

Sales Rep Name: Scott Pufahl
ProCare Service Rep: Jeremy Stevens

3800 E. Centre Ave
Portage, MI 49009

Date: 4/15/2022
ID #: 220415095308

PROCARE PROPOSAL SUBMITTED TO:

Billing Acc Num: 1338493
Shipping Acct Num: 1071432
Account Name: Crete Rescue Squad
Account Address: 210 E 14TH ST
City, State Zip: Crete, NE 68333

City of Crete

Name: *Tom Durada*
Title: *City Administrator*
Phone: *402-826-4313*
Email: *tom.durada@crete.ne.gov*

PROCARE COVERAGE

Item No.	Model Number	Model Description	Serial Number	ProCare Program	Qty	Yrs				Total
1	LP15	LifePak 15	46513658	LP15 Prevent Onsite	1	1	12/26/22-3/31/23			\$409.28
2	LP15	LifePak 15	39850548	LP15 Prevent Onsite	1	1				\$1,637.10
3	LP15	LifePak 15	42325559	LP15 Prevent Onsite	1	1				\$1,637.10
4	LUCAS	LUCAS	3015D774	LUCAS Prevent Onsite	1	1				\$1,276.70
5	LUCAS	LUCAS	30161158	LUCAS Prevent Onsite	1	1				\$1,276.70
6	LP1000	LifePak 1000	36066418	LP1000 PM Only Onsite	1	1				\$424.00
7	LP1000	LifePak 1000	36066430	LP1000 PM Only Onsite	1	1				\$424.00
8	LP1000	LifePak 1000	36269565	LP1000 PM Only Onsite	1	1				\$424.00
9	LP1000	LifePak 1000	36066402	LP1000 PM Only Onsite	1	1				\$424.00
10	LP1000	LifePak 1000	36269564	LP1000 PM Only Onsite	1	1				\$424.00

PROGRAM INCLUDES:**LUCAS Prevent Onsite:**

- Update software to the most current version
- Check all batteries and battery pins
- Inspect the integrity of accessories and recommend replacement as needed
- Test linear sensor and recalibrate if needed
- Lubricate and adjust mechanical parts, including compression module and claw lock
- Clean hood, fan, intake and bellows
- Perform functional test on all mechanical components and electronics
- Computer-aided diagnostics
- Replacement of LUCAS Disposable suction cup, LUCAS Patient Straps, or LUCAS Stabilization Strap, as deemed necessary by Stryker
- Repairs (parts and labor) to restore equipment to manufacturer specifications
- Replace up to 2 LUCAS chest compression system batteries in accordance with the Instructions for Use or upon battery failure*
- LUCAS Battery Desk-Top Charger, LUCAS Aux Power Supply, LUCAS Car Cable repair or replacement as deemed necessary by Stryker*
- Replacement of LUCAS Disposable suction cup, LUCAS Patient Straps, or LUCAS Stabilization Strap

**(Onsite Repairs or Depot Depending on Agreement) **

LP15 Prevent Onsite:

- Update software to the most current version
- Check all batteries and battery pins
- Inspect the integrity of accessories and recommend replacement as needed
- Test the integrity of all cables and recommend replacement as needed
- Electrical safety check in accordance with NFPA guidelines
- Computer-aided diagnostics to test 30 device dimensions and verify the unit functions accurately, from waveform shape and defibrillation energy to pacing current and capnography readings (if present)
- Check electrode expiration dates and recommend replacement as needed
- Check printer operation and trace quality
- Repairs (parts and labor) to restore equipment to manufacturer specifications
- LIFEPAK battery-charger repair or replacement as deemed necessary by Stryker*
- Power-adaptor repair or replacement
- Replace up to 3 lithium-ion batteries in accordance with the device operating instructions or upon failure*
- Replace up to 1 coin cell memory battery in accordance with the device operating instructions or upon failure*
- Replacement of protective display shield, corner bumper guards, CO2 connector cover, shoulder strap, handle, device labels, and battery pins as deemed necessary by Stryker at time of annual inspection.

**(Onsite Repairs or Depot Depending on Agreement) **

LP1000 PM Only Onsite:

- Update software to the most current version
- Check all batteries and battery pins
- Inspect the integrity of accessories and recommend replacement as needed
- Test the integrity of all cables and recommend replacement as needed
- Electrical safety check in accordance with NFPA guidelines
- Computer-aided diagnostics to verify the unit functions accurately, including waveform shape and defibrillation energy
- Replace up to 1 battery pack in accordance with the device operating instructions or upon battery failure
- Replace 1 set of expired adult therapy electrodes at scheduled time of service

**(Onsite PM or Depot Depending on Agreement) **

Unless otherwise stated on contract, payment is expected upfront.

ProCare Total

\$8,356.88

	FINAL TOTAL	\$8,356.88

Start Date: 4/1/2022
End Date: 3/31/2023

Stryker Signature _____ Date _____

Customer Signature _____ Date _____

The Terms and Conditions of this quote and any subsequent purchase order of the Customer are governed by the Terms and Conditions located at <https://techweb.stryker.com>

The terms and conditions referenced in the immediately preceding sentence do not apply where Customer and Stryker are parties to a Master Service Agreement.

Purchase Order Number

This is not an invoice. A physical invoice will be mailed.
Remit payment to: P.O. Box 93308 Chicago, IL 60673-3308

COMMENTS:
Please email signed Proposal and Purchase Order to procarecoordinators@stryker.com . All information contained within this quotation is considered confidential and proprietary and is not subject to public disclosure. **Quote pricing valid for 30 days.

SERIAL NUMBER SHEET			
Item No.	Model	Serial Number	Program
1	LP15	46513658	LP15 Prevent Onsite
2	LP15	39850548	LP15 Prevent Onsite
3	LP15	42325559	LP15 Prevent Onsite
4	LUCAS	3015D774	LUCAS Prevent Onsite
5	LUCAS	3016H158	LUCAS Prevent Onsite
6	LP1000	36066418	LP1000 PM Only Onsite
7	LP1000	36066430	LP1000 PM Only Onsite
8	LP1000	36269565	LP1000 PM Only Onsite
9	LP1000	36066402	LP1000 PM Only Onsite
10	LP1000	36269564	LP1000 PM Only Onsite

Purchase Order Form

stryker

Account Manager _____
Cell Phone _____

Purchase Order Date _____
Expected Delivery Date _____
Stryker Quote Number 220415095307

Check box if Billing same as Shipping ☐

BILL TO	CUSTOMER #
Billing Account Num	1338493
Company Name	
Contact or Department	
Street Address	
Add'l Address Line	
City, ST ZIP	
Phone	

SHIP TO	CUSTOMER #
Shipping Account Num	1071432
Company Name	Crete Rescue Squad City of Crete
Contact or Department	Fire 0
Street Address	210 E 14TH ST
Add'l Address Line	
City, ST ZIP	Crete, NE 68333
Phone	-

Authorized Customer Initials _____

Authorized Customer Initials _____

DESCRIPTION	QTY	TOTAL
REFERENCE QUOTE		

Accounts Payable Contact Information

Name _____
Email _____
Phone _____

Stryker Terms and Conditions
www.strykeremergencycare.com/terms

Authorized Customer Signature

Printed Name _____
Title _____
Signature _____
Date _____

Attachment Stryker Quote Number 220415095307

*Sales or use taxes on domestic (USA) deliveries will be invoiced in addition to the price of the goods and services on the Stryker Quote.