



Request for Quote

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
ONE CAPITOL HILL
PROVIDENCE RI 02908

CREATION DATE : 28-OCT-13
BID NUMBER: 7533365
TITLE: HISTOLOGY SERVICES - DOH MEDICAL EXAMINER

BLANKET START : 01-JAN-14
BLANKET END : 31-DEC-16
BID CLOSING DATE AND TIME:03-DEC-2013 10:15:00

BUYER: Mellillo, Charlotte A
PHONE #: 401-574-8110

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DOA CONTROLLER
ONE CAPITOL HILL, 4TH FLOOR
SMITH ST
PROVIDENCE, RI 02908
US

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DOH MEDICAL EXAMINER
CHAPIN BLDG, 1ST FLOOR
48 ORMS ST
PROVIDENCE, RI 02904
US

Requisition Number: 1340434

Line	Description	Quantity	Unit	Unit Price	Total
1	1/1/14 - 12/31/16 HISTOLOGY SERVICES PER ATTACHED SPECIFICATIONS QUESTIONS REGARDING THIS BID SHOULD BE EMAILED TO: charlotte.mellillo@purchasing.ri.gov * AWARD WILL BE MADE BASED ON LINE ITEM 1. LINE ITEM 2, 3, 4 AND 5 ARE INFORMATIONAL ONLY. * 1/1/14 - 12/31/16 HISTOLOGY SERVICES PER ATTACHED SPECIFICATIONS UP TO 1000 SLIDES PER YEAR	3,000.00	Each		
2	1/1/14 - 12/31/08 RECUTS	1.00	Each		
3	1/1/14 - 12/31/16 DEEPER LEVELS	1.00	Each		
4	1/1/14 - 12/31/16 SPECIAL STAINS (WITH APPROPRIATE CONTROL)	1.00	Each		
5	1/1/14 - 12/31/16 IMMUNOHISTOCHEMISTRY (CLIENT SUPPLIES PRIMARY)	1.00	Each		

Delivery: _____

Terms of Payment: _____

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer

SPECIFICATIONS FOR HISTOLOGY SERVICES

Licensure and/or Certification:

The successful histology laboratory bidder must have a director who has a minimum of an associates degree or at least sixty (60) semester hours (or equivalent) from an accredited college/university to include a combination of medical terminology, mathematics and at least twelve (12) semester hours of biology and chemistry; and successfully completed an accredited program in histological technique or one full year of training in histology technique under the supervision of a certified histotechnologist or an appropriately certified histopathology supervisor with at least three (3) years of experience. Evidence of these qualifications is required upon request.

The successful histology laboratory bidder and/or histotechnologist must have completed a nationally recognized certification examination, such as that offered by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), Department of Health and Human Services (DHHS) or the American Society of Clinical pathology (ASCP).

Methodology: The Vendor Must:

Be able to provide the necessary services for the Office of the State Medical Examiners (OSME) at the request of the Chief Medical Examiner or her/his designee. The tissues submitted to the laboratory will be in cassettes, unless otherwise specified, and immersed in formalin within a closed container. The container(s) will be labeled with the OSME case number, name of decedent, name of pathologist who performed the autopsy and the autopsy date. All tissue specimens are to be processed, embedded, cut and stained with quality controlled H&E placed on a SuperFrost glass slide, unless otherwise specified, and protected with a glass coverslip. The microtomy of the paraffin block embedded tissue should be five (5) microns in thickness and is to be artifact free. Should the completed slide contain artifacts that interfere with the ability to make a diagnosis, a new slide will be made at no charge and shall be delivered to the OSME within three (3) business days of the request. Each slide must be identified using the OSME case number, year and slide number. Anticipated turn-around time for the processing of initial slides (without changes/modification) is within seven (7) days of receipt by the vendor/lab.

If deeper cuts are needed from a paraffin block or if additional slides are needed from a paraffin block, they should be made available and delivered to the OSME within five (5) business days of the request.

The laboratory should have the capacity to decalcify bone with subsequent preparation of microscopic slides. The lab should have the capacity to prepare slides from sections of the globes of the eyes.

In addition to quality controlled H&E stains, the laboratory should have the capability to perform quality controlled Prussian Blue Stain for iron (Fe), Masson's Trichrome Stain, Toluidine Blue Stain for mast cells, PAS with and without digestion, Van Gieson Stain for elastic fibers, Congo Red Stain, Modified May-Gruenwald Stain, Giemsa Stain for Helicobacter, Modified Brown-Bernn Stain, Luxol Fast Blue Stain, Mucicarmine Stain, Acid Fast Stain, Alcian Blue & Alcian Blue-PAS Stains, Bielschowsky Stain, Bodian's Stain, PTAH Stain, Fontana-Masson Stain for Melanin, Reticulin Stain, Spicochete Stain and the VonKossa Stain for calcium. The laboratory must also have the capability to perform a variety of immunoperoxidase stains.

Performance Criteria:

The vendor laboratory shall pick-up and deliver specimens either in person or via United Parcel Service of America, Inc. (UPS), or via another third-party courier expressly approved in writing by the OSME in advance. At a minimum, the formalin fixed specimens (in labeled cassettes & appropriate containers) shall be retrieved/mailed on a weekly basis, with the exact day to be determined by the OSME based on volumes and/or time constraints.

Appropriate chain of custody of specimens must be maintained at all times. All specimens must be labeled with the OSME case number, year, slide number and include any designation(s) on the cassettes.

In the event of contract termination, all processed and/or unprocessed tissue specimens shall be returned to the OSME within a reasonable time period, by the same means described above.

RFQ 7533365 HISTOLOGY SERVICES – DOH MEDICAL EXAMINER

BIDDING (a) A single price shall be quoted for each item against which a proposal is submitted. This price will be the maximum in effect during the agreement period. Any price decline at the manufacturer's level shall be reflected in a reduction of the agreement price to the State. (b) Quantities, if any, are estimated only. The agreement shall cover the actual quantities ordered during the period. Deliveries will be billed at the single, firm, awarded unit price quoted regardless of the quantities ordered. (c) Bid price is net F.O.B. destination and shall include inside delivery at no extra cost. (d) Bids for single items and/or a small percentage of total items listed, may, at the State's sole option, be rejected as being non-responsive to the intent of this request. **ORDERING** (a) The User Agency(s) will submit individual orders for the various items and various quantities as may be required during the agreement period. (b) Exception - Regardless of any agreement resulting from this bid, the State reserves the right to solicit prices separately for any extra large requirements for delivery to specific destinations.

MULTI YEAR

THIS IS A MULTI-YEAR BID/CONTRACT. PER RHODE ISLAND STATE LAW 37-2-33, CONTRACT OBLIGATIONS BEYOND THE CURRENT FISCAL YEAR ARE SUBJECT TO AVAILABILITY OF FUNDS. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE STATE. TERMINATION MAY BE EFFECTED BY THE STATE BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE STATE TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES.

INSURANCE

AN INSURANCE CERTIFICATE IN COMPLIANCE WITH PROVISIONS OF ITEM 31 (INSURANCE) OF THE GENERAL CONDITIONS OF PURCHASE IS REQUIRED FOR COMPREHENSIVE GENERAL LIABILITY, AUTOMOBILE LIABILITY, AND WORKERS' COMPENSATION AND MUST BE SUBMITTED BY THE SUCCESSFUL BIDDER(S) TO THE DIVISION OF PURCHASES PRIOR TO AWARD. THE INSURANCE CERTIFICATE MUST NAME THE STATE OF RHODE ISLAND AS CERTIFICATE HOLDER AND AS AN ADDITIONAL INSURED. FAILURE TO COMPLY WITH THESE PROVISIONS MAY RESULT IN REJECTION OF THE OFFEROR'S BID. ANNUAL RENEWAL CERTIFICATES MUST BE SUBMITTED TO THE AGENCY IDENTIFIED ON THE PURCHASE ORDER. FAILURE TO DO SO MAY BE GROUNDS FOR CANCELLATION OF CONTRACT.

LICENSE

VENDOR (OWNER OF COMPANY) IS RESPONSIBLE TO COMPLY WITH ALL LICENSING OR STATE PERMITS REQUIRED FOR THIS TYPE OF SERVICE. A COPY OF LICENSE/PERMIT SHOULD BE SUBMITTED WITH THIS BID. IN ADDITION TO THESE LICENSE REQUIREMENTS, BIDDER, BY SUBMISSION OF THIS BID, CERTIFIES THAT ANY/ALL WORK RELATED TO THIS BID, AND ANY SUBSEQUENT AWARD WHICH REQUIRES A RHODE ISLAND LICENSE(S), SHALL BE PERFORMED BY AN INDIVIDUAL(S) HOLDING A VALID RHODE ISLAND LICENSE.

RIVIP

IT IS THE VENDOR'S RESPONSIBILITY TO CHECK AND DOWNLOAD ANY AND ALL ADDENDA FROM RIVIP. THIS OFFER MAY NOT BE CONSIDERED UNLESS A SIGNED RIVIP GENERATED BIDDER CERTIFICATION COVER FORM IS ATTACHED AND THE UNIT PRICE COLUMN IS COMPLETE. THE SIGNED CERTIFICATION COVER FORM MUST BE ATTACHED TO THE FRONT OF THE OFFER. WHEN DELIVERING OFFERS IN PERSON TO ONE CAPITOL HILL, VENDORS ARE ADVISED TO ALLOW AT LEAST ONE HOUR ADDITIONAL TIME FOR CLEARANCE THROUGH SECURITY CHECKPOINTS.

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DELIVERY

DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY.