

STATE OF OHIO
DEPARTMENT OF ADMINISTRATIVE SERVICES
GENERAL SERVICES DIVISION
OFFICE OF STATE PURCHASING
4200 SURFACE ROAD, COLUMBUS, OH 43228-1395

AMENDMENT FOR CHANGE
AMENDMENT NO. 2

TO: LIMITED DISTRIBUTION – OHIO DEPARTMENT OF REHABILITATION AND CORRECTION,
CORRECTIONS MEDICAL CENTER, P. O. BOX 23658, COLUMBUS, OHIO 43223-0658

FROM: HUGH QUILL, DIRECTOR, DEPARTMENT OF ADMINISTRATIVE SERVICES

SUBJECT: TERM CONTRACT - ULTRASOUND SERVICES FOR THE CORRECTIONS MEDICAL CENTER

Attached are pages 1, 7 and 8 to this contract. Remove these pages from the existing contract and replace with the attached pages on the effective and/or revision date.

This amendment is issued to renew this contract for an additional twelve (12) months per mutual agreement. This amendment is also extending the price effective date on the Bid Pricing Page and updating the Contract Analyst information .

All other prices, terms and conditions remain unchanged.

Questions regarding this Amendment and/or the Requirements Contract may be directed to:

Jan Jacobs
Jan.jacobs@das.state.oh.us

This Amendment, the main Requirements Contract and any additional amendments thereto are available from the DAS website at the following address:



<http://www.ohio.gov/procure>

Affected Contractor(s):

0000048930
Mid-Ohio Radiology, Inc.
90 Village Pointe Drive
Powell, OH 43065
Contractor's Contact: Sharon Heller
Telephone: (614) 791-1300 x 103
E-mail address: sheller@midohioradiology.com

STATE OF OHIO
DEPARTMENT OF ADMINISTRATIVE SERVICES
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REQUIREMENTS CONTRACT: ULTRASOUND SERVICES FOR THE CORRECTIONS MEDICAL CENTER

CONTRACT No.: OT904007

EFFECTIVE DATES: 10/01/06 to 09/30/09
Renewal Through 09/30/10

The Department of Administrative Services has accepted bids submitted in response to Invitation to Bid No. OT904007 that opened on 08/21/06. The evaluation of the bid response(s) has been completed. The bidder(s) listed herein have been determined to be the lowest responsive and responsible bidder(s) and have been awarded a contract for the items(s) listed. The respective bid response, including the [Terms and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions](#), special contract terms & conditions, any bid addenda, specifications, pricing schedules and any attachments incorporated by reference and accepted by DAS become a part of this Requirements Contract.

This Requirements Contract is effective beginning and ending on the dates noted above unless, prior to the expiration date, the Contract is renewed, terminated or cancelled in accordance with the Contract Terms and Conditions.

This Requirements Contract is available to OHIO DEPARTMENT OF REHABILITATION AND CORRECTION, CORRECTIONS MEDICAL CENTER, P. O. BOX 23658, COLUMBUS, OHIO 43223-0658, as applicable.

Agencies are eligible to make purchases of the listed supplies and/or services in any amount and at any time as determined by the agency. The State makes no representation or guarantee that agencies will purchase the volume of supplies and/or services as advertised in the Invitation to Bid.

SPECIAL NOTE: State agencies may make purchases under this Requirements Contract up to \$2500.00 using the state of Ohio payment card. Any purchase that exceeds \$2500.00 will be made using the official state of Ohio purchase order (ADM-0523). Any non-state agency, institution of higher education or Cooperative Purchasing member will use forms applicable to their respective agency.

Questions regarding this and/or the Requirements Contract may be directed to:

Jan Jacobs
Jan.jacobs@das.state.oh.us

This Requirements Contract and any Amendments thereto are available from the DAS website at the following address:



<http://www.ohio.gov/procure>

Signed: _____
Hugh Quill, Director Date

BID PRICE PAGE

DESCRIPTION	ITEM NO.	Estimated Annual Usage	COST PER TEST 10/1/06 THRU 9/30/07	COST PER TEST 10/1/07 THRU 9/30/08	COST PER TEST 10/1/08 THRU **09/30/10
Abdomen (Complete)	9855	80	\$150	\$160	\$170
Aorta	5104	3	\$150	\$160	\$170
Bladder	5105	1	\$120	\$127	\$135
Breast	9856	100	\$90	\$95	\$100
Gall Bladder	5106	2	\$120	\$127	\$135
Kidney (Renal)	5107	1	\$120	\$127	\$135
Liver	9858	95	\$120	\$127	\$135
Obstetrics	5108	10	\$150	\$160	\$170
Pancreas	9859	1	\$120	\$127	\$135
Pelvis (complete)	5109	113	\$120	\$127	\$135
Prostrate (with the possibility of doing it rectally)	9860	1	\$150	\$160	\$170
Right Upper Quadrant US	9861	206	\$120	\$127	\$135
Scrotal	5111	264	\$120	\$127	\$137
Spleen	9862	1	\$120	\$127	\$135
Thyroid	5112	60	\$120	\$127	\$135
Transvaginal	9863	2	\$120	\$127	\$135
Carotid Artery Doppler (including vertebral arteries)	9857	1	\$400	\$425	\$450
Upper & Lower Extremity arterial	5113	1	\$120	\$127	\$135
Renal Artery Doppler Study	5110	1	\$300	\$320	\$340
Upper & Lower Extremity venous studies	9864	1	\$250	\$265	\$280
Pricing per hour for any tests not covered above	9864	1	\$300	\$320	\$340

CONTRACTOR INDEX

CONTRACTOR, TERMS:

Vendor ID #48930
 Mid-Ohio Radiology, Inc.
 90 Village Pointe Drive
 Powell, OH 43065

BID CONTRACT NO: OT904007-1 (09/30/09)

TERMS: Net 30 Days

DELIVERY: As Specified

CONTRACTOR'S CONTACT: Sharon Heller

Telephone: (614) 791-1300 x 103
 FAX: (614) 791-1302
 E-mail address: sheller@midohioradiology.com

IT/MIS CONTACT: Kent Stephens

Telephone: (614) 764-4544

*Notice to contractor: All invoices to the state of Ohio must show the contractor's e.i. tax number. This contract shows your number as part of the address and is also your current contractor number.

*Notice to institutions: Your purchase orders against this contract must include the contractor number as shown above.

**Indicates price effective date until 09/30/10. (10/01/09)

SUMMARY OF AMENDMENTS

Amendment Number	Revision Date	Description
2	10/1/09	Contract Renewal to extend the pricing list effective date for one year and update Contract Analyst.
1	10/2/06	Correct NIGP codes for items