# REQUEST FOR QUOTATION
*(THIS IS NOT AN ORDER)*

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

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| 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 |
|---|---|---|---|---|
| | 07/30/2021 | 21-046004 | | |

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

6. DELIVER BY *(Date)*
08/16/2021

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)*

8. TO:

| a. NAME | b. COMPANY |
|---|---|
| | |

c. STREET ADDRESS

| d. CITY | e. STATE | f. ZIP CODE |
|---|---|---|
| | | |

9. DESTINATION

a. NAME OF CONSIGNEE
Xiaofan LI 240-858-3201

b. STREET ADDRESS
9000 Rockville Pike Bldg 10 RM 4A08

c. CITY
Bethesda

| 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)*
08/09/2021

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 | Fetal Bovine Serum – Optima, Heat Inactivated<br>Size: 500<br>Units: ML<br>Lot selection: M20189<br><br>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<br><br>See attached statement of work.<br><br>This will be awarded as a Firm-Fixed Price Contract | 48 | 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

a. NAME OF QUOTER

b. STREET ADDRESS

c. COUNTY

| d. CITY | e. STATE | f. ZIP CODE |
|---|---|---|
| | | |

14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION

15. DATE OF QUOTATION

16. SIGNER

a. NAME *(Type or print)*

b. TELEPHONE
AREA CODE
NUMBER

c. TITLE *(Type or print)*

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**STANDARD FORM 18 (REV. 6/1995)**
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