



**OFFICE OF THE PURCHASING AGENT
COUNTY OF COOK**

118 NORTH CLARK ST. ROOM 1018
CHICAGO, ILLINOIS 60602-1375
(312) 603-5370

THIS PURCHASE ORDER NUMBER
MUST APPEAR ON ALL PACKAGES,
INVOICES, SHIPPING PAPERS AND
DROP SHIPMENTS.

PURCHASE ORDERED ISSUED TO
743881

Immunoanalysis Corporation
829 Towne Center Dr
Pomona CA 91767

DATE
10/24/2012
F.O.B. POINT

PURCHASE ORDER NO.
183349 - 000- OP
REQUISITION NO.
00105913 OR

COOK COUNTY FEIN: 36-6006541
ILLINOIS SALES TAX EXEMPT: E-9998-2013-04
FEDERAL EXCISE TAX EXEMPT CERT: 36-75-D038K

SHIP TO Medical Examiner
Robert J. Stein Institute of Forensic Me
2121 W. Harrison RM 143
Chicago IL 60612-3706

DELIVERY INSTRUCTIONS
MEDICAL EXAMINER OFFICE
DARYL JACKSON (312) 997-4482

DEPT NO	
2590886	Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	Tecan Columbus Washer Service Contract Service contract for Tecan columbus Washer (Z2) SN 6011526 Catalog # SC-COL	2.00 YR	590.0000	1,180.00	2590886.540220
2.00	Tecan Sunrise Reader Service Contract Service contract for Tecan Sunrise Reader (Z2) SN 03930100141 Tecan will perform repairs and provide parts for any repair Tecan will provide loaner equipment under this service agreement Cook County Medical Examiner will be responsible for shipping and shipping costs of washer or reader to Tecan-US Tecan will be responsible for shipping and shipping costs of repaired washer or reader back to Cook County Medical Examiner Sole Source Agreement Contract Period: Two (2) Years from November 13, 2012 through November 12, 2014. As per Vendor Quote# SC111E	2.00 YR	950.0000	1,900.00	2590886.540220
		*****	Total Order	*****	3,080.00

NOTE: VENDOR AGREES NOT TO EXCEED THE QUANTITY OR DOLLAR AMOUNT OF THIS ORDER WITHOUT WRITTEN AUTHORIZATION FROM THE PURCHASING AGENT

RECEIPT CERTIFICATION (FOR DEPARTMENT USE ONLY)

I hereby certify that I have received the goods/services reflected above and that the items referenced are in full conformity with the purchase order/contract.

Authorized Signature: _____

Date: _____

I hereby certify that this purchase is in agreement with the requisition on file authorizing the expenditure and is properly approved.

PURCHASING AGENT

Date: _____

[Signature]
11/13/12 BA

Purchase Requisition

Office of the Purchasing Agent

Cook County of Illinois

73 BR NEW
Purchase Order Number
NICKI
183349 OP
10-24-12
NC

Requisition # OR 105913 Contract #

Ship To: 8000739 Medical Examiner
Robert J. Stein Institute of Fo
2121 W. Harrison RM 143
Chicago IL 60612-3706

Delivery Instructions:
MEDICAL EXAMINER OFFICE
DARYL JACKSON (312) 997-4482

Supplier: 743881
Diagnosxxx of Cal DBA/Immumal
829 Towne Center Dr
Pomona CA 91767

Buyer Number 724150 Supervisor 40
Bid/Sole Src Code SSV
Business Unit 2590886
Internal Req Number 22590160
Board Apr Date & Item
Requisition Date 9/20/2012
Date Needed 9/20/2012

One Time Purchase Yes ___ No ___ Covers Need for ___ months. Specific Period of time ___ thru ___

Expiration Date _____ Emergency No. _____

Line # Commodity Description

Extended Cost Business Unit and Object Account

Line #	Commodity Description	Bal. on Hand	Quantity	UOM	Est. Unit Cost	Extended Cost	Business Unit and Object Account
1.000 928	SC-COL ONE-YEAR EXT. SERVICE WASHER (Z2) SN 6011526	<	2.00	EA	590.0000	1,180.00	2590886.540220
2.000 928	SC-SUN ONE-YEAR EXT. SERVICE READER (Z2) SN 03930100141	<	2.00	EA	950.0000	1,900.00	2590886.540220

NOTE: TECAN WILL PERFORM REPAIRS AND PROVIDE PARTS FOR ANY REPAIR.
TECAN WILL PROVIDE LOANER EQUIPMENT UNDER THIS SERVICE AGREEMENT.

COOK COUNTY MEDICAL EXAMINER'S WILL BE RESPONSIBLE FOR SHIPPING AND SHIPPING COSTS OF WASHER OR READER TO TECAN-US.
TECAN WILL BE RESPONSIBLE FOR SHIPPING AND SHIPPING COSTS OF REPAIRED WASHER OR OR READER BACK TO COOK COUNTY MEDICAL EXAMINER'S.
QUOTE# SC111E

Total of Items Ordered 3,080.00

2012 SEP 28 AM 10:25
OFFICE OF THE PURCHASING AGENT
BOOKKEEPING

CERTIFICATION

I hereby certify that the items and/or services above are necessary to this department (or institution) and that the dept. no., account & activity numbers indicated above accurately reflect the specific line item budget appropriation approved by the Board of County Commissioners and there is a sufficient unencumbered balance in the account to grant same.

