

SOLICITATION INFORMATION

July 15, 2004

BID NUMBER: #B04070 (MPA # 208)

TITLE: MEDICAL LABORATORY TESTING

OPENING DATE AND TIME: 8/5/04 – 10:00AM

PRE-BID/ PROPOSAL CONFERENCE: NO DATE: TIME:

MANDATORY :

LOCATION:

SURETY REQUIRED: NO

BOND REQUIRED: NO

LINDA ROCHE
CHIEF BUYER

/jk

Vendors must register on-line at the State Purchasing Website at www.purchasing.ri.gov to be able to download a Bidder Certification Cover Form which must accompany each offer.

NOTE TO VENDORS:

Offers received without the entire completed three-page RIVIP Generated Bidder Certification Cover Form attached may result in offer disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

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 BID #04070 OPENING DATE & TIME: 8/5/04 AT 10:00AM
 BLANKET REQUIREMENTS: 9/1/04 - 8/31/07 WITH OPTION TO RENEW FOR TWO ADDITIONAL TWELVE MONTH PERIODS
 ATTACHMENT "A"

VENDOR NAME	VENDOR NAME
BID #B04070	BID #B04070

ITEM #	QTY.	TEST #	DESCRIPTION	CPT CODE	UNIT PRICE	UNIT PRICE	ITEM #
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INSTRUCTIONS:

IF BIDDING ON ANY ITEM, THE ENTIRE BID MUST BE RETURNED.
 THE PRICE COLUMN ON THE RIGHT WILL BE DETACHED TO CREATE
 A BID TABULATION SPREADSHEET FOR THE "OFFICIAL BID ANALYSIS"
 THEREFORE:

- A) VENDOR NAME MUST APPEAR IN BOTH COLUMNS ON EVERY PAGE
 "EVERY PAGE UNDER THE WORD "BIDDER".
 - B) PRICE COLUMNS MUST CONTAIN "EXACTLY" THE SAME INFORMATION.
 - C) ANY SUPPLEMENTARY INFORMATION MUST BE REPEATED IN "BOTH"
 COLUMNS.
- FAILURE TO COMPLETE FORM AS INSTRUCTED MAY BE GROUNDS FOR
 "DISQUALIFICATION".

IN ACCORDANCE WITH THE GENERAL CONDITIONS OF PURCHASE (ITEM 31), INSURANCE
 CERTIFICATE IS REQUIRED FOR WORKER' COMPENSATION, PUBLIC LIABILITY, PROPERTY
 DAMAGE INSURANCE, AUTO INSURANCE, ETC., AND MUST BE SUBMITTED BY THE
 SUCCESSFUL BIDDER(S) TO THE DIVISION OF PURCHASES PRIOR TO AWARD. ANNUAL
 RENEWAL CERTIFICATES MUST BE SUBMITTED TO THE AGENCY IDENTIFIED ON THE
 PURCHASE ORDER. FAILURE TO DO SO MAY BE GROUNDS FOR CANCELLATION.

NOTE: IF THIS BID COVERS CONSTRUCTION, SCHOOL BUSING, HAZARDOUS WASTE,
 OR VESSEL OPERATION, APPLICABLE COVERAGES FOR 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.

DUE TOT HE LENGTH OF BID AND TIME RESTRAINTS THE STATE WILL ACKNOWLEDGE
 RECEIPT AND READ NAMES OF VENDORS SUBMITTING PROPOSALS ONLY. NO
 EXAMINATION OF DOCUMENTS OR PRESENTATION OF INFORMATION CONTAINED
 IN PROPOSALS WILL BE MADE AVAILABLE AT THE BID OPENING; HOWEVER, A TABULATION
 OR SUMMARY OF BID WELL BE SENT TO BIDDERS THAT REQUEST THEM.

CLINICAL SERVICE PROVIDER TO PICK UP PREPARED SPECIMENS OF VARIOUS BODY FLUIDS
 (BLOOD, URINE ETC. - DEPENDING ON NATURE OF TESTS TO BE PERFORMED), AS

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			REQUESTED, FROM THE HEALTH SERVICES LABORATORY AT URI AND THE 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.				
			<u>PROFICIENCY TESTING</u>				
			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.				
			<u>PICK-UP METHODOLOGY AND TURN-AROUND TIME FOR PHONE AND WRITTEN RESULTS.</u>				
			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.				

