



Boone County Purchasing
613 East Ash Street, Room 109
Columbia, MO 65201

Request for Bid (RFB)

Cheli Haley, Buyer
(573) 886-4392 – Fax: (573) 886-4390
Email: chaley@boonecountymo.org

Bid Data

Bid Number: **19-13APR15**

Commodity Title: **Clinical Testing Services**

DIRECT BID FORMAT OR SUBMISSION QUESTIONS TO THE PURCHASING DEPARTMENT

Bid Submission Address and Deadline

Day / Date: **MONDAY, APRIL 13, 2015**

Time: **10:30 A.M. (Bids received after this time will be returned unopened)**

Location / Mail Address: **Boone County Purchasing Department
Boone County Annex Building
613 E. Ash, Room 109
Columbia, MO 65201**

Directions: The Boone County Annex Building is located at the corner of 7th Street and Ash Street.

Bid Opening

Day / Date: **MONDAY, APRIL 13, 2015**

Time: **10:30 A.M. (Bids received after this time will be returned unopened)**

Location / Address: **Boone County Annex Building
613 E. Ash, Conference Room
Columbia, MO 65201**

Bid Contents

- 1.0: **Introduction and General Conditions of Bidding**
 - 2.0: **Primary Specifications**
 - 3.0: **Response Presentation and Review**
 - 4.0: **Response Form**
- Attachment A**
- References Sheet**
- E-Verify**
- **Work Authorization Certification**
 - **Certification of Individual Bidder**
 - **Individual Bidder Affidavit**
- Debarment Form**
- Standard Terms and Conditions**

1. Introduction and General Conditions of Bidding

- 1.1. **INVITATION** – The County of Boone, through its Purchasing Department, invites responses, which offer to provide the goods and/or services identified on the title page, and described in greater detail in Section 2.
- 1.2. **DEFINITIONS**
- 1.2.1. **County** – This term refers to the County of Boone, a duly organized public entity. It may also be used as a pronoun for various subsets of the County organization including as the context will indicate:
Purchasing – The Purchasing Department, including its Purchasing Director and staff.
Department/s or Office/s – The County Department/s or Office/s for which this Bid is prepared, and which will be the end user/s of the goods and/or services sought.
Designee – The County employee/s assigned as your primary contact/s for interaction regarding Contract performance.
- 1.2.2. **Bidder / Contractor / Supplier** – These terms refer generally to businesses having some sort of relationship to or with us. The term may apply differently to different classes of entities, as the context will indicate.
Bidder – Any business entity submitting a response to this Bid. Suppliers, which may be invited to respond, or which express interest in this bid, but which do not submit a response, have no obligations with respect to the bid requirements.
Contractor – The Bidder whose response to this bid is found by Purchasing to meet the best interests of the County. The Contractor will be selected for award, and will enter into a Contract for provision of the goods and/or services described in the Bid.
Supplier – All business/s entities which may provide the subject goods and/or services.
- 1.2.3. **Bid** – This entire document, including attachments. A Bid may be used to solicit various kinds of information. The kind of information this Bid seeks is indicated by the title appearing at the top of the first page. An “Invitation For Bid” is used when the need is well defined. An “Invitation For Proposal” is used when the County will consider solutions, which may vary significantly from each other or from the County’s initial expectations.
- 1.2.4. **Response** – The written, sealed document submitted according to the Bid instructions.
- 1.3. **BID CLARIFICATION** – Questions regarding this Bid should be directed in writing, preferably by fax, to the Purchasing Department. Answers, citing the question asked but not identifying the questioner, will be distributed simultaneously to all known prospective Bidders. Note: written requirements in the Bid or its Amendments are binding, but any oral communications between County and Bidder are not.
- 1.3.1. **Bidder Responsibility** – The Bidder is expected to be thoroughly familiar with all specifications and requirements of this Bid. Bidder’s failure or omission to examine any relevant form, article, site or document will not relieve them from any obligation regarding this Bid. By submitting a Response, Bidder is presumed to concur with all terms, conditions and specifications of this Bid.
- 1.3.2. **Bid Amendment** – If it becomes evident that this Bid must be amended, the Purchasing Department will issue a formal written Amendment to all known prospective Bidders. If necessary, a new due date will be established.
- 1.4. **AWARD** – Award will be made to the Bidder/s whose offer/s provide the greatest value to the County from the standpoint of suitability to purpose, quality, service, previous experience, price, lifecycle cost, ability to deliver, or for any other reason deemed by Purchasing to be in the best interest of the County. Thus, the result will not be determined by price alone. The County will be seeking the least costly outcome that meets the County needs as interpreted by the County.
- 1.5. **CONTRACT EXECUTION** – This Bid and the Contractor’s Response will be made part of any resultant Contract and will be incorporated in the Contract as set forth, verbatim.
- 1.5.1. **Precedence** – In the event of contradictions or conflicts between the provisions of the documents comprising this Contract, they will be resolved by giving precedence in the following order:
1) the provisions of the Contract (as it may be amended);
2) the provisions of the Bid;
3) the provisions of the Bidder’s Response.

- 1.7. **COMPLIANCE WITH STANDARD TERMS AND CONDITIONS** – Bidder agrees to be bound by the County’s standard “boilerplate” terms and conditions for Contracts, a sample of which is attached to this Bid.

2. Primary Specifications

- 2.1. **ITEMS TO BE PROVIDED** – For the provision of a Term and Supply contract for **Clinical Chemical Testing Service** for the County of Boone – Missouri as specified herein.
- 2.1.1. **Quantity** – Attachment A shows a reflection of usage over the past year for the previous contract. The amount of usage specified herein is an estimate and as such does not constitute a guarantee on the part of the County for anticipated future requirements. Orders will be made on an “as needed basis”. The County reserves the right to increase or decrease quantities as requirements dictate.
- 2.1.2. **Contract Duration** – The contract shall be effective from **July 1, 2015** through June 30, 2016 and may be automatically renewed for an additional three (3) one-year periods unless canceled by the Purchasing Director in writing prior to a renewal period.
- 2.1.2.1. **Contract Extension** – The County Purchasing Director may exercise the option to extend the contract on a month-to-month basis from the date of termination if it is deemed to be in the best interest of Boone County.
- 2.1.2.2. **Contract Documents** – The successful bidder(s) shall be obligated to enter into a written contract with the County within 15 days of award on contract forms provided by the County. If bidders desire to contract under their own written agreement, any such proposed agreement shall be submitted with their bid. County reserves the right to modify any proposed form agreement or withdraw its award to a successful bidder if any proposed agreement contains terms and conditions inconsistent with its bid or are unacceptable to county legal counsel.
- 2.2. **General Requirements:**
- 2.2.1. All prices for quantities described in Section 4 of this request must also include ANY AND ALL fees associated with set-up, clean-up, labor, delivery of completed test results, and any other fee associated with completing the requirements for completing testing service.
- 2.2.2. The Contractor shall be responsible for collecting specimens at their own facilities. These rules must be followed when collecting specimens:
- The bathroom toilet shall have bluing (or equivalent) in the toilet bowl or have a shut off valve.
 - All chemicals including soap shall be removed from the bathroom.
 - Contractor shall make sure that the donor empties pockets in the presence of the collector before the test.
 - Contractor shall make sure donor leaves all outerwear as well as purse outside of the bathroom during the test.
 - Contractor shall make sure donor provides photo identification (drivers license or state identification card.)
 - Contractor shall make sure the donor remains at the collection site until the entire process is completed and the bag is sealed.
- 2.3. **Miscellaneous Testing Service** – The bidder may submit with the bid price lists for additional testing services offered which may be required by the County but are not covered in this Request for Bid. Bidders may also indicate on a price list, any volume discounts for any items detailed in this Request for Bid.
- 2.4. **Vendor Qualifications** – The Bidder shall have a minimum of three years experience in testing services.
- 2.5. **References** – Bidder shall submit a minimum of three references for which the bidder has provided clinical testing services within the preceding 24 months. References may be checked prior to award. Any negative responses received may result in disqualification of the bid. Failure to submit references with the bid response may disqualify the bid from further consideration for award.
- 2.6. **Designee** – All County departments. Locations for pickup and delivery are as follows:
Boone County Government Center Offices, 801 E. Walnut, Columbia, MO 65201

Boone County Annex Building, 613 E. Ash, Room 109, Columbia, MO 65201
Boone County Courthouse, 705 E. Walnut, Columbia, MO 65201
Boone County Sheriff Department, 2121 County Drive, Columbia, MO 65202
Boone County Juvenile Justice Center, 5665 N. Roger I Wilson Memorial Drive, Columbia, MO 65202

- 2.7. **Bid/Clarification Contact** – Cheli Haley, Buyer, Boone County Purchasing Department, 613 E. Ash Street, Room 109, Columbia, MO 65201. Telephone: (573) 886-4392, Facsimile: (573) 886-4390, e-mail: chaley@boonecountymo.org.
- 2.8. **Billing** – Contractor shall provide a receipt itemizing description and cost of the service performed per request. Each department shall be invoiced separately for all orders placed. County agrees to pay all correct monthly statements within thirty (30) days from the date of receipt.
- 2.9. **Delivery** – FOB Destination – Inside Delivery to the Boone County requesting department. All deliveries shall be made FOB Destination with freight charges fully included and prepaid. The seller pays and bears the freight charges.
 - 2.9.1. Bidders shall state the delivery time on the response page.
- 2.10. **Descriptive Literature** – Bidders proposing to furnish items other than specified must submit complete descriptive literature with bid. Bids received without descriptive literature are subject to rejection.
- 2.11. **Or Equal** – Bidders are to bid as specified herein or bid an approved equal. Determination of equality is solely Boone County's responsibility.
- 2.12. **Quality of Work** – Contractor shall maintain a high standard of quality work on all testing jobs. Boone County reserves the right to refuse poor quality work and will require the Contractor to reproduce the work at no additional cost to the County.

