

**WorkplaceNL
2020-15-T**

Standing Offer for the Supply of Home Oxygen and Sleep Apnea Equipment, Supplies and Service for Injured Workers

Appendix "C"

Price Quotation Sheet

| GEOGRAPHIC SERVICE AREAS | DELIVERY TIME | DELIVERY COST | SET UP COST |
|---------------------------------|----------------------|----------------------|--------------------|
| AVALON PENINSULA | | | |
| BURIN PENINSULA | | | |
| TRINITY CONCEPTION | | | |
| CLARENVILLE | | | |
| BONAVISTA PENINSULA | | | |
| GANDER | | | |
| GRAND FALLS-WINDSOR | | | |
| CORNER BROOK | | | |
| STEPHEENVILLE | | | |
| NORTHERN PENINSULA | | | |
| PORT AUX BASQUES | | | |
| LABRADOR | | | |

| Section # | Description | Compliance with Specs (Y/N) | Manufacturer | Catalogue or product number | Manufacturer's website | Warranty period | Extended warranty period, if available | Extended warranty cost | Trial Period, if applicable | Manufacturer's recommended service frequency | Medical Device License number | CSA approved where applicable | Purchase Price | Monthly rental fee | Rent to Own option available |
|------------------|--|------------------------------------|---------------------|------------------------------------|-------------------------------|------------------------|---|-------------------------------|------------------------------------|---|--------------------------------------|--------------------------------------|-----------------------|---------------------------|-------------------------------------|
| 1.3 | HOME OXYGEN SYSTEM | | | | | | | | | | | | | | |
| 1.3.1 | Standard portable home oxygen system & 3 month supply of consumables | | | | | | | | | | | | | | |
| 1.3.1.1 | E-cylinders | | | | | | | | | | | | | | |
| 1.3.1.2 | Standard regulator | | | | | | | | | | | | | | |

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| 1.3.1.3 | Cylinder cart | | | | | | | | | | | | | | |
| 1.3.1.4 | Lightweight system | | | | | | | | | | | | | | |
| 1.3.1.5 | Oxygen conserving device | | | | | | | | | | | | | | |
| 1.3.2 | Alternate lightweight portable home oxygen concentrator system with rechargeable battery & 3 month supply of Consumables | | | | | | | | | | | | | | |
| 1.3.3 | Rechargeable battery | | | | | | | | | | | | | | |
| 1.3.4 | Portable oxygen Cylinders | | | | | | | | | | | | | | |
| 1.3.5 | Oxygen fill station | | | | | | | | | | | | | | |
| 1.3.6 | Oxygen Concentrator | | | | | | | | | | | | | | |
| 1.3.6.1 | Low flow (1-5 lpm) | | | | | | | | | | | | | | |
| 1.3.6.2 | High flow (5-10 lpm) | | | | | | | | | | | | | | |

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| 1.3.7 | Standard Portable Airflow and Humidifier System and 3 month supply of consumable supplies | | | | | | | | | | | | | | |
| 1.3.8 | SLEEP THERAPY DEVICES | | | | | | | | | | | | | | |
| 3.8.1 | Fixed CPAP incl. humidifier, mask & Accessories | | | | | | | | | | | | | | |
| 1.3.8.2 | Auto CPAP incl. humidifier, mask & accessories | | | | | | | | | | | | | | |
| 1.3.8.3 | Auto BiPAP incl. humidifier, mask & accessories | | | | | | | | | | | | | | |
| 1.3.8.4 | BiPAP with volume guarantee | | | | | | | | | | | | | | |
| 1.3.8.5 | BiPAP with servo control for central & mixed sleep apnea | | | | | | | | | | | | | | |
| 1.3.9 | 3 MONTH SUPPLY OF CONSUMABLE SUPPLIES | | | | | | | | | | | | | | |
| 1.3.9.1 | Tubing | | | | | | | | | | | | | | |
| 1.3.9.2 | Mask | | | | | | | | | | | | | | |

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| 1.3.9.3 | Nasal Cannula | | | | | | | | | | | | | | |
| 1.3.9.4 | Nebulizer | | | | | | | | | | | | | | |
| 1.3.9.5 | Car Adapter | | | | | | | | | | | | | | |
| 1.3.9.6 | Humidifier | | | | | | | | | | | | | | |
| 1.3.9.7 | Other Systems or Consumable Supplies | | | | | | | | | | | | | | |
| 1.7 | PRICING | | | | | | | | | | | | | | |
| | Service Fee (out of warranty equipment) | | | | | | | | | | | | | | |
| | Service Fee (outside of regular maintenance) | | | | | | | | | | | | | | |
| | Service Fee (outside regular business hour, if different than regular service fee) | | | | | | | | | | | | | | |
| | Additional assessment fee | | | | | | | | | | | | | | |