CCA

APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

ACCT # _____

DATE _____ BY _____

W. J. Stein
REQUISITIONER
Marta Martinez
BUREAU OF DEPARTMENT HEAD
9.



**Cook County
Office of the Chief Procurement Officer**

Sole Source Justification

General Information - maintenance agreement for machine in Toxicology for ME office	Date: 10/24/12
Unit/Department: 259 – Medical Examiner	Phone No. 312 997-4481
Contact Name: Nadine Jakubowski	Email Nadine.Jakubowski@cookcountyil.gov

Vendor Information	Requisition No. 105913
Name: Diagnostixx of Cal DBA/Immunoanalysis	Purchase Order No.
Address: 829 Towne Center Dr. Pomona, CA 91767	Contract No.

Description. Please provide a description of the goods or services required, the duration or frequency of the requirement, and where will the services or goods be delivered.

This is the only vendor that provides maintenance for TECAN Columbus washer and TECAN Sunrise Reader for the Medical Examiner's toxicology department. The service will be delivered at Cook County Medical Examiner's Office at 2121 W. Harrison St. Chicago, IL 60612

Type. Please select one of the options and explain below.

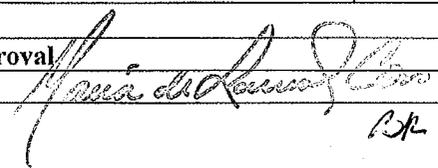
Single Source
 Proprietary/Copyright Restrictions
 Equipment Compatibility
 Patented Product
 Exclusive or Unique Capability
 Other, please explain

Explanation: Why is this product or service the only one that would satisfy the requirement(s)?
Immunoanalysis is the only company that provides service to the above machines.

Due Diligence. Describe the due diligence performed that led to the conclusion that this is a sole source.

Immunoanalysis is the only company that provides service to the above machines.

Department Recommendation	
Requestor: Nadine H. Jakubowski	Date: 10/24/12
Department Head: Daryl Jackson	Date: 10/24/12

Chief Procurement Officer Approval	
Signature: 	Date: 11/14/12



Immunoanalysis Corporation

829 Towne Center Drive
Pomona, CA 91767

Telephone:
(909) 482-

IMMUNALYSIS QUOTATION
SERVICE CONTRACT PRICING FOR TECAN EQUIPMENT

Date: August 27, 2012

Quotation Number: SC111E

Prepared for: Cook County Medical Examiner's Office
2121 Harrison Street
Chicago, IL 60612

Attn: Peter Koin

Telephone: 312-997-4470
Fax: (312) 997-4516
email: peter.koin@cookcountyil.gov

CONFIDENTIAL

Quantity	Catalog Number	Equipment Description	Unit Price	Price
2	SC-COL	One Year Extended Service Contract for Tecan Columbus Washer (Z2) SN 6011526	\$ 590.00	\$ 1,180.00
2	SC-SUN	One Year Extended Service Contract for Tecan Sunrise Reader (Z2) SN 03930100141	\$ 950.00	\$ 1,900.00
Total				\$ 3,080.00

NOTE: Tecan will perform repairs and provide parts for any repair.
Tecan will provide loaner equipment under this service agreement.
Cook County Medical Examiner's will be responsible for shipping and shipping costs of washer or reader to Tecan-US.
Tecan will be responsible for shipping and shipping costs of repaired washer or reader back to Cook County Medical Examiner's.

This Service Agreement does not cover extended warranty for the Dell Computer, Monitor, or Printer. Extended coverage will have to be purchased directly through Dell. Please see attached page for computer

Effective Period: Please specify the effective dates of the service contract on your PO.

Above Quote includes: Applicable Sales Tax

Quote Valid Until: 12/31/12 Terms: Strict 30 Days Net

Prepared by: Rochelle Timbang
Voice Mail: (909) 451-6681
Fax: (909) 482-0850
e-mail: rtimbang@immunoanalysis.com

Rochelle Timbang
Authorized Immunoanalysis Corp.



Immunalysis Corporation

829 Towne Center Drive
Pomona, CA 91767

Telephone: (909) 482-0840
Fax: (909) 482-0850

August 27, 2012

Peter Koin
Cook County Medical Examiner's
2121 West Harrison Street
Chicago, IL 60612

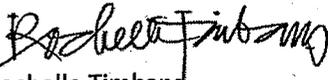
RE: Reagent/Equipment Sole Source Letter

To Whom It May Concern:

Immunalysis is the only vendor in the United States that provides ELISA drug screen that have been validated on the TECAN Columbus Washer and TECAN Sunrise Reader. TECAN does not provide application support for the Columbus Washer and Sunrise Reader. TECAN only provides hardware and service support.

Since Immunalysis does not use a distributor network for its reagents in North America, only Immunalysis can provide both the validated reagents and application support on the TECAN Columbus Washer and TECAN Sunrise Reader.

Sincerely,


Rochelle Timbang
Manager, Applications Group