



**RFQ #7599819**

**Title: HISTOLOGY SERVICES – MEDICAL EXAMINER - RIDOH**

**Submission Deadline: November 22, 2019 at 10:30 AM Eastern Time (ET)**

**QUESTIONS** concerning this solicitation must be received by the Division of Purchases at [Anthony.Venditelli@purchasing.ri.gov](mailto:Anthony.Venditelli@purchasing.ri.gov) no later than **November 4, 2019 at 10:30 AM Eastern Time (ET)**. Questions should be submitted in a Microsoft Word attachment. Please reference the **RFQ #7599819** on all correspondence. Questions received, if any, will be posted on the Division of Purchases' website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

**NOTE TO VENDORS:** Applicants must register online at the Rhode Island Division of Purchases website at [www.ridop.ri.gov](http://www.ridop.ri.gov). Proposals received without the completed RIVIP Bidder Certification Cover Form attached, may result in disqualification.

### **SCOPE OF WORK AND REQUIREMENTS:**

#### **Licensure and/or Certification:**

The successful histology laboratory bidder must have a director who has a minimum of an associate's 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 Gram stain, 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, silver stain, Oil-Red O, Grocott-Gomori methenamine silver (GMS), and the VonKossa Stain for calcium. The laboratory must also have the capability to perform a variety of immunoperoxidase stains, including pan-cytokeratin, carcinoembryonic antigen, S100, CD45, CD3, and CD20.

### **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.



# Request for Quote

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

BUYER: Venditelli, Anthony M Jr  
PHONE #: 401-574-8108

CREATION DATE : 24-OCT-19  
BID NUMBER: 7599819  
TITLE: RFQ - HISTOLOGY SERVICES - MEDICAL EXAMINER - RIDOH  
BLANKET START : 01-JAN-20  
BLANKET END : 31-DEC-22  
BID CLOSING DATE AND TIME: 22-NOV-2019 10:30:00

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DOA CONTROLLER  
ONE CAPITOL HILL, 4TH FLOOR  
SMITH ST  
PROVIDENCE, RI 02908  
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DOH MEDICAL EXAMINER  
CHAPIN BLDG, 1ST FLOOR  
48 ORMS ST  
PROVIDENCE, RI 02904  
US

**Requisition Number: 1635232**

Note to Bidders: QUESTIONS concerning this solicitation must be received by the Division of Purchases at Anthony.Venditelli@purchasing.ri.gov no later than November 4, 2019 at 10:30 AM Eastern Time (ET). Questions should be submitted in a Microsoft Word attachment. Please reference the RFQ #7599819 on all correspondence. Questions received, if any, will be posted on the Division of Purchases' website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

| Line | Description  | Quantity | Unit | Unit Price | Total |
|------|--|----------|------|------------|-------|
| 1    | 1/01/2020 -12/31/2020 HISTOLOGY SERVICES PER ATTACHED SPECIFICATIONS | 5,000.00 | Each |            |       |
| 2    | 1/01/2021 -12/31/2021 HISTOLOGY SERVICES PER ATTACHED SPECIFICATIONS | 5,000.00 | Each |            |       |
| 3    | 1/01/2022 -12/31/2022 HISTOLOGY SERVICES PER ATTACHED SPECIFICATIONS | 5,000.00 | 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

**Contract Terms and Conditions**

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**Terms and Conditions**

**BID STANDARD TERMS AND CONDITIONS**

**TERMS AND CONDITIONS FOR THIS BID**

**DELIVERY PER AGENCY**

DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY.

**INSURANCE REQUIREMENTS**

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.

