

**ZOLL Medical Corporation**

269 Mill Road
Chelmsford, MA 01824-4105
Federal ID# 04-2711626

Phone: (800) 348-9011
Fax: (978) 421-0015
Email: esales@zoll.com

Quote No: Q-106109 Version: 1

University of Texas MD Anderson Cancer Center
1515 Holcombe
Houston, TX 77030

ZOLL Customer No: 1812

Chandler Groat
713-792-2830
chandler.r.groat@imegcorp.com

Quote No: Q-106109
Version: 1

Issued Date: March 21, 2025
Expiration Date: March 31, 2025

Terms: 2%10, NET 30

FOB: Shipping Point
Freight: Prepay & Add

Prepared by: Ray Esmilla
Hospital Strategic Accounts
resmilla@zoll.com
+1 7134984757

Item	Contract Reference	Part Number	Description	Qty	List Price	Adj. Price	Total Price
1	1431771	30520000001110013	R Series Plus Defibrillator with Expansion Pack - OneStep Pacing Includes: Guidelines 2020 compatible, AED w/ manual override, Code Readiness testing system, High current Rectilinear Biphasic Waveform, OneStep 3 lead ECG cable, Advisory Defibrillation, Built-in test port, AC Power Cord, Operators manual, and 5-year hospital warranty. Parameter Details: Real CPR Help ® - Numeric display of CPR Depth and Rate for Adult and Pediatric patients, Visual and audio prompts to coach CPR depth (Adult patient only), Release bar to ensure adequate release off the chest, Metronome to coach rate for Adult and Pediatric patients. See-Thru ® CPR artifact filtering, Defib Mentor • OneStep Pacing with OneStep Pacing Cable (also supports CPR) •	2	\$18,630.00	\$12,934.74	\$25,869.48
2	1431771	8019-0535-01	SurePower Rechargeable Lithium Ion Battery Pack 5.8 Ah Capacity, High density lithium ion chemistry, RunTime™ Indicator, Automatic calibration ready, Stores history of use and maintenance	2	\$967.00	\$412.45	\$824.90
3	1431771	8000-1010-01	External Paddle Assembly Apex / Sternum with controls and built-in pediatric electrodes	2	\$789.00	\$547.56	\$1,095.12
4	1431771	8005-000102-01	R Series WiFi Card with Clock Sync	2	\$863.00	\$598.26	\$1,196.52

Subtotal: \$28,986.02

Total: \$28,986.02

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Contract Reference	Description
1431771	Reflects Vizient - Defib CE7361 Tier 3 extension contract Pricing. Notwithstanding anything to the contrary herein, the terms and conditions set forth in Vizient Contract No. CE7361 shall apply to the customer's purchase of the products set forth on this quote.

To the extent that ZOLL and Customer, or Customer's Representative have negotiated and executed overriding terms and conditions ("Overriding T's & C's"), those terms and conditions would apply to this quotation. In all other cases, this quote is made subject to ZOLL's Standard Commercial Terms and Conditions ("ZOLL T's & C's") which for capital equipment, accessories and consumables can be found at <https://www.zoll.com/terms-and-conditions-of-sale>, for software products can be found at <https://www.zoll.com/software-legal>, and for ExpertCare Service Plans can be found at <https://www.zoll.com/ExpertCare-Service-Terms>. Except in the case of overriding T's and C's, any Purchase Order ("PO") issued in response to this quotation will be deemed to incorporate ZOLL T's & C's, and any other terms and conditions presented shall have no force or effect except to the extent agreed in writing by ZOLL.

1. Delivery will be made upon availability.
2. This Quote expires on March 31, 2025. Pricing is subject to change after this date.
3. Applicable tax, shipping & handling will be added at the time of invoicing.
4. All purchase orders are subject to credit approval before being accepted by ZOLL.
5. To place an order, please forward the purchase order with a copy of this quotation to esales@zoll.com or via fax to 978-421-0015.
6. All discounts from list price are contingent upon payment within the agreed upon terms.
7. Place your future accessory orders online by visiting the ZOLL web store.

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Order Information (to be completed by the customer)

☐ Tax Exempt Entity (Tax Exempt Certificate must be provided to ZOLL)

☐ Taxable Entity (Applicable tax will be applied at time of invoice)

BILL TO ADDRESS	SHIP TO ADDRESS
Name/Department:	Name/Department:
Address:	Address:
City / State / Zip Code:	City / State / Zip Code:

Is a Purchase Order (PO) required for the purchase and/or payment of the products listed on this quotation?

☐ Yes PO Number: _____ PO Amount: _____
(A copy of the Purchase Order must be included with this Quote when returned to ZOLL)

☐ No (Please complete the below section when submitting this order)

For organizations that do not require a PO, ZOLL requires written execution of this order. The person signing below represents and warrants that she or he has the authority to bind the party for which he or she is signing to the terms and prices in this quotation.

University of Texas MD Anderson Cancer Center

Authorized Signature:

Name: _____
Title: _____
Date: _____