

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

Request for Quotation

MCH11056

ADDRESS CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER 304-558-0067

*709040506 304-232-2820 MEDICAL SUPPLY COMPANY INC PO BOX 6584 1303 EOFF STREET WHEELING WV 26003

HEALTH AND HUMAN RESOURCES
BPH - OMCFH
MATERIALS MANAGEMENT
900 BULLITT STREET
CHARLESTON, WV
25301 304-558-3417

DATE PRINTED TERMS OF SALE SHIP VIA FOR FREIGHT TERMS 08/05/2010 BID OPENING DATE: 09/02/2010 BID OPENING TIME LINE CAT QUANTITY UOP ITEM NUMBER UNIT PRICE AMOUNT OPEN-END BLANKET CONTRACT ф00**1** kт 193-88-00-001 200 \$4500.00 ONE STEP HCG URINE/SEROM PREGNANCY TEST KIT 25 TEST/KIT, FORMAT: CASSETTE INFOLAB CATALOG # | IT FHC-202-25 OR EQUAL #CT-HCG-COMBO-25 0002 KT 193-88-00-001 1,500 \$45.00 ONE STEP HCG URINE/SERUM PREGNANCY TEST KIT OR EQUAL \$67,500.00 \$0 TEST/KIT FORMAT: CA\$SETTE INFOLAB CATALOG # | IT FHC-202-50 OR EQUAL PER THE ATTACHED SPECIFICATIONS. T-HCG-COMBO-50 TESTS/BOX. PACKAGING (BULK) 20 # TESTS/BOX: .. RECEIVED THE MODEL/BRAND/SPECIFICATIONS NAMED HEREIN ESTABLISH THE ACCEPTABLE LEVEL OF QUALITY ONLY AND ARE NOT 2010 AUG 30 A 10: 04 INTENDED TO REFLECT A PREFERENCE OR FAVOR ANY PARTICULAR BRAND OR VENDOR. VENDORS WHO ARE BIDDING FURCHASING DIVISION. STATE OF WV SEE REVERSE SIDE FOR TERMS AND CONDITIONS SIGNATURE DATE 304-232-2820 TITLE -8/26/10 General Manage 55 0421931 ALLRESS CHANGES TO DE L WHEN RESPending 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

MCH11056

PAGE 2

ADDRESS CORRESPONDENCE TO ATTENTION OF:

ROBERTA WAGNER 804-558-0067

*709040506 304-232-2820 MEDICAL SUPPLY COMPANY INC PO BOX 6584 1303 EOFF STREET WHEELING WV 26003

HEALTH AND HUMAN RESOURCES
BPH - OMCFH
MATERIALS MANAGEMENT
900 BULLITT STREET
CHARLESTON, WV
25301 304-558-3417

DATE PRINTED TERMS OF SALE SHIP VIA FO.B. FREIGHTTERMS 08/05/2010 BID OPENING DATE 09/02/2010 BID OPENING TIME $01 \cdot 30 PM$ CAT NO LINE QUANTITY UOP ITEM NUMBER UNIT PRICE AMOUNT 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 auO waive min ϕ R irpproxegul Δ Rities in bids ϕ R specifications IN ACCORDANCE WITH SECTION 148-1-4(F) OF THE WEST VIRGINIA LEGISLATIVE RULES AND REGULATIONS. **VENDORS** MAY BE REQUIRED TO SUBMIT SAMPLES PRIOR TO BID AWARD. ALTERNATE PRODUCT SAMPLES TO BE APPROVED BY PROGRAM DIRECTOR, PRIOR TO AWARD. EXHIBIT 3 LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON OCTOBER 1 2010 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 ΦRIGINAL 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. UNLESS SPECIFIC PROVISTONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT POCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT. 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 PRIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE 1) YEAR PERIODS. SEE REVERSE SIDE FOR TERMS AND CONDITIONS SIGNATURE TELEPHONE TITLE FEIN ADDRESS CHANGES TO BE NOTED ABOVE



VENDOR

*709040506

PO BOX 6584

WHEELING WV

1303 EOFF STREET

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

MEDICAL SUPPLY COMPANY INC

26003

304-232-2820

Request for Quotation

MCH11056

PAGE

ADDRESS CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER 304-558-0067

BPH - OMCFH MATERIALS MANAGEMENT

HEALTH AND HUMAN RESOURCES

T 900 BULLITT STREET

CHARLESTON, WV

25301

304-558-3417

DATE PRINT	ED I	TER	MS OF SAL	E	s	HIP VIA		FOB	FREIGHTTERMS
08/05/2							9223		THE TARREST OF THE TARREST
BID OPENING DATE:		/02/2	010			BTD	OPI	ENING TIME 01	·30PM
LINE	QUANTI	ΓY	UOP	CAT.	ITEN	INUMBER		UNIT PRICE	AMOUNT
							3333		
I	RIGHT TO	CANC	EL TE	HIS C	NTRACT	IMMEDIAT	t rz	RESERVES THE Y UPON WRITTEN AND/OR SERVICES	
9	UPPLIED	ARE	OF AI	INF	ERIOR Q	UALITY OR	Da	O NOT CONFORM	
	O THE S	PECI	'ICAT	ONS (OF THE	BID AND C	сиф	TRACT HEREIN.	
I I	AUTHORIZ: MARKET, MESTIMATE MMEDIATI CAUSES () PORTATION OF WORK.	E A SWITHO , ITE E DEI INCLU N OR) ES: Q ATION	PEND UT TH MS SI IVER DING AN UN UN UANT S ONI	ING UNITED TO THE STATE OF THE	NIT TO LING OF LED ON EMERGEN OT LIM CIPATED LISTED ASED ON	PURCHASE (A REQUIS: THIS CONTICIES DUE ' ITED TO DI INCREASE IN THE RI ESTIMATE:	ON TTI RAC TO ELA IN	ION OR COST CT FOR UNFORESEEN AYS IN TRANS- N THE VOLUME JISITION ARE	
1	HAT THE RDERED 1	CONT FOR D	RACT ELIVE	SHALI RY DU	COVER	THE QUANT	rit F 1	DD AND AGREED TIES ACTUALLY THE CONTRACT, SHOWN.	
N T V V	RITTEN S HE VENDO HE ORIGI ENDOR AS	STATE OR FO INAL S AUT O THE	CONT R COM COPY HORIZ PURC	RACT MODIT OF TH ATION	ORDER TIES COVIE WV-39 TOR SHOW THE WV-39 TOR SHOW THE WILLIAM THE	(FORM NUMI /ERED BY 1 9 SHALL BI HIPMENT, A SION, AND	ER THI	LL ISSUE A R WV-39) TO ES CONTRACT. MAILED TO THE EECOND COPY THIRD COPY	<u>.</u>
 	ALLY NUI RDER.	RUPTC	Y PRO D VOI	TECTI D, AN ITION	ON, THE	IS CONTRACERMINATED	T WI HI	RACTOR FILES IS AUTOMATI- THOUT FURTHER S CONTRACT	
SIGNATURE				SEEREV	ERSE SIDE FO	TELEPHONE	NDITI		
		-			· · · · · · · · · · · · · · · · · · ·	TELEPHONE		DATE	
TITLE		FEII			•			ADDRESS CHANGES	TO BE NOTED ABOVE



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

Request for

PAGE
4

ADDRESS CORRESPONDENCE TO ATTENTION OF

304-558-3417

ROBERTA WAGNER

25301

*709040506 304-232-2820 MEDICAL SUPPLY COMPANY INC PO BOX 6584 1303 EOFF STREET WHEELING' WV 26003

HEALTH AND HUMAN RESOURCES BPH - OMCFH MATERIALS MANAGEMENT 900 BULLITT STREET CHARLESTON, WV

DATE PRINTED TERMS OF SALE SHIP VIA F.O.B. FREIGHTTERMS 08/05/2010 BID OPENING DATE: 09/02/2010 BID OPENING TIME 01 · 30PM QUANTITY LINE UOP ITEM NUMBER AMOUNT UNIT PRICE \$HALL 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 #LECTRONIC MEDIUM SUCH AS CD-ROM. REV. 04/11/2001 NOTICE AN ORIGINAL, SIGNED BID MUST BE SUBMITTED TO: DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WA\$HINGTON STREET, EAST CHARLESTON, WV 2\$305-0130 PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED. BIDS MUST CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPES OR THE BID MAY NOT BE CONSIDERED: SEALED BID ₿UYER: RW-22 RFQ. NO.: MCH11056 BID OPENING DATE: 9/2/2010 BID OPENING TIME: 1:30 P.M. CONVENIENCE COPY WOULD BE APPRECIATED SEE REVERSE SIDE FOR TERMS AND CONDITIONS SIGNATURE TELEPHONE TITLE ADDRESS CHANGES TO BE NOTED ABOVE



