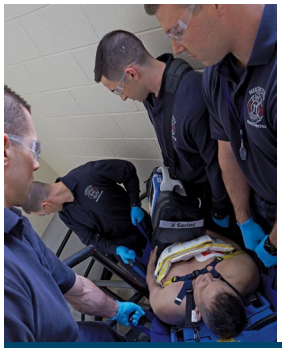
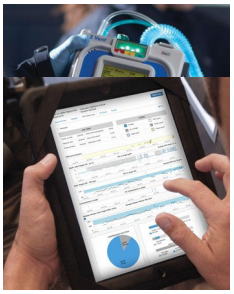
RESPONSE PREPARED FOR: City of Laredo Metro Fire Department

Request for Bid for X Series Advanced Cardiac Monitor Supplies and Accessories

Bid #FY24-044

Bid Due Date: February 15, 2024 5:00PM CT

ZOLL MEDICAL CORPORATION
269 Mill Road, Chelmsford, MA 01824 | www.zoll.com | 978-421-9655

an Asahi Kasei company

269 Mill Road
Chelmsford, MA 01824
978.421.9655 *(main)*
978.421.0025 *(fax)*
zoll.com

February 14, 2024

Jesus E. Lopez
City of Laredo Metro Fire Department
616 East Del Mar Blvd
Laredo, TX 78040

Re: Request for Bid FY24-044 X Series Advanced Cardiac Monitor Supplies and Accessories

Jesus E. Lopez:

ZOLL® Medical Corporation ("ZOLL") is pleased to respond to your Request for Bid of X Series Advanced Cardiac Monitor Supplies and Accessories.

ZOLL is focused on improving patient outcomes with "cutting-edge" resuscitation and acute critical care technology. Our family of products offers the most integrated system of clinical solutions for Fire and EMS services as well as complementary products and services to provide data integration and management. We understand the unique needs of first responders and for four decades have been committed to developing "leading-edge" resuscitation products with those needs in mind; to that end our proposal was developed by taking into consideration your needs, and we are pleased to offer our X Series Advanced Cardiac Monitor Supplies and Accessories.

We believe we have offered very compelling clinical reasons for City of Laredo Metro Fire Department to include ZOLL in its award decision and we are confident that ZOLL's clinically advanced technology would significantly improve clinical outcomes for the Metro Fire Department. We are confident that our proposal is comprehensive and responsive. We respectfully request that you consider the X Series Advanced Cardiac Monitor Supplies and Accessories on the unique merits and benefits of each.

The City of Laredo Metro Fire Department is a member of National Purchasing Partners (NPP) PS20200 GPO Contract. NPP features competitive prices on ZOLL defibrillators and related accessories, these discounted prices are available to you only under the terms and conditions and insurance provisions of the National Purchasing Partners (NPP) PS20200 GPO Contract. If ZOLL is awarded this bid, the terms and conditions of the NPP PS20200 GPO Membership exclusively apply and shall be incorporated by reference, with no additional terms or insurance provisions added, unless as mutually agreed upon by the Parties. However, should City of Laredo Metro Fire Department not be amenable to this approach making purchases for the discounted prices provided in this bid submittal, the pricing provided in this submittal cannot be honored and ZOLL reserves the right to adjust the pricing accordingly and negotiate the final agreement terms and conditions.

Thank you for the opportunity to respond to this bid request. We stand ready to serve the needs of the City of Laredo Metro Fire Department and look forward to the possibility of a long and mutually rewarding partnership. If you need further information or have any questions concerning this submittal, please do not hesitate to contact Sr. Territory Manager, EMS Shayla Price at (317) 504-5421 or by e-mail at

shayla.price@zoll.com or Territory Manager, CPR Marcos Villarreal at (210) 202-7696 or by email at marcos.villarreal@zoll.com.

With Regards,

Shayla Price

Shayla Price
Sr. Territory Manager EMS
SP/JP

Marcos Villarreal

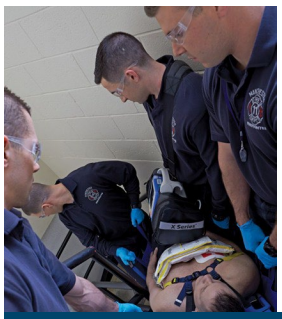
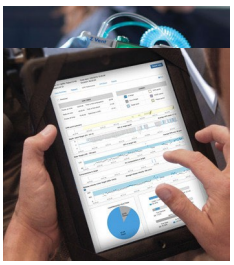
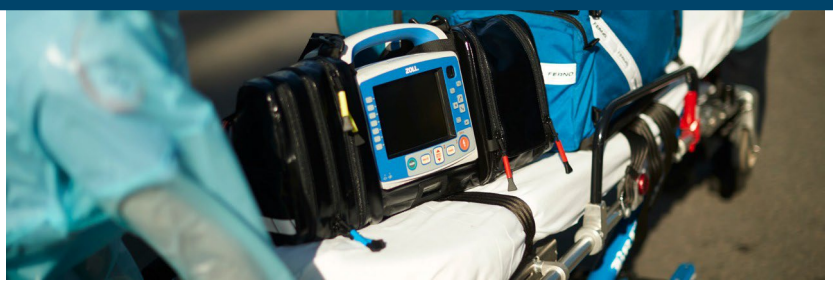
Marcos Villarreal
Territory Manager CPR
MV/JP

Enclosures

Table of Contents

ZOLL

Section 1
ZOLL Quotes


ZOLL MEDICAL CORPORATION
269 Mill Road, Chelmsford, MA 01824 | www.zoll.com | 978-421-9655

ZOLL Medical Corporation
269 Mill Road
Chelmsford, MA 01824-4105
Federal ID# 04-2711626

Phone: (800) 348-9011
Fax: (978) 421-0015
Email: esales@zoll.com

Quote No: Q-75899 Version: 1

Laredo Metro Fire Department
616 East Del Mar Blvd
Laredo, TX 78045

ZOLL Customer No: 233250

Robert Gonzalez
9567403948
rgonzalez8@ci.laredo.tx.us

Quote No: Q-75899
Version: 1

Issued Date: February 8, 2024
Expiration Date: March 31, 2024

Terms: NET 30 DAYS

FOB: Destination

Freight: Free Freight

Prepared by: Shayla Price
EMS Territory Manager
sshircliff@zoll.com
+1 3175045421

Item	Contract Reference	Part Number	Description	Qty	List Price	Adj. Price	Total Price
1	1374349	8900-0402	**CPR Stat-padz HVP Multi-Function CPR Electrodes - 1 pair**	1	$95.00	$71.25	$71.25
2	1374349	8300-000676	**OneStep Cable, X Series**	1	$544.00	$446.08	$446.08
3	1374349	8009-0020	**CPR-D-padz and CPR Stat Padz Connector**	1	$471.00	$386.22	$386.22
4	1374349	8900-000220-01	**OneStep Pediatric CPR Electrode (8 per case)**	1	$831.00	$681.42	$681.42
5	1374349	8000-001128	**Accuvent Flow Tube (Box of 10)**	1	$762.00	$624.84	$624.84
6	1374349	REUSE-09-2MQ	**Welch Allyn REUSE-09-2MQ Cuff, Child, 2-Tube, Twist Lock connector**	1	$63.00	$51.66	$51.66
7	1374349	8000-000151	**RD Rainbow SET MD20-04 EMS Patient Cable, 4ft**	1	$299.00	$245.18	$245.18
8	1374349	8000-000862	**LNCS-II Rainbow DCI 8λ SpCO Adult Sensor, 3ft**	1	$1,080.00	$843.78	$843.78
9	1374349	8000-000875-01	**Paper, Thermal, BPA Free (Box of 6)**	1	$30.00	$24.60	$24.60
10	1374349	8000-000819	**RD Rainbow Pediatric 8λ SpCO Adhesive Sensor (10/box)**	1	$969.00	$794.58	$794.58
11	1374349	REUSE-07-2MQ	**Welch Allyn REUSE-07-2MQ Cuff, Infant, 2-Tube, Twist Lock connector**	1	$63.00	$51.66	$51.66

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Laredo Metro Fire Department
Quote No: Q-75899 Version: 1

Item	Contract Reference	Part Number	Description	Qty	List Price	Adj. Price	Total Price
12	1374349	8000-000863	**LNCS-II Rainbow DCIP 8λ SpCO Pediatric Sensor, 3ft**	1	$1,080.00	$843.78	$843.78
13	1374349	8000-0895	**Cuff Kit with Welch Allyn Small Adult, Large Adult and Thigh Cuffs**	1	$186.00	$152.52	$152.52

Subtotal: $5,217.57

Total: $5,217.57

Contract Reference	Description
1374349	Reflects GPO NPP 2020 - Contract No. PS20200 contract pricing. Notwithstanding anything to the contrary herein, the terms and conditions set forth in NPP 2020 - Contract No. PS20200 shall apply to the customer's purchase of the products set forth on this quote.

To the extent that ZOLL and Customer, or Customer's Representative have negotiated and executed overriding terms and conditions ("Overriding T's & C's"), those terms and conditions would apply to this quotation. In all other cases, this quote is made subject to ZOLL's Standard Commercial Terms and Conditions ("ZOLL T's & C's") which for capital equipment, accessories and consumables can be found at https://www.zoll.com/about-zoll/invoice-terms-and-conditions and for software products can be found at http://www.zoll.com/SSPTC and for hosted software products can be found at http://www.zoll.com/SSHTC. Except in the case of overriding T's and C's, any Purchase Order ("PO") issued in response to this quotation will be deemed to incorporate ZOLL T's & C's, and any other terms and conditions presented shall have no force or effect except to the extent agreed in writing by ZOLL.

1. Delivery will be made upon availability.
2. This Quote expires on March 31, 2024. Pricing is subject to change after this date.
3. Applicable tax, shipping & handling will be added at the time of invoicing.
4. All purchase orders are subject to credit approval before being accepted by ZOLL.
5. To place an order, please forward the purchase order with a copy of this quotation to esales@zoll.com or via fax to 978-421-0015.
6. All discounts from list price are contingent upon payment within the agreed upon terms.
7. Place your future accessory orders online by visiting the ZOLL Webstore.

ZOLL Medical Corporation
269 Mill Road
Chelmsford, MA 01824-4105
Federal ID# 04-2711626

Phone: (800) 348-9011
Fax: (978) 421-0015
Email: esales@zoll.com

Laredo Metro Fire Department
Quote No: Q-75899 Version: 1

Order Information (to be completed by the customer)

[ ] Tax Exempt Entity (Tax Exempt Certificate must be provided to ZOLL)

[ ] Taxable Entity (Applicable tax will be applied at time of invoice)

BILL TO ADDRESS	SHIP TO ADDRESS
Name/Department:	Name/Department:
Address:	Address:
City / State / Zip Code:	City / State / Zip Code:

Is a Purchase Order (PO) required for the purchase and/or payment of the products listed on this quotation?

[ ] Yes PO Number: _____ PO Amount: _____
(A copy of the Purchase Order must be included with this Quote when returned to ZOLL)

[ ] No (Please complete the below section when submitting this order)

For organizations that do not require a PO, ZOLL requires written execution of this order. The person signing below represents and warrants that she or he has the authority to bind the party for which he or she is signing to the terms and prices in this quotation.

Laredo Metro Fire Department
Authorized Signature:

_____

Name: _____

Title: _____

Date: _____

ZOLL Medical Corporation
269 Mill Road
Chelmsford, MA 01824-4105
Federal ID# 04-2711626

Phone: (800) 348-9011
Fax: (978) 421-0015
Email: esales@zoll.com

Quote No: Q-75844 Version: 1

Laredo Metro Fire Department
616 East Del Mar Blvd
Laredo, TX 78045

ZOLL Customer No: 233250

Robert Gonzalez
9567403948
rgonzalez8@ci.laredo.tx.us

Quote No: Q-75844
Version: 1

Issued Date: February 8, 2024
Expiration Date: March 31, 2024

Terms: NET 30 DAYS

FOB: Destination

Freight: Free Freight

Prepared by: Marcos Villarreal
EMS CPR Territory Manager
marcos.villarreal@zoll.com
+1 2102027696

Item	Contract Reference	Part Number	Description	Qty	List Price	Adj. Price	Total Price
1	1374349	8700-0706-01	**LifeBand 3 pack** Single-use chest compression band (3 per package)	500	$457.00	$447.86	$223,930.00
2	1374349	8700-0710-01	**AutoPulse Head Immobilizer (5 per package)**	500	$68.00	$66.64	$33,320.00
3	1374349	8700-0709-01	**AutoPulse Shoulder Restraint**	500	$74.00	$72.52	$36,260.00
4	1374349	12-0822-000	**ResQPOD ITD 16**	500	$141.00	$138.18	$69,090.00

Subtotal: $362,600.00

Total: $362,600.00

Contract Reference	Description
1374349	Reflects GPO NPP 2020 - Contract No. PS20200 contract pricing. Notwithstanding anything to the contrary herein, the terms and conditions set forth in NPP 2020 - Contract No. PS20200 shall apply to the customer's purchase of the products set forth on this quote.

To the extent that ZOLL and Customer, or Customer's Representative have negotiated and executed overriding terms and conditions ("Overriding T's & C's"), those terms and conditions would apply to this quotation. In all other cases, this quote is made subject to ZOLL's Standard Commercial Terms and Conditions ("ZOLL T's & C's") which for capital equipment, accessories and consumables can be found at https://www.zoll.com/about-zoll/invoice-terms-and-conditions and for software products can be found at http://www.zoll.com/SSPTC and for hosted software products can be found at http://www.zoll.com/SSHTC. Except in the case of overriding T's and C's, any Purchase Order ("PO") issued in response to this quotation will be deemed to incorporate ZOLL T's & C's, and any other terms and conditions presented shall have no force or effect except to the extent agreed in writing by ZOLL.

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269 Mill Road
Chelmsford, MA 01824-4105
Federal ID# 04-2711626

Phone: (800) 348-9011
Fax: (978) 421-0015
Email: esales@zoll.com

Laredo Metro Fire Department
Quote No: Q-75844 Version: 1

2. This Quote expires on March 31, 2024. Pricing is subject to change after this date.
3. Applicable tax, shipping & handling will be added at the time of invoicing.
4. All purchase orders are subject to credit approval before being accepted by ZOLL.
5. To place an order, please forward the purchase order with a copy of this quotation to esales@zoll.com or via fax to 978-421-0015.
6. All discounts from list price are contingent upon payment within the agreed upon terms.
7. Place your future accessory orders online by visiting the ZOLL Webstore.

Order Information (to be completed by the customer)

[ ] Tax Exempt Entity (Tax Exempt Certificate must be provided to ZOLL)

[ ] Taxable Entity (Applicable tax will be applied at time of invoice)

BILL TO ADDRESS	SHIP TO ADDRESS
Name/Department:	Name/Department:
Address:	Address:
City / State / Zip Code:	City / State / Zip Code:

Is a Purchase Order (PO) required for the purchase and/or payment of the products listed on this quotation?

