THE TEXAS A&M UNIVERSITY SYSTEM HEALTH SCIENCE CENTER

12/08/2016

200 Technology Way, Suite 2079, College Station, Texas 77845-3424; Phone 979-436-9219, FAX 979-436-0074

Page

01

Include PO number on all Correspondence and packages

P700031

VENDOR GUARANTEES MERCHANDISE DELIVERED ON THIS ORDER WILL MEET OR EXCEED SPECIFICATIONS IN THE BID INVITATION.

VENDOR

FILE

*******9851 FUJIFILM MEDICAL SYSTEM USA INC PO BOX 347689 PITTSBURGH, PA 15251-4689 ALL TERMS AND CONDITIONS SET FORTH IN THE BID INVITATION BECOME A PART OF THIS ORDER. INVOICE (IN DUPLICATE) TO AGENCY BELOW

TEXAS A&M HEALTH SCIENCE CTR COLLEGE OF MEDICINE FAMILY MEDICINE RESIDENCY PROGRAM 2900 E 29TH ST STE 100 BRYAN TX 77802

SHIP TO:

TEXAS A&M HEALTH SCIENCE CTR COLLEGE OF MEDICINE FAMILY MEDICINE RESIDENCY PROGRAM 2900 E 29TH ST STE 100 BRYAN TX 77802 P 700027

PLEASE NOTE: IF YOUR INVOICE IS NOT ADDRESSED AS INSTRUCTED PAYMENT WILL BE DELAYED.

ANY EXCEPTION TO PRICING OR DESCRIPTION CONTAINED HEREIN MUST BE APPROVED BY HUB & PROCUREMENT SERVICES <u>PRIOR</u> TO SHIPPING.

	HUB & PROCUREMENT SERVICES PRIOR TO SHIPPING.	114	STRUCTED I	ATRIENT WILL BE DECATE	,
Item	Description	Quantity	UOM	Unit Price	Ext Price
	USER REF: 464583-00001				
	PAYMENT TERMS: NET 30 THE TEXAS A&M HEALTH SCIENCE CENTER WILL INCUR NO LATE PAYMENT PENALTY IF PAYMENT IS MADE WITHIN THIRTY (30) DAYS FROM RECEIPT OF GOODS OR SERVICES AND AN UNCONTESTED INVOICE.				
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	REF: QUOTE # MMXQ3074				
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8	xerox colorqube 8580 solid ink color printer with 3 yr warranty	1	EA	1,050.000	1,050.00
SAW					

FOB: DESTINATION FRT INCLUDED The Texas A&M University System Health Science Center cannot accept collect freight shipments.	Terms:
FAILURE TO DELIVER-If the vendor fails to deliver these supplies by the promised delivery date or a reasonable time thereafter, without giving acceptable reasons for delay, or if supplies are rejected for failure to meet specifications, the State reserves the right to purchase specified supplies elsewhere, and charge the increase in price and cost of handling, if any, to the vendor. Neither substitutions nor cancellations permitted without prior approval.	IN ACCORDANCE WITH YOUR BID, SUPPLIES/EQUIPMENT MUST BE PLACED IN THE DEPARTMENT RECEIVING ROOM BY
The State of Texas is exempt from all Federal Excise Taxes STATE AND CITY SALES TAX EXEMPTIONS CERTIFICATE: The undersigned claims an exemption from taxes under Texas Tax Code, Section 151.309(4), for purchase of tangible personal property described in this	THIS ORDER IS NOT VALID UNLESS SIGNED BY THE PURCHASING AGENT.
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PURCHASE ORDER

THE TEXAS A&M UNIVERSITY SYSTEM HEALTH SCIENCE CENTER

Order Date 12/08/2016

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10	hdsdi/svideo capture card	1	EA	949.000	949.00
11	cable set 6 ft hdsdi/svideo	1	EA	316.000	316.00
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14	training services	1	EA	5,800.000	5,800.00
15	license installation fee	3	EA	780.000	2,340.00
				TOTAL	59,076.74
	VENDOR QUOTE: MMXQ3074 VENDOR REF: DAVID GRANSTAFF Purchase made by an Institution of Higher Education, Section 51.9335 Education Code.				
	CC FY ACCOUNT NO. DEPT. 23 2017 464583-00001-5761 2071 23 2017 464583-00001-5799 2071 23 2017 464583-00001-5760 2071 DOCUMENT DATE: 12/08/2016 DEPT.CONTACT: NIKKI RUIZ PHONE NO.: 979-436-0445			45,756.76 1,449.00 11,870.98	
SAW					

FOB: DESTINATION FRT INCLUDED

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PURCHASING AGENT FOR THE TEXAS A&M UNIVERSITY SYSTEM HEALTH SCIENCE CENTER

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Item	Description	Quantity	UOM	Unit Price	Ext Price
	SOLE SOURCE REASON: COLONOSCOPE IMAGING FOR SOFWARE WITH CENTRICITY				
	PCC CD: 9				
	TYPE FUND: S TYPE ORDER: HIED				
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SAW					

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PURCHASING AGENT FOR
THE TEXAS A&M UNIVERSITY SYSTEM HEALTH SCIENCE CENTER

The Texas A&M University System Health Science Center

Sole Source and/or Proprietary Justification

Requi	uisition No.	Date: 11/23/2016				
This form is to be used to aid departmental staff in relating information necessary in the process of requisitions on a sole source and/or proprietary basis. Your cooperation in answering the questions listed below will assist the purchaser in handling your order expeditiously. Please complete the for and forward to HUB and Procurement Services. If more space is required, feel free to attach additional pages. NOTE: For your convenience, this is a fill-in form. Adobe Reader required.						
1.	. Description of item (if commodity: make, model no., etc	.; if service: de	tail of type	of service):		
	Colonoscope imaging equipment, software integration we equipment and software.	ith Centricity, a	and training	for new		
2.	. Name of known source for item: N Fujifilm	/anufacturer?	∀ Yes	No		
3.						
	Fujifilm is the manufacturer of the scopes, controller, sof used for all colonoscopy needs	ftware and vide	eo-processo	or that is		
4.	. Briefly explain how the unique features or functions are item is needed.	essential to the	purpose fo	r which the		
	The equipment must be maintained in excellent working patient care, in addition, proper imaging, integration into training to use this equipment is essential to provide pro	our electronic	medical rec	and quality cord, and		
5.	. List any source other than the known source that manufa items with similar functions.					
	this is not applicable, Fujifilm is the only manufacturer of the existing Fujifilm colonoscopes we already own and u	the equipment use.	t to add on	service to		

7. Will the item be used with existing equipment? Yes No If yes, -as a repair/replacement part? Yes No No As a repair/replacement part? Yes No No No No No No Yes No	6.	Why are the other sources not satisfactory? n/a
8. Include any additional information that may aid the purchaser in processing this requisition. Certify that, to the best of my knowledge, the above information is true and accurate and that no other naterial fact or consideration offered or given has influenced this recommendation for a sole ource/proprietary purchase. Submitted by: Nikki Ruiz, Business Coordinator II MSRDP	7.	If yes, -as a repair/replacement part? -as component to be interfaced? -as an accessory? -to match existing equipment? Yes Ves No
naterial fact or consideration offered or given has influenced this recommendation for a sole ource/proprietary purchase. Submitted by: Nikki Ruiz, Business Coordinator II MSRDP Printed name, title and department)		List make and model of existing equipment. n/a
naterial fact or consideration offered or given has influenced this recommendation for a sole ource/proprietary purchase. Submitted by: Nikki Ruiz, Business Coordinator II MSRDP Printed name, title and department)	8.	Include any additional information that may aid the purchaser in processing this requisition. OFFICE REPUBLICATION. SERVICES ATTION. WARRANTON.
Printed name, title and department)	nateria	al fact or consideration offered or given has influenced this recommendation for a sole
	Printed 1	name, title and department)

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COLLEGE OF MEDICINE
FAMILY MEDICINE RESIDENCY
PROGRAM
2900 E 29TH ST STE 100
BRYAN TX 77802

SHIPTO

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PURCHASING AGENT FOR THE TEXAS A&M UNIVERSITY SYSTEM HEALTH SCIENCE CENTER

Susan King

From:

Susan King

Sent:

Monday, December 12, 2016 7:45 AM

To:

'dgranstaff@fujifilm.com'

Cc: Subject: 'Ruiz, Nichole B.' PO # P700031

Attachments:

20161212074224681.pdf

Importance:

High

Please process the attached order.

If you have any questions, please do not hesitate to contact me.

Thank You,

Susan King CTPM

Procurement Services | Texas A&M University

MS 1477 | 330 Agronomy Road, College Station TX 77843-1477 Ph: 979.845.3888 | Fax: 979.845.3800 sa-king@tamu.edu

www.tamu.edu | LEAD by EXAMPLE

****** PLEASE NOTE NEW NAME & EMAIL ADDRESS *******

-emailed David 10/408:51, 10/4@2:13

FUJIFILM Medical Systems U.S.A. Inc. - Endoscopy Division 10 Highpoint Drive, Wayne, New Jersey 07470 www.fujinonendoscopy.com Phone (973) 633-5600 Fax (973) 633-8818

CONFIDENTIAL and PROPRIETARY

MMXQ3074 Nov 1, 2016

Quoted To:

Texas A&M Health Science Center College of

Rosie Meredith 1301 Memorial Drive Bryan, TX 77802

Prepared By:

David Granstaff

Sales

dgranstaff@fujifilm.com

512-945-1870

Terms: NET 30

444582.00001

ty Part #	Description	List Price	Your Price	Ext. Price
oftware Licens				
7	(ng ng pangagan 1990 ng ang milipan ng 1960 at 1961 at		
√1 L-100	EndoManager - Image Capture License 510	\$11,493.00	\$10,113.84	\$10,113.84
ノ1 L-700	EndoMariager - Physician Reporting License	\$10,183.00	\$8,961.04	\$8,961.04
Computers				
1 H-506	Image Capture Computer (19" Monitor Included) 5199	\$1,449.00	\$1,449.00	\$1,449.00
/1 H-509	HL7 Interface Server - 57 4 1	\$1,200.00	\$1,200.00	\$1,200.00
Interfaces		:	V 1,200.00	V 1,200.00
/1 IT-HL7ADT	HL7 Interface (ADT incoming) Patient Data	#44 DOD CO	#40 044 44	***
1 IT-HL7ORU	HL7 ORU Interface (Physicians reports)	\$11,638.00	\$10,241.44	\$10,241.44
/1 IT-AFAX		\$11,638.00	\$10,241.44	\$10,241.44
ri firaina	Auto Faxing with modem - 51u \	\$4,999.00	\$4,999.00	\$4,999.00
Peripherals				
1 4093537	Xerox ColorQube 8580 Solid Ink Color Printer (Includes 3 Year	\$1,050.00	\$1,050.00	\$1,050.00
1 H-8580-SK	Warranty) - 57% ColorQube 8580 Starter Kit (4 Color Pack & Ext. Cap) \$958.00	\$958.00	\$958.00
1 H-605	Maintenance Kit) HDSDI/SVideo Capture Card	\$949.00	\$949.00	\$949.00
1 P-C6HD	Cable Set 6 ft HDSDI / SVideo	\$316.00	\$316.00	\$316.00
2 P-NC	Network cable \$760	\$29.00	\$29.00	\$58.00
2 H-NLLRMT	Newell Application Controller	\$199.99	\$199.99	\$399.98
Install / Training		•	*******	*******
1 IT-204	Training Services -5715	\$5,800.00	\$5,800,00	\$5,800.00
3 IT-200	License Installation Fee - 5761	\$780.00	\$780.00	\$2,340.00
	ance Contract (Year 1 Included with Purchase, Year 2 and a		•	was out of
1 EM-MAINT	Annual EndoManager Maintenance		51.40 billed Annu	rally 👟 10
1 M-HL7	3rd Party Required Annual License Fee for HL7 products.		00.00 billed Annu	' / I'
1 10-11-1	Sid Larry Redailed Milliadi Election Lee for the broaden	dien's	\$0.00	\$0.0
	to software licenses only List Tota	1		30.00 RG A70 QR

1 EM-MAINT Annual EndoManager Maintenance 1 M-HL7 3rd Party Required Annual License Fee for HL7 products.			\$3,251.40 billed Annually	> ni	04	
		products.	\$2,000.00 billed Annually	10	W	
1				\$0.00	\$0.00	U
* All discounts apply to software licenses only.		List Total	\$64.	470.98		
* To v		nd conditions please visit: www.SummitImaging.com/TC	Discount	\$5,	394.24	
		bject to applicable freight and sales tax charges. We se sales tax unless you provide us with the	Est. Tax	\$4 ,	873.83	2_
		rtificate or Tax Exempt Certificate.	Count takes			

Annual maintenance contract fee after first year: \$5251,40 Billed Annualk

Warrenty: Summit Imaging warrants that all Summit Imaging products will be free from defects in materials and workmanship for a period of one (1) year from the date of installation. Lead Time: 4 Weeks from receipt of written Purchase Order.

Interface: Contingent upon actual purchase of HL7 interfaces There is a license fee of \$2,000 annually for each HL7 interface.



CERTIFICATE OF LIABILITY INSURANCE Page 1 of 1

DATE (MM/DD/YYYY) 03/28/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

C		holder in lieu of such			ent(s).					
PRODUCER					CONTACT NAME:					
		Willis of New York, c/o 26 Century Blvd.	Inc.			PHONE (A/C, NO, EXT): 877-945-7378 FAX (A/C, NO): 888-467-2378				
	P. O. Box 305191 Nashville, TN 37230					E-MAIL ADDRESS: certificates@willis.com				
						INS	SURER(S)AFFORDIN	IG COVERAGE		NAIC#
						INSURERA: Mits	ui Sumitomo :	Insurance Company o	f Amer	20362-001
INSU	IRED	FUJIFILM Medical Systems U.S.A., Inc.								
		419 West Avenue	, A		INSURER C:					
	Stamford, CT 06902-6300				INSURER D:			********		
		•				INSURER E:		والحافظة فيار المواجئية فنيار موجد المحمدات والمحاجدة والمحاجة المعاديدة المعاديدة والمحادثة والمعادد المعادد		
		l			i i	INSURER F:			***	
CO	VERAGE	S CE	RTIFIC	ATE	NUMBER: 24256710	REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
NSR		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS	
A	x co	MMERCIAL GENERAL LIABILITY	Y		GL2122426	4/1/2016	4/1/2017	EACH OCCURRENCE	\$ 1	,000,000

INSR LTR	TYPE OF INSURANCE		SUBI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER:	¥		GL2122426	4/1/2016	4/1/2017	EACH OCCURRENCE \$ 1,000,000
A A A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS UMBRELLA LIAB OCCUR			BVM8803075 BVR8406445 BVR8406447	4/1/2016 4/1/2016 4/1/2016	4/1/2017 4/1/2017 4/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY(Perperson) \$ BODILY INJURY(Peraccident) \$ PROPERTY DAMAGE (Peraccident) \$ \$ EACH OCCUBRENCE \$
	EXCESS LIAB CLAIMS-MADE DED RETENTION S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) (Mandatory in NH) (Mandatory in NH) DESCRIPTION OF OPERATIONS below	N/A					AGGREGATE \$ AGGREGATE \$ \$ PEA OTH- STATUTE EB E.L. EACH ACCIDENT \$ E.L. DISEASE - FA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required

Re: LAS-F 040209 DW.

It is agreed that Texas A&M Health Science Center are included as Additional Insureds as respects to General Liability and Automobile Liability.

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Texas A&M Health Science Center 8441 State Highway 47, Ste 3100 Bryan, TX 77807-3234	AUTHORIZED HED RESENTATIVE