

 <b>TRIDENT TECHNICAL COLLEGE</b>  <b>Request for Quotation</b> <b>Commercial off the Shelf Items</b> <b>Amendment # 1</b>	Solicitation Number 100623-465-25406-10/19/23 Date Printed 10/16/23 Date Issued 10/16/23 Procurement Officer Wendy Dennis Phone (843) 574-6065  E-mail Address wendy.dennis@tridenttech.edu
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DESCRIPTION: **Surgical Equipment for Surgical Technology Program Training**

*The Term "Offer" Means Your "Bid" or "Proposal".*

SUBMIT OFFER BY (Opening Date/Time): **10/24/23 @ 2:00 PM EST**

See "Deadline For Submission Of Offer" provision

QUESTIONS MUST BE RECEIVED BY: **10/19/23 @ 10:00 AM EST**

See "Questions From Offerors" provision

NUMBER OF COPIES TO BE SUBMITTED: **1**

SUBMIT YOUR OFFER TO:

**Email: Procurement.Quotes@tridenttech.edu**

CONFERENCE TYPE: <b>N/A</b> DATE & TIME: <b>As appropriate, see "Conferences - Pre-Bid/Proposal" &amp; "Site Visit" provisions</b>	LOCATION:
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<b>AWARD &amp; AMENDMENTS</b>	This solicitation, and any amendments will be posted at the following web address: <a href="https://www.tridenttech.edu/about/departments/proc/ttc_solic.htm">https://www.tridenttech.edu/about/departments/proc/ttc_solic.htm</a> . Awards will be posted at the following web address: <a href="https://www.tridenttech.edu/about/departments/proc/ttc_awapost.htm">https://www.tridenttech.edu/about/departments/proc/ttc_awapost.htm</a>
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You must submit a signed copy of this form with Your Offer. By submitting a bid or proposal, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of thirty (30) calendar days after the Opening Date.

NAME OF OFFEROR(Full legal name of business submitting the offer)		<b>OFFEROR'S TYPE OF ENTITY:</b> (Check one)  <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (tax-exempt) <input type="checkbox"/> Corporate entity (not tax-exempt) <input type="checkbox"/> Government entity (federal, state, or local)  <input type="checkbox"/> Other (See "Signing Your Offer" provision.)
AUTHORIZED SIGNATURE  (Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above.)		
TITLE (Business title of person signing above)		
PRINTED NAME (Printed name of person signing above)	DATE SIGNED	

Instructions regarding Offeror's name: Any award issued will be issued to, and the contract will be formed with, the entity identified as the offeror above. An offer may be submitted by only one legal entity. The entity named as the offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, *i.e.*, a separate corporation, partnership, sole proprietorship, etc.

STATE OF INCORPORATION  (If Offeror is a corporation, identify the state of Incorporation.)
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TAXPAYER IDENTIFICATION NO.  (See "Taxpayer Identification Number" provision)
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**PAGE TWO**

**(Return Page Two with Your Offer)**

HOME OFFICE ADDRESS (Address for offeror's home office / principal place of business)	NOTICE ADDRESS (Address to which all procurement and contract related notices should be sent.) (See "Notice" clause)  <hr/> Address  <hr/> Area Code – Number – Extension                  Facsimile  <hr/> E-mail Address
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PAYMENT ADDRESS (Address to which payments will be sent.) (See "Payment" clause)   ___ Payment Address same as Notice Address (check only one) ___ Payment Address same as Home Office Address	ORDER ADDRESS (Address to which purchase orders will be sent) (See "Purchase Orders and "Contract Documents" clauses)   ___ Order Address same as Home Office Address ___ Order Address same as Notice Address (check only one)
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**ACKNOWLEDGMENT OF AMENDMENTS**  
 Offerors acknowledges receipt of amendments by indicating amendment number and its date of issue. (See "Amendments to Solicitation" Provision)

Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date

DISCOUNT FOR PROMPT PAYMENT (See "Discount for Prompt Payment" clause)	10 Calendar Days (%)	20 Calendar Days (%)	30 Calendar Days (%)	_____ Calendar Days (%)
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**PREFERENCES - A NOTICE TO VENDORS (SEP. 2009):** On June 16, 2009, the South Carolina General Assembly rewrote the law governing preferences available to in-state vendors, vendors using in-state subcontractors, and vendors selling in-state or US end products. This law appears in Section 11-35-1524 of the South Carolina Code of Laws. A summary of the new preferences is available at [www.procurement.sc.gov/preferences](http://www.procurement.sc.gov/preferences). **ALL THE PREFERENCES MUST BE CLAIMED AND ARE APPLIED BY LINE ITEM, REGARDLESS OF WHETHER AWARD IS MADE BY ITEM OR LOT. VENDORS ARE CAUTIONED TO CAREFULLY REVIEW THE STATUTE BEFORE CLAIMING ANY PREFERENCES. THE REQUIREMENTS TO QUALIFY HAVE CHANGED. IF YOU REQUEST A PREFERENCE, YOU ARE CERTIFYING THAT YOUR OFFER QUALIFIES FOR THE PREFERENCE YOU'VE CLAIMED. IMPROPERLY REQUESTING A PREFERENCE CAN HAVE SERIOUS CONSEQUENCES.** [11-35-1524(E)(4)&(6)]

**PREFERENCES - ADDRESS AND PHONE OF IN-STATE OFFICE:** Please provide the address and phone number for your in-state office in the space provided below. An in-state office is necessary to claim either the Resident Vendor Preference (11-35-1524(C)(1)(i)&(ii)) or the Resident Contractor Preference (11-35-1524(C)(1)(iii)). Accordingly, you must provide this information to qualify for the preference. An in-state office is not required, but can be beneficial, if you are claiming the Resident Subcontractor Preference (11-35-1524(D)).

\_\_\_ In-State Office Address same as Home Office Address

\_\_\_ In-State Office Address same as Notice Address (check only one)

Bidders shall acknowledge receipt of this Amendment prior to date and time specified in the solicitation, or as amended, by one of the following methods: (1) by signing and returning the Amendment or (2) by submitting a bid that indicates in some way that the bidder received the amendment. Failure of your acknowledgement to be received at the issuing office prior to date and time specified may result in rejection of your offer. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided such telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

THE SOLICITATION IS AMENDED AS PROVIDED HEREIN. INFORMATION OR CHANGES RESULTING FROM QUESTIONS WILL BE SHOWN IN A QUESTION-AND-ANSWER FORMAT. ALL QUESTIONS RECEIVED HAVE BEEN REPRINTED BELOW. THE "STATE'S RESPONSE" SHOULD BE READ WITHOUT REFERENCE TO THE QUESTIONS. THE QUESTIONS ARE INCLUDED SOLELY TO PROVIDE A CROSS-REFERENCE TO THE POTENTIAL OFFEROR THAT SUBMITTED THE QUESTION. QUESTIONS DO NOT FORM A PART OF THE CONTRACT; THE "STATE'S RESPONSE" DOES. ANY RESTATEMENT OF PART OR ALL OF AN EXISTING PROVISION OF THE SOLICITATION IN AN ANSWER DOES NOT MODIFY THE ORIGINAL PROVISION EXCEPT AS FOLLOWS: UNDERLINED TEXT IS ADDED TO THE ORIGINAL PROVISION. STRICKEN TEXT IS DELETED.

Except as provided herein all terms and conditions of the document referenced as heretofore changed remain unchanged and in full force and effect.

Solicitation #: **100623-465-25406-10/19/23**

Title: **Surgical Equipment for Surgical Technology Program Training**

Is hereby amended as follows:

~~SUBMIT OFFER BY (Opening Date/Time): 10/19/23 @ 2:00 PM EDT~~

**SUBMIT OFFER BY (Opening Date/Time): 10/24/23 @ 2:00 PM EDT**

**This amendment is issued to answer questions received and make changes to the specifications. Specification changes will be made as follows: Removals are shown by striking through and insertions / additions are highlighted in yellow.**

**Changes to Specifications:**

**In Fall 2023, Trident Technical College (TTC) added a Surgical Technology program that prepares and educates students to enter the workforce as medical professionals with the skills necessary to prepare operating rooms and assist doctors and nurses before, during and after surgery. The Surgical Technology program includes classes that teach students about perioperative, intraoperative and postoperative duties including, but not limited to, ensuring the supplies, instruments and equipment are set up properly and ready to go, sanitizing the operating room and tools, positioning and prepping the patients for surgery, and cleaning the operating room after the surgery. This solicitation is to procure equipment to be used in this program. The labs that will be set-up with the items included in this solicitation will be used in mock settings for instruction only and not used on actual patients. Items may be used on existing training manikins.**

Replace page 32 - 41, Section VIII. Quotation Schedule with the attached revised Quotation Schedule beginning on page 9.

Remove Items 10, 11 & 12

**Item # 10: ~~Full Size Laparoscopy Sterilization Containers~~**

- ~~Length: minimum of 23" / maximum 23 1/2"~~
- ~~Width: minimum of 11" / maximum 11 1/2"~~
- ~~Must include inner basket~~

**Item # 11: ~~3/4 Size Laparoscopy Sterilization Containers~~**

- ~~Length: minimum 18" / maximum 18 3/4"~~
- ~~Width: minimum 11" / maximum 11 1/2"~~
- ~~Must include inner basket~~

**Item # 12: ~~Quarter & 1/2 Size Laparoscopy Sterilization Containers~~**

- ~~Length: minimum 11 1/4" / maximum 12"~~
- ~~Width: minimum 11" / maximum 11 1/2"~~
- ~~Must include inner basket~~

**Changes related to questions:**

Following are questions that were received and answers to those questions.

Q-1: If there are bid terms and conditions Vendor may not be able to agree to, will the College allow Vendor to include clarifications or exceptions as part of its bid submission?

A-1: **States Response. No Change.** If there are terms and conditions a vendor may not be able to agree to, vendor will need to send them in writing prior to the question deadline.

Q-2: Are there any insurance requirements for this particular solicitation?

A-2: **States Response. No Change.** No, there are no insurance requirements for this particular solicitation other than standard commercial general liability.

Q-3: Does the College consider electronic signatures to be valid "original" signatures (i.e.: DocuSign)?

A-3: **States Response. No Change.** Yes, TTC considers electronic signatures to be valid "original" signatures as long as the electronic signature meets United States requirements for electronic signatures.

Q-4: Are renewals available? If there are renewal terms available, are they at sole discretion of the College or by mutual consent of the College and Vendor?

- A-4: **States Response. No Change.** No, there are no renewals available as this is a one-time purchase of equipment to set up the Surgical Technology program. Any future purchases for additions or replacements will be made in accordance with the South Carolina Procurement Code.
- Q-5: Will this be a contract term or a one-time purchase? If this will result in a contract term, what will the initial term be?
- A-5: **States Response. No Change.** See answer to # 4.
- Q-6: Outside of the 44 page bid package, are there any additional terms and conditions the Vendor should be aware of?
- A-6: **States Response. No Change.** No, there are not additional terms and conditions vendors should be aware of other than what are included in this solicitation.
- Q-7: Can freight/shipping charges be added to the final invoice?
- A-7: **States Response. No Change.** Per page 31, Section VII. Terms and Conditions, B. Special **"DELIVERIES SHALL BE FOB DESTINATION, FREIGHT PREPAID.** It is agreed by the parties hereto that delivery by the contractor to the common carrier does not constitute delivery to the College. Any claim for loss or damage shall be between the contractor and the carrier." No, freight/shipping charges that are not included in the unit pricing on the quotation schedule can not be added to the final invoice. **All freight/shipping costs must be added to the unit price of the items on the Quotation Schedule pricing.**
- Q-8: The CF-160 and GIF-H190 scopes are only compatible with the equivalent Olympus hardware. The endoscopy tower requested in the bid is a Stryker 1288 and is not compatible with these scopes. Just wanted to confirm that the college already has the needed hardware for the Olympus scopes and is not expecting them to work with the Stryker system.
- A-8: **States Response. No Change.** All requested scopes will attach to the Stryker camera head coupler. See specification change in # 13.
- Q-9: The Olympus CYF-V and OSF-3 can connect to the Stryker 1288 via the camera coupler, but the Stryker light source requested will not be compatible. Same thing as above, just wanted to confirm this was expected.
- A-9: **States Response. Change.** See answer # 13 for changes in the light source. See specification change in # 13.
- Q-10: For Item # 1, The description lists monitor. Is it desired to also have an anesthesia monitor included with the non-functioning anesthesia machine that measures ECG, Spo2, Nibp & Anesthetic Agent? Or by monitor are you referring to the ventilator display that is part of all anesthesia workstations?

A-10: **States Response. Change.** The anesthesia machine will be used in a mock setting and not used on actual patients. The monitor should display the ECG, SPO2, NIBP. The only non-working part should be the delivery of anesthesia. All other parts should be working.

**Item # 1: Used/Refurbished Non-Working Anesthesia Workstation Ref: Drager Narkomed GS**

Machine must be cleaned and painted to look new

- Must be a complete anesthesia workstation to include:
  - Monitor
  - ~~2 or 3 Vaporizers~~ 1 Vaporizer
  - Absorber
  - Scavenger System
  - Sphygmomanometer

Q-11: Item # 1 - The description lists 2 or 3 vaporizers. Is it desired to have 2 or 3 vaporizers included with the machine or that the machine simply have the ability to mount 2 or 3 vaporizers?

A-11: **States Response. Change.** See answer # 10 for information on the number of vaporizers.

Q-12: Item # 2 and # 3 - Olympus 160-series and 190-series scopes function with different processors. Can it be confirmed that these models requested are correct and that processors are available already to utilize the scopes contained in the bid?

A-12: **States Response. No Change.** The scopes listed as item # 1 and #2 will only be used in for mock purposes. These scopes need to be working scopes and the fiber optics must not be broken. The scopes are the correct models and will work with the Olympus light source. See specification change in # 13.

Q-13: Item # 9 - The description states Stryker 1288 Camera, but makes no reference to the CCU (Camera Control Unit). Can you confirm if the Stryker 1288 CCU is also desired to be included in the bid?

A-13: **States Response. Change.** See the below changes in the Refurbished/Used Video Endoscopy Tower System.

**Item # 9: Refurbished/Used Video Endoscopy Tower System**

System must cleaned and be biomedically tested and in good working order and patient-ready.

- 40L CORE High Flow Insufflator And CO2 Source
  - Minimum 40L Insufflator
  - Touch Screen With Read Out ~~For Actual Pressure And Actual Flow Rate~~
  - ~~Smoke Evacuation Port And Read Out~~
- 26" Surgical Display Monitor
  - LCD
  - High Definition
- HD Digital Endoscopic Camera Ref: Stryker 1288 HD
  - Four Fully-Programmable Camera Head Buttons
  - Touchscreen

- Resolution Not Less Than 1920 X 1080
- Nine Specialty Settings
- Wireless Transmission Capabilities
- Camera Control Unit Ref: Stryker 1288 CCU
- Fiberoptic Light Source Ref: Stryker X7000 Olympus CLV-S190
  - Must Use A Xenon Elliptical Bulb
  - Must Interfaces With The Digital Camera
  - F/O Cable
- Printer Ref: Stryker SDP1000
  - 301 DPI Thermal Head
  - Built-in Protective Lamination
  - Full HD Resolution
- Mobile Endoscopy Workstation Tower with Doors
  - Cart Must Be Cleaned And Washed. Casters Replaced As Necessary. Door Closures Are Checked, Fixed, Or Replaced As Needed.
  - Mobile Cart Must Be Compatible With And House All Components Of The Video Endoscopy System
  - Monitor Mount

Q-14: Lot 1, Item # 1 - Is it desired to have a rolling stand included with the tourniquet device?

A-14: **States Response. Change.** Yes, the tourniquet device must have a rolling stand. See the below changes in the Refurbished Automatic Tourniquet.

**Lot 1**

**Item # 1: Refurbished Automatic Tourniquet Ref: Zimmer ATS-3000**

- Dual cuff tourniquet with hoses
- Automatic calibration and checks for accuracy
- Cuff status alerts
- Battery back up
- Cuff pressure read out for individual ports
- Must include a rolling stand

**Item # 2: Tourniquet 18" cuff for above ATS**

**Item # 3: Tourniquet 24" cuff for above ATS**

**Item # 4: Tourniquet 34" cuff for above ATS**

**Item # 5: Tourniquet 44" cuff for above ATS**

Q-15: Item # 6 - Please define "all elements of the table sterilized" as used in description.

A-15: **States Response. No Change.** The table must be disinfected and sterilized. Disinfecting is the process of eliminating or reducing harmful microorganisms from inanimate objects and surfaces and sterilization is the process of killing all microorganisms.

Q-16: Item # 6 - Please determine if you prefer a 3080 as listed in the title, or 3080 RL which is a one button return to level notated in the features listed. Both items are used in the description.

A-16: **States Response. Change.** Yes, the OR bed must be the 3080RL Refurbished OR Surgical Table or as specified in the solicitation.

**Item # 6: Refurbished OR Surgical Table with attachments and positioning aids Ref: AMSCO 3080RL**

Q-17: Item # 6 - Please provide description or manufacturers item number for: 26" C-Arm board with 2" pad (2).

A-17: **States Response. No Change.** The part number for the C-Arm Board with 2" pad is BF363.

Q-18: Item # 9 - Will the state provide adequate proof of handling for the CO2 source. (gas) Typically not used in this setting. As well as proof evacuation of smoke is acceptable in this environment. Will the state release bidder harmless to actions, after delivery of listed items in an educational setting as being used by untrained students. Please define the hold harmless clause as issued in the case of gas and flame being used within the facility.

A-18: **States Response. No Change.** This is a mock lab set-up and will not be using a smoke evacuator or gas in our applications.



**VIII. Quotation Schedule**

RFQ#: **100623-465-25406-10/19/23**

**Quotation Schedule  
Amendment # 1**

Unit price shall be shown.

Provide Date of Delivery After Receipt of Order (ARO) in space provided on Quotation Schedule.

**Deliveries shall be FOB destination, freight prepaid.**

Item #	Qty UOM	Description	Unit Price	Grand Total
1	1 EA	<p><b>Used/Refurbished Anesthesia Cart</b>                      Mfg: _____                      Model #: _____                      SC End Product Preference: _____                      U.S. End Product Preference: _____                      Resident Vender Preference: _____                      Delivery ARO: _____                      Warranty: _____</p>	\$ _____	\$ _____
2	1 EA	<p><b>Refurbished/Used Colonoscopes Endoscope</b>                      Mfg: _____                      Model #: _____                      SC End Product Preference: _____                      U.S. End Product Preference: _____                      Resident Vender Preference: _____                      Delivery ARO: _____                      Warranty: _____</p>	\$ _____	\$ _____

<p>3</p>	<p>1 EA</p>	<p><b>Refurbished/Used Flexible Cysto-Nephro Videoscope</b>  Mfg: _____  Model #: _____  SC End Product Preference: _____  U.S. End Product Preference: _____  Resident Vender Preference: _____  Delivery ARO: _____  Warranty: _____</p>	<p>\$ _____</p>	<p>\$ _____</p>
<p>4</p>	<p>1 EA</p>	<p><b>Refurbished/Used EGD (Esophagogastroduodenoscopy) Gastroscope</b>  Mfg: _____  Model #: _____  SC End Product Preference: _____  U.S. End Product Preference: _____  Resident Vender Preference: _____  Delivery ARO: _____  Warranty: _____</p>	<p>\$ _____</p>	<p>\$ _____</p>
<p>5</p>	<p>1 EA</p>	<p><b>Refurbished/Used Flexible Fiberoptic Sigmoidoscope</b>  Mfg: _____  Model #: _____  SC End Product Preference: _____  U.S. End Product Preference: _____  Resident Vender Preference: _____  Delivery ARO: _____  Warranty: _____</p>	<p>\$ _____</p>	<p>\$ _____</p>

<p>6</p>	<p>2 EA</p>	<p><b>Refurbished OR Surgical Table with attachments and positioning aids</b>  Mfg: _____  Model #: _____  SC End Product Preference: _____  U.S. End Product Preference: _____  Resident Vender Preference: _____  Delivery ARO: _____  Warranty: _____</p>	<p>\$ _____</p>	<p>\$ _____</p>
<p>7</p>	<p>2 EA</p>	<p><b>Refurbished Stirrups with Lift Assist</b>  Mfg: _____  Model #: _____  SC End Product Preference: _____  U.S. End Product Preference: _____  Resident Vender Preference: _____  Delivery ARO: _____  Warranty: _____</p>	<p>\$ _____</p>	<p>\$ _____</p>
<p>8</p>	<p>2 EA</p>	<p><b>Refurbished HillRom TransStar P8000 / Stryker Advantage 1001 Stretcher / Stryker Advantage 1000 Stretcher</b>  Mfg: _____  Model #: _____  SC End Product Preference: _____  U.S. End Product Preference: _____  Resident Vender Preference: _____  Delivery ARO: _____  Warranty: _____</p>	<p>\$ _____</p>	<p>\$ _____</p>

9	2	EA	<b>Refurbished/Used Video Endoscopy Tower System</b>	\$ _____	\$ _____
			Mfg: _____		
			Model #: _____		
			SC End Product Preference: _____		
			U.S. End Product Preference: _____		
			Resident Vender Preference: _____		
			Delivery ARO: _____		
Warranty: _____					
<b>Total of Items 1 - 9</b>					\$ _____

**Lot 1**

1	2	EA	<b>Refurbished Automatic Tourniquet System with Rolling Stand</b>	\$ _____	\$ _____
			Mfg: _____		
			Model #: _____		
			SC End Product Preference: _____		
			U.S. End Product Preference: _____		
			Resident Vender Preference: _____		
			Delivery ARO: _____		
Warranty: _____					
2	3	EA	<b>Tourniquet 18" cuff</b>	\$ _____	\$ _____
			Mfg: _____		
			Model #: _____		
			SC End Product Preference: _____		
			U.S. End Product Preference: _____		
			Resident Vender Preference: _____		
			Delivery ARO: _____		
Warranty: _____					

3	3 EA	<b>Tourniquet 24" cuff</b> Mfg: _____ Model #: _____ SC End Product Preference: _____ U.S. End Product Preference: _____ Resident Vender Preference: _____ Delivery ARO: _____ Warranty: _____	\$ _____	\$ _____
4	3 EA	<b>Tourniquet 34" cuff</b> Mfg: _____ Model #: _____ SC End Product Preference: _____ U.S. End Product Preference: _____ Resident Vender Preference: _____ Delivery ARO: _____ Warranty: _____	\$ _____	\$ _____
5	3 EA	<b>Tourniquet 44" cuff</b> Mfg: _____ Model #: _____ SC End Product Preference: _____ U.S. End Product Preference: _____ Resident Vender Preference: _____ Delivery ARO: _____ Warranty: _____	\$ _____	\$ _____
			<b>Total Lot 1</b>	\$ _____

**Lot 2**

<p>1</p>	<p>2 EA</p>	<p><b>Positioning and Procedure Manikin</b>  Mfg: _____  Model #: _____  SC End Product Preference: _____  U.S. End Product Preference: _____  Resident Vender Preference: _____  Delivery ARO: _____  Warranty: _____</p>	<p>\$ _____</p>	<p>\$ _____</p>
<p>2</p>	<p>2 EA</p>	<p><b>Insufflated Skin Topper with Repair Kit</b>  Mfg: _____  Model #: _____  SC End Product Preference: _____  U.S. End Product Preference: _____  Resident Vender Preference: _____  Delivery ARO: _____  Warranty: _____</p>	<p>\$ _____</p>	<p>\$ _____</p>
<p>3</p>	<p>2 EA</p>	<p><b>Flat Abdominal Skin Topper for with Repair Kit</b>  Mfg: _____  Model #: _____  SC End Product Preference: _____  U.S. End Product Preference: _____  Resident Vender Preference: _____  Delivery ARO: _____  Warranty: _____</p>	<p>\$ _____</p>	<p>\$ _____</p>

4	2 EA	<b>Procedure Drop-In</b> Mfg: _____ Model #: _____ SC End Product Preference: _____ U.S. End Product Preference: _____ Resident Vender Preference: _____ Delivery ARO: _____ Warranty: _____	\$ _____	\$ _____
5	2 EA	<b>Breast Model with 2 lumps and repair kit</b> Mfg: _____ Model #: _____ SC End Product Preference: _____ U.S. End Product Preference: _____ Resident Vender Preference: _____ Delivery ARO: _____ Warranty: _____	\$ _____	\$ _____
<b>Total Lot 2</b>			\$ _____	

**Lot 3**

1	8 EA	<b>Used Flyte Steri-Shield Personal Protection System</b> Mfg: _____ Model #: _____ SC End Product Preference: _____ U.S. End Product Preference: _____ Resident Vender Preference: _____ Delivery ARO: _____ Warranty: _____	\$ _____	\$ _____
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2	8 EA	<b>Used Flyte Power Packs</b> Mfg: _____ Model #: _____ SC End Product Preference: _____ U.S. End Product Preference: _____ Resident Vender Preference: _____ Delivery ARO: _____ Warranty: _____	\$ _____	\$ _____
3	1 EA	<b>Used 8 Station Battery Charger With Flyte Software</b> Mfg: _____ Model #: _____ SC End Product Preference: _____ U.S. End Product Preference: _____ Resident Vender Preference: _____ Delivery ARO: _____ Warranty: _____	\$ _____	\$ _____
<b>Total Lot 3</b>			\$ _____	

**Lot 4**

1	2 EA	<b>Refurbished Electrical surgical units (bipolar and monopolar)</b> Mfg: _____ Model #: _____ SC End Product Preference: _____ U.S. End Product Preference: _____ Resident Vender Preference: _____ Delivery ARO: _____ Warranty: _____	\$ _____	\$ _____
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2	2 EA	<b>Electrical surgical cart (ESU)</b> Mfg: _____ Model #: _____ SC End Product Preference: _____ U.S. End Product Preference: _____ Resident Vender Preference: _____ Delivery ARO: _____ Warranty: _____	\$ _____	\$ _____
<b>Total Lot 4</b>			\$	
<b>Grand Total</b>			\$	