stryker

les Evaluation or Loaner

To request a sales evaluation or loaner, please complete the fields below, have the customer sign/date, and attach the completed form to the request in EIM. If you have any questions, contact <u>rs.evaldemo@stryker.com</u>.

If data products or modems are required for this evaluation, please check the LIFENET agreement box and email this form to implementationorderinbox@stryker.com.

Request Type	Evaluation (Trial)
Facility Name & Account Number	City of Everett Fire 20037125
Facility Address (street, city, state, zip)	2811 OAKES EVERETT, Washington 98201-3629 United States
Facility Contact Name	Grady Persons
Facility Contact Email	gpersons@everettwa.gov
Desired Delivery Date	
Stryker Sales Rep	Kyle Howell
Product & Quantity Requested	LP35 - Temp/IP (99335-000013)
Modem Requested	
Data Products Requested	Select all that apply (optional) LF3NFT Asset (required for ALL LF35 Evals & LP15 successful gevals) LF3NFT Asset (required for ALL LF35 Evals & LP15 successful gevals) LF3NFT Care Browser/LFENET Care App LFENET Care Analytics CODE-STAT Data Reviewer (requires software install) LUCAS with Wi-Fi connectivity (LUCAS Summary Report transmission receipt)

Additional Accessories:

These accessories are not included in the standard LP35 evaluation package. Please select from the below options if these are needed for your evaluation.

MVA - Oral/nasal Filter Line, Adult (Box of 25)	15-Lead Patient Simulator
MVAI - Intubated Filter Line, Adult/Ped (Box of 25)	Temperature Probes (Oty 10)
NIBP Assorted Cuff Sizes (Infant, Ped, Small & XL Adult)	✓ LNCS-II Reusable Rainbow Sensor
✓ LIFEPAK Invasive Pressure Adapter Cable, 2.44 m (8 ft), ICU	

(Packages default to Edwards unless otherwise noted)

LIFENET agreement: 🗹 By checking this box you agree to the terms of the attached LIFENET System evaluation agreement.

By signing below, you agree to the following terms:

I acknowledge that Stryker is loaning the above-referenced equipment to me for a temporary period of time. I agree to return the equipment within the time period (*) designated below, after a request to return is received. I agree to to return the equipment in the same condition and in the same packaging as it was provided to me. I agree to assume full responsibility for the equipment including, but not limited to, full responsibility for any and all loss, theft or damage (excepting normal wear and tear) to the equipment during the term of this agreement. If I fail to return the equipment, I acknowledge that this agreement shall constitute a Purchase Order and that I will be invoiced at prices at https://www.savvik.com/wp-content/uploads/2024.02.SAVVIK.PRICE-LIST.EFF-Feb-1-2024-v4-valued-1.pdf. I agree to pay said invoice within 30 days of receipt thereof or be subject to all late payment or interest charges permitted by law. (*) Sales Evaluation loaned units shall not exceed a term of 90 days.

Received By:

Signature:	Date: 08/21/2024
Cassie Franklin, Mayor	APPROVED AS TO FORM OFFICE OF THE CITY ATTORNEY
In the Field Transfer:	
Serviced By:	
Signature:	Date:
Print Name:	

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Stryker Lifepak Testing Unit_8.1.24_rev.SD

Final Audit Report

2024-08-22

Created:	2024-08-20
By:	Marista Jorve (mjorve@everettwa.gov)
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