



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 7

[List View](#)

General Information

Contact

Default Values

Discount

Document Information

Clarification Request

Procurement Folder: 968568

Procurement Type: Central Master Agreement

Vendor ID: 000000164954 

Legal Name: DNA DIAGNOSTICS CENTER INC

Alias/DBA:

Total Bid: \$3,192,750.00

Response Date: 12/23/2021 

Response Time: 15:32

Responded By User ID: DDCbids 

First Name: Lori

Last Name: Neff

Email: lneff@dnacenter.com

Phone: 9372717041

SO Doc Code: CRFQ

SO Dept: 0511

SO Doc ID: CSE2200000001

Published Date: 12/20/21

Close Date: 12/28/21

Close Time: 13:30

Status: Closed

Solicitation Description: GENETIC TESTING

Total of Header Attachments: 7

Total of All Attachments: 7

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	Buccal Swab Collection and Analysis by Vendor	4500.0000	EA	65.000000	292500.00

Comm Code	Manufacturer	Specification	Model #
85131709			

Commodity Line Comments:

Extended Description:

Buccal Swab Collection and Analysis by Vendor
estimated amount is 4500

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Buccal Swab Collection by BCSE/ Analysis by Vendor	4500.0000	EA	39.500000	177750.00

Comm Code	Manufacturer	Specification	Model #
85131709			

Commodity Line Comments:

Extended Description:

Buccal Swab Collection by BCSE/ Analysis by Vendor
estimated amount is 4500

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Collection/Analysis for Special Circumstances	4500.0000	EA	65.000000	292500.00

Comm Code	Manufacturer	Specification	Model #
85131709			

Commodity Line Comments:

Extended Description:

Collection/Analysis for Special Circumstances
e.g. Deceased Individuals, Collection/Analysis of Blood or Other Tissue Samples
estimated amount is 4500

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Buccal Swab Collection and Analysis by Vendor optional yr 1	4500.0000	EA	67.000000	301500.00

Comm Code	Manufacturer	Specification	Model #
85131709			

Commodity Line Comments:

Extended Description:

Buccal Swab Collection and Analysis by Vendor estimated amount is 4500

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	Buccal Swab Collection and Analysis by Vendor optional yr 2	4500.0000	EA	69.000000	310500.00

Comm Code	Manufacturer	Specification	Model #
85131709			

Commodity Line Comments:

Extended Description:

Buccal Swab Collection and Analysis by Vendor estimated amount is 4500

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	Buccal Swab Collection and Analysis by Vendor optional yr 3	4500.0000	EA	71.000000	319500.00

Comm Code	Manufacturer	Specification	Model #
85131709			

Commodity Line Comments:

Extended Description:

Buccal Swab Collection and Analysis by Vendor estimated amount is 4500

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	Buccal Swab Collection by BCSE/ Analysis by Vendor opt yr 1	4500.0000	EA	40.750000	183375.00

Comm Code	Manufacturer	Specification	Model #
85131709			

Commodity Line Comments:

Extended Description:

Buccal Swab Collection by BCSE/ Analysis by Vendor estimated amount is 4500

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	Buccal Swab Collection by BCSE/ Analysis by Vendor opt yr 2	4500.0000	EA	42.000000	189000.00

Comm Code	Manufacturer	Specification	Model #
85131709			

Commodity Line Comments:

Extended Description:

Buccal Swab Collection by BCSE/ Analysis by Vendor estimated amount is 4500

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
9	Buccal Swab Collection by BCSE/ Analysis by Vendor opt yr 3	4500.0000	EA	43.250000	194625.00

Comm Code	Manufacturer	Specification	Model #
85131709			

Commodity Line Comments:

Extended Description:

Buccal Swab Collection by BCSE/ Analysis by Vendor estimated amount is 4500

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
10	Collection/Analysis for Special Circumstances opt yr 1	4500.0000	EA	67.000000	301500.00

Comm Code	Manufacturer	Specification	Model #
85131709			

Commodity Line Comments:

Extended Description:

Collection/Analysis for Special Circumstances
e.g. Deceased Individuals, Collection/Analysis of Blood or Other Tissue Samples
estimated amount is 4500

