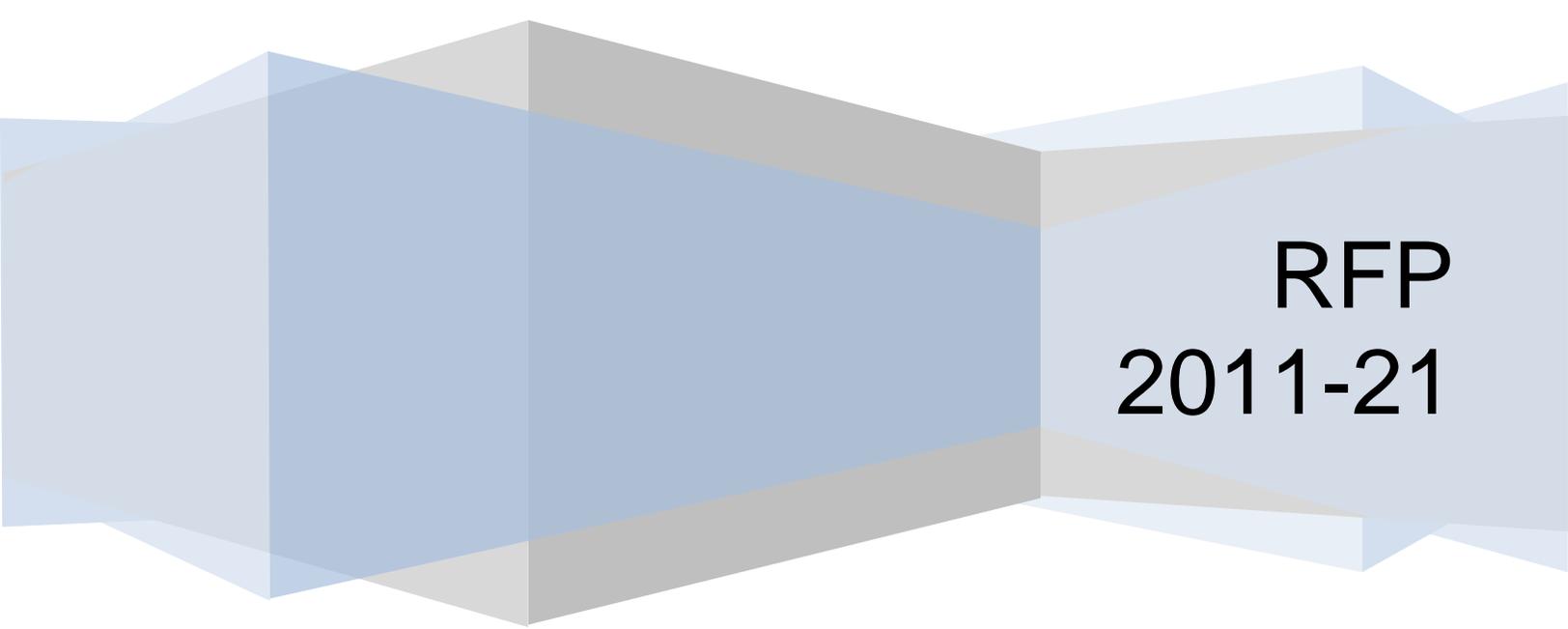


**University Medical Center
of
Southern Nevada**

**Request for Proposal
2011-21
Total Joint Arthroplasty Implants**



**RFP
2011-21**

University Medical Center Of Southern Nevada

CONFIRMATION FORM
for
RECEIPT OF RFP NO. 2011-21
Total Joint Arthroplasty (TJA) Implants

If you are interested in this invitation, immediately upon receipt please fax this confirmation form to the fax number provided at the bottom of this page.

Failure to do so means you are not interested in the project and do not want any associated addenda mailed to you.

VENDOR ACKNOWLEDGES RECEIVING THE FOLLOWING RFP DOCUMENT:

PROJECT NO. RFP NO. 2011-21

DESCRIPTION: TJA Implants

VENDOR MUST COMPLETE THE FOLLOWING INFORMATION:

Company Name: _____

Company Address: _____

City / State / Zip: _____

Name / Title: _____

Area Code/Phone Number: _____

Area Code/Fax Number: _____

Email Address: _____

FAX THIS CONFIRMATION FORM TO: (702) 383-2609

Or EMAIL TO: robert.maher@umcsn.com

TYPE or PRINT CLEARLY

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

REQUEST FOR PROPOSAL

RFP NO. 2011-21

TJA Implants

UMC is looking to identify superior proposers to establish program pricing for Total Joint Implants used in the Surgical Services Department.

The RFP package is available as follows:

- Pick up - University Medical Center, Contracts Management Office, Trauma Center, 800 Rose Street, Suite 408, Las Vegas, Nevada 89106.
- By Electronic Mail or Mail – Please email a request to Contracts Management at robert.maher@umcsn.com specifying project number and description. Be sure to include company address, phone and fax numbers, email address or call (702) 207-8846.
- Internet – Visit the Clark County website at www.clarkcountynv.gov/purchasing. Click on “Contracting Opportunities”, scroll to bottom for UMC’s Opportunities and locate appropriate document in the list of current solicitations.

A non-mandatory Pre-Proposal Conference will be held on **December 8, 2011** at **10:00 a.m.**, at Trauma Center, 800 Rose St, Las Vegas, 4th Floor Conference Room H.

Proposals will be accepted at the University Medical Center address specified above on, or before, **December 21, 2011** at 2:00:00 p.m., based on the time clock at the UMC Contracts Management office. Proposals are time-stamped upon receipt.

PUBLISHED:
Las Vegas Review Journal
December 4, 2011

GENERAL CONDITIONS
RFP NO. 2011-21
TJA Implants

1. TERMS

The term "OWNER" or "UMC", as used throughout this document, will mean University Medical Center of Southern Nevada. The term "BCC" as used throughout this document will mean the Board of Hospital Trustees which is the Governing Body of OWNER. The term "PROPOSER" as used throughout this document will mean the respondents to this Request for Proposal. The term "RFP" as used throughout this document will mean Request for Proposal.

2. INTENT

UMC is looking to identify superior proposers to establish program pricing for TJA Implants used in the Surgical Services Department.