3. Response Presentation and Review

- 3.1 **RESPONSE CONTENT** – In order to enable direct comparison of competing Responses, Bidder must submit Response in strict conformity to the requirements stated here. Failure to adhere to all requirements may result in Response being disqualified as non-responsive. All Responses must be submitted using the provided Response Sheet. Every question must be answered and if not applicable, the section must contain “N/A.”
- 3.2 **SUBMITTAL OF RESPONSES** – Responses **MUST** be received by the date and time noted on the title page under “Bid Submission Information and Deadline”. **NO EXCEPTIONS.** The County is not responsible for late or incorrect deliveries from the US Postal Service or any other mail carrier.
- 3.2.1. **Submittal Package** – Submit, to the location specified on the title page, **three (3) complete copies** of your Response in a single sealed envelope, clearly marked on the outside with your company name and return address, the bid number and the due date and time.
- 3.2.2. The County’s Bids, Bid Tabulations, and Bid Awards may be viewed on our web page at www.showmeboone.com. View information under *Purchasing Department*.
- 3.2.3. If you have obtained this bid document from our Web Page or from a source other than the Boone County Purchasing Department, please check with our office or web page prior to submitting your bid to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addenda if we do not have you on our vendor list for this bid.
- 3.3. **BID OPENING** – On the date and time and at the location specified on the title page under “Bid Opening”, all Responses will be opened in public. Brief summary information from each will be read aloud.
- 3.3.1. **Removal from Vendor Database** – If any prospective Bidder currently in our Vendor Database to whom the Bid was sent elects not to submit a Response and fails to reply in writing stating reasons for not bidding, that Bidder’s name may be removed from our database. Other reasons for removal include unwillingness or inability to show financial responsibility, reported poor performance, unsatisfactory service, or repeated inability to meet delivery requirements.
- 3.4. **RESPONSE CLARIFICATION** – The County reserves the right to request additional written or oral information from Bidders in order to obtain clarification of their Responses.
- 3.4.1. **Rejection or Correction of Responses** – The County reserves the right to reject any or all Responses. Minor irregularities or informalities in any Response which are immaterial or inconsequential in nature, and are neither affected by law nor at substantial variance with Bid conditions, may be waived at our discretion whenever it is determined to be in the County’s best interest.
- 3.5. **EVALUATION PROCESS** – The County’s sole purpose in the evaluation process is to determine from among the Responses received which one is best suited to meet the County’s needs at the lowest possible cost. Any final analysis or weighted point score does not imply that one Bidder is superior to another, but simply that in our judgment the Contractor selected appears to offer the best overall solution for our current and anticipated needs at the lowest possible cost.
- 3.5.1. **Method of Evaluation** – The County will evaluate submitted Responses in relation to all aspects of this Bid.
- 3.5.2. **Acceptability** – The County reserves the sole right to determine whether goods and/or services offered are acceptable for our use.
- 3.5.3. **Endurance of Pricing** – Bidder’s pricing must be held until award or 90 days, whichever comes first.

- 3.5.4. **Award:** Boone County reserves the right to award this bid on an item by item basis, or an “all or none” basis, whichever is in the best interest of the County. The County reserves the right to award to one or multiple respondents. In addition, the resulting contract from this RFB will be considered “Non-Exclusive”. The County reserves the right to purchase this service from other suppliers.
- 3.5.5. Boone County reserves the right to reject all bids. Boone County reserves the right to waive informalities in bids.

4. **Response Form**

- 4.1. Company Name: _____
- 4.2. Address: _____
- 4.3. City/Zip: _____
- 4.4. Phone Number: _____
- 4.5. Fax Number: _____
- 4.6. E-Mail Address: _____
- 4.7. Federal Tax ID: _____
- 4.7.1. () Corporation
- () Partnership - Name _____
- () Individual/Proprietorship - Individual Name _____
- () Other (Specify) _____

PRICING

4.8.

		<u>Unit Price</u>	<u>Estimated Quantity</u>	<u>Extended Total</u>
4.8.1.	MULTI CHEM 23	\$ _____	7	\$ _____
4.8.2.	HEPATIC FUNCTION PAN	\$ _____	132	\$ _____
4.8.3.	BASIC METABOLIC PANE	\$ _____	1	\$ _____
4.8.4.	COMP METABOLIC PANEL	\$ _____	11	\$ _____
4.8.5.	LIPID PROFILE	\$ _____	65	\$ _____
4.8.6.	THYROID PROFILE	\$ _____	5	\$ _____
4.8.7.	HEPATITIS PANEL-ACUT	\$ _____	7	\$ _____
4.8.8.	HEPATITIS IMMUNITY P	\$ _____	2	\$ _____
4.8.9.	HEMATOLOGY PROFILE	\$ _____	7	\$ _____
4.8.10.	MEASLES, MUMPS, RUBE	\$ _____	1	\$ _____
4.8.11.	GENITAL SCREEN V	\$ _____	1641	\$ _____
4.8.12.	GLUCOSE	\$ _____	124	\$ _____
4.8.13.	URIC ACID	\$ _____	2	\$ _____
4.8.14.	CHOLESTEROL	\$ _____	83	\$ _____

4.8.15.	HDL	\$ _____	81	\$ _____
4.8.16.	VITAMIN D, 25-HYDROX	\$ _____	1	\$ _____
4.8.17.	B-HCG QUANTITATIVE	\$ _____	1	\$ _____
4.8.18.	PROLACTIN	\$ _____	1	\$ _____
4.8.19.	THYROXINE (T4),FREE	\$ _____	6	\$ _____
4.8.20.	T3,TOTAL	\$ _____	3	\$ _____
4.8.21.	THYROID STIMULATING	\$ _____	37	\$ _____
4.8.22.	THYROID ANTIBODIES	\$ _____	1	\$ _____
4.8.23.	VITAMIN B12	\$ _____	2	\$ _____
4.8.24.	HEPATITIS B SURFACE	\$ _____	8	\$ _____
4.8.25.	HEPATITIS B CORE AB,	\$ _____	1	\$ _____
4.8.26.	HEPATITIS B SURFACE	\$ _____	3	\$ _____
4.8.27.	HEPATITIS B SURFACE	\$ _____	49	\$ _____
4.8.28.	HEPATITIS A AB, TOTA	\$ _____	1	\$ _____
4.8.29.	HEPATITIS A AB, IGM	\$ _____	3	\$ _____
4.8.30.	HEPATITIS C ANTIBODY	\$ _____	65	\$ _____
4.8.31.	HIV-1/HIV-2 ANTIBODI	\$ _____	136	\$ _____
4.8.32.	GLYCOHEMOGLOBIN A1C	\$ _____	12	\$ _____
4.8.33.	RPR	\$ _____	130	\$ _____
4.8.34.	RUBELLA IgG	\$ _____	22	\$ _____
4.8.35.	VARICELLA-ZOSTER VIR	\$ _____	216	\$ _____
4.8.36.	BODY FLUID CULTURE	\$ _____	1	\$ _____
4.8.37.	GC CULTURE	\$ _____	59	\$ _____
4.8.38.	HERPES SIMPLEX CULTU	\$ _____	1	\$ _____
4.8.39.	THROAT CULTURE	\$ _____	1	\$ _____
4.8.40.	URINE CULTURE	\$ _____	10	\$ _____

4.8.41.	SENSITIVITY 1-MIC	\$ _____	4	\$ _____
4.8.42.	ORGANISM ID 1	\$ _____	7	\$ _____
4.8.43.	SENSITIVITY REPORT 1	\$ _____	4	\$ _____
4.8.44.	SEROLOGIC ID 1	\$ _____	2	\$ _____
4.8.45.	MICRO TEST	\$ _____	74	\$ _____
4.8.46.	CHLAMYDIA TRACHOMATI	\$ _____	5	\$ _____
4.8.47.	NEISSERIA GONORRHOEA	\$ _____	5	\$ _____
4.8.48.	HUMAN PAPILLOMAVIRUS	\$ _____	10	\$ _____
4.8.49.	PAP SMEAR	\$ _____	889	\$ _____
4.8.50.	SUREPATH LIQUID-BASE	\$ _____	4	\$ _____
4.8.51.	ABNORMAL CYTOLOGY FO	\$ _____	9	\$ _____
4.8.52.	CYTOLOGY PATHOLOGIST	\$ _____	201	\$ _____
4.8.53.	HERPES SIMPLEX TYPE	\$ _____	1	\$ _____
4.8.54.	HSV 1&2 GLYCOPROTEIN	\$ _____	88	\$ _____
4.8.55.	LEAD, BLOOD	\$ _____	7	\$ _____
4.8.56.	MUMPS VIRUS ANTIBODY	\$ _____	19	\$ _____
4.8.57.	RABIES ANTIBODY, IGG	\$ _____	2	\$ _____
4.8.58.	MEASLES (RUBEOLA) AB	\$ _____	17	\$ _____
4.8.59.	STAT LABEL	\$ _____	8	\$ _____
4.8.60.	HOLD-PROBLEM	\$ _____	38	\$ _____
4.8.61.	DISEASE CASE REPORT	\$ _____	154	\$ _____
4.8.62.	ARUP REASON TEST NOT	\$ _____	1	\$ _____
4.8.63.	TEST AUTHORIZATION	\$ _____	11	\$ _____
4.8.64.	CANCEL-HOLD	\$ _____	22	\$ _____
4.8.65.	BASIC METABOLIC PANE	\$ _____	18	\$ _____

4.8.66.	COMP METABOLIC PANEL	\$ _____	47	\$ _____
4.8.67.	LIPID PROFILE	\$ _____	7	\$ _____
4.8.68.	HEPATITIS PANEL I	\$ _____	1	\$ _____
4.8.69.	HEMATOLOGY PROFILE	\$ _____	54	\$ _____
4.8.70.	URINALYSIS, COMPLETE	\$ _____	1	\$ _____
4.8.71.	URINALYSIS	\$ _____	10	\$ _____
4.8.72.	URINALYSIS PLUS CULT	\$ _____	1	\$ _____
4.8.73.	URINALYSIS PLUS CULT	\$ _____	1	\$ _____
4.8.74.	GENITAL SCREEN III	\$ _____	2	\$ _____
4.8.75.	GENITAL SCREEN V	\$ _____	37	\$ _____
4.8.76.	SERUM IRON	\$ _____	1	\$ _____
4.8.77.	LDH	\$ _____	1	\$ _____
4.8.78.	CALCIUM-URINE	\$ _____	1	\$ _____
4.8.79.	CREATININE-URINE	\$ _____	1	\$ _____
4.8.80.	SODIUM-URINE	\$ _____	1	\$ _____
4.8.81.	URIC ACID-URINE	\$ _____	1	\$ _____
4.8.82.	AMYLASE	\$ _____	3	\$ _____
4.8.83.	LIPASE	\$ _____	3	\$ _____
4.8.84.	C-PEPTIDE	\$ _____	1	\$ _____
4.8.85.	INSULIN 1 SPECIMEN	\$ _____	1	\$ _____
4.8.86.	CARBAMAZEPINE	\$ _____	10	\$ _____
4.8.87.	LITHIUM	\$ _____	13	\$ _____
4.8.88.	PHENYTOIN	\$ _____	5	\$ _____
4.8.89.	VALPROIC ACID	\$ _____	17	\$ _____
4.8.90.	ALPHA-FETOPROTEIN TU	\$ _____	2	\$ _____
4.8.91.	B-HCG QUALITATIVE	\$ _____	2	\$ _____

4.8.92.	FERRITIN	\$ _____	1	\$ _____
4.8.93.	LUTEINIZING HORMONE	\$ _____	1	\$ _____
4.8.94.	FOLLICLE STIMULATING	\$ _____	1	\$ _____
4.8.95.	PROLACTIN	\$ _____	2	\$ _____
4.8.96.	PROSTATE SPECIFIC AN	\$ _____	5	\$ _____
4.8.97.	T4,TOTAL	\$ _____	2	\$ _____
4.8.98.	THYROXINE (T4),FREE	\$ _____	8	\$ _____
4.8.99.	T3,TOTAL	\$ _____	2	\$ _____
4.8.100	THYROID STIMULATING	\$ _____	21	\$ _____
4.8.101	VITAMIN B12	\$ _____	2	\$ _____
4.8.102	RBC FOLATE	\$ _____	1	\$ _____
4.8.103	HEPATITIS B SURFACE	\$ _____	3	\$ _____
4.8.104	HEPATITIS B SURFACE	\$ _____	2	\$ _____
4.8.105	HEPATITIS A AB, IGM	\$ _____	1	\$ _____
4.8.106	HEPATITIS C ANTIBODY	\$ _____	5	\$ _____
4.8.107	HIV-1/HIV-2 ANTIBODI	\$ _____	5	\$ _____
4.8.108	COMPLEMENT C3	\$ _____	1	\$ _____
4.8.109	GLYCOHEMOGLOBIN A1C	\$ _____	5	\$ _____
4.8.110	AMMONIA, PLASMA (EDT	\$ _____	1	\$ _____
4.8.111	HEMOGRAM	\$ _____	4	\$ _____
4.8.112	MANUAL DIFFERENTIAL	\$ _____	11	\$ _____
4.8.113	SED RATE WESTERGREN	\$ _____	3	\$ _____
4.8.114	PROTHROMBIN TIME (PT	\$ _____	11	\$ _____
4.8.115	PTT	\$ _____	2	\$ _____
4.8.116	URINALYSIS, BILL COM	\$ _____	5	\$ _____
4.8.117	URINALYSIS, BILL MAC	\$ _____	6	\$ _____

4.8.118	ANTI-NUCLEAR ANTIBOD	\$ _____	1	\$ _____
4.8.119	ANA PROFILE	\$ _____	1	\$ _____
4.8.120	RHEUMATOID FACTOR	\$ _____	1	\$ _____
4.8.121	HELICOBACTER PYLORI	\$ _____	2	\$ _____
4.8.122	BETA STREP CULTURE -	\$ _____	2	\$ _____
4.8.123	CLOSTRIDIUM DIFF TOX	\$ _____	1	\$ _____
4.8.124	TRICHOMONAS PREP	\$ _____	1	\$ _____
4.8.125	GENITAL CULTURE	\$ _____	1	\$ _____
4.8.126	STOOL CULTURE	\$ _____	1	\$ _____
4.8.127	THROAT CULTURE	\$ _____	1	\$ _____
4.8.128	URINE CULTURE	\$ _____	12	\$ _____
4.8.129	WOUND CULTURE	\$ _____	3	\$ _____
4.8.130	YEAST SCREEN	\$ _____	1	\$ _____
4.8.131	SENSITIVITY 1-MIC	\$ _____	2	\$ _____
4.8.132	ORGANISM ID 1	\$ _____	3	\$ _____
4.8.133	SENSITIVITY REPORT 1	\$ _____	2	\$ _____
4.8.134	MICRO TEST	\$ _____	26	\$ _____
4.8.135	LYMPHOCYTE SUBSETS,	\$ _____	1	\$ _____
4.8.136	LYMPHOCYTE SUBSETS,	\$ _____	1	\$ _____
4.8.137	HEPATITIS C RNA, QUA	\$ _____	2	\$ _____
4.8.138	PAP SMEAR	\$ _____	2	\$ _____
4.8.139	CYTOLOGY PATHOLOGIST	\$ _____	1	\$ _____
4.8.140	HISTOPATHOLOGY REPOR	\$ _____	3	\$ _____
4.8.141	ACETAMINOPHEN	\$ _____	1	\$ _____
4.8.142	ACETAMINOPHEN	\$ _____	1	\$ _____
4.8.143	AMMONIA	\$ _____	2	\$ _____

4.8.144		\$ _____		
.	CITRATE, URINE		1	\$ _____
4.8.145		\$ _____		
.	DRUG ABUSE SCREEN 8		3	\$ _____
4.8.146		\$ _____		
.	HIV-1 RNA QT. REAL-T		4	\$ _____
4.8.147		\$ _____		
.	NOROVIRUS GROUP 1&2		1	\$ _____
4.8.148		\$ _____		
.	OXALATE, URINE		1	\$ _____
4.8.149		\$ _____		
.	SALICYLATE		1	\$ _____
4.8.150		\$ _____		
.	SULFONYLUREA HYPOGLY		1	\$ _____
4.8.151		\$ _____		
.	STAT LABEL		16	\$ _____
4.8.152		\$ _____		
.	HOLD-PROBLEM		16	\$ _____
4.8.153		\$ _____		
.	DISEASE CASE REPORT		9	\$ _____
4.8.154		\$ _____		
.	DISEASE CASE REPORT		4	\$ _____
4.8.155		\$ _____		
.	CANCEL-HOLD		10	\$ _____
4.8.156	ON SITE COLLECTION AS PER SECTION 2.2.2.	\$ _____	35	\$ _____
4.9.	Totals:	\$ _____		\$ _____

4.10. RENEWALS

- 4.10.1. Maximum Increase 1st Renewal Period _____%
- 4.10.2. Maximum Increase 2nd Renewal Period _____%
- 4.10.3. Maximum Increase 3rd Renewal Period _____%

PLEASE REMEMBER TO ATTACH 3 COPIES OF YOUR RESPONSE INFORMATION AND ANY OTHER REQUIRED BID SUBMISSION ITEMS.

4.11. The undersigned offers to furnish and deliver the articles or services as specified at the prices and terms stated and in strict accordance with all requirements contained in the Request for Bid which have been read and understood, and all of which are made part of this order. By submission of this bid, the vendor certifies that they are in compliance with Section 34.353 and, if applicable, Section 34.359 ("Missouri Domestic Products Procurement Act") of the Revised Statutes of Missouri.

