



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

Request for Quotation

RFO NUMBER
WEH70223

PAGE
1

ADDRESS: CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER
304-558-0067

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

**HEALTH AND HUMAN RESOURCES
 WELCH COMMUNITY HOSPITAL**

**454 MCDOWELL STREET
 WELCH, WV
 24801 304-436-8710**

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
10/16/2006				

BID OPENING DATE: **11/14/2006** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	JB		948-55		
OPEN-END BLANKET CONTRACT THE WEST VIRGINIA DIVISION OF PURCHASING IS SOLICITING BIDS FOR WELCH COMMUNITY HOSPITAL TO PROVIDE LABORATORY REFERENCE SERVICES AS PER THE ATTACHED.						
TO PROVIDE REFERENCE LABORATORY SERVICES (ATTACHED IS A SAMPLE LISTING OF "REFERENCE" LAB TEST PROCEDURES THAT HAVE BEEN PROVIDED IN THE LAST YEAR. THIS IS NOT A COMPLETE LISTING. SUCCESSFUL BIDDER WILL BE REQUIRED TO PROVIDE ALL PROCEDURES NEEDED BY THE FACILITY WHETHER THEY ARE LISTED OR NOT. ALL BIDDERS MUST PROVIDE A LISTING WITH PRICES OF ALL THE "REFERENCE" LAB TEST PROCEDURES THEY PERFORM.						
EXHIBIT 3 LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
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TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
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WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

**GENERAL TERMS & CONDITIONS
REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)**

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125.00 registration fee.
5. All services performed or goods delivered under State Purchase Orders/Contracts are to be continued for the term of the Purchase Order/Contract, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, this contract is automatically null and void, and is terminated without further order.
14. **HIPAA Business Associate Addendum** - The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Covered Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division.
2. **SPECIFICATIONS:** Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Complete all sections of the quotation form.
4. Unit prices shall prevail in cases of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
6. **BID SUBMISSION:** All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications.

SIGNED BID TO:

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



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HEALTH AND HUMAN RESOURCES
 WELCH COMMUNITY HOSPITAL
 454 MCDOWELL STREET
 WELCH, WV
 24801 304-436-8710

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<p>REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.</p> <p>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.</p> <p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT,</p>						

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<p>WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</p> <p>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THIS CONTRACT IS AUTOMATICALLY NULL AND VOID, AND IS TERMINATED WITHOUT FURTHER ORDER.</p> <p>THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM.</p> <p>REV. 04/11/2001</p> <p>INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON OCT. 27, 2006. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER, OR EMAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO:</p>						

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ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311 FAX; 304-558-4115 EMAIL: RWAGNER@WVADMIN.GOV						
PROOF OF PROFESSIONAL LIABILITY INSURANCE SHALL BE PROVIDED TO THE PURCHASING DIVISION BY THE VENDOR AT THE TIME THE CONTRACT IS AWARDED. THE VENDOR SHALL MAINTAIN AND FURNISH PROOF OF COVERAGE OF LIABILITY INSURANCE FOR LOSS, DAMAGE, OR INJURY (INCLUDING DEATH) OF THIRD PARTIES ARISING FROM ACTS AND OMISSIONS ON THE PART OF THE VENDOR, IT'S AGENTS AND EMPLOYEES IN THE FOLLOWING AMOUNTS: FOR BODILY INJURY (INCLUDING DEATH): \$500,000.00 PER PERSON, MINIMUM OF \$1,000,000.00 PER OCCURRENCE. FOR PROPERTY DAMAGE AND PROFESSIONAL LIABILITY: MINIMUM OF \$1,000,000.00 PER OCCURRENCE.						
WORKER'S COMPENSATION: VENDOR IS REQUIRED TO PROVIDE A CERTIFICATE FROM WORKER'S COMPENSATION IF SUCCESSFUL.						
VENDOR PREFERENCE CERTIFICATE						
CERTIFICATION AND APPLICATION* IS HEREBY MADE FOR						

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<p>PREFERENCE IN ACCORDANCE WITH WEST VIRGINIA CODE, 5A-3-37 (DOES NOT APPLY TO CONSTRUCTION CONTRACTS).</p> <p>A. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:</p> <p>() BIDDER IS AN INDIVIDUAL RESIDENT VENDOR AND HAS RESIDED CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR</p> <p>() BIDDER IS A PARTNERSHIP, ASSOCIATION OR CORPORATION RESIDENT VENDOR AND HAS MAINTAINED ITS HEAD-QUARTERS OR PRINCIPAL PLACE OF BUSINESS CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR 80% OF THE OWNERSHIP INTEREST OF BIDDER IS HELD BY ANOTHER INDIVIDUAL, PARTNERSHIP, ASSOCIATION OR CORPORATION RESIDENT VENDOR WHO HAS MAINTAINED ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR</p> <p>() BIDDER IS A CORPORATION NONRESIDENT VENDOR WHICH HAS AN AFFILIATE OR SUBSIDIARY WHICH EMPLOYS A MINIMUM OF ONE HUNDRED STATE RESIDENTS AND WHICH HAS MAINTAINED ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS WITHIN WEST VIRGINIA CONTINUOUSLY FOR THE FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION.</p> <p>B. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:</p> <p>() BIDDER IS A RESIDENT VENDOR WHO CERTIFIES THAT, DURING THE LIFE OF THE CONTRACT, ON AVERAGE AT LEAST</p>						

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				<p>75% OF THE EMPLOYEES WORKING ON THE PROJECT BEING BID ARE RESIDENTS OF WEST VIRGINIA WHO HAVE RESIDED IN THE STATE CONTINUOUSLY FOR THE TWO YEARS IMMEDIATELY PRECEDING SUBMISSION OF THIS BID; OR () BIDDER IS A NONRESIDENT VENDOR EMPLOYING A MINIMUM OF ONE HUNDRED STATE RESIDENTS OR IS A NONRESIDENT VENDOR WITH AN AFFILIATE OR SUBSIDIARY WHICH MAINTAINS ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS WITHIN WEST VIRGINIA EMPLOYING A MINIMUM OF ONE HUNDRED STATE RESIDENTS WHO CERTIFIES THAT, DURING THE LIFE OF THE CONTRACT, ON AVERAGE AT LEAST 75% OF THE EMPLOYEES OR BIDDERS' AFFILIATE'S OR SUBSIDIARY'S EMPLOYEES ARE RESIDENTS OF WEST VIRGINIA WHO HAVE RESIDED IN THE STATE CONTINUOUSLY FOR THE TWO YEARS IMMEDIATELY PRECEDING SUBMISSION OF THIS BID.</p> <p>BIDDER UNDERSTANDS IF THE SECRETARY OF TAX & REVENUE DETERMINES THAT A BIDDER RECEIVING PREFERENCE HAS FAILED TO CONTINUE TO MEET THE REQUIREMENTS FOR SUCH PREFERENCE, THE SECRETARY MAY ORDER THE DIRECTOR OF PURCHASING TO: (A) RESCIND THE CONTRACT OR PURCHASE ORDER ISSUED; OR (B) ASSESS A PENALTY AGAINST SUCH BIDDER IN AN AMOUNT NOT TO EXCEED 5% OF THE BID AMOUNT AND THAT SUCH PENALTY WILL BE PAID TO THE CONTRACTING AGENCY OR DEDUCTED FROM ANY UNPAID BALANCE ON THE CONTRACT OR PURCHASE ORDER.</p> <p>BY SUBMISSION OF THIS CERTIFICATE, BIDDER AGREES TO DISCLOSE ANY REASONABLY REQUESTED INFORMATION TO THE PURCHASING DIVISION AND AUTHORIZES THE DEPARTMENT OF TAX AND REVENUE TO DISCLOSE TO THE DIRECTOR OF PURCHASING APPROPRIATE INFORMATION VERIFYING THAT BIDDER HAS PAID THE REQUIRED BUSINESS TAXES, PROVIDED THAT SUCH INFORMATION DOES NOT CONTAIN THE AMOUNTS OF TAXES PAID NOR ANY OTHER INFORMATION DEEMED BY THE TAX</p>		

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SHIP TO	HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL
	454 MCDOWELL STREET WELCH, WV 24801
	304-436-8710

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<p>COMMISSIONER TO BE CONFIDENTIAL.</p> <p>UNDER PENALTY OF LAW FOR FALSE SWEARING (WEST VIRGINIA CODE 61-5-3), BIDDER HEREBY CERTIFIES THAT THIS CERTIFICATE IS TRUE AND ACCURATE IN ALL RESPECTS; AND THAT IF A CONTRACT IS ISSUED TO BIDDER AND IF ANYTHING CONTAINED WITHIN THIS CERTIFICATE CHANGES DURING THE TERM OF THE CONTRACT, BIDDER WILL NOTIFY THE PURCHASING DIVISION IN WRITING IMMEDIATELY.</p> <p>BIDDER: -----</p> <p>DATE: -----</p> <p>SIGNED: -----</p> <p>TITLE: -----</p> <p>* CHECK ANY COMBINATION OF PREFERENCE CONSIDERATION(S) IN EITHER "A" OR "B", OR BOTH "A" AND "B" WHICH YOU ARE ENTITLED TO RECEIVE. YOU MAY REQUEST UP TO THE MAXIMUM 5% PREFERENCE FOR BOTH "A" AND "B". (REV. 12/00)</p> <p>NOTICE</p> <p>AN ORIGINAL, SIGNED BID MUST BE SUBMITTED TO:</p> <p>DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION</p>						

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				BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130		
				A CONVENIENCE COPY WOULD BE APPRECIATED.		
				THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPES OR THE BIDS MAY NOT BE CONSIDERED:		
				SEALED BID		
				BUYER:-----ROBERTA WAGNER/FILE 22-----		
				RFQ. NO.:-----WEH70223-----		
				BID OPENING DATE:-----11/14/2006-----		
				BID OPENING TIME:-----1:30 PM-----		
				PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:		

				CONTACT PERSON (PLEASE PRINT CLEARLY):		

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***** THIS IS THE END OF RFQ WEH70223 ***** TOTAL:						_____

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GENERAL INFORMATION

Purpose:

To provide Reference Lab Services for Welch Community Hospital. (See Exhibit A for Background Information for the Hospital.)

General Requirements

- a. Vendor must have at least three (3) years of providing Reference Laboratory Services.
- b. Vendor shall provide references of at least three (3) clients from whom the vendor has provided Reference Laboratory Services.
- c. Vendor must meet all requirements of accreditation including CAP and CLIA certification. A certification of accreditation must be provided.

SCOPE OF WORK:

The vendor is to provide Reference Laboratory Services to Welch Community Hospital consistent with all applicable State and Federal Laws and Regulations, more specifically, vendor shall include, but not be limited to the following requirements:

1. Vendor must provide supplemental testing services for the following testing for the term of the contract period. The bid sheet contains a sample listing of tests with estimated annual volume for each.
2. Vendor must provide histology and cytology testing at such times when Pathologist of Welch Community Hospital is not available.
3. Vendor must provide Bacteriology Services (cultures and sensitivity) when the Bacteriology section of the Hospital's Lab is unavailable.
4. Vendor must have the availability of furnishing stored results to laboratory for QA – Quality Assurance monitoring and assessment by the laboratory. Results storage capability must be at least three (3) years for regular test and five (5) years for pathology specimens and results.
5. Vendor must have a CAP and CLIA certified Pathologist who must be available for questions regarding positive results and in case of result interpretation.
6. Vendor must provide routine specimen collection and transport materials and all necessary supplies to hospital's laboratory department for preparation of all specimens for testing. This includes but is not limited to vacutainer tubes, needles, request forms, preservatives, 24 hour urine containers, cytology and histology containers with preservatives, slides, fixatives, plastic transport bags, centrifuges and directory for all the services offered. Analyzer offers both open and closed sampling options.
7. Vendor must provide a computer system with printer to expedite results turnaround time and capability of retrieving stored results or backtracking

capability. Preventive maintenance and repairs of system/printer shall be the responsibility of the vendor.

8. Vendor must provide courier services seven (7) days per week for collection of all specimens.
9. Vendor must provide turn around time of specimen in accordance to Reference Lab Specifications. Specifications for "each" test to be provided shall be listed in the vendors response to this RFQ for easy identification, results shall be available from the vendor via computer system and hard-copy to be delivered next day for all routine testing in accordance with specifications for special testing such as cytology and histology reports.
10. Vendor must provide blood culture results to be given for total of seven (7) days. Routine cultures shall have primary reports reported within 24 hours, 48 hours, and final report within 72 hours of receipt of specimens.
11. Vendor must provide general routine chemistries results within 24 hours of receipt of specimens.
12. Vendor must telephone all positive results and panic or toxic values to Hospital's Laboratory Department between the hours of 8:00 AM and 5:00 PM - prior to computer system printout.
13. Vendor must retain negative and unsatisfactory PAP slides for five (5) years and positive slides for twenty (20) years. Histology slides must be retained for ten (10) years.
14. Vendor must provide Histology and Cytology PAP's results turnaround time shall be within three (3) days upon receipt of slides/specimens unless further study or staining is required.

Exceptions:

Cytology Turnaround Time

Normal PAP Smear results reporting time – five to seven days. Any abnormal, suspicious, unusual specimens or those submitted with insufficient information usually take longer must be called-in within 14 days.

Surgical Pathology Turnaround Time

Properly submitted specimens are usually processed the next working day, turnaround time is dependent on the complexity of diagnosis and case load. When requested on the Request Form, a preliminary diagnosis must be available via telephone or teleprinter. A final signed report will follow, all numerical abnormal results to be clearly identified on the report form.

15. Vendor must examine, interpret and report results on all slides submitted. Vendor must have written criteria for rejection and for categorizing specimens as unsatisfactory.

16. Vendor must assume all responsibility and liability for reading and processing of all cytology and histology specimens.
17. Vendor must provide Hospital's Lab Department the total number of tests performed on a monthly and annual basis by individual testing category.
18. Vendor must agree to become a participating Reference Laboratory with managed care companies and HMO's currently contracted by Welch Community Hospital and those the hospital chooses to contract with in the future. Currently they are: Carelink, Prime One, WVAHP, Blue Cross, Health Source and United State Steel.
19. Vendor must provide Hospital with the name, address and telephone number of their account representative. Notification of changes to the above should be sent to the Director of Laboratory Services, Welch Community Hospital, 454 McDowell Street, Welch, WV 24801.
20. Vendor must provide all Reference Lab Services and other related services as required in this RFQ, items #1 through #18 above, for the quoted price per test.

Special Terms and Conditions:

Insurance Requirements:

Insurance certificates are required prior to award but are not required at the time of bid. The vendor shall present evidence of insurance at the time of award in the types and amounts required by the Agency and acceptable to the State. Included in the required insurance coverage shall be the following:

1. For bodily injury (including death): \$500,000 per person, minimum of \$1,000,000 per occurrence.
2. For property damage and professional liability: minimum of \$1,000,000 per occurrence.

Invoices and Progress Payments:

The Vendor shall submit invoices, in arrears, to the Agency at the address on the face of the purchase order labeled "Invoice To" pursuant to the terms of the contract. Invoices may not be submitted more than once monthly and State Law forbids payment of invoices prior to receipt of services.

BID SHEET

Price Each Per Lab Test Procedure Performed: Bidder must provide listing of test procedures with pricing for each.

Bid Sheet is a sample listing of lab test procedures that have been provided in the past year. This is not a complete listing. Successful vendor will be required to provide all procedures needed by the facility whether listed or not.

All Bidders must provide a listing with prices of all the "referenced" lab test procedures that they perform.

Item No.	Annual Estimated Usage	Procedure	Turn Around Time	Price	Extended Price
1	8	17-alpha-Hydroxyprogesterone			
2	800	7+Crt-Bund			
3	64	9+Oxycodone – Bund			
4	8	ACTH, Plasma			
5	36	Aerobic Bacterial Culture			
6	16	AFB Culture and Smear, Broth			
7	64	AFP Tetra			
8	4	AFP X-tra Profile			
9	16	AFP, Serum, Tumor Marker			
10	8	Aldolase			
11	4	Aldosterone, Serum			
12	4	Allergen Profile, Food-Citrus			
13	4	Allergen Profile, Food-Grain			
14	4	Allergen Profile, Food-Milk			
15	8	Allergens, Zone 3			
16	4	Alpha-1-Antitrypsin, Serum			
17	4	Amitripyline (Elavil), Serum			
18	4	Amphetamine Confirmation, Ur			
19	88	ANA Qualitative			
20	4	ANA w/Reflex			
21	24	Anaerobic and Aerobic Culture			
22	8	Anti-DNA (SS)IgG, Ab, Qn			
23	20	Anti-dxDNA Antibodies			
24	4	Antiextractable Nuclear Ag			
25	4	Anti-Neuronal Nuclear Ab. Serum			
26	4	Antineutrophil Cytoplasmic Ab			
27	68	Antinuclear Antibodies Direct			
28	4	Antiphospholipid Syndorme Prof			
29	56	Antistreptolysin O Antibodies			
30	4	Aspergillus Flavus Antibodies			
31	4	Aspergillus Niger Antibodies			
32	32	B Strep Culture Group B Only			
33	16	Barbiturates Confirmation, Ur			
34	20	Barbiturates Conf (GC/MS)			
35	44	Benzodiazepine Confirmation, Ur			
36	184	Benzodiazepines Conf (GC/MS)			
37	20	Benzodiazepines GC/MS Retest			
38	84	Beta Strep Culture, Gp A Only			
39	632	Blood Culture, Routine			
40	84	B-Type Natriuretic Peptide			
41	52	C difficile Toxins A+B, EIA			
42	40	Calcium, Ionized, Serum			
43	4	Calcium, Random Urine			
44	20	Cancer Antigen (CA) 125			

BID SHEET

Item No.	Annual Estimated Usage	Procedure	Turn Around Time	Price	Extended Price
45	120	Cannabinoid Conf (GC/MS)			
46	12	Cannabinoid Confirmation, Ur			
47	12	Cannabinoid GC/MS Retest			
48	4	Catecholamine/VMA, 24-hr Urine			
49	12	CMC With Differential/Platelet			
50	8	CEA			
51	4	Cell Count, Body Fluid			
52	64	Chain-Of-Custody Protocol			
53	4	Chlamydia, Nucleic Acid Amp			
54	4	Chlamydia, Swab/Urine, PCR			
55	60	Chlamydia/GC Amplification			
56	4	Chlamydia/GC, DNA Probe w/Rflx			
57	248	Chlamydia/Gonococcus DNA Probe			
58	4	Chromosome, Blood, Routine			
59	4	Cocaine GC/MS Retest			
60	16	Cocaine Metabolite Confirm, Ur			
61	4	Complement C3, Serum			
62	4	Complement C4, Serum			
63	8	Cortisol			
64	24	Cortisol – AM			
65	24	Cortisol – PM			
66	8	Cortisol, Urinary Free by HPLC			
67	44	C-Peptide, Serum			
68	8	Creatine Kinase (CK), MB			
69	12	Creatinine Clearance			
70	8	Creatinine, Urine			
71	16	Cyclosporine, Blood			
72	52	Cystic Fibrosis Profile			
73	4	D/L Methamphetamine			
74	8	Dehydroepiandrosterone (DHEA)			
75	8	Dehydroepiandrosterone Sulfate			
76	4	Drug Coma/Overdose I, Blood			
77	4	Drug Profile 799015			
78	4	Drug Profile 799031			
79	80	Drug Profile 799056			
80	8	Drug Profile 799076			
81	4	Drug Profile, Blood (7 drugs)			
82	4	dRVVT Mix			
83	4	EBV Acute Infection Antibodies			
84	4	EBV Early Antigen Ab, IgG			
85	4	Escitalopram (Lexapro), Serum			
86	8	Estradiol			
87	4	Estrogens, Total			
88	4	Factor VIII Activity			

BID SHEET

Item No.	Annual Estimated Usage	Procedure	Turn Around Time	Price	Extended Price
89	4	Fetal Fibronectin			
90	12	Folates (Folic Acid), Serum			
91	64	FSH and LH			
92	64	FSH, Serum			
93	12	Fungus (Mycology) Culture			
94	4	GAD-65 Autoantibody			
95	28	Genital Culture, Routine			
96	4	Giardia lamblia Ag, EIA			
97	4	Giardia, EIA; Ova/Parasites			
98	8	Gram's Stain			
99	4	H. Pylori IgG, Abs			
100	8	HBsAg Screen			
101	4	HBV Core Ab, IgG/IgM Diff			
102	4	HBV DNA, Qualitative PCR			
103	4	HBV/HCV (Profile VIII)			
104	148	HCV Ab w/Rflx to RIBA			
105	12	HCV QuantaSure Plus (Non-Graph)			
106	4	HCV RNA by PCR, Qn Rfx Geno			
107	8	Hemoglobin (Hgb) Solubility			
108	4	Hemoglobinopathy Profile			
109	4	Hep A Ab, IgM			
110	4	Hep B Core Ab, Tot			
111	8	Hepatitis B Virus (Profile VI)			
112	4	Hepatitis C Genotype			
113	4	Hepatitis C Virus Ab, Riba 3.0			
114	4	Hepatitis C Virus Genotyping			
115	120	Hepatitis, Diagnostic (Prof I)			
116	28	HIV-1 Abs, Prelim Test w/Confirm			
117	4	HLA B 27 Disease Association			
118	6	Homocyst(e)ine, Plasma			
119	40	HPV HC, High Risk			
120	8	HPV Hybrid Capture II			
121	24	HPV, High Risk			
122	12	HSV Culture and Typing			
123	8	IFE and PE, Serum			
124	8	Immunofixation, Serum			
125	8	Insulin and C-Peptide, Serum			
126	4	Insulin, Fasting			
127	4	Kleihauer-Betke			
128	8	Lactic Acid, Plasma			
129	100	Lead, Blood (Pediatric)			
130	4	Lead, Blood (Venipuncture)			
131	4	Levetiracetam, S			
132	52	Liquid Pap w/HPV Rfx on ASC-U			

BID SHEET

Item No.	Annual Estimated Usage	Procedure	Turn Around Time	Price	Extended Price
133	20	Lower Respiratory Culture			
134	424	LQD Pap w/HPV Rfx on ASCUS-SIL			
135	4	Lyme IgG/IgM Ab			
136	4	Metanephrines, Frac, Qn, 24-Hr			
137	4	Methadone			
138	52	Methadone Confirmation Urine			
139	4	Methadone Screen, Urine			
140	4	Methylmalonic Acid, Serum			
141	12	Microalb/Creat Ratio, Randm Ur			
142	24	Microalbumin, 24 Hr Urine			
143	52	Microalbumin, Random Urine			
144	8	Mitochondrial (M2) Antibody			
145	4	Myoglobin, Quantitative, Serum			
146	16	Na U+Cl U+K U			
147	8	Nifedipine (Procardia)			
148	16	Opiates GC/MS Retest			
149	292	Opiates Conf (GC/MS)			
150	56	Opiates GC/MS Conf			
151	28	Osmolality, Serum			
152	24	Osmolality, Urine			
153	40	Ova/Parasites Exam, Routine			
154	4	Oxycodone (GC/MS)			
155	152	Pap LB, rfx HPV all pth			
156	40	Pap Lb, w Mat Indx			
157	4	Phencyclidine Conf (GC/MS)			
158	4	Phencyclidine, Confirm, Urine			
159	40	Physician Read Pap			
160	16	Potassium, Urine			
161	4	Primidone (Mysoline), Serum			
162	24	Progesterone			
163	24	Prolactin			
164	8	Prot+CreatU			
165	8	Protein Electro, Random Urine			
166	12	Protein Electro., S			
167	8	Protein Total, Qn, 24-Hr Urine			
168	8	Protein, Total, Urine			
169	8	PSA, Free +%			
170	52	PTH, Intact			
171	4	PTT-LA Mix			
172	4	Renin, Plasma			
173	148	Rheumatoid Arthritis Factor			
174	4	RIVA (HCV Confirmation)			
175	8	Rotavirus Ag, EIA			
176	12	Rubella Antibodies, IgG			

