

WAYNE NJ

FUJINON INC

10 HIGH POINT DRIVE

07470

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

201-633-5600

# Request for **Quotation**

ROBERTA WAGNER 304-558-0067

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

SHIP TO 454 MCDOWELL STREET WELCH, WV

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### GENERAL TERMS & CONDITIONS REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)

- 1. Awards will be made in the best interest of the State of West Virginia.
- 2. The State may accept or reject in part, or in whole, any bid.
- 3. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
- 4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods this Purchase Order/Contract becomes void and of no effect after June 30.
- 5. Payment may only be made after the delivery and acceptance of goods or services.
- 6. Interest may be paid for late payment in accordance with the West Virginia Code.
- 7. Vendor preference will be granted upon written request in accordance with the West Virginia Code.
- 8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
- 9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
- 10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
- 11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
- 12. BANKRUPTCY: In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
- 13. HIPAA BUSINESS ASSOCIATE ADDENDUM: The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and is hereby made part of the agreement. Provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
- 14. CONFIDENTIALITY: The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf.
  - 15. LICENSING: Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, and the West Virginia Insurance Commission. The vendor must provide all necessary releases to obtain information to enable the director or spending unit to verify that the vendor is licensed and in good standing with the above entities.
  - 16. ANTITRUST: In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or Fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

#### **INSTRUCTIONS TO BIDDERS**

- 1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
- 2. Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
- 3. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
- 4. All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
- 5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).



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HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

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454 MCDOWELL STREET WELCH, WV 24801

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#### **GENERAL INFORMATION**

#### Purpose:

The Acquisition and Contract Administration Section of the Purchasing Division for the West Virginia Department of Health and Human Resources, Bureau of Behavioral Health and Health Facilities "Agency" is soliciting quotations to purchase a new colonoscopy system which shall include the following:

- one (1) Olympus CV-180 Evis Exera II video system center or equal.
- one (1) new Olympus CLV-180 Evis Exera II Xenon light source or equal.
- one (1) new Olympus PCF type H180AL/I Evis Exera II video colonoscopy or equal.
- one (1) new Olympus GIF-H180 video gastroscope or equal.
- one (1) OEP-4 Olympus High Definition (HD) color printer or equal.
- one (1) OEV-191H 19 inch high definition LCD screen or equal.
- one (1) Olympus QTV-S7ProH-HD-12 E Autoclavable Camera Head or equal.

#### Specifications:

#### 1. CV-180: Evis Exera II Video System Center-Olympus or equal.

- A. Must be equipped with high-resolution high-definition (HD) and standard definition (D) and Narrow Band Imaging (NBI) processing capabilities to provide image quality for endoscopes and laparoscopes; enhancing observation of capillaries and mucosal tissues
- B. Must have two types of structure enhancement: Type A for observation of larger mucosal structures with high contrast and Type B for observation of smaller structures, such as capillaries.
- C. Must have electronic magnification of 1.2x and 1.5x.
- D. Must include memory card digital image recording.
- E. Must have HD/SD serial digital interface.
- F. Must have picture in picture capabilities.
- G. Must have digital to digital video recording capabilities.

## 2. CLV-180: EVIS EXERA II high intensity 300 W xenon light source for Olympus color CCD video scope system or equal.

- A. Must be equipped with special coated filters for Narrow Band Imaging and emergency 100 W halogen lamp.
- B. Must include light control cable.
- C. Must include spare fuse.
- D. Must have foot holder.

### 3. Olympus PCF type H180AL/I Evis Exera II video colonoscope or equal:

- A. Must include one (1) innoflex or equal adjustable stiffness video colonoscope with full screen image.
- B. Must be high definition.
- C. Must be Marrow Band Imaging compatible.

Name and Date: 6 14 10

- D. Must have close focus.
- E. Must have wide-angle view.
- F. Must be 12.8 mm diameter max.
- G. Must have 3.7mm channel min.
- H. Must have 170 degree field of view min.
- I. Must have 168 cm working length min.
- J. Must have angulation of 180 degrees/180 degrees (up/down) and 160 degrees/160 degrees (right/left).
- K. Must include biopsy forceps FB-220U (2 pcs.) or equal.
- L. Must include MAJ-855 auxiliary water tube (1 pc.) or equal.
- M. Must include MAJ-215 auxiliary water inlet cap (1Pc.) or equal.

#### 4. Olympus GIF-H180 video gastroscope or equal:

- A. Must include one (1) video gastroscope with full screen image.
- B. Must be High Definition (HD).
- C. Must be Narrow Band Imaging compatible.
- D. Must have close focus.
- E. Must be 9.8 mm diameter max.
- F. Must have 2.8 mm channel min.
- G. Must have 140 degree field of view min.
- H. Must have103 cm working length min.
- I. Must have angulation of 210 degree/90 degrees (up/down).
- J. Must be able to move 100 degrees/100 degrees (right/left).
- K. Must include biopsy forceps FB-220K (2pcs.) or equal.
- L. Must include mouthpiece MB-142 (2pcs.) or equal.

#### 5. OEP-4: Olympus HD color printer or equal

- A. Must include printer cables. (MAJ-884 printer cable set, Olympus or equal)
- B. Must include upon order request color printing pack for HD color printer (200 sheets picture paper and 1 color print cartridge pack).

#### 6. OEV-191H: 19 inch high definition LCD screen or equal.

- A. Must include one (1) 19 inch high definition medical grade LCD flat panel w/RGB and Sync, Y/C, and composite video input/output.
- B. Must include one (1) single monitor roll stand for LCD flat panel monitors

### 7. Olympus OTV-S7ProH-HD-12E HD Autoclavable Camera Head or equal:

- A. Must have quick-lock connection allowing the camera head to be locked onto the telescope with a snap for a tight fit.
- B. Must have pre-trouch zoom 1.2 and 1.5 times the original size.

Name and Date: 6 14 10

#### 8. Delivery, Installation, and In-service Training

- A. Delivery should be within thirty (30) days after receipt of the approved purchase order. Vendor must furnish, deliver, setup and install the equipment and provide 1 day of basic instructional training on the equipment usage and features upon delivery to 6-10 employees.
- B. Within seven (7) days of the vendor's receipt of the approved purchase order, the selected vendor must contact Nursing Administration at Welch Community Hospital for coordination of vendor's delivery, installation and healthcare providers' in-service training.

#### 9. Warranty/Maintenance

Equipment shall have a one year full-service warranty.

#### 10. Cost Evaluation

It is preferred that each bidder use the cost proposal sheet provided. Purchase Order will be awarded to a single vendor providing the lowest total price for the equipment meeting specifications.

#### 11. Payment

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

Name and Date:

1. Olympus CV-180 Evis Exera II video system center or equal. 2. Olympus CLV-180 Evis Exera II Xenon light source or equal. 3. Olympus PCF type H180AL/I Evis Exera II video colonoscopy or equal. 4. Olympus GIF-H180 video gastroscope or equal. 5. OEP-4 Olympus High Definition (HD) color printer or equal. 6. OEV-191H 19 inch high definition LCD screen or equal. 7. Olympus QTV-S7ProH-HD-12 E Autoclavable Camera Head or equal. 8. Delivery/Set-up/In-service training fees Quantity Unit Price Total Delivery & Set up Fee. 9. In-Service Training Fee 1 N/C N/C N/C (B) Total of delivery/set-up/in-service training fees 10. Year 1- Full-Service Endoscopy Repair Contract 1 1,225.00 19,78,00 1		Description	Quantity	Unit Price	Total
equal.  2. Olympus CLV-180 Evis Exera II Xenon light source or equal.  3. Olympus PCF type H180AL/I Evis Exera II video colonoscopy or equal.  4. Olympus GIF-H180 video gastroscope or equal.  5. OEP-4 Olympus High Definition (HD) color printer or equal.  6. OEV-191H 19 inch high definition LCD screen or equal.  7. Olympus QTV-S7ProH-HD-12 E Autoclavable Camera Head or equal.  8. Delivery/Set-up/In-service training fees  9. In-Service Training Fee  1. N/C.  1	1.	Olympus CV-180 Evis Exera II video system center or	<del></del>		
2. Olympus CLV-180 Evis Exera II Xenon light source or equal.  3. Olympus PCF type H180AL/I Evis Exera II video colonoscopy or equal.  4. Olympus GIF-H180 video gastroscope or equal.  5. OEP-4 Olympus High Definition (HD) color printer or equal.  5. OEP-4 Olympus High Definition (HD) color printer or equal.  6. OEV-191H 19 inch high definition LCD screen or equal.  7. Olympus QTV-S7ProH-HD-12 E Autoclavable Camera Head or equal.  8. Delivery/Set-up/In-service training fees  9. In-Service Training Fee  1. N/C  1.				25.875 00	2587500
3. Olympus PCF type H180AL/I Evis Exera II video colonoscopy or equal. 4. Olympus GIF-H180 video gastroscope or equal. 5. OEP-4 Olympus High Definition (HD) color printer or equal. 6. OEV-4 Olympus High Definition LCD screen or equal. 7. Olympus QIV-S7ProH-HD-12 E Autoclavable Camera Head or equal. 8. Delivery/Set-up/In-service training fees 9. In-Service Training Fee 1 N C N/C  Warranty/ Maintenance 10. Year 1- Full-Service Endoscopy Repair Contract 11. Year 2- Full-Service Endoscopy Repair Contract 12. Year 3- Full-Service Endoscopy Repair Contract 13. Color Printing Pack (200 sheets picture paper & 1 color printer cartridge pack)  (D) Estimated Annual Printing Supply Cost 7, 182.00  (D) Estimated Annual Printing Supply Cost 7, 182.00  7, 182.00  7, 182.00  7, 182.00	2.	Olympus CLV-180 Evis Exera II Xenon light source or	1		1,0,1
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Section   Color printer or equal.   Color	3.	Olympus PCF type H180AL/I Evis Exera II video	1		
Section   Color printer or equal.   Color				22,443.75	22,443.75
Section   Color printer or equal.   Color			1		20,276.25
MAJ-884 printer cable set, Olympus or equal   1	5.	OEP-4 Olympus High Definition (HD) color printer or	1		
6. OEV-191H 19 inch high definition LCD screen or equal. 7. Olympus QTV-S7ProH-HD-12 E Autoclavable Camera Head or equal.  (A)Total Equipment Cost 79,124,03  Delivery/Set-up/In-service training fees Quantity Unit Price Total  8. Delivery & Set up Fee. 9. In-Service Training Fee 1 NC N/C  (B) Total of delivery/set-up/in-service training fees  Warranty/ Maintenance Quantity Unit Price N/C  (B) Total of delivery/set-up/in-service training fees  Warranty/ Maintenance Quantity Unit Price N/C  10. Year 1- Full-Service Endoscopy Repair Contract 1 1,122.00 2,244,0 11. Year 2- Full-Service Endoscopy Repair Contract 1 4,539.00 9,078,0 12. Year 3- Full-Service Endoscopy Repair Contract 1 1,225.00 14,450.00  (C) Total of Warranty/Maintenance Services  Printing Supplies  Estimated Annual Usage  13. Color Printing Pack (200 sheets picture paper & 1 color printer cartridge pack)  (D) Estimated Annual Printing Supply Cost 7,182.00					6846.75
7. Olympus QTV-S7ProH-HD-12 E Autoclavable Camera Head or equal.  (A)Total Equipment Cost 79,124,05  Delivery/Set-up/In-service training fees Quantity Unit Price Total  8. Delivery & Set up Fee. 1 N C N/C  In-Service Training Fee 1 N/C N/C  (B) Total of delivery/set-up/in-service training fees  Warranty/ Maintenance  (B) Total of delivery/set-up/in-service training fees  Warranty/ Maintenance  Quantity Unit Price Total  N/C N/C  10. Year 1- Full-Service Endoscopy Repair Contract 1 1,22.00 2,244.0  11. Year 2- Full-Service Endoscopy Repair Contract 1 45.39.00 4,078.0  12. Year 3- Full-Service Endoscopy Repair Contract 1 7,22.5.00 14,450.00  (C) Total of Warranty/Maintenance Services 25,772.0  Printing Supplies  Estimated Annual Usage Price per Package Annual Cost  (200 sheets picture paper & 1 color printer cartridge pack)  (D) Estimated Annual Printing Supply Cost 7,182.00	ļ	MAJ-884 printer cable set, Olympus or equal	1	154,80	154,80
7. Olympus QTV-S7ProH-HD-12 E Autoclavable Camera Head or equal.  (A)Total Equipment Cost 19,124.03  Delivery/Set-up/In-service training fees Quantity Unit Price Total  8. Delivery & Set up Fee. 1 N C N/C  In-Service Training Fee 1 N C N/C  (B) Total of delivery/set-up/in-service training fees  Warranty/ Maintenance Quantity Unit Price Governorment Total  10. Year 1- Full-Service Endoscopy Repair Contract 1 1,22.00 2,244.01  11. Year 2- Full-Service Endoscopy Repair Contract 1 1,22.00 4,078.01  12. Year 3- Full-Service Endoscopy Repair Contract 1 1,22.5.00 14,450.01  (C) Total of Warranty/Maintenance Services 25,772.01  Printing Supplies Estimated Annual Usage Price per Package Annual Cost 7,182.00  (D) Estimated Annual Printing Supply Cost 7,182.00			1	3527,50	3,527,50
Calibrary   Cali	7.		1		
Delivery/Set-up/In-service training fees   Quantity   Unit Price   Total		Head or equal.		MA	NA
Delivery/Set-up/In-service training fees   Quantity   Unit Price   Total			(A)Tota	l Equipment Cost	19,124.05
9. In-Service Training Fee  (B) Total of delivery/set-up/in-service training fees  Warranty/ Maintenance  Vear 1- Full-Service Endoscopy Repair Contract  1. Year 2- Full-Service Endoscopy Repair Contract  1. Year 3- Full-Service Endoscopy Repair Contract  1. Year 3- Full-Service Endoscopy Repair Contract  (C) Total of Warranty/Maintenance Services  (C) Total of Warranty/Maintenance Services  Printing Supplies  Estimated Annual Usage  13. Color Printing Pack (200 sheets picture paper & 1 color printer cartridge pack)  (D) Estimated Annual Printing Supply Cost  (D) Estimated Annual Printing Supply Cost  7,182.00		Delivery/Set-up/In-service training fees	Quantity	Unit Price	
9. In-Service Training Fee  (B) Total of delivery/set-up/in-service training fees  Warranty/ Maintenance  Quantity  Unit Price Total  10. Year 1- Full-Service Endoscopy Repair Contract  11. Year 2- Full-Service Endoscopy Repair Contract  12. Year 3- Full-Service Endoscopy Repair Contract  (C) Total of Warranty/Maintenance Services  (C) Total of Warranty/Maintenance Services  Printing Supplies  Estimated Annual Usage  13. Color Printing Pack (200 sheets picture paper & 1 color printer cartridge pack)  (D) Estimated Annual Printing Supply Cost  (D) Estimated Annual Printing Supply Cost  7,182.00	8.	Delivery & Set up Fee.	1	NC	
Warranty/ Maintenance    Warranty/ Maintenance   Quantity   Unit Price   Total	9.	In-Service Training Fee	1	7	
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10. Year 1- Full-Service Endoscopy Repair Contract 11. Year 2- Full-Service Endoscopy Repair Contract 12. Year 3- Full-Service Endoscopy Repair Contract 13. Color Printing Pack (200 sheets picture paper & 1 color printer cartridge pack)  (D) Estimated Annual Printing Supply Cost (E) 11. [22.00] (23.44.0) (20.78.0) (23.44.0		Warranty/ Maintenance	Quantity	Unit Price For	Total
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12. Year 3- Full-Service Endoscopy Repair Contract  (C) Total of Warranty/Maintenance Services  (C) Total of Warranty/Maintenance Services  (C) Total of Warranty/Maintenance Services  (Estimated Annual Usage  13. Color Printing Pack (200 sheets picture paper & 1 color printer cartridge pack)  (D) Estimated Annual Printing Supply Cost  (D) Estimated Annual Printing Supply Cost  (200 sheets picture paper & 1 color printer cartridge pack)	11.	Year 2- Full-Service Endoscopy Repair Contract	1	····	9.078.00
Color Printing Pack (200 sheets picture paper & 1 color printer cartridge pack)   Color Printing Supply Cost   Color Printing Supply Cost   Color Printing Pack (200 sheets picture paper & 1 color printer cartridge pack)   Color Printing Supply Cost   Color Printing Supply Co	12.	Year 3- Full-Service Endoscopy Repair Contract	1		14,450.00
Printing Supplies  Color Printing Pack (200 sheets picture paper & 1 color printer cartridge pack)  (D) Estimated Annual Printing Supply Cost  Estimated Annual Printing Price per Package  Price per Package Annual Cost  7,182.00		(C) Total of W	/arranty/Main		
Printing Supplies  Annual Usage  13. Color Printing Pack (200 sheets picture paper & 1 color printer cartridge pack)  (D) Estimated Annual Printing Supply Cost  Price per Package  Annual Usage  7,182.00				· · · · · · · · · · · · · · · · · · ·	01011 1411
Printing Supplies  Annual Usage  13. Color Printing Pack (200 sheets picture paper & 1 color printer cartridge pack)  (D) Estimated Annual Printing Supply Cost  Price per Package  Annual Usage  7,182.00			Estimated		
13. Color Printing Pack (200 sheets picture paper & 1 color printer cartridge pack)  (D) Estimated Annual Printing Supply Cost 7,182.00		Printing Supplies		•	
13. Color Printing Pack (200 sheets picture paper & 1 color printer cartridge pack)  (D) Estimated Annual Printing Supply Cost 7,182.00				Package	Annual Cost
(D) Estimated Annual Printing Supply Cost 7, 182.00	13.	Color Printing Pack			
(D) Estimated Annual Printing Supply Cost 7, 182.00		(200 sheets picture paper & 1 color printer cartridge		#230 10	712760
				001.40	1,100,00
		(D) Estimat	7,182.00		
					112,078.05

Name and Date: 10



10 Highpoint Drive, Wayne, New Jersey 07470

www.fujinonendoscopy.com Phone (973) 633-5600 Fax (973) 633-8818

### PRICE QUOTATION

CONFIDENTIAL and PROPRIETARY

Presented To: Roberta Wagner

WELCH COMMUNITY HOSPITAL

Health and Human Resources

454 McDowell Street Welch, WV 24801

Tel: 304-558-0067

RC-402

Warranty: 90 Days

Fax:

Quotation No.

11617- Rev#: 0

Date

06/02/2010

Presented by

Please fax your purchase order to: (973) 633-8818 Price includes installation and training where applicable

Our R	tef#: 99169-0					
FOI	3 Shipping Point		Terms Net 30 days		Valid Through 07/02/2010	Page 1
NO.	MODEL		DESCRIPTION	QTY	LIST PRC / UNIT PRC	EXTENDED PRICE
1	EPX-4400HD Warranty: 1 Year	(New)	High Definition Digital Video Processor & Light Source w/FICE Multiband Imaging	1	34,500.00 25,875.00	25,875.00
2	EC-530LS Warranty: 1 Year	(New)	Super Slim Colonoscope with 3.8 mm Channel, 11.5 mm O.D., 1690 mm Working Length	1	29,925.00 22,443.75	22,443.75
3	EG-530WR Warranty: 1 Year	(New)	Standard Gastroscope with 2.8 mm Channel, 9.3 mm O.D., 1100 mm Working Length	. 1	27,035.00 20,276.25	20,276.25
4	UP-55MD Warranty: Mfr. Wty	(New)	Video Color Printer	1	8,055.00 6,846.75	6,846.75
5	UPC-55 Warranty: Mfr. Wty	(New)	Color Print Pack for UP-55MD	30	266.00 239.40	7,182.00
6	NDS-19 Warranty: Mfr. Wty	(New)	19" National Display Radiance Medical Grade LCD Monitor	1	4,150.00	3,527.50
7	VC-402-6 Warranty: 90 Days	(New)	6 ft. Cable for EPX-2200/402 RGB to Monitor /Printer	1	77.00 69.30	69.30

Standard Therapeutic Accessories and Standard Cleaning Accessories Included.

(New)

EPX-2200/402 RS-232C to Printer

57.60

57.60

64.00



10 Highpoint Drive, Wayne, New Jersey 07470

www.fujinonendoscopy.com Phone (973) 633-5600 Fax (973) 633-8818

### PRICE QUOTATION

CONFIDENTIAL and PROPRIETARY

Presented To: Roberta Wagner

WELCH COMMUNITY HOSPITAL

Health and Human Resources

454 McDowell Street Welch, WV 24801

Tel: 304-558-0067

Fax:

Quotation No.

11617- Rev#: 0

Date

06/02/2010

Presented by

Please fax your purchase order to: (973) 633-8818 Price includes installation and training where applicable

Our Ref#. 99169-0

FOE	Bhipping Point		Terms Net 30 days		Valid Through 07/02/201	Page 2
NO.	MODEL		DESCRIPTION	QTY	LIST PRC / UNIT PRC	EXTENDED PRICE
	VC-ENC-25 Warranty: 90 Days	(New)	25 Ft. BNC-BNC Single Encoded Cable	1	31.00 27.90	27.90
*						
						:

Standard Therapeutic Accessories and Standard Cleaning Accessories Included.

Note: Delivery & Set Up - No Charge / In-Service Training Fee - No Charge

Authorized by:

Kurt Cannon / Vice President, Corporate Accounts

RETURNS - No product may be returned to Fujinon without prior authorization of Fujinon. Shipping charges on all returns are at the buyer's expenses. A restocking charge of twenty percent of the selling price of the products will be made on all products returned for exchange or credit.

This Quotation is subject to applicable freight and sales tax charges. We are obligated to impose sales tax unless you provide us with the OTHER necessary Resale Certificate or Tax Exempt Certificate.

104,103.00

( 24,739.55)

79,363.45

Sub-total(list)

Line Discount

Total



10 Highpoint Drive, Wayne, New Jersey 07470

www.fujinonendoscopy.com Phone (973) 633-5600 Fax (973) 633-8818

### PRICE QUOTATION

CONFIDENTIAL and PROPRIETARY

Presented To: Roberta Wagner

WELCH COMMUNITY HOSPITAL

Health and Human Resources

454 McDowell Street Welch, WV 24801

Tel: 304-558-0067

Fax:

Quotation No.

11618- Rev#: 0

Date

06/02/2010

Presented by

Please fax your purchase order to: (973) 633-8818 Price includes installation and training where applicable

Our Ref#:

99170-0

FOB Shipping Point		Terms Net 30 days		Valid Through 07/02/2010	Page 1
NO.	MODEL	DESCRIPTION	QTY	LIST PRC/UNIT PRC	EXTENDED PRICE
1	SERVICE CONTRACT-1	One Year Service Contract on Fujinon Manufactured Equipment Only	2	1,320.00 1,122.00	2,244.00
				i	:
					:
t					
				·	
	,				

Comments: Note: Service Cantract to include EPX-4400HD

Authorized by:

Kurt Cannon / Vice President, Corporate Accounts

RETURNS - No product may be returned to Fujinon without prior authorization of Fujinon. Shipping charges on all returns are at the buyer's expenses. A restocking charge of twenty percent of the selling price of the products will be made on all products returned for exchange or credit.

This Quotation is subject to applicable freight and sales tax charges. We are obligated to impose sales tax unless you provide us with the OTHER necessary Resale Certificate or Tax Exempt Certificate.

2,640.00

396.00)

2,244.00

Sub-total(list)

Line Discount

Total



10 Highpoint Drive, Wayne, New Jersey 07470

www.fujinonendoscopy.com Phone (973) 633-5600 Fax (973) 633-8818

### PRICE QUOTATION

CONFIDENTIAL and PROPRIETARY

Presented To: Roberta Wagner

WELCH COMMUNITY HOSPITAL

Health and Human Resources

454 McDowell Street

Welch, WV 24801

Tel: 304-558-0067

Fax:

Quotation No.

11619- Rev#: 0

Date

06/02/2010

Presented by

Please fax your purchase order to: (973) 633-8818 Price includes installation and training where applicable

Our F	Our Ref#: 99171-0  Price includes installation and training where applicable				
FO		Terms		Valid Through	Page
	Shipping Point	Net 30 days		07/02/2010 1	
NO.	MODEL	DESCRIPTION	QTY	LIST PRC / UNIT PRC	EXTENDED PRICE
1	SERVICE CONTRACT-2	Two Year Service Contract On Fujinon Manufactured Equipment Only	2	5,340.00 4,539.00	9,078.00
			;		
					:
					; -
					: :
					:

Comments: Note: Service Contract to include EPX-4400HD

Authorized by:

Kurt Cannon / Vice President, Corporate Accounts

10,680.00 Sub-total(list) Line Discount (1,602.00)9,078.00 Total

RETURNS - No product may be returned to Fujinon without prior authorization of Fujinon. Shipping charges on all returns are at the buyer's expenses. A restocking charge of twenty percent of the selling price of the products will be made on all products returned for exchange or credit.

This Quotation is subject to applicable freight and sales tax charges. We are obligated to impose sales tax unless you provide us with the OTHER necessary Resale Certificate or Tax Exempt Certificate.



10 Highpoint Drive, Wayne, New Jersey 07470

www.fujinonendoscopy.com Phone (973) 633-5600 Fax (973) 633-8818

### PRICE QUOTATION

CONFIDENTIAL and PROPRIETARY

Presented To: Roberta Wagner

WELCH COMMUNITY HOSPITAL

Health and Human Resources

454 McDowell Street Welch, WV 24801

Tel: 304-558-0067 Fax:

11620- Rev#: 0

Date

06/02/2010

Presented by

Quotation No.

Please fax your purchase order to: (973) 633-8818 Price includes installation and training where applicable

Our F	Ref#: 99172-0				1_:
FOB		Terms		Valid Through 07/02/2010	Påge
Shipping Point		Net 30 days			
NO.	MODEL	DESCRIPTION	QTY	LIST PRC / UNIT PRC	EXTENDED PRICE
1	SERVICE CONTRACT-3	Three Year Service Contract On Fujinon Manufactured Equipment Only	2	8,500.00 7,225.00	14,450.00
į					
				,	:
				Sub-total(list)	17,000.00

Note: Service Contract to include EPX-4400HD

Authorized by:

Kurt Cannon / Vice President, Corporate Accounts

RETURNS - No product may be returned to Fujinon without prior authorization of Fujinon. Shipping charges on all returns are at the buyer's expenses. A restocking charge of twenty percent of the selling price of the products will be made on all products returned for exchange or credit.

This Quotation is subject to applicable freight and sales tax charges. We are obligated to impose sales tax unless you provide us with the OTHER necessary Resale Certificate or Tax Exempt Certificate.

(2,550.00)

14,450.00

Line Discount

Total

### State of West Virginia

### **VENDOR PREFERENCE CERTIFICATE**

Certification and application\* is hereby made for Preference in accordance with **West Virginia Code**, §5A-3-37. (Does not apply to construction contracts). **West Virginia Code**, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the **West Virginia Code**. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

Division v	will make the determination of the Resident Vendor Preference, if applicable.
	Application is made for 2.5% resident vendor preference for the reason checked: Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or, Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or, Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,
!	Application is made for 2.5% resident vendor preference for the reason checked: Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
	Application is made for 2.5% resident vendor preference for the reason checked: Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
	Application is made for 5% resident vendor preference for the reason checked: Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
F	Application is made for 3.5% resident vendor preference who is a veteran for the reason checked: Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
E	Application is made for 3.5% resident vendor preference who is a veteran for the reason checked: Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.
requiremagainst s	nderstands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the lents for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty luch Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency ted from any unpaid balance on the contract or purchase order.
authorize the requir	ission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and is the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid red business taxes, provided that such information does not contain the amounts of taxes paid nor any other information by the Tax Commissioner to be confidential.
and accu	enalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true urate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate a during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Title:

Bidder:

Date:

<sup>\*</sup>Check any combination of preference consideration(s) indicated above, which you are entitled to receive.

### 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 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 exceed 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.

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

# Authorized Signature: Date: LIH 10 State of NIW AUM

County of Bereen, to-wit:

WITNESS THE FOLLOWING SIGNATURE

Taken, subscribed, and sworn to before me this 44 day of \_\_\_\_\_\_

My Commission expires Uctober 31

AFFIX SEAL HERE NOTARY PUBLIC

EVELYN D. TORO
Notary Public
State of New Jersey
My Commission Expires Oct. 31, 2010