REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)

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

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
	03/12/2021	21-024287		

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

6. DELIVER BY *(Date)*
03/24/2021

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
David PEENEY 301-443-3244

b. STREET ADDRESS
9000 Rockville Pike Bldg 10 RM 6B05

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)*
03/22/2021

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)
	Part # 12003027 Blue Sample Tray for ChemiDoc MP/ ChemiDoc Imaging Systems Pkg of 1, sample tray for nucleic acid applications with GelGreen or any SYBR Stain Part # 12004166 hFAB™ Rhodamine Anti-Tubulin Primary Antibody 40 µl Pkg of 1, lyophilized rhodamine-conjugated anti-tubulin human Fab fragment; reconstitute to 40 µl Part # 1610363 Precision Plus Protein Unstained Protein Standards, Strep-tagged recombinant, 1 mlrecombinant, 1 ml 1 ml, unstained mixture of ten Strep tagged, recombinant proteins (10--250 kD), including three reference bands (25, 50, 75 kD),				

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