



ADDENDUM #2 to RFB#38-27JUN19

Boone County Purchasing

613 E. Ash Street, Room 113

Columbia, MO 65201

Robert Wilson, Buyer

Phone: (573) 886-4393 – Fax: (573) 886-4390

Email: rwilson@boonecountymo.org

BOONE COUNTY, MISSOURI

Request for Bid 38-27JUN19 – Clinical Testing Services

ADDENDUM # 2 - Issued July 1, 2019

Prospective bidders are hereby notified of the following revisions to Request for Bid 38-27JUN19:

1. Change Bid Opening Date and Time to:

Monday, July 8, 2019

11:30 a.m. central time

2. REPLACE the Response Form with the attached Revised Response Form:

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

By: _____

Robert Wilson, Buyer
Boone County Purchasing

The BIDDER has examined **Addendum #2** to Request for Bid #38-27JUN19 - **Clinical Testing Services** receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

Contact Name and E-Mail Address to receive documents for electronic signature in **DocuSign**:

(Note: This form must be signed. All signatures must be original and not photocopies. In addition, the County uses DocuSign when making a contract award. When providing a Contact Name and E-Mail Address below, the Contact and E-Mail address provided must be a person who has the legal authority to contractually bind the offeror's/bidder's company in a contract with the County.)

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

Table with 3 columns: Item ID, Description, and Unit Price. Items include LIVER PANEL OR LFT, BASIC METABOLIC PANEL, COMP METABOLIC PANEL, LIPID PROFILE, THYROID PROFILE, HEPATITIS PANEL, CBC, VAGINAL SWAB WET PREP, DNA PROBE ON URINE, URIC ACID, URINE PREGNANCY TEST, and SERUM QUALITATIVE HCG.

4.8.13.	VITAMIN D, 25-HYDROX	\$ _____
4.8.14.	SERUM QUANTITATIVE	\$ _____
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 W/ 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.	INFLUENZA A AND B	\$ _____
4.8.48.	SPUTUM FOR AFB	\$ _____
4.8.49.	SPUTUM CULTURE 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)	\$ _____
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. **Percent Off List for other tests offered not detailed above** _____ %

4.11. RENEWALS

Maximum Increase 1st Renewal Period _____ %

Maximum Increase 2nd Renewal Period _____ %

Maximum Increase 3rd Renewal Period _____ %

4.12. **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.**

4.13. Delivery ARO: _____

4.14. 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

4.15. Authorized Representative (Sign by Hand):

_____ Date: _____
 Print Name and Title of Authorized Representative