3. SCOPE OF PROJECT

Background

University Medical Center of Southern Nevada, located in Las Vegas, Nevada, is a county-owned, acute-care hospital, organized under Nevada Revised Statute Chapter 450, with over 500 beds, a Level 1 Trauma Center, a Level 2 Pediatric Trauma Center and 10 urgent care clinics.

Purpose

The purpose of this RFP is to identify superior PROPOSER(s) to establish program pricing for TJA Implants used in the Surgical Services Department. This includes, but is not limited to, knee, hip, shoulder and associated instrumentation and devices designed to assist surgeon with implants. UMC is looking to standardize products where feasible to one or two manufacturers **gaining savings with volume purchases**. As a result of reviewing the proposals submitted, it is anticipated that UMC will choose a primary vendor with mutually agreed pricing point.

Expectations of Business Partner

UMC strives to provide exemplary service to its patients. UMC therefore has high expectations of its business partners. It is expected that our business partner(s) will provide the highest quality products and services at the most reasonable price available in the market, but just as important is the expectation that these products and services are provided in a manner that exhibits the highest level of ethics and professionalism. It is expected that, as a result of this relationship, the business partner will work with UMC to ensure that the agreement remains competitive with continual review of market conditions.

4. DESIGNATED CONTACTS

OWNER's representative will be Rob Maher, telephone number (702) 207-8846. This representative will respond to questions concerning the scope of work of this RFP. Questions regarding the selection process for this RFP may be directed to Rob Maher, Contracts Management, robert.maher@umcsn.com.

5. CONTACT WITH OWNER DURING RFP PROCESS

Communication between a PROPOSER and a member of the BCC or between a PROPOSER and a non-designated Owner contact regarding the selection of a proponent or award of this contract is prohibited from the time the RFP is advertised until the item is posted on an agenda for award of the contract. Questions pertaining to this RFP shall be addressed to the designated contact(s) specified in the RFP document. Failure of a PROPOSER, or any of its representatives, to comply with this paragraph may result in their proposal being rejected.

6. TENTATIVE DATES AND SCHEDULE

RFP Published in Las Vegas Review-Journal	December 4, 2011
Non-mandatory Pre proposal conference	December 8, 2011
Final Date to Submit Questions	December 12, 2011
Last Day for Addendums	December 14, 2011
RFP Responses Due (2:00 pm)	December 21, 2011
RFP Evaluations	December 2011 / January 2012
Finalists Selection	January 2012 / February 2012
Finalists Oral Presentations (if required)	January 2012 / February 2012
Final Selection & Contract Negotiations	January 2012 / February 2012
Award & Approval of the Final Contract	February 2012 / March 2012

7. METHOD OF EVALUATION AND AWARD

Since the service requested in this RFP is not considered to be a professional service, award will be in accordance with the provisions of the Nevada Revised Statutes, Chapter 332, Purchasing: Local Governments, Section 332.065.

The proposals may be reviewed individually by staff members through an ad hoc committee. The finalists may be requested to provide OWNER a presentation and/or an oral interview. The ad hoc staff committee may review the RFP's as well as any requested presentations and/or oral interviews to gather information that will assist in making the recommendation. OWNER reserves the right to award the contract based on objective and/or subjective evaluation criteria to include cost. This contract will be awarded on the basis of which proposal OWNER deems best suited to fulfill the requirements of the RFP. OWNER also reserves the right not to make an award if it is deemed that no single proposal fully meets the requirement of this RFP. OWNER reserves the right to make a multiple award if it is in the best interest of OWNER.

OWNER's mission is to provide the highest quality of care to its patients. For continuity of care and other reasons, OWNER will enter into an exclusive contract for each component described. (The exception is that an attending physician on OWNER's staff may request any physician to provide a specific procedure or consultation for a patient.) Once OWNER makes an initial selection, it will utilize required compliance considerations, and negotiate fair market value compensation for the services under the agreement. Based upon this process, OWNER will then negotiate a final contract(s) with PROPOSER and present the contract(s) to the BCC for approval.

8. SUBMITTAL REQUIREMENTS

The proposal submitted should not exceed 25 pages. Other attachments may be included with no guarantee of review.

All proposals shall be on 8-1/2" x 11" paper bound with tabbed dividers labeled by evaluation criteria section to correspond with the evaluation criteria requested in Section 18. The ideal proposal will be 2-hole punched at the top and bound with a binder clip. Double sided printing is accepted, flip on short edge. Binders or spiral binding is not preferred or required.

PROPOSER shall submit one (1) clearly labeled original paper copy, five (5) hardcopies of proposal and one (1) electronic copy of the entire proposal. The electronic copy shall be on a CD-rom in either PDF or Microsoft Word 2007. The name of PROPOSER's firm shall be indicated on the cover of each proposal.

All proposals must be submitted in a sealed envelope plainly marked with the name and address of PROPOSER and the RFP number and title. No responsibility will attach to OWNER or any official or employee thereof, for the pre-opening of, post-opening of, or the failure to open a proposal not properly addressed and identified. FAXED OR EMAILED PROPOSALS ARE NOT ALLOWED AND WILL NOT BE CONSIDERED.

The following are detailed delivery/mailling instructions for proposals:

Hand Delivery

University Medical Center
Materials Management
Trauma Center Building
800 Rose Street, Suite 409
Las Vegas, Nevada 89106

U.S. Mail Delivery

University Medical Center
Materials Management
1800 West Charleston Blvd
Las Vegas, Nevada 89102

Express Delivery

University Medical Center
Materials Management
800 Rose Street, Suite 409
Las Vegas, Nevada 89106

RFP No. 2011-21

TJA Implants

RFP No. 2011-21

TJA Implants

RFP No. 2011-21

TJA Implants

Regardless of the method used for delivery, PROPOSER(S) shall be wholly responsible for the timely delivery of submitted proposals to the Materials Management office. Responses delivered to UMCSN's mail room or loading dock does not constitute the official time stamp.

Proposals are time-stamped upon receipt at the Materials Management office. Proposals submitted must be time-stamped to later than 2:00:00 p.m. on the RFP opening date. RFPs time-stamped after 2:00:00 p.m., based on the time clock at the UMC Contracts Management office will be recorded as late, remain unopened and be formally rejected. PROPOSERS and other interested parties are invited to attend the RFP opening.

9. WITHDRAWAL OF PROPOSAL

PROPOSER(S) may request withdrawal of a posted, sealed proposal prior to the scheduled proposal opening time provided the request for withdrawal is submitted to OWNER's representative in writing. Proposals must be re-submitted and time-stamped in accordance with the RFP document in order to be accepted.

No proposal may be withdrawn for a period of 90 calendar days after the date of proposal opening. All proposals received are considered firm offers during this period. PROPOSER's offer will expire after 90 calendar days.

If a PROPOSER intended for award withdraws their proposal, that PROPOSER may be deemed non-responsible if responding to future solicitations.

10. REJECTION OF PROPOSAL

OWNER reserves the right to reject any and all proposals received by reason of this request.

11. PROPOSAL COSTS

There shall be no obligation for OWNER to compensate PROPOSER(S) for any costs of responding to this RFP.

12. ALTERNATE PROPOSALS

Alternate proposals are defined as those that do not meet the requirements of this RFP. Alternate proposals will not be considered.

13. ADDENDA AND INTERPRETATIONS

If it becomes necessary to revise any part of the RFP, a written addendum will be provided to all PROPOSER(S) in written form from OWNER's representative. OWNER is not bound by any specifications by OWNER's employees, unless such clarification or change is provided to PROPOSER(S) in written addendum form from OWNER's representative.

14. PUBLIC RECORDS

OWNER is a public agency as defined by state law, and as such, it is subject to the Nevada Public Records Law (Chapter 239 of the Nevada Revised Statutes). Under that law, all of OWNER's records are public records (unless otherwise declared by law to be confidential) and are subject to inspection and copying by any person. However, in accordance with NRS 332.061(2), a proposal that requires negotiation or evaluation by OWNER may not be disclosed until the proposal is recommended for award of a contract. PROPOSER(S) are advised that once a proposal is received by OWNER, its contents will become a public record and nothing contained in the proposal will be deemed to be confidential except proprietary information. PROPOSER(S) shall not include any information in their proposal that is proprietary in nature or that they would not want to be released to the public. Proposals must

contain sufficient information to be evaluated and a contract written without reference to any proprietary information.

If a PROPOSER feels that they cannot submit their proposal without including proprietary information, they must adhere to the following procedure or their proposal may be deemed unresponsive and will not be recommended to the BCC for selection:

PROPOSER(S) must submit such information in a separate, sealed envelope labeled "Proprietary Information" with the RFP number. The envelope must contain a letter from PROPOSER's legal counsel describing the documents in the envelope, representing in good faith that the information in each document meets the narrow definitions of proprietary information set forth in NRS 332.025, 332.061 and NRS Chapter 600A, and briefly stating the reasons that each document meets the said definitions.

Upon receipt of a proposal accompanied by such a separate, sealed envelope, OWNER will open the envelope to determine whether the procedure described above has been followed.

Any information submitted pursuant to the above procedure will be used by OWNER only for the purposes of evaluating proposals and conducting negotiations and might never be used at all.

If a lawsuit or other court action is initiated to obtain proprietary information, a PROPOSER(S) who submits the proprietary information according to the above procedure must have legal counsel intervene in the court action and defend the secrecy of the information. Failure to do so shall be deemed PROPOSER's consent to the disclosure of the information by OWNER, PROPOSER's waiver of claims for wrongful disclosure by OWNER, and PROPOSER's covenant not to sue OWNER for such a disclosure.

PROPOSER(S) also agrees to fully indemnify OWNER if OWNER is assessed any fine, judgment, court cost or attorney's fees as a result of a challenge to the designation of information as proprietary.

15. PROPOSALS ARE NOT TO CONTAIN CONFIDENTIAL / PROPRIETARY INFORMATION

Proposals must contain sufficient information to be evaluated and a contract written without reference to any confidential or proprietary information. PROPOSER(S) shall not include any information in their proposal that they would not want to be released to the public. Any proposal submitted that is marked "Confidential" or "Proprietary," or that contains materials so marked, will be returned to PROPOSER and will not be considered for award.

16. COLLUSION AND ADVANCE DISCLOSURES

Pursuant to 332.165 evidence of agreement or collusion among PROPOSER(S) and prospective PROPOSER(S) acting to illegally restrain freedom of competition by agreement to bid a fixed price, or otherwise, shall render the offers of such PROPOSER(S) void.

Advance disclosures of any information to any particular PROPOSER(S) which gives that particular PROPOSER any advantage over any other interested PROPOSER(S), in advance of the opening of proposals, whether in response to advertising or an informal request for proposals, made or permitted by a member of the governing body or an employee or representative thereof, shall operate to void all proposals received in response to that particular request for proposals.

17. Contract Terms and Requirements

Awarded contract shall be subject to UMC's Standard Contract to include terms and conditions. Contracts will be sent to the selected vendors to begin negotiations. All additions and exceptions of the terms and conditions of the Standard Contract are subject to review and approval by the Clark County District Attorney's Office

18. EVALUATION CRITERIA

Proposals should contain the following information. Proposals shall be labeled and tabbed according to the numbering shown below.

A. Organizational Information

1. Provide your organization's name, address, internet URL (if any), telephone and fax numbers. Include the name, title, direct phone number and address, and E-mail address of the individual who will serve as your organization's primary contact.

2. Provide a brief description of your organization locally, statewide and nationally (if applicable).
3. List any other factor known to PROPOSER that could materially impair the ability of PROPOSER to carry out its duties and obligations under this Agreement or that could materially affect Owner's decision.
4. All PROPOSER(S) may indicate if they are a minority-owned business, women-owned business, physically-challenged business, small business, or a Nevada business enterprise.
5. List all firm demographics including:
 - a. Total number of employees
 - b. Total number of women employed
 - c. Total number of minorities employed
 - d. Total number of bilingual employees, indicate language(s) spoken
 - e. Total number of employees living in Las Vegas, Nevada area
6. Disclose any potential conflict of interest between your company or independent sales agent of your company and any UMC employee or physician credentialed at UMC.
7. Provide a copy of your company's most recent audited/certified financials. PROPOSERS(S) that fail to provide financial information may be deemed non-responsive.