4.12. Delivery ARO: _____

4.13. Will you honor the submitted prices for purchase by other entities in Boone County who participate in cooperative purchasing with Boone County, Missouri?
_____ Yes _____ No

4.13.1. Authorized Representative (Sign By Hand):

Date: _____

4.13.2. Print Name and Title of Authorized Representative

Attachment A

Report Boone County Health Department

UNIT CODE NAME	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL
MULTI CHEM 23		1		1	1		2	1			1		7
HEPATIC FUNCTION PAN	6	6	12	10	9	4	11	16	14	14	18	12	132
BASIC METABOLIC PANE											1		1
COMP METABOLIC PANEL		3	2		1		1	2			2		11
LIPID PROFILE	2	5	7	33	4	3	1	1	1	2	5	1	65
THYROID PROFILE				1	1	1		1			1		5
HEPATITIS PANEL-ACUT				1	2			2			2		7
HEPATITIS IMMUNITY P											2		2
HEMATOLOGY PROFILE			2	2		1					2		7
MEASLES, MUMPS, RUBE						1							1
GENITAL SCREEN V	163	125	138	138	154	153	121	135	141	129	119	125	1641
GLUCOSE	10	12	12	41	6	4	5	4	5	6	11	8	124
URIC ACID	1			1									2
CHOLESTEROL	8	7	9	11	6	2	5	4	5	6	12	8	83
HDL	8	6	9	11	5	2	5	4	5	6	12	8	81
VITAMIN D, 25-HYDROX								1					1
B-HCG QUANTITATIVE								1					1
PROLACTIN	1												1
THYROXINE (T4),FREE		1						1		3		1	6
T3,TOTAL			1				1			1			3
THYROID STIMULATING	5	5	4	3	4	5	3	2	1	1	4		37
THYROID ANTIBODIES								1					1
VITAMIN B12								1		1			2
HEPATITIS B SURFACE			1	4				1	2				8
HEPATITIS B CORE AB,								1					1
HEPATITIS B SURFACE			1						1		1		3
HEPATITIS B SURFACE	2	4	9	10	4	4	3	2	3	4	2	2	49
HEPATITIS A AB, TOTA								1					1
HEPATITIS A AB, IGM								1		2			3
HEPATITIS C ANTIBODY	5	9	5	11	1	3	4	6	1	10	6	4	65
HIV-1/HIV-2 ANTIBODI	5	9	19	16	10	5	13	7	12	13	15	12	136
GLYCOHEMOGLOBIN A1C		1	2		2	1	1		1	3	1		12
RPR	5	8	18	14	10	5	13	7	12	13	14	11	130
RUBELLA IgG	1	1	7	2	2	2	3	1		2	1		22
VARICELLA-ZOSTER VIR	6	10	22	22	16	16	32	16	17	21	19	19	216
BODY FLUID CULTURE	1												1
UNIT CODE NAME	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL
GC CULTURE	4	5	8	7	7	6	3	4	2		5	8	59
HERPES SIMPLEX CULTU	1												1
THROAT CULTURE				1									1
URINE CULTURE	1	1	2	1	1	2		2					10
SENSITIVITY 1-MIC	1		1		1			1					4
ORGANISM ID 1	1		1	1	1			2				1	7
SENSITIVITY REPORT 1	1		1		1			1					4
SEROLOGIC ID 1				1		1							2

MICRO TEST	7	6	12	9	8	8	3	6	2		5	8	74
CHLAMYDIA TRACHOMATI		3	2										5
NEISSERIA GONORRHOEA		2	3										5
HUMAN PAPILLOMAVIRUS	1	1	2	1	2				2		1		10
PAP SMEAR	75	71	97	60	66	82	53	69	79	74	91	72	889
SUREPATH LIQUID-BASE	1		1			1			1				4
ABNORMAL CYTOLOGY FO		1	1		3				2		2		9
CYTOLOGY PATHOLOGIST	7	11	21	10	21	12	12	21	24	15	29	18	201
HERPES SIMPLEX TYPE								1					1
HSV 1&2 GLYCOPROTEIN	4	12	9	5	7	10	10	3	9	6	6	7	88
LEAD, BLOOD		1	1		1		2	1			1		7
MUMPS VIRUS ANTIBODY	2	1	8	2	1			2			2	1	19
RABIES ANTIBODY, IGG								1			1		2
MEASLES (RUBEOLA) AB	1	1	7	2	1		2	1			2		17
STAT LABEL	1	1		1	1			1			1	2	8
HOLD-PROBLEM	4	2	2	7	3	1	3	5	3	3	3	2	38
DISEASE CASE REPORT	18	7	18	7	18	11	6	20	15	13	11	10	154
ARUP REASON TEST NOT											1		1
TEST AUTHORIZATION		2	4	2	2						1		11
CANCEL-HOLD	1	2	7	2	2	1		2	1	1	2	1	22
TOTALS:	360	343	488	451	385	347	318	363	361	349	415	341	4521

Client Usage Report Boone County Jail

UNIT CODE NAME	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL
BASIC METABOLIC PANE	2		4	1		1	2	3		2	1	2	18
COMP METABOLIC PANEL	9	2	2	6	1	8			5	2	9	3	47
LIPID PROFILE	1			2	2	1				1			7
HEPATITIS PANEL I												1	1
HEMATOLOGY PROFILE	12	3	4	4	3	9	1	4	3	2	6	3	54
URINALYSIS, COMPLETE										1			1
URINALYSIS		1		2		1		2		2	2		10
URINALYSIS PLUS CULT	1												1
URINALYSIS PLUS CULT											1		1
GENITAL SCREEN III		1							1				2
GENITAL SCREEN V	4	1	3	4	2	4	3		3	3	3	7	37
SERUM IRON								1					1
LDH								1					1
CALCIUM-URINE					1								1
CREATININE-URINE					1								1
SODIUM-URINE					1								1
URIC ACID-URINE					1								1
AMYLASE	1			1	1								3
LIPASE	1			1	1								3
C-PEPTIDE								1					1
INSULIN 1 SPECIMEN								1					1
CARBAMAZEPINE						1		1	3	3	2		10
LITHIUM	1	1		1		2		1	3	2	2		13
PHENYTOIN	1				1				1	2			5
VALPROIC ACID	1		1			4			1	1	3	6	17
ALPHA-FETOPROTEIN TU									2				2
B-HCG QUALITATIVE	2												2
FERRITIN								1					1
LUTEINIZING HORMONE	1												1
FOLLICLE STIMULATING	1												1
PROLACTIN	2												2
PROSTATE SPECIFIC AN	2		1			1						1	5
T4,TOTAL											1	1	2
THYROXINE (T4),FREE				1		1		1	2		2	1	8
T3,TOTAL								1	1				2