BID SHEET

Item No.	Annual Estimated Usage	Procedure	Turn Around Time	Price	Extended Price
177	420	Sensitivity Organism #1			
178	168	Sensitivity Organism #2			
179	24	Sensitivity Organism #3			
180	4	Sex Horm Binding Glob, Serum			
181	4	Sirolimus (Rapamune), Blood			
182	4	Sjogren's Ab, Anti-SS-A/-SS-B			
183	12	Sodium, Urine			
184	12	Soluble Liver Ag (IgG Ab)			
185	24	Specific Gravity			
186	64	Split Receipt			
187	4	Sputum Cytology			
188	36	Stool Culture			
189	20	Strep Gp B Cult/DNA Probe			
190	28	Tacrolimus (FK506), Blood			
191	36	Testosterone, Serum			
192	20	Testosterone, Free and Total			
193	12	Thyroid Antithyroglobulin Ab			
194	4	Thyroid Panel with TSH			
195	16	Thyroid Peroxidase (TPO) Ab			
196	4	Thyroid Profile II			
197	228	Thyroxine (T4) Free, Direct, S			
198	8	Topiramate (Topamax), Serum			
199	80	Tricyclics By TLC			
200	12	Triiodothyronine, Free, Serum			
201	20	Troponin I			
202	4	TSH + Free T4			
203	92	Upper Respiratory Culture			
204	936	Urine Culture, Routine			
205	4	Vitamin B1 (Thiamine), Blood			
206	124	Vitamin B12			
207	296	Vitamin V12 and Folate			
208	16	Vitamin D, 1.25 Dihydroxy			
209	44	Vitamin D, 25-Hydroxy			
210	24	Von Willebrand Profile			
211	20	White Blood Cels (WBC), Stool			
Grand Total					

Please provide documentation that bidder meets the General Requirements a) b) and c).

Please attach your listing of lab test procedures and the pricing. Pricing for the above items and your listing of lab test procedures must have the same pricing.

Welch Community Hospital Exhibit A – Background for the Hospital

Background:

Welch Community Hospital is a 124 bed hospital, 59 of which are Long Term care beds. Acute care beds include: 8 Intensive care beds; 2 pediatric beds; 10 obstetrical beds and 45 medical/surgical beds. The hospital serves the counties of McDowell, Wyoming and Mingo with a total market population of about 83,000.

The following numbers represent the typical utilization encountered by the outpatient service area of Welch Community Hospital for the 2005 fiscal year:

Emergency Room Patients – 9,956

Observation Visits – 1,725

Clinic Patients – 26,713

Surgeries – 454

Deliveries – 80

Laboratory Tests – 723,764

Radiology – 15,763

CAT Scans – 2,909

Ultrasound – 1,802

Mammographies – 564

Respiratory Tests – 29,293

Electrocardiograms – 4,818

Admissions – 1,276

Long Term Card ADC (56 Patients per day) – 94%

Overall ADC (71 Patients per day) – 66%

Total Patient Days (20,296 Long Term Care and 5,445 Acute Care Days) – 25,741

Outpatient Services Provided Are:

Primary Care and Family Practice in a Certified Rural Health Setting

Pediatric Clinic

Newborn Care

Internal Medicine

Surgery

Emergency Room Services

Radiology Services Including:

Diagnostic

CAT Scan

Ultrasound

Mammography

MRI

EKG, Cardiac Doppler Studies, Stress Testing and Respiratory Therapy Services

Laboratory Services

A F F I D A V I T

West Virginia Code §5A-3-10a states:

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 the debt owned is an amount greater than one thousand dollars in the aggregate.

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.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions.

"Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities.

"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 exceed five percent of the total contract amount.

EXCEPTION:

The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this 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.

LICENSING:

The vendor must be licensed in accordance with any and all state requirements to do business with the state of West Virginia.

CONFIDENTIALITY:

The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures and rules. Vendors should visit www.state.wv.us/admin/purchase/privacy for the Notice of Agency Confidentiality Policies.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), it is hereby certified that the vendor acknowledges the information in this said affidavit and are in compliance with the requirements as stated.

Vendor's Name: _____

Authorized Signature: _____ Date: _____