ADDENDUM No. 4

TO: ALL BIDDERS

FROM: CITY OF HIALEAH

ITB #: 2015/16-2000-12-021

RE: **MEDICAL SUPPLIES**

DATE: September 19, 2016

The original contract documents for the entitled: **MEDICAL SUPPLIES** needs to be amended as noted in this Addendum No. 4.

This Addendum No. 4 consists of 2 typed page, 0 attachment, and 1 addendum receipt form (ARF). All other items and conditions of the original Contract Documents shall remain unchanged. This Addendum shall become a part of the Contract Documents.

Approved for issue: _____ Date: September 19, 2016
Angel Ayala – Purchasing Director

ACKNOWLEDGMENT

Receipt of this Addendum No. 4 shall be acknowledged in the space provided on the ADDENDUM RECEIPT form – ARF (Copy attached) now a part of the Contract Documents to be faxed immediately to the City of Hialeah Purchasing Division (305) 883-5871 and submitted with sealed bids.

QUESTIONS AND ANSWERS:

Concordance Healthcare Solutions.

Q1. We need to know the actual manufacturer part number for all the items marked "No Substitution". As you can see below the options for just line # 101. This is going to be the same for all lines 96-105?

48	REUSE-09	CUFF, WA, REUSABLE, CHILD
49	REUSE-09-1HP	CUFF, REUS, CHILD, 1-TUBE, HP
50	REUSE-09-1MQ	CUFF, REUS, CHILD, 1-TUBE, MQ
51	REUSE-09-1SC	CUFF, REUS, CHILD, 1-TUBE, SC
52	REUSE-09-1TP	CUFF, REUS, CHILD, 1-TUBE, TP
53	REUSE-09-1TPE	CUFF, REUS, CHILD, 1-TUBE, TPE
54	REUSE-09-2BV	CUFF, REUS, CHILD, 2-TUBE, BV
55	REUSE-09-2BVC	CUFF, REUS, CHILD, 2-TUBE, BVC
56	REUSE-09-2MF	CUFF, REUS, CHILD, 2-TUBE MF
57	REUSE-09-2MQ	CUFF, REUS, CHILD, 2-TUBE, MQ
58	REUSE-09-2SC	CUFF, REUS, CHILD, 2-TUBE, SC
59	REUSE-09-2TP	CUFF, REUS, CHILD, 2-TUBE, TP
60	REUSE-09-2TPE	CUFF, REUS, CHILD, 2-TUBE, TPE

A1. Here are the manufacturer numbers for lines 96-105 as requested in the emails below.

96	ECG - MONITOR	BP - WELCH ALLYN FLEXIPORT DISPOSABLE BP CUFF - SIZE 09 - CHILD (SOFT-09)	**NO SUBSTITUTION**	GTIN: 00732094050714		
97	ECG - MONITOR	BP - WELCH ALLYN FLEXIPORT DISPOSABLE BP CUFF - SIZE 11 - ADULT (SOFT-11)	**NO SUBSTITUTION**	GTIN: 00732094049725		
98	ECG - MONITOR	BP - WELCH ALLYN FLEXIPORT DISPOSABLE BP CUFF - SIZE 11L - ADULT LONG (SOFT-11L)	**NO SUBSTITUTION**	GTIN: 00732094049312		
99	ECG - MONITOR	BP - WELCH ALLYN FLEXIPORT DISPOSABLE BP CUFF - SIZE 12 - LARGE ADULT (SOFT-12)	**NO SUBSTITUTION**	GTIN: 00732094048834		
100	ECG - MONITOR	BP - WELCH ALLYN FLEXIPORT DISPOSABLE BP CUFF - SIZE 12L - LARGE ADULT LONG (SOFT-12L)	**NO SUBSTITUTION**	GTIN: 00732094048339		
101	ECG - MONITOR	BP - WELCH ALLYN FLEXIPORT REUSABLE BP CUFF - SIZE 09 - CHILD (REUSE-09)	**NO SUBSTITUTION**	GTIN: 00732094068436		
102	ECG - MONITOR	BP - WELCH ALLYN FLEXIPORT REUSABLE BP CUFF - SIZE 11 - ADULT (REUSE-11)	**NO SUBSTITUTION**	GTIN: 00732094067583		
103	ECG - MONITOR	BP - WELCH ALLYN FLEXIPORT REUSABLE BP CUFF - SIZE 11L - ADULT LONG (REUSE-11L)	**NO SUBSTITUTION**	GTIN: 00732094067088		
104	ECG - MONITOR	BP - WELCH ALLYN FLEXIPORT REUSABLE BP CUFF - SIZE 12 - LARGE ADULT (REUSE-12)	**NO SUBSTITUTION**	GTIN: 00732094066708		
105	ECG - MONITOR	BP - WELCH ALLYN FLEXIPORT REUSABLE BP CUFF - SIZE 12L - LARGE ADULT LONG (REUSE-12L)	**NO SUBSTITUTION**	GTIN: 00732094066203		

END OF ADDENUM No. 4

CITY OF HIALEAH

MEDICAL SUPPLIES

ADDENDUM No. 4

CONTRACTOR'S NAME _____

ADDRESS _____

PHONE NO. _____

CONTACT NAME _____ SIGNATURE _____

THE BIDDER ACKNOWLEDGES RECEIPT OF THE FOLLOWING ADDENDUM BY SIGNING AND DATING BELOW:
(Copy of this form must be faxed immediately to the City of Hialeah at (305) 883-5871).

ADDENDUM	SIGNATURE	DATE
4		

ARF