



**State of Oklahoma
Oklahoma State Department of Health**

Amendment of Solicitation

Date of Issuance: 10/17/12

Solicitation No. 3400001134

Requisition No. _____

Amendment No. 1

Hour and date specified for receipt of offers is changed: No Yes, to: _____ CST

Pursuant to OAC 580:15-4-5(c)(5), this document shall serve as official notice of amendment to the Solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent. Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:

- (1) Sign and return a copy of this amendment with the solicitation response being submitted; or,
- (2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date printed clearly on the front of the envelope.

ISSUED BY and RETURN TO:

U.S. Postal Delivery:

Oklahoma State Department of Health
Procurement Service, ATTN: Christina Addington
1000 NE 10th St.
Oklahoma City, OK 73117 - 1299

Christina Addington
Contracting Officer
(405) - 271 - 4043
Phone Number

or

Personal or Common Carrier Delivery:

Oklahoma State Department of Health
Procurement Service, Room 309
1000 NE 10th St.
Oklahoma City, OK 73117 - 1299

christinaa@health.ok.gov
E-Mail Address

Description of Amendment:

a. This is to incorporate the following:

Response to question received October 17, 2012:

Question:
For line #7 on this bid - the Cohesive Bandages, we sell these 18/bx. Your unit of measure stated is EA. Are you asking for 1080 boxes of 18/box? Or do you want 60 boxes of 18/bx to equal 1080 rolls? (1080/18 per box = 60 boxes).

Response:
The OSDH requirement is 60 boxes of 18/box to equal 1080 rolls.

b. All other terms and conditions remain unchanged.

Supplier Company Name (**PRINT**) _____ Date _____

Authorized Representative Name (**PRINT**) _____ Title _____ Authorized Representative Signature _____