

COUNTY OF ROCKLAND
Department of General Services
Purchasing Division

Contract Award Notification

Title: **Laboratory Services-Medical Laboratory Testing**

Contract Period: April 1, 2021 through March 31, 2022 w/4-1 year options
Ext through 3/31/23 w/3-1 year options

Original Date of Issue: 03/29/2021

Date of Revision: 2/1/22

BID No: **RFB-RC-2021-002**

Catalog: **Health and Hospitals**

Authorized Users: County Agencies, All Political Subdivisions

Address Inquiries To:

Name: Sabrina Samuels
Title: Purchaser II
Phone: 845-364-3807
Fax: 845-364-3809
E-mail: samuelss@co.rockland.ny.us

Description

This contract is to provide medical laboratory testing services.

Contract #	Vendor Number	Contractor & Address	Telephone No.
BID 21-002	000005888	Lab Corp of America 69 First Avenue Raritan, NJ 08869 Contact: Anna DiGraziano digraza@labcorp.com	908-231-2632 Fax: 908-575-9286

COUNTY OF ROCKLAND
DGS - PURCHASING DEPARTMENT
50 SANATORIUM ROAD
BLDG A, 6TH FLOOR, NY 10970
PHONE: 845-364-3820
FAX: 845-364-3809

LINE NO	TEST DESCRIPTION	Category Code	ANNUAL EST QTY	UNIT	LabCorp Test #	CPT CODE	REFERENCE LAB	UNIT PRICE	EXTENDED PRICE	AWARD
1	ABO Grouping and RH (D) Typing, CPT Code 86900; 86901, Lab Corp Test #006049 or approved equal	94855000251	2	Each	6049	86901	Labcorp	\$ 12.00	\$24.00	Laboratory Corporation of America
2	Acid-fast (Mycobacteria) Smear and Culture with Reflex to Identification, CPT Code 87116; 87206, Lab Corp Test #183753 or approved equal	94855000252	2	Each	183753	87116, 87206	Labcorp	\$ 46.20	\$92.40	Laboratory Corporation of America
3	Aerobic Bacterial Culture, General, CPT Code 87077, Lab Corp Test # 008649 or approved equal	94855000253	35	Each	8649	87077	Labcorp	\$ 11.50	\$402.50	Laboratory Corporation of America
4	Aerobic Identification and Susceptibility, CPT Code 87077, Lab Corp Test #182261 or approved equal	94855000254	1	Each	182261	87077	Labcorp	\$ 16.00	\$16.00	Laboratory Corporation of America
5	Alanine Aminotransferase (ALT/SPGT), CPT Code 84460, Lab Corp Test #001545 or approved equal	94855000255	30	Each	1545	84460	Labcorp	\$ 3.25	\$97.50	Laboratory Corporation of America
6	Albumin, CPT Code 82040, Lab Corp Test #001081 or approved equal	94855000256	2	Each	1081	82040	Labcorp	\$ 3.25	\$6.50	Laboratory Corporation of America
7	Alkaline Phosphatase, CPT Code 84075, Lab Corp Test #001107 or approved equal	94855000257	5	Each	1107	84075	Labcorp	\$ 3.25	\$16.25	Laboratory Corporation of America
8	Amenorrhea Profile, test includes Follicle-stimulating hormone (FSH); luteinizing hormone (LH); prolactin, CPT Code 83001; 83002; 84146, Lab Corp Test #031138 or approved equal	94855000258	2	Each	31138	83001, 83002, 84146	Labcorp	\$ 35.25	\$70.50	Laboratory Corporation of America
9	Amylase, CPT 82150, Lab Corp Test #001396 or approved equal	94855000259	50	Each	1396	82150	Labcorp	\$ 4.25	\$212.50	Laboratory Corporation of America
10	Anaerobic and Aerobic Culture, CPT Code 87070; 87075, Lab Corp Test #008003 or approved equal	94855000260	60	Each	8003	87070; 87075	Labcorp	\$ 38.50	\$2,310.00	Laboratory Corporation of America
11	Antinuclear Antibodies (ANA) Direct, CPT Code 86038, Lab Corp Test #164855 or approved equal	94855000261	5	Each	164855	86038	Labcorp	\$ 7.00	\$35.00	Laboratory Corporation of America
12	Aspartate Aminotransferase, (AST/SGOT), CPT Code 84450, Lab Corp Test #001123 or approved equal	94855000262	30	Each	1123	84450	Labcorp	\$ 3.25	\$97.50	Laboratory Corporation of America

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LINE NO	TEST DESCRIPTION	Category Code	ANNUAL EST QTY	UNIT	LabCorp Test #	CPT CODE	REFERENCE LAB	UNIT PRICE	EXTENDED PRICE	AWARD
13	Bacterial Vaginosis and Candida, NAA, Nuswab, CPT Code 87798 (x3); 87801, Lab Corp Test #180043 or approved equal	94855000263	1	Each	180043	87798(x3) 87801	Labcorp	\$ 189.00	\$189.00	Laboratory Corporation of America
14	Beta-Hemolytic Streptococcus Culture, Group A only, CPT Code 87081, Lab Corp Test #008169 or approved equal	94855000264	25	Each	8169	87081	Labcorp	\$ 5.50	\$137.50	Laboratory Corporation of America
15	Bilirubin, Total, CPT Code 82247, Lab Corp Test #001099 or approved equal	94855000265	2	Each	1099	82247	Labcorp	\$ 3.25	\$6.50	Laboratory Corporation of America
16	Bilirubin, Total and Direct, CPT Code 82247; 82248, Lab Corp Test #001214 or approved equal	94855000266	2	Each	1214	82247; 82248	Labcorp	\$ 3.25	\$6.50	Laboratory Corporation of America
17	Blood Culture, Routine, CPT Code 87040, Lab Corp Test #008300 or approved equal	94855000267	15	Each	8300	87040	Labcorp	\$ 31.00	\$465.00	Laboratory Corporation of America
18	Body Fluid Culture, Sterile, Routine, CPT Code 87070, Lab Corp 180802 or approved equal	94855000268	5	Each	180802	87070	Labcorp	\$ 16.00	\$80.00	Laboratory Corporation of America
19	Cancer Antigen (CA) 125, CPT Code 86304, Lab Corp Test #002303 or approved equal	94855000269	1	Each	2303	86304	Labcorp	\$ 16.50	\$16.50	Laboratory Corporation of America
20	Carbamazepine (Tegretol), CPT Code 80156, Lab Corp Test #007419 or approved equal	94855000270	1	Each	7419	80156	Labcorp	\$ 12.00	\$12.00	Laboratory Corporation of America
21	Carcinoembryonic Antigen (CEA), CPT Code 83278, Lab Corp Test #002139 or approved equal	94855000271	1	Each	2139	83278	Labcorp	\$ 12.00	\$12.00	Laboratory Corporation of America
22	CD4:CD8 Ratio Profile, CPT Code 86360, Lab Corp Test #505271 or approved equal	94855000272	1	Each	505271	86360	Labcorp	\$ 50.00	\$50.00	Laboratory Corporation of America
23	Cholesterol, Total, CPT Code 82465, Lab Corp Test #001065 or approved equal	94855000276	5	Each	1065	82465	Labcorp	\$ 3.25	\$16.25	Laboratory Corporation of America
24	Clozapine, CPT Code 80159, Lab Corp Test #706440 or approved equal	94855000277	2	Each	706440	80159	Labcorp	\$ 35.00	\$70.00	Laboratory Corporation of America
25	Complete Blood Count, CBC with Differential, CPT Code 85025, Lab Corp Test #005009 or approved equal	94855000278	1000	Each	5009	85025	Labcorp	\$ 3.57	\$3,570.00	Laboratory Corporation of America
26	Complete Blood Count, CBC without Differential, CPT Code 85027, Lab Corp Test #028142 or approved equal	94855000279	10	Each	28142	85027	Labcorp	\$ 3.25	\$32.50	Laboratory Corporation of America

