Bid Form

Bid Opening Date/Time

December 06, 2017 time: 10:00 a.m. local time

Page 1 of 3

MS Department of Public Safety Bid# 3160001840

VENDORS ARE REQUIRED TO USE THIS BID FORM

(Vendors must mail one original copy to MDPS and submit one electronic copy via MAGIC.)

***NOTE: Bid shall include the cost of any instrument modification, retraining, revalidation of instrument and extra reagents, standards, assays, controls or other supplies needed to revalidate the instrument with each assay. (See Reagents from Suppliers that will be required for Method Validation and AU400 Consumables Required Yearly) ***

AU 400 EMIT Kits for Drug Screening in DUI and Postmortem Urine Samples

ASSAY	Price/Kit	Price/Test	Projected Quantity yearly
Emit II plus Barbiturates			3
Emit II plus Benzodiazepines			3
Emit II plus Cocaine 1			3
Emit II plus MAMA			3
Emit II plus Methadone			3
Emit II plus Opiate			3
Emit II plus PCP			3
Emit II plus THC			3
Tramadol			3
Oxycodone			3
6 Acetyl Morphine			3
Synthetic THC			3
Emit Tox Tricyclics Reagent			3
Emit Tox Tricyclics Calibrator Kit			3
Emit Calibrator/Control Level 1			3
Emit Calibrator/Control Level 3			3

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Reagents from Suppliers that will be required for Method Validation

	v amuanon		
ASSAY	Price/Kit	Price/Test	Projected Quantity yearly
Emit II plus Barbiturates			1
Emit II plus Benzodiazepines			1
Emit II plus Cocaine 1			1
Emit II plus MAMA			1
Emit II plus Methadone			1
Emit II plus Opiate			1
Emit II plus PCP			1
Emit II plus THC			1
Tramadol			1
Oxycodone			1
6 Acetyl Morphine			1
Synthetic THC			1
Emit Tox Tricyclics Reagent			1
Emit Tox Tricyclics Calibrator Kit			1
Emit Calibrator/Control Level			1
Emit Calibrator/Control Level 3			1

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AU400 Consumables Required Yearly

Number per Box/Pack	Price per Box/Pack	Projected Quantity yearly
1		1 Box
1		2 Packs
2		3 Packs
6		2 Boxes
	×	2 Boxes
6		1 Box
	Box/Pack 1 1 2 6 6 6 6 6	Box/Pack 1 1 2 6 6 6 6 6

Total Price/Kit	\$
Total Price/Test	\$
Total Price/Box/Pack	\$
Grand Total	\$

VENDOR INFORMATION(Please Complete All Sections Below)

Company Name:			
Company Address:			
Telephone Number:		Fax Number:	
Email:			
Company Representative Na	me (Print):		
Company Representative Sig	onature:		