



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
WEH12042

PAGE
1

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

RFQ COPY

TYPE NAME/ADDRESS HERE

**Medical Device Depot, Inc.**  
 3230 Bethany Lane, Suite 8  
 Ellicott City, MD 21042  
 877-646-3300  
 www.medicaldevicedepot.com

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
12/12/2011				

BID OPENING DATE: 01/12/2012 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	EA		470-90 AMSCO 3085 SP SURGICAL TABLE OR EQUAL. PER THE ATTACHED SPECIFICATIONS. <i>PRVO Ualanfe 1000</i>	<i>\$33,000.00</i>	<i>\$33,000.00</i>
0002	1	EA		470-90 INSERVICE TRAINING.	<i>included</i>	<i>included</i>
0003	1	EA		470-90 DELIVERY/INSTALLATION/SHIPPING CHARGES, IF ANY. DELIVERY/INSTALLATION/FREIGHT CHARGES, IF ANY.	<i>\$450.00</i>	<i>\$450.00</i>
0004	1	YR		470-90 ONE YEAR ALL INCLUSIVE WARRANTY.	<i>included</i>	<i>included</i>

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 SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.

RECEIVED  
 2011 DEC 30 AM 11:39  
 WV PURCHASING DIVISION

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>[Signature]</i>	TELEPHONE <i>410-750-8757</i>	DATE <i>12-23-2011</i>
TITLE <i>Vice Pres</i>	FEIN <i>26-0222502</i>	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.html](http://www.state.wv.us/admin/purchase/vrc/hipaa.html) 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).





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VENDOR

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 www.medicaldevicedepot.com

SHIP TO

HEALTH AND HUMAN RESOURCES  
 WELCH COMMUNITY HOSPITAL  
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<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 12/27/2011. 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            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>PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
<i>[Signature]</i>	410-750-8757	12-23-2011
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
<i>[Title]</i>	26-0222502	

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 WELCH COMMUNITY HOSPITAL

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<p>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>REV 07/16/2007</p> <p>VENDOR PREFERENCE CERTIFICATE</p> <p>THIS TEAM EXHIBIT HAS BEEN REPLACED BY THE ONLINE VERSION WHICH IS AVAILABLE HERE:  <a href="http://www.state.wv.us/admin/purchase/vrc/venpref.pdf">HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE/VRC/VENPREF.PDF</a></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.:-----WEH12042-----</p> <p>BID OPENING DATE:---01/12/2012---</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE 410-750-8757	DATE 2-23-2011
TITLE UICP PREP	FEIN 26-0222502	ADDRESS CHANGES TO BE NOTED ABOVE

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BID OPENING TIME: -----				1:30 PM-----		
PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:						
				410-505-4567		
CONTACT PERSON (PLEASE PRINT CLEARLY):						
				John Halstein		
***** THIS IS THE END OF RFQ WEH12042 ***** TOTAL:						\$33,450.00

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE 410-750-8757	DATE 12-23-11
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TITLE Uip Tms	FEIN 26-0222502	ADDRESS CHANGES TO BE NOTED ABOVE
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Welch Community Hospital  
WEH12042 Amsco 3085 SP Surgical Table or Equal

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## GENERAL INFORMATION

### Project:

The Acquisition and Contract Administration Section of the Purchasing Division for the West Virginia Department of Health and Human Resources, Bureau of Behavioral Health and Health Facilities "Agency" is soliciting Quotations to purchase one (1) new Amsco 3085 SP Surgical table or equal for Welch Community Hospital.

### General Requirements:

The mission or purpose of the project is to purchase one (1) new Amsco 3085 SP Surgical table or equal.

## OPERATING ENVIRONMENT

### Location

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

### Background:

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

### Specifications:

## PROCUREMENT SPECIFICATIONS

### 1.) General Requirements:

The mission/purpose of this project is to purchase one (1) new Amsco 3085 SP Surgical table or equal for the operating room with specified components.

### 2.) Specifications:

- A.) Must provide one (1) new Amsco 3085 SP Surgical Table or equal.
- B.) Table must include 2" tabletop pad set.
- C.) Table must include X-ray (radiolucent) tops. X-ray top should be designed so that cassettes can be loaded from the head, foot, or either side for a full range of exposure angles.
- D.) Table must include two (2) anesthesia arm-boards w/3" pad.
- E.) Table must include perineal cutout filler piece.
- F.) Table must include cable wrap.

Welch Community Hospital  
WEH12042 Amsco 3085 SP Surgical Table or Equal

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- G.) Table must include conductive restraint strap: standard Length 66 1/2".
- H.) Table must be electric powered, 120 volts.
- I.) Table must have a Raise/Lower Height range - 27" to 44".
- J.) Table must have Lateral tilt-18 degrees.
- K.) Tabletop must have the ability to:
  - 1. Trendelenburg and Reverse Trendelenburg position 25 degrees maximum from horizontal.
  - 2. Lateral Tilt position (right and left) 18 degrees maximum from horizontal.
  - 3. Back up position 55 degrees maximum (80 degrees in REVERSE orientation) or down 25 degrees maximum (105 degrees in REVERSE orientation) from horizontal.
  - 4. Leg up 80 degrees maximum (55 degrees in REVERSE orientation) or down 105 degrees maximum (25 degrees in REVERSE orientation) from seat section.
  - 5. Flex position back section down 20 degrees maximum with seat section down 25 degrees maximum from horizontal.
  - 6. Reflex position, back section up 25 degrees maximum with seat section up 35 degrees maximum from horizontal.
  - 7. Return to level-the tabletop can be returned to level by pressing the level control. The table must move in anatomically correct increments until it reaches level.
  - 8. Height-27" minimum to 44" maximum.
- L.) Table must be rated to support **750 lb.** patients in a normal patient orientation.
- M.) Table must be equipped with an auxiliary override system to allow table operation in the event of primary control malfunction.
- N.) The base will have at least four swivel casters to facilitate easy table relocation and movement.
- O.) The table base will have at least three floor locks.
- P.) Table will have a T-shaped pedestal table base.
- Q.) Table will have a shipping weight not greater than 1,000 pounds.
- R.) Table length will be at least 76" no greater than 78".
- S.) Table width will be at least 20" no greater than 22".
- T.) Table will be constructed of quality materials and craftsmanship to be used in a surgical environment, with easy to clean surfaces that will resist stain, tarnish, and rust.

### 3.) Delivery and In-service Training

- A.) Delivery shall be within sixty (60) days after receipt of the approved purchase order. Vendor must deliver the equipment and provide instructional training on the equipment usage and features.

Welch Community Hospital  
WEH12042 Amsco 3085 SP Surgical Table or Equal

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- B.) Within sixty (60) days of the vendor's receipt of the approved purchase order, the selected vendor must contact the Director of Nursing at Welch Community Hospital for coordination of vendor's delivery and healthcare providers' in-service training.
- C.) Vendor will be responsible for the removal and disposal of delivery material and/or packing debris.

**4.) Payment**

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

**5.) Warranty**

Unit must have a minimum one year all inclusive warranty.

**6.) Insurance**

Workers compensation insurance is required.





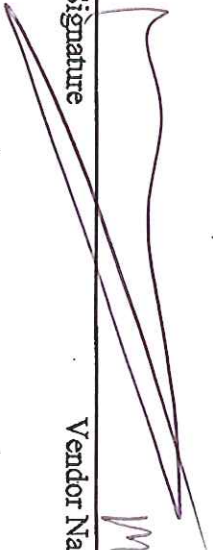
Cost Sheet  
WEH12042

Amasco 3085 SP Surgical Table or Equal

Equipment Description	Quantity	Unit	Total
		Cost	Cost
1 Amasco 3085 SP Surgical Table or Equal	1	\$ 33000.00	\$ 33000.00
2 Inservice Training	1	\$ 0.00	\$ 0.00
3 Delivery Charge	1	\$ 450.00	\$ 450.00
4 One Year All Inclusive Warranty	1	\$ 0.00	\$ 0.00
Grand Total :			\$ 33450.00

Contract will be awarded to the lowest grand total bid meeting specifications.

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

Vendor Signature  Vendor Name Medical Device Depot Date 12-23-11

Medical Device Depot, Inc.  
3230 Bethany Lane, Suite 8  
Ellicott City, MD 21042  
877-646-3300  
[www.medicaldevicedepot.com](http://www.medicaldevicedepot.com)



[www.medicaldeviceadvisor.com](http://www.medicaldeviceadvisor.com)

811-848-3300

Ellicott City, MD 21043

3530 Gettysburg Lane, Suite 8

Medical Device Depot, Inc.

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.

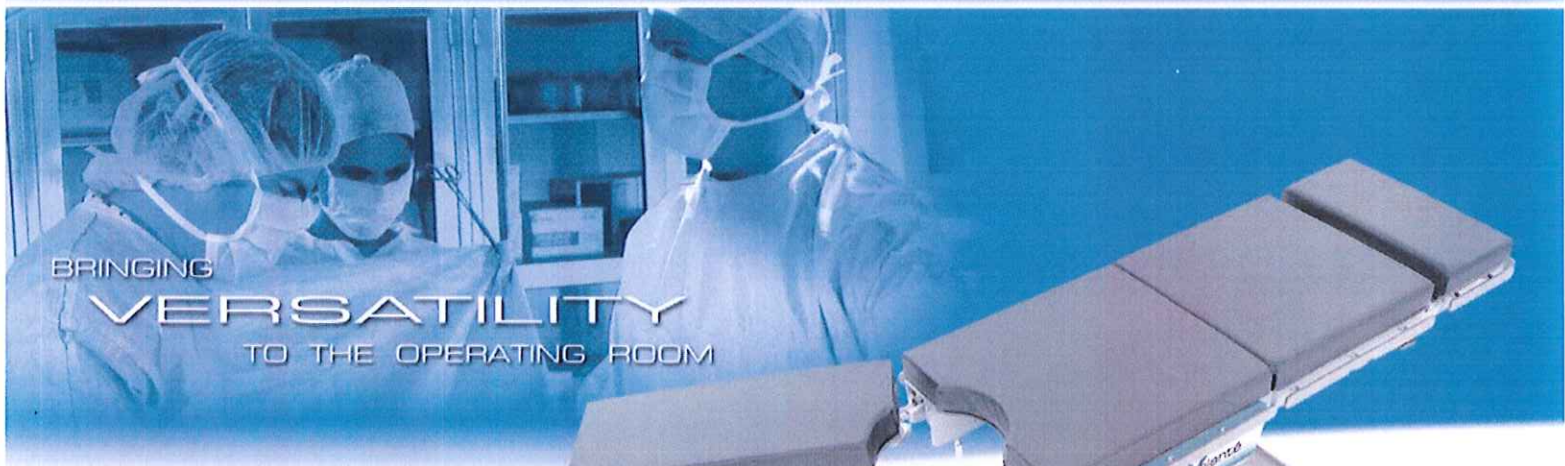






# VOLANTÉ

SURGICAL TABLES



BRINGING  
**VERSATILITY**  
TO THE OPERATING ROOM



PRODUCT  
OVERVIEW



NUVO

# Volanté

Versatility begins with "V"...



Full-feature table controlled  
by hand control or optional  
foot control





V1000T



V1000



V750

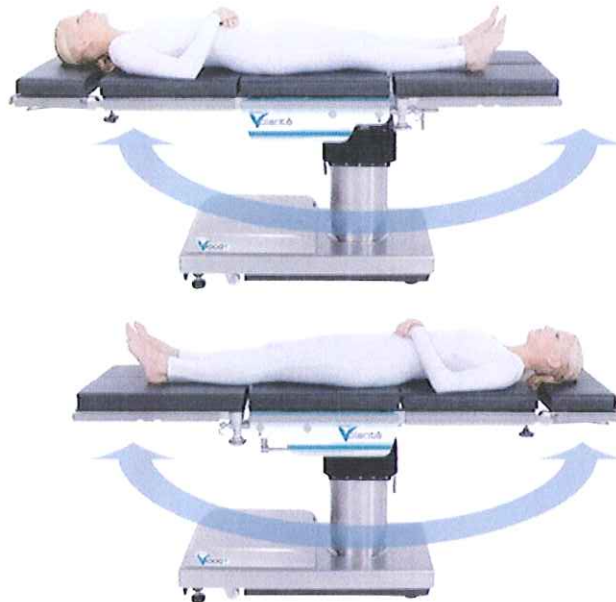
## The Volanté Series of Surgical Tables.

- Sleek, streamlined stainless steel construction
- Powered surgical table with 180° rotating top
- Full-length radiolucent top
- Offset cylindrical column for superior imaging
- Superior weight capacity
- Standard back-up battery
- Auto-leveling brake system
- 12" horizontal slide
- Full line of accessories for all specialties
- Optional traction bar assembly
- Removable head and/or leg section
- All models include 2" pressure-relieving mattress
- Ease of movement with steering castors



## 180° ROTATING TOP

Experience the ease of patient positioning with the Volanté 180° rotating top.

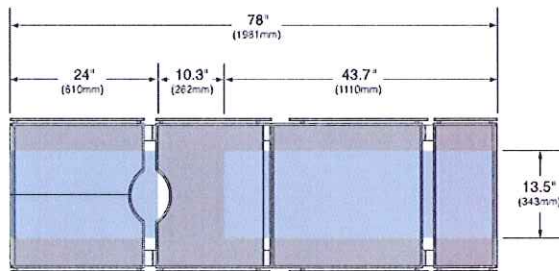


## ENHANCED IMAGING ACCESS

"Image" the possibilities with the Volanté line of surgical tables.

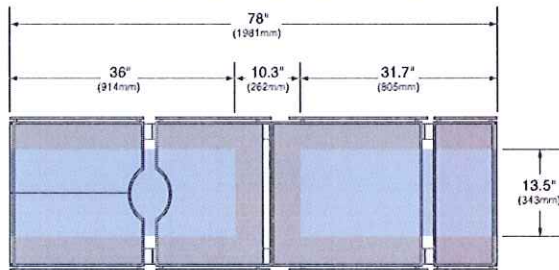
### V1000T

Volanté's V1000T 12" horizontal sliding top offers superior full-body imaging access. Whether it's the upper torso or lower extremities, the surgical staff will have total control at their fingertips.



X-ray via cassette tunnel, and C-arm imaging

Table Traversed Toward Head →

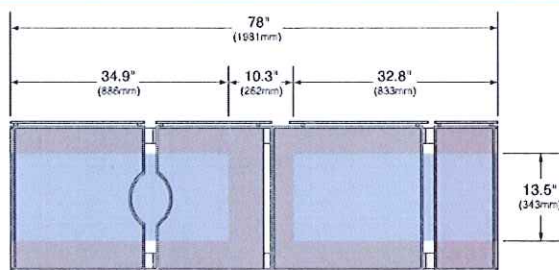


X-ray via cassette tunnel, and C-arm imaging

← Table Traversed Toward Foot

### V1000 & V750

Volanté's V1000 and V750 offer excellent C-arm access with 180° rotating table top.



X-ray via cassette tunnel, and C-arm imaging

# Models V1000T, V1000 & V750



Neurological  
Seated Position



Nephrectomy  
Procedure



Laminectomy  
Procedure



Gynecology & Urology  
Procedures

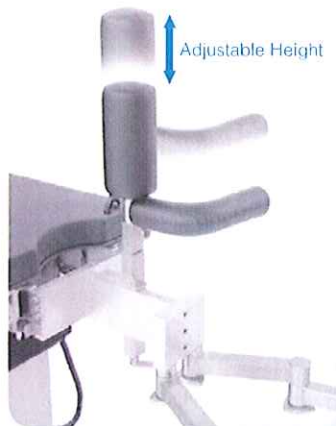


# V1000T Orthopedic

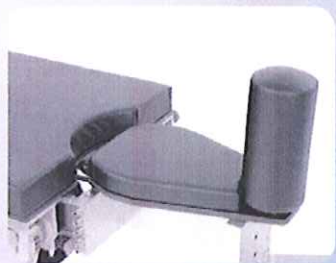
When you don't have  
time to waste ...  
Volanté Traction Assembly



Fibia and Tibia



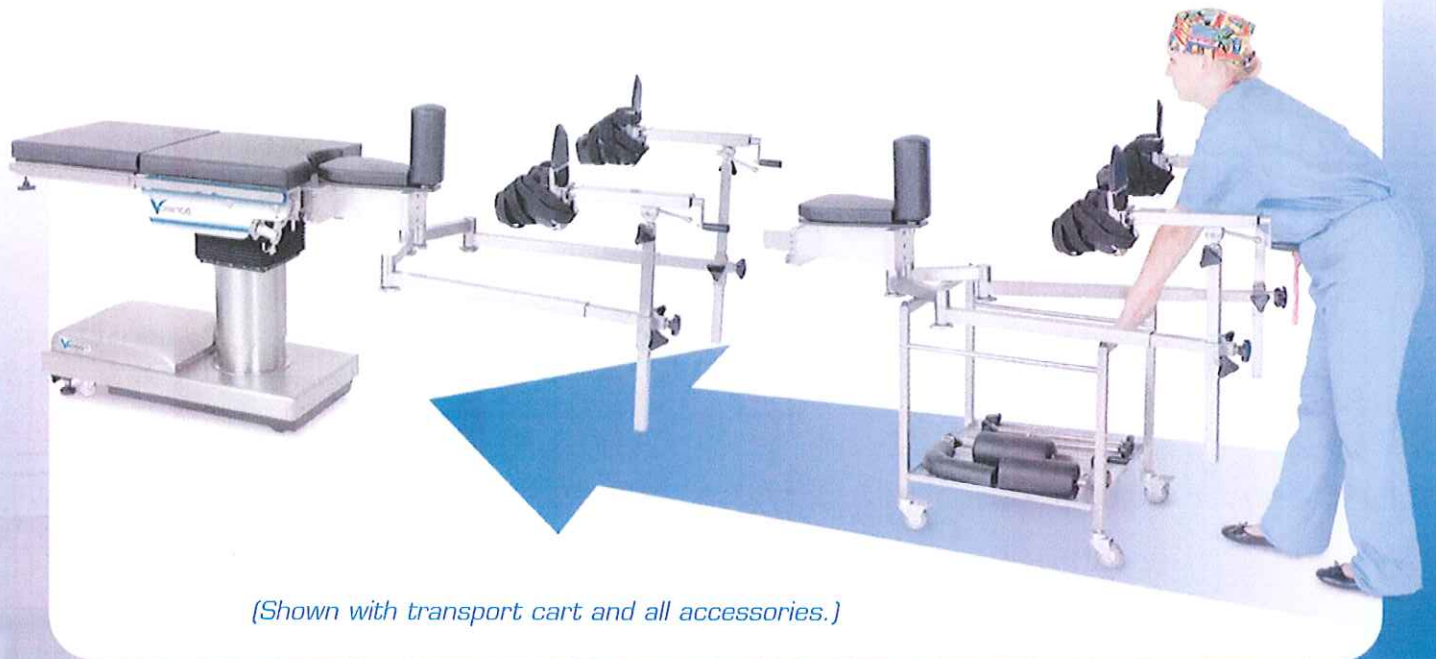
Lateral Position



Hip Fractures

Volanté Traction Assembly requires only one person for installation.

Simply remove the standard split leg section of the Volanté V1000T and the traction assembly attaches effortlessly. The V1000T is a surgical table for all specialties.



*(Shown with transport cart and all accessories.)*

### NUVO Shoulder Chair



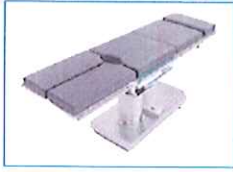
NUVO Shoulder Chair attaches effortlessly to the Volanté line



Lateral support and removable wings for unparalleled access



# Models



V1000T

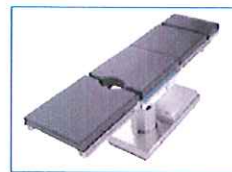
1000 lbs. Lift Capacity  
800 lbs. Articulation  
12" Horizontal Slide  
180° Rotating Top

Removable Head Section  
Standard Removable Split Leg Section  
Optional Traction Bar Assembly  
Ideal for all Specialties



V1000

1000 lbs. Lift Capacity  
800 lbs. Articulation  
180° Rotating Top  
Removable Head Section  
can be attached to Leg Section

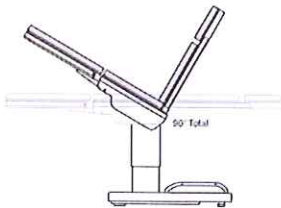
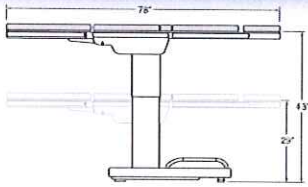


V750

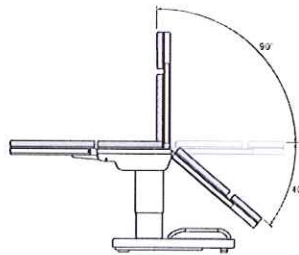
750 lbs. Lift Capacity  
750 lbs. Articulation  
180° Rotating Top  
Removable Head Section  
can be attached to Leg Section

**From Trauma Surgery to Ambulatory Surgery, the Volanté Series brings versatility to the operating room.**

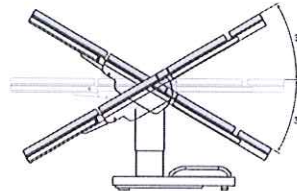
# Dimensions



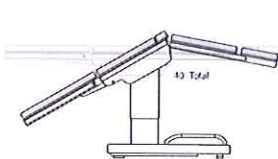
Reflex 90°



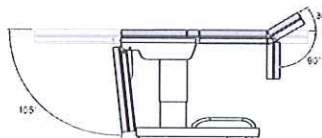
Back Up 90°  
Back Down 40°



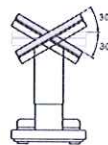
30° Trendelenburg  
and Reverse Trendelenburg



Flex 40°



Head Up 30° Head Down 90°  
Leg Up 0° Leg Down 105°



30° Lateral Tilt  
Right & Left

Table Top	
Length:	78 inches
Width:	19-3/4 inches
Max. Height:	43 inches
Min. Height:	29 inches

Lift Capacity	
V1000T	1,000 lbs.
V1000	1,000 lbs.
V750	750 lbs.

Articulation	
V1000T	800 lbs.
V1000	800 lbs.
V750	750 lbs.

Lateral Tilt	30 degrees
--------------	------------

Trendelenburg	30 degrees
---------------	------------

Back Section	+ 90 degrees - 40 degrees
--------------	------------------------------

Head Section	+ 30 degrees - 90 degrees
--------------	------------------------------

Leg Section	+ 0 degrees - 105 degrees
-------------	------------------------------

Table Rotation	180 degrees
----------------	-------------

Self-Leveling Brakes	Powered
----------------------	---------



N U V O , I N C .

A member of the Medical Illumination International Group

5368 Kuhl Road • Erie, PA 16510-4703

(800) 663-1152 • (814) 899-4220

Fax: (814) 899-1410

[www.nuvosurgical.com](http://www.nuvosurgical.com)



B2200104

NUVO reserves the right to make changes without notice in design, specifications, and models. The only warranty NUVO makes is the express written warranty extended on the sale or rental of its products.

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

# Request for Quotation

RFQ NUMBER  
 WEH12042

PAGE  
 1

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

Medical Device Depot, Inc.  
 3230 Bethany Lane, Ste 8  
 Ellicott City, MD 21042

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
12/28/2011				
BID OPENING DATE: 01/12/2012		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.: WEH12042						
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  
 2012 JAN 12 AM 9:38  
 WV PURCHASING DIVISION

SEE REVERSE SIDE FOR TERMS AND CONDITIONS						
SIGNATURE			TELEPHONE 407508257		DATE 1-11-2012	
TITLE vice pres		FEIN 26-0222502		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
WEH12042

PAGE
2

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

RFQ COPY

TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

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

DATE PRINTED 12/28/2011	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
BID OPENING DATE: 01/12/2012		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>.....            SIGNATURE  <i>Medical Device Depot</i>            COMPANY            1-11-2012            DATE</p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.</p> <p>REV. 09/21/2009</p> <p>END OF ADDENDUM NO. 1</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE 410-750-8757	DATE 1-11-2012
TITLE <i>Vice Pres</i>	FEIN 26-0222502	ADDRESS CHANGES TO BE NOTED ABOVE

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

Addendum 1  
WEH12042

- Q. 1. We have been mailed the following RFQ WEH12042 and would like to know if we would be able quote our table, I have enclosed our brochure for your review.
- A. 1. All bids received must meet or exceed the specifications as listed on the RFQ.