



RETURN BIDS TO:

RETOURNER LES SOUMISSIONS À:

Réception des soumissions - TPSGC / Bid Receiving
- PWGSC
1550, Avenue d'Estimauville
1550, D'Estimauville Avenue
Québec
Québec
G1J 0C7

**SOLICITATION AMENDMENT
MODIFICATION DE L'INVITATION**

The referenced document is hereby revised; unless otherwise indicated, all other terms and conditions of the Solicitation remain the same.

Ce document est par la présente révisé; sauf indication contraire, les modalités de l'invitation demeurent les mêmes.

Comments - Commentaires

THIS DOCUMENT CONTAINS A SECURITY
REQUIREMENT / CE DOCUMENT CONTIENT
DES EXIGENCES RELATIVES À LA SÉCURITÉ

Vendor/Firm Name and Address

Raison sociale et adresse du
fournisseur/de l'entrepreneur

Issuing Office - Bureau de distribution

TPSGC/PWGSC
601-1550, Avenue d'Estimauville
Québec
Québec
G1J 0C7

Title - Sujet Chromatographes en phase gazeuse-sp	
Solicitation No. - N° de l'invitation W7701-166177/A	Amendment No. - N° modif. 004
Client Reference No. - N° de référence du client W7701-166177	Date 2016-06-21
GETS Reference No. - N° de référence de SEAG PW-\$QCN-016-16766	
File No. - N° de dossier QCN-6-39016 (016)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2016-06-29	Time Zone Fuseau horaire Heure Avancée de l'Est HAE
F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input checked="" type="checkbox"/> Other-Autre: <input type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Carrier, Bertrand	Buyer Id - Id de l'acheteur qcn016
Telephone No. - N° de téléphone (418) 649-2774 ()	FAX No. - N° de FAX (418) 648-2209
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction:	

Instructions: See Herein

Instructions: Voir aux présentes

Delivery Required - Livraison exigée	Delivery Offered - Livraison proposée
Vendor/Firm Name and Address Raison sociale et adresse du fournisseur/de l'entrepreneur	
Telephone No. - N° de téléphone Facsimile No. - N° de télécopieur	
Name and title of person authorized to sign on behalf of Vendor/Firm (type or print) Nom et titre de la personne autorisée à signer au nom du fournisseur/ de l'entrepreneur (taper ou écrire en caractères d'imprimerie)	
Signature	Date

This is amendment 004 to our solicitation:

AMENDMENTS:

➤ **ANNEX A – REQUIREMENT**

- **Delete the actual Section 4.4 :**
Accessories – Options (amended)
- **Insert the revised Section 4.4:**

4.4 Accessories - Options

The Contractor must provide the following optional accessories:

Item	Optional requirement	Description	Required Quantity
1	Library	Wiley library	2 device licenses
2	Accurate Mass software	Cerno Bioscience's MassWorks calibration software	1 device license
3	Extended warranty	An extension of the warranty for 1 or 2 additional years	1 additional year 2 additional year
4	Autosampler Syringes	0.5µL Removable needle syringes	2
5	Autosampler Syringes	1.0µL Removable needle syringes	2
6	Autosampler Syringes	5µL Fixed needle syringes	2
7	Autosampler Syringes	10µL Fixed needle Gas-tight syringes	2
8	Autosampler Syringes	25µL Fixed needle Gas-tight syringes	2
9	Autosampler Syringes	50 µL Fixed needle Gas-tight syringes	2
10	Autosampler Syringes	100µL Fixed needle Gas-tight syringes	2
11	Autosampler Syringes	1000µL Fixed needle Gas-tight syringes	2
12	Autosampler Syringes	10000µL Fixed needle Gas-tight syringes	2
13	Autosampler Headspace Syringe	2.5mL HT Gas-tight syringes	5
14	Headspace vial	10ml Screw Top Headspace vial with magnetic Screw cap	100

➤ **ANNEX B – BASIS OF PAYMENT**

- **Delete the actual Annex B;**
- **Insert the following revised Annex B:**

ANNEX B – BASIS OF PAYMENT

1. DELIVERABLES – INITIAL CONTRACT

Item	Description	Qty	Unit Price	Extended Price
1	Complete GC-MS Single Quad system meeting the mandatory requirements described in Annex A	1	\$	\$
2	Complete GC-MS Triple Quad system meeting the mandatory requirements described in Annex A	1	\$	\$
3	On-site installation service as described in the contract	1	\$	\$
4	On-site training as described in the contract, including training material for all participants.	1	\$	\$
5	DDP (Courcellette, Quebec, Canada), including customs duties, handling and delivery.	1	\$	\$
TOTAL TABLE #1 =				\$

N° de l'invitation - Solicitation No.
W7701-166177/A
N° de réf. du client - Client Ref. No.
W7701-166177

N° de la modif - Amd. No.
004
File No. - N° du dossier
QCN-6-39016

Id de l'acheteur - Buyer ID
qcn016
N° CCC / CCC No. / N° VME - FMS

2. DELIVERABLES – OPTIONS (Prior to March 31, 2018)

Item	Optional requirement Description	Qty	Unit Price	Extended Price
SOFTWARE / SYSTEM				
1	An extension of the warranty for 1 additional years	1		
2	An extension of the warranty for 2 additional years	1		
AUTOSAMPLER SYRINGES				
3	0.5µL Removable needle syringes	2		
4	1.0µL Removable needle syringes	2		
5	5µL Fixed needle syringes	2		
6	10µL Fixed needle Gas-tight syringes	2		
7	25µL Fixed needle Gas-tight syringes	2		
8	50 µL Fixed needle Gas-tight syringes	2		
9	100µL Fixed needle Gas-tight syringes	2		
10	1000µL Fixed needle Gas-tight syringes	2		
11	10000µL Fixed needle Gas-tight syringes	2		
12	Autosampler Headspace Syringe 2.5mL HT Gas-tight syringes	5		
13	10ml Screw Top Headspace vial with magnetic Screw cap	100		
14	20ml Screw Top Headspace vial with magnetic Screw cap	100		
TOTAL TABLE #2 (including customs duties, handling and delivery) =				
TOTAL BID PRICE (TBD) (TABLE 1 + TABLE 2) =				

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.