

# 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 <b>OT904814</b>	OPENING DATE (1:00 p.m.) <b>December 11, 2013</b>	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
		TELEPHONE NO. ( )	TOLL FREE NO. 1 - ( )
		CONTACT PERSON	FAX NO. ( )
REQ./INDEX NO. <b>DOH096</b>	BID NOTICE DATE <b>11/18/2013</b>	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			
<b>PARTICIPATING AGENCY(IES):</b> The Ohio Department of Health, HIV/STD Prevention Program, 246 North High St. Columbus, OH 43215			
<p><u>THE DEPARTMENT OF ADMINISTRATIVE SERVICES, OFFICE OF PROCUREMENT SERVICES, IS SOLICITING BIDS FOR:</u></p> <p><b>HUMAN DIAGNOSTIC LABORATORY SERVICES FOR SEXUALLY TRANSMITTED DISEASES AND HUMAN IMMUNODEFICIENCY VIRUS</b></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 01/01/14 or upon the date when DAS signs the Contract, whichever is later in time. The Contract will expire <u>12/31/15</u> 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 09/2012, are a part of this Invitation to Bid. Copies may be downloaded by clicking on this link: <u>Instructions: Terms and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions</u>. 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 <u>www.procure.ohio.gov/</u>. 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>

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.

**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/institution. 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.

**HIPAA:** As a condition of receiving a contract from the State, the Contractor and any subcontractor(s), will be required to comply with 42 U.S.C. Sections 1320d through 1320d-8, and regulations at 45 C.F.R. Section Parts 160, 162, and 164 [relating to privacy and security] regarding disclosure and safeguarding of protected health information under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended by the American Recovery and Reinvestment Act of 2009. Contractor agrees to comply with all requirements of the federal Health Insurance Portability and Accountability Act (HIPAA) applicable to it as a Covered Entity and/or a Business Associate. In the event of a material breach of Contractor's obligations under this section, the State Department of Administrative Services may terminate the Contract according to provisions for Contract termination.

**EVALUATION:** Bids will be evaluated in accordance with Article I-17 of the "Instructions to Bidders". In addition, the state will award based on the low lot total. Low lot total will be determined by multiplying the unit cost by the estimated usage listed in the bid and then adding each of the totals together to arrive at a total for all items. If the estimated annual usage is unknown a quantity of one (1) will be used, for calculation purposes only. Failure to bid all items may result in the bidder being deemed not responsive.

**CONTRACT AWARD:** The contract will be awarded to the lowest responsive and responsible bidder by low lot total. Failure to bid all items may result in the bidder being deemed not responsive.

**FIXED-PRICE WITH ECONOMIC ADJUSTMENT:** The contract prices(s) will remain firm for the first twelve (12) months duration of the contract. Thereafter, the Contractor may submit a request to increase their price(s) to be effective thirty (30) calendar days after acceptance by DAS. No price adjustment will be permitted prior to the effective date of the increase received by the Contractor from his suppliers, or on purchase orders that are already being processed, or on purchase orders that have been filled and are awaiting shipment. If the Contractor receives orders requiring quarterly delivery, the increase will apply to all deliveries made after the effective date of the price increase.

The price increase must be supported by a general price increase in the cost of the finished supplies, due to increases in the cost of raw materials, labor, freight, Workers' Compensation and/or Unemployment Insurance, etc.

Detailed documentation, to include a comparison list of the contract items and proposed price increases, must be submitted to support the requested increase. Supportive documentation should include, but is not limited to: copies of the old and the current price lists or similar documents which indicate the original base cost of the product to the Contractor and the corresponding increase, and/or copies of correspondence sent by the Contractor's supplier on the supplier's letterhead, which contain the above price information and explains the source of the increase in such areas as raw materials, freight, fuel or labor, etc.

Should there be a decrease in the cost of the finished product due to a general decline in the market or some other factor, the Contractor is responsible to notify DAS immediately. The price decrease adjustment will be incorporated into the contract and will be effective on all purchase orders issued after the effective date of the decrease. If the price decrease is a temporary decrease, such should be noted on the invoice. In the event that the temporary decrease is revoked, the contract pricing will be returned to the pricing in effect prior to the temporary decrease. For quarterly deliveries, any decrease will be applied to deliveries made after the effective date of the decrease. Failure to comply with this provision will be considered as a default and will be subject to Provision I.C. "Termination/Suspension" and Provision II. of the "Contract Remedies:" of the "Standard Contract Terms and Conditions".

**REFERENCES AND EXPERIENCE:** To be considered responsive the bidder must, at the time of bid submission, be an established business with all required licenses, bonds, facilities, equipment and trained personnel necessary to perform the work in this bid.

SPECIAL CONTRACT TERMS AND CONDITIONS cont'd

Each bidder is to submit, with its bid, a listing of three (3) references documenting experience in providing Human Diagnostic Laboratory Services, in accordance with state and federal standards and guidelines, within the previous five (5) years. Also, in its bid, the bidder must demonstrate it has provided, within the last five (5) years, similar services to other customers of the size and scope of this work. Name, address, telephone number and contact person for each reference and prior customer must be included. If not included as part of their bid response, the bidder will be required to provide this documentation within five (5) calendar days after notification. Failure to provide the documentation within five (5) calendar days after notification will result in the bidder being deemed not responsive.

LICENSE: Each bidder must supply all necessary documentation for all State and Federal Licenses to include copies of current CLIA (Clinical Laboratory Improvement Act) license and current CAP (College of American Pathologist) Accreditation in good standing and maintain for the duration of this contract. All subcontractors and independent laboratories must be properly licensed. Failure of contractor's subcontractors and independent laboratories to maintain compliance will be the responsibility of the contractor.

The Contractor shall provide copies of current Ohio licenses, with no restrictions or limitations, with the bid submission. If the licenses are not provided with the bid submission the bidder will have five (5) calendar days in which to provide them once they have been requested by the Office of Procurement Services. Failure to provide them within five (5) calendar days may deem your bid not responsive.

The Contractor must maintain all licenses throughout the term of this contract and any renewals. At the request of a State Agency, a copy shall be provided within five (5) calendar days. Failure to maintain and provide copies of license(s) when requested may result in cancellation of the Contract.

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 Rd., Columbus, OH 43228-1395 Attn: Kellie Johnson.

## SPECIFICATIONS FOR LABORATORY SERVICES

### I. OVERVIEW AND BACKGROUND

The State seeks a contractor to provide Human Diagnostic Laboratory Testing to detect *Chlamydia trachomatis* and *Neisseria gonorrhoeae* infection among high-risk women and their partners attending selected health clinics as part of the Ohio STD Screening Project. Testing for syphilis and human immunodeficiency virus (HIV), will also be included on an as-needed basis for the Ohio Department of Health (DOH). Refer to Exhibit A for list of locations and contact information.

The mission of the Bureau of HIV/AIDS, STD & TB (BHST) is to enhance the surveillance of HIV, STDs, and TB and advance the prevention and control of HIV, STDs, TB and hepatitis in Ohio. The Bureau achieves this mission through the successful integration of program activities, including surveillance, case management, partner notification for STDs and HIV, STD screening services, education, quality assurance, and evaluation.

### II. DEFINITIONS

#### A. Definitions.

1. CPR - Cost per Reportable Test
2. Terms used, but not otherwise defined, in this document shall have the same meaning as those terms in 45 Code of Federal Regulations ("CFR") §§ 160.103, 164.402, and 164.501.
  - a) HIPAA. The use of the term "HIPAA" shall mean the Health Insurance Portability Act of 1996, and all of the implementing regulations of that statute, including Part 160 and 164 of Title 45 of the CFR.
  - b) Individual. The use of the term "Individual" in this Exhibit A shall have the same meaning as the term "individual" in 45 CFR § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).
  - c) Privacy Rule. The Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.
  - d) Security Rule. The Standards for Security of Individually Identifiable Health Information at 45 CFR parts 160 and 162 and part 164, subparts A and C.
  - e) Information. The use of the term "Information" in this Exhibit A shall have the same meaning as the term "protected health information" in 45 CFR § 160.103, limited to the information created or received by Contractor from or on behalf of the State.
  - f) Required By Law. The use of the term "required by law" in this Exhibit A shall have the same meaning as the term "required by law" in 45 CFR § 164.103.
  - g) Breach. The use of the term "Breach" in this Exhibit A shall have the same meaning as the term "breach" in 45 CFR § 164.402.
  - h) Unsecured Information. The use of the term "Unsecured Information" in this Exhibit A shall have the same meaning as the term "unsecured protected health information" in 45 CFR § 164.402.
  - i) HHS - The U.S. Department of Health and Human Services or its designee.
  - j) Disclose. The release, transfer or provision of access to Information, whether oral or recorded in any form or medium.
  - k) Use - The sharing, employment, application, utilization, examination, or analysis, in any form or medium, of Information within the Contractor's organization.

### III. CONTRACTOR REQUIREMENTS

#### A. Qualifications of the Contractor and/or Subcontractor:

1. Be licensed in the United States to perform bacteriology testing for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*, syphilis and HIV.
2. Maintain Clinical Laboratory Improvement Amendments (CLIA) certification and current CAP (College of American Pathologist) Accreditation in good standing for the duration of this contract.

SPECIFICATIONS FOR LABORATORY SERVICES cont'd

## B. Price Schedule:

1. Price Schedule contains a listing of tests and volumes performed for the using agency in calendar year 2012. Prices for all services contained in Scope of Services, unless otherwise noted, shall be price based on standard laboratory CPR (Cost per Reportable) test prices.

## C. Billing:

1. Each month the Contractor must submit a single detailed invoice, subtotaled by facility, to the DOH.

## D. Additional Requirements:

1. Laboratory results performed by a subcontractor or independent laboratory are to be priced and interfaced to the using agency through the awarded contractor.
2. The awarded Contractor shall remove all waste generated by this service.
3. The DOH reserves the right to modify or delete its facility locations with thirty (30) day notice, without additional cost or expense to the agency by the Contractor.
4. All contracted staff shall abide by Agency policies, procedures, rules and regulations.

IV. SCOPE OF SERVICES

## A. Core Service Requirements are the minimum requirements that are requested by the Ohio Department of Health to provide basic Human Diagnostic Laboratory Services.

1. Services shall include timely pick-up and delivery of specimens for all using agencies, Monday through Friday excluding ten (10) state holidays. Using agencies will establish pickup and drop off times at each respective facility. Pickup and delivery to be included in the CPR test unit price.
2. The Contractor is to provide accurate reporting to ordering facility within a maximum of two (2) working days for routine tests.
3. Contractor must have policies and procedures in place when a sample is lost or otherwise mishandled by staff or courier. Bidder to supply a copy of their current policy and procedures with its bid. If the bidder's policies and procedures are not provided with the bid submission the bidder will have five (5) calendar days in which to provide them once they have been requested by the Office of Procurement Services. Failure to provide them within five (5) calendar days may deem your bid not responsive.
4. Contractor shall provide all necessary supplies and equipment to perform necessary services to include but not limited to:
  - a. Furnishing and delivery of all supplies for specimen collection, including any administration supplies and transportation material.
  - b. All test results, both positive and negative, to submitting clinics within two (2) working days from specimen receipt via currently acceptable reporting practices.
  - c. Positive test results to the DOH within five (5) working days after obtaining a positive test result, according to Ohio Administrative Code 3701-3.
  - d. Coordinate with the DOH Information Technology staff to report laboratory data electronically via the Electronic Laboratory Reporting system using accepted industry format standard (e.g., HL7).
5. The Contractor shall have back up procedures to deliver reports in a timely manner by other means, such as hard copies delivered when specimens are picked up, should the primary method for reporting fail.
6. Contractor will be responsible for training of all using agencies necessary medical personnel on contractor's policies and procedures.
7. Develop an electronic laboratory information system for collecting the necessary demographic, clinical, and laboratory data on each laboratory specimen as noted in Ohio Administrative Code 3701-3 and according to program requirements.

SPECIFICATIONS FOR LABORATORY SERVICES cont'd

8. Contractor will provide bi-directional interface, contractor's expense, to DOH Ohio Disease Reporting System (ODRS), as well as provide secure on-line access for staff to obtain lab testing results electronically.
9. Contractor, at contractor's expense, shall provide the necessary programming, testing, training, etc. resources to develop, test, and implement the listed interfaces listed above. Testing shall include both unit testing of each lab order, resulting, and charging for each facility implemented, as well as the execution of regression test scripts as part of integrated testing. Implementation shall include any needed data conversions.
10. Laboratory testing will include:
  - a. Chlamydia and Gonorrhea Nucleic Acid Amplification Tests (NAAT) – cervical, urethral, vaginal, and urine specimen types
  - b. Syphilis EIA
  - c. Rapid Plasma Reagin (RPR)
  - d. Treponema Pallidum Particle Agglutination (TP-PA)
  - e. HIV 1 / 2 Antigen/Antibody, 4<sup>th</sup> Generation, Serum
  - f. MultiSpot HIV differentiation Assay
  - g. GC Culture
  - h. GC Culture Identification
  - i. GC Antibiotic Susceptibilities
11. Contractor shall supply a listing of test services and explanatory guide for both in-house testing and send out routine testing (both clinical and anatomic). The listing shall be an alphabetical listing of procedures with corresponding test codes. The listing shall include profile/panel breakdowns, methodologies, reference ranges and panic/critical values. The listing shall be distributed in sufficient quantities to meet the need of the facilities. Any update to the listing shall be communicated and distributed in a timely manner to all agency locations.
12. The Contractor shall have procedures for reporting 'panic' or very abnormal results that exceed predefined criteria established by the department. All critical results must be called to the customers immediately after testing performed and verified.
13. Contractor shall notify the DOH and the appropriate using agency provider when an unacceptable routine clinical or anatomic specimen is received. Notification shall be made within 24 hours of discovery of the unacceptable nature of the routine specimen.
14. Bidder to supply a copy of their routine specimen retention schedule for storing all specimen types including whole blood, pathology specimens, urines, serum, plasma, fluids etc. for possible request for repeats with its bid.
15. Contractor shall repeat testing upon request. When using agency providers believe that reported results do not correlate with the clinical status of the patient, the Contractor shall repeat the specimen testing within 24 hours of request at no further charge to customer. If repeat testing does not resolve the conflict, the Contractor shall submit the specimen to a mutually agreeable "outside" facility at the agency's expense.
16. The Contractor shall provide toll free customer service and timely responses to questions and concerns.
17. Contractor's laboratory director and personnel shall provide consultation regarding receipt, performance results, and methodological/clinical interpretation of laboratory test results.
18. The Contractor shall provide the following deliverables to DOH:
  - a. Quarterly report of testing volume by clinic site, turnaround time by clinic site, and clinic-specific data on number of specimens rejected and reasons for rejection to the DOH, due fifteen (15) days after quarter end, and
  - b. Weekly report to the DOH STD Special Projects Coordinator for specified sites of the line-listed chlamydia and gonorrhea only data (positive, negative and unsatisfactory results) from the electronic laboratory information system in a specified file format (Exhibit B) and file type (.txt) due the Monday morning following the previous week.

PRICE SCHEDULE

Bidder Test Order #	CPT Code #	Test Description	Est. Annual Usage	CPR Unit \$ Price per Test
	87491	Chlamydia Nucleic Acid Amplification Test (NAAT)	70,000	\$
	87591	Gonorrhea Nucleic Acid Amplification Test (NAAT)		
	86592	Syphilis EIA	5,000	\$
	86593	Rapid Plasma Reagin (RPR)	5,000	\$
	86780	Treponema Pallidum Particle Agglutination (TP-PA)	5,000	\$
	87389	HIV 1 / 2 Antigen/Antibody, 4 <sup>th</sup> Generation, Serum	1,500	\$
	86689	MultiSpot HIV differentiation Assay	1,500	\$
	87081	GC Culture	10	\$
	87077, 87140, 87143, 87147, 87149	GC Culture Identification	10	\$
	87181, 87184, 87185, or 87186	GC Antibiotic Susceptibilities	10	\$

As a baseline for any future cost increase requests, the Bidder shall indicate, as a percentage of the total cost, what the cost elements are for calculating their price to the State. Sum of percentages must equal one hundred percent.

Administrative Cost	Labor Cost	Fuel Cost	Maintenance Cost	Other (Name Cost) (if applicable)
%	%	%	%	%

Contains recycled materials – Y/N: \_\_\_\_\_ if Yes \_\_\_\_\_%. (Will not be part of the evaluation)

BID AUTOMOBILE LIABILITY CHECKLIST:

Contractor will indicate, by checking the appropriate box(es) below, which mode of transportation will apply to this contract.

- Bidder/Broker ("The Contractor") or their Sub Contractor will make delivery or be performing services using a vehicle that is owned, leased or rented. Provide Certificate of Insurance documenting automobile liability with a Combined Single Limit of \$500,000.00.
- Goods/Services will be delivered via common carrier.
- No employee or representative of the contractor will have cause to be on state property to make deliveries or to perform services.

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DISCLOSURE OF SUBCONTRACTORS / JOINT VENTURES (See Standard Contract Terms and Conditions, Section (roman numeral) V. General Provisions:, Paragraph Q.):

List names of subcontractors who will be performing work under the Contract.


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 or locations where work 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.

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DISCLOSURE OF SERVICE PROVIDERS (See Standard Contract Terms and Conditions, Section [Roman Numeral] V. General Provisions:, Paragraph G.):

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)

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c) Location where services will be performed (Name/City/State/Country)

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d) Location where any State data, applicable to the Contract, will be maintained or made available (Name/City/State/Country)

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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.

**EXPENDITURE OF PUBLIC FUNDS ON OFFSHORE SERVICES:** The Contractor affirms to have read and understands Executive Order 2011-12K and shall abide by those requirements in the performance of this Contract. Notwithstanding any other terms of this Contract, the State reserves the right to recover any funds paid for services the Contractor performs outside of the United States for which it did not receive a waiver. The State does not waive any other rights and remedies provided the State in this Contract.

The bidder must complete the attached Contractor/Subcontractor Affirmation and Disclosure form Attachment A to abide with Executive Order 2011-12K, affirming no services of the Contractor or its subcontractors under this Contract will be performed outside the United States. During the performance of this Contract, the Contractor must not change the location(s) of the country where the services are performed, change the location(s) of the country where the data are maintained, or made available unless a duly signed waiver from the State has been attained to perform the services outside the United States.

ATTACHMENT A  
 DEPARTMENT OF ADMINISTRATIVE SERVICES  
 STANDARD AFFIRMATION AND DISCLOSURE FORM  
 EXECUTIVE ORDER 2011-12K

Governing the Expenditure of Public Funds on Offshore Services

By the signature affixed hereto, the Contractor affirms, understands and will abide by the requirements of Executive Order 2011-12K. If awarded a contract, both the Contractor and any of its subcontractors shall perform no services requested under this Contract outside of the United States.

The Contractor shall provide all the name(s) and location(s) where services under this Contract will be performed in the spaces provided below or by attachment. Failure to provide this information may subject the Contractor to sanctions. If the Contractor will not be using subcontractors, indicate "Not Applicable" in the appropriate spaces.

1. Principal location of business of Contractor:

(Address)	(City, State, Zip)
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Name/Principal location of business of subcontractor(s):

(Name)	(Address, City, State, Zip)
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(Name)	(Address, City, State, Zip)
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2. Location where services will be performed by Contractor:

(Address)	(City, State, Zip)
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Name/Location where services will be performed by subcontractor(s):

(Name)	(Address, City, State, Zip)
--------	-----------------------------

(Name)	(Address, City, State, Zip)
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3. Location where state data will be stored, accessed, tested, maintained or backed-up, by Contractor:

\_\_\_\_\_  
(Address) (Address, City, State, Zip)

Name/Location(s) where state data will be stored, accessed, tested, maintained or backed-up by subcontractor(s):

\_\_\_\_\_  
(Name) (Address, City, State, Zip)

Contract also affirms, understands and agrees that Contractor and its subcontracts are under a duty to disclose to the State any change or shift in location of services performed by Contractor or its subcontractors before, during and after execution of any contract with the State. Contractor agrees it shall so notify the State immediately of any such change or shift in location of its services. The state has the right to immediately terminate the contract, unless a duly signed waiver from the State has been attained by the Contractor to perform the services outside the United States.

On behalf of the Contractor, I acknowledge that I am duly authorized to execute this Affirmation and Disclosure form and have read and understand that this form is part of any Contract that Contract may enter into with the State and is incorporated therein.

