



**State of West Virginia
Department of Administration
Purchasing Division**

NOTICE

Due to the size of this bid, it was impractical to scan every page for online viewing. We have made an attempt to scan and publish all pertinent bid information. However, it is important to note that some pages were necessarily omitted.

If you would like to review the bid in its entirety, please contact the buyer. Thank you.

Roche Diagnostics Fact Sheet



We Innovate Healthcare

Our passion to improve lives is the driving force behind Roche Diagnostics' innovation in the diagnostics industry. We develop and produce medical tests that provide information to assist medical decision makers in delivering the best patient care. Our products not only diagnose disease, they also monitor drug therapies to provide physicians with accurate information to ensure their patients are receiving the most effective treatment.

Roche stands out among its peers in its large investment in research and development, enabling it to provide diagnostics solutions. In 2006, we spent 9 percent of our global product sales, or \$557 million, on research and development—more than any of our top six competitors.¹

As a global leader in diagnostics, we constantly work to improve our products and services. Our expertise in a variety of diagnostic technologies allows us to introduce innovative products that shape new markets and take diagnostics into new dimensions. This expertise and a global presence help Roche Diagnostics respond quickly to a variety of global health issues. We also have a broad portfolio of diagnostics tools for congestive heart failure, HIV, hepatitis B and C, fertility testing, diabetes and many other diseases. This wide array of innovative testing products and services is supplied to researchers, physicians, patients, hospitals and laboratories worldwide.

Roche Diagnostics focuses on actionable health information. Actionable health information takes information from multiple diagnostic sources and translates it into data that helps our customers (laboratories, researchers, physicians and patients) to make informed decisions about prevention or therapy. Providing the right tools and the right information are the future in healthcare, and Roche Diagnostics is on the cutting edge, integrating information for a comprehensive, actionable healthcare solution.

Roche Diagnostics is a world diagnostics leader and holds top leadership positions in:

- diabetes care
- centralized diagnostics
- point-of-care testing
- NAT blood screening
- molecular diagnostics

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PURCHASING DIVISION
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Indianapolis – North American Headquarters

The Roche Diagnostics Indianapolis campus is home to U.S. research and development, laboratory, manufacturing, distribution, information technology and corporate headquarters operations, in support of five diagnostics business areas: Diabetes Care, Centralized Diagnostics, Applied Science, Molecular Diagnostics and Point of Care.

¹\$557 million is the amount Roche Diagnostics spent in 2006 on research and development in the "Roche Annual Report 2006" compared with its six main competitors Abbott, J&J, Beckman, Bayer and Dade. All figures for competitors taken from research and development global spending figures for 2006 from BBC Market Book.

²Boston Biomedical Consultants and company reports

OUR AREAS OF EXPERTISE:

Applied Science is one of the world's leading producers of instrument and reagents (chemicals) for life science research. Our particular focus on genomics and proteomics had led to the creation of the LightCycler® instrument for real-time polymerase chain reaction (PCR) research and the Genome Sequencer System for ultra-fast genome sequencing.

Centralized Diagnostics provides integrated, high-performance analytical systems to optimize laboratory management from pre-analytical to post-analytical processes. We develop high quality solutions for diagnostics laboratories—from analyzers and test reagents to work-flow solutions. To maintain its leadership in technology and quality, Roche minimizes third party products with more than 75 percent of its assay portfolio developed and manufactured in-house.

Diabetes Care is a diagnostics leader and a pioneer in innovating blood glucose monitoring systems. We are committed to delivering solutions that meet the needs of people with diabetes and their healthcare professionals. The ACCU-CHEK® brand helps complete the “Circle of Care” by providing products, services and support needed to help people better manage their diabetes. ACCU-CHEK® products include blood glucose meters, lancets, test strips, insulin pump systems, infusion sets and supplies, and data management tools.

Molecular Diagnostics focuses on developing predictive tools that can assist in patient prognosis and treatment. Our portfolio is based on polymerase chain reaction (PCR) technology—the world's leading nucleic acid amplification testing (NAT) technology—and applies clinical diagnostics in six key areas: virology, women's health, microbiology, blood screening, genomics and oncology. PCR has provided the basis for unprecedented advances in the diagnosis and monitoring of life-threatening diseases, such as HIV and hepatitis and as an aid in genetic identification. We also produce highly sensitive blood screening applications that assist in safeguarding the nation's blood, organ and tissue supply.

Point of Care provides diagnostics methods employed by medical professionals at the “point of care” in any operating theater: intensive-care area, ambulance, surgery suite, blood bank, primary care physician's office or cardiologist's office and pharmacy. Point-of-care testing offers rapid, easy-to-use diagnostics tools, such as small, portable benchtop analyzers for a variety of applications. We market the CoaguChek® system, the leading instrument for monitoring patients on Coumadin® therapy.

ROCHE DIAGNOSTICS, NORTH AMERICA, LOCATIONS:

Indianapolis, Indiana	North American headquarters for Roche Diagnostics research and development, laboratory, manufacturing, distribution, information technology and corporate headquarters operations
Fishers, Indiana	Disetronic Medical Systems, U.S. headquarters for sales/marketing and customer service for Disetronic North American affiliates
Laval, Quebec, Canada	Canadian headquarters for Roche Diagnostics sales, service and marketing support
Ponce, Puerto Rico	Manufacturing for blood glucose and coagulation strips
Portsmouth, New Hampshire	Disetronic Sterile Products, Inc. (DSP), is a manufacturer of disposable medical devices used primarily for insulin delivery therapy
Pleasanton, California	Roche Molecular Systems, Inc., is the global headquarters for research and development and marketing of all PCR-based diagnostic tests and systems
Alameda, California	Roche Molecular Systems research, legal and licensing
Branchburg/Belleville, New Jersey	Roche Molecular Systems global manufacturing and distribution

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OUR INDIANAPOLIS HISTORY:

Within three years of Roche Diagnostics' 1998 acquisition of Boehringer Mannheim Corporation, we grew to become the world diagnostics leader in producing innovative products, the depth and breadth of our technologies and our overall geographic presence.

Since its founding in Indianapolis in 1964 as Bio-Dynamics (later acquired by Boehringer Mannheim in 1974), Roche Diagnostics has grown tremendously. Today, we have about 3,700 employees in Indianapolis. Our campus is made up of 150-acres and houses 18 buildings with more than 1.3 million square feet of space in Marion and Hamilton counties.

Since our beginning, Roche Diagnostics has grown to be a viable force in developing Indiana's life sciences initiative.

Roche Diagnostics Corporation Roche Diagnostics Operations, Inc.

9115 Hague Road
Indianapolis, Indiana 46205
317-521-2000
<http://roche-diagnostics.us>

OUR GLOBAL PRESENCE:

Headquartered in Basel, Switzerland, The Roche Group is one of the world's leading innovation-driven healthcare groups with its core businesses of pharmaceuticals and diagnostics. Roche is No. 1 in the global in-vitro diagnostics market,² the leading supplier of pharmaceuticals for cancer, and a leader in virology and transplantation. As a supplier of products and services for the prevention, diagnosis and treatment of disease, the Roche Group contributes on a broad range of fronts to improving people's health and quality of life. Roche employs approximately 70,000 people worldwide in 150 countries.

ACCU-CHEK, LightCycler and COAGUCHEK are trademarks of Roche.
All other product names and trademarks are the property of their respective owners.

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²Boston Biomedical Consultants and company reports



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 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Request for Quotation

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

ROCHE

*709002920 02 800-428-5076
 ROCHE DIAGNOSTICS CORPORATION
 9115 HAGUE ROAD BLDG B
 INDIANAPOLIS IN 46250

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
01/28/2009				

BID OPENING DATE: 02/26/2009 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				OPEN-END BLANKET CONTRACT		
1		JB		193-12		
	1			REAGENTS (FOR AUTOMATIC INSTRUMENTS)		
				REQUEST FOR QUOTATION		
				TO PROVIDE AN OPEN END CONTRACT FOR REAGENTS TO PERFORM EXAMINATION FOR DETECTION OF SPECIFIED METHODS. SELECTED VENDOR MUST PROVIDE TWO FULLY AUTOMATED CHEMISTRY ANALYZERS AT NO ADDITIONAL CHARGE FOR USE WITH THE REQUESTED REAGENTS, PER THE ATTACHED SPECIFICATIONS. THE SYSTEMS MUST INCLUDE A COMPUTER, MONITOR, AND PRINTER WHICH WILL BE RETAINED AND MAINTAINED BY THE VENDOR.		
				THIS CONTRACT WILL BE FOR A PERIOD OF ONE YEAR WITH THE OPTION OF FOUR (4), ONE (1) YEAR RENEWALS.		
				EXHIBIT 3		

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
<i>Brenda Kadd</i>	317-521-3316	2-23-09
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
<i>RFP Specialist</i>	51-0304944	

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. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
5. 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.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller. *Please see tab titled "Amendment" to RFQ*
11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract. *to RFQ*
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties. *- Please see tab titled "Amendment to RFQ"*
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, this Contract may be deemed null and void, and terminated without further order.
14. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) 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.
15. **WEST VIRGINIA ALCOHOL & DRUG-FREE WORKPLACE ACT:** If this Contract constitutes a public improvement construction contract as set forth in Article 1D, Chapter 21 of the West Virginia Code ("The West Virginia Alcohol and Drug-Free Workplace Act"), then the following language shall hereby become part of this Contract: "The contractor and its subcontractors shall implement and maintain a written drug-free workplace policy in compliance with the West Virginia Alcohol and Drug-Free Workplace Act, as set forth in Article 1D, Chapter 21 of the West Virginia Code. The contractor and its subcontractors shall provide a sworn statement in writing, under the penalties of perjury, that they maintain a valid drug-free work place policy in compliance with the West Virginia and Drug-Free Workplace Act. It is understood and agreed that this Contract shall be cancelled by the awarding authority if the Contractor: 1) Fails to implement its drug-free workplace policy; 2) Fails to provide information regarding implementation of the contractor's drug-free workplace policy at the request of the public authority; or 3) Provides to the public authority false information regarding the contractor's drug-free workplace policy."

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division.
2. **SPECIFICATIONS:** 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. Complete all sections of the quotation form.
4. Unit prices shall prevail in case of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation. *- Please see tab titled "Amendment to RFQ."*
6. **BID SUBMISSION:** 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



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ROBERTA WAGNER 304-558-0067

*709002920 02 800-428-5076
 ROCHE DIAGNOSTICS CORPORATION
 9115 HAGUE ROAD BLDG B
 INDIANAPOLIS IN 46250

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

VENDOR

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<p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON AWARD OF CONTRACT.. AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE. - <i>Please see tab titled "Amendment to RFQ."</i></p> <p>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.</p> <p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO FOUR (4) ONE (1) YEAR PERIODS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN. - <i>Please see tab titled "Amendment to RFQ."</i></p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME) - <i>Please see tab titled "Amendment to RFQ."</i></p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Brenda Hadd</i>	TELEPHONE 317-521-3316	DATE 2-23-09
TITLE <i>RFP Specialist</i>	FEIN 51-0304944	ADDRESS CHANGES TO BE NOTED ABOVE

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



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<p>OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN. - <i>Please see tab titled "Amendment to RFQ."</i></p> <p>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THIS CONTRACT IS AUTOMATICALLY NULL AND VOID, AND IS TERMINATED WITHOUT FURTHER ORDER.</p> <p>THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM. - <i>Please see tab titled "Amendment to RFQ."</i></p> <p>REV. 04/11/2001</p> <p>INQUIRIES WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 02/10/2009. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Brenda Gadd</i>	TELEPHONE 317-521-3316	DATE 2-23-09
TITLE <i>RFP Specialist</i>	FEIN 51-0304944	ADDRESS CHANGES TO BE NOTED ABOVE

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*709002920 02 800-428-5076
 ROCHE DIAGNOSTICS CORPORATION
 9115 HAGUE ROAD BLDG B
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 WELCH COMMUNITY HOSPITAL
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<p>WILL BE ANSWERED ORALY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO:</p> <p>ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311</p> <p>FAX: 304-558-4115 E-MAIL: ROBERTA.A.WAGNER@WV.GOV</p> <p>PLEASE NOTE THIS IS A REBID OF WEH80221 & WEH80234.</p> <p>EXHIBIT 6</p> <p>PRICE ADJUSTMENT PROVISION: THE STATE OF WEST VIRGINIA WILL CONSIDER BIDS THAT CONTAIN PROVISIONS FOR PRICE ADJUSTMENTS PRIOR TO THE ORIGINAL EXPIRATION OF THE CONTRACT, PROVIDED THAT SUCH PRICE ADJUSTMENT COVERS BOTH UPWARD AND DOWNWARD MOVEMENT OF THE COMMODITY PRICE, AND THAT ADJUSTMENT IS BASED ON THE "PASS THROUGH" INCREASE OR DECREASE OF RAW MATERIALS AND/OR LABOR, WHICH MAKE UP ALL OR A SUBSTANTIAL PART OF A PRODUCT. ADJUSTMENTS ARE TO BE BASED UPON AN ACTUAL DOLLAR FIGURE, NOT A PERCENTAGE. ALL PRICE ADJUSTMENT REQUESTS MUST BE SUBSTANTIATED IN A MANNER ACCEPTABLE TO THE DIRECTOR PURCHASING, E.G. GOVERNMENTAL BENCH MARKS, GENERAL MARKET INCREASE, PUBLISHED PRICE LISTS. SUCH REQUESTS FOR AND INCREASE SHOULD BE RECEIVED IN WRITING BY THE DIRECTOR OF PURCHASING AT LEAST 30 DAYS IN ADVANCE OF THE EFFECTIVE DATE OF THE INCREASE. ANY TIME THE VENDOR REQUESTS A</p>						

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<p>PRICE ADJUSTMENT, THE PURCHASING DIVISION MAY EITHER ACCEPT THE PRICE ADJUSTMENT AND AMEND THE CONTRACT ACCORDINGLY OR REJECT THE ADJUSTMENT IN ITS ENTIRETY AND CANCEL THE CONTRACT.</p> <p>PREFERRED TERMS: IT IS PREFERRED THAT THE PRICES ON THIS CONTRACT ARE FIRM FOR LIFE OF THE CONTRACT, AS INDICATED IN THE LIFE OF CONTRACT CLAUSE CONTAINED HEREIN, NOT TO EXCEED ONE (1) YEAR.</p> <p>IF THE VENDOR CANNOT GUARANTEE A FIRM PRICE FOR THE LIFE OF CONTRACT, HE MUST INDICATE ONE OF THE PARAGRAPHS LISTED BELOW. FAILURE TO QUALIFY THE PREFERRED TERMS WILL BIND THE VENDOR TO A FIRM PRICE FOR THE LIFE OF THE CONTRACT.</p> <p>ALTERNATE TERMS:</p> <p>() THE PRICES ON THIS CONTRACT WILL REMAIN FIRM FOR DAYS AFTER THE EFFECTIVE DATE OF THE CONTRACT. PRICES WILL REMAIN FIRM AFTER EACH PRIC ADJUSTMENT FOR A MINIMUM OF DAYS.</p> <p>(✓) THE VENDOR DOES NOT AGREE TO MAINTAIN A FIRM PRICE FOR THE LENGTH OF THE CONTRACT BUT OFFERS AN ALTERNATE PROPOSAL AS FOLLOWS: </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</p>						

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 304-558-0067

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<p>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 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>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>						

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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
01/28/2009				

BID OPENING DATE: 02/26/2009 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
BUYER:-----RW/FILE 22----- RFQ. NO.:-----WEH90053----- BID OPENING DATE:-----2/26/2009----- BID OPENING TIME:-----1:30 PM----- PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID: -----317-521-6895----- CONTACT PERSON (PLEASE PRINT CLEARLY): Brenda Ladd----- ***** THIS IS THE END OF RFQ WEH90053 ***** TOTAL: _____						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Brenda Ladd</i>	TELEPHONE <i>317-521-3316</i>	DATE <i>2-23-09</i>
TITLE <i>RFP Specialist</i>	FEIN <i>51-0304944</i>	ADDRESS CHANGES TO BE NOTED ABOVE

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

Welch Community Hospital
RFQ #WEH90053

GENERAL INFORMATION**Project:**

To obtain a Vendor who will provide two (2) new chemistry analyzers (free of charge) and supply/sell reagents/ consumables for use with the new chemistry analyzers. The vendor will retain ownership of the analyzers and will maintain the analyzers in working order to allow the facility to use them with the requested reagents/consumables.

PROCUREMENT SPECIFICATIONS**General Requirements:**

Vendor shall provide, at no charge, two (2) fully automated chemistry analyzers, (Dade RxL Max Systems or equal) for use with requested reagents/consumables. Vendor must provide a complete analyzer system that will include a computer, monitor, printer and any accessories which will be retained and maintained by the vendor.

Welch Community Hospital desires a Vendor with a proven track record for providing necessary supplies and maintaining of equipment. Vendor must have provided such services for at least three (3) years.

Vendor shall provide references of at least three (3) clients for which they have provided these similar services.

Scope of Work:

Vendor shall provide two (2) new chemistry analyzers/ equipment and reagent/consumables as needed for the Laboratory at Welch Community Hospital. Vendor shall include, but not be limited to the following requirements:

1. The equipment shall be a single platform that can perform all our test methods.
2. There shall be full mirror image back-up feature to assure that critical tests have a back-up platform in the event that a primary analyzer is not functional.
3. The system must have monitors that notify when STAT tests are completed. It must also monitor the amount of product still available in the equipment to reduce the amount of waste reagents. The system shall also allow for reagents to be added while maintaining on-going system operation.
4. Other features shall include; auto repeat of panic values (with values that Hospital can set into the system), and auto dilution of elevated results (Hospital can choose the dilution factor).
5. The vendor shall ensure that a local engineer/technician is available to provide service within 12 hours of receiving a service call, within 24 hours on nights, weekends, and holidays. Technical support shall be available via telephone 24 hours a day/7 days a week to troubleshoot problems and/or answer staff questions.
6. Test kits are to be shipped as requested. Reagents are to be shipped within six (6) days of receiving an order.

7. Test kits must have a minimum shelf life of ninety (90) days or more beyond date of receipt. Vendor shall ensure that each of the reagents delivered to the hospital, have the maximum shelf life available for that specific product.
8. The number of tests requested is for bidding purposes only. The vendor will be required to provide actual quantities needed, be it more or less.
9. Reagents shall not have to be mixed before using and be immediately ready to put on the analyzer. Reagents must not need to be frozen or reconstituted-they must be ready to use out of the refrigerator.
10. All products and equipment are to be quoted FOB Destination, unless otherwise stated in vendor's quotation.
11. Vendor will deliver equipment within 30 days after the receipt of the Purchase Order and must install equipment upon delivery to the Laboratory Department.
12. Vendor will provide on-site training to Laboratory personnel. On site training will need to take place upon delivery and set up of the equipment. Vendor will need to make arrangements with the Laboratory Department for delivery date and time. The vendor will ensure hospital's laboratory staff receives on site in-service training whenever there are updates made to the equipment.

Term of Contract & Renewals:

This contract will be effective (date set upon award) and shall extend for the period of one (1) year, at which time the contract may, upon mutual consent, be renewed. Such renewals are for a period of up to one (1) year, with a maximum of four (4) one year renewals, or until such reasonable time thereafter as is necessary to obtain a new contract. The "reasonable time" period shall not exceed twelve (12) months. During the "reasonable time" period the Vendor may terminate the contract for any reason upon giving the Agency ninety (90) days written notice. Notice by Vendor of intent to terminate will not relieve Vendor of the obligation to continue to provide services pursuant to the terms of the contract.

Any change in Federal or State law, or court actions which constitute binding precedent in West Virginia, and which significantly alters the Vendor's required activities or any change in the availability of funds, shall be viewed as binding and shall warrant good faith renegotiation of the compensation paid to the Vendor by the Agency and of such other provisions of the contract that are affected. If such renegotiation proves unsuccessful, the contract may be terminated by the State upon written notice to the Vendor at least thirty (30) days prior to termination of this contract.

Non-Appropriation of Funds:

If the Agency is not allotted funds in any succeeding fiscal year for the continued use of the service covered by this contract by the West Virginia Legislature, the Agency may terminate the contract at the end of the affected current fiscal period without further charge or penalty. The Agency shall give the vendor written notice of such non-allocation of funds as soon as possible after the Agency receives notice. No penalty shall accrue to the Agency in the event this provision is exercised.

Contract Termination:

The State may terminate any contract immediately at any time the Vendor fails to carry out its responsibilities or to make substantial progress under the terms of this contract. The State shall provide the Vendor with advance notice of performance conditions which are endangering the contract's continuation. If after such notice the Vendor fails to remedy the conditions contained in the notice, within the time period contained in the notice, the

State shall issue the Vendor an order to cease and desist any and all work immediately. The State shall be obligated only for services rendered and accepted prior to the date of the notice of termination.

The contract may also be terminated by the State with thirty (30) days prior notice.

Changes:

If changes to the original contract become necessary, a formal contract change order will be negotiated by the State, the Agency and the Vendor, to address changes to the terms and conditions, costs of work included under the contract. An approved contract change order is defined as one approved by the Purchasing Division and approved as to form by the West Virginia Attorney General's Office, encumbered and placed in the U.S. Mail prior to the effective date of such amendment. An approved contract change order is required whenever the change affects the payment provision or the scope of the work. Such changes may be necessitated by new and amended Federal and State regulations and requirements.

As soon as possible after receipt of a written change request from the Agency, but in no event more than thirty (30) days thereafter, the Vendor shall determine if there is an impact on price with the change requested and provide the Agency a written statement to identifying any price impact on the contract or to state that there is no impact. In the event that price will be impacted by the change, the Vendor shall provide a description of the price increase or decrease involved in implementing the requested change.

NO CHANGE SHALL BE IMPLEMENTED BY THE VENDOR UNTIL SUCH TIME AS THE VENDOR RECEIVES AN APPROVED WRITTEN CHANGE ORDER.

Invoices:

The Vendor shall submit invoices, in arrears, to the Agency at the address on the face of the purchase order labeled "Invoice To" pursuant to the terms of the contract.

Cost Evaluation:

Bid Response must include the cost for each lab test as well as the cost for the consumables that may be purchased throughout the term of the contract. It shall be understood that the quantities are estimates based on previous activity and are not binding. Supplies shall be provided as ordered regardless of the actual quantities ordered, whether more or less.

Evaluation will be based on the overall lowest price of each lab test and the estimated annual usage of consumables.

It is preferred that each responder use the Cost Proposal Sheet provided.

The following tests methods are to be performed on one fully automated analyzer. (Dade RxL Max Systems or equal)

General Chemistry

TEST Method

Albumin

Dye Binding-Bromcresol Purple

Calcium

Cresolphthalein complexone

Cholesterol

Enzymatic

Creatnine

Kinestic Alkaline Picrate (Jaffe)

Direct Bilirubin

Diazo-Caffeine/Benzoate Coupling

Enzymatic Carbonate	Enzymatic
Glucose (GLU)	Hexokinase
Glucose Gluc (Liquid)	Hexokinase
High-Density Lipoprotein Cholesterol	Non-Pretreat Accelerated Cholesterol Oxidase
Automated HDL Cholesterol	Phosphotungstic Acid/No metal ions w Enzymatic Quantitation
Iron	Ferene without prior protein removal
Automated LDL	Liquid Selective Detergent
Magnesium	Colorimetric Dye Methylthymol Blue
Phosphorus	Phosphomolybdate-UV
Total Bilirubin	Diazo-Caffeine/Benzoate Coupling
Total Iron-Binding Capacity	Alumina Adsorption
IBCT (No Pre-treat)	Ferene
Total Protein	Biuret
Triglycerides	Enzymatic 340nm without serum blank GPDH
Urea Nitrogen	Urease with GLDH (Coupled Enzymes)
Uric Acid	Uricase

Electrolytes**Test Method**

Carbon Dioxide	Enzymatic
Chloride	Ion Selective Electrode, Indirect
Potassium	Ion Selective Electrode, Indirect
Sodium	Ion Selective Electrode, Indirect

Endocrinology**Test Method**

*Currently, the hospital uses Dade Behring equipment, thus, some test methods are unique and proprietary to the equipment/company. Please provide your proposed test method that may be specific to the equipment that may be proposed.

Hemoglobin A1C	*see above
Thyronine Uptake	*see above
Total Thyroxine	*see above
Triiodothyronine	*see above

Enzymes**Test Method**

*Currently, the hospital uses Dade Behring equipment, thus, some test methods are unique and proprietary to the equipment/company. Please provide your proposed test method that may be specific to the equipment that may be proposed.

Acid Phosphatase	Adapted Thymolphtholein Monophosphate hydrolysis
Alanine Amiotransferase	Adapted Bergmyer methodology
Alkaline PhosphataseAdapted	Bowers and McDomb methodology
Amylase	*see above
Aspartate Aminctranserase	*see above
Creatine Kinase	Modified, Enzymatic Oliver

Creatine Kinase MB Isoenzyme	*see above
Glutamyl Transferase	*see above
Lactic Dehydrogenase	Modified Enzymatic Lactate to Pyruvate Methodology
Lipase	Adapted Clorimetric Neumann
Pseudocholinesterase	Coupled Oxidation reduction-Gal and Roth

Heterogeneous Immunoassays**Test Method**

*Currently, the hospital uses Dade Behring equipment, thus, some test methods are unique and proprietary to the equipment/company. Please provide your proposed test method that may be specific to the equipment that may be proposed.

Cardiac Troponin	*see above
Ferritin	*see above
Free PSA	*see above
Free Thyroxine	*see above
Human Chorionic Gonadotropin Hormone	*see above
Mass CK-MB	*see above
Myoglobin	*see above
NT-PRO BNP	ProBNP Enzymatic Immunoassay Methodology
Tyroid Stimulating Hormone	*see above
Total PSA	*see above

Immunology**Test Method**

Complement C3, Complement C4	Turbidimetric Assay, Quantitative
C-ReActive Protein	Highly Sensitive, colorimetric Immunoassay
IGA, IGG, IGM	Quantitative, Turbidimetric Assay
Transferrin	Quantitative, Turbidimetric Assay

Specialty**Test Method**

Ammonia	Glutamate Dehydrogenase Enzymatic Method
Urine-Cerebrospinal Fluid Protein	Pyrogallol Red-molybdate Method
Lactic Acid	
Microalbumin	PETINIA**adapted methodology
Prealbumin	PETINIA technology method

Therapeutic Drug Monitoring**Test Method**

*Currently, the hospital uses Dade Behring equipment, thus, some test methods are unique and proprietary to the equipment/company. Please provide your proposed test method that may be specific to the equipment that may be proposed.

Carbamazepine	PETINIA immunoassay methodology
Cyclosporine	*see above
Digoxin	*see above
Digitoxin	*see above
Gentamicine	Enhanced turbidimetric PETINIA

Lidocaine	*see above
Lithium	Non-covalent binary complex methodology
N-Acetylprocainamide	PETINIA methodology
Phenobarbital	PETINIA methodology
Phenytoin	PETINIA methodology
Procainamide	PETINIA methodology
Tarcolimus	*see above
Theophylline	PETINIA methodology
Tobramycine	PETINIA methodology
Vancomycin	PETINIA methodology
Valproic Acid	PETINIA methodology

Toxicology

Acetaminophen
 Ethyl Alcohol
 Salicylate
 Urine Amphetamine Screen
 Urine Barbiturates Screen
 Urine Benzodiazepines Screen
 Urine Cannabinoids Screen
 Urine Cocaine Metabolite Screen
 Urine Methadone Screen
 Urine Opiates Screen
 Urine Phencyclidine Screen

Test Method

Enzymatic hydrolysis methodology
 Modified alcohol dehydrogenase methodology
 Modified Trinder colorimetric
 Syva Emit II Plus methodology
 Syva Emit II Plus methodology
 Syva Emit II Plus methodology
 Syva Emit II Plus methodology
 Syva Emit II Plus methodology
 Syva Emit II Plus methodology
 Syva Emit II Plus methodology
 Syva Emit II Plus methodology
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****PETINIA=particle enhanced turbidimetric inhibition immunoassay.**

Item No.	Estimated Annual Usage	Description	Unit #	Count Per Unit	Unit Price	Estimated Annual Cost
1	26 units ⁴²	ALB-Albumin	DF13	700 test per unit	\$ 19.11	\$ 802.62
2	36 units	BUN-Urea Nitrogen	DF21	500 test per unit	\$ 23.44	\$ 843.84
3	24 units ⁵⁶	CA-Calcium	DF23A	300 test per unit	\$ 19.11	\$ 1070.16
4	10 units ²⁶	CHOL-Cholesterol	DF27	400 test per unit	\$ 19.53	\$ 507.78
5	40 units ²⁸	CREA-Creatinine	DF33A	700 test per unit	\$ 75.78	\$ 926.24
6	30 units ⁴⁴	ECO2-Enzymatic CO2	DF137	350 test per unit	\$ 10.33	\$ 454.52
7	20 units ⁴⁶	GLU-Glucose	DF40	900 test per unit	\$ 37.90	\$ 1743.40
8	10 units ²⁰	PHOS-Phosphorus	DF61	480 test per unit	\$ 11.74	\$ 234.80
9	46 units ⁹⁰	TBIL-Total Bilirubin	DF67A	480 test per unit	\$ 15.93	\$ 1433.70
10	34 units ¹⁸	TPROT-Total Protein	DF73	480 test per unit	\$ 19.11	\$ 3317.58
11	10 units ¹⁴	URCA-Uric Acid	DF77	480 test per unit	\$ 22.53	\$ 315.42
12	50 units ⁴⁶	ALP-Alkaline Phosphatase	DF15A	360 test per unit	\$ 25.48	\$ 1172.08
13	10 units ²⁴	CK-Creatinine Kinase	DF29A	480 test per unit	\$ 75.78	\$ 1818.72
14	14 units ⁵²	DBIL-Direct Bilirubin	DF25A	320 test per unit	\$ 69.11	\$ 3593.72
15	12 units ¹⁰	GGT-Gamma Glutamyl Transferase	DF45A	288 test per unit	\$ 18.77	\$ 187.70
16	52 units ³⁸	AST-Aspartate Aminotransferase	DF41A	360 test per unit	\$ 31.57	\$ 1199.66
17	72 units ³⁶	ALT-Alanine Aminotransferase	DF43A	240 test per unit	\$ 31.86	\$ 1146.96
18	10 units ³⁰	LDH-Lactic Dehydrogenase	DF53A	480 test per unit	\$ 19.12	\$ 573.60
19	17 units ³⁴	TGL-Triglyceride	DF69A	480 test per unit	\$ 15.93	\$ 541.62
20	10 units ⁶	ACTM-Acetaminophen	DF88	80 test per unit	\$ 225.26	\$ 1351.56

Item No.	Estimated Annual Usage	Description	Unit #	Count Per Unit	Unit Price	Estimated Annual Cost
21	18 units ²⁴	ALC-Alcohol	DF18	120 test per unit	\$ 47.33	\$ 1135.92
22	10 units	AMON-Ammonia	DF19	120 test per unit	\$ 54.60	\$ 546.00
23	16 units ¹⁴	AMY-Amylase	DF17A	240 test per unit	\$ 98.56	\$ 1379.84
24	12 units ²⁸	CRP-C Reactive Protein	DF37	120 test per unit	\$ 365.26	\$ 3652.60
25	8 units ¹⁸	IRN-Iron	DF49A	240 test per unit	\$ 13.23	\$ 238.14
26	28 units ²⁶	LIP-Lipase	DF55A	120 test per unit	\$ 72.81	\$ 1893.06
27	28 units ²⁰	MG-Magnesium	DF57	120 test per unit	\$ 11.15	\$ 223.00
28	10 units ⁸	SAL-Salicylate	DF20	120 test per unit	\$ 225.26	\$ 1802.08
29	16 units ²⁶	TU-Thyronine Uptake	DF75A	160 test per unit	\$ 108.55	\$ 2822.30
30	26 units ¹⁶	T4-Thyroxine	DF65	120 test per unit	\$ 113.42	\$ 1814.72
31	8 units ¹⁸	UCFP-Urine CF Protein	DF26	80 test per unit	\$ 184.31	\$ 3317.58
32	14 units	CRBM-Carbamazepine	DF87	80 test per unit	\$ 156.30	\$ 2188.20
33	36 units ³⁰	DGNA-Digoxin No Pretreat	DF35A	80 test per unit	\$ 65.50	\$ 1965.00
34	21 units ²⁶	GENT-Gentamicin	DF12	80 test per unit	\$ 156.30	\$ 4063.80
35	22 units ³⁰	PHNO-Phenobarbital	DF60	80 test per unit	\$ 218.30	\$ 6549.00
36	26 units ¹⁶	PTN-Phenytoin	DF64	112 test per unit	\$ 311.84	\$ 4989.44
37	28 units ²⁴	THEO-Theophylline	DF71	80 test per unit	\$ 156.30	\$ 3751.20
38	16 units ¹⁰	VALP-Valproic Acid	DF78	80 test per unit	\$ 311.84	\$ 3118.40
39	10 units ¹⁴	VANC-Vancomycin	DF86	80 test per unit	\$ 312.59	\$ 4376.26
40	14 units ¹⁸	FERR-Ferritin	RF440	120 test per unit	\$ 102.00	\$ 1836.00

Item No.	Estimated Annual Usage	Description	Unit #	Count Per Unit	Unit Price	Estimated Annual Cost
41	18 units ¹⁴	HCG-Human Chorionic Gonadotrophin	RF430	120 test per unit	\$ 84.22	\$ 3705.68
42	40 units ⁶⁴	MMB-Mass CKMB	RF420	160 test per unit	\$ 140.37	\$ 8983.68
43	10 units ¹⁴	TPSA-Revised Prostate Specific Antigen	RF451	120 test per unit	\$ 279.13	\$ 3907.82
44	20 units	TSH-Thyroid Stimulating Hormone	RF412	200 test per unit	\$ 131.94	\$ 2638.80
45	62 units ³⁸	CTnl-Troponin I - in FDA	RF421C	120 test per unit	\$ 586.95	\$ 22,304.10
46	18 units ⁴⁰	AHDL-HDL Cholesterol, Automated	DF48A	240 test per unit	\$ 254.52	\$ 10,180.80
47	8 units ⁴⁰	IBCT-Iron Binding	DF84	240 test per unit	\$ 37.90	\$ 1516.00
48	8 units ²⁰	TRNF-Transferrin	DF103	120 test per unit	\$ 148.80	\$ 2976.00
49	8 units	AHDL Calibrator	DC48A	2 sets/5 levels unit	\$	\$
50	6 units	ALC Calibrator	DC37	2 sets/4 levels per unit	\$	\$
51	6 units	AMON Calibrator	DC25	2 sets/3 levels per unit	\$	\$
52	16 units	CHEM I Calibrator	DC18A	2 sets/3 levels per unit	\$	\$
53	10 units	CHEM II Calibrator	DC20	2 sets/3 levels per unit	\$	\$
54	6 units	CHOL Calibrator	DC16	2 sets/3 levels per unit	\$	\$
55	4 units	CK Verifier	DC26	2 sets/3 levels per unit	\$	\$
56	6 units	CRP Calibrator	DC30	2 sets/3 levels per unit	\$	\$
57	12 units	DRUG II Calibrator	DC49D	2 sets/5 levels per unit	\$	\$
58	8 units	ECO2 Calibrator	DC137	2 sets/3 levels per unit	\$	\$
59	8 units	Enzyme Verifier	DC19	2 sets/3 levels per unit	\$	\$
60	6 units	FERR Calibrator	RC440	2 sets/5 levels per unit	\$	\$

Troponin I
 all Calibrators
 please see Calibrators
 attached to
 contract, pages 6000.

Item No.	Estimated Annual Usage	Description	Unit #	Count Per Unit	Unit Price	Estimated Annual Cost
61	6 units	HCG Calibrator	RC430	2 sets/5 levels per unit	\$	\$
62	6 units	IBCT Calibrator	DC84	2 sets/3 levels per unit	\$	\$
63	4 units	IRN/TIBC Calibrator	DC21	2 sets/3 levels per unit	\$	\$
64	6 units	Lipase Verifer	DC15A	2 sets/3 levels per unit	\$	\$
65	8 units	MMB Calibrator	RC420	2 sets/5 levels per unit	\$	\$
66	12 units	REV Drug Calibrator	DC22B	2 sets/5 levels per unit	\$	\$
67	6 units	SAL Calibrator	DC38	2 sets/3 levels per unit	\$	\$
68	6 units	Special Protein Calibrator	DC51	2 sets/5 levels per unit	\$	\$
69	6 units	T4 Calibrator	DC13	2 sets/5 levels per unit	\$	\$
70	6 units	TBIL/DBIL Calibrator	DC17	2 sets/3 levels per unit	\$	\$
71	6 units	TP/ALB Calibrator	DC31	2 sets/3 levels per unit	\$	\$
72	4 units	T/FPISA Calibrator	RC452	2 sets/5 levels per unit	\$	\$
73	6 units	TU Calibrator	DC14	2 sets/5 levels per unit	\$	\$
74	6 units	Thyroid Calibrator	RC410	2 sets/5 levels per unit	\$	\$
75	6 units	UCFP Calibrator	DC45	2 sets/5 levels per unit	\$	\$
76	12 units	cTnl Calibrator	RC421C	2 sets/5 levels per unit	\$	\$
77	134 units	ABS Absorbance Test	DF79	120 test per unit	\$	\$
78	83 units	Cuvette Cartridge	D828	12,000 test per unit	\$	\$
79	4 units	Enzyme Diluent	ED	10 btfl/10 ml per unit	\$	\$
80	24 units	Printer Paper -RxL	D829	6 rolls/80ft per unit	\$	\$

total price to be paid for all items to be \$1,000.00.

Item No.	Estimated Annual Usage	Description	Unit #	Count Per Unit	Unit Price	Estimated Annual Cost
81	4 units	Sample Diluent-SD Plus	SDPlus	2 btle/50 ml per unit	\$	\$
82	15 units	Small Sample Cups	DSC5	1,000 test per unit	\$	\$
83	2 units	Sample Cups with Lids	DSC4	1,000 test per unit	\$	\$
84	26 units	Chem Wash	RD701	1btl/1800 ml per unit	\$	\$
85	4 units	IMT Probe Cleaner	RD704	12btl's per unit	\$	\$
86	62 units	Reagent Probe Cleaner	RD702	1 btl/500 ml per unit	\$	\$
87	26 units	Rev Heterogenous Mod Vessels	RXV1A	1,000 test per unit	\$	\$
88	16 units	Sample Probe Cleaner	RD703	1 btl/1000 ml per unit	\$	\$
89	8 units	QuickLYTE Dilution Check	S640	3 bags/1000 ml per unit	\$	\$
90	8 units	QuickLYTE Flush Solution	S630	3 bags/1000 ml per unit	\$	\$
91	38 units	QuickLYTE IMT Cartridge	S600	4 cartridges per unit	\$	\$
92	20 units	QuickLYTE Sample Diluent	S635	1 btl/500 ml per unit	\$	\$
93	23 units	QuickLYTE Standard A	S620	3 bags/1000 ml per unit	\$	\$
94	14 units	QuickLYTE Standard B	S625	3 bags/1000 ml per unit	\$	\$
95	12 units	Salt Bridge Solution	D105	3 btle/150 ml per unit	\$	\$
96	6 units	Reagent Probe Tip	715871.505	48000 test per unit	\$	\$
97	12 units	GLUC - Liquid Glucose	DF40	1440 test per unit	\$	\$
98	6 units	LI - Lithium	DF132	80 test per unit	\$	\$
99	4 units	FT4 - Free T4	RF410	120 test per unit	\$	\$

Handwritten notes:
 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99
 All items to be purchased from the same vendor.
 Please contact vendor for pricing.
 All items to be purchased from the same vendor.

Item No.	Estimated Annual Usage	Description	Unit #	Count Per Unit	Unit Price	Estimated Annual Cost
100	32 units	ALDL - Automated LDL Cholesterol	DF131	120 test per unit	\$	\$
101	12 units	ALDL Calibrator	DC131	2 sets/5 levels per unit	\$	\$
Total Estimated Annual Cost for the Reagents/Consumables =						\$ 201,960.02
Price Per Lab Test Procedure Performed \$ 0 x Estimated Quantity 100,000 = Total						\$ 0
Total of Reagents/Consumables + Total of Lab Test Costs =						\$ 201,960.02

Please attach your vendor references.

Two (2) new chemistry analyzers: (Dade RxL Max Systems or equal.)

Brand Name/Model: Cobas 6000

List of Components/Accessories: Middleware Connectivity

PRICE ADJUSTMENT PROVISION:

THE STATE OF WEST VIRGINIA WILL CONSIDER BIDS THAT CONTAIN PROVISIONS FOR PRICE ADJUSTMENTS PRIOR TO THE ORIGINAL EXPIRATION OF THE CONTRACT, PROVIDED THAT SUCH PRICE ADJUSTMENT COVERS BOTH UPWARD AND DOWNWARD MOVEMENT OF THE COMMODITY PRICE, AND THAT ADJUSTMENT IS BASED ON THE "PASS THROUGH" INCREASE OR DECREASE OF RAW MATERIALS AND/OR LABOR, WHICH MAKE UP ALL OR A SUBSTANTIAL PART OF A PRODUCT. ADJUSTMENTS ARE TO BE BASED UPON AN ACTUAL DOLLAR FIGURE, NOT A PERCENTAGE.

ALL PRICE ADJUSTMENT REQUESTS MUST BE SUBSTANTIATED IN A MANNER ACCEPTABLE TO THE DIRECTOR PURCHASING, E.G. GOVERNMENTAL BENCH MARKS, GENERAL MARKET INCREASE, PUBLISHED PRICE LISTS. SUCH REQUESTS FOR AND INCREASE SHOULD BE RECEIVED IN WRITING BY THE DIRECTOR OF PURCHASING AT LEAST 30 DAYS IN ADVANCE OF THE EFFECTIVE DATE OF THE INCREASE. ANY TIME THE VENDOR REQUESTS A PRICE ADJUSTMENT, THE PURCHASING DIVISION MAY EITHER ACCEPT THE PRICE ADJUSTMENT AND AMEND THE CONTRACT ACCORDINGLY OR REJECT THE ADJUSTMENT IN ITS ENTIRETY AND CANCEL THE CONTRACT.

PREFERRED TERMS:

IT IS PREFERRED THAT THE PRICES ON THIS CONTRACT ARE FIRM FOR LIFE OF THE CONTRACT, AS INDICATED IN THE LIFE OF CONTRACT CLAUSE CONTAINED HEREIN, NOT TO EXCEED ONE (1) YEAR.

Calibrators, Controls, and Consumables Applicable to the Cobas 6000

Material Name	Catalog #	Package Configuration	Kits per Year	Price Per Kit	Annual Total
ACETAMINOPHEN CALIBRATORS	20758809122	2 x 3 mL	12	\$57.17	\$685.99
AMMONIA/ETHANOL/CO2 CAL	20751995190	5 x 4 mL	24	\$49.29	\$1,182.86
C.f.a.s. PROTEINS	11355279160	5 x 1 mL	16	\$134.21	\$2,147.28
C.F.A.S. PROTEINS IN URINE/CSF (PUC)	03121305122	5 x 1 mL	12	\$217.77	\$2,613.25
cobas INTEGRA-H\ CFAS NO DIL 12X3ML	10759350360	12 x 3 mL	61	\$55.86	\$3,407.25
ELECSYS CK-MB CALSET	11821601122	4 x 1 mL	20	\$66.05	\$1,321.09
ELECSYS DIGOXIN CALSET	11820907322	4 x 1.	20	\$66.05	\$1,321.09
ELECSYS FERRITIN GEN II CALSET	03737586190	4 x 1.5 mL	20	\$66.05	\$1,321.09
ELECSYS FT4 CALSET	11731661122	4 x 1 mL	20	\$66.05	\$1,321.09
ELECSYS HCG+BETA CALSET II	03302652190	4 x 1 mL	20	\$66.05	\$1,321.09
ELECSYS PSA CALSET GEN 2.1	04485220190	4 x 1 mL	20	\$68.24	\$1,364.90
ELECSYS T4 CALSET	12017717122	4 x 1 mL	20	\$66.05	\$1,321.09
ELECSYS TROPONIN T CALSET GEN.4	04856627190	4 x 1 mL	20	\$68.58	\$1,371.64
ELECSYS TSH CALSET GEN 2	0738551190	4 x 1.3 mL	20	\$68.08	\$1,361.53
ELECSYS T-UPTAKE CALSET	11731505122	4 x 1 mL	20	\$66.05	\$1,321.09
H\ I PRECISET TDM 1	03375790190	1 x 5 mL (cal a - f); 1 x 10 diluent	10	\$657.07	\$6,570.68
LIPIDS CFAS	12172623160	3 x 1 mL	20	\$42.72	\$854.30
MULTICALIB CORE TDM	11815253216	2 x 7 mL (low) 2 x 5 mL (high)	8	\$65.11	\$520.88
SALICYLATE CALIBRATOR KIT	20759198122	1 x 3 mL	10	\$60.45	\$604.46
cobas C (501) REACTION CELL SET	04854241001	24 sections (3 sets)	3	\$775.00	\$2,325.00
cobas C NACL 9% DILUENT	04489357190	50 mL	52	\$8.86	\$460.72
cobas C SMS	04489225190	50 mL	60	\$6.54	\$392.40
cobas-ELECSYS CLEANCELL M (1 x 2000 ML)	12135027190	2000 mL	38	\$11.34	\$430.92
ELECSYS ASSAY CUP/TIP MMBIMAGAZIN M	12102137001	48 trays with 84 cups and 84 tips per tray; and 8 waste liner bags	8	\$275.00	\$2,200.00
ELECSYS BLANK CELL	11729306122	2 x 50 mL	2	\$70.48	\$140.96

Calibrators, Controls, and Consumables Applicable to the Cobas 6000

Material Name	Catalog #	Package Configuration	Kits per Year	Price Per Kit	Annual Total
ELECSYS CALSET VIALS	11776576322	2 x 56 per box	22	\$140.96	\$3,101.08
ELECSYS CK-MB CALCHECK	11776622160	3 x 1 mL	4	\$66.05	\$264.22
ELECSYS CONTROL VIALS EMPTY	03142949122	2 x 56 per box	4	\$200.00	\$800.00
ELECSYS DIGOXIN CALCHECK	11832182018	3 x 1.9 mL	4	\$70.48	\$281.92
ELECSYS DILUENT MULTIASSAY	03609987190	2 x 16 mL	2	\$43.59	\$87.18
ELECSYS FERRITIN GEN II CALCHECK	04393953160	3 x 1 mL	4	\$66.05	\$264.22
ELECSYS FT4 CALCHECK	11776665160	3 x 1 mL	4	\$66.05	\$264.22
ELECSYS HCG+BETA CALCHECK	03500357190	2 x 1 mL, 1 x 1.1 mL	4	\$66.05	\$264.22
ELECSYS PC/CC CUPS	03023141001	12 cups per package	12	\$190.00	\$2,280.00
ELECSYS PRECLEAN M (5 x 600 ML)	03004899190	5 x 600 mL	2	\$59.73	\$119.46
ELECSYS PROBE WASH M	03005712190	12 x 70 mL	12	\$28.28	\$339.36
ELECSYS PRO-CELL M 2X2 L	04880340190	2 x 2 Liter	20	\$53.13	\$1,062.60
ELECSYS SYSCLEAN	11298500316	5 x 100 mL	8	\$91.67	\$733.36
ELECSYS SYSCLEAN M ADAPTER	03027651001	1 each	2	\$10.57	\$21.14
ELECSYS T4 CALCHECK	11776673160	3 x 1 mL	4	\$66.05	\$264.22
ELECSYS TOTAL PSA CALCHECK	11776762160	3 x 1 mL	4	\$66.05	\$264.22
ELECSYS TROPONIN T CALCHECK	12218321001	2 x 1 mL 1 x 1.2 mL	4	\$66.05	\$264.22
ELECSYS TSH CALCHECK	11776703160	3 x 1 mL	4	\$66.05	\$264.22
ELECSYS T-UPTAKE CALCHECK	11776657160	3 x 1.3 mL	4	\$66.05	\$264.22
ELECSYS UNIVERSAL DILUENT 2x40 ML	03183971122	2 x 36 mL	2	\$17.99	\$35.98
ELECSYS WASTE LINER M	03023150001	5 bags	4	\$12.00	\$48.00
H\ ACID WASH SOLUTION	11555421216	12 x 66 mL	12	\$41.02	\$492.21
H\ CELL WASH I SOLUTION	11551540316	6 x 2 L	20	\$60.39	\$1,207.80
H\ HITERGENT 12x70ML	11555448216	12 x 70mL	8	\$139.27	\$1,114.16
SAMPLE CUP (5000 PCS.)	10394246001	5000/package	2	\$216.83	\$433.66

IF THE VENDOR CANNOT GUARANTEE A FIRM PRICE FOR THE LIFE OF CONTRACT, HE MUST INDICATE ONE OF THE PARAGRAPHS LISTED BELOW. FAILURE TO QUALIFY THE PREFERRED TERMS WILL BIND THE VENDOR TO A FIRM PRICE FOR THE LIFE OF THE CONTRACT.

ALTERNATE TERMS:

() THE PRICES ON THIS CONTRACT WILL REMAIN FIRM FOR DAYS AFTER THE EFFECTIVE DATE OF THE CONTRACT. PRICES WILL REMAIN FIRM AFTER EACH PRICE ADJUSTMENT FOR A MINIMUM OF DAYS.

() THE VENDOR DOES NOT AGREE TO MAINTAIN A FIRM PRICE FOR THE LENGTH OF THE CONTRACT BUT OFFERS AN ALTERNATE PROPOSAL AS FOLLOWS:

.....
Please see tab titled "Alternative Terms."

OPERATING ENVIRONMENT
Location

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

The following numbers represent the typical utilization encountered by the outpatient service area of Welch Community Hospital for the 2007 fiscal year:

Emergency Room Patients – 10,441

Observation Visits – 542

Clinic Patients – 25,524

Surgeries – 343

Deliveries – 78

Laboratory Tests – 771,015

Radiology – 15,063

CAT Scans – 2,529

Ultrasound – 1,869

Mammography – 633

Respiratory Tests – 21,402

Electrocardiograms – 4,231

Admissions – 974

 Long Term Card ADC (48 Patients per day) – 94%

 Overall ADC (60 Patients per day) – 66%

Total Patient Days (17,514 Long Term Care and 4,496 Acute Care Days) – 22,010

Outpatient Services Provided Are:

Primary Care and Family Practice in a Certified Rural Health Setting

Pediatric Clinic

Newborn Care

Internal Medicine

Surgery

Emergency Room Services

Radiology Services Including:

 Diagnostic

 CAT Scan

 Ultrasound

 Mammography

 MRI

 EKG, Cardiac Doppler Studies, Stress Testing and Respiratory Therapy Services

Laboratory Services

References

Charleston Area Medical Center
Memorial Division
300 MacCorkle Avenue SE
Charleston, WV 25304

Contact Name: Kim Blackhurst
Telephone Number: 304-388-8958

Westmoreland Regional Hospital
532 West Pittsburgh Street
Greensburg, PA 15601

Contact Name: Diane Falatovich
Telephone Number: 724-832-4367



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
 WEH90053

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

VENDOR

*709002920 02 800-428-5076
 ROCHE DIAGNOSTICS CORPORATION
 9115 HAGUE ROAD BLDG B
 INDIANAPOLIS IN 46250

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
02/12/2009				

BID OPENING DATE: 02/26/2009 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>ADDENDUM NO. 1</p> <p>1. QUESTIONS AND ANSWERS ARE 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>EXHIBIT 10</p> <p>REQUISITION NO.: WEH90053</p> <p>ADDENDUM ACKNOWLEDGEMENT</p> <p>I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.</p> <p>ADDENDUM NO.'S:</p> <p>NO. 1</p> <p>NO. 2</p> <p>NO. 3</p> <p>NO. 4</p> <p>NO. 5</p> <p>I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Brenda Ladd</i>	TELEPHONE 317-521-3316	DATE 2-23-09
TITLE RFP Specialist	FEIN 51-0304944	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
WEH90053

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2

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

VENDOR

*709002920 02 800-428-5076
 ROCHE DIAGNOSTICS CORPORATION
 9115 HAGUE ROAD BLDG B
 INDIANAPOLIS IN 46250

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
02/12/2009				

BID OPENING DATE: 02/26/2009 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 style="text-align: center;"> <i>Brenda Ladd</i> SIGNATURE <i>Roche Diagnostics</i> COMPANY 2-23-09 DATE </p> <p>REV. 11/96</p> <p style="text-align: center;">END OF ADDENDUM NO. 1</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Brenda Ladd</i>	TELEPHONE 317-521-3314	DATE 2-23-09
TITLE RFP Specialist	FEIN 51-0304944	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
 WEH90053

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

RODNEY

*709002920 02 800-428-5076
 ROCHE DIAGNOSTICS CORPORATION
 9115 HAGUE ROAD BLDG B
 INDIANAPOLIS IN 46250

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
02/12/2009				

BID OPENING DATE: 02/26/2009 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	JB		193-12		
REAGENTS (FOR AUTOMATIC INSTRUMENTS)						
***** THIS IS THE END OF RFQ WEH90053 ***** TOTAL: _____						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Brenda Ladd</i>	TELEPHONE 317-521-3316	DATE 2-23-09
TITLE <i>RFP Specialist</i>	FEIN 51-0304944	ADDRESS CHANGES TO BE NOTED ABOVE

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

WEH90053
Addendum #1

Q1.A. Where does the registration fee of \$125 get sent?

A1.A. Completion of the Vendor Registration and Disclosure Statement (WV-1 form) and the \$125.00 annual fee must be sent to the following:

**Purchasing Division
Vendor Registration
2019 Washington Street East
P.O. Box 50130
Charleston, WV 25305-0130**

The WV-1 form can be found at:

www.state.wv.us/admin/purchase/vrc/pforms.htm

Q1.B. Does it need submitted before the bid is awarded or at that time?

A1.B. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125.00 fee.

Q2. A. Does the State of West Virginia qualify for Federal contract pricing and terms?

A2.A. Welch Community is a State Agency and a governmental entity. We are not eligible for federal pricing nor are we eligible for GPO pricing on anything but pharmaceuticals.

Q2.B. If so, how?

A2.B N/A

Q3. On the request for unit pricing the calibrators, controls, and consumables are specific for their current analyzers. I am assuming you want the price of ours?

A3. Yes, please submit calibrators, controls, and consumables specific for the equipment your company proposes for the estimated number of test listed on the cost sheet. Test should equal the Estimated Annual Usage per Unit multiplied by the Count per Unit.

Example:

Item No.1 26 units x 480 test per unit equals 12,480 tests

Q4. May I have copies of the original bids WEH80221 & WEH80234 and why are they being re-bid?

A4. Yes, please see the attached. WEH80221 and WEH80234 the vendor did not meet specifications within the RFQ and the vendor's quote had put conflicting information in response to mandatory specifications.



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
 WEH80221

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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	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
12/14/2007				
BID OPENING DATE: 01/23/2008		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	JB		193-12		
<p>OPEN-END BLANKET CONTRACT</p> <p>REAGENTS (FOR AUTOMATIC INSTRUMENTS)</p> <p>REQUEST FOR QUOTATION</p> <p>TO PROVIDE AN OPEN END CONTRACT FOR REAGENTS TO PERFORM EXAMINATION FOR DETECTION OF SPECIFIED METHODS. SELECTED VENDOR MUST PROVIDE TWO FULLY AUTOMATED ANALYZERS AT NO ADDITIONAL CHARGE FOR USE WITH THE REQUESTED REAGENTS, PER THE ATTACHED SPECIFICATIONS. THE SYSTEMS MUST INCLUDE A COMPUTER, MONITOR, AND PRINTER WHICH WILL BE RETAINED AND MAINTAINED BY THE VENDOR.</p> <p>EXHIBIT 3</p> <p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.</p> <p>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE</p>						

RECEIVED
 2007 DEC 17 AM 10:34
 OFFICE OF THE DIRECTOR OF PURCHASING

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE _____ TELEPHONE _____ DATE _____

TITLE _____ FEIN _____ 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. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125.00 registration fee.
5. All services performed or goods delivered under State Purchase Orders/Contracts are to be continued for the term of the Purchase Order/Contract, 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.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, this Contract may be deemed null and void, and terminated without further order.
14. **HIPAA Business Associate Addendum -** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Covered Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division.
2. **SPECIFICATIONS:** 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. Complete all sections of the quotation form.
4. Unit prices shall prevail in cases of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
6. **BID SUBMISSION:** 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.

SIGNED BID TO:

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



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
 WEH80221

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

RFQ COPY

TYPE NAME/ADDRESS HERE

SUBJECT PROJECT

SHIP TO

HEALTH AND HUMAN RESOURCES
 WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET
 WELCH, WV
 24801

304-436-8710

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
12/14/2007				
BID OPENING DATE: 01/23/2008		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.</p> <p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</p> <p>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	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
 WEH80221

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ADDRESS CORRESPONDENCE TO ATTENTION OF
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RFQ COPY

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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THIS CONTRACT IS AUTOMATICALLY NULL AND VOID, AND IS TERMINATED WITHOUT FURTHER ORDER.</p> <p>THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM.</p> <p>REV. 04/11/2001</p> <p>INQUIRIES WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 1/4/2008. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO:</p> <p>ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311</p> <p>FAX: 304-558-4115 E-MAIL: RWAGNER@WVADMIN.GOV</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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Request for Quotation

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RFQ COPY

TYPE NAME/ADDRESS HERE

SUBJECT

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BID OPENING DATE: 01/23/2008		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<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 SPECIFICATIONS 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 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>VENDOR PREFERENCE CERTIFICATE</p> <p>CERTIFICATION AND APPLICATION* IS HEREBY MADE FOR PREFERENCE IN ACCORDANCE WITH WEST VIRGINIA CODE, 5A-3-37 (DOES NOT APPLY TO CONSTRUCTION CONTRACTS).</p> <p>A. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE _____ TELEPHONE _____ DATE _____

TITLE _____ FEIN _____ ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELLED "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
 WEH80221

PAGE

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

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HEALTH AND HUMAN RESOURCES
 WELCH COMMUNITY HOSPITAL

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

DATE PRINTED 12/14/2007	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
BID OPENING DATE: 01/23/2008		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>() 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</p> <p>() 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</p> <p>() 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.</p> <p>B. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:</p> <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</p>						

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VENDOR

SHIP TO

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LINE	QUANTITY	UCP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>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 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</p>						

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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
12/14/2007				
BID OPENING DATE: 01/23/2008		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
CONTAINED WITHIN THIS CERTIFICATE CHANGES DURING THE TERM OF THE CONTRACT, BIDDER WILL NOTIFY THE PURCHASING DIVISION IN WRITING IMMEDIATELY. BIDDER: ----- DATE: ----- SIGNED: ----- TITLE: ----- * 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) NOTICE A SIGNED BID MUST BE SUBMITTED TO: DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130 PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED. THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

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TITLE _____ FEIN _____ ADDRESS CHANGES TO BE NOTED ABOVE

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LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
SEALED BID						
BUYER:-----RW/FILE 22-----						
RFQ. NO.:-----WEH80221-----						
BID OPENING DATE:-----1/23/2007-----						
BID OPENING TIME:-----1:30 PM-----						
PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:						

CONTACT PERSON (PLEASE PRINT CLEARLY):						

***** THIS IS THE END OF RFQ WEH80221 ***** TOTAL: _____						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

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TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE		

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WEH80221 Chemistry Analyzers with Reagents

4. Other features shall include; auto repeat of panic values (with values that Hospital can set into the system), and auto dilution of elevated results (Hospital can choose the dilution factor).
5. Vendor must ensure that a local engineer/technician is available to provide service within 2 hours of receiving a service call. Technical support should be available via telephone 24 hours a day/7 days a week to troubleshoot problems and/or answer staff questions.
6. Vendor will ensure hospital's laboratory staff receives proper in-service training whenever there are updates made to the equipment. Preferably, this should be conducted on-site whenever possible.
7. Test kits are to be shipped as requested. Reagents are to be shipped within three (3) days of receiving an order. If shipping costs are involved, clearly state this expense for the instrument delivery as well as for the reagents.
8. Test kits must have a minimum shelf life of ninety (90) days or more beyond date of receipt. Also, the vendor should ensure that each of the reagents delivered to the hospital have the maximum shelf-life available for that specific product.
9. The number of tests requested is for bidding purposes only. The vendor will be required to provide actual quantities needed, be it more or less.
10. Reagents should not have to be mixed before using and be immediately ready to put on the analyzer. Reagents must not need to be frozen or reconstituted-they must be ready to use out of the refrigerator.
11. All products and equipment are to be quoted FOB Destination.

Changes

If changes to the original contract become necessary, a formal contract change order will be negotiated by the State, the Agency and the Vendor, to address changes to the terms and conditions, costs of work included under the contract. An approved contract change order is defined as one approved by the Purchasing Division and approved as to form by the West Virginia Attorney General's Office, encumbered and placed in the U.S. Mail prior to the effective date of such amendment. An approved contract change order is required whenever the change affects the payment provision or the scope of the work. Such changes may be necessitated by new and amended Federal and State regulations and requirements.

As soon as possible after receipt of a written change request from the Agency, but in no event more than thirty (30) days thereafter, the Vendor shall determine if there is an impact on price with the change requested and provide the Agency a written statement to identifying any price impact on the contract or to state that there is no impact. In the event that price will be impacted by the change, the Vendor shall provide a description of the price increase or decrease involved in implementing the requested change.

Invoices, Progress Payments, & Retainage:

The Vendor shall submit invoices, in arrears, to the Agency at the address on the face of the purchase order labeled "Invoice To" pursuant to the terms of the contract. Invoices may not be submitted more than once monthly and State law forbids payment of invoices prior to receipt of services.

Cost Evaluation:

Bid Response must include the cost for the consumables that may be purchased throughout the term of the contract. It shall be understood that the quantities are estimates based on previous testing activity. Estimated quantities shall not constitute an obligation to purchase.

Evaluation will be awarded to the lowest responsible vendor providing the testing equipment and the overall annual cost of reagents and supplies. Only one vendor will be awarded this bid.

BID SHEET

Item No.	Estimated Annual Usage	Description	Unit #	Count Per Unit	Unit Price	Estimated Annual Cost
1	26 units	ALB-Albumin	DF13	480 test per unit	\$	\$
2	36 units	BUN-Urea Nitrogen	DF21	480 test per unit	\$	\$
3	34 units	CA-Calcium	DF23A	480 test per unit	\$	\$
4	10 units	CHOL-Cholesterol	DF27	480 test per unit	\$	\$
5	40 units	CREA-Creatinine	DF33A	480 test per unit	\$	\$
6	30 units	ECO2-Enzymatic CO2	DF137	360 test per unit	\$	\$
7	20 units	GLU-Glucose	DF40	960 test per unit	\$	\$
8	10 units	PHOS-Phosphorus	DF61	480 test per unit	\$	\$
9	46 units	TBIL-Total Bilirubin	DF67A	480 test per unit	\$	\$
10	34 units	TPROT-Total Protein	DF73	480 test per unit	\$	\$
11	10 units	URCA-Uric Acid	DF77	480 test per unit	\$	\$
12	50 units	ALP-Alkaline Phosphatase	DF15A	360 test per unit	\$	\$
13	10 units	CK-Creatinine Kinase	DF29A	480 test per unit	\$	\$
14	14 units	DBIL-Direct Bilirubin	DF25A	320 test per unit	\$	\$
15	12 units	GGT-Gamma Glutamyl Transferase	DF45A	288 test per unit	\$	\$
16	52 units	AST-Aspartate Aminotransferase	DF41A	360 test per unit	\$	\$
17	72 units	ALT-Alanine Aminotransferase	DF43A	240 test per unit	\$	\$
18	18 units	LDH-Lactic Dehydrogenase	DF53A	480 test per unit	\$	\$
19	17 units	TGL-Triglyceride	DF69A	480 test per unit	\$	\$
20	10 units	ACTM-Acetaminophen	DF88	80 test per unit	\$	\$
21	19 units	ALC-Alcohol	DF18	120 test per unit	\$	\$
22	10 units	AMON-Ammonia	DF19	120 test per unit	\$	\$
23	16 units	AMY-Amylase	DF17A	240 test per unit	\$	\$
24	12 units	CRP-C Reactive Protein	DF37	120 test per unit	\$	\$
25	8 units	IRN-Iron	DF49A	240 test per unit	\$	\$
26	28 units	LIP-Lipase	DF55A	120 test per unit	\$	\$
27	28 units	MG-Magnesium	DF57	120 test per unit	\$	\$
28	10 units	SAL-Salicylate	DF20	120 test per unit	\$	\$
29	16 units	TU-Thyronine Uptake	DF75A	160 test per unit	\$	\$
30	26 units	T4-Thyroxine	DF65	120 test per unit	\$	\$
31	6 units	UCFP-Urine CF Protein	DF26	80 test per unit	\$	\$
32	14 units	CRBM-Carbamazepine	DF87	80 test per unit	\$	\$
33	36 units	DGNA-Digoxin No Pretreat	DF35A	80 test per unit	\$	\$
34	31 units	GENT-Gentamicin	DF12	80 test per unit	\$	\$
35	32 units	PHNO-Phenobarbital	DF60	80 test per unit	\$	\$
36	26 units	PTN-Phenytoin	DF64	112 test per unit	\$	\$
37	28 units	THEO-Theophylline	DF71	80 test per unit	\$	\$
38	16 units	VALP-Valproic Acid	DF78	80 test per unit	\$	\$
39	10 units	VANC-Vancomycin	DF86	80 test per unit	\$	\$
	14 units	FERR-Ferritin	RF440	120 test per unit	\$	\$
41	18 units	HCG-Human Chorionic Gonadotrophin	RF430	120 test per unit	\$	\$
42	40 units	MMB-Mass CKMB	RF420	160 test per unit	\$	\$

BID SHEET

Item No.	Estimated Annual Usage	Description	Unit #	Count Per Unit	Unit Price	Estimated Annual Cost
43	10 units	TPSA-Revised Prostate Specific Antigen	RF451	120 test per unit	\$	\$
44	20 units	TSH-Thyroid Stimulating Hormone	RF412	200 test per unit	\$	\$
45	62 units	CTnl-Troponin I	RF421C	120 test per unit	\$	\$
46	16 units	AHDL-HDL Cholesterol, Automated	DF48A	240 test per unit	\$	\$
47	8 units	IBCT-Iron Binding	DF84	240 test per unit	\$	\$
48	8 units	TRNF-Transferrin	DF103	120 test per unit	\$	\$
49	8 units	AHDL Calibrator	DC48A	2 sets/5 levels unit	\$	\$
50	6 units	ALC Calibrator	DC37	2 sets/4 levels per unit	\$	\$
51	6 units	AMON Calibrator	DC25	2 sets/3 levels per unit	\$	\$
52	16 units	CHEM I Calibrator	DC18A	2 sets/3 levels per unit	\$	\$
53	10 units	CHEM II Calibrator	DC20	2 sets/3 levels per unit	\$	\$
54	6 units	CHOL Calibrator	DC16	2 sets/3 levels per unit	\$	\$
55	4 units	CK Verifier	DC26	2 sets/3 levels per unit	\$	\$
56	6 units	CRP Calibrator	DC30	2 sets/3 levels per unit	\$	\$
57	12 units	DRUG II Calibrator	DC49D	2 sets/5 levels per unit	\$	\$
58	8 units	ECO2 Calibrator	DC137	2 sets/3 levels per unit	\$	\$
59	8 units	Enzyme Verifier	DC19	2 sets/3 levels per unit	\$	\$
60	6 units	FERR Calibrator	RC440	2 sets/5 levels per unit	\$	\$
61	6 units	HCG Calibrator	RC430	2 sets/5 levels per unit	\$	\$
62	6 units	IBCT Calibrator	DC84	2 sets/3 levels per unit	\$	\$
63	4 units	IRN/TIBC Calibrator	DC21	2 sets/3 levels per unit	\$	\$
64	6 units	Lipase Verifer	DC15A	2 sets/3 levels per unit	\$	\$
65	8 units	MMB Calibrator	RC420	2 sets/5 levels per unit	\$	\$
66	12 units	REV Drug Calibrator	DC22B	2 sets/5 levels per unit	\$	\$
67	6 units	SAL Calibrator	DC38	2 sets/3 levels per unit	\$	\$
68	6 units	Special Protein Calibrator	DC51	2 sets/5 levels per unit	\$	\$
69	6 units	T4 Calibrator	DC13	2 sets/5 levels per unit	\$	\$
70	6 units	TBIL/DBIL Calibrator	DC17	2 sets/3 levels per unit	\$	\$
71	6 units	TP/ALB Calibrator	DC31	2 sets/3 levels per unit	\$	\$
72	4 units	T/FPSA Calibrator	RC452	2 sets/5 levels per unit	\$	\$
73	6 units	TU Calibrator	DC14	2 sets/5 levels per unit	\$	\$
74	6 units	Thyroid Calibrator	RC410	2 sets/5 levels per unit	\$	\$
75	6 units	UCFP Calibrator	DC45	2 sets/5 levels per unit	\$	\$
76	12 units	cTnl Calibrator	RC421C	2 sets/5 levels per unit	\$	\$
77	134 units	ABS Absorbance Test	DF79	120 test per unit	\$	\$
78	83 units	Cuvette Cartridge	D828	12,000 test per unit	\$	\$
79	4 units	Enzyme Diluent	ED	10 btle/10 ml per unit	\$	\$
80	24 units	Printer Paper -RxL	D829	6 rolls/80ft per unit	\$	\$
81	4 units	Sample Diluent-SD Plus	SDPlus	2 btle/50 ml per unit	\$	\$
82	15 units	Small Sample Cups	DSC5	1,000 test per unit	\$	\$
83	2 units	Sample Cups with Lids	DSC4	1,000 test per unit	\$	\$
84	26 units	Chem Wash	RD701	1btl/1800 ml per unit	\$	\$
85	4 units	IMT Probe Cleaner	RD704	12btles per unit	\$	\$
86	62 units	Reagent Probe Cleaner	RD702	1 btl/500 ml per unit	\$	\$

BID SHEET

Item No.	Estimated Annual Usage	Description	Unit #	Count Per Unit	Unit Price	Estimated Annual Cost
87	26 units	Rev Heterogenous Mod Vessels	RXV1A	1,000 test per unit	\$	\$
88	16 units	Sample Probe Cleaner	RD703	1 btl/1000 ml per unit	\$	\$
89	8 units	QuickLYTE Dilution Check	S640	3 bags/1000 ml per unit	\$	\$
90	8 units	QuickLYTE Flush Solution	S630	3 bags/1000 ml per unit	\$	\$
91	38 units	QuickLYTE IMT Cartridge	S600	4 cartridges per unit	\$	\$
92	20 units	QuickLYTE Sample Diluent	S635	1 btl/500 ml per unit	\$	\$
93	23 units	QuickLYTE Standard A	S620	3 bags/1000 ml per unit	\$	\$
94	14 units	QuickLYTE Standard B	S625	3 bags/1000 ml per unit	\$	\$
95	12 units	Salt Bridge Solution	D105	3 btle/150 ml per unit	\$	\$
96	6 units	Reagent Probe Tip	715871.505	48000 test per unit	\$	\$
97	12 units	GLUC - Liquid Glucose	DF40	1440 test per unit	\$	\$
98	6 units	LI - Lithium	DF132	80 test per unit	\$	\$
99	4 units	FT4 - Free T4	RF410	120 test per unit	\$	\$
100	32 units	ALDL - Automated LDL Cholesterol	DF131	120 test per unit	\$	\$
101	12 units	ALDL Calibrator	DC131	2 sets/5 levels per unit	\$	\$
Estimated Total Annual Cost						\$

Brand/Model of Chemistry Analyzer: _____

Vendor Name: _____

Vendor must provide three (3) references from clients who have received similar services from the vendor within the past 3 years.

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.

The following numbers represent the typical utilization encountered by the outpatient service area of Welch Community Hospital for the 2007 fiscal year:

Emergency Room Patients – 10,441.

Observation Visits – 542

Clinic Patients – 25,524

Surgeries – 343

Deliveries – 78

Laboratory Tests – 771,015

Radiology – 15,063

CAT Scans – 2,529

Ultrasound – 1,869

Mammography – 633

Respiratory Tests – 21,402

Electrocardiograms – 4,231

Admissions – 974

Long Term Card ADC (48 Patients per day) – 94%

Overall ADC (60 Patients per day) – 66%

Total Patient Days (17,514 Long Term Care and 4,496 Acute Care Days) – 22010

Outpatient Services Provided Are:

Primary Care and Family Practice in a Certified Rural Health Setting

Pediatric Clinic

Newborn Care

Internal Medicine

Surgery

Emergency Room Services

Radiology Services Including:

Diagnostic

CAT Scan

Ultrasound

Mammography

MRI

EKG, Cardiac Doppler Studies, Stress Testing and Respiratory Therapy Services

Laboratory Services



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 WELCH, WV
 24801 304-436-8710

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04/18/2008				
BID OPENING DATE: 05/22/2008		BID OPENING TIME 01:30PM		

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* 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) NOTICE A SIGNED BID MUST BE SUBMITTED TO: DEPARTMENT OF ADMINISTRATION						
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PURCHASER

SUPPLIER

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

DATE PRINTED 04/18/2008	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
BID OPENING DATE: 05/22/2008		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
	PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130					
	PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED.					
	THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:					
	SEALED BID					
	BUYER:-----RW/FILE 22-----					
	RFQ. NO.:-----WEH80234-----					
	BID OPENING DATE:-----05/22/2008-----					
	BID OPENING TIME:-----1:30 PM-----					
	PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:					

	CONTACT PERSON (PLEASE PRINT CLEARLY):					

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	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 WEH80234

PAGE

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 04/18/2008	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
BID OPENING DATE: 05/22/2008		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	QTY NO	ITEM NUMBER	UNIT PRICE	AMOUNT
***** THIS IS THE END OF RFQ WEH80234 ***** TOTAL: _____						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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

GENERAL INFORMATION

Purpose:

The Acquisition and Contract Administration Section of the Purchasing Division "State" for the Department of Health and Human Resources, Bureau for Behavioral Health Facilities, Welch Community Hospital, "Agency" is soliciting Quotations to provide reagents/consumables for chemistry analyzer systems for Welch Community Hospital. Chemistry analyzers are to be provided by the vendor free of charge in exchange for the purchase of reagents/consumables. The vendor will retain ownership of the analyzers and will maintain the analyzers in working order to allow the facility to use them with the requested reagents/consumables.

Project:

The purpose of this project is to provide two (2) fully automated chemistry analyzers, Dade RXL Max or equal at no additional charge and Welch Community Hospital will purchase the necessary reagents/consumables to operate the chemistry analyzers from the equipment supplier.

OPERATING ENVIRONMENT

Facility Location

McDowell County, Welch Community Hospital, 454 McDowell Street, Welch WV 24801

PROCUREMENT SPECIFICATIONS

General Requirements

The purpose of this project is to provide two (2) fully automated chemistry analyzers, Dade RXL Max or equal at no additional charge for use with requested reagents/consumables. Selected vendor must provide a system that will include a computer, monitor, printer, and any required accessories which will be retained and maintained by the vendor.

Welch Community Hospital desires a Vendor with a proven track record for providing necessary supplies and maintaining of equipment. Vendor must have provided such services for at least three (3) years.

Vendor should provide references from at least three (3) clients for which they have provided these similar services.

Scope of Work:

The vendor shall provide chemistry analyzer equipment and reagent/consumables as needed for the Laboratory at Welch Community Hospital, more specifically; vendor shall include, but not be limited to the following requirements.

1. The equipment must be a single platform that can perform all our test methods.
 2. There shall be full mirror image back-up feature so that critical tests have a back-up in the event that an analyzer is down. They must also include a back-up platform for those times when the primary analyzer(s) are not functional.
 3. The system must have monitors that notify when STAT tests are completed. It must also monitor the amount of product still available in the equipment to reduce the amount of wasted reagents. The system shall also allow for reagents to be added while maintaining ongoing system operation, eliminating the need for the system to be put in "standby" mode.
-

WEH80234 Reagents and Consumables

4. Other features shall include; auto repeat of panic values (with values that Hospital can set into the system), and auto dilution of elevated results (Hospital can choose the dilution factor).
5. The vendor should ensure that a local engineer/technician is available to provide service within 12 hours of receiving a service call, within 24 hours on nights, weekends, and holidays. Also, Technical support should be available via telephone 24 hours a day/7 days a week to troubleshoot problems and/or answer staff questions.
6. The vendor will ensure hospital's laboratory staff receives proper in-service training whenever there are updates made to the equipment. Preferably this should be conducted on site whenever possible.
7. Test kits are to be shipped as requested. Reagents are to be shipped within three (3) days of receiving an order.
8. Test kits must have a minimum shelf life of ninety (90) days or more beyond date of receipt. Also, the vendor should ensure that each of the reagents delivered to the hospital have the maximum shelf life available for that specific product.
9. ~~The number of tests requested is for bidding purposes only. The vendor will be required to provide actual quantities needed, be it more or less.~~
10. Reagents should not have to be mixed before using and be immediately ready to put on the analyzer. Reagents must not need to be frozen or reconstituted-they must be ready to use out of the refrigerator.
11. All products and equipment are to be quoted FOB Destination, unless otherwise stated in vendor's quotation.

Term of Contract

Life of contract shall be for the period of five years with the option of two (2) one (1) year renewals.

Invoices, Progress Payments, & Retainage:

The Vendor shall submit invoices, in arrears, to the Agency at the address on the face of the purchase order labeled "Invoice To" pursuant to the terms of the contract. Invoices may not be submitted more than once monthly and State law forbids payment of invoices prior to receipt of services.

Cost Evaluation:

Bid Response must include the cost for EACH lab test as well as the cost for the consumables that may be purchased throughout the term of the contract. It shall be understood that the quantities are ~~estimates based on previous activity and are not binding. Supplies shall be provided as ordered~~ regardless of the actual quantities ordered, whether more or less.

Evaluation will be based on the overall lowest price of each lab test and the estimated annual usage of consumables.

It is preferred that each responder use the Cost Proposal Sheet provided.

Vendor references may be requested.

WEH80234 Reagents and Consumables

The following tests must be performed on one fully automated analyzer.

<u>General Chemistry</u>	<u>TEST Method</u>
Albumin	Dye Binding-Bromcresol Purple
Calcium	Cresolphthalein complexone
Cholesterol	Enzymatic
Creatnine	Kinestic Alkaline Picrate (Jaffe)
Direct Bilirubin	Diazo-Caffeine/Benzoate Coupling
Enzymatic Carbonate	Enzymatic
Glucose (GLU)	Hexokinase
Glucose Gluc (Liquid)	Hexokinase
High-Density Lipoprotein Cholesterol	Non-Pretrat Accelerated Cholesterol Oxidase
Automated HDL Cholesterol	Phophotungstic Acit/No metal ions w Enzymatic Quantifitation
Iron	Ferene without prior protein removal
Automated LDL	Liquid Selective Detergent
Magnesium	Colorimetric Dye Methylthymol Blue
Phosphorus	Phosphomolybdate-UV
Total Bilirubin	Diazo-Caffeine/Benzoate Coupling
Total Iron-Binding Capacity	Alumina Adsorption
IBCT (No Pre-treat)	Ferene
Total Protein	Biuret
Triglycerides	Enzymatic 340nm without serum blank GPDH
Urea Nitrogen	Urease with GLDH (Coupled Enzymes)
Uric Acid	Uricase
<u>Electrolytes</u>	<u>Test Method</u>
Carbon-Dioxide	Enzymatic
Chloride	Ion Selective Electrode, Indirect

WEH80234 Reagents and Consumables

Potassium	Ion Selective Electrode, Indirect
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Sodium	Ion Selective Electrode, Indirect
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Endocrinology**Test Method**

*Currently, the hospital uses Dade Behring equipment, thus, some test methods are unique and proprietary to the equipment/company. Please provide your proposed test method that may be specific to the equipment that may be proposed in you bid response.

Hemoglobin A1C	*see above
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Thyronine Uptake	*see above
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Total Thyroxine	*see above
-----------------	------------

Triiodothyronine	*see above
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Enzymes**Test Method**

*Currently, the hospital uses Dade Behring equipment, thus, some test methods are unique and proprietary to the equipment/company. Please provide your proposed test method that may be specific to the equipment that may be proposed in you bid response.

Acid Phosphatase	Adapted Thymolphtholein Monophosphate hydrolysis
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Alanine Amiotransferase	Adapted Bergmyer methodology
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Alkaline PhosphataseAdapted	Bowers and McDomb methodology
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Amylase	*see above
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Aspartate Aminctranserase	*see above
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Creatine Kinase	Modified, Enzymatic Oliver
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Creatine Kinase MB Isoenzyme	*see above
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Glutamyl Transferase	*see above
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Lactic Dehydrogenase	Modified Enzymatic Lactate to Pyruvate Methodology
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Enzymes-cont'd**Test Method**

Lipase	Adapted Clorimetric Neumann
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Pseudochlinesterase	Coupled Oxidation reduction-Gal and Roth
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Heterogeneous Immunoassays**Test Method**

*Currently, the hospital uses Dade Behring equipment, thus, some test methods are unique and proprietary to the equipment/company. Please provide your proposed test method that may be specific to the equipment that may be proposed in you bid response.

WEH80234 Reagents and Consumables

Cardiac Troponin	*see above
Ferritin	*see above
Free PSA	*see above
Free Thyroxine	*see above
Human Chorionic Gonadotropin Hormone	*see above
Mass CK-MB	*see above
Myoglobin	*see above
NT-PRO BNP	ProBNP Enzymatic Immunoassay Methodology
Thyroid Stimulating Hormone	*see above

Total PSA	*see above
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Immunology**Test Method**

Complement C3, Complement C4	Turbidimetric Assay, Quantitative
C-Re4Active Protein	Highly Sensitive, colorimetric Immunoassay
IGA, IGG, IGM	Quantitative, Turbidimetric Assay
Transferrin	Quantitative, Turbidimetric Assay

Specialty**Test Method**

Ammonia	Glutamate Dehydrogenase Enzymatic Method
Urine-Cerebrospinal Fluid Protein	Pyrogallol Red-molybdate Method

Lactic Acid

Specialty-cont'd**Test Method**

Microalbumin	PETINIA**adapted methodology
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Prealbumin	PETINIA technology method
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Therapeutic Drug Monitoring**Test Method**

*Currently, the hospital uses Dade Behring equipment, thus, some test methods are unique and proprietary to the equipment/company. Please provide your proposed test method that may be specific to the equipment that may be proposed in you bid response.

Carbamazepine	PETINIA immunoassay methodology
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Cyclospatine	*see above
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Digoxin	*see above
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WEH80234 Reagents and Consumables

Digitoxin	*see above
Gentamicine	Enhanced turbidimetric PETINIA
Lidocaine	*see above
Lithium	Non-covalent binary complex methodology
N-Acetylprocainamide	PETINIA methodology
Phenobarbital	PETINIA methodology
Phenytoin	PETINIA methodology
Procainamide	PETINIA methodology
Tarcolimus	*see above
Theophylline	PETINIA methodology
Tobramycine	PETINIA methodology
Vancomycin	PETINIA methodology
Valproic Acid	PETINIA methodology
<u>Toxicology</u>	<u>Test Method</u>
Acetaminophen	Enzymatic hydrolysis methodology
<u>Toxicology-cont'd</u>	<u>Test Method</u>
Ethyl Alcohol	Modified alcohol dehydrogenase methodology
Salicylate	Modified Trinder colorimetric
Urine Amphetamine Screen	Syva Emit II Plus methodology
Urine Barbiturates Screen	Syva Emit II Plus methodology
Urine Benzodiazepines Screen	Syva Emit II Plus methodology
Urine Cannabinoids Screen	Syva Emit II Plus methodology
Urine Cocaine Metabolite Screen	Syva Emit II Plus methodology
Urine Methadone Screen	Syva Emit II Plus methodology
Urine Opiates Screen	Syva Emit II Plus methodology
Urine Phencyclidine Screen	Syva Emit II Plus methodology

WEH80234 Reagents and Consumables

****PETINIA=particle enhanced turbidimetric inhibition immunoassay.**

BID SCHEDULE/COST PROPOSAL

Item No.	Estimated Annual Usage	Description	Unit #	Count Per Unit	Unit Price	Estimated Annual Cost
1	26 units	ALB-Albumin	DF13	480 test per unit		
2	36 units	BUN-Urea Nitrogen	DF21	480 test per unit		
3	34 units	CA-Calcium	DF23A	480 test per unit		
4	10 units	CHOL-Cholesterol	DF27	480 test per unit		
5	40 units	CREA-Creatinine	DF33A	480 test per unit		
6	30 units	ECO2-Enzymatic CO2	DF137	360 test per unit		
7	20 units	GLU-Glucose	DF40	960 test per unit		
8	10 units	PHOS-Phosphorus	DF61	480 test per unit		
9	46 units	TBIL-Total Bilirubin	DF67A	480 test per unit		
10	34 units	TPROT-Total Protein	DF73	480 test per unit		
11	10 units	URCA-Uric Acid	DF77	480 test per unit		
12	50 units	ALP-Alkaline Phosphatase	DF15A	360 test per unit		
13	10 units	CK-Creatinine Kinase	DF29A	480 test per unit		
14	14 units	DBIL-Direct Bilirubin	DF25A	320 test per unit		
15	12 units	GGT-Gamma Glutamyl Transferase	DF45A	288 test per unit		
16	52 units	AST-Aspartate Aminotransferase	DF41A	360 test per unit		
17	72 units	ALT-Alanine Aminotransferase	DF43A	240 test per unit		
18	18 units	LDH-Lactic Dehydrogenase	DF53A	480 test per unit		
19	17 units	TGL-Triglyceride	DF69A	480 test per unit		
20	10 units	ACTM-Acetaminophen	DF88	80 test per unit		
21	19 units	ALC-Alcohol	DF18	120 test per unit		
22	10 units	AMON-Ammonia	DF19	120 test per unit		
23	16 units	AMY-Amylase	DF17A	240 test per unit		
24	12 units	CRP-C Reactive Protein	DF37	120 test per unit		
25	8 units	IRN-Iron	DF49A	240 test per unit		
26	28 units	LIP-Lipase	DF55A	120 test per unit		
27	28 units	MG-Magnesium	DF57	120 test per unit		
28	10 units	SAL-Salicylate	DF20	120 test per unit		
29	16 units	TU-Thyronine Uptake	DF75A	160 test per unit		
30	26 units	T4-Thyroxine	DF65	120 test per unit		
31	6 units	UCFP-Urine CF Protein	DF26	80 test per unit		
32	14 units	CRBM-Carbamazepine	DF87	80 test per unit		
33	36 units	DGNA-Digoxin No Pretreat	DF35A	80 test per unit		
34	31 units	GENT-Gentamicin	DF12	80 test per unit		
35	32 units	PHNO-Phenobarbital	DF60	80 test per unit		
36	26 units	PTN-Phenytoin	DF64	112 test per unit		
37	28 units	THEO-Theophylline	DF71	80 test per unit		
38	16 units	VALP-Valproic Acid	DF78	80 test per unit		
39	10 units	VANC-Vancomycin	DF86	80 test per unit		
40	14 units	FERR-Ferritin	RF440	120 test per unit		
41	18 units	HCG-Human Chorionic Gonadotrophin	RF430	120 test per unit		
42	40 units	MMB-Mass CKMB	RF420	160 test per unit		
43	10 units	TPSA-Revised Prostate Specific Antigen	RF451	120 test per unit		
44	20 units	TSH-Thyroid Stimulating Hormone	RF412	200 test per unit		
45	62 units	CTnl-Troponin I	RF421C	120 test per unit		
46	16 units	AHDL-HDL Cholesterol, Automated	DF48A	240 test per unit		

WEH80234 Reagents and Consumables BID SCHEDULE/COST PROPOSAL

BID SCHEDULE/COST PROPOSAL						
Item No.	Estimated Annual Usage	Description	Unit #	Count Per Unit	Unit Price	Estimated Annual Cost
47	8 units	IBCT-Iron Binding	DF84	240 test per unit		
48	8 units	TRNF-Transferrin	DF103	120 test per unit		
49	8 units	AHDL Calibrator	DC48A	2 sets/5 levels unit		
50	6 units	ALC Calibrator	DC37	2 sets/4 levels per unit		
51	6 units	AMON Calibrator	DC25	2 sets/3 levels per unit		
52	16 units	CHEM I Calibrator	DC18A	2 sets/3 levels per unit		
53	10 units	CHEM II Calibrator	DC20	2 sets/3 levels per unit		
54	6 units	CHOL Calibrator	DC16	2 sets/3 levels per unit		
55	4 units	CK Verifier	DC26	2 sets/3 levels per unit		
56	6 units	CRP Calibrator	DC30	2 sets/3 levels per unit		
57	12 units	DRUG II Calibrator	DC49D	2 sets/5 levels per unit		
58	8 units	ECO2 Calibrator	DC137	2 sets/3 levels per unit		
59	8 units	Enzyme Verifier	DC19	2 sets/3 levels per unit		
60	6 units	FERR Calibrator	RC440	2 sets/5 levels per unit		
61	6 units	HCG Calibrator	RC430	2 sets/5 levels per unit		
62	6 units	IBCT Calibrator	DC84	2 sets/3 levels per unit		
63	4 units	IRN/TIBC Calibrator	DC21	2 sets/3 levels per unit		
64	6 units	Lipase Verifer	DC15A	2 sets/3 levels per unit		
65	8 units	MMB Calibrator	RC420	2 sets/5 levels per unit		
66	12 units	REV Drug Calibrator	DC22B	2 sets/5 levels per unit		
67	6 units	SAL Calibrator	DC38	2 sets/3 levels per unit		
68	6 units	Special Protein Calibrator	DC51	2 sets/5 levels per unit		
69	6 units	T4 Calibrator	DC13	2 sets/5 levels per unit		
70	6 units	TBIL/DBIL Calibrator	DC17	2 sets/3 levels per unit		
71	6 units	TP/ALB Calibrator	DC31	2 sets/3 levels per unit		
72	4 units	T/FP5A Calibrator	RC452	2 sets/5 levels per unit		
73	6 units	TU Calibrator	DC14	2 sets/5 levels per unit		
74	6 units	Thyroid Calibrator	RC410	2 sets/5 levels per unit		
75	6 units	UCFP Calibrator	DC45	2 sets/5 levels per unit		
76	12 units	cTnl Calibrator	RC421C	2 sets/5 levels per unit		
77	134 units	ABS Absorbance Test	DF79	120 test per unit		
78	83 units	Cuvette Cartridge	D828	12,000 test per unit		
79	4 units	Enzyme Diluent	ED	10 btle/10 ml per unit		
80	24 units	Printer Paper - Pxl	D829	6 rolls/80ft per unit		
81	4 units	Sample Diluent-SD Plus	SDPlus	2 btle/50 ml per unit		
82	15 units	Small Sample Cups	DSC5	1,000 test per unit		
83	2 units	Sample Cups with Lids	DSC4	1,000 test per unit		
84	26 units	Chem Wash	RD701	1btl/1800 ml per unit		
85	4 units	IMT Probe Cleaner	RD704	12btles per unit		
86	62 units	Reagent Probe Cleaner	RD702	1 btl/500 ml per unit		
87	26 units	Rev Heterogenous Mod Vessels	RXV1A	1,000 test per unit		
88	16 units	Sample Probe Cleaner	RD703	1 btl/1000 ml per unit		
89	8 units	QuickLYTE Dilution Check	S640	3 bags/1000 ml per unit		
90	8 units	QuickLYTE Flush Solution	S630	3 bags/1000 ml per unit		
91	38 units	QuickLYTE IMT Cartridge	S600	4 cartridges per unit		
92	20 units	QuickLYTE Sample Diluent	S635	1 btl/500 ml per unit		

BID SCHEDULE/COST PROPOSAL						
Item No.	Estimated Annual Usage	Description	Unit #	Count Per Unit	Unit Price	Estimated Annual Cost
93	23 units	QuickLYTE Standard A	S620	3 bags/1000 ml per unit		
94	14 units	QuickLYTE Standard B	S625	3 bags/1000 ml per unit		
95	12 units	Salt Bridge Solution	D105	3 btle/150 ml per unit		
96	6 units	Reagent Probe Tip	715871.505	48,000 test per unit		
97	12 units	GLUC - Liquid Glucose	DF40	1440 test per unit		
98	6 units	LI - Lithium	DF132	80 test per unit		
99	4 units	FT4 - Free T4	RF410	120 test per unit		
100	32 units	ALDL - Automated LDL Cholesterol	DF131	120 test per unit		
101	12 units	ALDL Calibrator	DC131	2 sets/5 levels per unit		
Total Estimated Annual Cost for the Reagents/Consumables =						
Price Per Lab Test Procedure Performed \$ _____ x Estimated Quantity 100,000 = Total						
Total of Reagents/Consumables + Total of Lab Test Costs						

The attached Form WV-96 Agreement Addendum is used when a vendor includes terms and conditions which may conflict with the West Virginia State Code.

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.

The following numbers represent the typical utilization encountered by the outpatient service area of Welch Community Hospital for the 2007 fiscal year:

Emergency Room Patients – 10,441
 Observation Visits – 542
 Clinic Patients – 25,524
 Surgeries – 343
 Deliveries – 78
 Laboratory Tests – 771,015
 Radiology – 15,063
 CAT Scans – 2,529
 Ultrasound – 1,869
 Mammography – 633
 Respiratory Tests – 21,402
 Electrocardiograms – 4,231
 Admissions – 974
 Long Term Card ADC (48 Patients per day) – 94%
 Overall ADC (60 Patients per day) – 66%
 Total Patient Days (17,514 Long Term Care and 4,496 Acute Care Days) – 22010

Outpatient Services Provided Are:

Primary Care and Family Practice in a Certified Rural Health Setting
 Pediatric Clinic
 Newborn Care
 Internal Medicine
 Surgery
 Emergency Room Services
 Radiology Services Including:
 Diagnostic
 CAT Scan
 Ultrasound
 Mammography
 MRI
 EKG, Cardiac Doppler Studies, Stress Testing and Respiratory Therapy Services
 Laboratory Services

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

West Virginia Code §5A-3-10a states: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owed is an amount greater than one thousand dollars in the aggregate

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentally established by a county or municipality; any separate corporation or instrumentally 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: 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, West Virginia Insurance Commission, or any other state agencies or political subdivision. Furthermore, 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.

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: _____

Authorized Signature: _____ Date: _____

ATTACHMENT
P.O.# WE#80234

This agreement constitutes the entire agreement between the parties, and there are no other terms and conditions applicable to the licenses granted hereunder.

Agreed

Signature Date

Title

Company Name

Signature Date

Title

Agency/Division

WV-96
Rev. 10/07

AGREEMENT ADDENDUM

In the event of conflict between this addendum and the agreement, this addendum shall control:

1. **DISPUTES** - Any references in the agreement to arbitration or to the jurisdiction of any court are hereby deleted. Disputes arising out of the agreement shall be presented to the West Virginia Court of Claims.
2. **HOLD HARMLESS** - Any clause requiring the Agency to indemnify or hold harmless any party is hereby deleted in its entirety.
3. **GOVERNING LAW** - The agreement shall be governed by the laws of the State of West Virginia. This provision replaces any references to any other State's governing law.
4. **TAXES** - Provisions in the agreement requiring the Agency to pay taxes are deleted. As a State entity, the Agency is exempt from Federal, State, and local taxes and will not pay taxes for any Vendor including individuals, nor will the Agency file any tax returns or reports on behalf of Vendor or any other party.
5. **PAYMENT** - Any references to prepayment are deleted. Payment will be in arrears.
6. **INTEREST** - Should the agreement include a provision for interest on late payments, the Agency agrees to pay the maximum legal rate under West Virginia law. All other references to interest or late charges are deleted.
7. **RECOUPMENT** - Any language in the agreement waiving the Agency's right to set-off, counterclaim, recoupment, or other defense is hereby deleted.
8. **FISCAL YEAR FUNDING** - Service performed under the agreement may be continued in succeeding fiscal years for the term of the agreement, contingent upon funds being appropriated by the Legislature or otherwise being available for this service. In the event funds are not appropriated or otherwise available for this service, the agreement shall terminate without penalty on June 30. After that date, the agreement becomes of no effect and is null and void. However, the Agency agrees to use its best efforts to have the amounts contemplated under the agreement included in its budget. ~~Non-appropriation or non-funding shall not be considered an event of default.~~
9. **STATUTE OF LIMITATION** - Any clauses limiting the time in which the Agency may bring suit against the Vendor, lessor, individual, or any other party are deleted.
10. **SIMILAR SERVICES** - Any provisions limiting the Agency's right to obtain similar services or equipment in the event of default or non-funding during the term of the agreement are hereby deleted.
11. **ATTORNEY FEES** - The Agency recognizes an obligation to pay attorney's fees or costs only when assessed by a court of competent jurisdiction. Any other provision is invalid and considered null and void.
12. **ASSIGNMENT** - Notwithstanding any clause to the contrary, the Agency reserves the right to assign the agreement to another State of West Virginia agency, board or commission upon thirty (30) days written notice to the Vendor and Vendor shall obtain the written consent of Agency prior to assigning the agreement.
13. **LIMITATION OF LIABILITY** - The Agency, as a State entity, cannot agree to assume the potential liability of a Vendor. Accordingly, any provision limiting the Vendor's liability for direct damages to a certain dollar amount or to the amount of the agreement is hereby deleted. Limitations on special, incidental or consequential damages are acceptable. In addition, any limitation is null and void to the extent that it precludes any action for injury to persons or for damages to personal property.
14. **RIGHT TO TERMINATE** - Agency shall have the right to terminate the agreement upon thirty (30) days written notice to Vendor. Agency agrees to pay Vendor for services rendered or goods received prior to the effective date of termination.
15. **TERMINATION CHARGES** - Any provision requiring the Agency to pay a fixed amount or liquidated damages upon termination of the agreement is hereby deleted. The Agency may only agree to reimburse a Vendor for actual costs incurred or losses sustained during the current fiscal year due to wrongful termination by the Agency prior to the end of any current agreement term.
16. **RENEWAL** - Any reference to automatic renewal is hereby deleted. The agreement may be renewed only upon mutual written agreement of the parties.
17. **INSURANCE** - Any provision requiring the Agency to insure equipment or property of any kind and name the Vendor as beneficiary or as an additional insured is hereby deleted.
18. **RIGHT TO NOTICE** - Any provision for repossession of equipment without notice is hereby deleted. However, the Agency does recognize a right of repossession with notice.
19. **ACCELERATION** - Any reference to acceleration of payments in the event of default or non-funding is hereby deleted.
20. **CONFIDENTIALITY** - ~~Any provision regarding confidentiality of the terms and conditions of the agreement is hereby deleted. State contracts are public records under the West Virginia Freedom of Information Act.~~
21. **AMENDMENTS** - All amendments, modifications, alterations or changes to the agreement shall be in writing and signed by both parties. No amendment, modification, alteration or change may be made to this addendum without the express written approval of the Purchasing Division and the Attorney General.

ACCEPTED BY:

STATE OF WEST VIRGINIA

Spending Unit: _____

Signed: _____

Title: _____

Date: _____

VENDOR

Company Name: _____

Signed: _____

Title: _____

Date: _____

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

West Virginia Code §5A-3-10a states: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt 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: 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, West Virginia Insurance Commission, or any other state agencies or political subdivision. Furthermore, 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.

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: _____

Authorized Signature: _____ Date: _____

**ROCHE DIAGNOSTICS CORPORATION AMENDMENT TO
RFQ NUMBER WEH90053**

Note: Roche Diagnostics Corporation is responding to Welch Community Hospital for Request for Quotation Number WEH90053. This offer is made expressly subject to Welch Community Hospital's acceptance of the following amendment to the Terms and Conditions included in the Solicitation and the following supplemental terms. Any contract that may arise out of the Solicitation (referred to hereafter as the "Agreement") between Roche Diagnostics Corporation (referred to below as "RD") and Welch Community Hospital (referred to hereafter as "Buyer, You, or Your") shall include these changes.

The following are in response to specific items as numbered below in the section titled "General Terms and Conditions Request for Quotation (RFQ) and Request for Proposal (RFP)," located on the back of page 1.

Item # 10

RD request to strike this section in its entirety and replace it with the following language: "In the event that the legislature in Your state does not appropriate funds for the Products described in this Schedule, You may, upon thirty (30) days written notice to Roche, cancel this Schedule as to the Products for which no appropriations were made; or, in the event that there are no funded appropriations from which payment can be made for the Products described in this Schedule, You may, upon thirty (30) days written notice to Roche, cancel this Schedule as to the Products for which there are no funded appropriations from which payment can be made for the Products."
Please see attached example of the Schedule.

Item # 5 Instruction to Bidders

RD request to strike this section in its entirety and replace it with the following language: "RD will ship Products to the facility designated in each Schedule. Buyer will pay all freight, shipping and special delivery charges, but RD will select the carriers and be responsible for loss and damage of the Products until delivery to Buyer's facility. Freight and handling charges will be included in the invoice Buyer receives from RD. Buyer is liable for risk of loss and damage after delivery to Buyer's facility. RD agrees to pay the freight charges for the new analyzers, the first reagent order for the new analyzers, and for one standing order per month."

The following are in response to specific items as numbered below in the section titled "Request for Quotation"

Life of Contract – page 2

RD request to strike paragraph 1 and 2 of this section in its entirety and replace it with the following language: "The Agreement will become effective when signed by an authorized representative of RD. The term of any Schedule attached to the Agreement ("Agreement Term") that includes RD's installed Equipment reporting patient results will

commence on the date (the “Commencement Date”) that the Equipment begins running patient results and the Schedule Term will continue through the number of months specified in the Schedule. If the Schedule contains multiple units of RD’s installed Equipment reporting patient results or general purpose laboratory use Equipment, the Schedule Term will be based on the last Commencement Date.”

“After the first 12 months from the Schedule effective date, RD may adjust Product pricing (excluding Equipment pricing) once annually upon 30 days’ advance written notice to Buyer. RD agrees that such Product pricing adjustment will not exceed the increase in the Hospital and Related Services component of the Consumer Price Index for All Urban Consumers (CPI-U), U.S. City Average, as released by the U.S. Labor Department, Bureau of Labor Statistics.”

Cancellation – page 2

RD request to strike this section in its entirety and replace it with the following language:

“A party is in default under this Agreement or Schedule if: (a) such party does not perform any of its obligations under the Agreement or Schedule and this failure continues for 15 days after written notification of such failure. As a remedy to this default, if RD is in default, Buyer may (1) terminate the applicable Schedule, with RD remaining liable for all obligations which have not yet been met under the Schedule, (2) purchase any Equipment at a price calculated from the Equipment’s amortization Schedule, a copy of which will be provided to Buyer upon termination, and (3) exercise any and all other remedies available at law or in equity. Buyer agrees that Buyer will remain obligated to pay all sums owed to RD prior to the date of Buyer’s termination.”

Please see attached Master Agreement (section #14) for information regarding obligations of Roche.

Open Market Clause – page 2

RD request to strike this section in its entirety and replace it with the following language:

“Either party’s obligations under the Master Agreement and Schedule will be suspended in the event that a party is hindered or prevented from complying with its obligations (other than the obligation to pay money) because of labor disputes, hurricanes, earthquakes, floods, or other acts of God, war, terrorism or any other condition beyond the parties’ reasonable control.”

Quantities – page 3

RD request to strike the second sentence this section and replace it with the following language: “At a minimum, Buyer agrees to purchase 100% of the quantities of Reagents/Supplies set forth in each Schedule.”

Terms and Conditions – page 3

RD request to strike this section in its entirety. Roche has attached its Master Agreement and will negotiate in good faith with State of West Virginia (Welch Community Hospital) to execute a mutually agreeable contract.

Term of Contract & Renewals – page 9

RD request to strike this section in its entirety. Please refer to the response listed under section “Life of Contract – page 2” on page 1 of this Amendment.

Contract Termination – page 9

RD request to strike the entire first paragraph in this section. Please refer to the response listed under “Cancellation – page 2” on page 2 of this Amendment.

RD request to delete the entire second paragraph of this section. Please refer to the response listed under “Item #10” on page 1 of this Amendment.

THE UNDERSIGNED, BEING DULY AUTHORIZED SIGNATORIES, AGREE TO ALL TERMS AND CONDITIONS SET FORTH HEREIN AND THEY HEREBY EXECUTE THIS AGREEMENT. ONLY A CORPORATE REPRESENTATIVE IN THE INDIANAPOLIS OFFICE IS AUTHORIZED TO SIGN THIS AGREEMENT ON BEHALF OF ROCHE DIAGNOSTICS CORPORATION.

CUSTOMER _____ _____ (Customer Name) Signature: _____ _____ By (Printed): _____ Title: _____ _____ Date: _____	ROCHE DIAGNOSTICS CORPORATION Signature: _____ _____ By (Printed): _____ Title: _____ _____ Date: _____ _____
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Attached is a copy of the Roche Master Agreement and Schedule. Roche will negotiate in good faith with State of West Virginia (Welch Community Hospital) to execute a mutually agreeable contract.

Request for Quotation RFQ Number WEH90053

Roche Diagnostics Alternate Terms for Firm Pricing

After the first 12 months from the Agreement effective date, RD may adjust Product pricing (excluding Equipment pricing) once annually upon 30 days' advance written notice to Buyer. RD agrees that such Product pricing adjustment will not exceed the increase in the Hospital and Related Services component of the Consumer Price Index for All Urban Consumers (CPI-U), U.S. City Average, as released by the U.S. Labor Department, Bureau of Labor Statistics.

Request for Quotation # WEH90053

Scope of Work:

1. The equipment shall be a single platform that can perform all our test methods.
Yes, the Cobas® 6000 is a single platform that can perform all your test methods.

2. There shall be full mirror image back-up feature to assure that critical tests have a back-up platform in the event that a primary analyzer is not functional.
Yes, Roche is proposing two Cobas® 6000 analyzers.

3. The system must have monitors that notify when STAT tests are completed.
Automatic print of STAT samples is available to alert user that tests are completed.

It must also monitor the amount of product still available in the equipment to reduce the amount of waste reagents.

The display screen provides all important data about test reagents to monitor the reagent status on the analyzer.

The system shall also allow for reagents to be added while maintaining on-going system operation.

The cobas® 6000 analyzer series software will alert the operator, as part of the daily set up, which reagents should be loaded to operate for 24 hours. This will eliminate, in most cases, the need to load reagents on the fly during operation. Reagents can be loaded onto the c501 module during operation and the module does not have to be in standby. Consumables can be loaded on the e601 during operation and the module does not have to be in standby.

4 Other features shall include; auto repeat of panic values (with values that Hospital can set into the system), and auto dilution of elevated results (Hospital can choose the dilution factor).

Auto rerun is available for samples outside of panic values and the dilution can be selected.

5. The vendor shall ensure that a local engineer/technician is available to provide service within 12 hours of receiving a service call, within 24 hours on nights, weekends, and holidays. Technical support shall be available via telephone 24 hours a day/7 days a week to troubleshoot problems and/or answer staff questions.

In the first sentence, Roche request to strike 12 hours and replace with 24 hours.

6. Test kits are to be shipped *as requested*. Reagents are to be shipped within six (6) days of receiving an order.

Roche agrees.

7. Test kits must have a minimum shelf life of ninety (90) days or more beyond date of receipt. Vendor shall ensure that each of the reagents delivered to the hospital, have the maximum shelf life available for that specific product.

Roche agrees.

8. The number of tests requested is for bidding purposes only. The vendor will be required to provide actual quantities needed, be it more or less.

Roche agrees.

9. Reagents shall not have to be mixed before using and be immediately ready to put on the analyzer. Reagents must not need to be frozen or reconstituted-they must be ready to use out of the refrigerator.

Reagents for the **cobas**[®] 6000 come in liquid ready to use cassette format (exceptions - Carbamazepine, Phenobarbital and Direct Bilirubin, which require a one time pour over into the cassette. Liquid, ready to use formats for these assays will be available in the near future allowing for 100% liquid ready to use.) In addition, the cassette has a self sealing membrane to improve stability and reagent carryover.

10. All products and equipment are to be quoted FOB Destination, unless otherwise stated in vendor's quotation

Products will be shipped FOB Destination. Roche will pay freight for Instrument order, First Reagent Order for equipment, and one monthly standing order. All other orders will be shipped with freight pre-paid and added to your invoice.

11. Vendor will deliver equipment within 30 days after the receipt of the Purchase Order and must install equipment upon delivery to the Laboratory Department.

Roche agrees.

12. Vendor will provide on-site training to Laboratory personnel. On site training will need to take place upon delivery and set up of the equipment. Vendor will need to make arrangements with the Laboratory Department for delivery date and time. The vendor will ensure hospital's laboratory staff receives on site in-service training whenever there are updates made to the equipment.

Initial operator training will be provided at the headquarters of Roche Diagnostics in Indianapolis, Indiana. Roche will pay the following expenses: tuition, lodging, meals, and local ground transportation to and from the training facility in Indianapolis.

A Technical Service Representative (TSR) will work with your key Indianapolis trained operators to develop their analyzer skills and instruct them in developing a train-the-trainer program to facilitate training additional laboratory staff.



Financial Proposal
for
WELCH EMERGENCY HOSPITAL



February 24, 2009

WELCH EMERGENCY HOSPITAL
454 MCDOWELL ST
WELCH WV 24801

Dear ,

Roche Diagnostics Corporation is pleased to provide this proposal to WELCH EMERGENCY HOSPITAL offering the latest in innovative solutions for laboratory diagnostic products and services. Roche Diagnostics will actively assist you in seeking optimal solutions for your laboratory needs.

Included in the proposal is a summary of annual expenditures, based on information you have provided, along with detailed documents outlining the associated instrumentation and annual Reagent and Supply commitment.

This proposal is for your consideration and evaluation and is valid from 30 days from the date of this letter. No agreement between Roche Diagnostics and WELCH EMERGENCY HOSPITAL with respect to the subject matter of this proposal will exist until you and Roche Diagnostics execute definitive agreements.

Please feel free to call your local Roche Diagnostics' Sales Representatives with any questions regarding the enclosed. We look forward to working with you to provide quality products and services from Roche Diagnostics Corporation.

Sincerely,

Roche Diagnostics Sales Team

Julie Randolph, Account Executive
julie.randolph@roche.com 304-842-3086

John Wentworth, Sales Manager
john.wentworth@roche.com 717-419-2250



Financial Summary

The proposed prices below are contingent upon WELCH EMERGENCY HOSPITAL ("Customer") signing a Roche Diagnostics ("RD") standard agreement. Equipment leases and rentals also require purchase of a service package from Roche Diagnostics at the levels stated herein.

This information is provided as a reference and is not intended to be part of the definitive agreement.

Financial Summary for WELCH EMERGENCY HOSPITAL

GPO Affiliation: N/A

Term: 60 Months

Capital Investment

Unit Number	Instrument	Qty	Number Of Training Slots	Instrument Acquisition Type	Instrument Price w/o Financing	Monthly Payment Per Instrument
1	cobas® 6000 analyzer series < c 501 e 601>	1	2	Rental	Per Operation Steamroller	Included in Reagents
2	cobas® 6000 analyzer series < c 501 e 601>	1	2	Rental	Per Operation Steamroller	Included in Reagents
3	Middleware Connectivity (Standard) (v8.06)	1	0	Rental	Per Operation Steamroller	Included in Reagents
Total Monthly Instrument Payment:						\$0.00

The above Operation Steamroller ("OS") offerings which RD proposes to provide at no additional charge shall constitute a "Discount", (as that term is defined in 42 CFR part 1001.952(h)) against Reagents/Supplies that Customer will commit to purchase over the term of the definitive agreement.

The following table is being provided for Your benefit so that You may understand the discounts that will apply to this proposal:

Unit Number	Description of Discount	Value of Instrument Discount for the Term Agreement	Description of Additional Options Selected per Unit	Value of Additional Options Discounts for the Term of Agreement
1	cobas® 6000 analyzer series < c 501 e 601>	\$314,592.00	Second year of no-charge Premium (GOLD) service	\$40,032.00
2	cobas® 6000 analyzer series < c 501 e 601>	\$314,592.00	Second year of no-charge Premium (GOLD) service	\$40,032.00
3	No-charge Middleware Connectivity (Standard) (v8.06)	\$12,000.00	NA	NA

Service Selection Plan

Unit Number	Instrument	Service Plan Proposed	Annual Service Price Per Instrument	Service Payment Commencement	Service Payment Option	Service Amount Per Service Payment Option
1	cobas® 6000 analyzer series < c 501 e 601>	1 Year Warranty PREMIUM (GOLD) W/REMOTE	\$40,032.00	After Warranty and No-Charge Period	Monthly	\$3,336.00
2	cobas® 6000 analyzer series < c 501 e 601>	1 Year Warranty PREMIUM (GOLD) W/REMOTE	\$40,032.00	After Warranty and No-Charge Period	Monthly	\$3,336.00
3	Middleware Connectivity (Standard) (v8.06)	1 Year Warranty Software Maintenance	\$3,000.00	After Warranty	Monthly	\$250.00

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Unit Number	Instrument	Service Plan Proposed	Annual Service Price Per Instrument	Service Payment Commencement	Service Payment Option	Service Amount Per Service Payment Option
		Agreement				

Annual Net Reagent/Calibrator/Control and Consumable Costs

Instrument	Total Patients Reportables Per Year	Annual Net Purchases
cobas® 6000 analyzer series < c 501 e 601 >	319,282	\$201,960.02
Total:	319,282	\$201,960.02



Reagent and Supply Exhibit

WELCH EMERGENCY HOSPITAL

Instrument: cobas® 6000 analyzer series < c 501 | e 601> - Quantity: 2

Committed Reagents and/or Supplies

Reagent Commitment

Test Name	Reportables Per Year	Material Name	Catalog Number	Kits Per Year	Price Per Kit	Annual Total
Clinical Chemistry						
Acetaminophen (Colorimetric)	574	cobas INTEGRA ACETAMINOPHEN 150	20767174322	6	\$225.26	\$1,351.56
Alanine Amino-Transferase (IFCC without P5P)	16,730	cobas INTEGRA ALANINE TRANSAMINASE 500	20764957322	36	\$31.86	\$1,146.96
Albumin (BCG)	12,068	cobas INTEGRA ALBUMIN 2	03183688122	42	\$19.11	\$802.62
Alkaline Phosphatase (IFCC)	17,428	cobas INTEGRA ALKA PHOSPHATASE GEN 2 LG	03333701190	46	\$25.48	\$1,172.08
Ammonia (Enzymatic UV)	1,118	cobas INTEGRA AMMONIA 150	20766682322	10	\$54.60	\$546.00
Amylase (Enzymatic EPS)	3,680	cobas INTEGRA AMYLASE 2	03183742122	14	\$98.56	\$1,379.84
Aspartate Amino-Transferase (IFCC without P5P)	18,128	cobas INTEGRA ASPARTATE TRANSAMINASE 500	20764949322	38	\$31.57	\$1,199.66
Bicarbonate (Enzymatic PEPC)	10,438	cobas INTEGRA BICARBONATE LIQUID	03289923190	44	\$10.33	\$454.52
Bilirubin Direct (Jendrassik-Groff)	3,640	cobas c (501) D-BILI	04924495190	52	\$69.11	\$3,593.72
Bilirubin Total (Diazo)	21,234	cobas INTEGRA TOTAL BILIRUBIN SPECIAL	03261638190	90	\$15.93	\$1,433.70
BUN/UREA (Urease GLDH)	16,726	cobas C INTEGRA UREAL	04460715190	36	\$23.44	\$843.84
Calcium (o-Cresolphthalein)	15,642	cobas INTEGRA CALCIUM 300	20763128322	56	\$19.11	\$1,070.16
Carbamazepine (CEDIA)	682	cobas CEDIA CARBAMAZEPINE	04874625190	14	\$156.30	\$2,188.20
Cholesterol (CHOD-PAP)	4,612	cobas INTEGRA CHOL 2 (CHOL CHOD PAP HICO)	03039773190	26	\$19.53	\$507.78
Creatine Kinase (Enzymatic UV)	4,612	cobas C INTEGRA CKL	04524977190	24	\$75.78	\$1,818.72
Creatinine (Jaffe)	18,594	cobas C INTEGRA CREA J GEN 2	04810716190	28	\$33.08	\$926.24
CRP (Immunoturbidimetric)	1,258	cobas INTEGRA C-REACTIVE PROTEIN LATEX 3	20764930322	10	\$365.26	\$3,652.60
Ethanol (Enzymatic ADH)	2,010	cobas INTEGRA ETOH GEN II	03183777190	24	\$47.33	\$1,135.92
Gamma Glutamyltransferase (Szasz)	3,404	cobas INTEGRA GGT LIQUID	03002721122	10	\$18.77	\$187.70
Gentamicin (KIMS)	2,138	cobas GENTAMICIN/100	04490843190	26	\$156.30	\$4,063.80
Glucose (Hexokinase)	35,370	cobas INTEGRA GLUCOSE HK GEN 3	04404483190	46	\$37.90	\$1,743.40
HDL-Cholesterol (Direct)	7,408	cobas C INTEGRA HDL-C Gen 3	04399803190	40	\$254.52	\$10,180.80
Iron (Colorimetric FerroZine)	1,662	cobas INTEGRA IRON 2	03183696122	18	\$13.23	\$238.14
Lactate Dehydrogenase (IFCC)	8,340	cobas INTEGRA LDH 2	03004732122	30	\$19.12	\$573.60
LDL-Cholesterol (Direct)	3,680	cobas INTEGRA LDL-C + 2ND	03038866322	22	\$449.81	\$9,895.82

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Exhibit is not binding until definitive agreement is executed between the parties

Customer Initial _____ Page 1 of 1

RD Initial _____ to be initialed by an authorized representative of RD at RD's home office.



Test Name	Reportables Per Year	Material Name	Catalog Number	Kits Per Year	Price Per Kit	Annual Total
		GEN (400,700,				
Lipase (Enzymatic colorimetric)	3,214	cobas INTEGRA LIPASE COLORIMETRIC 200T	03029590322	26	\$72.81	\$1,893.06
Lithium (Colorimetric)	2	cobas c LITHIUM	04679598190	26	\$311.04	\$8,087.04
Magnesium (Colorimetric)	3,214	cobas INTEGRA MAGNESIUM 175	20737593322	20	\$11.15	\$223.00
Phenobarbital (CEDIA)	3,052	cobas CEDIA PHENOBARBITAL	04874617190	30	\$218.30	\$6,549.00
Phenytoin (KIMS)	2,664	cobas PHENYTOIN/200	05108411190	16	\$311.84	\$4,989.44
Phosphorus (Molybdate UV)	4,612	cobas INTEGRA PHOSPHORUS 2	03183793122	20	\$11.74	\$234.80
Salicylate (Enzymatic colorimetric)	962	cobas INTEGRA SALICYLATE 150	20753580322	8	\$225.26	\$1,802.08
Theophylline (KIMS)	1,568	cobas THEOPHYLLINE/100	04491025190	24	\$156.30	\$3,751.20
Total Protein (Biuret)	15,798	cobas INTEGRA TP GEN. II	03183734190	56	\$19.11	\$1,070.16
Total Protein (UCSF)	326	cobas INTEGRA TPUC GEN. III 150 TEST	03333825190	18	\$184.31	\$3,317.58
Transferrin (Immunoturbidimetric)	1,724	cobas INTEGRA TRANSFERRIN	03015050122	20	\$148.80	\$2,976.00
Triglycerides (Enzymatic GPO)	7,874	cobas INTEGRA TRIG GPO 250	20767107322	34	\$15.93	\$541.62
UIBC (Colorimetric FerroZine)	3,680	cobas C INTEGRA UIBC	04536355190	40	\$37.90	\$1,516.00
Uric Acid (Enzymatic colorimetric)	4,612	cobas INTEGRA URIC ACID 2	03183807190	14	\$22.53	\$315.42
Valproic Acid (EMIT)	1,090	cobas VALPROIC/200	05108438190	10	\$311.84	\$3,118.40
Vancomycin (EMIT)	170	cobas VANCOMYCIN/200	05108420190	14	\$312.59	\$4,376.26
Clinical Chemistry Totals:						\$96,868.44
Immunodiagnosics						
Creatine Kinase - MB (ECLIA)	6,010	ELECSYS CK-MB	11821598322	64	\$140.37	\$8,983.68
Digoxin (ECLIA)	2,594	ELECSYS DIGOXIN	11820796322	30	\$65.50	\$1,965.00
Ferritin (ECLIA)	1,428	ELECSYS FERRITIN GEN II RACKPACK	03737551190	18	\$102.00	\$1,836.00
Free Thyroxine (ECLIA)	264	ELECSYS FT4	11731297122	18	\$149.72	\$2,694.96
HCG + Beta (ECLIA)	3,992	ELECSYS HCG+BETA II	03271749160	44	\$84.22	\$3,705.68
Prostatic Specific Antigen (ECLIA)	962	cobas e-ELECSYS TOTAL PSA GEN.2.1	04641655160	14	\$279.13	\$3,907.82
T-Uptake (ECLIA)	4,768	ELECSYS T-UPTAKE	11731394122	26	\$108.55	\$2,822.30
Thyroid Stimulating Hormone (ECLIA)	3,680	ELECSYS TSH	11731459122	20	\$131.94	\$2,638.80
Thyroxine (ECLIA)	2,826	ELECSYS T4	12017709122	16	\$113.42	\$1,814.72
Troponin T (ECLIA)	7,020	ELECSYS TROPONIN T (200)	04491815190	38	\$586.95	\$22,304.10
Immunodiagnosics Totals:						\$52,673.06
Annual Reagent Commitment Total:						\$149,541.50

Non-Committed Calibrators, Controls and/or Consumables

Calibrators

Material Name	Catalog Number	Kits Per Year	Price Per Kit	Annual Total
ACETAMINOPHEN CALIBRATORS	20758809122	12	\$57.17	\$685.99
AMMONIA/ETHANOL/CO2 CAL	20751995190	24	\$49.29	\$1,182.86

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Material Name	Catalog Number	Kits Per Year	Price Per Kit	Annual Total
C.f.a.s. PROTEINS	11355279160	16	\$134.21	\$2,147.28
C.F.A.S. PROTEINS IN URINE/CSF (PUC)	03121305122	12	\$217.77	\$2,613.25
cobas INTEGRA-H\ CFAS NO DIL 12X3ML	10759350360	61	\$55.86	\$3,407.25
ELECSYS CK-MB CALSET	11821601122	20	\$66.05	\$1,321.09
ELECSYS DIGOXIN CALSET	11820907322	20	\$66.05	\$1,321.09
ELECSYS FERRITIN GEN II CALSET	03737586190	20	\$66.05	\$1,321.09
ELECSYS FT4 CALSET	11731661122	20	\$66.05	\$1,321.09
ELECSYS HCG+BETA CALSET II	03302652190	20	\$66.05	\$1,321.09
ELECSYS PSA CALSET GEN 2.1	04485220190	20	\$68.24	\$1,364.90
ELECSYS T4 CALSET	12017717122	20	\$66.05	\$1,321.09
ELECSYS TROPONIN T CALSET GEN.4	04856627190	20	\$68.58	\$1,371.64
ELECSYS TSH CALSET GEN 2	04738551190	20	\$68.08	\$1,361.53
ELECSYS T-UPTAKE CALSET	11731505122	20	\$66.05	\$1,321.09
H\ I PRECISET TDM I	03375790190	10	\$657.07	\$6,570.68
LIPIDS CFAS	12172623160	20	\$42.72	\$854.30
MULTICALIB CORE TDM	11815253216	8	\$65.11	\$520.88
SALICYLATE CALIBRATOR KIT	20759198122	10	\$60.45	\$604.46
Calibrator Total:				\$31,932.64

Consumables

Material Name	Catalog Number	Kits Per Year	Price Per Kit	Annual Total
cobas C (501) REACTION CELL SET	04854241001	3	\$775.00	\$2,325.00
cobas C NACL 9% DILUENT	04489357190	52	\$8.86	\$460.72
cobas C SMS	04489225190	60	\$6.54	\$392.40
cobas-ELECSYS CLEANCELL M (1 x 2000 ML)	12135027190	38	\$11.34	\$430.92
ELECSYS ASSAY CUP/TIP MMBIMAGAZIN M	12102137001	8	\$275.00	\$2,200.00
ELECSYS BLANK CELL	11729306122	2	\$70.48	\$140.96
ELECSYS CALSET VIALS	11776576322	22	\$140.96	\$3,101.08
ELECSYS CK-MB CALCHECK	11776622160	4	\$66.05	\$264.22
ELECSYS CONTROL VIALS EMPTY	03142949122	4	\$200.00	\$800.00
ELECSYS DIGOXIN CALCHECK	11832182018	4	\$70.48	\$281.92
ELECSYS DILUENT MULTIASSAY	03609987190	2	\$43.59	\$87.18
ELECSYS FERRITIN GEN II CALCHECK	04393953160	4	\$66.05	\$264.22
ELECSYS FT4 CALCHECK	11776665160	4	\$66.05	\$264.22
ELECSYS HCG+BETA CALCHECK	03500357190	4	\$66.05	\$264.22
ELECSYS PC/CC CUPS	03023141001	12	\$190.00	\$2,280.00
ELECSYS PRECLEAN M (5 x 600 ML)	03004899190	2	\$59.73	\$119.46
ELECSYS PROBE WASH M	03005712190	12	\$28.28	\$339.36
ELECSYS PRO-CELL M 2X2 L	04880340190	20	\$53.13	\$1,062.60
ELECSYS SYSCLEAN	11298500316	8	\$91.67	\$733.36
ELECSYS SYSCLEAN M ADAPTER	03027651001	2	\$10.57	\$21.14
ELECSYS T4 CALCHECK	11776673160	4	\$66.05	\$264.22
ELECSYS TOTAL PSA CALCHECK	11776762160	4	\$66.05	\$264.22
ELECSYS TROPONIN T CALCHECK	12218321001	4	\$66.05	\$264.22
ELECSYS TSH CALCHECK	11776703160	4	\$66.05	\$264.22
ELECSYS T-UPTAKE CALCHECK	11776657160	4	\$66.05	\$264.22
ELECSYS UNIVERSAL DILUENT 2x40 ML	03183971122	2	\$17.99	\$35.98
ELECSYS WASTE LINER M	03023150001	4	\$12.00	\$48.00
H\ ACID WASH SOLUTION	11555421216	12	\$41.02	\$492.21
H\ CELL WASH I SOLUTION	11551540316	20	\$60.39	\$1,207.80

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Material Name	Catalog Number	Kits Per Year	Price Per Kit	Annual Total
H\ HITERGENT 12x70ML	11555448216	8	\$139.27	\$1,114.16
SAMPLE CUP (5000 PCS.)	10394246001	2	\$216.83	\$433.66
Consumable Total:				\$20,485.88

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Instrument Support Products

Global Material #	Description	Customer Discounted Price
cobas® 6000 analyzer series < c 501 e 601 >		
04813707001	HALOGEN LAMP	\$220.00
12026864001	MIXING PADDLE W(2 SET SCREWS)	\$156.00
04804376001	NOZZLE REAGENT	\$450.00
03736148001	NOZZLE TIP	\$55.00
04813758001	PINCH VALVE TUBE ASSY (5 PCS)	\$35.00
04814053001	PROBE ISE	\$525.00
04547241001	PROBE SAMPLE	\$672.00
04894162001	R SEAL PIECE D1	\$175.00
04894189001	R SEAL PIECE U1	\$165.00
04813766001	SIPPER TUBE ASSY (5 PCS)	\$35.00
04813855001	S SEAL PIECE D SET (10 PCS)	\$175.00
04813847001	S SEAL PIECE U SET(10 PCS)	\$165.00

Additional Instrument support parts are offered at contracted prices or complementary customer discounts.

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Reagent Material (Lot No)	Theoretical Test Results	Ornament Stability	Measuring Range (Serum)	Reaction Time in Minutes	Sample Volume in µl	Sample Type	Hemolytic Interference	Icteric Interference	Lipemic Interference	Calibration Frequency	Calibrator Material Number(s)	Control Material	Method
Acetaminophen	20767174322	150	1.2 - 500 ug/mL	10	2.5	Serum, Li-Heparin Plasma, K2 EDTA Plasma, K3 EDTA Plasma	150 mg/dl	25 mg/dl	1200 mg/dl	C Pack	COBAS Acetaminophen Calibrator (20758809122)	TDM Control Set (04521536190)	Colorimetric
alpha-Acid Glycoprotein	03333795190	100	10 - 400 mg/dL	10	9	Serum, Li-Heparin Plasma, K2 EDTA Plasma	1000 mg/dl	60 mg/dl	650 mg/dl	LOT	C.f.a.s. Proteins (11355279160)	Preciorm Protein (10557897122), Preciopath Protein (11333127122)	Immuno-turbidimetric (Tina-quant)
Alanine Aminotransferase	20764957322	500	5 - 700 U/L	10	9	Serum, Li-Heparin Plasma, K2 EDTA Plasma	200 mg/dl	60 mg/dl	150 mg/dl	LOT	K Factor or C.f.a.s. (10759550360)	Preciorm U plus (12149435160), Preciopath U plus (12149443160)	Enzymatic - IFCC modified
Alanine Aminotransferase (with P-5-P)	0467398190	275	5 - 700 U/L	10	9	Serum, Li-Heparin Plasma, K2 EDTA Plasma	700 mg/dl	60 mg/dl	150 mg/dl	LOT	K Factor or C.f.a.s. (10759550360)	Preciorm U plus (12149435160), Preciopath U plus (12149443160)	Enzymatic IFCC modified - with P5P
Albumin	03183688122	300	0.2 - 6 g/dL	10	2	Serum, Li-Heparin Plasma, K2 EDTA Plasma	1000 mg/dl	60 mg/dl	550 mg/dl	LOT	C.f.a.s. (10759550360)	Preciorm U plus (12149435160), Preciopath U plus (12149443160)	Colorimetric - Bromocresol Green
Albumin (Microalbumin)	0469658190	100	3 - 400 mg/L	10	2	Serum, Li-Heparin Plasma, K2 EDTA Plasma, CSF, Urine	1000 mg/dl	60 mg/dl	1500 mg/dl	LOT	C.f.a.s. PUC (03121306122)	Preciorm PUC (03121313122), Preciopath PUC (03121281122)	Immuno-turbidimetric (Tina-quant)
Alkaline Phosphatase	03333752190 03333701190	200 400	5 - 1200 U/L 5 - 1200 U/L	10 10	2.8 2.8	Serum, Li-Heparin Plasma	200 mg/dl 200 mg/dl	Conjugated 35 Unconjugated 60	2000 mg/dl 2000 mg/dl	LOT LOT	C.f.a.s. (10759550360)	Preciorm U plus (12149435160), Preciopath U plus (12149443160)	Enzymatic IFCC Enzymatic IFCC
Amitacin	04791959190	75	0.6-40 g/560µmL	10	2	Non-hemolyzed serum, Non hemolyzed plasma K2EDTA-K3EDTA and Na or Li Heparin	1000 mg/dl	50 mg/dl	2000 mg/dl	C Pack LOT	Preciset TDM II Calibrators (03375761190)	TDM Control Set (04521536190)	Kinetic Interaction of Microparticles in Solution (KIMS)
Ammonia	20766682322	150	17 - 1192 ug/dL	10	20	K2 EDTA Plasma	200 mg/dl	Conjugated 10; Unconjugated 30	50 mg/dl	LOT	Ammonia/Ethanol/CO2 Calibrator (20751995190)	Ammonia/Ethanol/CO2 Abnormal Control (20753009190), Ammonia/Ethanol/CO2 Normal Control (20752401190)	Enzymatic - UV
Amphetamines (1000 ng/mL assay)	04490738190	200	1000 ng/mL Cutoff	10	4.4	Urine	See Limitations/ Analytical Specificity section of Application Sheet	See Limitations/ Analytical Specificity section of Application Sheet	See Limitations/ Analytical Specificity section of Application Sheet	LOT	C.f.a.s. DAT Qualitative Amphetamine (03570824190) or Preciset DAT Amphetamine (03570832190)	Control Set Amphetamine 1000 (03510867190)	KIMS
alpha Amylase	03183742122	300	3 - 1500 U/L	10 (STAT 7)	4	Serum, Li-Heparin Plasma, Urine	500 mg/dl	60 mg/dl	1500 mg/dl	LOT	C.f.a.s. (10759550360)	Preciorm U plus (12149435160), Preciopath U plus (12149443160)	Enzymatic - Ethyldiene protected G7-PNP
alpha Amylase Pancreatic	2076662322	200	3 - 1500 u/L	10	4	Serum, Li-Heparin Plasma, Urine	200 mg/dl	60 mg/dl	1500 mg/dl	LOT	C.f.a.s. (10759550360)	Preciorm U plus (12149435160), Preciopath U plus (12149443160)	Enzymatic - Ethyldiene-G7-PNP

Antisth	i O	04489403190	150	12 weeks	20 - 600 IU/mL	10	2	Serum	1000 mg/dl	60 mg/dl	1000 mg/dl	1000 mg/dl	1000 mg/dl	LOT	C.f.a.s. PAC (03555941190)	Precinorm Protein (105f Preci (11333...122)	ImmunoTurbidimetri c
alpha1-Antitrypsin		0300571322	100	12 weeks	20 - 600 mg/dL	10	9	Serum, Li-Heparin Plasma, K2 EDTA Plasma	1000 mg/dl	60 mg/dl	1000 mg/dl	1000 mg/dl	LOT	C.f.a.s. Proteins (11335279160)	Precinorm Protein (105f Preci (11333...122)	ImmunoTurbidimetri c (Tina-quant)	
Apolipoprotein A-1		03032566122	100	12 weeks	20 - 400 mg/dL	10	9	Serum, Li-Heparin Plasma, K2 EDTA Plasma	1000 mg/dl	60 mg/dl	1000 mg/dl	1000 mg/dl	LOT	C.f.a.s. Lipids (12172623160)	Precinorm L (10781827122), Precipath L (11265824122)	ImmunoTurbidimetri c (Tina-quant)	
Apolipoprotein B		03032574122	100	12 weeks	20 - 400 mg/dL	10	9	Serum, Li-Heparin Plasma, K2 EDTA Plasma	1000 mg/dl	60 mg/dl	1000 mg/dl	1000 mg/dl	LOT	C.f.a.s. Lipids (12172623160)	Precinorm L (10781827122), Precipath L (11265824122)	ImmunoTurbidimetri c (Tina-quant)	
Aspartate Aminotransferase		20764949322	500	12 weeks	5 - 700 U/L	10 (STAT 7)	9	Serum, Li-Heparin Plasma, K2 EDTA Plasma	40 mg/dl	60 mg/dl	40 mg/dl	40 mg/dl	LOT	K Factor or C.f.a.s. (10759350360)	Precinorm U plus (12149435160), Precipath U plus (11265824122)	Enzymatic - IFCC modified	
Aspartate Aminotransferase (with P5P)		04467493190	425	12 weeks	5 - 700 U/L	10	9	Serum, Li-Heparin Plasma, K2 EDTA Plasma	20 mg/dl	60 mg/dl	20 mg/dl	20 mg/dl	LOT	K Factor or C.f.a.s. (10759350360)	Precinorm U plus (12149435160), Precipath U plus (11265824122)	IFCC, Enzymatic- with P5P	
Barbiturates (200 ng/mL cutoff assay)		04490754190	200	8 weeks	200 ng/mL Cutoff	10	2.5	Urine	See Limitations/ Analytical Specificity section of Application Sheet	See Limitations/ Analytical Specificity section of Application Sheet	See Limitations/ Analytical Specificity section of Application Sheet	See Limitations/ Analytical Specificity section of Application Sheet	LOT	C.f.a.s. DAT Qualitative Plus (03304680190) or Preciset DAT Plus I (03304671190)	Control Set DAT I (03312960190)	KIMS	
Benzodiazepines (100 ng/mL cutoff assay)		04490789190	200	8 weeks	(See Assay Name)	10	9.8	Urine	See Limitations/ Analytical Specificity section of Application Sheet	See Limitations/ Analytical Specificity section of Application Sheet	See Limitations/ Analytical Specificity section of Application Sheet	See Limitations/ Analytical Specificity section of Application Sheet	LOT	Preciset DAT Plus II (03304680190)	Control Set DAT II (03312968190)	KIMS	
Benzodiazepines (200 ng/mL cutoff assay)		04490789190	200	8 weeks	(See Assay Name)	10	9.8	Urine	See Limitations/ Analytical Specificity section of Application Sheet	See Limitations/ Analytical Specificity section of Application Sheet	See Limitations/ Analytical Specificity section of Application Sheet	See Limitations/ Analytical Specificity section of Application Sheet	LOT	Preciset DAT Plus II (03304680190)	Control Set DAT III (03312976190)	KIMS	
Benzodiazepines (300 ng/mL cutoff assay)		04490789190	200	8 weeks	(See Assay Name)	10	9.8	Urine	See Limitations/ Analytical Specificity section of Application Sheet	See Limitations/ Analytical Specificity section of Application Sheet	See Limitations/ Analytical Specificity section of Application Sheet	See Limitations/ Analytical Specificity section of Application Sheet	LOT	C.f.a.s. DAT Qualitative Plus (03304680190) or Preciset DAT Plus I (03304671190)	Control Set DAT I (03312960190)	KIMS	
Bicarbonate		0328923190	250	6 weeks	2 - 50 mmol/L	10 (STAT 5)	2	Serum, Li-Heparin Plasma	400 mg/dl	60 mg/dl	400 mg/dl	400 mg/dl	LOT	Ammonia/Ethanol/CO2 Calibrator (20751995190)	Ammonia/Ethanol/CO2 Abnormal Control (20753009190), Ammonia/Ethanol/CO2 Normal Control (20752401190) or Precinorm U plus (12149435160), Precipath U plus (11265824122)	Enzymatic - PEPC	
Bilirubin, Direct		04924465190	3 x 350	2 weeks	0.2 - 10 mg/dL	10	6	Serum, Li-Heparin Plasma	30 mg/dl	NA	30 mg/dl	30 mg/dl	LOT	K Factor	Precinorm U plus (12149435160), Precipath U plus (11265824122)	Diazo	

Bilirubin	03261638190	250	5 weeks	0.1 - 35 mg/dL	10 (STAT 5)	2	Serum, Li-Heparin Plasma K2 EDTA Plasma	500 mg/dl	NA	600 mg/dl	LOT	C.f.a.s. (10759530360)	Preciorm U plus (12149435160) Preciorm U plus (12149435160) Precipath U plus (12149443160)	Diazo
BUN/Urea	04460715190	500	8 weeks	1.4 - 112 mg/dL	10 (STAT 4)	2	Serum, Li-Heparin Plasma, K2 EDTA Plasma, Urine	1000 mg/dl	80 mg/dl	1000 mg/dl	LOT	C.f.a.s. (10759530360)	Preciorm U plus (12149435160) Preciorm U plus (12149443160)	Urease/GLDH
C-Reactive Protein	20764930322	300	12 weeks	1 - 250 mg/L	10	2	Serum, Li-Heparin Plasma, K2 EDTA Plasma	500 mg/dl	60 mg/dl	400 mg/dl	LOT	C.f.a.s. Proteins (11355279160)	Preciorm Protein (10557897122), Precipath Protein (11333127122) or CRP T Control N (20766321322)	Immunoturbidimetry, c, latex
C-Reactive Protein High Sensitive	04628918190	300	12 weeks	0.15 - 20 mg/L	10	6	Serum, Li-Heparin Plasma, K2 EDTA Plasma	1000 mg/dl	60 mg/dl	600 mg/dl	LOT	C.f.a.s. Proteins (11355279160)	Preciorm Protein (10557897122) or CRP T Control N (20766321322)	Immunoturbidimetry, c, latex
Calcium	20763128322	300	3 weeks	0.4 - 20 mg/dL	10 (STAT 3)	3	Serum, Li-Heparin Plasma, Urine	1000 mg/dl	60 mg/dl	2000 mg/dl	LOT	C.f.a.s. (10759530360)	Preciorm U plus (12149435160), Precipath U plus (12149443160)	o-Cresolphthalein complexone
Cannabinoids (100 ng/mL cutoff assay)	04491009190	200	8 weeks	(See Assay Name)	10	4.5	Urine	See Limitations/Analytical Specificity section of Application Sheet	See Limitations/Analytical Specificity section of Application Sheet	See Limitations/Analytical Specificity section of Application Sheet	LOT	Preciset DAT Plus I (03304671190) or Preciset DAT Plus II (03304680190)	Control Set DAT III (03312976190)	KIMS
Cannabinoids (20 ng/mL cutoff assay)	04491009190	200	8 weeks	(See Assay Name)	10	4.5	Urine	See Limitations/Analytical Specificity section of Application Sheet	See Limitations/Analytical Specificity section of Application Sheet	See Limitations/Analytical Specificity section of Application Sheet	LOT	Preciset DAT Plus I (03304671190) or Preciset DAT Plus II (03304680190)	Control Set DAT II (03312988190)	KIMS
Cannabinoids (50 ng/mL cutoff assay)	04491009190	200	8 weeks	(See Assay Name)	10	4.5	Urine	See Limitations/Analytical Specificity section of Application Sheet	See Limitations/Analytical Specificity section of Application Sheet	See Limitations/Analytical Specificity section of Application Sheet	LOT	C.f.a.s.-DAT Qualitative Plus (03304689190) or Preciset DAT Plus I (03304671190)	Control Set DAT I (03312950190)	KIMS
Carbamazepine	04874625190	125	8 weeks	0.5 - 20 ug/mL	10	2	Serum, Li-Heparin Plasma, Na EDTA Plasma, Na- Heparin Plasma	1000 mg/dl	60 mg/dl	1000 mg/dl	C Pack LOT	CEDIA Core TDM Multi-Cal (11815253216)	TDM Control Set (04521536190)	CEDIA
Ceruloplasmin	20764663322	100	8 weeks	3 - 140 mg/dL	10	15	Serum, Li-Heparin Plasma	1000 mg/dl	80 mg/dl	200 mg/dl	LOT	C.f.a.s. PAC (03555941190)	Suitable commercially available controls	Immunoturbidimetry, c
Cholesterol	03039773190	400	4 weeks	3.86 - 800 mg/dL	10	2	Serum, Li-Heparin Plasma, K2 EDTA Plasma	700 mg/dl	Conjugated 14, Unconjugated 16	2000 mg/dl	LOT	C.f.a.s. (10759530360)	Preciorm U plus (12149435160), Precipath U plus (12149443160) or Preciorm L (10781827122), Precipath L (11285874122)	Enzymatic colorimetric
Cholinesterase	04498577190	200	4 weeks	100 - 14000 U/L	10	2	Serum, Li-Heparin Plasma, K2 EDTA Plasma	700 mg/dl	60 mg/dl	1000 mg/dl	LOT	C.f.a.s. (10759530360)	Preciorm U plus (12149435160), Precipath U plus (12149443160)	Colorimetric- Butyrylcholine

C	04525299190	100	8 weeks	3 - 500 U/L	10	16.5	Serum, Li-Heparin Plasma	10 mg/dl	Conjugated 40; Unconjugated 20	200 mg/dl	LOT	C.f.a.s. CK-MB (11447594216)	Precinorm (114) (2)	Immunological UV
Cocaine (150 ng/ml cutoff assay)	04490827190	200	8 weeks	(See Assay Name)	10	4.6	Urine	See Limitations/Analytical Specificity section of Application Sheet	See Limitations/Analytical Specificity section of Application Sheet	See Limitations/Analytical Specificity section of Application Sheet	LOT	C.f.a.s. DAT Qualitative Plus (03304935190) or Preciset.DAT Plus1 (03304671190)	Control Set DAT 1 (03312950190)	KIMS
Cocaine (300 ng/ml cutoff assay)	04490827190	200	8 weeks	(See Assay Name)	10	4.6	Urine	See Limitations/Analytical Specificity section of Application Sheet	See Limitations/Analytical Specificity section of Application Sheet	See Limitations/Analytical Specificity section of Application Sheet	LOT	Preciset DAT Plus I (03304671190)	Control Set DAT III (03312976190)	KIMS
Complement C3c	03001936322	100	5 weeks	4 - 500 mg/dL	10	9	Serum, Li-Heparin Plasma	1000 mg/dl	60 mg/dl	2000 mg/dl	LOT	C.f.a.s. Proteins (11355279160)	Precinorm, Protein Precipath Protein c (1057897122) (113533127122)	Immunoturbidimetric (Time-quant)
Complement C4	03001962322	100	8 weeks	2 - 100 mg/dL	10	15	Serum, Li-Heparin Plasma, K2 EDTA Plasma	500 mg/dl	60 mg/dl	1000 mg/dl	LOT	C.f.a.s. Proteins (11355279160)	Precinorm, Protein Precipath Protein c (113333127122)	Immunoturbidimetric (Time-quant)
Creatine Kinase	04524977190	200	5 weeks	7 - 2000 U/L	10	3	Serum, Li-Heparin Plasma	200 mg/dl	60 mg/dl	1000 mg/dl	LOT	C.f.a.s. (10759530360)	Precinorm, U plus (12149435160), Precipath U plus (12149443160)	UV, enzymatic
Creatinine	03263991190	250	8 weeks	0.06 - 30.5 mg/dL	10	2	Serum, Li-Heparin Plasma, K2 EDTA Plasma, Urine	800 mg/dl	Conjugated 15; Unconjugated 25	2000 mg/dl	LOT	C.f.a.s. (10759530360)	Precinorm PUC (03121313122), Precipath PUC (03121291122) or Precinorm U plus (12149435160), Precipath U plus (12149443160)	Enzymatic colorimetric
Creatinine-Jaffe	04810716190	700	8 weeks	0.17 - 24.9 mg/dL	10 (STAT 4)	10	Serum, Li-Heparin Plasma, K2 EDTA Plasma, Urine	1000 mg/dl	Conjugated 3; Unconjugated 4	800 mg/dl	LOT	C.f.a.s. (10759530360)	Precinorm PUC (03121313122), Precipath PUC (03121291122) or Precinorm U plus (12149435160), Precipath U plus (12149443160)	Jaffe, kinetic - compensated
Cystatin C	04975723190	225	8 weeks	0.4-8.0 mg/L	10	2	Serum Plasma: Li-heparin	700	60	1000	90 days/lot change	C.f.a.s. Cystatin C (04975901190)	Cystatin C control set (04975936190)	Immunoturbidimetric
D-Dimer	03001245322	100	12 weeks	0.10 - 9.0 ug.FEU/ml	10	5	Li-Heparin Plasma, Citrate Plasma	500 mg/dl	20 mg/dl	750 mg/dl	LOT 180 Days	D-Dimer Calibrator (1155559216)	D-Dimer Control/Unit (1155559216)	Immunoturbidimetric (Time-quant)
Digoxin	20737836322	250	26 weeks	0.17 - 5.0 ng/mL	10	5.5	Serum, Li-Heparin Plasma, K2 EDTA Plasma	1000 mg/dl	60 mg/dl	850 mg/dl	LOT	Preciset TDM I Calibrators (03375790190)	TDM Control Set (04521536190)	Kinetic Interaction of Microparticles in Solution (KIMS)
Ethanol	03183777190	100	12 weeks	10.1 - 498 mg/dL	10 (STAT 5)	4	Serum, Li-Heparin Plasma, K2 EDTA Plasma, Urine	200 mg/dl	Conjugated 30; Unconjugated 60	500 mg/dl	C-Pack 42 Days	Ammonia/Ethanol/CO2 Abnormal Control (20753009190), Ammonia/Ethanol/CO2 Normal Control (20752401190)	Ammonia/Ethanol/CO2 Abnormal Control (20753009190), Ammonia/Ethanol/CO2 Normal Control (20752401190)	Enzymatic/ADH

F	04745515190	250	12 weeks	15 - 800 ug/L	10	5	Serum, Li-Heparin Plasma, K2 EDTA Plasma	400 mg/dl	60 mg/dl	500 mg/dl	LOT	C.f.a.s. Proteins (11355279160)	Precinorm Protein (105F Precip (11333127122) or Precinorm Fructosamine (11098985122), Precipath Fructosamine (11174418122))	Immunoturbidimetric (Tina-quant)
Fructosamine	04537939190	150	8 weeks	14 - 1000 umol/L	10	6	Serum, Li-Heparin Plasma, K2 EDTA Plasma	100 mg/dl	5 mg/dl	1800 mg/dl	LOT	Precimat Fructosamine (11098985122)	Precinorm Fructosamine (11098985122), Precipath Fructosamine (11174418122))	Colorimetric-Nitroblue tetrazolium
Gentamicin	04490843190	100	4 weeks	0.4 - 10 ug/mL	10	2	Serum, Li-Heparin Plasma, K2 EDTA Plasma, Na-Heparin Plasma, NH3-Heparin Plasma, NaCitrate Plasma, Fluoride Oxalate Plasma	1000 mg/dl	50 mg/dl	150 mg/dl	C Pack LOT	Preciset TDM I Calibrators (03375790190)	TDM Control Set (04521536190)	KIMS
Glucose	04404483190	800	8 weeks	2 - 750 mg/dL	10 (STAT 7)	2	Serum, Li-Heparin Plasma, K2 EDTA Plasma, Fluoride Plasma, Urine	1000 mg/dl	60 mg/dl	1000 mg/dl	LOT	C.f.a.s. (10759530360)	Precinorm U plus (12149435160), Precipath U plus (12149435160)	Enzymatic-Hexokinase, UV
gamma Glutamyltransferase	03002721122	400	12 weeks	3 - 1200 UI/L	10	3	Serum, Li-Heparin Plasma, K2 EDTA Plasma	200 mg/dl	Conjugated 50, Unconjugated 20	1500 mg/dl	LOT	C.f.a.s. (10759530360)	Precinorm U plus (12149435160), Precipath U plus (12149435160)	Enzymatic - Szasz
Haptoglobin	03005593322	100	12 weeks	10 - 570 mg/dL	10	9	Serum, Li-Heparin Plasma, K2 EDTA Plasma	10 mg/dl	60 mg/dl	200 mg/dl	LOT	C.f.a.s. Proteins (11355279160)	Precinorm Protein (10557897122), Precipath Protein (11333127122)	Immunoturbidimetric (Tina-quant)
HbA1c - Whole Blood	04528123190	150 tests	4 weeks	2.3 18-9	10	5	Li-Heparin, K2-EDTA, K3-EDTA and potassium fluoride/Na2-EDTA, Whole Blood.	NA	60 mg/dl	500 mg/dl	LOT 28 Days	C.f.a.s. HbA1c (04528417190)	HbA1c Control N (20764833322), HbA1c Control P (20764841322) to DCCT/NGSP	Immunoturbidimetric (Tina-quant), IFCC transferable to DCCT/NGSP
HDL-Cholesterol	04598003190	200	12 weeks	3 - 120 mg/dL	10	2.5	Serum, Li-Heparin Plasma, K2 EDTA Plasma	1200 mg/dl	Conjugated 30, Unconjugated 60	1800 mg/dl	LOT	C.f.a.s. Lipids (12172623160)	Precipath HDL/LDL C (1177852122), Precinorm L (10751827122)	Homogeneous enzymatic colorimetric - 3rd generation
IgA	03507343190	150	12 weeks	50 - 800 mg/dL	10	9	Serum, Li-Heparin Plasma, K2 EDTA Plasma	1000 mg/dl	60 mg/dl	2000 mg/dl	LOT	C.f.a.s. Proteins (11355279160)	Precinorm Protein (10557897122), Precipath Protein (11333127122)	Immunoturbidimetric (Tina-quant)
IgA Sensitive	03507343190	150	12 weeks	10 - 400 mg/dL	10	9	Serum, Li-Heparin Plasma, K2 EDTA Plasma	2000 mg/dl	60 mg/dl	1000 mg/dl	LOT	C.f.a.s. Proteins (11355279160)	Precinorm PUC (03121291122) or Precinorm Protein (10557897122), Precipath Protein (11333127122)	Immunoturbidimetric (Tina-quant)
IgG	03507432190	150	12 weeks	300 - 5000 mg/dL	10	5	Serum, Li-Heparin Plasma, K2 EDTA Plasma, CSF	1000 mg/dl	60 mg/dl	2000 mg/dl	LOT	C.f.a.s. Proteins (11355279160)	Precinorm PUC (03121313122), Precipath PUC (03121291122) or Precinorm Protein (10557897122), Precipath Protein (11333127122)	Immunoturbidimetric (Tina-quant)
IgG Sensitive	03507432190	150	12 weeks	4 - 200 mg L	10	14.5	CSF	200 mg/dl	15 mg/dl	NA	LOT	C.f.a.s. PUC (03121305122) or C.f.a.s. Proteins (11355279160)	Precinorm PUC (03121313122), Precipath PUC (03121291122) or Precipath Protein (11333127122)	Immunoturbidimetric (Tina-quant)

03507190190	150	12 weeks	25 - 650 mg/dL	10	9	Serum, Li-Heparin Plasma K2, EDTA Plasma	1000 mg/dl	60 mg/dl	2000 mg/dl	LOT	C.f.a.s. Proteins (11355279160)	Precinorm Protein (10571291122) Precipath PUC (11355279160) or Precinorm Protein (10552837122)	Immunoturbidimetric (Tina-quant)
03507190190	150	12 weeks	4.15-5 mg/dL	10	10	Serum, Li-Heparin-Plasma K2, EDTA Plasma	1000 mg/dl	60 mg/dl	1700 mg/dl	LOT	C.f.a.s. Proteins (11355279160)	Precinorm U plus (1214943160) Precipath U plus (1214943160)	Immunoturbidimetric (Tina-quant)
03183696122	200	6 weeks	5 - 1000 ug/dL	10	8.5	Serum, Li-Heparin Plasma	200 mg/dl	60 mg/dl	1500 mg/dl	LOT	C.f.a.s. (10759530360)	Precinorm U plus (1214943160) Precipath U plus (1214943160)	Colorimetric - FerroZine
03183700190	100	12 weeks	1.8 - 140 mg/dL	10 (STAT 7)	2	Serum, Na-Heparin Plasma K-Oxalate Plasma, NaFluoride Plasma, CSF	1000 mg/dl	Contingated 28, Unconjugated 60	1500 mg/dl	LOT	C.f.a.s. (10759530360)	Precinorm U plus (1214943160) Precipath U plus (1214943160)	Enzymatic colorimetric
03004732122	300	12 weeks	10 - 1000 U/L	10	2.8	Serum, Li-Heparin Plasma	15 mg/dl	60 mg/dl	1500 mg/dl	LOT	C.f.a.s. (10759530360)	Precinorm U plus (1214943160) Precipath U plus (1214943160)	Enzymatic - UV
03038665322	175	12 weeks	3.95 - 548 mg/dL	10	2	Serum, Li-Heparin Plasma	1000 mg/dl	60 mg/dl	200 mg/dl	LOT	C.f.a.s. Lipids (12172623160)	Precinorm L (10759530360) Precipath L (10759530360)	Direct Homogeneous enzymatic colorimetric
03029590322	200	4 weeks	3 - 300 U/L	10 (STAT 5)	2	Serum, Li-Heparin Plasma	1000 mg/dl	60 mg/dl	2000 mg/dl	LOT	C.f.a.s. (10759530360)	Precinorm U plus (1214943160) Precipath U plus (1214943160)	Enzymatic colorimetric
04673598190	100	4 weeks	0.03-2.08 msi/dL	10	4	Serum Plasma, K2-EDTA and Na-Heparin	No significant interference up to an FI index of 1000	No significant interference up to an LI index of 43 for conjugated and 37 for unconjugated bilirubin	No significant interference up to an LI index of 2000. There is poor correlation between turbidity and triglycerides concentration.	24 hours on board or C Pack or LOT	C.f.a.s. (10759530360)	Precinorm U plus (1214943160) Precipath U plus (1214943160)	Colorimetric
20763284122	200	8 weeks	0.5 ng/mL	10	27	Urine	See Limitations/Analytical Specificity section of Application Sheet	See Limitations/Analytical Specificity section of Application Sheet	See Limitations/Analytical Specificity section of Application Sheet	LOT	Abuscreen ONLINE LSD Calibration/Control Pack (20766356122)	Abuscreen ONLINE LSD Calibration/Control Pack (20766356122)	KIMS
20737593322	175	12 weeks	0.24 - 6.08 mg/dL	10 (STAT 3)	2	Serum, Li-Heparin Plasma, Urine	1000 mg/dl	60 mg/dl	1700 mg/dl	LOT	C.f.a.s. (10759530360)	Precinorm U plus (1214943160) Precipath U plus (1214943160)	Colorimetric Chlorophosphonaz o III
04490851190	200	8 weeks	300 ng/mL Cutoff	10	3.5	Urine	See Limitations/Analytical Specificity section of Application Sheet	See Limitations/Analytical Specificity section of Application Sheet	See Limitations/Analytical Specificity section of Application Sheet	LOT	C.f.a.s. DAT Qualitative Plus (03304698190) or Preciset DAT Plus I (03304671190)	Control Set DAT I (03312950190)	KIMS
04853946190	200	8 weeks	300 ng/mL Cutoff assay)	10	5	Urine	See Limitations/Analytical Specificity section of Application Sheet	See Limitations/Analytical Specificity section of Application Sheet	See Limitations/Analytical Specificity section of Application Sheet	LOT	C.f.a.s. DAT Qualitative Plus (03304698190) or Preciset DAT Plus I (03304671190)	Control Set DAT I (03312950190)	KIMS

beta-2-microglobulin	ulin	11660551216	120	12 weeks	0.1 - 8 mg/L	10	2	Serum, Li-Heparin Plasma, K2 EDTA Plasma	1000 mg/dl	54 mg/dl	750 mg/dl	LOT	B2-Microglobulin (11660551216)	beta-2-microglobulin Control (117230635216)	Immunoturbidimetry liquid, ready to use
Myoglobin		04590010190	100	12 weeks	15 - 500 ug/L	10	3	Serum, Li-Heparin Plasma, K2 EDTA Plasma	400 mg/dl	60 mg/dl	2000 mg/dl	LOT	C.f.a.s. Myoglobin (04590044190)	Myoglobin Control (117230635216)	Immunoturbidimetry (Tina-quant)
N-Acetyl Procainamide		04853954190	100	8 weeks	0.83 - 30 ug/mL	10	2.6	Serum, Li-Heparin Plasma, K2 EDTA Plasma, K3 EDTA Plasma, Na-Heparin Plasma, Citrate Plasma, Oxalate Plasma	800 mg/dl	30 mg/dl	500 mg/dl	C Pack LOT	Preciset TDM II Calibrators (03375781190)	TDM Control Set (04521536190)	EMIT
Opiates (2000 ng/mL cutoff assay)		04490894190	200	5 weeks	(See Assay Name)	10	6	Urine	See Limitations/Analytical Specificity section of Application Sheet	See Limitations/Analytical Specificity section of Application Sheet	See Limitations/Analytical Specificity section of Application Sheet	LOT	C.f.a.s. DAT Qualitative Plus (03304698190) or Preciset DAT Plus I (03304671190)	Control Set DAT I (03312950190)	KIMS
Opiates (800 ng/mL cutoff assay)		04490894190	200	8 weeks	(See Assay Name)	10	6	Urine	See Limitations/Analytical Specificity section of Application Sheet	See Limitations/Analytical Specificity section of Application Sheet	See Limitations/Analytical Specificity section of Application Sheet	LOT	Preciset DAT Plus II (03304680190)	Control Set DAT II (03312968190)	KIMS
Phencyclidine (25 ng/mL cutoff assay)		04490908190	200	8 weeks	25 ng/mL Cutoff	10	11.3	Urine	See Limitations/Analytical Specificity section of Application Sheet	See Limitations/Analytical Specificity section of Application Sheet	See Limitations/Analytical Specificity section of Application Sheet	LOT	C.f.a.s. DAT Qualitative Plus (03304698190) or Preciset DAT Plus I (03304671190)	Control Set DAT I (03312950190)	KIMS
Phenobarbital		05027446190 04874617190	200 125	8 weeks 8 weeks	1.2 80-ug mL 1.2 80-ug mL	10 10	2.1 2.1	Serum, Li-Heparin-Plasma Na EDTA Plasma Na Heparin Plasma Serum, Li-Heparin-Plasma Na EDTA Plasma Na Heparin Plasma	1000 mg/dl 1000 mg/dl	60 mg/dl 60 mg/dl	1000 mg/dl 1000 mg/dl	C Pack LOT C Pack LOT	CEDIA Core TDM Multi-Cal (11815253216) or Preciset TDM I Calibrators (03375790190)	TDM Control Set (04521536190)	Kinetic Interaction of Microparticles in Solution (KIMS) CEDIA
Phenytoin		04490932190 05108411190	100 200	4 weeks 4 weeks	0.8 40-ug mL 0.8 40-ug mL	10 10	1.7 1.7	Serum, Li-Heparin-Plasma K2 EDTA Plasma K3 EDTA Plasma Na Heparin Plasma Serum, Li-Heparin-Plasma K2 EDTA Plasma K3 EDTA Plasma Na Heparin Plasma	1000 mg/dl 1000 mg/dl	50 mg/dl 50 mg/dl	800 mg/dl 800 mg/dl	C Pack LOT C Pack LOT	Preciset TDM I Calibrators (03375790190)	TDM Control Set (04521536190)	KIMS KIMS
Phosphorus		03183793122	250	12 weeks	0.31 - 20 mg/dL	10 (STAT 7)	2.5	Serum, Li-Heparin Plasma, K2 EDTA Plasma, Urine	> 300 mg/dl	Conjugated 60 Unconjugated 60	1250 mg/dl	LOT	C.f.a.s. (10759590360)	Precinorm U plus (12149435160), Precinorm U plus (12149443160)	Endpoint with sample blanking - Molybdate, UV
Prealbumin		20764655322	100	8 weeks	3 - 80 mg/dL	10	15	Serum	1000 mg/dl	60 mg/dl	200 mg/dl	LOT	C.f.a.s. PAC (03555941190)	Suitable commercially available controls	Immunoturbidimetry
Procainamide		04490975190	100	8 weeks	0.53 - 14 ug/mL	10	2.6	Serum, Li-Heparin Plasma, K2 EDTA Plasma, K3 EDTA Plasma, Na-Heparin Plasma, Citrate Plasma, Oxalate Plasma	800 mg/dl	30 mg/dl	500 mg/dl	C Pack LOT	Preciset TDM II Calibrators (03375781190)	TDM Control Set (04521536190)	EMIT
Propoxyphene (300 ng/mL cutoff assay)		044908959190	200	8 weeks	300 ng/mL Cutoff	10	2.9	Urine	See Limitations/Analytical Specificity section of Application Sheet	See Limitations/Analytical Specificity section of Application Sheet	See Limitations/Analytical Specificity section of Application Sheet	LOT	C.f.a.s. DAT Qualitative Plus (03304698190) or Preciset DAT Plus I (03304671190)	Control Set DAT I (03312950190)	KIMS

Qui.	04490991190	75	12 weeks	0.11-8 956g#mL	10	2	Non-hemolyzed serum Non hemolyzed plasma K2EDTA-K3EDTA and Na or Li Heparin	1000 mg/dl	50 mg/dl	1000 mg/dl	1000 mg/dl	1000 mg/dl	C Pack LOT	Preciset TDM II Calibrators (03375781190)	TDM Set (0452...190)	KIMS
Rheumatoid Factors	20764574322	100	8 weeks	10 - 130 IU/mL	10	3	Serum, Li-Heparin Plasma, K2 EDTA Plasma	300 mg/dl	Conjugated 40, Unconjugated 60	300 mg/dl	300 mg/dl	LOT 180 Days	Preciset RF (12172826322)	RF Control Set (03065496122)	Immunoturbidimetry c	
Salicylate	20753580322	150	26 weeks	3 - 800 ug/mL	10	2.5	Serum, Li-Heparin Plasma, K2 EDTA Plasma	1000 mg/dl	23 mg/dl	1000 mg/dl	1000 mg/dl	C Pack LOT	COBAS Salicylate Calibrator (20759198122)	TDM Control Set (04521536190)	Enzymatic - Colorimetric	
sTR	20763454122	80	12 weeks	0.05 - 4 mg/dl	10	2	Serum, Li-Heparin Plasma	800 mg/dl	60 mg/dl	800 mg/dl	800 mg/dl	LOT	Preciset sTR (12148331122)	sTR Control Set (121483340122)	Immunoturbidimetry c (Tina-quant)	
Theophylline	04491025190	100	4 weeks	0.8 - 40 ug/mL	10	2	Serum, Li-Heparin Plasma, K2 EDTA Plasma, K3 EDTA Plasma, Na-Heparin Plasma, NH3-Heparin Plasma, NaCitrate Plasma, Fluoride Oxalate Plasma	1000 mg/dl	50 mg/dl	1000 mg/dl	1000 mg/dl	C Pack LOT	Preciset TDM I Calibrators (03375790190)	TDM Control Set (04521536190)	KIMS	
Tobramycin	04491033190	100	12 weeks	0.33-10 956g#mL	10	2,4	Non-hemolyzed Serum Non-hemolyzed Plasma K2 or K3-EDTA sodium citrate-fluoride oxalate, sodium or lithium heparin	800 mg/dl	30 mg/dl	800 mg/dl	800 mg/dl	C Pack LOT	Preciset TDM I Calibrators (03375790190)	TDM Control Set (04521536190)	Heterogeneous enzyme immunoassay	
Total Mycophenolic Acid	04357213190	100	12 weeks	0.4 - 15 ug/mL	10	3	Serum, K2 EDTA Plasma, K3 EDTA Plasma	1000 mg/dl	Conjugated 66, Unconjugated 17	1000 mg/dl	1000 mg/dl	LOT 35 Days	Total MPA Calibrators (04357221190)	Total MPA Controls (04357230190)	Enzymatic - UV	
Total Protein	03183734190	300	4 weeks	0.2 - 12 g/dL	10 (STAT 5)	2	Serum, Li-Heparin Plasma, K2 EDTA Plasma	1000 mg/dl	20 mg/dl	1000 mg/dl	1000 mg/dl	LOT	C.f.a.s. (10759350360)	Preciorm - Protein (10657897122) PreciPath Protein (11333127122) or Preciorm U plus (12149435160), PreciPath U plus (12149443160)	Colorimetric-biuret	
Total Protein, Urine and CSF	03333625190	150	6 weeks	4 - 200 mg/dL	10	6	CSF, Urine	Urine and CSF samples: Hemogl obin interferes	Urine: 20 mg/dl	Urine and CSF samples: Hemogl obin interferes	Urine and CSF samples: Hemogl obin interferes	LOT	C.f.a.s. TPUC 200 (04958730160)	Suitable commercially available controls	Benzethonium chloride	
Transferrin	03015050122	100	8 weeks	10 - 520 mg/dL	10	9	Serum, Li-Heparin Plasma	1000 mg/dl	60 mg/dl	1000 mg/dl	1000 mg/dl	LOT	C.f.a.s. Proteins (11355279160)	Preciorm - Protein (10657897122), PreciPath Protein (11333127122)	Immunoturbidimetry c (Tina-quant)	
Triglycerides	20767107322	250	8 weeks	8.85 - 885 mg/dL	10	2	Serum, Li-Heparin Plasma, K2 EDTA Plasma	700 mg/dl	Conjugated 10, Unconjugated 35	700 mg/dl	700 mg/dl	LOT	C.f.a.s. (10759350360)	Preciorm U plus (12149435160), PreciPath U plus (12149443160)	Enzymatic colorimetric - GPO	
U/B/C	04536355190	100	8 weeks	16.8 - 700 ug/dL	10	20	Serum, Li-Heparin Plasma	40 mg/dl	60 mg/dl	40 mg/dl	40 mg/dl	LOT	C.f.a.s. (10759350360)	Preciorm U plus (12149435160), PreciPath U plus (12149443160)	Colorimetric - FerroZine	

Ur	03163807190	400	3 weeks	0.2 - 25 mg/dL	10	3	Serum, Li-Heparin Plasr K2 EDTA Plasma, Urin.	1000 mg/dl	40 mg/dl	1500 mg/dl	LOT	C. f. a. s. (10759350360)	Precinorm U plus (1214 Preci, 1214s	Enzymatic colorimetric
Valproic Acid	04491041190 05108438190	100 200	3 weeks 3 weeks	2.8-150-ug mL 2.8-150-ug mL	10 10	2 2	Serum, Li Heparin-Plasma K2 EDTA Plasma K3 EDTA Plasma Na Heparin Plasma Serum, Li Heparin-Plasma K2 EDTA Plasma K3 EDTA Plasma Na Heparin Plasma	500 mg/dl 500 mg/dl	30 mg/dl 30 mg/dl	500 mg/dl 500 mg/dl	C Pack LOT C Pack LOT	Preciset TDM I Calibrators (03375790190)	TDM Control Set (04521536190)	Homogeneous enzyme immunoassay Homogeneous enzyme immunoassay
Vancomycin	04491050190 05108420190	100 200	3 weeks 3 weeks	1.7 - 80 ug/mL 1,7 80-ug mL	10 10	2 2	Serum, K2 EDTA Plasma, K3 EDTA Plasma, NaCitrate Plasma, Fluoride Oxalate Plasma Serum, K2 EDTA Plasma K3 EDTA Plasma NaCitrate Plasma, Fluoride Oxalate Plasma	650 mg/dl 650 mg/dl	30 mg/dl 30 mg/dl	500 mg/dl 500 mg/dl	C Pack LOT C Pack LOT	Preciset TDM I Calibrators (03375790190)	TDM Control Set (04521536190)	EMIT Homogeneous enzyme immunoassay

Reagent Material (Manufacturer)	Theoretical Gross Pkg. Qty.	Onboard Stability	Measurement Range (Panmix)	Reaction Time (in minutes)	Sample Volume (uL)	Sample Type	Hemolysis Reference	IgG Reference	Uppercase Reference	Calibration Frequency	Calibrator Material (Manufacturer)	Control Material	Method
ACTH	03255751190	100	1 - 2000 pg/mL	18	50	K2 EDTA Plasma, K3 EDTA Plasma	400 mg/dl	25 mg/dl	1500 mg/dl	7/28 Days	ACTH CalSet (03255760190)	PreciControl ACTH (04655346190)	ECLIA assay for adrenocorticotropic hormone
AFP	04481798190	100	0.6 - 1210 ng/mL	18	10	Serum, K3 EDTA Plasma, Na Heparin Plasma, NaCitrate Plasma	2200 mg/dl	55 mg/dl	1500 mg/dl	7/28 Days	AFP CalSet II (04487761190)	PreciControl Universal (11731416160)	ECLIA assay for alpha-fetoprotein
Anti-Tg	04738578190	100	10 - 4000 IU/mL	18	10	Serum, K2 EDTA Plasma, K3 EDTA Plasma	1690 mg/dl	66 mg/dl	2000 mg/dl	7/28 Days	IN KIT	IN KIT	ECLIA assay for thyroglobulin
Anti-TPO	11820818122	100	5 - 600 IU/mL	18	20	Serum, Li-Heparin Plasma, K3 EDTA Plasma, Na Heparin Plasma, NH4-Citrate Plasma, K-Oxalate Plasma, NaFluoride Plasma	1500 mg/dl	66 mg/dl	2160 mg/dl	per-RackPack	IN KIT	IN KIT	ECLIA assay for anti-thyroid peroxidase antibody
Anti-TSHR	04388780160	100	0.8-40 IU/L	27	50	Serum	0.4 g/dL	25 mg/dL	1500 mg/dL	daily/with every set of reagent/ovette alignment test	Included in Reagent Kit	PreciControl ThyroAB (05042666190)	ECLIA (Electrochemiluminescence Immunoassay)
C-Peptide	03184897190	100 tests	0.01 - 40 ng/mL	18	20	Serum, Li-Heparin Plasma, K3 EDTA Plasma	300 mg/dl	50 mg/dl	2000 mg/dl	7/28 Days	C-Peptide CalSet (03184919190)	PreciControl MultiAnalyte (03608979190)	ECLIA assay for C-peptide
CA 125 II	11776223322	100	0.6 - 5000 U/mL	18	20	Serum, Li-Heparin Plasma, K3 EDTA Plasma, Na Heparin Plasma, NH4-Citrate Plasma	3200 mg/dl	66 mg/dl	2000 mg/dl	7/28 Days	CA 125 II CalSet (11776240322)	PreciControl Tumor Marker (11776452160)	ECLIA assay for cancer antigen 125
CA 15-3 II	03045838122	100	1.00 - 300 U/mL	18	20	Serum, Li-Heparin Plasma, K3 EDTA Plasma, Na Heparin Plasma, NH4-Citrate Plasma	3000 mg/dl	55 mg/dl	1500 mg/dl	7/28 Days	CA 15-3 II CalSet (03045846122)	PreciControl Tumor Marker (11776452160)	ECLIA assay for cancer antigen 15-3
CA 19-9	11776195122	100	0.6 - 1000 U/mL	18	10	Serum, Li-Heparin Plasma, K3 EDTA Plasma, Na Heparin Plasma, NH4-Citrate Plasma	2200 mg/dl	66 mg/dl	1500 mg/dl	7/28 Days	CA 19-9 CalSet (11776215122)	PreciControl Tumor Marker (11776452160)	ECLIA assay for carbohydrate antigen 19-9
CEA	11731629322	100	0.2 - 1000 ng/mL	18	10	Serum, K3 EDTA Plasma, Na Heparin Plasma, NaCitrate Plasma	2209 mg/dl	66 mg/dl	1500 mg/dl	7/28 Days	CEA CalSet (1173164322)	PreciControl Tumor Marker (11776452160)	ECLIA assay for carcinoembryonic antigen
CK-MB	11821598322	100	0.1 - 500 ng/mL	18	15	Serum, K3 EDTA Plasma, Na Heparin Plasma, NaCitrate Plasma	1500 mg/dl	34 mg/dl	1500 mg/dl	7/28 Days	CK-MB CalSet (11821601122)	PreciControl Cardiac II (04917049190)	ECLIA assay for the MB isoenzyme of creatine kinase (mass), 18 minute incubation
Cortisol	11875116160	100	0.018 - 53 ug/dL	18	20	Serum, Li-Heparin Plasma, K2 EDTA Plasma, K3 EDTA Plasma, Na2 EDTA Plasma, Na-Heparin Plasma, NH4-Heparin Plasma, NaCitrate Plasma, Urine	1900 mg/dl	60 mg/dl	2700 mg/dl	7/28 Days	Cortisol CalSet (11875124122)	PreciControl Universal (11731416160)	ECLIA assay for cortisol

beta Cro:	Serum	11972308122	100	8 weeks	0.01 - 6.00 ng/mL	18	50	Serum, K3 EDTA Plasma, Heparin Plasma	500 mg/dl	65 mg/dl	1500 mg/dl	7/28 Days	beta-CrossLaps CalSet (11972316122)	PreciControl Universal (11731416160)	ECLIA assay for beta CrossLaps/serum
DHEA-S		030000087122	100	8 weeks	0.10 - 1000 ng/dL	18	15	Serum, Li-Heparin Plasma, K3 EDTA Plasma, Na-Heparin Plasma, NH4-Heparin Plasma, NaCitrate Plasma, K-Oxalate Plasma, NaFluoride Plasma	580 mg/dl	13 mg/dl	2000 mg/dl	7/28 Days	DHEA-S CalSet (030000085122)	PreciControl Universal (11731416160)	ECLIA assay for dehydroepiandrosterone sulfate
Digoxin		11820796322	100	8 weeks	0.15 - 5.0 ng/mL	18	10	Serum, Li-Heparin Plasma, K3 EDTA Plasma, Na-Heparin Plasma, NH4-Heparin Plasma, NaCitrate Plasma, K-Oxalate Plasma, NaFluoride Plasma	1000 mg/dl	65 mg/dl	1500 mg/dl	7/28 Days	Digoxin CalSet (11820907322)	PreciControl Cardiac II (04917049190)	ECLIA assay for digoxin
Estradiol II		030000079122	100	8 weeks	5 - 4300 pg/mL	18	35	Serum, Li-Heparin Plasma, K3 EDTA Plasma, Na-Heparin Plasma, NH4-Heparin Plasma, NaCitrate Plasma, K-Oxalate Plasma, NaFluoride Plasma	1000 mg/dl	66 mg/dl	1000 mg/dl	7/28 Days	Estradiol II CalSet II (03064921122)	PreciControl Universal (11731416160)	ECLIA assay for estradiol
Ferritin		03737551190	100	6 weeks	0.5 - 2000 ng/mL	18	15	Serum, Li-Heparin Plasma, K3 EDTA Plasma, Na-Heparin Plasma, NaCitrate Plasma	500 mg/dl	65 mg/dl	3300 mg/dl	7/28 Days	Ferritin CalSet (03737569190)	PreciControl Anemia (04415299190)	ECLIA assay for ferritin
Folate II		03253678160	100	2 weeks	0.5 - 20 ng/mL	27	30	Serum	0 mg/dl	40 mg/dl	1500 mg/dl	7/28 Days	Folate II CalSet II (04476441190)	PreciControl Anemia (04415299190)	ECLIA assay for folate
FSH		11775863122	100	8 weeks	0.10 - 200 mIU/mL	18	40	Serum, Li-Heparin Plasma, K3 EDTA Plasma, Na-Heparin Plasma, NH4-Heparin Plasma	1000 mg/dl	64 mg/dl	1900 mg/dl	7/28 Days	FSH CalSet II (03032680122)	PreciControl Universal (11731416160)	ECLIA assay for follicle stimulating hormone
FT3		03051985190	200	8 weeks	0.26 - 32.55 pg/mL	18	15	Serum, Li-Heparin Plasma, K2 EDTA Plasma, K3 EDTA Plasma, (Undiluted)	4300 mg/dl	33 mg/dl	2000 mg/dl	7/28 Days	FT3 CalSet (03051994190)	PreciControl Universal (11731416160)	ECLIA assay for free triiodothyronine
FT4		11731297122	200	8 weeks	0.023 - 7.77 ng/dL	18	15	Serum, Li-Heparin Plasma, K3 EDTA Plasma, Na-Heparin Plasma, NH4-Heparin Plasma, NaCitrate Plasma, K-Oxalate Plasma, NaFluoride Plasma, (Undiluted)	2000 mg/dl	41 mg/dl	2000 mg/dl	7/28 Days	FT4 CalSet (11731661122)	PreciControl Universal (11731416160)	ECLIA assay for free thyroxine
HCG-beta		03271749160	100	4 weeks	0.100 - 10000 mIU/mL	18	10	Serum, Li-Heparin Plasma, K3 EDTA Plasma, Na-Heparin Plasma, NH4-Heparin Plasma, NaCitrate Plasma, K-Oxalate Plasma, NaFluoride Plasma	1000 mg/dl	24 mg/dl	1400 mg/dl	7/28 Days	HCG-beta CalSet (03302652190)	PreciControl Universal (11731416160)	ECLIA assay for human chorionic gonadotropin, plus the HCG beta subunit
IgE		04827031190	100	8 weeks	0.10 - 2500 IU/mL	18	10	Serum, Li-Heparin Plasma, K3 EDTA Plasma, Na-Heparin Plasma, NaCitrate Plasma	100 mg/dl	37 mg/dl	2200 mg/dl	7/28 Days	IgE CalSet (11930427122)	PreciControl Universal (11731416160)	ECLIA assay for immunoglobulin E
Insulin		12017547122	100	4 weeks	0.20 - 1000 uIU/mL	18	20	Serum, Li-Heparin Plasma, K3 EDTA Plasma, NaCitrate Plasma	interferes	90 mg/dl	1800 mg/dl	7/28 Days	Insulin CalSet (12017504122)	PreciControl MultiAnalyte (03609979190) or PreciControl Universal (11731416160)	ECLIA assay for insulin

Myoglobin	11732234122	100	8 weeks	0.10 - 200 mIU/mL	18	20	Serum, Li-Heparin Plasma, K3 EDTA Plasma, Na- Heparin Plasma, NH4- Heparin Plasma, K-Oxalate Plasma, NaFluoride Plasma	1000 mg/dl	66 mg/dl	1900 mg/dl	7/28 Days	LH CalSet II (03561097190)	PreciControl Universal (11731416160)	ECLIA assay for Luteinizing hormone
Myoglobin	12178214122	100	8 weeks	2.10 - 3,000 ng/mL	18	15	Serum, Li-Heparin Plasma, K3 EDTA Plasma, Na- Heparin Plasma, NH4- Heparin Plasma, NaCitrate Plasma	1400 mg/dl	65 mg/dl	2200 mg/dl	7/28 Days	Myoglobin CalSet (12178222122)	PreciControl Cardiac II (04917049190)	ECLIA assay for myoglobin, 18 minute incubation
N-MID Osteocalcin	12149183122	100	8 weeks	0.5 - 300 ng/mL	18	20	Serum, Li-Heparin Plasma, K3 EDTA Plasma	NA	65 mg/dl	1500 mg/dl	7/28 Days	N-MID Osteocalcin CalSet (11972111122)	PreciControl Bone (11972227122)	ECLIA assay for osteocalcin, 18 minute incubation Sandwich assay using Electrochemiluminescence Immunoassay (ECLIA)
proBNP	03121640160	100	8 weeks	5.0 - 35,000 pg/mL	18	20	Serum, Li-Heparin Plasma, NH4-Heparin Plasma	1400 mg/dl	35 mg/dl	4000 mg/dl	7/28 Days	proBNP CalSet (03121658122)	Refer to labeling.	Sandwich assay using Electrochemiluminescence Immunoassay (ECLIA)
proBNP II	0484264160 0484264160	100 100	8 weeks 8 weeks	5-35000 pg/mL 5-35000 pg/mL	18 18	5 5	Serum Plasma, Li-Heparin, NH4- heparin, K2 and K3- EDTA Serum Plasma, Li-Heparin, NH4- heparin, K2 and K3- EDTA	10 mg/dL 10 mg/dL	25 mg/dL 25 mg/dL	1500 mg/dL 1500 mg/dL	LOT, Kit, 7 days LOT, Kit, 7 days	proBNP CalSet II (04842472190)	PreciControl Cardiac II (04917049190)	Electrochemiluminescence Immunoassay (ECLIA) assay for progesterone
Progesterone II	12145983122	100	8 weeks	0.03 - 60 ng/mL	18	30	Serum, Li-Heparin Plasma, K3 EDTA Plasma, Na- Heparin Plasma, NaCitrate Plasma, K-Oxalate Plasma, NaFluoride Plasma	1000 mg/dl	54 mg/dl	720 mg/dl	7/28 Days	Progesterone II CalSet (12145991122)	PreciControl Universal (11731416160)	ECLIA assay for progesterone
Prolactin II	03203083190	100	8 weeks	0.47 - 470 ng/mL	18	10	Serum, Li-Heparin Plasma, K3 EDTA Plasma	1500 mg/dl	30 mg/dl	1500 mg/dl	7/28 Days	Prolactin II CalSet (03277358190)	PreciControl Universal (11731416160)	ECLIA assay for prolactin
PTH	11972183160	100	8 weeks	120 - 5000 pg/mL	18	50	Serum, K3 EDTA Plasma	150 mg/dl	65 mg/dl	1500 mg/dl	7/28 Days	PTH CalSet (11972219122)	PreciControl Bone (11972227122)	ECLIA assay for parathyroid hormone
RBC Folate Hemolyzing Reagent	12017741122	266	2 weeks	up to 620 ng/mL	18	100	Hemolysate	NA	NA	NA	7/28 Days	Refer to labeling.	Refer to labeling.	Pretreatment for RBC folate
SHBG	03052801190	100	7 weeks	0.35 - 200 umol/L	18	10	Serum, Li-Heparin Plasma	2900 mg/dl	60 mg/dl	2700 mg/dl	7/28 Days	SHBG CalSet (03052028190)	PreciControl Universal (11731416160)	ECLIA assay for sex hormone- binding globulin
T-Uptake	11731394122	200	5 weeks	0.2 - 1.9 TB	18	15	Serum, Li-Heparin Plasma, K3 EDTA Plasma, Na- Heparin Plasma, NH4- Heparin Plasma, (Undiluted)	2000 mg/dl	41 mg/dl	2000 mg/dl	7/28 Days	Included in Reagent Kit or T-Uptake CalSet (11731505122)	PreciControl Universal (11731416160)	ECLIA assay for thyroxine-binding capacity
TS	11731360122	200	8 weeks	0.195 - 6.51 ng/mL	18	30	Serum, Li-Heparin Plasma, K3 EDTA Plasma, Na- Heparin Plasma, NH4- Heparin Plasma, NaCitrate Plasma, K-Oxalate Plasma, NaFluoride Plasma	2000 mg/dl	35 mg/dl	1800 mg/dl	7/28 Days	TS CalSet (11731548122)	PreciControl Universal (11731416160)	ECLIA assay for triiodothyronine

Test Name	Lot Number	Quantity	Expiration	Concentration	Units	Days	Sample Volume	Calibrator	Reagent Kit	Pre-Run	Assay Description
Testosterone	11776061122	100	8 weeks	0.02 - 15	ng/mL	7/28	30 mg/dl	Total PSA CalSet II (04942230190)	Testosterone CalSet II (03005658122)	PreciControl Universal (11731481190)	ECLIA assay for testosterone
Total PSA	04942221190	100	8 weeks	0.003 - 100	ng/mL	7/28	65 mg/dl	Total PSA CalSet II (04942230190)	Total PSA CalSet II (04942230190)	PreciControl Tumor Marker (11776452160)	ECLIA assay for total (free + complexed) prostate-specific antigen (tPSA)
Toxo IgG	04618815190	100	12 weeks	0.175 - 650	IU/mL	7/28	40 mg/dL	Refer to labeling	Refer to labeling	PreciControl Toxo IgG (04618823190)	ECLIA assay for Electrochemoluminescence immunoassay
Troponin T	04491815190	200	8 weeks	0.01 - 25	ug/ml	7/28	27 mg/dl	Troponin T CalSet (04856627190)	Troponin T CalSet (04856627190)	PreciControl Troponin T (03530469190)	ECLIA assay for Troponin T, 18 minute incubation, enhanced for use with heparinized plasma
TSH	11731459122	200	6 weeks	0.005 - 100	uIU/mL	7/28	41 mg/dl	TSH CalSet (11731483122)	TSH CalSet (11731483122)	PreciControl TSH (11776479122)	ECLIA assay for thyroid stimulating hormone
Vitamin B12	04745736190	100	5 weeks	30.0 - 2000	pg/mL	7/28	65 mg/dl	Vitamin B12 CalSet II (04572459190)	Vitamin B12 CalSet II (04572459190)	PreciControl Anemia (04415299190)	ECLIA assay for vitamin B12

Master Agreement



This master agreement (the "Master Agreement") is entered into by Roche Diagnostics Corporation ("Roche") and the Customer identified in Section A below ("You", "Your" or "Customer") for the purchase or use of equipment and products and/or services that may be identified on the attached schedules and exhibits (collectively, the "Schedules") that are signed by the parties from time to time pursuant to this Master Agreement. This Master Agreement may be used for the purchase or use of equipment, products and/or services from the centralized diagnostics division, molecular diagnostics division and blood gas products from the point-of-care division of Roche.

SECTION A - PARTIES. CUSTOMER		ROCHE DIAGNOSTICS CORPORATION	
Name:		Name:	Roche Diagnostics Corporation
Address:		Address:	9115 Hague Road
City/St/Zip:		City/St/Zip:	Indianapolis, IN. 46250-0457
Phone:		Phone:	317-521-2000

SECTION B - TERMS AND CONDITIONS

- 1. PRODUCTS AND PRICE.** You agree to purchase from Roche and Roche agrees to sell to You the reagents, supplies, consumables, and software (collectively, the "Reagents/Supplies") and the equipment (the "Equipment," and collectively with the Reagents/Supplies, the "Products") that may be identified on the Schedules, at the prices set forth in the Schedules. Each Schedule entered into by the parties will constitute a separate agreement and will incorporate all of the terms and conditions of this Master Agreement, and contain such additional terms and conditions as may be agreed upon by the parties. If You purchase Products from the centralized diagnostics division, molecular diagnostics division and/or blood gas Products from the point-of-care division of Roche and the Products are not listed on any Schedule, the parties agree that those Products will be subject to the terms and conditions of the Master Agreement unless otherwise agreed to in writing by the parties. Title will transfer on all Products (other than leased or rented Equipment, Equipment noted as "included" on the applicable Schedules, and IT solutions) upon delivery of the Products.
- 2. PRODUCT COMMITMENT.** At a minimum, You agree to purchase 100% of the quantities of Reagents/Supplies set forth in each Schedule (the "Commitment").
- 3. TERM.** The term of this Master Agreement will commence when signed by an authorized representative of Roche and will continue until all obligations under the Master Agreement and each Schedule are fully satisfied. A Schedule will become effective when signed by an authorized representative of Roche. The term of a Schedule ("Schedule Term") that includes Roche installed Equipment reporting patient results will commence on the date (the "Commencement Date") that the Equipment begins running patient results and the Schedule Term will continue through the number of months specified in the applicable Schedule. If the Schedule contains Roche installed Equipment for general purpose laboratory use the Schedule will have a Commencement Date that begins when all Roche installation activities are complete (e.g. Magnapure, Lightcycler) and the Schedule Term will continue through the number of months specified in the applicable Schedule. If the Schedule contains multiple units of Roche installed Equipment reporting patient results or general purpose laboratory use Equipment, the Schedule Term will be based on the last Commencement Date on that Schedule.
- 4. SHIPMENTS AND RETURNS.** Roche will ship Products to the facility designated in each Schedule. You will pay all freight, shipping and special delivery charges, but Roche will select the carriers and be responsible for loss and damage of the Products until delivery to Your facility. Freight and handling charges will be included in the invoice You receive from Roche. You are liable for risk of loss and damage after delivery to Your facility. For all Products (other than Equipment), You must provide written notice to Roche within 7 days after delivery if the Products are damaged. All returns of Products must be made in accordance with Roche's then current returned goods policy. A current copy of this policy will be provided to You if You request it from Roche's Customer Service Department at 1-800-428-5076.
- 5. BILLING AND PAYMENT TERMS.** Roche will begin billing You for all Products (other than Roche installed Equipment) upon delivery of the Products. If Roche installed Equipment is listed on a Schedule, Roche will begin billing You for the Equipment on the applicable Commencement Date. Roche will provide You with payment terms of net thirty (30) days from the date of invoice. Payment by credit card is acceptable at point of sale only. Failure to pay invoices when due may result in non-shipment of all future orders of products that You purchase from Roche or You being notified by Roche that You are in default.
- 6. TAXES.** You will pay when due, directly or by reimbursing Roche, all sales, use and personal property taxes and any interest and penalties on such delinquent taxes related to the Master Agreement. You will not be invoiced for any sales or use taxes for which You are exempt as long as You maintain a valid exemption certificate and provide it to Roche. Your responsibility regarding taxes will survive termination of the Master Agreement.
- 7. PRICING ADJUSTMENTS.** After the first 12 months from the Schedule effective date, Roche may adjust Product pricing (excluding Equipment pricing) once annually upon 30 days' advance written notice to You. Roche agrees that such Product pricing adjustment will not exceed the increase in the Hospital and Related Services component of the Consumer Price Index for All Urban Consumers (CPI-U), U.S. City Average, as released by the U.S. Labor Department, Bureau of Labor Statistics.
- 8. CREDIT INFORMATION.** You agree to provide Roche with complete and accurate financial statements and other financial information that Roche reasonably requests from time to time, and You understand that Roche will obtain credit bureau reports and make credit inquiries that Roche determines are necessary. All financial information provided to Roche will be treated as confidential.
- 9. EQUIPMENT.** Equipment may be rented, leased or purchased as identified on each Schedule. **(a) Rented or Leased Equipment.** If You rent or lease Equipment, Roche will retain title to the Equipment until you satisfy Your obligations under this Agreement. You agree not to sell, transfer, assign, dispose of, or encumber the Equipment or permit any other person to have any interest in it unless You first receive written permission from Roche. You agree that You will not modify or move the Equipment from the location listed on the Schedule without Roche's written consent. You agree that You will keep the Equipment in good operating condition, pursuant to the operating or service manuals, as applicable, supplied to You by Roche, and use the Equipment solely for the business purpose and in the manner for which it was intended. You are responsible for any and all loss, damage (beyond normal wear), theft or destruction of the Equipment. You will purchase services ("Services") from Roche for the Equipment as specified in the applicable Schedule. You consent to Roche filing a UCC Financing Statement on the Equipment. If this transaction is deemed to be a

Master Agreement

contract intended for security, You hereby grant Roche a purchase money security interest in the Equipment and agree to keep the Equipment free of all other liens and encumbrances. As a courtesy to You, provided that You are not in default, beginning on the twenty-fourth month after the Commencement Date of each unit of Equipment, and thereafter, on each annual anniversary of the Commencement Date, You may elect to cancel any rented (but not leased) Equipment by providing Roche with 90 days' advance written notice of such cancellation. **(b) Purchased Equipment.** If You are purchasing Equipment, You will take title to the Equipment upon delivery at Your facility. If You are purchasing the Equipment through installment payments to Roche, You hereby grant Roche a purchase money security interest in the Equipment and agree to keep the Equipment free of all other liens and encumbrances. **(c) Acceptance of Equipment.** Roche will deliver (and install, if applicable) the Equipment at Your designated facility. The Equipment will be deemed accepted by You unless, within 30 days after installation, You give Roche written notice that the Equipment is not in good working order. **(d) Training.** You will maintain training processes regarding the operation of the Equipment and only allow individuals with appropriate skills and training to operate the Equipment. **(e) Approved software.** You agree to only install Roche-approved software on the Equipment.

10. END-OF-TERM OPTIONS. At the end of any Schedule Term, the Schedule will automatically renew month-to-month for full billing months and Roche will have the right to increase the pricing applicable to the Products on the Schedule. Roche agrees that such Product pricing adjustments will not exceed the increase in the Hospital and Related Services component of the Consumer Price Index for All Urban Consumers (CPI-U), U.S. City Average, as released by the U.S. Labor Department, Bureau of Labor Statistics. Either party may terminate the renewal of any Schedule upon 15 days' advance written notice. If a Schedule is not renewed or the renewal of the Schedule is terminated by You, **(a)** You will return any rented or leased Equipment to Roche and Roche will pay or reimburse You for shipping costs, or **(b)** You will purchase any rented or leased Equipment in accordance with the purchase options stated on the Schedule with 30 days' prior written notice to Roche.

11. SERVICES. You will be billed for Services in accordance with the Schedule. You acknowledge and agree that Services do not include failures due to operator errors, lack of operator maintenance, abnormal or unapproved uses, acts of third parties, faulty electrical connections, fluctuations or failures in air conditioning, water quality specifications, heating or cooling systems and electrical power failures, dust, dirt, liquids, viruses introduced by You, force majeure conditions, or other causes beyond Roche's reasonable control. Information regarding the Services is available to You at www.mylabonline.com or upon request from a Roche representative. In the event repairs are not covered under the Services, Roche will provide You with a cost estimate of the labor, travel and the parts necessary to repair the Equipment, and You will provide Roche with a purchase order for such services.

12. IT SOLUTIONS. If You are acquiring connectivity or other IT solutions, directly or indirectly, from a third-party vendor, You will obtain from that third-party vendor any license necessary to use the IT solution. If Your Schedule provides for an allowance to acquire a product or service from a third party, You will be solely responsible for selecting the vendor and for any validation relating to such product or service.

13. REMOTE ACCESS SERVICE. You agree to provide an internet enabled connection for Roche to remotely access the Equipment for the purpose of troubleshooting, user training, software updates and other appropriate uses. Access to confidential patient data will be held in confidence and distributed only within Roche on a need to know basis. Trending data (*i.e.*, error log files, voltages, other equipment diagnostics checks) may be routinely collected for proactive, preventative, and diagnostic services. Trending data does not contain confidential patient data. Roche will have no obligation to alert or notify You of any issues or problems arising in connection with any Equipment which are or would have been discernable from a study or review of any historical data obtained from the Equipment.

14. LIMITED WARRANTY. (a) Reagents/Supplies. The sole and exclusive warranty for any Reagent/Supplies acquired pursuant to the Master Agreement will be the written warranty included in the packaging insert. **(b) Third-Party Products.** The sole and exclusive warranty for any Product provided, directly or indirectly, by a third party will be the standard warranty provided by the third party, and Roche will have no responsibility or liability relating to such Product. **(c) Equipment.** Roche warrants that each unit of Equipment will be free from defects in materials and workmanship (except for consumable items and equipment support products (*e.g.*, lamps, probes, *etc.*)) and will meet manufacturer's written specifications for a period of one year from the applicable Commencement Date for each unit of Equipment. Roche warrants consumable items and equipment support products for a period of 90 days from delivery. At Roche's option, Roche will either replace or repair free of charge all parts which prove to be defective and are subject to such warranty. Roche will ship replacement parts at no cost to You. If Your Equipment is rented, the Equipment provided to You may be "recertified" used Equipment. You agree that Roche makes no representation and provides no warranty for non-Roche products used on the Equipment. You will hold Roche harmless from any responsibility or claims that arise from the use of non-Roche products. **(d) Services.** Roche warrants that the Services provided will be free from defects in workmanship for a period of 30 days from the date of the Services. **(e) Limitations.** THE LIMITED WARRANTY SET FORTH IN THIS SECTION WILL BE IN LIEU OF, AND ROCHE EXPRESSLY DISCLAIMS, ANY OTHER WARRANTY, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. IN NO EVENT WILL ROCHE BE LIABLE FOR INCIDENTAL, INDIRECT, SPECIAL OR CONSEQUENTIAL DAMAGES.

15. EQUIPMENT MODIFICATIONS. The Equipment will perform to manufacturer's specification during any applicable warranty period. However, Roche may be required to modify the Equipment in order to improve its use and reliability. Modifications required to meet quality or reliability specifications will be performed as part of the warranty or the Services. Optional modifications that are not quality related are not covered as part of the warranty or the Services. Roche will provide You with a cost estimate of the labor, travel and parts necessary for optional modifications and You will provide Roche with a purchase order for any such optional modifications. Modifications will not extend the normal warranty period.

16. DEFAULT. A party is in default under this Master Agreement or Schedule if: **(a)** such party does not perform any of its obligations under the Master Agreement or Schedule and this failure continues for 15 days after written notification of such failure; **(b)** such party notifies the other party that it does not intend to perform its obligations under the Master Agreement or Schedule; **(c)** such party becomes insolvent, dissolves or is dissolved, assigns its assets for the benefit of creditors or enters (voluntarily or involuntarily) into any bankruptcy or reorganization proceeding or admits in writing its inability to pay its debts; or **(d)** You or Your affiliate offers Products for resale.

17. REMEDIES. (a) Default by Roche. In the event of a default by Roche, You may (1) terminate the applicable Schedule, with Roche remaining liable for all obligations which have not yet been met under the Schedule, (2) purchase any Equipment at a price calculated from the Equipment's amortization schedule, a copy of which will be provided to You upon termination, and (3) exercise any and all other remedies available at law or in equity. You agree that You will remain obligated to pay all sums owed to Roche prior to the date of Your termination. **(b) Default by**

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You. In the event of a default by You, Roche may (1) immediately enter Your premises to retake possession of the Equipment without the order of any court, but without causing any breach of peace; (2) raise prices of Products to reflect actual purchase volumes; (3) require You to pay the "Loss of Bargain" described below; (4) require You to pay for the pro rata remaining value of any products and associated Discounts provided as "included;" (5) terminate the Master Agreement and all Schedules, and collect all amounts owing or that become due under the Master Agreement and Schedules, including a late payment charge of 1.5% per month or the highest rate permitted by law, whichever is less; and (6) exercise any and all other remedies available at law or in equity. **(c) Cumulative Rights.** All of the remedies available are cumulative and may be exercised in any order. **(d) Other Expenses.** The defaulting party agrees to reimburse the non-defaulting party for all costs, expenses and damages, including reasonable attorney's fees and all other expenses of collection incurred by the non-defaulting party.

18. LOSS OF BARGAIN. Both parties agree and acknowledge that in the event of a default by You, the damages that will be incurred by Roche as a result of such default will be difficult or impossible to ascertain with specificity. Accordingly, both parties hereby agree to the following loss of bargain provision, not as a penalty but as a reasonable assessment of the loss of bargain. The "Loss of Bargain" that You agree to pay will be: **(a)** 25% of the annual Commitment for the Products listed on a Reagent and Supply Exhibit or similar pricing exhibit, *plus* **(b)** the sum of Your remaining monthly payments for all rented and leased Equipment, less unearned interest, and *plus* **(c)** the sum of Your remaining payments for Services, whether or not included in the Product price. You agree that the provisions related to the Loss of Bargain are reasonable in light of the circumstances of this Master Agreement and the Schedules and are not disproportionate to the presumed injury or loss resulting from Your default.

19. LIMITATION OF LIABILITY/INDEMNITY. Neither party shall be liable to the other party for incidental, indirect, special or consequential damages. Each party agrees to indemnify the other party from all liabilities arising from the other party's negligence or willful misconduct or failure to perform its duties or obligations as set forth in the Master Agreement or Schedule, except to the extent caused by the negligence or willful misconduct of the party seeking indemnification. To the extent permitted by law, You agree to indemnify Roche from all liabilities arising from Your misuse of the Products provided under the Master Agreement and Schedules.

20. COMPLIANCE WITH LAWS. Each party agrees to comply with all applicable laws and regulations. You understand and agree to use the Products as directed in the applicable package inserts, manufacturer's specifications, operators' manuals, applicable laws and regulations.

21. DISCOUNTS. If You select the "included" option on a Schedule with respect to any item of Equipment, You understand and agree that the value of such Equipment and any other discounts declared in a Schedule constitute a "Discount" as defined by 42 CFR part 1001.952(h). The Parties agree to comply with any and all reporting obligations thereunder, including the requirement that an institution required to file Medicare/Medicaid cost reports with the Federal and/or applicable state government, must fully and accurately report any discounts in its cost reports.

22. MISCELLANEOUS. (a) Modifications/Obvious errors. No waiver of or modification to any term of the Master Agreement or Schedule is valid unless it is in writing and signed by both parties. You agree that Roche is authorized to supply missing information or correct obvious errors in the Master Agreement and Schedules. **(b) Confidential Information.** The terms of the Master Agreement and Schedules will be treated as confidential information by both parties and will not be disclosed to any third party, except as may be required by law, government regulation or group purchasing organization ("GPO") or with Roche's written consent. **(c) Entire Agreement.** You agree that the terms and conditions in the Master Agreement and Schedules make up the entire agreement between You and Roche with respect to the subject matter contained herein unless expressly agreed to by the parties. In the event of a conflict between the Master Agreement and a Schedule, the terms and conditions in the Schedule will control. In the event of a conflict between the Master Agreement and other agreements (including a purchase order) the Master Agreement will control. **(d) Governing Law/Jury Waiver.** Both parties agree that the laws of the State of Indiana will govern the Master Agreement and Schedules. Each party expressly waives its rights to trial by jury. **(e) Notices.** All notices will be given in writing by the party sending the notice and will be effective when deposited in the U.S. Mail, certified with return receipt requested, addressed to the party receiving the notice at its address shown on the face of the Master Agreement. Notices to each party will be marked Attn: Law Department. **(f) Assignment.** You may not assign, sell or transfer Your interest in the Master Agreement or any Schedule without Roche's prior written consent which will not be unreasonably withheld. Roche may, with written notice to You, sell assign or transfer the Master Agreement or any Schedule. **(g) Survival.** Each party's rights will survive the term of the Master Agreement and any Schedule. **(h) Force Majeure.** Either party's obligations under the Master Agreement and any Schedule will be suspended in the event that a party is hindered or prevented from complying with its obligations (other than the obligation to pay money) because of labor disputes, hurricanes, earthquakes, floods, or other acts of God, war, terrorism or any other condition beyond the parties' reasonable control. **(i) Waiver.** If either party delays or fails to enforce any of its rights under this Master Agreement or any Schedule, such party will be able to enforce its rights at a later time. **(j) Access and Cooperation.** You agree to cooperate with Roche, and provide reasonable access to Your facility as necessary, in the event of a correction or removal of any Products.

SECTION C - SIGNATURES

The Master Agreement will not become effective and binding upon Roche unless and until accepted, in writing below, by an authorized representative in Indianapolis, IN. By signing the Master Agreement, You are warranting that the person signing has the authority to do so. If You are signing a Schedule pursuant to a contract between a GPO with a contract with Roche for the Products, all applicable terms and conditions of the GPO contract in effect as of the Schedule Effective Date supersede the terms and conditions stated in the Master Agreement for so long as You remain an eligible purchaser under the GPO contract.

Customer Signature

Roche Diagnostics Corporation Signature

Print Name and Title

Print Name and Title

Date

Master Agreement Effective Date

Centra[®] Molecular/Point-Of-Care Diagnostics Product Schedule

SECTION 1: EQUIPMENT LOCATION AND BILLING INFORMATION

Customer Name and DBA Name	Customer Purchase Order Reference #:	Agreement name and # ¹ :	Schedule # ¹ :
Equipment Address	City	Customer Telephone Number	
Billing Address (if different from above)	City	Customer Account Number	

SECTION 2: REAGENTS/SUPPLIES

The Reagent and Supply Exhibit(s) attached to this Schedule details Your annual Reagents/Supplies Commitment provided on a {Enter Plan} basis.

SECTION 3: EQUIPMENT AND PAYMENT INFORMATION

Schedule Term (# of Months):

SECTION 4: SERVICE

Equipment	Equipment and Related Products ¹	Equipment Net Selling Price (Cash Purchase Only) OR Customer Owned	Equipment End-of-Term Purchase Option (for Financed Equipment Only)	Mthly Equipment Pmt. (Indicate Amt. OR "Included" in Reagents)	Chosen Service Plan	Service Payment Options (not applicable if "included" in Reagents)	Service Amount and Invoice Options (Indicate Payment Amount or Month Payment Starts or if "included" in reagents)
1.	Equipment Name: Qty Serial #: Equipment Commencement Date ¹ :	{Enter Option}	{Enter End of Term}	{Enter Payment}	{Enter Option}	{Enter Option}	{Enter Invoice Option} {Enter Month} {Enter Invoice Option}
Discounts: The following constitutes a "Discount" as per Paragraph 21 of the Master Agreement against the above Equipment (if "Cash Purchase"), OR against the Reagents/Supplies (if "Included"): Item: To determine the annual "Discount" amount, divide the value of the above items plus the value of the Equipment (if "Included") by the number of years of the term. Value:							
2.	Equipment Name: Qty Serial #: Equipment Commencement Date ¹ :	{Enter Option}	{Enter End of Term}	{Enter Payment}	{Enter Option}	{Enter Option}	{Enter Invoice Option} {Enter Month} {Enter Invoice Option}
Discounts: The following constitutes a "Discount" as per Paragraph 21 of the Master Agreement against the above Equipment (if "Cash Purchase"), OR against the Reagents/Supplies (if "Included"): Item: To determine the annual "Discount" amount, divide the value of the above items plus the value of the Equipment (if "Included") by the number of years of the term. Value:							
3.	Equipment Name: Qty Serial #: Equipment Commencement Date ¹ :	{Enter Option}	{Enter End of Term}	{Enter Payment}	{Enter Option}	{Enter Option}	{Enter Invoice Option} {Enter Month} {Enter Invoice Option}
Discounts: The following constitutes a "Discount" as per Paragraph 21 of the Master Agreement against the above Equipment (if "Cash Purchase"), OR against the Reagents/Supplies (if "Included"): Item: To determine the annual "Discount" amount, divide the value of the above items plus the value of the Equipment (if "Included") by the number of years of the term. Value:							

4.	Equipment Name: Qty Serial #: Equipment Commencement Date ¹ :	{Enter Option}	{Enter End of Term}	{Enter Payment}	{Enter Option}	{Enter Option}	{Enter Invoice Option} {Enter Month} {Enter Invoice Option}
<p>Discounts: The following constitutes a "Discount" as per Paragraph 21 of the Master Agreement against the above Equipment (if "Cash Purchase") OR against the Reagents/Supplies (if "Included"): Item: _____ Value: _____</p> <p>To determine the annual "Discount" amount, divide the value of the above items plus the value of the Equipment (if "Included") by the number of years of the term.</p>							
<p>SECTION 5: TRAINING</p> <p>Equipment training will be conducted at Roche in Indianapolis, Indiana. The cost of tuition, Roche provided lodging and meals, local ground transportation to and from the training class and between the airport and hotel will be paid by Roche for the following number of operator trainees: Equipment 1: _____ Equipment 2: _____ Equipment 3: _____ Equipment 4: _____</p>							
<p>SECTION 6: ADDITIONAL TERMS AND CONDITIONS</p>							
<p>The terms and conditions contained in Paragraph 9 titled, "Equipment" in the Master Agreement with respect to Non-purchased Equipment shall apply to Your acquisition, use and possession of all Equipment listed as "Included." In Section 2 above, if Cost-Per-Donor is selected, see Attachment for additional terms and conditions applicable to the Master Agreement for this Schedule. In Section 2 above, if Cost-Per-Donor is selected, see Attachment for additional terms and conditions applicable to the Master Agreement for this Schedule.</p>							
<p>SECTION 7: AUTHORIZED ACCEPTANCE</p>							
<p>CUSTOMER:</p> <p>By signing this Schedule you warrant that you have the authority to execute this Schedule on behalf of Customer.</p>							
<p>By: _____ Date: _____</p> <p>(Authorized Customer Signature)</p>				<p>By: _____ Schedule Effective Date: _____</p> <p>(Authorized In-House Signature)</p>			
<p>Printed Name: _____</p>				<p>Printed Name: _____ Title: _____</p>			

1. An Authorized Roche Representative in Indianapolis, Indiana will complete the Agreement Number, Schedule Number, Equipment Commencement Date and Roche Authorized Acceptance section.