



BOONE COUNTY, MISSOURI
Request for Bid #: 19-13APR15 – Clinical Testing Services

ADDENDUM #2 - Issued April 15, 2015

This addendum is issued in accordance with the RFB Response Page in the Request for Bid and is hereby incorporated into and made a part of the Request for Bid Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*.

Specifications for the above noted Request for Bid and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- 1) **The following has been added to Section 2.2. – General Requirements of the Request for Bid:**
 - 2.2.3. The medical team at the Boone County Jail collects specimens for all inmates that receive on-site health care. Contractor shall be responsible for pick up of any lab collected at the Jail and shall be able to do so either routinely or in a stat fashion. Stat pick up requires that Contractor pick up the specimen within one (1) hour of the Jail staff notifying Contractor.

- 2) **Section 4. titled Response Form has been revised. Please replace this section of the Request for Bid with the Revised Response Form within this Addendum.**

4. REVISED 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) _____

4.8. PRICING UNIT PRICE

4.8.1. LIVER PANEL OR LFT (LIVER FUNCTION TESTS)	\$ _____
4.8.2. BASIC METABOLIC PANE	\$ _____
4.8.3. COMP METABOLIC PANEL	\$ _____
4.8.4. LIPID PROFILE	\$ _____
4.8.5. THYROID PROFILE	\$ _____
4.8.6. HEPATITIS PANEL (COVERING A, B, & C WITH AN AUTOMATIC REFLEX ON POSITIVES FOR HEPATITIS C TO PCR FOR CONFIRMATION	\$ _____
4.8.7. CBC (COMPLETE BLOOD COUNT)	\$ _____
4.8.8. VAGINAL SWAB WET PREP FOR GONORRHEA, CHLAMYDIA, GARDNERELLA VAGINALIS, TRICHOMONAS, AND YEAST	\$ _____
4.8.9. DNA PROBE ON URINE FOR GONORRHEA AND CHLAMYDIA	\$ _____
4.8.10. URIC ACID	\$ _____
4.8.11. URINE PREGNANCY TEST	\$ _____
4.8.12. VITAMIN D, 25-HYDROX	\$ _____
4.8.13. SERUM QUANTITATIVE HCG	\$ _____
4.8.14. SERUM QUALITATIVE HCG	\$ _____
4.8.15. PROLACTIN	\$ _____
4.8.16. THYROXINE (T4),FREE	\$ _____
4.8.17. T3,TOTAL	\$ _____
4.8.18. THYROID STIMULATING HORMONE	\$ _____

4.8.19.	THYROID ANTIBODIES	\$
4.8.20.	ANEMIA PANEL, VITAMIN B12, FOLIC ACID	\$
4.8.21.	HIV-1/HIV-2 ANTIBODI	\$
4.8.22.	GLYCOHEMOGLOBIN A1C	\$
4.8.23.	RPR	\$
4.8.24.	THROAT CULTURE FOR GROUP A STREPTOCOCCUS	\$
4.8.25.	MICROSCOPIC URINE ANALYSIS WITH REFLEX TO URINE CULTURE AND SENSITIVITY	\$
4.8.26.	THIN PREP PAP SMEAR	\$
4.8.27.	SUREPATH PAP SMEAR	\$
4.8.28.	STAT LABEL (ADDITIONAL CHARGE FOR STAT SERVICE FOR LAB, IF ANY)	\$
4.8.29.	HEMATOLOGY PROFILE	\$
4.8.30.	C-PEPTIDE	\$
4.8.31.	INSULIN 1 SPECIMEN	\$
4.8.32.	CARBAMAZEPINE	\$
4.8.33.	LITHIUM	\$
4.8.34.	PHENYTOIN	\$
4.8.35.	VALPROIC ACID	\$
4.8.36.	ALPHA-FETOPROTEIN TU	\$
4.8.37.	LUTEINIZING HORMONE	\$
4.8.38.	FOLLICLE STIMULATING	\$
4.8.39.	PROSTATE SPECIFIC AN	\$
4.8.40.	HEMOGRAM	\$
4.8.41.	PT/INR	\$
4.8.42.	PTT	\$
4.8.43.	ANTI-NUCLEAR ANTIBOD	\$
4.8.44.	HIV VIRAL LOAD WITH HIV LOG AND COPIES	\$
4.8.45.	HIV LYMPHOCYTE SUBSETS WITH CD 4%	\$
4.8.46.	RSV	\$
4.8.47.	INFLUENZAE A AND B	\$
4.8.48.	SPUTUM FOR AFB	\$
4.8.49.	SPUTUM CLUTURE AND SENSITIVITY AND GRAM STAIN	\$
4.8.50.	STOOL FOR C-DIFF TOXIN	\$
4.8.51.	STOOL FOR NOROVIRUS	\$
4.8.52.	STOOL FOR STOOL CULTURE AND SENSITIVITY FOR STOOL PATHOGENS	\$
4.8.53.	SERUM SALICYLATE LEVEL	\$
4.8.54.	SERUM TYLENOL LEVEL	\$
4.8.55.	SERUM ALCOHOL LEVEL	\$
4.8.56.	ACETAMINOPHEN	\$
4.8.57.	AMMONIA	\$

4.8.58. CITRATE, URINE	\$
4.8.59. STANDARD EMPLOYMENT URINE DRUG SCREEN	\$
4.8.60. URINE DRUG SCREEN (FOR JAIL USE ONLY)	\$
4.8.61. HIV-1 RNA QT. REAL-T	\$
4.8.62. SULFONYLUREA SCREEN	\$
4.8.63. WOUND CULTURE AND SENSITIVITY	\$
4.8.64. BLOOD CULTURE AND SENSITIVITY	\$
4.8.65. PATHOLOGY FOR SKIN BIOPSY OR EXCISION	\$
4.8.66. PERIPHERAL BLOOD SMEAR	\$
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 _____

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:

By: Cheli Haley
Cheli Haley,
Buyer

OFFEROR has examined **Addendum #2** to Request for Bid# 19-13APR15 – *Clinical Testing Services*, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____