

CONTRACT AWARD**AB2019-04B LABORATORY TESTING SERVICES FOR THE MERCER COUNTY CORRECTION CENTER FOR A PERIOD OF TWO (2) YEARS WITH THE OPTION TO EXTEND ONE (1) YEAR****BID OPENING DATE: FEBRUARY 15, 2019 POSTPONED DATE: APRIL 3, 2019**

CONTRACT TERM: MAY 16, 2019 THROUGH MAY 15, 2021	RESOLUTION NO. 2019-287
NAME OF BIDDER	ATLANTIC DIAGNOSTIC LABORATORIES, LLC
ADDRESS	3520 PROGRESS DRIVE, SUITE C
CITY, STATE, ZIP	BENSALEM, PA 19020
CONTACT	DARIN DOMENICO
TELEPHONE	267 525 2470
FAX	267 525 2488
E-MAIL	DARIN@ADLLAB.NET
DISCOUNT RATE	0%
LAB SERVICES YEAR ONE	\$ 15,116.40
LAB SERVICES YEAR TWO	\$ 15,724.80
LAB SERVICES YEAR THREE	\$ 16,348.80
GRAND TOTAL TESTING	\$ 77,486.72
GRAND TOTAL PHLEBOTOMY	\$ 47,190.00
GRAND TOTAL THREE YEARS	\$ 124,676.72

TEST*	EST. # OF TESTS	UNIT	TOTAL	UNIT	TOTAL	UNIT	TOTAL
		ATLANTIC DIAGNOSTIC LABORATORIES, LLC					
		YEAR ONE		YEAR TWO		YEAR THREE	
ABO/RH BLOOD TYPE	1	\$ 2.00	\$ 10.00	\$ 2.00	\$ 10.00	\$ 2.00	\$ 2.00
AFP4 QUAD SCREEN	1	\$ 10.20	\$ 10.20	\$ 10.20	\$ 10.20	\$ 10.20	\$ 10.20
ALDOLASE	1	\$ 11.00	\$ 11.00	\$ 11.00	\$ 11.00	\$ 11.00	\$ 11.00
ALPHA-GLOBIN ANALYSIS	1	\$ 27.00	\$ 27.00	\$ 27.00	\$ 27.00	\$ 27.00	\$ 27.00
AMYLASE, SERUM	4	\$ 4.50	\$ 18.00	\$ 4.50	\$ 18.00	\$ 4.50	\$ 18.00
ANA SCREEN	1	\$ 7.80	\$ 7.80	\$ 7.80	\$ 7.80	\$ 7.80	\$ 7.80
ANTIBODY SCREEN	1	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00
BASIC METABOLIC PANEL (BMP)	20	\$ 9.30	\$ 186.00	\$ 9.30	\$ 186.00	\$ 9.30	\$ 186.00
BILIRUBIN, DIRECT	1	\$ 4.50	\$ 4.50	\$ 4.50	\$ 4.50	\$ 4.50	\$ 4.50
C.TRACHOMATIS CULT.	1	\$ 38.00	\$ 38.00	\$ 38.00	\$ 38.00	\$ 38.00	\$ 38.00
C.TRACHOMATIS, UR, RRNA	1	\$ 38.00	\$ 38.00	\$ 38.00	\$ 38.00	\$ 38.00	\$ 38.00
CALCIUM	1	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
CARBAMAZEPINE, FREE	1	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00
CARBAMAZEPINE, S/P	2	\$ 10.00	\$ 20.00	\$ 10.00	\$ 20.00	\$ 10.00	\$ 20.00
CBC W/DIFF, PLATELET CT.	7	\$ 5.00	\$ 35.00	\$ 5.00	\$ 35.00	\$ 5.00	\$ 35.00
CBC W/O DIFF	25	\$ 4.80	\$ 120.00	\$ 4.80	\$ 120.00	\$ 4.80	\$ 120.00
CBC WITH DIFF	74	\$ 5.00	\$ 370.00	\$ 5.00	\$ 370.00	\$ 5.00	\$ 370.00
CEA	1	\$ 22.40	\$ 22.40	\$ 22.40	\$ 22.40	\$ 22.40	\$ 22.40
CF 40- NGS	1	\$ 76.00	\$ 76.00	\$ 76.00	\$ 76.00	\$ 76.00	\$ 76.00
CHLAMYD.TRACH BY MULTIP	2	\$ 76.00	\$ 152.00	\$ 76.00	\$ 152.00	\$ 76.00	\$ 152.00
CHLAMYDIA, LIQUID-BASED	1	\$ 76.00	\$ 76.00	\$ 76.00	\$ 76.00	\$ 76.00	\$ 76.00
CHLORIDE	1	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
CHOLESTEROL	169	\$ 3.00	\$ 507.00	\$ 3.00	\$ 507.00	\$ 3.00	\$ 507.00
CK	6	\$ 4.80	\$ 28.80	\$ 4.80	\$ 28.80	\$ 4.80	\$ 28.80
CMP	1	\$ 10.50	\$ 10.50	\$ 10.50	\$ 10.50	\$ 10.50	\$ 10.50
CO2	1	\$ 3.30	\$ 3.30	\$ 3.30	\$ 3.30	\$ 3.30	\$ 3.30
COMP. METABOLIC (CMP)	377	\$ 10.50	\$ 3,958.50	\$ 10.50	\$ 3,958.50	\$ 10.50	\$ 3,958.50
CPK ISOENZYMES	1	\$ 7.80	\$ 7.80	\$ 7.80	\$ 7.80	\$ 7.80	\$ 7.80
CT/GC PCR URINE	4	\$ 76.00	\$ 304.00	\$ 76.00	\$ 304.00	\$ 76.00	\$ 304.00
CT/GC RRNA,APTIMA,URINE	39	\$ 76.00	\$ 2,964.00	\$ 76.00	\$ 2,964.00	\$ 76.00	\$ 2,964.00
CULTURE, GC	1	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00
CULTURE, STOOL (1ST SPEC)	1	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00
CYTOLOGY, URINE W/INTERP	1	\$ 553.65	\$ 553.65	\$ 553.65	\$ 553.65	\$ 553.65	\$ 553.65
DILANTIN	1	\$ 14.65	\$ 14.65	\$ 14.65	\$ 14.65	\$ 14.65	\$ 14.65
ESLI/OXCARBAZEPINE, S/P	2	\$ 15.00	\$ 30.00	\$ 15.00	\$ 30.00	\$ 15.00	\$ 30.00
ESR (SED-RATE)	8	\$ 1.50	\$ 12.00	\$ 1.50	\$ 12.00	\$ 1.50	\$ 12.00
FERRITIN	1	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00
GC + CHLAMYDIA, AMP. DNA URINE	2	\$ 76.00	\$ 152.00	\$ 76.00	\$ 152.00	\$ 76.00	\$ 152.00
GC BY MULTIPLEX PCR	2	\$ 38.00	\$ 76.00	\$ 38.00	\$ 76.00	\$ 38.00	\$ 76.00
GENITAL CULTURE	1	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00
GGTP	7	\$ 4.80	\$ 33.60	\$ 4.80	\$ 33.60	\$ 4.80	\$ 33.60
GLUCOSE, FASTING	1	\$ 4.34	\$ 4.34	\$ 4.34	\$ 4.34	\$ 4.34	\$ 4.34
GONORRHEA, LIQUID-BASED	1	\$ 76.00	\$ 76.00	\$ 76.00	\$ 76.00	\$ 76.00	\$ 76.00
HBSAG/HBSAB	2	\$ 26.00	\$ 52.00	\$ 26.00	\$ 52.00	\$ 26.00	\$ 52.00
HCG., QUANT	4	\$ 11.39	\$ 45.56	\$ 11.39	\$ 45.56	\$ 11.39	\$ 45.56
HDL CHOL., DIRECT	1	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00
HEMOGLOBIN A1C	116	\$ 6.60	\$ 765.60	\$ 6.60	\$ 765.60	\$ 6.60	\$ 765.60

