Purchase Order #: **1963829**

Hospital: **IH.TATLA LAKE PUBLIC HEALTH**
c/o TATLA LAKE PUBLIC HEALTH
PO BOX 48;16452 HIGHWAY 20
TATLA LAKE, BC, V0L 1V0
GLOBAL LOCATION NUMBER: 7540117001390

Vendor: 0080557
FUJIFILM SONOSITE INC
3080 YONGE STREET SUITE 6100
BOX 66
TORONTO, ON M4N 3N1

Date: 13/06/19
Status: OPEN
Buyer: AZIS2 - Sayeh Azimi
Type: REGULAR CAPITAL

Ship To: PO BOX 48;16452 HIGHWAY 20
TATLA LAKE, BC V0L 1V0

VIA: Exp Del: 27/06/19

Invoice To: IH. ACCOUNTS PAYABLE
101 - 2355 ACLAND ROAD
KELOWNA, BC V1X 7X9

Vendor Acct #:

Terms: INV NET 30
FOB:
Contact: PHONE 604-764-7060
VENDOR'S REG #: 866326903

LINE	ITEM #	VEND'S CATLG MFR'S CATL GTIN	DESCRIPTION	PACKAGING MANUFACTURER	QTY UP	PRICE	EXT COST	TAX GST PST G/L ACCOUNT DEPT or INVEN
1	1051267	L20830	SYSTEM ULTRASOUND HANDHELD iViz AS OUTLINED **SHIPPING INCLUDED** CAPITAL FILE#I622011800 RUTH KUEH-VENN TAG FOR :APRIL WRIGHT BIOMED CONTACT ON SITE MUST INSPECT UPON ARRIVAL ********** FUJIFILM QOUTE#608686 SALES MGR: BRETT HAGARDT L20830-iViz ULTRASOUND SYSTEM DETALED DESCRIPTION OF THE ABOVE PER NOTED VENDOR ********** SHIP TO: West Chilcotin Health Society ********** With the purchase of iViz, you will receive: -1 iViz system -3 iViz batteries Battery bay charger for two batteries -1 Protective case with kickstand -1 Carry case -Wireless printing (Bluetooth and Wi-Fi) Tricefy4 ultrasound cloud **********	EA	1 EA	7000.0000	7000.00	TAX Y Y 10021.35.8540099 WCN PH PRIMARY CARE - TA
2	MISC.ITEM	P19360	MISCELLANEOUS ITEM P19360 - L38v / 10-5 MHZ Multi-frequency, broadband,38 mm linear Transducer **********	EA	1 EA	3500.0000	3500.00	TAX Y Y 10021.35.8540099 WCN PH PRIMARY CARE - TA
3	MISC.ITEM	P21244	MISCELLANEOUS ITEM P21244 - C60v / 5-2 MHZ multi-frequency, broadband	EA	1 EA	3000.0000	3000.00	TAX Y Y 10021.35.8540099 WCN PH PRIMARY CARE - TA

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LINE	ITEM #	VEND'S CATLG MFR'S CATL GTIN	DESCRIPTION	PACKAGING MANUFACTURER	QTY UP	PRICE	EXT COST	TAX GST PST G/L ACCOUNT DEPT or INVEN
			60 mm curved array transducer **********					
4	1057531	P22822	CARRYING CASE FOR ULTRASOUND IVIZ HARD PELICAN PROTECTIVE P22822 - SonoSite Field Case, iViz Hard pelican protective case for iViz Dustproof, crushproof, and waterproof hard carrying case holds 2 transducers THE ABOVE INCLUDED FREE OF CHARGE **********	EA	1 EA	0.00	0.00	TAX Y Y 10021.35.8540099 WCN PH PRIMARY CARE - TA

Comments:

*** CAPITAL FILE#I622011600 RUTH KUEHL-VENN

*** ** THIS PO MUST BE SHIPPED COMPLETE UNLESS OTHERWISE
*** APPROVED AND MUST INCLUDE THE FOLLOWING EQUIPMENT
*** DOCUMENTS:
*** - SERVICE MANUAL/TROUBLESHOOTING DOCUMENTS
*** - OPERATOR MANUALS
*** - MEDICAL DEVICE REPROCESSING INSTRUCTIONS
*** ***ALL PRODUCTS PROVIDED MUST BE CSA APPROVED***

*** **********
***
*** ******* IMPORTANT NOTIFICATION PLEASE READ *******
***
*** **********
***
*** ** THIS PO MUST BE SHIPPED COMPLETE UNLESS OTHERWISE
*** APPROVED AND MUST INCLUDE THE FOLLOWING EQUIPMENT
*** DOCUMENTS:
*** - SERVICE MANUAL/TROUBLESHOOTING DOCUMENTS
*** - OPERATOR MANUALS
*** - MEDICAL DEVICE REPROCESSING INSTRUCTIONS
***
*** ** THE INVOICE MUST MATCH THE DOLLAR VALUE INDICATED ON
*** THE PO. IF A VARIANCE OCCURS, PLEASE NOTIFY SAYEH AZIMI
*** AT THE FOLLOWING CONTACT INFORMATION WITHIN 48 HOURS
*** OF RECEIPT OF ORDER.**
***
*** **PLEASE NOTE ALL ORDERS REQUIRE HARD COPY CONFIRMATION**
***
***
*** Please advise Sayeh Azimi, Purchasing Clerk of any

SUBTOTAL:	13500.00
TAX:	675.00
PST:	945.00
TOTAL:	15120.00

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*** backorder items with ETAs.
***
*** EMAIL PREFERRED: sayeh.azimi@phsa.ca
*** PHONE: 250-491-6385
***
*** SEND CONFIRMATIONS TO Email:sayeh.azimi @phsa.ca
*** Fax: (250) 491-6419
***
*** ****VENDOR PLEASE NOTE THIS PO IS SUBJECT TO THE TERMS AND
*** CONDITIONS FOUND IN THE LINK BELOW****
***
*** http://www.bccss.org/support-services-site/Documents/Vendors
*** /Guidelines/
*** Purchase%20Order%Terms%20and%20Conditions.pdf
*** **********
*** **********
***
*** ********** 48 HOUR NOTIFICATION **********
*** If the prices or catalog numbers listed are not correct the
*** Buyer MUST be notified within 48 hours of receipt of this
*** PO. If we are not
*** notified IH/NH Health Authority WILL ONLY PAY THE AMOUNT ON
*** THIS PURCHASE ORDER.
*** If the goods cannot be delivered by the specified date
*** on this PO. Please confirm delivery date by return fax.
*** Indicating FREIGHT CHARGES if applicable $_____.
***
*** **** WHMIS - All controlled products MUST include supplier
*** **** label and appropriate MSDA under WHMIS
*** **** LEGISLATION and HAZARDOUS PRODUCTS ACT.
***
*** **** EVALUATION,RENTAL or LOANER:
*** **** The Vendor agrees to supply and to hold the IH/NH
*** **** HEALTH harmless from any and all claims for
*** **** compensation or damages of any kind arising as a result
*** **** of any defect in the specified equipment during the
*** **** period of TRIAL and EVALUATION or RENTAL or LOAN.
***
*** **** IH/NH HEALTH AUTHORITY TAKES RESPONSIBLILTY FOR THE
*** *****EQUIPMENT WHILE ON IH/NH HEALTH PROPERTY
*** **** All units MUST be CSA approved before delivery
*** **** All units MUST have a MEDICAL DEVICE LICENSE number
*** **** Note: Please contact the Buyer listed with any concerns