INVITATION TO BID

State of Ohio Department of Administrative Services General Services Division Office of Procurement Services

I O DID		_					
The Original Signed Bid must be su of Procurement Services to recaward.		BIDDER NAME					
BID NUMBER	OPENING DATE (1:00 p.m.)	STREET ADDRESS Check if remit address	is different and list on separate sheet				
OT906614	FEBRUARY 10 th ,2014						
		CITY	STATE ZIP				
General Services Division Office of Procurement Services	.	COUNTY	MBE/EDGE CERTIFICATE NUMBER				
4200 Surface Road Columbus, OH 43228-1395		TELEPHONE NO.	TOLL FREE NO.				
Attn: Bid Desk		CONTACT PERSON	FAX NO.				
REQ./INDEX NO. DOH045	BID NOTICE DATE 1/23/14	CONTRACTOR'S E-MAIL ADDRESS					
SELECT YOUR PREFERRED METHOD OF R	ECEIVING PURCHASE ORDERS AND E	lacksquare NTER THE E-MAIL OR FAX NUMBER INFORMATION (ON	LY SELECT ONE METHOD)				
□ E-Mail		□ Fax					
		ent terms for state agency(ies) will be fered, bidder should circle "Net 30 Days					
PARTICIPATING AGENCY(IES	S): OHIO DEPARTMENT OF	F HEALTH					
MIN	NORITY SET-ASIDE B	ID IN ACCORDANCE WITH OR	C CH.				
THE DEPARTMENT OF ADMIN	NISTRATIVE SERVICES, O	FFICE OF PROCUREMENT SERVICES	, IS SOLICITING BIDS FOR:				
MEDICAL SPECIMEN COURI	ER SERVICES						
behalf of the above participatin date when DAS signs the Co Contract based upon reasons purchase orders against the C	g agency(ies). The agency intract, whichever is later in set forth in Article I-C of contract beyond the expiration	th a requirements contract to procure the (ies) may place orders against the Continetime. The Contract will expire 03/3 for the Standard Contract Terms and Coron date unless DAS renews the Contract of a valid order from a participating standard.	ract beginning 4/1/2014 or upon the 1/2017 unless DAS terminates the onditions. No agencies may place act by amendment. The Contractor				
Copies may be downloaded by	y clicking on this link: Instr	S AND CONDITIONS, Revised 10/2013 uctions: Terms and Conditions for Bidditions. All prior versions of Instruction	ding, Standard Contract Terms and				
By submitting this Invitation to Bid, the Contractor certifies that Contractor has truthfully disclosed the location(s) where all services are to be performed; the location(s) where all applicable State contract data is to be maintained or made available; and the principal location of business for the Contractor and all subcontractors. The Contractor further certifies and acknowledges that Contractor will not change the country of the location(s) where services are performed and will not change the country of the location(s) where data is maintained or made available without prior written consent of the State.							
	Any questions or clarifications regarding this Invitation to Bid should be directed to the Office of Procurement Services through the Internet at www.procure.ohio.gov/ All questions should be submitted a minimum of five (5) working days prior to the bid opening date. PRINTED/TYPED SIGNATURE AUTHORIZED SIGNATURE (ORIGINAL SIGNATURE ONLY) (Please sign in blue ink) DATE						
	AUTHORIZED SIGNATURE CIVILT) (Fledse sign in blue link) DATE						

The ORIGINAL signed Bid must be submitted to the Office of Procurement Services by 1:00 o'clock p.m., on the above listed opening date to receive consideration for award. It is requested that the Bidder NOT sign their bid in BLACK ink. BIDDER CERTIFIES, by signature affixed to its bid, that the information provided by it in its bid including the certified statements, is accurate and complete. Bidder declares to have read and understood and agrees to be bound by all of the instructions, terms, conditions and specifications of this Invitation to Bid and agrees to fulfill the requirements of any awarded contract at the prices bid.

REQUIRED CERTIFICATION FOR BIDDING

Those bidders claiming preference for Domestic Source End Products and/or the Ohio preference, pursuant to Revised Code Sections 125.09 and 125.11 and Administrative Code Section 123:5-1-06 must complete the following information. Bidders who qualify as an "Ohio" bidder (offer an Ohio product or who have significant Ohio economic presence) or who qualify as a Border State bidder are eligible to receive a five percent (5%) preference over non-Ohio/Border state bidders. The state reserves the right to clarify any information during the evaluation process.

BIDDERS MUST COMPLETE THIS CERTIFICATION TO RECEIVE THE PREFERENCE.

ERTIF	ICA	TION TO RECEIVE THE PREFERENCE.
A.	DO	MESTIC PREFERENCE (BUY AMERICA): [Not applicable to "Excepted Products"]
	1.	Where is <u>each</u> product/services being offered mined, raised, grown, produced or manufactured? ☐ United States:(State) ☐ Canada ☐ Mexico (Go to B-1) ☐ Other: (Specify Country)(Go to A-2)
	2.	End product is manufactured outside the United States and at least 50% of the cost of its components are produced, mined, raised, grown or manufactured within the United States. The cost of components may include transportation costs to the place of manufacture and, in the case of components of foreign origin, duty whether or not a duty free entry certificate is issued. □ Yes (Go to Section B-1) □ No (Go to Section A-3)
	3.	The Bidder hereby certifies that each end product, except the products listed below, is a domestic source end product as defined in the Buy America Act and that components of unknown origin have been considered to have been mined, produced, grown or manufactured outside the United States.
		(Item)(Country of Origin)
		(Item)(Country of Origin)
	mo imp sub trar	domestic end source product is deemed to be excessively priced if it exceeds the cost of the foreign product by re than 6%. Pursuant to FAR, Part 25, the state of Ohio does not acquire supplies or services that cannot be corted lawfully into the United States. The contractor, their subcontractor(s) and any agent of the contractor or econtractor must not acquire any supplies or services originating from sources within, or that were located in or asported from or through Cuba, Iran, Iraq, Libya, North Korea, Sudan Territory of Afghanistan controlled by the liban, or Serbia (excluding the territory of Kosovo).
R	ОН	IO PREFERENCE (BUY OHIO):
υ.	1.	The products/services being offered are raised, grown, produced, mined or manufactured in Ohio. □ Yes (Go to C) □ No (Go to B-2)
	2.	Bidder has significant economic presence within the state of Ohio. Yes (Answer a, b, c, d below) Bidder has paid the required taxes due the state of Ohio Yes No Bidder is registered with the Ohio Secretary of State Yes (Charter/Registration No.: No Questions regarding registration should be directed to (614) 466-3910 or visit their web site at: http://www.sos.state.oh.us/ Bidder has ten or more employees based in Ohio or border state. Bidder has seventy-five percent or more employees based in Ohio or border state. Yes No (Go to B-2d)
	3.	Border state bidder: ☐ Yes (Specify which state then go to B-2c): ☐ KY ☐ MI ☐ NY ☐ PA ☐ IN ☐ No (Go to B-4)
	4.	Border state bidder: mined products mined in respective border state ☐ Yes ☐ No ☐ Not Applicable
C.		D.G.E. DESIGNATION der is certified E.D.G.E. business
	For	information on E.D.G.E. designation, please visit the DAS Equal Opportunity Division website at: http://www.das.ohio.gov/Divisions/EqualOpportunity/tabid/80/Default.aspx
D.	as	DEPENDENT CONTRACTOR ACKNOWLEDGEMENT: Contractor certifies that Contractor is a "business entity" that term is defined in O.R.C. Section 145.037. See SUPPLEMENTAL CONTRACT TERMS AND CONDITIONS ependent Contractor Acknowledgement.

□ Yes

□ No

Bidder is defined as a business entity

Page 3

SPECIAL CONTRACT TERMS AND CONDITIONS

AMENDMENTS TO CONTRACT TERMS AND CONDITIONS: The following Amendments to the Contract Terms and Conditions do hereby become a part hereof. In the event that an amendment conflicts with the Contract Terms and Conditions, the Amendment will prevail.

<u>SITE VISIT</u>: Prior to submitting their Bid response, the Bidder should visit the agency(ies) they are bidding in order to survey the facility(s) and to become familiar with the requirements of the Bid. The Bidder must contact the Ohio Department of Health Laboratory in Reynoldsburg OH to schedule an appointment. To schedule an appointment, please contact Dr. Ram Chandrasekar at (614) 466-5600 or email <u>ram.chandrasekar@odh.ohio.gov</u>. Once a contract is awarded, failure of the Bidder to have requested a site visit to become familiar with the facility and requirements of the bid will be insufficient reason to support any request to be released from the contract.

CONTRACT RENEWAL: This Contract may be renewed solely at the discretion of DAS for a period of one month. Any further renewals will be for an appropriate period of time. The cumulative time of all renewals may not exceed thirty-six (36) months unless DAS determines that additional renewal is necessary.

CONTRACT AWARD: The Contract will be awarded to the lowest responsive and responsible Bidder by low lot total.

EVALUATION: Bids will be evaluated in accordance with Article I-5 of the "Instructions to Bidders". In addition, the State will multiply Estimated Annual Shipments (28,669) by Cost per Shipment to get the Annual Total Cost of Shipments. The State will then multiply the Estimated Annual Pick Ups (32,841) by the Pick Up Fee to get the Annual Total Pick Up Costs. The State will then add the Annual Total Shipment Costs to the Annual Total Pick Up Costs to get the low lot total for the Bid.

<u>SPECIFICATION QUESTIONS</u>: Information regarding submission of questions and clarifications for this Bid is provided on page one (1) of the Bid. Through the indicated inquiry closure date, Bidders may visit the Office of Procurement Services website to post Bid related questions at www.ohio.gov/procure. Answers to all Bidder questions will be posted on the Office of procurement Services website and linked to the Bid number. The State will make every effort to respond to website inquires within forty-eight (48) hours of receipt. The State will not respond to any verbal or written questions received through any other medium. No prospective Bidder shall respond to any verbal instructions or changes to this Bid. Only communications issued by the Department of Administrative Services, Office of Procurement Services in the form of an addendum, will be considered valid.

<u>MANDATORY/REQUIRED SUBMISSIONS</u>: As specified, mandatory submissions must be submitted with the Bid response. Required documentation/materials should be submitted with the Bid. If not submitted with the Bid, the Bidder must provide the said documentation/materials within five (5) business days, after notification, to the Office of Procurement Services. Failure to provide mandatory submissions with the Bid response or failure to provide the required documentation/materials, as applicable, within the stated time period will result in the Bidder being deemed as not responsive.

<u>DELIVERY AND ACCEPTANCE</u>: Services will be performed as set forth in the Contract and in accordance with paragraphs S-8, S-9, and S-10 of the SUPPLEMENTAL CONTRACT TERMS AND CONDITIONS. The location of performance will be noted on the purchase order issued by the participating agency. Payment for services rendered will occur upon the inspection and written confirmation by the ordering agency that the services provided conform to the requirements set forth in the Contract. Unless otherwise provided in the Contract, payment shall be conclusive except as regards to latent defects, fraud, or such gross mistakes as amount to fraud.

<u>DESCRIPTIVE LITERATURE:</u> The Bidder may be required to submit descriptive literature of the supplies or services being offered. If requested, the literature will be used in the evaluation process to determine the lowest responsive and responsible Bidder. If not provided as part of the Bid response, the Bidder must provide said literature within ten (10) calendar days after request/notification by the Office of Procurement Services to do so. Any references, that may appear in the descriptive literature, that may alter the terms and conditions and specifications of the Bid (i.e. F.O.B. Shipping Point or Prices Subject to Change), will not be part of any contract and will be disregarded by the state of Ohio. Failure of the Bidder to furnish descriptive literature either as part of their Bid response or within the time specified herein will deem the Bidder not responsive.

<u>USAGE REPORTS:</u> Every six (6) months the Contractor must submit a report (written or on disk) indicating sales generated by this Contract. The report shall list usage by customer, by line item, showing the quantities/dollars generated by this Contract. The report shall be forwarded to the Office of Procurement Services, 4200 Surface Road, Columbus, OH 43228-1395, and Attention: Alice P. Ewing

INCURRED COSTS: The State is not liable for any costs incurred by the Bidder prior to issuance of a Contract.

Page 4

SPECIAL CONTRACT TERMS AND CONDITIONS

<u>SPECIAL CHARGES</u>: There shall be no assessment, surcharge, small order charge, broken case charge, minimum order charge, single item charge nor any other unspecified additional charge allowed by the State that is not specifically mentioned in this Bid or in any Contract awarded pursuant to this Bid. The Contractor must provide merchandise/service in unit quantity(s) as indicated in the Bid/Bid Response/Contract.

ESTABLISHED BUSINESS: To be considered responsive, the Bidder must, at the time of Bid submission be an established business firm with all required licenses, bonds, facilities, equipment and trained personnel necessary to perform the work in this Bid. The Bidder must have been in business for one (1) year. Documented Proof may be required upon request by the Office of Procurement Services.

<u>SUBCONTRACTING</u>: The awarded Contractor shall be solely responsible for the Contract. Subcontracting by the Contractor shall not be permitted without prior approval by the State. On a per project basis, the Contractor shall clearly identify which requirements are subcontracted and identify the subcontracting company, the responsible business contacts therein, and the specific detail of the subcontracted work to be performed. No Contractor shall engage a subcontractor for work on State property or projects without the prior written approval of the Ohio Department of Administrative Services.

TEMPORARY FUEL ADJUSTMENT: No request for a temporary fuel adjustment may be requested for the first six (6) months duration of the Contract. Thereafter, should a statewide or national increase in the cost of fuel occur, that is greater than 10% of the cost for fuel in place at the time of Contract award, the Contractor may petition DAS to increase the Contract price(s). The Contractor will be required to provide a cost breakdown of each item to indicate the portion of their product cost that is attributed to fuel. If approved, the Contractor will be permitted to adjust the price(s) by the exact amount of the fuel increase. The increase will be effective seven (7) calendar days after approval. Future requests for fuel cost adjustment will be considered in six (6) month intervals, for the duration of the Contract, under the above conditions. Should a statewide or national decrease in the cost of fuel occur, that is greater than 30% of the cost of fuel at the time of Contract award or approved increase, the Contractor will advise Office of Procurement Services of said decrease and the Contractor to notify Office of Procurement Services of a decrease will be considered as a default and the Contractor will be responsible to reimburse the state for any overpayments. Said increases or decreases will be effective on all orders placed on or after the approval date of the adjustment.

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Page 5

SPECIFICATIONS AND REQUIREMENTS

I. DEFINITIONS:

"ODH" Ohio Department of Health

"CLIA Regulations" Clinical Laboratory Improvement Amendment Regulations

CLIA Regulations Link: http://www.gpo.gov/fdsys/pkg/CFR-2003-title42-vol3/xml/CFR-2003-title42-vol3-part493.xml

"Shipment" Envelope or package containing one (1) or more newborn specimens

II. SCOPE:

The mission of the Ohio Department of Health (ODH) is to improve the health of Ohioans. Securing a specialized clinical specimens courier would help ODH realize that goal. The ODH Lab is a clinical laboratory working under the CLIA regulations. CLIA regulations section 493.1242 stipulates that the clinical laboratory have policies on specimen collection, preservation, transport and storage. One key consideration is the preservation of the integrity of the sample. ODH makes every effort to identify a courier who could protect the integrity of the specimens. This may be done by utilizing the services of a courier who specializes in the transportation of clinical specimens.

The intent of this Bid is to acquire the services of a Contractor to furnish medical specimen courier services for the ODH Lab. The shipments are picked up throughout Ohio from over one hundred and twenty (120) Hospitals, Physician Offices and Clinics and delivered to the ODH Lab in Reynoldsburg Ohio. It is estimated that there will be 28,669 (see pages 9-14 for locations) shipments annually. The various locations will be shipping newborn screening specimens that consist of dried blood spot cards protected by the wrapping folded card and packed in paper envelopes. Shipments usually weigh less than one (1) pound. One (1) or more specimen(s) could be placed in an envelope which constitutes one (1) shipment.

III. GENERAL REQUIREMENTS:

- A. The Contractor must deliver all specimens at 7am the next day (Monday-Saturday), so that all specimens can be tested and reported out on the same day. The Contractor cannot delay receipt of the newborn samples because a delay does not allow the lab to report out the abnormal cases on the same day. (Excluding exceptions as noted in section VII).
- B. The Contractor must pick up six (6) days a week at all pick up locations and deliver six (6) days a week to the ODH Lab (Monday through Saturday).
- C. The Contractor must not put specimens through conveyor systems, which could result in damage and/or loss.
- D. The Contractor must protect newborn samples from heat in summer months. Heat will cause a deterioration of the enzyme activities in specimens. The Contractor must ensure that specimens are not exposed to weather conditions exceeding 90 degrees Fahrenheit. The Contractor must deliver each specimen in the same condition and temperature as it was when picked up, with no variances during transit.
- E. The Contractor must keep samples dry.
- F. The Contractor must have a HIPPAA Agreement in place.
- G. Hospitals, Clinics and Physician Offices may be added or removed throughout the term of this Contract. The ODH Lab will give the Contractor a seven (7) day notice to add or remove a location.

IV. CUSTOMER SERVICE:

- A. The Contractor must have one account representative assigned to the Contract. There must be a telephone number and/or e-mail address available 24 hours Monday through Saturday for discussing problems or answering questions. Account representatives must be knowledgeable about the ODH account and will be available to answer questions on a regular basis.
- B. The Contractor must provide tracking with ODH access.
- C. The Contractor must be able to provide delivery confirmation.
- D. The Contractor must provide with its Bid, Descriptive Literature that describes its tracking capability.

Page 6

SPECIFICATIONS AND REQUIREMENTS

V. TRAINING:

- A. The Contractor must provide training for Occupational Safety and Health Administration (OSHA) blood-borne pathogen (BBP) for drivers upon hire and thereafter. This training is to be paid for by the Contractor. The training should include:
 - 1. Specimen transportation including identifying risks associated with transporting medical specimens
 - Measures to prevent exposure
 - 3. Proper labeling
 - 4. Spill Clean-up; using biohazard clean up procedures
 - 5. Specimen integrity
 - 6. HIPPAA compliance
 - 7. Administrative requirements (e.g., OSHA compliant records)
 - 8. Definitions / language commonly used by clinical laboratory personnel in order to better understand their needs and expectations
- B. ODH staff will provide training for an introduction / overview of the Newborn Screening Program so that the Contractor understands the importance of sample integrity and safety.

VI. DELIVERY AND PICKUP REQUIREMENTS:

A. All shipments are to be delivered to:

Ohio Department of Health Laboratory 8995 East Main Street, Building 22 Reynoldsburg, OH 43068 Hours of Operation: 6:30am to 5pm Telephone number: (614) 644-2563

- B. Delivery is Monday through Saturday at 7am. Once a 7am delivery is arranged the hours at the receiving location may be changed to facilitate deliveries. Sunday delivery service is not required. Major holidays are exempt from delivery.
- C. The Contractor is not expected to deliver when a Level 3 snow emergency is declared in Franklin County or if a Level 3 snow emergency is declared in a County that would be a direct route to Franklin County.
- D. The Contractor is not expected to pick up if a Level 3 snow emergency is declared in the County of the pick up location.
- E. Pick ups are Monday through Saturday between 2pm and 5pm. Sunday service will not be required. Major holidays are exempt from pick up.
- F. The Contractor must provide a daily pick up to all of the Hospitals, Clinics and Physician Offices listed in the Bid unless instructed otherwise.
- G. The Hospitals, Clinics and Physician Offices must contact the Contractor by 11am to cancel pick up for that day. If pick up is cancelled within the allotted time frame, no pick up fee can be assessed.
- H. The Contractor is expected to deliver on-time 100% of the time; a delay of up to two hours is acceptable for 2% of the shipments. A delivery failure above the requirements of this Bid may result in a Complaint to Vendor being filed.
- I. Pick up fees can only be applied to locations that are 50 miles or more from Reynoldsburg Ohio.
- J. The Contractor must assess pick up fees based on per site not per shipment.

VII. STORAGE:

- A. The Contractor must store medical specimen samples at room temperature.
- The Contractor must hold all medical specimen samples for a next day 7am delivery (Monday-Saturday).
- C. The Contractor must store medical specimen samples that are picked up the day before a major holiday and deliver at 7am the next available day the lab opens.

Page 7

GENERAL SPECIFICATIONS

- D. The Contractor must store medical specimen samples that are picked up on Saturday for a 7am Monday morning delivery.
- E. The Contractor must store medical specimen samples that cannot be delivered due to Level 3 snow emergencies and must deliver at 7am the next available day the ODH Lab opens after the snow emergency is cancelled.
- F. The Contractor must never leave a shipment at the ODH Lab unattended. If ODH Lab personnel are not available to receive shipments, the Contractor must store shipments and redeliver at 7am the next day lab opens.

VIII. DAMAGES/CLAIMS:

- A. The Contractor must document and report damaged specimens within 24 hours of the incident to allow for a quick redraw. Damaged specimens cannot be tested and a new specimen needs to be collected.
- B. If the Contractor damages a newborn sample, the Contractor will only be responsible for shipping fees incurred to resend the sample. The Contractor will not be responsible for lab fees incurred to recreate the specimen.
- C. The Contractor must acknowledge that damage with the risks of exposure would be a package being torn open and cards unfolding. Proper handling of the sealed packages should prevent any instances of exposure.

IX. PACKAGING/ LABELING:

- A. Packaging newborn specimens in envelopes is the responsibility of the Hospital, Clinic or Physician's Office.
- B. Packaging consists of paper envelopes provided by ODH, containing one (1) or more specimen(s).
- C. The Hospitals, Clinics and Physician Offices are responsible for creating shipping labels for its location. Information to include on the label: shipper address; destination address; date and time shipped; number of specimens in the package.
- D. The Hospitals, Clinics and Physician Offices shall apply Bio-Hazard labels on every shipment.
- E. The Contractor must supply all Hospitals, Clinics and Physician Offices with blank shipping labels and Bio-Hazardous labels.

X. SUBCONTRACTOR:

All parties using this Contract (ODH, Hospitals, and Clinics etc.) will only interact with the Primary Contractor on every matter concerning this Contract.

XI. BILLING / INVOICES:

A. Invoices are to be sent to: The Ohio Department of Health P.O. Box 118 Columbus, OH 43216-0118

B. The Contractor can only charge ODH per shipment and pick up fees as agreed upon in this Contract. Any other charges will not be honored under this agreement.

XII. MAJOR HOLIDAYS:

Below is a list of State observed major holidays. All holidays that occur on Saturday will be observed by the State of Ohio on the preceding day (Friday). All holidays that occur on Sunday will be observed by the State of Ohio the following day (Monday).

January 1 Last Monday in May July 4 First Monday in September Fourth Thursday in November December 25 New Year's Day Memorial Day observed Independence Day Labor Day Thanksgiving Day Christmas

Page 8

BID PRICE PAGE:

COST PER SHIPMENT FEE:	PICK UP FEE:
Next Day Delivery (Monday-Saturday) Estimated Annual Shipments = 28,669	Pick up fees can only be applied to locations that are 50 miles or more away from Reynoldsburg, OH
Most packages weigh less than 1 lb. Cost per shipment is a flat fee. Fuel surcharge must be included in the Cost per Shipment.	Pick up Fees are assessed per site not per package Estimated Annual Pick Ups = 32,841
\$per_shipment	\$ per pick up

Page 9

HOSPITAL	ADDRESS	CITY	STATE	ZIP	ESTIMATED ANNUAL SHIPMENTS
ADENA MED CTR HOSPITAL	272 HOSPITAL RD	CHILLICOTHE	ОН	45601	148
AKRON CHILDRENS MED CTR	ONE PERKINS SQ	AKRON	ОН	44308	270
AKRON GENERAL MED CNTR	400 WABASH AVE	AKRON	ОН	44307	334
AKRON SUMMA HEALTH SYSTEM	525 E MARKET ST	AKRON	ОН	44309	277
ALLIANCE COMMUNITY HOSPITAL	200 E STATE ST	ALLIANCE	ОН	44601	182
ANDERSON MERCY HOSP BIRTH CTR	7500 STATE RD	CINCINNATI	ОН	45255	294
ASHTABULA CO MEDICAL CTR	2420 LAKE AVE	ASHTABULA	ОН	44004	211
ATRIUM MEDICAL CENTER	ONE MEDICAL CTR DR	MIDDLETOWN	ОН	45042	296
AULTMAN HOSPITAL	2600 6TH ST SW	CANTON	ОН	44710	338
BARBERTON CITIZENS HOSPITAL	155 5TH ST NE	BARBERTON	ОН	44203	265
BAY PARK COMMUNITY HOSPITAL	2801 BAY PARK DR	OREGON	ОН	43616	193
BELLEVUE HOSPITAL	1400 W MAIN ST	BELLEVUE	ОН	44811	167
BERGER HOSPITAL	600 N PICKAWAY ST	CIRCLEVILLE	ОН	43113	226
BETHESDA NORTH HOSPITAL	10500 MONTGOMERY RD	CINCINNATI	ОН	45242	230
BLANCHARD VALLEY HOSPITAL	1900 S MAIN ST	FINDLAY	ОН	45840	313
BLUFFTON HOSPITAL	139 GARAU ST	BLUFFTON	ОН	45817	154
CANTON - MERCY MEDICAL CTR	1320 TIMKEN MERCY DR NW	CANTON	ОН	44708	331
CHRIST HOSPITAL	2139 AUBURN AVE	CINCINNATI	ОН	45219	330
CINCINNATI CHILDRENS HOSPITAL	3333 BURNET AVE	CINCINNATI	ОН	45229	226
CINCINNATI GOOD SAM HOSP	375 DIXMYTH AVE	CINCINNATI	ОН	45220	403

Page 10

HOSPITAL	ADDRESS	CITY	STATE	ZIP	ESTIMATED ANNUAL SHIPMENTS
OINONNATI LINIVEROITY LIGOR	004 000 004 444 07	OINIOININATI		45040	400
CINCINNATI UNIVERSITY HOSP	234 GOODMAN ST	CINCINNATI	ОН	45219	409
CLEVELAND CLINIC	9500 EUCLID AVE/M31	CLEVELAND	ОН	44195	30
CLEVELAND UNIV HOSP RAINBOW	11100 EUCLID AVE STE 5090	CLEVELAND	ОН	44106	278
CLINTON MEMORIAL HOSPITAL	610 W MAIN ST	WILMINGTON	ОН	45177	186
COSHOCTON CO MEM HOSPITAL	1460 ORANGE ST	COSHOCTON	ОН	43812	162
DAYTON CHILDRENS MED CTR	1 CHILDRENS PLAZA	DAYTON	ОН	45404	34
DAYTON GOOD SAM HOSP -TFBC	2222 PHILADELPHIA DR	DAYTON	ОН	45406	305
DEFIANCE REGIONAL MED CENTER	1200 RALSTON AVE	DEFIANCE	ОН	43512	247
DOCTORS HOSP - WEST	5100 W BROAD ST	COLUMBUS	ОН	43228	321
DUBLIN METHODIST HOSPITAL	7500 HOSPITAL DR	DUBLIN	ОН	43016	357
EAST LIVERPOOL CTY HOSPITAL	425 W 5TH ST	EAST LIVERPOOL	ОН	43290	163
EAST OHIO REGIONAL HOSPITAL	90 N 4TH ST	MARTINS FERRY	ОН	43935	126
EMH REGIONAL MED CENTER	630 E RIVER ST	ELYRIA	ОН	44035	300
FAIRFIELD MEDICAL CENTER	401 N EWING ST	LANCASTER	ОН	43130	239
FAIRFIELD MERCY HOSPITAL	3000 MACK RD	FAIRFIELD	ОН	45014	331
FAIRVIEW GEN HOSPITAL	18101 LORAIN AVE	CLEVELAND	ОН	44111	337
FIRELANDS REGIONAL MEDICAL CTR	1111 HAYES AVE	SANDUSKY	ОН	44870	224
FISHER TITUS MEM HOSPITAL	272 BENEDICT AVE	NORWALK	ОН	44857	265
FLOWER HOSPITAL	5200 HARROUN RD	SYLVANIA	ОН	43560	257
FREMONT MEMORIAL HOSPITAL	715 S TAFT AVE	FREMONT	ОН	43420	150

Page 11

HOSPITAL	ADDRESS	CITY	STATE	ZIP	ESTIMATED ANNUAL SHIPMENTS
FT HAMILTON HOSPITAL	630 EATON AVE	HAMILTON	ОН	45013	247
FULTON CO HEALTH CTR	725 S SHOOP AVE	WAUSEON	ОН	43567	165
GALION COMM HOSPITAL	269 PORTLANDWAY S	GALION	ОН	44833	224
GEAUGA REG HOSP	13207 RAVENNA RD	CHARDON	ОН	44024	227
GENESIS HEALTH-BETHESDA CAMPUS	2951 MAPLE AVE	ZANESVILLE	ОН	43701	294
GRADY MEM HOSPITAL	561 W CENTRAL AVE	DELAWARE	ОН	43015	202
GRANT MED CTR HOSPITAL	111 S GRANT AVE	COLUMBUS	ОН	43215	322
HENRY COUNTY HOSPITAL	11600 ST RT 424	NAPOLEON	ОН	43545	101
HICKSVILLE COMMUNITY HOSPITAL	208 N COLUMBUS ST	HICKSVILLE	ОН	43526	71
HIGHLAND DISTRICT HOSPITAL	1275 N HIGH ST	HILLSBORO	ОН	45133	206
HILLCREST HOSPITAL	6780 MAYFIELD RD	MAYFIELD HEIGHTS	ОН	44124	491
HOLZER MED CTR HOSPITAL	100 JACKSON PIKE	GALLIPOLIS	ОН	45631	246
JOINT TOWNSHIP DISTRICT HOSP	200 ST CLAIR ST	ST MARYS	ОН	45885	164
KETTERING MEDICAL CTR	3535 SOUTHERN BLVD	KETTERING	ОН	45429	330
KNOX COMMUNITY HOSPITAL	1330 COSHOCTON AVE	MT VERNON	ОН	43050	222
LAKE HOSPITAL SYSTEM - WEST	3600 EUCLID AVE	WILLOUGHBY	ОН	44094	269
LAKEWOOD HOSPITAL	14519 DETROIT AVE	LAKEWOOD	ОН	44107	116
LICKING MEMORIAL HOSPITAL	1320 W MAIN ST	NEWARK	ОН	43055	239
LIMA MEMORIAL HOSPITAL	1001 BELLEFONTAINE AVE	LIMA	ОН	45804	242
LORAINE MERCY REG MED CTR	3700 KOLBE RD	LORAIN	ОН	44053	238

Page 12

HOSPITAL	ADDRESS	CITY	STATE	ZIP	ESTIMATED ANNUAL SHIPMENTS
MADISON COUNTY HOSPITAL	210 N MAIN ST	LONDON	ОН	43140	162
MANSFIELD MEDCENTRAL HEALTH	335 GLESSNER AVE	MANSFIELD	ОН	44903	258
MARIETTA MEMORIAL HOSPITAL	401 MATTHEW ST	MARIETTA	ОН	45750	219
MARION GEN HOSPITAL	1000 MCKINLEY PARK DR	MARION	ОН	43302	307
MARY RUTAN HOSPITAL	205 PALMER AVE	BELLEFONTAINE	ОН	43311	181
MCCULLOUGH HYDE MEM HOSPITAL	110 N POPLAR ST	OXFORD	ОН	45056	246
MEDINA GEN HOSPITAL	1000 E WASHINGTON ST	MEDINA	ОН	44256	159
MERCER CO COMMUNITY HOSPITAL	800 W MAIN ST	COLDWATER	ОН	45828	178
METROHEALTH MEDICAL CTR	2500 METROHEALTH DR	CLEVELAND	ОН	44109	311
MIAMI VALLEY HOSPITAL	1 WYOMING ST	DAYTON	ОН	45409	340
MIAMI VALLEY SOUTH	2400 MIAMI VALLEY DR WOMAN'S UNIT	CENTERVILLE	ОН	45459	240
MIDDLEFIELD CARE CENTER	14999 LENNY AVE/ PO BOX 1095	MIDDLEFIELD	ОН	44062	109
MT CARMEL EAST HOSPITAL	6001 E BROAD ST	COLUMBUS	ОН	43213	338
MT CARMEL WEST MED CTR	793 W STATE ST	COLUMBUS	ОН	43222	425
MT EATON CARE CENTER INC	9176 WINESBURG AVE/ PO BOX 177	MT EATON	ОН	44659	140
NATIONWIDE CHILDRENS HOSPITAL	555 S 18TH ST	COLUMBUS	ОН	43205	333
NEW BEDFORD CARE CENTER	33272 ST RT 643	FRESNO	ОН	43824	95
NORTHSIDE-VALLEY CARE HEALTH	500 GYPSY LANE	YOUNGSTOWN	ОН	44501	315
O'BLENESS MEM HOSPITAL	55 HOSPITAL DR	ATHENS	ОН	45701	263
ORRVILLE AULTMAN HOSPITAL	832 S MAIN ST	ORRVILLE	ОН	44667	154

Page 13

HOSPITALS	ADDRESS	CITY	STATE	ZIP	ESTIMATED ANNUAL SHIPMENTS
OSU MEDICAL CENTER	410 W 10TH AVE	COLUMBUS	ОН	43210	375
PARMA COMM GEN HOSPITAL	7007 POWERS BLVD	PARMA	ОН	44129	242
POMERENE MEM HOSPITAL	981 WOOSTER RD	MILLERSBURG	ОН	44654	247
RIVERSIDE METHODIST	3535 OLENTANGY RIVER RD	COLUMBUS	ОН	43214	404
ROBINSON MEM HOSPITAL	6847 N CHESTNUT ST	RAVENNA	ОН	44266	274
SALEM COMM HOSPITAL	1995 E STATE ST	SALEM	ОН	44460	195
SAMARITAN HOSPITAL	1025 CENTER ST	ASHLAND	ОН	44805	244
SHELBY MED CENTRAL	199 W MAIN ST	SHELBY	ОН	44875	124
SOIN MEDICAL CENTER	3535 PENTAGON RD	BEAVERCREEK	ОН	45431	198
SOUTHEAST OH REG MED CTR	1341 N CLARK ST	CAMBRIDGE	ОН	43725	212
SOUTHERN OHIO MED CENTER	1805 27TH ST	PORTSMOUTH	ОН	45662	299
SOUTHVIEW HOSPITAL	1997 MIAMISBURG- CENTERVILLE RD	CENTERVILLE	ОН	45459	313
SOUTHWEST GEN HOSPITAL	18697 E BAGLEY RD	MIDDLEBURG HEIGHTS	ОН	44130	191
SPRINGFIELD COMMUNITY HOSPITAL	2615 E HIGH ST	SPRINGFIELD	ОН	45505	315
ST ANN HOSPITAL	500 S CLEVELAND AVE	WESTERVILLE	ОН	43081	377
ST CHARLES HOSPITAL	2600 NAVARRE AVE	OREGON	ОН	43616	175
ST ELIZABETH HEALTH CENTER	1044 BELMONT AVE	YOUNGSTOWN	ОН	44501	323
ST JOHN MEDICAL CTR	29000 CENTER RIDGE DR	WESTLAKE	ОН	44145	209
ST JOSEPH HEALTH CENTER	667 EASTLAND AVE SE	WARREN	ОН	44484	280
ST LUKES HOSP-MAUMEE	5901 MONCLOVA RD	MAUMEE	ОН	43537	207

Page 14

HOSPTIAL	ADDRESS	CITY	STATE	ZIP	ESTIMATED ANNUAL SHIPMENTS
ST RITA'S MED CTR	730 W MARKET ST	LIMA	ОН	45801	246
ST VINCENT MERCY MED CENTER	2213 CHERRY ST	TOLEDO	ОН	43608	207
TIFFIN MERCY HOSPITAL	45 ST LAWRENCE ST	TIFFIN	ОН	44883	149
TOLEDO CHILDREN'S HOSPITAL	2142 N COVE BLVD	TOLEDO	ОН	43606	218
TOLEDO HOSPITAL	2142 N COVE BLVD	TOLEDO	ОН	43606	345
TRINITY WEST MEDICAL CENTER	4000 JOHNSON RD	STEUBENVILLE	ОН	43952	246
TRIPOINT MEDICAL CENTER	7590 AUBURN RD	CONCORD	ОН	44077	259
TRUMBULL MEM HOSPITAL	1350 E MARKET ST	WARREN	ОН	44483	238
UNION CO - MEMORIAL HOSP	500 LONDON AVE	MARYSVILLE	ОН	43040	241
UNION HOSP - DOVER	659 BOULEVARD	DOVER	ОН	44622	269
UPPER VALLEY MED CENTER	3130 N DIXIE HWY	TROY	ОН	45373	272
VAN WERT CO HOSPITAL	1250 S WASHINGTON ST	VAN WERT	ОН	45891	106
WAYNE HEALTHCARE	835 SWEITZER ST	GREENVILLE	ОН	45331	179
WILLIAMS CHWC BRYAN	433 W HIGH ST	BRYAN	ОН	43506	157
WILSON MEM HOSPITAL	915 W MICHIGAN ST	SIDNEY	ОН	45365	255
WOOD CO HOSPITAL	950 W WOOSTER ST	BOWLING GREEN	ОН	43402	183
WOOSTER COMM HOSPITAL	1761 BEALL AVE	WOOSTER	ОН	44691	314
WRIGHT PATTERSON MED CTR	4881 SUGAR MAPLE DR	WRIGHT PATTERSON AFB	ОН	45433	176
WYANDOT MEM HOSPITAL	885 N SANDUSKY AVE	UPPER SANDUSKY	ОН	43351	107

Page 15

DISCLOSURE OF SERVICE PROVIDERS (See Standard Contract Terms and Conditions, Section [Roman Numeral] V. General Provisions:, Paragraph G.): [For Services Contracts] Bidders seeking to enter into a service contract shall disclose the following: a) Principal location of business for the contractor (Name/City/State/Country) b) Principal location of all subcontractors (Name/City/State/Country) c) Location where services will be performed (Name/City/State/Country) d) Location where any State data, applicable to the Contract, will be maintained or made available (Name/City/State/Country)

By the signature affixed to Page 1 of this Bid, Bidder hereby certifies that the above information is true and accurate. The Bidder agrees that no changes will be made to this list of subcontractors or locations where work will be performed or data will be stored without prior written approval of DAS. Any attempt by the Bidder/Contractor to change or otherwise alter subcontractors, locations where services will be performed or locations where data will be stored, without prior written approval of DAS, will be deemed as a default. If a default should occur, DAS will seek all legal remedies as set forth in the Terms and Conditions which may include immediate cancellation of the Contract. Failure to complete this page may deem your Bid not responsive.

If multiple Subcontractors, duplicate this page as necessary.