

MODZEK

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

Request for Quotation

Ţ

RFQ NUMBER WEH90053

ADDRESS CORRESPONDENCE TO ATTENTION OF:

ROBERTA WAGNER 304-558-0067

RFQ COPY TYPE NAME/ADDRESS HERE

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

\$ H | P 454 MCDOWELL STREET WELCH, WV 24801

DATE PRINT	TED TER	RMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
02/12/	2009				
BID OPENING DATÉ:	02/26/	2009	BID	OPENING TIME 0	1:30PM
LINE	QUANTITY	UOP CAT	ITEM NUMBER	UNIT PRICE	AMOUNT
		, , , , , , , , , , , , , , , , , , ,			
				·	
		ADDENDU	M NO. 1		
	1. QUESTIONS	AND ANSW	ERS ARE ATTACHED.		İ
	2. ADDENDUM	ACKNOWLED	GEMENT IS ATTACHE	D. THIS DOCUMENT	'
	SHOULD BE SI	GNED AND	RETURNED WITH YOU	R BID FAILURE T	'O
	SIGN AND RET	URN MAY R	ESULT IN DISQUALI	FICATION OF	
	YOUR BID.				
					į
	EXHIBIT 10				
			REQUISITION	NO.: WEH90053	
	ADDENDUM ACK	NOWLEDGEM	ENT		
	I HEREBY ACK	NOWLEDGE	RECEIPT OF THE FO	LLOWING CHECKED	
			MADE THE NECESSAR		[Y]
	PROPOSAL, PL	ANS AND/O	R SPECIFICATION,	ETC.	1
	ADDENDUM NO.	'S:			·
	NO. 1	v			
	NO. 2	. 0 0			
	ио. з	0 0		1	i
	NO. 4	g - a			
	NO. 5				
			TIPE EO COMETRIA	TO DECETOR OF TH	
			LURE TO CONFIRM T		.0
	ADDENDUM(S)	MAY BE CA	USE FOR REJECTION	OL DIDO"	
	<u> </u>	JI SEE F	L EVERSE SIDE FOR TERMS AND CO	NDITIONS	
SIGNATURE			TELEPHONE	DATE	
TITE E	15	EIN	1	100000000000000000000000000000000000000	TO BE NOTED ABOVE
TITLE	-	EIIN		ADDRESS CHANGI	ES TO BE NOTED ABOVE

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

- 1. Awards will be made in the best interest of the State of West Virginia.
- 2. The State may accept or reject in part, or in whole, any bid
- 3. All quotations are governed by the West Virginia Code and the Legislative Rules of the Purchasing Division.
- 4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee
- 5. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
- 6. Payment may only be made after the delivery and acceptance of goods or services
- 7. Interest may be paid for late payment in accordance with the West Virginia Code
- 8. Vendor preference will be granted upon written request in accordance with the West Virginia Code.
- 9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes
- 10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
- 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 Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor
- 15. WEST VIRGINIA ALCOHOL & DRUG-FREE WORKPLACE ACT: If this Contract constitutes a public improvement construction contract as set forth in Article 1D, Chapter 21 of the West Virginia Code ("The West Virginia Alcohol and Drug-Free Workplace Act"), then the following language shall hereby become part of this Contract: "The contractor and its subcontractors shall implement and maintain a written drug-free workplace policy in compliance with the West Virginia Alcohol and Drug-Free Workplace Act, as set forth in Article 1D, Chapter 21 of the West Virginia Code. The contractor and its subcontractors shall provide a sworn statement in writing, under the penalties of perjury, that they maintain a valid drug-free work place policy in compliance with the West Virginia and Drug-Free Workplace Act. It is understood and agreed that this Contract shall be cancelled by the awarding authority if the Contractor: 1) Fails to implement its drug-free workplace policy; 2) Fails to provide information regarding implementation of the contractor's drug-free workplace policy at the request of the public authority; or 3) Provides to the public authority false information regarding the contractor's drug-free workplace policy."

INSTRUCTIONS TO BIDDERS

- 1. Use the quotation forms provided by the Purchasing Division.
- 2. SPECIFICATIONS: Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as EQUAL to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
- Complete all sections of the quotation form.
- 4. Unit prices shall prevail in case of discrepancy.
- 5. All quotations are considered F.O.B destination unless alternate shipping terms are clearly identified in the quotation.
- **6. BID SUBMISSION:** All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130



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

REMUMBER WEH90053

PAG	E	
	^	

ADDRESS CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER

RFQ COPY TYPE NAME/ADDRESS HERE

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

WELCH COMMUNITY HOST

454 MCDOWELL STREET

WELCH, WV

24801 304

DATE PRINTED TER	RMS OF SALE	SHIP VIA	F.O.B.	FREIGHTTERMS	
02/12/2009					
BID OPENING DATÉ: 02/26/	2009	BID (OPENING TIME 0:	L:30PM	
LINE QUANTITY	UOP CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT	
REPRESENTATI ORAL DISCUSS AND ANY STATI INFORMATION	ON MADE OR ION HELD B E PERSONNE ISSUED IN	DERSTAND THAT AN ASSUMED TO BE M ETWEEN VENDOR'S L IS NOT BINDING WRITING AND ADDE FFICIAL ADDENDUM	ADE DURING ANY REPRESENTATIVES . ONLY THE D TO THE		
		sı	GNATURE		
		C	ОМРАИЧ		
		D	ATE		
REV. 11/96	END	OF ADDENDUM NO.	1		
	SEE RE	VERSE SIDE FOR TERMS AND CO			
SIGNATURE		TELEPHONE	DATE		
TITLE	FEIN		ADDRESS CHANGES TO BE NOTED ABOVE		



VENDOR

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

Request for Quotation

RFQ NUMBER			÷	3
WEH900	5	3		

:	-	P	Α	G	Ē				:
						7	ı		

ADDRESS CORRESPONDENCE TO ATTENTION OF:

ROBERTA WAGNER 304-558-0067

RFQ COPY TYPE NAME/ADDRESS HERE

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

T 454 MCDOWELL STREET WELCH, WV 24801 304

DATE PRINTED T			MS OF SAL	Ε	SH	IP VIA		F.O.B.	FREIGHTERWS
02/12/ BID OPENING DATE:	2009								
BID OPENING DATE:	[autoropean section 100	02/26/	2009	papagagagagan	000000000000000000000000000000000000000	BID	OPE		1:30PM
LINE	QUAN	YTITY	UOP	CAT NO.	ITEM	NUMBER		UNIT PRICE	AMOUNT
			22,800,0808						
					100 10				
0001		1	JB		193-12				
	 REAGEN		ן סוזע פו	ОМДТТ	C INSTR	IMENTS)	-		
	KEAGEN	15 (10				0.121120,	ŀ		
			!						
	*****	mii T C	T.C. T.	נובי ביאו	ם סבי סבי	о менао	h53	***** TOTAL	
		IUTS	12 1	ue en	D OF RE	Q WEII190	033	10111	
			ļ						
									, i
						•			
							1		
			1						
				1					
			<u> </u>	SEE RE	VERSE SIDE FO	OR TERMS AND CO	ITIONO	ONS	
SIGNATURE	<u> </u>					TELEPHONE			
TITLE		[F	EIN					ADDRESS CHANG	ES TO BE NOTED ABOVE
1		l.							

WEH90053 Addendum #1

- Q1 A. Where does the registration fee of \$125 get sent?
- A1.A. Completion of the Vendor Registration and Disclosure Statement (WV-1 form) and the \$125.00 annual fee must be sent to the following:

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

The WV-1 form can be found at: www.state.wv.us/admin/purchase/vrc/pforms.htm

- Q1 B. Does it need submitted before the bid is awarded or at that time?
- A1.B. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125.00 fee.
- Q2. A. Does the State of West Virginia qualify for Federal contract pricing and terms?
- A2.A. Welch Community is a State Agency and a governmental entity. We are not eligible for federal pricing nor are we eligible for GPO pricing on anything but pharmaceuticals.
- Q2.B. If so, how?
- A2.B N/A
- Q3. On the request for unit pricing the calibrators, controls, and consumables are specific for their current analyzers. I am assuming you want the price of ours?
- A3. Yes, please submit calibrators, controls, and consumables specific for the equipment your company proposes for the estimated number of test listed on the cost sheet. Test should equal the Estimated Annual Usage per Unit multiplied by the Count per Unit.

Example:

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

- Q4. May I have copies of the original bids WEH80221 & WEH80234 and why are they being re-bid?
- A4. Yes, please see the attached. WEH80221 and WEH80234 the vendor did not meet specifications within the RFQ and the vendor's quote had put conflicting information in response to mandatory specifications.



VEXDOR

RFQ COPY

TYPE NAME/ADDRESS HERE

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

:: D	$\Delta \cap$	
 	F. Y	 •

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

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL 454 MCDOWELL STREET

WELCH, WV 24801

304-436-8710

ADDRESS CHANGES TO BE NOTED ABOVE

SHIP VIA FREIGHT TERMS DATE PRINTED TERMS OF SALE F.O.B. 12/14/2007 01/23/2008 BID OPENING TIME BID OPENING DATE: AMOUNT LINE QUANTITY: UOP TEM NUMBER UNITARICE OPEN-END BLANKET CONTRACT b001 193-12 ŰΒ (FOR AUTOMATIC INSTRUMENTS) REAGENTS REQUEST FOR QUOTATION TO PROVIDE AN OPEN END CONTRACT FOR REAGENTS TO PERFORM EXAMINATIOON 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 THIS CONTRACT BECOMES EFFECTIVE ON LIFE OF CONTRACT: AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE THE "REASONABLE TIME" PERIOD SHALL DRIGINAL CONTRACT DURING THIS "REASONABLE NOT EXCEED TWELVE (12) MONTHS. 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 SEE REVERSE SIDE FOR TERMS AND CONDITIONS: TELEPHONE SIGNATURE TITLE FEIN

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.
- 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
- 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.
- 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
- HPAA Business Associate Addendum The West Viginia 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 walve minor deviations to specifications
- Complete all sections of the quotation form.
- 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



VEX.COR

RFQ COPY

TYPE NAME/ADDRESS HERE

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

Request for Quotation WEH8022

WEH80221

ADDRESS:CORRESPONDENCE TO A TENTION OF ROBERTA WAGNER B04-558-0067

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET WELCH, WV

24801

304-436-8710

ABOVE LADELED MENDOD!

DATE PRINTED 12/14/2007 BID OPENING DATE:	TERMS OF SALE	SHIP VIA	FOR DPENING TIME 01	FREIGHT TERMS
LINE QUAN		ITEM NUMBER	UNIT PRICE	AMOUNT
IN THIS PRICING CONTRAC	3 SET HEREIN ARE	ENT, THE TERMS,	CONDITIONS AND FE OF THE	
WRITTEN SUBMITT DAYS PF BE IN F ORIGINA	N CONSENT OF THE FED TO THE DIREC RIOR TO THE EXPI ACCORDANCE WITH	MAY BE RENEWED SPENDING UNIT A TOR OF PURCHASING RATION DATE. SUITHE TERMS AND CONSHALL BE LIMITED	ND VENDOR, F THIRTY (30) CH RENEWAL SHALL NDITIONS OF THE	
RIGHT T NOTICE SUPPLIE	TO CANCEL THIS C TO THE VENDOR I ED ARE OF AN INF	CTOR OF PURCHASIC CONTRACT IMMEDIATE F THE COMMODITIES ERIOR QUALITY OR OF THE BID AND CO	ELY UPON WRITTEN E AND/OR SERVICES DO NOT CONFORM	
AUTHORI MARKET, ESTIMAT IMMEDIA CAUSES	ZE A SPENDING U WITHOUT THE FI TE, ITEMS SPECIF ATE DELIVERY IN (INCLUDING BUT ON OR AN UNANTI	E DIRECTOR OF PURITY TO PURCHASE CLING OF A REQUISION THIS CONTEMBRICATES DUE TO DESTRUCT TO DESTRUCT OF THE PURCHASE OF THE PURCHASE	ON THE OPEN ITION OR COST RACT FOR O UNFORESEEN ELAYS IN TRANS-	
APPROXI THE STA THAT TH ORDERED	MATIONS ONLY, B THE SPENDING UNI THE CONTRACT SHAL OFOR DELIVERY D	LISTED IN THE RASED ON ESTIMATES I IT IS UNDERSIL COVER THE QUANTURING THE TERM OF THE QUANTITIES	S SUPPLIED BY COOD AND AGREED CITIES ACTUALLY F THE CONTRACT,	
ORDERIN WRITTEN	G PROCEDURE: SP	ENDING UNIT(S) S ORDER (FORM NUM	HALL ISSUE A BER WV-39) TO	
GNATURE	SEE RE	VERSE SIDE FOR TERMS AND CON TELEPHONE	DITIONS DATE	
TITLE FEIN ADDRESS CHANGES TO BE NOTED				



*EXCOR

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

Request for REQ NUMBER

WEH80221

3

ADDRESS CORRESPONDENCE TO A HENTION OF

ROBERTA WAGNER B04-558-0067

RFQ COPY TYPE NAME/ADDRESS HERE

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

P T O 454 MCDOWELL STREET WELCH, WV

24801

				•
	RMS OF SALE	SHIP VIA	FOB.	FREIGHT TERMS
12/14/2007 BID OPENING DATE: 01/23/	2008 L	BID	OPENING TIME - 01	-:30PM
LINE QUANTITY	UOP CAT:	ITEM NUMBER	UNITPRICE	AMOUNT
THE ORIGINAL VENDOR AS AU	COPY OF TH THORIZATION E PURCHASIN	TIES COVERED BY HE WV-39 SHALL B FOR SHIPMENT, HG DIVISION, AND HG UNIT.	E MAILED TO THE A SECOND COPY	
FOR BANKRUPT	CY PROTECTI	ENT THE VENDOR/C ON, THIS CONTRA ID IS TERMINATED		
SHALL SUPERS CONDITIONS W DOCUMENTS SU	EDE ANY AND HICH MAY AP CH AS PRICE R MAINTENAN	IS CONTAINED IN SOLUTION OF ALL SUBSEQUENT PEAR ON ANY ATT. LISTS, ORDER FOR EAGREEMENTS, AS CD-ROM.	TERMS AND ACHED PRINTED DRMS, SALES	
BUSINESS ON FAX, COURIER RECEIVES AN WILL BE ANSW	FIONS SHALL 1/4/2008 OR E-MAIL UNFAIR ADVA ERED ORALLY	IN ORDER TO ASS NTAGE, NO SUBST	BE SENT VIA USPS,	
ROBERTA WAGN DEPARTMENT O PURCHASING D 2019 WASHING CHARLESTON,	F ADMINISTRI IVISION ION STREET, VV 25311	ATION EAST		
FAX: 304-558 E-MAIL: RWAG	IER@WVADMIN			
SIGNATURE	SEEREVE	RSE SIDE FOR TERMS AND CON ITELEPHONE	IDITIONS DATE	
;	N	1 minute 1 / mil see		· · · · · · · · · · · · · · · · · · ·
TITLE	N		ADDRESS CHANGES	TO BE NOTED ABOVE
MUEN DESPONDING T	O DEO INSEDT	NAME AND ADDDESS !	NISDACE ABOVE LABELE	D VENDOD'



State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Pay 50120 Post Office Box 50130 Charleston, WV 25305-0130

RFQ NUMBER WEH80221

ADDRESS CORRESPONDENCE TO ATTENTION OF ROBERTA WAGNER

304-558-0067

RFQ COPY TYPE NAME/ADDRESS HERE

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET WELCH, WV 24801

DATE PRINTE		JEE	IMS OF SA	Œ	SHIP	VIA	F.O.	i	FREIGHTTERMS	
BID OPENING DATE:		01/23/	2008			BID	DPENING T	IME 0)1:30PM	
LINE	QUAN	ETITY	UOP	CAT NO	ITEM.NU	MBER	UNITE	RICE	AMOUNT	
	HE ACC NTENDI ARTICU LTERNI ITERA NFORMI EJECTI O WAIV N ACCC	CEPTAB ED TO ULAR B ATES S FURE A ATION CON OF VE MIN ORDANC	LE LE REFLE RAND HOULD ND SP FOR A THE OR IR E WIT	VEL OCT AOR VESOS SECIFINY ALEGULARISEC	ICATIONS F QUALITY PREFERENC NDOR VE TATE AND CATIONS. TERNATES THE STAT ARITIES I IION 148- ULES AND	ONLY ANDORS WINCLUDE FAILURI MAY BE (E RESERVIN BIDS (1-4(F)	ND ARE NO VOR ANY HO ARE BI PERTINEN TO PROV GROUNDS F VES THE R OR SPECIF OF THE WE	T DDING T IDE OR IGHT ICATION	IS	
CI IS MI CA	JRRENT S ISSU JST AC ARD FC	LY UT ED TH CEPT OR PAY	ILIZE ROUGH THE S' MENT	S A V A BAI I'ATE OF AL	ANCE: TH ISA PURCH NK THE OF WEST V L ORDERS OF AWARD	ASING C SUCCESSI IRGINIA	ARD PROGR FUL VENDO VISA PUR	AM WHIC R CHASING	H	***************************************
			VEND	OR PR	EFERENCE (CERTIFIC	CATE			
- PR	EFERE	NCE IN	I ACC	ORDAN	CATION* CE WITH WI TO CONS'	EST VIR¢	INIA COD	Ξ,		
A RE		LICATI	1	MAD	FOR 2.5	PREFER	RENCE FOR	THE		
				SEEREV	ERSE SIDE FOR TH		DITIONS			
IGNATURE					į	TELEPHONE		DATE		
ITLE	•	FEI	V		···		ADDRE	SS CHANGE	S TO BE NOTED ABOVE	\neg



MODEMA

RFQ COPY

TYPE NAME/ADDRESS HERE

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

Request for REQ.NUMBER Quotation WEH80221

WEH80221

PAC	
	• • • • • • • • • • • • • • • • • • • •

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

þ

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET WELCH, WV 24801

DATE PRIN	TEO	TER	MS OF SAL	E	SHIP VIA	1	F.O.B.		FREIGHTTERMS
12/14/ BID OPENING DATE:		01/23/	2008		вгр	OPI	ENING TIME	0	L:30PM
LINE		NTITY	uop	CAT. NO	ITEM NUMBER		UNIT PRICE		AMOUNT
	HAS RE	SIDED	CONTI MEDIA	NUOUS FELY	IVIDUAL RESIDENT LY IN WEST VIRGI PRECEDING THE DA	ĮΝΙZ	A FOR FOUR		
	TION R QUARTE WEST V THE DA INTERE PARTNE WHO HA OF BUS VEARS	ESIDENT RS OR IRGINI. TE OF ST OF RSHIP, S MAINT INESS	T VEN PRINC A FOR THIS BIDDE ASSO TAINE CONTI	OOR AIPAL FOUR CERTI R IS CIATI O ITS NUOUS PREC	NERSHIP, ASSOCIAND HAS MAINTAINE PLACE OF BUSINES (4) YEARS IMMED FICATION; OR 80% HELD BY ANOTHER ON OR CORPORATIC HEADQUARTERS OR LY IN WEST VIRGIEDING THE DATE C	ED IN INI INI INI INI INI INI INI INI INI	ITS HEAD- CONTINUOUSI FELY PRECEI F THE OWNER DIVIDUAL, RESIDENT VI RINCIPAL PI A FOR FOUR	JY ING PING RSHII ENDO LACE	
	WHICH A MINI HAS MA BUSINE FOUR (HAS AN MUM OF INTAIN SS WIT	AFFII ONE ED IT HIN WI RS IM	LIATE HUNDR S HEA EST V	ORATION NONRESID OR SUBSIDIARY W ED STATE RESIDEN QUARTERS OR PRIN IRGINIA CONTINUO TELY PRECEDING T	HIC TS CII VSI	CH EMPLOYS AND WHICH PAL PLACE C Y FOR THE		
	F-	PLICAT CHECK		MAD	E FOR 2.5% PREFE	REI	ICE FOR THE	3	
	DURING 75% OF ARE RE THE ST PRECED	THE L THE E SIDENT ATE CO	IFE OF VOICE OF THE NAME OF TH	THE ES W EST OUSLY	DENT VENDOR WHO CONTRACT, ON AVORKING ON THE PRIVINGINIA WHO HAVE FOR THE TWO YEAR THIS BID;	ERA OJE	AGE AT LEAS ECT BEING E RESIDED IN	ST BID	
e e	DR () :	BIDDER	IS A	NONR	ESIDENT VENDOR E	MPI	OYING A		
SIGNATURE		- 1		SEEREV	/ERSE SIDE FOR TERMS AND CO TELEPHONE	NDIII	ONS	DATE	
TITLE	<u></u>	FEI	N ·				ADDRESS CI	HANGES	S TO BE NOTED ABOVE



MODSMA

RFQ COPY

TYPE NAME/ADDRESS HERE

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

- REQ NUMBER -----WEH80221

...ADDRESS CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER B04-558-0067

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET WELCH, WV 24801

304-436-8710

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHTTERMS
12/14/2007	h1 /22 /2000	DED-	 OPENING TIME 	01:30PM
BID OPENING DATE:	01/23/2008	עדם י	OPENING LIME	OI:SOPM
LINE QU	ANTITY UOP CAT.	ITEM NUMBER	UNITPRICE	AMOUNT
NONRE WHICH OF BUILDER ON BUILDER COMMISSIONER COMMISSION	MAINTAINS ITS HIS INESS WITHIN WESS THE LIFE OF THE FITHE EMPLOYEES OF THE SECRETOR THAT A BIDIT OF THE SECRETOR PURCHASE OF THE SECRETOR PURCHASE OF THE SECRETOR OF TH	CERTIFICATE, BIDITY REQUESTED INFOID AUTHORIZES THE CLOSE TO THE DIRECTOR OF THE CONTAIN THE CONTAIN OF THE CON	R SUBSIDIARY INCIPAL PLACE YING A MINIMUM FIFIES THAT, ERAGE AT LEAST IATE'S OR F WEST VIRGINI USLY FOR THE T OF THIS BID TAX & REVENUE FERENCE HAS MENTS FOR SUCH E DIRECTOR OF CT OR PURCHASE AGAINST SUCH F THE BID AMOUNT ANCE ON THE DER AGREES TO RMATION TO THE DEPARTMENT OF ECTOR OF IFYING THAT TAXES, PROVIDED THE AMOUNTS OF EMED BY THE TAXES I (WEST VIRGINITY HAT THIS I RESPECTS; AND	A WO NT G C F AX IA
THAT I	F A CONTRACT IS	ISSUED TO BIDDER	AND IF ANYTHIN	NG
1	SEERE	VERSE SIDE FOR TERMS AND CON	DITIONS	
SIGNATURE		TELEPHONE	· · · · · · · · · · · · · · · · · · ·	ATE
TITLE .	FEIN		ADDRESS CHAN	IGES TO BE NOTED ABOVE



HODAEA

TITLE

RFQ COPY

TYPE NAME/ADDRESS HERE

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

•		,
: PA	3E∵	300

.....ADDRESS:CORRESPONDENCE:TO ATTENTION OF ROBERTA WAGNER B04-558**-**0067

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET WELCH, WV 24801

304-436-8710

ADDRESS CHANGES TO BE NOTED ABOVE

DATE PRIN		TER	MS OF SAI	Ē	SHIP	VIA	Fig	3 B	FREIGHTTERMS
12/14/ BID OPENING DATE		01/23/	2008		<u>.</u>	BID	OPENING-	TIME C	1:30PM
LINE	1::::::::::::::::::::::::::::::::::::	ATHY.	UOP	CAT NO	ITEM:NU	MBER	UNFI	PRICE	AMOUNT
	TERM O	F THE	CONTR	ACT,	CERTIFICA BIDDER WI WRITING	LL NOTI	FY THE	NG THE	
				BIDDE	R:			<u> </u>	
				DATE:					-
		·		SIGNE	D:				
	ļ			ritle;					
	IN EITH ARE ENT	IER "A FITLED 1 5% P	OR TO R	"B", ECEIV	N OF PREF OR BOTH " E YOU M FOR BOTH	A" AND AY REQU	B" WHICE	H YOU	
j	A SIGNE	ED BID	MUST	BE S	JBMITTED .	TO:			
	PU BU 20	RCHASI JILDIN 119 WA	NG D 15 HING	VISI	INISTRATI ON PREET, EA 5305-0130	ST			
	PLEASE	NOTE:	A CO	VENI	ENCE COPY	WOULD	BE APPRE	CIATED.	
				E BI	THIS INFO MAY NOT	BE CON	SIDERED:	FACE OF	
IGNATURE				occ ncv	A CALIFORNIA DE PLANTA DE ALA CALIFORNIA DE ALA CALIFORNIA DE LA CALIFORNI	TELEPHONE	*DITIONS	DATE	
ITLE		leen	J		• • •	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7500 011110	ES TO BE NOTED ABOVE



NOD ZEK

RFO COPY

TYPE NAME/ADDRESS HERE

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

Request for

SH-P TO

RFQ NUMBER WEH80221

ADDRESS:CORRESPONDENCE TO ATTENTION OF ROBERTA WAGNER

B04-558**-**0067

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET WELCH, WV 24801

DATEPRINT	FO THE	RMS OF SALE	SHIP	VIA	FO.B	FREIGHTTERMS
12/14/2	2007				OPENING TIME	01:30PM
BID OPENING DATE:	QUANTITY	UOP CAT	ITEMNU		UNIT PRICE	AMQUNT
		No				
	SEALED BID				•	
	BUYER:	 	RW/FILE 2	2		
R	RFQ. NO.:		-WEH80221			
	BID OPENING	DATE:	-1/23/200	7		
	ID OPENING	TIME:	-1:30 PM-			
	LEASE PROVI				IS NECESSARY	
C	ONTACT PERS	ON (PLEASE	PRINT CL	EARLY):	u u u	
	**** THIS	IS THE EN	O OF RFQ	WEH80	221 ***** TO	TAL:
			1			
SIGNATURE		SEE REV	ERSE SIDE FOR TI	ERMS AND CON TELEPHONE	IDITIONS	DATE
TITLE	FE	Ň		•	ADDRESS CHA	ANGES TO BE NOTED ABOVE

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

Albumin

Calcium

Cholesterol

Creatnine

Direct Bilirubin

Enzymatic Carbonate

Glucose (GLU)

Glucose Gluc (Liquid)

High-Density Lipoprotein Cholesterol

Automated HDL Cholesterol

Iron

Automated LDL

Magnesium

Phosphorus

Total Bilirubin

Total Iron-Binding Capacity

IBCT (No Pre-treat)

Total Protein

Triglycerides

Urea Nitrogen

Uric Acid

TEST Method

Dye Binding-Bromcresol Purple

Cresolphthalein complexone

Enzymatic

Kinestic Alkaline Picrate (Jaffe)

Diazo-Caffeine/Benzoate Coupling

Enzymatic

Hexokinase

Hexokinase

Non-Pretreat Accelerated Cholesterol Oxidase

Phophotungstic Acit/No metal ions w Enzymatic

Ouantitation

Ferene without prior protein removal

Liquid Selective Detergent

Colorimetric Dye Methylthymol Blue

Phosphomolybdate-UV

Diazo-Caffeine/Benzoate Coupling

Alumina Adsorption

Ferene

Biuret

Enzymatic 340nm without serum blank GPDH

Urease with GLDH (Coupled Enzymes)

Uricase

Electrolytes

Carbon Dioxide

Chloride

Potassium

Sodium

Test Method

Enzymatic

Ion Selective Electrode, Indirect

Ion Selective Electrode, Indirect

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

Pseudocholinesterase

Coupled Oxidation reduction-Gal and Roth

Heterogeneous Immunoassays

Test Method

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

<u>Immunology</u> <u>Test Method</u>

Complement C3, Complement C4 Turbidimetric Assay, Quantitative

C-Re4Active Protein Highly Sensitive, coloimetric Immounoassay

IGA, IGG, IGM Quantitative, Turbidimetric Assay

Transferrin Quantitative, Turbidimetric Assay

Specialty Test Method

Ammonia Glutamate Dehydrogenase Enzymatic Method

Urine-Cerebrospinal Fluid Protein Pyrogallol Red-molybdate Method

Lactic Acid

Microalbumin PETINIA**adapted methodology

Prealbumin PETINIA technology method

Therapeutic Drug Monitoring Test Method

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

Carbamazepine PETINIA immunoassay methodology

Cyclosparine *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

Ehtyl Alcohol

WEH80221 Chemistry Analyzers with Reagents

Phenytoin	PETINIA methodology
Procainamide	PETINIA methodology
Sirolumus	*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

Modified alcohol dehydrogenase methodology

Modified Trinder colorimetric Salicylate Syva Emit II Plus methodology 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 Urine Opiates Screen Syva Emit II Plus methodology Urine Phercycylidine Screen Syva Emit II Plus methodology

^{**}PETINIA=particle enhanced turbidimetric inhibition immunoassay.

BID SHEET

F	Estimated			Count		Estimated
Item	Annual			Per	Unit	Annual
No.	Usage .	Description	Unit#	Unit	Price	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-Utic 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	\$	\$
		GGT-Gamma Glutamyl		_		
15	12 units	Transferase	DF45A	288 test per unit	\$	\$
		AST-Aspartate	DF41A	360 test per unit	\$	\$
16	52 units	Aminotransferease ALT-Alanine	Dr41A	500 test bet mit		- - -
17	72 units	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	ĆRBM-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	12 unite		RF430	120 test per unit	\$	\$
+					\$	\$
41 42	18 units 40 units	HCG-Human Chorionic Gonadotrophin MMB-Mass CKMB	RF430 RF420	120 test per unit 160 test per unit		

BID SHEET

Γ	Estimated		BID SI	Count		Estimated
Item	Annual			Per	Unit	Annual
No.	Usage	Description	Unit#	Unit	Price	Cost
2102	03450	TPSA-Revised Prostate	OHIE	Onic	T TREE	
43	10 units	Specific Antigen	RF451	120 test per unit	\$	\$
		TSH-Thyroid Stimulating				
44	20 units	Hormone	RF412	200 test per unit	\$	
45	62 units	CTnl-Troponin I	RF421C	120 test per unit	\$	\$
		AHDL-HDL Cholesterol,				
46	16 units	Automated	DF48A	240 test per unit	\$	\$
47	8 units	IBCT-Iron Binding	DF84	240 test per unit	\$	\$
48	8 units	TRNF-Transferrin	DF103	120 test per unit	\$	\$
49	8 units	AHDL Calibrator	DC48A	2 sets/5 levels unit	\$	\$
50	6 units	ALC Calibrator	DC37	2 sets/4 levels per unit	\$	\$
51	6 units	AMON Calibrator	DC25	2 sets/3 levels per unit	\$	\$
52	16 units	CHEM I Calibrator	DC18A	2 sets/3 levels per unit	\$	\$
53	10 units	CHEM II Calibrator	DC20	2 sets/3 levels per unit	\$	\$
54	6 units	CHOL Calibrator	DC16	2 sets/3 levels per unit	\$	\$
. 55	4 units	CK Verifier	DC26	2 sets/3 levels per unit	\$	\$
56	6 units	CRP Calibrator	DC30	2 sets/3 levels per unit	\$	\$
57	12 units	DRUG II Calibrator	DC49D	2 sets/5 levels per unit	\$	\$
58	8 units	ECO2 Calibrator	DC137	2 sets/3 levels per unit	\$	\$
59	8 units	Enzyme Verifier	DC19	2 sets/3 levels per unit	\$	
60	6 units	FERR Calibrator	RC440	2 sets/5 levels per unit	\$	\$
61	6 units	HCG Calibrator	RC430	2 sets/5 levels per unit	\$	\$
62	6 units	IBCT Calibrator	DC84	2 sets/3 levels per unit	\$	\$
63	4 units	IRN/TIBC Calibrator	DC21	2 sets/3 levels per unit	\$	\$
64	6 units	Lipase Verifer	DC15A	2 sets/3 levels per unit	\$	\$
- 65	8 units	MMB Calibrator	RC420	2 sets/5 levels per unit	\$	\$
66	12 units	REV Drug Calibrator	DC22B	2 sets/5 levels per unit	\$	\$
67	6 units	SAL Calibrator	DC38	2 sets/3 levels per unit	\$	\$
68	6 units	Special Protein Calibrator	DC51	2 sets/5 levels per unit	\$	\$
69	6 units	T4 Calibrator	DC13	2 sets/5 levels per unit	\$	\$
70	6 units	TBIL/DBIL Calibrator	DC17	2 sets/3 levels per unit	\$	\$
71	6 units	TP/ALB Calibrator	DC31	2 sets/3 levels per unit	\$	\$
72	4 units	T/FPSA Calibrator	RC452	2 sets/5 levels per unit	\$	\$
73	6 units	TU Calibrator	DC14	2 sets/5 levels per unit	\$	\$
74	6 units	Thyroid Calibrator	RC410	2 sets/5 levels per unit	\$	\$
75	6 units	UCFP Calibrator	DC45	2 sets/5 levels per unit	\$	\$
76	12 units	cTnl Calibrator	RC421C	2 sets/5 levels per unit	\$	\$
77	134 units	ABS Absorbance Test	DF79	120 test per unit	\$	\$
78	83 units	Cuvette Cartridge	D828	12,000 test per unit	\$	\$
79	4 units	Enzyme Diluent	ED	10 btle/10 ml per unit	\$	\$
80	24 units	Printer Paper -RxL	D829	6 rolls/80ft per unit	\$	\$
81	4 units	Sample Diluent-SD Plus	SDPlus	2 btle/50 ml per unit	\$	\$
82	15 units	Small Sample Cups	DSC5	1,000 test per unit	\$	\$
83	2 units	Sample Cups with Lids	DSC4	1,000 test per unit	\$	\$
84	26 units	Chem Wash	RD701	1btl/1800 ml per unit	\$	\$
85		IMT Probe Cleaner	RD704	12btles per unit	\$.	\$
86	62 units	Reagent Probe Cleaner	RD702	1 btl/500 ml per unit	\$	\$

BID SHEET

	Estimated			Count		Estimated
Item	Annual			Per	Unit	Annual
No.	Usage	Description	Unit#	Unit	Price	Cost
		Rev Heterogenous Mod				
87	26 units	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	\$	\$
	i	ALDL - Automated LDL				
100	32 units	Cholesterol	DF131	120 test per unit	\$.\$
101	12 units	ALDL Calibrator	DC131	2 sets/5 levels per unit	\$	\$ -
				Estimated To	tal 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
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

TYPE NAME/ADDRESS HERE

Request for Quotation

WEH80234

AGI	3000	

Post Office Box 50130 Charleston, WV 25305-0130 RFQ COPY

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

and difference of the second engine and any the high recession

454 MCDOWELL STREET WELCH, WV 24801 304

			FOR FREIGHT/ERMS
04/18/	2008	SHIPVIA	
BID OPENING DATE:	105/22/2008	J BID	OPENING TIME 01:30PM
LINE	QUANTITY LIOP CAT NO.	ITEM.NUMBER	UNIT PRICE AMOUNT
	OTEN END BL	ANKET CONTRACT	
	OARM-RIAD BIL	HIGH CONTINUE	
		;	
0001	JВ	193-12	
0001	1		
	REAGENTS (FOR AUTOMAT	IC INSTRUMENTS)	
	REQUEST FOR	OUOTATION	
		7	ACENTRA TO DEPENDE
	TO PROVIDE AN OPEN EN	TION OF SPECIFIED	METHODS.
	SELECTED VENDOR MUST ANALYZERS AT NO ADDIT	FROVIDE TWO FULLY TONAL CHARGE FOR	AUTOMATED USE WITH THE
	REQUESTED REAGENTS. P	ER THE ATTACHED S	PECIFICATIONS.
	THE SYSTEMS MUST INCL PRINTER WHICH WILL BE	DE A COMPUTER, N RETAINED AND MAI	NTAINED BY THE
	VENDOR.		
	THIS CONTRACT WILL BE	FOR A PERIOD OF	FIVE YEARS WITH
	THE OPTION OF TWO (2)	ONE (I) YEAR RE	MPWALD.
	17777777777777777777777777777777777777		
	EXHIBIT 3		
	LIFE OF CONTRACT: T	HIS CONTRACT BECC	MES EFFECTIVE ON
	SEER	EVERSE SIDE FOR TERMS AND CO	NOTIONS DATE
SIGNATURE TITLE	FÉIN .		ADDRESS CHANGES TO BE NOTED ABOVE
		RT 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 Viginia 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.
- Complete all sections of the quotation form.
- Unit prices shall prevail in cases of discrepancy:
- 5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
- 6. BID SUBMISSION: All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications.

