

**ORIGINAL**

**STATE OF WEST VIRGINIA**

**Title: MECHANICAL VENTILATORS**

**BUYER: RW/FILE 22**

**RFQ NO: WEH11122**

**BID OPENING DATE: 3/3/2011**

**BID OPENING TIME: 01:30 PM**

**Newport Medical Instruments, Inc.**

**1620 Sunflower Ave • Costa Mesa, CA 92626**

**1.714.427.5811 • Fax .714.427.0489**

**[www.ventilators.com](http://www.ventilators.com)**

**RECEIVED**

**2011 MAR -1 P 12:54**

**PURCHASING DIVISION  
STATE OF WV**



*Breathing care into all we do.*

## Table of Contents

Section	Content
1	Request for Quotation
2	WEH11122 Mechanical Ventilator Cost Sheet
3	Purchasing Affidavit
4	Vendor Preference Certificate
5	Procurement Specifications
6	Newport e360 Literature

**Newport Medical Instruments, Inc.**

1620 Sunflower Avenue, Costa Mesa, CA 92626 USA • +1.714.427.5811 • fax: +1.714.427.0489 • [www.ventilators.com](http://www.ventilators.com)



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  
 WEH11122

PAGE  
 1

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

**VENDOR**  
 \*C14134352 714-427-5811  
 NEWPORT MEDICAL INSTRUMENTS IN  
 1620 SUNFLOWER AVENUE  
 COSTA MESA CA 92626

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

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
02/03/2011				

BID OPENING DATE: 03/03/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UQP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	4	EA		475-00-99-001	\$17,490.00	\$69,960.00
<p>MECHANICAL VENTILATORS</p> <p>REQUEST FOR QUOTATION</p> <p>DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR HEALTH AND HEALTH FACILITIES IS SEEKING BIDS FOR THE PURCHASE OF FOUR (4) FULLY INHANCED MECHANICAL VENTILATORS PER ATTACHED SPECIFICATIONS.</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>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> <p>INQUIRIES:</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE *Jay Ash* TELEPHONE 714-427-5811 DATE 02-17-11

TITLE EVP FEIN 95-3629773 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  
 Charleston, WV 25305-0130

# Request for Quotation

RFQ NUMBER  
 WEH11122

PAGE  
 2

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

VENDOR

\*C14134352 714-427-5811  
 NEWPORT MEDICAL INSTRUMENTS IN  
 1620 SUNFLOWER AVENUE  
 COSTA MESA CA 92626

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	FOB	FREIGHT TERMS
02/03/2011				

BID OPENING DATE: 03/03/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 2/15/2011. 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:</p> <p>ROBERTA WAGNER            DEPARTMENT OF ADMINISTRATION            PURCHASING DIVISION            2019 WASHINGTON STREET, EAST            CHARLESTON, WV 25311</p> <p>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 SPECIFICATION IN ACCORDANCE WITH SECTION 148-1-4(F) OF THE WEST VIRGINIA LEGISLATIVE RULES AND REGULATIONS.</p> <p>NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Jay Welch</i>	TELEPHONE 714-427-5811	DATE 02-17-11
TITLE EVP	FEIN 95-3629773	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  
 WEH11122

PAGE  
 3

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

\*C14134352 714-427-5811  
 NEWPORT MEDICAL INSTRUMENTS IN  
 1620 SUNFLOWER AVENUE  
 COSTA MESA CA 92626

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

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
02/03/2011				

BID OPENING DATE: 03/03/2011 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/FILE 22----- RFQ. NO.:-----WEH11122----- BID OPENING DATE:-----3/3/2011----- BID OPENING TIME:-----1:30 PM-----  PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID: 714.427.0489 ----- CONTACT PERSON (PLEASE PRINT CLEARLY): Jay Nash, Executive VP of Marketing & Sales						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Jay Nash</i>	TELEPHONE 714-427-5811	DATE 02-17-11
TITLE EVP	FEIN 95-3629773	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  
**WEH11122**

PAGE  
**4**

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

C14134352 714-427-5811  
 NEWPORT MEDICAL INSTRUMENTS IN  
 620 SUNFLOWER AVENUE  
 COSTA MESA CA 92626

HEALTH AND HUMAN RESOURCES  
 WELCH COMMUNITY HOSPITAL  
 1454 MCDOWELL STREET  
 WELCH, WV 24801 304-436-8710

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
02/03/2011				

BID OPENING DATE: 03/03/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
***** THIS IS THE END OF RFQ WEH11122 ***** TOTAL:						\$69,960.00

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Jay [Signature]</i>	TELEPHONE 714-427-5811	DATE 02-17-11
TITLE EVP	FEBN 95-3629773	ADDRESS CHANGES TO BE NOTED ABOVE

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

# Welch Community Hospital

## WEH11122 Mechanical Ventilator Cost Sheet

Description	Quantity	Unit Cost	Total Cost
Mechanical Ventilator with color screen, battery power supply, flex arm, power cord, operator's manual, and a one year warranty per attached detailed specifications.	4	\$17,490	\$69,960

Grand Total \$69,960.00

### Evaluation & Award Criteria:

Award will be made to the lowest vendor meeting all the specifications.

Newport Medical Instruments, Inc.

Company Name

Jay Nash  
Signature

2-17-11  
Date



RFQ No. WEH11132

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: Newport Medical Instruments, Inc.

Authorized Signature: Jay Clark Date: 2-17-11

State of California

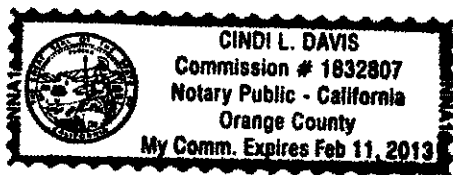
County of Orange to-wit:

Taken, subscribed, and sworn to before me this 17 day of February, 2011.

My Commission expires February 11, 2013

AFFIX SEAL HERE

NOTARY PUBLIC Cindi L. Davis





**PROCUREMENT SPECIFICATIONS  
WEH11122**

**Newport e360  
Ventilator with  
Compressor**

The selected vendor will provide all services relating to the purchase of four intensive care unit mechanical ventilators by Welch Community Hospital consistent with all the applicable State and Federal laws and regulations. Yes

More specifically, the vendor shall provide the appropriate unit to perform volume controlled-pressure limited respiratory support for adult and pediatric patients in an acute care hospital setting. Yes

The units must also support a non-invasive application. Yes

The units must also meet the following:

a. The units must have the following modes:

- Assist/Control (A/C) Yes
- Continuous positive airway pressure (CPAP) Yes
- Noninvasive ventilation (NIV) Yes
- Synchronous intermittent mandatory ventilation (SIMV) Yes
- SIMV with pressure support (SIMV/PSV) Yes

b. The units must provide ventilatory support of patients from pediatric to adult. Must be able to generate inspiratory tidal volumes in range of minimum 25ml to maximum 2500ml per breath. Yes

c. The units must have a respiratory rate setting range of at least a minimum of 1 to a maximum of 60 breaths per minute in the SIMV and AC modes. Yes

d. The units must be able to cycle by pressure sensitivity. The pressure sensitivity must have a range of at least a minimum of -0.5 to a maximum of -60 cmH2O below set positive end expiratory pressure levels (PEEP) Yes

e. The units must be mobile, with all of the essential components housed within a mobile configuration. Yes

**PROCUREMENT SPECIFICATIONS  
WEH11122**

**Newport e360  
Ventilator with  
Compressor**

- |   |   |
|---|---|
| f. The units must be able to blend oxygen and air to produce a specific fraction of inspired oxygen (FiO <sub>2</sub> ). Diss connectors on hoses a minimum of eight feet in length and a maximum of twelve feet in length.   | Yes   |
| g. The units must be able to produce a specific fraction of inspired oxygen (FiO <sub>2</sub> ) in areas where piped – in air is not available. Unit must not utilize tanks for this function. Unit must include air compressor or other mechanical device to blend a specific fraction of inspired oxygen (FiO <sub>2</sub> ) in areas where piped air is not available. | Yes   |
| h. The units must provide for positive end expiratory pressure (PEEP) at a range of a minimum of 0 to and a maximum of at least 35 cmH <sub>2</sub> O.  | Yes   |
| i. The units must provide the user a means of adjustment to produce desired inspiratory / expiratory ratios (I:E ratios).   | Yes   |
| j. Each unit must be within the following dimensions:   |   |
| • Height: minimum 36 inches, maximum 55 inches  | Yes   |
| • Width: minimum 15 inches, maximum 30 inches   | Yes   |
| • Depth: minimum 15 inches, maximum 30 inches   | Yes   |
| • Weight: minimum 50 pounds, maximum 150 pounds   | Yes   |
| k. The units must also provide pressure support at a range of a minimum of 0 to a maximum 50 cmH <sub>2</sub> O   | Yes   |
| l. The units must provide an option to add and remove an inspiratory breath hold (Plateau) of a minimum of two seconds and a maximum of five seconds.   | Auto pause up to 2.0 seconds, manual Insp Hold up to 15 seconds |

