



ZOLL Medical Corporation

Worldwide Headquarters
269 Mill Road
Chelmsford, Massachusetts 01824-4105
U.S.A.

978 421-9655
978 421-0025 Main Fax

June 13, 2006

Roberta Wagner
Department of Administration
Purchasing Division
2019 Washington Street East
Charleston, WV 25305

Dear Ms. Wagner:

ZOLL® Medical Corporation would like to thank you for the opportunity to respond to Bid Number CRH60352 for ninety (90) Automatic External Defibrillators and Trainers due June 14, 2006 at 1:30 PM. Please find enclosed a complete bid package including:

- ZOLL® AED Plus™ Warranty Information
- ZOLL® AED Plus™ Literature

ZOLL® Medical Corporation will provide the software and materials for self installation to upgrade all three hundred and seventy five (375) existing AED Plus units to the AHA Guidelines that were purchased through previous HRSA Grants.

If you need any further information or assistance, please do not hesitate to call me at 800-242-9150 x 9221.

Regards,

A handwritten signature in cursive script that reads "Barbara Rathbun".

Barbara Rathbun
EMS Territory Manager

BR/jmh

Enclosures



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
 CRH60352

PAGE
 1

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

VENDOR

*622142154 617-229-0020
 ZOLL MEDICAL CORPORATION
 269 MILL RD
 CHELMSFORD MA 01824-4105

SHIP TO

HEALTH AND HUMAN RESOURCES
 BPH - COMMUNITY & RURAL HEALTH
 350 CAPITOL STREET, ROOM 515
 CHARLESTON, WV
 25301-3716 304-558-4109

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
05/30/2006				

BID OPENING DATE: 06/14/2006 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>*****ADDENDUM NO. 1*****</p> <p>1. THIS ADDENDUM IS TO RESPOND TO VENDOR QUESTIONS PER THE ATTACHED.</p> <p>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.</p> <p>PLEASE NOTE THE FOLLOWING ATTACHMENTS:</p> <p>1. Q&A'S FOR CRH60352</p> <p>2. ADDENDUM ACKNOWLEDGEMENT</p> <p>*****END OF ADDENDUM NO. 1*****</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Robert Wagner</i>	TELEPHONE 800-348-9011	DATE June 13, 2006
TITLE EMS TERRitory Mgr	FEIN 04-2711626	ADDRESS CHANGES TO BE NOTED ABOVE

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

Page 2
CRH60352/Addendum #1
DHHR/BPH/Office Community Health Systems
350 Capitol St. Rm 515
Charleston, WV 25301

Questions from vendors:

1) Q – The RFQ states that the State of WV is looking for “90 Automatic External Defibrillators to be Zoll AED or Equal.” Will you in fact consider an award a contract to a vendor/manufacture who is not offering a Zoll AED Plus?

Answer: We follow all State Purchasing Requirements. If the specific Automatic External Defibrillator meets all of the specifications of the Zoll AED Plus, it will be considered.

2) Q – Is this funded by the Federal Rural Grant Program?

Answer: Yes.

3) Q - As we have a couple of new Powerheart AED G3 devices out that are configured with the new AHA protocols, are you looking for that type of product for this bid.

Answer: We did not specify new AHA protocols for this bid. If an AED meets all specifications set forth in the bid it will be considered during review.

4) Q - Is there any value to the State of WV or preference going to be given for a device that has a longer warranty on the AED and on the battery system. (Cost of ownership may be significantly lower than some devices due to longer, more inclusive warranties surrounding their products)

Answer: If an AED meet all specifications set forth in the bid it will be considered during review.

5) Q - Is there any value to the State of WV or preference going to be given for a device that performs an automatic, daily self-test of all three critical AED components (i.e. battery, functionality of electrodes, and internal circuitry)

Answer: If an AED meet all specifications set forth in the bid it will be considered during review.

6) Q - Is there any value to the State of WV or preference going to be given for a device that would offer non-polarized electrodes? This allows the rescuer to place either electrode pad in either position on the person’s chest enabling a quicker response.

