## VENDOR #1

**BID NO:** 2014-046-6428  
**ANNUAL CONTRACT FOR FORENSIC DNA TESTING AND ANALYSIS SERVICES**  
**OPENING DATE:** June 5, 2014  
**Annual contract w/3 extension options**  
**CONTRACT PERIOD:** 6/24/14 through 6/23/15  

### MWBE STATUS
Non M/WBE

### OTHER MINORITY CERTIFICATION
None

### TAXPAYER STATUS
Other County Taxpayer

### BID NOTIFICATION
Third Party bid listing service

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>EST</th>
<th>QTY</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 Y STR Chromosomal Analysis</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim Control Sample-Liquid Blood or Buccal Swab</td>
<td>20 ea</td>
<td>$700.00</td>
<td></td>
</tr>
<tr>
<td>Suspect Control Sample-Liquid Blood or Buccal Swab</td>
<td>20 ea</td>
<td>$700.00</td>
<td></td>
</tr>
<tr>
<td>Blood Stain</td>
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</tr>
<tr>
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<tr>
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<td>$900.00</td>
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<tr>
<td>Hair</td>
<td>20 ea</td>
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<tr>
<td>Tissue</td>
<td>20 ea</td>
<td>$700.00</td>
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<tr>
<td><strong>2 Mitochondrial DNA Analysis</strong></td>
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<tr>
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<td>Semen Stain</td>
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<tr>
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<td><strong>3 DNA Mini STR Analysis</strong></td>
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<tr>
<td><strong>Total</strong></td>
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</table>

Specify additional costs for expedited test results  
within 7 days  
within 14 days  
within 21 days

Orchid offers expedited Mitochondrial DNA testing only, at two times the listed pricing

List all other charges which are associated with test listed above and not specifically listed  
Expert Witness Testimony: $250.00/hr with $1,200 p

STR Forensic Paternity Testing: $1350/case for standard $450 for each additional sample

Specify whether a price list for test and services not indicated on the itemized list in the bid package is included with bid proposal

No

Specify the name and telephone number of the account rep  
Laura Gahn, Ph.D., Director of Operations @ 214-27

Specify any additional comments/costs included with your proposal  
The pricing in this proposal represents approximately over current contract prices w/Dallas County. Price of expert witness testimony is greater than 15%

Specify any additional comments/cost/etc. included with your Bid Proposal  
Victim Control Sample-Liquid Blood or Buccal Swab

Bead Stain  
Semen Stain  
Bone  
Hair  
Tissue

Should you firm be awarded this contract what portion to be subcontracted

We do have product in stock

Cooperative Purchasing  
No

Specify Prompt/early payment discount  
NA

Does your Company provide health insurance  
Yes

Does Company share in the cost a min 90%/65%  
No

Does Company share the cost min 75% employees/50% Family  
Yes

Is it comparable to service provided by Dallas County  
Yes

If subcontracting, Does subcontractor provide health insurance  
No

*Cellmark Forensics does not use sub. For any of the*
**BID NO:** 2014-046-6428

**ANNUAL CONTRACT FOR FORENSIC DNA TESTING AND ANALYSIS SERVICES**

**OPENING DATE:** June 5, 2014

**Annual contract w/3 extension options**

**CONTRACT PERIOD:** 6/24/14 through 6/23/15

**M/WBE STATUS**

**OTHER MINORITY CERTIFICATION**

**TAXPAYER STATUS**

**BID NOTIFICATION**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>EST</th>
<th>QTY</th>
<th>COST</th>
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<td>1 Y STR Chromosomal Analysis</td>
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<td>2 Mitochondrial DNA Analysis</td>
<td>24,000.00</td>
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**Total:** $434,000.00

Specify additional costs for expedited test results

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<tr>
<th>Period</th>
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<tr>
<td>within 7 days</td>
<td>Add $900.00 per sample</td>
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<tr>
<td>within 14 days</td>
<td>Add $700 per sample</td>
</tr>
<tr>
<td>within 21 days</td>
<td>Add $500 per sample</td>
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</table>

List all other charges which are associated with test listed above and not specifically listed

Add $900.00 per sample

within 7 days Add $700 per sample

within 14 days Add $500 per sample

within 21 days

Specify whether a price list for test and services not indicated on the itemized list in the bid package is included with bid proposal

No

Specify the name and telephone number of the account rep

Thomas Reynolds @ 804-915-3840

Specify any additional comments/costs included with your proposal

Testimony for court $1800/day

Specify any additional comments/costs included with your Bid Proposal

<table>
<thead>
<tr>
<th>QTY</th>
<th>COST</th>
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<td>700</td>
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</table>

Should you firm be awarded this contract what portion to be subcontracted

No Subcontracting

Product in stock

Cooperative Purchasing

Specify Prompt/early payment discount

Yes

Does your Company provide health insurance

Yes

Does Company share in the cost a min. 90%/65%

Yes

Does the company share cost min. 75% employees/50% Family

Yes

Is it comparable to service provided by Dallas County

Yes

If subcontracting, Does subcontractor provide health insurance

N/A

**CONTRACT PERIOD:** 6/24/14 through 6/23/15

**AIBIO TECH, LLC**

Thomas R. Reynolds, Exec VP of

601 Biotech Drive

Richmond, VA 23235

804-915-3842

Fax: 804-648-2641
treymonds@alibioTech.com

www.fairfaxilab.com

Non M/WBE

None

Other County Taxpayer

Bid sync
**Description of Forensic DNA Testing Services**

1. **Y STR Chromosomal Analysis**
   - Victim Control Sample: Liquid Blood or Buccal Swab
   - Suspect Control Sample: Liquid Blood or Buccal Swab
   - Blood Stain
   - Semen Stain
   - Bone
   - Hair
   - Tissue

   - **Quantity:** 20 ea
   - **Price:** $4,500.00

2. **Mitochondrial DNA Analysis**
   - Victim Control Sample: Liquid Blood or Buccal Swab
   - Suspect Control Sample: Liquid Blood or Buccal Swab
   - Blood Stain
   - Semen Stain
   - Bone
   - Hair
   - Tissue

   - **Quantity:** 20 ea
   - **Price:** $24,000.00

3. **DNA Mini STR Analysis**
   - Victim Control Sample: Liquid Blood or Buccal Swab
   - Suspect Control Sample: Liquid Blood or Buccal Swab
   - Blood Stain
   - Semen Stain
   - Bone
   - Hair
   - Tissue

   - **Quantity:** 20 ea
   - **Price:** $8,000.00

**Total:** $362,000.00

Specify additional costs for expedited test results:
- within 7 days
- within 14 days
- within 21 days

List all other charges which are associated with test listed above and not specifically listed.

Specify whether a price list for test and services not indicated on the itemized list in the bid package is included with bid proposal.

Specify the name and telephone number of the account rep:
- 842 or 800-735-9224

Specify any additional comments/costs included with your proposal:
- plus travel costs

Specify any additional comments/cost/etc. included with your Bid Proposal:

Should you firm be awarded this contract what portion to be subcontracted?

Product in stock:
- Cooperative Purchasing

Specify Prompt/early payment discount:
- Does your Company provide health insurance:
- Does Company share in the cost a min 90%/65%:
- Does the company share cost min. 75% employees/50% Family:
- Is it comparable to service provided by Dallas County:
- If subcontracting, Does subcontractor provide health insurance: