



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 1

[List View](#)

General Information [Contact](#) [Default Values](#) [Discount](#) [Document Information](#) [Clarification Request](#)

Procurement Folder: 1101264

SO Doc Code: CRFQ

Procurement Type: Central Master Agreement

SO Dept: 0313

Vendor ID: 000000202910

SO Doc ID: DEP2300000010

Legal Name: UNIV FAMILY MEDICINE

Published Date: 9/23/22

Alias/DBA:

Close Date: 9/28/22

Total Bid: \$213,815.00

Close Time: 13:30

Response Date: 09/28/2022

Status: Closed

Response Time: 10:03

Solicitation Description: DEP Employee Physical Examinations

Responded By User ID: VENDOR2

Total of Header Attachments: 1

First Name: SHIELA

Total of All Attachments: 1

Last Name: PERRY

Email: perrysa@marshall.edu

Phone: 304-691-1644



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

State of West Virginia  
Solicitation Response

Proc Folder: 1101264  
Solicitation Description: DEP Employee Physical Examinations  
Proc Type: Central Master Agreement

| Solicitation Closes | Solicitation Response        | Version |
|---------------------|------------------------------|---------|
| 2022-09-28 13:30    | SR 0313 ESR09282200000001598 | 1       |

**VENDOR**  
000000202910  
UNIV FAMILY MEDICINE

Solicitation Number: CRFQ 0313 DEP2300000010  
Total Bid: 213815      Response Date: 2022-09-28      Response Time: 10:03:57  
Comments:

**FOR INFORMATION CONTACT THE BUYER**  
Joseph E Hager III  
(304) 558-2306  
joseph.e.hageriii@wv.gov

|                       |       |      |
|-----------------------|-------|------|
| Vendor<br>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    | PHYSICAL EXAMINATION OF EMPLOYEE | 210.00000 | EA         | 104.500000 | 21945.00                    |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 80111717  |              |               |         |

Commodity Line Comments:

Extended Description:

PHYSICAL EXAMINATION OF EMPLOYEE

| Line | Comm Ln Desc  | Qty       | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---------------|-----------|------------|------------|-----------------------------|
| 2    | VISUAL ACUITY | 200.00000 | EA         | 27.900000  | 5580.00                     |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 80111717  |              |               |         |

Commodity Line Comments:

Extended Description:

VISUAL ACUITY

| Line | Comm Ln Desc | Qty       | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--------------|-----------|------------|------------|-----------------------------|
| 3    | AUDIOGRAM    | 200.00000 | EA         | 38.500000  | 7700.00                     |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 80111717  |              |               |         |

Commodity Line Comments:

Extended Description:

AUDIOGRAM

| Line | Comm Ln Desc       | Qty       | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--------------------|-----------|------------|------------|-----------------------------|
| 4    | PULMONARY FUNCTION | 200.00000 | EA         | 49.500000  | 9900.00                     |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 80111717  |              |               |         |

Commodity Line Comments:

Extended Description:

PULMONARY FUNCTION

| Line | Comm Ln Desc            | Qty       | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|-------------------------|-----------|------------|------------|-----------------------------|
| 5    | ELECTROCARDIOGRAM (EKG) | 200.00000 | EA         | 66.000000  | 13200.00                    |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 80111717  |              |               |         |

Commodity Line Comments:

Extended Description:

ELECTROCARDIOGRAM (EKG)

| Line | Comm Ln Desc | Qty       | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--------------|-----------|------------|------------|-----------------------------|
| 6    | URINALYSIS   | 200.00000 | EA         | 11.000000  | 2200.00                     |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 80111717  |              |               |         |

Commodity Line Comments:

Extended Description:

URINALYSIS

| Line | Comm Ln Desc | Qty       | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--------------|-----------|------------|------------|-----------------------------|
| 7    | CBC          | 200.00000 | EA         | 11.000000  | 2200.00                     |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 80111717  |              |               |         |

Commodity Line Comments:

Extended Description:

CBC

| Line | Comm Ln Desc                  | Qty       | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|-------------------------------|-----------|------------|------------|-----------------------------|
| 8    | COMPREHENSIVE METABOLIC PANEL | 200.00000 | EA         | 13.000000  | 2600.00                     |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 80111717  |              |               |         |

Commodity Line Comments:

Extended Description:

COMPREHENSIVE METABOLIC PANEL

| Line | Comm Ln Desc | Qty       | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--------------|-----------|------------|------------|-----------------------------|
| 9    | LIPID PANEL  | 200.00000 | EA         | 25.000000  | 5000.00                     |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 80111717  |              |               |         |

Commodity Line Comments:

Extended Description:

LIPID PANEL

| Line | Comm Ln Desc           | Qty       | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|------------------------|-----------|------------|------------|-----------------------------|
| 10   | HEPATIC FUNCTION PANEL | 200.00000 | EA         | 11.000000  | 2200.00                     |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 80111717  |              |               |         |

Commodity Line Comments:

Extended Description:

HEPATIC FUNCTION PANEL

| Line | Comm Ln Desc           | Qty       | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|------------------------|-----------|------------|------------|-----------------------------|
| 11   | CHEST X-RAY (B READER) | 200.00000 | EA         | 135.000000 | 27000.00                    |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 80111717  |              |               |         |

Commodity Line Comments:

Extended Description:

CHEST X-RAY (B READER)

| Line | Comm Ln Desc    | Qty       | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|-----------------|-----------|------------|------------|-----------------------------|
| 12   | EKG STRESS TEST | 150.00000 | EA         | 495.000000 | 74250.00                    |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 80111717  |              |               |         |

Commodity Line Comments:

Extended Description:

EKG STRESS TEST

| Line | Comm Ln Desc        | Qty       | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---------------------|-----------|------------|------------|-----------------------------|
| 13   | HEAVY METAL PROFILE | 150.00000 | EA         | 82.500000  | 12375.00                    |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 80111717  |              |               |         |

Commodity Line Comments:

Extended Description:

HEAVY METAL PROFILE

| Line | Comm Ln Desc      | Qty      | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|-------------------|----------|------------|------------|-----------------------------|
| 14   | HEPATITIS A TITER | 50.00000 | EA         | 33.000000  | 1650.00                     |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 80111717  |              |               |         |

Commodity Line Comments:

Extended Description:

HEPATITIS A TITER

| Line | Comm Ln Desc      | Qty      | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|-------------------|----------|------------|------------|-----------------------------|
| 15   | HEPATITIS B TITER | 50.00000 | EA         | 27.500000  | 1375.00                     |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 80111717  |              |               |         |

Commodity Line Comments:

Extended Description:

HEPATITIS B TITER

| Line | Comm Ln Desc        | Qty      | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---------------------|----------|------------|------------|-----------------------------|
| 16   | HEPATITIS A BOOSTER | 30.00000 | EA         | 165.000000 | 4950.00                     |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 80111717  |              |               |         |

Commodity Line Comments:

Extended Description:

HEPATITIS A BOOSTER

| Line | Comm Ln Desc        | Qty      | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---------------------|----------|------------|------------|-----------------------------|
| 17   | HEPATITIS B BOOSTER | 30.00000 | EA         | 73.000000  | 2190.00                     |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 80111717  |              |               |         |

Commodity Line Comments:

Extended Description:

HEPATITIS B BOOSTER

| Line | Comm Ln Desc        | Qty      | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---------------------|----------|------------|------------|-----------------------------|
| 18   | TETANUS VACCINATION | 30.00000 | EA         | 44.000000  | 1320.00                     |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 80111717  |              |               |         |

Commodity Line Comments:

Extended Description:

TETANUS VACCINATION

| Line | Comm Ln Desc                   | Qty      | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--------------------------------|----------|------------|------------|-----------------------------|
| 19   | HEPATITIS A VACCINATION SERIES | 30.00000 | EA         | 165.000000 | 4950.00                     |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 80111717  |              |               |         |

Commodity Line Comments:

Extended Description:

HEPATITIS A VACCINATION SERIES

| Line | Comm Ln Desc                   | Qty      | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--------------------------------|----------|------------|------------|-----------------------------|
| 20   | HEPATITIS B VACCINATION SERIES | 30.00000 | EA         | 121.000000 | 3630.00                     |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 80111717  |              |               |         |

Commodity Line Comments:

Extended Description:

HEPATITIS B VACCINATION SERIES

| Line | Comm Ln Desc                     | Qty      | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|----------------------------------|----------|------------|------------|-----------------------------|
| 21   | EXPOSURE HISTORY AND REPORT PREP | 10.00000 | EA         | 110.000000 | 1100.00                     |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 80111717  |              |               |         |

Commodity Line Comments:

Extended Description:

EXPOSURE HISTORY AND REPORT PREP

| Line | Comm Ln Desc        | Qty       | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---------------------|-----------|------------|------------|-----------------------------|
| 22   | RESPIRATOR FIT TEST | 100.00000 | EA         | 65.000000  | 6500.00                     |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 80111717  |              |               |         |

Commodity Line Comments:

Extended Description:

RESPIRATOR FIT TEST



**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.: CRFQ 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**

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**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



Wheeling (AQ/ WWM)  
131A Peninsula Street, Wheeling, WV 26003  
AQ (304) 238-1220 fax: (304) 238-1136  
WWM (304) 238-1075 fax: (304) 238-1006

Parkersburg (WWM)  
2311 Ohio Ave., Parkersburg, WV 26101  
(304) 420-4635 fax: (304) 420-4554

Elkview (HS&ER)  
Elkview, WV  
(304) 926-0499 ext 1278

Bridgeport (AML)  
101 Cambridge Place  
Bridgeport, WV 26330  
(304) 842-1900 fax: (304) 842-1928

Fairmont (AQ/ER/WWM)  
2031 Pleasant Valley Road, Fairmont, WV 26554  
AQ (304) 368-3910, EE/WR (304) 368-3960  
WM/ER (304) 368-3950 fax: (304) 368-3953

Romney (AQ/ER/WWM)  
22288 Northwestern Pike,  
Romney, WV 26757-8005  
DMV Building, Route 50 Food Lion Plaza,  
(304) 822-7266 fax: (304) 822-3687  
AQ fax: (304) 822-3535

## Northern Region

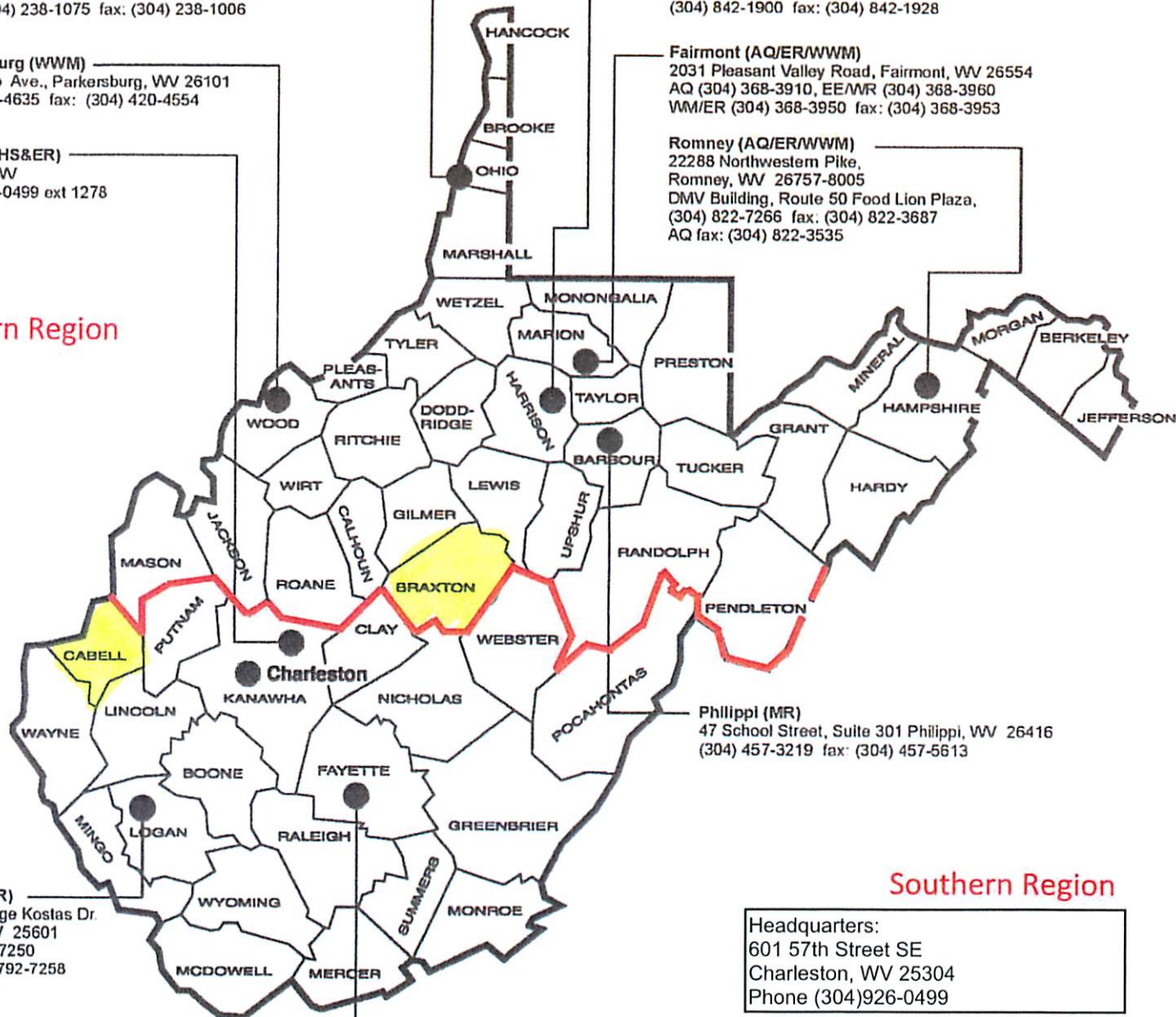
Logan (MR)  
1101 George Kostas Dr.  
Logan, WV 25601  
(304) 792-7250  
fax: (304) 792-7258

Fayetteville (AML/MR/ER/WWM)  
1159 Nick Rahall Greenway, Fayetteville, WV 25840  
(304) 574-4465 fax: (304) 574-4480  
EE/WM/WR (304) 574-4471 fax: (304) 574-4477

Philippi (MR)  
47 School Street, Suite 301 Philippi, WV 26416  
(304) 457-3219 fax: (304) 457-5613

## Southern Region

Headquarters:  
601 57th Street SE  
Charleston, WV 25304  
Phone (304)926-0499



# Exhibit C - Map