NOTE: IF THIS BID COVERS CONSTRUCTION, SCHOOL BUSING, HAZARDOUS WASTE, OR VESSEL OPERATION, APPLICABLE COVERAGES FROM THE FOLLOWING LIST MUST ALSO BE SUBMITTED TO THE DIVISION OF PURCHASES PRIOR TO AWARD: \* PROFESSIONAL LIABILITY INSURANCE (AKA ERRORS & OMISSIONS) - \$1 MILLION OR 5% OF ESTIMATED PROJECT COST, WHICHEVER IS GREATER. \* BUILDER'S RISK INSURANCE - COVERAGE EQUAL TO FACE AMOUNT OF CONTRACT FOR CONSTRUCTION. \* SCHOOL BUSING - AUTO LIABILITY COVERAGE IN THE AMOUNT OF \$5 MILLION. \* ENVIRONMENTAL IMPAIRMENT (AKA POLLUTION CONTROL) - \$1 MILLION OR 5% OF FACE AMOUNT OF CONTRACT, WHICHEVER IS GREATER. \* VESSEL OPERATION - (MARINE OR AIRCRAFT) - PROTECTION & INDEMNITY COVERAGE REQUIRED IN THE AMOUNT OF \$1 MILLION.

**MULTI YEAR AWARD**

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.

**PURCHASE AGREEMENT BID**

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 ordering 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.

Mailing Address for Bid Proposals issued by the State of Rhode Island, Division of Purchases:

All Bid Proposals must be submitted to the following address:

State of Rhode Island  
Department of Administration  
Division of Purchases, 2nd Floor  
One Capitol Hill  
Providence, RI 02908

## **TERMS AND CONDITIONS OF PRICING AGREEMENT**

**SCOPE AND LIMITATIONS - This Agreement covers requirements as described herein, ordered by State agencies during the Agreement Period. No additional or alternative requirements are covered, unless added to the Agreement by formal amendment by the State Purchasing Agent or his designee.**

Under State Purchasing Law, 37-2-54, no purchase or contract shall be binding on the state or any agency thereof unless approved by the department [of administration] or made under general regulations which the chief purchasing officer may prescribe. Under State Purchasing Regulation 8.2.1.1.2, any alleged oral agreement or arrangements made by a bidder or contractor with any agency or an employee of the Office of Purchases may be disregarded and shall not be binding on the state.

**PRODUCT ACCEPTANCE** - All merchandise offered or otherwise provided shall be new, of prime manufacture, and of first quality unless otherwise specified by the State. The State reserves the right to reject all nonconforming goods, and to cause their return for credit or replacement, at the State's option.

a) Failure by the state to discover latent defect(s) or concealed damage or non-conformance shall not foreclose the State's right to subsequently reject the goods in question.

b) Formal or informal acceptance by the State of non-conforming goods shall not constitute a precedent for successive receipts or procurements.

Where the vendor fails to cure the defect promptly or replace the goods, the State reserves the right to cancel the Release, contract with a different vendor, and to invoice the original vendor for any differential in price over the original contract price.

### **ORDER AUTHORIZATION AND RELEASE AGAINST PRICING AGREEMENT**

**In no event shall the Vendor deliver goods or provide service until such time as a duly authorized release document is certified by the ordering Agency.**

**State Agencies shall request release as follows: All releases shall reference the Price Agreement number, the Contract Issue number, the item(s) covered, and the unit pricing in the same format as described herein.**

A Department Purchase Order (DPO) listing the items ordered shall be created by the agency. The agency may mail or fax a copy of the order to the Vendor. In some cases the agency may request delivery by telephone, but must provide the Vendor with a DPO Order Number reference for billing purposes. Vendors are encouraged to require written orders to assure payments are processed accurately and promptly.

**DELIVERY** If this is an MPA, Vendor will obtain "ship to" information from each participating agency. This information will be contained in the DPO. APA delivery information will be contained in the Notice of Award.

**PRICING** - All pricing shall be as described herein, and is considered to be fixed and firm for the term of the Agreement, unless specifically noted to the contrary herein. All prices include prepaid freight. Freight, taxes, surcharges, or other additional charges will not be honored unless reflected herein.

**INVOICING** All invoices shall reference the DPO Order Number(s), Price Agreement number, the Contract Issue number, the item(s) covered, and the unit pricing in the same format as described herein. If

this is an MPA, Vendor will obtain "bill to" information from each participating agency. This information will be contained in the DPO. APA billing information will be contained in the Notice of Award.

**PAYMENT** - Invoices for items not received, not priced according to contract or for work not yet performed will not be honored. No payment will be processed to any vendor for whom there is no IRS W-9 on file with the State Controller.