



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
1

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 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
0001	1	JB		193-12		
OPEN-END BLANKET CONTRACT 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 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. EXHIBIT 3 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. UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
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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



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<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>						

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<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>						

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<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>						

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<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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<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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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:						

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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.

Project:

The mission or purpose of this project is to provide two (2) chemistry analyzers (Dade RXL Max or equal) for the Laboratory at Welch Community Hospital as well as the purchase of necessary reagents/consumables to be used as needed with the vendor-provided chemistry analyzers.

Location

Facility is located in McDowell County at Welch Community Hospital, 454 McDowell Street, Welch WV 24801

PROCUREMENT SPECIFICATIONS**General Requirements**

Vendor is to provide two (2) fully automated chemistry analyzers, (Dade RXL Max or equal) at no additional charge for use with requested reagents/consumables. Vendor is to provide a system that will include a computer, monitor and printer. All equipment 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 provide three (3) references from clients who have received similar services from the vendor within the past 3 years.

Scope of Work:

Vendor shall provide chemistry analyzer 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 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.

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.

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

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	Phophotungstic Acit/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 in your bid response.

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 in your bid response.

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
Pseudochclnesterase	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 in your bid response.

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

Complement C3, Complement C4
 C-Re4Active Protein
 IGA, IGG, IGM
 Transferrin

Test Method

Turbidimetric Assay, Quantitative
 Highly Sensitive, colorimetric Immunoassay
 Quantitative, Turbidimetric Assay
 Quantitative, Turbidimetric Assay

Specialty

Ammonia
 Urine-Cerebrospinal Fluid Protein
 Lactic Acid
 Microalbumin
 Prealbumin

Test Method

Glutamate Dehydrogenase Enzymatic Method
 Pyrogallol Red-molybdate Method
 PETINIA**adapted methodology
 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 in your bid response.

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
Sirolimus	*see above
Tarcolimus	*see above
Theophylline	PETINIA methodology
Tobramycine	PETINIA methodology
Vancomycin	PETINIA methodology
Valproic Acid	PETINIA methodology

Toxicology**Test Method**

Acetaminophen	Enzymatic hydrolysis methodology
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

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

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 Aminotransferease	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	\$	\$

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/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 -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

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 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.

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: _____