

WILLIAMSON COUNTY BID FORM

MEDICAL SUPPLIES FOR WILLIAMSON COUNTY JAIL

BID NUMBER: 09WCA026

NAME OF BIDDER: Diamond Medical Supply

Mailing Address: 639 Koltar Drive

City: Indiana State: PA Zip: 15901

Email Address: toleman@diamondpharmacy.com

Telephone: (888) 550-2500 ext 7311 Fax: (888) 551-2500

Mobile Phone: ()

ITEM #	ESTIMATED QUANTITY PER YEAR	DESCRIPTION OF PRODUCT	VENDOR CATALOG NUMBER	HOW SUPPLIED (for example 50 per box/each/100 per case, etc.)	UNIT COST	COST PER BOX/CASE
General medical supplies						
1	60,000 EA	4 X 4 NON-STERILE GAUZE	408-906	200/PK 20/CS	2.11	42.20
2	50 BX	ALCOHOL PREP PADS MEDIUM 200 PACKS PER BOX	174-920	200/BX 20/CS	1.20	24.00
3	20 PKG	CHEM STRIP - 10 TEST STRIPS	DT6-10056	100/BX 12/CS	32.91	394.92
4	5 CS	E.R. LACERATION TRAY SINGLE USE WITH TOOLS	82767	each 20/CS	11.09	221.80
5	500 EA	INSTANT ICE PACKS 6" X 9"	4518DYN	each 24/CS	.54	12.96
Diabetic supplies						
6	10 EA	GLUCOMETER KIT - TRUE TRACK SMART SYSTEM	3468212	Kit	Full	-0-
7	100 BTL	GLUCOMETER TEST STRIPES - TRUE TRACK SMART SYSTEM	3595909	50/BX 24/CS	15.79	378.96
8	200 EA	INSTANT GLUCOSE - 15 GRAMS/TUBE	2200830	each 31/PK	3.40	10.20
9	50 BX	INSULIN SYRINGE W/NEEDLE 1CC 28GA 1/2 INCH		100/BX 10/CS	9.34	93.40
10	50,000 EA	LANCETS - UNISTICK 2	2906154	100/BX 12/CS	18.43	221.16
Gloves						
11	15,000 EA	GLOVES MICROFLEX DIAMOND GRIP, POWDER FREE - SMALL	65320	100/BX 10/CS	8.22	82.20
12	40,000 EA	GLOVES MICROFLEX DIAMOND GRIP, POWDER FREE - MEDIUM	65321	100/BX 10/CS	8.22	82.20
13	45,000 EA	GLOVES MICROFLEX DIAMOND GRIP, POWDER FREE - LARGE	65322	100/BX 10/CS	8.22	82.20
14	45,000 EA	GLOVES MICROFLEX DIAMOND GRIP, POWDER FREE - XL	65323	100/BX 10/CS	8.22	82.20

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OVER-THE-COUNTER DRUGS/MEDICATION						
15	15 BTL	ACETAMINOPHEN 500 MG	1033190	1000/Bt 12/CS	8.76	105.12
16	20 BTL	ASA 325MG		100/Bt 12/CS	.64	7.68
17	5,000 EA	ASPRIN, BABY CHEWABLE TABLETS		30/Bt 24/CS	.67	16.08
18	500 EA	CLOTRIMAZOLE CREAM 1 OZ		10Z 24/CS	1.71	41.04
19	10 CS	ENSURE PLUS CHOCOLATE FLAVOR 8-OZ	1821249	10/CS 24/CS	1.24	29.76
20	5 BTL	FOLIC ACID 1 MG		100/Bt 5/CS	2.65	13.25
21	300 EA	HYDROCORTISONE CREAM - 1 OZ TUBE		10Z 24/CS	.89	21.12
22	100 BTL	IBUPROFEN 200 MG	1009083	1000/Bt 12/CS	13.82	165.84
23	30 BTL	ODOFORM MEDICAATED PACKING STRIP 1/4 INCH BY 5 YARDS	34110YN	6t 12/CS	3.31	39.72
24	10 EA	LICTROL SHAMPOO-1 GAL	N/A	N/A	N/A	N/A
25	100 BX	IMODIUM AD 2MG		12/Bt 12/CS	1.26	15.12
26	45 EA	MICONAZOL NITRATE VAG CREAM - 7 2% 45 GM		45BR 12/CS	3.89	46.44
27	30 CS	MILK OF MAGNESIA		110Z 12/CS	1.20	14.40
28	50 BTL	ONE-A-DAY MULTI-VITAMIN		100/Bt 12/CS	1.40	16.80
29	5 BX	ONE STEP HCG PREGNANCY TEST		25/Bx 10/CS	22.94	229.40
30	200 EA	ORABASE WITH BENZOCAINE 5 MG		100Z 12/CS	4.39	52.68
31	2,000 EA	ORAJEL MAX .25-OZ TUBE		400Z 12/CS	5.58	66.96
32	2,000 EA	PRENATAL VITAMIN NATALINS-RX		100/Bt 12/CS	4.27	51.24
33	500 EA	TRIPLE ANTIBIOTIC CREAM 1 OZ		10Z 12/CS	1.97	23.64
34	400 BX	TUMS/ANTACID		150Bt 12/CS	1.65	19.80

☐ low item basis. (Will accept award on "any or all" items.)

☐ "all or none" basis. (Will accept award of "all" items only. If left blank, low item will apply.)

By signing this form:

- The bidder confirms that he/she has read the entire document and agrees to the terms herein.
- The bidder is acknowledging the Conflict of Interest Clause; pg3, paragraph 4 and agrees to follow necessary requirements

The undersigned, by his/her signature, represents that he/she is authorized to bind the bidder to fully comply with the terms and conditions of the attached Invitation for Bid, Specifications, and Special Provisions for the amount(s) shown on the accompanying bid sheet(s).

Theresa A Coleman Date of Bid: 7-30-08
Signature of Person Authorized to Sign Bid

Printed Name and Title of Signer: Theresa A Coleman - Assistant Manager

**DO NOT SIGN OR SUBMIT WITHOUT READING ENTIRE DOCUMENT
THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH BID**