


|                                                                                                                                                                                                                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>REQUEST FOR QUOTATIONS</b>                                                                                                                                                                                                           |                               | THIS RFQ <input type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                | PAGE 1 OF 10 PAGES |
| 1. REQUEST NO.<br>SPE2DP-15-T-0276                                                                                                                                                                                                      | 2. DATE ISSUED<br>2014 NOV 26 | 3. REQUISITION/PURCHASE REQUEST NO.<br>0056098938                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1  | RATING             |
| 5. ISSUED BY<br>DLA TROOP SUPPORT<br>MEDICAL SUPPLY CHAIN PHARM FSA<br>700 ROBBINS AVENUE<br>PHILADELPHIA PA 19111<br>USA<br>Name: Karen Gardner Buyer Code: PDPGA9 Tel: 215-737-3934 Fax: 215-737-2155<br>Email: Karen.Gardner@dla.mil |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6. DELIVER BY (Date)<br>20 DAYS ADO                                                                                                            |                    |
| 8. TO:                                                                                                                                                                                                                                  |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7. DELIVERY<br><input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)                                          |                    |
|                                                                                                                                                                                                                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 9. DESTINATION                                                                                                                                 |                    |
|                                                                                                                                                                                                                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | a. NAME OF CONSIGNEE<br>See Schedule                                                                                                           |                    |
|                                                                                                                                                                                                                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | b. STREET ADDRESS                                                                                                                              |                    |
|                                                                                                                                                                                                                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | c. CITY                                                                                                                                        |                    |
|                                                                                                                                                                                                                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | d. STATE                                                                                                                                       | e. ZIP CODE        |
| 10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5 ON OR BEFORE CLOSE OF BUSINESS (Date)<br><br>2014 DEC 01                                                                                                                 |                               | IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter. |                                                                                                                                                |                    |
| 11. SCHEDULE (See Continuation Sheets)                                                                                                                                                                                                  |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                |                    |

## POC INFORMATION:

WHEN TECHNICAL DATA IS PROVIDED IT MUST BE OBTAINED AT <https://pcf1.bsm.dla.mil/cfolders>. DISCREPANCIES FOUND IN TECHNICAL DATA PROVIDED, SUBMIT REQUEST TO THE DLA CUSTOMER SERVICE WEBSITE: <https://www.pdmd.dla.mil/cs/>

ALL OTHER QUESTIONS (SOLICITATION REQUIREMENTS, ITEM DESCRIPTION, AWARD CHOICE, ETC.), PLEASE CONTACT THE BUYER SHOWN ABOVE.

QUESTIONS REGARDING OPERATION OF THE DLA-BSM INTERNET BID BOARD SYSTEM SHOULD BE E-MAILED to [DibbsBSM@dla.mil](mailto:DibbsBSM@dla.mil)

FOR IMMEDIATE ASSISTANCE, PLEASE REFER TO THE FREQUENTLY ASKED QUESTIONS (FAQS) ON BSM DIBBS AT: <https://www.dibbs.bsm.dla.mil/Refs/help/DIBBSHelp.htm> OR PHONE 1-855-DLA-0001 (1-855-352-0001).

## MASTER SOLICITATION

THIS SOLICITATION INCORPORATES THE TERMS AND CONDITIONS SET FORTH IN THE DLA MASTER SOLICITATION FOR EPROCUREMENT AUTOMATED SIMPLIFIED ACQUISITIONS (PART 13) REVISION 25 (OCTOBER 14, 2014) WHICH CAN BE FOUND ON THE WEB AT: [http://www.dla.mil/Acquisition/Documents/EProcurement\\_DLA\\_Automated\\_Master\\_Solicitation\\_REV25OCT2014.docx](http://www.dla.mil/Acquisition/Documents/EProcurement_DLA_Automated_Master_Solicitation_REV25OCT2014.docx)

