

PURCHASE ORDER

**THE TEXAS A&M UNIVERSITY SYSTEM
HEALTH SCIENCE CENTER**

Order Date

12/08/2016

FILE

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.

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

P700031

VENDOR
*****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.

SHIP TO:

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

R700027

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Item	Description	Quantity	UOM	Unit Price	Ext Price
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FOB: DESTINATION FRT INCLUDED The Texas A&M University System Health Science Center cannot accept collect freight shipments.		Terms:
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				TOTAL	59,076.74																				
<p>VENDOR QUOTE: MMXQ3074 VENDOR REF: DAVID GRANSTAFF</p> <p>Purchase made by an Institution of Higher Education, Section 51.9335 Education Code.</p> <table border="1"> <tr> <td>CC</td> <td>FY</td> <td>ACCOUNT NO.</td> <td>DEPT.</td> <td></td> </tr> <tr> <td>23</td> <td>2017</td> <td>464583-00001-5761</td> <td>2071</td> <td>45,756.76</td> </tr> <tr> <td>23</td> <td>2017</td> <td>464583-00001-5799</td> <td>2071</td> <td>1,449.00</td> </tr> <tr> <td>23</td> <td>2017</td> <td>464583-00001-5760</td> <td>2071</td> <td>11,870.98</td> </tr> </table> <p>DOCUMENT DATE: 12/08/2016</p> <p>DEPT.CONTACT: NIKKI RUIZ PHONE NO.: 979-436-0445</p>						CC	FY	ACCOUNT NO.	DEPT.		23	2017	464583-00001-5761	2071	45,756.76	23	2017	464583-00001-5799	2071	1,449.00	23	2017	464583-00001-5760	2071	11,870.98
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SAW	SOLE SOURCE REASON: COLONOSCOPE IMAGING FOR SOFTWARE WITH CENTRICITY PCC CD: 9 TYPE FUND: S TYPE ORDER: HIED				

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The Texas A&M University System Health Science Center

Sole Source and/or Proprietary Justification

Requisition 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 form 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: detail of type of service):

Colonoscopy imaging equipment, software integration with Centricity, and training for new equipment and software.

2. Name of known source for item:

Manufacturer? Yes No

Fujifilm

3. What feature or functions are unique (proprietary) to this item?

Fujifilm is the manufacturer of the scopes, controller, software and video-processor that is used for all colonoscopy needs

4. Briefly explain how the unique features or functions are essential to the purpose for which the item is needed.

The equipment must be maintained in excellent working condition to ensure safety and quality patient care. In addition, proper imaging, integration into our electronic medical record, and training to use this equipment is essential to provide proper medical care.

5. List any source other than the known source that manufactures or supplies similar items or items with similar functions.

this is not applicable, Fujifilm is the only manufacturer of the equipment to add on service to the existing Fujifilm colonoscopes we already own and use.

6. Why are the other sources not satisfactory?

n/a

7. Will the item be used with existing equipment?

- If yes, -as a repair/replacement part?
- as component to be interfaced?
- as an accessory?
- to match existing equipment?
- for reason of interchangeability?

<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes

<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	No
<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	No
<input checked="" type="checkbox"/>	No



List make and model of existing equipment.

n/a

8. Include any additional information that may aid the purchaser in processing this requisition.

OEM PRODUCTS
& SERVICES REQUIRED
FOR WARRANTY &
INTEGRATION.

I certify that, to the best of my knowledge, the above information is true and accurate and that no other material fact or consideration offered or given has influenced this recommendation for a sole source/proprietary purchase.

Submitted by: Nikki Ruiz, Business Coordinator II MSRDP
(Printed name, title and department)

Signature:

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Kayla Milburn

PURCHASING AGENT FOR
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SAW

<p>FOB: DESTINATION FRT INCLUDED The Texas A&M University System Health Science Center cannot accept collect freight shipments.</p>	<p>Terms:</p>
<p>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.</p>	<p>IN ACCORDANCE WITH YOUR BID, SUPPLIES/EQUIPMENT MUST BE PLACED IN THE DEPARTMENT RECEIVING ROOM BY</p>
<p>The State of Texas is exempt from all Federal Excise Taxes</p> <p>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 numbered order, purchased from contractor and/or shipper listed above, as this property is being secured for the exclusive use of the State of Texas. The Terms and Conditions of the State of Texas shall prevail.</p>	<p>THIS ORDER IS NOT VALID UNLESS SIGNED BY THE PURCHASING AGENT.</p> <p>PURCHASING AGENT FOR THE TEXAS A&M UNIVERSITY SYSTEM HEALTH SCIENCE CENTER</p>

Susan King

From: Susan King
Sent: Monday, December 12, 2016 7:45 AM
To: 'dgranstaff@fujifilm.com'
Cc: 'Ruiz, Nichole B.'
Subject: 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 10/4@8:51, 10/4@2:13

R700027



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

QUOTE
MMXQ3074
Nov 1, 2016

Ryan Deharch 10/5/16

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
512-965-1870

Terms: NET 30

464582-00001

Qty	Part #	Description	List Price	Your Price	Ext. Price
Software Licenses					
✓1	L-100	EndoManager - Image Capture License	\$11,493.00	\$10,113.84	\$10,113.84
✓1	L-700	EndoManager - Physician Reporting License	\$10,183.00	\$8,961.04	\$8,961.04
Computers					
✓1	H-506	Image Capture Computer (19" Monitor Included)	\$1,449.00	\$1,449.00	\$1,449.00
✓1	H-509	HL7 Interface Server - 5761	\$1,200.00	\$1,200.00	\$1,200.00
Interfaces					
✓1	IT-HL7ADT	HL7 Interface (ADT incoming) Patient Data	\$11,638.00	\$10,241.44	\$10,241.44
✓1	IT-HL7ORU	HL7 ORU Interface (Physicians reports)	\$11,638.00	\$10,241.44	\$10,241.44
✓1	IT-AFAX	Auto Faxing with modem - 5761	\$4,999.00	\$4,999.00	\$4,999.00
Peripherals					
✓1	4093537	Xerox ColorQube 8580 Solid Ink Color Printer (Includes 3 Year Warranty)	\$1,050.00	\$1,050.00	\$1,050.00
✓1	H-8580-SK	ColorQube 8580 Starter Kit (4 Color Pack & Ext. Cap Maintenance Kit)	\$958.00	\$958.00	\$958.00
✓1	H-605	HDSI / SVideo Capture Card - 5751 5760	\$949.00	\$949.00	\$949.00
✓1	P-C6HD	Cable Set 6 ft HDSI / SVideo - 5751 5760	\$316.00	\$316.00	\$316.00
✓2	P-NC	Network cable	\$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 - 5215	\$5,800.00	\$5,800.00	\$5,800.00
3	IT-200	License Installation Fee - 5761	\$780.00	\$780.00	\$2,340.00
Annual Maintenance Contract (Year 1 Included with Purchase, Year 2 and after listed below.)					
1	EM-MAINT	Annual EndoManager Maintenance	\$3,251.40 billed Annually		
1	M-HL7	3rd Party Required Annual License Fee for HL7 products.	\$2,000.00 billed Annually		
1			\$0.00	\$0.00	\$0.00

* All discounts apply to software licenses only.
* This quote is valid for 60 days.
* To view our terms and conditions please visit: www.SummitImaging.com/TC
* This Quotation is subject to applicable freight and sales tax charges. We are obligated to impose sales tax unless you provide us with the necessary Resale Certificate or Tax Exempt Certificate.

List Total	\$64,470.98
Discount	\$5,394.24
Est. Tax	\$4,873.83?
Grand Total	\$63,950.57

Annual maintenance contract fee after first year: \$5251.40 Billed Annually

Warranty: 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.

1 of 1

not included w/ pdoc
59,076.74

