



**City of New York**  
**Department of Health and Mental Hygiene (DOHMH)**  
**LABORATORY TESTING SERVICES INVITATION FOR BID (IFB)**  
**PIN: 15TB023000ROX00**

**Addendum #3**  
**September 2, 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.

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

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

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

Date: ~~September 10, 2015~~ **September 24, 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, 17<sup>th</sup> 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. \*\*

2) CONTRACTOR FORMS TO BE COMPLETED (page 5 of the IFB) is hereby revised as follows:

- Bidder State ~~and Federal~~ Identification Information:
  - New York State Permit Number and Expiration Date, with relevant categories under permit;
  - ~~Medicare Supplier Code Number and Expiration Date;~~
  - ~~Medicaid Certificate Number and Expiration Date;~~
- The location of laboratory sites where tests would be performed.

3) Section II(A)(10): Specimen Handling (page 14) is hereby revised as follows:

Contractor must retain specimens for the time period specified by the Department, retest specimen and return specimen when requested by BSTDC Clinics, BTBC Facilities and PHL. Contractor must also forward specimens/positive cultures to CDC when requested by the Department **at no additional cost to the Department.**

- II. **REVISED Item 2: Bid Sheet (Annex A):** Attached is a revised Item 2: Bid Sheet. Bidders are directed to complete this attached Bid Sheet instead of the Bid Sheet contained in the Invitation for Bids. This revised version includes additions and deletions. Please review carefully.
- III. **REVISED Item 3: Acknowledgement of Addenda form (Annex B):** 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.
- IV. **Revised Item 5: Forms to Be Completed by Bidder (Annex C):** Attached is a revised Item 5: Forms to Be Completed by Bidder. Bidders are directed to complete this version of the form and submit it with their bid package.
- V. **Questions and Answers (Annex D):** Attached are a list of the questions posed by vendors and answers provided by DOHMH.

**REVISED - Item 2: BID SHEET**

Bidder's Legal Name: \_\_\_\_\_

Bidder's EIN: \_\_\_\_\_

**NOTICE TO ALL BIDDERS: FAILURE TO COMPLETE THIS SECTION IN DETAIL SHALL RESULT IN REJECTION OF YOUR BID.**

The undersigned agrees, if this bid is accepted, that they will within ten (10) days of receipt of notice of award submit executed copies of insurance policies as may be required, execute the Agreement set forth in this Invitation for Bid, and will proceed, when directed to do so, with the work required hereunder in strict compliance with the terms and conditions set forth in this Bid using the prices as indicated in the tables that follow:

**NOTE #1:** This is a requirements contract and is intended to cover, during the term of this Contract, the requirements of the Department. Fees must include all Bidder's costs, including, but not limited to, all labor, tools, equipment, materials, trucking, insurance, permits, overhead, and profit. The quantities listed on the tables that follow are estimated for the full term of this Contract, and the Department may use more, less, or none of the quantities listed.

**NOTE #2:** This is a single class bid. Bidders must bid on all items contained in this Bid Sheet. One Contractor will be awarded a contract.

**NOTE #3:** Bid Price per test will remain fixed for the term of the Contract.

**NOTE #4:** Contractors must retain specimens for the time period specified by the Department, retest specimen and return specimen when requested by BSTDC Clinics, BTBC Facilities and PHL. Contractor must also forward specimens/positive cultures to CDC when requested by the Department at no additional cost to the Department.

**REVISED - Item 2: BID SHEET (PAGE 1 of 8)**

PIN:15TB023000R0X00

**Bidder's Legal Name:** \_\_\_\_\_ **Bidder's EIN:** \_\_\_\_\_

**PART I: BUREAU OF STD CONTROL –Calculation for one year of testing services**

Enter Bidder's TEST CODE and TEST SPECIFICATONS, if any. Enter BID PRICE PER TEST (A) and LINE COST (C) for each test specified below. Then enter SUBTOTAL BID PRICE as indicated.

		A	B	C	
TEST CODE	DESCRIPTION	TEST SPECIFICATION	BID PRICE PER TEST	ESTIMATED # OF TESTS	LINE COST (A*B)
	TPPA - SYPHILLIS		\$	5,508	\$
	GC NAAT TESTING-		\$	1,977	\$
	PAP SMEAR TEST (THIN PREP) INC INTERP.		\$	2,714	\$
	RPR		\$	58,573	\$
	RPR TITER		\$	3,757	\$
<b>Part I SUBTOTAL BID PRICE for one year (sum of column C):</b>				<b>\$</b>	

**REVISED - Item 2: BID SHEET (PAGE 2 of 8)**

PIN:15TB023000R0X00

**Bidder's Legal Name:** \_\_\_\_\_ **Bidder's EIN:** \_\_\_\_\_

**PART I: BUREAU OF STD CONTROL – Total Bid Price Calculation**

**PART I – TOTAL BID PRICE**

**A: Subtotal BID Price for one year:** \$ \_\_\_\_\_

**B: Number of years in the contract:** \_\_\_\_\_ 5 years \_\_\_\_\_

**TOTAL BID PRICE FOR PART I: (A x B):** \$ \_\_\_\_\_

**REVISED - Item 2: BID SHEET (PAGE 3 of 8)**

PIN:15TB023000R0X00

Bidder's Legal Name: \_\_\_\_\_

Bidder's EIN: \_\_\_\_\_

**PART II: BUREAU OF TUBERCULOSIS CONTROL - Calculation for one year of testing services**

Enter Bidder's TEST CODE and TEST SPECIFICATONS, if any. Enter BID PRICE PER TEST (A) and LINE COST (C) for each test specified below. Then enter SUBTOTAL BID PRICE as indicated.

TEST CODE	DESCRIPTION	TEST SPECIFICATION	A BID PRICE PER TEST	B ESTIMATED # OF TESTS	C LINE COST (A*B)
	Amylase, Serum		\$	10	\$
	Anachoice SCR		\$	15	\$
	C.Difficile Toxin A & B		\$	10	\$
	Carbamazepine, Total		\$	10	\$
	CBC w/ Diff & PLT		\$	4,000	\$
	CD4		\$	20	\$
	Chem-Screen Panel		\$	6,000	\$
	Culture, Urine, Routine		\$	10	\$
	ESR, Westergren		\$	10	\$
	Ferritin		\$	20	\$
	HAV AB (IGM)		\$	2,360	\$
	HB Core AB, Total		\$	20	\$
	HB E AB		\$	10	\$
	HB E AG		\$	10	\$
	HB S AB, QL		\$	20	\$
	HB S AG Neutralization		\$	20	\$
	HB S AG w/ Reflex Conf		\$	20	\$
	HCG, Serum		\$	10	\$
	HCV RNA, QN, Real Time PCR		\$	35	\$
	Hemoglobin A1C		\$	140	\$
	Hepatitis A, AB W/Refl IGM		\$	20	\$
	Hepatitis B Viral PCR		\$	35	\$
	Hepatitis Panel w/ RFX		\$	2,300	\$
	Histone AB		\$	10	\$
	Iron & TIBC, Serum		\$	10	\$
	Magnesium		\$	10	\$
	Phenytoin (Dilantin)		\$	10	\$
	Platelet Count, Special		\$	10	\$
	Prothrombin Time		\$	20	\$
	PTT		\$	20	\$
	Quantiferon-TB Gold		\$	6,000	\$
	Rheumatoid Factor		\$	10	\$
	Thyroid Panel + TSH		\$	120	\$
	TSH		\$	10	\$
	Urinalysis		\$	15	\$
	Vitamin B12 + Folate		\$	10	\$
	HCV AB	reflex to PCR	\$	35	\$
	HB S AG	Reflex to neutralization	\$	35	\$
	HB S AB, QL		\$	35	\$
<b>Part II SUBTOTAL BID Price for one year (sum of column C):</b>				<b>\$</b>	

**REVISED - Item 2: BID SHEET (PAGE 4 of 8)**  
PIN:15TB023000R0X00

**Bidder's Legal Name:** \_\_\_\_\_ **Bidder's EIN:** \_\_\_\_\_

**PART II: BUREAU OF TUBERCULOSIS CONTROL – Total Bid Price Calculation**

**PART II – TOTAL BID PRICE**

**A: Subtotal BID Price for one year:** \$ \_\_\_\_\_

**B: Number of years in the contract:** \_\_\_\_\_ 5 years \_\_\_\_\_

**TOTAL BID PRICE FOR PART II: (A x B):** \$ \_\_\_\_\_

**REVISED - Item 2: BID SHEET (PAGE 5 of 8)**  
 PIN:15TB023000R0X00

**Bidder's Legal Name:** \_\_\_\_\_ **Bidder's EIN:** \_\_\_\_\_

**PART III: NYC PUBLIC HEALTH LABORATORY – Calculation for one year of testing services**

**Enter Bidder's TEST CODE and TEST SPECIFICATONS, if any. Enter BID PRICE PER TEST (A) and LINE COST (C) for each test specified below. Then enter SUBTOTAL BID PRICE as indicated.**

TEST CODE	DESCRIPTION	TEST SPECIFICATION	A BID PRICE PER TEST	B ESTIMATED # OF TESTS	C LINE COST (A*B)
	Aerobic & anaerobic Culture	All [blood, wound, body fluids, tissue]	\$	10	\$
	Antimicrobial susceptibility testing (AST)	As requested Blood Culture	\$	10	\$
	Blood Culture		\$	10	\$
	Neisseria gonorrhea Culture and AST	All Sources	\$	10	\$
	Neisseria meningitidis identification, serogrouping, and AST		\$	10	\$
	B. pertussis culture		\$	10	\$
	H. influenza serotyping		\$	10	\$
	Listeria monocytogenes serotyping		\$	10	\$
	Legionella Culture, DFA, and Urinary Antigen Test		\$	10	\$
	Mycobacteria Culture, Smear, PCR & AST		\$	10	\$
	Mycobacterial isolate identification & AST		\$	10	\$
	QuantiFERON – TB Gold (QFT – G)	In tube	\$	10	\$
	CT/GC NAAT		\$	10	\$
	Stool Culture		\$	10	\$
	Camphylobacter spp identification		\$	10	\$
	Shiga-toxin-producing E. coli identification and serogrouping		\$	10	\$
	Salmonella spp serotyping		\$	10	\$
	Shigella spp serotyping and AST		\$	10	\$
	Vibrio spp identification		\$	10	\$
	Enteric isolate identification		\$	10	\$
	Norovirus real-time RT-PCR		\$	10	\$
	HIV Viral Load		\$	10	\$
	Multi Spot HIV-1 and HIV-2		\$	10	\$
	HIV-1 Western Blot		\$	10	\$
	HIV-2 EIA		\$	10	\$
	HIV-2 DNA PCR		\$	10	\$
	HIV pooled NAAT		\$	10	\$
	4th Generation HIV Assay	P 24 Ag EIA	\$	10	\$
	Hepatitis screen ABC	(Hep A Ab, BsAg, BsAb, BcAb, Hep C)	\$	10	\$
	Hepatitis A Ab IgG and IgM		\$	10	\$
	Hepatitis B viral load	(quantitative RNA PCR)	\$	10	\$
	Hepatitis B Core Antibody, Total		\$	10	\$



**REVISED - Item 2: BID SHEET (PAGE 6 of 8)**

PIN:15TB023000R0X00

**Bidder's Legal Name:** \_\_\_\_\_

**Bidder's EIN:** \_\_\_\_\_

**PART III: NYC PUBLIC HEALTH LABORATORY – Year 1 Calculation (continued)**

**Enter Bidder's TEST CODE and TEST SPECIFICATONS, if any. Enter BID PRICE PER TEST (A) and LINE COST (C) for each test specified below. Then enter SUBTOTAL BID PRICE as indicated.**

TEST CODE	DESCRIPTION	TEST SPECIFICATION	A BID PRICE PER TEST	B ESTIMATED # OF TESTS	C LINE COST (A*B)
	Hepatitis B Surface Antigen		\$	10	\$
	HBsAb, QL		\$	10	\$
	HBsAg W/REFLEX CONF		\$	10	\$
	Hepatitis C viral load	(quantitative RNA PCR)	\$	10	\$
	Hepatitis C Ab EIA		\$	10	\$
	HCV RIBA		\$	10	\$
	Herpes Simplex Virus (HSV)	Culture and Typing	\$	10	\$
	VZV IgM		\$	10	\$
	VZV IgG		\$	10	\$
	VZV real-time RT-PCR		\$	10	\$
	West Nile, PNA, RT-PCR, NY		\$	10	\$
	West Nile Virus IgG	(serum)	\$	10	\$
	West Nile Virus IgM	(serum)	\$	10	\$
	West Nile Virus RNA, CSF	(NY)	\$	10	\$
	Dengue real-time RT-	PCR (on [clinical] human and [environmental] mosquitos)	\$	10	\$
	Measles IgG		\$	10	\$
	Measles IgM		\$	10	\$
	Measles real-time RT-PCR		\$	10	\$
	Rubella IgG		\$	10	\$
	Rubella IgM		\$	10	\$
	Mumps IgG		\$	10	\$
	Mumps IgM		\$	10	\$
	Mumps real-time RT-PCR		\$	10	\$
	CDC Comprehensive Flu Panel	(seasonal flu, pdmH1NI, A/H5, A/H7)	\$	10	\$
	Novel Coronavirus 2012 real-time RT-PCR		\$	10	\$
	Respiratory Viral Panel (RVP) Luminex		\$	10	\$
	Orthopox (smallpox) RT-PCR		\$	10	\$
	Non-Orthopox (vaccinia virus, monkeypox virus, and cowpox virus) RT-PCR		\$	10	\$
	Virus Culture		\$	10	\$
	Rotavirus rapid antigen detection test		\$	10	\$
<b>Part III SUBTOTAL BID Price for one year (sum of column C):</b>					\$

