



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

Request for Quotation

ITEM NUMBER:
 MCH11125

PAGE:
 1

FACTORY'S CORRESPONDENCE TO ATTENTION OF:
 ROBERTA WAGNER
 304-558-0067

RFQ COPY
 TYPE NAME/ADDRESS HERE

ATLANTIC BIOLOGICALS CORP.
 2010 NE 16TH PLACE
 MIAMI, FL 33179-2720

HEALTH AND HUMAN RESOURCES
 BPH / OMCFH
 MATERIALS MANAGEMENT
 900 BULLITT STREET
 CHARLESTON, WV
 25301 304-558-3417

DATE PRINTED	TERMS OF SALE	SHIP VIA	FCR	FREIGHT TERMS
03/24/2011	NET 30 DAYS	GROUND	MIAMI	PREPAID & ADD
BID OPENING DATE: 04/07/2011		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1						
1. QUESTIONS AND ANSWERS ARE ATTACHED.						
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.: MCH11125						
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.						

RECEIVED
 2011 APR -6 AM 10:11

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *[Signature]* TELEPHONE: 800-504-7592 EXT 211 DATE: 4/4/2011

LES MANAGER FEIN: 650860293 ADDRESS CHANGES TO BE NOTED ABOVE

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. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
4. 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.
5. Payment may only be made after the delivery and acceptance of goods or services.
6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
12. **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.
13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and 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.
14. **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>.
15. **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, and the West Virginia Insurance Commission. 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.
16. **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 material, 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.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. 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. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. 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
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).



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

Request for Quotation

RFQ NUMBER
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PAGE
2

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

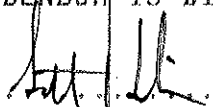
RFQ COPY

TYPE NAME/ADDRESS HERE

SHIP TO:

**HEALTH AND HUMAN RESOURCES
 BPH - OMCFH
 MATERIALS MANAGEMENT
 900 BULLITT STREET
 CHARLESTON, WV
 25301 304-558-3417**

DATE PRINTED 03/24/2011	TERMS OF SALE NET 30 DAYS	SHIP VIA GROUND	POB MIAMI	FREIGHT TERMS PREPAID, ADD
BID OPENING DATE: 04/07/2011		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<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> <p style="text-align: center;">  SIGNATURE ATLANTIC BIOBIOTICS CORP COMPANY 4/4/2011 DATE </p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.</p> <p>REV. 09/21/2009</p> <p style="text-align: center;">END OF ADDENDUM NO. 1</p>						

SIGNATURE 		SEE REVERSE SIDE FOR TERMS AND CONDITIONS	
TITLE SALES MANAGER	FEIN 650860293	TELEPHONE 800-509-7592	DATE 4/4/2011
ADDRESS CHANGES TO BE NOTED ABOVE			



State of West Virginia
 Department of Administration
 Purchasing Division
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ADDRESS: CORRESPONDENCE TO ATTENTION OF
ROBERTA WAGNER 304-558-0067

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

HEALTH AND HUMAN RESOURCES
 BPH - DMCFH
 MATERIALS MANAGEMENT
 900 BULLITT STREET
 CHARLESTON, WV
 25301 304-558-3417

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
03/24/2011	NET 30 DAYS	AIR	MIAMI	PREPAID & ADD
BID OPENING DATE: 04/07/2011		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	QAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	2,500	VIAL		270-19	\$ 1.60	\$ 4,000 ⁰⁰
	DOXYCYCLINE	100 MG 14		TABS/CAPSULES/VIAL OR EQUAL		
***** THIS IS THE END OF RFQ MCH11125 ***** TOTAL:						\$13,757.50
NOTE: PRICE QUOTED IS FOB MIAMI.						

SIGNATURE		SEE REVERSE SIDE FOR TERMS AND CONDITIONS		TELEPHONE	DATE
				800-505-7592 EXT 211	4/4/2011
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE			
SALES MANAGER	650860293				

**Addendum #1
MCH11125**

Vendor Question #1:

Could we get a copy of the winning bid from last year and a copy of the labeling used for the medication?

BPH Response to Vendor Question #1:

Copy of the contract that ended on February 28, 2011 is attached. A legible copy of an actual label used for the medication under the expired contract is attached. However, actual information including location of information as it appears on one of the actual labels is attached but is not scaled to size. Please note that that the actual label and the attached example label do not meet the specifications that will be required for the new contract to be awarded. Vendor bid regarding medication labels for this new contract will meet requirements 9 – 13 contained in the specifications of MCH11125. Interested vendors will provide an actual size copy of its label as confirmation that requirements 9 – 13 are met.

0211 1924

0211 1924

FLECSOMABLE 150 MG TABLET #01
 NDC: 100-000000000
 100-000000000
 100-000000000
 FLECSOMABLE 150 MG TABLET #01
 NDC: 100-000000000
 100-000000000
 100-000000000
 FLECSOMABLE 150 MG TABLET #01
 NDC: 100-000000000
 100-000000000
 100-000000000
 FLECSOMABLE 150 MG TABLET #01
 NDC: 100-000000000
 100-000000000
 100-000000000

FLECSOMABLE 150 MG TABLET	
SAMPLE	
NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ DATE: _____	QUANTITY: _____ TAKE (1) TABLET ORALLY DO NOT DRINK ALCOHOL, POPPING PYLORUS THIS MEDICATION. STORE AT 65-77°F. Manufactured by: FLECSOMABLE
CAUTION: FEDERAL LAW PROHIBITS TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE INDIVIDUAL NAMED ON THIS LABEL. KEEP THIS DRUG OUT OF THE REACH OF CHILDREN.	



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 60190
 Charleston, WV 25306-0190

Purchase Order

MCH10072

DATE

00

CORRECT PURCHASE ORDER NUMBER
 MUST APPEAR ON ALL PACKAGES,
 INVOICES, AND SHIPPING PAPERS.
 QUESTIONS CONCERNING THE PUR-
 CHASE ORDER SHOULD BE DIRECTED
 TO THE BUYER AS NOTED BELOW.

HEALTH AND HUMAN RESOURCES
 BPH - MATERNAL & CHILD HEALTH
 350 CAPITOL STREET, ROOM 427
 CHARLESTON, WV
 25301-3714

00

SEE REVERSE SIDE FOR
 TERMS AND CONDITIONS

*303141648 724-465-8762
 REMEDYREPACK INC
 655 KOLTER DRIVE
 INDIANA PA 15701

HEALTH AND HUMAN RESOURCES
 BPH - ONCEPH
 MATERIALS MANAGEMENT
 900 BULLITT STREET
 CHARLESTON, WV
 25301 304-558-3417

03/04/2010		NET 30		304097334	
BEST WAY		DESTINATION		PREPAID MUL-MUL	
LINE	CATNO	ITEM NUMBER	DESCRIPTION	QTY	DATE
0001		270-19	DOXYCYCLINE 100 MG 14 TABS/VIAL		
0002		270-19	TETRACYCLINE 500 MG 28 TABS/VIAL		
0003		270-19	FLAGYL 500 MG 14 TABS/VIAL		
0004		270-19	CIPROFLOXACIN 500 MG 1 TAB/VIAL		
0005		270-19	FLUCONAZOLE 150 MG 1 TAB/VIAL		
SIGNATURE			DATE		

IF APPROVAL AS TO FORM IS REQUIRED BY ATTORNEY GENERAL, CHECK HERE

APPROVED AS TO FORM BY
 ASSISTANT ATTORNEY GENERAL

BY _____
 PURCHASING DIVISION AUTHORIZED SIGNATURE



State of West Virginia
 Department of Administration
 Purchasing Division
 2010 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Purchase Order

ORDER NUMBER
 MCH10072

QUANTITY
 2

UNIT PRICE
 00

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HEALTH AND HUMAN RESOURCES
 BPH - MATERNAL & CHILD HEALTH
 350 CAPITOL STREET, ROOM 427
 CHARLESTON, WV
 25301-3714

ORDER DATES
 00

SEE REVERSE SIDE FOR
 TERMS AND CONDITIONS

*303141648 724-465-8762
 REMEDYREPACK INC
 655 KOLTER DRIVE
 INDIANA PA 15701

HEALTH AND HUMAN RESOURCES
 BPH - OMCFH
 MATERIALS MANAGEMENT
 900 BULLETT STREET
 CHARLESTON, WV
 25301

304-558-3417

DATE	TERMS	ORDER NUMBER	ORDER DATES
03/04/2010	NET 30	204037334	
BEST WAY	DESTINATION	PREPAID	MUL-MUL
03/01/2010 FLAGYL 500 MG 14 TABS/VIAL	270-19		
0004	VIAL		1.30000
03/01/2010 CIPROFLOXACIN 500 MG 1 TAB/VIAL	270-19		
0005	VIAL		1.20000
03/01/2010 FLUCONAZOLE 150 MG 1 TAB/VIAL	270-10		
EXHIBIT 3			
LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON 03/01/2010 AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.			
UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.			

IF APPROVAL AS TO FORM IS REQUIRED BY ATTORNEY GENERAL, CHECK HERE

APPROVED AS TO FORM BY
 ASSISTANT ATTORNEY GENERAL

BY _____
 PURCHASING DIVISION AUTHORIZED SIGNATURE



State of West Virginia
Department of Administration
Purchasing Division
2010 Washington Street East
Post Office Box 60130
Charleston, WV 25308-0130

Purchase Order

MCWL0072

3

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**HEALTH AND HUMAN RESOURCES
BPH - MATERNAL & CHILD HEALTH**

350 CAPITOL STREET, ROOM 427
CHARLESTON, WV

25301-3714

SEE REVERSE SIDE FOR
TERMS AND CONDITIONS

*303141648 724-465-8762
REMEDYREPACK INC
655 KOLTER DRIVE

INDIANA PA 15701

**HEALTH AND HUMAN RESOURCES
BPH - OMCPH
MATERIALS MANAGEMENT**
900 BULLACE STREET
CHARLESTON, WV
25301 304-558-3417

03/04/2010	NET 30	204037334	
BEST WAY	DESTINATION	PREPAID	MUL-MUL
<p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p> <p>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.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN 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 TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>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.</p>			
IF APPROVAL AS TO FORM IS REQUIRED BY ATTORNEY GENERAL, CHECK HERE <input type="checkbox"/>			

APPROVED AS TO FORM BY
ASSISTANT ATTORNEY GENERAL

BY _____
PURCHASING DIVISION AUTHORIZED SIGNATURE



State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
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QUANTITY
4

UNIT PRICE
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HEALTH AND HUMAN RESOURCES
BPH - MATERNAL & CHILD HEALTH

350 CAPITOL STREET, ROOM 427
CHARLESTON, WV

25301-3714

ORDER DATE

SEE REVERSE SIDE FOR
TERMS AND CONDITIONS

*303141648 724-465-8762
REMEDYREPACK INC
65B KOLTER DRIVE
INDIANA PA 15701

HEALTH AND HUMAN RESOURCES
BPH - ONCEPH
MATERIALS MANAGEMENT
900 BULLETT STREET
CHARLESTON, WV
25301 304-558-3417

03/04/2010		NET 30	204037334
BEST WAY	DESTINATION	PREPAID	MUL-MUL
<p>WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>REV. 05/26/2009</p>			
IF APPROVAL AS TO FORM IS REQUIRED BY ATTORNEY GENERAL, CHECK HERE <input type="checkbox"/>			

APPROVED AS TO FORM BY
ASSISTANT ATTORNEY GENERAL

BY _____
PURCHASING DIVISION AUTHORIZED SIGNATURE



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HEALTH AND HUMAN RESOURCES
BEH - MATERNAL & CHILD HEALTH

350 CAPITOL STREET, ROOM 427
CHARLESTON, WV
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*303141648 724-465-8762
REMEDYREPACK INC
655 KOLTER DRIVE
INDIANA PA 15701

AGENCY COPY

HEALTH AND HUMAN RESOURCES
BEH - OMCPH
MATERIALS MANAGEMENT
900 BULLITT STREET
CHARLESTON, WV
25301 304-558-3417

DATE	ITEM NO	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
03/04/2010	NET 30	204037334			
BEST WAY	DESTINATION	PREPAID	MUL-MUL		
OPEN-END BLANKET CONTRACT					
THE VENDOR, REMEDY REPACK INC., AGREES TO ENTER WITH THE AGENCY, WV DEPARTMENT OF HEALTH AND HUMAN RESOURCES INTO AN OPEN END CONTRACT TO PROVIDE FAMILY PLANNING PROGRAM SERVICES FOR PHARMACEUTICAL REPACKAGING AT 900 BULLITT STREET, CHARLESTON, WV 25301 PER THE SPECIFICATIONS, TERMS & CONDITIONS, BID REQUIREMENTS, ADDENDUM NO. 1 DATED 1/27/2010 AND THE VENDOR'S PROPOSAL DATED 2/8/2010 INCORPORATED HEREIN BY REFERENCE AND MADE A PART OF HEREOF.					
0001	03/01/2010	VIAL DOXYCYCLINE 100 MG 14 TABS/VIAL	270-19	1.50000	
0002	03/01/2010	VIAL TETRACYCLINE 500 MG 28 TABS/VIAL	270-19	2.20000	
0003		VIAL		1.75000	

RECEIVED
MAR 10 AM 9:37
CPC OF BHM PROCESSING

PURCHASING DIVISION
CERTIFIED ENCUMBERED
MAR - 5 2010
Beverly Tolson

IF APPROVAL REQUIRED BY ATTORNEY GENERAL, CHECK HERE

APPROVED FOR
ONE FISCAL YEAR

APPROVED AS TO FORM BY
ASSISTANT ATTORNEY GENERAL

BY ROBERTA DAGNER 304-558-0067
PURCHASING DIVISION AUTHORIZED SIGNATURE

Remedy Repack

COST SHEET FOR MCH10072

Item #	Approx. Annual Usage	DESCRIPTION	UNIT PRICE	TOTAL COST
	QUANTITY			
1	2500 VIALS	DOXYCYCLINE 100 MG 14 TABS/VIAL		
2	500 VIALS	DETRAGYLONE 500 MG 28 TABS/VIAL	\$1.50	\$3,750.00
3	3500 VIALS	FLAGYL 500 MG 14 TABS/VIALS	2.20	1,100.00
4	25 VIALS	CIPROFLOXACIN 500 MG 3 TABS/VIAL	1.75	6,125.00
5	3000 VIALS	FILICONAZOLE 150MG 1 TAB/VIAL	1.39	32.50
		TOTAL COST	1.20	1,200.00
				\$12,207.50

Award will be made to the vendor with the lowest overall cost who meets specifications.
 Vendor must submit an original itemized invoice for each order. Payment will be made in arrears after receipt of each completed order. Orders will be placed on an as needed basis.



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**Request for
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RFP NUMBER
 MCH11125

PAGE NO.
 1

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

VENDOR

REQ COPY
 TYPE NAME/ADDRESS HERE
 ATLANTIC BIOLOGICALS CORP.
 2010 NE 16TH PLCE
 MIAMI, FL 33179-2720

SUPPLIER

HEALTH AND HUMAN RESOURCES
 BPH - OMCFH
 MATERIALS MANAGEMENT
 900 BULLITT STREET
 CHARLESTON, WV
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DATE PRINTED 03/07/2011	TERMS OF SALE NET 30 DAYS	SHIP VIA GROUND	POE MIAMI	FREIGHT TERMS PREPAID & ADD
BID OPENING DATE 04/07/2011		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
001	2,500	VIAL		270-19	\$ 1.60	\$ 4,000 ⁰⁰
	DOXYCYCLINE 100 MG 14 TABS/CAPSULES/VIAL OR EQUAL					
	50 VIALS PER PACKAGE.					
002	500	VIAL		270-19	\$ 2.35	\$ 1,175 ⁰⁰
	TETRACYCLINE 500 MG 28 TABS/CAPSULES/VIAL OR EQUAL					
	25 VIALS PER PACKAGE.					
003	3,500	VIAL		270-19	\$ 2.00	\$ 7,000 ⁰⁰
	FLAGYL 500 MG 14 TABS/VIAL OR EQUAL					
	50 VIALS PER PACKAGE.					
004	25	VIAL		270-19	\$ 1.30	\$ 32.50
	CIPROFLOXACIN 500 MG 1 TAB/VIAL OR EQUAL					
	25 VIALS PER PACKAGE.					

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE *[Signature]* TELEPHONE 800-509-7592 EXT 211 DATE 4/4/2011
 TITLE SALES MANAGER FEIN 650860293 ADDRESS CHANGES TO BE NOTED ABOVE

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



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

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304-558-0067

ROBERTA WAGNER

RFQ COPY
 TYPE NAME/ADDRESS HERE
ATLANTIC BIOLOGICALS CORP.
20101 NE 16TH PLACE
MIAMI, FL 33179-2720

ROBERTA WAGNER

HEALTH AND HUMAN RESOURCES
 BPH - OMCPH
 MATERIALS MANAGEMENT
 900 BULLITT STREET
 CHARLESTON, WV
 25301 304-558-3417

DATE PRINTED 03/07/2011	TERMS OF SALE NET 30 DAYS	SHIP VIA GROUND	F.O.B. MIAMI	FREIGHT TERMS PRE-PAID & ADD
BID OPENING DATE: 04/07/2011		BID OPENING TIME 01-30PM		

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0005	1,000	VIAL		270-10	\$ 1.55	\$ 1,550.00
FLUCONAZOLE 150 MG 1 TAB PER BLISTER PACK OR EQUAL 12 PILL CARDS PER BOX. EXHIBIT 3 LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON AWARD... AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE. UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT. RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS. CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICE						

SIGNATURE: *[Signature]* SEE REVERSE SIDE FOR TERMS AND CONDITIONS

TITLE: **SALES MANAGER** FEIN: **6508 60293** TELEPHONE: **800-509-7592 EXT 211** DATE: **4/6/2011**

ADDRESS CHANGES TO BE NOTED ABOVE



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
MCH11125

PAGE
3

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

VENDOR

RFQ COPY
 TYPE NAME/ADDRESS HERE
ATLANTIC BIOLOGICALS CORP.
20101 NE 16TH PLACE
MIAMI, FL 33179-2720

SHIP TO

HEALTH AND HUMAN RESOURCES
BPH - OMCFH
MATERIALS MANAGEMENT
900 BULLITT STREET
CHARLESTON, WV
25301 **304-558-3417**

DATE PRINTED 03/07/2011	TERMS OF SALE NET 30 DAY	SHIP VIA GROUND	F.O.B. MIAMI	FREIGHT TERMS PREPAID & ADD
BID OPENING DATE 04/07/2011		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	QAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
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SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.

OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN 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 TRANSPORTATION 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.

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.

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

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: 

TITLE: **SALES MANAGER** FEIN: **650860293**

TELEPHONE: **800-509-7592** DATE: **4/4/2011**

ADDRESS CHANGES TO BE NOTED ABOVE

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

NO. 1325 P. 14 WV DIV OF PURCH MAR. 30. 2011 4:21PM



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
 MCH11125

PAGE
 4

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

RFQ COPY

TYPE NAME/ADDRESS HERE

ATLANTIC BIOLOGICALS CORP.
 2010 NE 16TH PLACE
 MIAMI, FL 33179-2720

SHIP TO

HEALTH AND HUMAN RESOURCES
 BPH - OMCFH
 MATERIALS MANAGEMENT
 900 BULLITT STREET
 CHARLESTON, WV
 25301 304-558-3417

DATE PRINTED 03/07/2011	TERMS OF SALE NET 30 Day	SHIP VIA GROUND	POB MIAMI	FREIGHT TERMS PREPAID & ADD
BID OPENING DATE 04/07/2011		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UNIT	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM. REV. 05/26/2009 INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 3/22/2011. 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 PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311 FAX: 304-558-4115 E-MAIL: ROBERTA.A.WAGNER@WV.GOV EXHIBIT 4 LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL AND OTHER LOCAL GOVERNMENT BODIES, THE BID SHALL EXTEND TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *[Signature]* TELEPHONE: 800-509-7592 EXT 211 DATE: 4/4/2011

TITLE: SALES MANAGER FEIN: 650860293 ADDRESS CHANGES TO BE NOTED ABOVE

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



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
MCH11125

PAGE
5

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

VENDOR

RFQ COPY
 TYPE NAME/ADDRESS HERE
ATLANTIC BIOLOGICALS CORP.
2010 NE 16TH PLACE
MIAMI, FL 33179-2720

SHIP TO

HEALTH AND HUMAN RESOURCES
BPH - OMCFH
MATERIALS MANAGEMENT
900 BULLITT STREET
CHARLESTON, WV
25301 **304-558-3417**

DATE PRINTED 03/07/2011	TERMS OF SALE NET 30 DAYS	SHIP VIA GROUND	F.O.B. MIAMI	FREIGHT TERMS PREPAID & ADD
BID OPENING DATE: 04/07/2011		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>PRICES, TERMS, AND CONDITIONS OF THE BID TO ALL POLITICAL SUBDIVISIONS OF THE STATE, THE VENDOR MUST CLEARLY INDICATE SUCH REFUSAL IN HIS BID. SUCH REFUSAL SHALL NOT PREJUDICE THE AWARD OF THIS CONTRACT IN ANY MANNER.</p> <p>REV. 3/88 THE MODEL/BRAND/SPECIFICATIONS NAMED HEREIN ESTABLISH THE ACCEPTABLE LEVEL OF QUALITY ONLY AND ARE NOT INTENDED TO REFLECT A PREFERENCE OR FAVOR ANY PARTICULAR BRAND OR VENDOR. VENDORS WHO ARE BIDDING ALTERNATES SHOULD SO STATE AND INCLUDE PERTINENT LITERATURE AND SPECIFICATIONS. FAILURE TO PROVIDE INFORMATION FOR ANY ALTERNATES MAY BE GROUNDS FOR REJECTION OF THE BID. THE STATE RESERVES THE RIGHT TO WAIVE MINOR IRREGULARITIES IN BIDS OR SPECIFICATIONS IN ACCORDANCE WITH SECTION 148-1-4(F) OF THE WEST VIRGINIA LEGISLATIVE RULES AND REGULATIONS.</p> <p>PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR MUST ACCEPT THE STATE OF WEST VIRGINIA VISA PURCHASING CARD FOR PAYMENT OF ALL ORDERS PLACED BY ANY STATE AGENCY AS A CONDITION OF AWARD.</p> <p>VENDOR PREFERENCE CERTIFICATE</p> <p>THIS TEAM EXHIBIT HAS BEEN REPLACED BY THE ONLINE VERSION WHICH IS AVAILABLE HERE: HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE/VRC/VENPREF.PDF</p> <p>NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p>						

SIGNATURE: *[Signature]* SEE REVERSE SIDE FOR TERMS AND CONDITIONS

TITLE: **Sales Manager** FEIN: **650860293** TELEPHONE: **800-509-7592 ext 211** DATE: **4/4/2011**

ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABEL FOR VENDOR

NO. 1325 P. 16 WV DIV OF PURCH MAR 30 2011 4:23PM



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: MCH11125

PAGE: 6

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

VENDOR

RFQ COPY
 TYPE NAME/ADDRESS HERE
 ATLANTIC BIOLOGICALS CORP.
 20101 NW 16TH PLACE
 MIAMI, FL 33179-2720

SHIP TO

HEALTH AND HUMAN RESOURCES
 BPH - OMCFH
 MATERIALS MANAGEMENT
 900 BULLITT STREET
 CHARLESTON, WV 25301
 304-558-3417

DATE PRINTED: 03/07/2011	TERMS OF SALE: NET 30 DAY	SHIP VIA: GROUND	FOB: MIAMI	FREIGHT TERMS: PREPAID & ADD
BID OPENING DATE: 04/07/2011		BID OPENING TIME: 01:30PM		

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130 PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED. THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED: SEALED BID BUYER: RW-22 RFQ. NO.: MCH11125 BID OPENING DATE: 04/07/2011 BID OPENING TIME: 1:30PM PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID: <u>305-690-4213</u> CONTACT PERSON (PLEASE PRINT CLEARLY): <u>SCOTT HARKINS EXT 211</u>						

SIGNATURE:

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

TELEPHONE: 800 505-7592 EXT 211 DATE: 4/4/2011

OFFICE: SALES MANAGER PEIN: 650860293 ADDRESS CHANGES TO BE NOTED ABOVE

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



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
MCH11125

PAGE
7

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

VENDOR

RFQ COPY
 TYPE NAME/ADDRESS HERE
**ATLANTIC BIOLOGICALS CORP.
 2001 NE 10TH PLACE
 MIAMI, FL 33179-2720**

BUYER

**HEALTH AND HUMAN RESOURCES
 BPH - OMCFH
 MATERIALS MANAGEMENT
 900 BULLITT STREET
 CHARLESTON, WV
 25301 304-558-3417**

DATE PRINTED 03/07/2011	TERMS OF SALE NET 30 DAY	SHIP VIA GROUND	F.O.B. MIAMI	FREIGHT TERMS PREPAID & ADD
BID OPENING DATE: 04/07/2011		BID OPENING TIME: 01:30PM		

LINE	QUANTITY	UOP	CAT. No.	ITEM NUMBER	UNIT PRICE	AMOUNT
***** THIS IS THE END OF RFQ MCH11125 ***** TOTAL:						\$13,757.50
<p>SPECIAL NOTE: WE ARE OFFERING THE BOTTLES IN A CARTON OF 10 BOTTLES AND THE CARTON WILL BE SHRINK WRAPPED. WE WILL NOT BE OFFERING EACH BOTTLE TO BE SHRINK WRAPPED, BECAUSE EACH BOTTLE IS ALREADY SEALED AND TAMPERED EVIDENT.</p>						

SIGNATURE: *[Signature]* TELEPHONE: **800-509-7592 EXT 211** DATE: **4/4/2011**

TITLE: **SALES MANAGER** FEIN: **650860293** ADDRESS CHANGES TO BE NOTED ABOVE

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

MCH11125 – Pharmaceutical Repackaging

SPECIFICATIONS**PURPOSE**

The West Virginia Department of Health and Human Resources (DHHR), Bureau for Public Health (BPH), Office of Maternal, Child and Family Health (OMCFH), Family Planning Program (FPP) is seeking vendor quotations for providing pharmaceutical repackaging for selected prescription drugs.

MANDATORY REQUIREMENTS**Deliverable Requirements:**

Vendor will purchase and repackage the following prescription drugs to be used by FPP clinic sites located throughout West Virginia.

Prescription Brand Drug Name	Strength	Tabs or Pills per Vial/Pack	Packaging
Doxycycline	100 mg	14 tabs/capsules per vial	50 vials per package
Tetracycline	500 mg	28 tabs/capsules per vial	25 vials per package
Flagyl	500 mg	14 tabs per vial	50 vials per package
Ciprofloxacin	500 mg	1 tab per vial	25 vials per package
Fluconazole	150 mg	1 pill per blister pack	12 pill cards per box

Vendor Requirements:

we offer 1 pill in a bottle SA

Vendor will meet the following requirements to purchase, repackage, and provide FPP with the selected prescription drugs.

1. Vendor will purchase the selected prescription drugs.
2. Vendor will purchase generic drugs unless FPP requests specific brand name.
3. Vendor will provide drugs in unit-of-use doses.
4. Vendor will package and supply requested drugs in amber or opaque tamper-proof plastic prescription vials. The size of prescription vial will be specific to drug requested to prevent pharmaceuticals from moving around during shipment.
5. Vendor will provide vials with external, clear plastic seal around the top of each to prevent tampering before pharmaceuticals are distributed to the client.
6. Vendor will include cotton packing material inside each vial to prevent pharmaceuticals from moving around during shipment.
7. Vendor will provide shrink-wrapped vials for Tetracycline, Ciprofloxacin, Doxycycline, and Flagyl to reduce storage space needed at WV DHHR materials

SA

MCH1125 – Pharmaceutical Repackaging

Management and provider sites. Shrink-wrapped pharmaceuticals will also reduce the time needed for distribution from WVDHHR Materials Management.

8. Vendor will provide Fluconazole in blister packs to reduce storage space needed at WVDHHR Materials Management and provider sites.
9. Vendor will provide and affix labels on vials and blister packs for repackaged drugs that include:
 - Name of drug
 - Strength of drug
 - Quantity of drug
 - Expiration date
 - Blank space for patient name and date
 - Complete directions for usage
 - Name of drug manufacturer
 - Lot number
10. Vendor will affix labels that are sized to fit specific vial or blister pack. Vendor will ensure that font on labels are legible.
11. Vendor will provide and affix auxiliary labels for the drug within each vial. Auxiliary labels will include:
 - Name of drug
 - Strength of drug
 - Quantity of drug
 - Expiration date
 - Blank space for patient name and date
 - Complete directions for usage
 - Name of drug manufacturer
 - Lot number
12. Vendor will provide self-stick tear-off labels for use in client's charts that include:
 - Name of drug
 - Strength of drug
 - Lot number
 - Expiration date
 - NDC number
13. Vendor will supply two (2) double tab peel-off labels for record keeping. Double tab peel off labels allow label to be removed from the vial from either end. One will be marked for application to the patient chart and the other will be marked for the purpose of lot number tracking and inventory control. The labels will include:

MCH11125 - Pharmaceutical Repackaging

- Name of drug
 - Strength of drug
 - Lot number
 - Expiration date
 - NDC number
14. Vendor will provide drugs with minimum expiration dates of one (1) year from date of shipment to FPP.
 15. Vendor will have no minimum order requirements for any of the selected drugs.
 16. Vendor will inform FPP within 48 hours when drugs purchased are recalled and provide instructions for returning recalled drugs. Vendor will be responsible for all shipping charges for recalled drugs. Vendor will replace or refund FPP's cost for recalled drugs.
 17. Vendor will ship pharmaceuticals within seven (7) days (excluding holidays) after receipt of order.
 18. Vendor will ship orders to WVDHHR Materials Management located at 900 Bullitt Street, Charleston, West Virginia 25301.
 19. Vendor will ship orders by express delivery service, i.e. United Parcel Service (UPS), Federal Express, etc. within seven (7) days (excluding holidays) after receipt of order.
 20. Vendor will ship orders pre-paid by vendor.
 21. Vendor will include invoice with each shipment.

BID REQUIREMENTS

Vendor will complete, sign, and date the Bid Price Sheet provided with the understanding that the vendor submitting the lowest total unit cost bid that substantiates the requirements under these specifications will be awarded this contract.

METHOD OF BID EVALUATION

FPP will use the Total Bid Price from the Bid Price Sheet to determine the low-bid vendor and will award an open end contract to the lowest bidder meeting the requirements of these specifications.

LIFE OF CONTRACT

This contract becomes effective on the date of award and will extend for a period of one (1) year. Contract may be renewed for two (2) additional one (1) year periods upon the

MCH11125 - Pharmaceutical Repackaging

mutual written consent of FPP and the vendor in accordance with the terms and conditions of the original contract.

BID PRICE SHEET - MCH11125

ITEM #	ESTIMATED ANNUAL USAGE ¹	DESCRIPTION	UNIT PRICE PER VIAL OR BLISTER PACK ²	TOTAL COST
1	2,500 vials	Doxycycline - 100 mg - 14 tabs/capsules per vial ✓ - 50 vials per package	\$ 1.60	\$ 4,000.00
2	500 vials	Tetracycline - 500 mg - 28 tabs/capsules per vial ✓ - 25 vials per package	\$ 2.35	\$ 1,175.00
3	3,500 vials	Flagyl - 500 mg - 14 tabs per vial ✓ - 50 vials per package	\$ 2.00	\$ 7,000.00
4	25 vials	Ciprofloxacin - 500 mg - 1 tab per vial ✓ - 25 vials per package	\$ 1.30	\$ 32.50
5	1,000 blister packs	Fluconazole - 150 mg - 1 pill per blister pack - 12 blister packs per box 1 pill in bottle	\$ 1.55	\$ 1,550.00
ITEM 5 ALSO NOTE: WE CAN OFFER ALSO 12 CARD BLISTER FOR \$3.35 (NOT REPACKAGED) SOLD AS IS IN A CARD OF 12.			TOTAL COST:	\$ 13,757.50

- Estimated Annual Usage: Approximate number of vials or blister packs to be ordered annually during contract period. Exact quantities could be more or less than estimated annual usage.
- Unit Price Per Vial or Blister Pack: Unit price vendor will charge FPP per vial or blister pack ordered whether one or more than one is ordered throughout the contract period.

ATLANTIC BIOTECHNICALS CORP.

Vendor Name

Vendor Authorized Representative (print name)

Vendor Authorized Representative Signature

Date

4/4/2011

RFQ No. WCH11125

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 exceeds 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

Vendor's Name: ATLANTIC BIOLOGICALS CORP.

Authorized Signature: [Signature]

Date: 4-4-11

State of FLORIDA

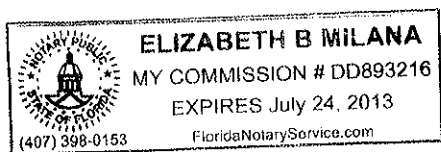
County of MIAMI-DADE, to-wit:

Taken, subscribed, and sworn to before me this 4 day of April, 2011.

My Commission expires July 24, 2013.

AFFIX SEAL HERE

NOTARY PUBLIC Elizabeth B Milana



Rev. 09/08

State of West Virginia 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: _____ Signed: _____

Date: _____ Title: _____

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

**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. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
4. 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.
5. Payment may only be made after the delivery and acceptance of goods or services.
6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
12. **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.
13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and 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.
14. **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>.
15. **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, and the West Virginia Insurance Commission. 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.
16. **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 material, 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.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. 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. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. 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
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).





NDC 50436-4606

SEAL YOUR PROTECTION
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NDC 50436-4606
HYDROCHLORIDE
25 MG
30 TABS

NDC 50436-2163
CEPHALEXIN
250 MG
40 CAP

NDC 50436-2163
CEPHALEXIN
250 MG
40 TABS



Atlantic Biologicals Unit Dose Oral Liquids Portfolio

NDC	Product Description	Case size
17856-0013-30	ABILIFY OS ARIPIPIRAZOLE 5MG / 5ML SOLUTION 5 ML CUP	72
17856-1743-40	ACETAMINOPHEN 160 MG / 5ML ELIXIR 20.3 ML CUP	50
17856-7727-31	ACID GONE ANTACD MAG CARB / AL HYDROX / ALGIN 358/95/15 15ML CUP	50
17856-7727-30	ACID GONE ANTACID MAG CARB/AL HYDROX/ALGIN 358/95/15ML LIQUID 30ML CUP	50
17856-0082-30	ACYCLOVIR 200 MG / 5ML SUSPENSION 5 ML CUP	72
17856-0809-30	ALAMAG 200 / 225 MG SUSPENSION 30 ML CUP	50
17856-0740-30	ALBUTEROL SULFATE 2 MG / 5ML SYRUP 5 ML CUP	72
17856-0860-30	ALTERNAGEL ALUM HYDROX 600 MG / 5ML SF SUSPENSION 5 ML CUP	72
17856-0601-31	ALUMINUM HYDROXIDE GEL CONC S/F 600/ 5ML 15 ML CUP	72
17856-0601-30	ALUMINUM HYDROXIDE GEL CONC S/F 600/ 5ML 30 ML CUP	50
17856-0733-30	ALUMINUM HYDROXIDE SF GEL 320MG / 5ML 15ML CUP	72
17856-0093-30	AMANTADINE HCL 50 MG / 5ML SYRUP 5 ML CUP	72
17856-0044-30	AMINOCAPROIC ACID 250 MG / ML SYRUP 5 ML CUP	72
17856-1313-31	BISMATROL 262 MG / 15ML SUSPENSION 15 ML CUP	50
17856-1313-30	BISMATROL 262 MG / 15ML SUSPENSION 30 ML CUP	50
17856-3117-30	CALCIUM CARBONATE ORAL 1250 MG / 5 ML SUSPENSION 5 ML CUP	72
17856-0003-15	CAPITAL W/CODEINE ACETAMINOPHEN/CODEINE ORAL SUSP 15ML CUP	72
17856-0170-30	CARAFATE 1 GM/10 ML SUSPENSION 10ML CUP	72
17856-4047-30	CARBAMAZEPINE 100 MG / 5ML SUSPENSION 5 ML CUP	72
17856-4047-01	CARBAMAZEPINE 100 MG/5 ML 10ML SUS	72
17856-0575-30	CARBOFED DM D-METH/P-EPHED/BROMPHEN 15/45/4MG SYRUP 5ml	72
17856-1069-30	CARDEC DM SYRUP 5ML CUP	72
17856-1067-02	CARDEC S/F PHENYLEPH/CHLORPHEN MAL 12.5-4MG / 5ml CUP	72
17856-0959-30	CASCARA SAGRADA 50 MG / 15ML LIQUID 10 ML CUP	72
17856-0959-31	CASCARA SAGRADA 50 MG / 15ML LIQUID 5 ML CUP	72
17856-6539-30	CENTRAM-CARE LIQUID 15 ML CUP	50
17856-5023-30	CERTA-VITE LIQUID 15 ML CUP	72
17856-2662-30	CHERRY SYRUP 10 ML CUP	72
17856-2662-31	CHERRY SYRUP 5 ML CUP	72
17856-5307-07	CHILDREN'S IBUPROFEN SUSP 7.5ML IN 15ML CUP	72
17856-0296-32	CHLDREN'S TYLENOL ACETAMINOPHEN 160 MG/5 ML 10ML CUP	72
17856-0296-31	CHLDREN'S TYLENOL ACETAMINOPHEN 160 MG/5 ML 5ML CUP	72
17856-2001-30	CHLORHEXIDINE GLUCONATE 0.12% LIQUID 10 ML CUP	72
17856-2002-30	CHLORHEXIDINE GLUCONATE 0.12% LIQUID 15 ML CUP	72
17856-0050-30	CIMETIDINE 300 MG/5 ML LIQ 5/ml in a 15ml CUP	72
17856-0540-30	CITALOPRAM HYDROBROMIDE 10 MG / 5ML SOLUTION 10 ML CUP	72
17856-0676-30	CITRIC ACID/POT CITRATE ORAL SOLUTION 334/1100MG / 5ML 15ML CUP	50
17856-0676-32	CITRIC ACID/POT CITRATE ORAL SOLUTION 334/1100MG / 5ML 30ML CUP	50
17856-0729-05	C-PHEN S/F PHENYLEPHRINE HCL/CHLOR-MAL 12.5-4MG/5 SYR 5ML CUP	72
17856-0504-32	CYPROHEPTADINE 2 MG/5 ML CUP	72
17856-0003-30	CYTRA-K A/F S/F 334 / 1100MG CHERRY SOLUTION 15 ML CUP	50

