



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  
 WEH11025

PAGE  
 1

ADDRESS CORRESPONDENCE TO ATTENTION OF:  
 ROBERTA WAGNER  
 B.O. 4-558-0067

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**Stryker**  
**1343 Saddle Creeke Way**  
**Milton, WV 25541**

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

DATE PRINTED 08/25/2010	TERMS OF SALE Net 30 days	SHIP VIA truck to destination	F.O.B. FOB origin	FREIGHT TERMS freight + insurance
BID OPENING DATE: 09/23/2010		BID OPENING TIME 01:30PM		Prepaid

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	3	EA		470-90	\$ 3,785.04	\$ 11,355.12
BARIATRIC TRANSPORT STRETCHERS FOR EMERGENCY ROOM						
PER THE ATTACHED SPECIFICATIONS.						
0002	2	EA		470-90	\$ 5,000.94	\$ 10,001.88
BARIATRIC TRANSPORT STRETCHERS FOR EMERGENCY ROOM						
WITH FOOT EXTENDERS AND CHART SERVICE, PER THE ATTACHED SPECIFICATIONS.						
0003	5	EA		470-90	included n/c	included n/c
2 YEAR FULL COVERAGE WARRANTY ON EACH STRETCHER						
TWO YEAR FULL COVERAGE WARRANTY MUST INCLUDE ALL COSTS ASSOCIATED WITH MAINTAINING EQUIPMENT IN WORKING ORDER FOR THE ENTIRE TWO YEARS, PER THE ATTACHED SPECS.						
CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN						

RECEIVED  
 2010 SEP 17 AM 10:22  
 WV PURCHASING DIVISION

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *WV Territory Mar* TELEPHONE: 304-634-2667 DATE: 9-16-10  
 TITLE: WV Territory Mar FEIN: 382902424 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. 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](http://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  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
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# Request for Quotation

RFQ NUMBER
WEH11025

PAGE
2

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

VENDOR
RFQ COPY TYPE NAME/ADDRESS HERE

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
08/25/2010	Net 30 days	truck to destination	FOB origin	freight & insurance
BID OPENING DATE: 09/23/2010		BID OPENING TIME: 01:30PM		prepaid

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>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>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>WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 09/08/2010. 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:</p> <p>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</p> <p>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>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS			
SIGNATURE <i>[Signature]</i>	TELEPHONE 304-634-2667	DATE 9-16-10	
TITLE WV Territory Mgr	FEIN 382902424	ADDRESS CHANGES TO BE NOTED ABOVE	

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



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

VENDOR

RFQ COPY  
 TYPE NAME/ADDRESS HERE

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
08/25/2010	Net 30 days	truck to destination	Fob origin	freight + insurance.
BID OPENING DATE:	09/23/2010	BID OPENING TIME	01:30PM	prepared

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<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>NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p>DEPARTMENT OF ADMINISTRATION          PURCHASING DIVISION          BUILDING 15          2019 WASHINGTON STREET, EAST          CHARLESTON, WV 25305-0130</p> <p>PLEASE NOTE A CONVENIENCE COPY WOULD BE APPRECIATED.</p> <p>THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:</p> <p>SEALED BID</p> <p>BUYER: -----RW/22-----</p> <p>RFQ. NO.: -----WEH11025-----</p> <p>BID OPENING DATE: --09/23/2010-----</p> <p>BID OPENING TIME: -----1:30 PM-----</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE *[Signature]* TELEPHONE 304-634-2667 DATE 9-16-10

TITLE WV Territory Mgr FEIN 382902424 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  
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# Request for Quotation

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 WEH11025

PAGE  
 4

ADDRESS CORRESPONDENCE TO ATTENTION OF:  
 ROBERTA WAGNER  
 B.04-558-0067

VENDOR

RFQ COPY  
 TYPE NAME/ADDRESS HERE

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		
08/25/2010	net 30 days	truck to destination	F.O. Origin	freight + insurance.		
BID OPENING DATE: 09/23/2010		BID OPENING TIME: 01:30PM		prepaid		
LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID: ----- 304-743-6759 ----- CONTACT PERSON (PLEASE PRINT CLEARLY): ----- Michael Guilliams -----						
***** THIS IS THE END OF RFQ WEH11025 ***** TOTAL:						\$21,357.00

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *[Signature]* TELEPHONE: 304-1034-2667 DATE: 9-16-10  
 TITLE: WV Territory Mgr. 382-902424 ADDRESS CHANGES TO BE NOTED ABOVE

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

## REQUEST FOR QUOTATION

WEH11025

## TO PROVIDE THE FOLLOWING:

ITEM #1 3 EACH -- Vendor shall provide bariatric transport stretchers for the Emergency Room  
As follows:

