


NUMC Sealed Bid #MC98-03056-5428

Amendment #1

Revised Pricing Pages

Please read each line carefully.

## FORMAL SEALED BID PROPOSAL

	<b>NASSAU HEALTH CARE CORPORATION</b>	<b>BID NUMBER</b> MC66-03056-5428
	2201 Hempstead Turnpike East Meadow, NY 11554	<b>BID OPENING DATE</b> March 5, 2026 2:00 PM
<b>BUYER</b> Cathy Iacopelli ciacopel@numc.edu	<b>TELEPHONE</b> (516) 572-6722	<b>REQUISITION NUMBER</b> 484894

PREPARE YOUR BID ON THIS FORM USING BLACK INK OR TYPEWRITER

### Maintenance, Service and Repair of Surgical Instruments/Trays

Proposals submitted hereunder shall be in accordance with the following detailed specifications.

### SPECIFICATIONS

It is the intent of Nassau University Medical Center to establish a multi-year contract to include, but not be limited to the maintenance, service and repair of Surgical Instruments and Trays.

- 1) Cost of passivation/refurbishment per tray of 25 instruments \$ \_\_\_\_\_
- 2) Cost of passivation/refurbishment per tray of 50 instruments \$ \_\_\_\_\_
- 3) Cost of passivation/refurbishment per tray of 75 instruments \$ \_\_\_\_\_
- 4) Individual repair of a surgical instrument (stainless steel) \$ \_\_\_\_\_
- 5) Individual repair of a laparoscopic instrument \$ \_\_\_\_\_

- 6) Sharpening of scissors/instruments individually \$ \_\_\_\_\_
- 7) Laser etching of instruments per item (expiration date that we provide ex: 01/2031) \$ \_\_\_\_\_
- 8) Routine maintenance of surgical trays (preferably to be sent out every two weeks 10-15 trays per visit with a quick turnaround) ANNUAL COST \$ \_\_\_\_\_
- 9) Container maintenance - every 2 weeks with the trays \$ \_\_\_\_\_
- 10) Tape removal and color coating removal per instrument \$ \_\_\_\_\_
- 11) Turn over time of trays (# of days) \_\_\_\_\_ Days
- 12) Case cart maintenance 5 per visit (60 in circulation) every 2 weeks 5/visit \$ \_\_\_\_\_
- 13) Hours Notice required on weekends for immediate needs (emergency service) as required \_\_\_\_\_ Hours
- 14) Same day repair service — per instrument \$ \_\_\_\_\_/Instrument
- 15) Same day repair service — per tray \$ \_\_\_\_\_/Tray
- 16) Price per instrument price file to be attached. Please provide price file on flash drive.  
2 Copies required.

**\*\*\*\*\* End of Specifications \*\*\*\*\***

If you are certified in NYS for any of the following, circle any that may apply:

1. Small Business
2. Minority Owned Business
3. Woman Owned Business
4. Service Disabled Veteran Operated Business

ALL BIDS MUST BE F.O.B. DESTINATION AND INCLUDE DELIVERY WITHIN DOORS UNLESS OTHERWISE SPECIFIED  
BIDDER SIGN HERE

\_\_\_\_\_ TITLE \_\_\_\_\_