



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

Request for Quotation

RFQ NUMBER
WEH10006

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
ROBERTA WAGNER 304-558-0067

VENDOR

SMI/Susquehanna Micro Inc.
 Attention: Sales & Product Information
 12 North Main Street
 Red Lion, PA 17356

SHIP TO

HEALTH AND HUMAN RESOURCES
 WELCH COMMUNITY HOSPITAL
 454 MCDOWELL STREET
 WELCH, WV
 24801 304-436-8710

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
09/11/2009				

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	BID OPENING TIME	UNIT PRICE	AMOUNT
					10/20/2009 01:30PM		

0001	1	EA		465-64		\$36,511.00	36,511.00
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NEW PULMONARY FUNCTION TESTING (PFT) EQUIPMENT

PLEASE SEE ATTACHED SPECIFICATIONS.

BIDDER IS REQUESTED TO SEND A DESCRIPTIVE BROCHURE OF THE PRODUCT BID IN RESPONSE TO THIS REQUEST FOR BID

CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.

BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THE STATE MAY DEEM THE CONTRACT NULL AND VOID, AND TERMINATE SUCH CONTRACT WITHOUT FURTHER ORDER.

INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 9/29/2009. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO:

ROBERTA WAGNER
 DEPARTMENT OF ADMINISTRATION

RECEIVED

2009 SEP 21 AM 9:43

WV PURCHASING DIVISION

SEE REVERSE SIDE FOR TERMS AND CONDITIONS			
SIGNATURE	TITLE	TELEPHONE	DATE
			ADDRESS CHANGES TO BE NOTED ABOVE

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

GENERAL TERMS & CONDITIONS
REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
5. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
14. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
15. **WEST VIRGINIA ALCOHOL & DRUG-FREE WORKPLACE ACT:** If this Contract constitutes a public improvement construction contract as set forth in Article 1D, Chapter 21 of the West Virginia Code ("The West Virginia Alcohol and Drug-Free Workplace Act"), then the following language shall hereby become part of this Contract: "The contractor and its subcontractors shall implement and maintain a written drug-free workplace policy in compliance with the West Virginia Alcohol and Drug-Free Workplace Act, as set forth in Article 1D, Chapter 21 of the West Virginia Code. The contractor and its subcontractors shall provide a sworn statement in writing, under the penalties of perjury, that they maintain a valid drug-free work place policy in compliance with the West Virginia and Drug-Free Workplace Act. It is understood and agreed that this Contract shall be cancelled by the awarding authority if the Contractor: 1) Fails to implement its drug-free workplace policy; 2) Fails to provide information regarding implementation of the contractor's drug-free workplace policy at the request of the public authority; or 3) Provides to the public authority false information regarding the contractor's drug-free workplace policy "

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division.
2. **SPECIFICATIONS:** Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Complete all sections of the quotation form.
4. Unit prices shall prevail in case of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
6. **BID SUBMISSION:** All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130



State of West Virginia
 Department of Administration
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 TYPE NAME/ADDRESS HERE

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 WELCH, WV
 24801 304-436-8710

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09/11/2009				

BID OPENING DATE: 10/20/2009 BID OPENING TIME: 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311 FAX: (304) 558-4115 E-MAIL: ROBERTA.A.WAGNER@WV.GOV VENDOR PREFERENCE CERTIFICATE THIS TEAM EXHIBIT HAS BEEN REPLACED BY THE ONLINE VERSION WHICH IS AVAILABLE HERE: HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE/VRC/VENPREF.PDF NOTICE A SIGNED BID MUST BE SUBMITTED TO: DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130 PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED.						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
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THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:

SEALED BID

BUYER:-----RW/FILE 22-----

RFQ. NO.:-----WEH10006-----

BID OPENING DATE:-----10/20/2009-----

BID OPENING TIME:-----1:30 PM-----

PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:

Fax 717-246-9505

CONTACT PERSON (PLEASE PRINT CLEARLY):

Scott Keller / Mgr

***** THIS IS THE END OF RFQ WEH10006 ***** TOTAL: 36,511.00

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Scott Keller</i>	TELEPHONE 717-246-9995	DATE 9/18/09
TITLE Sales / Mgr	FEIN 23-2867433	ADDRESS CHANGES TO BE NOTED ABOVE

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

GENERAL INFORMATION

Project:

to purchase one (1) new Pulmonary Function Testing (PFT) equipment for Welch Community Hospital.

OPERATING ENVIRONMENT

Location

Facility is located in McDowell County at Welch Community Hospital, 454 McDowell Street, Welch WV 24801

Background:

Welch Community Hospital is a 124 bed hospital, 59 of which are Long Term care beds. Acute care beds include: 8 Intensive care beds; 2 pediatric beds; 10 obstetrical beds and 45 medical/surgical beds. The hospital serves the counties of McDowell, Wyoming and Mingo with a total market population of about 83,000.

Specifications:

PROCUREMENT SPECIFICATIONS

1.) Specifications:

The vendor shall provide the appropriate Pulmonary Function Testing (PFT) Equipment to perform Complete Pulmonary Function Studies. The system must be automated/computerized, and it must be equipped to perform the following tests: DLCO utilizing the ATS recommended single-breath technique, FRC requirements by Nitrogen Washout, maximal inspiratory/expiratory pressures, and complete spirometry functions (FVC, SVC, MVV).

The system must also contain the following:

- a. The system must be one of easy access to all patients including those that need wheelchairs.
- b. The system must provide testing of patients from pediatric to adult.
- c. The system must be mobile, with all of the essential components housed within a mobile configuration.
- d. The system must provide automatic calibration of zero flow to optimize test performance through the minimization of operator error.
- e. System must provide automatic gas analyzer calibration. Calibration results must be displayed on screen and in hard-copy form. The system must offer manual calibration override capabilities.
- f. The system must utilize the use of Nitrogen instead of Helium in the performance of lung volumes. The system is required to employ breath-by-breath nitrogen washout as the method for measuring functional residual

- v. System must provide a set of database tools to perform database functions such as patient and staff maintenance and patient database backups.
- w. System must be HIPAA compliant.
- x. Graphics and tabular presentation of data must include predicted normal comparisons for adult and pediatric, males and females.
- y. System software must have the option of an expert based interpretation program.
- z. System must have capability of database query option for trending subject data.
- aa. The system software must provide full disclosure of all patient test efforts and data in textual and graphical formats.
- bb. Operator training must be provided by the supplying vendor, to be included in the purchase of the system.
- cc. Test data must be saved to hard disk storage after each individual effort.
- dd. The system must have at least a one year warranty.

2.) Delivery and In-service Training

- a. Delivery shall be within thirty (30) days after receipt of the approved purchase order. Vendor must deliver the equipment and provide instructional training on the equipment usage and features.
- b. Within fifteen (15) days of the vendor's receipt of the approved purchase order, the selected vendor must contact the Respiratory Department Supervisor at Welch Community Hospital for coordination of vendor's delivery and healthcare providers' in-service training.
- c. Vendor will be responsible for the removal and disposal of delivery material and/or packing debris.

3.) Payment

The Vendor shall submit invoices, in arrears, to the Facility at the address on the face of the purchase order labeled "Invoice To" pursuant to the terms of the contract. Payment will be made in arrears, upon completion of delivery and in-service training. State law forbids payment of invoices prior to receipt of goods or services.

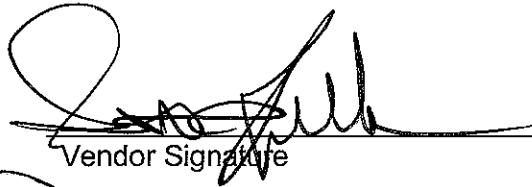
Bid/Cost Sheet

WEH10006 - PFT Equipment Cost Sheet

	Equipment Description	Quantity	Equipment Each	Total Equipment Cost
1	Pulmonary Function Testing Equipment	1	\$36,511.00	\$36,511.00
2	In-Service Training	1	\$	\$ 0
3	Delivery Charge	1	\$	\$ 0
			Total	\$36,511.00

Award will be made on the overall grand total of all items requested.

Vendor will invoice hospital for equipment, delivery and inservice, payment will be made in arrears.


Vendor Signature

Susquehanna Micro Inc.
12 North Main Street
Red Lion, PA 17356
Tel. Fax: 888-730-5463
www.susquemicro.com

Vendor Name

9/18/09
Date

Scott E Kellen

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

VENDOR OWING A DEBT TO THE STATE:

West Virginia Code §5A-3-10a provides that: 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.

PUBLIC IMPROVEMENT CONTRACTS & DRUG-FREE WORKPLACE ACT:

If this is a solicitation for a public improvement construction contract, the vendor, by its signature below, affirms that it has a written plan for a drug-free workplace policy in compliance with Article 1D, Chapter 21 of the *West Virginia Code*. The vendor **must** make said affirmation with its bid submission. Further, public improvement construction contract may not be awarded to a vendor who does not have a written plan for a drug-free workplace policy in compliance with Article 1D, Chapter 21 of the *West Virginia Code* and who has not submitted that plan to the appropriate contracting authority in timely fashion. For a vendor who is a subcontractor, compliance with Section 5, Article 1D, Chapter 21 of the *West Virginia Code* may take place before their work on the public improvement is begun.

ANTITRUST:

In submitting a bid to any agency for the state of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the state of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the state of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the state of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership or person or entity submitting a bid for the same materials, supplies, equipment or services and is in all respects fair and without collusion or fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

LICENSING:

Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or any other state agencies or political subdivision. Furthermore, the vendor must provide all necessary releases to obtain information to enable the Director or spending unit to verify that the vendor is licensed and in good standing with the above entities.

CONFIDENTIALITY:

The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.

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.

12 North Main Street
Red Lion, PA 17356

Vendor's Name: _____

Authorized Signature: _____ Date: 9/18/09



VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with **West Virginia Code, §5A-3-37**. (Does not apply to construction contracts). **West Virginia Code, §5A-3-37**, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the **West Virginia Code**. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

1. Application is made for 2.5% resident vendor preference for the reason checked:

- Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
- Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
- Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,

2. Application is made for 2.5% resident vendor preference for the reason checked:

- Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,

3. Application is made for 2.5% resident vendor preference for the reason checked:

- Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,

4. Application is made for 5% resident vendor preference for the reason checked:

- Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,

5. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:

- Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,

6. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:

- Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Susquehanna Mick Inc. Signed: [Signature]
 Date: 9/18/09 Title: State Purch.

*Check any combination of preference consideration(s) indicated above which you are entitled to receive



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BID OPENING DATE: 10/20/2009 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1 1. THIS IS TO ADD A PAGE OF THE SPECIFICATIONS WHICH WAS INADVERTENTLY MISSED WITH THE ORIGINAL RFQ. 2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID. EXHIBIT 10 REQUISITION NO.: WEH10006 ADDENDUM ACKNOWLEDGEMENT I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC. ADDENDUM NO.'S: NO. 1 NO. 2 NO. 3 NO. 4 NO. 5 I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.						

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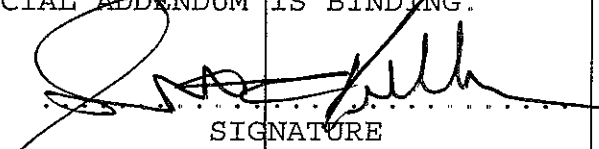
DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
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01:30PM

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<p>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p>						
				 SIGNATURE		
				COMPANY Susquehanna Micro Inc 12 North Main Street Red Lion, PA 17356 Toll Free: 888-730-5460 www.susquemicro.com		
				DATE 9/16/09		
REV. 11/96		END OF ADDENDUM NO. 1				

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***** THIS IS THE END OF RFQ WEH10006 ***** TOTAL:						\$ 36,511.00

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SIGNATURE 	TELEPHONE 717-246-9995	DATE 9/18/09
TITLE S. M. G. M. G.	FEIN 23-2867433	ADDRESS CHANGES TO BE NOTED ABOVE

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Welch Community Hospital
WEH10006 Pulmonary Function Testing (PFT)

- f. The system must utilize the use of Nitrogen instead of Helium in the performance of lung volumes. The system is required to employ breath-by-breath nitrogen washout as the method for measuring functional residual capacity (FRC). The system must use an open-circuit design in order to minimize patient rebreathing. The system must not require the use of sodasorb-type materials to remove CO_2 .
- g. The system should be a flow measuring device as opposed to a volume displacement device. The flow device must be able to measure over the entire clinical range of $\pm 18\text{L/sec}$. The flow measuring device must have sensitivity to: temperature, condensation, or position.
- h. Measurement of flow and volume must meet or exceed ATS standards for spirometry and DLCO.
- i. The system must provide for quick and easy decontamination between patients in order to prevent cross-contamination.
- j. DLCO determination must be equipped with room temperature gas chromatograph in order to eliminate H_2O , CO_2 , and linearity interference.
- k. The system must be automatically controlled by a host computer with the allowance of operator override of the pneumatic oral shutter (valve) assembly.
- l. The system must provide a pressure transducer within a range of $\pm 350\text{cmH}_2\text{O}$.
- m. Hardware must include: flow device, gas chromatograph, rapid response nitrogen analyzer, pressure transducers, color printer, power conditioner, and a three liter calibration syringe
- n. System must be complete with a start up kit including all appropriate manuals, calibration gases (ED size), regulators, cylinder stands, and handwheel wrenches.
- o. Flow transducer may be replaced between tests without requiring recalibration or warm-up.
- p. For infection control purposes, the flow transducer and mouthpiece must be easily removed and cleaned or disposed of between patients.
- q. Computer system must include a monitor, keyboard, mouse, and color printer.
- r. Software configuration must include the following: auto calibration, SVC, FVC, MVV, diffusion capacity, maximal inspiratory/maximal expiratory pressures, capacity, nitrogen washout, and pre/post bronchodilator testing.
- s. The system software must be easy to learn and operate with extensive use of on-line help screens, step by step on-screen instructions, and clear documentation.
- t. All system calibration results must be stored in a MSDE or SQL database by date and time.
- u. System software must provide the option to allow input of user-defined predicted formulas.

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SO
SUSQU-3

DATE (MM/DD/YYYY)
06/15/09

PRODUCER
The Glatfelter Agency
P. O. Box 2926
York PA 17405
Phone: 717-852-8000 Fax: 717-849-4949

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Susquehanna Micro, Inc.
12 North Main St.
Red Lion PA 17356

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	NorGuard Insurance Company	31470
INSURER B:	Gemini Ins. Co.	
INSURER C:	Hartford Underwriters Ins Co	30104
INSURER D:	Millers Capital Insurance Co.	14575
INSURER E:		

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY	VIGP010667	05/12/09	05/12/10	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS - COMP/OP AGG \$ 1,000,000
C	AUTOMOBILE LIABILITY	44UECGC0054	05/12/09	05/12/10	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> NON-OWNED AUTOS				OTHER THAN EA ACC AGG \$
	GARAGE LIABILITY				
	<input type="checkbox"/> ANY AUTO				
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	RETENTION \$				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	SUWC915196	05/12/09	05/12/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 100,000
	OTHER				E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Property Section Special Form	CPP0621955	05/12/09	05/12/10	Repl Cost inc. Theft Per values on file

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 York Traditions Bank is listed as 1st and 2nd Mortgagee and as Loss Payee on business assets on 6-12 North Main Street, Red Lion, PA and as Mortgagee on 198 W. Beaver St., Hellam, PA.
 Blanket Building and Contents limit \$1,862,534.
 "revised 6/15/09 - added new building"

CERTIFICATE HOLDER

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE *[Signature]*

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific instructions on page 2.

Name (as shown on your income tax return)
SUSQUEHANNA Micro Inc.

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company Enter the tax classification (D=disregarded entity C=corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number street and apt or suite no.)
12 NORTH MAIN STREET

City, state and ZIP code
RED LION, PA 17356

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number <u>23 2867433</u>

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below)

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ [Signature] Date ▶ 3/17/2009

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Susquehanna Micro Inc.
 12 N. Main Street
 Red Lion, PA 17356

P# 888-730-5463
 FX# 717-246-9505
 kim@susquemicro.com



QUOTE

Name / Address
Welch Community Hospital 454 McDowell Street Welch, WV 24801

Date	Quote #
9/25/2009	813

Item	Description	Qty	Total	Terms
				NEI 30 DAYS
COS-C09072-02-99	CosMed Pulmonary System Quark PFT Nitrogen Washout Trending Testing for all patients & Wheelchairs Testing of patients from pediatric to adult System is mobile Automatic Calibration Nitrogen Lung Volumes / breath by breath nitrogen washout Patient database backups hipaa compliant Reports with Graphic & Tabular data with predicted normal comparisons Trending patient data Software provides disclosure of all patient test efforts & data in textual and graphical formats Training & Inservice on site @ N/C All patient & data storage on CPU Hard drive System Warranty 2 Years (see **)	1	36,511 00T	
				Subtotal
				Sales Tax (0.0%)
				Total

This Quote Valid for 30 Days from above date

Authorization: _____

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Welch Community Hospital 454 McDowell Street Welch, WV 24801

Date	Quote #
9/25/2009	813

Terms
NET 30 DAYS

Item	Description	Qty	Total
	DLCO Module,Lung Volume(FRC TLC)Module,FVC,SVC,MVV MIP/MEP **2 Year Warranty Parts, Labor ** 1st Year Warranty Parts,Labor ,Travel HP /CPU with CD Rom 40+gig HD / Windows Vista 17inch Flat Monitor System Mobile Work Desk HP Color Printer 3 Gas Regulators 3 Liter Calibration Syringe Cylinder 'E' Gas Rack (6 tank hold) Gas= (1) 100%oxygen (1)DLcO /3%CO- 3%Meth ch4-21% O2-Bal N2 (1) Calibration 16% O2 - 5%CO2 -Bal N2		

This Quote Valid for 30 Days from above date

Subtotal
Sales Tax (0.0%)
Total

Authorization: _____

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QUOTE

Name / Address
Welch Community Hospital 454 McDowell Street Welch, WV 24801

Date	Quote #
9/25/2009	813

Item	Description	Qty	Terms
			NEI 30 DAYS
			Total
Training/Inservice	System Training & Inservice 1 days on site	1	0 00 0.00T
Freight	30 Days of Patient Supplies ect (Patient Filter,Nose Clip, Supply Gas) Freight/Shipping/Handling Charge Payment Terms: Net 30 days after delivery		0 00

This Quote Valid for 30 Days from above date

Subtotal	\$36,511.00
Sales Tax (0.0%)	\$0.00
Total	\$36,511.00

Authorization: _____