City of New York  
Department of Health and Mental Hygiene (DOHMH)  
LABORATORY TESTING SERVICES INVITATION FOR BID (IFB)  
PIN: 15TB023000R0X00

Addendum #1  
July 17, 2015

This Addendum contains an extension to the Bid Due Date.

Except as otherwise stated below and by any prior or subsequent Addenda to the above-referenced IFB, the IFB remains unchanged.

Another addendum will be issued with further instructions.

I. Revisions to the IFB: Deletions are crossed-out; new language is bolded:

a. Section I: Timetable (page 3) is hereby revised as follows:

4. Bid Due Date and Time, Public Bid Opening Location

Date: July 23, 2015 August 13, 2015  
Time: 11:00 a.m.  
Place: New York City Department of Health and Mental Hygiene  
        Office of the Agency Chief Contracting Officer  
        42-09 28th Street, 17th Floor  
        Attention: Michael Santangelo, Esq., Contract Manager  
        Email: Bids@health.nyc.gov

Public Bid opening will be held at the above location on the 17th floor.

** NOTE: Any bids received after 11:00 am will be considered late and will not be accepted. **

II. REVISED Item 3: Acknowledgement of Addenda form (Annex A): Attached is a revised Item 3: Acknowledgement of Addenda form. Bidders are directed to sign this version of the form and submit it with their bid package.
ATTACHMENT C

Item 3: Acknowledgment of Addenda

Complete Part I or Part II, whichever is applicable, and sign your name in Part III:

PART I: LISTED BELOW ARE THE DATES OF ISSUE FOR EACH ADDENDUM RECEIVED IN CONNECTION WITH THIS IFB:

ADDENDUM # 1, DATED JULY 17, 2015

ADDENDUM # 2, DATED ______________________, 20__

ADDENDUM # 3, DATED ______________________, 20__

ADDENDUM # 4, DATED ______________________, 20__

ADDENDUM # 5, DATED ______________________, 20__

ADDENDUM # 6, DATED ______________________, 20__

PART II: _____ NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS INVITATION FOR BIDS.

PART III:

PROPOSER (NAME)________________________________________ DATE__/__/__

PROPOSER (SIGNATURE)________________________________________