



INVITATION TO BID NO: 11-X-2219999

STATE OF ALABAMA
DEPARTMENT OF FINANCE
DIVISION OF PURCHASING

REQ. AGENCY : 011001
STATE HEALTH DEPARTMENT
AGENCY REQ. NO. :
T-NUMBER : TA066
DATE ISSUED : 08/23/10
VENDOR NO. :
VENDOR PHONE NO. :
SNAP REQ. NO. : 1443538
BUYER NAME : BERNIE ARANT

INVITATION TO BID

FOR: NEWBORN SCREENING - HEALTH

BUYER PHONE NO. : (334) 242-4201-
PURCHASING PHONE NO: (334) 242-7250

BID MUST BE RECEIVED BEFORE:
DATE: 09/15/10 TIME: 5:00 PM

BIDS WILL BE PUBLICLY OPENED:
DATE: 09/16/10 TIME: 10:00 AM

TO BE COMPLETED BY VENDOR

INFORMATION IN THIS SECTION SHOULD BE PROVIDED, AS APPROPRIATE. BID RESPONSE MUST BE IN INK OR TYPED WITH ORIGINAL SIGNATURE AND NOTARIZATION.

1. DELIVERY: CAN BE MADE _____ DAYS OR _____ WEEKS AFTER RECEIPT OF ORDER
2. TERMS: _____(DISCOUNTS ARE TAKEN WITHOUT REGARD TO DATE OF PAYMENT.)
3. PRICE VALID FOR ACCEPTANCE WITHIN _____ DAYS.
4. VENDOR QUOTATION REFERENCE NUMBER, IF ANY: _____
(THIS NUMBER WILL APPEAR ON THE PURCHASE ORDER.)
5. E-MAIL ADDRESS: _____
INTERNET WEBSITE: _____
6. GENERAL CONTRACTOR'S LICENSE NO: _____
TYPE OF G.C. LICENSE: _____

***** IMPORTANT NOTE: *****

BIDDERS MUST COMPLY WITH ALL "BID RESPONSE INSTRUCTIONS" ON PAGE 2, TO INCLUDE ITEM 6 - COPY REQUIREMENT.

RETURN INVITATION TO BID:

US MAIL

COURIER

STATE OF ALABAMA
DEPARTMENT OF FINANCE
DIVISION OF PURCHASING
P O BOX 302620
MONTGOMERY, AL 36130-2620

STATE OF ALABAMA
DIVISION OF PURCHASING
RSA UNION BUILDING
100 N. UNION ST., SUITE 192
MONTGOMERY, AL 36104

SIGNATURE AND NOTARIZATION REQUIRED

I HAVE READ THE ENTIRE BID AND AGREE TO FURNISH EACH ITEM OFFERED AT THE PRICE QUOTED. I HERBY AFFIRM I HAVE NOT BEEN IN ANY AGREEMENT OR COLLUSION AMONG BIDDERS IN RESTRAINT OF FREEDOM OF COMPETITION BY AGREEMENT TO BID AT A FIXED PRICE OR TO REFRAIN FROM BIDDING.

SWORN TO AND

FEIN OR SSN

AUTHORIZED SIGNATURE (INK)

SUBSCRIBED BEFORE ME THIS

COMPANY NAME

TYPE/PRINT AUTHORIZED NAME

_____ DAY OF _____

MAIL ADDRESS

TITLE

NOTARY PUBLIC

CITY, STATE, ZIP

TOLL FREE NUMBER

TERM EXP: _____

PHONE INCLUDING AREA CODE

FAX NUMBER

STANDARD TERMS & CONDITIONS

VENDOR NAME :

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AUTHORITY:

THE DEPARTMENT OF FINANCE CODE OF ADMINISTRATIVE PROCEDURE, CHAPTER 355-4-1 EFFECTIVE DECEMBER 20, 2001 IS INCORPORATED BY REFERENCE AND MADE A PART OF THIS DOCUMENT. TO RECEIVE A COPY CALL (334)242-7250, OR OUR WEBSITE WWW.PURCHASING.ALABAMA.GOV .

INFORMATION AND ASSISTANCE TO MINORITY AND WOMEN-OWNED BUSINESSES IN ACQUIRING M/WBE CERTIFICATION MAY BE OBTAINED FROM THE OFFICE OF MINORITY BUSINESS ENTERPRISE, 1-800-447-4191.

BID (ITB) RESPONSE INSTRUCTIONS REV: 07/15/10

1. TO SUBMIT A RESPONSIVE BID, READ THESE INSTRUCTIONS, ALL TERMS, CONDITIONS AND SPECIFICATIONS.
2. BID ENVELOPES/PACKAGES/BOXES MUST BE IDENTIFIED ON FRONT, PREFERABLY LOWER LEFT CORNER AND BE VISIBLE WITH THE BID NUMBER AND OPENING DATE. EACH INDIVIDUAL BID (IDENTIFIED BY A UNIQUE BID NUMBER) MUST BE SUBMITTED IN A SEPARATE ENVELOPE. RESPONSES TO MULTIPLE BID NUMBERS SUBMITTED IN THE SAME ENVELOPE/COURIER PACKAGE, THAT ARE NOT IN SEPARATE ENVELOPES PROPERLY IDENTIFIED, WILL BE REJECTED. THE DIVISION OF PURCHASING DOES NOT ASSUME RESPONSIBILITY FOR LATE BIDS FOR ANY REASON INCLUDING THOSE DUE TO POSTAL, OR COURIER SERVICE. BID RESPONSES MUST BE IN THE DIVISION OF PURCHASING OFFICE PRIOR TO THE "RECEIVE DATE AND TIME" INDICATED ON THE BID.
3. BID RESPONSES (PAGE 1, PRICE SHEET AND ADDENDUMS (WHEN SIGNATURE IS REQUIRED)) MUST BE IN INK OR TYPED ON THIS DOCUMENT. OR EXACT FORMAT WITH SIGNATURES BEING HANDWRITTEN ORIGINALS IN INK (PERSON SIGNING BID, NOTARY, AND NOTARY EXPIRATION), OR THE BID WILL BE REJECTED. UNLESS INDICATED IN THE BID, ALL PRICE PAGES MUST BE COMPLETED AND RETURNED. IF AN ITEM IS NOT BEING BID, IDENTIFY IT AS NB (NO-BID). PAGES SHOULD BE SECURED. THE DIVISION OF PURCHASING DOES NOT ASSUME RESPONSIBILITY FOR MISSING PAGES. FAXED BID RESPONSES WILL NOT BE ACCEPTED.
4. THE UNIT PRICE ALWAYS GOVERNS REGARDLESS OF THE EXTENDED AMOUNT. A UNIT PRICE CHANGE ON A LINE MUST BE INITIALED BY THE PERSON SIGNING THE BID, OR THAT LINE WILL BE REJECTED. THIS INCLUDES A CROSS-OUT, STRIKE-OVER, INK-OVER, WHITE-OUT, ERASURE, OR ANY OTHER METHOD CHANGING THE PRICE.
5. THE DIVISION OF PURCHASING IS NOT RESPONSIBLE FOR MISINTERPRETATION OF DATA FAXED FROM THIS OFFICE.
6. THE DIVISION OF PURCHASING REQUIRES AN ORIGINAL AND A MINIMUM OF ONE COMPLETE EXACT COPY (TO INCLUDE SIGNATURE AND NOTARY) OF THE INVITATION-TO-BID RESPONSE. THE ORIGINAL AND THE COPY SHOULD BE SUBMITTED TOGETHER AS A BID PACKAGE. FAILURE TO MARK RESPONSES AS "ORIGINAL" AND/OR "COPY" COULD RESULT IN THE ENTIRE BID RESPONSE BEING REJECTED.
7. AN IMPROPERLY SUBMITTED BID, LATE BID, OR BID THAT IS CANCELLED ON OR BEFORE THE OPENING DATE WILL BE HELD FOR 90 DAYS AND THEN DESTROYED. THE BID MUST BE RETRIEVED DURING REGULAR WORK HOURS, MONDAY - FRIDAY, EXCEPT STATE HOLIDAYS. AFTER THE BID IS DESTROYED, THE DIVISION OF PURCHASING ASSUMES NO RESPONSIBILITY FOR THE DOCUMENT.

DISQUALIFIED/CANCELLED BID

BIDS THAT ARE IMPROPERLY SUBMITTED OR RECEIVED LATE WILL BE A RESPONSE FOR RECORD, BUT WILL NOT BE RETURNED OR A NOTIFICATION MAILED.

THE FOLLOWING IS A PARTIAL LIST WHEREBY A BID RESPONSE WILL BE DISQUALIFIED:

- BID NUMBER NOT ON FACE OF ENVELOPE/COURIER PACKAGE/BOX
- RESPONSES TO MULTIPLE BID NUMBERS IN SAME ENVELOPE NOT PROPERLY IDENTIFIED
- BID RECEIVED LATE
- BID NOT SIGNED/NOT ORIGINAL SIGNATURE
- BID NOT NOTARIZED/NOT ORIGINAL SIGNATURE OF NOTARY AND/OR NO NOTARY EXPIRATION
- NOTARIZED OWN SIGNATURE
- REQUIRED INFORMATION NOT SUBMITTED WITH BID
- FAILURE TO SUBMIT THE ORIGINAL BID AND A COMPLETE EXACT COPY

CERTIFICATION PURSUANT TO ACT NO. 2006-557

ALABAMA LAW (SECTION 41-4-116, CODE OF ALABAMA 1975) PROVIDES THAT EVERY BID SUBMITTED AND CONTRACT EXECUTED SHALL CONTAIN A CERTIFICATION THAT THE VENDOR, CONTRACTOR, AND ALL OF ITS AFFILIATES THAT MAKE SALES FOR DELIVERY INTO ALABAMA OR LEASES FOR USE IN ALABAMA ARE REGISTERED, COLLECTING, AND REMITTING ALABAMA STATE AND LOCAL SALES, USE, AND/OR LEASE TAX ON ALL TAXABLE SALES AND LEASES INTO ALABAMA. BY SUBMITTING THIS BID, THE BIDDER IS HEARBY CERTIFYING THAT THEY ARE IN FULL COMPLIANCE WITH ACT NO. 2006-557, THEY ARE NOT BARRED FROM BIDDING OR ENTERING INTO A CONTRACT PURSUANT TO 41-4-116, AND ACKNOWLEDGES THAT THE AWARDING AUTHORITY MAY DECLARE THE CONTRACT VOID IF THE CERTIFICATION IS FALSE.

SPECIAL TERMS & CONDITIONS

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INVITATION TO BID

VENDOR REGISTRATION AND FEE PAYMENT ONLINE

EFFECTIVE SEPTEMBER 1, 2010, VENDORS MUST REGISTER ONLINE TO RECEIVE NOTIFICATION OF BIDS. GO TO WWW.PURCHASING.ALABAMA.GOV TO REGISTER. BIDS WILL NOT BE ACCEPTED FROM NON-REGISTERED VENDORS. A VENDOR'S REGISTRATION MUST BE MAINTAINED THROUGHOUT THE LIFE CYCLE OF AN AWARDED CONTRACT, TO INCLUDE RENEWAL PERIODS. AT THE TIME OF REGISTRATION, VENDOR MUST PAY A BIENNIAL REGISTRATION FEE. PAYMENT MUST BE MADE BY CREDIT CARD, DEBIT CARD, OR BY ELECTRONIC CHECK.

INTENT TO AWARD

EFFECTIVE MAY 1, 2008, THE STATE OF ALABAMA - DIVISION OF PURCHASING WILL ISSUE AN 'INTENT TO AWARD' BEFORE A FINAL AWARD IS MADE. THE 'INTENT TO AWARD' WILL CONTINUE FOR A PERIOD OF FIVE (5) CALENDAR DAYS, AFTER WHICH A PURCHASE ORDER WILL BE PRODUCED. UPON FINAL AWARD, ALL RIGHTS TO PROTEST ARE FORFEITED. A DETAILED EXPLANATION OF THIS PROCESS MAY BE REVIEWED IN THE ALABAMA ADMINISTRATIVE CODE - CHAPTER 355-4-1(14).

ALTERNATE BID RESPONSE

UNLESS STATED ELSEWHERE IN THIS INVITATION-TO-BID (ITB) THE STATE OF ALABAMA WILL ACCEPT AND EVALUATE ALTERNATE BID SUBMITTALS ON ANY ITB'S. ALTERNATE BID RESPONSES WILL BE EVALUATED ACCORDING TO THE REQUIREMENTS AS ALL OTHER RESPONSES TO THIS ITB.

INTERNET WEBSITE LINK'S

INTERNET AND/OR WEBSITE LINKS WILL NOT BE ACCEPTED IN BID RESPONSES AS A MEANS TO SUPPLY ANY REQUIREMENTS STATED IN THIS ITB (INVITATION-TO-BID).

PRODUCT DELIVERY, RECEIVING AND ACCEPTANCE

IN ACCORDANCE WITH THE UNIVERSAL COMMERCE CODE (CODE OF ALABAMA, TITLE 7), AFTER DELIVERY, THE STATE OF ALABAMA HAS THE RIGHT TO INSPECT ALL PRODUCTS BEFORE ACCEPTING. THE STATE WILL INSPECT PRODUCTS IN A REASONABLE TIMEFRAME. SIGNATURE ON A DELIVERY DOCUMENT DOES NOT CONSTITUTE ACCEPTANCE BY THE STATE. THE STATE WILL ACCEPT PRODUCTS ONLY AFTER SATISFACTORY INSPECTION.

SALES TAX EXEMPTION

PURSUANT TO THE CODE OF ALABAMA, 1975, TITLE 40-23-4 (A) (11), THE STATE OF ALABAMA IS EXEMPT FROM PAYING SALES TAX. AN EXEMPTION LETTER WILL BE FURNISHED UPON REQUEST.

INVOICES

INQUIRIES CONCERNING PAYMENT AFTER INVOICES HAVE BEEN SUBMITTED ARE TO BE DIRECTED TO THE RECEIVING AGENCY, NOT THE DIVISION OF PURCHASING

BID RESPONSES AND BID RESULTS

UNEVALUATED BID RESPONSES (NOT BID RESULTS) ARE AVAILABLE ON OUR WEB SITE AT WWW.PURCHASING.ALABAMA.GOV. BID RESULTS WILL BE MADE AVAILABLE FOR REVIEW IN THE DIVISION OF PURCHASING OFFICE, BUT ONLY AFTER THE BID HAS BEEN AWARDED. WE DO NOT FAX OR MAIL COPIES OF BID RESULTS. IF A VENDOR WISHES TO REVIEW BID RESULTS IN OUR OFFICE, THEY SHOULD FAX THEIR REQUEST TO REVIEW THE BID TWO DAYS IN ADVANCE TO THE "BID REVIEW CLERK" AT (334) 242-4419. BE SURE TO REFERENCE THE BID NUMBER.

FOREIGN CORPORATION - CERTIFICATE OF AUTHORITY

ALABAMA LAW PROVIDES THAT A FOREIGN CORPORATION (AN OUT-OF-STATE

SPECIAL TERMS & CONDITIONS

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INVITATION TO BID

COMPANY/FIRM) MAY NOT TRANSACT BUSINESS IN THE STATE OF ALABAMA UNTIL IT OBTAINS A CERTIFICATE OF AUTHORITY FROM THE SECRETARY OF STATE. SECTION 10-2B-15.01, CODE OF ALABAMA 1975. TO OBTAIN FORMS FOR A CERTIFICATE OF AUTHORITY, CONTACT THE SECRETARY OF STATE, CORPORATIONS DIVISION, (334) 242-5324. THE CERTIFICATE OF AUTHORITY DOES NOT KEEP THE VENDOR FROM SUBMITTING A BID.

BID IDENTIFICATION

REFERENCE PAGE 2, ITEM 2. DUE TO THE POSTAL SERVICE PUTTING BAR CODE LABELS ON ENVELOPES, IT CONCEALS THE BID NUMBER AND DATE IF THE VENDOR HAS WRITTEN THEM OTHER THAN THE LOWER LEFT CORNER, THEREFORE THE BID WOULD BE REJECTED FOR NOT BEING PROPERLY IDENTIFIED.

AWARD:

AWARD WILL BE MADE "ALL OR NONE" TO THE LOWEST RESPONSIBLE BIDDER MEETING ALL SPECIFICATIONS.

FREIGHT:

BID IS F.O.B. DESTINATION. ANY FREIGHT CHARGES MUST BE INCLUDED IN THE BID PRICES.

CONTRACT PERIOD:

ESTABLISH A 12 MONTH CONTRACT WITH AN OPTION TO EXTEND FOR A SECOND, THIRD, FOURTH, AND FIFTH 12 MONTH PERIOD WITH THE SAME PRICING, TERMS AND CONDITIONS. THE SECOND, THIRD, FOURTH, OR FIFTH 12 MONTH PERIOD, IF AGREED BY BOTH PARTIES, WOULD BEGIN THE DAY AFTER THE FIRST, SECOND, THIRD, OR FOURTH 12 MONTH PERIOD EXPIRES. ANY SUCCESSIVE EXTENSION MUST HAVE WRITTEN APPROVAL OF BOTH THE STATE AND VENDOR NO LATER THAN 30 DAYS PRIOR TO EXPIRATION OF THE PREVIOUS 12 MONTH PERIOD.

NON-APPROPRIATION OF FUNDS:

CONTINUATION OF ANY AGREEMENT BETWEEN THE STATE AND A BIDDER BEYOND A FISCAL YEAR IS CONTINGENT UPON CONTINUED LEGISLATIVE APPROPRIATION OF FUNDS FOR THE PURPOSE OF THIS BID AND ANY RESULTING AGREEMENT. NON-AVAILABILITY OF FUNDS AT ANY TIME SHALL CAUSE ANY AGREEMENT TO BECOME VOID AND UNENFORCEABLE AND NO LIQUIDATED DAMAGES SHALL ACCRUE TO THE STATE AS A RESULT. THE STATE WILL NOT INCUR LIABILITY BEYOND THE PAYMENT OF ACCRUED AGREEMENT PAYMENT.

PRORATION:

ANY PROVISION OF A CONTRACT RESULTING FROM THIS BID TO THE CONTRARY NOTWITHSTANDING, IN THE EVENT OF FAILURE OF THE STATE TO MAKE PAYMENT HEREUNDER AS A RESULT OF PARTIAL UNAVAILABILITY, AT THE TIME SUCH PAYMENT IS DUE, OF SUCH SUFFICIENT REVENUES OF THE STATE TO MAKE SUCH PAYMENT (PRORATION OF APPROPRIATED FUNDS FOR THE STATE HAVING BEEN DECLARED BY THE GOVERNOR PURSUANT TO SECTION 41-4-90 OF THE CODE OF ALABAMA 1975), THE CONTRACTOR SHALL HAVE THE OPTION, IN ADDITION TO THE OTHER REMEDIES OF THE CONTRACT, OF RENEGOTIATING THE CONTRACT (EXTENDING OR CHANGING PAYMENT TERMS OR AMOUNTS) OR TERMINATING THE CONTRACT.

PRICE SHEET

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LINE NO.	COMMODITY/SERVICE DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	EXTENDED AMOUNT
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UNLESS SPECIFIED OTHERWISE BELOW:
 SHIP TO: R1 /
 STATEWIDE

00001	COMMODITY CODE: 193-36-074591 NEWBORN TESTING SYSTEM, PER ATTACHED SPECIFICATIONS.	1	LT	_____	_____
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INSTRUMENTS, REAGENTS AND SOFTWARE TO TEST NEWBORN DRIED BLOOD SPOTS FOR CONGENITAL DISORDERS LISTED ON ATTACHED SPECIFICATIONS.

PLEASE ENTER PRICES ON THE ATTACHED SPECIFICATION SHEETS.

PAGE TOTAL _____

BID TOTAL _____

Scope of Work:

The Alabama Bureau of Laboratories screens newborns for a number of congenital disorders and wants a single vendor to supply instruments, reagents, instrument service, and software to test newborn dried blood spots for the following congenital disorders:

- Congenital Hypothyroidism (CH) measuring TSH and T4),
- Congenital Adrenal Hyperplasia (CAH) measuring 17 α OH Progesterone (17OHP),
- Cystic Fibrosis (CF) measuring Immuno-reactive Trypsin (IRT)
- Galactosemia measuring galactose-1-phosphate urydl transferase (GALT) activity and Total Galactose (TGAL) as optional confirmation or dual initial screen
- Biotinidase Deficiency (BIO) measuring Biotinidase as an option.

This will be an all or nothing award.

Pricing shall be: one of the options below

1. Included in the price of the reagents kits shall be:
 - Instruments and accessory equipment with service contracts
 - DBS punching equipment with include service contracts,
 - Process Management and Data Analysis Software including licenses, configuration, training and maintenance. Hardware will be provided by the laboratory.
 - Consumables
2. Monthly Fee for instruments, reagents, software and service for TSH, T4, CAH, IRT, and GALT. BIO and TGAL to be purchased as individual kits with any additional instrumentation, instrument service or software configuration included in price of the kit.

The laboratory tests 128,000 specimens per year.

Specifications:

A: Reagent kits: as listed below or equivalent

TSH: AutoDELFI Neo TSH: PerkinElmer #B032-312 (1152 tests) or GSP NeoTSH PerkinElmer #3301-001U

T4: AutoDELFI Neo T4: PerkinElmer # B065-112 (1152 tests) or GSP Neo T4 PerkinElmer #3302-001U

CAH: AutoDELFI Neo 17 α OH Progesterone: PerkinElmer # B024-112 (1152 tests) or GSP Neo T4 #3305-001U

IRT: AutoDELFI Neo IRT : PerkinElmer # B005-112 (1152 tests) or GSP Neo IRT, PerkinElmer #3306-001U

GALT: NCS GALT (Victor), PerkinElmer part # NG4100 (4800 tests) or GSP Neo GALT, PerkinElmer # 3303-001U

GAO: NCS Total Galactose (Victor), PerkinElmer part#3029-0010 (960 tests) or #3029-001B (4800 tests)

BIO: NCS BIO (Victor), PerkinElmer #3018—001B (4800 tests) or GSP BIO, PerkinElmer #3307-001B

Requirements:

- ◆ TSH, T4, 17 OHP, IRT and GALT kits must be FDA approved for use on instruments specified in product insert.
- ◆ TR-FIA or Fluorescent methods (not RIA or ELISA methods)
- ◆ Each assay kit includes DBS 6 standards or calibrators and a minimum of 2 controls, high and low values, on Whatman 903 paper or equivalent.
- ◆ Microtiter plate based with plate barcodes for assay identification
- ◆ 1/8 inch dried blood spot per well
- ◆ All reagents and plates included in kit or shipped separately
- ◆ Same day analysis time – incubations of < 5 hrs (1 plate runs)

- ◆ Vendor is the manufacturer of the reagent kits.
- ◆ AutoDELFIA, Victor or GSP versions of TSH, T4, 17 OHP, IRT, and GALT, kits have been In use for initial Newborn Screening by more than 5 state DOH Newborn Screening testing laboratories with birth rates of >50,000 for more than 3 years.
- ◆ AutoDELFIA, Victor or GSP versions of TSH, T4, 17 OHP, IRT and GALT kits have demonstrated at least 3 years of satisfactory performance on CLIA approved proficiency testing (PT) e.g. CDC QA/QC newborn screening program.

B: Instrument Systems:

Field service performed by direct employees of the vendor to include but not limited to Preventive Maintenance as recommended by vendor.

Response times:

- response to phone to report problem: 3 hours
- service engineer on site within 2 business days.

1. 4 AutoDELFIA PlateProcessor Automated Systems: PerkinElmer # 1235-501 or or equivalent. *For T4, 17OHP , TSH, IRT assays*

Requirements:

- ◆ Total walk-away automation
- ◆ Runs unattended (completes assays after working day has ended)
- ◆ 12 microtiter plate capacity up to 1152 test results
- ◆ Assay microplates can be mix of 4 assays to include T4, TSH and 17OHP without intervention by operator
- ◆ Reads plate barcodes
- ◆ Makes reagent dilutions
- ◆ Onboard instrument diagnostics
- ◆ History file of all system operation
- ◆ Capable of bi-directional interface to Process Management software
- ◆ Windows environment
- ◆ Data Analysis software with the following capability:
 - Track up to 6 levels of controls per assay, generate Levy-Jennings plots and histograms, track and plot standards.
 - Accept laboratory cutoff and generate warning flags.
 - Sort and generate repeat list based on cutoff values.
- ◆ Remote support for service and software
- ◆ Pumps waste to drain
- ◆ Uninterrupted Power Supply for protection from brief power failures and brown-outs.
- ◆ All reagents and wash buffers used with assay included in price of kit.
- ◆ Laser printer for each instrument.
- ◆ Listed as specified instrument in assay product inserts.
- ◆ System has been In use for initial Newborn Screening by more than 5 state DOH Newborn Screening testing laboratories with birth rates of >50,000 for more than 3 years.
- ◆ Vendor is the manufacturer
- ◆ Field service performed by direct employees of the vendor to include Preventive Maintenance as recommended by vendor.

2. Victor D with Stackers: PerkinElmer LAS part # 1420-021 or equivalent *For GALT, TGAL and BIO assays*

Requirements:

- ◆ Has capability of reading TR-FIA and FIA methodologies.
 - ◆ Holds up to 12 microtiter plates for unattended reading, not a flow through technology.
 - ◆ Reads plate barcodes
 - ◆ Has remote support capability.
 - ◆ Manufactured by vendor
 - ◆ Capable of bidirectional interface to Process Management software
 - ◆ Includes: data analysis software, computer, monitor, laserjet Printer.
 - Data Analysis software with the following capability:
 - Track up to 6 levels of controls per assay, generate Levy-Jennings plots and histograms, track and plot standards.
 - Accept laboratory cutoff and generate warning flags.
 - Sort and generate repeat list based on cutoff values.
 - Reevaluation of stored data
 - ◆ System has been in use for initial Newborn Screening by more than 5 state DOH Newborn Screening testing laboratories with birth rates of >50,000 for more than 3years.
3. Optional to Systems listed above:
- 3 GSP Instrument Systems: PerkinElmer #2021-0010 or equivalent.
- Instrument system must be FDA cleared and specified in reagent kit package insert.
 - There may be a mix of instrument systems listed in 1, 2 and 3 during the term of the contract as assays are FDA cleared on the upgraded instrument system. Vendor to outline an implementation plan.

C: Accessory Instruments/Equipment

Field service performed by direct employees of the vendor to include: Preventive Maintenance as recommended by vendor.

1. For use with the NCS GALT, BIO and TGAL on the Victor System or equivalent.
 - a. Incubator Shakers to process 9 plates of each assay at the temperature and shaking speed specified in the package insert.
 - b. 1 Apricot Personal Pipettor, Perkinelmer or equivalent

Requirements:

 - ◆ capable of pipetting 96 wells simultaneously
 - ◆ Minimum of 4 stations,
 - ◆ Performs transfer pipetting
 - ◆ Includes software, computer and monitor if required
 - ◆ Pipette tip packs purchased separately as part of contract.
 - ◆ Reagent Boats purchased separately as part of contract.
2. 1 PerkinElmer MultiPuncher part # 1296-081 or equivalent

Requirements:

 - ◆ The instrument must have a minimum capacity of six-plates.
 - ◆ Must have the ability to punch 3.2 mm filter paper spots
 - ◆ Must allow operator to punch specimens in singlicate or duplicate format.
 - ◆ Instrument must be connected to a computer via an RS-232 port.
 - ◆ Software must be a 32 bit application running in a minimum of Windows XP

- ◆ Must have positive sample and plate identification provided by a barcode reader that is connected to a computer.
 - ◆ Capable of bi-directional interface to Specimen Gate™ Process Management software.
 - ◆ Computer provided by vendor
 - ◆ Must be able to support standard 96-well microtitration plates.
 - ◆ Must have a disk detector system that ensures that a spot falls into the well.
 - ◆ Must blow down air through the punchhead to facilitate punching of spot into the well.
3. 2 PerkinElmer DBS Puncher part # 1296-071 or equivalent
- Requirements:
- ◆ Capable of multiple sized punch heads to include 1.5mm, 3.2mm, 4.7mm and 6.0mm spots. These heads must be easily removed by the operator in less than 30 seconds.
 - ◆ Operates in a stand alone mode and computer controlled.
 - ◆ Programmed by either a PC or by a touch pad built into the instrument.
 - ◆ Positive ID function through barcode reading of plate and specimen during punching.
 - ◆ Capable of bi-directional interface to Specimen Gate™ Process Management software
 - ◆ Alerts the operator to a possible missed spot, and allow the operator to take corrective action.
 - ◆ Holds 2 microtiter plates, standard or deep well.

D: Process Management Software

Specimen Gate™ Laboratory or equivalent. If equivalent, the vendor must supply a detailed description of the system. A demonstration may be requested.

1. The software must interface to all instrument systems and punchers listed in these specifications as well as the Waters/PerkinElmer Quattro Micro MSMS system.
2. Deployment and Training: If an equivalent system,
 - A Project Plan including timeline and training must be included with the
 - User Manuals to be provided
3. Maintenance
The vendor must provide maintenance and on-going training as requested with direct report engineers.

Exception to this will be tips and reservoirs for automated pipettor and required microtiter plates for reagent transfer step. These will be purchased as separate line item.

Pricing Option 1:

	Unit Price	Quantity/yr	Total/year
1. Neonatal TSH: 161,280 tests/yr:	_____	_____	_____
2. Neonatal T4: 161,280 tests/yr:	_____	_____	_____
3. Neonatal 17 OHP: 161,280 tests/yr:	_____	_____	_____
4. Neonatal IRT: 161,280 tests/yr:	_____	_____	_____
5. Neonatal GALT: 140,000 tests/yr:	_____	_____	_____
6. Neonatal Total Galactos:e as needed:	_____		_____
7. Neonatal Biotinidase: as needed:	_____		_____

Consumables:

8. Autopipette tips: PerkinElmer part# 1295-4010

Estimated number of packs/yr: _____ price/pack _____

9. Autopipette Reservoirs: PerkinElmer part# 1064-05-08

Estimated number of packs/yr: _____ price/pack _____

Pricing Option 2:

Please submit plan separately to include:

- Monthly fee, number of tests/kits and consumables included annually for T4, TSH, CAH, IRT and GALT
- Price of kits if additional kits of T4, TSH, CAH, IRT and GALT are to be purchased within the year.
- Price of BIO and TGAL kits (not included in monthly fee).