




West Virginia Purchasing Division

2019 Washington Street, East
Charleston, WV 25305
Telephone: 304-558-2306
General Fax: 304-558-6026
Bid Fax: 304-558-3970

The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at ***WVPurchasing.gov*** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header

 List View


- General Information**
- Contact
- Default Values
- Discount
- Document Information

Procurement Folder: 21603

SO Doc Code: CRFQ

Procurement Type: Central Master Agreement

SO Dept: 0506

Vendor ID: 

SO Doc ID: LBS1500000001

Legal Name: EASTERN BUSINESS FORMS INC

Published Date: 9/30/14

Alias/DBA:

Close Date: 10/8/14


Total Bid: \$9,960.00

Close Time: 13:30

Response Date: 

Status: Closed

Response Time:

Solicitation Description: 

Total of Header Attachments: 0

Total of All Attachments: 0



Purchasing Division
 2019 Washinton Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

**State Of West Virginia
 Solicitation Response**

Proc Folder : 21603

Solicitation Description : ADDENDUM NO. 1 CRFQ FOR BLOOD SPOT CARDS

Proc Type : Central Master Agreement

Date issued	Solicitation Closes	Solicitation No	Version
	2014-10-08 13:30:00	SR 0506 ESR10081400000000403	1

VENDOR

000000215108
 EASTERN BUSINESS FORMS INC

FOR INFORMATION CONTACT THE BUYER

Robert Kilpatrick
 (304) 558-0067
 robert.p.kilpatrick@wv.gov

Signature X	FEIN #	DATE
-------------	--------	------

All offers subject to all terms and conditions contained in this solicitation

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Laboratory filter papers	40000.00000	EA	\$0.25	

Comm Code	Manufacturer	Specification	Model #
41104929			

Extended Description :	<p>Section 3.1.1</p> <p>Four part form with perforated tab and specimen collection filter paper tipped on left edge of part #4 and fold over flap to cover filter paper.</p>
-------------------------------	--

SOLICITATION NUMBER: CRFQ 0506 LBS1500000001

Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

Description of Modification to Solicitation:

- 1) To provide a copy of vendor questions and responses, (Attachment A).
- 2) To provide a copy of page 22 of the Specifications.
- 3) To provide addendum acknowledgement. This document should be signed and returned with your bid. Failure to sign and return may result in the disqualification of your bid.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ATTACHMENT A

ADDENDUM #1 – CRFQ – LBS1500000001

Addendum #1 to CRFQ – LBS1500000001 is to respond to the following Vendor questions.

Vendor Question #1:

Page one states the Buyer is Robert Kilpatrick but pages 5, 6, 22 lists you as the Buyer. Can you confirm that you are the Buyer for this request for quotation?

Agency Response to Vendor Question #1:

Greg Clay is the buyer for this request for quote.

Vendor Question #2:

Page 5 says not to use Fax number 304-558-4115 for bid submission but page 6 gives the same fax number for bid submission. Can you please confirm whether or not this fax number can be used for bid submission?

Agency Response to Vendor Question #2:

The correct fax number to fax your bid is (304) 558-3970.

Vendor Question #3:

On page 21, the general requirements section ends at 3.1.1.2 at the bottom of the page. On the following page (22), the general requirements continue at 3.1.1.13 can you please send us the specifications for items 3.1.1.3 through 3.1.1.12?

Agency Response to Vendor Question #3:

I will include page 22 with requirements 3.1.1.3 through 3.1.1.12.

Vendor Question #4:

There was no mention of paper weights in the information included. Although 3.1.1 lists this as a four part form, we count the filter specimen collection piece and wrap around cover as part numbers 5 and 6. Please confirm that the following paper weights, pulled from the most recent art that we have on file, are still applicable.

- Part 1: 15# White Bond
- Part 2: 16# White CB (Coated Back)
- Part 3: 14.5# Pink CFB (Coated Front & Back)
- Part 4: 105# White CF (Coated Front)
- Part 5: Vendor's Specimen Collection Paper
- Part 6: 28# White Ledger

Agency Response to Vendor Question #4:

Yes, the paper weights are still applicable.

Vendor Question #5:

ADDENDUM #1 – CRFQ – LBS150000001

Will you accept a list of missing numbers for each shipment or do you want to have us guarantee no missing numbers for each shipment?

Agency Response to Vendor Question #5:

Yes, we will accept a list of missing numbers for each shipment.

Vendor Question #6:

Are yellow highlights required on parts 2-4 as previously produced?

Agency Response to Vendor Question #6:

No, the yellow highlights are not required on parts 2-4.

REQUEST FOR QUOTATION
CRFQ LBS150000001 Newborn Screening dried blood spot filter paper collection devices

- (+/- 1/16"). Must have black print with DOB and DOS information box highlighted yellow.
- 3.1.1.3 Part #3 must be pink. Must have a title of "Collection Facility Copy". Must have dimensions of 3 2/3" x 8 5/8" (+/- 1/16"). Must be printed in black ink.
- 3.1.1.4 Part #4 must be white. Must have a title of "Tag Stock Information". Must have dimensions of 3 2/3" x 8 5/8" (+/- 1/16"). Must be printed in black ink.
- 3.1.1.5 Must have a filter paper collection device tipped on the left edge of Part #4. Dimensions must be 3 2/3" x 2 1/8" (+/- 1/16").
- 3.1.1.6 There must be five (5) 1/2 inch broken line circles printed in a straight line, 1/4 inch from left edge.
- 3.1.1.7 Filter paper performance characteristics and printing process must meet specifications established by the Clinical Laboratory Standards Institute (CLSI) as published in the document "Blood Collection on Filter Paper for Newborn Screening Programs; Approved Standard -Fifth Edition".
- 3.1.1.8 Backer with fold over flap must be white in color. Must have dimensions of 3 2/3" x 11 3/4" (+/- 1/16"). Must be black print with orange biohazard symbol on folded flap that covers DBS.
- 3.1.1.9 Forms must be printed per requested specifications and copy of requested form.
- 3.1.1.10 Must be NCR carbonless paper.
- 3.1.1.11 The pink collection facility copy must be detachable without separating remaining parts.
- 3.1.1.12 Individual unique form number on the form and filter paper must begin with the two letter state abbreviation, two digit years for collection devices ordered, and seven digit sequence number.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: LBS150000001

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Eastern Business Forms Inc
Company
Will Ador
Authorized Signature
10/8/14
Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.
Revised 6/8/2012