

# BID SOLICITATION



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

**BID NUMBER: B06156**  
**TITLE: LABORATORY REQ. FORMS**  
**BID OPENING DATE AND TIME:**  
**04/06/2006 10:45 AM**

BUYER: JOHN COWELL  
 PHONE #: (401) 222 - 2142 ext. 114

**B** HEALTH  
**I** DOH HEALTH LABORATORIES  
**L** 50 ORMS STREET  
**L** PROVIDENCE RI 02904  
**T**  
**O**

**S** HEALTH  
**H** DOH HEALTH LABORATORIES  
**I** 50 ORMS STREET  
**P** PROVIDENCE RI 02904  
**T**  
**O**

Requisition Number(s): R75G068933

| Item | Class-Item  | Quantity | Unit | Unit Price | Total |
|------|---|----------|------|------------|-------|
| 1.0  | <p>LABORATORY REQUISITION FORMS PER SPECIFICATIONS</p> <p>CONTACT PERSON IN LAB: BILL PAQUIN (401) 222-5547</p> <p>THE SAMPLE IS AVAILABLE TO BE PICKED UP AT THE DIVISION OF PURCHASES, ONE CAPITOL HILL, 2ND FLOOR, PROVIDENCE, RI, BETWEEN 8:30 AM AND 3:30 PM WEEKDAYS (EXCLUDING RHODE ISLAND STATE HOLIDAYS), OR UPON MAILING OR FAXING A WRITTEN REQUEST INCLUDING A FEDERAL EXPRESS PREPAID AUTHORIZATION NUMBER TO COMMUNICATIONS COORDINATOR (FAX# 401-222-6387). THE BID NUMBER MUST BE CLEARLY REFERENCED.</p> <p>395-30<br/>                     LABORATORY REQUISITION FORM VERSION 2006-1B</p> | 75.00    | M    |            |       |

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|      | <p>SPECIFICATIONS FOR PRINTING OF RHODE ISLAND HEALTH LABORATORIES SAMPLE SUBMISSION FORM VERSION 2006-1b (REFER TO MOCKUP SAMPLE)</p> <ol style="list-style-type: none"> <li>FORMS ARE TO BE 9 1/2 X 11 INCH, THREE-PART CONTINUOUS FORM.</li> <li>TOP SHEET IS 17# CARBONLESS PREMIUM GRADE WHITE</li> <li>BOTTOM SHEETS ARE 15# CARBONLESS PREMIUM GRADE YELLOW AND BLUE</li> <li>FORMS WILL HAVE 1/2 INCH PERFORATED MARGINS WITH LINE HOLES AND WILL BE CRIMPED ON BOTH MARGINS.</li> <li>EACH FORM WILL BE SEQUENTIALLY NUMBERED STARTING AT 1699000. THIS NUMBER WILL BE PRINTED BELOW A CODE 39 BARCODE THAT CORRESPONDS TO THE SEQUENTIAL NUMBER. THE SEQUENTIAL NUMBER MUST APPEAR ON BOTH TOP AND BOTTOM SHEETS. THE BAR CODE MAY APPEAR ON THE TOP SHEET ONLY</li> <li>THE TOP SHEET ONLY WILL CONTAIN APPROXIMATELY A 2 1/4 INCH BY 1 5/8" LATEX PERMANENT LABEL IN THE LOWER LEFT CORNER WITH FACE SLITS AND BORDER TO PROVIDE SIX PEEL-OFF LABELS APPROXIMATELY 1 INCH X 1/2" EACH (STANDARD DIE SIZE IS ACCEPTABLE). EACH LABEL WILL BE PRINTED WITH THE SAME SEQUENTIAL FORM IDENTIFICATION NUMBER AS APPEARS BELOW THE BARCODE</li> <li>THE FORM SHOULD BE PRINTED IN BLACK INK</li> <li>PRINTED BOXES USED FOR ETHNICITY, RACE, LANGUAGE, SPECIMEN COLLECTION DATE, SOURCE OF SPECIMEN, ICD-9 CODE AND ALL HEADINGS ON BACK OF FORM ARE TO BE "GRAYED OUT" SO THAT WRITTEN CHARACTERS WILL NOT BE CONFUSED WITH PRINTED LINES. A SET OF INSTRUCTIONS (REFER TO BACK OF MOCKUP "INSTRUCTIONS FOR CLINICAL SPECIMEN SUBMISSION FORM VERSION 2001-1A) WILL BE PRINTED</li> </ol> |          |      |            |       |

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| 2.0  | <p>HIV SEROLOGY REQUISITION FORM VERSION 2006-1B</p> <p>ON THE REVERSE SIDE OF ALL SHEETS<br/>9. TOP OF FORM MUST CONTAIN MINIMUM 1/2" BLANK SPACE FOR PRINTING OF CLIENT INFORMATION BY USER</p> | 25.00    | M    |            |       |

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|      |   |          |      | <b>TOTAL:</b> | _____ |

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