



MarshallHealth

FAX

From Dept/Name: Glenna MichaelCall-Back Number: 304-691-1191

From Fax Number:

To Fax Number: 304-558-3970Comments: Vendor Name: - Univ. Family MedicineBuyer - Josh HagerSolicitation No. - CRFQ O313 DEP 2300000010BID OPENING - 9/28/22 1:30 PMFAX - 304-558-3970ADDENDUM - SEE ATTACHED INCLUDED09/28/22 11:42:12
WV Purchasing Division**CONFIDENTIAL HEALTH INFORMATION ENCLOSED – IMPORTANT WARNING**

This facsimile contains Protected Health Information that is of a sensitive and confidential nature. It is being faxed to you with the authorization of the patient or under circumstances where authorization is not required. You are required to maintain this information in a secure and confidential manner and are prohibited from re-disclosing it without first obtaining the patient's consent or as otherwise permitted by law. Unauthorized re-disclosure may subject you to federal and state penalties.

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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
Medical

Proc Folder: 1101264			Reason for Modification: Addendum #1 issued to publish and update all items listed in Addendum #1 attachment
Doc Description: DEP Employee Physical Examinations			
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2022-09-23	2022-09-28 13:30	CRFQ 0313 DEP2300000010	2

BID RECEIVING LOCATION

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON STE
CHARLESTON WV 25305
JS

VENDOR

Vendor Customer Code: 000000202910
Vendor Name : Univ. Family Medicine

Address : 1600 Medical Center Drive
Street:

City: Huntington

State: WV

Country: Zip: 25701

Principal Contact :

Niela Perry

nielaperry@wvmarshall.edu

Vendor Contact Phone:

3046911644

Extension:

FOR INFORMATION CONTACT THE BUYER

Joseph E Hager 111

304) 558-2306

joseph.e.hageriii@wv.gov

Vendor

Signature X

FEIN# 55-0564-945 DATE

9.28.22

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

ADDITIONAL INFORMATION

The West Virginia Purchasing Division is soliciting bids on behalf of West Virginia Department of Environmental Protection to establish an open-end contract for a licensed physician to conduct physical examinations of selected WV DEP employees as required by policy or specific job duties per the attached specifications and terms and conditions.

INVOICE TO

ISHIPTO

VARIOUS AGENCY
LOCATIONS
AS INDICATED BY ORDER

VARIOUS AGENCY
LOCATIONS
AS INDICATED BY ORDER

No City WV
US

No City WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
	PHYSICAL EXAMINATION OF EMPLOYEE	210.00000	EA	104.50	21945.00

Comm Code	Manufacturer	Specification	Model#
80111717			

Extended Description:
PHYSICAL EXAMINATION OF EMPLOYEE

INVOICE TO

ISHIPTO

VARIOUS AGENCY
LOCATIONS
AS INDICATED BY ORDER

VARIOUS AGENCY
LOCATIONS
AS INDICATED BY ORDER

No City WV
US

No City WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	VISUAL ACUITY	200.00000	EA	27.90	5580.00

Comm Code	Manufacturer	Specification	Model#
80111717			

Extended Description:
VISUAL ACUITY

INVOICE TO

isHIPTO

VARIOUS AGENCY
LOCATIONS
AS INDICATED BY ORDER

VARIOUS AGENCY
LOCATIONS
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No City WV
US

No City WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	AUDIOGRAM	200.00000	EA	38.50	7700.00

Comm Code	Manufacturer	Specification	Model#
80111717			

Extended Description:
AUDIOGRAM

INVOICE TO

ISHIPTO

VARIOUS AGENCY
LOCATIONS
AS INDICATED BY ORDER

VARIOUS AGENCY
LOCATIONS
AS INDICATED BY ORDER

No City WV
US

No City WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	PULMONARY FUNCTION	200.00000	EA	49.50	9900.00

Comm Code	Manufacturer	Specification	Model#
30111717			

Extended Description:
PULMONARY FUNCTION

INVOICE TO

ISHIPTQ

VARIOUS AGENCY LOCATIONS AS INDICATED BY ORDER

VARIOUS AGENCY LOCATIONS AS INDICATED BY ORDER

No City WW US

No City WW US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	ELECTROCARDIOGRAM (EKG)	200.00000	EA	66.00	13200.00

Comm Code	Manufacturer	Specification	Model#
80111717			

Extended Description: ELECTROCARDIOGRAM (EKG)

INVOICE TO

ISHIPTQ

VARIOUS AGENCY LOCATIONS AS INDICATED BY ORDER

VARIOUS AGENCY LOCATIONS AS INDICATED BY ORDER

No City WW US

No City WW US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	URINALYSIS	200.00000	EA	11.00	2200.00

Comm Code	Manufacturer	Specification	Model#
80111717			

Extended Description: URINALYSIS

INVOICE TO

SHIP TO

VARIOUS AGENCY
LOCATIONS
AS INDICATED BY ORDER

VARIOUS AGENCY
LOCATIONS
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No City WV
US

No City WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
7	CBC	200.00000	EA	11.00	2200.00

Comm Code	Manufacturer	Specification	Model#
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80111717

Extended Description:
CBC

INVOICE TO

SHIP TO

VARIOUS AGENCY
LOCATIONS
AS INDICATED BY ORDER

VARIOUS AGENCY
LOCATIONS
AS INDICATED BY ORDER

No City WV
US

No City WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
8	COMPREHENSIVE METABOLIC PANEL	200.00000	EA	13.00	2600.00

Comm Code	Manufacturer	Specification	Model#
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80111717

Extended Description:
COMPREHENSIVE METABOLIC PANEL

INVOICE TO

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VARIOUS AGENCY
LOCATIONS
AS INDICATED BY ORDER

VARIOUS AGENCY
LOCATIONS
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No City WV
US

No City WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
9	LIPID PANEL	200.00000	EA	25.00	5000.00

Comm Code	Manufacturer	Specification	Model#
8Q11717			

Extended Description:
LIPID PANEL

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No City WV
US

No City WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
10	HEPATIC FUNCTION PANEL	200.00000	EA	11.00	2200.00

Comm Code	Manufacturer	Specification	Model#
30111717			

Extended Description:
HEPATIC FUNCTION PANEL

INVOICE TO

ISHIP TO

VARIOUS AGENCY
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VARIOUS AGENCY
LOCATIONS
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No City WV
US

No City WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
11	CHEST X-RAY (B READER)	200.00000	EA	135.00	27000.00

Comm Code	Manufacturer	Specification	Model#
80111717			

Extended Description:
CHEST X-RAY (B READER)

INVOICE TO

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No City WV
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US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
12	EKG STRESS TEST	150.00000	EA	495.00	74250.00

Comm Code	Manufacturer	Specification	Model#
80111717			

Extended Description:
EKG STRESS TEST

INVOICE TO

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No City WV
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No City WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
13	HEAVY METAL PROFILE	150.00000	EA	82.50	12375.00

Comm Code	Manufacturer	Specification	Model#
30111717			

Extended Description :
HEAVY METAL PROFILE

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LOCATIONS
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No City WV
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No City WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
14	HEPATITIS A TITER	50.00000	EA	33.00	1650.00

Comm Code	Manufacturer	Specification	Model#
30111717			

Extended Description:
HEPATITIS A TITER

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LOCATIONS
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No City WV
US

No City WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
15	HEPATITIS B TITER	50.00000	EA	27.50	1375.00

Comm Code	Manufacturer	Specification	Model#
30111717			

Extended Description:
HEPATITIS B TITER

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LOCATIONS
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No City WV
US

No City WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
16	HEPATITIS A BOOSTER	30.00000	EA	165.00	4950.00

Comm Code	Manufacturer	Specification	Model#
30111717			

Extended Description:
HEPATITIS A BOOSTER

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VARIOUS AGENCY
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AS INDICATED BY ORDER

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LOCATIONS
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No City WV
US

No City WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
17	HEPATITIS B BOOSTER	30.00000	EA	73.00	2190.00

Comm Code	Manufacturer	Specification	Model#
30111717			

Extended Description :
-HEPATITIS B BOOSTER

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VARIOUS AGENCY
LOCATIONS
AS INDICATED BY ORDER

VARIOUS AGENCY
LOCATIONS
AS INDICATED BY ORDER

No City WV
US

No City WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
18	TETANUS VACCINATION	30.00000	EA	44.00	1320.00

Comm Code	Manufacturer	Specification	Model#
30111717			

Extended Description:
TETANUS VACCINATION

INVOICE TO

ISHIPTO

VARIOUS AGENCY
LOCATIONS
AS INDICATED BY ORDER

VARIOUS AGENCY
LOCATIONS
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No City WV
US

No City WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
19	HEPATITIS A VACCINATION SERIES	30.00000	EA	165.00	4950.00

Comm Code	Manufacturer	Specification	Model#
30111717			

Extended Description:
HEPATITIS A VACCINATION SERIES

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VARIOUS AGENCY
LOCATIONS
AS INDICATED BY ORDER

VARIOUS AGENCY
LOCATIONS
AS INDICATED BY ORDER

No City WV
JS

No City WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
20	HEPATITIS B VACCINATION SERIES	30.00000	EA	121.00	3630.00

Comm Code	Manufacturer	Specification	Model#
30111717			

Extended Description:
HEPATITIS B VACCINATION SERIES

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VARIOUS AGENCY
LOCATIONS
AS INDICATED BY ORDER

No City WV
US

No City WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
21	EXPOSURE HISTORY AND REPORT PREP	10.00000	EA	110.00	1100.00

Comm Code	Manufacturer	Specification	Model#
30111717			

Extended Description:
EXPOSURE HISTORY AND REPORT PREP

INVOICE TO

SHIP TO

VARIOUS AGENCY
LOCATIONS
AS INDICATED BY ORDER

STATE OF WEST VIRGINIA

VARIOUS LOCATIONS AS
INDICATED BY ORDER

No City WV
JS

No City WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
22	RESPIRATOR FIT TEST	100.00000	EA	65.00	6500.00

Comm Code	Manufacturer	Specification	Model#
30111717			

Extended Description:
RESPIRATOR FIT TEST

SCHEDULE OF EVENTS

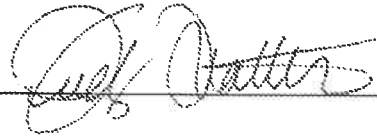
Event Date

	Document Phase	Document Description	Page 13
DEP2300000010	Final	DEP Employee Physical Examinations	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

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.

(Name, Title) 

(Printed Name and Title) Judy Watters, Department Administrator

(Address) 1600 Medical Center Drive, Suite 1500, Huntington, WV 25701

(Phone Number) / (Fax Number) 304-691-1190 304-691-1183

(email address) watters@marshall.edu

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract 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/Contract 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; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

University Family Medicine
(Company) _____


(Authorized Signature) (Representative Name, Title)

Judy Watters, Department Administrator 9/27/22

(Printed Name and Title of Authorized Representative) (Date)

304-691-1190 304-691-1183

(Phone Number) (Fax Number)

watters@marshall.edu

(Email Address)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CREQ DNR23*01

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:

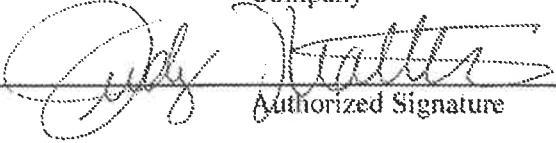
(Check the box next to each addendum received)

- | | |
|--|--|
| <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.

University Family Medicine

Company


Authorized Signature

September 27, 2022

Date

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

REQUEST FOR QUOTATION
DEP Employee Physical Examinations

11. MISCELLANEOUS:

- 11.1. Reports:** Vendor shall provide quarterly reports and annual summaries to the Agency showing the Agency's items purchased, quantities of items purchased, and total dollar value of the items purchased. Vendor shall also provide reports, upon request, showing the items purchased during the term of this Contract, the quantity purchased for each of those items, and the total value of purchases for each of those items. Failure to supply such reports may be grounds for cancellation of this Contract.
- 11.2. 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: Glenna Michael
Telephone Number: 304-691-1191
Fax Number: 304-691-1183
Email Address: michael@marshall.edu

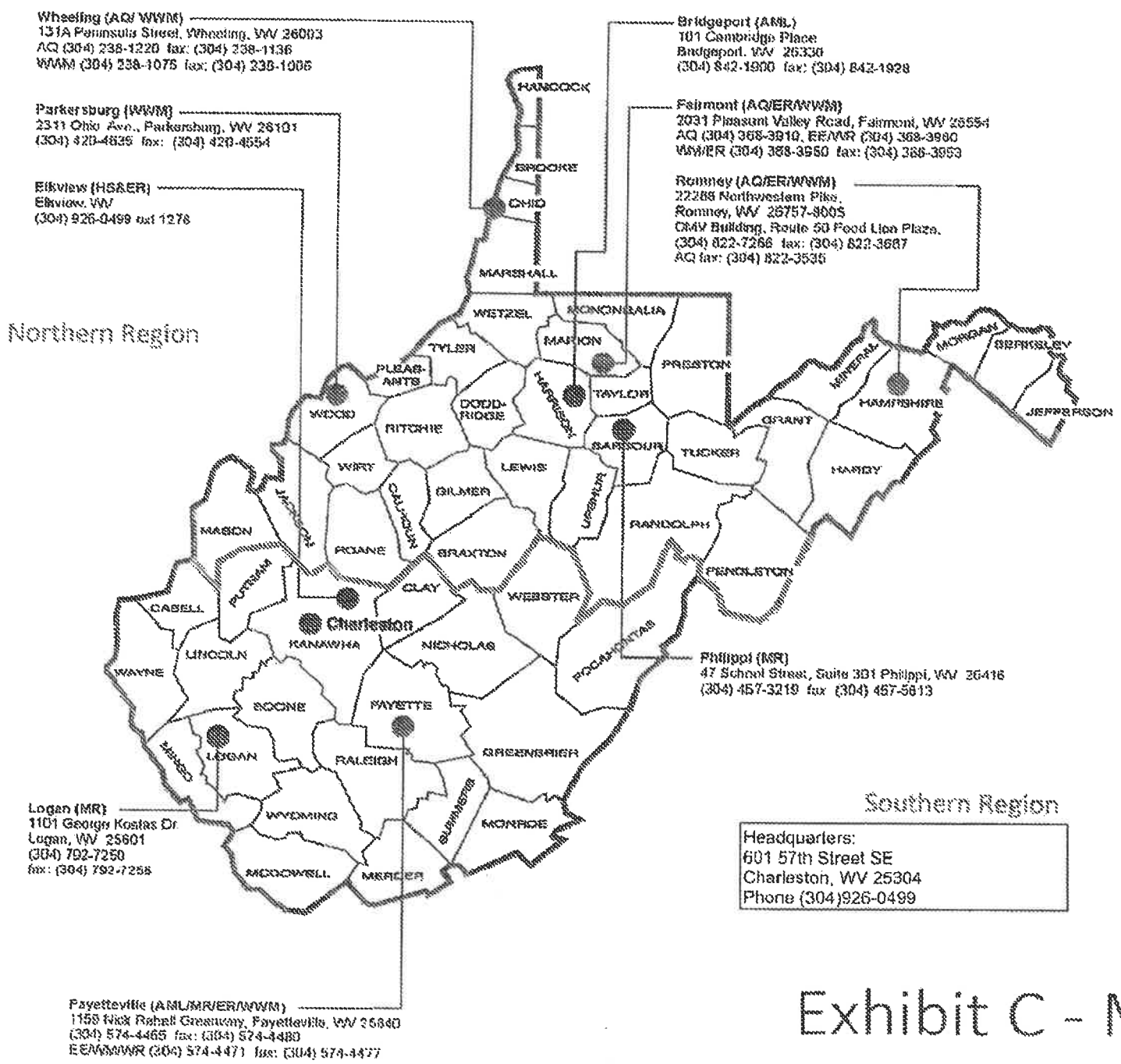


Exhibit C - Map