DAVID Y. IGE
GOVERNOR

SARAH ALLEN
ADMINISTRATOR

BONNIE KAHAKUI
ASSISTANT ADMINISTRATOR

STATE OF HAWAII
STATE PROCUREMENT OFFICE
P.O. Box 119
Honolulu, Hawaii 96810-0119
Tel: (808) 586-0554
email: state.procurement.office@hawaii.gov
http://spo.hawaii.gov
Twitter: @hawaiispo

December 08, 2020

TO:

Executive Departments/Agencies
Department of Education
Hawaii Health Systems Corporation
Office of Hawaiian Affairs
University of Hawaii
Public Charter School Commission and Schools
House of Representatives
Senate
Judiciary

City and County of Honolulu
Honolulu City Council
Honolulu Board of Water Supply
Honolulu Authority for Rapid Transportation
County of Hawaii
Hawaii County Council
County of Hawaii-Department of Water Supply
County of Maui
Maui County Council
County of Maui-Department of Water Supply
County of Kauai
Kauai County Council
County of Kauai – Department of Water

FROM: For Sarah Allen, Administrator Bonnie A Kahakui

SUBJECT: **Change No. 7**
SPO Price List Contract No. 18-09
NASPO VALUEPOINT AUTOMATIC EXTERNAL DEFIBRILLATORS AND ACCESSORIES - STATEWIDE
NASPO VALUEPOINT Solicitation No. SW17300
Expires: October 4, 2021

The following changes are made to the price list contract.

1. Stryker Sales Corporation, DBA Stryker Medical is added to the price list contract.

2. The contact information for HHSC is updated.

The current price list contract incorporating Change No. 7 is available on the SPO website: http://spo.hawaii.gov. Click on *Price & Vendor Lists Contracts* on the home page.

If you have any questions, please contact Carey Ann Sasaki at (808) 586-0575 or careyann.r.sasaki@hawaii.gov.

WHERE TO FIND:

STATE OF HAWAII
STATE PROCUREMENT OFFICE

SPO Price List Contract No. 18-09
Replaces SPO Vendor List Contract No. 13-12
Includes Change No. 7
Effective 12/09/2020

THIS SPO PRICE LIST CONTRACT IS FOR AUTHORIZED BUSINESS USE ONLY

NASPO VALUEPOINT
AUTOMATIC EXTERNAL DEFIBRILLATORS AND ACCESSORIES - STATEWIDE

(NASPO VALUEPOINT RFP SW17300)
December 1, 2017 to October 4, 2021

INFORMATION ON NASPO VALUEPOINT

The NASPO ValuePoint Cooperative Purchasing Organization is a multi-state contracting consortium of state governments, including local governments, of which the State of Hawaii is a member. NASPO ValuePoint Purchasing Organization seeks to achieve price discounts by combining the requirements of multi-state governmental agencies, and cost-effective and efficient acquisition of quality products and services.

The State of Oklahoma is the current lead agency and contract administrator for the NASPO ValuePoint Automatic External Defibrillators (AEDs) and Accessories contract. A request for competitive sealed proposals was issued on behalf of NASPO ValuePoint Cooperative Purchasing Organization and contracts were awarded to four (4) qualified Contractors. The State of Hawaii has signed a Participating Addendum with four (4) Contractors. Note: One of the awarded contractors was acquired by another awarded contractor, hence, there are now three (3) awarded contractors.

This contract offers devices that are classified in three categories. Category I is for Public Access and Infrequent User AEDs. Category II is for First responder AEDs. Category III is for Professional Defibrillators.

For additional information on this contract, visit the NASPO ValuePoint website at www.naspovaluepoint.org.

PARTICIPATING JURISDICTIONS listed below have signed a cooperative agreement with the SPO and are authorized to utilize this price list contract.

Executive Departments/Agencies
Department of Education
Hawaii Health Systems Corporation
Office of Hawaiian Affairs
University of Hawaii
Public Charter School Commission and Schools
House of Representatives
Senate
Judiciary

City and County of Honolulu
Honolulu City Council
Honolulu Board of Water Supply
Honolulu Authority for Rapid Transportation
County of Hawaii
Hawaii County Council
County of Hawaii – Department of Water Supply
County of Maui
Maui County Council
County of Maui – Department of Water Supply
County of Kauai
Kauai County Council
County of Kauai – Department of Water

The participating jurisdictions are not required but may purchase from this price list contract, and requests for exception from the contract are not required. Participating jurisdictions are allowed to purchase from other contractors; however, HRS chapter 103D, and the procurement rules apply to purchases by using the applicable method of procurement and its procedures, such as small purchases or competitive sealed bidding. The decision to use this contract or to solicit pricing from other sources is at the discretion of the participating jurisdiction.

POINTS OF CONTACT. Questions regarding the products listed, ordering, pricing and status should be directed to the contractor(s).

Procurement questions or concerns may be directed as follows:

Jurisdiction	Name	Telephone	Fax	E-mail
Executive	Carey Ann Sasaki	586-0575	586-0570	careyann.r.sasaki@hawaii.gov
DOE	Procurement Staff	675-0130	675-0133	doeprocure@notes.k12.hi.us
HHSC	Nancy Delima	359-0994		ndelima@hhsc.org
OHA	Phyllis Ono-Evangelista	594-1833	594-1865	phylliso@oha.org
UH	Karlee Hisashima	956-8687	956-2093	karlee@hawaii.edu
Public Charter School Commission and Schools	Danny Vasconcellos	586-3775	586-3776	danny.vasconcellos@spcsc.hawaii.gov
House	Brian Takeshita	586-6423	586-6401	takeshita@capitol.hawaii.gov
Senate	Carol Taniguchi	586-6720	586-6719	c.taniguchi@capitol.hawaii.gov
Judiciary	Tritia Cruz	538-5805	538-5802	tritia.l.cruz@courts.hawaii.gov
C&C of Honolulu	Procurement Specialist	768-5535	768-3299	bfpurchasing@honolulu.gov

Jurisdiction	Name	Telephone	Fax	E-mail
Honolulu City Council	Kendall Amazaki, Jr. Nanette Saito	768-5084 768-5085	768-5011	kamazaki@honolulu.gov nsaito@honolulu.gov
Honolulu Board of Water Supply	Procurement Office	748-5071		fn_procurement@hbws.org
HART	David Ha	768-6294		dha@honolulu.gov
County of Hawaii	Diane Nakagawa	961-8440		Diane.Nakagawa@hawaiicounty.gov
Hawaii County Council	Diane Nakagawa	961-8440		Diane.Nakagawa@hawaiicounty.gov
County of Hawaii-Department of Water Supply	Ka'iulani L. Matsumoto	961-8050 x224	961-8657	kmatsumoto@hawaii.dws.org
County of Maui	Greg King	270-7830	270-7686	greg.king@co.maui.hi.us
Maui County Council	Marlene Rebugio	270-7838		marlene.rebugio@mauicounty.us
County of Maui-Department of Water Supply	Kenneth L. Bissen Holly Perdido	270-7684 270-7684	270-7136 270-7136	ken.bissen@co.maui.hi.us holly.perdido@co.maui.hi.us
County of Kauai	Ernest Barreira	241-4295	241-6297	ebarreira@kauai.gov
Kauai County Council	Lisa Ishibashi Scott Sato	241-4820 241-4810	241-6349 241-6349	lishibashi@kauai.gov ssato@kauai.gov
County of Kauai-Department of Water	Marcelino Soliz	245-5470	241-5813	msoliz@kauaiwater.org

USE OF PRICE & VENDOR LIST CONTRACTS BY NONPROFIT ORGANIZATIONS. Pursuant to HRS §103D-804, nonprofit organizations with current purchase of service contracts (HRS chapter 103F) have been invited to participate in the SPO price & vendor lists contracts.

A listing of these nonprofit organizations is available at the SPO website: http://spo.hawaii.gov. Click on *For Vendors > Non-Profits > Cooperative Purchasing Program > View the list of qualifying nonprofits eligible to participate in cooperative purchasing.*

If a nonprofit wishes to purchase from a SPO price or vendor list contract, the nonprofit must obtain approval from each Contractor, i.e., participation must be mutually agreed upon. A Contractor may choose to deny participation by a nonprofit. Provided, however, if a nonprofit and Contractor mutually agree to this arrangement, it is understood that the nonprofit will retain its right to purchase from other than a SPO price or vendor list Contractor(s).

CONTRACTORS. The authorized contractors are listed in this price list contract. They have signed a Master Agreement with the State of Oklahoma and a Participating Addendum with the Hawaii State Procurement Office. Note: Physio Control, Inc. was acquired by Stryker Sales Corporation. Cardiac Science Corporation was acquired by Zoll Medical Corporation.

Company Name	Master Agreement Number
Zoll Medical Corporation	OK-SW-300
Stryker Sales Corporation	OK-SW-300
Philips Healthcare	OK-SW-300

VENDOR CODES for annotation on purchase orders are obtainable from the *Alphabetical Vendor Edit Table* available at your department's fiscal office. Agencies are cautioned that the remittance address on an invoice may be different from the address of the vendor code annotated on the purchase order.

COMPLIANCE PURSUANT TO HRS §103D-310(c). Prior to awarding this contract, the SPO verified compliance of the Contractor(s) named in the SPO Price List Contract No. 18-09*. No further compliance verification is required prior to issuing a contract, purchase order, or pCard payment when utilizing this contract.*

PURCHASING CARD (pCard). The State of Hawaii Purchasing Card (pCard) is required to be used by the Executive departments/agencies, excluding DOE, HHSC, OHA and UH for orders totaling less than $2,500. For purchases of $2,500 or more, agencies may use the pCard, subject to its credit limit, or issue a purchase order.

PURCHASE ORDERS may be issued for purchases $2,500 or more, and for Contractors who either do not accept the pCard, set minimum order requirements before accepting the pCard for payment, or charge its customers a transaction fee for the usage.

SPO PL CONTRACT NO. 18-09 & **NASPO VALUEPOINT MASTER AGREEMENT NUMBER OK-SW-300** shall be typed on purchase orders issued against this price list contract**.** For pCard purchases, the SPO PL Contract No. 18-09 and the NASPO ValuePoint Master Agreement Number OK-SW-300 shall be notated on the appropriate transaction document.

STATE GENERAL EXCISE TAX (GET) AND COUNTY SURCHARGE shall not exceed the following rates if seller elects to pass on the charges to its customers.

COUNTY	COUNTY SURCHARGE TAX RATE	STATE GET	MAX PASS-ON TAX RATE	EXPIRATION DATE OF SURCHARGE TAX RATE
C&C OF HONOLULU	0.50%	4.0%	4.7120%	12/31/2030
HAWAII	0.50%	4.0%	4.7120%	12/31/2030
COUNTY OF MAUI (including Molokai and Lanai)	0.0%	4.0%	4.1666%	No county surcharge
KAUAI	0.50%	4.0%	4.7120%	12/31/2030

The GET or use tax and county surcharge may be added to the invoice as a separate line item and shall not exceed the current max pass-on tax rate(s) for each island.
County surcharges on state general excise (GE) tax or Use tax may be visibly passed on but is not required. For more information on county surcharges and the max pass-on tax rate, please visit the Department of Taxation's website at http://tax.hawaii.gov/geninfo/countysurcharge.

PAYMENTS are to be made to the Contractor(s) remittance address. HRS §103-10 provides that the State shall have thirty (30) calendar days after receipt of invoice or satisfactory completion of contract to make payment. Payments may also be made via pCard.

LEASE AGREEMENTS are not allowed under this contract.

VENDOR AND PRODUCT EVALUATION form, SPO-012, for the purpose of addressing concerns on this price list contract, is available to agencies at the SPO website: http://spo.hawaii.gov. Click on *Forms* on the home page.

PRICE OR VENDOR LIST CONTRACT AVAILABLE ON THE INTERNET at the SPO website: http://spo.hawaii.gov. Click on *Price & Vendor List Contracts* on the home page.

