

City of San Antonio

ADDENDUM II

SUBJECT: Request For Offer (RFO), Annual Contract for Medical Supplies, (RFO 6100004347), Scheduled to Open: May 7, 2014; Date of Issue: April 15, 2014

FROM: Paul J. Calapa
Procurement Administrator

DATE: April 29, 2014

THIS NOTICE SHALL SERVE AS ADDENDUM NO. II - TO THE ABOVE REFERENCED REQUEST FOR OFFER

THE ABOVE MENTIONED REQUEST FOR OFFERS IS HEREBY AMENDED AS FOLLOWS:

1. The RFO opening Date is hereby extended to WEDNESDAY, MAY 14, 2014, 10:00 AM LOCAL TIME.
2. PRICE SCHEDULE, Item 11, Delete in its entirety.
3. PRICE SCHEDULE, Item 24, Changed to read:

24. Blanket Visi, Poly Yellow, 50" x 84", Graham Medical #53382, 25/CA
NO SUBSTITUTION
MFR Name : _____
Product# _____
Qty per Case: _____
4. PRICE SCHEDULE, Item 33, Delete in its entirety.
5. PRICE SCHEDULE, Item 35, Changed to read:

35. Gauze, impregnated with white petrolatum, sterile, non-adherent, 3" x 18", per box, Kendall #8884414600 or approved equal
MFR Name : _____
Product# _____
Qty per Case: _____
6. PRICE SCHEDULE, Item 45, Changed to read:

45. Hand Sanitizer, 4 Fl oz, No Rinse, Safetec, #SAF17350 or approved equal; 25ea/bx
NO SUBSTITUTION
MFR Name : _____
Product# _____
Qty per Case: _____
7. PRICE SCHEDULE, Item 46, Changed to read:

46. Holder, Endotracheal Thomas Tube, Pediatric Size, Laerdal #600-20000; 25ea/pk
NO SUBSTITUTION
MFR Name : _____
Product# _____
Qty per Case: _____

8. PRICE SCHEDULE, Item 47, Changed to read:

47. Holder, Endotracheal Thomas Tube, Adult Size, Laerdal #600-10000; 25ea/pk

NO SUBSTITUTION

MFR Name : _____

Product# _____

Qty per Case: _____

9. PRICE SCHEDULE, Item 48, Changed to read:

48. ~~Injection, Sodium Chloride, 0.9% Irrigation, UPS Pour Bottle, Irrigant, 900 mg/100mL; NCD 0338-0048-04, or approved equal.~~

MFR Name : _____

Product# _____

Qty per Case: _____

10. PRICE SCHEDULE, Item 60, Changed to read:

60. OXYGEN PREFILLED HUMIDIFIER; Prefilled Humidifier 500ml filled with sterile bacteriostatic water. Comes with humidifier adapter; Part#002620 or approved equal.

MFR Name : _____

Product# _____

Qty per Case: _____

11. PRICE SCHEDULE, Item 65, Changed to read:

65. Pad Prep Alcohol Large 1.25" x 1.75", 100ea/bx ;Dynarex, #DYN1106 or approved equal.

MFR Name: _____

Product #: _____

Qty per Case: _____

12. PRICE SCHEDULE, Item 67, Changed to read:

67. Penlight with Pupil Gauge 6/pk, Aaron Medical Ind. Inc, #66RN

NO SUBSTITUTION

MFR Name: _____

Product #: _____

Qty per Case: _____

13. PRICE SCHEDULE, Item 69, Changed to read:

69. Sheet Drape 3-Ply 40" x 48", White Graham Medical Products, #GRA302

NO SUBSTITUTIONS

MFR Name: _____

Product #: _____

Qty per Case: _____

14. PRICE SCHEDULE, Item 78, Changed to read:

78. Sponge, 4 X 4, 4 Ply, NonWoven, Dynarex #DYN3254, EACH ; (~~PACK~~) or approved equal

MFR Name: _____

Product #: _____

Qty per Case: _____

15. PRICE SCHEDULE, Item 81, Changed to read:

81. Syringe, Becton Dickinson 30cc Luer-Lok, latex free, #302832

NO SUBSTITUTIONS

MFR Name: _____
Product #: _____
Qty per Case: _____

16. PRICE SCHEDULE, Item 85, Changed to read:

85. Test Strips, Blood Glucose, Contour #7099C, Bayer ; 50ea/bx
NO SUBSTITUTIONS
MFR Name: _____
Product #: _____
Qty per Case: _____

17. PRICE SCHEDULE, Item 89, Changed to read:

89. Sodium Chloride, Injection, Solution; 9 g/1000mL; #NDC 0338-0049-48
NO SUBSTITUTIONS
MFR Name: _____
Product #: _____
Qty per Case: _____

18. PRICE SCHEDULE, Item 95, Changed to read:

95. I.V. Catheter BD Autoguard B-C-14 ga x 1.75in, (2.1mm x 45mm); Ref 381467; 4 bx/cs
NO-SUBSTITUTION
MFR Name: _____
Product#: _____
Qty per Case: _____

19. PRICE SCHEDULE, Item 110, Delete in its entirety.

20. PRICE SCHEDULE, Item 119, Changed to read:

119. Sodium Bicarbonate 8.4%; 50mEq (1mEq)mL; with male luer lock adapter and 18-gauge protected needle; NDC 0409-6637-34
NO SUBSTITUTION
MFR Name: _____
Product# _____
Qty per Case: _____

21. PRICE SCHEDULE, Item 120, Changed to read:

120. Dextrose 50%; 25grams(0.5g/mL) 50mL; with male luer lock adapter and 18-gauge protected needle; NDC 0409-4902-34
NO SUBSTITUTION
MFR Name: _____
Product# _____
Qty per Case: _____

22. PRICE SCHEDULE, Item 121, Changed to read:

121. Calcium 10%; 1 gram(100mg/mL) represents 27mg (1.4mEq)c+/mL; Needleless; NDC 0409-1631-10
NO SUBSTITUTION
MFR Name: _____
Product# _____
Qty per Case: _____

23. PRICE SCHEDULE, Item 122, Changed to read:

122. Naloxone Hydrochloride; (1mg/mL) 2mg per 2mL; Needleless; NDC 76329-3369-1
NO SUBSTITUTION
MFR Name: _____
Product# _____
Qty per Case: _____

24. PRICE SCHEDULE, Item 123, Changed to read:

123. Diazepam; 10mg/2ml(5mg/ml); Needless; NDC:0409-1273-32
NO SUBSTITUTION
MFR Name: _____
Product# _____
Qty per Case: _____

25. PRICE SCHEDULE, Item 124, Changed to read:

124. Morphine; 10mg/ml; Needless; NDC: 0409-1893-01
NO SUBSTITUTION
MFR Name: _____
Product# _____
Qty per Case: _____

26. PRICE SCHEDULE, Item 125, Changed to read:

125. Atrophine Sulfate; 1mg(0.1mg/mL) 10mL; Needless; NDC: 76329-3339-1
NO SUBSTITUTION
MFR Name: _____
Product# _____
Qty per Case: _____

27. PRICE SCHEDULE, Item 126, Delete in its entirety.

28. PRICE SCHEDULE, Item 127, Delete in its entirety.

29. PRICE SCHEDULE, Item 128, Delete in its entirety.

QUESTIONS SUBMITTED IN ACCORDANCE WITH SECTION 003, RESTRICTIONS ON COMMUNICATION:

Question 1: Line 12, Baby Aspirin, 826 Each, is this bottles of 36 or each aspirin you want pricing on?
Response: Per item description, quantities, pricing is requested as EA bottle.

Question 2: Line 24, UOM for 53382 is CASE do you really want 600 cases priced out or 600 EA?
Response: Per item description, quantities, pricing is requested as 600 cases.

Question 3: Line 35, Gauze 3x15, UOM is per box, you do not say how many are in a box? Do you want Box pricing or EACH? The Kendall # referenced is 3x18 not 3x15. Please confirm the size you are requesting.
Response: Per Price Schedule, we are requesting 36 Boxes. Please see amended change # 4 above in this addendum for the size change.

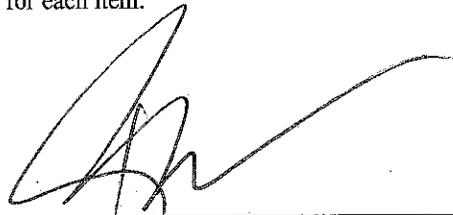
Question 4: Lines 36-43, Gloves, you don't indicate how many come in a box.
Response: Diamond Grip only provides as 100 ea/bx.

Question 5: Line 45, you list Safetec 17350 or approved equal but also say No Substitution. Which is correct?
Response: Please see amended change # 5 above in this addendum.

Question 6: Line 46 and 47 ET tube holders PK = what? 24? They come packaged in 25 not 24 UOM is wrong pricing on bid, will be off either needs to be EA or Pak of 25?
Response: Please see amended change # 6 and # 7 above in this addendum.

Question 7: Line 48 Injection Sodium Chloride Irrigation- what size is this 250mL, 500mL or 1000mL? Do you want IV/Injection or Irrigation? You are asking for both, two different things and need to clarify what you need here.
Response: Please see amended change # 8 above in this addendum.

- Question 8: Line 60, Saline Bottle Irrigation AirLife, how many mL is this 250, 500, 1000mL?
Response: Please see amended change # 9 above in this addendum.
- Question 9: Line 67, Aaron Medical D0012 No Substitution – this is not a valid Aaron Medical number. We need the correct part number.
Response: Please see amended change # 11 above in this addendum.
- Question 10: Line 78, 4x4, UOM EACH, are you asking for a price per Pack of 2 or each piece of gauze?
Response: We are requesting EACH. Please see amended change # 13 above in this addendum.
- Question 11: Line 81, BD 30cc syringe 309650 No Substitution. This is a discontinued. We need the correct #.
Response: Please see amended change # 14 above in this addendum.
- Question 12: Line 85 Test Strips Blood Glucose, you are asking for an EA price per strip, they are packaged 50 strips per box 24bx/ca, or are you looking for the box of 50 pricing?
Response: Please see amended change # 15 above in this addendum.
- Question 13: Line 89 Saline 100mL 0.09 Sodium Chloride, is this IV or Irrigation?
Response: Please see amended change # 16 above in this addendum.
- Question 14: Line 95, 14ga., IV catheter, Autogard BC (blood control)- this item is not made in the BC style. Do you want the regular Insyte Autogard catheter?
Response: Please see amended change # 17 above in this addendum.
- Question 15: Lines 119 – 121, Sodium Bicarb, Dextrose, Calcium, these are all protected needles, do you want with needle or needleless? Lines 122 and 125 are needleless.
Response: Please see amended changes # 19-25 above in this addendum.
- Question 16: In regards to Percentage Discount % column in section A, can this change per line/mfg. or are you asking for the % to be the same as what we quote for B.1 and B.2?
Response: Percentage Discount can vary by % and manufacture for each item.



Paul J. Catapa
Procurement Administrator
Finance Department – Purchasing Division

Date _____
Company Name _____
Address _____
City/State/Zip Code _____

Signature