By: \_\_\_\_\_  
Contractor

Print Name: \_\_\_\_\_

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

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

EXHIBIT A  
FACILITY NAMES AND LOCATIONS

Site Name	Contact	Email	Phone	Address	City	Zip Code
Alliance City Health Department	Sharon Andreani	sandreani@alliancecityhealth.org	(330) 821-7373 x 13	537 East Market St.	Alliance	44601
Family Planning Association of Ashtabula	Dianne Rafferty	d.r@fpaneo.org	(440) 352-0608	510 W. 44th St, Suite 2	Ashtabula	44004
Ohio University Student Health Clinic	Amanda Fox	afox@uma-inc.org	(740) 593-4730	Campus Care, 2 Health Center Dr.	Athens	45701
Wood County Health Department	Diane Krill	dkrill@co.wood.oh.us	(419) 352-8402 x 3261	1840 East Gypsy Lane Road	Bowling Green	43402
Crawford County General Health District	Cynda Brause	nursing@crawford-co.org	(419) 562-5871 x 1204	1520 Isaac Beal Rd.	Bucyrus	44820
Cambridge-Guernsey County Health Department Family Planning	Angela Gray	angela.gray@odh.ohio.gov	(740) 439-3577 x 235	326 Highland Ave.	Cambridge	43725
Aiken College and Career High School	Lauren Thamann-Raines	lauren.thamann-raines@cincinnati-oh.gov	(513) 357-2809	2240 Baltimore Ave	Cincinnati	45225
Hamilton County Juvenile Court	Louise Watts	LWatts@juvcourt.hamilton-co.org	(513) 946-2629	2020 Auburn Avenue	Cincinnati	45219-3025
Oyler Community Learning Center - Cincinnati Health Department School and Adolescent Health	Lauren Thamann-Raines	lauren.thamann-raines@cincinnati-oh.gov	(513) 357-2809	2121 Hatmaker St.	Cincinnati	45204
West High/Dater	Lauren Thamann-Raines	lauren.thamann-raines@cincinnati-oh.gov	(513) 357-2809	2146 Ferguson Rd.	Cincinnati	45238
Withrow University High School - Cincinnati Health Department School Health	Lauren Thamann-Raines	lauren.thamann-raines@cincinnati-oh.gov	(513) 357-2809	2488 Madison Road	Cincinnati	45208
City of Cleveland Division of Health / Thomas J. McCafferty Health Ctr.	Neil Conway	nconway@city.cleveland.oh.us	(216) 664-6461	4242 Lorain Ave.	Cleveland	44113
City of Cleveland Division of Health / J. Glenn Smith Health Center	Neil Conway	nconway@city.cleveland.oh.us	(216) 664-6461	11100 St. Clair Ave.	Cleveland	44108
Cuyahoga County Juvenile Court	Mary Beth Corrigan	mhmhc@cuyahogacounty.us	(216) 443-3311	9300 Quincy Ave, Room M609	Cleveland	44115
Free Medical Clinic	Brenda Boyd	b_boyd@thefreeclinic.org	(216) 707-3454	12201 Euclid Ave.	Cleveland	44106
Franklin County Juvenile Court	Ashura Crosby	ashura_crosby@fccourts.org	(614) 525-4152	399 South Front Street	Columbus	43215
Montgomery County Combined Health District / STD	Linda Romeo	LRomeo@phdmc.org	(937) 224-8664	117 South Main St.	Dayton	45422

Site Name	Contact	Email	Phone	Address	City	Zip Code
Montgomery County Jail	Linda Romeo	wmartin@phdmc.org	(937) 224-8662	330 W. 2nd St.	Dayton	45422
Montgomery County Juvenile Court	Linda Romeo	wmartin@phdmc.org	(937) 224-8662	380 West 2 <sup>nd</sup> Street	Dayton	45422
Nicholas Residential Treatment Center	Linda Romeo	wmartin@phdmc.org	(937) 224-8662	5581 Liberty Rd.	Dayton	45417
Ohio Department of Youth Services / Scioto	Kelly Peterman	kelly.peterman@dys.ohio.gov	(740) 881-3552	5993 Home Road	Delaware	43015
Tuscarawas County Health Department	Judy Tornabene	judy.torbanene@odh.ohio.gov	(330) 343-5555 x 132	897 East Iron St	Dover	44622
Family Planning of Lorain County / Elyria	Sue Lottman	fpsma@aol.com	(440) 322-7526	602 Leona Street	Elyria	44035
Sandusky County Health Department / STD	Nicole Willis	nwillis@sanduskycohd.org	(419) 334-6355	2000 Countryside Dr.	Fremont	43420
Highland County Community Action Organization-Greenfield Outreach	Ada Amburgey	adaamburgeyrn@yahoo.com	(937) 393-3060	348 South St.	Greenfield	45123
Ernst J. Bever Community Health Center	Beth Fitzgerald	bfitzgerald@myprimaryhealthsolutions.org	(513) 892-1888 x 1010	210 South Second Street	Hamilton	45011
Highland County Community Action Organization-Family Health Services	Ada Amburgey	adaamburgeyrn@yahoo.com	(937) 393-3060	1487 N. High St. Suite 500	Hillsboro	45133
Lawrence County Health Department Integrated Clinic	Georgia Dillon	Georgia.dillon@odh.ohio.gov	(740) 532-3962	2122 South 8 <sup>th</sup> Street	Ironton	45638
Warren County Combined Health District F.P.	Lori Smyth	lsmyth@wcchd.com	(513) 695-1228	416 South East Street	Lebanon	45036
Allen County Court of Common Pleas / Juvenile Division	Jean McGuire	jmcguire@allencountyohio.com	(419) 998-5287	1000 Wardhill Ave. P.O. Box 419	Lima	45805
Allen County Health Department	Becky Dersham	bdershem@allenhealthdept.org	(419) 228-4457	219 East Market St.	Lima	45802
Hocking County Health Department	Kelly Taulbee	ktaulbee@hockingchd.com	(740) 385-3030 x 252	350 St. Rt. 664 N	Logan	43138
Madison County Health Department-Family Planning	Susie Knox	susie.knox@uchd.net	(937) 645-2059	306 Lafayette St. Suite B	London	43140
Lorain County Health & Dentistry / Broadway	Robyn Miklovich	Robyn.Miklovich@lorainhealth-dentistry.org	(440) 240-1655	1205 Broadway Ave	Lorain	44052
Lorain County Health & Dentistry / Grove	Robyn Miklovich	Robyn.Miklovich@lorainhealth-dentistry.org	(440) 240-1655	3745 Grove Ave.	Lorain	44055
Mansfield Richland Health District	Loretta Cornell	LCornell@richlandhealth.org	(419) 774-4500	555 Lexington	Mansfield	44907
Richland County Juvenile Court / Detention Center	Aleah Padisak	apadisak@rcjcoh.us	(419) 774-6383	411 South Diamond Street	Mansfield	44902
Union County Health Department FP	Susie Knox	susie.knox@uchd.net	(937) 645-2059	940 London Ave., Suite 1100	Marysville	43040

Site Name	Contact	Email	Phone	Address	City	Zip Code
Medina County Health Department	Lisa Strebler	lstrebler@medinahealth.org	(330) 662-9692	4800 Ledgewood Dr.	Medina	44256
Middletown Social and Health Center	Connie Mulligan	conniem@myprimaryhealthsolutions.org	(513) 425-8305 x 1518	1036 S. Verity Pkwy.	Middletown	45044
Montgomery County Juvenile Center for Adolescent Services	Linda Romeo	wmartin@phdmc.org	(937) 224-8662	333 Access Rd	New Lebanon	45345
Licking County Health Department	Mary Beth Hagstad	mhagstad@lickingcohealth.org	(740) 349-6685	675 Price Road	Newark	43055
Huron County Health Department	Chris Cherry	don@huroncohealth.com	(419) 668-1652	180 Milan Ave.	Norwalk	44857
Family Planning Assoc. of Painesville	Dianne Rafferty	d.r@fpaneo.org	(440) 352-0608	54 South State St.	Painesville	44077
Cuyahoga County Board of Health-Family Planning	Cindy Modie	cmodie@ccbh.net	(216) 201-2001 x 1310	5550 Venture Dr.	Parma	44130
Ottawa County Health Department	Nancy Osborn	nosborn@cros.net	(419) 734-6800	1856 East Perry St.	Port Clinton	43452
Portsmouth City Health Department	Josh Hammonds	joshua.hammonds@portsmouthoh.org	(740) 354-8917	605 Washington Street, Suite 317	Portsmouth	45662
Erie County Health Department	Shari Greene	sgreene@eriecohealthohio.org	(419) 626-5623 x 132	420 Superior St.	Sandusky	44870
Clark County Health District	Becky Bonerigo	bbonerigo@ccchd.com	(937) 390-5600 x 270	529 East Home Rd.	Springfield	45503
Belmont County Health District	Sharon Rice	srice@belmontcountyhealth.org	(740) 695-1202 x 13	68501 Bannock Road	St. Clairsville	43950
Steubenville City Health Department	Sandy Perloski	sperlosky@cityofsteubenville.us	(740) 283-6000 x 1506	119 S. 3rd St., Suite D-105	Steubenville	43952
Women's Health Center of Jefferson County	Linda Bain	womenshealth@comcast.net	(740) 282-5676	217 Washington St.	Steubenville	43952
Lucas County Adolescent & Young Adult Health Services	Nancy Pahl	npahl@buckeye-express.com	(419) 724-6888	3454 Oak Alley Court Suite 210	Toledo	43606
Lucas County Juvenile Detention Center	Nancy Pahl	npahl@buckeye-express.com	(419) 213-6766	1801 Spielbusch	Toledo	43604
Lucas County Youth Treatment Center	Nancy Pahl	npahl@buckeye-express.com	(419) 213-6183	225 11 <sup>th</sup> Street	Toledo	43604
Toledo/ Lucas County Health Region	John Pluto	Plutoj@co.lucas.oh.us	(419) 213-4259	635 North Erie St.	Toledo	43604
Wyandot County Health District F. P.	Darlene Steward	dsteward@co.wyandot.oh.us	(419) 294-3852 x 227	127-A South Sandusky Ave.	Upper Sandusky	43351
Marysville OBGYN-Urbana	Susie Knox	susie.knox@uchd.net	(937) 645-2059	900 Scioto St.	Urbana	43078
Van Wert County Health District	Linda Bissonette	lbissonette@vanwertcountyhealth.org	419-238-0808 Ext 101	1179 Westwood Dr. Suite 300	Van Wert	45891

Site Name	Contact	Email	Phone	Address	City	Zip Code
Central State University Student Health Center	Terri Huff	thuff@centralstate.edu	(937) 376-6077	1400 Brush Row Rd., PO Box 1004	Wilberforce	45384
Highland County Community Action Organization-Clinton County Family Planning	Ada Amburgey	adaamburgeyrn@yahoo.com	(937) 393-3060	62 E. Sugartree St.	Wilmington	45177
Wayne County Health Department	Sallie Bair	sbair@wayne-health.org	(330) 264-9590 x 221	203 South Walnut St.	Wooster	44691
Greene County Health Department	Susie Brooks	dbrooks@gcchd.org	(937) 374-5653	360 Wilson Dr.	Xenia	45385
Youngstown City Health District	Sue Spencer	sspencer@ychd.com	(330) 743-3333 x 251	345 Oak Hill Ave., Suite 200	Youngstown	44502
Zanesville Muskingum Health District	Linda Barker	lindab@zmchd.org	(740) 454-9741 x 247	205 N. 7th St.	Zanesville	43701

### Planned Parenthood

Planned Parenthood of Greater Ohio / Akron	Harriet Schaefer	harriet.schaefer@ppoh.org	(330) 535-2674	444 West Exchange Street	Akron	44302
Summit County Juvenile Court	Harriet Schaefer	h.schaefer@ppneo.org	(330) 643-2900	650 Dan Street	Akron	44310
Planned Parenthood of Greater Ohio / Athens	Candy Sherman	candy.sherman@ppoh.org	(740) 593-6979	1005 E. State St., Suite W	Athens	45701
Planned Parenthood of Greater Ohio / Bedford	Denise Collins	d.collins@ppneo.org	(440) 232-8381 x 7103	25350 Rockside Road	Bedford Hts	44146
Planned Parenthood of Greater Ohio / Canton	Debbie Rosier	D.Rosier-Traugh@ppneo.org	(330) 456-7191 x 1305	2663 Cleveland Ave., NW	Canton	44709
Planned Parenthood of Southwest Ohio / Campbell Medical	Katie Brokesh	kbrokesh@ppsw.org	(513) 287-6493	2314 Auburn Avenue	Cincinnati	45219
Planned Parenthood of Southwest Ohio / Springdale	Lisa Schult	lstover@ppsw.org	(513) 824-7860	290 Northland Blvd.	Cincinnati	45246
Planned Parenthood of Southwest Ohio / Yeiser Center	Gena Riley	ariley@ppsw.org	(513) 824-7862	2016 Ferguson Road	Cincinnati	45238
Planned Parenthood of Greater Ohio/Cleveland Health Center	Marina Mikals	m.mikals@ppneo.org	(216) 851-8108 x 4206	7997 Euclid Avenue	Cleveland	44103
Planned Parenthood of Greater Ohio / Old Brooklyn Ctr.	Neesha Pitts	N.Pitts@ppneo.org	(216) 661-0400 x 3204	3311 Broadview Rd.	Cleveland	44109
Planned Parenthood of Greater Ohio / East	Sarah Courtney	sarah.courtney@ppcoh.org	(614) 358-8744	3255 East Main Street	Columbus	43213

Site Name	Contact	Email	Phone	Address	City	Zip Code
Planned Parenthood of Greater Ohio / Franklinton	Jeannine Dzuban	dzubanj@ppcoh.org	(614) 222-3525	1511 West Broad St.	Columbus	43222
Planned Parenthood of Greater Ohio / North	Zoe Allering	alleringz@ppcoh.org	(614) 358-8746	18 East 17 <sup>th</sup> Avenue	Columbus	43201
Planned Parenthood of Greater Ohio / Cortland	Caroline Jones	caroline.jones@ppoh.org	(330) 399-5104	2668 Elm Road, Bldg C	Cortland	44410
Planned Parenthood of Southwest Ohio / Dayton	Kerri Amos	kamos@ppsw.org	(937) 528-4670	224 North Wilkinson Street	Dayton	45402
Planned Parenthood of Greater Ohio / Kent	Kristi Brown	k.brown@ppneo.org	(330) 678-8011 x 1465	138 East Main Street	Kent	44240
Planned Parenthood of Greater Ohio / Lorain	Laura Lowe	L.Lowe@ppneo.org	(440) 242-2087 x 8210	200 West 9 <sup>th</sup> Street	Lorain	44052
Planned Parenthood of Greater Ohio / Mansfield	Tricia Malko	t.malko@ppneo.org	(419) 525-3075	384 Park Ave.	Mansfield	44906
Planned Parenthood of Greater Ohio / Rocky River	Velvet Bratt	v.bratt@ppneo.org	440-331-8744 x 5106	20800 Center Ridge Road Suite 101	Rocky River	44116
Planned Parenthood of Southwest Ohio / Springfield	Nancy Hughley	nhughley@ppsw.org	(937) 325-7349	1061 North Bechtle Ave.	Springfield	45504
Planned Parenthood of Greater Ohio / Jefferson Ave.	Deborah Covault	covaultd@ppnwo.org	(419) 255-1115 x 3417	1301 Jefferson Ave.	Toledo	43604
Planned Parenthood of Greater Ohio / Youngstown	Caroline Jones	caroline.jones@ppoh.org	(330) 788-2487 x 1515	77 East Midlothian Blvd.	Youngstown	44507

EXHIBIT B**File Layout**

1. File to include all records (positive, negative, unsatisfactory) received, resulted, and reported from preceding week and be generated once a week (preferably on Mondays) and transferred in a secure manner to be determined.
2. File to have the following naming convention: Data\_7777\_mm\_dd and file type of .txt.
3. File should be generated using the following layout and business rules:
4. Text in red subject to change.
5. All fields are character type with the exception of date fields.

Field #	Field Name	Required	Size	Start	End	Description	Business rules
1	<b>Last_name</b>	Y	20	1	20	Patient's Last Name	If blank, transform to "UNKNOWN"
2	<b>First_name</b>	Y	20	21	40	Patient's First Name	If blank, transform to "UNKNOWN"
3	M_initial	N	1	41	41	Patient's Middle Initial	
4	DOB	N	10	42	51	Patient's date of birth	Format: mm/dd/yyyy
5	<b>SEX</b>	Y	1	52	52	1 = male 2 = female 9 = not specified	If blank, transform to "9"
6	<b>Race</b>	Y	1	53	53	1 = American Indian/Alaskan Native 2 = Asian 3 = Black/African American 4 = White 5 = Native Hawaiian/Pacific Islander 8 = Other 9 = Not specified	(If more than one race is selected, Race = '8' and codes/text for each race go in Other race field (#8))  If blank, transform to "9"  If Other spot says Hispanic, mark Race as 9 and Ethnicity as 1
7	Other Race	N	20	54	73	Text as it appears on Other line	
8	<b>Ethnicity</b>	Y	1	74	74	1 = Hispanic 2 = Non-Hispanic 9 = Not specified	If blank, transform to "9"
9	<b>Provider</b>	Y	7	75	81	Site ID number	
10	<b>City (patient's)</b>	Y	25	82	106	Patient's address information	If city is blank, transform to "UNKNOWN – OH CITY"
11	<b>County (patient's)</b>	Y	20	107	126		If county is blank, transform to "UNKNOWN – OH COUNTY"
12	<b>State (patient's)</b>	Y	2	127	128		If state is blank, transform to "OH"
13	<b>Zip (patient's)</b>	Y	5	129	133		If zip is blank, transform to "99999"
14	<b>Collect_dt</b>	Y	10	134	143	Date of specimen collection	Date format mm/dd/yyyy
15	<b>Date Received</b>	Y	10	144	153	Date the lab received specimen	Date format mm/dd/yyyy

## EXHIBIT B Cont'd

Field #	Field Name	Required	Size	Start	End	Description	Business rules
16	<b>Test_type</b>	Y	10	154	163	Test Requested – Values are "GC SDA" and "CT SDA".	Each test (Gonorrhea and Chlamydia should be a separate record)
17	<b>Test_site</b>	Y	10	164	173	Values are cervix, urethra, urine, vagina, rectum, pharynx	If blank, populate with "Unknown".
18	<b>Qual_resul</b>	Y	1	174	174	Either Chlamydia or Gonorrhea result depending on the record. P = Positive; N = Negative; U = Unsat.	Each Gonorrhea and Chlamydia test should be a separate record.
19	<b>Access_no</b>	Y	10	175	184	Unique identifier	Unique number for each form – each chlamydia and gonorrhea record from the same form should have the same number
20	<b>Lab_TST_ID</b>	Y	7	185	191	Bar code number	
21	<b>Contact</b>	Y	1	192	192	Sexual contact to an STD	If box is checked, populate with '1' If box is unchecked, populate with '0' If box is blank, populate with '0'
22	Intentionally left blank	Y	1	193	193		
23	Intentionally left blank	Y	1	194	194		
24	Intentionally left blank	Y	1	195	195		
25	Intentionally left blank	Y	1	196	196		
26	<b>Rescreen</b>	Y	1	197	197	Patient being rescreened	If box is checked, populate with '1' If box is unchecked, populate with '0' If box is blank, populate with '0'
27	Intentionally left blank	Y	1	198	198		
28	<b>Signs</b>	Y	1	199	199	Signs or symptoms of STD	If box is checked, populate with '1' If box is unchecked, populate with '0' If box is blank, populate with '0'
29	Unsat_R (Reason for unsat)	N	2	200	201	Reason for unsatisfactory result 1 = Outdated 2 = Mismatched Name/ID 3 = Missing Name/ID 4 = Wrong Swab/ Specimen 5 = Improper Absence/ Presence of Swab 6 = Quantity not Sufficient 7 = Inappropriate Anatomical Site 8 = Bloody Sample 9 = Unknown 10 = Thick Mucus 11 = Other 12 = Optional Field 13 = Not Applicable 14 = Overfilled Specimen Collection	
30	<b>Dt_report</b> (Date Reported)	Y	10	202	211	Date result is reported to site	Format: mm/dd/yyyy

**Bold means required.**