Answer: If an AED meets all specifications set forth in the bid it will be considered during review.

7) Q - The Zoll device requires a simulator to run the AED Plus through some self-testing yet I do not see your request for simulators on the bid. How are you handling that issue.

Answer: A simulator is not required to complete a self-test. The self test is conducted by holding the on/off switch down to initiate the self test.

8) Q - Is there any preference for a device that has a backlit text screen that would offer a disabled (hard of hearing) person the ability to be involved as a rescuer. Some AEDs do not have a text screen and can therefore be seen as discriminatory to a hard-of-hearing person's desire to be included as an otherwise capable rescuer

Answer: I am unsure what a backlit text screen has to do with assisting someone who is hard-of-hearing in using the AED. If an AED meets all specifications set forth in the bid, it will be considered during review.

9) Q - Is there any value to the State of WV or preference going to be given for a device that would utilize the same escalating energy protocol as used in most hospitals. (i.e. escalating energy up to a full 360 joules).

Answer: If an AED meet all specifications set forth in the bid it will be considered during review.

10) Q - Is there any preference or benefit to the State of WV to do business with a vendor who can offer credits as a Female Minority Owned Business.

Answer: The only preference we currently allow is one for resident vendors.

11) Q - We are trying to determine if you need an infant child key. This adjusts the system to respond to an infant or child. Also do you require a case for the unit? I do not have specifics from Zoll and want to be sure you are quoted the correct unit for your application.

Answer: We did not request any infant child key. It is not part of the specifications. The Zoll AED Plus unit is a hard case, it does not require an additional case.

Vendor: ZOLL Medical Corporation	Spending Unit:
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Requisition No.: CRH60352

ADDENDUM ACKNOWLEDGEMENT

I hereby acknowledge receipt of the following checked addendum(s) and have made the necessary revisions to my proposal, plans and/or specifications, etc.

Addendum No.'s:

- No. 1 X
- No. 2
- No. 3
- No. 4
- No. 5

I understand that failure to confirm the receipt of the addendum(s) is cause for rejection of bids.

Barbara Rathbun

 Signature Barbara Rathbun

ZOLL Medical Corporation

 Company

June 13, 2006

 Date



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BID OPENING DATE: 06/14/2006 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
REQUEST FOR QUOTATION						
THE WEST VIRGINIA DIVISION OF PURCHASING IS SOLICITING BIDS FOR THE OFFICE OF EMERGENCY MEDICAL SERVICES TO PROVIDE AUTOMATIC EXTERNAL DEFIBRILLATORS (AED) AND AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) TRAINERS.						
PLEASE NOTE THE FOLLOWING ATTACHMENTS: 1) CRH60352 AED BID SPECIFICATIONS 2006. 2) AFFIDAVIT						
0001	90	EA		964-26	\$965.43	\$86,888.70
AUTOMATIC EXTERNAL DEFIBRILLATORS (AED) UNITS						
ZOLL AED PLUS, PS SERIES - OR EQUAL MANUFACTURER MUST SUPPLY SPECIFICATIONS FOR COMPARISON AND COPIES OF TECHNICAL MANUALS; IF BIDDING OTHER THAN ZOLL. ALL UNITS MUST BE NEW, NOT RE-MANUFACTURED, MEET FDA APPROVAL, AND HAVE NO CURRENT FDA RECALL. ALL BIDS FOR AED'S MUST INCLUDE BATTERIES AND PADS FOR EACH UNIT.						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Roberta Wagner</i>	TELEPHONE 800-348-9011 X9221	DATE June 13, 2006
TITLE EMS Territory Mgr	FEIN 04-2711626	ADDRESS CHANGES TO BE NOTED ABOVE

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0002	90	EA		964-26	\$301.27	\$ 27,114.30
AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) TRAINERS ZOLL AED PLUS, PS SERIES TRAINERS - OR EQUAL MANUFACTURER MUST SUPPLY SPECIFICATIONS FOR COMPARISON AND COPIES OF TECHNICAL MANUALS, IF BIDDING OTHER THAN ZOLL. ALL TRAINERS MUST BE NEW, NOT RE-MANUFACTURED, MEET FDA APPROVAL AND HAVE NO CURRENT FDA RECALL. ALL BIDS FOR TRAINERS MUST INCLUDE BATTERIES AND PADS FOR EACH UNIT. THE MODEL/BRAND/SPECIFICATIONS NAMED HEREIN ESTABLISH THE ACCEPTABLE LEVEL OF QUALITY ONLY AND ARE NOT INTENDED TO REFLECT A PREFERENCE OR FAVOR ANY PARTICULAR BRAND OR VENDOR. VENDORS WHO ARE BIDDING ALTERNATES SHOULD SO STATE AND INCLUDE PERTINENT LITERATURE AND SPECIFICATIONS. FAILURE TO PROVIDE INFORMATION FOR ANY ALTERNATES MAY BE GROUNDS FOR REJECTION OF THE BID. THE STATE RESERVES THE RIGHT TO WAIVE MINOR IRREGULARITIES IN BIDS OR SPECIFICATIONS IN ACCORDANCE WITH SECTION 148-1-4 (F) OF THE WEST VIRGINIA LEGISLATIVE RULES AND REGULATIONS. VENDOR PREFERENCE CERTIFICATE						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Barbara Kottman</i>	TELEPHONE 800-348-9011X9221	DATE June 13, 2006
TITLE EMS Territory Mgr	FEIN 04-2711626	ADDRESS CHANGES TO BE NOTED ABOVE

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PAGE
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CERTIFICATION AND APPLICATION* IS HEREBY MADE FOR PREFERENCE IN ACCORDANCE WITH WEST VIRGINIA CODE, 5A-3-37 (DOES NOT APPLY TO CONSTRUCTION CONTRACTS). A. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED: <input type="checkbox"/> 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 <input type="checkbox"/> BIDDER IS A PARTNERSHIP, ASSOCIATION OR CORPORATION RESIDENT VENDOR AND HAS MAINTAINED ITS HEAD-QUARTERS 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 <input type="checkbox"/> BIDDER IS A CORPORATION 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. B. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Barbara Rattigan</i>	TELEPHONE 800-348-9011x9221	DATE June 13, 2006
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PAGE:
 4

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<p>() 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;</p> <p>OR</p> <p>() 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 BIDDERS' 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.</p> <p>BIDDER UNDERSTANDS IF THE SECRETARY OF TAX & 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) RESCIND THE CONTRACT OR PURCHASE ORDER ISSUED; 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.</p> <p>BY SUBMISSION OF THIS CERTIFICATE, BIDDER AGREES TO DISCLOSE ANY REASONABLY REQUESTED INFORMATION TO THE PURCHASING DIVISION AND AUTHORIZES THE DEPARTMENT OF TAX AND REVENUE TO DISCLOSE TO THE DIRECTOR OF PURCHASING APPROPRIATE INFORMATION VERIFYING THAT BIDDER HAS PAID THE REQUIRED BUSINESS TAXES, PROVIDED</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Barbara Rothwell</i>	TELEPHONE 800-348-9011	DATE June 13, 2006
TITLE EMS Territory Mgr	FEIN 04-2711626	ADDRESS CHANGES TO BE NOTED ABOVE

