

INVITATION TO BID

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

The Original Signed Bid must be submitted to the Office of Procurement Services to receive consideration for award.		BIDDER NAME	
BID NUMBER OT903412	OPENING DATE (1:00 p.m.) NOVEMBER 28, 2011	STREET ADDRESS <input type="checkbox"/> Check if remit address is different and list on separate sheet	
General Services Division Office of Procurement Services 4200 Surface Road Columbus, OH 43228-1395		CITY	STATE ZIP
Attn: Bid Desk		COUNTY	MBE/EDGE CERTIFICATE NUMBER
REQ./INDEX NO. DOH045		TELEPHONE NO. ()	TOLL FREE NO. 1 - ()
BID NOTICE DATE NOVEMBER 8, 2011		CONTACT PERSON	FAX NO. ()
		CONTRACTOR'S E-MAIL ADDRESS	
SELECT YOUR PREFERRED METHOD OF RECEIVING PURCHASE ORDERS AND ENTER THE E-MAIL OR FAX NUMBER INFORMATION (ONLY SELECT ONE METHOD)			
<input type="checkbox"/> E-Mail <input type="checkbox"/> Fax			
In addition to the standard terms for payment, the payment terms for state agency(ies) will be 2%, 10 Days, Net 30 Days unless otherwise stated in the following space. If no discount is offered, bidder should circle "Net 30 Days". ____%, ____ Days, Net 30 Days			
PARTICIPATING AGENCY(IES): OHIO DEPARTMENT OF HEALTH			
<p><u>THE DEPARTMENT OF ADMINISTRATIVE SERVICES, OFFICE OF PROCUREMENT SERVICES, IS SOLICITING BIDS FOR:</u></p> <p>MEDICAL SPECIMEN COURIER SERVICES</p> <p><u>TERM OF CONTRACT:</u> This Invitation to Bid is to establish a requirements contract to procure the described supplies or services on behalf of the above participating agency(ies). The agency(ies) may place orders against the Contract beginning 1/01/12 or upon the date when DAS signs the Contract, whichever is later in time. The Contract will expire 12/31/13 unless DAS terminates the Contract based upon reasons set forth in Article I-C of the Standard Contract Terms and Conditions. No agencies may place purchase orders against the Contract beyond the expiration date unless DAS renews the Contract by amendment. The Contractor may begin performance under the Contract only upon receipt of a valid order from a participating state agency.</p> <p><u>INSTRUCTIONS TO BIDDERS AND CONTRACT TERMS AND CONDITIONS,</u> Revised 02/2011, are a part of this Invitation to Bid. Copies may be downloaded by clicking on this link: Instructions: Terms and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions. All prior versions of Instructions to Bidders, Contract Terms and Conditions are null and void.</p> <p>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.</p> <p>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.</p>			
PRINTED/TYPED SIGNATURE		AUTHORIZED SIGNATURE (ORIGINAL SIGNATURE ONLY) (Please sign in blue ink)	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.**

A. DOMESTIC PREFERENCE (BUY AMERICA): [Not applicable to **"Excepted Products"**]

- Where is each 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)
- 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)
- 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)

A domestic end source product is deemed to be excessively priced if it exceeds the cost of the foreign product by more than 6%. Pursuant to FAR, Part 25, the state of Ohio does not acquire supplies or services that cannot be imported lawfully into the United States. The contractor, their subcontractor(s) and any agent of the contractor or subcontractor must not acquire any supplies or services originating from sources within, or that were located in or transported from or through Cuba, Iran, Iraq, Libya, North Korea, Sudan Territory of Afghanistan controlled by the Taliban, or Serbia (excluding the territory of Kosovo).

B. OHIO PREFERENCE (BUY OHIO):

- The products/services being offered are raised, grown, produced, mined or manufactured in Ohio. 
 Yes (Go to C) No (Go to B-2)
- Bidder has significant economic presence within the state of Ohio. Yes (Answer a, b, c, d below) No (Go to B-3)
 - 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. Yes No (Go to B-2d)
 - Bidder has seventy-five percent or more employees based in Ohio or border state. Yes No (Go to B-3)
- Border state bidder:
 Yes (Specify which state then go to B-2c): KY MI NY PA IN No (Go to B-4)
- Border state bidder: mined products mined in respective border state Yes No Not Applicable

C. E.D.G.E. DESIGNATION

Bidder is certified E.D.G.E. business Yes No

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. DECLARATION REGARDING MATERIAL ASSISTANCE/NON-ASSISTANCE TO A TERRORIST ORGANIZATION (DMA)

The Bidder being awarded this Contract must:

- review the Terrorist Exclusion List at http://www.publicsafety.ohio.gov/links/terrorist_exclusion_list.pdf
- complete the Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) form <http://www.publicsafety.ohio.gov/links/HLS0038.pdf> and submit this with your bid response.

Failure to complete the Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) form may result in the bidder being deemed not responsive and/or may invalidate any Contract award. If not submitted with the bid response, the bidder will have seven (7) calendar days, after notification, to submit the form.

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.

SITE VISIT: 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 ram.chandrasekar@odh.ohio.gov. 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 (25,195) 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.

SPECIFICATION QUESTIONS: 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.

MANDATORY/REQUIRED SUBMISSIONS: 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.

DELIVERY AND ACCEPTANCE: 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.

DESCRIPTIVE LITERATURE: 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.

USAGE REPORTS: 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, Attn: Gail Harper.

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

SPECIAL CONTRACT TERMS AND CONDITIONS

SPECIAL CHARGES: 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.

SUBCONTRACTING: 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 Contract will be adjusted accordingly. Said decrease will become effective seven (7) calendar days after notification. Failure of 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.

NOTICE ON THE USE OF SOCIAL SECURITY NUMBERS AS FEDERAL TAX IDENTIFICATION NUMBERS: The Department of Administrative Services (Department) requires vendors and Contractors wishing to do business with the State to provide their Federal Taxpayer Identification Number to the Department. The Department does this so that it can perform statutorily required "responsibility" analyses on those vendors and Contractors doing business with the State and, under limited circumstances, for tax reporting purposes. If you are a vendor or Contractor using your Social Security Number as your Federal Taxpayer Identification Number, please be aware that the information you submit is a public record, and the Department may be compelled by Ohio law to release Federal Taxpayer Identification Numbers as a public record. If you do not want to have your Social Security Number potentially disclosed as a Federal Taxpayer Identification Number, the Department encourages you to use a separate Employer Identification Number (EIN) obtained from the United States Internal Revenue Service's to serve as your Federal Taxpayer Identification Number.

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SPECIFICATIONS AND REQUIREMENTS

I. DEFINITIONS:

"ODH" Ohio Department of Health

"CLIA Regulations" Clinical Laboratory Improvement Amendment Regulations

CLIA Regulations Link: <http://wwwn.cdc.gov/clia/regs/toc.aspx>

"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 25,195 (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 HIPAA 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.

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:
 - a. Specimen transportation including identifying risks associated with transporting medical specimens
 - b. Measures to prevent exposure
 - c. Proper labeling
 - d. Spill Clean-up; using biohazard clean up procedures
 - e. Specimen integrity
 - f. HIPAA compliance
 - g. Administrative requirements (e.g., OSHA compliant records)
 - h. 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.
- B. 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.

