



## GENESEE COUNTY PURCHASING

A Division of the Genesee County Controller's Office

COUNTY ADMINISTRATION BLDG

1101 BEACH STREET, ROOM 343,

FLINT, MICHIGAN 48502

Phone: (810) 257-3030 Fax (810)257-3380

[www.gc4me.com](http://www.gc4me.com)

# Quotation for Histology Laboratory and General Clinical Laboratory Services

Genesee County Medical Examiner's Office

Date: March 30, 2017

This Request for Quote is issued by the Genesee County Purchasing Department on behalf of the Office of the Genesee County Medical Examiner's Office. The contact person is Ms. Cindy Carnes, Purchasing Manager, Genesee County, 1101 Beach Street, Room 343, Flint, Michigan 48502, phone: (810) 257 3030, fax: (810) 257-3380 and ccarnes@co.genesee.mi.us. Email is the preferred method of contact.

Sealed quotes for **Histology Laboratory and General Clinical Laboratory Services**. Quotes will be received until **3:00 p.m. (EDT), Wednesday, April 19, 2017**, at the Genesee County Purchasing Department, 1101 Beach Street, Room 343, Flint, MI, 48502. The Genesee County Purchasing Department hours of operation are 8:00 a.m. to 12:00 p.m. and 1:00 p.m. to 5:00 p.m., closed noon to 1:00 p.m. for lunch, closed holidays and furlough days, check website for closed days. Label the envelope containing the proposal response as described on page 1. **LATE QUOTES AND QUOTES SENT BY FACSIMILE OR E-MAIL WILL NOT BE ACCEPTED.**

## SECTION 1 - INSTRUCTIONS FOR SUBMITTING A QUOTE

1. **Submit one original, and one electronic copy of your proposal.** All proposals become the property of Genesee County. The original must include a signature on the Signature Page of a person authorized to make a binding offer. Additionally the proposal response must consist of one copy in electronic format on a CD, DVD or USB flash drive formatted in Adobe (.pdf), Microsoft Word, and/or Microsoft Excel. Failure to provide the required number of duplicate copies may result in rejection of your proposal. Proposals may not be submitted at the Buy4Michigan site for this offering.
2. **Buy4Michigan** – an alternate review of proposal request can be done at **Buy4Michigan.com**. Open Market Bid 303717B0010869. Requests for proposal and opportunities to bid on products and services required by Genesee County can be found on the website **www.Buy4Michigan.com**. This website is the official posting site for most State of Michigan solicitation and allows municipalities across Michigan to more effectively notify vendors of RFP and bid opportunities. By making use of this site it increases internal efficiency and lowers costs for member agencies and taxpayers through shared resources.

- a. You must register at the site to participate in other solicitations. Once registered you will have access to all solicitations throughout the State of Michigan posted at the website.

If you have questions or need assistance registering, please call the Vendor Support Department at 888-734-9749, Monday through Friday, 8:00 a.m. through 8:00 p.m. ET. To register for access to Genesee County bids, please go to <https://www.buy4michigan.com/bsso/login.sdo> and click on Register <https://www.buy4michigan.com/bsso/external/fidCheck.jsp>.

3. All communications, any modifications, clarifications, amendments, questions, responses or any other matters related to this RFQ, shall be made by and through the purchasing contact reference in this solicitation. No contact regarding this solicitation made with other County employees is permitted. Any violation of this condition may result in immediate rejection of quote.
4. All prospective offeror shall be responsible for routinely checking the Genesee County Purchasing Department website at <http://www.gc4me.com/departments/purchasing> for issued addenda and other relevant information. Genesee County shall not be responsible for the failure of a prospective offeror to obtain addenda and other information issued at any time related to this RFP.
5. All questions regarding this RFQ shall be submitted in writing and received no later than **Tuesday, April 11, 2017 by 12:00 p.m. (EDT)**, to the Genesee County Purchasing Department as listed above. E-mail is the preferred method of contact for all inquiries concerning this RFP. No verbal interpretation to any respondent as to the meaning of any requirement stated in this RFP shall be binding on Genesee County. All responses to questions regarding this RFP shall be issued in writing and distributed as an addendum by Genesee County.

## **SCOPE OF WORK**

The Genesee County Medical Examiner's Office (Medical Examiner's Office) seeks to contract with a certified laboratory to provide histology laboratory and general clinical laboratory services to support the daily autopsy service of the Medical Examiner's Office. The office is soon to relocate to its new location within the IINN facility. As of June 15, 2017 the new address will be 4800 S. Saginaw Street, Suite 1200, Flint MI. Interested labs with the ability to provide only one of the two services are encouraged to submit a proposal to provide the specified service.

### **Specifications**

#### Histology Laboratory Services

The Medical Examiner's Office performs between 500 and 600 cases per year. In ALL cases, formalin fixed tissue sections are submitted for paraffin embedding: estimated 6 to 12 blocks per case.

Approximately 20 to 25% of the total cases will require glass slide production from these paraffin blocks (estimated 100 to 200 cases per year). It is estimated that the lab will cut 2400 slides per year. All submitted proposals shall address the submitting contractor's ability to provide the following materials and services:

1. Pre-labeled tissue cassettes using case numbers provided to the lab by the Medical Examiner's Office
2. Courier service to pick up tissues (already in cassettes) ready for processing and to return prepared slides to the Medical Examiner Office
3. The possible turn-around-time options offered by the lab
4. The lab's ability to store paraffin blocks with specification of storage capacity and length of retention
5. The ability of the lab to perform frozen sections as needed and special stains including immunoperoxidase staining (need for such special testing is very, very rare)
6. Any written protocols or special procedures the lab requires to optimize service outcomes

### General Laboratory Services

In addition to histology services, the Medical Examiner's Office requires general laboratory services, primarily microbiology and to a far lesser extent, chemistry. The requested microbiology tests include aerobic and anaerobic bacterial cultures on blood and fresh tissue specimens; nasal viral antigen detection from nasal swabs; and blood viral cultures. Possible chemistry tests include blood carboxyhemoglobin levels, blood insulin levels, and hemoglobin A1C levels. It is estimated that the Medical Examiner's Office performs microbiology testing on 60 cases per year and chemistry testing on 20 cases per year.

All submitted proposals shall address the submitting contractor's ability to provide the following materials and services:

1. Materials necessary for microbiology culture and for specimen transport to the lab from the Medical Examiner's Office (e.g. blood culture bottles and shipping containers)
2. Courier service to pick up specimens from the Medical Examiner's Office
3. Written instructions regarding lab's expectations for microbiology specimen packaging and timelines for submission to optimize testing
4. Documentation regarding panel of tests offered by the clinical laboratory with associated specimen requirements and price per test
5. The available turn-around time options for test result reporting and the available mechanisms for test result reporting.
6. Any written protocols or special procedures the lab requires to optimize service outcomes

## **EVALUATION CRITERIA**

The contract shall be awarded to the responsible proposer whose proposal is determined to be most advantageous to Genesee County based on the evaluation criteria set forth below (listed in order of importance):

1. Certification/credentialing of the lab
2. Cost of services provided
3. Scope of services provided
4. Quality of hematoxylin and eosin slide preparation: all labs submitting proposals deemed responsive will be provided with a sample of formalin fixed tissue for slide preparation; slides will be evaluated qualitatively by the Forensic Pathologists of the Medical Examiner's Office
5. Turn-around time: speed is only one consideration; ability to offer different turn-around time options at different price points will be taken into consideration

## **ADDITIONAL INFORMATION**

To assist in the evaluation process for this contract, proposers shall include with their proposal submission a brief description of the following:

1. Proposer's Organization information
2. Laboratory Facilities information including lab credentials
3. Quality Control/Quality Assurance Program
4. Experience in processing and analysis of specimens.
5. Protocol experience
6. Proposed specimen pick-up or transport arrangement.
7. Complet Quote Request document pages 1-9 including
  - a. Cost Summary Page - completed
  - b. Signed Signature Page – completed
  - c. Executed Insurance Checklist

COST SUMMARY PAGE

**Quote Request from Genesee County:** Histology Laboratory and General Clinical Laboratory Services

**Department:** Genesee County Medical Examiner's Office

**Contact Name:** Ms. Cindy Carnes, Purchasing Manager

**Contact email:** [ccarnes@co.genesee.mi.us](mailto:ccarnes@co.genesee.mi.us)

**Due Date and Time:** 3:00 p.m. (EDT), Wednesday, April 19, 2017

**Attachment** \_\_\_ yes \_\_\_no

<b>Contact information</b>	
Reference at the seller (person)	
Company name	
Street address	
City and Zip	
Phone number	

<b>Commercial terms for the quote</b>	
Number of days the quote is valid	
Payment term	
Delivery term	
Delivery address(es)	
Other terms	