UNIT CODE NAME	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL
THYROID STIMULATING	6	1	1	2		1		1	3		5	1	21
VITAMIN B12								1		1			2
RBC FOLATE								1					1
HEPATITIS B SURFACE			3										3
HEPATITIS B SURFACE				1								1	2
HEPATITIS A AB, IGM			1										1
HEPATITIS C ANTIBODY			3	1								1	5
HIV-1/HIV-2 ANTIBODI			2				2					1	5
COMPLEMENT C3		1											1
GLYCOHEMOGLOBIN A1C	1					1		1		2			5
AMMONIA, PLASMA (EDT									1				1
HEMOGRAM					1				3				4

MANUAL DIFFERENTIAL	2	2	2		2		1	2					11
SED RATE WESTERGRE		1								1	1		3
PROTHROMBIN TIME (PT			3		1			2	3	2			11
PTT								1	1				2
URINALYSIS, BILL COM		1		1						2	1		5
URINALYSIS, BILL MAC	1			1		1		2			1		6
ANTI-NUCLEAR ANTIBOD											1		1
ANA PROFILE		1											1
RHEUMATOID FACTOR											1		1
HELICOBACTER PYLORI				1	1								2
BETA STREP CULTURE -									2				2
CLOSTRIDIUM DIFF TOX	1												1
TRICHOMONAS PREP									1				1
GENITAL CULTURE									1				1
STOOL CULTURE	1												1
THROAT CULTURE		1											1
URINE CULTURE		1				1	1	1	1	3	3	1	12
WOUND CULTURE										1	2		3
YEAST SCREEN		1											1
SENSITIVITY 1-MIC										1	1		2
ORGANISM ID 1										1	2		3
SENSITIVITY REPORT 1										1	1		2
MICRO TEST	2	4				1	1	1	6	4	6	1	26
LYMPHOCYTE SUBSETS,					1								1
LYMPHOCYTE SUBSETS,					1								1
HEPATITIS C RNA, QUA			1	1									2
PAP SMEAR		1								1			2
CYTOLOGY PATHOLOGIST										1			1
UNIT CODE NAME	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL
HISTOPATHOLOGY REPOR			1				1				1		3
ACETAMINOPHEN	1												1
ACETAMINOPHEN	1												1
AMMONIA									1	1			2
CITRATE, URINE					1								1
DRUG ABUSE SCREEN 8	1		1								1		3
HIV-1 RNA QT. REAL-T			1	1	2								4
NOROVIRUS GROUP 1&2	1												1
OXALATE, URINE					1								1
SALICYLATE	1												1
SULFONYLUREA HYPOGLY								1					1
STAT LABEL	1		4	1	1			2	3	3		1	16
HOLD-PROBLEM	2	2	1	2		2			2	1	3	1	16
DISEASE CASE REPORT			3	3	1		1			1			9
DISEASE CASE REPORT			1	1	2								4
CANCEL-HOLD	1	1	1	1		1			2		2	1	10
	65	27	44	40	30	41	13	34	57	46	64	34	495

References Sheet

County of Boone

Purchasing Department

4.14. **References** – Bidder must provide three (3) references for services rendered to public/commercial clients which are similar in size and scope.

4.14.1. **Reference #1**

Individual Name:

Company Name:

Address:

Telephone:

4.14.2. **Reference #2**

Individual Name:

Company Name:

Address:

Telephone:

4.14.3. **Reference #3**

Individual Name:

Company Name:

Address:

Telephone:

INSTRUCTIONS FOR COMPLIANCE WITH HOUSE BILL 1549

House Bill 1549 addresses the Department of Homeland Security's and the Social Security Administration's E-Verify Program (Employment Eligibility Verification Program) that requires the County to verify "lawful presence" of individuals when we contract for work/service; verify that contractor has programs to verify lawful presence of their employees when contracts exceed \$5,000; and a requirement for OSHA safety training for public works projects.

The County is required to obtain certification that the bidder awarded the attached contract participates in a federal work authorization program. To obtain additional information on the Department of Homeland Security's E-Verify program, go to:

<http://www.uscis.gov/portal/site/uscis/menuitem.eb1d4c2a3e5b9ac89243c6a7543f6d1a/?vgnextoid=75bce2e261405110VgnVCM1000004718190aRCRD&vgnnextchannel=75bce2e261405110VgnVCM1000004718190aRCRD>

Please complete and return form *Work Authorization Certification Pursuant to 285.530 RSMo* if your contract amount is in excess of \$5,000. **Attach to this form the first and last page of the *E-Verify Memorandum of Understanding* that you completed when enrolling.**

CERTIFICATION OF INDIVIDUAL BIDDER

Pursuant to Section 208.009 RSMo, any person applying for or receiving any grant, contract, loan, retirement, welfare, health benefit, post secondary education, scholarship, disability benefit, housing benefit or food assistance who is over 18 must verify their lawful presence in the United States. Please indicate compliance below. Note: A parent or guardian applying for a public benefit on behalf of a child who is citizen or permanent resident need not comply.

- ____ 1. I have provided a copy of documents showing citizenship or lawful presence in the United States. (Such proof may be a Missouri driver's license, U.S. passport, birth certificate, or immigration documents). Note: If the applicant is an alien, verification of lawful presence must occur prior to receiving a public benefit.

- ____ 2. I do not have the above documents, but provide an affidavit (copy attached) which may allow for temporary 90 day qualification.

- ____ 3. I have provided a completed application for a birth certificate pending in the State of _____. Qualification shall terminate upon receipt of the birth certificate or determination that a birth certificate does not exist because I am not a United States citizen.

Applicant

Date

Printed Name

AFFIDAVIT
(Only Required for Individual Bidder Certification Option #2)

State of Missouri)
)SS.
County of _____)

I, the undersigned, being at least eighteen years of age, swear upon my oath that I am either a United States citizen or am classified by the United States government as being lawfully admitted for permanent residence.

Date

Signature

Social Security Number
or Other Federal I.D. Number

Printed Name

On the date above written _____ appeared before me and swore that the facts contained in the foregoing affidavit are true according to his/her best knowledge, information and belief.

Notary Public

My Commission Expires:

(Please complete and return with Contract)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date



Boone County Purchasing
613 E. Ash, Room 109
Columbia, MO 65201

Standard Terms and Conditions

Cheli Haley, Buyer
Phone: (573) 886-4392 – Fax: (573) 886-4390

1. Contractor shall comply with all applicable federal, state, and local laws and failure to do so, in County's sole discretion, shall give County the right to terminate this Contract.
2. Responses shall include all charges for packing, delivery, installation, etc., (unless otherwise specified) to the Boone County Department identified in the Request for Bid and/or Proposal.
3. The Boone County Commission has the right to accept or reject any part or parts of all bids, to waive technicalities, and to accept the offer the County Commission considers the most advantageous to the County. Boone County reserves the right to award this bid on an item-by-item basis, or an "all or none" basis, whichever is in the best interest of the County.
4. Bidders must use the bid forms provided for the purpose of submitting bids, must return the bid and bid sheets comprised in this bid, give the unit price, extended totals, and sign the bid. The Purchasing Director reserves the right, when only one bid has been received by the bid closing date, to delay the opening of bids to another date and time in order to revise specifications and/or establish further competition for the commodity or service required. The one (1) bid received will be retained unopened until the new Closing date, or at request of bidder, returned unopened for re-submittal at the new date and time of bid closing.
5. When products or materials of any particular producer or manufacturer are mentioned in our specifications, such products or materials are intended to be descriptive of type or quality and not restricted to those mentioned.
6. Do not include Federal Excise Tax or Sales and Use Taxes in bid process, as law exempts the County from them.
7. The delivery date shall be stated in definite terms, as it will be taken into consideration in awarding the bid.
8. The County Commission reserves the right to cancel all or any part of orders if delivery is not made or work is not started as guaranteed. In case of delay, the Contractor must notify the Purchasing Department.
9. In case of default by the Contractor, the County of Boone will procure the articles or services from other sources and hold the Bidder responsible for any excess cost occasioned thereby.
10. Failure to deliver as guaranteed may disqualify Bidder from future bidding.
11. Prices must be as stated in units of quantity specified, and must be firm. Bids qualified by escalator clauses may not be considered unless specified in the bid specifications.
12. No bid transmitted by fax machine or e-mail will be accepted.
13. The County of Boone, Missouri expressly denies responsibility for, or ownership of any item purchased until same is delivered to the County and is accepted by the County.
14. The County reserves the right to award to one or multiple respondents. The County also reserves the right to not award any item or group of items if the services can be obtained from a state or other governmental entities contract under more favorable terms.
15. The County, from time to time, uses federal grant funds for the procurement of goods and services. Accordingly, the provider of goods and/or services shall comply with federal laws, rules and regulations applicable to the funds used by the County for said procurement, and contract clauses required by the federal

government in such circumstances are incorporated herein by reference. These clauses can generally be found in the Federal Transit Administration's Best Practices Procurement Manual – Appendix A. Any questions regarding the applicability of federal clauses to a particular bid should be directed to the Purchasing Department prior to bid opening.

16. In the event of a discrepancy between a unit price and an extended line item price, the unit price shall govern.
17. Should an audit of Contractor's invoices during the term of the Agreement, and any renewals thereof, indicate that the County has remitted payment on invoices that constitute an over-charging to the County above the pricing terms agreed to herein, the Contractor shall issue a refund check to the County for any over-charges within 30-days of being notified of the same.
18. **For all titled vehicles and equipment the dealer must use the actual delivery date to the County on all transfer documents** including the Certificate of Origin (COO,) Manufacturer's Statement of Origin (MSO,) Bill of Sale (BOS,) and Application for Title.
19. **Equipment and serial and model numbers** - The contractor is strongly encouraged to include equipment serial and model numbers for all amounts invoiced to the County. If equipment serial and model numbers are not provided on the face of the invoice, such information may be required by the County before issuing payment.



Boone County Purchasing
613 E. Ash, Room 109
Columbia, MO 65201
Cheli Haley, Buyer
Phone: (573) 886-4392 – Fax: (573) 886-4390

“NO BID RESPONSE FORM”

**NOTE: COMPLETE AND RETURN THIS FORM ONLY IF YOU DO NOT WANT TO
SUBMIT A BID**

If you do not wish to respond to this bid request, but would like to remain on the Boone County vendor list for this service/commodity, please remove form and return to the Purchasing Department by mail or fax.

If you would like to FAX this “No Bid” Response Form to our office, the FAX number is (573) 886-4390.

Bid #19-13APR15 – Clinical Testing Services

Business Name: _____

Address: _____

Telephone: _____

Contact: _____

Date: _____