Request for Quote

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
ONE CAPITOL HILL
PROVIDENCE RI 02908

CREATION DATE : 30-NOV-11
BID NUMBER: 7449283
TITLE: IV ADMIXTURE SERVICES: ELEANOR SLATER HOSP. - CRANSTON UNIT AND ZAMBARANO UNIT

BLANKET START : 01-FEB-12
BLANKET END : 31-JAN-14
BID CLOSING DATE AND TIME:28-DEC-2011 10:00:00

BUYER: Melillo, Charlotte A
PHONE #: 401-574-8110

BILL TO
DOA CONTROLLER
ONE CAPITOL HILL, 4TH FLOOR
SMITH ST
PROVIDENCE, RI 02908
US

SHIP TO
BHDDH-ESH CENTRAL RECEIVING
REGAN BLDG, FIRST FLOOR
ATTN: SEE BELOW
CRANSTON, RI 02920
US

Requisition Number:

Line	Description	Quantity	Unit	Unit Price	Total
	2/1/12 - 1/31/14 IV ADMIXTURE SERVICES: ELEANOR SLATER HOSPITAL-CRANSTON UNIT AND ZAMBARANO UNIT PER THE ATTACHED SPECIFICATIONS **				
1	2/1/12 - 6/30/12 ANTIBIOTIC THERAPY/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
2	2/1/12 - 6/30/12 ANTIBIOTIC THERAPY/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER F/Y12	1.00	Each		
3	7/1/12 - 6/30/13 ANTIBIOTIC THERAPY/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN ORDER	1.00	Each		
4	7/1/12 - 6/30/13 ANTIBIOTIC THERAPY/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
5	7/1/13 - 1/31/14 ANTIBIOTIC THERAPY/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
6	7/1/13 - 1/31/14 ANTIBIOTIC THERAPY/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
7	2/1/12 - 6/30/12 TPN (TOTAL PARENTERAL NUTRITION) INCLUDES PUMP AND RELATED SUPPLIES/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
8	2/1/12 - 6/30/12 TPN (TOTAL PARENTERAL NUTRITION) INCLUDES PUMP AND RELATED SUPPLIES/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
9	7/1/12 - 6/30/13 TPN (TOTAL PARENTERAL NUTRITION) INCLUDES PUMP AND RELATED SUPPLIES/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
10	7/1/12 - 6/30/13 TPN (TOTAL PARENTERAL NUTRITION) INCLUDES PUMP AND RELATED SUPPLIES/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
11	7/1/13 - 1/31/14 TPN (TOTAL PARENTERAL NUTRITION) INCLUDES PUMP AND RELATED SUPPLIES/CRANSTON	1.00	Each		

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	UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER				
12	7/1/13- 1/31/14 TPN (TOTAL PARENTERAL NUTRITION) INCLUDES PUMP AND RELATED SUPPLIES/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
13	2/1/12 - 6/30/12 NARCOTIC PAIN MANAGEMENT THERAPY INCLUDES PUMP AND RELATED SUPPLIES/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
14	2/1/12 - 6/30/12 NARCOTIC PAIN MANAGEMENT THERAPY INCLUDES PUMP AND RELATED SUPPLIES/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
15	7/1/12 - 6/30/13 NARCOTIC PAIN MANAGEMENT THERAPY INCLUDES PUMP AND RELATED SUPPLIES/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
16	7/1/12 - 6/30/13 NARCOTIC PAIN MANAGEMENT THERAPY INCLUDES PUMP AND RELATED SUPPLIES/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
17	7/1/13 - 131/14 NARCOTIC PAIN MANAGEMENT THERAPY INCLUDES PUMP AND RELATED SUPPLIES/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
18	7/1/13 - 1/31/14 NARCOTIC PAIN MANAGEMENT THERAPY INCLUDES PUMP AND RELATED SUPPLIES/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
19	2/1/12 - 6/30/12 PULMONARY DISEASE THERAPY/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
20	2/1/12 - 6/30/12 PULMONARY DISEASE THERAPY/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
21	7/1/12 - 6/30/13 PULMONARY DISEASE THERAPY/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
22	7/1/12 - 6/30/13 PULMONARY DISEASE THERAPY/ZAMBARANO UNIT QUANTITY TO BE	1.00	Each		

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Line	Description	Quantity	Unit	Unit Price	Total
	DETERMINED BY PHYSICIAN'S ORDER				
23	7/1/13 - 1/31/14 PULMONARY DISEASE THERAPY/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
24	7/1/13 - 1/31/14 PULMONARY DISEASE THERAPY/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
25	2/1/12 - 6/30/12 CANCER CHEMOTHERAPY/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
26	2/1/12 - 6/30/12 CANCER CHEMOTHERAPY/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
27	7/1/12 - 6/30/13 CANCER CHEMOTHERAPY/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
28	7/1/12 - 6/30/13 CANCER CHEMOTHERAPY/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
29	7/1/13 - 1/31/14 CANCER CHEMOTHERAPY/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
30	7/1/13 - 1/31/14 CANCER CHEMOTHERAPY/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
31	2/1/12 - 6/30/12 HIV THERAPY/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
32	2/1/12 - 6/30/12 HIV THERAPY/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
33	7/1/12 - 6/30/13 HIV THERAPY/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
34	7/1/12 - 6/30/13 HIV THERAPY/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		
35	7/1/13 - 1/31/14 HIV THERAPY/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		

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Line	Description	Quantity	Unit	Unit Price	Total
36	7/1/13 - 1/31/14 HIV THERAPY/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER	1.00	Each		

Delivery: _____

Terms of Payment: _____

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Title: IV Admixture Services: Eleanor Slater Hospital – Cranston Unit and Zambarano Unit

Blanket Requirements: 2/1/12 - 1/31/14

Intravenous (IV) admixture services required for Eleanor Slater Hospital at its two campus locations, Cranston and Zambarano
Specifically, the required services are compounding and delivering sterile pharmaceuticals as determined by physicians' orders for medications that are unavailable from on-site pharmacy.
Provider must be a licensed pharmacy in the State of Rhode Island in good standing with the RI Department of Health.
Provider must be compliant with all applicable Joint Commission standards as well as state and federal regulations
Pricing structure of medication cost per unit charged will be specified
Charge for compounding and delivering per unit of medication will be specified
Delivery of medication directly to patient care units is required on a daily basis including weekends when applicable due to stability limitations of potential additives, IE for TPN therapy

Contract Terms and Conditions

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Terms and Conditions

BID STANDARD TERMS AND CONDITIONS

TERMS AND CONDITIONS FOR THIS BID

PURCHASE AGREEMENT BID

BIDDING (a) A single price shall be quoted for each item against which a proposal is submitted. This price will be the maximum in effect during the agreement period. Any price decline at the manufacturer's level shall be reflected in a reduction of the agreement price to the State. (b) Quantities, if any, are estimated only. The agreement shall cover the actual quantities ordering during the period. Deliveries will be billed at the single, firm, awarded unit price quoted regardless of the quantities ordered. (c) Bid price is net F.O.B. destination and shall include inside delivery at no extra cost. (d) Bids for single items and/or a small percentage of total items listed, may, at the State's sole option, be rejected as being non-responsive to the intent of this request. ORDERING (a) The User Agency(s) will submit individual orders for the various items and various quantities as may be required during the agreement period. (b) Exception - Regardless of any agreement resulting from this bid, the State reserves the right to solicit prices separately for any extra large requirements for delivery to specific destinations.

RIVIP INFO - BID SUBMISSION REQUIREMENTS

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INSURANCE REQUIREMENTS

AN INSURANCE CERTIFICATE IN COMPLIANCE WITH PROVISIONS OF ITEM 31 (INSURANCE) OF THE GENERAL CONDITIONS OF PURCHASE IS REQUIRED FOR COMPREHENSIVE GENERAL LIABILITY, AUTOMOBILE LIABILITY, AND WORKERS' COMPENSATION AND MUST BE SUBMITTED BY THE SUCCESSFUL BIDDER(S) TO THE DIVISION OF PURCHASES PRIOR TO AWARD. THE INSURANCE CERTIFICATE MUST NAME THE STATE OF RHODE ISLAND AS CERTIFICATE HOLDER AND AS AN ADDITIONAL INSURED. FAILURE TO COMPLY WITH THESE PROVISIONS MAY RESULT IN REJECTION OF THE OFFEROR'S BID. ANNUAL RENEWAL CERTIFICATES MUST BE SUBMITTED TO THE AGENCY IDENTIFIED ON THE PURCHASE ORDER. FAILURE TO DO SO MAY BE GROUNDS FOR CANCELLATION OF CONTRACT.

NOTE: IF THIS BID COVERS CONSTRUCTION, SCHOOL BUSING, HAZARDOUS WASTE, OR VESSEL OPERATION, APPLICABLE COVERAGES FROM THE FOLLOWING LIST MUST ALSO BE SUBMITTED TO THE DIVISION OF PURCHASES PRIOR TO AWARD: * PROFESSIONAL LIABILITY INSURANCE (AKA ERRORS & OMISSIONS) - $1 MILLION OR 5% OF ESTIMATED PROJECT COST, WHICHEVER IS GREATER. * BUILDER'S RISK INSURANCE - COVERAGE EQUAL TO FACE AMOUNT OF CONTRACT FOR CONSTRUCTION. * SCHOOL BUSING - AUTO LIABILITY COVERAGE IN THE AMOUNT OF $5 MILLION. * ENVIRONMENTAL IMPAIRMENT (AKA POLLUTION CONTROL) - $1 MILLION OR 5% OF FACE AMOUNT OF CONTRACT, WHICHEVER IS GREATER. * VESSEL OPERATION - (MARINE OR AIRCRAFT) - PROTECTION & INDEMNITY COVERAGE REQUIRED IN THE AMOUNT OF $1 MILLION.

LICENSE REQUIREMENTS

VENDOR (OWNER OF COMPANY) IS RESPONSIBLE TO COMPLY WITH ALL LICENSING OR STATE PERMITS REQUIRED FOR THIS TYPE OF SERVICE. A COPY OF LICENSE/PERMIT SHOULD BE SUBMITTED WITH THIS BID. IN ADDITION TO THESE LICENSE REQUIREMENTS, BIDDER, BY SUBMISSION OF THIS BID, CERTIFIES THAT ANY/ALL WORK RELATED TO THIS BID, AND ANY SUBSEQUENT AWARD WHICH REQUIRES A RHODE ISLAND LICENSE(S), SHALL BE PERFORMED BY AN INDIVIDUAL(S) HOLDING A VALID RHODE ISLAND LICENSE.

MULTI YEAR AWARD

THIS IS A MULTI-YEAR BID/CONTRACT. PER RHODE ISLAND STATE LAW 37-2-33, CONTRACT OBLIGATIONS BEYOND THE CURRENT FISCAL YEAR ARE SUBJECT TO AVAILABILITY OF FUNDS. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE STATE. TERMINATION MAY BE EFFECTED BY THE STATE BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE STATE TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES.

DELIVERY PER AGENCY

DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY.