DEPARTMENT OF VETERANS AFFAIRS
MEDICAL EQUIPMENT DIVISION
AUTHORIZED FEDERAL SUPPLY SCHEDULE PRICELIST (CATALOG)

Federal Supply Schedule FSC Group 66, Part III
Cost-per-Test: Clinical Analyzers:
Laboratory, Chemistry, Hematology, Coagulation,
Urinalysis and Microbiology

FSC Class: 6630
Contract number: V797P - 6697a
Contract period: April 1, 1996, through September 30, 2004

Contractor's Name: bioMérieux, Inc.
595 Anglum Road
Hazelwood, MO 63042
Tel.: 1-800-638-4835
Fax: 1-800-325-1598

Business Size: Large

Prices Shown Herein are Net (Discount Deducted).

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1. TABLE OF AWARDED SPECIAL ITEM NUMBER(S) WITH APPROPRIATE CROSS-REFERENCE TO PAGE NUMBER(S)

Awarded SIN: 605-5A
See pages 6 - 10 for pricing information.

2. MAXIMUM ORDER LIMITATION

None.

3. MINIMUM ORDER

Minimum Monthly Billings are found on pricing matrices pages 6 – 10.

4. GEOGRAPHIC COVERAGE (DELIVERY AREA)

bioMérieux, Inc. covers the 48 contiguous States, as well as Alaska, Hawaii, and Puerto Rico. Special conditions exist for shipments to Alaska, Hawaii, and Puerto Rico (see 10 - F.O.B. Point(s))

5. POINTS OF PRODUCTION

St. Louis, MO:	**bioMérieux, Inc.** **595 Anglum Road** **Hazelwood, MO 63042**

6. PROMPT PAYMENT TERMS

Net 30 days.
See Attachment 1 (Page 5) for billing procedure.

7. ANNOTATE IF GOVERNMENT COMMERCIAL CREDIT CARD IS ACCEPTED

bioMérieux, Inc. accepts the use of the Government commercial credit card. No additional discounts are offered in connection with use of Government commercial credit card.

8. FOREIGN ITEMS

None.

9. TIME OF DELIVERY

bioMérieux, Inc. will ship system orders within 60 days after receipt of order. Phoned-in orders for Disposables are usually shipped same day.

10. FOB POINT

All prices included herein are FOB Destination, with the exception of sites located in Alaska, Hawaii or Puerto Rico. Shipments to the latter areas will be assessed a shipping charge of 5% of the invoice amount.

11. ORDERING ADDRESS(ES)

To place your initial order, please contact bioMérieux, Inc., at
Tel.: 1-800-638-4835 or
Fax: 1-800-325-1598 or
Mail: 595 Anglum Road, Hazelwood, MO 63042; Attn.: Customer Service

All follow-up orders (for disposables, etc.) should be sent to bioMerieux, Inc. at:
Tel.: 1-800-638-4835 or
Fax: 1-800-325-1598 or
Mail: 595 Anglum Road, Hazelwood, MO 63042; Attn.: Customer Service

12. PAYMENT ADDRESS(ES)

Please remit payment as follows:

If paying by check, mail to:
bioMérieux, Inc.
P.O. Box 500308
Hazelwood, MO 63042

If paying by wire transfer, send to:
Bank of America
800 Market Street
St. Louis, MO 63166-0236
SWIFT: BOFAUS3N
ABA: 081000032
Account Number: 100101206780
Account Title: bioMérieux, Inc.

13. TERMS AND CONDITIONS OF INSTALLATION

The cost of installation of any equipment ordered under this contract is included in the prices listed herein. Installation will be performed on-site by a bioMérieux, Inc. Service Engineer within 72 hours of the equipment's delivery to the site.

14. LIST OF SERVICE POINTS

For all service needed, please contact bioMérieux, Inc. at Tel.: 1-800-638-4835.
To place an order for disposable products, press 1.
For Field Service (Installation, Preventive Maintenance, Equipment Problems), press 2.
For Technical Service (Product or Software Application), press 3.

15. PREVENTIVE MAINTENANCE

bioMérieux, Inc. includes two (2) preventive maintenance visits per system per year in its pricing. The Field Service Engineer assigned to your site will contact you to schedule the visit at the appropriate time.

16. EMERGENCY REPAIR

Individual sites may elect for service during normal business hours (8:00AM - 4:30PM, Monday through Friday) with 24 hour, 7 day/week telephone support.

17. Year 2000 (Y2K) compliant

Yes.

18. Data Universal Number System (DUNS) number

No. 08-678-5110.

19. Notification regarding registration in Central Contractor Registration (CCR) database.

Yes.

ATTACHMENT 1

Proposed Billing Procedure
V.A. Cost per Test / Reportable Result

The following changes will take place with government cost per test/reportable orders.

1) **A standing order will no longer be required.**
2) **A standing monthly billing will no longer apply.**

New steps to follow:

1) **The customer will call and order as needed on a monthly basis (blanket agreement).**
2) **The monthly order will now be sent chargeable per cost per test/reportable agreement.**
3) **Customer service will dedicate two customer service representatives to handle all blanket orders. The monthly order must be called in to either of these two representatives.**
4) **QC cards will be calculated per matrix and sent no charge to customer with the order.**
5) **Ancillary supplies will be called in as needed and shipped no charge.**
6) **Customer workload report must be sent monthly to customer service analyst.**
7) **Monthly AC workload report must be sent monthly to customer service analyst.**
8) **Workload reports will be reviewed quarterly.**
9) **Quarterly reconciliations will be completed. Debits or credits will be issued to the account.**

bioMérieux, Inc.
COST PER TEST OFFER SHEET
SPECIAL ITEM NUMBER 605-5A

ID or SUSC

VITEK 32/TRC/Expert/BCI

TOT. ANN. VOLUME	REAGENT GRP	ONE YEAR	TWO YEAR	THREE YEAR	FOUR YEAR	FIVE YEAR	MON. VOL	AVERAGE QC TESTS
1920							160	80
Routine and/or	RTN	$18.75	$15.63	$12.50	$11.88	$11.26		
SuperFlex	SF	$19.36	$16.23	$13.11	$12.48	$11.86		
2400							200	80
Routine and/or	RTN	$17.82	$14.84	$11.88	$11.29	$10.69		
SuperFlex	SF	$18.39	$15.42	$11.80	$11.86	$11.27		
2880							240	80
Routine and/or	RTN	$16.87	$14.07	$11.26	$10.69	$10.13		
SuperFlex	SF	$17.42	$14.61	$11.80	$11.24	$10.67		
3600							300	80
Routine and/or	RTN	$15.94	$13.29	$10.62	$10.10	$9.57		
SuperFlex	SF	$16.45	$13.80	$11.14	$10.61	$10.08		
4080							340	80
Routine and/or	RTN	$15.00	$12.50	$10.00	$9.50	$9.00		
SuperFlex	SF	$15.49	$12.98	$10.48	$9.99	$9.49		
4800							400	80
Routine and/or	RTN	$14.06	$11.72	$9.38	$8.91	$8.44		
SuperFlex	SF	$14.52	$12.17	$9.83	$9.36	$8.89		
Minimum Monthly Fee		$3,000	$2,500	$2,000	$1,901	$1,801		

RTN = GNI, GPI, YBC, NHI, ANI, UID-3, UID-1, EPS, GNS-XX, GPS-XX, GNS-XXX, GPS-XXX
SF = GNS-FX (SuperFlex Series)

bioMérieux, Inc.
COST PER TEST OFFER SHEET
SPECIAL ITEM NUMBER 605-5A

ID or SUSC

VITEK 60/TRC/Expert/BCI

TOT. ANN. VOLUME	REAGENT GRP	ONE YEAR	TWO YEAR	THREE YEAR	FOUR YEAR	FIVE YEAR	MON. VOL	AVERAGE QC TESTS
5280							440	80
Routine and/or	RTN	$11.64	$9.70	$7.76	$7.37	$6.98		
SuperFlex	SF	$12.54	$10.45	$8.36	$7.94	$7.53		
6480							540	80
Routine and/or	RTN	$11.06	$9.21	$7.37	$7.00	$6.63		
SuperFlex	SF	$11.92	$9.93	$7.94	$7.55	$7.15		
7680							640	80
Routine and/or	RTN	$10.47	$8.73	$6.98	$6.63	$6.28		
SuperFlex	SF	$11.29	$9.41	$7.53	$7.15	$6.77		
8880							740	80
Routine and/or	RTN	$9.89	$8.24	$6.59	$6.27	$5.94		
SuperFlex	SF	$10.66	$8.88	$7.11	$6.75	$6.40		
9600							800	80
Routine and/or	RTN	$9.31	$7.76	$6.21	$5.90	$5.59		
SuperFlex	SF	$10.03	$8.36	$6.69	$6.35	$6.02		
Minimum Monthly Fee		$6,284.47	$4,267.23	$3,413.78	$3,243.09	$3,072.41		

RTN = GNI, GPI, YBC, NHI, ANI, UID-3, UID-1, EPS, GNS-XX, GPS-XX, GNS-XXX, GPS-XXX
SF = GNS-FX (SuperFlex Series)

CPTGOV2

bioMérieux, Inc.
COST PER TEST OFFER SHEET
SPECIAL ITEM NUMBER 605-5A

ID or SUSC

VITEK 120/TRC/Expert/BCI

TOT. ANN. VOLUME	REAGENT GRP	ONE YEAR	TWO YEAR	THREE YEAR	FOUR YEAR	FIVE YEAR	MON. VOL	AVERAGE QC TESTS
10080							840	80
Routine and/or	RTN	$8.97	$7.47	$5.98	$5.68	$5.38		
SuperFlex	SF	$9.87	$8.23	$6.58	$6.25	$5.92		
11280							940	80
Routine and/or	RTN	$8.52	$7.10	$5.68	$5.40	$5.11		
SuperFlex	SF	$9.38	$7.82	$6.25	$5.94	$5.63		
12480							1040	80
Routine and/or	RTN	$8.07	$6.73	$5.38	$5.11	$4.84		
SuperFlex	SF	$8.89	$7.41	$5.92	$5.63	$5.33		
13680-16440							1140-1370	80
Routine and/or	RTN	$7.62	$6.35	$5.08	$5.11	$4.57		
SuperFlex	SF	$8.39	$6.99	$5.60	$5.63	$5.04		
16800-19200							1400-1600	80
Routine and/or	RTN	$7.18	$5.98	$4.78	$4.54	$4.31		
SuperFlex	SF	$7.90	$6.58	$5.27	$5.00	$4.74		
Minimum Monthly Fee		$7,534.49	$6,278.74	$5,022.99	$4,771.84	$4,520.69		

RTN = GNI, GPI, YBC, NHI, ANI, UID-3, UID-1, EPS, GNS-XX, GPS-XX, GNS-XXX, GPS-XXX
SF = GNS-FX (SuperFlex Series)

cptgov2

bioMérieux, Inc.
COST PER TEST OFFER SHEET
SPECIAL ITEM NUMBER 605-5A

ID or SUSC

VITEK 240/TRC/Expert/BCI

TOT. ANN. VOLUME	REAGENT GRP	ONE YEAR	TWO YEAR	THREE YEAR	FOUR YEAR	FIVE YEAR	MON. VOL	AVERAGE QC TESTS
19200-38880							1600-3240	80
Routine and/or	RTN	$5.46	$5.21	$4.96	$4.72	$4.47		
SuperFlex	SF	$6.12	$5.85	$5.57	$5.29	$5.01		
Minimum Monthly Fee		$8,737.87	$8,340.70	$7,943.52	$7,546.34	$7,149.17		

RTN = GNI, GPI, YBC, NHI, ANI, UID-3, UID-1, EPS, GNS-XX, GPS-XX, GNS-XXX, GPS-XXX
SF = GNS-FX (SuperFlex Series)

bioMérieux, Inc.
COST PER TEST OFFER SHEET
SPECIAL ITEM NUMBER 605-5A

ID or SUSC

VITEK 480/TRC/Expert/BCI

TOT. ANN. VOLUME	REAGENT GRP	ONE YEAR	TWO YEAR	THREE YEAR	FOUR YEAR	FIVE YEAR	MON. VOL	AVERAGE QC TESTS
>38880							>3240	80
Routine and/or	RTN	$4.82	$4.60	$4.38	$4.16	$3.94		
SuperFlex	SF	$5.48	$5.23	$4.98	$4.74	$4.49		
Minimum Monthly Fee		$15,616.74	$14,906.88	$17,197.03	$13,487.18	$12,777.33		

RTN = GNI, GPI, YBC, NHI, ANI, UID-3, UID-1, EPS, GNS-XX, GPS-XX, GNS-XXX, GPS-XXX
SF = GNS-FX (SuperFlex Series)