

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

## Solicitation

NUMBER CME14050 PAGE 1

ADDRESS CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER 04-558-0067

13.0	l.				
	HEALTH	AND H	UMAN	RESC	OURCES ALTH EXAMINER
Ş	BUREAU	FOR P	UBLIC	CHEA	LTH
	OFFICE	CHIEF	MED]	CAL	EXAMINER
	619 VII	RGINIA	STRE	EET,	WEST
נ <sup>י</sup>	CHARLES	STON,	WV		
	25302			201-5	50_1065

TYPE NAME/ADDRESS HERE VENDOR

DATE PRINTED 11/04/2013

RFQ COPY

BID OPENING DA	TE: 11/19/2	2013			BID (	OPENING TIME 1:	30PM
LINE	QUANTITY	UOP	CAT. NO.	ITEM NU	IMBER	UNIT PRICE	AMOUNT
	ADDENDUM IS			1 NO. 1			
	TO PROVIDE REGARDING THE ANSWER PAGES	ABOV	E SOI	LICITATIO	ORS' QUEST	ESTIONS FION AND	
	2. TO PROVIDE	REV	SED I	PRICING P.	AGE. SEI	E ATTACHED.	
	3. TO PROVIDE SHOULD BE SIG FAILURE TO SI DISQUALIFICAT	NED A	ND RE	TURNED W TURN MAY	ITH YOUR		
	******	***	IND OF	' ADDENDUI	M NO. 1	******	
,							
SIGNATURE					TELEPHONE	DATE	
TITLE	FEI	N			L	ADDRESS CHANGES	TO BE NOTED ABOVE

## SOLICITATION NUMBER: CME14050 Addendum Number: 1

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

Apr	olica	ble	Adder	ıdum	Category:

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

### **Description of Modification to Solicitation:**

- 1. To provide copy of vendor questions and responses.
- 2. To provide revised pricing page.
- 3. To provide Addendum Acknowledgement form.

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

#### **Terms and Conditions:**

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

## ATTACHMENT A

# **CME14050 Technical Question Responses**

Question: Can you please tell me if the quantity of the kits are correctly listed? Line 0003 is listed as 2,620 kits and that equated to 503, 040 tests for a one year period. Line 0004, 0005, 0006, 0007, 0008, 0012, 0018, 0019, 0023, and 0025 are similar. Can you please verify if this if the amount of kits or the amount of tests so we can bid properly?

Response: This is the amount of tests, not kits, estimated annual usage.

Please note: Revisions have been made to the pricing page which is attached.

3.1.3.1 3.1.3.2 3.1.3.3 3.1.3.4 3.1.3.5	Estimated Annual Test Quantity 50 3080	Description Reagent Kits (Single Kits)		
3.1.3.1 3.1.3.2 3.1.3.3 3.1.3.4	50	Nits (Single Kits)	ww	
3.1.3.2 3.1.3.3 3.1.3.4			Unit Price	Extended P
3.1.3.3 3.1.3.4		Acetaminophen	\$	\$
3.1.3.4	2620	Amphetamine	\$	\$
	2620	Barbituates	\$	\$
	3080	Benzodiazepines	\$	\$
3.1.3.6		Benzoylecgonine Cocaine Metabolite	\$	\$
3.1.3.7	2620	Buprenorphine	\$	\$
3.1.3.8	2620	Cannabinoids (THC)	\$	\$
	200	Carisoprodol	\$	\$
3.1.3.9	50	Cocaine	\$	\$
3.1.3.10	50	Continine	\$	\$
3.1.3.11	50	Dextromethorphan	\$	\$
3.1.3.12	2620	Fentanyl	\$	\$
3.1.3.13	50	Flunitrazepam	\$	\$
3.1.3.14	50	Fluoxetine	\$	\$
3.1.3.15	50	Ketamine	\$	\$
3.1.3.16	50	LSD	\$	\$
3.1.3.17	50	Meperidine	\$	\$
3.1.3.18	3080	Methadone	\$	\$
3.1.3.19	3080	Methamphetamine	\$	\$
3.1.3.20	50	Methylphenidate	\$	\$
3.1.3.21	50	Morphine Specific	\$	\$
3.1.3.22	50	Naltrexone	\$	\$
3.1.3.23	3080	Opiates	\$	\$
3.1.3.24	50	Oxycodone	\$	\$
3.1.3.25	3080	Oxycodone/oxymorphone	\$	\$
3.1.3.26	50	PCP	\$	\$
3.1.3.27	50		\$	\$
3.1.3.28	50		\$	\$
3.1.3.29	50		\$	\$
3.1.3.30	200		\$	\$
3.1.3.31	2620		\$	\$
3.1.3.32	50		\$	\$
onal Warranty :		J.		7
3.1.1.1.17		Warranty Parts/Labor Year 2	\$ T	\$
3.1.1.1.17				\$

Award will be made to the low bid successful vendor meeting specifications. Quantities are based on an estimated annual usage

Vendor:			
Remit to address:		Total Control of the	
Telephone:			
Fax:			
Vendor Representative	(Signature)		

Vendor Representative (Print)	

# ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: CME14050

**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)								
]	]	Addendum No. 1	[	]	Addendum No. 6			
1	]	Addendum No. 2	[	]	Addendum No. 7			
[	]	Addendum No. 3	]	]	Addendum No. 8			
[	]	Addendum No. 4	[	]	Addendum No. 9			
]	]	Addendum No. 5	]	]	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.								
Company								
Authorized Signature								
Date								

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