

TABULATION SHEET

Bid No. 2015-075-6529

Annual Contract for the Purchase of Supplemental Routine Clinical Testing and Infectious Disease Testing on Post Mortem / Cadaveric Specimens

Opening Date: September 21, 2015

Buyer: Charles Price 214.653.6223

NCTRCA Certified Vendor  
 Certified by other Agency  
 EEO-1 Form Completed  
 Dallas County Taxpayer?  
 How were you notified?  
 Addendum(s) Returned (if applicable)  
 Samples

VENDOR #1

Laboratory Corporation of America

7777 Forest Lane, Suite C-350

Dallas, TX 75230  
 PH:972-598-6282  
 Fax: 972-566-3868  
 Tammy Ferrelt

[Farrellt@labcorp.com](mailto:Farrellt@labcorp.com)

[www.labcorp.com](http://www.labcorp.com)

not indicated  
 not indicated  
 no  
 not indicated  
 not indicated  
 no  
 N/A

	DESCRIPTION	ESTIMATED QTY	VENDOR TEST CODE	UNIT PRICE	EXT.
	<b>Section A. Testing for HHS</b>				
	<b>Routine Clinical Chemistry Testing</b>				
1	<b>25 Test Materchem Profile</b> Glucose, BUN, Creatinine, Sodium, Potassium, Chloride, Uric Acid Calcium, Phosphate, Cholesterol, Total Protein, Triglycerides, BUN/ creatinine, Ionized Calcium (derived) Albumin, Alkaline phosphatase Total bilirubin, Iron, SGOT, SGPT, LDH, CO2, Globulin, AG ratio, GGTP	1,500	058867	\$5.10	\$7,650.00
2	<b>Complete Blood Count</b>	800	5009	\$3.50	\$2,800.00
3	<b>25 Test Profile plus Complete Blood Count</b>	3	311779	\$8.60	\$25.80
4	<b>CD-4 Helper T Lymph and Percentage</b>	250	5005008	\$30.00	\$7,500.00
5	<b>Chlamydia/Gonococcus with confirmation</b>	2	183616	\$90.00	\$180.00
6	<b>A-Syphilis - RPR</b>	3	6072	\$5.50	\$16.50
	B-TP-PA	3	82370	\$30.00	\$90.00
7	<b>A. HIV-Antibody</b>	65	83824	\$9.50	\$617.50
	B. Western Bolt	12	83860	\$35.20	\$422.40
8	<b>TB CLINIC</b> Hepatic Function Panel (7)	1,000	322755	\$4.00	\$4,000.00
9	<b>FTA - ABS</b>	10	6379	\$15.00	\$150.00
10	<b>Hepatitis Profile:</b> Hep B surface antigen Hep C antibody	100	301987	\$18.60	\$1,860.00
11	<b>Hepatitis Testing</b>				
	A. Hepatitis A (no reflex) Current dept test #006726	30	6726	\$9.30	\$279.00
	B. Hepatitis A with reflex to IGM-AB Current dept test #006734	20	6734	\$9.30	\$186.00
	C. Hepatitis B Surface Antigen Current dept test #006510	250	6510	\$9.30	\$2,325.00

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not indicated

**Certified by other Agency**

not indicated

**EEO-1 Form Completed**

no

D. Hepatitis B Surface Antibody Current dept test #06395	30	6395	\$9.30	\$279.00
E. Hepatitis B Core Antibody Current dept test #006718	200	6718	\$9.30	\$1,860.00
F. Hepatitis C Antibody Current dept test #140659	50	140659	\$9.30	\$465.00

**HANSEN DISEASE TESTING**

<b>12 Complete Blood Count</b> Current dept test #005009	70	5009	\$3.50	\$245.00
<b>13 Platelet</b>	70	5249	\$3.50	\$245.00
<b>14 Reticulocyte</b>	70	5280	\$6.50	\$455.00
<b>15 Sedimentation Rate</b> Current dept test #005215	10	5215	\$5.00	\$50.00
<b>16 Culture, Bacterial – throat/nose</b>	12	8342	\$9.00	\$108.00
<b>17 Culture, Bacterial any other source.</b> Current dept test #0068649	4	8649	\$8.00	\$32.00
<b>18 Sensitivity Studies</b>	12	s0001	\$9.50	\$114.00
<b>19 Routine Urinalysis</b> (including microscopic examination) Current dept test #003038	12	3038	\$3.00	\$36.00
<b>20 Chemistry Panels</b> Current dept test #322000	70	322000	\$4.50	\$315.00
<b>21 G-6 PD</b> Current dept test #001917	12	1917	\$20.00	\$240.00
<b>22 Ferritin</b>	6	4598	\$12.00	\$72.00
<b>23 Folic Acid</b> Current dept test #002014	4	2014	\$6.00	\$24.00
<b>24 Iron – serum chemical , automated</b>	4	1339	\$2.00	\$8.00
<b>25 Iron, serum chemical, manual (SE)</b>	4	1339	\$2.00	\$8.00
<b>26 Iron, binding capacity, serum</b>	4	1321	\$5.00	\$20.00
<b>27 Liver Function Studies</b> Current dept test #322755	4	322755	\$4.00	\$16.00
<b>28 Hepatitis Panel</b> Current dept test #322744	6	322744	\$37.20	\$223.20
<b>29 Testosterone Level</b> Current dept test #004226	4	4226	\$22.00	\$88.00
<b>30 Ova and Parasites</b> Current dept test #008607	4	8623	\$24.00	\$96.00

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 not indicated  
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31	T4	250	1149	\$3.50	\$875.00
32	TSH	250	4259	\$9.20	\$2,300.00
33	Hemoglobin A1c	250	1453	\$5.00	\$1,250.00
34	Urine Micro Ibumin	250	149997	\$12.00	\$3,000.00
35	Capillary Lead	4	717009	\$7.00	\$28.00
36	Lead	250	7625	\$14.00	\$3,500.00
37	HDL cholesterol	250	1925	\$1.50	\$375.00
38	Total cholesterol	250	1065	\$1.50	\$375.00
39	Hep B surface antibody quantitative	250	6530	\$8.00	\$2,000.00
40	Varicella	250	96206	\$30.00	\$7,500.00
41	eGFR IF NON-AFRICAN AM	250	100768	\$3.25	\$812.50
42	eGFR IF AFRICAN AM	250	100768	\$3.25	\$812.50
43	CARBON DIOXIDE TOTAL	250	1578	\$3.00	\$750.00

**Section B. Routine Clinical Chemistry Testing for the Medical Examiner(specimens collected at autopsy**

Note: All cultures are Culture Only: Dallas County will not pay for sensitivities

1	Gram Stain including a white cell count with identification of the type of white cells observed (Test 008540)	10	8540	\$7.50	\$75.00
2	Body Fluid Culture with gram stain including a white cell count with identification of white cells observed (test 188284)	120	188284	\$7.50	\$900.00
3	Blood Culture, routine(Test 8300)	135	8300	\$18.00	\$2,430.00
4	Urine Culture, routine (Test 008847)	1	8847	\$9.00	\$9.00
5	Body Fluid Culture				
	A. Aerobic (Test 008649)	15	180802	\$10.50	\$157.50
	B. Anaerobic (Test 008904)	5	8904	\$10.50	\$52.50
6	Culture of Swab				
	A. Aerobic (Test 008649)	5	8649	\$8.00	\$40.00
	B. Anaerobic (Test 008904)	3	8904	\$10.50	\$31.50
7	Lung Culture				
	A. Aerobic (Test 008847)	2	180810	\$12.00	\$24.00
	B. Anaerobic (Test 008904)	2	8904	\$10.50	\$21.00
8	Acid Fast Bacillus, culture and smear (Test 182402)	3	182402	\$30.70	\$92.10
9	Fungal Culture (Test 008482)	2	8482	\$16.00	\$32.00
10	Viral Culture, general (Test 008573)	15	8573	\$22.00	\$330.00

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11	Viral Culture, CMV (Test 186049)	1	186049	\$25.00	\$25.00
12	Upper Respiratory Culture, bacterial & viral (Test 008342)	5	TBD	\$31.00	\$155.00
13	Lower Respiratory Culture, viral (Test 180810)	20	8573	\$22.00	\$440.00
14	Respiratory Syncytial Virus (Test 014548)	2	14548	\$25.00	\$50.00
15	Influenza A/B, differentiated antigen Immunoassay (Test 186064)	1	186064	\$41.00	\$41.00
	Respiratory Virus PanelTest 139250	2	139250	\$25.00	\$50.00
16	Viral Culture, rapid respiratory (Test 186015)	1	186015	\$75.00	\$75.00
17	Coxsackie A Antibody (Test 815019)	1	163295	\$185.00	\$185.00
18	Coxsackie B Antibody (Test 096263)	1	96263	\$94.00	\$94.00
19	Echovirus Antibody (Test 010777)	1	10777	\$100.00	\$100.00
20	Hepatitis A Antibody (Test 006726)	1	6726	\$9.30	\$9.30
	Borderdella Pertussis, DNA (Test 138677)	1	138677	\$140.00	\$140.00
21	Stool Culture, Comprehensive (Test 008144)	2	8144	\$19.00	\$38.00
22	OVA and Parasite Exam(Test 008623)	1	8623	\$24.00	\$24.00
23	Urinalysis, routine(Test 003038)	1	3038	\$3.00	\$3.00
24	Hemoglobinopathy Profile including identification and relative % of A, A2, F, S, C and variants; hemoglobin solubility, and interpretation (Test 121679)	5	121679	\$17.25	\$86.25
25	Creatinine				
	A. Blood (Test 001370)	1	1370	\$2.00	\$2.00
	B. Urine (Test 013672)	1	13672	\$7.00	\$7.00
26	Magnesium, serum (Test 001537)	1	1537	\$5.00	\$5.00
27	Tissue Copper (Test 88305)	1	829060	\$180.00	\$180.00
28	Cortisol				
	A. Urine Free (Test 004432)	1	4432	\$18.00	\$18.00
	B. Blood (Test 004051)	1	4051	\$20.00	\$20.00
29	Rheumatoid Factor (Test 006502)	1	6502	\$5.00	\$5.00
30	Alpha-1 Antitrypsin (Test 511881)	1	511881	\$200.00	\$200.00
31	ASO Titer (Test 006031)	1	6031	\$7.00	\$7.00
32	Anti-nuclear Antibody (Test 006254)	1	164855	\$8.00	\$8.00
33	Beta HCG				
	A. Urine (Test 004556)	1	4556	\$7.00	\$7.00
	B. Blood (Test 004416)	1	4416	\$11.00	\$11.00
34	Lipid Testing				

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not indicated

not indicated

no

A.	HDL (Test 001925)	1	1925	\$1.50	\$1.50
B.	LDL (Test 120295)	1	120295	\$1.50	\$1.50
C.	Cholesterol (Test 101065)	1	1065	\$1.50	\$1.50
D.	Triglycerides (Test 001172)	1	1172	\$2.00	\$2.00
E.	Cholesterol, LDL, Triglycerides, HDL (Test 303756)	7	303756	\$2.50	\$17.50
35	Thyroid testing: TSH, T3, T4 (Test 000620)	25	620	\$16.00	\$400.00
36	Hemoglobin A1C (Test 102525)	1	1453	\$5.00	\$5.00
37	Cholinesterase (Test 007211)	1	7211	\$8.00	\$8.00
38	Calcium				
A.	Blood (Test 001016)	1	1016	\$2.00	\$2.00
B.	Urine (Test 013706)	1	13706	\$3.00	\$3.00
C.	Fluid (Test 100537)	1	100537	\$3.00	\$3.00
39	Glucose, Body Fluid (Test 019497)	1	19497	\$6.00	\$6.00
40	Insulin/C-peptide (test 213660)	3	213660	\$21.00	\$63.00
41	C-Difficile toxins A&B(Test 86207)	1	86207	\$61.10	\$61.10

Section C- Infectious Disease Testing on Post Mortem/Cadaveric Samples

Allowable #days  
 between collection and  
 Testing for unfrozen  
 specimens

pricing must include overnight shipping provided by the vendor in addition to test request forms and routine supplies

1	Hepatitis B Surface Antigen, Hepatitis C Antibody, HIV with reflex to Western Blot (current ViroMed/ LabCorp test code: 139714)	20	139714	\$96.00	\$1,920.00	7 days.
2	Hepatitis B Surface Antigen, Hepatitis C Antibody, HIV with reflex to Western Blot, RPR with reflex to FTA (current ViroMed/LabCorp test code: 139718)	25	139718	\$102.00	\$2,550.00	7 days.

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no

3	Hepatitis C Antibody (current ViroMed/LabCorp test code: 138907)	120	138907	\$32.50	\$3,900.00	7 days.
4	Hepatitis B Core Antibody (current ViroMed/LabCorp test code: 138699)	165	138699	\$20.50	\$3,382.50	not indicated
5	Hepatitis B Surface Antigen (current ViroMed/LabCorp test code: 138874)	120	138874	\$20.00	\$2,400.00	7days
6	HIV1/HIV2 with reflex to HIV1 Western Blot (current ViroMed/ LabCorp test code: 138931)	15	138931	\$56.00	\$840.00	7days
7	RPR with reflex to FTA (current ViroMed/LabCorp test code: 138726)	1	139425	\$15.00	\$15.00	7days
8	HIV-1 Western Blot confirmation (current ViroMed/LabCorp test code: 138658)	15	138658	\$85.00	\$1,275.00	7days
9	FTA-ABS Confirmation (current ViroMed/LabCorp test code: 138754)	2	138757	\$28.00	\$56.00	7days
10	Hep B Surface AB Test code(Labcorp 6395)	5	No Bid	No Bid		No Bid
11	Lipid Panel Labcorp Test Code(303756)	5	305756	\$2.50	\$12.50	not indicated
12	RNA, PCR (Graph) rfx/Gen Labcorp Test Code 550630)	28	350630	\$98.00	\$2,744.00	0 days
13	AST(SGOT) LabCorp Test (1123)	180	1123	\$2.50	\$450.00	not indicated
14	ALT(SGPT) Labcorp Test (1545)	180	1545	\$2.50	\$450.00	not indicated
15	CBC, Platelet, No Diff Test 28142	180	28142	\$3.00	\$540.00	not indicated
16	Basic Metabolic Panel Test (322758)	18	322758	\$4.10	\$73.80	not indicated
17	Genosure Prime-R (Test 551704)	20	551704	\$665.50	\$13,310.00	0days
18	RNA, Real Time PCR (Test 550430)	10	550430	\$98.00	\$980.00	6 days refrigerated
19	HLAB 5701 Abacavir Hypersensitivity HLA(Test 6926)	5	6926	\$62.50	\$312.50	not indicated
20	Thyroxine (T4) Free, D (Test 1977)	5	1974	\$5.00	\$25.00	not indicated
21	HLA B5701 (Test 6926)	5	6926	\$62.50	\$312.50	not indicated
22	HIV Genosure '(R)MG (Test 551619)	5	551619	\$117.50	\$587.50	0days
23	HIV Genosure '(R)MG (Test 551624)	5	551624	\$233.00	\$1,165.00	0days
24	WBC(Test5025)	180	5025	\$3.00	\$540.00	not indicated
25	Pap IG, RFX, HPV ASCU (Test 194074)	180	194074	\$30.00	\$5,400.00	not indicated
26	Pap IG HPV-hr(Tesst 199123)	180	199123	\$70.00	\$12,600.00	not indicated
27	Hepatitis B Surf Test(Test 6530)	3400	6530	\$8.00	\$27,200.00	not indicated

Grand Total

**\$146,475.95**

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**Unanticipated Test Requests:**

The above tables list specific clinical lab tests routinely used by Dallas County. However medically necessary, unanticipated testing may be required by County departments in the performance of routine job functions. Vendors are asked to provide a complete price list of all services and testing offered to allow the County to purchase unanticipated testing as required. These testes will be ordered on an as needed basis.

Please include a Price List for All Test associated with your company!

Is Company price list included with bid Yes \_\_\_ No \_\_\_

Specify any discount offered on costs listed on the Price Sheet to Dallas County;  
List all associated cost not listed in Bid

**Please answer the questions listed below:**

Is this an all or none bid?

If your firm is awarded contract, what part will be

Bidder are required to indicate whether they have the required products on hand at the time of the bid or whether they will be required to obtain such upon award. Please indicate

Specify any additional comments/cost/etc. included with your bid proposal if applicable

Specify Prompt Payment Discount Terms:

Cooperative Purchasing

Does your company provide health insurance coverage to its employees?

- 95% for employee only coverage
- 85% for employee and children
- 73% for employee and spouse
- 71% for employee

If your company provides health insurance coverage to its employees, is it comparable to Dallas County

Does subcontractor have insurance if using one for the bid

specify the name/telephone number and email address of representative of account

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not indicated

not indicated

no

yes

not indicated

not indicated

no

not indicated

yes

test #006395 cannot be performed on cadaver specimens

not indicated

not indicated

yes

not indicated

not indicated

not indicated

not indicated

yes

not indicated

not indicated