$
56		Each	Slick Set® ET Tube & Stylette Set 5.0mm The 15mm adapter must not be removable. (No Substitute)	\$
57		Each	Slick Set® ET Tube & Stylette Set 6.0mm Must be cuffed The 15mm adapter must not be removable. (No Substitute)	\$
58		Each	Slick Set® ET Tube & Stylette Set 7.0mm Must be cuffed The 15mm adapter must not be removable. (No Substitute)	\$
59		Each	Slick Set® ET Tube & Stylette Set 8.0mm Must be cuffed The 15mm adapter must not be removable. (No Substitute)	\$

**SECTION 4
 BID SUBMITTAL FOR:
 MEDICAL SUPPLIES AND RELATED ITEMS**

FIRM NAME: _____

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
60		Each	Slick Set @ ET Tube & Stylette Set 9.0mm Must be cuffed The 15mm adapter must not be removable (No Substitute)	\$
61		Each	Oxygen Hand Wheel Rubber Grip with Chain	\$

TOTAL GROUP (1) LINE ITEMS 1 – 61 \$ _____

GROUP #2 SPHYGMOMANOMETERS / STETHESCOPE (NO SUBSTITUTE)

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	250	Each	Sphygmomanometer must be nylon Blood Pressure Apparatus complete Adult Cuff ADC™ #775 Series (No Substitute)	\$
2		Each	Sphygmomanometer must be nylon Blood Pressure Apparatus complete Child Cuff ADC™ #775C (No Substitute)	\$
3		Each	Sphygmomanometer must be nylon Blood Pressure Apparatus complete Infant Cuff ADC™ #775I (No Substitute)	\$
4		Each	Sphygmomanometer must be nylon Blood Pressure Apparatus complete Thigh Cuff ADC™ #760T (No Substitute)	\$
5	250	Each	Stethoscope Dual-head, Adult Black ADC Proscope™ #670 (No Substitute)	\$
6		Each	Stethoscope, Dual-head, Pediatric Black ADC Proscope™ #675 (No Substitute)	\$

TOTAL GROUP (2) LINE ITEMS 1 – 6 \$ _____

**SECTION 4
 BID SUBMITTAL FOR:
 MEDICAL SUPPLIES AND RELATED ITEMS**

FIRM NAME: _____

GROUP #3 SYRINGES AND NEEDLES

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Each	60cc Syringe without Needle Catheter Tip Monoject™ #8881560141 (No Substitute)	\$
2		Each	12cc Syringe with Needle w/21g x 1.5 Monoject™ #8881512746 (No Substitute)	\$
3		Each	10cc Syringe without Needle, Catheter Tip, with graduations up to 12cc Terumo™ # 3SS-10S or Approved Equal	\$
4		Each	3cc Syringe with Needle 22g x 5/8" Monoject™ #1513256 (No Substitute)	\$
5		Each	1cc Syringe, Tuberculin 1mL 27 X 1/2" with Removable Needle Yellow Monoject™ #8881501368 (No Substitute)	\$
6		Each	35cc Syringe without Needle Lock Tip Monoject™ # 8881535762 (No Substitute)	\$
7		Boxes	Vacutainer Red Top, 7ml Monoject™ #8881301512 (No Substitute) 100/Box	\$
8		Boxes	Vacutainer Gray Top, 7ml Monoject™ #8881352580 (No Substitute) 100/Box	\$
9		Boxes	Vacutainer Lavender Top, 7ml Monoject™ #8881311545 (No Substitute) 100/Box	\$
10		Each	Vacutainer Gray Top, 10ml Vials vacuum sealed Monoject™ or "Approved equal"	\$
11		Each	Vacutainer Red Top, 10ml., Vial vacuum sealed Monoject™ or "Approved equal"	\$
12		Each	Intraosseous Needle, 16G Non-threaded Tip Cook® (No Substitute)	\$
13		Each	Arterial Blood Gas Syringe, 3cc Contains (1) Syringe (1) Filter Pro (1) Cube Pulsator #4036 Sims Portex Inc. (No Substitute)	\$
14	250	Boxes	TB Syringe 1ml 27G x 1/2 (0.4mm x 13mm) Syringe must have gray safety cap BD Safety Glide #305945 (No Substitute)	

TOTAL GROUP (3) LINE ITEMS 1 – 14 \$ _____

**SECTION 4
 BID SUBMITTAL FOR:
 MEDICAL SUPPLIES AND RELATED ITEMS**

FIRM NAME: _____

GROUP # 4 SAFETY CATHETERS (NO SUBSTITUTE)