**REVISED - Item 2: BID SHEET (PAGE 7 of 8)**

PIN:15TB023000R0X00

Bidder's Legal Name: \_\_\_\_\_

Bidder's EIN: \_\_\_\_\_

**PART III: NYC PUBLIC HEALTH LABORATORY –Total Bid Price Calculation**

**PART III – TOTAL BID PRICE**

A: Subtotal BID Price for one year: \$ \_\_\_\_\_

B: Number of years in the contract: \_\_\_\_\_ 5 years \_\_\_\_\_

TOTAL BID PRICE FOR PART III: (A x B): \$ \_\_\_\_\_

REVISED - Item 2: BID SHEET (PAGE 8 of 8)

PIN:15TB023000R0X00

Bidder's Legal Name: \_\_\_\_\_

Bidder's EIN: \_\_\_\_\_

Part IV: TOTAL BID PRICE CALCULATION

Total Bid Price calculation for Contract Term (five years):

TOTAL BID PRICE FOR PART I (from page 2 of Bid Sheet): \$ \_\_\_\_\_

TOTAL BID PRICE FOR PART II (from page 4 of Bid Sheet): \$ \_\_\_\_\_

TOTAL BID PRICE FOR PART III (from page 7 of Bid Sheet): \$ \_\_\_\_\_

TOTAL BID PRICE FOR PARTS I, II, and III (sum of I, II, and III above): \$ \_\_\_\_\_

Please write out in words the Total Bid Price for Parts I, II, and III above:

\_\_\_\_\_  
Dollars

In case of any discrepancy between the price in words and that in figures, the lowest price will be considered the bid price.

The undersigned, in submitting this bid, expressly states and represents that it is made in good faith, and that calculations were made on reasonable estimates. The undersigned hereby certifies to the truth and accuracy of all figures and answers contained herein, and authorizes the Department to make any necessary examination of the books of account, records and vouchers of the bidder or other investigation to determine its responsibility.

Bidder \_\_\_\_\_  
(Insert Full Legal Name of the Company)

By \_\_\_\_\_  
(Signature of person authorized to sign this bid)

Attest: \_\_\_\_\_  
(Secretary of Corporate Bidder)

(Corporate Seal)

**TO BE NOTARIZED:**

Sworn to before me this \_\_\_\_ day  
of \_\_\_\_\_, 2015

\_\_\_\_\_  
(Notary Public or Commissioner of Deeds)

(TO BE NOTARIZED)

**A) AFFIDAVIT WHERE BIDDER IS AN INDIVIDUAL:**

STATE OF \_\_\_\_\_)  
COUNTY OF \_\_\_\_\_)ss:

\_\_\_\_\_ being duly sworn says:

I am the person described in and who executed the foregoing bid and the several matters therein stated are in all respects true.

\_\_\_\_\_  
(Signature of the person who signed the Bid)

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 2015

\_\_\_\_\_  
Notary Public

**B) AFFIDAVIT WHERE BIDDER IS A PARTNERSHIP:**

STATE OF \_\_\_\_\_)  
COUNTY OF \_\_\_\_\_)ss:

\_\_\_\_\_ being duly sworn says:

I a member of \_\_\_\_\_, the firm described in and which executed the foregoing bid. I subscribed the name of the firm thereto on behalf of the firm, and the several matters therein stated are in all respects true.

\_\_\_\_\_  
(Signature of Partner who signed the bid)

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 2015

\_\_\_\_\_  
Notary Public

**C) AFFIDAVIT WHERE BIDDER IS A CORPORATION:**

STATE OF \_\_\_\_\_)  
COUNTY OF \_\_\_\_\_)ss:

\_\_\_\_\_ being duly sworn says:  
I am the \_\_\_\_\_ of the above named Corporation whose name is subscribed to and which executed the foregoing bid. I reside at \_\_\_\_\_. I have knowledge of the several matters therein stated, and they are in all respects true.

\_\_\_\_\_  
(Signature of Officer who signed the bid)

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 2015

\_\_\_\_\_  
Notary Public

**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 AUGUST 3, 2015

ADDENDUM # 3, DATED SEPTEMBER 2, 2015

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) \_\_\_\_\_

**Item 5: Forms to Be Completed by Bidder**

[CONTINUED ON NEXT PAGE]



**Bidder State Identification Information**

**Bidder's Legal Name:** \_\_\_\_\_ **Bidder's EIN:** \_\_\_\_\_

**New York State**

**New York State Permit Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Relevant categories under permit:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



City of New York  
Department of Health and Mental Hygiene (DOHMH)  
LABORATORY TESTING SERVICES INVITATION FOR BID (IFB)  
PIN: 15TB023000R0X00  
Questions and Answers  
September 2, 2015

1. Q: Does the vendor have to have a current license in the State of NY to bid, or as long as we have a license by the start date of January 1, 2016?

**A: Bidder must supply all relevant licenses/certifications listed under “Required License/Certification” at the top of page 5 of the IFB with their bid submission. Please also refer to the response to Question #7 below in determining what documentation for licenses/certifications is required with your bid submission. All relevant Licenses/certifications must be valid as of the time of bid submission.**

2. Q: Is this an all or nothing bid in terms of being able to deliver all the tests listed or can we bid on certain tests?

**A: As indicated in Item 2: Bid Sheet, Note #2, (page 36 of the IFB), this is a single class bid. Bidders must bid on all items contained in the Bid Sheet. The Bidder must be able to provide all testing itemized in the Bid Sheet.**

3. Q: Is this bid just for the NY City surrounding area or is it for the whole state?

**A: As indicated in the second paragraph of Section A on page 6 of the IFB, “*Subject to the provisions of applicable Federal or New York laws and the laboratory’s reasonable protocols regarding the proper handling and maintaining of specimen, the Contractor shall provide laboratory services to DOHMH facilities on a daily basis at all locations specified in the Agreement, including all locations that DOHMH may add from time to time, or may eliminate from time to time as its facilities locations change and special public health screenings including, without limitation, at non-DOHMH locations.*”**

4. Q: In reference to Acknowledgement by Corporation (page 109) and Appendix F Direct Deposit/Electronic Funds Transfer (EFT) Vendor Payment Enrollment Form (page 115), will these documents need to be completed as part of the bid process or completed after award?

**A: The Acknowledgement by Corporation (page 109) is part of the Agreement in Section V of the Invitation for Bid document. This Agreement section does not need to be completed as part of the bid submission package and is included for review purposes only. Appendix F (page 115) is also included for review purposes and does not need to be completed as part of the bid submission package.**

5. Q: In reference to Item 4: Experience Questionnaire #16 “What projects has your organization completed within the last five years” (page 51). We are not a standard vendor, we have contracts and references. Please define projects.

**A: Please provide a list of contracts your organization completed within the last five years that are of similar dollar size or related scope to this IFB.**

6. Q: In reference to Item 5: Forms to Be Completed by Bidder, page 57 “Location of Bidder’s Laboratory Testing Sites”. Does this pertain to New York State testing sites or our Nationwide testing sites?

**A: Please list the locations of the laboratory site where tests would be performed pursuant to this contract, keeping in mind required turnaround times set forth in the IFB.**

7. Q: Required License/Certification (see top of page 5 of the IFB): Does the laboratory have to have all the requirements listed here as the joint commission accreditation is usually for hospital accreditation? Free standing laboratories usually have CLIA, CAP and/or NYSDOH compliance certificates and accreditation.

**A: At this time, free standing labs are required to have CLIA and NYSDOH compliance certificates and accreditation. They may elect to include CAP for the purposes of this agreement; however, it is not a requirement. Bidders do not need to meet JCAHO requirements if the lab is not part of a hospital facility.**

8. Q: Contractor forms to be completed (page 5; form on page 56): Does the laboratory have to have Medicaid certificate. What if a laboratory does not participate with Medicaid?

**A: As indicated in the Addendum, the IFB has been revised (page 5 of the IFB; form on page 56 of the IFB) so that this information is no longer required.**

9. Q: Who will pay for the services? Is the city is going to pay for the service or the laboratory has to bill the Medicare and Medicaid and other private insurances.

**A: The City will pay the contracted vendor for the testing services rendered.**

10. Q: Who is currently providing these services?

**A: The current provider is Quest Diagnostics.**

11. Q: What is the current price at which these services are being provided for each test?

**A: The annual amount of the current contract is \$465,000.**

12. Q: Is the laboratory required to interface with any EHR. If yes then what is the cost of that interface the EHR vendor is going to charge and who will be paying for that charge?

**A: Yes, the lab will be required to interface with an EHR. DOHMH will pay for the interface between the EHR and the laboratory.**

13. Q: Under relocation of bureau pick up sites (Section II(A)(4), page 8) you have mentioned Information Technology. What kind of information technology you expect to be available at each site and may be need to be transferred?

**A: Information Technology means programming to ensure that information can flow without any interruptions.**

14. Q: Under Section 5 (Section II(A)(5), page 8), department is asking the lab reports to be delivered in electronically and fax. Please what is meant by electronically? Does it include the HL7 interface or something else? Is the laboratory required to provide fax machine as well or the department will have its own fax machines?

**A: The laboratory should be able to receive requisitions electronically and transmit results electronically via HL7 messaging via the EHR. Each specimen will be packaged with a requisition slip similar to the one sent electronically to the lab. The laboratory does not need to provide fax machines.**

15. Q: Under 5 c and d (Section II(A)(5)(c-d), page 9) the department is expecting the reports to be delivered within 24 hours and no later than 48 hours. However certain tests require longer than 48 to be completed e.g. cultures. What is department's position on it?

**A: Reports are to be delivered within 24 hours of finalization of the testing.**

16. Q: Under 8 c (Section II(A)(8(c), page 12) What types of deliverables are expected by department for customized electronic data?

**A: Customized reports generally will be in Microsoft Excel format but can be requested in other formats. The variables on the report will be determined by the requesting Bureau within DOHMH.**

17. Q: Under 9a (Section II(A)(9)(a), page 13), the laboratories are required to participate in only one proficiency testing program. In this section no such thing is mentioned that the laboratory is required to participate and provide the proficiency testing data from all the organizations listed?

**A: Proficiency testing must be performed in compliance with NYS Clinical Laboratory Evaluation Program (CLEP) regulations.**

18. Q: Is the bid or performance bond is required for this bid?

**A: As indicated in Section III(11)(a), (page 25), there is no bid or performance bond required for this bid.**

19. Q: Regarding subcontractors: Are we required to submit the list of sub-contractors with the bid submission or it can be done at a later stage?

**A: Bidders are not required to include a list of subcontractors with the bid submission.**

20. Q: What are the tests under Chem. Screen Panel (see Bid Sheet (page 3 of 8), page 39)?

**A: The Chem Screen Panel consists of 23 individual tests which are as follows:**

**Albumin, Alkaline Phosphatase, ALT, AST, direct and total bilirubin, BUN/creatinine ratio, calcium, Chloride, Cholesterol, C)2 (bicoarbonate) Creatinie, GGT (gamma glutamyltransferase, Globubin, Glucose, Iron, Lactate Dehydrogenase (LDH), Phosphate, Potassium, Total Protein, Sodium, Triglycerides, Urea Nitrogen (BUN), Uric Acid**

**The Chem Screen Panel is SMA -20.**

21. Q: Can you provide CPT codes for each test listed (on the Bid Sheet)?

**A: The proposer should use their lab testing codes or review the NYS-CMS list (Centers for Medicare/Medicaid).**

22. Q: Under test specification on bid sheet it is mentioned “send it to DOH/CDC” what do you mean by that?

**A: Please see Revised Item 2: Bid Sheet, attached here as Annex A. This Test Specification has been deleted and should be disregarded.**

23. Q: Do we have to provide the pricing for any test which is being sent to DOH or CDC (corona virus of CDC comprehensive flu panel or these organizations will be providing this service at no cost?

**A: The Bid Price must include the cost for any test specification and test retention/retest/return (as per Note #4 in Revised Item 2: Bid Sheet).**

24. Q. How many special screenings are expected?

**A: With regard to Section II(A)(3) on page 7 of the IFB, the frequency of special public health screenings cannot be determined at this time. Based on prior experience, approximately, 10 to 15 special public health screening occur annually.**