



STATE OF MARYLAND

DHMH

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Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary  
Office of Procurement and Support Services – Sharon Gambrell, CPPB, Director

**Multi-Step Invitation for Bids  
Spring Grove Hospital Center**

**“Clinical Laboratory Services”  
DHMH OPASS #13-13367**

**Addendum #1  
Issued: July 16, 2013**

*All persons who are known by the Issuing Office to have received the above-referenced IFB are hereby advised of the following revisions:*

**Revision to Page 31 – Section 3.2.17 a.2. - Pricing**

**NOW READS:**

The prices paid by SGHC for any tests that do not appear on the bid pages will be paid at a discounted rate of 60% of the price listed on the Laboratory Test Schedule submitted by the Bidder who has been awarded the contract or (SGHC reserve the right to obtain these test from other sources).

**REPLACE WITH:**

The prices paid by SGHC for any tests that do not appear on the bid pages will be paid at a discounted rate of 60% of the price listed on the Laboratory Test Schedule submitted by the Bidder who has been awarded the contract or (SGHC reserve the right to obtain these test from other sources) **and the applicable prices will remain in effect for the duration of the contract.**

**Revision to Pages 70-72 - Attachment F - BID FORM**

The bid page has been revised to reflect accurate lab test. Please use REVISED ATTACHMENT F – BID FORM for your submission.

All other terms and conditions remain unchanged.

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Addendum #1  
DHMH OPASS 13-13367

This Addendum is issued under the authority of State Procurement Regulations, COMAR 21.05.02.08 and with the approval of the Procurement Officer.

July 16, 2013  
Date

*Michael Howard*  
Michael Howard, CPPB  
Procurement Officer, DHMH  
Office of Procurement and Support Services

Upon receipt, please return the addendum acknowledgement via fax, email or hardcopy to:

Beverly Kavanaugh  
Procurement Coordinator  
Spring Grove Hospital Center  
Administration Building, Room 205  
Wade Avenue  
Catonsville, MD 21228  
410.402.7650  
410.402.7353 (fax)  
Email: [Beverly.kavanaugh@maryland.gov](mailto:Beverly.kavanaugh@maryland.gov)

**ADDENDUM ACKNOWLEDGEMENT**

I acknowledge receipt of Addendum #1 to DHMH OPASS #13-13367 titled "Clinical Laboratory Services" dated July 16, 2013.

\_\_\_\_\_  
Vendor's Name

\_\_\_\_\_  
Authorized Signatory – (Print/Type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ATTACHMENT F – BID FORM**

**REVISED BID FORM**

The Bid shall contain all price information in the format specified on these pages. Complete the Bid Form only as provided in the Bid Pricing Instructions. Do not amend, alter or leave blank any items on the Bid Form. If option years are included, Bidders must submit Bids for each option year. Failure to adhere to any of these instructions may result in the bid being determined non-responsive and rejected by the Department.

<b>Test Description/Procedure Name</b>	<b><u>Column A</u> Annual Estimated Number of Tests</b>	<b><u>Column B</u> Price Per Test</b>	<b><u>Column C</u> Total Price Based on Estimated Annual # of Tests</b>
<i>Test Panels (See Listing of tests to be included in panels)</i>			
Basic Metabolic Panel	226		
Comprehensive Metabolic Panel	1560		
Drug Screen Panel	348		
Electrolyte Panel	210		
Hepatic Function Panel (Liver Profile)	156		
Iron Profile	75		
Lipid Panel	1296		
Lymphocyte Subset Panel 5 (CD 4)	48		
Thyroid Panel	136		
Thyroid Panel with TSH	128		

AFP, Tumor Maker	96		
Ammonia, Plasma	76		
Amylase, Serum	24		
Anti-Nuclear Antibody (ANA) w/RFX, Serum	12		
Calcium, Serum	24		
Carbamazepine, Serum	52		
CBC w/Differential & Platelet	3060		
Carccinoembryonic Antigen (CEA), Serum	13		
Creatine Kinase (CK), Total, Serum	24		
Clozapine, Plasma	294		
Creatinine, Serum	48		
Erythrocyte Sedimentation Rate (ESR), Westergren	15		

<b>Test Description/Procedure Name</b>	<b><u>Column A</u> Annual Estimated Number of Tests</b>	<b><u>Column B</u> Price Per Test</b>	<b><u>Column C</u> Total Price Based on Estimated Annual # of Tests</b>
<i>Test Panels (See Listing of tests to be included in panels)</i>			
Fecal Globin, Immunochem	52		
Ferritin, Serum	80		
Folate, Serum (Folic Acid)	80		
Glucose, Fasting, Serum	48		
Haloperidol, Serum	84		
hCG, (Human Chorionic Gonadotropin), Qualitative, Serum	120		
Hemoglobin A1C, Blood	676		
Hepatitis C, Genotyping	12		
HIV, Genotyping	24		
HIV-1, RNA, QM-RT, PCR	36		
Iron & Total Iron Binding Capacity, Serum	76		
Lipase, Serum	24		
Lithium, Serum	408		
Magnesium Serum	20		
Microalbumin, Random, Urine	24		
Olanzapine (Zyprexa)	42		
PAP Smear – Thin Prep	84		
Phenobarbital	36		
Phenytoin (Dilantin), Serum	76		
Phosphate (as Phosphorus), Serum	48		
Potassium, Serum	36		
Prolactin, Serum	36		
Prothrombin Time (PT), (INR), Blood	380		
Prostate Specific Antigen (PSA), Total & Free	84		
Activated Partial Thromboplastin Time (aPTT), Plasma	200		
Reticulocyte Count, Blood	60		
Rheumatoid Factor, Serum	24		
Synthetic Cannabis Screen & Confirm	75		
T3 Total/Serum/	36		
T4, Free, Serum (Non-Dialysis)	76		
T4 (Thyroxine), Total, Serum	36		

<b>Test Description/Procedure Name</b>	<b><u>Column A</u> Annual Estimated Number of Tests</b>	<b><u>Column B</u> Price Per Test</b>	<b><u>Column C</u> Total Price Based on Estimated Annual # of Tests</b>
<i>Test Panels (See Listing of tests to be included in panels)</i>			
Testosterone, Total, Serum	36		
Thyroid Stimulating Hormone (TSH), with Free T4 Reflex, Serum	888		
Urea Nitrogen (BUN), Serum	48		
Urinalysis, Complete	567		
24-Hour Urines	12		
Urine Cultures, Miscellaneous (C and S)	156		
Valproic Acid, Serum	892		
Vitamin B-12 and Folate, Serum	76		
Vitamin D, 25-Hydroxy, LC-MS-MC	172		

**(Column A x Column B = Column C)**

- a. Total Annual Price (Column C) of all Tests Listed Above** = \$ \_\_\_\_\_
- b. STAT Test Transportation Fee (Per Pick-up)** \$ \_\_\_\_\_ X 180 = \$ \_\_\_\_\_
- c. Total Annual Price (Add line a. + b.)** = \$ \_\_\_\_\_
- d. TOTAL ESTIMATED ANNUAL PRICE x 5 YEARS (Line c. X 5)** = \$ \_\_\_\_\_  
**Basis for award**

**Initial Bid Pricing for Test(s) shall remain firm for the entire period of performance.**

Submitted By:

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Location(s) from which services will be performed (City/State): \_\_\_\_\_

FEIN: \_\_\_\_\_

eMM #: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_-- \_\_\_\_\_