Addendum No. 1

RFP No. 20-08
DRUG SCREEN SERVICES FOR ROCKDALE COUNTY

March 4, 2020

RFP #20-08 is hereby amended as follows:

1. Below are questions received and corresponding answers:

   A. Question: I need clarification if the following will be considered in bid proposal for Drug Screen Services for Rockdale County: 1. Mileage charge, 2. After Hours Fee and, 3. On Site Fee.

      Answer: This information should be accounted for in the pricing for the Drug Screening on the Proposal Form.

   A. Question: Who is the current provider?

      Answer: We currently do not have a contract in place at this time.

   B. Question: What is the current pricing?

      Answer: We currently do not have a contract in place at this time. Please see the attached previous Contract Bid Form.

   C. Question: What are the current collection sites? Has there been any issues with them?

      Answer: Talent Management Training Center, Rockdale County Sheriff’s Office and Rockdale County Fire Rescue Training Annex.

   D. Question: With the minimum of 30 onsite tests per month, are they done all together on one day or small batches over multiple days? If smaller batches, what is the smallest expected batch?

      Answer: Over multiple days with a minimum of 10 for the batch.

   E. Question: Would financial information fall under the realm of “trade secret” protected documents?

      Answer: Yes.
F. **Question:** In regard to RFP No. 20-08, the FMCSA random rate for 2020 is 50%. Per the RFP random rate is only 25% that will be tested. Will you be following the 50% mandated by FMCSA?

**Answer:** Yes, we will. See new language below.

*There will be a minimum of 30 tests a month (360) total. Each Vendor will test on site for random screens and reasonable suspicion tests during BOC business hours or after hours for RCSO evening shift. The FMCSA annual rate for drug testing must be 50% and the rate for alcohol testing must be 10%, based on the average number of driver positions. All vendors should have a Medical Review Officer who can confirm the results of all tests and any submitted appeal tests. All vendors must be capable of submitting Monthly invoices for services rendered.*

2. All other conditions remain in full force and effect.

3. If a Bid has been submitted and anything in this Addendum causes the bidder to change the item offered or to increase or decrease the Bid price, the new price and/or changes will be inserted below:

4. All bidders under this Request for Proposal are kindly requested to acknowledge receipt of this Addendum on page 14 of the Proposal Form.

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_Tina Malone_

Tina Malone, CPPB CPPO
Procurement Officer
Department of Finance, Purchasing Division
ROUTE SLIP FOR CONTRACTS, AGREEMENTS, AND MOU’S
FOR PURCHASING USE ONLY

Tracking#:
Contract# 2016-105
Actual BOC Date:

FOR USE BY THE USER DEPARTMENT

Department: Human Resources
Contact Name & Extension: Darryl V. Bowie 7572
Project Title and Brief Summary: Drug Testing Program
Term of Contract and/or Project:
Vendor Name: Lab Tests To Go
Address/Phone#:
Contract $ Unit Price
Funding Source and Account Number #:
Priority: NEXTBOCMTG / 50 / 90 (Choose One) Comments/Justify NEXTBOCMTG:
Director/Elected Official Signature: __________________________ Date: 6/15/2016

FOR USE BY PURCHASING AND CONTRACTING DIVISION OF FINANCE

Date and Time Received: 6/11/16 9:32
Date and Time: 7/13/16
☐ ITB ☐ RFP ☐ Agreement/Contract ☐ Change Order No ☐ GSA/SWC
☐ Approved Sole Source ☐ Other (specify):
Projected BOC Meeting Date:
Comments/Notes: Bid # 15-19
Procurement Officer Signature: __________________________

FOR USE BY THE DIRECTOR OR FINANCE

Date and Time Received: 7/13/16
Date and Time Out: 7/22/16
Funding Source: GF - 2017
Budget Amount: 0 - 2016
Finance Officer Signature: __________________________

FOR USE BY COUNTY ATTORNEY

Date and Time Received: 7/13/16
☐ Returned to Purchasing with comments
Date and Time Out:
Comments:

☐ Received from reroute (if applicable):
☐ Approved as to form and Returned to Purchasing Date and Time In:
County Attorney Signature: __________________________
Date and Time Out: 7/21/16

FOR USE BY THE CHIEF OF STAFF

Date and Time Received: 9/16/16 2:19 pm
Date and Time Out:
☐ Approved for Agenda Placement and Forwarded to County Clerk
Comments/Notes
Chief of Staff Signature: __________________________
Agenda Date:

Route Slip Form No. 1 2/20/2014
PART I: Bid Summary  Complete the information below.

### PRICE SCHEDULE

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES OR SERVICES</th>
<th>ESTIMATED NUMBER OF UNITS</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>OCCUPATIONAL TESTING</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Drug Screening, 5-Panel, in accordance with enclosed Minimum Specifications and Notes to Suppliers.</td>
<td>25</td>
<td>Per Screen Price</td>
<td>38</td>
<td>950</td>
</tr>
<tr>
<td>2.</td>
<td>Drug Screening, 6-Panel, in accordance with enclosed Minimum Specifications and Notes to Suppliers.</td>
<td>375</td>
<td>Per Screen Price</td>
<td>39.50</td>
<td>14,812.50</td>
</tr>
<tr>
<td>3.</td>
<td>Drug Screening, 9 Panel, in accordance with enclosed Minimum Specifications and Notes to Suppliers.</td>
<td>25</td>
<td>Per Screen Price</td>
<td>39.75</td>
<td>993.75</td>
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</table>

**NOTES TO SUPPLIER:**

**NOTE 1:** FOR ITEMS NO 1, 2, AND 3:
Drug Screening, in accordance with attached Minimum Specifications and other requirements: (Bidder note that the number of screenings may vary during a given month and that the total for a year may vary. Bidder's "Unit Price" figure here shall include each Screening and all costs of preparing and submitting individual Screening Report on a "per person" basis. If number of Screenings during the contract period is smaller or greater than the estimated "Total", the "Unit Price" shall govern invoice costs to the County):

**NOTE 2:** for Item Nos.: 1, 2 AND 3: Estimated Screens: Approximately 425.

**NOTE 3 for Item No. 1:** Substances to be tested must include Marijuana, Cocaine, Opiates, Phencyclidine, and Amphetamines.

**NOTE 4 for Item No. 2:** Substances to be tested must include Marijuana, Cocaine, Opiates, Phencyclidine, Amphetamines, and Barbiturates.

**NOTE 5 for Item No. 3:** Substances to be tested must include Marijuana, Cocaine, Opiates, Phencyclidine, Amphetamines, Barbiturates, Benzodiazepines, Methadone, and Propoxyphene.

**NOTE 6—Accreditation Requirements:** Bidder must submit with bid a copy of all Accreditations Required (see Minimum Specifications on Page 15).

("Price Schedule" continued next page.)
# PRICE SCHEDULE

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<tr>
<th>ITEM NO.</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>CLINICAL TESTING</strong></td>
<td></td>
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<tr>
<td>4.</td>
<td>Chemistry profile and Hemogram with Platelet count in accordance with enclosed</td>
<td>10</td>
<td>Per Person Price</td>
<td></td>
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<td></td>
<td>Minimum Specifications and Notes to Suppliers.</td>
<td></td>
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<tr>
<td>5.</td>
<td>Lipid profile including Total Cholesterol, Triglycerides, LDL, HDL, and Ratio, in</td>
<td>10</td>
<td>Per Person Price</td>
<td></td>
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<tr>
<td></td>
<td>accordance with enclosed Minimum Specifications and Notes to Suppliers.</td>
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<td></td>
</tr>
<tr>
<td>6.</td>
<td>Serum Lead (Lab Work), accordance with enclosed Minimum Specifications and Notes to</td>
<td>10</td>
<td>Per Person Price</td>
<td></td>
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<td></td>
<td>Suppliers.</td>
<td></td>
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</tr>
<tr>
<td>7.</td>
<td>Hepatitis C (Lab Work), in accordance with enclosed Minimum Specifications and Notes</td>
<td>15</td>
<td>Per Person Price</td>
<td></td>
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<td></td>
<td>to Suppliers.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>IIIV/ELISA Antibodies (Lab Work), in accordance with enclosed Minimum Specifications</td>
<td>15</td>
<td>Per Person Price</td>
<td></td>
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<tr>
<td></td>
<td>and Notes to Suppliers.</td>
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</table>

**NOTES TO SUPPLIER:**

**NOTE 7 for Item No. 4:** Chemistry to include Glucose, Uric Acid, BUN, Creatinine, B/C Ratio, Potassium, Calcium, Phosphorus, Total-Protein, Albumin, Globulin, A/G Ratio, Bilirubin Total, Alkaline Phosphatase, LDH, AST, ALT, and GGT. Hemogram to include WBC, RBC, HGB, HCT, MCV, MCH, MCHC, RDW, Platelet Count, Neutrophils, Lymphocytes, Monocytes, Eosinophils, and Basophils.

**NOTE 8 for Item Nos. 4 through 8:** Lab Work in accordance with attached Minimum Specifications and other requirements: (Bidder note that the number of scans may vary during a given month, and that the total for a year may vary. Bidder’s “Unit Price” figure here shall include each test and all costs of preparing and submitting individual test reports on a “per person” basis. “Unit Price” shall govern Invoice costs to County).

**NOTE 9:** This process must meet all HIPPA rules and regulations.

("Notes to Supplier" continued next page.)
NOTES TO SUPPLIER, (Continued):

NOTE 10 for Item Nos. 4 through 8: Estimated Screens Approximately 60.

NOTE 11: Chemistry profile and Hemogram with Platelet count and differential approximately 10 estimated.

NOTE 12: Lipid profile including Total Cholesterol, Triglycerides, LDL, HDL, and Ratio approximately 10 estimated.

NOTE 13: Serum Lead approximately 10 estimated (upon exposure).

NOTE 14: Hepatitis C approximately 15 estimated (upon exposure).

NOTE 15: HIV 1/ELISA Antibodies approximately 15 estimated (upon exposure).

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</thead>
<tbody>
<tr>
<td>9.</td>
<td>Expert Witness Fees, as per Minimum Specifications, Page 16, Section I, Number 8.</td>
<td>Hour</td>
<td>20</td>
<td>20</td>
</tr>
</tbody>
</table>

PART II: Addenda Acknowledgements (If applicable)
Each vendor is responsible for determining that all addenda issued by the Rockdale County Finance Department have been received before submitting a bid.

Addenda | Date Vendor Received | Initials
---|----------------------|--------
"1" | 9/22/15 | JEB
"2" | 9/28/15 | JEB
"3" |
"4" |
"5" |
"6" |

PART III: Vendor Information:

Vendor Name: Lab Tests To Go LLC
Address: 1427 HWY 135, Suite #1, Conyers, GA. 30013
Telephone: 770-285-6842
E-Mail: Saxy@Lambtests5to5.com
Representative (print name): Joe Saxy
Signature of Representative: [Signature]
Date Submitted: 9/29/15