



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

Solicitation

NUMBER	PAGE
COR61701	1
ADDRESS CORRESPONDENCE TO ATTENTION OF:	
TARA LYLE	
304-558-2544	

RFQ COPY

TYPE NAME/ADDRESS HERE

Blue Ox Medical Technologies
1927 South Tryon Street
Suite 310
Charlotte, NC 28203

DIVISION OF CORRECTIONS
VARIOUS LOCALES AS INDICATED
BY ORDER

DATE PRINTED
05/28/2014

BID OPENING DATE: 06/19/2014

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>THE WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, WV DIVISION OF CORRECTIONS, IS SOLICITING BIDS TO PROVIDE TWO (2) COMPUTERIZED RADIOGRAPHY X-RAY DIGITIZER SYSTEMS FOR THE MOUNT CLIVE CORRECTIONAL COMPLEX AND THE HUTTONSVILLE CORRECTIONAL CENTER, PER THE ATTACHED SPECIFICATIONS.</p> <p>ATTACHMENTS INCLUDE:</p> <ol style="list-style-type: none"> INSTRUCTIONS TO VENDORS SUBMITTING BIDS GENERAL TERMS AND CONDITIONS COR61701 SPECIFICATIONS CERTIFICATION AND SIGNATURE PAGE PURCHASING AFFIDAVIT VENDOR PREFERENCE CERTIFICATE 						
0001	2	EA		898-55	\$23,000	
				AGFA CR15-X SINGLE PLATE SYSTEM, OR EQUAL		
0002	2	EA		099-00-01-001	\$2,000	
				SOFTWARE AND LICENSE		

Date	4/28/14
From	T. Lyle
Co.	
Phone #	
Fax #	
Post-it* Fax Note	7671
To	Mick Morgan
Co./Dept.	
Phone #	
Fax #	304-773-0299

06/25/14 12:24:37PM
West Virginia Purchasing Division

SIGNATURE	TELEPHONE	DATE
	828-508-2300	6/23/14
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
Operations & Logistics Manager	37-1649979	

WHEN RESPONDING TO SOLICITATION, 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

Solicitation

NUMBER	PAGE
COR61701	2

ADDRESS CORRESPONDENCE TO ATTENTION OF
 TARA LYLE
 304-558-2544

RFQ COPY
 TYPE NAME/ADDRESS HERE
 Blue Ox Medical Technologies
 1927 South Tryon Street
 Suite 310
 Charlotte, NC 28203

DIVISION OF CORRECTIONS
 VARIOUS LOCALES AS INDICATED
 BY ORDER

DATE PRINTED
 05/28/2014

BID OPENING DATE: 06/19/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0003	2	EA		898-55	\$18,000	
				VIDAR SIERRA-SS FILM DIGITIZER, OR EQUAL		
0004	4	EA		898-55	\$1,700	
				HIGH LINE GRID		
***** THIS IS THE END OF RFQ COR61701 ***** TOTAL:						\$92,800

SIGNATURE TELEPHONE 828-508-2300 DATE 6/23/14
 TITLE Operations & Logistics Manager FERN 37-1649979 ADDRESS CHANGES TO BE NOTED ABOVE


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

Pricing Page

Item #	Description	Model/Brand	Quantity	Unit Price *	Extended Amount
3.1.1	AGFA CR 15-X Single Plate System, or equal	Medlink CR-X5 with workstation	2 ea	\$23,000	\$46,000
3.1.2	Genesis OmniVue Version 3.1 software and license, or equal	Medlink viewing software with workstation	2 ea	\$2,000	\$4,000
3.1.4	Vidar SIERRA-SS Film Digitizer, or equal	Vidar Sierra with Clinical Express software and workstation	2 ea	\$18,000	\$36,000
3.1.5	High Line Grid	Medlink replacement grids	4 ea	\$1,700	\$6,800
				TOTAL COST:	\$92,800

* Unit Price shall be the total price paid by the Division of Corrections and must include all shipping, setup, installation and training charges.
 One Unit will be delivered to the Mt. Olive Correctional Complex, and the second Unit will be delivered to the Huttonsburg Correctional Center. Addresses are listed in Section 6.1 of this RFQ.

Bidder/Vendor Information:

Name: Blue Ox Medical Technologies
 Physical Address: 1927 South Tryon Street Suite 310 Charlotte, NC 28203
 Remit to Address:
 Telephone: 828-508-2300
 Fax: 704-973-0129
 Email Address: nmorgan@blueox1.com
 Vendor Representative (print name): Nick Morgan
 Authorized Signature: 
 Date: 6/23/14

Failure to use this form may result in disqualification

000025

CERTIFICATION AND SIGNATURE PAGE

By signing below, I certify that I have reviewed this Solicitation in its entirety, understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

Blue Ox Medical Technologies

(Company)



(Authorized Signature)

Nick Morgan Operations & Logistics Manager

(Representative Name, Title)

828-508-2300 704-973-0129

(Phone Number) (Fax Number)

6/23/14

(Date)

RFQ No. 000026

STATE OF WEST VIRGINIA
Purchasing Division
PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, 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: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. 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.

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.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"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.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Blue Ox Medical Technologies Nick Morgan

Authorized Signature:  Date: 6/23/14

State of North Carolina

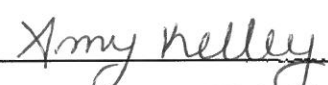
County of Mecklenburg, to-wit:

Taken, subscribed, and sworn to before me this 23 day of June, 2014

My Commission expires July 14, 2016

AFFIX SEAL HERE

NOTARY PUBLIC



Rev. 04/14

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 Vendor Preference, if applicable.

1. **Application is made for 2.5% 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% 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% 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% 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% 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% 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.
7. **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with *West Virginia Code* §5A-3-59 and *West Virginia Code of State Rules*.**
 Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

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: Blue Ox Medical Technologies

Signed: _____

Date: 6/23/14

Title: Operations & Logistics Manager



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

COR61701

1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
TARA LYLE
304-558-2544

RFQ COPY

TYPE NAME/ADDRESS HERE

Blue Ox Medical Technologies
1927 South Tryon Street
Suite 310
Charlotte, NC 28203

SHIP TO

DIVISION OF CORRECTIONS
VARIOUS LOCALES AS INDICATED
BY ORDER

DATE PRINTED
06/16/2014

BID OPENING DATE: 06/26/2014

BID OPENING TIME 1:30PM

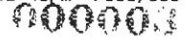
LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 1		
				SEE ATTACHED PAGES.		
				END OF ADDENDUM NO. 1		
0001	2	EA	898-55	AGFA CR15-X SINGLE PLATE SYSTEM, OR EQUAL		
0002	2	EA	099-00-01-001	SOFTWARE AND LICENSE		
0003	2	EA	898-55	VIDAR SIERRA-SS FILM DIGITIZER, OR EQUAL		
0004	4	EA	898-55	HIGH LINE GRID		

Post-it® Fax Note
 Date: 6/16/14
 # of pages: 3
 From: J. Lyle
 To: 304-558-2544
 Co./Dept.:
 Phone #:
 Fax #:

SIGNATURE:
 TELEPHONE: 828-508-2300
 DATE: 6/23/14
 TITLE: Operations & Logistics Manager
 FEIN: 37-1649979
 ADDRESS CHANGES TO BE NOTED ABOVE

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

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: COR61701



Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

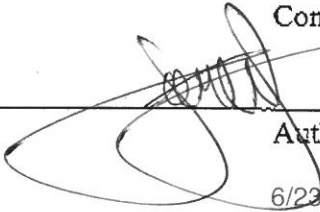
(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that 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.

Blue Ox Medical Technologies

 Company



 Authorized Signatere

6/23/14

 Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.



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

WV PURCHASING AGENCY SECTION Fax 304-558-4115

Jun 17 2014 09:18am P001/005

COR61701 1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
 TARA LYLE
 304-558-2544

VENDOR

RFQ COPY
 TYPE NAME/ADDRESS HERE

Blue Ox Medical Technologies
 1927 South Tryon Street
 Suite 310
 Charlotte, NC 28203

S H O P P I N G

DIVISION OF CORRECTIONS
 VARIOUS LOCALES AS INDICATED
 BY ORDER

DATE PRINTED
 06/16/2014

BID OPENING DATE: 06/26/2014 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 2						
SEE ATTACHED PAGES.						
END OF ADDENDUM NO. 2						
0001	2	EA		898-55		
AGFA CR15-X SINGLE PLATE SYSTEM, OR EQUAL						
***** THIS IS THE END OF RFQ COR61701 ***** TOTAL: _____						

Post-it® Fax Note 7671

Date: 6/17/14	# of pages: 5
To: COR61701 Vendor	From: T. Lyle
Cc./Dept.	Co.
Phone #	Phone #
Fax #	Fax #

SIGNATURE: *[Signature]* TELEPHONE: 828-508-2300 DATE: 6/23/14
 TITLE: Operations & Logistics Manager FEIN: 37-1649979 ADDRESS CHANGES TO BE NOTED ABOVE

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

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: COR61701

000005

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(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

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 Blue Ox Medical Technologies
 Company

 Authorized Signature

 6/23/14

 Date

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Medlink CR-X5 System

High-End Versatile CR System which offers an ideal solution for any private practice or decentralized CR environment.

Medlink CR-X5



www.medlinkimaging.com



MEDLINK CR5-X SYSTEM



MEDLINK IMAGING'S COMPACT CR-X5 DIGITIZER IS AN IDEAL SOLUTION FOR SMALL PRIVATE PRACTICES, OFFERING A COST-EFFECTIVE SOLUTION INTO DIGITAL RADIOGRAPHY WITHOUT COMPROMISING ON IMAGE QUALITY AND PATIENT WORKFLOW.

The CR-X5 has a low cost of ownership thanks to its modular design and ease of installation; as well as, being very easy to use and maintain. The CR-X5 Solution also includes Datalink, a Fully Managed HIPPA Compliant Disaster Recovery Service; along with, an Integrated Mini-PACS Offering with the ability to view and analyze images from any location thanks to the system's local and web viewing licenses.

CR-X5 CR System 14x17 Plates Per Hour

40-pph @ 100µm / 50-pph @150µm/ 60-pph 200µm

Multiple Sized Cassette Feed (14x17, 24x30, 18x24 and 5x30)
Included are Two (2) MD 1.0 14x17 (35x43) Cassettes

Data Acquisition: 20 bits/pixel

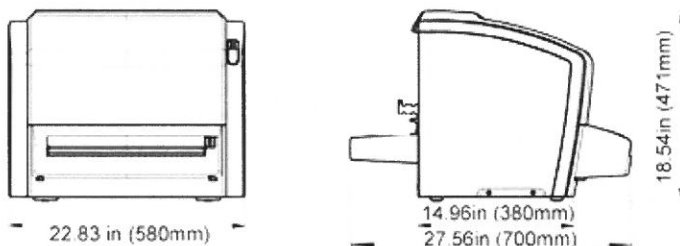
Resolution: 3480x4248 (14.8MP)

Output to Processor: 16 bits/pixel

Power: 120-240 VAC, 60 Hz

Weight: 63 lbs.

Dimensions: 22.83 w x 27.56 d x 18.54 h



CR-X5 Acquisition Workstation

1TB in a RAID 1 (2 Total Drives)

4GB, Non-ECC, 1333 MHz DDR3

Intel i3 Dual Core Processor 2120 (3.3GHz)

16x DVD +/- RW SATA Optical Drive

Integrated Intel Graphics 2000

Monitor: 2MP, 22" LCD, Resolution:1920x1080 Ratio: 1000:1

External NAS Backup Device 2x1TB (1TB RAID 1)
a Hardware Component for Datalink.

Note: System Does Not include CAT5 between
Acquisition Station to the Network Connection.

CR-X5 Acquisition and Viewing Software

One (1) LAN - Local Viewer / Two (2) Remote Web Viewers

DICOM Send - Multi Destination, DICOM Print

Image Archive

CD/DVD Burning with Mini-Viewer

DICOM Viewer with Robust Imaging Tool Sets

Robust and Advanced Specialty Measurement Tools,

Window Window Level, Rotate, Repeat / Reject

Archive, Image Preview, Magnify, Zoom, Pan, Annotation Edit,

Magnify, Zoom, Pan

L/R Marker, Un-sharp Mask

Datalink - Disaster Recovery

CR-X5 Systems are provided with a One (1) Year 75GB Disaster Recovery Data Archive Service Plan with an Automatic Backup to a Fully Monitored and Managed HIPPA Compliant Archival and Disaster Recovery Service. Customer's may increase the data plan and/or extend this service after Year One (1) for a fee. Note: Activation of Datalink is automatically activated on all systems prior to shipment.

CR-X5 Warranty / Support Coverage

Standard Warranty Coverage: One (1) Year CR Parts Replacement and Software Warranty. Internet Access is required for support coverage.

Workstation PC Warranty and Support Coverage

Computer Acquisition Station and Monitor includes a Three (3) Year Warranty Plan with Next Business Day On-site Support from Lenovo. Help Desk Hours Monday-Friday 9:00AM - 8:00PM Eastern Time, excluding Holidays.



SIERRA Advantage



X-Ray Film Digitizer for Teleradiology and Low Volume Digitizing

The award-winning SIERRA *Advantage* film digitizer represents a significant advance in film digitizer technology and overcomes some of the most common barriers to digitizer use – quality, cost and size. It is small enough to be easily wall-mounted, solving siting problems commonly found at hospitals and radiology offices. It can be deployed in a number of other settings where quick access to high quality electronic images enhances patient care, such as the emergency department, intensive care and coronary units, as well as teaching hospitals and alternate care settings.



SIERRA *Advantage* Features & Benefits

- Clinically proven image quality and consistency.
- Available with single or 10-sheet film feeder.
- Ideal for cost-effective use in teleradiology, small imaging centers, and emergency rooms.
- Improves productivity and workflow.
- Low total cost of ownership.



3DSYSTEMS

VIDAR
A 3D Systems Company



Nominal Resolution	Pixels (14"x17" film)	Spot Size (um)	DPI	Line pairs Per mm	Digitizing Speed
1K x 1.25K	1050 x 1275	339	75	1.5	15 Seconds
2K x 2.5K	2100 x 2550	169	150	3.0	30 Seconds
4K x 5K	4200 x 5100	85	300	5.8	61 Seconds

SPECIFICATIONS

Clinical Optical Density Range	0.2 to 3.6
Bit Depth	16-bit mapped to 12-bit (4096) and 8-bit (256) grayscale output
MTBF	>35,000 hours
Film Sizes	Width: 7" to 14" (17.8 cm to 35.6 cm) Length: 7" to 17" (17.8 cm to 43.2 cm) up to 51" (130 cm) can be accommodated in single film mode Thickness: 0.006" to 0.008" (0.15 mm to 0.20 mm)
Film Feeder	Single sheet standard; 10-sheet feeder optional "Light Box" loading: head-up, normal reading, left justified Film sizes up to 14" x 17" (35.6 cm x 43.2 cm)
Translation Tables	Linear OD
Geometric Accuracy	Better than 1% or 2 pixels, whichever is greater, in both axes
Hardware Interface	USB 2.0
Software	Windows® scanning modules and software development tools available
Power Requirements	Voltage: 100~240 Vac Frequency: 50~60 Hz Power: ≤48 Watts
Operating Environment	60° to 85° F (15° to 30° C), 20% to 85% relative humidity, non-condensing
Storage Environment	5° to 140° F (-15° to 60° C), 20% to 85% relative humidity, non-condensing
Illuminator	LED Illuminator
Detector	Solid-state, next-generation High Definition CCD (HD-CCD®)
Dimensions	Footprint: 19" W x 13.30" D (48.26 cm x 33.78 cm) Overall: 19" W x 13.30 D" x 37.65" H (48.26 cm x 33.78 cm x 95.63cm) Shipping: 27" W x 18.5" L x 27.38" H (68.6 cm x 46.99 cm x 69.55 cm)
Weight	*21.5 lbs. (9.75 kg); shipping weight: 48 lbs. (20.52 kg) *Scanner only. With exit tray/stand/feeder = 30 lbs.

Specifications are subject to change without notice

365 Herndon Parkway
Phone: +1.703.471.7070

Herndon, VA USA 20170
Toll Free: 1.800.472.7226

www.vidar.com
Fax: +1.703.471.7665

VIDAR IS A registered trademarks of 3D Systems Corporation. All other product names are registered marks of their respective parent.

VIDAR Publication PN 18632-001, Rev D, March 2012



THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER BB&T - McPhail Bray Insurance P. O. Box 11148 5925 Carnegie Blvd Suite 400 Charlotte, NC 28220	CONTACT NAME: NC Certificate Team PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: CCertTeam@bbandt.com
	INSURER(S) AFFORDING COVERAGE INSURER A : Travelers Property Casualty Co NAIC # 25674 INSURER B : Kinsale Insurance Company XXNAIC INSURER C : Travelers Indemnity Company of 25666 INSURER D : INSURER E : INSURER F :
INSURED Blue Ox Medical Technologies LLC c/o Ryan Dienst; 3341 Leamington Lane Charlotte, NC 28226	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		ZPP14P473761316	02/14/2014	02/14/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$ \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		BA7C56436013TEC	02/14/2014	02/14/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10000		ZUP14P473881316	02/14/2014	02/14/2015	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N <input type="checkbox"/> Y N/A If yes, describe under DESCRIPTION OF OPERATIONS below		HJUB3B91288213	02/14/2014	02/14/2015	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
B	Products Liability- Claims Made Form		01000100960	02/14/2014	02/14/2015	\$1,000,000 Each Claim \$1,000,000 Aggregate \$2,500 Ded Each Occ.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Workers' Compensation applies for this certificate as stated in the policy under Section 3A and 3C but regardless does not apply in the monopolistic states of ND, WY, OH, WA.

 Umbrella does not cover over Products Liability
 (See Attached Descriptions)

CERTIFICATE HOLDER For Information Only Not to be altered or reproduced	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Ray Taddler, Jr.</i>
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