

State of New Jersey
New Jersey Department of
Public Health and Environmental Laboratories
(4280)
Release Purchase Order
T0115 Scientific Equipment Accessories Supplies and
Maintenance Statewide

Blanket Order Number

17-FLEET-01039:30

SHOW THIS NUMBER ON ALL
PACKAGES, INVOICES AND
SHIPPING PAPERS.

Agency Ref. # rt 122665 ak	
V E N D O R	Vendor Number: V00001811 Gen-Probe Sales & Service Inc. 10210 Genetic Center Dr. san diego, CA 92121 DXcontracts@hologic.com 800-523-5001 Vendor Alternate ID: 33076798700 Remit Address: Accounts Receivable 24506 Network Place Chicago, IL 60673-1245 US Email: ar@hologic.com Phone Number: (800)523-5001

S H I P T O	Jeff Davis - DOH Public Health Environmental & Agricultural Laborat [REDACTED] Ewing, NJ 08628 US Email: [REDACTED] Phone: (609) 469-6674
B I L L T O	Michael Palasciano DOH M&A Accounting & Procurement Unit H & A Building, 7th Fl, PO BOX 360 Trenton, NJ 08625-0360 US Email: Accounting-FinSvs@doh.nj.gov Phone: (609) 633-7524

INVOICES: Direct invoices in DUPLICATE to the address shown above. TERMS AND CONDITIONS set forth in our Bid or Quotation, on the reverse side hereof or incorporated herein by reference become a part of this

ATTN: Contact [REDACTED]

Solicitation (Bid) No.:	Payment Terms: Not Applicable Shipping Terms: F.O.B., Destination Freight Terms: Delivery Calendar Day(s) A.R.O.: 0																		
Item # 1 Class-Item 490-43 Category 4 - Supplies and Reagents with Rental Price Line 4 from the Bid Solicitation Price Sheet Brand: Aptima/Hologic Delivery Days: 30 Days ARO Please refer to the manufacturers price list located in the Blanket P.O. Attachments tab for pricing. Specimen lysis, Fusion, CE IVD (100 tubes per bag) catalog # PRD-04339 ordering 65 @ 00.00 this is a no cost item																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Quantity</th> <th style="width: 10%;">Unit Price</th> <th style="width: 10%;">UOM</th> <th style="width: 10%;">Discount %</th> <th style="width: 10%;">Total Discount</th> <th style="width: 10%;">Tax Rate</th> <th style="width: 10%;">Tax Amount</th> <th style="width: 10%;">Freight</th> <th style="width: 10%;">Total Cost</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.00</td> <td style="text-align: center;">\$ 0.01</td> <td style="text-align: center;">LOT</td> <td style="text-align: center;">0.00 %</td> <td style="text-align: center;">\$ 0.00</td> <td></td> <td style="text-align: center;">\$ 0.00</td> <td style="text-align: center;">\$ 0.00</td> <td style="text-align: center;">\$ 0.01</td> </tr> </tbody> </table>		Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost	1.00	\$ 0.01	LOT	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.01
Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost											
1.00	\$ 0.01	LOT	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.01											

Item # 2
Class-Item 490-43

Category 4 - Supplies and Reagents with Rental

Price Line 4 from the Bid Solicitation Price Sheet

SARS-COV-2 ASSEY, APTIMA 250-test, EUA, CE IVD

catalog # PRD-06419

ordering 40 @ \$7000.00 = \$280,000.00

Brand: Aptima/Hologic

Delivery Days: 30 Days ARO

Please refer to the manufacturers price list located in the Blanket P.O. Attachments tab for pricing.

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
1.00	\$ 280,000.00	LOT	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 280,000.00

Item # 3
Class-Item 490-43

Category 4 - Supplies and Reagents with Rental

Price Line 4 from the Bid Solicitation Price Sheet

Brand: Aptima/Hologic

Delivery Days: 30 Days ARO

Please refer to the manufacturers price list located in the Blanket P.O. Attachments tab for pricing.

SARS-COV-2 ASSAY CONTROLS, APTIMA, EUA, CE IVD

catalog # PRD-06420

ordering 20 @ 230.00 = \$4600.00

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
1.00	\$ 4,600.00	LOT	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 4,600.00

Item # 4
 Class-Item 490-43

Category 4 - Supplies and Reagents with Rental

Price Line 4 from the Bid Solicitation Price Sheet

Brand: Aptima/Hologic

Delivery Days: 30 Days ARO

Please refer to the manufacturers price list located in the Blanket P.O. Attachments tab for pricing.

Hologic Direct Load tube, 100 per kit

catalog # PRD-06997

ordering 35 @ 300.00 = \$10,500.00

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
1.00	\$ 10,500.00	LOT	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 10,500.00

TAX: \$ 0.00
 FREIGHT: \$ 0.00
 TOTAL: \$ 295,100.01

APPROVED

By: [REDACTED]

Phone#: [REDACTED]

BUYER



Price Quote

CUSTOMER NAME ("CUSTOMER")		CUSTOMER NUMBER
New Jersey Department of Health		158958
CONTACT NAME	CONTACT PHONE NUMBER	CONTACT EMAIL
Dana Woell	[REDACTED]	[REDACTED]
BILL TO ADDRESS	SHIP TO ADDRESS	SALES REP'S NAME
PO BOX 360, TRENTON, NJ 08625	[REDACTED] EWING, NJ 08628	Justin Burns

Effective Date: January 12, 2022

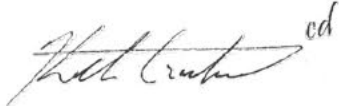
Gen-Probe Sales & Service, Inc., a subsidiary of Hologic, Inc. ("Hologic") is pleased to offer the following pricing. Pricing for the products set forth below ("Products") shall be effective on the date set forth above. Customer may purchase the Products on an as needed basis under the same terms and conditions as set forth in its Contract No. 17-FLEET-01039 (the "Agreement").

Product #	Description	Unit Price
PRD-06419	SARS-COV-2 ASSAY, APTIMA, 250-TEST, EUA, CE IVD	\$7,000.00
PRD-06420	SARS-COV-2 ASSAY CONTROLS, APTIMA, EUA, CE IVD	\$230.00
PRD-06997	Hologic Direct Load Tube Collection Kit (100/Kit)	\$300.00
PRD-06660	Hologic Specimen Lysis Tubes, Solid Cap (1,200/bag)	\$1,500.00
PRD-04339	Fusion Specimen Lysis Tubes (100/bag)	No Charge

The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) to authorize the use of the Aptima SARS CoV-2 assay on the Panther System by authorized laboratories for the detection of nucleic acid from SARS-CoV-2 virus only and not for any other viruses or pathogens. The Aptima SARS CoV-2 assay is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostic tests for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner. The Aptima SARS CoV-2 assay has not been FDA cleared or approved. The Customer acknowledges and agrees that the Aptima SARS CoV-2 assay is only available for sale and use while the EUA is in effect. Hologic reserves the right to discontinue the Aptima SARS CoV-2 assay product at any time.

Given the world-wide demand, orders are subject to product availability.

Please feel free to contact your Hologic Sales Representative, Justin Burns, [REDACTED], [REDACTED] if you have any questions.

Gen-Probe Sales & Service, Inc. ("Hologic") (by its authorized representative)

Keith Gantner, Commercial, Diagnostic Solutions



OFFER AND ACCEPTANCE

State of New Jersey
Department of the Treasury
Division of Purchase and Property
33 West State Street, P.O. Box 230
Trenton, New Jersey 08625-0230

Bid Solicitation {RFP} #:

Bid Solicitation {RFP} Title:

Blanket P.O. {Contract} Term:

Open to Cooperative Purchasing

OFFER (To be completed by the Vendor {Bidder})

TO THE STATE OF NEW JERSEY:

The Undersigned hereby offers and agrees to furnish the goods, products, or services in compliance with all terms of this Master Blanket Purchase Order (Blanket P.O.) {Contract} as defined in Section 2.0 of the Bid Solicitation {Request for Proposal (RFP)}.