1. Stretchers shall have 5<sup>th</sup> wheel mobility solution.
2. Stretchers shall have a minimum 700 lb weight capacity (bariatric).
3. Stretchers shall have a minimum 30 inch width patient surface (bariatric).
4. Stretchers shall have Minimum 21 inch low height, Maximum 25 inch low height
5. Stretchers shall have a Liter mounted oxygen bottle holder.
6. Stretchers shall have four sided brake/ controls.
7. Stretchers shall have a 5 inch minimum/maximum comfort mattress (30 Inch width surface) (bariatric).
8. Stretchers shall have glide away side rails on both sides.
9. Stretchers shall have a pneumatic backrest/stationary foot (30 inch minimum).
10. Stretchers shall have pop-up steering handles (head end only).
11. Stretchers shall have a permanent fold IV pole -- head left.
12. Each stretcher shall have a digital Scale that weighs the patient to allow for the proper administration of the appropriate amount of medication as most medications are administered according to how much a patient weighs.
13. Stretcher shall have an integrated transfer board.
14. Base of stretcher must incorporate extra capacity storage tray (this is used for patient's personal belongings).
15. Stretchers must have a 4 wheel ring brake system with dual end activators.
16. Stretchers shall have 4 integrated IV receptacles.
17. Stretchers shall have integrated bumpers.
18. Stretchers must have +/- Trendelenburg (head up 18 degrees or head down 18 degrees) this is used for certain procedures performed in the Emergency Room on patients.  
(Example: patient would be placed in - trendelenburg to have a triple lumna inserted)
19. Stretcher shall have 2 year full coverage warranty-MUST include all costs associated with maintaining this equipment in working order for the entire two years.

ITEM #2 2 EACH -- Vendor shall provide bariatric transport stretchers for the Emergency Room  
As follows:

1. Stretchers shall have 5<sup>th</sup> wheel mobility solution.
2. Stretchers shall have a minimum 700 lb weight capacity (bariatric).
3. Stretchers shall have a minimum 30 inch width patient surface (bariatric).
4. Stretchers shall have Minimum 21 inch low height, Maximum 25 inch low height
5. Stretchers shall have a Liter mounted oxygen bottle holder.
6. Stretchers shall have four sided brake/ controls.
7. Stretchers shall have a 5 inch minimum comfort mattress (minimum 30 Inch surface) (bariatric).
8. Stretchers shall have glide away side rails on both sides.

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: Stryker Medical Signed: [Signature]
Date: 9-16-10 Title: WV Territory Mgr

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

RFQ No. WEH 11025

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: Stryker Medical

Authorized Signature: [Signature] Date: 9-17-10

State of West Virginia

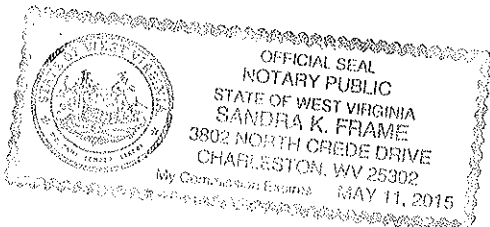
County of Kanawha, to-wit:

Taken, subscribed, and sworn to before me this 17 day of September, 2010

My Commission expires May 11, 2015

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]







State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
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ADDRESS CORRESPONDENCE TO ATTENTION OF  
 ROBERTA WAGNER  
 804-558-0067

**VENDOR**  
 Stryker  
 71343 Saddle Creeke Way  
 Milton, WV 25541

**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
09/10/2010	net 30 days	truck to destination	Fob origin	freight + insurance prepaid
BID OPENING DATE:	09/23/2010	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 ACKNOWLEDGMENT 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.: WEH11025						
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.						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
<i>[Signature]</i>	304-634-2667	9-16-10
TITLE	ADDRESS CHANGES TO BE NOTED ABOVE	
WV Territory <i>[Signature]</i> FEIN 382902424		

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



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 ROBERTA WAGNER  
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VENDOR


RFQ COPY  
 TYPE NAME/ADDRESS HERE

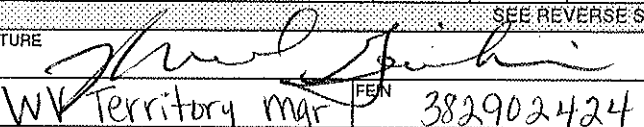
SHIP TO

HEALTH AND HUMAN RESOURCES  
 WELCH COMMUNITY HOSPITAL  
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BID OPENING DATE:	BID OPENING TIME
09/23/2010	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            Stryker Medical            COMPANY            9-16-10            DATE         </p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID</p> <p>REV. 09/21/2009</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS			
SIGNATURE	TELEPHONE	DATE	
	304-634-2667	9-16-10	
TITLE	FEN	ADDRESS CHANGES TO BE NOTED ABOVE	
WV Territory mgr	382902424		

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**WEH11025 Stretchers- addendum # 1**

**Question:** Are you looking for a specific manufacturer?

**Answer:** Stryker M-series SM104 or equivalent.

Stryker M-series is now the Prime-Series  
\* See quote attached \*

# COMPREHENSIVE QUOTATION



## Account Manager Information

Mike Guilliams  
Account Manager  
  
Phone : 304-634-2667  
Fax : 304-743-6759  
Voice Mail Ext. : 800-669-4968 x8744  
E-Mail : michael.guilliams@stryker.com

## Customer Information

Stryker Medical Division  
Welch Community Hospital  
  
454 McDowell Street  
Welch, WV 24801

## Quotation Date

9/16/2010  
Prime with 5th Wheel 3  
1105-000-030

STANDARD UNIT INCLUDES :	QUANTITY	EXTENDED PRICE
5th wheel mobility solution	2	\$2,998.80
Thermoformed ABS base with extra capacity storage tray		\$5,997.60
700 lb weight capacity		
30" wide patient surface w/3" mattress		
< 21" low height		
Integrated utility tray		
Litter mounted oxygen bottle holder		
Integrated transfer board		
Powerwashable		
4-wheel central locking brake system with dual end activators		
Dual side-mounted foot control hydraulics w/uni-lower pedal		
Glideaway™ siderails		
4 integrated IV receptacles		
Integrated bumpers		
+/- Trendelenburg		
8" Omni Surface™ casters w/ integrated wheel covers		
Integrated foot end pull handles		
2 year warranty		
No Three Sided Hydraulic Controls		
Pneumatic Backrest/Stationary Foot		
No Dual End Siderail Release		
2-Year parts, labor & travel		

QTY	DESCRIPTION	PART NO.	UNIT PRICE	EXT PRICE
2	Four Sided Brake/Steer Controls	1105-003-220	\$218.61	\$437.22
2	Scale System	1070-010-001	\$883.26	\$1,766.52
2	Pop-Up Steering Handles (Head end)	1105-048-030	\$185.22	\$370.44
2	30" Transfer Board	1105-045-310	N/C	
2	2 Stage Permanent Fold IV Pole - Head Left	1105-035-338	\$221.76	\$443.52
2	5" Ultra Comfort Mattress	0785-034-333	\$160.65	\$321.30
2	Defib Tray/Foot Extender/Chart Service	1105-045-400	\$332.64	\$665.28

Requested Customization Charge (if applicable) N/A

Subtotal	\$5,000.94	\$10,001.88
Sales Tax		
Total after sales tax		\$10,001.88
<b>TOTAL PRICE</b>		<b>\$10,001.88</b>

Order subject to approval by Stryker Corporation. Taxes will be invoiced as a separate item when applicable. Credit cannot be allowed on returns of special or modified items. All approved returns will be accepted ONLY in Portage, Michigan. Proposals are e

\*Note: Fire Barrier proves compliance with California Technical Bulletin 129 and NFPA Life Safety Code 101

# COMPREHENSIVE QUOTATION



## Account Manager Information

Mike Williams  
Account Manager

Phone : 304-634-2667  
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Voice Mail Ext. : 800-669-4968 x8744  
E-Mail : michael.guilliams@stryker.com

## Customer Information

Stryker Medical Division  
Welch Community Hospital

454 McDowell Street  
Welch, WV 24801

## Quotation Date

9/16/2010  
Prime with 5th Wheel 3  
1105-000-030

STANDARD UNIT INCLUDES :	QUANTITY	EXTENDED PRICE
5th wheel mobility solution	3	\$2,998.80
Thermoformed ABS base with extra capacity storage tray		\$8,996.40
700 lb weight capacity		
30" wide patient surface w/3" mattress		
< 21" low height		
Integrated utility tray		
Litter mounted oxygen bottle holder		
Integrated transfer board		
Powerwashable		
4-wheel central locking brake system with dual end activators		
Dual side-mounted foot control hydraulics w/uni-lower pedal		
Glideaway™ siderails		
4 integrated IV receptacles		
Integrated bumpers		
+/- Trendelenburg		
8" Omni Surface™ casters w/ integrated wheel covers		
Integrated foot end pull handles		
2 year warranty		
No Three Sided Hydraulic Controls		
No scale		
Pneumatic Backrest/Stationary Foot		
No Dual End Siderail Release		
2-Year parts, labor & travel		

QTY	DESCRIPTION	PART NO.	UNIT PRICE	EXT PRICE
3	Four Sided Brake/Steer Controls	1105-003-220	\$218.61	\$655.83
3	Pop-Up Steering Handles (Head end)	1105-048-030	\$185.22	\$555.66
3	30" Transfer Board	1105-045-310	N/C	
3	2 Stage Permanent Fold IV Pole - Head Left	1105-035-338	\$221.76	\$665.28
3	5" Ultra Comfort Mattress	0785-034-333	\$160.65	\$481.95

Requested Customization Charge (if applicable) N/A

Subtotal	\$3,785.04	\$11,355.12
Sales Tax		
Total after sales tax		\$11,355.12
<b>TOTAL PRICE</b>		<b>\$11,355.12</b>

Order subject to approval by Stryker Corporation. Taxes will be invoiced as a separate item when applicable. Credit cannot be allowed on returns of special or modified items. All approved returns will be accepted ONLY in Portage, Michigan. Proposals are e

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