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
11	Collection/Analysis for Special Circumstances opt yr 2	4500.0000	EA	69.000000	310500.00

Comm Code	Manufacturer	Specification	Model #
85131709			

Commodity Line Comments:

Extended Description:

Collection/Analysis for Special Circumstances
e.g. Deceased Individuals, Collection/Analysis of Blood or Other Tissue Samples
estimated amount is 4500

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
12	Collection/Analysis for Special Circumstances opt yr 3	4500.0000	EA	71.000000	319500.00

Comm Code	Manufacturer	Specification	Model #
85131709			

Commodity Line Comments:

Extended Description:

Collection/Analysis for Special Circumstances
e.g. Deceased Individuals, Collection/Analysis of Blood or Other Tissue Samples
estimated amount is 4500



Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

State of West Virginia
 Centralized Request for Quote
 Laboratory

Proc Folder: 968568			Reason for Modification: ADDENDUM 3 TO PROVIDE ANSWERS TO VENDOR QUESTIONS
Doc Description: GENETIC TESTING			
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2021-12-20	2021-12-28 13:30	CRFQ 0511 CSE2200000001	4

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

VENDOR

Vendor Customer Code: 000000164954
Vendor Name : DNA Diagnostics Center, Inc.
Address : One DDC Way
Street :
City : Fairfield
State : Ohio **Country :** US **Zip :** 45414
Principal Contact : Lori Neff
Vendor Contact Phone: 937-271-7041 **Extension:**

FOR INFORMATION CONTACT THE BUYER
 Crystal G Hustead
 (304) 558-2402
 crystal.g.hustead@wv.gov

Vendor Signature X *Kathy Deers* **FEIN#** 26-4435457 **DATE** 12/21/2021

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

ADDITIONAL INFORMATION

THE STATE OF WEST VIRGINIA PURCHASING DIVISION, FOR THE AGENCY, DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR CHILD SUPPORT ENFORCEMENT, IS SOLICITING BIDS TO ESTABLISH AN OPEN-END CONTRACT FOR STATEWIDE GENETIC TESTING PER THE ATTACHED DOCUMENTS.

QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO CRYSTAL.G.HUSTEAD@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE INSTRUCTIONS TO VENDORS SUBMITTING BIDS

INVOICE TO			SHIP TO		
HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV US			HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Buccal Swab Collection and Analysis by Vendor	4500.00000	EA		

Comm Code	Manufacturer	Specification	Model #
85131709			

Extended Description:

Buccal Swab Collection and Analysis by Vendor

estimated amount is 4500

INVOICE TO			SHIP TO		
HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV US			HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Buccal Swab Collection by BCSE/ Analysis by Vendor	4500.00000	EA		

Comm Code	Manufacturer	Specification	Model #
85131709			

Extended Description:

Buccal Swab Collection by BCSE/ Analysis by Vendor

estimated amount is 4500

INVOICE TO			SHIP TO		
HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV US			HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Collection/Analysis for Special Circumstances	4500.00000	EA		

Comm Code	Manufacturer	Specification	Model #
85131709			

Extended Description:

Collection/Analysis for Special Circumstances
e.g. Deceased Individuals, Collection/Analysis of Blood or Other Tissue Samples
estimated amount is 4500

INVOICE TO			SHIP TO		
HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV US			HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Buccal Swab Collection and Analysis by Vendor optional yr 1	4500.00000	EA		

Comm Code	Manufacturer	Specification	Model #
85131709			

Extended Description:

Buccal Swab Collection and Analysis by Vendor
estimated amount is 4500

INVOICE TO			SHIP TO		
HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV US			HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	Buccal Swab Collection and Analysis by Vendor optional yr 2	4500.00000	EA		

Comm Code	Manufacturer	Specification	Model #
85131709			

Extended Description:
Buccal Swab Collection and Analysis by Vendor

estimated amount is 4500

INVOICE TO			SHIP TO		
HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV US			HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	Buccal Swab Collection and Analysis by Vendor optional yr 3	4500.00000	EA		

Comm Code	Manufacturer	Specification	Model #
85131709			

Extended Description:
Buccal Swab Collection and Analysis by Vendor

estimated amount is 4500

INVOICE TO			SHIP TO		
HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV US			HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
7	Buccal Swab Collection by BCSE/ Analysis by Vendor opt yr 1	4500.00000	EA		

Comm Code	Manufacturer	Specification	Model #
85131709			

Extended Description:
Buccal Swab Collection by BCSE/ Analysis by Vendor
estimated amount is 4500

INVOICE TO			SHIP TO		
HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV US			HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
8	Buccal Swab Collection by BCSE/ Analysis by Vendor opt yr 2	4500.00000	EA		

Comm Code	Manufacturer	Specification	Model #
85131709			

Extended Description:
Buccal Swab Collection by BCSE/ Analysis by Vendor
estimated amount is 4500

INVOICE TO			SHIP TO		
HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV US			HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
9	Buccal Swab Collection by BCSE/ Analysis by Vendor opt yr 3	4500.00000	EA		

Comm Code	Manufacturer	Specification	Model #
85131709			

Extended Description:
 Buccal Swab Collection by BCSE/ Analysis by Vendor
 estimated amount is 4500

INVOICE TO			SHIP TO		
HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV US			HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
10	Collection/Analysis for Special Circumstances opt yr 1	4500.00000	EA		

Comm Code	Manufacturer	Specification	Model #
85131709			

Extended Description:
 Collection/Analysis for Special Circumstances
 e.g. Deceased Individuals, Collection/Analysis of Blood or Other Tissue Samples
 estimated amount is 4500

INVOICE TO			SHIP TO		
HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV US			HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
11	Collection/Analysis for Special Circumstances opt yr 2	4500.00000	EA		

Comm Code	Manufacturer	Specification	Model #
85131709			

Extended Description:
Collection/Analysis for Special Circumstances
e.g. Deceased Individuals, Collection/Analysis of Blood or Other Tissue Samples
estimated amount is 4500

INVOICE TO			SHIP TO		
HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV US			HEALTH AND HUMAN RESOURCES CHILD SUPPORT ENFORCEMENT 350 CAPITOL ST, RM 147 CHARLESTON WV US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
12	Collection/Analysis for Special Circumstances opt yr 3	4500.00000	EA		

Comm Code	Manufacturer	Specification	Model #
85131709			

Extended Description:
Collection/Analysis for Special Circumstances
e.g. Deceased Individuals, Collection/Analysis of Blood or Other Tissue Samples
estimated amount is 4500

SCHEDULE OF EVENTS		
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Line	Event	Event Date
1	VENDOR QUESTION DEADLINE	2021-12-10

	Document Phase	Document Description	Page
CSE220000001	Final	GENETIC TESTING	8

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL CONTRACTS: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: DNA Diagnostics Center, Inc.

Authorized Signature: *Kathy Lewis* Date: 12/21/2021

State of Ohio

County of Butler, to-wit:

Taken, subscribed, and sworn to before me this 21st day of December, 2021.

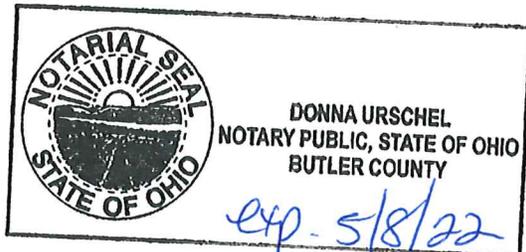
My Commission expires May 8th, 2022

AFFIX SEAL HERE

NOTARY PUBLIC

Donna Urschel

Purchasing Affidavit (Revised 01/19/2018)



ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ CSE220000001

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.

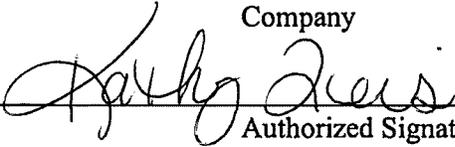
Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input checked="" 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 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.

DNA Diagnostics Center, Inc.

Company

Authorized Signature

12/21/2021

Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Lori Neff, Director, Government Contracts

(Name, Title)

Lori Neff, Director Government Contracts

(Printed Name and Title)

One DDC Way, Fairfield, OH 45014

(Address)

513-881-4031/Fax 513-881-4004

(Phone Number) / (Fax Number)

lneff@dnacenter.com

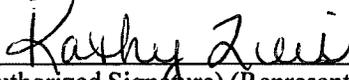
(email address)

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law.

DNA Diagnostics Center, Inc.

(Company)



(Authorized Signature) (Representative Name, Title)

Kathy Leis, Vice President, Operations

(Printed Name and Title of Authorized Representative)

12/21/2021

(Date)

513-881-4005

(Phone Number) (Fax Number)

DDC IV-D References

Commonwealth of Kentucky

Contact: Maria Lewis, Branch Manager
275 East Main St.
Frankfort, KY 40621
Phone: (502) 564-2285
Email: Maria.Lewis@ky.gov
Approximate Annual Volume: 9,000 samples

Commonwealth of Kentucky, Cabinet for Health and Family Services

DDC has been the vendor for the Commonwealth of Kentucky since July 2014. The current contract began in July 2020. DDC provides the full spectrum of paternity testing services including, but not limited to, appointment scheduling, sample collection and transportation, laboratory testing, issuing electronic genetic test reports, invoicing, customer service, expert witness services, and performance tracking. The designated child support staff receive daily email alerts notifying them when results have been issued. Kentucky is utilizing DDC's Direct Connect secure portal to access all reports. Report copies are not mailed in hard copy format and are only provided electronically as requested by the CSE staff. The approximate annual sample volume for Kentucky is 9,000 samples per year.

Florida Department of Revenue

Contact: Joe Martinez
2450 Shumard Oak Blvd.
Bldg #2, Room 2-4264
Tallahassee, FL 32399
Phone: (850) 617-8604
Email: joe.martinez@floridarevenue.com
Approximate Annual Volume: 32,000 samples

Florida Department of Revenue

DDC has been the sole provider of the complete spectrum of paternity testing services including, but not limited to, appointment scheduling, sample collection and transportation, laboratory testing, issuing genetic test reports, invoicing, customer service, expert witness services, and performance tracking to the State of Florida since December 2011 and has been awarded each subsequent contract since that time. The most recent contract began in 2019. DDC performs several special services to meet contract compliance. Annual volume reported for Florida is approximately 32,000 samples.

Louisiana Department of Social Services, Office of Family Support

Contact: Lydia Scales, IV-D Director

627 N. Fourth Street

Baton Rouge, LA 70804

Phone: (225) 342-4789

Email: Lydia.scales@la.gov

Approximate Annual Volume: 3,000 samples

Louisiana Department of Social Services, Office of Family Support

DDC is one of two providers of genetic paternity testing services to the State of Louisiana. We have professionally managed the southern portion of the state since 2012. Services provided include but are not limited to, appointment scheduling, sample collection and transportation, laboratory testing, issuing genetic test reports, invoicing, customer service, expert witness services, and performance tracking. DDC also provides specimen collection services at the parishes being serviced by DDC. Approximate annual sample volume is 3,000.

Mississippi Department of Human Services

Contact: Lyndsy Landry Irwin

750 North State St., 7th Floor

Jackson, MS 39202-3033

Phone: (601) 359-4282

Cellular: (601) 383-2501

Email: lyndsy.landry@mdhs.ms.gov

Approximate Annual Volume: 5,000 samples

State of Mississippi Department of Human Services

Since 2012, DDC has provided paternity testing and all associated services for all 82 counties located in the State of Mississippi. In the spring of 2019, Mississippi re-awarded the contract to DDC, and the new term runs through June 2024. Like all other Child Support accounts, DDC provides the full spectrum of paternity testing services including, but not limited to, appointment scheduling, furnishing supplies for sample collection and transportation, laboratory testing, issuing genetic test reports, invoicing, customer service, online case management website, expert witness services, and performance tracking. Approximate annual sample volume: 5,000.

Michigan DHS-Office of Child Support

Contact: Debbie Martinson

201 N. Washington Sq.

Victor Center, 4th Floor

Lansing, MI 48933

Phone: (517) 241-2005

Email: MartinsonD@michigan.gov

Annual Contract Volume: 13,000 samples

Michigan DHS, Office of Child Support

DDC is the sole provider for paternity testing and related services to the State of Michigan. Services provided include specimen collection, intra and interstate scheduling, transportation, analytical testing, electronic result reporting, issuance of monthly statistical reports, and expert witness support. DDC analyzes and reports approximately 13,000 samples annually for the State of Michigan.

	Rate per customer year 1		Estimated total customers		Total Amount for estimated total customers
Buccal Swab Collection and Analysis by Vendor rate per customer	<u>\$65.00</u>	X	4500	=	<u>\$292,500.00</u>
Buccal Swab Collection by BCSE and analysis by Vendor rate per customer	<u>\$39.50</u>	X	4500	=	<u>\$177,750.00</u>
Collection and analysis for Special Circumstances rate per customer	<u>\$65.00</u>	X	4500	=	<u>\$292,500.00</u>
estimated total amount for estimated total customers					<u>\$762,750.00</u>

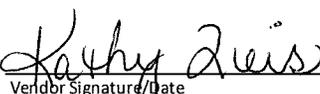
	Rate per customer optional renewal year 1		Estimated total customers		Total Amount for estimated total customers
Buccal Swab Collection and Analysis by Vendor rate per customer	<u>\$67.00</u>	X	4500	=	<u>\$301,500.00</u>
Buccal Swab Collection by BCSE and analysis by Vendor rate per customer	<u>\$40.75</u>	X	4500	=	<u>\$183,375.00</u>
Collection and analysis for Special Circumstances rate per customer	<u>\$67.00</u>	X	4500	=	<u>\$301,500.00</u>
estimated total amount for estimated total customers					<u>\$786,375.00</u>

	Rate per customer optional renewal year 2		Estimated total customers		Total Amount for estimated total customers
Buccal Swab Collection and Analysis by Vendor rate per customer	<u>\$69.00</u>	X	4500	=	<u>\$310,500.00</u>
Buccal Swab Collection by BCSE and analysis by Vendor rate per customer	<u>\$42.00</u>	X	4500	=	<u>\$189,000.00</u>
Collection and analysis for Special Circumstances rate per customer	<u>\$69.00</u>	X	4500	=	<u>\$310,500.00</u>
estimated total amount for estimated total customers					<u>\$810,000.00</u>

	Rate per customer optional renewal year 3		Estimated total customers		Total Amount for estimated total customers
Buccal Swab Collection and Analysis by Vendor rate per customer	<u>\$71.00</u>	X	4500	=	<u>\$319,500.00</u>
Buccal Swab Collection by BCSE and analysis by Vendor rate per customer	<u>\$43.25</u>	X	4500	=	<u>\$194,625.00</u>
Collection and analysis for Special Circumstances rate per customer	<u>\$71.00</u>	X	4500	=	<u>\$319,500.00</u>
estimated total amount for estimated total customers					<u>\$833,625.00</u>

Grand total amount for estimated
total customers \$3,192,750.00

DNA Diagnostics Center, Inc.
Vendor Name


Vendor Signature/Date

kleis@dnacenter.com
Vendor email

Accreditation

DDC/DNA Diagnostics Center

having been assessed by AABB, has been found to meet the requirements of applicable Standards of this organization and therefore is granted this

CERTIFICATE OF ACCREDITATION

for the following activities:

Relationship Testing Activities

In Witness whereof the undersigned, being duly authorized, have caused this Certificate to be issued and the AABB Corporate Seal to be affixed.

Effective Dates

October 01, 2020 - September 30, 2022



President, AABB



Chair, Accreditation Program Committee

THE UNIVERSITY OF CHICAGO

ON THE RECOMMENDATION OF THE FACULTY
AND BY VIRTUE OF THE AUTHORITY VESTED IN THEM
THE TRUSTEES OF THE UNIVERSITY HAVE CONFERRED ON

MICHAEL LEONARD BAIRD

THE DEGREE OF

Doctor of Philosophy

THE DEPARTMENT OF BIOLOGY

AND HAVE GRANTED THIS DIPLOMA AS EVIDENCE THEREOF
GIVEN IN THE CITY OF CHICAGO IN THE STATE OF ILLINOIS
IN THE UNITED STATES OF AMERICA IN THE YEAR OF OUR LORD
ONE THOUSAND NINE HUNDRED AND SEVENTY-EIGHT
ON THE SEVENTEENTH DAY OF MARCH

Robert W. Renuker
Chairman of the Board of Trustees

Albert M. Hays
Registrar



Alan T. Wilson
President of the University

D. Hal Johnson
Provost
Robert B. Tracy
Dean

MIAMI UNIVERSITY

*The President and Trustees of Miami University upon approval
of the Faculty have conferred upon*

Deepti Lava Kumar

the degree of

Doctor of Philosophy

*together with all the rights, privileges and honors appertaining thereto
in recognition of the satisfactory fulfillment of the requirements of this degree.*

*In Witness Whereof, we have hereunto subscribed our names and have caused the seal of the
University to be affixed at Oxford, Ohio, May seventeenth, two thousand and fourteen.*



Sharon J. Mitchell

Chair, Board of Trustees

David A. Arby

President of the University

Jan T. Li

Dean, Graduate School

Cornell University

Be it known that

Jessica Ann Wagoner

having satisfied in full the requirements for the degree of

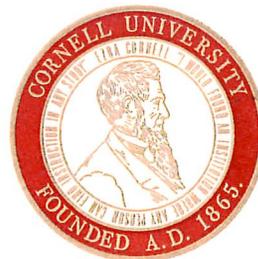
Doctor of Philosophy

has been admitted to that degree with all
the rights, privileges and honors pertaining thereto
in witness of this action the seal of the University and the signatures
authorized by the Board of Trustees are affixed below.

Given at Ithaca, New York, on the first day of February,
in the year two thousand and sixteen.

Barbara A. Kendall

Vice Provost and Dean of the Graduate School



Elizabeth Garrett

President

MIAMI UNIVERSITY

*The President and Trustees of Miami University upon approval
of the Faculty have conferred upon*

Priga Lava Kumar

the degree of

Doctor of Philosophy

*together with all the rights, privileges and honors appertaining thereto
in recognition of the satisfactory fulfillment of the requirements of this degree.*

*In Witness Whereof, we have hereunto subscribed our names and have caused the seal of the
University to be affixed at Oxford, Ohio, December twelfth, two thousand and fourteen.*



Sharon J. Mitchell

Chair of the Board of Trustees

David A. Arledge

President of the University

Jan T. Cei

Dean, Graduate School

THE UNIVERSITY OF ALBERTA

CERTIFIES BY THIS DOCUMENT TO ALL WHOM IT MAY CONCERN THAT

YA-DING SUN

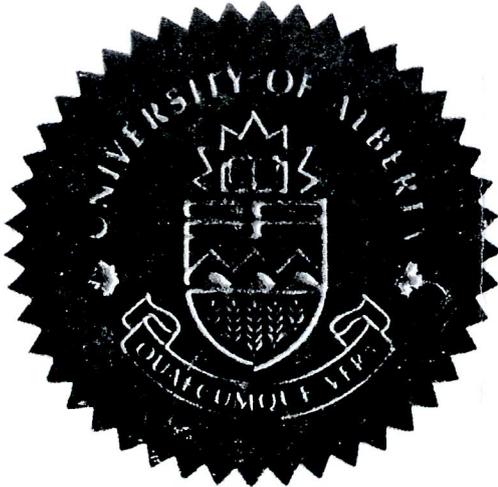
HAVING SATISFACTORILY COMPLETED ALL THE STATUTORY REQUIREMENTS
HAS BEEN GRANTED THE DEGREE OF

DOCTOR OF PHILOSOPHY
IN PHYSIOLOGY

AND AWARDED ALL THE RIGHTS AND PRIVILEGES PERTAINING TO THIS DEGREE.

IN TESTIMONY WHEREOF ARE APPENDED THE SIGNATURES OF THE CHANCELLOR,
THE CHAIR OF THE BOARD OF GOVERNORS, THE PRESIDENT, AND THE REGISTRAR
OF THIS UNIVERSITY, TOGETHER WITH THE COMMON SEAL OF THE SAME.

GIVEN AT THIS UNIVERSITY ON THE TENTH DAY OF JUNE,
ONE THOUSAND NINE HUNDRED AND NINETY-THREE
IN THE EIGHTY-SIXTH YEAR OF THE UNIVERSITY OF ALBERTA.



Paul Dwyer

PRESIDENT

[Signature]

CHANCELLOR

Bruce J. Sitzer

REGISTRAR

[Signature]

CHAIR OF THE BOARD

Certificate of Change of Name

CANADA
PROVINCE OF ALBERTA

I, W. W. Proskiw, Director of Vital Statistics of the Province of Alberta, hereby certify that the following change(s) of name was (were) today registered under THE CHANGE OF NAME ACT.

YADING SUN

to

WILLIAM YADING SUN

XU SUN to SUSAN ZHANG XU SUN (spouse)

BO YANG SUN to AARON BOYANG SUN

Given under my hand and the Seal of Vital Statistics this _____ 04 _____

day of FEBRUARY _____, A.D. 19 94 _____, at the City of Edmonton in the Province of Alberta.



W. W. Proskiw

Director of Vital Statistics

Wright State University

School of Graduate Studies

Upon the recommendation of The Faculty and
by the Authority of The Board of Trustees hereby confers upon

Joy Johnson

The degree of

Doctor of Philosophy

in

Biomedical Science

With all the honors, rights and privileges belonging thereto, and In
Testimony whereof this diploma is granted, bearing The Seal of the University
and the signatures of its duly Authorized Officers at Dayton, Ohio,
This Thirteenth day of June, Nineteen Hundred and Eighty-Seven.

Donald A. Helton

Chair, Board of Trustees



Paige Emmelhollen

President

Donald C. Thomas

Dean

Wright State University

School of Graduate Studies

By Authority of the Board of Trustees and
On Recommendation of the Faculty Hereby Confers Upon

John William Peterson IV

The Degree of

Doctor of Philosophy

With All the Honors, Rights, and Privileges Belonging Thereto. In Testimony Whereof
This Diploma, Bearing the Seal of the University and the Signatures of
Its Duly Authorized Officers, Is Granted at Dayton, Ohio, This
Twenty-First Day of August, Two Thousand and Three.



Chair of the Board of Trustees



President

Wright State University

School of Graduate Studies

Upon the recommendation of The Faculty and
by the Authority of The Board of Trustees hereby confers upon
Debra Lynn Baker

The degree of
Doctor of Philosophy
in
Biomedical Sciences

With all the honors, rights and privileges belonging thereto, and In
Testimony whereof this diploma is granted, bearing The Seal of the University
and the signatures of its Duly Authorized Officers at Dayton, Ohio,
This fifth day of December, Nineteen Hundred and Ninety-two.

Alan R. L.

Chairman, Board of Trustees



Raige Emmelhollan

President

Joseph F. Thomas, Jr.

Dean

**REQUEST FOR QUOTATION
CRFQ CSE2200000001
Genetic Testing**

9.5. Vendor shall inform all staff of Agency's security protocol and procedures.

10. VENDOR DEFAULT:

10.1. The following shall be considered a vendor default under this Contract.

10.1.1. Failure to perform Contract Services in accordance with the requirements contained herein.

10.1.2. Failure to comply with other specifications and requirements contained herein.

10.1.3. Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.

10.1.4. Failure to remedy deficient performance upon request.

10.2. The following remedies shall be available to Agency upon default.

10.2.1. Immediate cancellation of the Contract.

10.2.2. Immediate cancellation of one or more release orders issued under this Contract.

10.2.3. Any other remedies available in law or equity.

11. MISCELLANEOUS:

11.1. **Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: Lori Neff
Telephone Number: 513-881-4031
Fax Number: 513-881-4004
Email Address: lneff@dnacenter.com