

REQUEST FOR QUOTATIONS <i>(THIS IS NOT AN ORDER)</i>				PAGE OF PAGES 1 2	
1. REQUEST NO. RQ688773	2. DATE ISSUED 3/18/2010	3. REQUEST/PURCHASE REQUEST NO.	4. COMMODITY GROUP AND CLASS 998-67-00	RATING	
5A. ISSUED BY Office of Contracting & Procurement 441 4 th St. NW 700S Washington DC 20001			6. DELIVER BY <i>(Date)</i> March 26, 2010		
5B. FOR INFORMATION CALL: <i>(Name and telephone no.) (No collect calls)</i> Eun-Kyung Choi, Contract Specialist Office (202) 724-5247 Fax (202) 727-8843; eun-kyung.choi@dc.gov			7. DELIVERY <input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER <i>(See Schedule)</i>		
8. TO: NAME AND ADDRESS, INCLUDING ZIP CODE To All Prospective Offerors			9. DESTINATION <i>(Consignee and address, including ZIP code)</i> Fire and Emergency Medical Services 3170 V Street, N.E Washington, DC 20018		
8a. Vendor Tax ID #					
10. PLEASE FURNISH QUOTATIONS TO ISSUING OFFICE ON OR BEFORE 02:00PM <i>(Date)</i> March 22, 2010		11. BUSINESS CLASSIFICATION <i>(Check appropriate boxes)</i> <input type="checkbox"/> SMALL <input type="checkbox"/> LOCAL <input type="checkbox"/> DISADVANTAGED <input type="checkbox"/> RESIDENT-OWNED			
IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contracts for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.					
12. SCHEDULE (Include applicable Federal, State and local taxes)					
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
0001	Supraglottic Airway Kit, LT-D, Yellow, Size 3, Adult 4-5 ft, tube, 60 cc syringe, lube jelly packet Part Number: 477-KLTD213EA	350	Each	\$ _____	\$ _____
0002	Supraglottic Airway Kit, LT-D, Red, Size 4, Adult 5-6 ft, tube, 60 cc syringe, lube jelly packet Part Number: 477-KLTD214EA	500	Each	\$ _____	\$ _____
0003	Supraglottic Airway Kit, LT-D, Purple, Size 5, Adult 6 ft and up, tube, 60 cc syringe, lube jelly Part Number: 477-KLTD215EA	350	Each	\$ _____	\$ _____
0004	MUCOSAL ATOMIZATION DEVICE (MAD) WITHOUT SYRINGE LATEX FREE 100/CS Part Number: 400125	10	Case	\$ _____	\$ _____
0005	TRACHEOTOMY DEVICE ADULT 4.0MM QUICK-TRACH Part Number: 020040	60	Each	\$ _____	\$ _____
0006	ENDOTRACHEAL TUBE INTRODUCER W/COUDE TIP 15FR 10/BX Part Number: 9-01212-70	100	Box	\$ _____	\$ _____
0007	TETRACAINE 0.5% GTTS 2ML BOTTLE 12/BX Part Number: 370741	180	Each	\$ _____	\$ _____
0008	ONDANSETRON 4MG 2ML VIAL Part Number: 4755-02	250	Each	\$ _____	\$ _____
0009	LIDOCAINE 1GM/D5W 250ML BAG 12/CS Part Number: 357931	120	Each	\$ _____	\$ _____
0010	IPRATROPIUM BROMIDE 0.02% 2.5ML INDIVIDUALLY WRAPPED 30/BX Part Number: 37980	50	Box	\$ _____	\$ _____
0011	HALOPERIDOL LACTATE 5MG/ML 1ML VIAL 10/BX Part Number: 371471	200	Each	\$ _____	\$ _____

0012	NITRO-BID 2% OINTMENT 1GM UD 48/BX 12BX/CS Part Number: 0326-08	144	Box	\$ _____	\$ _____
	No Bid: If your company is not interested in bidding on the RFQ, please fax the attached form back to my attention on (202) 727-8843			Total	\$ _____
13. DISCOUNT FOR PROMPT PAYMENT	10 CALENDAR DAYS	20 CALENDAR DAYS	30 CALENDAR DAYS	CALENDAR DAYS	
	%	%		%	%
14. NAME AND ADDRESS OF QUOTER (<i>Street, city, county, State and ZIP Code</i>) Government Tax ID number		14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		16. DATE OF QUOTATION	
		17. NAME AND TITLE OF SIGNER (<i>Type or print</i>)		18. TELEPHONE NO. (<i>Include area code</i>)	