



**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
730224

Interstate Blood Bank Inc
5700 Pleasant View Rd
Memphis TN 38134

DATE
3/6/2013
F.O.B. POINT

PURCHASE ORDER NO.
184609 - 000- OP
REQUISITION NO.
00106659 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 2590888	Page 1 of 1
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LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	Whole Blood For Drug Screening Outside blood ordering used for negative controls for Drug Analysis Testing . Whole Blood Anticoagulant added: Sodium Heparin . Certificate verifying FDA required testing, which requires detection of Hepatitis B Surface Antigen, Antibodies to HIV and HCV, HIV-RNA, HCV RNA, and SYPHILIS . Screening Tests required: HBsAg, ANTI-HCV, ANTI-HIV-1/2, HIV-RNA, HCV RNA, SYPHILIS . Drug Screening recommended but not required . Packaging: Bottles, No Bags . Size: At least 450 ml (1 Pint) . 28 Bottles per year if one (1) Pint . Orders will be place on an as needed basis .	44.00 UN	205.0000	9,020.00	2590888.530795
2.00	Shipping And Hndling Shipping: FedEx Overnight with Ice Packs to keep refrigerated in transit . Price of shipping shall be included in the quote . Approximately eight (8) shipments per year . Approximately five (5) Bottles per shipment	15.00 TR	60.0000	900.00	2590888.530795
***** Total Order *****				9,920.00	

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. *QB*

PURCHASING AGENT

Date: _____

John E. M. 15 March 2013

EXA