

COUNTY OF ROCKLAND  
Department of General Services  
Purchasing Division

# Contract Award Notification

Title: **Vaccines, Hepatitis**

Contract Period: **Contract Data Base through June 30, 2024**

Original Date of Issue: July 8, 2020

Date of Revision: **February 23, 2022**

**Contract No:** MMS2000177

Catalog: Health & Hospitals

Address Inquiries to:

Name: Michele Phillips  
Title: Purchaser I  
Phone: 845-364-2984  
Fax: 845-364-3809  
E-mail: phillipm@co.rockland.ny.us

**Description**

**This contract is for hepatitis A & B vaccines**

Vendor Number	Contractor & Address	Telephone No.
0000007843	Glaxo Smithkline 3 Franklin Plaza PO Box 13619 Philadelphia, PA 19101-3619 Contact: Christine Hays Christine.d.hayes@gsk.com	866-475-8222  <b>FAX: 215-599-9179</b>

**PLEASE NOTE:  
THIS CONTRACT IS ONLY FOR DEPARTMENT OF HEALTH  
CLINICS TO USE.**

# County of Rockland CONTRACT

## Dept. of General Services

Purchasing Division  
50 Sanatorium Rd  
Bldg A, 6th Fl, Room 609  
POMONA NY 10970  
www.rcpurchasing.com

**Dispatch via Print**

<b>Contract ID</b> MMS2000177		Page 1 of 2
<b>Contract Dates</b> 07/08/2020 to 06/30/2024		<b>Currency</b> USD
<b>Freight Terms</b> VACCINES, HEPATITIS		<b>Contract Maximum</b> 46,489.76
<b>Buyer Email</b> phillipm@co.rockland.ny.us		
<b>Buyer</b> PHILLIPS, MICHELE	<b>Phone</b> 845/364-2984	<b>Fax</b> 845/364-3809

**Supplier** 0000007843  
Glaxo Smith Kline  
3 Franklin Plaza  
PO BOX 13619  
Philadelphia PA 19101-3619

Phone 866/475-8222  
Fax 215/599-9179  
vaccine.service-center@gsk.com

Tax Exempt? Tax Exempt ID:

Line #	Supplier Item	Item Desc	Item ID	Price	UOM
1		HEP B, VACCINE, ADULT, ENGERIX, NDC 58160-082111, (20 MCG/ML VIAL) 1 ML X 10/VIAL, 10 DOSE VIAL, PRICE INCLUDES EXCISE TAX, \$0.75/DOSE (10 X \$0.75=\$7.50), SHIP TO ACCOUNT #1100391199	26980500005	455.62000	Vial
3		HEP B, VACCINE, ADULT, NDC #58160-082152, 10/PK, 1 ML X 10, PRE-FILLED SYTRINGES, ENGERIX-B, 20 MCG/ML, DISPOSABLE, NO LATEX, TIP LOCKS SHIP TO ACCT #1100391199, PRICE INC EXCISE TAX \$0.75/PER DOSE (10 X \$0.75=\$7.50)	26980500007	455.62000	Pack
4		HEP A, VACCINE, ADULT HAVRIX, 1 ML, PREFILLED SYRINGE, NEEDLES, NDC #58160-082652, 10/PKG, SHIP TO ACCT. #1100391199, PRICE INCLUDES EXCISE TAX \$0.75/PER DOSE (10 X \$0.75=\$7.50), PRESERVATIVE FREE,	26980500008	656.32000	Pack

**Authorized Signature**

*Paul J. Brennan*

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3 Franklin Plaza  
PO BOX 13619  
Philadelphia PA 19101-3619

Phone 866/475-8222  
Fax 215/599-9179  
vaccine.service-center@gsk.com

Tax Exempt? Tax Exempt ID:

Line #	Supplier Item	Item Desc	Item ID	Price	UOM
5		VACCINE, BOOSTRIX, Tdap, NDC #58160-0842-11, DIPH, PERTUSS (ACELL), TET VAC/PF, .5 ML X 10 SINGLE DOSE/PK, EXCISE TAX INCLUDED (\$2.25/DOSE) SHIP TO ACCT #1100391199	26980000024	388.56000	Pack
8		VACCINE, BOOSTRIX, TDAP, NDC #58160-0842-52, DIPH, PERTUSS (ACELL), TEST, VAC/PF, .5ML X 10/PK, DISPOSABLE, PRE-FILLED SYRINGES , SHIP TO ACCT #1100391199, EXCISE TAX INCLUDED	26980000030	388.56000	Pack
9		HEP A/HEP B, VACCINE, NDC 58160-0815-52, 1 ML X 10/SYRINGERS PER PACK, PF720-20 ML SYRINGE, PRICE INCLUDES EXCISE TAX (\$1.50/DOSE (10 X\$1.50=\$15.00), SHIP TO ACCT #1100391199	26980000039	978.92000	Pack
10		HEP B, VACCINE, PEDIATRIC, ENGERIX-B, 10 MCG/0.5 SYRINGE, 0.5 MLX10, NDC #58160082052, PRICE INCLUDES EXCISE TAX, \$0.75/DOSE (10X0.75 =\$7.50) , SHIP TO ACCOUNT 1100391199	26980000040	169.30000	Pack

**Authorized Signature**

*Paul J. Brennan*