

# bioMerieux, Inc.



## ***Cost Per Test***

Federal Supply Schedule Price List

**V797P-7128A**

## **Cumulative Price List**

P00017 Modification Effective 10/01/2015

**October 1, 2007 to September 30 2016**

**Replaces All previously Published Price Lists**

**DEPARTMENT OF VETERANS AFFAIRS  
Federal Supply Service  
AUTHORIZED FEDERAL SUPPLY SCHEDULE PRICE LIST**

**Federal Supply Schedule Contract for FSC Group 66, Part III, Cost per Test**

**Class: 6630**

**Contract Number: V797P-7128A**

**Contract Period: October 1, 2007 to September 30 2016**

**NAICS: 325413 334517**

Contractor's Name, Address, and Telephone Number:

mod # P00017

bioMerieux, Inc.  
100 Roldolphe St.  
Durham, North Carolina 27712  
1/800-682-2666  
1/919-620-2000  
Customer Service Fax: 1/800-432-9682  
[www.biomerieux-usa.com](http://www.biomerieux-usa.com)

**SAM Registered**

**CUSTOMER INFORMATION**

- Business Size: Large
- 1 Special Item Numbers **605-5a**
- 2 Maximum Order Limitation: NONE
- 3 Minimum Order Limitation: See Annual Minimum Test Volumes on Pricing Grids
- 4 Geographic Covering: 50 States, D.C. & Puerto Rico & Alaska & Hawaii
- 5 Points of Production: St. Louis, Missouri (Instruments & Reagents), Durham, North Carolina (Reagents)
- 6 Basis Discount: Prices shown herein are net (discount deducted).
- 7 Quantity Discounts BPA must be issued
- 8 Prompt Payment Terms: NET 30 days
- 9a Government Commercial Credit Card Accepted Above Threshold
- 9b No additional discount for government commercial credit card use.
- 10 Foreign Items: None
- 11a Time of Delivery: 45 Days ARO
- Expedited/Urgent Delivery for Equipment is 30-45 days ARO.
  - Expedited/Urgent Delivery for reagents is 2-3 days ARO.
- Ordering facility will pay the difference between the standard freight charge and the expedited charges.
- 12 Freight Terms: FOB Destination within consignee's premises, within the 48 contiguous states and orders will be accepted for delivery to Alaska, Hawaii and Puerto Rico at no additional charge.
- 13 Ordering Address: See Contract's Name and Address (Above)
- 14 Payment Address: Stated on Invoice
- 15 Warranty Provision: Service Included for life of the CPT Contract
- 16 Export Charges: N/A
- 17 Terms & Conditions of installation: bioMerieux will install equipment
- 18 Service & Distribution Points: Durham N.C. and St. Louis, MO
- 19 List of Participating Dealers: NONE
- 20 Preventative Maintenance: Annual
- 21 Year 2000 (Y2K) compliant
- 22 Duns # 086785110
- 23 SAM REGISTERED
- 24 Additional Training: see CPT Features Tab
- Emergency Repair: 24/7

**POC:**

**Gail English**  
**PHONE:919/479-3636**  
**FAX:919/287-2333**  
[gail.english@biomerieux.com](mailto:gail.english@biomerieux.com)

## Federal Supply Schedule Contract for FSC Group 66, Part III, Cost per Test

### Cost per Test Features

#### All pricing grids include:

- 1 Technical training provided for 2 persons, 1st year of contract and 1 every year thereafter for a total of 6 during the life of the contract. See pricing for additional training in excess of contract mandates.  
\*\*Additional Training: Additional training slots at bioMerieux training facility are available for (VITEK Legacy \$3375.00 Training on site with Client Consultant); \$6800.00 for VITEK 2 analyzers; the BacT/ALERT 3D analyzers will be \$3,000.00 (Select/Select Link software) or \$5,000.00 (Signature software). Includes Airfare, meals, and hotel in Durham, NC.
- 2 FOB Destination, Freight & Handling paid by bMx.
- 3 Reagent Pricing only allowed for CPT
- 4 Full Service Contract
- 5 Customer Service Technical Support 24/7
- 6 Please contact your bMx Sales Representative for further details  
*1-800-682-2666 Prompt # 1*
- 7 Minimum Annual Volumes are listed on the schedule price sheets.

#### NOTE:

We will bill CPT as ordered, reconciliation will be done quarterly, providing the hospitals supply bMx representative with the actual number of tests run utilizing the LIS system along with inventory on hand.

Microbiology		SIN # 605-5A					
Annual Volume	Equipment Type	MONTHLY TEST VOLUME	1 YEAR	2 YEAR	3 YEAR	4 YEAR	5 YEAR
			<i>per test</i>				
* 1920	<i>VITEK Compact 30</i>	160	\$37.35	\$24.96	\$22.60	\$21.10	\$20.85
2400	<i>VITEK Compact 30</i>	200	\$31.11	\$21.19	\$19.31	\$18.10	\$17.91
2880	<i>VITEK Compact 30</i>	240	\$26.95	\$18.68	\$17.12	\$16.11	\$15.95
3600	<i>VITEK Compact 30</i>	300	\$22.78	\$16.18	\$14.92	\$14.12	\$13.98
4080	<i>VITEK Compact 30</i>	340	\$20.83	\$15.00	\$13.89	\$13.18	\$13.06
4800	<i>VITEK Compact 30</i>	400	\$18.62	\$13.67	\$12.73	\$12.12	\$12.02
*5280	<i>VITEK Compact 60</i>	440	\$20.52	\$14.59	\$13.55	\$12.82	\$12.47
6480	<i>VITEK Compact 60</i>	540	\$17.85	\$13.02	\$12.18	\$11.59	\$11.30
7680	<i>VITEK Compact 60</i>	640	\$16.02	\$11.95	\$11.24	\$10.74	\$10.49
8880	<i>VITEK Compact 60</i>	740	\$14.69	\$11.16	\$10.55	\$10.11	\$9.90
9600	<i>VITEK Compact 60</i>	800	\$14.05	\$10.79	\$10.22	\$9.82	\$9.62
<u><i>Vitek 2</i></u>							
*5280	<i>VITEK 2 / TRC/AES/BCI</i>	440	\$29.53	\$17.44	\$13.67	\$13.39	\$12.49
6480	<i>VITEK 2 / TRC/AES/BCI</i>	540	\$24.59	\$14.74	\$11.66	\$11.43	\$10.70
7680	<i>VITEK 2 / TRC/AES/BCI</i>	640	\$21.20	\$12.89	\$10.29	\$10.09	\$9.48
8880	<i>VITEK 2 / TRC/AES/BCI</i>	740	\$18.71	\$11.53	\$9.29	\$9.12	\$8.59
9600-10080	<i>VITEK 2 / TRC/AES/BCI</i>	840	\$16.83	\$10.50	\$8.53	\$8.38	\$7.91

*Vitek 2 Test Assays*  
GN, GP, YST, AST, ANC, NH

\* Minimum Annual Volume

**Microbiology**  
*Special Item Number 605-5a*

COST PER TEST OFFER SHEET

**Products Included in CPT**

Product Number	Description	
W1151or W1152, V5620, W1151,	Printer Paper	
V1211	0.45% Saline 500 ml bottle	
V1205	0.45% Saline, 1000 ml bottle	
V0410	Transfer Tubes	
V0403	Disk Type Transfer Tubes-for use with EPS and UID Cards 20/PKG	
V0503	Blue Sealer Plugs	
V0510	Red Sealer Plugs	
V5204	Marking Pens	
30507	Pipette Tips	
21218	Saline for Vitek 2	
21219	Pipetter/Diluter Accessory Kit	
69285	12mm x 75mm Polystyrene Tubes (2000 tubes/case)	

**Microbiology**  
*Special Item Number 605-5a*

COST PER TEST/CPRR OFFER SHEET

**Products Not Included in CPT/CPRR**

	<b>VITEK Accessories Not Included in CPT</b>	PKG	Size	FSS Price
V0600	Reader/Incubator Trays for VITEK Jr., 60, 120, 240, or 480	each	1	\$ 16.59
V0601	Reader/Incubator Trays for VITEK 32	each	1	\$ 15.52
V1220	Colorimeter Standards	set	1	\$ 77.89
V0407	Hand Held Viewer	each	1	\$ 108.06
V1200	Dispensette - Adjustable Volume Saline Dispenser	each	1	\$ 329.80



BacT/Alert 3D AND 3D COMBO Systems

*Special Item Number 605-5a*

Microbiology Expendables

*(Not included on CPT)*

	Product Number	Size	FSS Price
<b>Instrument Stands</b>			
BacT/ALERT 240 Stand	07002	1 unit	\$1,125.00
BacT/ALERT 3D Controller Stand	213602	1 unit	\$900.00
<b>BacT/ALERT Accessories</b>			
Generic BacT/ALERT Barcode Labels	259662	1000/box	\$95.00
BacT/ALERT Double Transport Box	279001	100/box	\$120.00
BacT/ALERT Single Transport Box	279000	100/box	\$100.00
Subculture Units	233766	100/box	\$60.00
Direct Draw Adaptor Caps	279012	120/box	\$75.00
Direct Draw Adaptor Inserts	279013	60/box	\$38.00
Bottle Bands	259649	1000/box	\$110.40
INTEL 486 Cassette Tapes	208981	4/box	\$189.60
NCR 486 Cassette Tapes	259688	4/box	\$168.00
Okidata 193 Printer Ribbon	205183	1/box	\$21.60

BacT/Alert 3D AND 3D COMBO Systems

**SIN # 605-5A**

**Special Item Number 605-5a**

UNIT	ANNUAL TEST VOLUME	1 YEAR	2 YEARS	3 YEARS	4 YEARS	5 YEARS
		Cost per Bottle				
3D COMBO System	* 1800-3600	\$19.53	\$11.44	\$8.74	\$7.40	\$8.41
3D COMBO System	3601-7200	\$10.76	\$6.72	\$5.37	\$4.70	\$5.21
3D System	* 7201-14400	\$6.94	\$4.70	\$3.95	\$3.58	\$3.80
3D System	14401-28800	\$5.31	\$3.81	\$3.31	\$3.06	\$3.13
3D System	28801-42000	\$4.53	\$3.39	\$3.01	\$2.82	\$2.83
3D System	42001-57600	\$4.16	\$3.19	\$2.86	\$2.70	\$2.69
3D System	>57600	\$3.82	\$3.00	\$2.73	\$2.59	\$2.56

Your bioMerieux Sales Representative will aid in determining your laboratory needs.

**TEST ASSAYS**

**Aerobic SA**

**Anaerobic SN**

Fan Media add \$ .60 per bottle

Pediatric Media add \$ .60 per bottle

**MP, MB, MAS, Enrichment Fluid BOTTLES (Price determined by hospital/group volume)**

**Blood Collection Kits and RESIN Bottles (Price determined by hospital/group volume)**

\* **Minimum Annual Volume**