17856-3176-30	DEXAMETHASONE INT 1 MG / 1ML SOLUTION 5 ML CUP	72
17856-3177-30	DEXAMETHASONE ORAL 0.5 MG / 5ML SOLUTION 5 ML CUP	72
17856-1161-30	DICYCLOMINE HCL 10 MG / 5ML SYRUP 10 ML CUP	72
17856-1161-31	DICYCLOMINE HCL 10 MG / 5ML SYRUP 5 ML CUP	72
17856-0057-46	DIGOXIN SOLUTION 0.05 MG/ML 2.5ML CUP	72
17856-0057-30	DIGOXIN SOLUTION 0.05 MG/ML 5ml CUP	72
17856-3194-05	DIPHENOXYLATE HCL/ATROPINE SULF 2.5/.025MG LIQ 5ML CUP	72
17856-0743-30	DOCUSATE SODIUM R/S A/F 60MG/15ML SYRUP 10 ML CUP	72
17856-0423-32	DONNATAL BELLADONNA ALKDS/PB 16.2MG/5ML 15ML ELIXIR GRAPE FLAVOR	50
17856-0423-33	DONNATAL BELLADONNA ALKDS/PB 16.2MG/5ML 20ML ELIXIR CUP	50
17856-0423-31	DONNATAL ELIXIR 10ML CUP	72
17856-0423-30	DONNATAL ELIXIR 5ML CUP	72
17856-0351-30	ELDERTONIC VIT MULTI / MINERALS ELIXIR 15 ML CUP	72
17856-0644-31	ELIXOPHYLLIN 80 MG / 15ML ELIXIR 15 ML CUP	50
17856-0644-30	ELIXOPHYLLIN 80 MG / 15ML ELIXIR 18.75 ML CUP	50
17856-0215-30	ELLIS TONIC MULTIVITAMINS W-MINERALS LIQUID 15 ML CUP	72
17856-0215-31	ELLIS TONIC VITAMINS MULTI/MINERALS LIQUID 30ml CUP	50
17856-0471-30	EPIVIR A/F 10 MG / ML ORAL SOLUTION 5 ML CUP	72
17856-0785-30	EQUALIZER GAS RELIEF SIMETHICONE 40MG / 0.6ML DROP 10ML CUP	72
17856-0442-30	FELBATOL 600 MG / 5ML SUSPENSION 5 ML CUP	72
17856-1465-31	FERROUS SULFATE 220 MG / 5ML ELIXIR 5 ML CUP	72
17856-1465-30	FERROUS SULFATE 220 MG / 5ML ELXIR 7.5 ML CUP	72
17856-1465-32	FERROUS SULFATE 220 MG/5ML ELXIR 6.82ml CUP	72
17856-0352-30	FLUOXETINE HCL 20 MG / 5ML SOLUTION 5 ML CUP	72
17856-0653-30	FLUPHENAZINE HCL CONCENTRATE 5 MG / ML LIQUID 5 ML CUP	72
17856-0450-30	FURADANTIN 25MG / 5ML SUSPENSION 15 ML CUP	72
17856-3294-31	FUROSEMIDE 10 MG / ML SOLUTION 2.5 ML CUP	72
17856-1171-30	GAVISCON MAG CARB / AL HYDROX / ALGIN 358/95/15 LIQUID 30ML CUP	50
17856-0132-32	GUAIFENESIN S/F 100 MG/5 ML SYRUP 10 ML CUP	72
17856-0744-30	GUAIFENESIN S/F 100 MG/5 ML SYRUP 15 ML CUP	50
17856-0124-32	GUAIFENESIN-DM S/F A/F NR 100MG / 10MG / 5ML LIQUID 10 ML CUP	72
17856-0124-30	GUAIFENESIN-DM S/F A/F NR 100MG / 10MG / 5ML LIQUID 5 ML CUP	72
17856-0581-30	HALOPERIDOL LACTATE CONC 2 MG/ML SOLUTION 5 ML CUP	72
17856-0043-05	HYDROCOD/HOMA HYDROCODONE BIT/HOMATROPINE SYR 5ML CUP	72
17856-0052-30	HYDROXYZINE HCL 10 MG / 5ML SYRUP 12.5 ML CUP	72
17856-0150-30	HYDROXYZINE HCL 10 MG / 5ML SYRUP 5 ML CUP	72
17856-0052-05	HYDROXYZINE HCL 10MG/5ML 5ML CUP	72
17856-0801-30	HYOSCYAMINE SULFATE 125 MCG / 5ML ELIXIR 5 ML CUP	72
17856-0511-30	HYOSYNE HYOSCYAMINE SULFATE 125 MCG/5 ML 5ML ELIXIR CUP	72
17856-0952-31	IBUPROFEN 100 MG / 5ML SUSPENSION 20 ML CUP	50
17856-0952-30	IBUPROFEN 100 MG / 5ML SUSPENSION 5 ML CUP	72
17856-0121-30	KONDREMUL MINERAL OIL / CARRAGEENAN LIQUID 15 ML CUP	72
17856-0121-31	KONDREMUL MINERAL OIL / CARRAGEENAN LIQUID 30 ML CUP	50
17856-1378-30	LACTULOSE 10 GM/15 ML SOLUTION 30ML CUP	50
17856-1515-30	LEVAQUIN 25 MG / ML SOLUTION 30 ML CUP	50
17856-6141-30	LEVETIRACETAM 100 MG / ML SOLUTION 5 ML CUP	72
17856-0775-30	LIDOCAINE HCL VISCOUS 2 % SOLUTION 20 ML CUP	50
17856-0464-30	LIDOCAINE HCL VISCOUS 2% SOLUTION 5 ML CUP	72
17856-0269-30	LORATADINE ORAL 5 MG / 5ML SOLUTION 5ML CUP	72

17856-6196-30	MAALOX RS 200 / 200 / 20MG LIQUID 30 ML CUP	50
17856-0184-30	MAGONATE MAGNESIUM GLUCONATE 54 MG / 5ML LIQUID 5 ML CUP	72
17856-1985-30	MAPAP ACETAMINOPHEN 160 MG / 5ML ELIXIR 30 ML CUP	50
17856-1985-31	MAPAP ACETAMINOPHEN 160 MG/5 ML ELIXIR 20.3ml CUP	50
17856-1985-06	MAPAP ACETAMINOPHEN 160 MG/5 ML ELIXIR 6ML 1CUP	72
17856-1985-07	MAPAP ACETAMINOPHEN 7.5ML IN 15ML CUP ELIXIR	72
17856-4816-16	MD-GASTROVIEW DIATRIZOATE MEG/DIATR SOD 66/10% SOL 16ML CUP	50
17856-4816-30	MD-GASTROVIEW DIATRIZOATE MEG/DIATR SOD 66/10% SOLUTION 10ml CUP	72
17856-4816-31	MD-GASTROVIEW DIATRIZOATE MEG/DIATR SOD 66/10% SOLUTION 15ml CUP	50
17856-4816-32	MD-GASTROVIEW DIATRIZOATE MEG/DIATR SOD 66/10% SOLUTION 20 ml CUP	50
17856-4816-33	MD-GASTROVIEW DIATRIZOATE MEG/DIATR SOD 66/10% SOLUTION 30 ml CUP	50
17856-4816-05	MD-GASTROVIEW DIATRIZOATE MEG/DIATR SOD 66/10% SOLUTION 5ML CUP	72
17856-0949-30	MEGACE ES 625 MG / 5ML SUSPENSION 5 ML CUP	72
17856-0907-30	MEGESTROL ACETATE 40 MG / ML SUSPENSION 10 ML CUP	72
17856-0907-31	MEGESTROL ACETATE 40 MG / ML SUSPENSION 20 ML CUP	50
17856-0576-31	METOCLOPRAMIDE HCL 5 MG / 5ML SOLUTION 10 ML CUP	72
17856-0576-30	METOCLOPRAMIDE HCL 5 MG / 5ML SOLUTION 5 ML CUP	72
17856-0005-30	MI-ACID II 400 / 400 / 40 LIQUID 30 ML CUP	50
17856-5721-30	MINTOX 200 / 200 / 20 LIQUID 30 ML CUP	50
17856-6151-20	MULTI-DELYN A/F S/F LIQUID 5 ML CUP	72
17856-3630-30	NAPROXEN ORAL 125 MG / 5ML SUSPENSION 5 ML CUP	72
17856-0538-30	NYSTATIN ORAL 100,000 IU / ML SUSPENSION 15 ML CUP	50
17856-0537-30	NYSTATIN ORAL 100,000 IU / ML SUSPENSION 5 ML CUP	72
17856-0491-03	ONDANSETRON HCL 4 MG/5ML 5ML CUP	72
17856-0671-30	OXYBUTYNIN CHL 5 MG/5 ML SYRUP 5ML CUP	72
17856-0855-05	PAREGORIC ANHYDROUS MORPHINE 2MG/5ML LIQUID 5ML CUP	72
17856-0374-30	PAROXETINE HCL 10 MG/5 ML SUSP 5ML	72
17856-0067-30	PHENYTOIN 125 MG / 5ML SUSPENSION 4 ML CUP	72
17856-0632-50	POLY-VITAMIN W / IRON DROPS 50 ML CUP	50
17856-0912-32	PREDNISOLONE 15 MG / 5ML SOLUTION 5 ML CUP	72
17856-0759-31	PREDNISOLONE SOD PHOS 15 MG / 5ML SOLUTION 5 ML CUP	72
17856-0608-30	PROMETHAZINE HCL 6.25 MG / 5ML SYRUP 5 ML CUP	72
17856-0604-30	PROMETHAZINE-DM 6.25 / 15MG / 5ML SYRUP 5 ML CUP	72
17856-3727-30	PROPRANOLOL HCL 20 MG/5ML 5ML SOLUTION CUP	72
17856-0421-30	PSEUDOEPHEDRINE HCL 30 MG / 5ML SYRUP 5 ML CUP	72
17856-0823-10	Q-DRYL DIPHENHYDRAMINE HCL 12.5 MG/5ML 10ML CUPS	72
17856-0727-10	RANITIDINE HCL 15 MG/ML SYR 10ML CUP	72
17856-1275-10	SENEXON CALCIUM SENNOSIDES A&B 8.8MG/5ML 10ML SYRUP CUP	72
17856-1275-05	SENEXON CALCIUM SENNOSIDES A&B 8.8MG/5ML 5ML SYRUP CUP	72
17856-0006-30	SOD POLYSTYRENE SUL ORAL 15GM / 60ML SUSPENSION 60 ML Bot	45
17856-0659-30	SORBITOL 70% SOLUTION 30 ML CUP	50
17856-2775-30	STRONG IODINE LUGOLS POTASSIUM IODIDE/IODINE 10% / 5% SOLUTION 8 ML CUP □	72
17856-0824-30	SULFAMETHOXAZOLE / TRIMETHOPRIM PED 200 / 40MG / 5ML SUSPENSION 20 ML CUP	50
17856-0823-30	SULFAMETHOXAZOLE / TRIMETHOPRIM PED 200 / 40MG / 5ML SUSPENSION 5 ML CUP	72
17856-0683-30	THERA-PLUS LIQUID 5 ML CUP	72
17856-0677-30	TRICITRATES CITRIC ACID/K-NA CITRATES 334/550/500/5ML 5ML A/F S/F SOLUTION CUP	72
17856-0658-05	TRIHENYPHENIDYL HCL 2MG/ 5ML 5ML ELIXIR CUP	72
17856-0357-30	TRILEPTAL 300 MG / 5ML SUSPENSION 5 ML CUP	72
17856-0548-05	TUSSIONEX PENNKINETIC HYDROCODONE/CHLORPHEN POLIS SUSP 5ml CUP	72

17856-0621-30	VALPROIC ACID 250 MG/5 ML SYRUP 10 ML CUP	72
17856-0167-30	VITAMIN C ASCORBIC ACID 500 MG / 5ML SYRUP 5 ML CUP	72

Our Most Popular Unit Dose Solids

- | | | | |
|--------------|-----------|-------------------|-------------------|
| • Mucinex ER | 600mg | • Potassium Chl | 10 meq caps |
| • Omeprazole | 20mg/40mg | • Ultrace | 12s/18s/20s |
| • Renagel | 800mg | • Creon | 12s/18s/20s |
| • Renvela | 800mg | • Pancrease | 12s/18s/20s |
| • Flomax | 0.4mg | • Calcium Acetate | 667mg
(phoslo) |

- Individually bar-coded
- Convenient packaging options.
- Reduction in dispensing errors
- Cost effective and time efficient
- Tamper evident for patient safety

**Atlantic Biologicals: Our products bring us together.
Our service sets us apart.**

Contact:

Sales@atlanticbiologicals.com
(P) 800.509.7592 ext ■ (F) 305.690.4213
www.atlanticbiologicals.com ■

Atlantic Biologicals Unit Dose Solid Portfolio

NDC	Generic Unit Dose	Compare To	Description	Case Size
17856-7181-20	Acidophilus	OTC	extra strength tablet	100
17856-0185-20	Aminocaproic Acid	Amicar	500 mg tablet	100
17856-1909-20	Aspirin	OTC	325 mg tablet buffered	100
17856-0444-20	Aspirin	OTC	325mg tablet	100
17856-7704-20	AspirLow	OTC	81mg EC coated	100
17856-4040-20	Aspirin (children's chew)	OTC	81mg chewable tablet	100
17856-0505-20	Benazepril	Lotensin	5mg tablet	100
17856-0091-20	Benzonatate	Tessalon Perles	100mg capsule	100
17856-5270-20	Bisoprolol Fumarate	Zebeta	5mg tablet	100
17856-3175-20	Brewer's Yeast	OTC	7.5 gr tablet	100
17856-0415-20	Bupropion Hydrochloride	Wellbutrin	150mg ER tablet	100
17856-0839-20	Bupropion Hydrochloride	Wellbutrin	150mg SR tablet	100
17856-3332-30	Bupropion Hydrochloride	Wellbutrin	300mg SR tablet	100
17856-0007-20	Calcitriol	Rocaltrol	.25 mcg capsule	100
17856-5460-20	Calcium	Os-Cal	500mg tablet+ Vit. D	100
17856-3233-20	Calcium	OTC	600mg+ D tablet	100
17856-2330-20	Calcium Cabornate	Caltrate	600mg tablet + Vit D	100
17856-3414-20	Calcium Cabornate	Alka Seltzer	648mg 10 gr tablet	100
17856-1201-20	Colchicine	Colchicine	.6mg tablet	100
17856-0043-20	Cyproheptadine	Periactin	4mg tablet	100
17856-0014-20	Dilt-XR	Diltiazem Hydrochloride	120mg tablet	100
17856-0609-20	Famotidine	Pepcid	40mg tablet	100
17856-0368-20	Felodipine	Plendil	2.5mg tablet	100
17856-0369-20	Felodipine	Plendil	5mg tablet	100
17856-0370-20	Felodipine	Plendil	10mg tablet	100
17856-5825-20	Finasteride	Proscar	5mg tablet	100
17856-0093-20	Flurbiprofen	Ansaid	100mg tablet	100
17856-0041-20	Fosinopril	Monopril	10mg tablet	100
17856-2898-20	Glipizide	Glucotrol	2.5mg tablet	100
17856-0844-20	Glipizide	Glucotrol	5 mg ER tablet	100
17856-0142-20	Glipizide	Glucotrol	10 mg tablet	100
17856-0873-20	Glipizide	Glucotrol	10 mg ER tablet	100
17856-1160-20	Guanfacine	Tenex	1mg tablet	100
17856-0613-20	Hydroxyzine	Vistaril	25mg capsule	100
17856-0615-20	Hydroxyzine	Vistaril	50mg capsule	100
17856-0308-20	Hydroxyzine	Vistaril	25mg tablet	100
17856-0309-20	Hydroxyzine	Vistaril	50 mg tablet	100
17856-0255-20	Hyoscyamine	Anaspaz	.125 mg tablet	100
17856-2620-20	Isosorbide	Imdur	20mg	100
NDC	Generic Unit Dose	Compare To	Description	Case Size
17856-0484-20	Leucovorin	Leucovorin calcium	5mg tablet	100
17856-1800-20	Levothyroxine	Levothroid	25 mcg tablet	100
17856-1807-20	Levothyroxine	Levothroid	88 mcg tablet	100
17856-1811-20	Levothyroxine	Levothroid	112 mcg tablet	100
17856-0171-20	Magnesium Oxide	OTC	400mg tablet	100
17856-3985-20	Meclizine	Antivert	12.5mg tablet	100
17856-3990-20	Meclizine	Antivert	25mg tablet	100
17856-0334-20	Metronidazole	Flagyl	500mg tablet	100
17856-0018-20	Metoprolol Tartrate	Lopressor	25mg tablet	100

17856-8739-20	Mexilatine Hydrochloride	Mexitil	150mg capsule	100
17856-5642-20	Minoxidil	Loniten	2.5mg capsule	100
17856-0257-20	Minoxidil	Loniten	10mg tablet	100
17856-4430-20	Misoprostol	Cytotec	100mcg tablet	100
17856-0154-20	Nabumetone	Relafen	500mg tablet	100
17856-0190-20	Naproxen Sodium	Aleve	500mg tablet	100
17856-0537-20	Naproxen Sodium	Aleve	550mg tablet	100
17856-2497-20	Nifedipine	Adalat	10mg tablet	100
17856-2530-20	Nifedipine	Adalat	20mg tablet	100
17856-0009-20	Omega-3	OTC	1000mg capsule	100
17856-0118-20	Omeprazole	Prilosec	20mg delayed release capsule	100
17856-0131-20	Ondansetron	Zofran	8mg tablet	100
17856-6605-20	Oxybutin Chloride	Ditropan	5mg tablet	100
17856-5207-20	Oxybutin Chloride	Ditropan	10mg tablet	100
17856-5208-20	Oxybutin Chloride	Ditropan	15mg tablet	100
17856-0033-20	Pentoxifylline	Trental	400mg tablet	100
17856-7922-20	Phenazopyridine Hydrochloride	Pyridium	100mg tablet	100
17856-1560-20	Potassium Chloride		10 Meq 750mg CAPS	100
17856-1526-20	Potassium Chloride		10Meq 750mg TABS	100
17856-0602-20	Primidone	Mysoline	50mg tablet	100
17856-0156-20	Probenecid	Benemid	500mg tablet	100
17856-0993-20	Quinapril	Accupril	10mg tablet	100
17856-0990-20	Quinapril	Accupril	20mg tablet	100
17856-5525-20	Ropinirole	Requip	.25mg capsule	100
17856-5501-20	Ropinirole	Requip	1mg capsule	100
17856-4186-20	Sertraline Hydrochloride	Zoloft	25mg tablet	100
17856-4900-20	Sertraline Hydrochloride	Zoloft	50mg tablet	100
17856-4534-20	Simethicone	Alka Seltzer	125mg tablet chewable	100
17856-0789-20	Simvastatin	Zocor	5mg tablet	100
17856-0170-20	Simvastatin	Zocor	20mg tablet	100
17856-0053-20	Simvastatin	Zocor	40mg tablet	100
17856-0793-20	Simvastatin	Zocor	80mg tablet	100
17856-0117-20	Sotalol Hydrochloride	Betapace AF	80mg tablet	100
17856-0170-20	Sotalol Hydrochloride	Betapace AF	120mg tablet	100
17856-4519-20	Therapeutic-M	Centrum	multivitamin	100
17856-0627-20	Tramadol	Ultram	50mg tablet	100
NDC	Generic Unit Dose	Compare To	Description	Case Size
17856-0534-20	Triamterene & Hydrochlorothiazide	Maxzide	37.5 mg / 25mg tablet	100
17856-0343-20	Verapamil HCL	Calan	80mg tablet	100
17856-4286-20	Verapamil HCL	Calan	180mg tablet	100
17856-0411-20	Verapamil HCL	Calan	240mg tablet	100
17856-2085-20	Vitamin A	OTC	10,000 iu softgel	100
17856-0520-20	Vitamin B-6	OTC	50mg tablet	100
17856-3542-20	Vitamin B-12	OTC	100 mcg tablet	100
17856-3207-20	Vitamin B-12	OTC	500 mcg tablet	100
17856-4217-20	Vitamin B-12	OTC	1000 mcg tablet	100
17856-0558-20	Vitamin D	OTC	400 iu tablet	100
17856-0274-20	Vitamin E	OTC	400 iu softgel	100
17856-4029-20	Warforin	Coumadin	2.5mg tablet	100
17856-3191-20	Zinc	OTC	50 mg tablet	100
17856-5332-20	Zinc	OTC	220 mg tablet	100

NDC	Brand Name Solids	Compare To	Description	Case Size
17856-0151-20	Actos	Pioglitazone Hydrochloride	15 mg tablet	100
17856-0301-20	Actos	Pioglitazone Hydrochloride	30 mg tablet	100
17856-0451-20	Actos	Pioglitazone Hydrochloride	45 mg tablet	100
17856-0001-20	Aggrenox	Aspirin/Extended Release Dipyridamole	25 mg/ 200 mg capsules	100
17856-0752-20	Asacol	Mesalamine	400 mg tablet	100
17856-3158-20	Avandia	Rosiglitazone Maleate	2 mg tablet	100
17856-3159-20	Avandia	Rosiglitazone Maleate	4 mg tablet	100
17856-3160-20	Avandia	Rosiglitazone Maleate	8mg tablet	100
17856-0712-20	Avodart	Dutasteride	0.5 mg tablet	100
17856-0100-20	BiDil	Isosorbide Dinitrate/Hydralazine	20mg / 37.5mg	100
17856-4239-20	Centrum	Multi vitamin	-	100
17856-0468-20	Chantix	Varncline	.5 mg tablet	100
17856-2633-20	Ceririzine HC	Zyrtec	10 mg tablet	100
17856-0173-20	Coumadin	Warfarin Sodium Tablets,USP	7.5 tablet	100
17856-0472-20	Diovan HCT	Valsartan and Hydrchlorothiazide	320 mg/25 mg tablet	100
17856-8500-20	Ditropan HCT	Oxybutin Chloride	5 mg ER tablet	100
NDC	Brand Name Solids	Compare To	Description	Case Size
17856-4165-20	Evista	Raloxifene	60 mg tablet	100
17856-0324-20	Exelon	Rivastigmine Tartrate	3 mg tablet	100
17856-0058-01	Flomax	Tamsulosin HCL	0.4 mg capsule	100
17856-0112-20	Januvia	Sitagliptin	50 mg tablet	100
17856-0277-20	Januvia	Sitagliptin	100 mg tablet	100
17856-6799-20	Kaletra	Lopinavir / ritonavir	200mg / 50mg tablet	100
17856-0594-20	Keppra	Levetiracetam	250 mg tablet	100
17856-0595-20	Keppra	Levetiracetam	500 mg tablet	100
17856-0596-20	Keppra	Levetiracetam	750mg tablet	100
17856-0633-20	Lamictal	Lamotrigine	25mg tablet	100
17856-2005-20	Lexapro	Escitalopram	5mg capsule	100
17856-0157-20	Lipitor	Atrovastin Calcium	40 mg tablet	100
17856-0158-20	Lipitor	Atrovastin Calcium	80 mg tablet	100
17856-0406-20	Lotrel	Amlodipine Besylate	5mg / 20mg capsule	100
17856-7651-20	MAPAP PM	TYLENOL PM	extra strength	100
17856-0054-20	Methergine	Methylergonivine Maleate	.2mg tablet	100
17856-0190-20	Mirapex	Pramipexole Dihydrochloride	1 mg tablet	100
17856-0008-20	Mucinex	Guaifenesin	600 mg ER tablet	100
17856-0056-20	Mucinex DM	Guaifenesin	30mg tablet	100
17856-1022-20	Nephro-Vite	Vitamin B & C Complex		100
17856-0163-20	Niferex	Polysaccharide Iron Complex	150 mg capsule	100
17856-0031-20	Pangestyme	Pancrelipase	EC tablets	100
17856-6402-01	Phoslo Gelcaps	Calcium Acetate	667 mg gelcap	100
17856-0153-20	Qualaquin	Quinine Sulfate	324 mg capsule	100
17856-0112-21	Ranexa	Ranolazine	500 mg tablet	100

17856-0020-20	Renagel	Sevelamer Hydrochloride	400 mg tablet	100
17856-0021-20	Renagel	Sevelamer Hydrochloride	800 mg tablet	100
17856-4890-20	Requip	Ropinirole Hydrochloride	.25 mg tablet	100
17856-4892-20	Requip	Ropinirole Hydrochloride	1 mg tablet	100
17856-0408-20	Stalevo	Carbidopa, Levodopa & Entacapone	325 mg tablet	100
17856-0279-20	SeroQuel	Quetiapine Fumarate	400 mg tablet	100
17856-0521-20	Sinemet	Carbidopa, Levodopa	25mg tablet	100
17855-3238-20	Strattera	Atomoxetine	18 mg tablet	100
17856-3228-20	Strattera	Atomoxetine	25 mg tablet	100
NDC	Brand Name Solids	Compare To	Description	Case Size
17856-3229-20	Strattera	Atomoxetine	40 mg tablet	100
17856-3239-20	Strattera	Atomoxetine	60 mg tablet	100
17856-0440-20	Sular	Nisoldipine	10 mg tablet	100
17856-0697-20	Taztia XT	Diltiazem	180 mg extended release capsule	100
17856-0639-20	TopAMAX	Topirate	25 mg tablet	100
17856-0641-20	TopAMAX	Topirate	100 mg tablet	100
17856-6123-20	Tricor	Fenofibrate	145 mg tablet	100
17856-4200-20	Uroxatral	Alfuzosin	10mg ER tablet	100
17856-0311-20	Vytorin	Ezetimibe / Simvastatin	10/10 tablet	100
17856-0312-20	Vytorin	Ezetimibe / Simvastatin	10/20 tablet	100
17856-0313-20	Vytorin	Ezetimibe / Simvastatin	10/40 tablet	100
17856-0730-20	Wellbutrin	Bupropion Hydrochloride	150 mg tablet	100
17856-0104-20	Zegerid	Omeprazole/sodium Bicarbonate	40mg/1100mg tablet	100
17856-4116-20	Zyprexa	Olanzapine	7.5 mg tablet	100
17856-4415-20	Zyprexa	Olanzapine	15 mg tablet	100
17856-0731-20	Zyrtec 10mg	Cetirizine HCL	10 mg tablet	100

Our Unit Dose Oral Syringe Portfolio

	Case size
• Poly-Vitamin drops, delivers 0.5mL tamper evident cap	120
• Poly-Vitamin drops W / IRON delivers 0.5mL	120
• Poly-Vitamin drops W / IRON delivers 0.5mL tamper evident cap	120
• Poly-Vitamin drops W / IRON delivers 1mL tamper evident cap	120
• Potassium Chloride (20%) 40meq/15mL, delivers 3.75mL dye & sugar free	120
• Potassium Chloride (20%) 40meq/15mL, delivers 3mL dye & sugar free	120
• Potassium Chloride (20%) 40meq/15mL, delivers 1.9mL dye & sugar free	120
• Prednisolone Sodium Phosphate 15mg/5mL, delivers 5mL	48
• Ranitidine HCL 15mg/mL syrup, delivers 0.5mL	120
• Ranitidine HCL 15mg/mL syrup, delivers 1mL	120
• Ranitidine HCL 15mg/mL syrup, delivers 2.5mL	120
• Risperidone 1mg/mL solution, delivers 1mL	120
• SILAPAP Acetaminophen infant drops, 100mg/mL, delivers 1mL	120
• SILAPAP Acetaminophen infant drops 80mg/0.8mL, delivers 0.8mL	120
• SILAPAP Acetaminophen infant drops 40mg/0.4mL, delivers 0.4mL	120
• Simethicone 40mg/0.6mL equalizer gas relief drops, delivers 0.6mL	120
• Thera Plus, adult high potency multi vitamin, delivers 5mL	48
• Vitamin D Ergocalciferol 8ku/mL solution, delivers 0.5mL	120

- Individually bar-coded
- Convenient packaging options.
- Reduction in dispensing errors
- Cost effective and time efficient
- Tamper evident for patient safety

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Our service sets us apart.**

Contact:

Sales@atlanticbiologicals.com
(P) 800.509.7592 ext ■ (F) 305.690.4213
www.atlanticbiologicals.com ■



Atlantic Biologicals Unit dose Oral Syringe Portfolio

NDC	Product Description	Case size
17856-1743-33	Acetaminophen 160 mg / 5mL elixir, delivers 5 mL	48
17856-0740-31	Albuterol Sulfate 2 mg / 5mL syrup, delivers 1 mL	120
17856-0770-10	Diphenhist Diphenhydramine HCL 12.5 mg / 5mL, delivers 5mL	48
17856-0423-34	Donnatol Grape Elixir, 32.4mg / 10mL, delivers 10mL	48
17856-6060-08	Ferrous Sulfate 15 mg/mL, delivers 12.5mg / 0.83mL	120
17856-6060-30	Ferrous sulfate 15mg/mL, delivers 1mL	120
17856-0744-31	Guaifenesin syrup 100 mg/5mL sugar free, delivers 5mL	48
17856-0124-31	Guaifenesin-DM S/F A/F NR 100mg / 10mg / 5mL, delivers 5mL	48
17856-6168-31	Hydramine 12.5 mg/5mL, delivers 5mL	48
17856-0952-12	Ibuprofen 100 mg / 5mL suspension, delivers 1mL	120
17856-0952-11	Ibuprofen 100 mg / 5mL suspension, delivers 10mL	48
17856-0952-10	Ibuprofen 100 mg / 5mL suspension, delivers 5 mL	48
17856-5463-01	Ibuprofen childrens suspension 40mg/1mL, delivers 1mL	120
17856-0775-10	Lidocaine HCL viscous 2 % solution 20mg/mL, delivers 5mL	48
17856-5255-01	MAPAP Acetaminophen 100mg/mL, delivers 1mL	120
17856-0907-20	Megestrol Acetate 40 mg/mL, delivers 10mL	48
17856-0622-31	Metoclopramide HCL 1mg/mL, delivers 1mL	120
17856-0622-33	Metoclopramide HCL 1mg/mL syrup delivers 5 mL	48
17856-0622-30	Metoclopramide HCL 1mg/mL solution delivers 0.5 mL	120
17856-0622-32	Metoclopramide HCL 1mg/mL solution delivers 2.5 mL	120
17856-6151-21	Multi-deylin alc. free sugar free, delivers 5mL	48
17856-0538-31	Nystatin 100,000 iu/mL, delivers 0.5mL	120
17856-0625-30	Poly-Vitamin drops, delivers 0.5mL	120
17856-0625-50	Poly-Vitamin drops, delivers 1mL	120
17856-0625-32	Poly-Vitamin drops, delivers 1mL tamper evident cap	120
17856-0625-31	Poly-Vitamin drops, delivers 0.5mL tamper evident cap	120
17856-0632-30	Poly-Vitamin drops W / IRON delivers 0.5mL	120
17856-0632-31	Poly-Vitamin drops W / IRON delivers 0.5mL tamper evident cap	120
17856-0632-32	Poly-Vitamin drops W / IRON delivers 1mL tamper evident cap	120
17856-0466-37	Potassium Chloride (20%) 40meq/15mL, delivers 3.75mL dye & sugar free	120
17856-1466-30	Potassium Chloride (20%) 40meq/15mL, delivers 3mL dye & sugar free	120
17856-0466-19	Potassium Chloride (20%) 40meq/15mL, delivers 1.9mL dye & sugar free	120
17856-0212-31	Prednisolone Sodium Phosphate 15mg/5mL, delivers 5mL	48
17856-0396-30	Ranitidine HCL 15mg/mL syrup, delivers 0.5mL	120
17856-0396-31	Ranitidine HCL 15mg/mL syrup, delivers 1mL	120
17856-0396-32	Ranitidine HCL 15mg/mL syrup, delivers 2.5mL	120
17856-0596-30	Risperidone 1mg/mL solution, delivers 1mL	120
17856-0145-30	SILAPAP Acetaminophen infant drops, 100mg/mL, delivers 1mL	120
17856-0145-08	SILAPAP Acetaminophen infant drops 80mg/0.8mL, delivers 0.8mL	120
17856-0145-04	SILAPAP Acetaminophen infant drops 40mg/0.4mL, delivers 0.4mL	120
17856-0785-06	Simethicone 40mg/0.6mL equalizer gas relief drops, delivers 0.6mL	120
17856-0683-10	Thera Plus, adult high potency multi vitamin, delivers 5mL	48
17856-0015-30	Vitamin D Ergocalciferol 8ku/mL solution, delivers 0.5mL	120

All oral syringes come flag labeled with linear bar code



Company Introduction

Atlantic Biologicals is a comprehensive provider of healthcare solutions. We are a premier distributor of brand, generic and critical care pharmaceuticals as well as medical/surgical supplies, and diagnostic products servicing hospitals, physicians' offices, oncology clinics, diagnostic centers, freestanding clinics and home infusion.

Our corporate headquarters are strategically located in South Florida with additional distribution centers in Tennessee, Arizona, Texas and North Carolina, allowing for expedited service of all our products throughout the contiguous United States, Hawaiian Islands and the Caribbean.

Since inception in 1999, we have built an organization that is synonymous with innovation, initiative and integrity.

Never satisfied with the status quo, we recently added the Unit Dose Advantage to our already successful product and service line. This program allows hospitals to convert bulk pharmaceuticals into single-dose packaging, which increases patient compliance, reduces dispensing errors and decreases operational expenditures. We now offer more than 200 single-dose products not available through major wholesalers, including oral solids, oral liquids, oral syringes and powders. They are individually bar coded and can be customized to meet any scanning software program needs.

We have also successfully developed our unique Consignment Program. Pharmacy purchasing agents have the option of stocking critical care pharmaceuticals and only being charged on a per-use basis, eliminating the need for emergency, weekend and holiday service calls, and the costs associated with them. The consignment program establishes peace of mind and demonstrates our ongoing commitment to superior service.

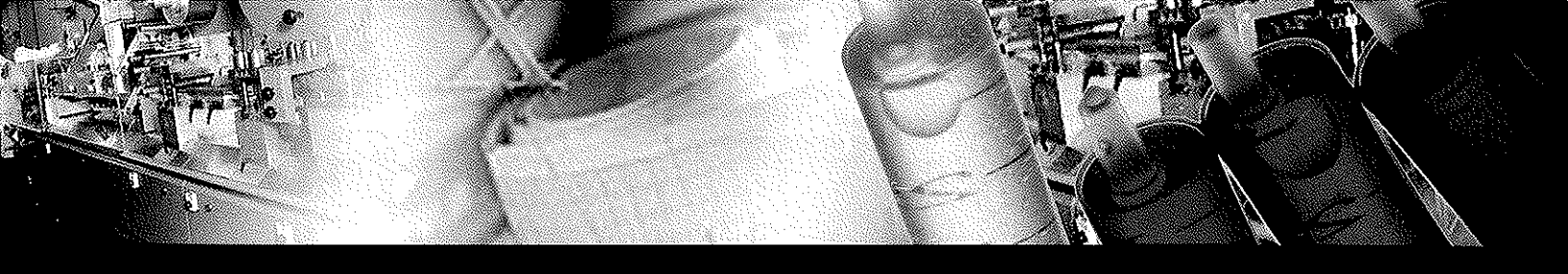
And, Atlantic Biologicals is still an industry leader in the distribution of plasma derivatives, focusing on anti-hemophilic products, immune globulin, albumin and hyper immunes. We understand the critical nature of these products and offer expedited same-day service 24 hours a day, seven days a week.

We take every precaution to ensure the safe and ethical distribution of all our pharmaceutical products. We consistently look to uphold and exceed our customers' expectations.

As a pharmaceutical distributor, Atlantic Biologicals complies with all state laws and United States Food and Drug Administration regulations. This includes the applicable provisions of the Prescription Drug Marketing Act, the Prescription Drug Amendments and all subsequent revisions and amendments. We are also proud to announce that we are VAWD certified.

Atlantic Biologicals continues to be an industry leader because of our innovations, initiative and integrity. Give us the opportunity to provide you with safe, quality products, cutting-edge solutions and exceptional customer service.

.Atlantic Biologicals: Our products bring us together. Our service sets us apart.



The Unit Dose Advantage®

Atlantic Biologicals is a comprehensive provider of healthcare solutions. We are committed to providing cutting-edge solutions to various entities within the healthcare sector. By addressing concerns regarding the integrity of the pharmaceutical supply chain, we are taking every precaution to ensure the safe and ethical distribution of all pharmaceutical products.

Our dedication to this philosophy is reflected in our portfolio of products and services. The latest program in our offering of services is **The Unit Dose Advantage®**. This service will allow you to convert your bulk pharmaceuticals into single-dose packaging. Some key benefits of **The Unit Dose Advantage®** are:

- Individually bar-coded products
- Increased efficiency - reducing the time needed for preparation
- Products are conveniently packaged for ease of distribution
- Reduction in dispensing errors
- Increased patient compliance
- Customized packaging – designed with your facility in mind
- Integrity of pharmaceuticals is uncompromised
- Reduced labor costs, streamlined operations and decreased product waste equates into overall cost effectiveness for your facility

Additional benefits that are unique to Atlantic Biologicals customers:

- Exclusive product availability
- “One-Call” service on your unit-dose orders and requests
- Product availability in a variety of formulations including:
 - o Liquids
 - o Tablets
 - o Oral Syringes
 - o Powders
- Access to the largest selection of unit-dose products in the industry

Atlantic Biologicals complies with all Federal and State laws. This includes the applicable provisions of the Prescription Drug Marketing Act (PDMA) and the Prescription Drug Amendments and all subsequent revisions and amendments.

Give us the opportunity to supply you with safe, quality pharmaceuticals and progressive solutions, while simultaneously providing stellar customer service.

Atlantic Biologicals: Our products bring us together. Our service sets us apart.

Our Most Popular Unit Dose Liquids

Unit Dose Liquids and Dose Size

• Chlorhexidine Rinse	10mL & 15mL	• Levetiracetam	5mL
• Thera Plus	5mL	<i>(generic – Keppra)</i>	
• Multi Deylin	5mL	• Senexon	5mL & 10mL
• Certavite	15mL	• Megestrol (400 mg/mL)	10mL & 20mL
• Vitamin C	5mL	• Sulfamethoxazole (Bactrim)	5mL & 20mL
• Donnatal	5mL,10mL,20mL	• Valproic Acid Nystatin	5mL,10mL,20mL
• Prednisilone Sodium Phosphate (15mg/mL)	5mL	<i>(100,000ius/mL)</i>	
• Guaifenesin DM (Alcohol & Sugar Free)	5mL & 10mL	• Elixophyllin	18.75mL
• Ferrous Sulfate (220mg/mL)	5mL	• Bismatrol	15mL/30mL
		• MD Gastroview	15mL/20mL/30mL

- Individually bar-coded
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