



Request for Quote

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

BUYER: Roche, Linda P
 PHONE #: 401-574-8118

CREATION DATE : 16-NOV-09
 BID NUMBER: 7323290
 TITLE: MEDICAL LABORATORY TESTING (MPA-208)
 BLANKET START : 01-JAN-10
 BLANKET END : 30-NOV-12
 BID CLOSING DATE AND TIME: 15-DEC-2009 10:30:00

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Requisition Number:

Line	Description	Quantity	Unit	Unit Price	Total
1	BLANKET REQUIREMENTS: 1/1/10 - 11/30/12 WITH OPTION TO RENEW FOR TWO ADDITIONAL YEARS MPA-208 1/1/10-11/30/12 MEDICAL LABORATORY TESTING SERVICES PER ATTACHED.	1 00	TOTAL		

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.

CLINICAL SERVICE PROVIDER TO PICK UP PREPARED SPECIMENS OF VARIOUS BODY FLUIDS (BLOOD, URINE ETC. - DEPENDING ON NATURE OF TESTS TO BE PERFORMED), AS ELEANOR SLATER HOSPITAL LABORATORY, MANUEL MATHIAS BUILDING, SIX DAYS A WEEK (MONDAY THROUGH SATURDAY). TEST RESULTS TO BE PROVIDED BY TELEPHONE, AS REQUIRED, DURING WORKING HOURS, 8 AM TO 8 PM. WRITTEN RESULTS TO BE REPORTED VIA COMPUTER TERMINAL, IN DUPLICATE, STATING THE CRITICAL NATURE OF THE RESULTS IN RELATIONSHIP ON THE TREATMENT PROCEDURE FOR THE AFFECTED PATIENT. IT IS EXPECTED THAT ROUTINE WORK BE REPORTED BEFORE 12 NOON, ON THE WORK DAY FOLLOWING THE SAMPLE PROCUREMENT. SPECIMEN CONTAINERS AND COLLECTION APPARATUS (VENIPUNCTURE SUPPLIES, CYTOLOGY SUPPLIES, GLUCOLA, PAP KITS ETC) TO BE PROVIDED AS NEEDED. LABORATORY MUST PERFORM 90% OF TESTS LISTED IN A COMPANY OWNED FACILITY, SEND OUT TESTS MUST BE 10% OR LESS CLINICAL SERVICE PROVIDERS MUST ENSURE THAT SPECIMEN INTEGRITY IS MAINTAINED DURING TRANSPORT

PROFICIENCY TESTING

- A. CLINICAL SERVICE PROVIDER MUST BE A SUBSCRIBER TO AT LEAST TWO RECOGNIZED PROGRAMS FOR PROFICIENCY TESTING SUCH AS THE COLLEGE OF AMERICAN PATHOLOGIST INTERLABORATORY COMPARISON PROGRAM, AND/OR CDC PROFICIENCY TESTING PROGRAM.
- B. PROOF OF SUBSCRIPTION TO SUCH A SURVEY PROGRAM SHALL BE SENT.
- C. COPIES OF A REPRESENTATIVE SAMPLE OF THE PREVIOUS YEAR'S EVALUATION OF THE PROFICIENCY SURVEY SHALL BE SENT
- D. SHOW HOW TESTS LEAVING THE LABORATORY OF THE CLINICAL SERVICE PROVIDER ARE MONITORED AND CHECKED FOR ACCURACY.
- E. SHOW HOW "UNUSUAL" SITUATIONS ARE DETECTED.
- F. SHOW WHAT PROVISIONS ARE MADE FOR RESOLVING WITH THE LABORATORY OR ITS PHYSICIANS ANY QUESTIONS ARISING FROM TEST RESULTS LIST NAMES AND TELEPHONE NUMBERS FOR APPROPRIATE CONTACT PERSONS
- G. PROVISION SHALL BE MADE, IN WRITING, FOR A WAY TO SUBMIT A MAXIMUM OF THREE (3) BLIND SAMPLES PER MONTH TO THE CLINICAL SERVICE PROVIDER. ANY TEST PROCEDURE MAY BE REQUESTED AS A BLIND SAMPLE CHARGES SHALL NOT BE MADE FOR THESE TESTS.

PICK-UP METHODOLOGY AND TURN-AROUND TIME FOR PHONE AND WRITTEN RESULTS.

- A. DOCUMENT PROCEDURES FOR SPECIMEN PICK-UP, TO INCLUDE TIME OF DAY, TYPE OF TRANSPORT CONTAINER TO BE UTILIZED FOR SPECIMENS, LABELING TO BE USED, AND PROOF THAT CONTAINERS USED ARE LEAK-PROOF CARRIER TO BE SPECIFIED
- B. NORMAL TURN-AROUND TIME SHALL BE STATED: IN ADDITION, ANY DELAY IN TURN-AROUND TIME FROM THAT OF TESTS DONE ON SPECIMENS TESTED IN HOUSE SHALL BE STIPULATED, AND THE ESTIMATE OF THE AMOUNT OF DELAY FROM THAT TURN-AROUND TIME SHALL BE LISTED.

C. LIST THE NAMES OF LABORATORIES TO WHICH SUCH TESTS ARE SENT. THE REQUIREMENTS FOR THESE LABORATORIES SHALL BE THE SAME AS FOR THOSE LISTED FOR CLINICAL SERVICE PROVIDER IN THIS REQUISITION

D. IT IS REQUIRED THAT CLINICAL SERVICE PROVIDER SEND TO FACILITY CONTACT PERSON THE QUALIFICATIONS OF ANY AND ALL LABORATORIES TO WHICH ANY OF THE LISTED TESTS ARE SENT, ALONG WITH ALL REQUIREMENTS FOR OWN LABORATORY.

E. PROVIDE LABORATORY WITH AN UP-TO-DATE CATALOG LISTING PROCEDURES, SAMPLE SPECIFICATIONS REQUIRED AND TEST METHODOLOGY USED

F. INDICATE WHETHER STAT TESTS CAN BE PERFORMED, SEVEN (7) DAYS AND NIGHTS A WEEK, AND WHICH TESTS ARE INCLUDED.
AS STAT. ALSO, INDICATE ADDITIONAL CHARGER(S) FOR, AND LIMITS SET ON, THIS SERVICE, IF ANY.

MALPRACTICE INSURANCE

A. LIST THE AMOUNT OF MALPRACTICE INSURANCE IN EFFECT PER INCIDENT.

B. LIST THE DATES COVERED BY THE INSURANCE.

C. LIST WHO IS COVERED BY THE INSURANCE (e.g. EMPLOYEES OF SERVICE PROVIDER, HOSPITAL LABORATORY EMPLOYEE, ETC)

D. SEND PROOF OF COVERAGE SHOWING THE EXTENT TO WHICH THE HOSPITAL LABORATORY AND ITS EMPLOYEES ARE PROTECTED.

TEST REPORT FORMS

A. COPIES OF ALL REPORT FORMS ON WHICH TESTS LISTED IN THIS BID SHALL BE SUBMITTED

B. APPEARANCE OF FORMS:

1 NUMBER OF COPIES (3 NEEDED)

2 LEGIBILITY OF TEST RESULTS WILL BE CONSIDERED.

3 INDICATE WHETHER TEST RESULTS ARE RECORDED IN LONG HAND OR PRINTED.

4 THE TEST RESULTS SHALL BE RECORDED IN SUCH A WAY AS TO BE EASILY UNDERSTOOD AND READ WITHOUT POSSIBLE CONFUSION.

C. NORMAL OR REFERENCE VALUES SHALL BE LISTED WITH EACH TEST RESULT.

D. A STATEMENT SHALL BE SUBMITTED TO SHOW SOURCE OF NORMAL VALUE RESULTS OBTAINED FOR ALL LISTED TESTS.

E. PANIC VALUES: INDICATE HOW THEY SHALL BE NOTED ON REPORT FORM.

F. INDICATE, FOR TESTS NOT DONE IN-HOUSE, WHETHER THIS IS STATED ON THE FORM, ALONG WITH THE NAME OF THE LAB TO WHICH THESE TESTS HAVE BEEN SENT

G. DELAY IN TURN-AROUND TIME: IF TWO TESTS ARE REQUESTED ON SAME REQUISITION FORM, ONE OF WHICH IS NOT DONE IN-HOUSE, INDICATE REPORTING PROCEDURE IF A DELAY IN TURN-AROUND TIME WILL RESULT

H. INDICATE METHOD USED TO REVIEW TEST PROCEDURE AND INSURE ACCURACY OF RESULTS ON TESTS SENT TO LABORATORY OTHER THAN THAT OF THE CLINICAL SERVICE PROVIDER.

STAFFING PATTERN AND FULL AND PART-TIME EQUIVALENTS

A. NUMERICAL LISTING OF PERSONNEL IN EACH OF THE FOLLOWING CATEGORIES IS REQUESTED

MD

Ph.D. (STATE SPECIALTY)

CERTIFIED MEDICAL TECHNOLOGIST

BS (STATE SPECIALTY)

CERTIFIED MEDICAL TECHNICIAN

CERTIFIED CLINICAL LABORATORY ASSISTANT

OTHERS (SPECIFY)

***NOTE:** THE DIRECTOR OF THE LABORATORY MUST BE A DOCTORAL LEVEL (MD OR Ph.D.) CLINICAL LABORATORY SCIENTIST. THERE MUST BE A PATHOLOGIST ON STAFF (IF NOT THE DIRECTOR) WHO WILL BE AVAILABLE FOR CONSULTATION AND OTHER PROFESSIONAL SERVICES

B. INDICATE NUMBER OF TECHNICAL PERSONNEL PER SHIFT, IF MORE THAN ONE SHIFT IS STAFFED

C. LIST TYPE OF CERTIFICATION FOR PERSONNEL LISTED IN (A)

D. LIST QUALIFICATIONS OF SUPERVISORS ON THE SHIFT ON WHICH THE MAJORITY OF THE TESTS REQUESTED BY HOSPITAL LABORATORY SUBSCRIBERS ARE TO BE DONE. IF THERE ARE TOO MANY SUPERVISORS TO LIST COMPLETELY, INDICATE WHETHER THESE PERSONS ARE THE ONES TO WHO QUESTIONS SHOULD BE DIRECTED.

E. LIST QUALIFICATIONS OF MEDICAL DIRECTOR, AND INDICATE THE EXTEND OF HIS/HER PARTICIPATION IN LABORATORY AFFAIRS

F. INDICATE QUALIFICATIONS OF PERSON REVIEWING TEST RESULTS LEAVING THE LABORATORY, IF OTHER THAN SUPERVISORY PERSONNEL PREVIOUSLY LISTED

G. LIST METHODS USED TO TRAIN AND UP-DATE EMPLOYEE'S KNOWLEDGE OF LABORATORY PROCEDURES.

H. LIST METHODS USED TO INFORM HOSPITAL LABORATORY OF METHODOLOGY CHANGES, REVISIONS, DIAGNOSTIC VALUE OF TESTS, PRECISION, ETC.

REQUISITION FORMS

THE LABORATORY REQUISITION FORMS SHOULD BE SUCH AS TO ENABLE A COPY TO BE LEFT WITH THE HOSPITAL LABORATORY, AND SHOULD BE OF A NATURE TO BE EASILY READ AND UNDERSTOOD AND INTERPRETED WITHOUT POSSIBLE CONFUSION. COPIES OF ALL HOSPITAL REQUISITIONS FORMS TO BE USED BY THE HOSPITAL LABORATORY TO BE SUBMITTED.

MOST IMPORTANT IS:

- a. THE NUMBER OF COPIES (MINIMUM 2)
- b. THE LEGIBILITY OF THE FORM ITSELF
- c. THE AMOUNT OF SPACE AVAILABLE FOR WRITING IN TESTS NOT PRINTED ON FORM.
- d. THE FORM'S SUITABILITY FOR USE BY THE LABORATORY.

REFERENCES:

THE CLINICAL SERVICE PROVIDER SHALL SUBMIT A LIST OF SIX SUBSCRIBERS, INCLUDING NAMES AND ADDRESSES

ANY CLINICAL SERVICE PROVIDER WHO DOES NOT MEET CLIA 1988 REQUIREMENTS AND MEDICARE REQUIREMENTS IS CATEGORICALLY PROHIBITED FROM SUBMITTING A QUOTATION REQUEST

A CLINICAL SERVICE PROVIDER WHO IS NOT ACCREDITED BY JCAH, CDC/HEW, OR CAP (ANY ONE OF THE ABOVE) IS CATEGORICALLY PROHIBITED FROM SUBMITTING A QUOTATION REQUEST.