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LINE NO	TEST DESCRIPTION	Category Code	ANNUAL EST QTY	UNIT	LabCorp Test #	CPT CODE	REFERENCE LAB	UNIT PRICE	EXTENDED PRICE	AWARD
27	C-Reactive Protein, (CRP), High Sensitivity (Cardiac Risk Assessment), CPT Code 86141, Lab Corp Test #120766 or approved equal	94855000280	25	Each	120766	86141	Labcorp	\$ 12.00	\$300.00	Laboratory Corporation of America
28	C-Reactive Protein (CRP), Quantitative, CPT Code 86140, Lab Corp Test #006627 or approved equal	94855000281	100	Each	6627	86140	Labcorp	\$ 6.00	\$600.00	Laboratory Corporation of America
29	Creatine Kinase (CK), Total, CPT Code 82550, Lab Corp Test #001362 or approved equal	94855000282	45	Each	1362	82550	Labcorp	\$ 3.25	\$146.25	Laboratory Corporation of America
30	Creatinine, CPT Code 82565, Lab Corp Test #001370 or approved equal	94855000283	30	Each	1370	82565	Labcorp	\$ 3.25	\$97.50	Laboratory Corporation of America
31	Creatinine, 24-Hour , CPT Code 82570, Lab Corp Test #003012 or approved equal	94855000284	5	Each	3012	82570	Labcorp	\$ 5.04	\$25.20	Laboratory Corporation of America
32	Cystatin C, CPT Code 82610, Lab Corp Test #121251 or approved equal	94855000285	1	Each	121251	82610	Labcorp	\$ 47.25	\$47.25	Laboratory Corporation of America
33	D-Dimer, CPT Code 85379, Lab Corp Test #115188 or approved equal	94855000286	1	Each	115188	85379	Labcorp	\$ 26.00	\$26.00	Laboratory Corporation of America
34	Digoxin, CPT Code 80162, Lab Corp Test #007385 or approved equal	94855000287	5	Each	7385	80162	Labcorp	\$ 7.00	\$35.00	Laboratory Corporation of America
35	Electrolyte Panel, CPT Code 80051, Lab Corp Test #303754 or approved equal	94855000288	5	Each	303754	80051	Labcorp	\$ 3.75	\$18.75	Laboratory Corporation of America
36	Eosinophil Count, CPT Code 85048, Lab Corp Test #005298 or approved equal	94855000289	1	Each	5298	85048	Labcorp	\$ 4.00	\$4.00	Laboratory Corporation of America
37	Eosinophil, Urine, CPT Code 87205, Lab Corp Test #115055 or approved equal	94855000290	2	Each	115055	87205	Labcorp	\$ 18.00	\$36.00	Laboratory Corporation of America
38	Epstein-Barr Virus (EBV) Antibodies to Viral Capsid Antigen (VCA), IgG, CPT Code 86665, Lab Corp Test #096230 or approved equal	94855000291	5	Each	96230	86665	Labcorp	\$ 15.00	\$75.00	Laboratory Corporation of America
39	Epstein-Barr Virus (EBV) Antibodies to Viral Capsid Antigen (VCA), IgM, CPT Code 86665, Lab Corp Test #096735 or approved equal	94855000292	5	Each	96735	86665	Labcorp	\$ 15.00	\$75.00	Laboratory Corporation of America

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40	Epstein-Barr Virus (EBV), Nuclear Antigen Antibodies. IgG, CPT Code 86664, Lab Corp Test #010272 or approved equal	94855000293	5	Each	10272	86664	Labcorp	\$ 16.00	\$80.00	Laboratory Corporation of America
41	Estradiol, CPT Code 82670, Lab Corp Test #004515 or approved equal	94855000294	5	Each	4515	82670	Labcorp	\$ 21.50	\$107.50	Laboratory Corporation of America
42	Ferritin, CPT Code 82728, Lab Corp Test #004598 or approved equal	94855000295	25	Each	4598	82728	Labcorp	\$ 6.75	\$168.75	Laboratory Corporation of America
43	Follicle Stimulating Hormone (FSH) CPT Code 83001, Lab Corp Test #004309 or approved equal	94855000296	10	Each	4309	83001	Labcorp	\$ 11.25	\$112.50	Laboratory Corporation of America
44	Follicle-stimulating Hormone (FSH) and Luteinizing Hormone (LH), CPT Code 83001; 83002, Lab Corp Test #028480 or approved equal	94855000297	125	Each	28480	83001; 83002	Labcorp	\$ 22.50	\$2,812.50	Laboratory Corporation of America
45	Fungus (Mycology) Culture, CPT Code 87101, Lab Corp Test #008482 or approved equal	94855000298	2	Each	8482	87101	Labcorp	\$ 15.25	\$30.50	Laboratory Corporation of America
46	Fungus Culture with Stain, CPT Code 87101; 87206, Lab Corp Test #188243 or approved equal	94855000299	2	Each	188243	87101; 87206	Labcorp	\$ 28.50	\$57.00	Laboratory Corporation of America
47	Fungus Stain, CPT Code 87206, Lab Corp Test #008136 or approved equal	94855000300	6	Each	8136	87206	Labcorp	\$ 13.25	\$79.50	Laboratory Corporation of America
48	GC (Neisseria Gonorrhoea Culture Only, CPT Code 87081, Lab Corp Test #008128 or approved equal	94855000301	1	Each	8128	87081	Labcorp	\$ 8.75	\$8.75	Laboratory Corporation of America
49	γ-Glutamyl Transferase (GGT), CPT Code 82977, Lab Corp Test #001958 or approved equal	94855000302	20	Each	1958	82977	Labcorp	\$ 3.25	\$65.00	Laboratory Corporation of America
50	Glucose, Plasma (Fasting Blood Sugar), CPT Code 82947, Lab Corp Test #001818 or approved equal	94855000303	10	Each	1818	82947	Labcorp	\$ 3.25	\$32.50	Laboratory Corporation of America
51	Glucose, Serum, CPT Code 82947, Lab Corp Test #001032 or approved equal	94855000304	50	Each	1032	82947	Labcorp	\$ 3.25	\$162.50	Laboratory Corporation of America
52	Helper T-Lymphocyte Marker CD4, CPT Code 86361, Lab Corp Test #505008 or approved equal	94855000305	2	Each	505008	86361	Labcorp	\$ 30.00	\$60.00	Laboratory Corporation of America
53	Hematocrit, CPT Code 85014, Lab Corp Test #005058 or approved equal	94855000306	5	Each	5058	85014	Labcorp	\$ 3.00	\$15.00	Laboratory Corporation of America

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54	Hemoglobin (Hb), CPT Code 85018, Lab Corp Test #005041 or approved equal	94855000307	10	Each	5041	85018	Labcorp	\$ 3.00	\$30.00	Laboratory Corporation of America
55	Hemoglobin (Hb) A1c, CPT Code 83036, Lab Corp Test #001453 or approved equal	94855000308	250	Each	1453	83036	Labcorp	\$ 4.00	\$1,000.00	Laboratory Corporation of America
56	Hemoglobinopathy Fractionation Profile, CPT Code 83021; 85660, Lab Corp Test #121679 or approved equal	94855000309	2	Each	121679	83021; 85660	Labcorp	\$ 17.25	\$34.50	Laboratory Corporation of America
57	Hepatic Function Panel (7), CPT Code 80076, Lab Corp Test #322755 or approved equal	94855000310	310	Each	322755	80076	Labcorp	\$ 4.00	\$1,240.00	Laboratory Corporation of America
58	Hepatitis A Antibody, IgM, CPT Code 86709, Lab Corp Test #006734 or approved equal	94855000311	5	Each	6734	86709	Labcorp	\$ 9.50	\$47.50	Laboratory Corporation of America
59	Hepatitis A Virus (HAV) Antibody, Total, CPT Code 86708, Lab Corp Test #006726 or approved equal	94855000312	50	Each	6726	86708	Labcorp	\$ 7.00	\$350.00	Laboratory Corporation of America
60	Hepatitis B Core Antibody, Total, CPT Code 86704, Lab Corp Test #006718 or approved equal	94855000313	60	Each	6718	86704	Labcorp	\$ 7.00	\$420.00	Laboratory Corporation of America
61	Hepatitis B Surface Antibody, Qualitative, CPT Code 86706, Lab Corp Test #006395 or approved equal	94855000314	120	Each	6395	86706	Labcorp	\$ 8.00	\$960.00	Laboratory Corporation of America
62	Hepatitis B Surface Antigen, CPT Code 87340, Lab Corp Test #006510 or approved equal	94855000315	550	Each	6510	87340	Labcorp	\$ 9.00	\$4,950.00	Laboratory Corporation of America
63	Hepatitis Be Antigen, CPT Code 87350, Lab Corp Test #006619 or approved equal	94855000316	2	Each	6619	87350	Labcorp	\$ 7.00	\$14.00	Laboratory Corporation of America
64	Hepatitis C, Virus (HCV) Antibody, CPT Code 86803, Lab Corp Test #140659 or approved equal	94855000317	116	Each	140659	86803	Labcorp	\$ 9.00	\$1,044.00	Laboratory Corporation of America
65	Hepatitis C Virus (HCV) Antibody with Reflex for HCV Antibody Verification, CPT Code 86803, Lab Corp Test #144065 or approved equal	94855000318	3	Each	144065	86803	Labcorp	\$ 9.00	\$27.00	Laboratory Corporation of America

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LINE NO	TEST DESCRIPTION	Category Code	ANNUAL EST QTY	UNIT	LabCorp Test #	CPT CODE	REFERENCE LAB	UNIT PRICE	EXTENDED PRICE	AWARD
66	Hepatitis C Virus (HCV) Quantitative, Real-time PCR (Nongraphical) CPT Code 87522, Lab Corp Test #550080 or approved equal	94855000319	3	Each	550080	87522	Labcorp	\$ 129.00	\$387.00	Laboratory Corporation of America
67	Hepatitis Panel, Acute (Hep A Ab, IgM, Hep B Core Ab, IgM, Hep B Surf. Ag, Hep C Ab.), CPT Code 80074, Lab Corp Test #144000 or approved equal	94855000320	15	Each	144000	80074	Labcorp	\$ 36.50	\$547.50	Laboratory Corporation of America
68	Herpes Simplex Virus (HSV) Types 1-/2-Specific Antibodies, IgG, CPT Codes 86695; 86696, Lab Corp Test #164905 or approved equal	94855000321	20	Each	164905	86695; 86696	Labcorp	\$ 36.75	\$735.00	Laboratory Corporation of America
69	Herpes Simplex Virus (HSV) Types 1 and 2 IgM Antibodies, Indirect, CPT Codes 86695; 86696, Lab Corp Test #165180 or approved equal	94855000322	1	Each	165180	86695; 86696	Labcorp	\$ 34.00	\$34.00	Laboratory Corporation of America
70	Human Chorionic Gonadotropin (hCG), Beta-Subunit, Qualitative, CPT Code 84703, Lab Corp Test #004556 or approved equal	94855000323	10	Each	4556	84703	Labcorp	\$ 9.00	\$90.00	Laboratory Corporation of America
71	Human Chorionic Gonadotropin (hCG), Beta-Subunit, Quantitative, CPT Code 84702, Lab Corp Test #004416 or approved equal	94855000324	5	Each	4416	84702	Labcorp	\$ 9.00	\$45.00	Laboratory Corporation of America
72	Human Immunodeficiency Virus 1 (HIV 1) Genosure Prime Plus Trofile, CPT Code 87900; 87901; 87906; 87999, Lab Corp Test #552014 or approved equal	94855000325	2	Each	550504-338	87900; 87901; 87906; 87999	Labcorp	\$ 1,276.00	\$2,552.00	Laboratory Corporation of America
73	Human Immunodeficiency Virus 1 (HIV-1) Quantitative, Real-time PCR (Graphical), CPT Code 87536, Lab Corp Test #550420 or approved equal	94855000326	5	Each	550420	87536	Labcorp	\$ 125.00	\$625.00	Laboratory Corporation of America
74	Human Immunodeficiency Virus 1 (HIV-1), Quantitative, Real-time PCR (Nongraphical), CPT Code 87536, Lab Corp Test #550430 or approved equal	94855000327	2	Each	550430	87536	Labcorp	\$ 105.00	\$210.00	Laboratory Corporation of America

LINE NO	TEST DESCRIPTION	Category Code	ANNUAL EST QTY	UNIT	LabCorp Test #	CPT CODE	REFERENCE LAB	UNIT PRICE	EXTENDED PRICE	AWARD
75	Human Immunodeficiency Virus 1 (HIV-1) Quantitative, RNA (Abbott Realtime), CPT Code 87536, Lab Corp Test #550880 or approved equal	94855000328	2	Each	550880	87536	Labcorp	\$ 106.00	\$212.00	Laboratory Corporation of America
76	Human Immunodeficiency Virus 1/0/2 (HIV-1/0/2) Antigen/Antibody (4th Generation) Preliminary Test with Cascade Reflex to Supplementary Testing, CPT Code 87389, Lab Corp Test #083935 or approved equal	94855000329	125	Each	83935	87389	Labcorp	\$ 20.00	\$2,500.00	Laboratory Corporation of America
77	Influenza A&B, Direct Immunoassay, CPT Code 87804 (x2), Lab Corp Test #186064 or approved equal	94855000330	10	Each	186064	87804(x2)	Labcorp	\$ 41.00	\$410.00	Laboratory Corporation of America
78	Iron, CPT Code 83540, Lab Corp Test #001339 or approved equal	94855000331	5	Each	1339	83540	Labcorp	\$ 3.25	\$16.25	Laboratory Corporation of America
79	Iron, 24 Hr Urine, CPT Code 83540, Lab Corp Test #001339 or approved equal	94855000332	1	Each	1339	83540	Labcorp	\$ 3.25	\$3.25	Laboratory Corporation of America
80	Iron and Total Iron-binding Capacity (TIBC), CPT Code 83540, 83550, Lab Corp Test #001321 or approved equal	94855000333	25	Each	1321	83550	Labcorp	\$ 7.75	\$193.75	Laboratory Corporation of America
81	Lactic Acid Dehydrogenase (LD), CPT Code 83615, Lab Corp Test #001115 or approved equal	94855000334	15	Each	1115	83615	Labcorp	\$ 3.25	\$48.75	Laboratory Corporation of America
82	Levetiracetam, CPT Code 80177, Lab Corp Test #716936 or approved equal	94855000335	1	Each	716936	80177	Labcorp	\$ 35.00	\$35.00	Laboratory Corporation of America
83	Lipase, CPT #83690, Lab Corp Test #001404 or approved equal	94855000336	25	Each	1404	83690	Labcorp	\$ 4.25	\$106.25	Laboratory Corporation of America
84	Lipid Panel, test includes Cholesterol, total; high-density lipoprotein (HDL) cholesterol; low-density lipoprotein (LDL) cholesterol (calculation); triglycerides; very low-density lipoprotein (VLDL) cholesterol (calculation), CPT Code 80061, Lab Corp Test #303756 or approved equal	94855000337	250	Each	303756	80061	Labcorp	\$ 4.50	\$1,125.00	Laboratory Corporation of America

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85	Lipid Panel with LDL:HDL Ratio, CPT Code 80061, Lab Corp Test #235010 or approved equal	94855000338	65	Each	235010	80061	Labcorp	\$ 4.50	\$292.50	Laboratory Corporation of America
86	Lipid Profile with Non-HDL Cholestrol, CPT Code 80061, Lab Corp Test #343925 or approved equal	94855000339	50	Each	343925	80061	Labcorp	\$ 4.50	\$225.00	Laboratory Corporation of America
87	Lipid Panel with Total Cholesterol: HDL Ratio, CPT Code 80061, Lab Corp Test #221010 or approved equal	94855000340	15	Each	221010	80061	Labcorp	\$ 4.50	\$67.50	Laboratory Corporation of America
88	Lithium, Serum, CPT Code 80178, Lab Corp Test #007708 or approved equal	94855000341	40	Each	7708	80178	Labcorp	\$ 6.00	\$240.00	Laboratory Corporation of America
89	Lower Respiratory Culture, CPT Code 87070, Lab Corp Test #180810 or approved equal	94855000342	2	Each	180810	87070	Labcorp	\$ 12.00	\$24.00	Laboratory Corporation of America
90	Luteinizing Hormone (LH), CPT Code 83002, Lab Corp Test #004283 or approved equal	94855000343	2	Each	4283	83002	Labcorp	\$ 11.25	\$22.50	Laboratory Corporation of America
91	Lyme Disease, Antibody with Reflex, CPT Code 86618, Lab Corp Test #160325 or approved equal	94855000344	2	Each	160325	86618	Labcorp	\$ 15.82	\$31.64	Laboratory Corporation of America
92	Magnesium, CPT Code 83735, Lab Corp Test #001537 or approved equal	94855000345	25	Each	1537	83735	Labcorp	\$ 4.50	\$112.50	Laboratory Corporation of America
93	Metabolic Panel (8), Basic, CPT Code 80048, Lab Corp Test #322758 or approved equal	94855000346	110	Each	322758	80048	Labcorp	\$ 4.00	\$440.00	Laboratory Corporation of America
94	Metabolic Panel (14), Comprehensive, CPT Code 80053, Lab Corp Test #322000 or approved equal	94855000347	900	Each	322000	80053	Labcorp	\$ 4.50	\$4,050.00	Laboratory Corporation of America
95	Microalbumin, Random Urine, CPT Code 82043, Lab Corp Test #149997 or approved equal	94855000348	15	Each	149997	82043	Labcorp	\$ 5.50	\$82.50	Laboratory Corporation of America
96	Mumps Antibodies, IgM, CPT Codes 86735, Lab Corp Test #160499 or approved equal	94855000349	2	Each	160499	86735	Labcorp	\$ 32.00	\$64.00	Laboratory Corporation of America
97	Occult Blood, Fecal, Immunoassay, CPT Code 82274, Lab Corp Test #182949 or approved equal	94855000350	57	Each	182949	82274	Labcorp	\$ 25.00	\$1,425.00	Laboratory Corporation of America

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98	Olanzapine, CPT Code 80342, Lab Corp Test #811513 or approved equal	94855000351	2	Each	811513	80342	Labcorp	\$ 50.25	\$100.50	Laboratory Corporation of America
99	Ova and Parasites Examination, CPT Code 87177; 87209, Lab Corp Test #008623 or approved equal	94855000352	1	Each	8623	87177; 87209	Labcorp	\$ 13.25	\$13.25	Laboratory Corporation of America
100	Parathyroid Hormone (PTH), Intact, CPT Code 83970, Lab Corp Test #015610 or approved equal	94855000353	1	Each	15610	83970	Labcorp	\$ 12.50	\$12.50	Laboratory Corporation of America
101	Parathyroid Hormone-related Peptide (PTH-rP) (Endocrine Sciences), CPT Code 82397, Lab Corp Test #503380 or approved equal	94855000354	1	Each	503380	82397	Labcorp	\$ 90.75	\$90.75	Laboratory Corporation of America
102	Parathyroid Hormone (PTH), Plus Calcium, CPT Code 82310; 83970, Lab Corp Test #054601 or approved equal	94855000355	1	Each	54601	82310; 83970	Labcorp	\$ 15.75	\$15.75	Laboratory Corporation of America
103	Partial Thromboplastin Time (PTT), Activated, CPT Code 85730, Lab Corp Test #005207 or approved equal	94855000356	5	Each	5207	85730	Labcorp	\$ 3.25	\$16.25	Laboratory Corporation of America
104	Phenobarbital, Unbound, CPT Code 80184, Lab Corp Test #809166 or approved equal	94855000357	1	Each	809166	80184	Labcorp	\$ 90.00	\$90.00	Laboratory Corporation of America
105	Phenytoin, (Dilantin), CPT Code 80185, Lab Corp Test #007401 or approved equal	94855000358	1	Each	7401	80185	Labcorp	\$ 11.00	\$11.00	Laboratory Corporation of America
106	Phosphorus, CPT Code 84100, Lab Corp Test #001024 or approved equal	94855000359	5	Each	1024	84100	Labcorp	\$ 3.25	\$16.25	Laboratory Corporation of America
107	Potassium, CPT Code 84132, Lab Corp Test #001180 or approved equal	94855000360	2	Each	1180	84132	Labcorp	\$ 3.25	\$6.50	Laboratory Corporation of America
108	Potassium, 24-Hour Urine, CPT Code 84133, Lab Corp Test #003186 or approved equal	94855000361	5	Each	3186	84133	Labcorp	\$ 3.25	\$16.25	Laboratory Corporation of America
109	Pregnancy Test, Urine, CPT Code 81025, Lab Corp Test #04036 or approved equal	94855000362	10	Each	4036	81025	Labcorp	\$ 7.25	\$72.50	Laboratory Corporation of America
110	Progesterone, CPT Code 84144, Lab Corp Test #004317 or approved equal	94855000363	2	Each	4317	84144	Labcorp	\$ 12.00	\$24.00	Laboratory Corporation of America

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DGS - PURCHASING DEPARTMENT
50 SANATORIUM ROAD
BLDG A, 6TH FLOOR, NY 10970
PHONE: 845-364-3820
FAX: 845-364-3809

LINE NO	TEST DESCRIPTION	Category Code	ANNUAL EST QTY	UNIT	LabCorp Test #	CPT CODE	REFERENCE LAB	UNIT PRICE	EXTENDED PRICE	AWARD
111	Prolactin, CPT Code 84146, Lab Corp Test #004465 or approved equal	94855000364	150	Each	4465	84146	Labcorp	\$ 12.75	\$1,912.50	Laboratory Corporation of America
112	Prostate-specific Antigen (PSA), CPT Code 85730, Lab Corp Test #010322 or approved equal	94855000365	75	Each	10322	85730	Labcorp	\$ 8.00	\$600.00	Laboratory Corporation of America
113	Protein and Creatinine, Random Urine, CPT Code 82570; 84156, Lab Corp Test #003129 or approved equal	94855000366	5	Each	3129	82570; 84156	Labcorp	\$ 9.25	\$46.25	Laboratory Corporation of America
114	Protein, Total, CPT Code 84155, Lab Corp Test #001073 or approved equal	94855000367	2	Each	1073	84155	Labcorp	\$ 3.25	\$6.50	Laboratory Corporation of America
115	Protein, Total, Urine, CPT Code 84156, Lab Corp Test #013664 or approved equal	94855000368	10	Each	13664	84156	Labcorp	\$ 4.25	\$42.50	Laboratory Corporation of America
116	Prothrombin Time (PT), CPT Code 85610, Lab Corp Test #005199 or approved equal	94855000369	15	Each	5199	85610	Labcorp	\$ 3.25	\$48.75	Laboratory Corporation of America
117	Prothrombin Time (PT) and Partial Thromboplastin Time (PTT), CPT Code 85610; 85730, Lab Corp Test #020321 or approved equal	94855000370	15	Each	20321	85610; 85730	Labcorp	\$ 6.50	\$97.50	Laboratory Corporation of America
118	QuantIFERON-TB Gold, CPT Code 86480, Lab Corp Test #182873 or approved equal	94855000371	26	Each	182873	86480	Labcorp	\$ 65.00	\$1,690.00	Laboratory Corporation of America
119	Rapid Plasma Reagin (RPR) Qualitative Test, CPT Code 86592, Lab Corp Test #006072 or approved equal	94855000372	1800	Each	6072	86592	Labcorp	\$ 4.00	\$7,200.00	Laboratory Corporation of America
120	Rapid Plasma Reagin (RPR) Test with Reflex to Quantitative RPR and Confirmatory Treponema Pallidum Antibodies, CPT Code 86592, Lab Corp Test #012005 or approved equal	94855000373	1600	Each	12005	86592	Labcorp	\$ 4.00	\$6,400.00	Laboratory Corporation of America
121	Reticulocyte Count, CPT Code 85045, Lab Corp Test #005280 or approved equal	94855000374	10	Each	5280	85045	Labcorp	\$ 6.00	\$60.00	Laboratory Corporation of America
122	RH Typing, CPT Code 86901, Lab Corp Test #006064 or approved equal	94855000375	1	Each	6064	86901	Labcorp	\$ 6.00	\$6.00	Laboratory Corporation of America

LINE NO	TEST DESCRIPTION	Category Code	ANNUAL EST QTY	UNIT	LabCorp Test #	CPT CODE	REFERENCE LAB	UNIT PRICE	EXTENDED PRICE	AWARD
123	Rubella Antibody, IgG, CPT Code 86762, Lab Corp Test #006197 or approved equal	94855000376	500	Each	6197	86762	Labcorp	\$ 7.50	\$3,750.00	Laboratory Corporation of America
124	Rubella Antibody, IgM, CPT Code 86762, Lab Corp Test #096537 or approved equal	94855000377	2	Each	96537	86762	Labcorp	\$ 13.50	\$27.00	Laboratory Corporation of America
125	Sedimentation Rate, Modified Westergren (ESR), CPT Code 85652, Lab Corp Test #005215 or approved equal	94855000378	85	Each	5215	85652	Labcorp	\$ 4.50	\$382.50	Laboratory Corporation of America
126	Sodium, Urine (Random), CPT Code 84300, Lab Corp Test #013326 or approved equal	94855000379	1	Each	13326	84300	Labcorp	\$ 3.25	\$3.25	Laboratory Corporation of America
127	Susceptibility Testing, Aerobic and Facultatively Anaerobic Organisms, CPT Code 87186, Lab Corp Test #008680 or approved equal	94855000380	2	Each	8680	87186	Labcorp	\$ 13.50	\$27.00	Laboratory Corporation of America
128	T3 Uptake, CPT Code 84479, Lab Corp Test #001156 or approved equal	94855000381	5	Each	1156	84479	Labcorp	\$ 3.75	\$18.75	Laboratory Corporation of America
129	Tacrolimus, Immunoassay, CPT Code 80197, Lab Corp Test #711034 or approved equal	94855000382	2	Each	711034	80197	Labcorp	\$ 71.00	\$142.00	Laboratory Corporation of America
130	Testosterone, Total, CPT Code 84403, Lab Corp Test #004226 or approved equal	94855000383	2	Each	4226	84403	Labcorp	\$ 13.50	\$27.00	Laboratory Corporation of America
131	Thyroid Cascade Profile, CPT Code 84443, Lab Corp Test #330015 or approved equal	94855000384	2	Each	330015	84443	Labcorp	\$ 6.00	\$12.00	Laboratory Corporation of America
132	Thyroid Profile, CPT Code: 84436; 84479, Lab Corp Test #000455 or approved equal	94855000385	10	Each	455	84436; 84479	Labcorp	\$ 8.00	\$80.00	Laboratory Corporation of America
133	Thyroid PNL-T3U, T4, T (Thyroid Panel, Thyroxine (T4), T3 Uptake (T3U), TSH), CPT Code 84436, 84443, 84479, Lab Corp Test #000620 or approved equal	94855000386	2	Each	620	84436; 84443; 84479	Labcorp	\$ 14.00	\$28.00	Laboratory Corporation of America
134	Thyroid-stimulating Hormone (TSH), CPT Code 84443, Lab Corp Test #004259 or approved equal	94855000387	350	Each	4259	84443	Labcorp	\$ 6.00	\$2,100.00	Laboratory Corporation of America
135	Thyroxine (T4), CPT Code 84436, Lab Corp Test #001149 or approved equal	94855000388	15	Each	1149	84436	Labcorp	\$ 4.25	\$63.75	Laboratory Corporation of America

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BLDG A, 6TH FLOOR, NY 10970
PHONE: 845-364-3820
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LINE NO	TEST DESCRIPTION	Category Code	ANNUAL EST QTY	UNIT	LabCorp Test #	CPT CODE	REFERENCE LAB	UNIT PRICE	EXTENDED PRICE	AWARD
136	Thyroxine, Free (T4), Free Direct, CPT Code 84439, Lab Corp Test #001974 or approved equal	94855000389	25	Each	1974	84439	Labcorp	\$ 7.00	\$175.00	Laboratory Corporation of America
137	Treponema pallidum Antibodies (FTA-ABS), CPT Code 86780, Lab Corp Test #006379 or approved equal	94855000390	15	Each	6379	86780	Labcorp	\$ 11.00	\$165.00	Laboratory Corporation of America
138	Treponema Pallidum (Syphilis) Screening Cascade, CPT Code 86780, Lab Corp Test #082345 or approved equal	94855000391	2	Each	82345	86780	Labcorp	\$ 11.00	\$22.00	Laboratory Corporation of America
139	Triiodothyronine, (T3, Total), CPT Code 84480, Lab Corp Test #002188 or approved equal	94855000392	10	Each	2188	84480	Labcorp	\$ 12.00	\$120.00	Laboratory Corporation of America
140	Troponin I, CPT Code 84484, Lab Corp Test #120832 or approved equal	94855000393	2	Each	120832	84484	Labcorp	\$ 25.00	\$50.00	Laboratory Corporation of America
141	Upper Respiratory culture, Routine, CPT Code 87070, Lab Corp Test #008342 or approved equal	94855000394	15	Each	8342	87070	Labcorp	\$ 8.50	\$127.50	Laboratory Corporation of America
142	Urea Nitrogen (BUN), CPT Code 84520, Lab Corp Test #001040 or approved equal	94855000395	25	Each	1040	84520	Labcorp	\$ 3.25	\$81.25	Laboratory Corporation of America
143	Uric Acid, CPT Code 84550, Lab Corp Test #001057 or approved equal	94855000396	25	Each	1057	84550	Labcorp	\$ 3.25	\$81.25	Laboratory Corporation of America
144	Urinalysis, Complete with Microscopic Examination, CPT Code 81001, Lab Corp Test #003772 or approved equal	94855000397	13	Each	3772	81001	Labcorp	\$ 3.75	\$48.75	Laboratory Corporation of America
145	Urinalysis, Routine with Microscopic Examination on Positives, CPT Code 81003, Lab Corp Test #003038 or approved equal	94855000398	600	Each	3038	81003	Labcorp	\$ 3.25	\$1,950.00	Laboratory Corporation of America
146	Urinalysis, Complete with Microscopic Examination with Reflex to Urine Culture, Routine, CPT Code 81001, Lab Corp Test #377036 or approved equal	94855000399	2	Each	377036	81001	Labcorp	\$ 3.75	\$7.50	Laboratory Corporation of America
147	Urine Culture, Comprehensive, CPT Code 87086, Lab Corp Test #008086 or approved equal	94855000400	5	Each	8086	87086	Labcorp	\$ 15.00	\$75.00	Laboratory Corporation of America

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50 SANATORIUM ROAD
BLDG A, 6TH FLOOR, NY 10970
PHONE: 845-364-3820
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LINE NO	TEST DESCRIPTION	Category Code	ANNUAL EST QTY	UNIT	LabCorp Test #	CPT CODE	REFERENCE LAB	UNIT PRICE	EXTENDED PRICE	AWARD
148	Urine Culture, Routine, CPT Code 87086, Lab Corp Test #008847 or approved equal	94855000401	300	Each	8847	87086	Labcorp	\$ 8.00	\$2,400.00	Laboratory Corporation of America
149	Valproic Acid (Depakote), CPT Code 80164, Lab Corp Test #007260 or approved equal	94855000402	20	Each	7260	80164	Labcorp	\$ 12.00	\$240.00	Laboratory Corporation of America
150	Varicella Zoster Virus (VZV) Antibodies, Quantitative, IgM, CPT Code 86787, Lab Corp Test #096776 or approved equal	94855000403	2	Each	96776	86787	Labcorp	\$ 18.00	\$36.00	Laboratory Corporation of America
151	VDRL Cerebrospinal Fluid (CSF), CPT Code 86592, Lab Corp Test #006445 or approved equal	94855000404	2	Each	6445	86592	Labcorp	\$ 6.25	\$12.50	Laboratory Corporation of America
152	Vitamin B6, Plasma, CPT Code 84207, Lab Corp Test #004655 or approved equal	94855000405	2	Each	4655	84207	Labcorp	\$ 25.00	\$50.00	Laboratory Corporation of America
153	Viral Culture, General, CPT Code 87252, Lab Corp Test #00853 or approved equal	94855000406	5	Each	8573	87252	Labcorp	\$ 80.00	\$400.00	Laboratory Corporation of America
154	Vitamin B12 and Folates, CPT Code 82607; 82746, Lab Corp Test #000810 or approved equal	94855000407	10	Each	810	82607; 82746	Labcorp	\$ 16.50	\$165.00	Laboratory Corporation of America
155	Vitamin D, 25-Hydroxycalciferol, CPT Code 82306, Lab Corp Test #081950 or approved equal	94855000408	20	Each	81950	82306	Labcorp	\$ 23.00	\$460.00	Laboratory Corporation of America
156	Zonisamide, CPT Code 808203, Lab Corp Test #007915 or approved equal	94855000409	1	Each	7915	80203	Labcorp	\$ 50.00	\$50.00	Laboratory Corporation of America
157	Custom Panel, Lab Corp Test #305479 (LP+GLU) or approved equal	94855000413	2	Each	305479	80061; 82947	Labcorp	\$ 10.85	\$21.70	Laboratory Corporation of America
158	Sterile Body Fluid Culture and Gram Stain Lab Corp Test #188284, or approved equal	94855000414	15	Each	188284	87205; 87070	Labcorp	\$ 17.78	\$266.70	Laboratory Corporation of America
159	CBC/DIFF Ambiguous Default, Lab Corp Test #977709, or approved equal	94855000415	2	Each	977709	85025	Labcorp	\$ 3.57	\$7.14	Laboratory Corporation of America
160	Custom Panel, Lab Corp Test #257113 (HP5 + HAVIgM + HBcglm + HBeAb + Ag), or approved equal	94855000416	2	Each	257113	80074, 87350, 86707, 86708, 86704, 86706	Labcorp	\$ 98.73	\$197.46	Laboratory Corporation of America
161	Custom Panel Lab Corp Test #332200 (ANCA + MPO + PR-3 +Sac (IgG/A), or approved equal	94855000417	2	Each	332200	86256 (x3), 86671 (x2), 83520 (x2)	Labcorp	\$ 230.00	\$460.00	Laboratory Corporation of America

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BLDG A, 6TH FLOOR, NY 10970
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LINE NO	TEST DESCRIPTION	Category Code	ANNUAL EST QTY	UNIT	LabCorp Test #	CPT CODE	REFERENCE LAB	UNIT PRICE	EXTENDED PRICE	AWARD
162	Sensitivity Organism 1, Lab Corp Test S00001, or approved equal	94855000418	135	Each	S00001	87186	Labcorp	\$ 9.80	\$1,323.00	Laboratory Corporation of America
163	HIV 1/2 AB Diff Lab Corp Test #083940, or approved equal	9485500419	35	Each	83940	86701, 86702	Labcorp	\$ 84.00	\$2,940.00	Laboratory Corporation of America
164	Bun + Creat, CPT Code 84520; 82565, Lab Corp Test #024778 or approved equal	94855000420	2	Each	24778	84520; 82565	Labcorp	\$ 3.85	\$7.70	Laboratory Corporation of America
165	CMP14 + LP , CPT Code 80053; 80061, Lab Corp Test #313174 or approved equal	9455000421	2	Each	313174	80053; 80061	Labcorp	\$ 11.76	\$23.52	Laboratory Corporation of America
166	RPR, Lab Corp Test # 006099, or approved equal	94855000422	2	Each	6099	86592	Labcorp	\$ 3.85	\$7.70	Laboratory Corporation of America
167	Concentration, Lab Corp Test # 183156, or approved equal	94855000423	2	Each	183156	87015	Labcorp	\$ 11.00	\$22.00	Laboratory Corporation of America
168	RPR with Reflex to Quant RPR and Confirm (Qn + tp Abs) Lab Corp Test # 012021, or approved equal	94855000424	35	Each	12021	86593; 86780	Labcorp	\$ 12.32	\$431.20	Laboratory Corporation of America
169	Custom Panel Lab Corp Test #375268 (AIB + AST + Fe+ Prot + PT + Pft) or approved equal	94855000425	2	Each	375268	85049, 85610, 84155, 82040, 84450, 83540	Labcorp	\$ 11.62	\$23.24	Laboratory Corporation of America
170	Custom Panel Lab Corp Test # 333126 (CMP14 + LP + 1AC), or approved equal	94855000426	2	Each	333126	80053, 80061, 82248	Labcorp	\$ 9.90	\$19.80	Laboratory Corporation of America
171	Occult Blood, Gastric Fluid, Lab Corp # 182196, or approved equal	94855000427	2	Each	182196	82271	Labcorp	\$ 15.00	\$30.00	Laboratory Corporation of America
172	Custom Panel, Lab Corp #318877 (CMP14 + LP + CBC/D/Pft), or approved equal	94855000428	2	Each	318877	80053, 80061, 84443, 84436, 84479, 85025	Labcorp	\$ 30.90	\$61.80	Laboratory Corporation of America
173	Custom Panel, Lab Corp Test # 005322 (Rh + ABO + Ab +Scr), or approved equal	94855000429	2	Each	5322	86850, 86900, 86901	Labcorp	\$ 12.65	\$25.30	Laboratory Corporation of America
174	Custom Panel, Lab Corp Test #221085 (Rh + ABO + Ab + Scr), or approved equal	94855000430	2	Each	221085	86644, 86645	Labcorp	\$ 40.00	\$80.00	Laboratory Corporation of America
175	Custom Panel, Lab Corp #318877 (CMP14 + LP + TP + TSH +CBC/D/Pft) or approved equal	94855000431	2	Each	318877	80053, 80061, 84443, 84436, 84479, 85025	Labcorp	\$ 30.90	\$61.80	Laboratory Corporation of America
176	Rheumatoid Arthritis (RA) Factor, CPT Code 86431, Lab Corp #006502 or approved equal	94855000432	10	Each	6502	86431	Labcorp	\$ 4.69	\$46.90	Laboratory Corporation of America
177	Toxoplasma gondii Antibodies, IgG QN, CPT Code 86777, LabCorp #006478 or approved equal	94855000433	2	Each	6478	86777	Labcorp	\$ 25.00	\$50.00	Laboratory Corporation of America
178	Toxoplasma gondii Antibodies, IgM, Qn, CPT Code 86778, Lab Corp #096651 or approved equal	94855000434	2	Each	96651	86778	Labcorp	\$ 25.00	\$50.00	Laboratory Corporation of America

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BLDG A, 6TH FLOOR, NY 10970
PHONE: 845-364-3820
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LINE NO	TEST DESCRIPTION	Category Code	ANNUAL EST QTY	UNIT	LabCorp Test #	CPT CODE	REFERENCE LAB	UNIT PRICE	EXTENDED PRICE	AWARD
179	Triiodothyronine (T3) Free, CPT 84481, Lab Corp #010389 or approved equal	94855000435	5	Each	10389	84481	Labcorp	\$ 25.48	\$127.40	Laboratory Corporation of America
180	Stool Culture, CPT Code 87045; 87046; 87427, Lab Corp #008144 or approved equal	94855000436	2	Each	8144	87045; 87046; 87427	Labcorp	\$ 26.60	\$53.20	Laboratory Corporation of America
181	Sodium, CPT Code 84295, Lab Corp #001198 or approved equal	94855000437	2	Each	1198	84295	Labcorp	\$ 3.78	\$7.56	Laboratory Corporation of America
182	Hepatitis Profile VII (HBV/HVC) CPT Code 86704; 86705; 86706; 86707; 86803; 87340; 87350, Lab Corp #255505 or approved equal	94855000438	2	Each	255505	86704; 86705; 86706; 86707; 86803; 87340; 87350	Labcorp	\$ 77.84	\$155.68	Laboratory Corporation of America
183	Varicella Zoster Virus (VZV) Antibodies, IgG, CPT Code 86787, Lab Corp #096206 or approved equal	94855000439	2	Each	96206	86787	Labcorp	\$ 12.39	\$24.78	Laboratory Corporation of America
184	Measles, Mumps, Rubella (MMR) Immunity Profile, CPT Code 86735; 86762, 86765 Lab Corp #058495 or approved equal	94855000440	5	Each	58495	86735; 86762; 86765	Labcorp	\$ 30.42	\$152.10	Laboratory Corporation of America
185	Prostate- Specific Antigen (PSA), Rec: Total Ratio (PSA TOTAL + 5 Free), CPT Code 84153, Lab Corp #480772 or approved equal	94855000441	5	Each	480772	84153	Labcorp	\$ 21.35	\$106.75	Laboratory Corporation of America
186	Scabies Examination, CPT Code 87169 Lab Corp #188615 or approved equal	94855000442	2	Each	188615	87169	Labcorp	\$ 6.93	\$13.86	Laboratory Corporation of America
187	Immunoglobulins, Quantitatives, IgA, IgE, IgG, IgM, CPT Code 82784, 82785 Lab Corp #002295 or approved equal	94855000443	2	Each	2295	82784; 82785	Labcorp	\$ 31.22	\$62.44	Laboratory Corporation of America
188	Immunoglobulin A, Quantitative, CPT Code 82784, Lab Corp # 001784 or approved equal	94855000444	2	Each	1784	82784	Labcorp	\$ 6.62	\$13.24	Laboratory Corporation of America
189	Immunoglobulin E, Total, CPT Code 82785, Labcorp #002170 or approved equal	94855000445	2	Each	2170	82785	Labcorp	\$ 11.36	\$22.72	Laboratory Corporation of America
190	Immunoglobulin G, Quantitative, CPT Code 82784, Lab Corp # 001776 or approved equal	94855000446	2	Each	1776	82784	Labcorp	\$ 6.62	\$13.24	Laboratory Corporation of America
191	Immunoglobulin M, Quantitative, CPT Code 82784 Lab Corp # 001792 or approved equal	94855000447	2	Each	1792	82784	Labcorp	\$ 6.62	\$13.24	Laboratory Corporation of America
192	Allergen Profile, Food-Basic, CPT Code 86003, LabCorp #648014 or approved equal	94855000448	2	Each	8014	86003 (x6)	Labcorp	\$ 26.00	\$52.00	Laboratory Corporation of America
193	Allergen, Zone 1, Lab Corp Test # 676510, or approved equal	94855000449	2	Each	676510	86003 (x29)	Labcorp	\$ 123.00	\$246.00	Laboratory Corporation of America

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DGS - PURCHASING DEPARTMENT
50 SANATORIUM ROAD
BLDG A, 6TH FLOOR, NY 10970
PHONE: 845-364-3820
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LINE NO	TEST DESCRIPTION	Category Code	ANNUAL EST QTY	UNIT	LabCorp Test #	CPT CODE	REFERENCE LAB	UNIT PRICE	EXTENDED PRICE	AWARD
194	25-Hydroxy Vitamin D LCMS (D2 + D3 Fractioned) LC/ MS-MS, CPT Code 82306 Lab Corp # 504115 or approved equal	94855000450	5	Each	504115	82306	Labcorp	\$ 55.00	\$275.00	Laboratory Corporation of America
195	Influenza A and B Antibodies, Quantitative, CPT Code 86710 Lab Corp # 096487 or approved equal	94855000451	10	Each	96487	86710	Labcorp	\$ 21.35	\$213.50	Laboratory Corporation of America
196	Custom Panel (RuBAb+VarAb+RubeoAb+MumIg G), Lab Corp #23766, or approved equal	94855000452	2	Each	58495 & 96206	86735, 86762, 86765	Labcorp	\$ 42.81	\$85.62	Laboratory Corporation of America
197	Thyroglobulin Antibody, CPT Code 86800, Lab Corp # 006685 or approved equal	94855000453	2	Each	6685	86787	Labcorp	\$ 11.83	\$23.66	Laboratory Corporation of America
198	Thyroid Antibody, CPT Code 86800, Lab Corp # 006684 or approved equal	94855000454	5	Each	6684	86800	Labcorp	\$ 23.17	\$115.85	Laboratory Corporation of America
199	Cryptococcus Antigen, CPT Code 87899, Lab Corp #183025 or approved equal	94855000455	2	Each	183025	87899	Labcorp	\$ 40.00	\$80.00	Laboratory Corporation of America
200	Cryptococcus Antigen Titer (Reflex Test), Lab Corp #183036, or approved equal	94855000456	2	Each	183036	87899	Labcorp	\$ 40.00	\$80.00	Laboratory Corporation of America
201	Custom Panel: Hemoglobin (HGB) and Hematocrit (HCT), Lab Corp # 31088, or approved equal	94855000457	5	Each	31088	85014, 85018	Labcorp	\$ 3.47	\$17.35	Laboratory Corporation of America
202	Mononucleosis Test, Quantitative, CPT 86308 Lab Corp # 006189 or approved equal	94855000458	5	Each	6189	86308	Labcorp	\$ 7.12	\$35.60	Laboratory Corporation of America
203	Genital Culture, Routine, CPT Code 87070, Lab Corp #008334 or approved equal	94855000459	5	Each	8334	87070	Labcorp	\$ 9.14	\$45.70	Laboratory Corporation of America
204	Drug Test Urine, Drug Abuse Profile (Routine), