



**TOWN OF STRATFORD  
PURCHASING DEPARTMENT  
STRATFORD, CONNECTICUT**

BID No. 2009-004

Issued : January 22, 2009

Subject : Pulse CO-Oximeter

The Town of Stratford through the Office of the Purchasing Agent, will receive SEALED BIDS for furnishing the equipment described in the accompanying specifications, in accordance with the instructions, conditions and reservations that follow:

**A. CLOSING DATE:**

Bids will be received until 2:00 pm February 5, 2009, at which time they will be publicly opened and read. All bidders are invited to attend this public opening, which will be held immediately following the closing time specified above, in the Office of the Purchasing Agent, Room 202, Town Hall, 2725 Main Street, Stratford, CT 06615.

Any bid may be withdrawn prior to the above-scheduled time for receiving bids or authorized postponement thereof. Any bids received after the date and time specified shall NOT be considered. No bidder may withdraw a bid within 45 days after the actual opening thereof.

**B. INSTRUCTIONS:**

All proposals must be addressed to the attention of the Purchasing Agent, in a sealed envelope with bid subject and number on the face thereof. Proposals may be mailed or submitted in person. FAXED PROPOSALS ARE NOT ACCEPTED.

### C. CONDITIONS:

Bidders must state specifically what equipment they propose to supply, giving manufacturer's name, model number, etc. A detailed description should accompany your bid. Any exceptions to Town Specifications should be listed in your bid response.

#### **Bid Surety:**

No bid surety is required.

#### **Performance Bond**

No Performance Bond is required for this bid.

The following information should also be covered in your bid:

**Payment:** Final payment will be made upon the acceptance of the completed work by an authorized representative of the Town of Stratford. NO partial payments will be made. Invoices covering the work specified herein should be forwarded to the Purchasing Department upon completion of the project.

**Delivery:** Please state as accurately as possible how long it will take to complete delivery after receipt of order, if you are the successful bidder.

**Warranty:** All proposals must state the exact nature and duration of any warranty applicable to the equipment you propose to sell to the Town.

**Taxes:** The Town of Stratford is exempt from all State and Federal taxes. Do not include these amounts in your quotation.

**Repairs, parts:** Bidders should indicate where service or parts could be obtained for the equipment being offered to the Town.

### D. RESERVATIONS:

The Town of Stratford may consider informal any proposal not prepared and submitted to the Town in accordance with the provisions herein stated. The Town of Stratford reserves the right to reject any or all proposals or parts of proposals; to waive defects in same proposals; or to accept any proposal or part thereof deemed to be in the best interests of the Town of Stratford.

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Michael Bonnar, Purchasing Agent

**SPECIFICATIONS:** See next page.

TOWN OF STRATFORD  
BID #2009-004

Pulse CO-Oximeter  
Masimo Rad-57cm  
and Rad-57c

Specifications

1. Accurately measures carboxyhemoglobin, methemoglobin, oxyhemoglobin, pulse rate and perfusion index within seconds, noninvasively and continuously.
2. Requires no user calibration and does not require patient cooperation or consciousness.
3. Detects potentially life-threatening acquired methemoglobinemia.
4. SpO2 saturation accuracy of 70% to 100%
5. Pulse rate accuracy of 25-240 bpm.
6. Designed for continuous or spot check applications.
7. Can distinguish between arterial and venous blood.
8. Carrying case included.

**TOWN OF STRATFORD  
BID SHEET**

BID # 2009-004 DESCRIPTION: Pulse CO-Oximeter

UNIT PRICE

Masimo Rad-57cm: \_\_\_\_\_

Masimo Rad-57c: \_\_\_\_\_

The Town intends to purchase one (1) Rad-57cm and three (3) Rad-57c.

Unit prices will hold for 180 days.

Days to delivery: \_\_\_\_\_

All bids must include a detailed specification and description of each unit.

Bidder's Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Phone : \_\_\_\_\_ Date : \_\_\_\_\_

Authorized Signature : \_\_\_\_\_

Printed Name : \_\_\_\_\_

Title : \_\_\_\_\_