TESTING METHODS:

A STATEMENT MUST BE SUBMITTED TO INCLUDE THE FOLLOWING INFORMATION FOR EACH TEST LISTED (SEE 9D)

- a. METHOD
- b. INSTRUMENT ON WHICH TEST IS PERFORMED
- c. SUBSTANTIATING REFERENCES
- d. NORMAL VALUES
- e. METHOD OF DETERMINING @ |
- f. NAME OF LAB TO WHOM TEST IS SENT, IF NOT DONE IN-HOUSE

BILLING:

A. BILLING TO BE STRICTLY MONTHLY ON A NON-STATEMENT, STRICTLY INDIVIDUAL INVOICE BASIS (NO BALANCE FORWARD) WHICH IS TO BE FORWARDED DIRECTLY TO "BILL TO" ADDRESS.

B. BILLING INVOICE TO HAVE THREE COPIES. ON IT THE FOLLOWING INFORMATION IS NEEDED:

- 1 DATE SPECIMEN SENT (TO CLINICAL SERVICE PROVIDER).
- 2 NAME OF PATIENT
- 3 TEST(S) DONE ON EACH PATIENT SAMPLE AS SUBMITTED, (I.E. BY BOTH TEST NUMBER AND NAME).|
- 4 PRICE PER TEST - TEST REFERENCED BY MASTER PRICE AGREEMENT ITEM #, AND CPT CODE ON INVOICES

C. TESTS WHICH ARE NOT DONE IN-HOUSE, INDICATE HOW CHARGES ARE TO BE DETERMINED

D. THIRD PARTY BILLING (e.g BLUE CROSS) MUST BE HANDLED BY THE REFERENCE LAB

A RECAP SHEET TO ACCOMPANY ANY INVOICE. IT SHALL LIST: TEST NAME: NUMBER OF REQUESTS

E. MONTH: UNIT LIST PRICE: GIVE PERCENT DISCOUNT, OR NET PRICE WHICH APPEARED ON BID

F. THE METHOD OF DETERMINING THE PRICE FOR TESTS NOT LISTED SHALL BE STATED IN THE BID QUOTATION.

IF ANY PROBLEMS IN SERVICE, ETC , CONTINUED AFTER A REASONABLE ADJUSTMENT PERIOD, CANCELLATION OF THE AGREEMENT CAN ENSUE.

IF ANY REQUESTED INFORMATION IS NOT INCLUDED IN SERVICE PROVIDER'S BID QUOTATION, IT SHALL BE CONCLUDED THAT THE PROVIDER CANNOT FULFILL THAT PORTION OF THE BID REQUEST AND MAY BE DISQUALIFIED.

VENDORS QUALIFICATIONS WILL BE CONSIDERED BEFORE BID AWARD. ONLY QUALIFIED LABORATORIES WILL BE CONSIDERED

VENDOR MUST FACILITATE EASY CHANGE OVER

VENDOR MUST INDICATE BILLING PROCEDURE.

BID RESPONSE:

INCLUDED IN THE BID PACKAGE IS A LIST OF TESTS MOST FREQUENTLY REQUESTED BY OUR LABORATORIES AND THE QUANTITIES REQUESTED PER YEAR. THIS LISTING IS BROKEN INTO TWO PARTS. IN PART ONE THE VENDOR IS REQUESTED TO PRICE EACH TEST. PART TWO IS FOR REFERENCE IN ESTABLISHING A DISCOUNT FROM CATALOG PRICING

INDICATE ON THE ATTACHED SHEETS YOUR COST FOR EACH TEST LISTED IN PART ONE

COMPLETE OR ADJUST THE CPT CODES FOR ALL TESTS REFERENCED

IF DUPLICATES ARE INCLUDED IN THE LISTING, INDICATE THE DUPLICATES

THE STATE IS REQUESTING PRICING FOR THE TOP 120 TESTS PREFORMED BY OUR LABORATORIES. ANOTHER LISTING OF LESS FREQUENTLY REQUESTED TESTS IS INCLUDED FOR REFERENCE ONLY BIDDER IS REQUESTED TO USE THIS LISTING TO ASSIST IN ESTABLISHING A DISCOUNT FROM CATALOG PRICING FOR THE BALANCE OF TESTS TO BE PERFORMED

VENDOR MUST INCLUDE A COPY OF THE CATALOG TO BE USED FOR THE BALANCE OF THE TESTS

THE STATE MAY REQUEST THE VENDOR TO SUPPLY A CATALOG, SPECIFIC TO THE STATE LISTING, ALL TESTS INCLUDED IN THE BID PACKAGE AND THE ACTUAL PRICE PER THESE TESTS

BID AWARD WILL BE MADE TO ONE QUALIFIED AND RESPONSIVE VENDOR USING THE QUANTITIES AND PRICING FROM PART ONE. IN PART TWO, ON A RANDOM BASIS, TESTS WILL BE TAKEN FROM THE CATALOG PROVIDED AND PRICING WILL BE ESTABLISHED USING THE DISCOUNT. PART TWO PRICING MAY BE INCLUDED IN THE EVALUATION OF BID RESPONSES

MEDICAL LABORATORY TESTING SERVICES

Item #	Test #		Quantity	Price per Test
1	163683	AFP, Serum, Tumor Marker	26	
2	163683	Aldosterone	3	
3	180950	Alpha-1-Antitrypsin, Serum	24	
4	001834	Ambiguous Gyn Pap Sm (1 Slide)	2	
5	192630	Amiodarone (Cordarone), Serum	2	
6	180950	Amitriptyline (Elavil), Serum	28	
7	010389	ANA w/Reflex	1	
8	006627	Angiotensin-Converting Enzyme	2	
9	005009	Anticardiolip Ab, IgA/G/M, Qn	5	
10	160325	Anticardiolip Ab, IgA/G/M, Qn	1	
11	141408	Anticardiolipin Ab, IgG, Qn	1	
12	008573	Antiextractable Nuclear Ag	1	
13	005009	Antihistone Antibodies	1	
14	004416	Antinuclear Antibodies Direct	26	
15	005223	Antistreptolysin O Ab	3	
16	121679	Antithyroglobulin Ab	2	
17	507301	Benzotropine (Cogentin)	2	
18	881411	B-Type Natriuretic Peptide	29	
19	013664	C difficile Toxins A+B, EIA	56	
20	010389	C4+C3	1	
21	006692	CA 125, Serum (Serial)	1	
22	006676	CA 27 29	1	
23	006627	Calcitriol(1,25 di-OH Vit D)	2	
24	001800	Calcium, Ionized, Serum	13	
25	808500	Calculi, Urinary	7	
26	006478	Carbohydrate Antigen 19-9	1	
27	002014	Catecholamines, Plasma	2	
28	808783	Catecholamines,Ur.,Free,24 Hr	1	
29	192630	CBC With Differential/Platelet	13	
30	104018	CD4/CD8 Ratio Profile	64	
31	164855	CEA	17	
32	096206	Celiac Disease Complete Panel	4	
33	028480	Celiac Disease Panel	2	
34	006627	Ceruloplasmin	15	
35	006395	Chlamydia/GC Amplification	15	
36	096552	Chromogranin A	1	
37	096206	Citrulline,Qn,Pl	3	
38	083824	CK, Total+Isoenzymes, Serum	12	
39	001800	Clomipramine, Serum	2	
40	001628	Clozapine (Clozaril), Serum	18	
41	002253	Comp panel: Leukemia/Lymphoma	1	
42	550027	Complement C3, Serum	10	
43	006726	Complement, Total (CH50)	1	
44	006627	Coombs', Direct	5	
45	006072	Copper, Serum	2	
46	000810	Cortisol	5	
47	081950	Cortisol - AM	37	
48	004804	C-Peptide, Serum	1	

Item #	Test #		Quantity	Price per Test
49	004465	C-Reactive Protein, Quant	78	
50	007000	Creatine, 24-Hour Urine	6	
51	006502	Creatinine, Urine	1	
52	004937	Dehydroepiandrosterone (DHEA)	2	
53	000810	Dehydroepiandrosterone Sulfate	3	
54	550430	DIC Profile	2	
55	081950	Digoxin, Serum	10	
56	002014	Drug Coma/Overdose I, Blood	1	
57	997871	Drug Prof,UR/G (Comprehensive)	1	
58	505271	Drug Scrn, Treatment Center	16	
59	006627	Eosinophil, Urine	5	
60	006627	Erythropoietin (EPO), Serum	5	
61	004440	Estradiol	5	
62	001503	Estrogens, Total	1	
63	001404	Factor V Activity	1	
64	000810	Fecal Fat, Qualitative	2	
65	P09068	Fibrinogen Antigen	2	
66	081950	Flow Markers X28	8	
67	086207	Folate (Folic Acid), Serum	31	
68	070706	Folate, RBC	1	
69	009068	FSH and LH	10	
70	081950	Gastrin, Serum	11	
71	165142	GenoSure	1	
72	002014	Giardia lamblia Ag, EIA	1	
73	002253	Giardia, EIA; Ova/Parasite	2	
74	121679	H pylori, IgM, IgG, IgA Ab	50	
75	006478	H. pylori IgG, Abs	9	
76	149997	H. pylori Stool Ag, EIA	10	
77	096560	Haptoglobin	5	
78	096206	HBsAg Screen	3	
79	015610	HBV DNA, Qual PCR, Rfx Quant	9	
80	182261	HBV DNA, Qualitative PCR	3	
81	149997	HBV Real-Time PCR, Quant	2	
82	096552	hCG,Beta Subunit,Qnt,Serum	23	
83	001834	HCV Antibody	1	
84	001404	HCV Genotyping Non Reflex	23	
85	121442	HCV QuantaSure Plus(Non-Graph)	26	
86	002139	HCV RNA (International Units)	22	
87	161950	HCV RT-PCR, Quant (Non-Graph)	33	
88	009100	Heavy Metals Profile I, Blood	1	
89	006627	Helicobacter pylori, IgA	14	
90	004549	Helper T-Lymph-CD4	1	
91	505271	Hgb Frac. Profile	34	
92	008623	Hgb Frac. w/o Solubility	7	
93	006197	Hgb Fractionation, Spot Blood	1	
94	005009	Hgb Solubility	12	
95	002154	HIV GenoSure	2	
96	002139	HIV-1 Phenotype/Genotype	1	
97	001974	HLA B 27 Disease Association	1	
98	001404	Homocyst(e)ine, Plasma	3	
99	164855	HPV, high-risk	37	

Item #	Test #		Quantity	Price per Test
100	072033	HSV Culture and Typing	3	
101	015610	HSV, IgM I/II Combination	1	
102	010389	IFE and PE, Random Urine	2	
103	009100	IFE and PE, Serum	1	
104	006627	Immunoglobulin E, Total	9	
105	004465	Immunoglobulin G, Qn, Serum	3	
106	003277	Immunoglobulin M, Qn, Serum	1	
107	002154	Insulin	8	
108	081950	Insulin and C-Peptide, Serum	2	
109	117020	Intrinsic Factor Abs, Serum	1	
110	117040	Lamotrigine (Lamictal), Serum	6	
111	161950	Lead, Blood (Adult)	22	
112	006072	Legionella pneumophila DFA	1	
113	005462	Leukocyte Alkaline Phos Score	1	
114	004937	Levetiracetam (Keppra), S	4	
115	004440	Lipase, Serum	70	
116	163683	Lupus Anticoagulant Comp	1	
117	550430	Lyme Ab/Western Blot Reflex	20	
118	096552	Lyme, Total Ab Test/Reflex	5	
119	096206	Lyme, Western Blot, Serum	5	
120	020321	Measles/Mumps/Rubella Immunity	2	
121	016931	Metanephrines, Frac, Qn, 24-Hr	4	
122	007000	Metanephrines, Frac., Pl Free	2	
123	006627	Methylmalonic Acid, Serum	13	
124	001974	Microalbumin, 24 hr Urine	1	
125	001503	Microalbumin, Random Urine	70	
126	080172	Mitochondrial (M2) Antibody	1	
127	080025	Mononucleosis Test, Qual	2	
128	080013	Mumps Antibodies, IgG	56	
129	006627	Myasthenia Gravis Full Panel	1	
130	006627	Mycoplasma pneu IgG/IgM Abs	10	
131	006072	Mycoplasma pneumoniae Culture	2	
132	004465	Myoglobin, Urine	1	
133	003541	Nortriptyline (Aventyl), Serum	1	
134	003475	Organism ID	1	
135	003368	Ornithine, Qn, Pl	1	
136	003368	Ova + Parasite Exam	24	
137	004226	Oxcarbazepine (Trileptal), S	11	
138	096552	Pap Lb, rfx HPV all pth	84	
139	199642	Pap Smear, 1 Slide	6	
140	149997	Pathology Report	5	
141	006684	Physician Read Pap	99	
142	001982	Porphobilinogen, Qn, Random Ur	1	
143	001503	Prealbumin	18	
144	008656	Primidone (Mysoline), Serum	5	
145	007476	Progesterone	5	
146	006726	Prolactin	85	
147	881411	Propoxyphene Confirmation, Ur	1	
148	770701	Protein C Antigen	1	
149	550475	Protein Electro, 24-Hour Urine	45	
150	100875	Protein Electro., S	9	

Item #	Test #		Quantity	Price per Test
151	008656	Protein S-Antigen	1	
152	008623	Protein Total, Qn, 24-Hr Urine	13	
153	997871	Protein, Total, Urine	48	
154	080013	PTH, Intact	29	
155	001677	Reference Bacterial Culture ID	2	
156	001560	Renin Activity and Aldosterone	2	
157	001404	Renin, Plasma	6	
158	550040	Rheumatoid Arthritis Factor	20	
159	192630	RIBA (HCV Confirmation)	50	
160	000810	RNA, Real Time PCR (Non-Graph)	135	
161	149997	RPR	15	
162	008623	Rubella Antibodies, IgG	61	
163	192630	Soluble Transferrin Receptor	13	
164	140889	Spec-Stain; GRP I-Micro 1st	1	
165	550027	Stool Culture	49	
166	140103	T pallidum Ab (FTA-Ab)	1	
167	010389	Testosterone, Serum	19	
168	004804	Testosterone, Free and Total	1	
169	004465	Thyroglobulin, Quantitative	2	
170	004416	Thyroid Antibodies	2	
171	004101	Thyroid Peroxidase (TPO) Ab	6	
172	001503	Thyroid Stim Immunoglobulin	8	
173	008573	Thyroxine (T4) Free, Direct, S	29	
174	001503	Thyroxine Binding Globulin	1	
175	001404	Tobramycin Peak, Serum	1	
176	000810	Tobramycin Trough, Serum	2	
177	550080	Toxoplasma gondii Ab, IgG, Qn	33	
178	550040	Transferrin	40	
179	140848	Trichomonas Culture	8	
180	706961	Triiodothyronine, T3 Free, ED	1	
181	660423	Triiodothyronine (T3)	2	
182	550475	Triiodothyronine, Free, Serum	42	
183	008144	Troponin I	15	
184	013664	t-Transglutaminase (tTG) IgA	10	
185	008623	Urea Nitrogen, 24-Hour Urine	3	
186	008573	Urine Cytology	29	
187	002154	Urine Cytology (Prof)	1	
188	001982	Urine Cytology (Tech)	3	
189	001560	Varicella Zoster Abs, IgG/IgM	3	
190	001503	Varicella-Zoster V Ab, IgG	115	
191	009068	VDRL Serum w/Reflex Titer	1	
192	080025	Viral Culture, General	17	
193	006627	Vitamin B1 (Thiamine), Blood	2	
194	006072	Vitamin B1 (Thiamine), Plasma	4	
195	004416	Vitamin B12	105	
196	507301	Vitamin B12 and Folate	76	
197	008623	Vitamin D, 1,25 + 25-Hydroxy	14	
198	007000	Vitamin D, 1,25 Dihydroxy	12	
199	006189	Vitamin D, 25-Hydroxy	64	
200	716928	White Blood Cells (WBC), Stool	27	
201	550040	Zinc, Plasma or Serum	34	

Item #	Test #		Quantity		Price per Test	
202	716928	Zonisamide(Zonegran), Serum	1			
		TOTAL TESTS PER YEAR	2,923			
		DISCOUNT FROM LABORATORY TEST NOT SPECIFIED IN LISTING				%
		BIDDER MUST INCLUDE LISTING OF TESTS PROVIDED WITH RESPONSE				

Contract Terms and Conditions

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Terms and Conditions

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TERMS AND CONDITIONS FOR THIS BID

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 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 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.

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.

DELIVERY PER AGENCY

DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY.