



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

REQUIREMENTS CONTRACT: Laboratory CLIA Director

CONTRACT NUMBER: CSP905410

EFFECTIVE DATES: 07/01/10 TO 09/30/12

The Department of Administrative Services has accepted Proposals submitted in response to Request for Proposal (RFP) No. CSP905410 that opened on March 10, 2010. The evaluation of the Proposal responses has been completed. The Offeror listed herein has been determined to be the highest ranking Offeror and has been awarded a Contract for the services listed. The respective Proposal response including, Contract Terms & Conditions, any Proposal amendment, special Contract Terms & Conditions, specifications, pricing schedules and any attachments incorporated by reference and accepted by DAS become a part of this Services 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 the Ohio Department of Health as applicable.

The agency is eligible to make purchases of the contracted services in any amount and at any time as determined by the agency. The State makes no representation or guarantee that department will purchase the volume of services as advertised in the Request for Proposal.

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

Ross Leider, CPPB
ross.leider@das.state.oh.us

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



www.ohio.gov/procure

ATTACHMENT NINE
COST SUMMARY FORM

CSP905410 Laboratory CLIA Director
UNSPSC CATEGORY CODE: 80000000

BUDGET: Not to Exceed \$57,000.00

OAKS Item Number: 17978

Description	Cost
1. Monthly fee to perform all of the duties as Laboratory Director as specified in the scope of work. (Shall not exceed \$4750.00 per month.)	\$ 4,750.00
2. Any other identified costs.	\$ 0
3. Total Monthly Fee	\$ 4,750.00
4. Annual Fee	\$ 57,000.00

All costs are in U.S. Dollars.
The State is not responsible for any costs not identified.
There are no additional reimbursement for travel or other related expenses.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

BID CONTRACT NO.: CSP905410-1 (09/30/12)

000000678
The Ohio State University
Department of Pathology
121 Hamilton Hall
1645 Neil Avenue
Columbus, OH 43210-1218

TERMS: Net 30 Days

Remit To Address
000000678
The Ohio State University
Department of Pathology
129 Hamilton Hall
1645 Neil Avenue
Columbus, OH 43210-1218

TERMS: Net 30 Days

CONTRACTOR'S CONTACT: Mr. Harry Pukay-Martin

Telephone: (614)-292-2092
Fax: (614)-292-7072
E-Mail: harry.pukay-martin@osumc.edu