



**DEPARTMENT OF VETERANS AFFAIRS**  
**Federal Supply Service**  
**Authorized Federal Supply Schedule Price List**

*On-line access to contract ordering information, terms and conditions, up-to-date pricing, and the option to create an electronic delivery order are available through GSA Advantage!™, a menu-driven database system. The INTERNET address for GSA Advantage!™ is [GSAAdvantage.gov](http://GSAAdvantage.gov)*

Medical Equipment and Supplies  
FSC Group 65, Part II, Section A  
FSC Classes: **6510, 6515, 6530, 6532, 6540, 6545, J065**

Contract Number: **V797D - 60661**  
Contract Period: **July 15, 2016 to July 14, 2021**

*( For more information on ordering from Federal Supply Schedules, enter the following address into your web browser:  
<http://gsa.gov/portal/category/100623> )*

**Synapse Biomedical**  
**300 Artino Street**  
**Oberlin, OH 44074**  
**Phone #: 440.774.2488 Toll-Free 888.767.3770**  
**Fax: 440.774.2572**  
[www.synapsebiomedical.com](http://www.synapsebiomedical.com)

Business Size: **Small**

*Revised September 2012*

**“Prices Shown Herein are Net (discount deducted)”**

**Customer Information:**

**1a.** List of awarded special item number(s):

SIN: [A-72] ..... Page [4]

**1b.** Identification of the lowest priced model number and lowest unit price for that model for each special item number awarded in the contract. This price is the Government price based on a unit of one, exclusive of any quantity/dollar volume, prompt payment, or any other concession affecting price. Those contracts that have unit prices based on the geographic location of the customer, should show the range of the lowest price, and cite the areas to which the prices apply: **See Below.**

<b>SIN</b>	<b>Product Number</b>	<b>Product Description</b>	<b>FSS Price with IFF</b>
A-72	29-0018	Screwdriver For Battery Cover Removal	\$5.73

**1c.** If the Contractor is proposing hourly rates, a description of all corresponding commercial job titles, experience, functional responsibility and education for those types of employees or subcontractors who will perform services shall be provided. If hourly rates are not applicable, indicate “Not applicable” for this item:  
**Not Applicable**

**2.** Maximum order: **\$50,000 (A72)**

**3.** Minimum order: **None**

**4.** Geographic coverage (delivery area): **48 Contiguous States, the District of Columbia, and point of exportation (POE) to Alaska, Hawaii, and Puerto Rico**

**5.** Point(s) of production (city, county, and State or foreign country):  
**Oberlin, Lorain County, Ohio**

**6.** Prices shown herein are Net (discount deducted)

**7.** Quantity Discounts:

**An additional 5% discount off the invoice total for quantity purchases/orders of 15 units or more.**

**Items 20-0035 and 20-0045 may be combined to achieve discount.**

**All other items, exclusive of items 20-0035 and 20-0045, may be combined to achieve discount.**

**8.** Prompt Payment Terms: **2% - 20, Net 30 days, excluding credit card orders**

**9a.** Notification that Government purchase cards are accepted at or below the micro-purchase threshold:  
**Synapse Biomedical, 440-774-2488, www.synapsebiomedical.com**

**Acceptance up to, equal to, and above the micro-purchase threshold. No Limitations.**

**9b.** Notification whether Government purchase cards are accepted or not accepted above the micro-purchase threshold: **Acceptance up to, equal to, and above the micro-purchase threshold. No Limitations.**

**10.** Foreign items (list items by country of origin): **[Not Applicable]**

**11a.** Time of delivery: **1 - 5 days ground (ARO)**

**11b.** Expedited delivery: **Item #20-0035 Overnight Delivery**  
**Item #20-0045 Overnight Delivery**  
**Customers are responsible for the difference between normal and expedited delivery**  
*“Items available for expedited delivery are noted in this pricelist”*

**11c.** Overnight and 2-day delivery:  
**Item #20-0035 Overnight Delivery**  
**Item #20-0045 Overnight Delivery**  
**Customers are responsible for the difference between normal and expedited delivery**

**11d.** Urgent requirements: **Item #20-0035 Overnight Delivery**  
**Item #20-0045 Overnight Delivery**  
**Customers are responsible for the difference between normal and expedited delivery**  
**The schedule customer may (as part of the “Urgent Requirements” clause) contact the ABC Company representative to effect a faster delivery.**

**12.** FOB Point(s): **Destination 48 Contiguous States, the District of Columbia, and point of exportation (POE) to Alaska, Hawaii, and Puerto Rico**

**13a.** Ordering address(es): **See below**

**13b.** Ordering Procedures: **For supplies and services, the ordering procedures, information on Blanket Purchase Agreements (BPA’s) are found in Federal Acquisition Regulation (FAR) 8.405-3**

**14.** Payment address(es):

**Synapse Biomedical, Inc.**  
**300 Artino Street**  
**Oberlin, OH 44074**  
**Phone #: 440.774.2488 Toll-Free 888.767.3770**  
**Fax: 440.774.2572**

**15.** Warranty provision:  
Government clauses 52.212-4(o)(p) supplemented with the manufacturer’s warranty.  
External Pulse Generator – 12 month warranty  
Patient Cable – 3 month warranty

**Synapse Biomedical, 440-774-2488, [www.synapsebiomedical.com](http://www.synapsebiomedical.com)**

Warranties exclude damage due to misuse or mishandling.

To report an EPG or cable malfunction, contact Customer Service at: (888) 767-3770 (North America)

The Contractor warrants and implies that the items delivered hereunder are merchantable and fit for use for the particular purpose described in this contract. In the event that the terms of the contractor's standard commercial warranty conflict with the warranty terms contained in this clause, the terms of this clause will govern this contract, unless some other resolution is specified in the award document.

Limitation of Liability: Except as otherwise provided by an express warranty, the contractor will not be liable to the government in a breach of warranty/limitation of liability clause(s) place greater limits on the contractor's liability than do the terms contained in this clause, the terms of this clause will govern the contract.

Returned Goods Policy:

**See Attachment 1**

16. Export packing charges, if applicable: **Not Applicable**
17. Terms and conditions of Government purchase card acceptance (any thresholds above the micro-purchase level): **Accepted above the micro-purchase threshold**
18. Terms and conditions of rental, maintenance, and repair (if applicable): **Not Applicable**
19. Terms and conditions of installation (if applicable): **Not Applicable**
20. Terms and conditions of repair parts indicating date of parts price lists and any discounts from list prices (if applicable): **Not Applicable**
- 20a. Terms and conditions for any other services (if applicable): **Not Applicable**
21. List of service and distribution points (if applicable): **Oberlin, Lorain County, OH**
22. List of participating dealers (if applicable): **Not Applicable**
23. Preventive Maintenance (if applicable): **Not Applicable**
- 24a. Special attributes such as environmental attributes (e.g., recycled content, energy efficiency, and/or reduced pollutants): **Not Applicable**
- 24b. If applicable, indicate that Section 508 compliance information is available on Electronic and Information Technology (EIT) supplies and services and show where full details can be found (e.g., contractor's website or other location). The EIT standards can be found at [www.Section508.gov/](http://www.Section508.gov/) : **Not Applicable**
25. Data Universal Number System (DUNS) number: **138432070**
26. Notification regarding registration in System for Award Management (SAM) database: **Yes, registered**

**Synapse Biomedical, 440-774-2488, [www.synapsebiomedical.com](http://www.synapsebiomedical.com)**

## Attachment 1

### **RETURN POLICY**

IF ANY OF THE GOODS ARE FOUND BY INSTITUTION TO BE DEFECTIVE, SUCH GOODS WILL, AT CONTRACTOR'S OPTION, BE REPLACED OR REPAIRED AT CONTRACTOR'S COST. THE PARTIES HERETO EXPRESSLY AGREE THAT INSTITUTION'S SOLE AND EXCLUSIVE REMEDY AGAINST THE CONTRACTOR SHALL BE FOR THE REPAIR OR REPLACEMENT OF DEFECTIVE OR EXPIRED GOODS AS PROVIDED HEREIN. THE SOLE PURPOSE OF THE STIPULATED EXCLUSIVE REMEDY SHALL BE TO PROVIDE INSTITUTION WITH FREE REPAIR AND REPLACEMENT OF DEFECTIVE GOODS IN THE MANNER PROVIDED HEREIN. THIS POLICY DOES NOT COVER COSTS OR EXPENSES TO REMOVE OR INSTALL AND DEFECTIVE, REPAIRED OR REPLACED GOODS. CONTRACTOR'S POLICY DOES NOT APPLY TO ANY GOODS WHICH HAVE BEEN SUBJECTED TO MISUSE, MISHANDLING, MISAPPLICATION, NEGLIGENCE (INCLUDED BUT NOT LIMITED TO IMPROPER MAINTENANCE) ACCIDENT, IMPROPER INSTALLATION, MODIFICATION (INCLUDING BUT NOT LIMITED TO USE OF UNAUTHORIZED PARTS OR ATTACHMENTS), OR ADJUSTMENT OR REPAIR PERFORMED BY ANYONE OTHER THAN CONTRACTOR OR ONE OF CONTRACTOR'S AUTHORIZED AGENTS.

*RISK SHARING PROGRAM:* IF THERE IS A FAILURE TO STIMULATE THE DIAPHRAGM THE ACCOUNT WILL NOT BE CHARGED FOR ANY OPENED OR UNOPENED PRODUCT. IF THE PRODUCT HAS *NOT* BEEN OPENED, YOU WILL HAVE THE OPTION TO RETAIN AND PROPERLY STORE THE PRODUCT FOR THE NEXT SCHEDULED CASE.

BEFORE RETURNING ANY PRODUCT, PLEASE CONTACT OUR CUSTOMER SERVICES DEPARTMENT: PHONE 440-774-2488 EXT137 THEY WILL PROVIDE MORE DETAILS FOR PROCESSING AND SHIPPING.

## Warranty Information

External Pulse Generator: 12 Month Warranty

Patient Cable: 3 Month Warranty

Warranties to exclude damage due to misuse or mishandling

Important to read WARNINGS, CAUTIONS and CARE OF DEVICE and CABLE

To report an EPG or Cable Malfunction, please call Customer Service at: 888-767-3770 (North America)

Remember to include warranty card with returned product.

Send to:        Synapse Biomedical, Inc.  
                  300 Artino St. Oberlin, OH 44074

# Warranty Card



Patient Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Code \_\_\_\_\_

Date \_\_\_\_\_

RMA # \_\_\_\_\_

Check item returned:

- External Pulse Generator
- Patient Cable

In-service date \_\_\_\_\_



Synapse Biomedical Inc. | Oberlin, Ohio 44074 | USA

20-0046-6 Rev A



Patient Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date \_\_\_\_\_

External Pulse Generator (EPG) S/N \_\_\_\_\_

- Yes, the EPG is performing correctly.
- Yes, the Patient Cable is performing correctly.

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

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



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