

Dear Vendor,

The New Jersey Department of Agriculture, Division of Plant Industry, is seeking bids for a qPCR System for the Plant Diagnostics Laboratory.

Find attached documents for your review. Please respond no later than May 9th, 2025, at 4:00 pm EST.

When responding, please include the attached Agency Request for Proposal completed, as well as a separate formal quote. The selected vendor must be successfully registered within NJSTART in order for a purchase order to be issued to them.

The RFP and request to bid is also posted on our New Jersey Department of Agriculture Website.

Sincerely,



State of New Jersey

PHILIP D. MURPHY
Governor

DEPARTMENT OF AGRICULTURE
PO Box 330
TRENTON NJ 08625-0330

EDWARD D. WENGRYN
Secretary

TAHESHA L. WAY
Lieutenant Governor

Specifications for qPCR System:

The New Jersey Department of Agriculture – Division of Plant Industry would like to purchase a qPCR System with included laptop, standard calibration kit, 96-well plate, adhesive covers, Wi-Fi dongle, software, in program software training, and warranty. The laptop should have the following minimum specifications: processor speed of 2.7GHz, 4GB Ram, Windows 10 OS, 250GB hard drive, DVD RW drive. The qPCR should be capable of targeting quantities as low as 1.5-fold, have a remote feature, and support 0.2mL consumables. The system should also be 21 CFR Part 11 compliant with included security, auditing, and e-signature package. TaqMan RNase P Instrument Verification Plate for a 96-well 0.2mL block is also preferred.

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
AGENCY REQUEST FOR PROPOSAL

VENDOR NAME AND ADDRESS:		RETURN THIS PROPOSAL TO:		DELIVER TO:	
SBE CATEGORY:		FAX NUMBER:			
NOTE: This proposal must be received by the opening date/time at the place named above.		AGENCY PERSON TO CONTACT:			
FISCAL YEAR:	ACCOUNT NUMBER:	AGENCY REFERENCE NUMBER:		COMMODITY CODE NUMBER:	
ITEM NUMBER	QUANTITY	UNIT	DESCRIPTION (ALL ITEMS MUST BE DELIVERED F.O.B. DESTINATION)	UNIT PRICE	AMOUNT
PRICES ARE FIRM UNTIL THE FOLLOWING DATE:				TOTAL	
CASH DISCOUNT:	DATE OF DELIVERY:	VENDOR'S FEDERAL I.D. NUMBER:		VENDOR'S TELEPHONE NUMBER:	
VENDOR'S SIGNATURE (Must be Signed):		PRINT OR TYPE NAME BELOW:		DATE:	