

\*\*Offerors should use consistent assumptions across all sections of Attachment A. Pricing inconsistencies between tray classification, PM frequency, repair pricing, and SLA commitments may result in delays in review.

### 1. Tray Classification & Volume Declaration

\*\*\*Based on historical repair activity, service agreements, and operational input, the University estimates surgical instrument tray throughput in the range of approximately 12,000 to 18,000 trays per month. Volumes are provided for proposal evaluation purposes only and are not guaranteed.

Tray Category	Estimated Monthly Tray Volume (Estimated – Vendor to validate during implementation)	Avg. Instruments per Tray	Complexity Level (Low / Med / High)	PM Frequency Proposed
High-Complexity / High-Risk (e.g., Cardiac, Neuro, Specialty)	_____	_____	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual
Orthopedic / Specialty Sets	_____	_____	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual
General Surgery / Core Trays	_____	_____	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual
Other / Procedural / Misc.	_____	_____	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual
Other (Specify)	_____	_____	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual

\*\*\*Complexity classifications should consider instrument count, instrument type (e.g., powered, insulated, delicate), clinical risk, and historical repair frequency.

\*\*\*Tray volumes are provided as planning estimates only for proposal evaluation and do not represent guaranteed minimums. Final tray classifications and volumes will be validated post-award in collaboration with the successful Offeror

### 2. Preventive Maintenance Pricing

\*\*Extended Monthly and Annual Costs should be calculated using the Offeror's proposed unit pricing and estimated tray volumes from table #1 for comparison purposes only.

Tray Category	PM Frequency	Unit Price per Tray	Extended Monthly Cost	Extended Annual Cost
High-Complexity / High-Risk (e.g., Cardiac, Neuro, Specialty)	Monthly	\$ _____	\$ _____	\$ _____
High-Complexity / High-Risk (e.g., Cardiac, Neuro, Specialty)	Quarterly	\$ _____	\$ _____	\$ _____
Orthopedic / Specialty Sets	Monthly	\$ _____	\$ _____	\$ _____
Orthopedic / Specialty Sets	Quarterly	\$ _____	\$ _____	\$ _____
General Surgery / Core Trays	Monthly	\$ _____	\$ _____	\$ _____
General Surgery / Core Trays	Quarterly	\$ _____	\$ _____	\$ _____
Other / Procedural / Misc.	Monthly	\$ _____	\$ _____	\$ _____
Other / Procedural / Misc.	Quarterly	\$ _____	\$ _____	\$ _____

#### PM Services Included (check all that apply):

- Inspection
- Cleaning verification
- Sharpening
- Alignment
- Insulation testing
- Functional testing
- Documentation & reporting
- PM pricing includes all labor
- PM pricing includes all standard parts
- PM pricing excludes parts above \$ \_\_\_\_\_ per instrument

### 3. Repair Pricing (Outside of PM Scope)

\*\*Offerors should clearly identify any repair services excluded from PM pricing and specify whether such services are billable under this section.

Repair Category	Pricing Model	Unit Price	Notes
Minor Instrument Repair	<input type="checkbox"/> Flat <input type="checkbox"/> Time-based	\$ _____	
Major Instrument Repair	<input type="checkbox"/> Flat <input type="checkbox"/> Quote-based	\$ _____	
OEM-Restricted Repair	<input type="checkbox"/> Pass-through <input type="checkbox"/> Markup	\$ _____	
Insulation Rework	<input type="checkbox"/> Included <input type="checkbox"/> Separate	\$ _____	
Sharpening (Non-PM request)	<input type="checkbox"/> Included <input type="checkbox"/> Separate	\$ _____	

### 4. Backstock / Loaner & Turnaround Pricing

Service	Included (Y/N)	Unit Cost (if applicable)	Service Level Agreement (SLA) Commitment (Guaranteed)
Vendor-maintained backstock	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	
Loaner trays	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	
Expedited PM	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	> _____ days
Expedited repair	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	> _____ days