SIGNED BID TO:

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



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

Request for

BEO NUMBER WEH80234

88	Ρį	G	=⊗	

******ADDRESS.CORRESRONDENCEXIC/ARCHYMONIOS ROBERTA WAGNER 304-558-0067

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET WELCH, WV 24801

	O COPY NAME/ADDRESS	HERE

DATE PRINTED TERMS OF SALE 04/18/2008	SHIPVIA	FOB.	FREIGHTTERMS
BID OPENING DATE: 05/22/2008	BID OP	ENING TIME 01	:30PM
LINE QUANTITY UOP CAT	ITEM:NUMBER	UNIT PRICE	AMOUNT
(5) YEARS OR UNTIL SUCH AS IS NECESSARY TO OBTA ORIGINAL CONTRACT. THE NOT EXCEED TWELVE (12) TIME" THE VENDOR MAY TE REASON UPON GIVING THE WRITTEN NOTICE	AIN A NEW CONTRACT "REASONABLE TIME MONTHS. DURING TI RMINATE THIS CONTI DIRECTOR OF PURCH	"THEREAFTER OR RENEW THE PERIOD SHALL HIS "REASONABLE RACT FOR ANY ASING 30 DAYS	
UNLESS SPECIFIC FROVISI IN THIS CONTRACT DOCUME PRICING SET HEREIN ARE CONTRACT	INT, THE TERMS, CO	NDITIONS AND	
RENEWAL: THIS CONTRACT WRITTEN CONSENT OF THE SUBMITTED TO THE DIRECT DAYS PRIOR TO THE EXPIR BE IN ACCORDANCE WITH TO ORIGINAL CONTRACT AND S (1) YEAR PERIODS	SPENDING UNIT AND FOR OF PURCHASING ' RATION DATE. SUCH THE TERMS AND COND	VENDOR, THIRTY (30) I RENEWAL SHALL DITIONS OF THE	
CANCELLATION: THE DIRECT RIGHT TO CANCEL THIS CO	ONTRACT IMMEDIATEL	Y UPON WRITTEN	
NOTICE TO THE VENDOR IS SUPPLIED ARE OF AN INFE TO THE SPECIFICATIONS OF THE SPECIFICATIONS OF THE SPENDING UNITARILY AUTHORIZE A SPENDING UNITARILY WITHOUT THE FILL ESTIMATE, ITEMS SPECIFICATIONS OF THE STEAM OF THE SPECIFICATION OF THE SP	ERIOR QUALITY OR DOF THE BID AND CON E DIRECTOR OF PURC WIT TO PURCHASE ON LING OF A REQUISIT	OO NOT CONFORM ITRACT HEREIN. CHASING MAY I THE OPEN CION OR COST	
IMMEDIATE DELIVERY IN ECAUSES (INCLUDING BUT NO PORTATION OF AN UNANTICO OF WORK.)	EMERGENCIES DUE TO NOT LIMITED TO DEL CIPATED INCREASE I	O UNFORESEEN LAYS IN TRANS- IN THE VOLUME	
SIGNATURE	TELEPHONE	DATE	
TITLE		†	TO BE NOTED ABOVE
WHEN RESPONDING TO RFQ, INSERT	NAME AND ADDRESS IN S	SPACE ABOVE LABELE	D '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
WEH8 0234

WEH8 0234

ROBERTA WAGNER

WEH80234

****	PAG	-00°	800

Dureskognieskondenoeriovarietkinonkol ROBERTA WAGNER

RFQ COPY HEALTH AND HUMAN RESOURCES TYPE NAME/ADDRESS HERE WELCH COMMUNITY HOSPITAL MODEMA 454 MCDOWELL STREET WELCH, WV 24801 304-436-8710 FREIGHTTERMS TERMS OF SALE SHIPVIA DATE PRINTED 04/18/2008 BID OPENING TIME 01:30PM

SIGNATURE	SEE REVERSE SIDE FOR TEHMS AND CONDI	FIGNS DATE
	WRITTEN QUESTIONS SHAIL BE ACCEPTED THROBUSINESS ON 05/06/2008 QUESTIONS MAY BE FAX, COURIER OR E-MAIL. IN ORDER TO ASSURECEIVES AN UNFAIR ADVANTAGE, NO SUBSTAINMILL BE ANSWERED ORALLY. IF POSSIBLE,	SENT VIA USPS, JRE NO VENDOR NTIVE QUESTIONS
	REV 04/11/2001	
	SHALL SUPERSEDE ANY AND ALL SUBSEQUENT CONDITIONS WHICH MAY APPEAR ON ANY ATTACOUNTY SUCH AS PRICE LISTS, ORDER FOR AGREEMENTS OR MAINTENANCE AGREEMENTS, IN ELECTRONIC MEDIUM SUCH AS CD-ROM.	CHED PRINTED
	BANKRUPTCY: IN THE EVENT THE VENDOR/COLFOR BANKRUPTCY PROTECTION, THIS CONTRACT CALLY NULL AND VOID, AND IS TERMINATED VORDER. THE TERMS AND CONDITIONS CONTAINED IN THE	r is automati- without further His contract
	ORDERING PROCEDURE: SEENDING UNIT(S) SHAWRITTEN STATE CONTRACT ORDER (FORM NUMBER OF VENDOR FOR COMMODITIES COVERED BY THE ORIGINAL COPY OF THE WV-39 SHALL BE VENDOR AS AUTHORIZATION FOR SHIPMENT, A MAILED TO THE PURCHASING DIVISION, AND A RETAINED BY THE SPENDING UNIT	ER WV-39) TO HIS CONTRACT. MAILED TO THE SECOND COPY
	QUANTITIES: QUANTITIES LISTED IN THE RECAPPROXIMATIONS ONLY, BASED ON ESTIMATES THE STATE SEENDING UNIT. IT IS UNDERSTORMED THE CONTRACT SHALL COVER THE QUANTITIES ORDERED FOR DELIVERY DURING THE TERM OF WHETHER MORE OR LESS THAN THE QUANTITIES	SUPPLIED BY DOD AND AGREED ITIES ACTUALLY THE CONTRACT,
LINE	QUANTITY LIDP CAT TEM NUMBER	UNIT PRICE AMOUNT



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

TERMS OF SALE

Request for Quotation

WEH80234

_	 6			
		Ą.	**	***
ŀ				
ı				

FREIGHT TERMS

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

·		304 335 000;	
RFQ COPY TYPE NAME/ADDRESS HERE		HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL	
	P	454 MCDOWELL STREET	
	0	WELCH, WV 24801 304-436-8710	

BID OPENING DATE:	5/22/2008	BID OPENING	rime 01:30PM	<u></u>
		SER LINT	PRICE AMC	DUNT
LINE QUANTI	NO NO	441		
מסת שסה	FERRED. ADDRESS INQUIRIE	as TO.		
ARE FREI	PERRIED. ADDITION INCOLUEN		·	
ROBERTA				
	ENT OF ADMINISTRATION			
	ING DIVISION			
	SHINGTON STREET, EAST TON, WV 25311			
CHARLES	10M, WV 29511			
	4-558-4115			
E-MAIL:	ROBERTA.A.WAGNER@WV.GOV			
].			
		<u> </u>		
THE MODI	el/brand/specifications i	JAMED HEREIN ES	TABLISH	
THE ACC	EPTABLE LEVEL OF QUALITY D TO REFLECT A PREFERENCI	S OB ESPROS SULA ONLY WIND WER IN	01	
PARTICII	LAR BRAND OR VENDOR. VE	NDORS WHO ARE B	IDDING	
ALTERNA	tes should so state and :	INCLUDE PERTINE	NT	
LITERATU	URE AND SEECIFICATIONS.	FAILURE TO PRO	VIDE [
INFORMA	TION FOR ANY ALTERNATES I	MAY BE GROUNDS	FOR	Ì
REJECTIO	ON OF THE BID. THE STATI E MINOR INREGULARITIES II	S RESERVES IND W RIDS OR SPECT	FICATION	i
IN ACCO	RDANCE WITH SECTION 148-	1-4 (F) OF THE W	EST	
VIRGINIZ	A LEGISLATIVE RULES AND I	REGULATIONS.		
		a common or west	WE DOWN TALL	
PURCHAS.	ING CARD ACCEPTANCE: THI LY UTILIZES A VISA PURCH	FINITE OF MEST	RAM WHIC	
TS TSSTI	ED THROUGH A BANK. THE	SUCCESSFUL VEND	OR	
MUST ACC	CEPT THE STATE OF WEST V	IRGINIA VISA PU	RCHASING	
CARD FOR	R PAYMENT OF ALL ORDERS I	PLACED BY ANY S	TATE	
AGENCY A	AS A CONDITION OF AWARD.		· ·	
1				
	SEE REVERSE SIDE FOR TE		,	
SIGNATURE		FLEPHONE	DATE	
THE	FEIN	ADD	RESS CHANGES TO BE NOTED	ABOVE
WHEN RESPON	NDING TO RFQ, INSERT NAME AND A	IDDRESS IN SPACE A	BOVE LABELED 'VENDOR	1



MODEMA

RFQ COPY

TYPE NAME/ADDRESS HERE

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

Request for REGINUMBER WEH80234

	4
PAGE	١

and the state of t ROBERTA WAGNER 304-558-0067

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET WELCH, WV 24801

000000000000000000000000000000000000000	ITEO TEI	RMS OF SALE	SHIPVIA	FOB.	FREIGHTTERMS
04/18 BID OPENING DATE	'	/sone	BID	OPENING TIME 01	.:30PM
100000000000000000000000000000000000000			1	UNITPRICE	AMOUNT
LINE	QUANTITY	UOP CAT NO	ITEM NUMBER	UWI FRICE	AUGONI
		1	,	;	1
<u> </u>		VENTION DE	eference-certifi	C+A+P+	
		VERIBOR F1	BEBRANCE CERTIFI	CITIE	
1	CERTIFICATION	N AND APPI	ICATION* IS HERE	BY MADE FOR	
-			CE WITH WEST VIR		
	5A-3-37 (DOI	es not appi	Y TO CONSTRUCTIO	N CONTRACTS).	· .
	א אסטד.דריאי	TON TO MAI	E FOR 2.5% PREFE	PENCE FOR THE	
	REASON CHECK	1 1	E FOR 2.5% FREEE	KENCE FOR LIE	
-			IVIDUAL RESIDENT		
-	HAS RESIDED	CONTINUOUS	LY IN WEST VIRGI	NIA FOR FOUR	
ŀ	CERTIFICATION		PRECEDING THE DA	TE OF IMIS	
1	CERTIFICALIO				
	() BIDDE	IS A PART	NERSHIP, ASSOCIA	TION OR CORPORA-	
j	TION RESIDE	T VENDOR A	ND HAS MAINTAINE	D ITS HEAD-	
	QUARTERS OR	PRINCIPAL	PLACE OF BUSINES	S CONTINUOUSLY I	
	WEST VIRGIN.	METE CERM	(4) YEARS IMMED FICATION; OR 80%	OF THE OWNERSHIP	
	INTEREST OF	BIDDER IS	HELD BY ANOTHER	INDIVIDUAL,	
	PARTNERSHIP	ASSCIATI	ON OR CORPORATIO	N RESIDENT VENDO	4
	WHO HAS MAIN	TAINED ITS	HEADQUARTERS OR	PRINCIPAL PLACE	
	OF BUSINESS	CONTINUOUS	LY IN WEST VIRGI	NIA FOR FOUR (4)	1
	CERTIFICATION	1	EDING THE DATE C	H. UBLS	
	CERTIFICATIO				
			ORATION NONRESID		
1			OR SUBSIDIARY W		
1			ED STATE RESIDEN		
			QUARTERS OR PRIN IRGINIA CONTINUO		
	FOUR (4) VE	ARS IMMEDIA	TELY PRECEDING T	HE DATE OF THIS	
	CERTIFICATIO				
l L	B APPLICAT	ion is mai	E FOR 2.5% PREFE	RENCE FOR THE	
		 	VERSE SIDE FOR TERMS AND CON	DITIONS	
SIGNATURE			TELEPHONE	DATE	
TITLE	ĮFI	EIN		ADDRESS CHANGES	TO BE NOTED ABOVE
1	IEM DEODOMON'S	TO DEC WOES	T NAME AND ADDRESS I	,	
W-	IEN KESPONDING	IU KHU, INSEK	こ スタスに タンフ タフレスにろうし	IN OLYCE YOU'S FYDELL	D AFIADOU



RFQ COPY

TYPE NAME/ADDRESS HERE

State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Roy 50120 Post Office Box 50130 Charleston, WV 25305-0130

HEO NOMBER	8
WEH80234	

335	27	G	
177		-	 ~

waderesseereerdneenerakernionvok ROBERTA WAGNER 804-558-0067

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL 454 MCDOWELL STREET

WELCH, WV 24801

04/18/2008	
BID OPENING DATE: 05/22/2008 BID OPENING TIME 01:30PM	
LINE QUANTITY UOP CAT TEMNUMBER UNIT-PRICE AMOUNT	
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 () BIDDER IS A NONRESIDENT VENDOR EMPLOYING A	
MINIMUM OF ONE HUNDRED STATE RESIDENTS OR IS A NONRESIDENT VENDOR WITH AN AFFILIATE OR SUBSIDIARY WHICH MAINTAINS ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS WITHIN WEST VIRGINIA EMPLOYING A MINIMUM OF ONE HUNDRED STATE RESIDENTS WHO CERTIFIES THAT, DURING THE LIFE OF THE CONTRACT, ON AVERAGE AT LEAST 75% OF THE EMPLOYEES OR BIDDERS' AFFILIATE'S OR SUBSIDIARY'S EMPLOYEES ARE RESIDENTS OF WEST VIRGINIA WHO HAVE RESIDED IN THE STATE CONTINUOUSLY FOR THE TWO YEARS IMMEDIATELY PRECEDING SUBMISSION OF THIS BID	
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 STORETARY 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	
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	
SEE REVERSE SIDE FOR TEHMS AND CONDITIONS SIGNATURE TELEPHONE DATE	***************************************
TITLE FEIN ADDRESS CHANGES TO BE NOTED ABOV	Έ

\sim	
∹≺	34



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

Request for Quotation WEH80234

:P./	O.	Χ.

WADDRESS CORRESCONDENCERCAR RENACTION OF ROBERTA WAGNER 304-558-0067

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET WELCH, WV 24801

04/18			RMS OF SA	LE.	SHP	VIA ·		FOR		FREIGHT	TERMS
BID OPENING DATE		05/22,	a la companya da companya		;	BID	OP	ENING TIME	01:	30PM	
LINE	QUA	NTITY	UOP	CAT NO	TEMNU	JMBER		UNITPRICE		AM	TNUC
		***********************				***************************************					
								YING THAT			
								XES, PROVIDEI HE AMOUNTS OF			
								MED BY THE TA			
	COMMIS	SSIONE	TO E	E CON	FIDENTIA	L.					
	TIME	THEORY		TAME	OD DATOR	CIMITA TO T'N		(WEST VIRGINI	٠, ١		
					EREBY CE				A		
	CERTII	FICATE	IS TR	UE AN	D ACCURA	TE IN AL	L 1	RESPECTS; ANI			
								ND IF ANYTHIN	īG		
					BIDDER W			S DURING THE			
	PURCHA	ASING I	IVISI	ON IN	WRITING	IMMEDIA	TE	LY.			
	1			<u> </u>							
	1			BIDDE	D		<u> </u>				
					TC .						
								i e			
:				DATE:	· · · · · · · · · · · · · · · · · · ·	:					
				SIGNE	D:		{- - .				
					¥						
				TITLE							
					•						
! !								NSIDERATION (S)	*	
								WHICH YOU THE			
	MAXIMU	IM 5% F	REFER	ENCE	FOR BOTH	"A" AND	"I	3".			
	(REV.	12/00)		370	T. G.D.						
				LOU	LCE	,]				
	A SIGN	ED BID	MUST	BE S	UBMITTED	TO:					
	_]							
	□ E	EPARIM	₽ŊŢ—C	r-adm	INISTRAT.	LON-		- <u> </u>	.		4.
				SEERE	ERSESIDE FOR 1		VDITIC				
SIGNATURE						TELEPHONE		DA	TE		
mre		FE	EN.				T	ADDRESS CHANG	ES T	D BE NOTED	ABOVE



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

Request for Quotation WEH80234

WEH80234 ...

88	Ρ,	G	***	

RFQ COPY TYPE NAME/ADDRESS HERE

andriesegorieserondengeroaarenarionio ROBERTA WAGNER 304-558-0067

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET WELCH, WV 24801

DATE PRIN 04/18, BID OPENING DATE	/2008	RMSQESALE /2008	SHIPAIA		FREIGHTTERMS
LINE			TEM:NUMBER	UNITABLE	AMGUNT
	PURCHA BUILDI	SING DIVIS			
	CHARLE	STON, WV 2			
			ENCE COPY WOULD		
			THIS INFORMATION THIS THE CON	N ON THE FACE OF SIDERED:	
	SEALED BID				
			RW/FILE 22		
		1 1	-05/22/2008		
	BID OPENING	I IME :	-i:20 bM		
		1 1	UMBER_IN_CASE_IT	_IS_NECESSARY	
	TO CONTACT	YOU REGARD!	NG YOUR BID:		
	CONTACT PERS	ON (PLEASE	PRINT CLEARLY):		
					ı
SIGNATURE		SEERE	VERSE SIDE FOR TERMS AND COL TELEPHONE	VBERIGNS DATE	
TITLE	F	EIN	· <u>I</u>	ADDRESS CHANGES	TO BE NOTED ABOVE



RFQ COPY

TYPE NAME/ADDRESS HERE

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

Request for Quotation WEH802

WEH80234

88	PAC	P	W.W.

*******Addriesioolisesioondengesio7anaentinionko ROBERTA WAGNER 304-558-0067

HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET WELCH, WV 24801

	DATE PRINT		TER	MS OF SA	ĽΕ		SHIPV	Á		F) (1		FREIGHTTERMS	
	BID OPENING DATE:	2000 0	5/22/	2008		<u> </u>		BID	OPEI	VING	TIME	01	:30PM	i
	LINE	QUANT	πv	909	CAT NO		ITEM NUM	(BER		UNП	PRICE		AMOUNT	
		*****	THIS	IS :	THE EN	D OF	RFQ	WEH80	234	****	** T	'OTAL :		_
				ř		ŀ		į						
						Ì								
						:								
1]								
											·		***************************************	
				ı								•		
											1			*********
	SIGNATURE				SEERE	VERSE &		ERMS AND CO. TELEPHONE	NOHION	(S		DATE		
	TITLE		FE	en en		··				ADI	DESS (CHANGES	S TO BE NOTED ABOVE	
AMUEN PERPANDING TO DECLINEEDT NAME AND ADDRESS IN									ADDRESS CHANGES TO BE NOTED ABOVE					

GENERAL INFORMATION

Purpose:

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

Project:

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

OPERATING ENVIRONMENT

Facility Location

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

PROCUREMENT SPECIFICATIONS

General Requirements

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

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

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

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

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

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

Term of Contract

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

Invoices, Progress Payments, & Retainage:

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

Cost Evaluation:

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

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

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

Vendor references may be requested.

,,,	
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	Bluret
Triglycerides	Enzymatic 340nm without serum blank GPDH
Urea Nitrogen	Urease with GLDH (Coupled Enzymes)
Uric Acid	Uricase
<u>Electrolytes</u>	Test Method
Carbon Diexide	<u>Enzymatic</u>
Chloride	Ion Selective Electrode, Indirect

WEH80234 Reagents and Consumables

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 you 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 you 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

Enzymes-cont'd

Test Method

Lipase

Adapted Clorimetric Neumann

Pseudochclinesterase

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 you bid response.

WEH80234 Reagents and Consumables *see above 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 ProBNP Enzymatic Immunoassay Methodology NT-PRO BNP *see above Tyroid Stimulating Hormone see above Total PSA **Test Method Immunology** Turbidimetric Assay, Quantitative Complement C3, Complement C4 Highly Sensitive, coloimetric Immounoassay C-Re4Active Protein Quantitative, Turbidimetric Assay IGA, IGG, IGM Quantitative, Turbidimetric Assay Transferrin **Test Method Specialty** Glutamate Dehydrogenase Enzymatic Method Ammonia Pyrogallol Red-molybdate Method Urine-Cerebrospinal Fluid Protein Lactic Acid Test Method Specialty-cont'd PETINIA**adapted methodology -Mierealbumin-PETINIA technology method Prealbumin **Test Method** Therapeutic Drug Monitoring *Currently, the hospital uses Dade Behring equipment, thus, some test methods are unique and proprietary to the equipment/company. Please provide your proposed test method that may be specific to the equipment that may be proposed in you bid response. PETINIA immunoassay methodology Carbamazepine

*see above

*see above

Cyclosparine_

Digoxin

WEH80234 Reagents and Consumables

Urine Phercycylidine Screen

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

Syva Emit II Plus methodology

**PETINIA=particle enhanced turbidimet	ric inhibition immuno	oassay.	
		,	
The state of the s		used a play a to the state of t	
		•	

		1		Count		Estimated
Estimated				Per	Unit	Annual
tem	Annual	Decarintion	Unit#	Unit	Price	Cost
No.	Usage	Description	DF13	480 test per unit		
1	26 units	ALB-Albumin	DF21	480 test per unit		
2	36 units	BUN-Urea Nitrogen	DF23A	480 test per unit		
3	34 units	CA-Calcium	DF27	480 test per unit		
_4	10 units	CHOL-Cholesterol	DF33A	480 test per unit		
5	40 units	CREA-Creatinine	DF137	360 test per unit		
6	30 units	ECO2-Enzymatic CO2	DF40	960 test per unit	<u> </u>	
: 7	20 units	GLU-Glucose	DF61	480 test per unit		
8	10 units	PHOS-Phosphorus	DF67A	480 test per unit		
9.	46 units	TBIL-Total Bilirubin	DF73	480 test per unit	 	
10	34 units	TPROT-Total Protein	DF73	480 test per unit	<u> </u>	
11	10 units	URCA-Uric Acid	DF17 DF15A	360 test per unit		
12	50 units	ALP-Alkaline Phosphatase	DF15A DF29A	480 test per unit	 	
-13	10-units -	GK-Creatinine Kinase	DF29A DF25A	320 test per unit		
14	14 units	DBIL-Direct Bllirubin	DF25A DF45A	288 test per unit	1	
15	12 units	GGT-Gamma Glutamyl Transferase		360 test per unit	 	ļ
16	52 units	AST-Aspartate Aminotransferease	DF41A	240 test per unit	<u> </u>	
17	72 units	ALT-Alanine Aminotransferase	DF43A	480 test per unit	 	·
18	18 units	LDH-Lactic Dehydrogenase	DF53A	480 test per unit	 	
19	17 units	TGL-Triglyceride	DF69A	80 test per unit	 	
20	10 units	ACTM-Acetaminophen	DF88	120 test per unit	<u> </u>	
21	19 units	ALC-Alcohol	DF18	120 test per unit		
22	10 units_	AMON-Ammonia	DF19	240 test per unit		
23	16 units	AMY-Amylase	DF17A	120 test per unit	 -	
24	12 units	CRP-C Reactive Protein	DF37	240 test per unit	 	
25	8 units	IRN-Iron	DF49A	120 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	160 test per unit	 	
29	16 units	TU-Thyronine Uptake	DF75A	120 test per unit		
30	26 units	T4-Thyroxine	DF65	80 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		1
33	36 units	DGNA-Digoxin No Pretreat	DF35A	80 test per unit		
34	31 units	GENT-Gentamicin.	DF12	80 test per unit	A William or T. W.	N/#-3-4
35_	32 units	PHNO-Phenobarbital	DF60	112 test per unit		
36	26 units	PTN-Phenytoin	DF64	80 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	120 test per unit		
40	14 units	FERR-Ferritin	RF440	120 test per unit		
41	18 units	HCG-Human Chorionic Gonadotrophin	RF430			
42	40 units	MMB-Mass CKMB	RF420	160 test per unit		
43	10 units	TPSA-Revised Prostate Specific Antigen	RF451	120 test per unit		
44	20 units	TSH-Thyroid Stimulating Hormone	RF412	200 test per unit	=	
		CTnl-Troponin I	RF421C	120 test per unit	1	1

BID SCHEDULE/COST PROPOSAL						
Estimated			Count	Unit	Estimated Annual	
ltem	Annual			Per	Unit Price	Cost
No.	Usage	Description	Unit#	Unit	Price	Cost
47	8 units	IBCT-Iron Binding	DF84	240 test per unit		
48	8 units	TRNF-Transferrin	DF103	120 test per unit		
49	8 units	AHDL Calibrator	DC48A	2 sets/5 levels unit		
50	6 units	ALC Calibrator	DC37	2 sets/4 levels per unit		
51	6 units	AMON Calibrator	DC25	2 sets/3 levels per unit		
52	16 units	CHEM I Calibrator	DC18A	2 sets/3 levels per unit		
53	10 units	CHEM II Calibrator	DC20	2 sets/3 levels per unit		<u> </u>
54	6 units	CHOL Calibrator	DC16	2 sets/3 levels per unit	4m	<u> </u>
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	ļ	
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		<u> </u>
68	6 units	Special Protein Calibrator	DC51	2 sets/5 levels per unit	 	
69	6 units	T4 Calibrator	DC13	2 sets/5 levels per unit		_
70	6 units	TBIL/DBIL Calibrator	DC17	2 sets/3 levels per unit		
71	6 units	TP/ALB Calibrator	DC31	2 sets/3 levels per unit	 -	
72	4 units	T/FPSA Calibrator	RC452	2 sets/5 levels per unit	 	-
73	6 units	TU Calibrator	DC14	2 sets/5 levels per unit		
74	6 units	Thyroid Calibrator	RC410	2 sets/5 levels per unit		
75	6 units	UCFP Calibrator	DC45	2 sets/5 levels per unit		
76	12 units	cTnl Calibrator	RC421C	2 sets/5 levels per unit		-
77	134 units	ABS Absorbance Test	DF79	120 test per unit	 	-
78	83 units	Cuvette Cartridge	D828	12,000 test per unit	 	
79	4 units	Enzyme Diluent	ED_	10 btle/10 ml per unit		
- 80	24 units	Printer Paper - Rx	D829	6 rolls/80ft per unit		
81	4 units	Sample Diluent-SD Plus	SDPlus	2 btle/50 ml per unit		
82	15 units	Small Sample Cups	DSC5	1,000 test per unit	 -	
83	2 units	Sample Cups with Lids	DSC4	1,000 test per unit		
84	26 units	Chem Wash	RD701	1btl/1800 ml per unit	 -	
85	4 units	IMT Probe Cleaner	RD704	12btles per unit	 	+
86	62 units	Reagent Probe Cleaner	RD702	1 btl/500 ml per unit		
87	26 units	Rev Heterogenous Mod Vesseis	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 <u></u>	8-units	QuickLYTE Elush Solution	S630	3 bags/1000 ml per unit	 	_
91	38 units	Quicki YTE IMT Cartridge	S600	4 cartridges per unit		
92	20 units	QuickLYTE Sample Diluent	S635	1 btl/500 ml per unit	<u> </u>	

· · - ·,		BID SCHEDULE/C	USI PRUPU	Count		Estimated
Item No.	Estimated Annual Usage	Description	Unit#	Per Unit	Unit Price	Annual Cost
93	23 units	QuickLYTE Standard A	S620	3 bags/1000 ml per unit		
94	14 units .	QuickLYTE Standard B	S625	3 bags/1000 ml per unit		
95	12 units	Salt Bridge Solution	D105	3 btle/150 ml per unit		
96	6 units	Reagent Probe Tip	715871. 505	48,000 test per unit		
97	12 units	GLUC - Liquid Glucose	DF40	1440 test per unit		
98	6 units	LI – Lithium	DF132	80 test per unit		<u> </u>
99	4 units	FT4 - Free T4	RF410	120 test per unit		
100	32 units	ALDL - Automated LDL Cholesterol	DF131	120 test per unit		ļ
101	12 units	ALDL Calibrator	DC131	2 sets/5 levels per unit		<u> </u>
		Total Estimated Annual Co	st for the Re	agents/Consumables =		
Pı	rice Per Lab T			antity 100,000 = Total		
			sumables +	Total of Lab Test Costs	<u> </u>	

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

Background:

Welch Community Hospital is a 124 bed hospital, 59 of which are Long Term care beds. Acute care beds include: 8 Intensive care beds; 2 pediatric beds; 10 obstetrical beds and 45 medical/surgical beds. The hospital serves the counties of McDowell, Wyoming and Mingo with a total market population of about 83,000

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

Emergency Room Patients - 10,441

Observation Visits - 542

Clinic Patients - 25,524

Surgeries - 343

Deliveries - 78

Laboratory Tests - 771,015

Radiology - 15,063

CAT Scans - 2,529

Ultrasound - 1,869

Mammography - 633

Respiratory Tests - 21,402

Electrocardiograms - 4,231

Admissions - 974

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

Overall ADC (60 Patients per day) - 66%

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

Outpatient Services Provided Are:

Primary Care and Family Practice in a Certified Rural Health Setting

Pediatric Clinic

Newborn Care

Internal Medicine

Surgery

Emergency Room Services

Radiology Services Including:

Diagnostic

CAT Scan

-Ultrasound-

Mammography

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

Laboratory Services

REO No WEH80234	
-----------------	--

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

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 acknowledges the information in this said affidavit and are in compliant.)	-5-3), it is hereby certified that the vendor ance with the requirements as stated.
Vendor's Name:	
Authorized Signature:	Date:
Purchasing Affidavit (Revised 06/15/07)	

ATTACHMENT

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

Section (1994) 4 to 1 to 1995 (1994)	Agreed			
	Signature	Date	Signature	Date
	Title		Title	
	Company Name	-	Agency/Division	
			·	
***************************************			A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
			•	

WV-96 Rev 10/07

AGREEMENT ADDENDUM

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

- **DISPUTES** Any references in the agreement to arbitration or to the jurisdiction of any court are hereby deleted. Disputes arising out of the agreement shall be presented to the West Virginia Court of Claims. 1..
- HOLD HARMLESS Any clause requiring the Agency to indemnify or hold harmless any party is hereby deleted in its entirety 2.
- GOVERNING LAW The agreement shall be governed by the laws of the State of West Virginia. This provision replaces any references to any other State's governing law. 3.
- TAXES Provisions in the agreement requiring the Agency to pay taxes are deleted. As a State entity, the Agency is exempt from Federal, State, and local taxes and will not pay taxes for any Vendor including individuals, nor will the Agency file any tax returns or reports on behalf of Vendor 4. or any other party.
- PAYMENT · Any references to prepayment are deleted. Payment will be in arrears. 5.,
- INTEREST Should the agreement include a provision for interest on late payments, the Agency agrees to pay the maximum legal rate under West Virginia law. All other references to interest or late charges are deleted. 6.
- RECOUPMENT Any language in the agreement waiving the Agency's right to set-off, counterclaim, recoupment, or other defense is hereby 7..
- FISCAL YEAR FUNDING Service performed under the agreement may be continued in succeeding fiscal years for the term of the agreement contingent upon fininds being appropriated by the Legislature or otherwise being available for this service. In the event funds are not appropriated or otherwise available for this service, the agreement shall terminate without penalty on June 30. After that date, the agreement becomes of no effect and is null and void. However, the Agency agrees to use its best efforts to have the amounts contemplated under the agreement included in its budget. Non-appropriation-or-non-funding shall not be considered an event of default. 8
- STATUTE OF LIMITATION Any clauses limiting the time in which the Agency may bring suit against the Vendor, lessor, individual, or any other party are deleted. 9
- SIMILAR SERVICES Any provisions limiting the Agency's right to obtain similar services or equipment in the event of default or non-funding during the term of the agreement are hereby deleted. 10
- ATTORNEY FEES The Agency recognizes an obligation to pay attorney's fees or costs only when assessed by a court of competent jurisdiction.

 Any other provision is invalid and considered null and void. 11.
- ASSIGNMENT Notwithstanding any clause to the contrary, the Agency reserves the right to assign the agreement to another State of West Virginia agency, board or commission upon thirty (30) days written notice to the Vendor and Vendor shall obtain the written consent of Agency prior to assigning the agreement. 12.
- LIMITATION OF LIABILITY The Agency, as a State entity, cannot agree to assume the potential liability of a Vendor. Accordingly, any provision limiting the Vendor's liability for direct damages to a certain dollar amount or to the amount of the agreement is hereby delated. Limitations on special, incidental or consequential damages are acceptable. In addition, any limitation is null and void to the extent that it precludes any action for injury to persons or for damages to personal property 13.
- RIGHT TO TERMINATE Agency shall have the right to terminate the agreement upon thirty (30) days written notice to Vendor. Agency agrees to pay Vendor for services rendered or goods received prior to the effective date of termination. 14.
- TERMINATION CHARGES Any provision requiring the Agency to pay a fixed amount or liquidated damages upon termination of the agreement is hereby deleted. The Agency may only agree to reimburse a Vendor for actual costs incurred or losses sustained during the current fiscal year due to wrongful termination by the Agency prior to the end of any current agreement term. 15.
- RENEWAL Any reference to automatic renewal is hereby deleted. The agreement may be renewed only upon mutual written agreement of the 16. parties.
- INSURANCE Any provision requiring the Agency to insure equipment or property of any kind and name the Vendor as beneficiary or as an additional insured is hereby deleted. 17.
- RIGHT TO NOTICE Any provision for repossession of equipment without notice is hereby deleted. However, the Agency does recognize a right of repossession with notice. 18.
- ACCELERATION Any reference to acceleration of payments in the event of default or non-funding is hereby deleted 19.
- CONFIDENTIALITY: -Any provision regarding confidentiality of the terms and conditions of the agreement is hereby deleted. State contracts are public records under the West Virginia Freedom of Information Act.
- AMENDMENTS All amendments, modifications, alterations or changes to the agreement shall be in writing and signed by both parties. No amendment, modification, alteration or change may be made to this addendum without the express written approval of the Purchasing Division and the Attorney General 21.

and the Attorney General.	
ACCEPTED BY: STATE OF WEST VIRGINIA	<u>vendor</u>
· · · · · · · · · · · · · · · · · · ·	Company Name:
Spending Unit:	Signed:
Signed:	
Title:	
Date:	Date:

REO No	WEH80221
REU NO.	44 = 1 1002 Z 1

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:

Purchasing Affidavit (Revised 04/15/07)