Complete the following and/or attach complete price and services information

<b>Item number</b>	<b>Item description</b>	<b>Currency</b>	<b>Unit price</b>

**GENESEE COUNTY INSURANCE CHECKLIST**

**PROFESSIONAL SERVICES CONTRACT FOR: RFP 17-107 Histology and General Laboratory Services**  
**Coverage Required Limits (Figures denote minimums)**

<input checked="" type="checkbox"/> 1. Workers' Compensation	Statutory limits of Michigan
<input checked="" type="checkbox"/> 2. Employers' Liability	\$100,000 accident/disease \$500,000 policy limit, disease
<input checked="" type="checkbox"/> 3. General Liability	Including Premises/operations \$1,000,000 per occurrence with \$2,000,000 aggregate Including Products/Completed Operations and Contractual Liability
<input checked="" type="checkbox"/> 4. Professional liability	\$1,000,000 per occurrence with \$2,000,000 aggregate Including errors and omissions
<input type="checkbox"/> 5. Medical Malpractice	\$200,000 per occurrence \$800,000 in aggregate
<input checked="" type="checkbox"/> 6. Automobile liability	\$1,000,000 combined single limit each accident-Owned, Hired, Non-owned
<input checked="" type="checkbox"/> 7. Umbrella liability/Excess Coverage	\$ 1,000,000 BI & PD and PI

8 Genesee County named as an additional insured on other than workers' compensation and professional liability via endorsement. A copy of the endorsement or evidence of blanket Additional Insured language in the policy must be included with the certificate.

9. Other insurance required:  
\_\_\_\_\_

- 10. Best's rating: A VIII or better, or its equivalent (Retention Group Financial Statements)
- 11. The certificate must state bid number and title
- 12. To the fullest extent permitted by law the successful bidder agrees to defend, pay on behalf of, indemnify, and hold harmless Genesee County, its elected and appointed officials, employees, agents and volunteers, and others working on behalf of Genesee County against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed, or recovered against or from Genesee County, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of, or is in any way connected or associated with this contract.

**Insurance Agent's Statement**

**I have reviewed the requirements with the bidder named below. In addition:**

The above required policies carry the following deductibles:  
\_\_\_\_\_

Liability policies are **occurrence** \_\_\_\_\_ **claims made** \_\_\_\_\_

\_\_\_\_\_  
Insurance Agent Signature

**Bidder's Statement**

I understand the insurance requirements and will comply in full if awarded the contract.

\_\_\_\_\_  
Bidder Signature

Required general insurance provisions are provided in the checklist above. These are based on the contract and exposures of the work to be completed under the bid. Modifications to this checklist may occur at any time prior to signing of the contract. Any changes will require approval by the vendor/contractor, the department and County Risk Manager. To the degree possible, all changes will be made as soon as feasible.

# SIGNATURE PAGE GENESEE COUNTY RFP #17-107

## Histology Laboratory and General Clinical Laboratory Services

The undersigned represents that he or she:

1. is duly authorized to make binding offers on behalf of the company,
2. has read and understands all information, terms, and conditions in the RFP,
3. has not engaged in any collusive actions with any other potential proposers for this RFP,
4. hereby offers to enter into a binding contract with Genesee County for the products and services herein offered, if selected by Genesee County within 120 days from proposal due date,
5. certify that it, its principals, and its key employees are not "Iran linked businesses," as that term is described in the Iran Economic Sanctions Act, P.A. 2012, No. 517, codified as MCL 129.311, et seq.
6. acknowledges the following addenda \_\_\_\_\_ issued as part of the RFP:

### Conflict of Interest:

\_\_\_\_ To the best of our knowledge, the undersigned firm has no potential conflict of interest due to any other County contracts, or property interest for this proposal.

OR

\_\_\_\_ The undersigned firm by attachment to this form, submits information which may be a potential conflict of interest due to other County contracts, or property interest for this Proposal.

**Exceptions** to Solicitation and/or Standard Contract: NO \_\_\_\_\_ YES \_\_\_\_\_ (include attached statement)

Name (typed): \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Federal Employee Identification Number (FEIN): \_\_\_\_\_

DUNS Number: \_\_\_\_\_

Date: \_\_\_\_\_

### Contact Person of company representative for matters regarding this RFP

\_\_\_\_\_  
CONTACT NAME POSITION

\_\_\_\_\_  
E-MAIL PHONE

\_\_\_\_\_  
MAILING ADDRESS CITY STATE ZIP CODE