|                                                                                                                         |                         |                         |                                                      |                  |                       |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|------------------------------------------------------|------------------|-----------------------|
| 12. DISCOUNT FOR PROMPT PAYMENT      | a. 10 CALENDAR DAYS (%) | b. 20 CALENDAR DAYS (%) | c. 30 CALENDAR DAYS (%)                              | d. CALENDAR DAYS |                       |
|                                                                                                                         |                         |                         |                                                      | NUMBER           | PERCENTAGE            |
| NOTE: Additional provisions and representations <input type="checkbox"/> are <input type="checkbox"/> are not attached. |                         |                         |                                                      |                  |                       |
| 13. NAME AND ADDRESS OF QUOTER                                                                                          |                         |                         | 14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION |                  | 15. Date of Quotation |
| a. NAME OF QUOTER<br>CAGE                                                                                               |                         |                         | 16. SIGNER                                           |                  | b. TELEPHONE          |
| b. STREET ADDRESS                                                                                                       |                         |                         |                                                      |                  |                       |
| c. COUNTY                                                                                                               |                         |                         |                                                      |                  |                       |
| d. CITY                                                                                                                 | e. STATE                | f. ZIP CODE             | c. TITLE (Type or Print)                             |                  | AREA CODE             |
|                                                                                                                         |                         |                         |                                                      |                  | NUMBER                |

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## SECTION A

THIS BUY MAY BE A CANDIDATE FOR AUTOMATED AWARD. HOWEVER, AUTOMATED SOLICITATIONS CONTAINING FIRST ARTICLE TEST REQUIREMENTS ARE NOT CANDIDATES FOR AN AUTOMATED AWARD. ALL QUOTES MUST BE SUBMITTED VIA THE DLA INTERNET BID BOARD SYSTEM (DIBBS) AT <https://www.dibbs.bsm.dla.mil>. MICRO-PURCHASE QUOTES MAY BE AWARDED PRIOR TO RETURN DATE.

NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM 325412 SEE <http://www.sba.gov/content/table-small-business-size-standards> FOR THE CORRESPONDING SMALL BUSINESS SIZE STANDARD.

DESTINATION INSPECTION REQUIRED - FAR 52.246-2 APPLIES.

THIS BUY IS FAST PAY

Offerors are encouraged to submit price break information with their quotes. Solicitations which are manually evaluated and awarded at increased quantities may be awarded based on the price break information submitted with the offeror's original quotation without further solicitation or discussion.

If you anticipate quoting on a solicitation after the closing date, please submit a DIBBS quote with a bid type of "No Bid" and place an anticipated quote date or the reason you are not willing to quote. This does not prevent you from submitting an actual quote on DIBBS at a later date. It will overlay your previous no quote. This informs buyers of your intention to quote and prevents multiple calls for updates and cancelling of requirements assumed to be non-procurable due to no

**CONTINUED ON NEXT PAGE**

**SECTION A**

quotes/sources. The submission of an anticipated quote date does not preclude DLA from making an award to another acceptable timely offer.

## Procurement History for NSN/FSC:015233425/6505

| CAGE  | Contract Number | Quantity | Unit Cost | AWD Date |
|-------|-----------------|----------|-----------|----------|
| 6QL93 | SPE2DP15V0195   | 2.000    | 2.15000   | 20141119 |
| 0AG09 | SPE2DP15V0159   | 20.000   | 2.18000   | 20141107 |
| 0AG09 | SPE2DP15V0095   | 6.000    | 3.44000   | 20141020 |
| 0AG09 | SPE2DP15V0085   | 11.000   | 2.48000   | 20141017 |
| 0AG09 | SPE2DP15M0016   | 8.000    | 2.18000   | 20141006 |
| 0AG09 | SPE2DP15V0026   | 6.000    | 3.44000   | 20141002 |
| 0AG09 | SPE2DP15V0024   | 10.000   | 2.34000   | 20141002 |
| 0AG09 | SPE2DP14V1174   | 4.000    | 3.48000   | 20140926 |
| 0AG09 | SPE2DP14V1151   | 3.000    | 4.48000   | 20140924 |
| 0AG09 | SPE2DP14V1122   | 1.000    | 8.00000   | 20140919 |
| 0AG09 | SPE2DP14V1119   | 4.000    | 4.42000   | 20140919 |
| 0AG09 | SPE2DP14V1051   | 4.000    | 2.78000   | 20140908 |
| 0AG09 | SPE2DP14V1011   | 4.000    | 3.48000   | 20140904 |
| 0AG09 | SPE2DP14V0936   | 3.000    | 4.48000   | 20140822 |
| 0AG09 | SPE2DP14V0923   | 40.000   | 1.48000   | 20140821 |
| 0AG09 | SPE2DP14V0900   | 8.000    | 2.48000   | 20140812 |
| 0AG09 | SPE2DP14V0833   | 5.000    | 3.18000   | 20140801 |
| 0AG09 | SPE2DP14V0743   | 4.000    | 2.99000   | 20140718 |
| 0AG09 | SPE2DP14V0741   | 2.000    | 4.48000   | 20140718 |
| 0AG09 | SPE2DP14V0735   | 15.000   | 1.78000   | 20140718 |

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## SECTION B

PR: 0056098938  
NSN/MATERIAL:6505015233425

ITEM DESCRIPTION  
LUBRICANT,SURGICAL

LUBRICANT, SURGICAL, 5 GM, STERILE, 4 PACKETS

.  
U/I - PACKAGE (PG)

SHALL HAVE A SHELF LIFE OF 36 MONTHS.

NOT MORE THAN 31 MONTHS SHALL HAVE ELAPSED FROM  
DATE OF MANUFACTURE TO DATE OF DELIVERY TO THE  
GOVERNMENT.

.  
.  
.  
This device or drug is regulated by the FDA.  
Note to Buyer: The Government contracting  
official shall submit a pre-award survey  
request, through email, to product specialist.

CLAUSE 52.247-9012 (REQUIREMENTS FOR TREATMENT  
OF WOOD PACKAGING MATERIAL (WPM)) SHALL BE  
MANDATORY FOR ALL SHIPMENTS PACKED IN WOODEN  
BOXES, CRATES, ETC., AND/OR UNITIZED ON WOODEN  
PALLET. HEAT TREATMENT OR KILN-DRIED HEAT  
TREATMENT OF WPM SHALL BE THE ONLY METHODS  
AUTHORIZED FOR SHIPMENT TO DOD LOCATIONS.  
ADDITIONAL INFORMATION REGARDING DOD'S WPM  
REQUIREMENT IS AVAILABLE ON THE DLA PACKAGING  
WEBSITE: [HTTP://WWW.LANDANDMARITIME.DLA.MIL/  
OFFICES/PACKAGING/PALLETIZATION\\_WPMNOTICE.ASP](http://www.landandmaritime.dla.mil/offices/packaging/palletization_wpmnotice.asp).

PACKAGING AND PACKING SHALL BE COMMERCIAL,  
AS SPECIFIED HEREIN.

.  
EACH COMPLETE UNIT SHALL BE PROPERLY PACKAGED  
IN A SUITABLE SEALED UNIT CONTAINER. WHEN  
REQUIRED, UNIT CONTAINER SHALL CONTAIN  
INTERNAL FITTINGS, WRAPPING, CUSHIONING,  
ETC., CAPABLE OF PROTECTING THE CONTENTS  
FROM DAMAGE AND/OR BREAKAGE.

.  
UNITS SHALL BE PACKED IN SUITABLE COMMERCIAL  
EXTERIOR (SHIPPING) CONTAINERS (EXPORT WHEN  
NECESSARY) WHICH SHALL INSURE ACCEPTANCE AND  
SAFE DELIVERY BY COMMON OR OTHER CARRIER, AT  
THE LOWEST RATE, TO POINT OF DELIVERY CALLED  
FOR IN THE CONTRACT OR ORDER.

.  
PALLETIZATION SHALL BE IN ACCORDANCE WITH

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## SECTION B

MIL-STD-147. UNITIZED LOADS SHALL BE USED WHENEVER TOTAL QUANTITY FOR SHIPMENT TO ONE DESTINATION EXCEEDS 250 LBS (EXCLUDING THE PALLET) OR 20 CU FT. LOADS SHALL BE UNITIZED ON TYPE IV OR TYPE V 4-WAY ENTRY PALLETS. PALLET SHALL HAVE A LENGTH OF 40 INCHES AND A WIDTH OF 48 INCHES. PALLET LOAD, INCLUDING THE PALLET, SHALL NOT EXCEED 54 INCHES IN HEIGHT, 43 INCHES IN LENGTH AND 52 INCHES IN WIDTH.

.  
QUANTITY FOR SHIPMENT TO ONE DESTINATION OF LESS THAN 250 LBS OR 20 CUBIC FEET NEED NOT BE PALLETIZED.

.  
IF A PROPERLY PALLETIZED LOAD OF A SINGLE ITEM (EQUIPMENT ITEM AND PALLET) EXCEEDS 54 INCHES IN HEIGHT, HEIGHT LIMITATION NEED NOT BE ADHERED TO.

.  
IF A SINGLE ITEM EXCEEDS THE MAXIMUM PALLET LOAD DIMENSIONS, LENGTH AND WIDTH NEED NOT BE ADHERED TO. CONTACT THE CONTRACTING OFFICER FOR ADDITIONAL GUIDANCE.

.  
AS AN ALTERNATE, COMMERCIAL UNITIZATION MAY BE SUPPLIED.

.  
IN ADDITION TO ALL MARKING REQUIREMENTS SPECIFIED HEREIN AND IN THE APPLICABLE SPECIFICATION DOCUMENT, ALL SHIPMENTS TO DLA DISTRIBUTION LOCATIONS SHALL ALSO REQUIRE PASSIVE RFID TAGS IN ACCORDANCE WITH DFARS CLAUSE 252.211-7006.  
HOWEVER, EXCEPTIONS ARE CURRENTLY APPLICABLE TO NSNS IN FSCS 6505/6508/6509/6550.

.  
LABELING AND MARKING. MATERIAL SHALL BE LABELED AND MARKED IN ACCORDANCE WITH COMMERCIAL PRACTICE AND AS SPECIFIED HEREIN.

.  
MARKING ON EACH UNIT SHALL INCLUDE THE NSN AND GOVERNMENT QUANTITY AND UNIT OF ISSUE.

.  
MARKING ON EACH SHIPPING CONTAINER AND/OR UNITIZED LOAD SHALL BE AS SPECIFIED IN MEDICAL MARKING STANDARD NO. 1A (MMS NO. 1A) DATED 4 FEBRUARY 2013.

.  
ADDITIONAL MARKINGS SHALL BE SUPPLIED IN ACCORDANCE WITH ALL APPLICABLE REGULATORY REQUIREMENTS, FOR ALL ITEMS REQUIRING SPECIAL HANDLING, I.E., CONTROLLED, PERISHABLE AND HAZARDOUS ITEMS.

.  
APPLICABLE TO ALL SHIPMENTS, EXCEPT SHIPMENTS TO DLA DISTRIBUTION LOCATIONS:  
AS AN ALTERNATE, FOR SHIPMENTS DIRECTLY TO MEDICAL FACILITIES OF ALL ITEMS EXCEPT PERISHABLE ITEMS AND HAZARDOUS MATERIAL, REQUIRED MARKINGS MAY BE SUPPLIED ON THE

CONTINUED ON NEXT PAGE

## SECTION B

DD FORM 250 OR PACKING LIST ACCOMPANYING THE SHIPMENT.

MIL-STD-147 IS AVAILABLE ONLINE AT  
HTTP://QUICKSEARCH.DLA.MIL/

MMS NO. 1A MAY BE OBTAINED BY CONTACTING  
DLA TROOP SUPPORT, ATTN: MEDICAL SUPPLIER  
OPERATIONS, FSFB (PACKAGING), VIA EMAIL:  
DSCP.PACKAGING@DLA.MIL. MMS NO. 1A IS ALSO  
AVAILABLE ONLINE AT  
HTTP://WWW.LANDANDMARITIME.DLA.MIL/  
DOWNLOADS/PACKAGING/MMS1.PDF

APPLICABLE TO ALL MEDICAL ACQUISITIONS:

PRESERVATION, PACKAGING, PACKING, UNITIZATION,  
LABELING, AND MARKING SHALL BE AS SPECIFIED IN  
THE APPLICABLE PROCUREMENT DOCUMENT REFERENCED  
IN THE "ITEM DESCRIPTION" SECTION, AND/OR AS  
SPECIFIED IN-THE-CLEAR IN THE "ITEM  
DESCRIPTION" AND "PACKAGING DATA" SECTIONS OF  
THE ACQUISITION.

THE FOLLOWING CHANGES/DELETIONS ARE APPLICABLE  
TO THE SECTION HEADED "PACKAGING DATA":

DISREGARD ALL REFERENCE TO MIL-STD-2073. UNDER  
THE HEADING "PREPARATION FOR DELIVERY", DELETE  
THE SECTION BEGINNING WITH "PKGING DATA -" AND  
ENDING WITH "DATED 88090" IN ITS ENTIRETY.

DISREGARD ALL REFERENCES TO SPECIAL PACKAGING  
INSTRUCTION (SPI). SPI'S ARE NOT PREPARED FOR  
MEDICAL ITEMS. ALL APPLICABLE PACKAGING  
REQUIREMENTS ARE SPECIFIED IN THE ACQUISITION.

DELETE "MIL-STD-129" WHEREVER IT APPEARS AND  
SUBSTITUTE "MEDICAL MARKING STANDARD NO. 1A".

DELETE THE PARAGRAPH BEGINNING WITH "FOR ALL  
SHIPMENTS OF PACKAGED MATERIEL TO THE  
GOVERNMENT" AND ENDING WITH "THE SCHEDULE TAKES  
PRECEDENCE." IN ITS ENTIRETY.

T.Q.M., INC. DBA TWO RIVERS MEDICAL 0ZSM5 P/N TRM02054504

| CLIN | PR         | PRLI | UI | QUANTITY | UNIT PRICE | TOTAL PRICE |
|------|------------|------|----|----------|------------|-------------|
| 0001 | 0056098938 | 0001 | PG | 8.000    |            |             |

NSN/MATERIAL:6505015233425

DELIVERY (IN DAYS):0020

DELIVER FOB: DESTINATION

QTY VARIANCE: PLUS 0% MINUS 0%

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## SECTION B

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INSPECTION POINT: DESTINATION

ACCEPTANCE POINT: DESTINATION

PREP FOR DELIVERY:

PKGING DATA-QUP:001  
SHALL BE PACKAGED IN ACCORDANCE WITH HAZARDOUS  
MATERIALS PACKAGING REQUIREMENTS.

PACKAGING: PACKAGING FOR HAZARDOUS MATERIALS  
SHALL COMPLY WITH APPLICABLE REGULATIONS, I.E.,  
TITLE 49 CODE OF FEDERAL REGULATIONS,  
INTERNATIONAL CIVIL AVIATION ORGANIZATION (ICAO)  
TECHNICAL INSTRUCTIONS (EXCLUDING PARAGRAPH 1.4  
OF CHAPTERS 1 AND 3), AND INTERNATIONAL MARITIME  
DANGEROUS GOODS CODE (IMDG). BOTH ICAO AND IMDG  
COMPLY WITH UNITED NATIONS (UN) RECOMMENDATIONS  
ON TRANSPORT OF DANGEROUS GOODS. WHEN A);  
CONTRACT/ORDER FOR HAZARDOUS MATERIALS REQUIRES  
SHIPMENT THROUGH A MILITARY AERIAL PORT FOR  
TRANSPORT VIA MILITARY AIRCRAFT, PACKAGING SHALL  
COMPLY WITH DLAI 4145.3, PREPARING HAZARDOUS  
MATERIALS FOR MILITARY AIR SHIPMENT.

LABELING AND MARKING: ALL INTERIOR AND EXTERIOR  
CONTAINERS SHALL BE LABELED AND MARKED AS  
SPECIFIED IN THE REFERENCED PRODUCT  
SPECIFICATION, AND/OR AS SPECIFIED IN SECTION D  
OF THE CONTRACT OR ORDER. IN ADDITION, ALL  
LABELING AND MARKING SHALL COMPLY WITH THE  
REQUIREMENTS OF MIL-STD-129, 49 CFR, 29 CFR,  
AND, AS APPLICABLE, ICAO TECHNICAL INSTRUCTIONS,  
IMDG ANNEX 1, AND/OR DLAI 4145.3.

CERTIFICATION: ALL PACKAGING PERFORMANCE TEST  
REQUIREMENTS SHALL BE SUPPORTED BY CERTIFICATES  
AND REPORTS ATTESTING TO DATE OF TESTING AND  
DATA RESULTS OBTAINED FROM TESTING. THE  
CONTRACTOR'S SIGNED CERTIFICATION THAT PACKAGE  
CONFIGURATION MEETS 49 CFR, AND, AS APPLICABLE,  
ICAO, IMDG AND/OR DLAI 4145.3 REQUIREMENTS,  
SHALL BE INCLUDED ON THE DD FORM 250 (MATERIAL  
INSPECTION AND RECEIVING REPORT), OR ANY  
SUITABLE ALTERNATE COMMERCIAL PACKING LIST. ALL  
CERTIFICATES/REPORTS SHALL BE AVAILABLE FOR  
INSPECTION BY AUTHORIZED U. S. GOVERNMENT  
REPRESENTATIVES FOR A PERIOD OF NOT LESS THAN 3  
YEARS FROM THE DATE OF SHIPMENT.

IF THE MATERIAL IS NOT CONSIDERED HAZARDOUS,  
IN ACCORDANCE WITH FED-STD-313, THE MATERIAL  
SHALL BE COMMERCIALY PACKAGED IN ACCORDANCE  
WITH "ASTM D3951."

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## SECTION B

PR: 0056098938 PRLI: 0001 CONT'D

CLAUSE 52.247-9012 (REQUIREMENTS FOR TREATMENT OF WOOD PACKAGING MATERIAL (WPM)) SHALL BE MANDATORY FOR ALL SHIPMENTS PACKED IN WOODEN BOXES, CRATES, ETC., AND/OR UNITIZED ON WOODEN PALLETS. HEAT TREATMENT OR KILN-DRIED HEAT TREATMENT OF WPM SHALL BE THE ONLY METHODS AUTHORIZED FOR SHIPMENT TO DOD LOCATIONS. ADDITIONAL INFORMATION REGARDING DOD'S WPM REQUIREMENT IS AVAILABLE ON THE DLA PACKAGING WEBSITE: [HTTP://WWW.LANDANDMARITIME.DLA.MIL/OFFICES/PACKAGING/PALLETIZATION\\_WPMNOTICE.ASP](http://www.landandmaritime.dla.mil/offices/packaging/palletization_wpmnotice.asp).

PACKAGING AND PACKING SHALL BE COMMERCIAL, AS SPECIFIED HEREIN.

.  
EACH COMPLETE UNIT SHALL BE PROPERLY PACKAGED IN A SUITABLE SEALED UNIT CONTAINER. WHEN REQUIRED, UNIT CONTAINER SHALL CONTAIN INTERNAL FITTINGS, WRAPPING, CUSHIONING, ETC., CAPABLE OF PROTECTING THE CONTENTS FROM DAMAGE AND/OR BREAKAGE.

.  
UNITS SHALL BE PACKED IN SUITABLE COMMERCIAL EXTERIOR (SHIPPING) CONTAINERS (EXPORT WHEN NECESSARY) WHICH SHALL INSURE ACCEPTANCE AND SAFE DELIVERY BY COMMON OR OTHER CARRIER, AT THE LOWEST RATE, TO POINT OF DELIVERY CALLED FOR IN THE CONTRACT OR ORDER.

.  
PALLETIZATION SHALL BE IN ACCORDANCE WITH MIL-STD-147. UNITIZED LOADS SHALL BE USED WHENEVER TOTAL QUANTITY FOR SHIPMENT TO ONE DESTINATION EXCEEDS 250 LBS (EXCLUDING THE PALLET) OR 20 CU FT. LOADS SHALL BE UNITIZED ON TYPE IV OR TYPE V 4-WAY ENTRY PALLETS. PALLET SHALL HAVE A LENGTH OF 40 INCHES AND A WIDTH OF 48 INCHES. PALLET LOAD, INCLUDING THE PALLET, SHALL NOT EXCEED 54 INCHES IN HEIGHT, 43 INCHES IN LENGTH AND 52 INCHES IN WIDTH.

.  
QUANTITY FOR SHIPMENT TO ONE DESTINATION OF LESS THAN 250 LBS OR 20 CUBIC FEET NEED NOT BE PALLETIZED.

.  
IF A PROPERLY PALLETIZED LOAD OF A SINGLE ITEM (EQUIPMENT ITEM AND PALLET) EXCEEDS 54 INCHES IN HEIGHT, HEIGHT LIMITATION NEED NOT BE ADHERED TO.

.  
IF A SINGLE ITEM EXCEEDS THE MAXIMUM PALLET LOAD DIMENSIONS, LENGTH AND WIDTH NEED NOT BE ADHERED TO. CONTACT THE CONTRACTING OFFICER FOR ADDITIONAL GUIDANCE.

.  
AS AN ALTERNATE, COMMERCIAL UNITIZATION MAY BE SUPPLIED.

.  
IN ADDITION TO ALL MARKING REQUIREMENTS

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## SECTION B

PR: 0056098938 PRLI: 0001 CONT'D

SPECIFIED HEREIN AND IN THE APPLICABLE SPECIFICATION DOCUMENT, ALL SHIPMENTS TO DLA DISTRIBUTION LOCATIONS SHALL ALSO REQUIRE PASSIVE RFID TAGS IN ACCORDANCE WITH DFARS CLAUSE 252.211-7006.

HOWEVER, EXCEPTIONS ARE CURRENTLY APPLICABLE TO NSNS IN FSCS 6505/6508/6509/6550.

.  
LABELING AND MARKING. MATERIAL SHALL BE LABELED AND MARKED IN ACCORDANCE WITH COMMERCIAL PRACTICE AND AS SPECIFIED HEREIN.

.  
MARKING ON EACH UNIT SHALL INCLUDE THE NSN AND GOVERNMENT QUANTITY AND UNIT OF ISSUE.

.  
MARKING ON EACH SHIPPING CONTAINER AND/OR UNITIZED LOAD SHALL BE AS SPECIFIED IN MEDICAL MARKING STANDARD NO. 1A (MMS NO. 1A) DATED 4 FEBRUARY 2013.

.  
ADDITIONAL MARKINGS SHALL BE SUPPLIED IN ACCORDANCE WITH ALL APPLICABLE REGULATORY REQUIREMENTS, FOR ALL ITEMS REQUIRING SPECIAL HANDLING, I.E., CONTROLLED, PERISHABLE AND HAZARDOUS ITEMS.

.  
APPLICABLE TO ALL SHIPMENTS, EXCEPT SHIPMENTS TO DLA DISTRIBUTION LOCATIONS: AS AN ALTERNATE, FOR SHIPMENTS DIRECTLY TO MEDICAL FACILITIES OF ALL ITEMS EXCEPT PERISHABLE ITEMS AND HAZARDOUS MATERIAL, REQUIRED MARKINGS MAY BE SUPPLIED ON THE DD FORM 250 OR PACKING LIST ACCOMPANYING THE SHIPMENT.

.  
MIL-STD-147 IS AVAILABLE ONLINE AT [HTTP://QUICKSEARCH.DLA.MIL/](http://QUICKSEARCH.DLA.MIL/)

.  
MMS NO. 1A MAY BE OBTAINED BY CONTACTING DLA TROOP SUPPORT, ATTN: MEDICAL SUPPLIER OPERATIONS, FSFB (PACKAGING), VIA EMAIL: [DSCP.PACKAGING@DLA.MIL](mailto:DSCP.PACKAGING@DLA.MIL). MMS NO. 1A IS ALSO AVAILABLE ONLINE AT [HTTP://WWW.LANDANDMARITIME.DLA.MIL/DOWNLOADS/PACKAGING/MMS1.PDF](http://WWW.LANDANDMARITIME.DLA.MIL/DOWNLOADS/PACKAGING/MMS1.PDF)

.  
APPLICABLE TO ALL MEDICAL ACQUISITIONS:

.  
PRESERVATION, PACKAGING, PACKING, UNITIZATION, LABELING, AND MARKING SHALL BE AS SPECIFIED IN THE APPLICABLE PROCUREMENT DOCUMENT REFERENCED IN THE "ITEM DESCRIPTION" SECTION, AND/OR AS SPECIFIED IN-THE-CLEAR IN THE "ITEM DESCRIPTION" AND "PACKAGING DATA" SECTIONS OF THE ACQUISITION.

.  
THE FOLLOWING CHANGES/DELETIONS ARE APPLICABLE TO THE SECTION HEADED "PACKAGING DATA":

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SECTION B

PR: 0056098938 PRLI: 0001 CONT'D

.  
DISREGARD ALL REFERENCE TO MIL-STD-2073. UNDER THE HEADING "PREPARATION FOR DELIVERY", DELETE THE SECTION BEGINNING WITH "PKGING DATA -" AND ENDING WITH "DATED 88090" IN ITS ENTIRETY.

.  
DISREGARD ALL REFERENCES TO SPECIAL PACKAGING INSTRUCTION (SPI). SPI'S ARE NOT PREPARED FOR MEDICAL ITEMS. ALL APPLICABLE PACKAGING REQUIREMENTS ARE SPECIFIED IN THE ACQUISITION.

.  
DELETE "MIL-STD-129" WHEREVER IT APPEARS AND SUBSTITUTE "MEDICAL MARKING STANDARD NO. 1A".

.  
DELETE THE PARAGRAPH BEGINNING WITH "FOR ALL SHIPMENTS OF PACKAGED MATERIEL TO THE GOVERNMENT" AND ENDING WITH "THE SCHEDULE TAKES PRECEDENCE." IN ITS ENTIRETY.

R23152  
USS KIDD DDG 100  
UNIT 100209 BOX 1  
FPO AP 96670  
US

M/F:(TCN) R231524322HM10  
RDD: 326  
PROJ EK5 TP 2  
SUP ADD YNHM01 SIG A

FOR GOVERNMENT USE ONLY:IPD 06

DIC A4A DIST 9B ADV 2A FC N7

Need Ship Date:00/00/0000  
Original Required Delivery Date:11/28/2014

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