

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	13045583970
FROM	Ali Youssef
DATE	2014-05-28 17:40:48 GMT
RE	WEH14105

COVER MESSAGE

Melissa Davis

General Manager

USOC Medical

Phone: 1-855- 888- USOC (8762)

Office: 949- 243- 9110

Fax : 949-243-9113

<<http://www.usocmedical.com>> www.usocmedical.com

<<http://www.youtube.com/watch?v=NtKtYVFVtxs>>

<http://www.youtube.com/watch?v=NtKtYVFVtxs>

USOC ISO logo1

05/28/14 01:52:24PM
West Virginia Purchasing Division

BID RECEIVED LATE

Buyer *[Signature]*

Witness *Tara Lyle*

DISQUALIFIED

West Virginia Purchasing Division
05/28/14 01:51:43PM



IMPORTANT

Please complete the information below and affix the label to the outside of your bid envelope. Thank you.

Sealed Bid Enclosed

RFQ Number: WEH14105
Buyer: WELCH COMMUNITY HOSP
Bid Opening Date: 5/28/14
Bid Opening Time: 1:30

Mail To:

WV PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305



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

Solicitation

NUMBER
WEH14105

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
BOB KILPATRICK 304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

RECEIVED

USOC Medical
 Attn: Douglas Vaziri
 14 Hughest Street Ste B106
 Irvine, CA 92618

SHIP TO

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

DATE PRINTED
05/08/2014

BID OPENING DATE: 05/28/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
THE WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, WVDHHR WELCH COMMUNITY HOSPITAL, IS SOLICITING BIDS TO PROVIDE FOR THE ONE-TIME PURCHASE OF EIGHT (8) BEDSIDE MONITORS, TEN (10) MEDICAL SURGICAL WEARABLE PATIENT MONITORS, ONE (1) INFORMATION CENTER, AND EIGHTEEN (18) VITAL SIGNS MONITORS, INCLUDING WARRANTY USER MANUALS/CD'S, INSTALLATION AND ONSITE TRAINING, PER THE ATTACHED DOCUMENTATION. ATTACHMENTS INCLUDE: 1. INSTRUCTIONS TO VENDORS SUBMITTING BIDS. 2. GENERAL TERMS AND CONDITIONS. 3. WEH14105 SPECIFICATIONS, INCLUDING PRICING PAGE 4. CERTIFICATION AND SIGNATURE PAGE. 5. PURCHASING AFFIDAVIT. 6. VENDOR PREFERENCE CERTIFICATE						
0001	8	EA	938-56	BEDSIDE MONITORS	12,850	96,000
0002	10	EA	938-56	MEDICAL SURGICAL WEARABLE PATIENT MONITORS	6,3450	63,450

SIGNATURE	TELEPHONE	DATE
<i>[Signature]</i>	949-243-9109	5-28-14
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
Sales MGR	27-4442989	

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
WEH14105

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ADDRESS CORRESPONDENCE TO ATTENTION OF
BOB KILPATRICK
304-558-0067

RFQ COPY
 TYPE NAME/ADDRESS HERE

SUPPORT

SHIP TO

HEALTH AND HUMAN RESOURCES
WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET
WELCH, WV
24801 **304-436-8710**

DATE PRINTED
05/08/2014

BID OPENING DATE: **05/28/2014**

BID OPENING TIME **1:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEMNUMBER	UNIT PRICE	AMOUNT
0003	1	EA	938-56	INFORMATION CENTER	4,500	4,500
0004	18	EA	938-56	VITAL SIGN MONITORS	7,899	142,182
0005	1	EA	938-56	WARRANTY	inc	∅
0006	1	EA	938-56	MANUAL/CD	inc	∅
0007	1	EA	938-56	INSTALLATION	18,000	18,000

SIGNATURE: *D. G. [Signature]* TELEPHONE: **944-245-9109** DATE: **5-29-14**
 TITLE: *Sales Mgr* FEIN: **27-4448989** ADDRESS CHANGES TO BE NOTED ABOVE

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



State of West Virginia
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Solicitation

NUMBER
WEH14105

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ADDRESS CORRESPONDENCE TO ATTENTION OF
BOB KILPATRICK 304-558-0067

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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
05/08/2014

BID OPENING DATE: 05/28/2014

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0008	1	EA		938-56	5500	5500
				IN-SERVICE MEDICAL STAFF		
***** THIS IS THE END OF RFQ WEH14105 ***** TOTAL:						329,632

SIGNATURE <i>[Signature]</i>	TELEPHONE 944-243-9109	DATE 5-28-14
TITLE Sales Manager	FEIN 27-444 8989	ADDRESS CHANGES TO BE NOTED ABOVE

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

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.

USOC Medical
(Company)

[Signature]
(Authorized Signature)

Sales Manager
(Representative Name, Title)

949-243-9109 949-243-9113
(Phone Number) (Fax Number)

5.28.14
(Date)

Description/Equipment	Quantity	Cost Per Unit	Total Cost
3.1.1 Bedside monitors	8		
3.1.2 Medical surgical wearable patient monitors	10		
3.1.3 Information center	1		
3.1.4 Vital sign monitors	18		
3.1.5 Warranty	1		
3.1.6 Manual/CDs	1		
3.1.7 Installation	1		
3.1.8 In-service medical staff	1		
Grand Total Cost			

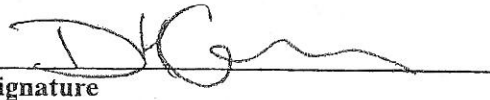
Evaluation and Award Criteria: Contract will be awarded to the Vendor meeting the required specifications for the lowest overall Grand Total Cost.

USOC MEDICAL
Vendor Name (Printed)

14 HUGHES ST B205 IRVINE CA
Purchase Order Address 92618

14 HUGHES ST B205 IRVINE CA 92618
Vendor Remit-To Address:

DUANE GILMORE
Vendor Authorized Representative (Printed)
Date


Signature

949-243-9109
Telephone

949-243-9113
Fax

duane@usocmedical.com
E-mail