[ ] Yes PO Number: _____ PO Amount: _____
(A copy of the Purchase Order must be included with this Quote when returned to ZOLL)

[ ] No (Please complete the below section when submitting this order)

For organizations that do not require a PO, ZOLL requires written execution of this order. The person signing below represents and warrants that she or he has the authority to bind the party for which he or she is signing to the terms and prices in this quotation.

Laredo Metro Fire Department
Authorized Signature:

_____

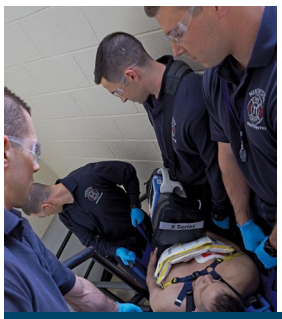
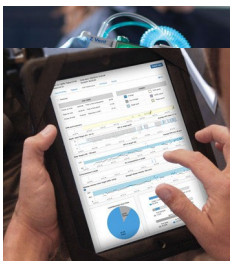
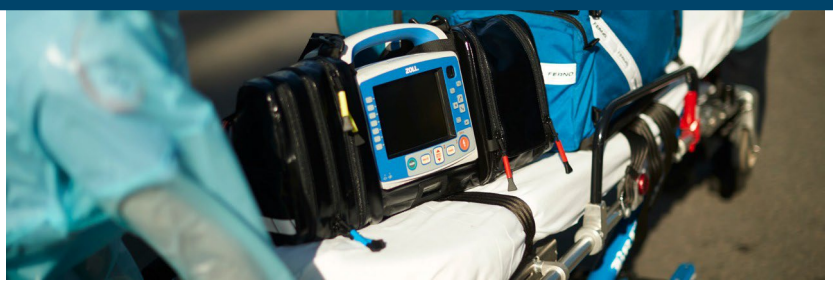
Name: _____

Title: _____

Date: _____

ZOLL

Section 2
City of Laredo Forms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CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. *See* Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 **Name of vendor who has a business relationship with local governmental entity.**

2 ☐ **Check this box if you are filing an update to a previously filed questionnaire.** (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 **Name of local government officer about whom the information is being disclosed.**

_____

Name of Officer

4 **Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.**

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐ Yes ☐ No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

5 **Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.**

6 ☐ Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 _____

Signature of vendor doing business with the governmental entity

2/14/2024

Date

CERTIFICATE OF INTERESTED PARTIES — FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY

1 **Name of business entity filing form, and the city, state and country of the business entity's place of business.**

ZOLL Medical Corporation

2 **Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

City of Laredo

3 **Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.**

FY24-044

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary

5 **Check only if there is NO Interested Party.** [X]

6 **AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by the said XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, this the XXXXXXXXXXX day of XXXXXXXXXXXX, 20XXXXX, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

ADD ADDITIONAL PAGES AS NECESSARY

Form provided by Texas Ethics Commission | www.ethics.state.tx.us | Adopted 10/5/2015

COMMONWEALTH OF MASSACHUSETTS

Neil Johnson personally appeared before me, the undersigned notary public, and proved to me his/her identity through satisfactory evidence, which were personally known to be the person whose name is signed on the preceding or attached document in my presence on this 14 day of Feb, 2024.

Caitlin K. Baillargeon

CAITLIN K. BAILLARGEON, Notary Public
My Commission Expires October 18, 2030

AFFIDAVIT

Project: FY24-044 X Series Advanced Cardiac Monitor Supplies and Accessories

Form of Non-Collusive Affidavit

AFFIDAVIT

STATE OF TEXAS {}
COUNTY OF WEBB {}

Neil Johnston

Being first duly sworn, deposes and says:

That he/she is VP of Global Sales of ZOLL Medical Corporation
(a Partner of officer of the firm of, etc.)

The party making the foregoing SOQ or bid, that such SOQ or bid is genuine and not collusive or sham; that said Bidder has not colluded, conspired, connived or agreed directly or indirectly, with any Bidder or Person, to put in a sham bid or to refrain from bidding, and has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference, with any person, to fix the bid price or affiant or of any other Bidder or to fix any overhead, profit or cost element of said bid price, or of that of any other Bidder, or to secure any advantage against the City of Laredo or any person interested in the proposed Contract; and that all statements in said SOQ or bid are true.

Signature of Neil Johnston, Vice President of Global Sales
Bidder, if the Bidder is an individual
Partner, if the Bidder is a Partnership
Officer, if the Bidder is a Corporation

Subscribed and sworn before me this XXXXX day of XXXXX 20XXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Notary Public

My commission expires:

XXXXXXXXXXXXXXX

COMMONWEALTH OF MASSACHUSETTS

Neil Johnston

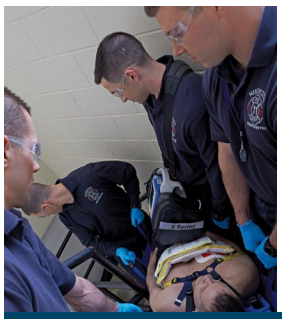
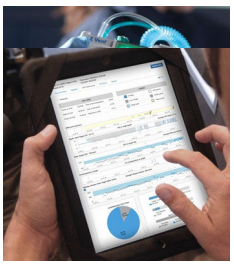
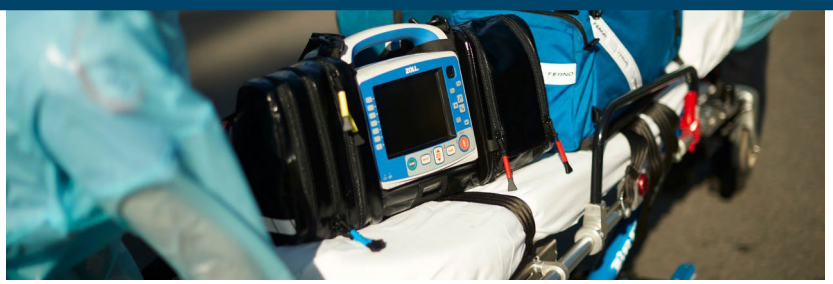
personally appeared before me, the undersigned notary public, and proved to me his/her identity through satisfactory evidence, which were personally known to be the person whose name is signed on the preceding or attached document in my presence on this 14 day of Feb, 2024

Caitlin K. Baillargeon

CAITLIN K. BAILLARGEON, Notary Public
My Commission Expires October 18, 2030

ZOLL®

Section 3
Limited Product Warranty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ZOLL Limited Product Warranty

ZOLL Medical Corporation (ZOLL) warrants to the customer that the product(s) purchased from ZOLL or its authorized dealers shall be free from defects in material and workmanship under normal use and maintenance conditions for the period of time set forth in the attached schedule. This warranty begins on the date of shipment from ZOLL's facility. During the applicable warranty period, ZOLL shall, at no cost to customer, either repair or replace (at ZOLL's sole discretion) any part of the product found to be defective in material or workmanship. If ZOLL's inspection detects no defects in material or workmanship, ZOLL's regular service charges shall apply. This warranty is not transferrable.

The foregoing warranty shall not apply if the defect, failure or other nonconformance of the product is caused by or attributable to: (i) any maintenance, repair or modification of the product by any party other than ZOLL or its authorized representatives, unless such modification is made with the prior written approval of ZOLL; (ii) use of the product with any associated or complementary equipment, accessory or software not supplied by ZOLL; (iii) any accident, negligence, misuse or accidental damage of the product; or (iv) use of the product in contradiction with applicable operating instructions or outside of the product's intended purpose, environment or setting. The foregoing warranty shall not apply to any equipment on which any original serial numbers have been removed or destroyed. The following are not covered under the warranty: (1) items subject to normal wear and burnout during use, including but not limited to, lamps, fuses, batteries, patient cables and accessories, and (2) software included as part of the equipment (including software embodied in read-only memory, known as "firmware").

ZOLL, in its sole discretion, will determine whether warranty service on the product will be performed in the field or through ship-in repair. For field repair, this warranty service will be provided by ZOLL at the customer's facility or an authorized ZOLL facility during normal business hours. For ship-in repair, all products and/or assemblies requiring warranty service should be returned to a location designated by ZOLL, freight prepaid.

Products repaired or replaced under this warranty retain the remainder of the warranty period of the repaired or replaced product.

Repair or replacement constitutes the exclusive remedy of the customer and the exclusive liability of ZOLL for any breach of any warranty related to the equipment, accessories or electrodes supplied hereunder.

THE WARRANTY SET FORTH HEREIN IS EXCLUSIVE AND ZOLL EXPRESSLY DISCLAIMS ALL OTHER WARRANTIES WHETHER WRITTEN, ORAL, IMPLIED, OR STATUTORY, INCLUDING BUT NOT LIMITED TO ANY WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. ZOLL IS NOT LIABLE FOR INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES (INCLUDING LOSS OF BUSINESS OR PROFITS) WHETHER BASED ON CONTRACT, TORT, OR ANY OTHER LEGAL THEORY.

ExpertCare™ Limited Warranty Matrix

GLOBAL PRODUCT LIMITED FACTORY WARRANTIES

PRODUCT	EMS		HOSPITAL		MILITARY / FEDERAL GOVERNMENT		PUBLIC SAFETY / ALTERNATE CARE	
MONITORS/ DEFIBRILLATORS	US & Canada	International	US & Canada	International	US & Canada	International	US & Canada	International
X Series®	1 year	1 year	5 years	1 year	5 years	5 years	5 years	N/A
R Series®	1 year	3 years	5 years	3 years	5 years	5 years	5 years	N/A
Propaq® M	1 year	1 year	5 years	1 year	5 years	5 years	N/A	N/A
Propaq® MD	5 years	5 years	5 years	5 years	5 years	5 years	N/A	N/A
VENTILATORS								
Z Vent®	1 year	1 year	1 year	1 year	N/A	N/A	1 year	N/A
EMV+®	1 year	1 year	1 year	1 year	5 years	5 years	1 year	N/A
330 Multifunction Aspirator	1 year	1 year	N/A	N/A	5 years	5 years	N/A	N/A
MECHANICAL CPR								
AutoPulse®	1 year	1 year	1 year	1 year	1 year	1 year	1 year	N/A
ResQPUMP®	1 year	1 year	N/A	N/A	1 year	1 year	N/A	N/A

PRODUCT	EMS		HOSPITAL		MILITARY / FEDERAL GOVERNMENT		PUBLIC SAFETY / ALTERNATE CARE	
AEDS	US & Canada	International	US & Canada	International	US & Canada	International	US & Canada	International
AED Plus®	5 years	5 years	5 years	5 years	5 years	5 years	5 years	5 years
AED Pro®	5 years	5 years	5 years	5 years	5 years	5 years	5 years	5 years
ZOLL AED 3®	6 years	6 years	6 years	6 years	6 years	6 years	6 years	6 years
Powerheart® G3 Pro	5 years	5 years	5 years	5 years	5 years	5 years	5 years	5 years
Powerheart® G3 Plus	5 years	5 years	5 years	5 years	5 years	5 years	5 years	5 years
Powerheart® G3 Elite	N/A	5 years	N/A	5 years	N/A	5 years	N/A	5 years
Powerheart® G5	6 years	6 years	6 years	6 years	6 years	6 years	6 years	6 years
Mobilize™	N/A	N/A	N/A	N/A	N/A	N/A	1 year	N/A

ADD 2 YEARS ADDITIONAL WARRANTY FROM SHIP DATE WITH AED REGISTRATION
Registering ZOLL AED Plus, Powerheart, and ZOLL AED 3 devices provides two additional years of (not applicable in Japan) warranty.

PRODUCT	EMS		HOSPITAL		MILITARY / FEDERAL GOVERNMENT		PUBLIC SAFETY / ALTERNATE CARE	
TEMPERATURE MANAGEMENT	US & Canada	International	US & Canada	International	US & Canada	International	US & Canada	International
Thermogard XP®	1 year	1 year	1 year	1 year	1 year	1 year	N/A	N/A
SUPERSATURATED OXYGEN THERAPY	US & Canada	International	US & Canada	International	US & Canada	International	US & Canada	International
TherOx®	1 year	1 year	1 year	1 year	1 year	1 year	N/A	N/A

GLOBAL PRODUCT LIMITED FACTORY WARRANTIES

BATTERIES

MONITORS/ DEFIBRILLATORS	Part Number	Description	Warranty
X Series®	8000-0580-01	Battery, Lithium-Ion, SurePower™ II	1 year
R Series®	8019-0535-01	SurePower™ Rechargeable Lithium-Ion Battery Pack	1 year
Propaq®	8000-0580-01	Battery, Lithium-Ion, SurePower™ II	1 year
VENTILATORS			
Z Vent®	703-0731-01-01	Battery Pack, 6.6 AH, 14.8V, Lithium-Ion, 12- Cell Conditioned	90 days
EMV+®	703-0731-01-01	Battery Pack, 6.6 AH, 14.8V, Lithium-Ion, 12- Cell Conditioned	90 days
MECHANICAL CPR			
AutoPulse®	8700-0752-01	Lithium-Ion Battery	1 year
AEDs			
AED Plus®	8000-0807-01	Type 123 Lithium Batteries	N/A
AED Pro®	8000-0860-01	Non-Rechargeable Lithium Battery Pack	90 days
	8019-0535-01	SurePower™ Rechargeable Lithium-Ion Battery Pack	1 year
ZOLL AED 3®	8000-000696	Lithium Manganese Dioxide Battery Pack	90 days
Powerheart® G3 Pro	9145-301	Intellisense® Lithium Battery	90 days*
Powerheart® G3 Plus	9146-302	Intellisense® Lithium Battery	90 days*
Powerheart® G3 Elite	9146-702	Intellisense® Lithium Battery	90 days*
Powerheart® G5	XBTAED001A	Intellisense® Lithium Battery	90 days*
	* Intellisense® Lithium Battery Replacement Program (Four years from date of installation. Conditions Apply - See Policy For Details)		

GLOBAL PRODUCT LIMITED FACTORY WARRANTIES

CHARGERS

Part Number	Description	Warranty
8200-00010-01	SurePower™ Single Bay Charger	1 year
8050-0030-01	SurePower™ Charger Station	1 year
8300-0500-01	SurePower™ Charger Station w/Charger Adaptors	1 year
8700-0753-01	AutoPulse® Battery Charger, U.S., Multi-Chemistry	1 year
8911-000290-01	Mobilize™ Refill, Item PC, Tablet Charger	90 days

GLOBAL PRODUCT LIMITED FACTORY WARRANTIES

ACCESSORIES

Product	Part Number	Description	Warranty
X Series® R Series® Propaq®		SPO2 Cables and Sensors	9 months
X Series®	8000-001392	Masimo Rainbow® EMS RC-4 Patient Cable	2 years
R Series®	8000-0312 8000-0367	Mainstream - CAPNO 5 CO2 Sensor and Cable Sidestream - CAPNO 5 LoFlo CO2 Module	limited lifetime warranty* *Original purchaser only
Thermogard XP® Catheters Start Up kits Guidewires	6 months		
TherOx® SSO_2 Catheters and Cartridges	Warranty is valid through the shelf life date stated on the packaging.		
Electrodes	90 days		
Other Cables	90 days		