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Cases	14G X 2" (Straight) (No Substitute) Introcan Safety ® #4252594 (200/Case)	\$
2		Cases	16G X 2" (Straight) (No Substitute) Introcan Safety ® #4252578 (200/Case)	\$
3		Cases	18G X 1.25" (Straight) Introcan Safety ® #4252560 (No Substitute) (200/Case)	\$
4		Cases	IV Catheter 16G X 1.25" (Straight) Introcan Safety ® #4252586 (No Substitute) (200/Case)	\$
5		Cases	20G X 1.25" (Straight) Introcan Safety ® #4252535 (No Substitute) (200/Case)	\$
6		Cases	22G X 1" (Straight) Introcan Safety ® #4252519 (No Substitute) (200/Case)	\$
7		Cases	24G X 0.75" (Straight) Introcan Safety ® #4252500 (No Substitute) (200/Case)	\$
8		Cases	14G x 3.25" Becton Dickinson ® Angiocath ® #382268 (No Substitute) (200/Case)	\$
9		Cases	IV Catheter 14G X 1.25" (Straight) Introcan Safety ® # 4251890 (No Substitute) (200/Case)	\$

TOTAL GROUP (4) LINE ITEMS 1 – 9 \$ _____

GROUP #5 B.I.G. BONE INJECTION GUN (NO SUBSTITUTE)

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Each	Bone Injection Gun, Disposable Automatic Intraosseous Injector with a 15G Trocar/Luer Lock Needle <u>adult</u> B.I.G.™ (No Substitute)	\$
2		Each	Bone Injection Gun, Disposable Automatic Intraosseous Injector with a 18G Trocar/Luer Lock Needle and adjustable dial depth penetration for pediatrics from 0 to 6 years old <u>pediatric</u> B.I.G.™ (No Substitute)	\$

TOTAL GROUP (5) LINE ITEMS 1 – 2 \$ _____

**SECTION 4
BID SUBMITTAL FOR:
MEDICAL SUPPLIES AND RELATED ITEMS**

FIRM NAME: _____

GROUP #6 BURN CARE (NO SUBSTITUTE)

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Each	4" x 16" Water Jel Water Gel ® #0416-28 (No Substitute)	\$
2		Each	Face Mask 12"x16" Water Gel ® #1216-20 (No Substitute)	\$
3		Each	Blanket 5'x 6' Water Gel ® #P7260-04 (No Substitute)	\$

TOTAL GROUP (6) LINE ITEMS 1 – 3 \$ _____

GROUP #7 CPR REPLACEMENT PARTS AND EQUIPMENT (NO SUBSTITUTE)

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Each	Replacement Faces Laerdal™ Baby Anne™ (No Substitute)	\$
2		Each	Replacement Faces Laerdal™ Little Anne™ (No Substitute)	\$
3		Each	Replacement Airways Laerdal™ Baby Anne™ (No Substitute)	\$
4		Each	Replacement Airways Laerdal™ Little Anne™ (No Substitute)	\$
5		Each	Advanced Complete Patient Simulator Laedral Megacode Kelly VitalSim™ #200-00001 (No Substitute)	\$
6		Each	NT Standard Manikin Only No Trainer Laerdal Megacode Kid VitalSim™ #231-05001 (No Substitute)	\$
7		Each	Advance Airway Management Trainer Laerdal™ #260-10001 (No Substitute)	\$
8		Each	Pediatric Intubation Trainer Laerdal™ #255-00001 (No Substitute)	\$

TOTAL GROUP (7) LINE ITEMS 1 – 8 \$ _____

**SECTION 4
 BID SUBMITTAL FOR:
 MEDICAL SUPPLIES AND RELATED ITEMS**

FIRM NAME: _____

GROUP #8 DISPOSABLE LARYNGOSCOPE "LITE" BLADES (NO SUBSTITUTE)

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Each	Rusch Disposable Laryngoscope "Lite"Blades Miller O (No Substitute)	\$
2		Each	Rusch Disposable Laryngoscope "Lite"Blades Miller 1 (No Substitute)	\$
3		Each	Rusch Disposable Laryngoscope "Lite"Blades Miller 2 (No Substitute)	\$
4		Each	Rusch Disposable Laryngoscope "Lite"Blades Miller 3 (No Substitute)	\$
5		Each	Rusch Disposable Laryngoscope "Lite"Blades MacIntosh 2 (No Substitute)	\$
6		Each	Rusch Disposable Laryngoscope "Lite"Blades MacIntosh 3 (No Substitute)	\$
7		Each	Rusch Disposable Laryngoscope "Lite"Blades MacIntosh 4 (No Substitute)	\$

TOTAL GROUP (8) LINE ITEMS 1 – 7 \$ _____

GROUP #9 SPLINTS AND MISC. (NO SUBSTITUTE)

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Each	Adult Hare Traction Splint Ferno™ # 444 (No Substitute)	\$
2		Each	Pedi Pac Ferno™ #78 (No Substitute)	\$
3		Each	Vacuum Splint Kit complete, Ferno™ # AS190 (No Substitute)	\$
4		Each	Traction Splint Case Ferno™ # 039-0216 (No Substitute)	\$
5		Each	Traction Splint, Leg Strap Set of 4 Ferno™ #'s 039-0209, 039-0210, 039-0211, 039-0212 (No Substitute)	\$
6		Each	Traction Splint, Adult Ankle Strap Replacement Ferno™ #039-0215 (No Substitute)	\$
7		Each	Ferno™ Traction Splint, Thigh Strap Replacement #039-0207 (No Substitute)	\$
8		Each	KED Ferno™ #125 (No Substitute)	\$
9		Each	AS 100 Vacuum Splint, Size: Small Ferno™ #4991332 (No Substitute)	\$

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LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
10		Each	AS 120 Vacuum Splint, Size: Medium Ferno™ #4995552 (No Substitute)	\$
11		Each	AS 140 Vacuum Splint, Size: Small #4996945 (No Substitute)	\$
12		Each	Pump for Vacuum Splint Ferno™ (No Substitute)	\$
13		Each	Speed Splint Armstron #M-100 (No Substitute)	\$
14		Each	Triage Tags Mettag™ MT-137 (No Substitute)	\$
15		Each	Emergency Form III Bilateral Traction Splint Sager® #S304 (No Substitute)	\$

TOTAL GROUP (9) LINE ITEMS 1 – 15 \$ _____

GROUP #10 STIFNECK™ CERVICAL COLLARS (NO SUBSTITUTE)

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Each	Cervical Extrinsication Collar Tall Laerdal StifNeck™ # 9800 Series (No Substitute)	\$
2		Each	Cervical Extrinsication Collar Short Laerdal StifNeck™ # 9800 Series (No Substitute)	\$
3		Each	Cervical Extrinsication Collar Regular Laerdal StifNeck™ # 9800 Series (No Substitute)	\$
4		Each	Cervical Extrinsication Collar Pediatric Laerdal StifNeck™ # 9800 Series (No Substitute)	\$
5		Each	Cervical Extrinsication Collar No-Neck Laerdal StifNeck™ # 9800 Series (No Substitute)	\$
6		Each	Cervical Extrinsication Collar Baby No-Neck Laerdal StifNeck™ # 9800 Series (No Substitute)	\$
7		Each	Collar Case for use with Items 1 thru 6 (Above) Laerdal StifNeck™ No Substitute	\$

TOTAL GROUP (10) LINE ITEMS 1 – 7 \$ _____

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FIRM NAME: _____

GROUP #11 REYNOLDS MEDICAL IMMOBILIZER (NO SUBSTITUTE)

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Each	Head Immobilization Device Adult Orange in color Rid Reynolds™ #006 (No Substitute)	\$
2		Each	Head Immobilization Device Pediatric Rid Orange in color Reynolds™ #005 (No Substitute)	\$
3		Each	Head Immobilization Device Head bed™ Laerdal #982001 (No Substitute)	\$

TOTAL GROUP (11) LINE ITEMS 1 – 3 \$ _____

GROUP #12 AMSINO SUCTION CATHETER (NO SUBSTITUTE)

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Case	Suction Catheter, 8 French Amsino (No Substitute) (50 / case)	\$
2		Case	Suction Catheter, 10 French Amsino (No Substitute) (50 / case)	\$
3		Case	Suction Catheter, 12 French Amsino (No Substitute) (50 / case)	\$
4		Case	Suction Catheter, 14 French Amsino (No Substitute) (50 / case)	\$

TOTAL GROUP (12) LINE ITEMS 1 – 4 \$ _____

GROUP #13 WELCH ALLYN THERMOMETERS & MISC.

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Each	Thermometer Oral Probe with Oral Probe Well Sure Temp® Plus 690 Electronic Welch Allyn® # 01690-200	\$
2		Each	Thermometry Probe Covers Sure Temp® Disposable Probe Covers (1,000 covers) Welch Allyn Model No: 05031-101	\$
3	50	Each	Thermometer Digital Fahrenheit A-Temp™ or "Approved Equal"	\$

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FIRM NAME: _____

4	50	Packs	Digital Thermometer Disposable Covers A-Temp™ or "Approved Equal"	\$
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TOTAL GROUP (13) LINE ITEMS 1 – 4 \$ _____

GROUP #14 IRON DUCK TRAUMA BAGS / SURGICAL GOWNS / BLANKETS

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Each	BLS Trauma Bag, Iron Duck Trauma Standard Navy Iron Duck # 36001 SN (No Substitute)	\$
2		Case	Durafit Shoe Cover Light Blue Baxter #A6100-16 or "Approved Equal" (200 Pairs / Case)	\$
3		Case	Surgical Gowns Large Blue Precept #8572 "No Substitute" (15 / Box, 5 boxes / Case)	\$
4		Case	Surgical Gowns Extra-large White Knight Precept #8576 "No Substitute" (15 / Box, 5 boxes / Case)	\$
5		Each	Disposable Blankets Yellow #EB100-50 (No Substitute)	\$

TOTAL GROUP (14) LINE ITEMS 1 – 5 \$ _____

GROUP #15 CINCINNATI SURGICAL BLADES / BARD-PARKER SURGICAL BLADES

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Boxes	Surgical Blades #60 Carbon Steel Cincinnati "No Substitute" (100 / Box)	\$
2		Boxes	Handles for #60 Surgical Blade Cincinnati "No Substitute" (5 / Box)	\$
3		Boxes	Surgical Blades Steel #21 Bard-Parker or "Approved equal" (100 / Box),	\$
4		Boxes	Handles for #60 Surgical Blade Cincinnati "No Substitute"(5 / Box)	\$
5		Boxes	Handles for #60 Cincinnati Surgical Blade (5/Box) "No Substitute"	\$
6		Each	Ring Cutter with blade, Stainless Steel	\$

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FIRM NAME: _____

7		Each	Ring Cutter Replacement Blades (For use with Item # 5)	\$
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TOTAL GROUP (15) LINE ITEMS 1 – 7 \$ _____

GROUP #16 MISCELLANEOUS

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Each	Penlight, Disposable	\$
2		Each	Forcep Pediatric Stainless Steel Magill or "Approved Equal"	\$
3		Each	Tweezers, Stainless Steel	\$
4		Each	Scissor, Bandage, 5-1/2" Stainless Steel	\$
5		Each	Forcep Adult Stainless Steel Magill or "Approved Equal"	\$
6		Each	Paramedic Rescue Boot Shear	\$
7		Each	Bed Pan Plastic	\$
8		Each	Disposable Arm Boards Padded 3" x 9"	\$
9		Each	Disposable Arm Boards Padded 3" x 18"	\$
10	2500	Each	Tongue Depressor Wood Individually Wrapped Sterile	\$
11		Each	Bulb Ear Syringe 3oz. for irrigation	\$
12	50	Each	Applicator Cotton Tipped Wood (2 per pack)	\$
13		Each	Scalpel #21 Sterile Becton Dickinson™ (No Substitute)	\$
14		Each	Non-Sterile Latex Free Tourniquets Hysynal (No Substitute) (100 / Roll)	\$
15	500	Boxes	Alcohol Preps Dynarex™ #1104 or "Approved Equal" (100 / Box)	\$
16	2500	Each	Bandage Kling Sterile 3"x 4" Yards must be Individually wrapped Dynarex™ #3113 (No Substitute)	\$
17	2500	Each	Bandage Kling Sterile 6"x 4" yards must be Individually wrapped Dynarex™ #3116 (No Substitute)	\$
18	25	Boxes	Adhesive Bandage Plastic Strips 1" x 3" Curad™ (No Substitute) (40 / Box)	\$

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FIRM NAME: _____

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
19	100	Boxes	Elastic Bandage, 3" must be Individually wrapped Dynarex™ #3653 (No Substitute) (10 / Box)	\$
20	25	Boxes	Elastic Bandage 6" must be Individually wrapped Dynarex™ #3656 (No Substitute) (50 / Box)	\$
21	25	Each	Triangular Bandage Kendall™ #6286 or "Approved Equal"	\$
22	150	Case	Gauze, Non-Sterile, 4"x 4" Kendall™ #25568-Ply or "Approved Equal" (200/Pack 20 Packs/Case)	\$
23		Each	Dressing Sterile 5" x 9" Abdominal Pad Kendall™ #7196 or "Approved Equal"	\$
24		Each	Obstetrical Kit Disposable Dynarex™# 4901 (No Substitute)	\$
25	150	Case	Cold Pack Disposable Tetra™ # 1731-00 (No Substitute) (24 / Case)	\$
26	2500	Each	Dressing Gauze 3" x 9" Kendall Vaseline™ #8884423600 or "Approved Equal"	\$
27	2500	Each	Dressing Abdominal Pad Sterile 5" x 9" Kendall™ #7196 or "Approved Equal"	\$
28	250	Each	Eye Pad Oval 1-5/8" X 2-5/8" Kendall Curity™ #2841 or "Approved Equal"	\$
29		Each	Povidone/Iodine 1% Ointment, 3gm, Individual Foil Packaging Clinipad™ or "Approved Equal"	\$
30		Each	Povidone/Iodine 1% Solution, 8oz. bottle Clinipad™ or "Approved Equal"	\$
31		Boxes	Non-Aspirin Tablets Acetaminophen 500mg TYLENOL™ or "Approved Equal" 2 / Pack Individually Wrapped (100 Packs per Box)	\$
32	250	Each	Isopropyl Alcohol 70%, ½ Pint Plastic Bottle Medic Brand™ or "Approved Equal"	\$
33	250	Each	Hydrogen Peroxide 1/2 Pint Plastic Bottle Medic Brand™ or "Approved Equal"	\$
34	250	Packs	Ammonia Inhalants (10 per package)	\$

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FIRM NAME: _____

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
35	250	Dozen	Convenience Bag for vomit or urine, cardboard mouth, 1000cc capacity with inner seal to prevent leaks even if dropped. GKR #1000/7000 or "Approved Equal"	\$
36		Each	Multi-Trauma Dressing Sterile Size 12" x 10" Individually packaged GAM Industries™ (No Substitute)	\$
37		Each	Yankauer suction tip catheter Kendall™ or "Approved Equal"	\$
38		Each	5ml Normal Saline (0.09% Sodium) for Inhalation	\$
39		Each	Suction Connecting Tubing, 9/32" I.D. Kendall Argyle™ #8888302703 or "Approved Equal"	\$
40		Each	MORGAN LENS® (No Substitute)	\$
41		Each	Disposable Medical Prep Razors for EKG Hair Removal Must be capable of shaving dry Dynarex Gallant™ #4251 (No Substitute)	\$
42		Boxes	Adhesive Tape, 2" 3M Brand Transpore™ (No Substitute) (12 / Box)	\$
43		Boxes	Adult IV Securing Device Veni-Gard® (No Substitute) (100 Box 500/Case)	\$
44		Each	Disposable Needle Bottle P2™ Sharp Shuttle (No Substitute)	\$
45		Each	Patient Limb Holder Restraint Posey® (No Substitute)	\$
46		Boxes	Fire Rescue Airborne Pathogen Particulate Filter Mask Regular Size Technol PFR 95 PFR 95-270 (No Substitute) (35 Per Box)	\$
47		Each	Vacutainer Luer® Adapters Multi-sample Becton Dickinson #367290 (No Substitute)	\$
48		Each	3gm, Individual Foil Packaging Surgilube™ NDC#0168-0205-43 (No Substitute)	\$
49		Each	Sawyer Snake Bite Kit, Complete with case (No Substitute)	\$
50		Each	Disposable Arm Sleeves Allegiance #9403N (No Substitute)	\$

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FIRM NAME: _____

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
51	250	Boxes	Alcohol Pre-Pads Dynarex Corp. #DYN1103	\$
52	5	Boxes	Alcohol Pre-Pads saturated with 70% Isopropyl Alcohol NDC#65517-00011 (200 Pads per box) (No Substitute)	\$
53	250	Bottles	Tuberculin, Purified Protein Derivative, Diluted Aplisol 5 TU/0.1 ML for Intradermal Test in the Diagnosis of Tuberculosis Stabilized Solution. The solution must be Clinically equivalent in potency to the standard PPD-S (5 TU per 0.1 mL) of the USPHS National Centers for Disease Control. NDC 42023-104-01(No Substitute)	\$
54	125	Case	Ambu Spur bags resuscitator adult with bag reservoir #520211000 (12 per case) (No Substitute)	\$

TOTAL GROUP (16) LINE ITEMS 1 – 54 \$ _____