



Sales Quote

Cepheid
 US904 Caribbean Dr
 Sunnyvale CA US904 Caribbean Dr
 USA

Quote Number : 0020081802

Quote Date : 1/4/2022 8:34 PM
Quote Expire : 12/31/2022

Print Date : 3/7/2022
Contact : sean.burgess@cepheid.com

Phone : 9095800062
Fax : 9093870406

<p>Sold To : 1000001796 Arrowhead Regional Medical Center 400 North Pepper Colton CA 92324-1801 USA</p>	<p>Ship To: 1000001796 Arrowhead Regional Medical Center 400 North Pepper Colton CA 92324-1801 USA</p>
<p>Buyer : Ms. Billie Burch Phone : 9095801000</p>	<p>Phone : 9095801000</p>

Attention : Ms. Billie Burch
Phone :
Sales Rep : Sean Burgess
GPO : Vizient fka Novation

PLEASE EMAIL PURCHASE ORDERS TO: ordermanagement@cepheid.com

LINE	ITEM NO.	QTY	UOM	UNIT PRICE	DISCOUNT	NET PRICE	EXTENDED PRICE
1	XP3COV2/FLU/RSV-10	1.00	EA	USD 1,040.00	USD -360.00	USD 680.00	USD 680.00
KIT,XPRESS,COV-2/FLU/RSV PLUS,10 TEST							
2	XPRSARS-COV2-10	1.00	EA	USD 385.00	USD 0.00	USD 385.00	USD 385.00
KIT,XPRESS,SARS-COV-2,10 TEST							

Amount not to exceed \$1,627,800

Standard Terms

YOUR PURCHASE ORDER MUST REFERENCE THE QUOTE NUMBER ABOVE. PRICE ADJUSTMENTS MAY NOT BE ALLOWED AFTER SHIPMENT.

Cepheid warrants that the Products shall be free from defects in material and workmanship for a period of one year after shipment, (ii) conform to Cepheid's published specifications for the Products, and (iii) are free of liens and encumbrances when shipped to Customer. Your purchase is governed by any direct agreement between you and Cepheid and any applicable agreement(s) with your GPO and/or IDN. If no such agreements are in effect, the Terms and Conditions available at https://www.cepheid.com/en_US/support/order-management shall govern your purchase and by submitting a purchase order, you agree to such Terms and Conditions. No terms or conditions in a purchase order that are contrary or in addition to those in any of the foregoing agreements shall apply. Except as otherwise agreed upon by Cepheid: standard orders ship via FedEx 2-Day; quoted freight charge is an estimate only and final charges will be prepaid and added to the invoice, and ALL SALES ARE FINAL AND ARE NON-RETURNABLE AND NON-REFUNDABLE. The customer's preferred carrier and account number are required if shipped collect. Please fax Purchase Orders to 408-716-2840, or email a PDF version of the Purchase Order to sean.burgess@cepheid.com

Total : USD 1,065.00
Shipping & Handling : USD 20.10
Total Tax : USD 82.54
Grand Total : USD 1,167.64

GPO Vizient fka Novation
Payment Terms Net due in 30 Days
Freight Terms DST
FOB Point Destination
Ship Via FEDEX 2DAY (3:00 PM SECOND BUSINESS)
SalesPerson Sean Burgess

Kalpana Kiri
Kalpana Kiri
Manager, US Contracts Administration
3/7/2022

San Bernardino County on Behalf of Arrowhead Regional Medical Center

By: _____
Name: _____
Title: _____
Date: _____