PO BOX 6584

WHEELING WV

1303 EOFF STREET

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

MEDICAL SUPPLY COMPANY INC

26003

304-232-2820

Request for Quotation

MCH11056

PAGE

ADDRESS CORRESPONDENCE TO ATTENTION OF

ADDRESS CHANGES TO BE NOTED ABOVE

ROBERTA WAGNER

HEALTH AND HUMAN RESOURCES

HEALTH HEALTH AND HUMAN RESOURCES

HEALTH HE

CHARLESTON, WV 25301 304-558-3417

DATE PRINTED TERMS OF SALE SHIP VIA FOB: FREIGHT TERMS 08/05/2010 BID OPENING DATE: 09/02/2010 OPENING TIME 01:30PM CAT LINE QUANTITY UOP ITEM NUMBER UNIT PRICE AMOUNT PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY to contact you regarding your bid: 304-1232 2829 FAX # CONTACT PERSON: THOMAS S. BRETOING SR INOUIRIES Written Questions | shall be accepted through close of BUSINESS ON 8/17/2010. OUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO \$UBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO: ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 Washington street, CHARLESTON, WV 25311 FAX: 304-558-4115 E-MAIL: ROBERTA.A.WAGNER@WV.GOV 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 CONDITION OF AWARD AGENCY AS A SEE REVERSE SIDE FOR TERMS AND CONDITIONS SIGNATURE TELEPHONE DATE TITLE



PO BOX 6584

WHEELING WV

1303 EOFF STREET

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

MEDICAL SUPPLY COMPANY INC

26003

304-232-2820

Request for Quotation

RFQ NUMBER MCH11056 6

ADDRESS CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER

<u> 304-558-0067</u>

HEALTH AND HUMAN RESOURCES BPH - OMCFH
MATERIALS MANAGEMENT 900 BULLITT STREET CHARLESTON, WV

25301

304-558-3417

DATE PRINTED T	ERMS OF SALE	SHIP VIA	F.O.B.	
08/05/2010	EHWS OF SALE	SHIP VIA	F.U.B	FREIGHTTERMS
BID OPENING DATE: 09/02	/2010	PTD (DENING TIME 01	•30PM
LINE QUANTITY	UOP CAT.	ITEM NUMBER	UNIT PRICE	AMOUNT
EXHIBIT 4 LOCAL GOVER IN THE BID AND CONDITICA AND OTHER LO TO POLITICAL VIRGINIA. PRICES, TERI POLITICAL SI CLEARLY IND SHALL NOT PI MANNER. REV. 3/88	NMENT BODIES HIS REFUSAL ONS OF THE I OCAL GOVERNI L SUBDIVISIO MS, AND CONI UBDIVISIONS ICATE SUCH I REJUDICE THE	TO EXTEND THE PART OF THE PART BODIES, THE DATE OF THE STATE OR DOES NOT WISH OF THE BIOF THE STATE, THE STATE, THE STATE, THE STATE, THE STATE OF THE STATE OF THIS O	TENDOR INDICATES PICES, TERMS, THOOL, MUNICIPAL BID SHALL EXTEND OF WEST TO EXTEND THE D TO ALL IE VENDOR MUST D. SUCH REFUSA	
	SEERE	VERSE SIDE FOR TERMS AND CON	NDITIONS	1
SIGNATURE		TELEPHONE	DATE	
TITLE	FEIN		ADDRESS CHANGES	TO BE NOTED ABOVE

WV-36 (Rev. 01/01/07)

STATE OF WEST VIRGINIA

/-36 (Rev. 01/01/07)			0 0		Requisition / P.O. No.:
TATE OF WEST	VIRGINIA		Page Z of Z	_ Pages	MCH11056
URCHASE	CONTINUATION	SHEET	File: RW22	Acct. No.:	=
endor:	P.O. Date	,	Spending Unit:	INIOETH E	
citudi.	r.O. Date		DAG AD LUID ADDITE	~ LACEL 1/EE	· ••••

Vendor:			pending Unit NDHHR/BI	t: PH/OMCFH/FPP	
Item No.	Quantity	Description		Unit Price	Amount
		SPECIFICATIONS FOR THE ONE STEP HCG URINE/SERUM PREGITEST KIT 25 TEST KIT AND 50 TEST KIT:	NANCY		
		MINIMUM SPECIFICATIONS THAT MUST BE MET:			Affilia de la companya de la company
		A MONOCLONAL/POLYCLONAL ANTIBODY ENZYME IMMUNOASS THE QUALITATIVE DETERMINATION OF HUMANCHORIONICGONADOTROPHI (HCG) 50mMIU/ML OR LESS SENSITIVITY URINE OR SERUM.			
		MUST BE FDA APPROVED COMBINATION KIT FOR TESTING EITH OR SERUM.	ER URINE		
		TEST KIT MUST BE A ONE STEP ASSAY PROCEDURE; TEST KIT V REQUIRE NO PRETREATMENT OF SAMPLE OF REAGENTS OR RECONSTITUTION OF ANY KIT COMPONENT.	VILL		
		PROCESSING ITEM SHALL NOT EXCEED 5 MINUTES.			
		KIT MUST HAVE CONTROL/END OF ASSAY INDICATOR.			
		SHELF LIFE MUST BE GUARANTEED FOR 12 MONTHS; ROOM TEMPERATURE STORAGE OPTIMAL.			
		PACKAGING MUST BE (BULK) 20 TO 40 OR 25 TO 50.			
		COMPACT KIT MUST CONTAIN ALL SUPPLIES NEEDED TO RUN T	EST.		
		EXTERNAL/QUALITY ASSURANCE CONTROLS WILL BE PROVIDED WEST VIRGINIA STATE OFFICE OF LABORATORY SERVICES.	D BY THE		
		SHIPPING AND HANDLING MUST BE INCLUDED IN COST PER TES	зт.		
		ALL ITEMS OF SPECIFICATIONS ARE MANDATORY. VENDORS BIL ALTERNATE PRODUCTS MUST SUBMIT PERTINENT LITERATURE PERTAINING TO PRODUCTS AND MAY BE REQUIRED TO SUBMIT SAMPLES PRIOR TO BID AWARD. ALTERNATE PRODUCT SAMPLE APPROVED BY PROGRAM DIRECTOR.	፤		
		PROGRAM DIRECTOR TO EVALUATE BIDS PRIOR TO BID AWARD).		
		PRICES MUST BE FIRM 12 MONTHS FROM DATE OF CONTRACT. WITH OPTION TO RENEW CONTRACT FOR TWO (2) ONE (1)YEAR PERIODS.			
		QUANTITIES LISTED ARE APPROXIMATES ONLY. QUANTITIES OR MAY BE MORE OR LESS DURING THE CONTRACT PERIOD.	RDERED		
		OMCFH/FAMILY PLANNING PROGRAM IS TITLE 10 PHS ELIGIBLE.			
		CURRENT CONTRACT EXPIRES: SEPTEMBER 30, 2010.	•		
		CONTRACT PERIOD: OCTOBER 1, 2010 - SEPTEMBER 30, 2011		•	
		ACCOUNT NUMBERS:	er years who made a second		
		5360-2011-3544-099-375 0407-2011-0506-575-037 8750-2011-0506-096-037-16621 5360-2011-3544-099-375 0407-2011-3010-575-375 8750-2011-3010-096-375-16621			
ĺ					

COST SHEET FOR MCH11056

Item #	Item # Apprx. Annual Usage	DESCRIPTION	UNIT PRICE	TOTAL COST
	QUANTITY			
H	200 EA	ONE STEP HCG URINE/SERUM PREGNANCY TEST 200 EA 25TEST/KIT	\$22.50	\$4500.00
2	1500 EA	ONE STEP HCG URINE/SERUM PREGNANCY TEST 1500 EA 50TEST/KIT	\$45.00	\$67,500.00
		TOTAL COST	1900	\$72,000.00

Award will be based on the lowest cost per line item who meets specifications. Vendor must submit an original itemized invoice for order. Payment will be made in arrears after receipt of each completed



PO BOX 6584

1303 EOFF STREET

WHEELING WV 26003

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

MEDICAL SUPPLY COMPANY INC

304-232-2820

Request for REQNUMBER Quotation MCH11056

MCH11056

PAGE	
.1	

ADDRESS CORRESPONDENCE TO ATTENTION OF:

ROBERTA WAGNER 304-558-0067

HEALTH AND HUMAN RESOURCES

BPH - OMCFH

MATERIALS MANAGEMENT 900 BULLITT STREET

CHARLESTON, WV

25301 304-558-3417

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB +	FREIGHTTERMS
08/18/2010				
DID ADELINA DATE.	9/02/2010		PENING TIME 01	:30PM
LINE QUANT	TITY UOP CA		UNITPRICE	AMOUNT
I. QUES 2. ADDE SHOULD SIGN AN BID. EXHIBIT ADDENDU I HEREB ADDENDU PROPOSA ADDENDU NO. 1 . NO. 2 . NO. 3 . NO. 4 . NO. 5 . I UNDER	ADDEND TIONS AND ANS NDUM ACKNOWLE BE SIGNED AND D RETURN MAY 10 M ACKNOWLEDGE Y ACKNOWLEDGE M(S) AND HAVE L, PLANS AND/ M NO.'S: STAND THAT FA	OUM NO.1 SWERS ARE ATTACHED. EDGEMENT IS ATTACHED RETURNED WITH YOUR RESULT IN DISQUALIF	D. THIS DOCUMENT R BID. FAILURE TO FICATION OF YOUR NO.: MCH11056 LOWING CHECKED REVISIONS TO MY CTC. TE RECEIPT OF THE	
		E DEVEDOS CINS CON TENUO ANIMONIO	DITIONS	
SIGNATURE	SE	E REVERSE SIDE FOR TERMS AND CON TELEPHONE	DATE	
TITLE	FEIN			
	l Mail 1		ADDRESS CHANGES	TO BE NOTED ABOVE



PO BOX 6584

1303 EOFF STREET

WHEELING WV 26003

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

MEDICAL SUPPLY COMPANY INC

304-232-2820

Request for Quotation

MCH11056

PAGE

ADDRESS CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER 304-558-0067

SH-P P TO HEALTH AND HUMAN RESOURCES
BPH - OMCFH
MATERIALS MANAGEMENT
900 BULLITT STREET
CHARLESTON, WV

25301 304-558-3417

DATE PRINT	ŒD	TEA	IMS OF SAL	E	SHIP VIA	FOB.	FREIGHT TERMS
08/18/	2010						
BID OPENING DATÉ:	•	19/02/	2010		BTD	OPENING TIME 01	•30PM
LINE	QUAN		UOP	CAT	ITEM NUMBER	UNIT PRICE	AMOUNT
				NO			
						•	
	VENDO	R MIIST	CLEA	RI'A II	NDERSTAND THAT A	NY VERBAT.	
	1				R ASSUMED TO BE	i e e e e e e e e e e e e e e e e e e e	
	I .		i.	9		REPRESENTATIVES	· ·
					EL IS NOT BINDIN		
					WRITING AND ADD		·
				4	OFFICIAL ADDENDU		
	DI DCT	. TOUTT.	PIND D	1 1114	DIFFCIAL ADDENDO	! IS BINDING.	
						$Q \circ Q$	
					Mass 1	many &	i
						IGNATURE	
					5	LGNATORE	
					MEDICAL SU	PPLY CO INC	
,					1	MPANY	
					CO.	I AIVI	
					08/26/10		-
							'
					DA'	# C' 	
,	NOTE:	מוודר אי		TA 7 7 CT	ZNIOWI EDGEMENIE GU	NII D DE CIDMINED	
	WITH TH		E .	DM. AC.	KNOWLEDGEMENI SH	DULD BE SUBMITTED	
,	MTIH II	TE BID	•				
	D	101/0					
]	REV. 09	3/21/2º	009				
İ			7777	L		·	
	1		END	DF AD	DENDUM NO. 1		
							· ·
				Ì			
	ľ						
	}						
				1			
•			1				
OCNATI IDE				SEE RE	VERSE SIDE FOR TERMS AND CO TELEPHONE	NDITIONS DATE	
SIGNATURE					IELETHONE	DATE	
TITLE		FI	EIN		.1	ADDRESS CHANGES	S TO BE NOTED ABOVE
						ADDITEGO OTARGE.	-,

STATE OF WEST VIRGINIA

PURCHASE CONTINUATION SHEET

Page 2 of	2 Pages	Requisition / P.O. No.: MCH11056	
File: RW22	Acct. No.: MUL MUL	MUL	
 Spending Uni	it: PH/OMCFH/F	pp	

Vendor:			Spending Unit WVDHHR/BF	: PH/OMCFH/FPP	
Item No.	Quantity	Description		Unit Price	Amount
Item No.	Quantity	Q. IN THE DESCRIPTION OF MCH11056 THEY USE THE BRAN INFALAB, WHICH IS NOT EITHER OF THE TWO VENDORS THAT BID BACK IN 2008. A. INFALAB IS INFOLAB. THE PO MCH80446B IS ONE STEP HOURINE/SERUM PREGNANCY TEST KIT OR EQUAL 50 TEST/KIT CASSETTE INFOLAB CATALOG # IT FHC-202-50 AND THE ONE URINE/SERUM PREGNANCY TEST KIT OR EQUAL 25 TEST/KIT CASSETTE INFOLAB CATALOG # IT FHC-202-25 Q. I DON'T HAVE THE PRICE THEY USED TO GET THE BID. WE PLEASE PROVIDE THE LAST BID PRICE? A. PO FOR MCH80446A THE ONE STEP HCG URINE/SERUM PREST KIT OR EQUAL 25 TEST/KIT FORMAT: CASSETTE INFOLAB CATALOG # IT FHC-202-25 \$10.00 PER KIT. THE PO MCH80446B IS ONE SURINE/SERUM PREGNANCY TEST KIT OR EQUAL 50 TEST/KIT CASSETTE INFOLAB CATALOG # IT FHC-202-50 \$19.50 PER KIT. THE SHIPPING CHARGE A. THE SHIPPING CHARGES WERE INCLUDED IN THE KIT CO. Q. WHO IS THE CURRENT VENDOR? A. THE CURRENT VENDOR FOR MCH80446A IS SCI INTERNAFOR THE ONE STEP HCG URINE/SERUM PREGNANCY TEST FEQUAL 25 TEST/KIT FORMAT: CASSETTE INFOLAB CATALOG FHC-202-25. THE CURRENT VENDOR FOR THE PO MCH80446 LABORATORY ONE STEP HCG URINE/SERUM PREGNANCY TEST FEQUAL 50 TEST/KIT FORMAT: CASSETTE INFOLAB CATALOG FHC-202-50. Q. HOW MANY LOCATIONS WILL PRODUCT BE SHIPPED TO A. PRODUCTS WILL BE SHIPPED TO ONE LOCATION, DHHR MANAGEMENT. Q. WILL PRODUCT BE SHIPPED ALL AT ONCE, INCREMENTATHROUGHOUT THE YEAR? A. PRODUCT WILL BE REQUESTED THROUGHOUT THE YEAR SUPPLY IS USED. Q. IF SHIPPED INCREMENTALLY, HOW MANY TIMES? A. THE NUMBER OF SHIPMENTS DEPENDS ON THE USAGE/	T GOT THE CG FORMAT: STEP HCG FORMAT: OULD YOU REGNANCY AB CATALOG STEP HCG FORMAT: T. S? OST. ATIONAL INC KIT OR # IT B IS STANBIO EST KIT OR # IT MATERIALS ALLY R, AS		
		Q. HOW MANY SAMPLES ARE TO BE SENT IN WITH THE QUE A. 2 samples of each. It is preferred with bid but		ed.	

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.

1.	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,
2.	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,
3.	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,
4.	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,
5.	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,
6.	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.
Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.	
By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.	
Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.	
Bidder:	MEDICAL SUPPLY CO INC Signed: Man Manuelle
Date:	08/26/10le:GENERAL MANAGER

*Check any combination of preference consideration(s) indicated at over which you are entitled to receive.

RFQ No. MCH 11056

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.

Vendor's Name: MEDICAL SUPPLY CO INC Authorized Signature: Date: AUGUST264, 2010) State of WEST VIRGINIA County of OHIO , to-wit: Taken, subscribed, and sworn to before me this 16 to ay of August , 2010 My Commission expires December 6 , 2010. AFFIX SEAL HERE NOTARY PUBLIC And Compact



WITNESS THE FOLLOWING SIGNATURE

Purchasing Affidavit (Revised 12/15/09)