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			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.				
			<u>MALPRACTICE INSURANCE</u>				
			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.				
			<u>TEST REPORT FORMS</u>				
			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.				

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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 SUBSCRIBER ARE TO BE DONE. IF THERE ARE TOO MANY SUPERVISORS TO LIST COMPLETELY, INDICATE WHETHER THESE PERSONS ARE THE ONES TO WHOM 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.

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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 FOR IT THAT

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

G. 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.

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			<p>VENDORS QUALIFICATIONS WILL BE CONSIDERED BEFORE BID AWARD. ONLY QUALIFIED LABORATORIES WILL BE CONSIDERED.</p> <p>VENDOR MUST FACILITATE EASY CHANGE OVER.</p> <p>VENDOR MUST INDICATE BILLING PROCEDURE.</p> <p>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.</p> <p>INDICATE ON THE ATTACHED SHEETS YOUR COST FOR EACH TEST LISTED IN PART ONE.</p> <p>COMPLETE THE CPT CODES FOR ALL TESTS REFERENCED.</p> <p>IF DUPLICATES ARE INCLUDED IN THE LISTING, INDICATE THE DUPLICATES.</p> <p>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.</p> <p>VENDOR MUST INCLUDE A COPY OF THE CATALOG TO BE USED FOR THE BALANCE OF THE TESTS.</p> <p>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.</p> <p>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.</p>					
1	26		ABO GROUPING & RHO (D) TYPING		\$ _____	\$ _____	1	
					PER TEST	PER TEST		
2	55		AFB CULTURE		\$ _____	\$ _____	2	
					PER TEST	PER TEST		
3	50		AFP, SERUM, TUMOR MARKER		\$ _____	\$ _____	3	
					PER TEST	PER TEST		

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4	160		ALPHA-1-ANTITRYPSIN, SERUM		\$	\$	4
					PER TEST	PER TEST	
5	40		AMIKACIN LEVEL		\$	\$	5
					PER TEST	PER TEST	
6	20		AMIKACIN PEAK, SERUM		\$	\$	6
					PER TEST	PER TEST	
7	20		AMIKACIN TROUGH, SERUM		\$	\$	7
					PER TEST	PER TEST	
8	27		AMITRIPTYLINE (ELAVIL), SERUM		\$	\$	8
					PER TEST	PER TEST	
9	325		AMMONIA, PLASMA		\$	\$	9
					PER TEST	PER TEST	
10	20		ANABOLIC STEROIDS (URINE)		\$	\$	10
					PER TEST	PER TEST	
11	130		ANITNUCLEAR AB (ANA)		\$	\$	11
					PER TEST	PER TEST	
12	10		ANTIBODY SCREEN		\$	\$	12
					PER TEST	PER TEST	
13	10		ANTI-HBE		\$	\$	13
					PER TEST	PER TEST	
14	10		ANTI-HBSAG		\$	\$	14
					PER TEST	PER TEST	
15	130		ANTI-HEPATITIS C		\$	\$	15
					PER TEST	PER TEST	
16	140		ANTINUCLEAR ANTIBODIES (ANA)		\$	\$	16
					PER TEST	PER TEST	
17	10		ANTISTREPTOLYSIN O ANTIBODIES		\$	\$	17
					PER TEST	PER TEST	
18	150		ARTHRITIS PROFILE (CPR, RF, ANA, ESR)		\$	\$	18
					PER TEST	PER TEST	
19	120		BIOPSY (SMALL SPECIMEN)		\$	\$	19
					PER TEST	PER TEST	

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20	12		BLOOD GROUP AND RH		\$ _____	\$ _____	20
					PER TEST	PER TEST	
21	16		BLOOD UREA NITROGEN		\$ _____	\$ _____	21
					PER TEST	PER TEST	
22	150		C DIFFICILE TOXIN A		\$ _____	\$ _____	22
					PER TEST	PER TEST	
23	12		CA 27 .29		\$ _____	\$ _____	23
					PER TEST	PER TEST	
24	12		CALCIUM, IONIZED, SERUM		\$ _____	\$ _____	24
					PER TEST	PER TEST	
25	16		CARBAMAZEPINE (TEGRETOL)		\$ _____	\$ _____	25
					PER TEST	PER TEST	
26	150		CARDIAC RISK PROFILE CHOLESTEROL, TRIGLYERIDE, HDL		\$ _____	\$ _____	26
					PER TEST	PER TEST	
27	273		CD4 HEALPER T CELL		\$ _____	\$ _____	27
					PER TEST	PER TEST	
28	33		CD4/CD8 RATIO PROFILE		\$ _____	\$ _____	28
					PER TEST	PER TEST	
29	69		CEA		\$ _____	\$ _____	29
					PER TEST	PER TEST	
30	82		CERULOPLASMIN		\$ _____	\$ _____	30
					PER TEST	PER TEST	
31	50		CHLAMYDIA GC PCR		\$ _____	\$ _____	31
					PER TEST	PER TEST	
32	30		CHLAMYDIA PCR		\$ _____	\$ _____	32
					PER TEST	PER TEST	
33	435		CHLAMYDIA/GONOCOCCUS DNA PROBE		\$ _____	\$ _____	33
					PER TEST	PER TEST	
34	500		CHLAMYDIA/GONOCOCCUS URINE LCX2		\$ _____	\$ _____	34
					PER TEST	PER TEST	

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35	150		CHOLESTEROL		\$	\$	35
					PER TEST	PER TEST	
36	12		CHOLINESTERASE, SERUM AND RBC		\$	\$	36
					PER TEST	PER TEST	
37	46		CK ISOENZYMES, SERUM		\$	\$	37
					PER TEST	PER TEST	
38	12		CLOZAPINE (CLOZARIL), SERUM		\$	\$	38
					PER TEST	PER TEST	
39	20		COMMBS', DIRECT		\$	\$	39
					PER TEST	PER TEST	
40	19		CORTISOL		\$	\$	40
					PER TEST	PER TEST	
41	16		CREATININE (URINE OR SERUM)		\$	\$	41
					PER TEST	PER TEST	
42	15		CYTOMEGALOVIRUS (CMV), AB, LGG		\$	\$	42
					PER TEST	PER TEST	
43	216		DRUG SCREEN, TREATMENT CENTER		\$	\$	43
					PER TEST	PER TEST	
44	175		ELECTROLYTES		\$	\$	44
					PER TEST	PER TEST	
45	190		FERRITIN, SERUM		\$	\$	45
					PER TEST	PER TEST	
46	40		FSH, SERUM		\$	\$	46
					PER TEST	PER TEST	
47	166		GABAPENTIN (NEURONTIN), SERUM		\$	\$	47
					PER TEST	PER TEST	
48	600		GENERAL CHEMISTRY PROFILE SAMC25		\$	\$	48
					PER TEST	PER TEST	
49	12		GGTP		\$	\$	49
					PER TEST	PER TEST	
50	20		GLUCOSE-6-PHOSPHATE DEHYDROGENASE		\$	\$	50
					PER TEST	PER TEST	

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51	14		GLYCOHEMOGLOBIN (GHB), TOTAL		\$	\$	51
					PER TEST	PER TEST	
52	30		HAPTOGLOBIN		\$	\$	52
					PER TEST	PER TEST	
53	10		HBSAG		\$	\$	53
					PER TEST	PER TEST	
54	274		HCV RNA, PCR, QUANTITATIVE		\$	\$	54
					PER TEST	PER TEST	
55	16		HDL CHOLESTEROL		\$	\$	55
					PER TEST	PER TEST	
56	11		HELICOBACTER PYLORI, IGG		\$	\$	56
					PER TEST	PER TEST	
57	273		HELPER T-LYMPH-CD4		\$	\$	57
					PER TEST	PER TEST	
58	71		HEMOGLOBIN A1C		\$	\$	58
					PER TEST	PER TEST	
59	24		HEMOGLOBIN ELECTROPHORESIS		\$	\$	59
					PER TEST	PER TEST	
60	16		HEMOGLOBIN FRACTIONATION		\$	\$	60
					PER TEST	PER TEST	
61	10		HEPATITIS B VIRUS DNA, QUANT		\$	\$	61
					PER TEST	PER TEST	
62	15		HEPATITIS C VIRUS AB, RIBA 3.0		\$	\$	62
					PER TEST	PER TEST	
63	61		HEPATITIS C VIRUS GENOTYPING		\$	\$	63
					PER TEST	PER TEST	
64	150		HEPATITIS PROFILE (ANTI-HAV, HBSAG ANTI-IIBCORE, ANTI C		\$	\$	64
					PER TEST	PER TEST	
65	80		HERPES CULTURE		\$	\$	65
					PER TEST	PER TEST	

COMMODITY: MEDICAL LABORATORY TESTS (MPA #208)

BID #04070 OPENING DATE & TIME: 8/5/04 AT 10:00AM

BLANKET REQUIREMENTS: 9/1/04 - 8/31/07 WITH OPTION TO RENEW FOR TWO ADDITIONAL TWELVE MONTH PERIODS

ATTACHMENT "A"

VENDOR NAME

VENDOR NAME

BID #B04070

BID #B04070

ITEM #	QTY.	TEST #	DESCRIPTION	CPT CODE	UNIT PRICE	UNIT PRICE	ITEM #
66	100		HIV, GENOTYPING FOR MUTATIONS4		\$	\$	66
					PER TEST	PER TEST	
67	150		IGE		\$	\$	67
					PER TEST	PER TEST	
68	30		IMIPRAMINE (TROFRANIL), SERUM		\$	\$	68
					PER TEST	PER TEST	
69	20		IMPRAMINE LEVEL		\$	\$	69
					PER TEST	PER TEST	
70	10		IMMUNOGLOBULINS A/E/G/M, SERUM		\$	\$	70
					PER TEST	PER TEST	
71	17		INSULIN		\$	\$	71
					PER TEST	PER TEST	
72	15		LDH ISO		\$	\$	72
					PER TEST	PER TEST	
73	56		LIPASE, SERUM		\$	\$	73
					PER TEST	PER TEST	
74	18		LIPOPROTEIN ELECTROPHORESIS		\$	\$	74
					PER TEST	PER TEST	
75	12		LITHIUM		\$	\$	75
					PER TEST	PER TEST	
76	200		LYME SEROLOGY		\$	\$	76
					PER TEST	PER TEST	
77	48		MICROALBUMIN, RANDOM URINE		\$	\$	77
					PER TEST	PER TEST	
78	17		NORTRIPTYLINE (AVENTYL), SERUM		\$	\$	78
					PER TEST	PER TEST	
79	49		OVA/PARASITES EXAM, ROUTING		\$	\$	79
					PER TEST	PER TEST	
80	345		PAP SMEAR		\$	\$	80
					PER TEST	PER TEST	
81	299		PAP SMEAR (1 SLIDE), GYN		\$	\$	81
					PER TEST	PER TEST	

COMMODITY: MEDICAL LABORATORY TESTS (MPA #208)

BID #04070 OPENING DATE & TIME: 8/5/04 AT 10:00AM

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ATTACHMENT "A"

VENDOR NAME

VENDOR NAME

BID #B04070

BID #B04070

ITEM #	QTY.	TEST #	DESCRIPTION	CPT CODE	UNIT PRICE	UNIT PRICE	ITEM #
82	110		PARTIAL THROMBOPLASTIN TIME		\$	\$	82
					PER TEST	PER TEST	
83	18		PHENYTOIN (DILANTIN), SERUM		\$	\$	83
					PER TEST	PER TEST	
84	12		PHOSPHORUS		\$	\$	84
					PER TEST	PER TEST	
85	45		PHYSICIAN READ PAP		\$	\$	85
					PER TEST	PER TEST	
86	16		PLATELET COUNT		\$	\$	86
					PER TEST	PER TEST	
87	45		PROLACTIN		\$	\$	87
					PER TEST	PER TEST	
88	265		PROSTATE-SPECIFIC AG, SERUM		\$	\$	88
					PER TEST	PER TEST	
89	120		PROTHROMBIN TIME		\$	\$	89
					PER TEST	PER TEST	
90	188		QUANT., RNA PCR		\$	\$	90
					PER TEST	PER TEST	
91	20		QUANTATIVE, HCG BETA SUBUNIT		\$	\$	91
					PER TEST	PER TEST	
92	50		RAPID INFLUENZA EIA		\$	\$	92
					PER TEST	PER TEST	
93	30		RETICULOCYTE COUNT		\$	\$	93
					PER TEST	PER TEST	
94	515		RUBEOLA AB LGG		\$	\$	94
					PER TEST	PER TEST	
95	565		RUBEOLA ANTIBODIES, IGG		\$	\$	95
					PER TEST	PER TEST	
96	10		SICKLE CELL SCREEN		\$	\$	96
					PER TEST	PER TEST	

COMMODITY: MEDICAL LABORATORY TESTS (MPA #208)

BID #04070 OPENING DATE & TIME: 8/5/04 AT 10:00AM

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VENDOR NAME

BID #B04070

BID #B04070

ITEM #	QTY.	TEST #	DESCRIPTION	CPT CODE	UNIT PRICE	UNIT PRICE	ITEM #
97	100		STOOL CULTURE		\$	\$	97
					PER TEST	PER TEST	
98	120		STOOL OVA AND PARASITES		\$	\$	98
					PER TEST	PER TEST	
99	14		SURGICAL PATHOLOGY 88305		\$	\$	99
					PER TEST	PER TEST	
100	150		SYPHILIS SEROLOGY (ART/VDRL/RPR)		\$	\$	100
					PER TEST	PER TEST	
101	10		T3 UPTAKE		\$	\$	101
					PER TEST	PER TEST	
102	12		T4 UPTAKE (THYROXINE)		\$	\$	102
					PER TEST	PER TEST	
103	10		THEOPHYLINE		\$	\$	103
					PER TEST	PER TEST	
104	100		THYROID PROFILE (T3 UPTAKE, T4, T7)		\$	\$	104
					PER TEST	PER TEST	
105	12		TOTAL BILIRUBIN		\$	\$	105
					PER TEST	PER TEST	
106	190		TOTAL IRON BINDING CAPACITY		\$	\$	106
					PER TEST	PER TEST	
107	20		TOTAL T3		\$	\$	107
					PER TEST	PER TEST	
108	14		TOXOPLASMA GONDII AB, IGG, QN		\$	\$	108
					PER TEST	PER TEST	
109	23		TRAZODONE, SERUM		\$	\$	109
					PER TEST	PER TEST	
110	17		TRIGLYCERIDES		\$	\$	110
					PER TEST	PER TEST	
111	10		TRIIODOTHYRONINE, FREE, SERUM		\$	\$	111
					PER TEST	PER TEST	
112	150		TSH		\$	\$	112
					PER TEST	PER TEST	

COMMODITY: MEDICAL LABORATORY TESTS (MPA #208)

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VENDOR NAME

VENDOR NAME

BID #B04070

BID #B04070

ITEM #	QTY.	TEST #	DESCRIPTION	CPT CODE	UNIT PRICE	UNIT PRICE	ITEM #
113	18		ULTRA SENSITIVE RNA QN		\$ _____ PER TEST	\$ _____ PER TEST	113
114	116		ULTRA SENSITIVE TNA QUANT. (HIV)		\$ _____ PER TEST	\$ _____ PER TEST	114
115	12		URIC ACID, URINE		\$ _____ PER TEST	\$ _____ PER TEST	115
116	14		URINE CYTOLOGY		\$ _____ PER TEST	\$ _____ PER TEST	116
117	42		VARICELLA-ZOSTER V AB, IGG		\$ _____ PER TEST	\$ _____ PER TEST	117
118	13		VIRAL CULTURE, GENERAL		\$ _____ PER TEST	\$ _____ PER TEST	118
119	35		VZV, HSV, DIRECT AG TESTING5		\$ _____ PER TEST	\$ _____ PER TEST	119
120	32		ZINC, SERUM		\$ _____ PER TEST	\$ _____ PER TEST	120
GRAND TOTAL EXTENDED PRICE FOR ITEMS 1 - 120 (QUANTITY X PRICE = EXTENDED PRICE)					\$ _____	\$ _____	121
					EXTENDED PRICE	EXTENDED PRICE	
MISCELLANEOUS TESTS AS NEEDED, BID A % DISCOUNT FROM LIST PRICE AND SUBMIT A PRICE LIST WITH BID.					_____ %	_____ %	122
					DISCOUNT	DISCOUNT	
REPRESENTATIVE SAMPLE OF TEST INCLUDED IN PART TWO							
REQUIREMENTS WILL BE AWARD TO ONE BIDDER BASED ON VENDOR QUALIFICATIONS AND PRICING.							
<u>PART TWO REFERENCE:</u>							
1701			5' Nucleotidase	_____			
85902			Acetylcholine Receptor AB	_____			
800888			Acid Hemolysin	_____			
1388			Acid Phosphatase, Total	_____			
4440			ACTH, Plasma	_____			
8649			Aerobic Bacterial Culture	_____			
480012			AFP, Tumor Marker (Serial)	_____			

COMMODITY: MEDICAL LABORATORY TESTS (MPA #208)

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ATTACHMENT "A"

VENDOR NAME

VENDOR NAME

BID #B04070

BID #B04070

ITEM #	QTY.	TEST #	DESCRIPTION	CPT CODE	UNIT PRICE	UNIT PRICE	ITEM #
		4374	Aldosterone, Serum				
		1612	Alk Phos Isoenzyme				
			Alkaline Phosphatase				
			Alkaline Phosphatase Isoenzymes				
		62695	Allergens (6)				
		601013	Allergens (7)				
		1396	Amylase, Serum				
		10116	Angiotensin-Converting Enzyme				
		161950	Anticardiolip AB, IGA/IGG/IGM				
		46557	Antidiuretic Hormone Profile				
		96339	Anti-DSDNA Antibodies				
		6338	Antiextractable Nuclear AG				
			Anti-Hepatitis A (HAVA)				
		12518	Antihistone Antibodies				
		840884	Antimic, Serum Level, ISO., HPLC				
		833996	Antimic, Serum Level, RIFAM, HPLC				
		6650	Antimitochondrial Ab (AMA), Qn				
		162388	Antineutrophil Cytoplasmic AB				
		6486	Antiparietal Cell Ab, Quant				
		250555	Antiphospholipid Syndrome Prof				
		18705	Antiscleroderma-70 Antibodies				
		6643	Antismooth Muscle Ab, Quant				
		15040	Antithrombin III (Functional)				
		6684	Anti-Thyroid Antibodies				
		303758	Basic Metabolic Panel (7)				
			C-3 Complement				
		144733	CA 125 in the Presence of HAMA				
		4895	Calcitonin, Serum				
		120790	Calculi, Urinary				
		2303	Cancer Antigen (CA) 125				
		286161	Catecholamine/VMA, 24 hour Urine				
		4176	Catecholamines, Urinary Free				
		810200	Cathartic Laxative Stool				
		5009	CBC with Differential/Olatelet				
		5231	Cell Count, Body Fluids				
		96149	Chlamydia Trachomatis Ab, IgM				
		2063	Chloride, Cerebrospinal Fluid				
		3160	Chloride, Urine				
		72132	Chlorpromazine, Serum				
		52019	Chromosome, Blood, Routine				
		489914	Chronic Lymphocytic				
		16865	Citric Acid (Citrate), Urine				
		706465	Clomipramine, Serum				
			Clostridium Difficile				
			CMV Antibody				
			Cold Agglutinins				
		6452	Complement C3, Serum				

COMMODITY: MEDICAL LABORATORY TESTS (MPA #208)

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ATTACHMENT "A"

VENDOR NAME

VENDOR NAME

BID #B04070

BID #B04070

ITEM #	QTY.	TEST #	DESCRIPTION	CPT CODE	UNIT PRICE	UNIT PRICE	ITEM #
		1834	Complement C4, Serum				
		1941	Complement, Total (CH50)				
		1586	Copper, Serum				
		24265	Cortisol (2 specimens)				
		104000	Cortisol, AM/PM				
		10108	C-Peptide, Serum				
		6627	C-Reactive Protein, Quant				
		3475	Creatine, 24 Hour Urine				
		3012	Creatinine, 24 Hour Urine				
		13672	Creatinine, Urine				
		1594	Cryoglobulin, Ql., Serum, Rfix				
		8755	Cryptosporidium Smear, Stool				
		8201	Cytomegalovirus (CMV) Culture				
		96727	Cytomegalovirus (CMV), Ab, IgM				
		115188	D-Dimer (Latex)				
		4101	Dehydroepiandrosterone (DHEA)				
		7765	Desipramine, Serum				
			DHEA				
			Direct Bilirubin				
		7609	Doxepin (Sinequan), Serum				
		99853	Drawing Fee				
		766477	Drug Profile, Blood (7 drug)				
		96230	EBV Ab VCA, IgG				
		96735	EBV Ab VCA, IgM				
		216655	EBV Acute Infection Antibodies				
		115055	Eosinophil, Urine or Stool				
		140277	Erythropoietin (EPO), Serum				
		68296	F245 Egg, Whole				
		511154	Factor V Leiden Mutation				
		115402	FDP, Plasma				
		1677	Fecal Fat, Qualitative				
		1610	Fibrinogen, Quantitative				
			Fluid Cell Count (Synovial, etc.)				
			Fluid Crystals				
		810762	Fluvoxamine (Luvox)				
		28480	FSH and LH				
		8482	Fungus (Mycology) Culture				
		188243	Fungus Culture with Stain				
		8136	Fungus Stain				
		4390	Gastrin, Serum				
		2048	Glucose, Cerebrospinal Fluid				
		192005	Gynecologic Mono-Layer Pap				
		163683	H. Pylori, IGM, IGG, IGA, AB				
			HBeAg				
		551432	HBV DNA, Qualitative PCR				
		4416	hCG, Beta Subunit, Qnt. Serum				
		5066	Hematopath Consult, Per Smear				

COMMODITY: MEDICAL LABORATORY TESTS (MPA #208)

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ATTACHMENT "A"

VENDOR NAME

VENDOR NAME

BID #B04070

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ITEM #	QTY.	TEST #	DESCRIPTION	CPT CODE	UNIT PRICE	UNIT PRICE	ITEM #
		80473	Hemosiderin, Urine				
		6734	Hep A Ab, IgM				
		6726	Hep A Ab, Total				
		6619	Hep Be Ag				
		303755	Hepatic Function Panel (6)				
		28928	Hepatitis A (Prof V)				
			Herpes Antibody				
		163014	Herpes Simplex Virus I/II, IGG				
		96271	Histoplasma Antibodies				
			HIV, Phenotyping for Mutations				
			HLA B-27				
		706994	Homocyst(E)ine, Plasma/Serum				
		8250	HSV Culture and Typing				
		163147	HSV Type 2-Specific AB, IGG				
		8193	HSV, Direct EIA/Culture				
		4275	Human Growth Hormone, Serum				
			HVA				
			Hydroxycorticosteroids				
		29884	Hydroxyproline, Free/Total, QN				
		122390	IFE and PE, Random Urine				
		1495	IFE and PE, Serum				
		3467	IFE/Protein Electro, 24 Hour Urine				
		213660	Insulin and C-Peptide, Serum				
			Insulin Tolerance (5 Tubes)				
		140350	Insulin, Free and Total, Serum				
		10413	Intrinsic Factor Ab, Serum				
			Iron				
			Ketosteroids				
		4770	Lactic Acid, Blood				
		122408	Lactic Acid, CSF				
		716944	Lamotrigine (Lamictal), Serum				
		120295	LDL Cholesterol (Direct)				
		7625	Lead, Blood (Adult)				
		7633	Lead, Urine				
		182246	Legionella Pneumophila UR AG				
			LH				
		235010	Lipid Panel with LDL/HDL Ratio				
			Liver Profile				
		235036	LP+LipoE1				
		84178	Lupus Anticoagulant				
		4283	Luteinizing Hormone, Serum				
		223586	Lyme Ab, Total/IGM Responses				
		15271	Lyme Ab/Total Immunoglobulins				
		258004	Lyme AB/Western Blot Reflex				
		161992	Lyme Disease Ab, Quant. IgM				
			Lyme Disease Antibody				
		160325	Lyme, Total AB Test/Reflex				

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ATTACHMENT "A"

VENDOR NAME

VENDOR NAME

BID #B04070

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ITEM #	QTY.	TEST #	DESCRIPTION	CPT CODE	UNIT PRICE	UNIT PRICE	ITEM #
		163600	Lyme, Western Blot, Serum				
			Malaria Smear				
			Measles Antibody				
		811257	Mephenytoin (Mesantoin)				
		4234	Metanephrines, Frac. QN. 24 Hour				
		7781	Methadone (Dolophine), Serum				
		140050	Microalbumin, 24 Hour Urine				
		140053	Microalbumin, Timed Urine				
		814657	Microsporidia Detection, LM				
		9985	Miscellaneous Testing				
		96115	Mycoplasma Pneumoniae Ab				
		3079	Myoglobin, Quantitative, Urine				
			Nasal Eosinophil Smear				
			Non-gynecological Cytology				
		2071	Osmolality, Serum				
		3442	Osmolality, Urine				
		3970	Oxalate, Quant., 24 Hour Urine				
		83824	Panel 083824				
		163550	Panel 163550				
		9191	Pap Smear (2 slides), GYN				
		96214	Parainfluenza Virus Antibody				
		163303	Parvovirus, B19, Human, IGG/IGM				
		70706	Phenytoin, Free and Total, Serum				
		70763	Phenytoin, Free, Serum				
			Plasma Hemoglobin				
		9043	Pleural Fluid Cytology				
		180232	Pneumocystis Smear				
		1180	Potassium, Serum				
		3186	Potassium, Urine				
		16931	Prealbumin				
		4036	Pregnancy Test, Urine				
		7856	Primidone (Mysoline), Serum				
		165100	Protein C & Protein S Panel				
		117705	Protein C-Functional				
		225920	Protein Elec + Interp, Serum				
		354928	Protein Electro, Random Urine				
		3368	Protein Electro. 24 Hour Urine				
		1487	Protein Electro., S				
		164525	Protein S-Functional				
		3277	Protein Total, QN. 24 Hour Urine				
		2055	Protein, Total, CSF				
		13664	Protein, Total, Urine				
		15610	PTH Intact				
		660423	Rast Food Profile				
		8458	Reference Bacterial Culture ID				
			Rheumatoid Factor				
		6585	RH-HR Genotype				

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ATTACHMENT "A"

VENDOR NAME

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BID #B04070

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ITEM #	QTY.	TEST #	DESCRIPTION	CPT CODE	UNIT PRICE	UNIT PRICE	ITEM #
		6197	Rubella Antibodies, IgG	_____			
		5215	Sedimentation Rate-Westergren	_____			
			Semen Analysis	_____			
		S00001	Sensitivity Organism #1	_____			
			Serotonin (5 HIAA)	_____			
			SGOT	_____			
			SGPT	_____			
		12708	Sjogren's AB, Anti-SS-A/-SS-B	_____			
		3178	Sodium, Urine	_____			
		883121	Spec-Stain'GRP I-Micro 1st	_____			
		9076	Sputum Cytology	_____			
		160184	Straitional Antibodies	_____			
		815621	Strongyloides IGG AB, Elisa	_____			
		883001	Surgical Pathology 88300	_____			
		883041	Surgical Pathology 88304	_____			
		141002	T4, Free, Equilibrium Dialysis	_____			
		510412	Tay-Sachs, Biochemical, Serum	_____			
		140103	Testosterone, Free & Total	_____			
		144980	Testosterone, Free, Direct	_____			

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VENDOR NAME

VENDOR NAME

BID #B04070

BID #B04070

ITEM #	QTY.	TEST #	DESCRIPTION	CPT CODE	UNIT PRICE	UNIT PRICE	ITEM #
		4226	Testosterone, Serum	_____			
			Thyroid Antibody	_____			
		6692	Thyroid Antithyroglobulin AB	_____			
		620	Thyroid Panel with TSH	_____			
		6676	Thyroid Peroxidase (TPO) Ab	_____			
		1974	Thyroxine (T4) Free, Direct, S	_____			
		7154	Tobramycin Peak, Serum	_____			
		7155	Tobramycin Trough, Serum	_____			
			Total Catecholamines	_____			
			Total Eosinophil Count	_____			
			Total Protein	_____			
			Toxoplasma Antibody	_____			
		96651	Toxoplasma Gondii Ab, IgM, Qn	_____			
		4937	Transferrin	_____			
		2188	Triiodothyronine, (T3)	_____			
		140178	Troponin I	_____			
		140145	Troponin-T	_____			
		142299	TSH, Third Generation, Serum	_____			
		3541	Urea Nitrogen, 24 Hour Urine	_____			
		3772	Urinalysis, Complete	_____			
		70327	Vancomycin Peak, Serum	_____			
		70326	Vancomycin Random, Serum	_____			
		70328	Vancomycin Trough, Serum	_____			
		120584	Viscosity, Body Fluid	_____			
		1503	Vitamin B-12	_____			
		810	Vitamin B-12 & Folate	_____			
		81091	Vitamin D, 1.25 Dihydroxy	_____			
			VMA	_____			
		8656	White Blood Cells (WBC), Stool	_____			

DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY

TERMS

TERMS