Vendor {Bidder}:	<input type="text" value="Gen-Probe Sales & Service, Inc."/>	Title:	<input type="text" value="Senior Vice President, Diagnostics Group Sales"/>
Address:	<input type="text" value="10210 Genetic Center Drive"/>	E-Mail Address:	<input type="text" value="keith.gantner@hologic.com"/>
City, State, ZIP:	<input type="text" value="San Diego, CA 92121"/>	Phone Number:	<input type="text" value="317-908-5207"/>
Authorized Signature: <small>(Electronic Signature Acceptable)</small>	<input type="text" value="Keith Gantner"/>	Fax Number:	<input type="text" value="n/a"/>
Printed Name:	<input type="text" value="Keith Gantner"/>	FEIN:	<input type="text" value="██████████"/>

By signing and submitting this Offer, the Vendor {Bidder} certifies and confirms that:

- Neither the Vendor {Bidder}, nor its representatives, agents or lobbyists have initiated any inappropriate contact with any Executive Branch employee during the procurement to attempt to affect the bidding process and shall not do so after submission of its Quote {Proposal};
- The Vendor {Bidder} has read, understands, and agrees to all terms, conditions, and specifications set forth in the Bid Solicitation {RFP}, including but not limited to the acceptance of the State of New Jersey Standard Terms and Conditions, the provisions set forth in Section 4.4.1.1.1 (MacBride Principles Certification), Section 4.4.1.1.2 (No Subcontractor Certification), Section 4.4.1.1.3 (Non-Collusion), and Section 4.4.1.1.4 (New Jersey Business Ethics Guide Certification);
- The Vendor's {Bidder's} failure to meet any terms and conditions of the Blanket P.O. {Contract} as defined in the Bid Solicitation {RFP} shall constitute a breach and may result in suspension or debarment from further State bidding;
- A defaulting Vendor {Contractor} may also be liable, at the option of the State, for the difference between the Blanket P.O. {Contract} price and the price bid by an alternate vendor of the goods or services in addition to other remedies available; and
- By signing and submitting this Offer, the Vendor {Bidder} consents to receipt of any and all documents related to this Bid Solicitation {RFP} and the resulting Blanket P.O. {Contract} by electronic medium or facsimile.

THIS FORM MUST BE SIGNED, COMPLETED AND INCLUDED WITH THE VENDOR'S {BIDDER'S} QUOTE {PROPOSAL}.

ADDITIONAL VENDOR {BIDDER} REQUIREMENTS (For State Use Only)

<input type="checkbox"/> Bid Security	Amount: <input type="text"/>	<input type="checkbox"/> Payment Security	Amount: <input type="text"/>
<input type="checkbox"/> Performance Security	Amount: <input type="text"/>	<input type="checkbox"/> Retainage	Percentage: <input type="text"/>

For set-aside contracts only, a Vendor {Bidder} must be registered with the N.J. Division of Revenue and Enterprise Services, Small Business Registration and M/WBE Certification Services Unit. Please refer to [N.J.A.C. 17:13-3.1](#) & [17:13-3.2](#) for additional information.

ACCEPTANCE OF OFFER (For State Use Only)

The Offer above is hereby accepted and now constitutes a Blanket P.O. {Contract} with the State of New Jersey. The Vendor {Contractor} is now bound to sell the goods, products, or services listed by the attached Blanket P.O. {Contract} as defined by Section 2.0 of the Bid Solicitation {RFP}. The Vendor {Contractor} shall not commence any work or provide any good, product, or service under this Blanket P.O. {Contract} until the Vendor {Contractor} complies with all requirements set forth in the Bid Solicitation {RFP} and receives written notice to proceed.

Blanket P.O. {Contract} Number:

Blanket P.O. {Contract} Award Date: Blanket P.O. {Contract} Effective Date:

State of New Jersey Authorized Signature: