

COUNTY OF ROCKLAND  
Department of General Services  
Purchasing Division

# Contract Award Notification

Title: **Vaccines, Hepatitis**

Contract Period: Contract Data Base – good February 5, 2020

Original Date of Issue: July 7, 2009

Date of Revision: January 21, 2020

**Contract No:** MMS-4

Catalog: Health & Hospitals

Address Inquires To:

Name: Ellery Hochman  
Title: Purchaser I  
Phone: 845-364-2984  
Fax: 845-364-3809  
E-mail: hochmane@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 HOSPITALS**  
**AND DEPARTMENT OF HEALTH CLINICS TO USE.**

# County of Rockland CONTRACT

## Dept. of General Services

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

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

Phone 866/475-8222  
Fax 215/599-9179

## Dispatch via Print

<b>Contract ID</b> MMS-4	<b>Page</b> 1 of 3
<b>Contract Dates</b> 07/06/2009 to 02/5/2020	<b>Currency</b> USD
<b>Contract Maximum</b> 150,000.00	
<b>Freight Terms</b> FOB Destination	<b>Buyer Email</b> HochmanE@co.rockland.ny.us
<b>Buyer</b> HOCHMAN, ELLERY	<b>Phone</b> 845/364-2984
	<b>Fax</b> 845/364-3809

Tax Exempt? Y Tax Exempt ID: 13-6007344

Line #	Supplier Item	Item Desc	Item ID	Price	UOM
4		HEP A, VACCINE, ADULT, NDC 58160-082611, HAVRIX, 1 ML X 10/VIAL, 10 DOSE VIAL, PRICE INCLUDES EXCISE TAX, \$0.75/DOSE (10 X \$0.75=\$7.50), COMBINED MINIMUM ORDER UNDER \$600.00 OR 30 DOSES MUST ADD FREIGHT, SHIP TO ACCOUNT #1100391199	26980500004	384.10000	Vial
5		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), COMBINED MINIMUM ORDER UNDER \$600.00 OR 30 DOSES MUST ADD FREIGHT, SHIP TO ACCOUNT #1100391199	26980500005	456.50000	Vial
6		ESTIMATED SHIPPING FOR ORDERS THAT ARE EITHER LESS THAN \$600.00 OR LESS THAN 30 DOSES	26980500003	1.00000	Dollar
8		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	456.50000	Pack
COMBINED MIN ORDER UNDER \$600.00 OR 30 DOSES MUST ADD FREIGHT					
9		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	384.10000	Pack

Authorized Signature



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<b>Contract Maximum</b> 150,000.00	
<b>Freight Terms</b> FOB Destination	<b>Buyer Email</b> HochmanE@co.rockland.ny.us
<b>Buyer</b> HOCHMAN, ELLERY	<b>Phone</b> 845/364-2984
	<b>Fax</b> 845/364-3809

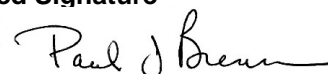
Tax Exempt? Y Tax Exempt ID: 13-6007344

Line #	Supplier Item	Item Desc	Item ID	Price	UOM
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COMBINED MINIMUM ORDER UNDER \$600.00 OR 30 DOSES MUST ADD FREIGHT

10		VACCINE, HAVRIX, HEPATITIS A VIRUS, NDC #58160-0825-11, .5 ML X 10 SINGLE DOSE/PK, EXCISE TAX INCLUDED (\$0.75/DOSE) COMBINED MINIMUM ORDER UNDER \$600 OR 30 DOSES MUST ADD FREIGHT. SHIP TO ACCT #1100391199	26980000023	268.50000	Pack
11		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) COMBINED MINIMUM ORDER UNDER \$600 OR 30 DOSES MUST ADD FREIGHT. SHIP TO ACCT #1100391199	26980000024	357.50000	Pack
12		VACCINE, ROTARIX, ROTAVIRUS, LIVE ATT, NDC #58160-0854-52, SUSP RECON, 1 ML X 10 DISPOSABLE PREFILLED ORAL DOSING APPLICATORS/PK COMBINED MINIMUM ORDER UNDER \$600 OR 30 DOSES MUST ADD FREIGHT. SHIP TO ACCT #1100391199, EXCISE TAX INCLUDED	26980000025	1,141.50000	Pack
13		VACCINE, PEDIARIX, HEP B VACCINE, NDC #58160-0811-52, DP(A)T-POLIO/PF, .5 ML X 10 DISPOSABLE PRE-FILLED SYRINGES/PK EXCISE TAX INCLUDED (\$3.75/DOSE) COMBINED MINIMUM ORDER UNDER \$600 OR 30 DOSES MUST ADD FREIGHT. SHIP TO ACCT #1100391199	26980000026	701.50000	Pack

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<b>Contract ID</b> MMS-4		Page 3 of 3
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<b>Freight Terms</b> FOB Destination	<b>Buyer Email</b> HochmanE@co.rockland.ny.us	
<b>Buyer</b> HOCHMAN, ELLERY	<b>Phone</b> 845/364-2984	<b>Fax</b> 845/364-3809

Tax Exempt? Y Tax Exempt ID: 13-6007344

Line #	Supplier Item	Item Desc	Item ID	Price	UOM
14		VACCINE, BOOSTRIX, TDAP, NDC #58160-0842-52, DIPH, PERTUSS (ACELL), TEST, VAC/PF, .5ML X 10/PK, DISPOSABLE, PRE-FILLED SYRINGES COMBINED MINIMUM ORDER UNDER \$600 OR 30 DOSES MUST ADD FREIGHT. SHIP TO ACCT #1100391199, EXCISE TAX INCLUDED	26980000030	357.50000	Pack
16		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), COMBINED MINIMUM ORDER UNDER \$600.0 OR 30 DOSES MUST ADD FREIGHT SHIP TO ACCT #1100391199	26980000039	806.00000	Pack
17		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) COMBINED MINIMUM ORDER UNDER \$600.00 OR 30 DOSES MUST ADD FREIGHT, SHIP TO ACCOUNT 1100391199	26980000040	235.50000	Pack
18		RABIES VACCINE, RABAVER, VACCINE W/DILUENT, 2.5 UNIT VIAL, 1 DOSE/VIAL (KIT), NDC 58160-0964-12, COMBINED MINIMUM ORDER UNDER \$600.00 OR 30 DOSES MUST ADD FREIGHT, SHIP TO ACCOUNT 1100391199	26980000041	284.00000	Vial

**Authorized Signature**

