Bid Opening Results For:

BID NUMBER 23154

BID OPENING 03/20/2019 11:00:00 AM

GROUP NUMBER 12000

CONTACT PERSON Heather Moore

TELEPHONE (518) 473-5019

DESCRIPTION
Medical and Laboratory Supplies and Equipment (Statewide)

Pursuant to State Finance Law § 139-j and § 139-k, the following individuals have been added as designated contacts for the above referenced solicitation.

MWBE
Lori Broadhead
Ashley Pallone
Alice Roberson
Tryphina Ramsey
MWBE@ogs.ny.gov

Insurance
Suean Mclaughlin, suean.mclaughlin@ogs.ny.gov
Robert Hall, robert.hall@ogs.ny.gov
Robert Marriott, robert.marriott@ogs.ny.gov
Leighann Brown, leighann.brown@ogs.ny.gov

SDVOB
Anthony Tomaselli
Calsia Humphries
veteransdevelopment@ogs.ny.gov
# Solicitation 23154 Medical and Laboratory Supplies and Equipment - Bids by Lot - (UPDATED 4/24/2019)

<table>
<thead>
<tr>
<th>Bidder Name</th>
<th>LOT 1 LABORATORY SUPPLIES</th>
<th>LOT 2 MEDICAL SUPPLIES</th>
<th>LOT 3 CHEMICALS</th>
<th>LOT 4 BIOLOGICALS</th>
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<tbody>
<tr>
<td>Allstate Medical Supplies LLC dba Allstate Medical</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Bio-Rad Laboratories Inc</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cen-Med Enterprises Inc</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concorde Healthcare Solutions</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eppendorf North America Inc dba Eppendorf</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fisher Scientific Company LLC</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Care Equipment &amp; Parts. Co. Inc. dba Med-Part</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Health Pavilion Inc</td>
<td>X</td>
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<tr>
<td>Krackeler Scientific Inc</td>
<td>X</td>
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<tr>
<td>Laboratory Product Sales Inc</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Labrepco LLC</td>
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<tr>
<td>LC Holdings LLC dba Karter Scientific</td>
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<tr>
<td>Medline Industries Inc</td>
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<tr>
<td>Taylor Distribution Group LLC</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>The Baker Company Inc</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaz Medical &amp; Industrial Safety Inc</td>
<td>X</td>
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</table>

**Apparel/Personal Protective Supplies** | **Basic Equipment, Appliances, Furniture** | **Equipment Peripherals and Supplies** | **General Consumables and Supplies** | **Glassware and Plasticware** | **Instruments** | **Sterilization, Cleaning and Housekeeping** | **General Consumables and Supplies** | **Basic Equipment and Instruments** | **CHEMICALS** | **BIOLOGICALS**

1A | 1B | 1C | 1D | 1E | 1F | 3G | 2A | 2B | 3 | 4
**Solicitation (Revised March 5, 2019)**

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<td>Classification Codes: 10, 12, 41, 42, 53, 56, and 76</td>
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<td>TIME: 11:00 A.M. EST</td>
<td>SOLICITATION NUMBER: 23154</td>
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<td>DESIGNATED CONTACTS: In accordance with the Procurement Lobbying Law [State Finance Law § 139-j(2)(a)], the following individuals are the Designated Contacts for this Solicitation. All questions relating to this Solicitation must be addressed to the Designated Contacts.</td>
<td></td>
</tr>
<tr>
<td>Email Address: <a href="mailto:heather.moore@ogs.ny.gov">heather.moore@ogs.ny.gov</a></td>
<td>Jennifer Kuhn</td>
</tr>
<tr>
<td>Contract Management Specialist</td>
<td>Team Leader</td>
</tr>
<tr>
<td>Telephone No. (518) 473-5019</td>
<td>Telephone No. (518) 473-3625</td>
</tr>
<tr>
<td>E-mail address: <a href="mailto:heather.moore@ogs.ny.gov">heather.moore@ogs.ny.gov</a></td>
<td>E-mail address: <a href="mailto:jennifer.kuhn@ogs.ny.gov">jennifer.kuhn@ogs.ny.gov</a></td>
</tr>
</tbody>
</table>

**Bidder's Federal Tax Identification Number:**
(Do Not Use Social Security Number)

<table>
<thead>
<tr>
<th>Legal Business Name of Company Bidding:</th>
<th>NYS Vendor Identification Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allstate Medical Supplier LLC</td>
<td>100059254</td>
</tr>
</tbody>
</table>

**D/B/A – Doing Business As (if applicable):**

<table>
<thead>
<tr>
<th>Street: 3435th Street</th>
<th>City: Brooklyn</th>
</tr>
</thead>
</table>

**If applicable, place an "X" in the appropriate box(es) (check all that apply):**

<table>
<thead>
<tr>
<th>NYS Small Business</th>
<th>Service Disabled Veteran Owned Business</th>
<th>NYS Minority Owned Business</th>
<th>NYS Women Owned Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td>✗</td>
<td>✗</td>
<td>☑</td>
</tr>
</tbody>
</table>

If you are not bidding, place an "X" in the box and return this page only.

WE ARE NOT BIDDING AT THIS TIME BECAUSE:

**FOR PROCUREMENT SERVICES USE ONLY**

<table>
<thead>
<tr>
<th>LITERATURE</th>
<th>LETTER</th>
<th>FLASH DRIVE</th>
<th>OTHER</th>
<th># of Binders/Packages</th>
</tr>
</thead>
<tbody>
<tr>
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23154s (Revised March 5, 2019)
Solicitation (Revised January 11, 2019)

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<td>DATE: February 21, 2019</td>
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| CONTRACT PERIOD: Five (5) years with option to renew up to two (2) additional years. |

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<td>Contract Management Specialist</td>
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</tr>
</tbody>
</table>

| Bidder's Federal Tax Identification Number:  |
| (Do Not Use Social Security Number) 94-136-1833  |

| NYS Vendor Identification Number:  |
| (See New York State Vendor File Registration Clause)  |

| Legal Business Name of Company Bidding:  |
| BIO-RAD LABORATORIES, INC  |

| D/B/A – Doing Business As (if applicable):  |

| Street  |
| 2000 ALFRED NOBEL DRIVE  |
| City  |
| HERCULES  |
| State  |
| CA  |
| County  |
| Contra Costa  |
| Zip Code  |
| 94547  |

| E-mail Address:  |
| lsg.orders.us@bio-rad.com  |

| Company Web Site:  |
| www.Bio-Rad.com  |

| If applicable, place an "X" in the appropriate box(es) (check all that apply)  |
| □ NYS Small Business □ NYS Minority Owned Business □ NYS Woman Owned Business  |
| □ Service Disabled Veteran Owned Business  |

| If you are not bidding, place an "X" in the box and return this page only.  |
| □ WE ARE NOT BIDDING AT THIS TIME BECAUSE:  |

| FOR PROCUREMENT SERVICES USE ONLY  |
| □ LITERATURE □ LETTER □ FLASH DRIVE □ OTHER □ # of Binders/Packages: Documented by:  |
| □ PURC. MEMO □ CD/DVD □ SDHC CARD  |

23154s (Revised January 11, 2019)
# Solicitation (Revised March 5, 2019)

**BID OPENING**
- **DATE:** March 20, 2019
- **TIME:** 11:00 A.M. EST
- **SOLICITATION NUMBER:** 23154

**TITLE:** Group 12000 – Medical and Laboratory Supplies and Equipment (Statewide)
- **Classification Codes:** 10, 12, 41, 42, 53, 56, and 76

**CONTRACT PERIOD:** Five (5) years with option to renew up to two (2) additional years.

**DESIGNATED CONTACTS:** In accordance with the Procurement Lobbying Law (State Finance Law § 139-(2)(a)), the following individuals are the Designated Contacts for this Solicitation.

- **Email Address:** heather.moore@ogs.ny.gov

---

**Bidder’s Federal Tax Identification Number:**
- **Legal Business Name of Company Bidding:** Cermed Enterprises Inc.
- **D/B/A – Doing Business As (if applicable):**

---

**NYS Vendor Identification Number:**
- **Legal Business Name:** Cermed Enterprises Inc.
- **City:** New Brunswick
- **State:** NJ
- **County:** Middlesex
- **Zip Code:** 08901

**Company Web Site:** www.cermedonline.com

---

**If applicable, place an "x" in the appropriate box(es) (check all that apply):**
- □ NYS Small Business
- □ Service Disabled Veteran Owned Business
- □ NYS Minority Owned Business
- □ NYS Women Owned Business

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**FOR PROCUREMENT SERVICES USE ONLY**
- □ LITERATURE
- □ LETTER
- □ FLASH DRIVF
- □ OTHER
- □ CD/DVD
- □ SDHC CARD
- □ # of Binders/Packages: 

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23154s (Revised March 5, 2019)
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**DESIGNATED CONTACTS:**

- **Heather Moore**
  - Contract Management Specialist
  - Telephone No. (518) 473-5019
  - E-mail address: heather.moore@ogs.ny.gov

- **Jennifer Kuhn**
  - Team Leader
  - Telephone No. (518) 473-3625
  - E-mail address: jennifer.kuhn@ogs.ny.gov

**Bidder's Federal Tax Identification Number:**

38-3986849

**NYS Vendor Identification Number:**

100003011

Legal Business Name of Company Bidding:

Concordance Healthcare Solutions

D/B/A – Doing Business As (if applicable):

Street

145 Huguenot Street Suite 108

City

New Rochelle

State

NY

County

Zip Code

10801

E-mail Address:

mneubert@concordancehs.com

Company Web Site:

www.concordancehealthcare.com

**If applicable, place an “X” in the appropriate box(es) (check all that apply):**

- [ ] NYS Small Business
- [ ] Service Disabled Veteran Owned Business
- [ ] NYS Minority Owned Business
- [ ] NYS Women Owned Business

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- [ ] CD/DVD
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# of Binders/Packages: [ ]

Documented by: [ ]

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Heather Moore
Contract Management Specialist
Telephone No. (518) 473-5019
E-mail address: heather.moore@ogs.ny.gov

Jennifer Kuhn
Team Leader
Telephone No. (518) 473-3625
E-mail address: jennifer.kuhn@ogs.ny.gov

Bidder’s Federal Tax Identification Number: 11-2994494
NYS Vendor Identification Number:
(Do Not Use Social Security Number)
(See New York State Vendor File Registration Clause)

Legal Business Name of Company Bidding:
Eppendorf North America, Inc

D/B/A – Doing Business As (if applicable):
Eppendorf

Street
102 Motor Parkway
City
Hauppauge
State
NY
County
Suffolk
Zip Code
11788

E-mail Address:
paxton.s@eppendorf.com

Company Web Site:

☐ NYS Small Business
☐ Service Disabled Veteran Owned Business
☐ NYS Minority Owned Business
☐ NYS Women Owned Business

If applicable, place an "x" in the appropriate box(es) (check all that apply)

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</tr>
</tbody>
</table>

**Bidder's Federal Tax Identification Number:** 23-2942737

**NYS Vendor Identification Number:** 1000008939

**Legal Business Name of Company Bidding:** Fisher Scientific Company L.L.C.

**D/B/A – Doing Business As (if applicable):**

- **Street:** 300 Industry Drive
- **City:** Pittsburgh
- **State:** PA
- **County:** Allegheny
- **Zip Code:** 15275

**E-mail Address:** FisherCustomerService.US@thermofisher.com

**Company Web Site:** www.thermofisher.com

---

If applicable, place an "x" in the appropriate box(es) (check all that apply):

- [ ] NYS Small Business
- [ ] Service Disabled Veteran Owned Business
- [ ] NYS Minority Owned Business
- [ ] NYS Women Owned Business

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<td><a href="mailto:jennifer.kuhn@ogs.ny.gov">jennifer.kuhn@ogs.ny.gov</a></td>
</tr>
</tbody>
</table>

**Bidder's Federal Tax Identification Number:**

**NYS Vendor Identification Number:**

(See New York State Vendor File Registration Clause)

**Legal Business Name of Company Bidding:** Flinn Scientific Inc

**D/B/A – Doing Business As (if applicable):**

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>County</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 219</td>
<td>Batavia</td>
<td>IL</td>
<td>Kane</td>
<td>60510</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E-mail Address:</th>
<th>Company Web Site:</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:Flinn@flinnsci.com">Flinn@flinnsci.com</a></td>
<td><a href="http://www.flinnsci.com">www.flinnsci.com</a></td>
</tr>
</tbody>
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If applicable, place an "x" in the appropriate box(es) (check all that apply)

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- [ ] Service Disabled Veteran Owned Business
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<td><a href="mailto:jennifer.kuhn@ogs.ny.gov">jennifer.kuhn@ogs.ny.gov</a></td>
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</table>

**Bidder’s Federal Tax Identification Number:**
- **Number:** 112659063

**NYS Vendor Identification Number:**
- **Number:** 1100029554

**Legal Business Name of Company Bidding:**
- Health-Care Equipment and Parts Co. Inc.

**D/B/A — Doing Business As (if applicable):**
- Med-Part

**Street:**
- 3052 Brighton 1st Street

**City:**
- Brooklyn

**State:**
- NY

**County:**
- Kings

**Zip Code:**
- 11235

**E-mail Address:**
- nys@medpart.com

**Company Web Site:**
- www.medpart.com

---

If applicable, place an “X” in the appropriate box(es) (check all that apply):

- NYS Small Business
- Service Disabled Veteran Owned Business
- NYS Minority Owned Business
- NYS Women Owned Business

If you are not bidding, place an “X” in the box and return this page only.
- WE ARE NOT BIDDING AT THIS TIME BECAUSE:

**FOR PROCUREMENT SERVICES USE ONLY**

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<td>LETTER</td>
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**3**

23154s (Revised March 5, 2019)
**Solicitation (Revised March 5, 2019)**

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<td>Team Leader</td>
<td>(518) 473-3625</td>
<td><a href="mailto:jennifer.kuhn@ogs.ny.gov">jennifer.kuhn@ogs.ny.gov</a></td>
</tr>
</tbody>
</table>

**Bidder’s Federal Tax Identification Number:** 14-1741956

**NYS Vendor Identification Number:** 1000001815

**Legal Business Name of Company Bidding:** HOME HEALTH PAVILION, INC.

**D/B/A – Doing Business As (if applicable):**

**Street:** 5027 ROUTE 9W  
**City:** NEWBURGH  
**State:** NY  
**County:** ORANGE  
**Zip Code:** 12550

**E-mail Address:** mansoor@hhpdme.com  
**Company Web Site:** www.homehealthpavilion.com

If applicable, place an “X” in the appropriate box(es) (check all that apply):

- [x] NYS Small Business
- [ ] 25或 Employee
- [ ] Service Disabled Veteran
- [ ] Owned Business
- [x] NYS Minority Owned
- [ ] Business
- [ ] NYS Women Owned
- [ ] Business

If you are not bidding, place an “X” in the box and return this page only.

- [ ] WE ARE NOT BIDDING AT THIS TIME BECAUSE:

**FOR PROCUREMENT SERVICES USE ONLY**

- [ ] LITERATURE
- [ ] LETTER
- [ ] FLASH DRIVE
- [ ] OTHER

- [ ] PURC. MEMO
- [ ] CD/DVD
- [ ] SDHC CARD

- [ ] # of Binders/Package:

*Documented by:*

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Jennifer Kuhn
Team Leader
Telephone No. (518) 473-3625
E-mail address: jennifer.kuhn@ogs.ny.gov

Bidder's Federal Tax Identification Number:
(Do Not Use Social Security Number)

141385472

NYS Vendor Identification Number:
(See New York State Vendor File Registration Clause)

10000 13743

Legal Business Name of Company Bidding: Kracker Scientific, Inc

D/B/A – Doing Business As (if applicable):

Street
57 Broadway

City
Albany

County
Albany

Zip Code
12202

E-mail Address: arck@krackett.com

Company Web Site: www.krackeler.com

If applicable, place an “X” in the appropriate box(es) (check all that apply)

☐ NYS Small Business
☐ Service Disabled Veteran Owned Business
☐ NYS Minority Owned Business
☐ NYS Women Owned Business

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- **Email Address:** heather.moore@ogs.ny.gov

---

**Bidder’s Federal Tax Identification Number:**
- **NYS Vendor Identification Number:**

- **Legal Business Name of Company Bidding:** LABORATORY PRODUCTS Sales, Inc.

- **Street:** 1665 Buffalo Rd
- **City:** Rochester
- **State:** NY
- **County:** Monroe
- **Zip Code:** 14621

- **E-mail Address:** smeera@LPSinc.com

- **Company Web Site:** www.LPSinc.com

---

If applicable, place an "X" in the appropriate box(es) (check all that apply):

- [X] NYS Small Business
- [ ] Service Disabled Veteran Owned Business
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- [X] NYS Women Owned Business

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- **OTHER**

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Jennifer Kuhn
Team Leader
Telephone No. (518) 473-3625
E-mail address: jennifer.kuhn@ogs.ny.gov

Bidder’s Federal Tax Identification Number:
(Do Not Use Social Security Number)
47-1752252

NYS Vendor Identification Number:
(See New York State Vendor File Registration Clause)
1100200662

Legal Business Name of Company Bidding:
Labrepcoc LLC

D/B/A – Doing Business As (if applicable):

Street
101 Witmer Road Suite 700
City
Horsham
State
PA
County
Montgomery
Zip Code
19044

E-mail Address:
dan.dougherty@labrepcoc.com
Company Web Site:
www.labrepcoc.com

If applicable, place an “x” in the appropriate box(es) (check all that apply)
☐ NYS Small Business # Employees
☐ Service Disabled Veteran Owned Business
☐ NYS Minority Owned Business
☐ NYS Women Owned Business

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☐ LITERATURE ☐ LETTER ☐ FLASH DRIVE ☑ OTHER ☐ # of Binders/Packages: 1
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**Bidder’s Federal Tax Identification Number:**  
(Do Not Use Social Security Number)  
06-1661110

**NYS Vendor Identification Number:**  
(See New York State Vendor File Registration Clause)  
1100016634

- **Legal Business Name of Company Bidding:**  
  LC HOLDINGS LLC
- **D/B/A – Doing Business As (if applicable):**  
  KARTER SCIENTIFIC
- **Street:**  
  2120 GERSTNER MEMORIAL DR
- **City:**  
  LAKE CHARLES
- **State:**  
  LA
- **County:**  
  CALCASIEU
- **Zip Code:**  
  70601

**E-mail Address:** JASHCRAFT@KARTERSCI.COM  
**Company Web Site:** WWW.KARTERSCI.COM

If applicable, place an "x" in the appropriate box(es)  
(check all that apply)

- NYS Small Business  
- Service Disabled Veteran Owned Business  
- NYS Minority Owned Business  
- NYS Women Owned Business

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  - Contract Management Specialist
  - Telephone No. (518) 473-5019
  - E-mail address: heather.moore@ogs.ny.gov

- Jennifer Kuhn
  - Team Leader
  - Telephone No. (518) 473-3625
  - E-mail address: jennifer.kuhn@ogs.ny.gov

Bidder’s Federal Tax Identification Number: (Do Not Use Social Security Number)

- 36-2596612

NYS Vendor Identification Number: (See New York State Vendor File Registration Clause)

- 1000009182

Legal Business Name of Company Bidding:

- Medline Industries, Inc.

D/B/A – Doing Business As (if applicable):

- Three Lakes Drive
- City
- Northfield
- State
- IL
- County
- Cook
- Zip Code
- Medline.com

- Company Web Site:
- govbids@medline.com

If applicable, place an "x" in the appropriate box(es) (check all that apply)

- NYS Small Business # Employees
- Service Disabled Veteran Owned Business
- NYS Minority Owned Business
- NYS Women Owned Business

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- FLASH DRIVE
- CD/DVD
- SDHC CARD
- OTHER
- # of Binders/Packages:
- Documented by:

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<td>(See New York State Vendor File Registration Clause)</td>
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<td>22-3700656</td>
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Legal Business Name of Company Bidding:  
Neta Scientific

D/B/A – Doing Business As (if applicable):  

<table>
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<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>County</th>
<th>Zip Code</th>
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</thead>
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<tr>
<td>4206 Sylar Blvd</td>
<td>Hainesport</td>
<td>NJ</td>
<td>Burlington</td>
<td>05036</td>
</tr>
</tbody>
</table>

E-mail Address:  
sales@netascientific.com  
Company Web Site:  
www.netascientific.com

If applicable, place an "x" in the appropriate box(es) (check all that apply)  

- [X] NYS Small Business  
- [X] NYS Minority Owned Business  
- [X] NYS Women Owned Business

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Signed: [Signature]

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<tr>
<th>Legal Business Name of Company Bidding</th>
<th>NYS Vendor Identification Number</th>
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</thead>
<tbody>
<tr>
<td>Shield Line LLC</td>
<td></td>
</tr>
</tbody>
</table>

**D/B/A – Doing Business As (if applicable):**

- [University Plaza Suite 514](#)
  - [Hackensack](#)
  - [NJ](#)
  - [Bergen](#)
  - [07601](#)

- E-mail Address: gericript@com.com
- Company Web Site: [www.shieldline.com](#)

If applicable, place an 'x' in the appropriate box(es) (check all that apply):

- [ ] NYS Small Business
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| E-mail address: heather.moore@ogs.ny.gov | E-mail address: jennifer.kuhn@ogs.ny.gov |

| Bidder’s Federal Tax Identification Number: | NYS Vendor Identification Number: |
| (Do Not Use Social Security Number) | (See New York State Vendor File Registration Clause) |
| 27-1504222 | 1100183997 |

| Legal Business Name of Company Bidding: | Taylor Distribution Group, LLC |
| D/B/A – Doing Business As (if applicable): | N/A |
| Street | City |
| 15950 N. Dallas Pkwy Suite 400 | Dallas |
| State | County | Zip Code |
| TX | Dallas | 75248 |
| E-mail Address: | Company Web Site: |
| artura@taylordistributiongroup.com | www.taylordistributiongroup.com |

If applicable, place an “X” in the appropriate box(es) (check all that apply)

- [ ] NYS Small Business
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*MWBE NYS Certifications In Process

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<tr>
<td>0 -0222106</td>
<td>(See New York State Vendor File Registration Clause)</td>
</tr>
<tr>
<td>(Do Not Use Social Security Number)</td>
<td>1000005173</td>
</tr>
</tbody>
</table>

| Legel Business Name of Company Bidding: | The Baker Company, Inc |
| D/B/A – Doing Business As (if applicable): | |
| Street | Sanford | ME | York | 04073 |
| 175 Gatehouse Road | www.bakerco.com |
| bakerco@bakerco.com | |

| If applicable, place an *x* in the appropriate box(es) (check all that apply) |
| NYS Small Business |
| # Employees |
| Service Disabled Veteran Owned Business |
| NYS Minority Owned Business |
| NYS Women Owned Business |

| WE ARE NOT BIDDING AT THIS TIME BECAUSE: |

| FOR PROCUREMENT SERVICES USE ONLY |
| LITERATURE | LETTER | FLASH DRIVE | OTHER |
| PURC. MEMO | CD/DVD | SD/HCARD | |
| # of Binders/Packages: | |
| State/County/Zip: | |

E-mail Address: |

Company Web Site: |

If you are not bidding, place an *x* in the box and return this page only.
**Title:** Group 12000 – Medical and Laboratory Supplies and Equipment (Statewide)

**Classification Codes:** 10, 12, 41, 42, 53, 56, and 76

**Contract Period:** Five (5) years with option to renew up to two (2) additional years.

**Designated Contacts:** In accordance with the Procurement Lobbying Law [State Finance Law § 139-j(2)(a)], the following individuals are the Designated Contacts for this Solicitation. All questions relating to this Solicitation must be addressed to the Designated Contacts.

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Phone No.</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heather Moore</td>
<td>Contract Management Specialist</td>
<td>(518) 473-5019</td>
<td><a href="mailto:heather.moore@ogs.ny.gov">heather.moore@ogs.ny.gov</a></td>
</tr>
<tr>
<td>Jennifer Kuhn</td>
<td>Team Leader</td>
<td>(518) 473-3625</td>
<td><a href="mailto:jennifer.kuhn@ogs.ny.gov">jennifer.kuhn@ogs.ny.gov</a></td>
</tr>
</tbody>
</table>

**Bidder's Federal Tax Identification Number:**
134162133

**NYS Vendor Identification Number:**
49027

**Legal Business Name of Company Bidding:**
VAZ Medical & Industrial Safety Inc.

**D/B/A – Doing Business As (If applicable):**

**Street:** 522 Beach Ave.
**City:** Bronx
**State:** NY
**County:**
**Zip Code:** 10473

**E-mail Address:** vaZmedical@aol.com

**Company Web Site:** www.vaZmedical.com

**If applicable, place an "X" in the appropriate box(es) (check all that apply):**

- [ ] NYS Small Business
  - [ ] # Employees
- [x] Service Disabled Veteran Owned Business
- [ ] NYS Minority Owned Business
- [ ] NYS Women Owned Business

**If you are not bidding, place an "X" in the box and return this page only:**

- [ ] WE ARE NOT BIDDING AT THIS TIME BECAUSE:

**For Procurement Services Use Only:**

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<td></td>
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</tr>
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