

5900 Optical Court
 San Jose, CA 95138
 t: 800 624 4422 f: 800 729 2917

CUSTOMER'S COPY



Endoscopy

PROPOSAL

DATE: 03/03/09

Nick Tomasello

Nick.Tomasello@stryker.com
 707-888-9406 Fax: 925-855-9046

PROPOSAL SUBMITTED TO:

CONTRA COSTA REGIONAL (ACCOUNT 21888)
 MEDICAL CTR
 MARTINEZ, CA 94553

We are pleased to submit our quotation on the following Stryker Endoscopy products.

EQUIPMENT

Item No.	Part No.	Description	U/M	Qty	List Price	Sell Price	Total
5900	1288-010-000	1288HD CAMERA CONTROL UNIT	EA	4	\$23,000.00	\$11,000.00	\$44,000.00
5901	1288-210-122	1288 CAMERA HEAD AND COUPLER KIT	EA	6	\$24,000.00	\$11,000.00	\$66,000.00
1800	0220-210-000	L9000 LIGHT SOURCE	EA	4	\$15,000.00	\$6,500.00	\$26,000.00
4	0240-050-990	SDC ULTRA AND PRINTER	EA	4	\$38,500.00	\$16,500.00	\$66,000.00
5	0240-099-011K	STANDARD VIDEO CART KIT	EA	4	\$6,695.00	\$2,552.15	\$10,208.60
Nick	0240-099-110K	FLAT-PANEL ROLL STAND	EA	2	\$2,936.00	\$1,119.02	\$2,238.04
707-8	0620-040-652	PNEUMO SURE XL KIT FOR HOUSE GAS CONNECTION	EA	4	\$16,010.00	\$6,214.66	\$24,858.64
8	0240-030-960	PKG; 26IN VISION ELECT HDTV SURGICAL VIEWING MONITOR	EA	4	\$12,495.00	\$5,000.00	\$20,000.00
10	0240-030-970	PKG, WISE 26IN HDTV SURGICAL DISPLAY	EA	2	\$13,775.00	\$5,600.00	\$11,200.00
Total List Price							\$624,222.00
Total Discount							(\$353,716.72)
Equipment Total							\$270,505.28

Pricing does not include applicable taxes and shipping.

F.O.B.: Shipping Point

Prices: In effect for 60 days

Terms: Net 30 Days

Ask your Stryker Sales Rep about our flexible financing options.

Comments
Stryker will provide CCRM Blomed Department with technical support for the above products. This includes Service & Repair Parts and Instructions available in Stryker's 2009 US Price Guide Catalog.

STRYKER REPRESENTATIVE SIGNATURE

AUTHORIZED CUSTOMER SIGNATURE

MEDICAL VIDEO * POWERED ARTHROSCOPY INSTRUMENTS * OPTICS & INSTRUMENTS FOR ARTHROSCOPY AND LAPAROSCOPY

Quote Name : Dr. Kleinmans Video Scope

Quote# : 105160 - 5
 Date : 06-MAR-2009
 Expires : 10-APR-2009
 Page : 1 / 2

6845 Wedgewood Court
 North
 Maple Grove
 MN 55311
 Phone/Fax:888-524-7266 / 800-326-2216

Customer DAVE DUEET
 CONTRA COSTA REGIONAL MEDICAL C
 ddueet@hmed.cccounty.us

Address RECEIVING STOREROOM
 2500 ALAHAMBERA AVE
 MARTINEZ, CONTRA COSTA
 CA 94553
 United States

Bill To 37108
 CONTRA COSTA REGIONAL MEDICAL C
 MAT MGR CRD CONTRA COSTA
 2500 ALAHAMBERA AVE
 MARTINEZ, CONTRA COSTA
 CA 94553
 United States

Sales Representative Smyth, William
 SalesRep Address 136 Turnpike Road,
 Southborough - 01772-2104
 SalesRep Phone No.
 Ship To 86970
 CONTRA COSTA REGIONAL MEDICAL CT
 RECEIVING STOREROOM
 2500 ALAHAMBERA AVE
 MARTINEZ, CONTRA COSTA
 CA 94553
 United States

Payment Terms

Line	Product	Units	Qty	Unit List Price (USD)	Unit Selling Price (USD)	Total Selling Price (USD)
1.0	URR-V BudoEYE Flexible Uretero-reno	Ea	1	23,000.00	12,400.00	12,400.00
2.0	CTV-S40PRO CTV-S40 PRO 300W VISERA PRO	Ea	1	10,450.00	7,315.00	7,315.00
3.0	OTV-STPRO OTV-STPRO VISERA PRO VIDEO	Ea	1	19,500.00	13,650.00	13,650.00
4.0	OTV-STPROH-BD-12E OTV-STPROH-BD-12E 1.2X	Ea	1	18,250.00	12,775.00	12,775.00

Total (USD) 46,140.00

**CRITERIA FOR
SOLE SOURCE / BRAND PROCUREMENT**

“SOLE SOURCE JUSTIFICATION FORM”

Please address by specific reference each question listed below (1 – 5) in your justification.
Failure to respond to any of the questions may result in the rejection of your request.
(When answering questions use separate sheets of paper as needed)

1. Why was the particular product and / or vendor selected?

The Stryker Endoscopic System was chosen after a trial of Stryker and Conmed products. Our current Endoscopic systems used in surgery are out of date and no longer supported by the original equipment manufacturers.

2. What are the unique performance factors of the selected product / service?
Provide detailed specifications and descriptions.

This was chosen on a variety of factors that included ease of use, durability, inservice quality and service support.

3. Why are these specific factors required?

These factors are required to enable staff to deliver safe, efficient and quality care to our patients.

4. What other products / services have been examined and rejected?

Conmed, the other leading manufacturer of endoscopic systems, was trialed at the same time as the Stryker products. The Doctors and nurses involved in the trial chose Stryker over Conmed due to quality issues as well as compatibility with our existing equipment and consumables in the OR.

5. Why are other sources providing like goods or services unacceptable?
Full explanation needed.

We conducted a trial of different Endoscopic Systems and the conclusion arrived at by the different disciplines involved was that the Stryker Endoscopic System was the best choice considering cost, quality, patient safety and technical support.

I HEREBY CERTIFY THAT:

- 1) I am an approved County department representative. I understand the County's requirements for competitive bidding, as well as the criteria for justification for sole source.
- 2) I have gathered the required technical information and have made a good faith effort to review comparable and / or equal equipment / product / services.
Copies are attached.

I certify to the best of my knowledge the validity of the information contained herein.

Department / Division / Office name

Surgery

Department representative name

Carolyn Billings
(print name)

Department representative signature

Carolyn Billings NPM
(sign name)

Date:

12/9/08

GSD PURCHASING DIVISION USE ONLY:

BUYER: _____ PURCHASING AGENT / DESIGNEE _____

APPROVED: _____ NOT APPROVED: _____ DATE: _____

COMMENTS:

SUPPLEMENTAL APPROVAL FORM FOR ITEMS OVER \$25,000

Department: **Surgery**

Date: **11/24/08**

Authorized Requestor: **Carolyn Billings**

Telephone: **370-5343**

Authorized Requestor Signature: *C. Billings, NPM*

1. Item:

5 Stryker Endoscopic Systems used in Surgery.

2. Description:

These Endoscopic systems are used during laparoscopic cases in Surgery. Each system is composed of the following components: Monitor, lightsource, camera control (CCU), insufflator, recording device and printer. 8 sterilizable camera heads are also included in the total package to be used with each system.

3. Estimated cost of equipment:

5 endoscopic systems, 8 camera heads and accessories for a total of \$316,645.28

4. Single Item:

Integrated System:

5. How does this purchase meet the Departments operational needs?

The existing Endoscopic devices used in surgery are out of date and most of the components of the systems are out of support from the manufacturer. In the case of the insufflators, the manufacturer is no longer in business. The CRT monitors and VCR recording medium need desperately to be upgraded to current A/V technology. The cameras and lightsources are degraded from years of use and prone to failure. Parts, service and support are no longer available for the majority of devices in the systems. The purchase of Stryker equipment and technology can help the county standardize on 1 manufacturer, allow equipment support, take advantage of 21st century recording media, improve reliability of the equipment and most importantly advance patient care and safety.

6. Fiscal impact:

This equipment is part of the Enterprise 1 Fund. After the initial cost of purchase, fiscal impact should be minimal.

7. County administrator approval

Signature: *[Signature]*

Date: *1/26/09*

CONTRA COSTA HEALTH SERVICES

*Finance
1-13-09 96*

Date 12/18/08 ALL INFORMATION MUST BE FILLED IN COMPLETELY

REQUISITION on: Storeroom Pharmacy Other _____

Capital Equipment

*2119108
MR*

Central Supply Forms

PO # OR 6330

*6977-4954 *325,139.70
6330-2848 *17,628.82*

Delivery Address Bleimed Dept. _____

Sub-Object Code # _____
Organization Code # 6330

QUANTITY	UNIT/SIZE	DESCRIPTION: TYPE OR PRINT CLEARLY WITH BALLPOINT PEN	PRICE	AMOUNT
5	ea	Stryker Endoscopic Systems including 8 camera heads and accessories	\$ 316,645	OK, Budgets within 1/15/09
			316,645.28	0.00
			26,123.23 TX	
			342,768.51	

SUGGESTED VENDOR: Stryker
800 624 4422

MATERIALS MANAGEMENT

REQ. # _____ SIGNATURE Challinor, WPM NAME (PLEASE TYPE) _____ PHONE NO. REQ'D 212718

CAO APPROVAL _____ DATA PROCESSING APPROVAL _____ CFO APPROVAL _____

LS-9 (10/97)