Invitation for Bids

IFB # 20043

Laboratory Testing Services for Chlamydia trachomatis, Neisseria gonorrhoeae, and Treponema pallidum

Issued: December 12, 2019

DESIGNATED CONTACT:

Pursuant to State Finance Law §§ 139-j and 139-k, the Department of Health identifies the following designated contact to whom all communications attempting to influence the Department of Health’s conduct or decision regarding this procurement must be made.

Sue Mantica
Bureau of Contracts
New York State Department of Health
Corning Tower, Room 2827
Albany, New York 12237
Telephone: 518-474-7896
Email Address: sue.mantica@health.ny.gov

PERMISSIBLE SUBJECT MATTER CONTACT:

Pursuant to State Finance Law § 139-j(3)(a), the Department of Health identifies the following allowable contact for communications related to the submission of written bids, written questions, pre-bid questions, and debriefings.

Michele Kerwin
Associate Director
New York State Department of Health
AIDS Institute
Office of Administration and Contract Management
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1. CALENDAR OF EVENTS

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<td>Issuance of Invitation for Bids</td>
<td>December 12, 2019</td>
</tr>
<tr>
<td>Deadline for Submission of Written Questions</td>
<td>Questions Due By January 2, 2020 4:00 p.m. ET</td>
</tr>
<tr>
<td>Responses to Written Questions Posted by DOH</td>
<td>On or About Responses Posted By January 16, 2020</td>
</tr>
<tr>
<td>Deadline for Submission of Bids</td>
<td>Proposals Due On Or Before February 6, 2020 4:00 p.m. ET</td>
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<tr>
<td>Anticipated Contract Start Date</td>
<td>July 1, 2020</td>
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2. OVERVIEW

Through this Invitation For Bids (“IFB”), the New York State (“State”) Department of Health (“DOH”) AIDS Institute (“NYSDOH AI”), Bureau of Sexual Health and Epidemiology (“BSHE”) is seeking competitive bids from vendors who can perform laboratory testing to detect *Chlamydia trachomatis* (CT), *Neisseria gonorrhoeae* (GC), and *Treponema pallidum* infection among at-risk persons in selected community settings for New York State (NYS) residents outside of New York City (NYC) to provide services as further detailed in Section 4.0 (Detailed Specifications). It is the Department’s intent to award one (1) contract from this procurement.

2.1. Introductory Background

The project area encompasses 57 counties of NYS outside of NYC. The area includes approximately 11.2 million residents and a diverse range of local health departments (LHDs) differing considerably in size, demographics, and capacity. In 2018, almost 60,000 cases of STIs were reported in NYS excluding NYC. Chlamydia (CT) ranked as the number one reportable communicable disease in NYS, with 47,225 cases, and gonorrhea (GC) as third with 11,194 cases. CT and GC both experienced a fifth consecutive year of increases (again, each with a 5% increase in 2018 compared to 2017), and primary and secondary (P&S) syphilis experienced its ninth year of increase (+13%). While numbers remain relatively low, the recent increases in congenital syphilis (CS) were sustained, with 9 cases reported in 2018 (8 cases in 2017). Following national trends, NYS’s youth carried a disproportionate burden of STIs with persons 15-24 years of age accounting for 60.2% of cases. For P&S syphilis, 71.9% of male cases with known sex of sex partners were among men who report sex with men (MSM). Of MSM P&S syphilis diagnoses (n=365), Whites accounted for 41.4% of cases followed by Black, non-Hispanics (NH) (27.1%), and Hispanics (23.0%). Significant racial disparities exist for CT and GC infection as well. Compared to Whites, CT and GC rates per 100,000 population were 7-fold and 13-fold higher, respectively, among NH Blacks and 2-fold among Hispanics for both CT and GC. Using data from 2018, women of color are disproportionately impacted with respect to CS, with an incidence rate of 12.9/100,000 live births among Black Hispanic and
non-Hispanic women, respectively, compared to 1.4/100,000 live births among White Hispanic and non-Hispanic women.¹

2.2. Important Information

The bidder is required to review, and is requested to have legal counsel review, Attachment 8, the DOH Agreement as the Bidder must be willing to enter into an Agreement substantially in accordance with the terms of Attachment 8 should the bidder be selected for contract award. Please note that this IFB and the awarded bidder’s proposal will become part of the contract as Appendix B and C, respectively.

It should be noted that Appendix A of Attachment 8, “Standard Clauses for New York State Contracts”, contains important information related to the contract to be entered into as a result of this IFB and will be incorporated, without change or amendment, into the contract entered into between DOH and the successful Bidder. By submitting a response to the IFB, the Bidder agrees to comply with all the provisions of Appendix A.

Note, Attachment 7, the Bidder’s Certifications/Acknowledgements, should be submitted and includes a statement that the bidder accepts, without any added conditions, qualifications or exceptions, the contract terms and conditions contained in this IFB including any exhibits and attachments. It also includes a statement that the bidder acknowledges that, should any alternative proposals or extraneous terms be submitted with the proposal, such alternate proposals or extraneous terms will not be evaluated by the DOH.

Any qualifications or exceptions proposed by a bidder to this IFB should be submitted in writing using the process set forth in Section 5.2 (Questions) prior to the deadline for submission of written questions indicated in Section 1.0 (Calendar of Events). Any amendments DOH makes to the IFB as a result of questions and answers will be publicized on the DOH web site.

2.3. Term of the Agreement

This contract term is expected to be for a period of five (5) years commencing on the date shown on the Calendar of Events in Section 1., subject to the availability of sufficient funding, successful contractor performance, and approvals from the New York State Attorney General (AG) and the Office of the State Comptroller (OSC).

3. MINIMUM QUALIFICATIONS TO BID

The NYSDOH AI will accept bid proposals from licensed laboratories with the following types and levels of experience as a prime contractor:

- A minimum of three (3) years of experience conducting laboratory testing;
- A copy of the current NYS laboratory licensure must be submitted with the bid which specifies the categories in which it is permitted to conduct testing in NYS; and
- Authorization to do all of the following for specimens originating in NYS:
  - perform bacteriology testing for standalone and combined CT and GC;
  - perform nucleic acid amplification tests for the purposes of CT and GC detection in both rectal and oropharyngeal specimens; and
  - perform diagnostic immunology testing for Treponema pallidum.

Experience acquired concurrently is considered acceptable.

