



Capital Expenditure Request (CER) Worksheet

Date:	February 10, 2021
Department:	Surgery
Manager:	F. Heinz
Capital Description:	Cystoscopy equipment

PROJECT EXPENSE:		
Total Project Budget: Includes equipment, interfaces, shipping, installation, facility modifications, etc.		\$30,000
Total Project Cost: Includes equipment, interfaces, shipping, installation, facility modifications, etc.	(1)	\$31,093.13
Total Project Variance:		\$1,093.13
PROCEDURE RELATED EQUIPMENT:		
Charge for Procedure:		\$4,845.00
Estimated Reimbursement for Procedure:	(2)	\$2,400.00
Estimated # of Procedures Per Year:	(3)	72
Expected Annual Return on Investment calculated (2) x (3) ÷ (1):	ROI	5.56

<p>NEED:</p> <p><i>Check all that apply:</i></p> <p><input type="checkbox"/> Necessary to meet regulatory requirements, patient care is jeopardized without</p> <p><input checked="" type="checkbox"/> Equipment upgrade, enhances productivity</p> <p><input type="checkbox"/> New service, business development</p> <p>Have you?</p> <p><input checked="" type="checkbox"/> Involved affected employees?</p> <p><input checked="" type="checkbox"/> Involved affected physicians?</p>

<p>Equipment:</p> <p>Function: Basic equipment to perform most urology cases i.e. cystoscopies, urerteroscopies, stent replacements, lithotripsies, Transurethral resections of bladder tumors.</p> <p>Benefit: Have one set but have been performing multiple cases. With one set, the turn around time is about 90 minutes. Will increase efficiency.</p> <p>Additional Operating Costs: <i>***(Please identify additional costs such as additional staff time and training, supplies, maintenance agreements, etc.)</i> none</p> <p>Life Expectancy: Scopes-5 years. Instruments-15 years.</p>
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PURCHASE:

Is the equipment available through the hospital's purchasing agreements?

- Yes
 No -- Justification:

Vendor Comparison:

	Vendor 1	Vendor 2	Vendor 3
Vendor Name	Olympus		
Vendor Address			
Vendor Contact	Bert Bair/Osmon Fuller		
Vendor Phone	303-325-4156/484- 896-3363		
Price	31093.13		
Additional Costs	none		
Vendor reputation	excellent		
Vendor previously used	yes		
Equipment reputation	excellent		
Price protection period	March 15, 2021		
Service availability – including bio-med arrangements	Olympus		
Ongoing service and repairs	Olympus		
Warranty	One year		
Installation and down time	none		
Demonstration date	none		

Vendor Selected:
Olympus

Criteria:
Surgeons' preference.

***** Please attach copy of research, price quotations and other supporting documentation.**



Olympus America Inc.
 3500 Corporate Parkway
 P.O. BOX 610
 Center Valley, PA 18034-0610

TEL: (800) 848-9024
 FAX: (800) 228-4963

bert.bair@olympus.com
 www.olympusamerica.com

Quote Number: Q-01032561

Please refer to this number on all correspondence

Effective Date: January 14, 2021

Expiration Date: March 15, 2021

CONFIDENTIAL AND PROPRIETARY - All information contained on this quotation is confidential and proprietary to Olympus

Customer Information

Contact Name: FELICIA HEINZ

Contact Email: fheinz@deltahospital.org

Account Name: DELTA COUNTY MEMORIAL HOSPITAL

Olympus Information

Representative: Bert Bair

Phone: (303) 325-1456

Email: bert.bair@olympus.com

Cage code: 32212

DUNS#: 017018859

Tax ID: 11-2416961

Customer Address: 1501 E 3RD ST
 DELTA, Colorado
 81416-2815

Customer Number: 20004926
 (Sold To)

Payment Terms: Net 30 subject to Olympus credit approval

F.O.B.: Shipping point, unless otherwise mutually agreed upon in writing

Tax: Applicable taxes are not included in this quote and are the responsibility of the customer

Comments

#	Item Type	Model And Description	Kit Component(s)	Qty	List Price	Contract Price	Unit Price	Total Price
1	New	WA2T412A : Telescope "OES Elite", 4 mm, 12 deg, HD,		1	\$7,642.60	\$6,010.20	\$6,010.20	\$6,010.20
2	New	WA2T430A : Telescope "OES Elite", 4 mm, 30 deg,HD,g		1	\$7,642.60	\$6,010.20	\$6,010.20	\$6,010.20
3	New	WA2T470A : Telescope "OES Elite", 4 mm, 70 deg, HD,		1	\$7,642.60	\$6,010.20	\$6,010.20	\$6,010.20



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* DENOTES OPEN MARKET ITEM

Pricing may be based on a local agreement or the following contract(s):

Premier PP-OR-1782 URO Tier 1

DELTA COUNTY MEMORIAL HOSPITAL

Signature: _____
 Name: _____
 Title: _____
 Effective _____
 Date: _____
 Purchase _____
 Order #: _____

Total List Price: (Before Trade-Ins)	\$22,927.80
Total Net Price: (Before Trade-Ins)	\$18,030.60
Total Trade-In Value:	\$0.00
Sub Total:	\$18,030.60
Freight:	\$11.01
Grand Total:	\$18,041.61

- I. Olympus Standard Terms and Conditions apply to this quote, unless otherwise mutually agreed upon in writing
- II. Errors & Omissions Excepted. Price quotes and the total package prices are for the quoted items only.
- III. Changes and additions to, or deletions from this quote may cause pricing adjustments.
- IV. Service manuals and additional operator manuals are not included and may be ordered by contacting the Customer Care Center at (800) 848 9024.
- V. If freight charge is included, the freight charge may not necessarily reflect the exact charge paid by Olympus to the carrier due to the volume incentive discount agreements entered into between Olympus and carrier, unless otherwise mutually agreed upon in writing.

Based on the products purchased, the following terms may apply:

ScopeLocker storage product: Please take note of the ScopeLocker's specifications and dimensions and carefully measured the space where the ScopeLocker will be installed to ensure a good and proper fit. By submitting payment and/or a purchase order for any ScopeLocker, customer acknowledges and agrees that Olympus' standard return goods policy does not apply. ScopeLockers may only be returned if they have been delivered to the customer damaged. Customer is responsible for noting and reporting any external shipping damage prior to signing the carrier's receipt form for the ScopeLocker. Once customer signs the carrier's receipt form for the ScopeLocker, it is understood that the customer has inspected the shipment and has found no evidence of external shipping damage. Customer has seven (7) days after customer's receipt of the ScopeLocker to notify Olympus of any internal shipping damage which was undetectable at time of product receipt. Only returns with a valid Return Merchandise Authorization ("RMA") number issued by Olympus will be accepted and eligible for return. All authorized returns must be sent prepaid to Olympus or its designee and the RMA number must be prominently displayed on the shipping carton and all paperwork. Merchandise returned with proper RMA identification, with all accompanying items and manuals (as shipped to customer), shall be credited at the original customer's purchase price. No returns will be accepted more than 14 days from date of invoice. Credits will be given against customer's account; no cash refunds will be issued.



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Mail All Correspondence To:
 3500 Corporate Parkway
 P.O. BOX 610
 Center Valley, PA 18034-0610

Invoice 30345973

Mail Remittance To:

Olympus America Inc.
 PO Box 120600, Dept 0600
 Dallas, TX 75312-0600

Bill-To	3002479
DELTA COUNTY MEMORIAL HOSPITAL PO Box 10100 DELTA, CO 81416-0008	

Your AR Rep. is: Osmon Fuller
 Phone 484-896-3363
 Fax
 Email OSMON.FULLER@OLYMPUS.COM

Ship-To	20004926
DELTA COUNTY MEMORIAL HOSPITAL 1501 E 3RD ST DELTA , CO 81416-2815	

Information	
Invoice Date (Due Date)	01/15/2021 (02/14/2021)
Delivery No.	86321605
Ref Sales Order No. (Date)	9361191 (01/14/2021)
Customer PO No.	109102
Payer No.	3002479
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	KATHY BROWN

Sold-To	20004926
DELTA COUNTY MEMORIAL HOSPITAL 1501 E 3RD ST DELTA , CO 81416-2815	

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	A20977A A20977A CYSTO BRIDGE DOUBLE CHANNEL Serial No. ()	NEW	1	915.30	915.30
21	A20972A A20972A ALBARRAN DEF BR IDGE DOUBLE CH Serial No. ()	NEW	1	1,611.90	1,611.90
41	A20908A A20908A BLIND OBTURATOR 15.5FR FOR A2093 Serial No. ()	NEW	1	461.70	461.70
60	A22022A A22022A OUTER SHTH 2 STOPCOCKS ROT 28FR Serial No. ()	NEW	1	1,790.10	1,790.10
71	A22082A A22082A OBTURATOR FOR 26 FR INNER Serial No. ()	NEW	1	664.20	664.20
81	A20911A A20911A CYSTO SHEATH 17 FR Serial No. ()	NEW	1	1,223.10	1,223.10
91	A22021A A22021A OUTER SHEATH 27 FR 2 STPCCKS ROT	NEW	1	1,790.10	1,790.10



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Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
101	Serial No. () A22041A A22041A INNER SHEATH 24 FR FOR 27 FR OUT	NEW	1	1,757.70	1,757.70
111	Serial No. () A22081A A22081A OBTURATOR 24 FR	NEW	1	664.20	664.20
131	Serial No. () A20712A A20712A BIOPSY FRCPS SPOON OPT 12 DEG	NEW	1	2,162.70	2,162.70

THANK YOU FOR YOUR ORDER

Freight	:	10.52
Net Value	:	13,041.00
Total Before Tax	:	13,051.52
Tax	:	0.00
Total Amount (USD)	:	13,051.52



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Attn:

Notes

Tracking #: 943399841106-Fedex 2nd Day, 943399841117-Fedex 2nd Day

All shipments are, unless otherwise mutually or contractually agreed upon in writing, F.O.B. Olympus's facility. All claims for breakage and damage should be made directly to the carrier; however, Olympus will assist in securing satisfactory payment or adjustment of such claims. Olympus shall not be liable for any delay in delivery of goods or performance of services due to causes beyond the reasonable control of Olympus.