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State of West Virginia Department of Administration Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

## Request for Quotation

EHP10068

PAGE 7

	NCE TO ATTENTION OF:	ESS CORRESP	ADDRE
ROBERTA WAGNER		WAGNER	ROBERTA
304-558-0067		-0067	304 <u>-558</u> -

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Progressive Medica

HEALTH AND HUMAN RESOURCES BPH - IMMUNIZATION PROGRAM

350 CAPITOL STREET, ROOM 125 CHARLESTON, WV 25301-3719 304-558-2188

DATE PRINTED TERMS OF SALE SHIP VIA FOR FREIGHT TERMS 12/17/2009 BID OPENING DATE 01/21/2010 BID OPENING TIME 01:30PM CAT. LINE QUANTITY UOP ITEM NUMBER UNIT PRICE AMOUNT OPEN END CONTRACT RECEIVE THE WEST VIRGINIA PURCHASING DIVISION, FOR THE AGENCY, THE WEST VIRGINIA BUREAU OF PUBLIC HEALTH, OFFICE OF EPIDEMIOLOGY AND PREVENTION SERVICES, IS SOLICITING 2010 JAN 20 AM 10: 02 BIDS FOR RETRACTABLE SAFETY SYRINGES PER THE ATTACHED DOCUMENTATION. VIV FURCH SING DI SIGN THE SYRINGES MUST INCLUDE SAFETY FEATURE OF A RETRACTABLE, PERMANENTLY ATTACHED NEEDLE TECHNICAL QUESTIONS MUST BE SUBMITTED IN WRITING TO ROBERTA WAGNER IN THE WEST VIRGINIA PURCHASING DIVISION VIA MAIL AT THE ADDRESS SHOWN AT THE TOP OF THIS RFQ, VIA FAX AT 304-55β-4115, OR VIA EMAIL AT ROBERTA A WAGNER@WV GOV DEADLINE FOR ALL TECHNICAL QUESTIONS IS 01/06/2010 AT THE CLOSE OF BUSINESS FECHNICAL QUESTIONS RECEIVED, IF ANY, WILL BE ADDRESSED BY ADDENDUM AFTER THE DEADLINE. 0001 EΑ 475-82 50,000 8,50 bx100 CC 27 GUAGE X 1/2" TUBERCULIN SYRINGES P/N 19139 (all quantities are estimated annual usage ) (UNIT PRICING IS PER SYRINGE)

RAND/MODEL: TER-UMP - SS-01T 2713 BRAND/MODEL: PKG: 12X100 (PREFER 100 PER (CASE) SEE REVERSE SIDE FOR TERMS AND CONDITIONS 0636 33-06 15785 ADDRESS CHANGES TO BE NOTED ABOVE VHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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ROBERTA	WAGNER
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HEALTH AND HUMAN RESOURCES BPH - IMMUNIZATION PROGRAM

ADDRESS CORRESPONDENCE TO ATTENTION OF:

350 CAPITOL STREET, ROOM 125 CHARLESTON, WV 25301-3719 304-558-2188

FREIGHT TERMS DATE PRINTED. TERMS OF SALE SHIP VIA 12/17/2009 BID OPENING DATE: 01/21 /2010 RID OPENING TIME AMOUNT LINE QUANTITY UOP ITEM NUMBER UNIT PRICE 475-82 0002 EΑ 8.26 bx 100 110,000 SYRINGES BCC 25 GUAGE X 1" PN4-19155 (all quantities are estimated annual usage.) (UNIT PRICING IS PER SYRINGE)
BRAND/MODEL: TERUMO - SS-03L2525 PKG: BX100 (PREFER 100 PER CASE) 0003 475-82 E.A. 8,24 BX100 30,000 BCC 25 GUAGE X 5/8" SYRINGES 19154 (ALL QUANTITIES ARE ESPIMATED ANNUAL USAGE ) (UNIT PRICING IS PER SYRINGE) 55-03L2516 BRAND/MODEL: TERUMO-PKG: BX 100 (PREFER 100 PER CASE) ANY ITEM BID ON THIS CONTRACT MUST MEET OR EXCEED THE INTENT OF HOUSE BILL 4298 ENACTED BY THE LEGISLATURE OF WEST VIRGINIA AND ALL ITEMS BID MUST MEET OR EXCEED THE STANDARD RECOMMENDED BY THE NEEDLESTICK INJURY PREVENTION ADVISORY COMMITTEE. SEE ATTACHED COPY OF HOUSE BILL 4298 AS WELL AS THE TITLE 64, LEGISLATIVE RULE, SERIES 82 NEEDLESTICK INJURY PREVENTION THIS CONTRACT MAY ALSO BE USED BY ANY STATE AGENCY UPON APPROVAL OF THE DIRECTOR OF THE STATE PURCHASING DIVISION AGENCIES OTHER THAN THE ONE NAMED ON THE FAC SEE REVERSE SIDE FOR TERMS AND CONDITIONS ADDRESS CHANGES TO BE NOTED ABOVE



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ADDRESS CORRESPONDENCE TO ATTENTION OF ROBERTA WAGNER

304-558-0067

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HEALTH AND HUMAN RESOURCES BPH - IMMUNIZATION PROGRAM 350 CAPITOL STREET, ROOM 125

CHARLESTON, WV 25301-3719 304-558-2188

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ROBERTA WAGNER 304-558-0067

4 ADDRESS CORRESPONDENCE TO ATTENTION OF:

RFQ COPY TYPE NAME/ADDRESS HERE

HEALTH AND HUMAN RESOURCES BPH - IMMUNIZATION PROGRAM

350 CAPITOL STREET, ROOM 125 CHARLESTON, WV 25301-3719 304-558-2188

DATE PRINTED TERMS OF SALE SHIP VIA F.O.B FREIGHT TERMS 12/17/2009 BID OPENING DATE: 01/21/2010 BID OPENING TIME LINE QUANTITY UOP ITEM NUMBER UNIT PRICE AMOUNT ... MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANS-PORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.) QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN. ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT IN THE EVENT THE VENDOR/CONTRACTOR FILES BANKRUPTCY: FOR BANKRUPTCY PROTECTION, THE STATE MAY DEEM THE CONTRACT NULL AND VOID AND TERMINATE SUCH CONTRACT WITHOUT FURTHER ORDER. THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM REV 05/26/2009 SEE REVERSE SIDE FOR TERMS AND CONDITIONS SIGNATURE - 0046 ADDRESS CHANGES TO BE NOTED ABOVE WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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PAGE 5

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ROBERTA	WAGNER			
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HEALTH AND HUMAN RESOURCES BPH - IMMUNIZATION PROGRAM

350 CAPITOL STREET, ROOM 125 CHARLESTON, WV 25301-3719 304-558-2188

DATE PRINTED TERMS OF SALE SHIP VIA FREIGHT TERMS F.O.B. 12/17/2009 BID OPENING DATE 01/21/2010 BID OPENING TIME 01:30PM CAT NO. LINE QUANTITY UOP ITEM NUMBER UNIT PRICE AMOUNT EXHIBIT 6 PRICE ADJUSTMENT PROVISION: THE STATE OF WEST VIRGINIA WILL CONSIDER BIDS THAT CONTAIN PROVESIONS FOR PRICE ADJUSTMENTS PRIOR TO THE ORIGINAL EXPERATION OF THE CONTRACT, PROVIDED THAT SUCH PRICE ADJUSTMENT COVERS BOTH UPWARD AND DOWNWARD MOVEMENT OF THE COMMODITY PRICE, AND THAT ADJUSTMENT IS BASED ON THE "PASS THROUGH" INCREASE OR DECREASE OF RAW MATERIALS AND/OR LABOR, WHICH MAKE UP ALL OR A SUBSTANTIAL PART OF A PRODUCT. ADJUSTMENTS ARE TO BE BASED UPON AN ACTUAL DOLLAR FIGURE, NOT A PERCENTAGE. ALL PRICE ADDUSTMENT REQUESTS MUST BE SUBSTANTIATED IN A MANNER ACCEPTABLE TO THE DIRECTOR PURCHASING, E.G. GOVERNMENTAL|BENCH MARKS, GENERAL MARKET INCREASE, PUBLISHED PRICE LISTS SUCH REQUESTS FOR AND INCREASE SHOULD BE RECEIVED IN WRITING BY THE DIRECTOR OF PURCHASING AT LEAST 30 DAYS IN ADVANCE OF THE EFFECTIVE DATE OF THE INCREASE. ANY TIME THE VENDOR REQUESTS A PRICE ADJUSTMENT, THE PURCHASING DIVISION MAY EITHER ACCEPT THE PRICE ADJUSTMENT AND AMEND THE CONTRACT ACCORDINGLY OR REJECT THE ADJUSTMENT IN ITS ENTIRETY AND CANCEL THE CONTRACT. PREFERRED TERMS: IT IS PREFERRED THAT THE PRICES ON THIS CONTRACT ARE FIRM FOR LIFE OF THE CONTRACT, AS INDICATED IN THE LIFE OF CONTRACT CLAUSE CONTAINED HEREIN, NOT TO EXCEED ONE (1) YEAR. PASS THROUGH PRICE INCREASES WILL BE CONSIDERED AT TIME DF CONTRACT RENEWAL ONLY. SEE REVERSE SIDE FOR TERMS AND CONDITIONS SIGNATURE TELEPHO છ ەل0C ADDRESS CHANGES TO BE NOTED ABOVE SOV

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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ADDRESS CORRESPONDENCE TO ATTENTION OF:

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RFQ COPY TYPE NAME/ADDRESS HERE ROBERTA WAGNER 304-558-0067

HEALTH AND HUMAN RESOURCES BPH - IMMUNIZATION PROGRAM ŏ

350 CAPITOL STREET, ROOM 125 CHARLESTON, WV 25301-3719 304-558-21.88

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ROBERTA	WAGNER
304-558-	0067

HEALTH AND HUMAN RESOURCES BPH - IMMUNIZATION PROGRAM

350 CAPITOL STREET, ROOM 125 CHARLESTON, WV 25301-3719 304-558-2188

DATE PRINTED TERMS OF SALE SHIP VIA FREIGHT TEAMS 12/17/2009 BID OPENING DATE: 01/21/2010 BID OPENING TIME LINE QUANTITY ITEM NUMBER UNITERICE AMOUNT PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID: CONTACT PERSON (PLEASE PRINT CLEARLY): 15,814,00 THIS IS THE END OF REQ EHP10068 \*\*\*\*\* TOTAL: SEE REVERSE SIDE FOR TERMS AND CONDITIONS 13/200 ADDRESS CHANGES TO BE NOTED ABOVE

REQ No EHPLODES

#### STATE OF WEST VIRGINIA Purchasing Division

### PURCHASING AFFIDAVIT

West Virginia Code §5A-3-10a states: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owed is an amount greater than one thousand dollars in the aggregate

#### **DEFINITIONS:**

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount

**EXCEPTION:** The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement

Under penalty of law for false swearing (West Virginia Code §61-5-3), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated

WITNESS THE FOLLOWING SIGNATURE		1	
Vendor's Name: Progressive	Medical	Internation	ral
Authorized Signature: Roy Tawun	ia	Date: _/,	/19/10
State of CAUFORNIA		,	1
County of San Diego, to-wit:			
Taken, subscribed, and sworn to before me this _	day_of		, 20
My Commission expires	, 20		
AFFIX SEAL HERE	NOTARY P	JBLIC <u>SOL</u>	attached

### CALIFORNIA JURAT WITH AFFIANT STATEMENT

See Attached Document (Notary to cross of See Statement Below (Lines 1–5 to be con	out lines 1–6 below)  npleted only by document signer[s], not Notary)
Signature of Document Signer No. 1	Signature of Document Signer No. 2 (if any)
State of California  County of San Diego  DEBORAH A. CHROMIE Commission # 1750904 Notary Public - California San Diego County My Corrm. Batter #172.2011	Subscribed and sworn to (or affirmed) before me on this
Though the information below is not required by law	it may prove
fraudulent removal and reattachment of this form to and	nuld prevent Right Howsering Right Howsering
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Signer(s) Other Than Named Above:	