REQUEST FOR QUOTATION

(THIS IS NOT AN ORDER)

THIS RFQ [X] IS [ ] IS NOT A SMALL BUSINESS SET ASIDE

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1. REQUEST NO.	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG.1	RATING
75F40126Q00278	07/06/2026			

5a. ISSUED BY
DHHS/FDA/OAGS/DAP
11601 Landsdown St.
13th Floor
North Bethesda MD 20852

6. DELIVERY BY (*Date*)
Multiple

7. DELIVERY
[X] FOB DESTINATION [ ] OTHER (*See Schedule*)

9. DESTINATION
a. NAME OF CONSIGNEE

b. STREET ADDRESS

5b. FOR INFORMATION CALL: (*No collect calls*)

NAME	TELEPHONE NUMBER	
	AREA CODE	NUMBER
MICHELE JACKSON		

8. TO:

a. NAME	b. COMPANY

c. STREET ADDRESS

c. CITY

d. CITY	e. STATE	f. ZIP CODE	d. STATE	e. ZIP CODE

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (*Date*)
07/17/2026 1000 ET

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 services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.

11. SCHEDULE (*Include applicable Federal, State and local taxes*)

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	This is a Request for Quotation (RFQ) for commercial products prepared in accordance with the commercial acquisition procedures of FAR Part 12. The Solicitation number is HFP-2026-133932. The NAICS Code for this requirement is 334516. This acquisition is a total small business set aside. The small business size standard for this NAICS code is 1,000 employees. The full table of size standards is available at: https://www.sba.gov/document/support-table-size-standards Description of Requirement: The U.S. Food and Drug Administration (FDA), Office of Applied Microbiology and Technology (OAMT), has a requirement to establish a five (5) Continued ...				

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	14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION	15. DATE OF QUOTATION
a. NAME OF QUOTER		
b. STREET ADDRESS	16. SIGNER	
	a. NAME (*Type or print*)	b. TELEPHONE AREA CODE
c. COUNTY		
d. CITY / e. STATE / f. ZIP CODE	c. TITLE (*Type or print*)	NUMBER

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Previous edition not usable

STANDARD FORM 18 (REV. 6-95)
Prescribed by GSA - FAR (48 CFR) 53.215-1(a)

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	year Blanket Purchase Agreement (BPA) to support the procurement of one (1) Agilent 4150 TapeStation System Bundle (Model G2992A), with the ability to purchase additional units, proprietary ScreenTape consumables, accessories, replacement parts, and associated maintenance and support services throughout the full five-year period of performance, as outlined in Attachment 1 - Statement of Work (SOW). ATTACHMENTS Attachment 1 – BPA Pricing Schedule Attachment 2 – Statement of Work (SOW) Attachment 3 – Past Performance Reference Form Attachment 5 – Buy American Certificate (BAC) Attachment 6 - Solicitation Document				