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**DISTRICT OF COLUMBIA DEPARTMENT OF MENTAL HEALTH  
 CONTRACTS AND PROCUREMENT SERVICES  
 609 H STREET, NE, 4<sup>TH</sup> FLOOR  
 WASHINGTON, DC 20002  
 TELEPHONE: 202 671-3171 ♦ FAX: 202 671-3395**

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September 20, 2012

**DEPARTMENT OF MENTAL HEALTH/  
 REQUEST FOR QUOTATION (RFQ) NUMBER: RM-13-RFO-010-BY4-TLW  
 PHLEBOTOMY, CLINICAL LAB TESTING AND ANALYSIS, REPORTING AND  
 COURIER SERVICES**

**AMENDMENT NUMBER ONE (1)**

**TO ALL PROSPECTIVE OFFERORS:**

Question Number	RFQ Section	Question
Question 1	C.5.4 through C.5.5	How many and what lab test will be performed?
<p><b>DMH RESPONSE: The most commonly ordered tests are routine screening and psychiatric medication levels testing as stated in Section C.5.4 of the solicitation. Listings of all tests allowed under this Contract are stated in Section C.5.5.</b></p> <p>C.5.4 The Contractor shall provide laboratory testing, analysis and reporting on the urine and blood samples collected. The testing shall be performed at a Licensed, DMH approved laboratory. Laboratory tests most commonly ordered are routine screening tests and psychiatric medication levels testing. These include, but are not limited to, electrolytes, liver function tests, CBC lipid panel, thyroid panel or TSH, RPR, HIV, viral hepatitis screen, hgba1c, HCG, urine drug screens, depakote, lithium, tegretol, and clozaril level testing.</p> <p>C.5.5 The Contractor shall provide phlebotomy and testing services in any combination, as required, on each uninsured Consumer, provided that the test appears on the table shown below.</p>		

<input type="checkbox"/> Basic Metab Panel	<input type="checkbox"/> Comprehensive Metab Panel	<input type="checkbox"/> Electrolyte Panel
<input type="checkbox"/> Hepatic Function Panel	<input type="checkbox"/> Lipid Panel	<input type="checkbox"/> Renal Function Panel
<input type="checkbox"/> Acute Hepatitis Panel	<input type="checkbox"/> Free T4	<input type="checkbox"/> RPR
<input type="checkbox"/> Amylase	<input type="checkbox"/> Folate	<input type="checkbox"/> Sed Rate
<input type="checkbox"/> Beta HCG, qual	<input type="checkbox"/> HCG, Quant	<input type="checkbox"/> TIBC
<input type="checkbox"/> CBC w/o differential	<input type="checkbox"/> Hemoglobin A1C	<input type="checkbox"/> Total T4
<input type="checkbox"/> Complete blood count w/ diff	<input type="checkbox"/> Hepatitis B Surface Antigen	<input type="checkbox"/> Total T3
<input type="checkbox"/> Carbamazepine	<input type="checkbox"/> Hepatitis C Virus Ab	<input type="checkbox"/> Thyroid Stimulating Hormone
<input type="checkbox"/> Cholesterol	<input type="checkbox"/> HIV 1 & 2	<input type="checkbox"/> Transferrin
<input type="checkbox"/> Clozaril level	<input type="checkbox"/> Lithium	<input type="checkbox"/> Urinalysis
<input type="checkbox"/> CK total	<input type="checkbox"/> Lipase	<input type="checkbox"/> Urine Drug Screen
<input type="checkbox"/> Cortisol, serum	<input type="checkbox"/> Prostatic Specific Antigen	<input type="checkbox"/> Valproic Acid
<input type="checkbox"/> Ferritin	<input type="checkbox"/> Retic Count	<input type="checkbox"/> Vitamin B12

**\*TESTS NOT SHOWN ON THE CHART ABOVE SHALL BE BILLED AT THE PUBLISHED CASH RATE.**

<b>Question 2</b>	MUST the phlebotomist on site be a resident of DC?
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**DMH RESPONSE:** There is no requirement for the phlebotomist to be a resident of the District of Columbia.

<b>Question 3</b>	Can we have an extension on the response deadline date?
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**DMH RESPONSE: THE CLOSING DATE AND TIME FOR THIS REQUEST FOR QUOTATION HAS BEEN EXTENDED TO FRIDAY, SEPTEMBER 30, 2012 AT 2:00 PM EST.**

**ALL OTHER TERMS AND CONDITIONS OF THE REQUEST FOR QUOTATION SHALL REMAIN UNCHANGED.**

Only one copy of this Amendment is being sent to prospective Offerors. Offerors shall sign below and attach a signed copy of this amendment to each RFQ to be submitted to the place specified for receipt of RFQ. Requests for Quotation shall be mailed or delivered in accordance with the instructions provided in the original RFQ. In the event your RFQ has been previously deposited with the Department of Mental Health, Contracts and Procurement Services (DMH/CPS), submit this signed Amendment in a sealed envelope, identified on the outside by the RFQ number and submission date.

This signed Amendment must be received by the DMH/CPS no later than the date and time for closing, Friday, September 30, 2012 at 2:00 PM EST..

Failure to acknowledge receipt of Amendment One (1) for Solicitation Number **RM-13-RFQ-010-BY4-TLW** may be cause for rejection of any proposal submitted in response to the subject RFQ.

Signed:



Samuel J. Feinberg, CPPC, CPPB  
Director, Contracts and Procurement  
Agency Chief Contracting Officer

Amendment Number One (1) is hereby acknowledged and is considered a part of the proposal for Solicitation Number **RM-13-RFQ-010-BY4-TLW**.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Print or Type Name of Offeror