m. The following data must be monitored and displayed:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Total respiratory rate- Set rate and spontaneous rate.</li> </ul>       | <p>Total rate and set rate monitored/displayed, user to calculate spont rate</p> |
| <ul style="list-style-type: none"> <li>• Tidal volume- set tidal volume and spontaneous tidal volume.</li> </ul> | <p>Mandatory and spont VT values measured/displayed</p>                          |
| <ul style="list-style-type: none"> <li>• Minute volume</li> </ul>  | <p>Minute volume measured/displayed</p>  |
| <ul style="list-style-type: none"> <li>• Airway pressure</li> </ul>  | <p>Airway pressure measured/displayed</p>  |
| <ul style="list-style-type: none"> <li>• Inspiratory / Expiratory ratio (I:E Ratio)</li> </ul>                   | <p>I:E measured/displayed</p>  |
| <ul style="list-style-type: none"> <li>• End expiratory pressure (PEEP)</li> </ul>                               | <p>PEEP measured/displayed</p>   |

n. The units must provide for an audible alarm for the following:

- |  |            |
|--|------------|
| <ul style="list-style-type: none"> <li>• High airway pressure</li> </ul>     | <p>Yes</p> |
| <ul style="list-style-type: none"> <li>• Low minute volume</li> </ul>        | <p>Yes</p> |
| <ul style="list-style-type: none"> <li>• High minute volume</li> </ul>       | <p>Yes</p> |
| <ul style="list-style-type: none"> <li>• Apnea</li> </ul>                    | <p>Yes</p> |
| <ul style="list-style-type: none"> <li>• high respiratory rate</li> </ul>    | <p>Yes</p> |
| <ul style="list-style-type: none"> <li>• low exhaled tidal volume</li> </ul> | <p>No</p>  |
| <ul style="list-style-type: none"> <li>• power interruption</li> </ul>       | <p>Yes</p> |
| <ul style="list-style-type: none"> <li>• low gas supply</li> </ul>           | <p>Yes</p> |

**PROCUREMENT SPECIFICATIONS  
WEH11122**

**Newport e360  
Ventilator with  
Compressor**

- |   |   |
|---|---|
| o. Audible alarm must have a manual silence setting of at least a minimum of two minutes and a maximum of three minutes. The unit must also include a "reset" function of alarms. Audible alarm volume must be user adjustable. | Yes<br>Yes<br>Yes                           |
| p. Mounting kit for (4) four existing humidifiers must be included on each unit. Mounting kit must be for a conchatherm heated humidifier.  | Newport provides a female dovetail mount    |
| q. The units must allow for nebulized medications to be administered. Nebulizing system must be incorporated into the main unit.  | Newport offers the Aeroneb for nebulization |
| r. The units must be able to deliver 100% oxygen for pre suction oxygenation for approximately two minutes in duration. After two minutes, the unit must return to the current oxygen setting without operator intervention.    | Yes, 3 min O2                               |
| s. Units must operate on standard 120 V AC power.   | Yes   |
| t. The units must be complete with all appropriate manuals.   | Yes   |
| u. The units must have a minimum one year all inclusive warranty  | Yes   |
| v. The vendor must provide on-site training for the units.  |   |

**Delivery, Installation, and In-service Training**

- |   |     |
|---|-----|
| a. Delivery shall be within Fifteen (15) days after receipt of the approved purchase order. Vendor must furnish, deliver, setup and equipment and provide One day basic instructional training on the equipment usage and features upon delivery.                 | Yes |
| b. Within seven (7) days of the vendor's receipt of the approved purchase order, the selected vendor must contact Respiratory Therapist at Welch Community Hospital for coordination of vendor's delivery and healthcare staff in-service training for 10 people. | Yes |

**PROCUREMENT SPECIFICATIONS  
WEH11122**

**Newport e360  
Ventilator with  
Compressor**

**Warranty:**

- A. The units must have a minimum one year all inclusive warranty. Yes

**Payment:**

Yes

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

## Controls and Features

<b>Patient Selection:</b>	Pediatric/Infant – Adult
<b>Breath Types/Modes:</b>	Volume Control (VC) Pressure Control (PC) Volume Target Pressure Control (VTPC) Biphasic Pressure Release Ventilation (BPRV) Assist/Control Mandatory Ventilation (A/CMV) Synchronized Intermittent Mandatory Ventilation (SIMV) Spontaneous (SPONT) Non-Invasive Ventilation (All Breath Types/Modes)
<b>Spontaneous breath choices:</b>	Pressure Support, Volume Target Pressure Support (VTPS)
<b>Back Up Ventilation:</b>	All modes
<b>Slope/Rise:</b>	1 - 19 for Pressure Control, VTPC, Pressure Support and VTPS breaths
<b>Pressure Support:</b>	Pediatric/Infant: 0 to 50 cmH <sub>2</sub> O Adult: 0 to 60 cmH <sub>2</sub> O
<b>Expiratory Threshold:</b>	5 – 55% peak flow for Pressure Support and VTPS
<b>Tidal Volume:</b>	Pediatric/Infant: 20 to 1000 mL Adult: 100 to 3000 mL
<b>Resp Rate (Frequency):</b>	Pediatric/Infant: 1 to 120 b/min Adult: 1 to 80 b/min
<b>Flow:</b>	Pediatric/Infant: 1 to 100 L/min Adult: 1 to 180 L/min
<b>Flow Wave Pattern:</b>	Square or Descending Ramp
<b>Pause:</b>	Off, 0.1 – 2.0 sec
<b>Sigh:</b>	On/Off, Delivers one sigh breath every 100 breaths, Sigh V <sub>t</sub> = 1.5 X V <sub>t</sub> setting
<b>Pressure Limit:</b>	Pediatric/Infant: 0 to 70 cmH <sub>2</sub> O Adult: 0 to 80 cmH <sub>2</sub> O
<b>Inspiratory Time:</b>	Pediatric/Infant: 0.1 to 3.0 sec Adult: 0.1 to 5.0 sec
<b>I:E Ratio:</b>	max. inverse 4:1
<b>Trigger (sensitivity)</b>	
<b>P-Pressure Trigger:</b>	0 to -5 cmH <sub>2</sub> O
<b>Flow Trigger:</b>	Pediatric/Infant: 0.1 to 2.0 L/min Adult: 0.6 to 2.0 L/min
<b>FrO<sub>2</sub> (oxygen concentration):</b>	.21 to 1.00
<b>PEEP/CPAP (Pbase):</b>	Pediatric/Infant: 0 to 30 cmH <sub>2</sub> O Adult: 0 to 45 cmH <sub>2</sub> O
<b>Leak Compensation: (automatic)</b>	Pediatric/Infant: 8 L/min max Adult: 15 L/min max
<b>Bias Flow:</b>	3 L/min
<b>Manual Inflation:</b>	5 sec max
<b>Insp. Hold:</b>	15 sec max
<b>Exp. Hold:</b>	20 sec max
<b>O<sub>2</sub> (3 min):</b>	Delivers 100% oxygen for 3 min

<b>Ventilation Standby:</b>	At power up: allows settings to be preset and Circuit Check tests to be preformed prior to starting ventilation.
<b>Volume Target:</b>	On/Off (VTPC/VTPS)
<b>Event History Log:</b>	Records 1000 events, alarms and settings, color coded
<b>Open Exhalation Valve:</b>	On/Off for Biphasic Pressure Release Ventilation (BPRV)
<b>Patient Weight:</b>	1 - 999 kg
<b>Weight Units:</b>	kg or lb
<b>Volume Units:</b>	mL or mL/kg
<b>Circuit Check:</b>	Automatically tests for leaks, compliance and resistance
<b>RS232 Comm Protocol:</b>	Communication protocol selection for remote monitoring
<b>Save and Download:</b>	Allows saved screen images and the Event History files to be downloaded to a USB flash memory drive
<b>Display Brightness:</b>	Adjustable display backlight (1 - 10)
<b>Calibrate Sensor:</b>	Exhalation Flow and Oxygen Sensors
<b>Date/Time:</b>	Adjust and format
<b>Circuit Type Compensation:</b>	Heated Exp. Limb, Heated Insp. Limb, HME or Test Lung
<b>Altitude Compensation:</b>	0 - 4000 m (200 m increments)
<b>Compliance Compensation:</b>	On/Off (Volume Control)

Monitored flow/volume compensation: e360 compensates breath delivery and monitoring based on Circuit Type selection, Altitude and Compliance Compensation.

## Monitored Parameters

Ppeak	Cdyn effective	VrE % variance	Exp flow	RR spont
Pplat	Cstat	MV <sub>I</sub>	I:E Ratio	RSBI
Pmean	Rr	MVE	Inspiratory time	WOBim
PEEP	VrI	MVE spont	Time Constant	FiO <sub>2</sub>
Total PEEP	VrE	Insp flow	RRtot	Re

## Graphics

<b>Waves:</b>	Pressure-time Volume-time Flow-time
<b>Loops:</b>	Volume pressure Flow volume

## Trends Screens

VrE % var / time	Ppeak / time
RRtot / time	PEEP / time
MVE / time	RSBI / time
VrE / time	Pmean / time





# The Newport e360S-US Ventilator Specifications, continued

## Audible and Visual Alarms

### Adjustable Alarms (via Graphical User Interface)

- Low MVE (Exp. Minute Volume)
- High RR tot (Resp Rate)
- High MVE (Exp. Minute Volume)
- Apnea
- Low Paw (Airway Pressure)
- Disconnect (threshold %)
- High Paw (Airway Pressure)

### Automatic Alarms

- [settings] Out of Range
- Pressure Limit Below PEEP
- Sustained High Baseline Pressure
- I:E Ratio Inverse Violation
- Low and High Baseline (PEEP) Pressure
- Low and High FiO<sub>2</sub>
- Low Paw Below PEEP
- Insp. Time Too Short
- Insp. Time Too Long
- Volume Target Not Met

## Alarm Features

<b>Alarm Silence:</b>	Mutes audible alarms for 120 sec
<b>Back Up Vent:</b>	Back up Ventilation supplied in response to Low MVE Alarm
<b>O<sub>2</sub> Sensor:</b>	O <sub>2</sub> Sensor Error / O <sub>2</sub> Sensor Disconnect
<b>Flow Sensor:</b>	Flow Sensor Error / Flow Sensor Disconnect
<b>Gas Supply Alarms:</b>	Loss of One Gas Supply / Loss of Both Gas Supplies
<b>Power Fail Alarms:</b>	Loss of AC Power / Low Internal Battery
<b>Power Down Alarm:</b>	(audible only)
<b>Device Alert:</b>	Indicator lights and messages are displayed
<b>Check Vent Fan:</b>	Cooling fan failure
<b>Suction Disconnect Function:</b>	Pre-silences alarms for 120 sec, suspends ventilation after a planned disconnect and senses reconnection to resume ventilation.
<b>Alarm Reset:</b>	Clears visual indicators and messages

## Dimensions

<b>Width:</b>	13.9 in (35.3 cm)
<b>Depth:</b>	13.9 in (35.3 cm)
<b>Height:</b>	12.1 in (30.7 cm)
<b>Weight:</b>	38 lbs. (17.3 kg)

## Environmental

### Operating:

Relative humidity: 10 to 95% Rh non-condensing  
Altitude: 0 to 13,124 feet (0 to 4000 meters)  
Pressure: 21 to 31 in. Hg (700 to 1060 hPa)

### Storage:

Ambient temperature: -20 to 60 °C (-68 to 140 °F)  
Relative humidity: 10 to 95% Rh non-condensing  
Altitude: 0 to 18,000 feet (0 to 5500 meters)  
Pressure: 15 to 31 in. Hg (500 to 1060 hPa)

## Power Requirements

100 – 240 VAC, 250 VA max, 50/60 Hz (± 10%)  
2A for 125 VAC, 1A for 250 VAC

Internal Battery: provides an average of 60 minutes of complete ventilator function when fully charged.

## Gas Supply Requirements

Air and O<sub>2</sub> Supply Inlet Pressure: 30 to 90 psig, 50 psig nominal

## External Connections

**Remote Alarm:** 1/4" jack. Normally open for nurse call or remote system

**RS 232C:** 9-pin D-shell, 38,400 baud. For use with central monitoring systems.

**External Alarm Silence:** Input for optional Newport external alarm silence cable

**External Battery:** 3-pin DIN input for external power, 10 VDC to +14 VDC.

**VGA:** Output for external display monitor

**USB:** For connecting a data storage device

## Patient Circuit Connections

Inspiratory and expiratory port connectors: 22-mm OD

## The Newport e360 Ventilator System

**e360 Ventilator with built-in Graphical User Interface, built-in Heated Exhalation Valve Assembly and built-in Oxygen Sensor**  
E360S-US-NA

### Standard accessories include:

Two exhalation flow sensors  
Support arm and breathing circuit hanger  
Support arm rail block  
Air and oxygen hoses, 10 ft (3 m)  
Air and oxygen inlet water traps  
Two disposable bacteria filters (for patient ports)  
Operating Manual

Cart sold separately: CRT360A

Contact Newport Customer Service Department for additional accessories and ordering information.