B. Product Specifications

1. Provide specific product information on the proposed items that either meet or exceed the statement of project. The information should include, but not limited to, the item description, part numbers, product specifications, sizes, recent recalls, age of technology, implant lead time from manufacturer to hospital and warranty specifications.
2. Describe any special features or processes required to utilize the proposed implants. Identify if these are already included in the proposed price or listed as an option?
3. Discuss your company's recall policies and procedures. Disclose the recalls that your company has dealt with over the last five (5) years and your course of action to correct the recall or defect.
4. Describe your company's research efforts in advancing this field. Which products will be advanced soonest? When are they scheduled for FDA approval? When do you expect to field the new models?
5. Value Added Carve-Outs: With the intent to add value to UMC and your proposal, please include any value-added services, trade-in offers of existing instruments/implants onsite or owned by UMC, disposables associated with surgery or rebates/pre-bates. Any and all disposables associated with the implant systems must include product description, catalog numbers, suggested list price, as well as any discounted price and discounted percentages.

C. Cost/Fee

Please set forth your proposed cost/fee schedule for the project/deliverables as described in your proposal and Scope of Project. Complete and submit **Exhibit B** (Cost schedule) with your proposal.

Do not deviate from Cost Schedule format provided. Please note that this pricing CANNOT be marked as confidential.

All prices will be FOB Destination, freight included.

D. Other

Other factors PROPOSER determines appropriate which would indicate to OWNER that PROPOSER has the necessary capability, competence, and performance record to accomplish the project in a timely and cost-effective manner.

19. Attachments

Attachment #	Attachment Name
Exhibit A	Scope of Project
Exhibit B	Cost/Price Schedule
Exhibit C	Insurance Information
Exhibit D	Subcontractor Plan
Exhibit E	Disclosure (Owner)
Exhibit F	Disclosure (Supplier)
Exhibit G	Sterilization Policy

Exhibit A SCOPE OF PROJECT

A. Objective

UMC's requirement is to establish program pricing for TJA Implants used in the Surgical Services Department. This includes implants related to knees, hips, shoulders, elbows, wrists and ankles. The contractor(s) shall be required to supply and deliver the required implant and associated instrumentation and devices upon request.

The intent of this program is to place UMC in a competitive position to respond to continued challenges of managed care contracting and declining reimbursement. As part of this program, UMC will be looking to standardize products where feasible. As a result of reviewing the proposals submitted, it is anticipated that UMC will set target pricing for products that suppliers must meet to participate in the program and receive a contract.

All orders off this Scope of Project and Cost/Fee Schedule will be completed via Purchase Order referencing this agreement. All terms and conditions within this agreement will be in full effect on each purchase order.

B. Product Categories:

Total Hip
Total Knee
Revisions (Knee and Hip)
Shoulder
Ankle
Wrist
Elbow

* All implants will be packaged as a surgical set (Assembly) whereas the associated equipment/materials will be included, ex. screws, pins, posts, spacers, centralizers, bone plugs, adapters, sleeves, wedges, posts, etc., and any other component used to secure or fit the implants.

C. Annual Product Usage: July 2010 – June 2011

Category	Usage
Total Hip	41
Bi-polar Hip	28
Total Knee	17
Hemi-Knee	
Total Shoulder	<10
Hemi-Shoulder	
Revision Total Hip	6
Revision Total Knee	1
Revision Total Shoulder	<2
Revision Total Elbow	

D. New Technologies:

New technologies are to be defined as a significant material or function change of an existing product and/or line of products. Product redesign or refinement does not constitute a new technology.

All new innovative and revolutionary technologies need to be approved by the Surgical Services/Implant Product Committee PRIOR TO THE CASE. Devices brought into the operating room without prior approval will not be reimbursed and the supplier representative's privileges/credentialing at UMC may be suspended. Continued violation of this process can result in credentialing revocation.

E. New Technology Pricing

New technology will be evaluated and priced against current technology for like procedures. The Surgical Services/Implant Product Committee will determine new technology after the product has been used in a pre-determined number of cases (minimum of 5 cases) at the current fee schedule pricing. New technology pricing will be a percentage off the 2011 list price for the first five (5) cases. Afterwards the price will align with the current price construct listed in Exhibit B.

F. Shipping / Freight

- A. All products will be shipped FOB Destination, freight included.
- B. No Shipping / Handling or Freight charges will be paid by UMC for products delivered directly to the facility by supplier's representative.

G. Contract Pricing

Pricing will be a flat fee based on the final negotiated contract and pricing schedule.

H. Instruments

Loaner instrumentation for cases shall be provided to UMC by Supplier at no charge. UMC will prepare instrumentation and delivery to the sterile field at no cost to the supplier.

I. Recalls

The contractor shall notify UMC if a product recall or defect notice is issued by your company, the manufacturer, FDA, or any other governing body related to any of the equipment proposed or introduced after award within five (5) days of the announcement.

J. Consignments

All sets (both surgical instruments and implants) placed at UMC will be on consignment only, space permitting. UMC will not be buying the product to be placed in inventory prior to a case. Suppliers will provide an itemized list of all consigned sets, if placed.

UMC will be responsible for the consigned sets. Any implant restocking, additions and/or replacements will be coordinated with UMC Surgical Services Materials Manager or his designee.

All products must be approved by the Surgical Services/Implant Product Committee prior to placement and use. Failure to get prior approval will result in non-payment for the product(s) and the supplier representative's privileges/credentialing at UMC may be suspended. Continued violation of this process can result in credentialing revocation.

In the event that instrumentation or implants within the consigned sets require upgrading, the supplier will trade out the current product at no charge. This includes both opened and unopened product. UMC expects to have the newest technology available and expects timely trade outs.

Supplier will ensure that expired products will be removed from consigned stock, if any, prior to the expiration date on the products and will never be used in any case. Supplier will not bring an expired product into the hospital for any reason. Violation of this process can result in credentialing revocation.

Exhibit B
COST/FEE SCHEDULE

Construct Name	Construct Definition	Price
Hip 1	All cemented unipolar and bipolar prostheses	
Hip 2	All cemented and non-cemented stems and cups with non-treated heads and non-crosslinked poly liners. All non-cemented bipolar prostheses.	
Hip 3	All cemented and non-cemented stems and cups with treated heads and any type of crosslink liners	
Hip 4	Any premium femoral head and acetabular liner combination (metal-on-metal, ceramic-on-ceramic, ceramic-on-poly, etc.), including Trabecular Metal, Ceramic, or Oxinium components with any type of femoral stem and acetabular shell	
Knee 1	All Unicondylars (partial knees), including Patella femoral joints and bicompartamentals.	
Knee 2	Porous or non-porous femoral component and tibia (with or without patella) with any poly/crosslinked poly type of insert. Category includes articulating surfaces/inserts, such as: constrained, posterior stabilized, cruciate retaining and cruciate substituting components. Category does not include flex or high flex liners.	
Knee 3	Any premium porous or non-porous femoral component and tibia (with or without patella) including Trabecular Metal, Oxinium, or monoblock components, with any type of premium articulating surface/insert such as: high flexion and rotating platform components. [inserts not listed in Knee 2 construct above]	
Construct Inclusions	Construct pricing includes all screws, pins, posts, spacers, centralizers, bone plugs, adapters, sleeves, wedges, posts, etc., and any other component used to secure or fit the implants, excluding bone cement.	No charge
Supplemental Products	All saw blades, drill sets or other accessory items needed to prepare the implant site	No charge
Revision Components	All revision components used in a revision procedure. **Any revision component used in a primary procedure will fall under one of the primary procedure construct buckets defined above and will not be charged any additional costs outside of the primary construct price.	___% off 2011 list price
Hip Resurfacing	All hip resurfacing components used in a partial or total resurfacing procedure.	___% off 2011 list price
Shoulder	All shoulder components used in a partial or total shoulder procedure.	___% off 2011 list price
Elbow	All elbow components used in a partial or total elbow procedure.	___% off 2011 list price
Ankle	All ankle components used in a partial or total ankle procedure.	___% off 2011 list price
Wrist	All wrist components used in a partial or total wrist procedure.	___% off 2011 list price

Construct Name	Construct Definition	Price
New Technology	<p>New technology will be made available to UMC as soon as it has been approved for use. The pricing will be a percentage off the list price for the first five (5) cases. Afterwards the price will align to one of the constructs listed above.</p> <p><i>*All Pre-Market Approval (PMA) forms and or 510K Clearance will be made available prior to purchase requisitions' and/or purchase order submission.</i></p>	<p>___% off 2011 list price w/PMA form</p>
Wasted Implants	<p>Implants wasted will be discounted from the construct pricing above. If implant wasted was found to have a manufacturer defect costs will not be incurred for item(s)</p>	<p>___% off Construct Price</p>

EXHIBIT C
INSURANCE REQUIREMENTS

TO ENSURE COMPLIANCE WITH THE CONTRACT DOCUMENT, Provider SHOULD FORWARD THE FOLLOWING INSURANCE CLAUSE AND SAMPLE INSURANCE FORM TO THEIR INSURANCE AGENT PRIOR TO PROPOSAL SUBMITTAL.

Format/Time: The Provider shall provide Owner with Certificates of Insurance, per the sample format (page B-3), for coverages as listed below, and endorsements affecting coverage required by this Contract within **10 calendar days** after the award by OWNER. All policy certificates and endorsements shall be signed by a person authorized by that insurer and who is licensed by the State of Nevada in accordance with NRS 680A.300. All required aggregate limits shall be disclosed and amounts entered on the Certificate of Insurance, and shall be maintained for the duration of the Contract and any renewal periods.

Best Key Rating: OWNER requires insurance carriers to maintain during the contract term, a Best Key Rating of A.VII or higher, which shall be fully disclosed and entered on the Certificate of Insurance.

Owner Coverage: OWNER, its officers and employees must be expressly covered as additional insureds except on workers' compensation insurance coverages. The Provider's insurance shall be primary as respects OWNER, its officers and employees.

Endorsement/Cancellation: The Provider's general liability insurance policy shall be endorsed to recognize specifically the Provider's contractual obligation of additional insured to Owner. All policies must note that OWNER will be given thirty (30) calendar days advance notice by certified mail "return receipt requested" of any policy changes, cancellations, or any erosion of insurance limits.

Deductibles: All deductibles and self-insured retentions shall be fully disclosed in the Certificates of Insurance and may not exceed \$25,000.

Aggregate Limits: If aggregate limits are imposed on bodily injury and property damage, then the amount of such limits must not be less than \$2,000,000.

Commercial General Liability: Subject to Paragraph 6 of this Exhibit, the Provider shall maintain limits of no less than \$1,000,000 combined single limit per occurrence for bodily injury (including death), personal injury and property damages. Commercial general liability coverage shall be on a "per occurrence" basis only, not "claims made," and be provided either on a Commercial General Liability or a Broad Form Comprehensive General Liability (including a Broad Form CGL endorsement) insurance form.

Automobile Liability: Subject to Paragraph 6 of this Exhibit, the Provider shall maintain limits of no less than \$1,000,000 combined single limit per occurrence for bodily injury and property damage to include, but not be limited to, coverage against all insurance claims for injuries to persons or damages to property which may arise from services rendered by Provider and any auto used for the performance of services under this Contract.

Workers' Compensation: The Provider shall obtain and maintain for the duration of this contract, a work certificate and/or a certificate issued by an insurer qualified to underwrite workers' compensation insurance in the State of Nevada, in accordance with Nevada Revised Statutes Chapters 616A-616D, inclusive, provided, however, a Provider that is a Sole Proprietor shall be required to submit an affidavit (Attachment 1) indicating that the Provider has elected not to be included in the terms, conditions and provisions of Chapters 616A-616D, inclusive, and is otherwise in compliance with those terms, conditions and provisions.

Failure To Maintain Coverage: If the Provider fails to maintain any of the insurance coverages required herein, Owner may withhold payment, order the Provider to stop the work, declare the Provider in breach, suspend or terminate the Contract, assess liquidated damages as defined herein, or may purchase replacement insurance or pay premiums due on existing policies. Owner may collect any replacement insurance costs or premium payments made from the Provider or deduct the amount paid from any sums due the Provider under this Contract.

Additional Insurance: The Provider is encouraged to purchase any such additional insurance as it deems necessary.

Damages: The Provider is required to remedy all injuries to persons and damage or loss to any property of Owner, caused in whole or in part by the Provider, their subcontractors or anyone employed, directed or supervised by Provider.

Cost: The Provider shall pay all associated costs for the specified insurance. The cost shall be included in the price(s).

Insurance Submittal Address: All Insurance Certificates requested shall be sent to the University Medical Center of Southern Nevada, Attention: Contracts Management. See the Submittal Requirements Clause in the RFP package for the appropriate mailing address.

Insurance Form Instructions: The following information must be filled in by the Provider's Insurance Company representative:

- 1) Insurance Broker's name, complete address, phone and fax numbers.
- 2) Provider's name, complete address, phone and fax numbers.
- 3) Insurance Company's Best Key Rating
- 4) Commercial General Liability (Per Occurrence)
 - (A) Policy Number
 - (B) Policy Effective Date
 - (C) Policy Expiration Date
 - (D) General Aggregate (\$2,000,000)
 - (E) Products-Completed Operations Aggregate (\$2,000,000)
 - (F) Personal & Advertising Injury (\$1,000,000)
 - (G) Each Occurrence (\$1,000,000)
 - (H) Fire Damage (\$50,000)
 - (I) Medical Expenses (\$5,000)
- 5) Automobile Liability (Any Auto)
 - (J) Policy Number
 - (K) Policy Effective Date
 - (L) Policy Expiration Date
 - (M) Combined Single Limit (\$1,000,000)
- 6) Worker's Compensation
- 7) Description: Number and Name of Contract (must be identified on the initial insurance form and each renewal form).
- 8) Certificate Holder:

University Medical Center of Southern Nevada
c/o Contracts Management
1800 West Charleston Boulevard
Las Vegas, Nevada 89102

THE CERTIFICATE HOLDER, UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA, MUST BE NAMED AS AN ADDITIONAL INSURED.
- 9) Appointed Agent Signature to include license number and issuing state

CERTIFICATE OF INSURANCE	ISSUED DAY (MM/DD/YY)
---------------------------------	-----------------------

PRODUCER INSURANCE BROKER'S NAME ADDRESS PHONE & FAX NUMBERS	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
	COMPANIES AFFORDING COVERAGE
	COMPANY LETTER A

INSURED INSURED'S NAME ADDRESS PHONE & FAX NUMBERS	COMPANY LETTER B COMPANY LETTER C COMPANY LETTER D COMPANY LETTER E
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COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
4.	GENERAL LIABILITY	(A)	(B)	(C)	GENERAL AGGREGATE \$(D) 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$(E) 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$(F) 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$(G) 1,000,000
	<input type="checkbox"/> UNDERGROUND COLLAPSE & EXPLOSION				FIRE DAMAGE (Any one fire) \$(H) 50,000
	<input type="checkbox"/> INDEPENDENT CONTRACTOR				MED. EXPENSE (Any one person) \$(I) 5,000
	5.	AUTOMOBILE LIABILITY	(J)	(K)	(L)
<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE \$
<input type="checkbox"/> HIRED AUTOS					EACH OCCURRENCE \$
<input type="checkbox"/> NON-OWNED AUTOS				AGGREGATE \$	
<input type="checkbox"/> GARAGE LIABILITY					
6.	EXCESS LIABILITY				STATUTORY LIMITS
	<input type="checkbox"/> UMBRELLA FORM				EACH ACCIDENT \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				DISEASEcPOLICY LIMIT \$
6.	WORKER'S COMPENSATION				DISEASEcEACH EMPLOYEE \$
	PROFESSIONAL LIABILITY				AGGREGATE \$

7. DESCRIPTION OF CONTRACT: NUMBER AND NAME OF CONTRACT

8. CERTIFICATE HOLDER UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA 1800 WEST CHARLESTON BOULEVARD LAS VEGAS, NV 89102 The Certificate Holder is named as an additional insured.	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, 9. APPOINTED AGENT SIGNATURE INSURER LICENSE NUMBER _____ ISSUED BY STATE OF _____
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EXHIBIT D
SUBCONTRACTOR INFORMATION

DEFINITIONS

MINORITY OWNED BUSINESS ENTERPRISE (MBE): An independent and continuing **Nevada** business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more minority persons of Black American, Hispanic American, Asian-Pacific American or Native American ethnicity.

WOMEN OWNED BUSINESS ENTERPRISE (WBE): An independent and continuing **Nevada** business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more women.

PHYSICALLY-CHALLENGED BUSINESS ENTERPRISE (PBE): An independent and continuing **Nevada** business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more disabled individuals pursuant to the federal Americans with Disabilities Act.

SMALL BUSINESS ENTERPRISE (SBE): An independent and continuing **Nevada** business for profit which performs a commercially useful function, is **not** owned and controlled by individuals designated as minority, women, or physically-challenged, and where gross annual sales does not exceed \$2,000,000.

NEVADA BUSINESS ENTERPRISE (NBE): Any Nevada business which has the resources necessary to sufficiently perform identified County projects, and is owned or controlled by individuals that are not designated as socially or economically disadvantaged.

It is our intent to utilize the following MBE, WBE, PBE, SBE, and NBE subcontractors in association with this Contract:

Subcontractor Name: _____

Contact Person: _____ Telephone Number: _____

Description of Work: _____

Estimated Percentage of Total Dollars: _____

Business Type: ___ MBE ___ WBE ___ PBE ___ SBE ___ NBE

Subcontractor Name: _____

Contact Person: _____ Telephone Number: _____

Description of Work: _____

Estimated Percentage of Total Dollars: _____

Business Type: ___ MBE ___ WBE ___ PBE ___ SBE ___ NBE

No MBE, WBE, PBE, SBE, or NBE subcontractors will be used.

EXHIBIT E
INSTRUCTIONS FOR COMPLETING THE
DISCLOSURE OF OWNERSHIP/PRINCIPALS FORM

Purpose of the Form

The purpose of the Disclosure of Ownership/Principals Form is to gather ownership information pertaining to the business entity for use by the Board of County Commissioners (“BCC”) in determining whether members of the BCC should exclude themselves from voting on agenda items where they have, or may be perceived as having a conflict of interest, and to determine compliance with Nevada Revised Statute 281A.430, contracts in which a public officer or employee has interest is prohibited.

General Instructions

Completion and submission of this Form is a condition of approval or renewal of a contract or lease and/or release of monetary funding between the disclosing entity and the appropriate Clark County government entity. Failure to submit the requested information may result in a refusal by the BCC to enter into an agreement/contract and/or release monetary funding to such disclosing entity.

Detailed Instructions

All sections of the Disclosure of Ownership form must be completed. If not applicable, write in N/A.

Business Entity Type – Indicate if the entity is an Individual, Partnership, Limited Liability Company, Corporation, Trust, Non-profit Organization, or Other. When selecting ‘Other’, provide a description of the legal entity.

Non-Profit Organization (NPO) - Any non-profit corporation, group, association, or corporation duly filed and registered as required by state law.

Business Designation Group – Indicate if the entity is a Minority Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), Small Business Enterprise (SBE), or Physically-Challenged Business Enterprise (PBE). This is needed in order to provide utilization statistics to the Legislative Council Bureau, and will be used only for such purpose.

Minority Owned Business Enterprise (MBE):

An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more minority persons of Black American, Hispanic American, Asian-Pacific American or Native American ethnicity.

Women Owned Business Enterprise (WBE):

An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more women.

Physically-Challenged Business Enterprise (PBE):

An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more disabled individuals pursuant to the federal Americans with Disabilities Act.

Small Business Enterprise (SBE):

An independent and continuing business for profit which performs a commercially useful function, is not owned and controlled by individuals designated as minority, women, or physically-challenged, and where gross annual sales does not exceed \$2,000,000.

Business Name (include d.b.a., if applicable) – Enter the legal name of the business entity and enter the “Doing Business As” (d.b.a.) name, if applicable.

Corporate/Business Address, Business Telephone, Business Fax, and Email – Enter the street address, telephone and fax numbers, and email of the named business entity.

Local Business Address, Local Business Telephone, Local Business Fax, and Email – If business entity is out-of-state, but operates the business from a location in Nevada, enter the Nevada street address, telephone and fax numbers, point of contact and email of the local office. Please note that the local address must be an address from which the business is operating from that location. Please do not include a P.O. Box number, unless required by the

U.S. Postal Service, or a business license hanging address.

Number of Clark County Nevada Residents employed by this firm.

List of Owners/Officers – Include the full name, title and percentage of ownership of each person who has ownership or financial interest in the business entity. If the business is a publicly-traded corporation or non-profit organization, list all Corporate Officers and Directors only.

For All Contracts – (Not required for publicly-traded corporations)

- 1) Indicate if any individual members, partners, owners or principals involved in the business entity are a Clark County full-time employee(s), or appointed/elected official(s). If yes, the following paragraph applies.

In accordance with NRS 281A.430.1, a public officer or employee shall not bid on or enter into a contract between a government agency and any private business in which he has a significant financial interest, except as provided for in subsections 2, 3, and 4.

- 2) Indicate if any individual members, partners, owners or principals involved in the business entity have a second degree of consanguinity or affinity relation to a Clark County full-time employee(s), or appointed/elected official(s) (reference form on Page 2 for definition). If **YES**, complete the Disclosure of Relationship Form. Clark County is comprised of the following government entities: Clark County, University Medical Center of Southern Nevada, Department of Aviation (McCarran Airport), and Clark County Water Reclamation District. Note: The Department of Aviation includes all of the General Aviation Airports (Henderson, North Las Vegas, and Jean).

A professional service is defined as a business entity that offers business/financial consulting, legal, physician, architect, engineer or other professional services.

Signature and Print Name – Requires signature of an authorized representative and the date signed.

Disclosure of Relationship Form – If any individual members, partners, owners or principals of the business entity is presently a Clark County employee, public officer or official, or has a second degree of consanguinity or affinity relationship to a Clark County employee, public officer or official, this section must be completed in its entirety.

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type					
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization
Business Designation Group					
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/>	<input type="checkbox"/>
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise		
Corporate/Business Entity Name:					
(Include d.b.a., if applicable)					
Street Address:			Website:		
City, State and Zip Code:			POC Name and Email:		
Telephone No:			Fax No:		
Local Street Address:			Website:		
City, State and Zip Code:			Local Fax No:		
Local Telephone No:			Local POC Name Email:		
Number of Clark County Nevada Residents Employed:					

All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.

Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).

Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
_____	_____	_____
_____	_____	_____
_____	_____	_____

This section is not required for publicly-traded corporations.

1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, University Medical Center, Department of Aviation, or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

Yes No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)
2. Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, University Medical Center, Department of Aviation, or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

Yes No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

Signature

Title

Print Name

Date

DISCLOSURE OF OWNERSHIP/PRINCIPALS

List any disclosures below:
(Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT

* County employee means Clark County, University Medical Center, Department of Aviation, or Clark County Water Reclamation District.

“Consanguinity” is a relationship by blood. “Affinity” is a relationship by marriage.

“To the second degree of consanguinity” applies to the candidate’s first and second degree of blood relatives as follows:

- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

For County Use Only:

If any Disclosure of Relationship is noted above, please complete the following:

Yes No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?

Yes No Is the County employee(s) noted above involved in anyway with the business in performance of the contract?

Notes/Comments:

Signature

Print Name
Authorized Department Representative

EXHIBIT F
INSTRUCTIONS FOR COMPLETING THE
DISCLOSURE OF RELATIONSHIP
(Suppliers)

Purpose of the Form

The purpose of the Disclosure of Relationship Form is to gather information pertaining to the business entity for use by the Board of Hospital Trustees and Hospital Administration in determining whether a conflict of interest exists prior to awarding a contract.

General Instructions

Completion and submission of this Form is a condition of approval or renewal of a contract or lease and/or release of monetary funding between the disclosing entity and UMC. Failure to submit the requested information may result in a refusal by the UMC to enter into an agreement/contract and/or release monetary funding to such disclosing entity.

Detailed Instructions

All sections of the Disclosure of Relationship form must be completed. If not applicable, write in N/A.

Business Name (include d.b.a., if applicable) – Enter the legal name of the business entity and enter the “Doing Business As” (d.b.a.) name, if applicable.

Corporate/Business Address, Business Telephone, Business Fax, and Email – Enter the street address, telephone and fax numbers, and email of the named business entity.

Local Business Address, Local Business Telephone, Local Business Fax, and Email – If business entity is out-of-state, but operates the business from a location in Nevada, enter the Nevada street address, telephone and fax numbers, point of contact and email of the local office. Please note that the local address must be an address from which the business is operating from that location. Please do not include a P.O. Box number, unless required by the U.S. Postal Service, or a business license hanging address.

A professional service is defined as a business entity that offers business/financial consulting, legal, physician, architect, engineer or other professional services.

Signature and Print Name – Requires signature of an authorized representative and the date signed.

Definition

An actual or potential conflict of interest is present when an actual or potential conflict exists between an individual’s duty to act in the best interests of UMC and the patients we serve and his or her desire to act in a way that will benefit only him or herself or another third party. Although it is impossible to list every circumstance giving rise to a conflict of interest, the following will serve as a guide to the types of activities that might cause conflict of interest and to which this policy applies.

Key Definitions

“Material financial interest” means

- An employment, consulting, royalty, licensing, equipment or space lease, services arrangement or other financial relationship
- An ownership interest
- An interest that contributes more than 5% to a member’s annual income or the annual income of a family member
- A position as a director, trustee, managing partner, officer or key employee, whether paid or unpaid

“Family member” means a spouse or domestic partner, children and their spouses, grandchildren and their spouses, parents and their spouses, grandparents and their spouses, brothers and sisters and their spouses, nieces and nephews and their spouses, parents-in-law and their spouses. Children include natural and adopted children. Spouses include domestic partners.

“Personal interests” mean those interests that arise out of a member’s personal activities or the activities of a family member.

DISCLOSURE OF OWNERSHIP/PRINCIPALS

DISCLOSURE OF RELATIONSHIP (Suppliers)

Corporate/Business Entity Name:	
(Include d.b.a., if applicable)	
Street Address:	
City, State and Zip Code:	
Telephone No:	
Point of Contact Name:	
Email:	

1. **COMPENSATION ARRANGEMENTS** - Does a UMC employee or physician who is a member of UMC's medical staff (or does a family member of either group) have an employment, consulting or other financial arrangement (including, without limitation, an office or space lease, royalty or licensing agreement, or sponsored research agreement) with the company?

Yes No (If yes, complete following.)

Name of Person (self or family member)	Name of Company	Describe the Compensation Arrangement	Dollar Value of Compensation
1.			
2.			
3.			

(Use additional sheets as necessary)

2. **BUSINESS POSITIONS** - Is a UMC employee or physician who is a member of UMC's medical staff (or does a family member of either group) an officer, director, trustee, managing partner, officer or key employee of the company?

Yes No (If yes, complete following.)

Name of Person (self or family member)	Name of Company	Business Position or Title	Dollar Value of Compensation (include meeting stipends and travel reimbursement)
1.			
2.			
3.			

(Use additional sheets as necessary)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate.

Signature

Print Name

Title

Date

For UMC Use Only:

If any Disclosure of Relationship is noted above, please complete the following:

Yes No Is the UMC employee or physician who is a member of UMC's medical staff (or a family member of either group) noted above involved in the contracting/selection process?

Yes No Is the UMC employee or physician who is a member of UMC's medical staff (or a family member of either group) noted above involved in anyway with the business in performance of the contract?

Notes/Comments:

Signature / Print Name
Authorized Department Representative

Exhibit G

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA STERILE PROCESSING DEPARTMENT POLICY AND PROCEDURES

SUBJECT: LOANED/CONSIGNMENT INSTRUMENT TRAYS, RECEIVING, DECONTAMINATION & VENDOR REQUIREMENTS

EFFECTIVE: 7/96 **REVISED:** 10/06, 2/08, 4/10

POLICY #: 107

AFFECTS: Sterile Processing/OR

I. PURPOSE:

To establish guidelines for the receiving and processing of loaned instruments/sets from vendors for scheduled or emergency surgical cases.

II. POLICY:

All loaned instruments/sets must be received by Sterile Processing at least 8 hours prior to the start time of the scheduled surgery. Emergent deliveries will be handled on a case-by-case basis through Sterile Processing and the O.R. Charge Nurse. On arrival all loaned instruments/sets will be considered contaminated whether received wrapped and sterilized from another facility or delivered unwrapped, and must undergo cleaning and sterilization on campus at UMC. Prior to arrival it is the responsibility of the manufacturer's representative to inspect instruments for damage and insure they are free of all visible bioburden.

III. PROCEDURE:

1. The sales representative will either personally deliver the instrument/sets or have them shipped directly to the UMC loading dock.
2. The UMC Consignment / Loaner form (see attached) is completed and signed by the vendor. Information on the Consignment/Loaner form includes-
 - a) Vendor / Company name
 - b) Date / Time of delivery
 - c) Number of trays delivered
 - d) Description of trays
 - e) Do the instrument/sets contain implantable items?
 - f) Surgical case information including Surgeon, date and time of scheduled case.
3. A copy of the manufacturers cleaning and sterilization instructions for the instrument/set will be provided by the vendor.
4. Once the instrument/set have been inventoried and inspected by the vendor representative, they then will be delivered to the decontamination area of Sterile Processing for cleaning.
5. Manufacturers instructions and Sterile Processing Policy & Procedure #'s 400 - 700 are followed for cleaning and sterilization. General guidelines include –
 - a) Manually clean instruments if needed including sonic for any cannulated item/s.
 - b) If tolerated place in automated washer to complete washing and decontamination cycles.
 - c) At the completion of the wash cycle excess water is wiped from the tray and any cannulated items are forced air dried.
 - d) The appropriate sterility assurance monitors are included and instrument/set wrapped and initialed by employee processing the item see Policy & Procedure #501, 502 & 503.
 - e) A copy of the UMC Consignment / Loaner form is attached to the tray and the manufacturers recommended sterilization time noted.
6. Manufacturers sterilization guidelines and Sterile Processing Policy & Procedure's 600-700's are followed including the monitoring of all implantable item sterilization loads with Biological Indicators.
7. At the completion of the sterilization cycle, instrument/sets are allowed to cool. Once the results of the sterility assurance monitors including Biological Indicators have been read the instrument/sets can be released to the O.R. for use.
8. Once the surgical procedure is complete the soiled instruments are returned to Sterile Processing via the soiled elevator for cleaning and decontamination.
9. Once cleaned it is the expectation that all loaned instruments will be inspected and removed from the UMC campus by the vendor within 24 hours of the completion of the procedure.

Reference
AAMI Recommended Practices