HEMOGLOBIN FRACTIONATION	1	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00
HEP. A AB., IGM	16	\$ 12.60	\$ 201.60	\$ 12.60	\$ 201.60	\$ 12.60	\$ 201.60
HEP. A AB., TOTAL	26	\$ 12.00	\$ 312.00	\$ 12.00	\$ 312.00	\$ 12.00	\$ 312.00
HEP. B CORE AB. IGG	1	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00
HEP. B SURF. AB.	31	\$ 12.00	\$ 372.00	\$ 12.00	\$ 372.00	\$ 12.00	\$ 372.00
HEP. B SURF. AG	32	\$ 14.00	\$ 448.00	\$ 14.00	\$ 448.00	\$ 14.00	\$ 448.00
HEP. C AB.	24	\$ 19.00	\$ 456.00	\$ 19.00	\$ 456.00	\$ 19.00	\$ 456.00
HEP. C RNA, QUANT.,PCR	2	\$ 92.87	\$ 185.74	\$ 92.87	\$ 185.74	\$ 92.87	\$ 185.74
HEPATIC FUNCTION	2	\$ 7.00	\$ 14.00	\$ 7.00	\$ 14.00	\$ 7.00	\$ 14.00
HEPATITIS ABC PROFILE	1	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00
HERPES VIRUS I/II DNA	2	\$ 20.00	\$ 40.00	\$ 20.00	\$ 40.00	\$ 20.00	\$ 40.00
HIV 1/2 ANTIBODY	1	\$ 23.78	\$ 23.78	\$ 23.78	\$ 23.78	\$ 23.78	\$ 23.78
HIV AG/AB	22	\$ 26.29	\$ 578.38	\$ 26.29	\$ 578.35	\$ 26.29	\$ 578.35
HIV GENOSURE PRIME	5	\$ 287.75	\$ 1,438.75	\$ 287.75	\$ 1,438.75	\$ 287.75	\$ 1,438.75
HIV-1,RNA,PCR,ULTRA	33	\$ 92.87	\$ 3,064.71	\$ 92.87	\$ 3,064.71	\$ 92.87	\$ 3,064.71
HSV-I/II AB. IGG	1	\$ 27.00	\$ 27.00	\$ 27.00	\$ 27.00	\$ 27.00	\$ 27.00
HSV1, SDA	1	\$ 27.00	\$ 27.00	\$ 27.00	\$ 27.00	\$ 27.00	\$ 27.00
HSV2, SDA	1	\$ 27.00	\$ 27.00	\$ 27.00	\$ 27.00	\$ 27.00	\$ 27.00
IMMUNE DEF. PANEL W/ CBC	28	\$ 15.00	\$ 420.00	\$ 15.00	\$ 420.00	\$ 15.00	\$ 420.00
KEPPRA LEVEL	1	\$ 14.54	\$ 14.54	\$ 14.54	\$ 14.54	\$ 14.54	\$ 14.54
LIPASE, SERUM	4	\$ 4.50	\$ 18.00	\$ 4.50	\$ 18.00	\$ 4.50	\$ 18.00
LIPASE, AMYLASE	3	\$ 9.00	\$ 27.00	\$ 9.00	\$ 27.00	\$ 9.00	\$ 27.00
LIPID PANEL	35	\$ 15.00	\$ 525.00	\$ 15.00	\$ 525.00	\$ 15.00	\$ 525.00
LITHIUM, SERUM	15	\$ 9.00	\$ 135.00	\$ 9.00	\$ 135.00	\$ 9.00	\$ 135.00
LIVER PROFILE	4	\$ 10.50	\$ 42.00	\$ 10.50	\$ 42.00	\$ 10.50	\$ 42.00
MAGNESIUM	3	\$ 4.50	\$ 13.50	\$ 4.50	\$ 13.50	\$ 4.50	\$ 13.50
MICROALB., URINE, RANDOM	4	\$ 4.30	\$ 17.20	\$ 4.30	\$ 17.20	\$ 4.30	\$ 17.20
N. GONORRHEA, URINE, RRNA	1	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00
O + P, STOOL W/TRICH	1	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00
OBSTETRIC/PRENATAL I	1	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00
OSMOLALITY, URINE	1	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00
PAP DEP HPV+CT/GC	3	\$ 44.00	\$ 132.00	\$ 44.00	\$ 132.00	\$ 44.00	\$ 132.00
PAP+HPV PLUS +CT +GC	9	\$ 44.00	\$ 396.00	\$ 44.00	\$ 396.00	\$ 44.00	\$ 396.00
PAP/CT/GC (RFLX HPV)	2	\$ 44.00	\$ 88.00	\$ 44.00	\$ 88.00	\$ 44.00	\$ 88.00
PHOSPHORUS	1	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
POTASSIUM	1	\$ 3.90	\$ 3.90	\$ 3.90	\$ 3.90	\$ 3.90	\$ 3.90
PROLACTIN, SERUM	17	\$ 20.00	\$ 340.00	\$ 20.00	\$ 340.00	\$ 20.00	\$ 340.00
PSA TOTAL	12	\$ 24.00	\$ 288.00	\$ 24.00	\$ 288.00	\$ 24.00	\$ 288.00
PT + PTT	1	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00
PTT	4	\$ 3.00	\$ 12.00	\$ 3.00	\$ 12.00	\$ 3.00	\$ 12.00
PT	28	\$ 3.00	\$ 84.00	\$ 3.00	\$ 84.00	\$ 3.00	\$ 84.00
RHEUMATOID (RF) TITER	1	\$ 4.50	\$ 4.50	\$ 4.50	\$ 4.50	\$ 4.50	\$ 4.50
RPR WITH DILUTIONS	34	\$ 1.50	\$ 51.00	\$ 1.50	\$ 51.00	\$ 1.50	\$ 51.00
RPR	808	\$ 1.50	\$ 1,212.00	\$ 1.50	\$ 1,212.00	\$ 1.50	\$ 1,212.00
SODIUM, URINE RANDOM	1	\$ 3.90	\$ 3.90	\$ 3.90	\$ 3.90	\$ 3.90	\$ 3.90
SODIUM	1	\$ 3.90	\$ 3.90	\$ 3.90	\$ 3.90	\$ 3.90	\$ 3.90
T. PALLIDUM AB. (CIA)	34	\$ 15.00	\$ 510.00	\$ 15.00	\$ 510.00	\$ 15.00	\$ 510.00
T3 (THYRONINE), TOTAL	4	\$ 15.00	\$ 60.00	\$ 15.00	\$ 60.00	\$ 15.00	\$ 60.00
T3 UPTAKE (T3U)	8	\$ 6.00	\$ 48.00	\$ 6.00	\$ 48.00	\$ 6.00	\$ 48.00
T4, FREE + TSH	1	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00

TB SCRIN QUANTIFERON	1	\$ 54.00	\$ 54.00	\$ 54.00	\$ 54.00	\$ 54.00	\$ 54.00
TEGRETOL	44	\$ 15.90	\$ 699.60	\$ 15.90	\$ 699.60	\$ 15.90	\$ 699.60
THROAT CULTURE	2	\$ 6.00	\$ 12.00	\$ 6.00	\$ 12.00	\$ 6.00	\$ 12.00
THYROID PNL-T3U,T4,T	1	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00
THYROXINE(T4)	10	\$ 6.00	\$ 60.00	\$ 6.00	\$ 60.00	\$ 6.00	\$ 60.00
THYROXINE, FREE (FT4)	9	\$ 10.00	\$ 90.00	\$ 10.00	\$ 90.00	\$ 10.00	\$ 90.00
TRICHOMONAS VAG RRNA	2	\$ 25.00	\$ 50.00	\$ 25.00	\$ 50.00	\$ 25.00	\$ 50.00
TRILEPTAL(OXCARBA.)	1	\$ 14.54	\$ 14.54	\$ 14.54	\$ 14.54	\$ 14.54	\$ 14.54
TSH	44	\$ 23.00	\$ 1,012.00	\$ 23.00	\$ 1,012.00	\$ 23.00	\$ 1,012.00
TSI	1	\$ 27.80	\$ 27.80	\$ 27.80	\$ 27.80	\$ 27.80	\$ 27.80
URIC ACID	1	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
URINALYSIS (UA)	31	\$ 1.50	\$ 46.50	\$ 1.50	\$ 46.50	\$ 1.50	\$ 46.50
URINALYSIS, ROUTINE (W/MICROS)	3	\$ 1.20	\$ 3.60	\$ 1.20	\$ 3.60	\$ 1.20	\$ 3.60
URINE CULTURE	30	\$ 6.00	\$ 180.00	\$ 6.00	\$ 180.00	\$ 6.00	\$ 180.00
VALPROIC ACID, SERUM	19	\$ 10.00	\$ 190.00	\$ 10.00	\$ 190.00	\$ 10.00	\$ 190.00
VARICELLA ZOS. (IGG)	1	\$ 12.60	\$ 12.60	\$ 12.60	\$ 12.60	\$ 12.60	\$ 12.60
VIT B12/FOLATE	1	\$ 26.00	\$ 26.00	\$ 26.00	\$ 26.00	\$ 26.00	\$ 26.00
VITAMIN B12	1	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00
WOUND CULTURE PANEL	13	\$ 6.00	\$ 78.00	\$ 6.00	\$ 78.00	\$ 6.00	\$ 78.00
TOTAL	2387		\$ 25,382.24	\$ -	\$ 25,382.24	\$ -	\$ 25,382.24
PHLEBOTOMY	HOURS	HOURLY RATE	YEAR ONE	HOURLY RATE	YEAR TWO	HOURLY RATE	OP YEAR THREE
PHLEBOTOMY HOURS*	780	\$ 19.38	\$ 15,116.40	\$ 20.16	\$ 15,724.80	\$ 20.96	\$ 16,348.80
GRAND TOTAL TESTING							\$ 77,486.72
GRAND TOTAL PHLEBOTOMY							\$ 47,190.00
GRAND TOTAL THREE YEARS							\$ 124,676.72
ADDITIONAL REQUESTS DISCOUNTED AT							0%

Approved as to Form and Legality

Date

.....
County Counsel

June 13, 2019
.....

AWARD OF BID RECEIVED APRIL 3, 2019 TO ATLANTIC DIAGNOSTIC LABORATORIES, INC. FOR LABORATORY TESTING SERVICES FOR THE MERCER COUNTY CORRECTION CENTER AS AN OPEN-END CONTRACT. AMOUNT NOT TO EXCEED: \$124,676.72. PERIOD: MAY 16, 2019 THROUGH MAY 15, 2021 WITH AN OPTION TO EXTEND FOR ONE (1) YEAR (AB2019-09B)

WHEREAS, the Mercer County Purchasing Department has advertised for bids for Laboratory Testing Services for the Mercer County Correction Center through bid terms and specifications, as provided by law; and,

WHEREAS, three (3) separate sealed bids were received on April 3, 2019 in connection with the aforementioned services; and,

WHEREAS, the bidder hereinafter designated is the lowest qualified bidder; and,

.....
Clerk to the Board

RECORD OF VOTE													
FREEHOLDER	Aye	Nay	N.V.	Abs.	Res.	Sec.	FREEHOLDER	Aye	Nay	N.V.	Abs.	Res.	Sec.
Cannon	X						Melker				X		
Colavita	X					✓	Walter	X					
Frisby	X						Cimino	X					
Koontz	X				✓								
X—Indicates Vote Abs.—Absent N.V.—Not Voting Res.—Resolution Moved Sec.—Resolution Seconded													

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WHEREAS, the bid of Atlantic Diagnostic Laboratories, LLC, 3520 Progress Drive Suite C, Bensalem, PA 19020 shall be awarded as an open-end contract for a period of two (2) years, with an option to extend for one (1) year in an amount not to exceed \$124,676.72; and,

WHEREAS, the Chief Financial Officer of Mercer County has certified in writing the availability of funds for the purposes set forth in this Resolution; said certification is on file with the Clerk to the Board, and funds are contingent upon the inclusion in and adoption of the 2019, 2020, and 2021 Mercer County Budgets; now, therefore;

BE IT RESOLVED, that the County Executive and Clerk to the Board are hereby authorized to execute contracts on behalf of the County of Mercer when presented in a form approved by County Counsel; and,

BE IT FURTHER RESOLVED, that the Clerk to the Board shall forward a copy of this Resolution to the Mercer County Correction Center and the Mercer County Purchasing Department for further distribution.