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

BID PRICE PAGE:

<p>COST PER SHIPMENT FEE:</p> <p>Next Day Delivery (Monday-Saturday)</p> <p>Estimated Annual Shipments= 25,195</p> <p>Most packages weigh less than 1 lb.</p> <p>Cost per shipment is a flat fee.</p> <p>Fuel surcharge must be included in the Cost per Shipment.</p>	<p>PICK UP FEE:</p> <p>Pick up fees can only be applied to locations that are 50 miles or more away from Reynoldsburg, OH</p> <p>Pick up Fees are assessed per site not per package</p> <p>Estimated Annual Pick Ups=32,841</p>
<p>\$_____ per shipment</p>	<p>\$_____ per pick up</p>

GENERAL SPECIFICATIONS
 HOSPITALS, CLINICS AND PHYSICIAN OFFICES

HOSPITAL	ADDRESS1	CITY	STATE	ZIP	ESTIMATED ANNUAL SHIPMENTS
ADENA MED CTR HOSPITAL	272 HOSPITAL RD	CHILLICOTHE	OH	45601	147
AFFINITY MEDICAL CENTER	875 EIGHTH ST NE	MASSILLON	OH	44647	97
AKRON CHILDRENS MED CTR	ONE PERKINS SQ	AKRON	OH	44308	197
AKRON CITY HOSPITAL SUMMA	525 E MARKET ST	AKRON	OH	44309	312
AKRON GENERAL MED CNTR	400 WABASH AVE	AKRON	OH	44307	325
ALLIANCE COMMUNITY HOSPITAL	200 E STATE ST	ALLIANCE	OH	44601	138
ANDERSON MERCY HOSP BIRTH CTR	7500 STATE RD	CINCINNATI	OH	45255	175
ASHTABULA CO MEDICAL CTR	2420 LAKE AVE	ASHTABULA	OH	44004	159
ATRIUM MEDICAL CENTER	ONE MEDICAL CTR DR	MIDDLETOWN	OH	45042	239
AULTMAN HOSPITAL	2600 6TH S'T SW	CANTON	OH	44710	258
BARBERTON CITIZENS HOSPITAL	155 5TH ST NE	BARBERTON	OH	44203	207
BAY PARK COMMUNITY HOSPITAL	2801 BAY PARK DR	OREGON	OH	43616	148
BELLEVUE HOSPITAL	1400 W MAIN ST	BELLEVUE	OH	44811	158
BERGER HOSPITAL	600 N PICKAWAY ST	CIRCLEVILLE	OH	43113	168
BETHESDA NORTH HOSPITAL	10500 MONTGOMERY RD	CINCINNATI	OH	45242	253
BLANCHARD VALLEY HOSPITAL	1900 S MAIN ST	FINDLAY	OH	45840	227
BLUFFTON HOSPITAL	139 GARAU ST	BLUFFTON	OH	45817	149
BROWN CO GEN HOSPITAL	425 HOME ST	GEORGETOWN	OH	45121	129
CANTON - MERCY MEDICAL CTR	1320 TIMKEN MERCY DR NW	CANTON	OH	44708	246
CHRIST HOSPITAL	2139 AUBURN AVE	CINCINNATI	OH	45219	280
CINCINNATI - UNIVERSITY HOSP	234 GOODMAN ST	CINCINNATI	OH	45219	335
CINCINNATI CHILDRENS HOSPITAL	3333 BURNET AVE	CINCINNATI	OH	45229	184

GENERAL SPECIFICATIONS
 HOSPITALS, CLINICS AND PHYSICIAN OFFICES

HOSPITAL	ADDRESS1	CITY	STATE	ZIP	ESTIMATED ANNUAL SHIPMENTS
CINCINNATI GOOD SAM HOSP	375 DIXMYTH AVE	CINCINNATI	OH	45220	382
CLEVELAND UNIV HOSP RAINBOW BA	11100 EUCLID AVE	CLEVELAND	OH	44106	280
CLINTON MEMORIAL HOSPITAL	610 W MAIN ST	WILMINGTON	OH	45177	159
COSHOCTON CO MEM HOSPITAL	1460 ORANGE ST	COSHOCTON	OH	43812	151
DAYTON CHILDRENS MED CTR	1 CHILDRENS PLAZA	DAYTON	OH	45404	88
DAYTON GOOD SAM HOSP -TFBC	2222 PHILADELPHIA DR	DAYTON	OH	45406	236
DEFIANCE REGIONAL MED CENTER	1200 RALSTON AVE	DEFIANCE	OH	43512	203
DOCTORS HOSP - WEST	5100 W BROAD ST	COLUMBUS	OH	43228	283
DUBLIN METHODIST HOSPITAL	7500 HOSPITAL DR	DUBLIN	OH	43016	336
DUNLAP COMM HOSPITAL	832 S MAIN ST	ORRVILLE	OH	44667	117
EAST LIVERPOOL CTY HOSPITAL	425 W 5TH ST	EAST LIVERPOOL	OH	43290	139
EAST OHIO REGIONAL HOSPITAL	90 N 4TH ST	MARTINS FERRY	OH	43935	156
EMH REGIONAL MED CENTER	630 E RIVER ST	ELYRIA	OH	44035	262
FAIRFIELD MEDICAL CENTER	401 N EWING ST	LANCASTER	OH	43130	255
FAIRFIELD MERCY HOSPITAL	3000 MACK RD	FAIRFIELD	OH	45014	293
FAIRVIEW GEN HOSPITAL	18101 LORAIN AVE	CLEVELAND	OH	44111	320
FIRELANDS REGIONAL MEDICAL CTR	1111 HAYES AVE	SANDUSKY	OH	44870	208

GENERAL SPECIFICATIONS
 HOSPITALS, CLINICS AND PHYSICIAN OFFICES

HOSPITAL	ADDRESS1	CITY	STATE	ZIP	ESTIMATED ANNUAL SHIPMENTS
FISHER TITUS MEM HOSPITAL	272 BENEDICT AVE	NORWALK	OH	44857	186
FLOWER HOSPITAL	5200 HARROUN RD	SYLVANIA	OH	43560	296
FORUM HEALTH NORTHSIDE MED CTR	500 GYPSY LANE	YOUNGSTOWN	OH	44501	303
FOSTORIA COMMUNITY HOSPITAL	501 VAN BUREN ST	FOSTORIA	OH	44830	113
FREMONT MEMORIAL HOSPITAL	715 S TAFT AVE	FREMONT	OH	43420	150
FT HAMILTON HOSPITAL	630 EATON AVE	HAMILTON	OH	45013	229
FULTON CO HEALTH CTR	725 S SHOOP AVE	WAUSEON	OH	43567	155
GALION COMM HOSPITAL	269 PORTLANDWAY S	GALION	OH	44833	160
GEAUGA REG HOSP	13207 RAVENNA RD	CHARDON	OH	44024	119
GENESIS HEALTH-BETHESDA CAMPUS	2951 MAPLE AVE	ZANESVILLE	OH	43701	185
GRADY MEM HOSPITAL	561 W CENTRAL AVE	DELAWARE	OH	43015	178
GRANT MED CTR HOSPITAL	111 S GRANT AVE	COLUMBUS	OH	43215	399
HENRY COUNTY HOSPITAL	11600 ST RT 424	NAPOLEON	OH	43545	119
HICKSVILLE COMMUNITY HOSPITAL	208 N COLUMBUS ST	HICKSVILLE	OH	43526	73
HIGHLAND DISTRICT HOSPITAL	1275 N HIGH ST	HILLSBORO	OH	45133	165
HILLCREST HOSPITAL	6780 MAYFIELD RD	MAYFIELD HEIGHTS	OH	44124	286
HOCKING VALLEY COMM HOSPITAL	601 STATE RT. 664 NORTH	LOGAN	OH	43138	75
HOLZER MED CTR HOSPITAL	100 JACKSON PIKE	GALLIPOLIS	OH	45631	180
HURON HOSP CLEVELAND	13951 TERRACE RD	EAST CLEVELAND	OH	44112	193
JOINT TOWNSHIP DISTRICT HOSP	200 ST CLAIR ST	ST MARYS	OH	45885	157
KETTERING MEDICAL CTR	3535 SOUTHERN BLVD	KETTERING	OH	45429	271
KNOX COMMUNITY HOSPITAL	1330 COSHOCTON AVE	MT VERNON	OH	43050	162
LAKE HOSPITAL SYSTEM - WEST	3600 EUCLID AVE	WILLOUGHBY	OH	44094	263
LAKESWOOD HOSPITAL	14519 DETROIT AVE	LAKESWOOD	OH	44107	74

GENERAL SPECIFICATIONS
 HOSPITALS, CLINICS AND PHYSICIAN OFFICES

HOSPITAL	ADDRESS1	CITY	STATE	ZIP	ESTIMATED ANNUAL SHIPMENTS
LICKING MEMORIAL HOSPITAL	1320 W MAIN ST	NEWARK	OH	43055	238
LIMA MEMORIAL HOSPITAL	1001 BELLEFONTAINE AVE	LIMA	OH	45804	206
LORAIN MERCY REG MED CTR	3700 KOLBE RD	LORAIN	OH	44053	218
MADISON COUNTY HOSPITAL	210 N MAIN ST	LONDON	OH	43140	152
MANSFIELD MEDCENTRAL HEALTH	335 GLESSNER AVE	MANSFIELD	OH	44903	202
MARIETTA MEMORIAL HOSPITAL	401 MATTHEW ST	MARIETTA	OH	45750	193
MARION GEN HOSPITAL	1000 MCKINLEY PARK DR	MARION	OH	43302	213
MARY RUTAN HOSPITAL	205 PALMER AVE	BELLEFONTAINE	OH	43311	174
MARYMOUNT HOSPITAL	12300 MCCRACKEN RD	GARFIELD HEIGHTS	OH	44125	214
MCCULLOUGH HYDE MEM HOSPITAL	110 N POPLAR ST	OXFORD	OH	45056	144
MEDINA GEN HOSPITAL	1000 E WASHINGTON ST	MEDINA	OH	44256	188
MERCER CO COMMUNITY HOSPITAL	800 W MAIN ST	COLDWATER	OH	45828	154
METROHEALTH MEDICAL CTR	2500 METROHEALTH DR	CLEVELAND	OH	44109	254
MIAMI VALLEY HOSPITAL	1 WYOMING ST	DAYTON	OH	45409	175
MIDDLEFIELD CARE CENTER	14999 LENNY AVE	MIDDLEFIELD	OH	44062	104
MT CARMEL EAST HOSPITAL	6001 E BROAD ST	COLUMBUS	OH	43213	335
MT CARMEL WEST MED CTR	793 W STATE ST	COLUMBUS	OH	43222	372
MT EATON CARE CENTER INC	9176 WINESBURG AVE	MT EATON	OH	44659	143
NATIONWIDE CHILDRENS HOSPITAL	555 S 18TH ST	COLUMBUS	OH	43205	207
NEW BEDFORD CARE CENTER	33272 ST RT 643	FRESNO	OH	43824	50
O'BLENESS MEM HOSPITAL	55 HOSPITAL DR	ATHENS	OH	45701	227
OSU MEDICAL CENTER	410 W 10TH AVE	COLUMBUS	OH	43210	407

GENERAL SPECIFICATIONS
 HOSPITALS, CLINICS AND PHYSICIAN OFFICES

HOSPITALS	ADDRESS1	CITY	STATE	ZIP	ESTIMATED ANNUAL SHIPMENTS
PARMA COMM GEN HOSPITAL	7007 POWERS BLVD	PARMA	OH	44129	148
POMERENE MEM HOSPITAL	981 WOOSTER RD	MILLERSBURG	OH	44654	168
RIVERSIDE METHODIST	3535 OLENTANGY RIVER RD	COLUMBUS	OH	43214	676
ROBINSON MEM HOSPITAL	6847 N CHESTNUT ST	RAVENNA	OH	44266	248
SALEM COMM HOSPITAL	1995 E STATE ST	SALEM	OH	44460	212
SAMARITAN HOSPITAL	1025 CENTER ST	ASHLAND	OH	44805	158
SHELBY MED CENTRAL	20 MORRIS RD	SHELBY	OH	44875	101
SOUTHEAST OH REG MED CTR	1341 N CLARK ST	CAMBRIDGE	OH	43725	136
SOUTHERN OHIO MED CENTER	1805 27TH ST	PORTSMOUTH	OH	45662	186
SOUTHVIEW HOSPITAL	1997 MIAMISBURG-CENTERVILLE RD	CENTERVILLE	OH	45459	311
SOUTHWEST GEN HOSPITAL	18697 E BAGLEY RD	MIDDLEBURG HEIGHTS	OH	44130	209
SPRINGFIELD COMMUNITY HOSPITAL	2615 E HIGH ST	SPRINGFIELD	OH	45505	178
ST ANN HOSPITAL	500 S CLEVELAND AVE	WESTERVILLE	OH	43081	307
ST CHARLES HOSPITAL	2600 NAVARRE AVE	OREGON	OH	43616	137
ST ELIZABETH HEALTH CENTER	1044 BELMONT AVE	YOUNGSTOWN	OH	44501	246
ST JOHN MEDICAL CTR	29000 CENTER RIDGE DR	WESTLAKE	OH	44145	141
ST JOSEPH HEALTH CENTER	667 EASTLAND AVE SE	WARREN	OH	44484	267
ST LUKES HOSP-MAUMEE	5901 MONCLOVA RD	MAUMEE	OH	43537	193
ST RITAS MED CTR	730 W MARKET ST	LIMA	OH	45801	248
ST VINCENT MERCY MED CENTER	2213 CHERRY ST	TOLEDO	OH	43608	183
TIFFIN MERCY HOSPITAL	45 ST LAWRENCE ST	TIFFIN	OH	44883	149
TOLEDO CHILDREN'S HOSPITAL	2142 N COVE BLVD	TOLEDO	OH	43606	148

GENERAL SPECIFICATIONS
 HOSPITALS, CLINICS AND PHYSICIAN OFFICES

HOSPITAL	ADDRESS1	CITY	STATE	ZIP	ESTIMATED ANNUAL SHIPMENTS
TOLEDO HOSPITAL	2142 N COVE BLVD	TOLEDO	OH	43606	296
TRINITY WEST MEDICAL CENTER	4000 JOHNSON RD	STEUBENVILLE	OH	43952	241
TRIPOINT MEDICAL CENTER	7590 AUBURN RD	CONCORD	OH	44077	266
TRUMBULL MEM HOSPITAL	1350 E MARKET ST	WARREN	OH	44483	229
UNION CO - MEMORIAL HOSP	500 LONDON AVE	MARYSVILLE	OH	43040	145
UNION HOSP - DOVER	659 BOULEVARD	DOVER	OH	44622	205
UPPER VALLEY MED CENTER	3130 N DIXIE HWY	TROY	OH	45373	148
VAN WERT CO HOSPITAL	1250 S WASHINGTON ST	VAN WERT	OH	45891	116
WAYNE HOSPITAL	835 SWEITZER ST	GREENVILLE	OH	45331	158
WILLIAMS COMMUNITY HOSPITALS	433 W HIGH ST	BRYAN	OH	43506	144
WILSON MEM HOSPITAL	915 W MICHIGAN ST	SIDNEY	OH	45365	240
WOOD CO HOSPITAL	950 W WOOSTER ST	BOWLING GREEN	OH	43402	158
WOOSTER COMM HOSPITAL	1761 BEALL AVE	WOOSTER	OH	44691	248
WRIGHT PATTERSON MED CTR	4881 SUGAR MAPLE DR	WRIGHT PATTERSON AFB	OH	45433	169
WYANDOT MEM HOSPITAL	885 N SANDUSKY AVE	UPPER SANDUSKY	OH	43351	84

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.