¹ The 2018 STI morbidity data for New York State exclusive of New York City were obtained for STI diagnoses meeting federal case definition and reported by the 57 local health departments outside of New York City to the New York State Department of Health (NYSDOH) Communicable Disease Electronic Surveillance System (CDESS). STI Surveillance data in this report include diagnoses reported to CDESS in 2017 and closed by April 29, 2019.
For the purposes of this IFB, a prime contractor is defined as one who has the contract with the owner of a project or job and has full responsibility for its completion. A prime contractor undertakes to perform a complete contract and may employ (and manage) one or more subcontractors to carry out specific parts of the contract.

Failure to meet these Minimum Qualifications will result in a bid being found non-responsive and eliminated from consideration.

4. Detailed Specifications

This Section describes the testing and services that are required to be provided by the selected bidder. The selected bidder must be able to provide all of these products or services throughout the contract term.

PLEASE NOTE: Bidders will be required to provide responses that address all of the requirements of this IFB as part of its Bid.

The terms “bidders”, “vendors” and “proposers” are also used interchangeably. For purposes of this IFB, the use of the terms “shall”, “must” and “will” are used interchangeably when describing the Contractor’s/Bidder’s duties.

4.1. Bid Requirements

The vendor selected through this competitive IFB process will be responsible for completing the following:

a. Performing uninterrupted laboratory testing for the detection of CT and GC in endocervical, vaginal, urethral, urine, anorectal, and oropharyngeal specimens using a test technology with a sensitivity of 90% or better and specificity of 95% or better. The successful bidder will be able to perform testing for CT alone as well as dual testing for CT and GC. The vendor’s test methodology shall be performed according to procedures and protocols that comply with federal guidelines for the performance of laboratory screening tests for CT and GC (CDC. Recommendations for the Laboratory-Based Detection of CT and GC — 2014. MMWR 2014;63(No. RR-2) https://www.cdc.gov/std/laboratory/2014labrec/default.htm. The vendor must also comply with laboratory performance standards specified by the NYSDOH Wadsworth Center;

b. Performing uninterrupted laboratory testing for syphilis in serologic samples. The laboratory vendor’s test methodology shall be performed in accordance with recommendations issued by CDC (Centers for Disease Control and Prevention “Discordant Results from Reverse Sequence Syphilis Screening – Five Laboratories, United States, 2006-2010.” MMWR 2011; 60:(133-137,)) The vendor must also comply with laboratory performance standards specified by the NYSDOH Wadsworth Center;

c. Purchasing of test kits and associated specimen collection supplies;

d. Distribution of test kits and supplies to designated clinics on an as-needed basis;

e. Transporting specimens from clinic sites to laboratory for testing;

f. Accurate reporting of test results to clinic sites within a three-business day window from the date of receipt of the specimen and reporting of positive test results to the appropriate local health department as mandated by NYS Sanitary Code and Public Health Law (PHL) [PHL § 2101];
g. Covering all postage and handling costs associated with delivering test kits and supplies to the clinics, and for the cost of shipping the specimens back to the vendor;

h. Promoting accurate and high-quality test performance through clinician training in the test method. Training should address instructions for obtaining adequate specimens from anatomical sites, requirements for storage and transport, and interpretation of test results. Periodic retraining should also be provided;

i. Providing for manufacturer-based training of laboratory staff with periodic retraining;

j. Developing/maintaining standard laboratory operating procedures and quality assurance protocols for the proposed test method(s) that comply with performance standards established by the NYSDOH's Wadsworth Center; and

k. Demonstrating enrollment and performance in a CLIA-approved proficiency testing program with copies of the results of such testing provided to the BSHE on an annual basis.

4.2. Reporting Requirements

The vendor selected through this competitive IFB process will complete the following reporting requirements:

a. Maintaining systems to ensure the confidentiality of information with patient identifiers;

b. Reporting to BSHE the line-listed required variables detailed in Attachment D in machine-readable format that can be converted to a SAS file format. These required variables are to be reported on a monthly basis within specified reporting timeframes in an electronic format that defines the format and coding of the data elements in the data file (i.e., which columns represent which elements; data labels and code definitions) as detailed in Attachment D.

c. Providing to BSHE monthly reports of testing volume by clinic site, turnaround time by clinic site, and clinic-specific data on number of specimens rejected and reasons for rejection; and

d. Providing to BSHE other reports as requested.

4.3. Information Technology

The vendor selected through this competitive IFB process will complete the following:

a. Develop and maintain an electronic laboratory information system for collecting the necessary demographic, clinical, and laboratory data on each laboratory specimen; and

b. Provide technical assistance to enrolled clinical sites in the establishment of electronic processes for purposes of facilitating communication between the clinic and laboratory (including transmitting laboratory orders).

The application and all systems and components supporting it, including but not limited to any forms and databases that include Personal Health, Personal Identification or other New York State information, must comply with all NYS security policies and standards listed at http://its.ny.gov/tables/technologypolicyindex.htm.
4.4. Security Requirements

The contractor must ensure that they are in compliance with all applicable New York State ITS security policies and standards including, but not limited to: (the list below highlights the most pertinent items) (http://its.ny.gov/eiso/policies/security):

- NYS-P03-002 – Information Security Policy,
- NYS-P10-006 – Identity Assurance Policy,
- NYS-S13-001 – Secure System Development Life Cycle Standard,
- NYS-S13-002 – Secure Coding Standard (if applicable),
- NYS-S13-004 – Identity Assurance Standard,
- NYS-S14-003 – Information Security Controls Standard,
- NYS-S14-005 – Security Logging Standard,
- NYS-S14-007 – Encryption Standard,
- NYS-S15-008 – Secure Configuration Standard,
- NYS-S14-013 – Account Management / Access Control Standard,
- NYS-S15-001 – Patch Management Standard (if applicable), and
- NYS-S15-002 – Vulnerability Scanning Standard

The contractor’s organization, employees, subcontractors, and volunteers will implement and maintain policies, an internal control process for oversight and monitoring, and procedures to assure the confidentiality of personal identifiable data and protected health information.

4.5. Transition

The transition represents a period when the current contract activities performed by the Contractor must be turned over to the Department, another Department agent or successor Contractor during or at the end of the contract.

The Contractor shall ensure that any transition to the Department, Departmental agency or successor Contractor be done in a way that provides the Department with uninterrupted STD lab testing services. This includes a complete and total transfer of all data, files, reports, and records generated from the inception of the contract through the end of the contract to the Department or another Department agent should that be required during or upon expiration of its contract.