AED PRODUCT SPECIFICATIONS

CATEGORY I: PUBLIC ACCESS AND INFREQUENT USER AEDs

1. The AED must enhance user performance by displaying visual icons or audible prompts.
2. The AED must guide the rescuer in following the proper rescue sequence.
3. The AED must utilize a biphasic waveform with maximum energy setting of 200 Joules.
4. The AED must be user configurable to adapt to local and changing protocols.
5. The AED must be capable of automatic self-tests of the internal circuitry delivery system.
6. The AED self-test perform automatic daily self-tests or be user programmable for 1-7 day time intervals.
7. The AED must offer the capability of a user-activated manual self-test.
8. The AED must include an easily identifiable on/off switch on the front of the device.
9. The AED must have an easy to use see status indicator that advises users if the unit requires service.
10. The AED must offer an audible tone that sounds if the unit requires service.
11. The AED must record data to an internal memory.
12. The AED must include the ability to download data to a computer.
13. The AED must utilize pre-connected, disposable, single use, self-adhesive electrode(s).
14. The electrode must have a shelf life of at least two years.
15. The AED must have a capable length of at least 48 inches.
16. The AED must include a patient analysis system that automatically evaluates patient ECG or shockable/non-shockable rhythms.
17. The AED must be able to operate in a temperature range of 32 degrees Fahrenheit to 122 degrees Fahrenheit.
18. The AED must have a shock or abuse tolerance that passes the on meter, any edge, corner, or surface drop test in standby mode.

CATEGORY II: FIRST RESPONDER AEDs

1. The pediatric algorithm must alter the default energy levels the AED delivers to pediatric patients to levels of 50, 70 and 85 Joules.
2. The electrode must offer a CPR rate and depth sensor and an adaptive metronome that assists rescuers in performing proper CPR.
3. The AED must offer disposable, single use, self-adhesive electrode(s) for ease of application.
4. The AED must utilize a biphasic waveform.
5. The AED must be capable of operating in semi-automatic and/or manual mode.
6. The AED must have the capability of monitoring a patient with a 3 lead patient cable through ECG electrodes.
7. The energy settings must be user configurable with a pre-set maximum energy setting of 200 Joules or escalating variable energy range up to 360 Joules.
8. The electrode must have a shelf life of at least two years.
9. The AED must invoke a specific pediatric algorithm when pediatric pads are attached.
10. The AED must have an internal memory capable of recording up to 7 hours of continuous information.
11. The internal memory must be configurable to record information on up to four patients.
12. The AED must meet water and particulate ingress ratings of IP55.
13. The AED must have a shock or abuse tolerance that passes the one meter, any edge, corner, or surface drop test in standby mode.
14. The AED must have multiple user configurable prompts.

CATEGORY III: PROFESSIONAL DEFIBRILLATOR SPECIFICATIONS

A. General
   1. Unit must be able to digitally record ECG on a standard a removable card (optional).
   2. Unit must be able to transmit 12-lead ECG information through a fax/modem card.
   3. External paddles must be available.
   4. Unit shall have a battery that shall be easily and rapidly replaced.
   5. Unit shall have an affixed protective roll cage for added device protection.
   6. Unit shall have integral carry bags providing an independent location for each cable.
   7. Unit shall be able to be tested through multi-function cable or paddles.
   8. Unit must provide testing capability which tests: charging, energy delivery, paddles, multi-function cable testing.
   9. Unit must have a test cap to allow multi-function cable testing.
   10. Unit must have built-in AC or DC charging as a standard feature.
   11. Unit must provide 3 hours typical continuous ECG monitoring time with a new battery.
   12. Unit must provide 4 hours typical continuous ECG monitoring time with a new Lithium Ion battery.
   13. Unit must provide an OPS Clock Sync feature as a standard option.
   14. The device must be capable with the AHA Standards for Advanced Cardiac Life Support basis life support and Pediatric Life Support.
   15. The device must be capable of monitoring the ECG with appropriate display and alarm (visual and audible).
   16. The device shall provide normal operating capability for ALS users, including semi-automatic external defibrillation, manual defibrillation, synchronized cardio version and external pacing.
   17. The unit shall have the capability to do Pulse Oximetry, 12 lead ECG, end-tidal CO2 monitoring, capnography, NIBP, etc.

B. Display:
   1. Unit must have a high-resolution color liquid crystal display as a standard feature.
   2. Unit must be able to change display from color to black on white or white on black through the push of a button.
   3. Unit must have a screen with a sweep speed of 25 mm l sec.
   4. Unit must have a screen that provides a minimum viewing time off 4 seconds.
   5. Unit must have a display that provides the following information: Heart Rate, Lead/Pads, Alarm On/Off, SPo2, EtC02, NIBD, AED functions and prompts, defibrillator test function, self-test function, error corrections and faults, Pace functions, Code markers, alarm selection and limits, delivered energy, joule settings, ECG size, Synchronized cardioversion, optional EtC02 readings, Sp02 readings and NIBP readings.

C. Defibrillator:
   1. Unit must utilize a low energy, constant current biphasic waveform.
   2. Unit must have the following energy selections available to provider in manual mode operation: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 15, 20, 30, 50, 70, 85, 100, 120, 150, 200 joules.
   3. Unit must meet current AHA specifications for biphasic defibrillation.
   4. Unit must allow provider the ability to adjust energy selection controls on device front panel or sternum paddle.
   5. Unit must be able to charge to 200 joules in 6 seconds or less with a new fully charged battery.
   6. Unit must display energy selected and delivered on monitor display, strip chart recorder and code summary.

7. Unit must have synchronized cardioversion capability with “sync” message displayed on monitor.
8. Unit must have optional paddles that are external anterior/anterior adult and pediatric paddles.
9. Unit must contain a built in defibrillator tester that tests energy output and continuity of the multifunction cable and paddles documented on strip chart recorder and optional PCMCIA card.
10. Unit must have a “Multi-function” cable that is field replaceable.

D. Recorder:
   1. Unit must utilize a thermal strip chart recorder.
   2. Strip chart recorder must use at least 90mm paper width thermal recoding paper.
   3. Strip chart recorder must utilize a 6 second delay.
   4. Strip chart recorder must be able to print the following annotations: Time, date, defib. energy, heart rate, pacer output (Pacer version only), QRS sync marker, ECG SIZE, lead, alarm, DEFIB TEST OK/FAIL, ANALYZE ECG, PADS OFFK ANNALYSIS HALTED, NOISY ECG, SHOCK ADVISED, NO SHOCK ADVISED, ECG TOO LARGE and diagnostic bandwidth.
   5. Unit must have user configurable print out modes offering manual or automatic recording options initiated by alarm activation or defibrillator discharge.
   6. Strip chart recorder must be able to print 3 leads simultaneously, diagnostic bandwidth and a 4x3 12-lead printout.

E. Pacemaker:
   1. Unit must utilize a constant current 40 ms pace pulse width.
   2. Unit must have a continuously variable current level.
   3. Unit must have a continuously variable pacing rate from 30-180 ppm.
   4. Pacer parameters must be maintained when switching back to defibrillation or monitor mode.
   5. The heart rate alarms must function in the pacing mode.
   6. Unit must have mechanism to allow viewing of intrinsic patient rhythm without losing pacing capture.
   7. Unit must be configurable for initial setting of pacing rate.
   8. Unit must display pacing rate and milliamps on display.
   9. The pacer must continue to deliver life-saving therapy in the event an ECG lead falls off.
   10. Unit must be able to pace through multi-function or pacing electrodes.

F. 12–lead ECG:
   1. The 12-lead parameter must reside within a defibrillator weighing less than 15 lbs.
   2. The 12-lead parameter must be able to provide a diagnostic 12-lead ECG 4x3 printout by holding the recorder button for two seconds.
   3. The 12-lead parameter must be capable of providing a diagnostic 12-lead ECG printout with interpretation by pressing the acquire button in the 12-lead mode.
   4. The 12-lead parameter must allow direct transmission of 12-lead ECG via land or cell phone to a standard fax machine.
   5. The 12-lead parameter must provide a user configuration that allows the option of printing detailed measurements along with the interpretation.
   6. The 12-lead ECG must be capable of being acquired without entering deep menus and without the use of a trim knob.
   7. The unit must offer an optional 0.05 to 40 hz bandwidth.

8. The 12-lead parameter must allow users to easily insert patient name, age and gender using soft keys on the defibrillator.
9. The 12-lead parameter must allow users to print the 12 SL Analysis, including measurements and patient name, age and gender on 90 mm fan-fold paper.
10. The 12-lead parameter must be capable of storing up to 24 pre-programmed telephone numbers facilitating rapid and easy 12-lead ECG transmission.
11. The 12-lead parameter must allow configuration of user defined lead groups for rapid printout and review of pertinent ECG.
12. The 12-lead patient cable must consist of 4 limb leads and a separate V lead cable.
13. The 12-lead patient cable must be capable of providing limb lead signals directly to the defibrillator when only the limb leads are attached.
14. The 12-lead patient cable must accommodate either snap or clip connectors.
15. The 12-lead parameter must be capable of providing an automatic patient identifier using 7 alphanumeric characters.
16. The 12-lead parameter must be capable of providing a device identifier using 3 alphanumeric characters.
17. The unit must be upgradable to allow the use of an integrated Bluetooth option for the wireless transmission of 12-lead and vital sign data via a cell phone or other communication technology.
18. The unit must provide serial communication capability through an RS232 serial port.
19. The unit must be able to transmit 12-lead and vital data both automatically and manually on acquisition.
20. The unit must be able to transmit all data stored on a PC card to a remote hand held device or laptop.
21. The unit must be able to provide the option for both landline and cellular transmission when utilizing a Bluetooth wireless option.
22. The unit must offer the option of direct fax transmission via a Bluetooth option.

G. Pulse Oximetry:
   1. The unit must have an integral pulse oximeter or be upgradeable to include an integral Pulse Oximeter.
   2. The unit must utilize pulse oximetry that has FDA 51 Ok clearance for use during patient motion and low perfusion.
   3. The unit must utilize sensors that work in bright sunlight.
   4. The unit must utilize a pulse oximeter with alarms that are user adjustable in the field.

H. Capnography:
   1. The unit, when purchased with Sp02, must have an EtC02 port.
   2. All units with an EtC02 port must be upgradeable to include C02 by plugging in a mainstream or sidestream CAPNO 5 sensor.
   3. The unit must be able to offer the option to upgrade to either mainstream or sidestream capnography with sensor located outside of the unit allowing easy service and replacement if needed.
   4. The defibrillator must be capable of providing continuous EtC02 and Respiratory Rate readings as well as a capnogram for on-screen display or print-out.
   5. The C02 sensors used must not require a yearly calibration check.

I. Non-Invasive Blood Pressure:
   1. Unit must be capable of acquiring a blood pressure within a typical measurement time of 30 seconds or less on average.
   2. Unit must incorporate oscillometric technology.

3. Unit must display systolic, diastolic and mean pressures.
4. Unit must be capable of taking automatic, stat or manual measurements.
5. Automatic intervals should be user adjustable to 2.5, 5. 10. 15, 20, 30, 45, 60, 90, and 120 minutes.
6. Stat mode must allow up to 10 measurements within 5 minutes.
7. Unit must include an artifact indicator which is displayed when excessive artifact is detected.
8. Unit must display a cuff inflation status bar.
9. Unit be capable of displaying and//or printing up to 4 hours of patient BP history data.

VENDOR NAME AWARDED BY CATEGORY

VENDOR NAME	CATEGORY I	CATEGORY II	CATEGORY III
Zoll Corporation (ZOLL)	X	X	X
Stryker Sales Corporation (STRYKER)			X
Philips Healthcare (PHILIPS)	X	X	X

HOW TO UTILIZE THIS PRICE LIST CONTRACT

1. Choose a category that works best for your department.
   a. If Category I is selected, obtain one price quote from Zoll or Philips.
   b. If Category II is selected, obtain one price quote from Zoll or Philips.
   c. If Category III is selected, obtain one price quote from Zoll, Stryker, or Philips.

2. Agency shall inform Zoll, Stryker, or Philips that price quotes are in reference to the ***NASPO ValuePoint Automatic External Defibrillators and Accessories Master Agreement No. OK-SW-300 and the State Procurement Office Price List Contract No. 18-09.***

3. Personnel conducting or participating in utilizing this Price/Vendor List Contract shall complete form SPO-010, *Record of Procurement* when an award value is for $5,000 or greater. When an award value is under $5,000, form SPO-010 is optional. **FORM SPO-010**, *Record of Procurement* is available on the SPO website: http://spo.hawaii.gov; click on *Forms* on the SPO homepage.

4. Retain documents justifying purchasing in the procurement/contract file.

CONTRACTOR

CONTACT

INFORMATION

ZOLL

CONTRACTOR INFORMATION

Contractor:	ZOLL Medical Corporation (formerly Cardiac Science Corporation) 269 Mill Road Chelmsford, MA 01824-4105		
Customer Service/Order Placement:		Order Placement Contact	Technical Support Contact
	Name:	Customer Service (8:30am-7:00pm EST, M-F)	Technical Support Help Desk (8:30am-6pm EST, M-F; Emergency #)
	Phone:	(978) 421-9440 or (800) 348-9011	(800) 348-9011 or (978) 421-9655
	Fax:	(978) 421-0015	
	E-mail:	esales@zoll.com	
Contract Pricing:	Go to: https://www.naspovaluepoint.org/portfolio/automatic-external-defibrillator-aed-accessories-2017-2022/zoll-medical-corporation-formally-cardiac-science-corporation/ Click on "Zoll Pricing"		
Contractor's Website:	http://www.zoll.com/		
Payment/Order Placement Address:	Billing Will Be From		Payments Sent To
	ZOLL Medical Corporation 269 Mill Road Chelmsford, MA 01824-4105		ZOLL Medical Corporation P.O. Box 27028 New York, NY 10087-7028 Vendor Code: 337328-01
Minimum Orders:	None		
Delivery Time:	Within 120 Days After Receipt of Order (ARO) in accordance with NASPO delivery terms		
Shipping Destination:	Freight on Board (FOB) Destination		
Freight:	Prepaid and Included		
Additional Information:	Price List can be supplied in electronic pdf format upon request.		

For ZOLL Medical Corporation product information, go to the following link below:
https://www.zoll.com/medical-products

SERVICE REQUEST PROCESS: You will be given a Returned Material Authorization (RMA) number to track the return of your product. The Technical Support Representative will require the following pertinent information:

- Unit Serial Number
- Description of the complaint
- Department where the equipment is being used
- Patient information if applicable
- ECG strips if available
- Purchase Order number if the device is out of warranty

A Service Loaner is available at no charge during the repair analysis process and is shipped to arrive before 10 AM the next business day. ZOLL pays for the shipping and insurance of the customer unit and the Service Loaner while the unit is under Factory or Extended Warranty. ***Warranty information is located at http://spo.hawaii.gov/wp-content/uploads/2013/12/ZOLL-Warranty-Information.pdf**

NON-WARRANTY RETURN FOR SERVICE: If a device is out of warranty and is returned to ZOLL for service, the Service Depot will evaluate the device to determine if a repair is needed. ZOLL will perform a comprehensive evaluation which could take several hours to complete. If ZOLL's evaluation does not warrant the device to be repaired, an evaluation charge shall apply. ZOLL's Service evaluation charge is a minimum of three (3) hours of Labor plus shipping of the device.
If the evaluation warrants the device to be repaired, the total cost of the repair will include parts, labor, and shipping. If you choose to decline the repair, the evaluation charge will then apply. **Current Depot Repair Rate is $150 per hour. ZOLL does not offer on-site service but will provide loaners within 24 hours.**

stryker

CONTRACTOR INFORMATION

Contractor:	Stryker Sales Corporation, DBA Stryker Medical (formerly Physio-Control, Inc.) 3800 E. Centre Avenue Portage, MI 49002		
Customer Service/Order Placement:		Order Placement Contact	Technical Support Contact
	Name:	Customer Service – Monday through Friday (8:00 AM to 8:00 PM EDT)	Customer Service – Monday through Friday (6:00 AM to 4:00 PM PST)
	Phone:	(800) 327-0770	1(800) 732-3081
	Fax:	(800) 329-7879	https://www.strykeremergencycare.com/service--support-overview/
	E-mail:	medicalcustomerservice@stryker.com	RSTechquestions@stryker.com
Contract Pricing:	Go to: https://www.naspovaluepoint.org/portfolio/automatic-external-defibrillator-aed-accessories-2017-2022/stryker-medical-formerly-physio-control-inc/ Click on "Physio-Control NASPO Price File"		
Restocking Fee:	**15%** This fee will be charged to returned goods to vendor in the event of ordering error by the agency.		
Contractor's Website:	https://www.strykeremergencycare.com/		
Payment/Order Placement Address:	Billing Will Be From		Payments To
	Stryker Sales Corporation 3800 E. Centre Avenue Portage, MI 49002		Stryker Sales Corporation P O Box 93308 Chicago, IL 60673-3308 Vendor Code: 331994-00
Minimum Orders:	There is no minimum order requirement. For orders with a line item total less than $200, a $10 processing fee is added to the order. The processing fee applies to orders placed by phone or fax. Orders placed through the Stryker web store will not incur this charge.		
Delivery Time:	Within 120 Days After Receipt of Order (ARO) in accordance with NASPO delivery terms		
Shipping Destination:	Freight on Board (FOB) Destination		
Freight:	Prepaid and Included		
Additional Information:	Instruction or operating manuals shall be furnished for all equipment supplied under this contract at no additional cost to the end user. Currently service parts are not available through the Web Store.		

For Stryker's product information, go to the following link below:
https://www.strykeremergencycare.com/products/

Stryker's Return Product Policy: If Customer desires to return a purchased product, Customer must contact its local Stryker representative or the Stryker regional sales office for information on credit or replacement of any purchased and non-expired product. A Returned Material Authorization (RMA) number will be provided and must be clearly identified on the carton of any returned product. Customer must return the product to Stryker in its original packaging, unopened, and undamaged, except for product that was received in a damaged condition or as otherwise authorized by Stryker, which product may be returned in its existing condition. Stryker will not accept the return of a non-defective and conforming product if Customer breaks the security seal on the product.

Stryker will provide an RMA and accept the return of any product under any of the following circumstances:

a) Stryker shipped the product in error;
b) Customer received the product after the product's expiration date;
c) Customer received the product in a damaged condition;
d) The product is recalled and must be removed from the market; or
e) Stryker specifically authorized the return of the product (a 15% restocking fee may apply).

Product must be returned within 30 days from the date the Customer receives the product, or within 30 days from the date the Customer receives notice of recall, if applicable. Upon receipt of a properly returned product, Stryker will apply full credit to Customer's account or provide replacement. Customer is advised that product returned without an RMA number, or not otherwise authorized, will not be accepted and will be returned to Customer at Customer's expense.

CONTRACTOR INFORMATION

Contractor:	Philips Healthcare 3000 Minuteman Road Andover, MA 01810		
Customer Service/Order Placement:		**Primary Contact**	**Secondary Contact**
		Katie Boucher District Manager 4616 25th Avenue #615 Seattle, WA 98105	Philips Online Store/Customer Service (9am-9pm EST, M-F 1-800-934-7372) General Support (9-9pm EST, M-Sat; 9-6pm EST, Sun; 1-888-744-5477)
	Phone:	206-550-5175	1-800-934-7372
	Fax:	None	None
	E-mail:	Katie.boucher@Philips.com	Healthcare.orders@philips.com
Contract Pricing:	Go to: https://www.naspovaluepoint.org/portfolio/automatic-external-defibrillator-aed-accessories-2017-2022/philips-healthcare/ Click on "Philips Price List"		
Contractor's Website:	www.usa.philips.com/healthcare/solutions/emergency-care-resuscitation		
Payment/Order Placement Address:	Purchases From **Primary Contact** Billing Will Be From		
	Philips Healthcare 3000 Minuteman Road Andover, MA 01810		
	Payments Sent To **Primary Contact** at:		
	Philips Healthcare P.O. Box 10035 Atlanta, GA 30384-0355 Vendor Code: 315460 00		
Minimum Orders:	None		
Delivery Time:	Within 120 Days After Receipt of Order (ARO) in accordance with NASPO delivery terms Philips will make reasonable effort to meet Customer's delivery requirements. If Philips is unable to meet Customer's delivery requirements, alternative arrangements may be agreed. In absence of such agreement, Customer's sole remedy is to cancel the order.		
Shipping Destination:	Freight on Board (FOB) Destination		
Freight:	Prepaid and Included. (Rush shipping is available for an additional fee)		
Additional Information:	Instruction or operating manuals shall be furnished for all equipment supplied under this contract at no additional cost to the end user.		

PHILIPS RETURN PROCESS: A Returned Goods Authorization (RGA) number is required for all returns and must be obtained prior to returning product to Philips. To obtain a RGA number, call Customer Service at 1-800-225-0230. The RGA number must appear on the outside of the box. All returns after 60 days of shipment shall be subject to a restocking charge. *Customer shall pay all shipping charges for returns*.
Philips does not accept returns of Consumables Products that have been opened, are expired, or damaged. Please contact Philips Healthcare at 800-228-0230 for guidance on any returns. ***Warranty information is located at:** https://www.usa.philips.com/healthcare/about/terms-conditions.