REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)

THIS RFQ ☐ IS ☐ IS NOT A SMALL BUSINESS SET-ASIDE

PAGE OF PAGES

1. REQUEST NUMBER	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST NUMBER	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
	03/18/2021	21-025504		

5a. ISSUED BY
NIH/NCI-CCR P-ARC

6. DELIVER BY *(Date)*
03/31/2021

5b. FOR INFORMATION CALL *(NO COLLECT CALLS)*

NAME	TELEPHONE NUMBER	
	AREA CODE	NUMBER
Tanya Proctor, Lead Purchasing Agent	240	760-7733

7. DELIVERY
☒ FOB DESTINATION ☐ OTHER *(See Schedule)*

9. DESTINATION
a. NAME OF CONSIGNEE
Azam NAHVI 301-496-9806

8. TO:

a. NAME	b. COMPANY

b. STREET ADDRESS
9000 Rockville Pike Bldg 10 RM 3W3808

c. STREET ADDRESS

c. CITY
Bethesda

d. CITY	e. STATE	f. ZIP CODE	d. STATE	e. ZIP CODE
			MD	20892

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS *(Date)*
03/28/2021

IMPORTANT: This is a request for information and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter.

11. SCHEDULE *(Include applicable Federal, State and local taxes)*

ITEM NUMBER (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
001	Product # HP1022HI Human AB Serum, 100 ml Heat Inactivated Notice of Intent: If submitting a capability statement, please e-mail only 1 copy of the technical capability statement to: Tanya Proctor @ tanya.proctor@nih.gov See attached statement of work. This will be awarded as a Firm-Fixed Price Contract	200	ea	0.00	$0.00

12. DISCOUNT FOR PROMPT PAYMENT	a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS	
				NUMBER	PERCENTAGE

NOTE: Additional provisions and representations ☐ are ☐ are not attached.

13. NAME AND ADDRESS OF QUOTER			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION	15. DATE OF QUOTATION
a. NAME OF QUOTER				
b. STREET ADDRESS			16. SIGNER	
			a. NAME *(Type or print)*	b. TELEPHONE
c. COUNTY				AREA CODE
d. CITY	e. STATE	f. ZIP CODE	c. TITLE *(Type or print)*	NUMBER

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