

REQUEST FOR QUOTATIONS <i>(THIS IS NOT AN ORDER)</i>				PAGE OF PAGES 1   1	
1. REQUEST NO. <b>RQ709070</b>	2. DATE ISSUED 10/18/10	3. REQUEST/PURCHASE REQUEST NO.	4. COMMODITY GROUP AND CLASS	RATING	
5A. ISSUED BY Office of Contracting and Procurement 441 4 <sup>th</sup> Street NW., Suite 700 South Washington, DC 20001			6. DELIVER BY <i>(Date)</i> <i>Period of Performance:</i>		
5B. FOR INFORMATION CALL: <i>(Name and telephone no.) (No collect calls)</i> Helen Tilahun 202-724-4218 Fax 202-727-8843			7. DELIVERY 10 days after Po is generated. <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER <i>(See Schedule)</i>		
8. TO: NAME AND ADDRESS, INCLUDING ZIP CODE			9. DESTINATION <i>(Consignee and address, including ZIP code)</i>		
10. PLEASE FURNISH QUOTATIONS TO ISSUING OFFICE ON OR BEFORE 2:00 PM <i>(Date)</i> <b>10/20/10</b>		11. BUSINESS CLASSIFICATION <i>(Check appropriate boxes)</i> <input type="checkbox"/> DCSS only <input type="checkbox"/> LOCAL <input type="checkbox"/> DISADVANTAGED <input type="checkbox"/> RESIDENT-OWNED <input type="checkbox"/> SMALL			
<b>IMPORTANT:</b> 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.					
<b>12. SCHEDULE (Include applicable Federal, State and local taxes)</b>					
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
VOLU-SOL-VAR-016	Acetone (16 oz)	12/cs	Case		
68534	Alcohol prep pads	10/cs, 200/box	Case/box		
9685	Band Aids (1x3)	1,500/cs	Case		
PB46L	Bibulous Paper (15x10cm)	12/cs, 50/pk	Case/Pack		
44501	Bio-Hazard Infectious Waste bags (Red)	250/cs	Case		
69544	Cotton Balls	12/cs 500/bx	Case		
	Dart J Cups 6 oz (1000 per box)	Box	Box		
76994	Exam Table Paper (21x225)	12/cs	Case		
8657	Facial Tissue	30/cs, 100/bx	Case/box		
74068	Gloves, Exam, Latex, Textured Large, Powder-free	10/cs, 100/box	Case		
74067	Gloves, Exam, Latex, Textured Medium, Powder-Free	10/cs, 100/box	Case/box		
74066	Gloves, Exam, Latex, Textured Small, Powder-free	10/cs, 100/box	Case/box		
71412	Gloves, Exam, Non-Latex Medium	10/cs, 100/box	Case/box		
67245	Gram Stain Kit, 8 oz	Each	Each		

04105B-AB	Immersion Oil, Type A Microscopy	Each	Each		
8250	Kendell Curity Gauze Sponges (2x2)	24/cs 100/bx	Case/box		
68572	K-Y Lubrication Jelly	144/bx	Box		
51558	Lysol Disinfectant Spray	12/cs	Case		
65595	Maxi Pads	250/cs	Case		
84450	Microscope Slides, Plain (75x38mm)	25/cs 144/bx	Case/box		
84452	Microscope, Cover Sheets	200/bx	Box		
68029	Quick Vue-One Step Pregnancy kit	25/bx	Box		
68874	Sharp Containers, 2 Gallon Size	each	Each		
78185	Thayer Martin C02 Plates Media	10/pk	Pack		
14539	Tourniquet	10/pk	Pack		
82330	Under pads	150/cs	Case		
45950	Unisex lab Coat-Medium 40 (White)	each	Each		
45951	Unisex Lab Coat-Large 42 (White)	each	Each		
45952	Unisex Lab Coat (XL) 44- White	each	Each		
45953	Unisex Lab Coat (XXL) 46- White	each	Each		
68322	Urine Cups W/Lid 8.0 MI	100/cs	Case		
8855	Vacutainer, Blood Tube, 10ml-Red	10/cs, 100/pk	Case/pack		
79589	Vacutainer, Brand Blood Collection Needles (21gx 1-1/2)	10/cs 100/bx	Case/pack		
63354	Vacutainer, Brand Safety-Lock Blood Coll. Needles (23gx 3/4 W/7" Luer)	50/bx	Box		
68723	Vagoma; Speculae, Large	100/cs, 10x10/bgs	Case/bags		
8359	Vaginal Speculae, Medium	100/cs, 25x4/bgs	Case/bags		
28625	Vaginal Speculae, Small	100/cs, 25x4/bgs	Case/bags		
66395	Vanish Point Blood Collection Holders	250/cs	Case		
82361	Vanish point Needles (25gx1) Tuberculin	6/cs, 100/bx	Case/box		
64586	Vanish Point Syringe w/Needles (3CC, 23gx1)	6/cs, 100/bx	Case/box		
64585	Vanish Point Syringe w/Needles (3cc, 22gx1-1/2)	6/cs, 100/bx	Case/box		

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> )	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> )		