The Contractor shall provide technical and business process support as necessary and required by the Department to transition and assume contract requirements to the Department, another Department agent, or successor Contractor should that be required during or at the end of the contract.

The contractor shall manage and maintain the appropriate number of staff to meet all requirements listed in the IFB during the transition. All reporting and record requirements, security standards, and performance standards are still in effect during the transition period.

The Contractor is required to develop a work plan and timeline to securely and smoothly transfer any data and records generated from the inception of the contract through the end of the contract to the Department, another Department agent, or successor Contractor should that be required during or upon expiration of its contract. The plan and documentation must be submitted to the Department no later than four (4) months before the last day of its contract with the Department of Health or upon request of the Department.

5. ADMINISTRATIVE INFORMATION

The following administrative information will apply to this IFB. Failure to comply fully with this information may result in disqualification of your bid.
5.1. **Restricted Period**

“Restricted period” means the period of time commencing with the earliest written notice, advertisement, or solicitation of a Request for Proposals ("RFP"), Invitation for Bids ("IFB"), or solicitation of proposals, or any other method for soliciting a response from Bidders intending to result in a procurement contract with DOH and ending with the final contract award and approval by DOH and, where applicable, final contract approval by the Office of the State Comptroller.

This prohibition applies to any oral, written, or electronic communication under circumstances where a reasonable person would infer that the communication was intended to influence this procurement. Violation of any of the requirements described in this Section may be grounds for a determination that the bidder is non-responsible and therefore ineligible for this contract award. Two violations within four years of the rules against impermissible contacts during the “restricted period” may result in the violator being debarred from participating in DOH procurements for a period of four years.

Pursuant to State Finance Law §§ 139-j and 139-k, the Department of Health identifies a designated contact on face page of this IFB to whom all communications attempting to influence this procurement must be made.

5.2. **Questions**

There will be an opportunity available for submission of written questions and requests for clarification pertaining to this IFB. All questions and requests for clarification of this IFB should cite the relevant IFB, IFB number, section and paragraph number where applicable and must be submitted via email to AIGPU@health.ny.gov. It is the bidder’s responsibility to ensure that email containing written questions and/or requests for clarification is received at the above address no later than the Deadline for Submission of Written Questions as specified in Section 1. (Calendar of Events). Questions received after the deadline may not be answered.

5.3. **Right to Modify IFB**

DOH reserves the right to modify any part of this IFB, including but not limited to, the date and time by which bids must be submitted and received by DOH, at any time prior to the Deadline for Submission of Bids listed in Section 1. (Calendar of Events). Modifications to this IFB shall be made by issuance of amendments and/or addenda.

Prior to the Deadline for Submission of Bids, any such clarifications or modifications as deemed necessary by DOH will be posted to the DOH website.

If the bidder discovers any ambiguity, conflict, discrepancy, omission, or other error in this IFB, the Bidder shall immediately notify DOH of such error in writing at AIGPU@health.ny.gov and request clarification or modification of the document.

If, prior to the Deadline for Submission of Bids, a bidder fails to notify DOH of a known error or an error that reasonably should have been known, the bidder shall assume the risk of bidding. If awarded the contract, the bidder shall not be entitled to additional compensation by reason of the error or its correction.

5.4. **Payment**

The contractor shall submit invoices and/or vouchers to the State’s designated payment office. The Preferred Method is to Email a .pdf copy of your signed voucher to the BSC at:

AccountsPayable@ogs.ny.gov with a subject field; Subject: Unit ID: 3450340 Contract # TBD
The Alternate Method is to Mail vouchers to BSC at the following U.S. postal address:

**NYS Department of Health**  
Unit ID 3450340  
c/o NYS OGS BSC Accounts Payable  
Building 5, 5th Floor  
1220 Washington Ave.  
Albany, NY 12226-1900

Payment for invoices and/or vouchers submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The CONTRACTOR shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at www.osc.state.ny.us/epay/index.htm, by email at epayments@osc.state.ny.us or by telephone at 518-474-6019. CONTRACTOR acknowledges that it will not receive payment on any invoices and/or vouchers submitted under this Contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

In addition to the Electronic Payment Authorization Form, a Substitute Form W-9 must be on file with the Office of the State Comptroller, Bureau of Accounting Operations. Additional information and procedures for enrollment can be found at [http://www.osc.state.ny.us/epay](http://www.osc.state.ny.us/epay).

Completed W-9 forms should be submitted to the following address:

**NYS Office of the State Comptroller**  
Bureau of Accounting Operations  
Warrant & Payment Control Unit  
110 State Street, 9th Floor  
Albany, NY 12236

Payment of such invoices and/or vouchers by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be:

Vouchers must be submitted monthly, within thirty days of months end. On each voucher, be sure to specify the contract number, the dates for which the voucher is being submitted and the reimbursement being requested. Vouchers should list the clinical site, the volume of tests by test type, the test fee and the total fee for each site. The final voucher must be submitted within 30 days of the end of the contract period.

**Note:** Payment may be withheld by NYSDOH AI if any of the requirements in Section 5.4 are found to be delinquent and/or deemed incomplete.

All deliveries will be F.O.B. destination where applicable.

5.5. **Equal Employment Opportunity (EEO) Reporting**

By submission of a bid in response to this solicitation, the Bidder agrees with all of the terms and conditions of Attachment 8 Appendix A including Clause 12 - Equal Employment Opportunities for Minorities and Women. Additionally, the successful bidder will be required to certify they have an acceptable EEO (Equal Employment Opportunity) policy statement in accordance with Section III of Appendix M in Attachment 8.
Further, pursuant to Article 15 of the Executive Law (the “Human Rights Law”), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

To ensure compliance with this Section, the Bidder should submit with the bid or proposal an Equal Employment Opportunity Staffing Plan (Attachment 5, Form #4) identifying the anticipated work force to be utilized on the Contract. Additionally, the Bidder should submit a Minority and Women-Owned Business Enterprises and Equal Employment Opportunity Policy Statement (Attachment 5, Form #5), to DOH with their bid.

5.6. Sales and Compensating Use Tax Certification (Tax Law, § 5-a)

Section 5-a of the Tax Law, as amended, effective April 26, 2006, requires certain contractors awarded state contracts for commodities, services and technology valued at more than $100,000 to certify to the Department of Tax and Finance (DTF) that they are registered to collect New York State and local sales and compensating use taxes. The law applies to contracts where the total amount of such contractors’ sales delivered into New York State are in excess of $300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made, and with respect to any affiliates and subcontractors whose sales delivered into New York State exceeded $300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made.

This law imposes upon certain contractors the obligation to certify whether or not the contractor, its affiliates, and its subcontractors are required to register to collect state sales and compensating use tax and contractors must certify to DTF that each affiliate and subcontractor exceeding such sales threshold is registered with DTF to collect New York State and local sales and compensating use taxes. The law prohibits the State Comptroller, or other approving agencies, from approving a contract awarded to an offerer meeting the registration requirements but who is not so registered in accordance with the law.

The successful Bidder must file a properly completed Form ST-220-CA with the Department of Health and Form ST-220-TD with the DTF. These requirements must be met before a contract may take effect. Further information can be found at the New York State Department of Taxation and Finance’s website, available through this link: http://www.tax.ny.gov/pdf/publications/sales/pub223.pdf.

Forms are available through these links:

5.7. Contract Insurance Requirements

Prior to the start of work under this Contract, the CONTRACTOR shall procure, at its sole cost and expense, and shall maintain in force at all times during the term of this Contract, insurance of the types and in the amounts set forth in Attachment 8, the New York State Department of Health Contract, Section IV. Contract Insurance Requirements.

5.8. Subcontracting

Bidder’s may propose the use of a subcontractor. The Contractor shall obtain prior written approval from NYSDOH AI before entering into an agreement for services to be provided by a subcontractor. The Contractor is solely responsible for assuring that the requirements of this IFB are met. All subcontracts shall contain provisions specifying that the work performed by the subcontractor must be in accordance with the terms of the prime contract, and that the subcontractor specifically agrees to be bound by the
confidentiality provisions set forth in the agreement between the DOH and the Contractor. DOH reserves the right to request removal of any bidder’s staff or subcontractor’s staff if, in DOH’s discretion, such staff is not performing in accordance with the Agreement. Subcontractors whose contracts are valued at or above $100,000 will be required to submit the Vendor Responsibility Questionnaire upon selection of the prime contractor.

5.9. **DOH’s Reserved Rights**

The Department of Health reserves the right to:

1. Reject any or all bids received in response to the IFB;
2. Withdraw the IFB at any time, at the agency’s sole discretion;
3. Make an award under the IFB in whole or in part;
4. Disqualify any bidder whose conduct and/or bid fails to conform to the requirements of the IFB;
5. Seek clarifications and revisions of bids;
6. Use bid information obtained through site visits, management interviews and the state’s investigation of a bidder’s qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency’s request for clarifying information in the course of evaluation and/or selection under the IFB;
7. Prior to the bid opening, amend the IFB specifications to correct errors or oversights, or to supply additional information, as it becomes available;
8. Prior to the bid opening, direct bidders to submit bid modifications addressing subsequent IFB amendments;
9. Change any of the scheduled dates;
10. Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
11.Waive any requirements that are not material;
12. Negotiate with the successful bidder within the scope of the IFB in the best interests of the state;
13. Conduct contract negotiations with the next responsible bidder, should the Department be unsuccessful in negotiating with the selected bidder;
14. Utilize any and all ideas submitted in the bids received;
15. Every offer shall be firm and not revocable for a period of three hundred and sixty-five days (365) from the bid opening, to the extent not inconsistent with section 2-205 of the uniform commercial code. Subsequent to such three hundred and sixty-five days (365), any offer is subject to withdrawal communicated in a writing signed by the bidder; and,
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of a bidder’s bid and/or to determine a bidder’s compliance with the requirements of the solicitation.

5.10. **Freedom of Information Law (“FOIL”)**

All bids may be disclosed or used by DOH to the extent permitted by law. DOH may disclose a bid to any person for the purpose of assisting in evaluating the bid or for any other lawful purpose. All bids will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of the bid that a Bidder believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the bid as directed in Section 6.2.6 of the IFB.** If DOH agrees with the proprietary claim, the designated portion of the bid will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

5.11. **Lobbying**

Chapter 1 of the Laws of 2005, as amended by Chapter 596 of the Laws of 2005, made significant changes as it pertains to development of procurement contracts with governmental entities. These changes include:
a) making the lobbying law applicable to attempts to influence procurement contracts once the procurement process has been commenced by a state agency, unified court system, state legislature, public authority, certain industrial development agencies and local benefit corporations;

b) requiring the above-mentioned governmental entities to record all contacts made by lobbyists and contractors about a governmental procurement so that the public knows who is contacting governmental entities about procurements;

c) requiring governmental entities to designate persons who generally may be the only staff contacted relative to the governmental procurement by that entity in a restricted period;

d) authorizing the New York State Commission on Public Integrity, (now New York State Joint Commission on Public Ethics), to impose fines and penalties against persons/organizations engaging in impermissible contacts about a governmental procurement and provides for the debarment of repeat violators;

e) directing the Office of General Services to disclose and maintain a list of non-responsible bidders pursuant to this new law and those who have been debarred and publish such list on its website;

f) requiring the timely disclosure of accurate and complete information from offerers with respect to determinations of non-responsibility and debarment; (Bidders responding to this IFB should submit a completed and signed Attachment 1, “Prior Non-Responsibility Determination”);

g) increasing the monetary threshold which triggers a lobbyist’s obligation under the Lobbying Act from $2,000 to $5,000; and

h) establishing the Advisory Council on Procurement Lobbying.

Subsequently, Chapter 14 of the Laws of 2007 amended the Lobbying Act of the Legislative Law, particularly as it related to specific aspects of procurements as follows: (i) prohibiting lobbyists from entering into retainer agreements on the outcome of government grant making or other agreement involving public funding; and (ii) reporting lobbying efforts for grants, loans and other disbursements of public funds over $15,000.

The most notable, however, was the increased penalties provided under Section 20 of Chapter 14 of the Laws of 2007, which replaced old penalty provisions and the addition of a suspension option for lobbyists engaged in repeated violations. Further amendments to the Lobbying Act were made in Chapter 4 of the Laws of 2010.

Questions regarding the registration and operation of the Lobbying Act should be directed to the New York State Joint Commission on Public Ethics.


In accordance with New York State Finance Law Section 163(4)(g), State agencies must require all contractors, including subcontractors, that provide consulting services for State purposes pursuant to a contract to submit an annual employment report for each such contract.

The successful bidder for procurements involving consultant services must complete a “State Consultant Services Form A, Contractor’s Planned Employment From Contract Start Date through End of Contract Term” in order to be eligible for a contract.

The successful winning bidder must also agree to complete a “State Consultant Services Form B, Contractor’s Annual Employment Report” for each state fiscal year included in the resulting contract. This
report must be submitted annually to the Department of Health, the Office of the State Comptroller, and Department of Civil Service.

State Consultant Services Form A: Contractor’s Planned Employment and Form B: Contractor’s Annual Employment Report may be accessed electronically at:
http://www.osc.state.ny.us/agencies/forms/ac3271s.doc and
http://www.osc.state.ny.us/agencies/forms/ac3272s.doc.

5.13. Debriefing

Once an award has been made, bidders may request a debriefing of their bid. Please note the debriefing will be limited only to the vendor’s bid and will not include any discussion of other bids. Requests must be received no later than fifteen (15) business days from date of award or non-award announcement.

5.14. Protest Procedures

In the event unsuccessful bidders wish to protest the award resulting from this IFB, bidders should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found in Chapter XI Section 17 of the Guide to Financial Operations (GFO). Available on-line at:
http://www.osc.state.ny.us/agencies/guide/MyWebHelp/

5.15. Iran Divestment Act

By submitting a bid in response to this solicitation or by assuming the responsibility of a Contract awarded hereunder, Bidder/Contractor (or any assignee) certifies that it is not on the “Entities Determined To Be Non-Responsive Bidders/Offerers Pursuant to The New York State Iran Divestment Act of 2012” list (“Prohibited Entities List”) posted on the OGS website (currently found at this address: http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf) and further certifies that it will not utilize on such Contract any subcontractor that is identified on the Prohibited Entities List. Additionally, Bidder/Contractor is advised that should it seek to renew or extend a Contract awarded in response to the solicitation, it must provide the same certification at the time the Contract is renewed or extended.

During the term of the Contract, should DOH receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, DOH will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then DOH shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not limited to, seeking compliance, recovering damages, or declaring the Contractor in default. DOH reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

5.16. Piggybacking

New York State Finance Law section 163(10)(e) (see also http://www.ogs.ny.gov/BU/PC/SFL.asp) allows the Commissioner of the NYS Office of General Services to consent to the use of this contract by other New York State Agencies, and other authorized purchasers, subject to conditions and the Contractor’s consent.

5.17. Encouraging Use of New York Businesses in Contract Performance

Public procurements can drive and improve the State’s economic engine through promotion of the use of New York businesses by its contractors. New York State businesses have a substantial presence in State contracts and strongly contribute to the economies of the state and the nation. In recognition of their
economic activity and leadership in doing business in New York State, bidders/proposers for this contract for commodities, services or technology are strongly encouraged and expected to consider New York State businesses in the fulfillment of the requirements of the contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles. All bidders should complete Attachment 6, Encouraging Use of New York Businesses in Contract Performance, to indicate their intent to use/not use New York Businesses in the performance of this contract.

5.18. Participation Opportunities for NYS Certified Service-Disabled Veteran-Owned Businesses

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Businesses (“SDVOBs”), thereby further integrating such businesses into New York State’s economy. DOH recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of DOH contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, Bidders/Contractors are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as protégés, or in other partnering or supporting roles.

For purposes of this procurement, DOH conducted a comprehensive search and determined that the Contract does not offer sufficient opportunities to set specific goals for participation by SDVOBs as subcontractors, service providers, and suppliers to Contractor. Nevertheless, Bidder/Contractor is encouraged to make good faith efforts to promote and assist in the participation of SDVOBs on the Contract for the provision of services and materials. The directory of New York State Certified SDVOBs can be viewed at: https://ogs.ny.gov/veterans/

Bidders are encouraged to contact the Office of General Services’ Division of Service-Disabled Veteran’s Business Development at 518-474-2015 or VeteransDevelopment@ogs.ny.gov to discuss methods of maximizing participation by SDVOBs on the Contract.

5.19. Vendor Assurance of No Conflict of Interest or Detrimental Effect

All bidders responding to this solicitation should submit Attachment 4 to attest that their performance of the services outlined in this IFB does not create a conflict of interest and that the bidder will not act in any manner that is detrimental to any other State project on which they are rendering services.

5.20. Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination

The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment based on age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender identity, disability, marital status, familial status, domestic violence victim status, prior arrest or conviction record, military status or predisposing genetic characteristics. In accordance with Executive Order No. 177, the Offeror certifies that they do not have institutional policies or practices that fail to address those protected status under the Human Rights Law.

6. BID FORMAT AND CONTENT

Bidders responding to this IFB must satisfy all requirements stated in this IFB. All Bidders are requested to submit complete Bid packages. A bid that is incomplete in any material respect may be rejected.

To expedite review of the bids, Bidders are requested to submit bids as summarized in Attachment A.
Bid Submittal Document Checklist. This separation of information will facilitate the review of the material requested. No information beyond that specifically requested is required, and Bidders are requested to keep their submissions to the shortest length consistent with making a complete presentation of qualifications.

DOH will not be responsible for expenses incurred in preparing and submitting the Bid Packages. Such costs should not be included in the Bid.

6.1. Mandatory Bid Requirements

The purpose of the Mandatory Bid Requirements is to demonstrate the qualifications, competence, and capacity of the Bidders to provide the commodity or services contained in this IFB. The following outlines the required information to be provided by the Bidders. The information requested should be provided in the prescribed format. Responses that do not follow the prescribed format may be eliminated from consideration. All responses to the IFB are subject to verification for accuracy. Bidders must submit a completed and signed Attachment B – IFB Cover Sheet.

6.1.1. Bidders Minimum Qualifications to Propose

Bidders must be able to meet all the requirements stated in Section 3.0 of this IFB. The bidder must submit documentation that provides sufficient evidence of meeting the minimum qualifications to propose. This documentation may be in any format needed to demonstrate how they meet the minimum qualifications to propose.

- A minimum of three (3) years of experience conducting laboratory testing;
- A copy of the current NYS laboratory licensure must be submitted with the bid which specifies the categories in which it is permitted to conduct testing in NYS; and
- Authorization to do all of the following for specimens originating in NYS:
  - perform bacteriology testing for standalone and combined CT and GC;
  - perform nucleic acid amplification tests for the purposes of CT and GC detection in both rectal and oropharyngeal specimens; and
  - perform diagnostic immunology testing for Treponema pallidum.

Experience acquired concurrently is considered acceptable.

6.1.2. Bid Form

Bidder must submit a completed and signed Attachment C – Cost Proposal Bid Form. The Bid Form must comply with the format and content requirements as detailed in this document and in Attachment C. Failure to comply with the format and content requirements may result in disqualification.

The prices bid must cover the cost of furnishing all of the said products or services specified in this IFB, including but not limited to materials, equipment, profit and labor to the satisfaction of the Department of Health and the performance of all work set forth in said specifications.

Bidders must provide a price for all products in sizes and quantities exactly as listed in Cost Proposal Bid Form - Attachment C. Bids which do not include a price for all products will be disqualified. Bids which add alternative products, quantities or sizes will be disqualified.

6.2. Other Bid Documents


Submit a completed and signed Attachment 1, “Bidder’s Disclosure of Prior Non-Responsibility Determination”.

6.2.2. Vendor Responsibility Questionnaire
Complete, certify, and file a New York State Vendor Responsibility Questionnaire. DOH recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions at http://www.osc.state.ny.us/vendrep/info_vrsystem.htm or go directly to the VendRep System online at https://portal.osc.state.ny.us.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the OSC Help Desk at 866-370-4672 or 518-408-4672 or by email at ciohelpdesk@osc.state.ny.us.

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website, www.osc.state.ny.us/vendrep, or may contact the Office of the State Comptroller’s Help Desk for a copy of the paper form. Bidder’s should complete and submit the Vendor Responsibility Attestation, Attachment 3.

6.2.3. Conflict of Interest or Detrimental Effect

Submit Attachment 4, Vendor’s Assurance of No Conflict of Interest or Detrimental Effect, which includes information regarding the Bidder, members, shareholders, parents, affiliates or subcontractors. Attachment 4 must be signed by an individual authorized to bind the Bidder contractually.

6.2.4. Encouraging Use of New York Businesses in Contract Performance

Submit Attachment 6 “Encouraging Use of New York State Businesses in Contract Performance” to indicate which New York State Businesses you will use in the performance of the contract.

6.2.5. Freedom of Information Law – Bid Redactions

Bidders must clearly and specifically identify any portion of the bid that a Bidder believes constitutes proprietary information entitled to confidential handling as an exception to the Freedom of Information Law. See Section 5.10, (Freedom of Information Law).

6.2.6. Bidder’s Certified Statements

Submit Attachment 7, “Bidder’s Certified Statements”, which includes information regarding the Bidder. Attachment 7 must be signed by an individual authorized to bind the Bidder contractually. Please indicate the title or position that the signer holds with the Bidder. DOH reserves the right to reject a bid that contains an incomplete, unsigned or no Attachment 7.

6.2.7. EO 177 Prohibiting Contracts with Entities that Support Discrimination

Submit Attachment 11 certifying that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the Human Rights Law

7. BID SUBMISSION

The table below outlines the requested format and volume for submission of each part. Bids should be submitted in all formats as prescribed below.

<table>
<thead>
<tr>
<th>Bid Package</th>
<th>Paper Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4 Originals</td>
</tr>
<tr>
<td></td>
<td>6 Copies</td>
</tr>
</tbody>
</table>
All hard copy bid materials should be printed on 8.5” x 11” white paper (single sided), be clearly page numbered on the bottom of each page with appropriate header and footer information and presented separately, in three-ring binders if necessary. A type size of eleven (11) points or larger should be used;

The Bid submission should be submitted in a sealed envelope or box.

Where signatures are required, the bids designated as originals should have a handwritten signature and be signed in blue ink;

The NYSDOH discourages overly lengthy bids. Therefore, marketing brochures, user manuals or other materials, beyond that sufficient to present a complete bid, are not desired. Elaborate artwork or expensive paper is not necessary or desired. In order for the NYSDOH to evaluate bids fairly and completely, bids should follow the format described in this IFB and provide all requested information;

Audio and/or videotapes are not allowed. Any submitted audio or videotapes will be ignored by the evaluation team; and

In the event that a discrepancy is found between the electronic and hardcopy bid, the original hardcopy #1 will prevail.

The complete bid must be received by the NYSDOH, no later than the Deadline for Submission of Bids specified in Section 1., (Calendar of Events). Late bids will not be considered.

Bids should be submitted in a clearly labeled package, prepared in accordance with the requirements stated in this IFB. Mark the outside envelope of bid as “IFB# 20043 Laboratory Testing Services for Chlamydia trachomatis, Neisseria gonorrhoeae, and Treponema pallidum”

Bids must be submitted, by U.S. Mail, by courier/delivery service (e.g., FedEx, UPS, etc.) or by hand as noted below, in a sealed package to:

IFB # 20043 – Laboratory Testing Services for Chlamydia trachomatis, Neisseria gonorrhoeae, and Treponema pallidum
Attention: Michele Kerwin, Associate Director
Office of Administration and Contract Management
New York State Department of Health
AIDS Institute
Corning Tower, ESP, Room 359
Albany, NY 12237

NOTE: You should request a receipt containing the time and date received and the signature of the receiver for all hand-deliveries and ask that this information also be written on the package(s).

Submission of bids in a manner other than as described in these instructions (e.g., fax, electronic transmission) will not be accepted.

7.1. No Bid Form

Bidders choosing not to bid are requested to complete the No-Bid form Attachment 2.
8. METHOD OF AWARD

At the discretion of the Department of Health, all bids may be rejected. The Department will award one contract as described in this IFB to the responsible and responsive bidder who offers the lowest total bid price.

In the event of a tie, the determining factor for award, will be:

The tied bidders will be given the opportunity to provide their best and final bid price to the Department, and after evaluation of these revised bids, the award will then be made to the lowest bidder.

8.1. General Information

Once a bidder is selected, the Department of Health will issue a contract to the vendor. In order to be considered responsible and responsive, the bid must include all Invitation for Bid (IFB) required documents and meet the minimum qualifications as stated in the IFB.

Bidders may be requested by DOH to clarify the contents of their bids. Other than to provide such information as may be requested by DOH, no Bidder will be allowed to alter its bid after the Deadline for Submission of Proposals listed in Section 1. (Calendar of Events).

8.2. Submission Review

DOH will examine all bids that are received in a proper and timely manner. The bid containing the lowest total price offered will be further evaluated to determine if it meets all bid submission requirements, as described in Section 6. (Bid Format and Content) and Section 7. (Bid Submission) for award. That process will be followed until an award is made.

8.3. Award Recommendation

The Evaluation Committee will submit a recommendation for award to the responsible and responsive Bidder with the lowest total bid.

The Department will notify the awarded Bidder and Bidders not awarded. The awarded Bidder will enter into a written Agreement substantially in accordance with the terms of Attachment 8, DOH Agreement, to provide the required services as specified in this IFB. The resultant contract shall not be binding until fully executed and approved by the New York State Office of the Attorney General and the Office of the State Comptroller.
9. ATTACHMENTS

The following attachments are included in this IFB and are available via hyperlink or can be found at: https://www.health.ny.gov/funding/forms/.

1. Bidder’s Disclosure of Prior Non-Responsibility Determination
2. No-Bid Form
3. Vendor Responsibility Attestation
4. Vendor Assurance of No Conflict of Interest or Detrimental Effect
5. Guide to New York State DOH MWBE Required Forms & Forms
7. Bidder’s Certified Statements
8. DOH Agreement (Standard Contract)
9. Diversity Practices Questionnaire
10. Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination

The following attachments are attached and included in this IFB:

A. Bid Package Checklist
B. IFB Cover Sheet
C. Cost Proposal Bid Form
D. Required Data Elements
ATTACHMENT A
BID PACKAGE CHECKLIST

Please reference Section 7.0 for the appropriate format and quantities for each proposal submission.

| IFB # 20043 – Laboratory Testing Services for Chlamydia trachomatis, Neisseria gonorrhoeae, and Treponema pallidum |
|---|---|---|
| **FOR THE MANDATORY BID REQUIREMENTS** | | |
| IFB § | SUBMISSION | INCLUDED |
| § 6.1.1 | Documentation of Bidder’s Eligibility (Requirement) | ☐ |
| § 6.1 | Attachment B- IFB Cover Sheet (Requirement) | ☐ |
| § 6.1.2 | Attachment C- Cost Proposal Bid Form (Requirement) | ☐ |
| § 6.1.3 | A copy of the current NYS laboratory licensure must be submitted with the bid which specifies the categories in which it is permitted to conduct testing in NYS. | ☐ |
| **FOR THE OTHER BID DOCUMENTS** | | |
| § 6.2.1 | Attachment 1 – Bidder’s Disclosure of Prior Non-Responsibility Determinations, completed and signed. | ☐ |
| § 6.2.2 | Attachment 3- Vendor Responsibility Attestation | ☐ |
| § 6.2.3 | Attachment 4 - Vendor Assurance of No Conflict of Interest or Detrimental Effect | ☐ |
| § 6.2.4 | Attachment 6- Encouraging Use of New York Businesses | ☐ |
| § 6.2.6 | Attachment 7 - Bidder’s Certified Statements, completed & signed. | ☐ |
| § 6.2.8 | Attachment 11 - Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination | ☐ |
| § 6.2.9 | Bid Specifications Response/ Narrative | ☐ |
NEW YORK STATE DEPARTMENT OF HEALTH
AIDS Institute
Bureau of Sexual Health and Epidemiology (BSHE)

Invitation for Bid (IFB)

Laboratory Testing Services for *Chlamydia trachomatis*,
*Neisseria gonorrhoeae*, and *Treponema pallidum*

IFB No. 20043

Organization: __________________________________________

Federal Employer ID#: __________________________________

Agency Vendor ID#: _____________________________________

Address: _______________________________________________

_____________________________________________________

Contact Person: (please print or type) _______________________

Title: _____________________________________________

Telephone Number: (___)______________________________

Fax Number: (___)______________________________

E-mail Address: ____________________________________
ATTACHMENT C  
COST PROPOSAL BID FORM – IFB #20043

I. **Specimen Categories** – A requirement of this IFB is that the successful bidder will conduct testing for *Chlamydia trachomatis* alone, as well as dual testing for CT and *Neisseria gonorrhoeae*, and *Treponema pallidum* alone.

II. **Cost Per Test** – It is mandatory that a cost for each test listed below under Column II is supplied. “Cost Per Test” is inclusive of all costs, whether direct or indirect.

NOTE: Failure to identify a cost per test for each specimen category in Cost Proposal will result in disqualification. Do not include more than one cost per test per each specimen category. All costs associated with work performed under this IFB must be included in the cost per test on the Bid Form. The NYSDOH AI will not be responsible for any costs that are not specifically outlined in this bid proposal. Prices quoted must remain fixed for the entire 5-year term of the contract.

<table>
<thead>
<tr>
<th>I. Specimen Categories</th>
<th>II. Cost Per Test</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Treponema pallidum</strong></td>
<td></td>
</tr>
<tr>
<td>Pharyngeal:</td>
<td></td>
</tr>
<tr>
<td>a. Chlamydia trachomatis</td>
<td>$</td>
</tr>
<tr>
<td>b. Chlamydia trachomatis &amp; N. gonorrhoeae</td>
<td>$</td>
</tr>
<tr>
<td>Rectal:</td>
<td></td>
</tr>
<tr>
<td>a. Chlamydia trachomatis</td>
<td>$</td>
</tr>
<tr>
<td>b. Chlamydia trachomatis &amp; N. gonorrhoeae</td>
<td>$</td>
</tr>
<tr>
<td>Genital:</td>
<td></td>
</tr>
<tr>
<td>a. Chlamydia trachomatis</td>
<td>$</td>
</tr>
<tr>
<td>b. CT &amp; N. gonorrhoeae</td>
<td>$</td>
</tr>
</tbody>
</table>

____________________________________  ________________________  
Name (please print)  Company

_____________________________________  ________________________  
Signature  Date
**ATTACHMENT D
REQUIRED DATA ELEMENTS**

Laboratory Testing Services for *Chlamydia trachomatis, Neisseria gonorrhoeae, and Treponema pallidum*

