

REQUEST FOR QUOTATIONS

(THIS IS NOT AN ORDER)

TYPE OF MARKET

OPEN SET-ASIDE DCSS GSA

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1. REQUEST NO. DCFB-2008-Q-0313	2. DATE ISSUED 8/21/08	3. REQUEST/PURCHASE REQUEST NO. RQ420313	4. NIGP COMMODITY CODE 475-37-00	CAPTION Medical supplies
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5A. ISSUED BY
Office of Contracting & Procurement
Public Safety Cluster
441 4th St. NW 700S
Washington DC 20001

6. DELIVER BY (Date)

7. DELIVERY

5B. FOR INFORMATION CALL: (Name and telephone no.) (No collect calls)
Rebecca Young, Contract Specialist 202-727-0810 (ofc) / 202-727-0814 (fax)

FOB DESTINATION OTHER (See Schedule)

8. TO: NAME AND ADDRESS, INCLUDING ZIP CODE

9. DESTINATION (Delivery Address)
Fire and Emergency Medical Services
3170 V Street N.E
Washington, DC 20018

10. PLEASE FURNISH QUOTATIONS TO ISSUING OFFICE (See 5A and 5B above) ON OR BEFORE CLOSE OF BUSINESS (Date and Time)
August 27, 2008 by 2:00 p.m.

11. BUSINESS CLASSIFICATION (Check appropriate boxes)
 SMALL LOCAL RESIDENT OWNED LONG TIME RESIDENT ENTERPRISE ZONE

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 invoices. 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)
1	Adenocard 12mg, 4mL Needleless Prefilled Syringe, #73724	300	EA		
2	Naloxone (Narcan) Prefill 1mg/ml 2mL Syr. Min-I-Jet 21G x 1 1/2' Needle, #39520	600	EA		
3	Terbutaline 1mg/mL 1mL Vial, Package of 10, 80497	40	PKG		
4	Adenocard 6mg 2mL Needleless Prefilled Syringe,	150	EA		
5	Thiamine 100MG/ML 2ML Vial Vitamin B1 (200MG, 2ML)	500	VIAL		
6	Atropine Sulfate 0.1 mg/mL 10mL Needleless Pre-Filled Syringe	400	EA		
7	Magnesium Sulfate 50% 1Gm/2mL Single Dose Vial PKG of 25	20	PKG		
<p>-----</p> <p>In quoting prices, all shipping and handling must be included in unit price.</p> <p>If you cannot quote on these items, please return with explanation or "NO BID" statement.</p>					

13. DISCOUNT FOR PROMPT PAYMENT

10 CALENDAR DAYS	20 CALENDAR DAYS	30 CALENDAR DAYS	CALENDAR DAYS
%	%	%	%

14. NAME AND ADDRESS OF QUOTER (Street, city, county, State and ZIP Code)	14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION	16. DATE OF QUOTATION
	17. NAME AND TITLE OF SIGNER (Type or print)	18. TELEPHONE NO (Include area code)