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Clerk to the Board

**SPECIFICATIONS FOR LABORATORY TESTING SERVICES FOR THE COUNTY OF MERCER FOR
THE MERCER COUNTY CORRECTION CENTER FOR A PERIOD OF TWO (2) YEARS WITH THE
OPTION TO EXTEND ONE (1) YEAR**

INTRODUCTION

The County of Mercer requests bids for phlebotomy and diagnostic laboratory services for the Mercer County Correction Center for a period of two (2) years with the option to extend one (1) year. Respondents shall have three years experience. One Contract shall be awarded for a period of two (2) years with the option to extend one (1) year based upon the grand total cost. **The County requires the awarded contractor to provide laboratory results electronically. ALL BIDDERS SHALL PROVIDE A COPY OF THEIR NEW JERSEY CLINICAL LABORATORY LICENSE AND A COPY OF THEIR CLIA CERTIFICATE.**

SCOPE OF SERVICE

Bidders shall be certified and properly licensed by the State of New Jersey in accordance with the State's standards and shall provide experienced Phlebotomists in accordance with standards issued by the National Phlebotomy Association to perform laboratory tests on blood and other body fluids for laboratory testing as requested/prescribed by the County of Mercer Correctional Physicians. Respondents shall provide a copy of their New Jersey Clinical Laboratory License and CLIA Certificate with their bid proposal.

Vendors shall provide Phlebotomists on site on the predetermined days and times as agreed upon by both parties to draw blood and other samples as required to perform requested and prescribed diagnostic laboratory testing. Scheduled Phlebotomist/s must be able to pass security clearance.

LICENSURE OF A CLINICAL LABORATORY (UNDER THE PROVISIONS OF N.J.S.A. 45:9-42.26 ET SEQ.)

Bidders must be licensed through the New Jersey Department of Health and Senior Services in accordance with 45:9-42.26 et seq. "New Jersey Clinical Laboratory Improvement Act" and laboratories located outside the state of New Jersey are required to obtain a clinical laboratory license if the out-of-state lab has a collection station in the state of New Jersey or is directly involved in the collection or transport of specimens from New Jersey to the out-of-state lab. Bidders shall provide a copy of their license with their bid response.

CLIA CLINICAL LABORATORY IMPROVEMENT AMENDMENTS CERTIFICATE

All Bidders must possess a CLIA Certificate and shall provide a copy of the certificate with their bid response.

SCHEDULE

On-site phlebotomy services at the Mercer County Correction Center three times per week from 8:00 A.M. to 11:00 A.M. (To be determined and mutually agreed upon). (9 hours per week x 52 = 468 hours annually). Mercer County reserves the right to decrease or increase hours. All phlebotomists shall sign in and out when providing onsite services

at the Correction Center. The sign in sheet shall be provided by the Mercer County Correction Center. The County will only provide payment for those tests and services rendered. (Time to be determined and mutually agreed upon).

TEST RESULTS

The ability to have written and electronic tests shall be provided. These are to be provided online within 24 hours when possible dependent on the type of test ordered, and any abnormal results are to be provided as soon as results are available. Results must contain all necessary client and testing identifying information.

Utilization reports shall be provided to the County on a weekly basis. Invoicing shall be provided to the County on a monthly basis.

Contact at the Correction Center:
Regina Grimes, RN, Nursing Supervisor
609 583 3545 EXT. 2279

All invoices are to specify the clients name, test(s) performed and the fee for the requested test(s).

Provided on the proposal page is the most frequent types of testing requested. This is reflective of our usage but is not all inclusive of the tests used.

STAT TESTING REQUIREMENTS

On occasion, STAT testing is required. The test will be picked up within a reasonable time frame in order to report results that same day. Critical results are to be telephoned directly to the site, followed by printed results. Proposal shall describe in detail the proposed billing structure, and indicate the implementation of a cost saving strategy.

COST PROPOSAL

All necessary related supplies including but not limited to such as vacutainers, needles, gloves, biobags, culterettes, collection containers, lab requisition slips, centrifuge, printer and fax machine as needed, etc. shall be provided by the vendor and factored into the cost per test. Labor for phlebotomists shall be paid by the hourly rate proposed.

COST CRITERIA

Fee schedule is defined with the cost for each lab and cost per hourly rate for Phlebotomists. Please see the attached proposal page.

Do not include additional fees in the columns in the attached chart. Note only the fee per test is to be charged.

Note percentage of discount that will be offered on tests ordered but not listed in attached chart.

DISCOUNT RATE _____%

CONTRACT PERIOD

The contract shall be for a period of two (2) years with option to extend one (1) year based upon the option year three pricing as listed in the proposal page.

QUALIFICATION STATEMENT

A Qualification Statement must be provided with your bid. This statement shall set forth details of the contractor's activities, the number of personnel and titles and the location(s). Identify prior project experience that exhibits the firm's capabilities. Please provide a list of three (3) clients for whom similar services have been provided.

- Client's name and description
- Client's Contact, position and telephone number
- Scope of service and contract value
- Copy of New Jersey Clinical Laboratory License
- CLIA Certificate

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

Bidders are required to comply with the Clinical Laboratory Improvement Amendment and must provide the CLIA certificate with their bid response along with the New Jersey Laboratory License.

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS OF 1988

The New Jersey Department of Health (NJDOH), under contract with the Centers for Medicare & Medicaid Services (CMS), administers the Clinical Laboratory Improvement Amendments of 1988 in New Jersey to ensure quality laboratory testing.

CLIA requires every facility that tests human specimens for the purpose of providing information for the diagnosis, prevention or treatment of any disease or impairment of, or the assessment of the health of a human being to meet certain Federal requirements. CLIA applies to any facility performing laboratory testing as outlined above, even if only one or a few basic tests are performed, and even if you are not charging for testing. Although all clinical laboratories must be properly certified to receive Medicare or Medicaid payments, CLIA has no direct Medicare or Medicaid program responsibilities. In addition, the CLIA legislation requires financing of all regulatory costs, including inspections, through fees assessed to affected laboratories.

Consequently, all laboratories that test human specimens must apply for a CLIA Certificate by completing Form CMS-116 (CLIA Application for Certification). This form collects information about your laboratory's operation and is necessary to assess fees, to establish baseline data and to fulfill the statutory requirements for CLIA. This

information will provide the laboratory surveyor an overview of your laboratory's operation if it is subject to onsite survey. All information should be based on your facility's laboratory operation as of the date of the completion of the form.

To obtain CMS-116 (with Instructions for Completion of Form, Guidelines for Counting Tests for CLIA, Tests Commonly Performed and Their Corresponding Laboratory Specialties and Subspecialties), go to <http://www.cms.hhs.gov/cmsforms/downloads/cms116.pdf>

For additional CLIA information, go to the CMS website: <http://www.cms.hhs.gov/clia>

PROVIDE THREE CLIENT REFERENCES

CLIENT NAME

ADDRESS _____

CITY, STATE, ZIP _____

CONTACT _____

TELEPHONE NUMBER _____

CONTRACT AMOUNT _____

CLIENT NAME

ADDRESS _____

CITY, STATE, ZIP _____

CONTACT _____

TELEPHONE NUMBER _____

CONTRACT AMOUNT _____

CLIENT NAME

ADDRESS _____

CITY, STATE, ZIP _____

CONTACT _____

TELEPHONE NUMBER _____

CONTRACT AMOUNT _____