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PAGE
 5

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<p>THAT SUCH INFORMATION DOES NOT CONTAIN THE AMOUNTS OF TAXES PAID NOR ANY OTHER INFORMATION DEEMED BY THE TAX COMMISSIONER TO BE CONFIDENTIAL.</p> <p>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.</p> <p>BIDDER: <u>ZOLL Medical Corporation</u></p> <p>DATE: <u>June 13, 2006</u></p> <p>SIGNED: <u><i>Barbara Rathoun</i></u> Barbara Rathoun EMS Territory Manager</p> <p>TITLE: _____</p> <p>* CHECK ANY COMBINATION OF PREFERENCE CONSIDERATION(S) IN EITHER "A" OR "B", OR BOTH "A" AND "B" WHICH YOU ARE ENTITLED TO RECEIVE. YOU MAY REQUEST UP TO THE MAXIMUM 5% PREFERENCE FOR BOTH "A" AND "B". (REV. 12/00)</p> <p>NOTICE</p> <p>AN ORIGINAL, SIGNED BID MUST BE SUBMITTED ALONG WITH A CONVENIENCE COPY TO:</p> <p>DEPARTMENT OF ADMINISTRATION</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <u><i>Barbara Rathoun</i></u>	TELEPHONE 800-348-9011	DATE June 13, 2006
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PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130 AN EXACT DUPLICATE MUST BE SUBMITTED TO: STATE AUDITOR'S OFFICE BID OBSERVER BUILDING 1, ROOM W114 1900 KANAWHA BOULEVARD, EAST CHARLESTON, WV 25305-0230 BOTH BIDS MUST CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPES OR THE BIDS MAY NOT BE CONSIDERED: SEALED BID BUYER: 22 RFQ. NO.: CRH60352 BID OPENING DATE: 06/14/2006 BID OPENING TIME: 1:30 PM PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID: -----978-421-0005-----						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Roberta Wagner</i>	TELEPHONE 800-348-9011x9221	DATE June 13, 2006
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CONTACT PERSON (PLEASE PRINT CLEARLY): ----- Barbara Rathbun -----						
WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON MAY 24, 2006. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER, OR EMAIL. 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: ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311 FAX: 304-558-4115 EMAIL: RWAGNER@WVADMIN.GOV						
***** THIS IS THE END OF RFQ CRH60352 ***** TOTAL:						\$114,003.00

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Barbara Rathbun</i>	TELEPHONE 800-348-9011x9221	DATE June 13, 2006
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AED Bid Specifications 2006

All units must be new, not re-manufactured, meet FDA approval and have no current FDA recall.

90 - Zoll AED Plus, PS Series, or equivalent - Manufacturer must supply specifications for comparison and copies of technical manuals, if bidding other than Zoll brand.

90 - Zoll AED Plus, PS Series Trainers, or equivalent - Manufacturer must supply specifications for comparison and copies of technical manuals, if bidding other than Zoll brand.

Both the AEDs and Trainers must include batteries and pads for each unit.

Mandatory Specifications for evaluation are grouped as follows:

Energy:

Biphasic waveform with impedance compensation.

Device shall be capable of delivering a shock of 120-Joules or greater in Standard operating mode, with a charge time of less than 10 seconds.

Programmable: Device shall be delivered with customer's preferred energy sequence, and shall be programmable in set-up mode by the customer in the field.

Battery:

Battery power shall be a combined total of 11 volts or greater, of either sulfuryl chloride or manganese dioxide lithium type.

Shall have a shelf life of 4 years.

Unit shall have some type of low battery indicator (either visual or auditory).

Defibrillation Criteria:

The device shall identify ventricular tachycardia based in part on the following criteria:

minimum heart rate of 120 beats per minute.

Storage:

Storage: Device shall have the capability of storing at least 20 minutes of continuous patient ECG and scene audio in internal memory (i.e., without the use of external storage media)

Retrieval: Device shall permit patient information to be downloaded, stored, reviewed and printed. Supporting software shall allow for simultaneous replay of continuous ECG.

Physical Criteria:

Display: Must have LCD Screen for visual text or symbol instructions.

Environment:

Shall have operating temperature of: 32 to 122 degrees F°

Shall have shock: MIL-STD 810

Self-testing:

Device shall run a daily self-test, classify any faults into major or minor, and alert the operator if services is required. Results of tests shall be made available with all printed reports.

Device shall test the capacity of the battery and defibrillator charging system bi-weekly for a non-chargeable lithium battery.

User testing: Devices shall be capable of executing a user-initiated test without the use of a rhythm simulator. Results of tests shall be made available with all printed reports.

Other Specifications:

Size: Portable - Unit should be approximately 7 in. x 12 in. x 12 in. (HxWxD) or equivalent cubic inch footprint.

Weight: Should be approximately 4 to 7 pounds (including battery).

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 owned 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.

LICENSING:

The vendor must be licensed in accordance with any and all state requirements to do business with the state of West Virginia.

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. Vendors should visit www.state.wv.us/admin/purchase/privacy for the Notice of Agency Confidentiality Policies.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), it is hereby certified that the vendor acknowledges the information in this said affidavit and are in compliance with the requirements as stated.

Vendor's Name: ZOLL Medical Corporation

Authorized Signature: *Barbara Rathbun* Date: 6/13/06
Barbara Rathbun

*No Debt Affidavit
Revised 02/08/06*



ZOLL Medical Corporation

Worldwide Headquarters
269 Mill Road
Chelmsford, Massachusetts 01824-4105
U.S.A.

978 421-9655
978 421-0025 Main Fax

ZOLL 5 YEAR FACTORY WARRANTY

ZOLL Medical Corporation warrants to the Customer that from the date of installation, or thirty (30) days after the date of shipment from ZOLL Medical Corporation's facility, whichever first occurs, the Equipment (other than accessories and electrodes) will be free from defects in material and workmanship under normal use and service for the period for 5 Years.

During such period ZOLL Medical Corporation will, at no charge to the Customer, either repair or replace (at ZOLL Medical Corporation's sole option) any part of the Equipment found by ZOLL Medical Corporation to be defective in material or workmanship. If ZOLL Medical Corporation's inspection detects no defects in material or workmanship; ZOLL Medical Corporation's regular service charges shall apply.

The Factory Warranty covers the Equipment (Defibrillators and Battery Chargers) for 5 Years from the date of shipment from ZOLL Medical Corporation's facility for the following: all parts and labor, all shipping and insurance costs, and a Service Loaner at no charge for use during the repair.

Accessories (cables, paddles, SpO2 sensors, single battery chargers and electrodes) shall be warranted for 90 days from date of shipment. During such period ZOLL Medical Corporation will, at no charge to the Customer, either repair or replace (at ZOLL Medical Corporation's sole option) any part of the accessories found by ZOLL Medical Corporation to be defective in material or workmanship. If ZOLL Medical Corporation's inspection detects no defects in material or workmanship; ZOLL Medical Corporation's regular service charges shall apply.

ZOLL Medical Corporation shall not be responsible for any Equipment defect, the failure of the Equipment to perform any specified function, or any other nonconformance of the Equipment, caused by or attributable to: (i) any modification of the Equipment by the Customer, unless such modification is made with the prior written approval of ZOLL Medical Corporation; (ii) the use of the Equipment with any associated or complementary equipment, accessory or software not supplied by ZOLL Medical Corporation (iii) any misuse or abuse of the Equipment; (iv) exposure of the Equipment to conditions beyond the environmental, power or operating constraints specified by ZOLL Medical Corporation; or (v) installation or wiring of the Equipment other than in accordance with ZOLL Medical Corporation's instructions. (c) This warranty does not cover items subject to normal wear and burnout during use, including but not limited to lamps, fuses, batteries, patient cables and accessories. (d) The foregoing warranty does not apply to software included as part of the Equipment (including software embodied in read-only memory, known as "firmware"). (e) The foregoing warranty constitutes the exclusive remedy of the customer and the exclusive liability of ZOLL Medical Corporation for any breach of any warranty related to the Equipment supplied hereunder. **THE WARRANTY SET FORTH HEREIN IS EXCLUSIVE AND ZOLL MEDICAL CORPORATION EXPRESSLY DISCLAIMS ALL OTHER WARRANTIES WHETHER WRITTEN, ORAL, IMPLIED, OR STATUTORY, INCLUDING BUT NOT LIMITED TO ANY WARRANTIES OF MERCHANTABILITY OF FITNESS FOR A PARTICULAR PURPOSE.**