Required Data Elements

<table>
<thead>
<tr>
<th><strong>Variable</strong></th>
<th><strong>Description</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accession Number</td>
<td>Sequential number for specimen</td>
</tr>
<tr>
<td>Accession Date</td>
<td>The year, month and day the specimen was accessioned, MM/DD/YYYY</td>
</tr>
<tr>
<td>Specimen source</td>
<td>A code to indicate the source of the specimen:</td>
</tr>
<tr>
<td></td>
<td>Cervical</td>
</tr>
<tr>
<td></td>
<td>Urethral</td>
</tr>
<tr>
<td></td>
<td>Urine</td>
</tr>
<tr>
<td></td>
<td>Conjunctival</td>
</tr>
<tr>
<td></td>
<td>Rectal</td>
</tr>
<tr>
<td></td>
<td>Pharyngeal</td>
</tr>
<tr>
<td></td>
<td>Vaginal</td>
</tr>
<tr>
<td></td>
<td>Serum</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>Clinic Code</td>
<td>A unique code assigned to each clinic participating in the New York State testing program</td>
</tr>
<tr>
<td>Patient Last Name</td>
<td>Last name of patient</td>
</tr>
<tr>
<td>Patient First Name</td>
<td>First name of patient</td>
</tr>
<tr>
<td>Patient ID</td>
<td>Unique patient identification number assigned by the clinic</td>
</tr>
<tr>
<td>ZIP code</td>
<td>5-digit ZIP code of residence of patient</td>
</tr>
<tr>
<td>Sex at birth</td>
<td>1 = Male</td>
</tr>
<tr>
<td></td>
<td>2 = Female</td>
</tr>
<tr>
<td>Current gender</td>
<td>1 = Male</td>
</tr>
<tr>
<td></td>
<td>2 = Female</td>
</tr>
<tr>
<td></td>
<td>3 = Female-to-male transgender</td>
</tr>
<tr>
<td></td>
<td>4 = Male-to-female transgender</td>
</tr>
<tr>
<td></td>
<td>5 = Transgender unspecified</td>
</tr>
<tr>
<td></td>
<td>6 = Other gender identity</td>
</tr>
<tr>
<td></td>
<td>7 = Refused</td>
</tr>
<tr>
<td></td>
<td>8 = Unknown</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Patient’s date of birth, MM/DD/YYYY</td>
</tr>
<tr>
<td>Age</td>
<td>Patient’s age</td>
</tr>
<tr>
<td>Race</td>
<td>The race of the patient. Enter 1 for all that apply:</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>1=Yes; Blank if race does not apply</td>
</tr>
<tr>
<td>Asian</td>
<td>1=Yes; Blank if race does not apply</td>
</tr>
<tr>
<td>Black/African American</td>
<td>1=Yes; Blank if race does not apply</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>1=Yes; Blank if race does not apply</td>
</tr>
<tr>
<td>White</td>
<td>1=Yes; Blank if race does not apply</td>
</tr>
<tr>
<td>Other</td>
<td>1=Yes; Blank if race does not apply</td>
</tr>
<tr>
<td>Unknown</td>
<td>1=Yes; Blank if race does not apply</td>
</tr>
<tr>
<td>Hispanic Ethnicity</td>
<td>1 = Hispanic</td>
</tr>
<tr>
<td></td>
<td>2 = Non-Hispanic</td>
</tr>
<tr>
<td></td>
<td>3 = Unknown</td>
</tr>
<tr>
<td>Variable</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Reason for Test</td>
<td>1 = Routine screen</td>
</tr>
<tr>
<td></td>
<td>2 = Symptomatic</td>
</tr>
<tr>
<td></td>
<td>3 = Contact to STD</td>
</tr>
<tr>
<td></td>
<td>4 = Prenatal</td>
</tr>
<tr>
<td></td>
<td>5 = Rescreen, prior positive</td>
</tr>
<tr>
<td></td>
<td>6 = Test of Cure</td>
</tr>
<tr>
<td></td>
<td>9 = Unknown</td>
</tr>
<tr>
<td>Date of Visit</td>
<td>Date specimen was collected, MM/DD/YYYY</td>
</tr>
<tr>
<td>Chlamydia Test Conducted</td>
<td>1=Yes</td>
</tr>
<tr>
<td></td>
<td>2=No</td>
</tr>
<tr>
<td>Chlamydia Test Result</td>
<td>Codes for test result</td>
</tr>
<tr>
<td>Gonorrhea Test Conducted</td>
<td>1=Yes</td>
</tr>
<tr>
<td></td>
<td>2=No</td>
</tr>
<tr>
<td>Gonorrhea Test Result</td>
<td>Codes for test result</td>
</tr>
<tr>
<td>Syphilis test conducted</td>
<td>1=Yes</td>
</tr>
<tr>
<td></td>
<td>2=No</td>
</tr>
<tr>
<td>Syphilis Non-treponemal Test</td>
<td>Quantitative result (titer value)</td>
</tr>
<tr>
<td>Syphilis Treponemal Test Result</td>
<td>Qualitative test result</td>
</tr>
<tr>
<td>Date of Observation</td>
<td>Date the laboratory performed testing, MM/DD/YYYY</td>
</tr>
<tr>
<td>Date Result Reported</td>
<td>Date the laboratory reported the result to the clinic, MM/DD/YYYY</td>
</tr>
<tr>
<td>Clinical Findings</td>
<td>Clinical signs and symptoms. Enter 1 for all that apply:</td>
</tr>
<tr>
<td>Pelvic Inflammatory Disease</td>
<td>1=Yes; Blank if clinical finding does not apply</td>
</tr>
<tr>
<td>Cervicitis</td>
<td>1=Yes; Blank if clinical finding does not apply</td>
</tr>
<tr>
<td>Urethritis</td>
<td>1=Yes; Blank if clinical finding does not apply</td>
</tr>
<tr>
<td>Epididymitis</td>
<td>1=Yes; Blank if clinical finding does not apply</td>
</tr>
<tr>
<td>Proctitis</td>
<td>1=Yes; Blank if clinical finding does not apply</td>
</tr>
<tr>
<td>Vaginitis</td>
<td>1=Yes; Blank if clinical finding does not apply</td>
</tr>
<tr>
<td>None</td>
<td>1=Yes; Blank if clinical finding does not apply</td>
</tr>
<tr>
<td>Pregnancy Status</td>
<td>1 = Yes</td>
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<tr>
<td></td>
<td>2 = No</td>
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<td></td>
<td>9 = Unknown</td>
</tr>
<tr>
<td>Clinician</td>
<td>Clinician ordering the test as specified on requisition form</td>
</tr>
<tr>
<td>Insurance status</td>
<td>1 = Insured</td>
</tr>
<tr>
<td></td>
<td>2 = Not Insured</td>
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<tr>
<td></td>
<td>3 = Unknown</td>
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<tr>
<td>Third party billing</td>
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<td>2=No</td>
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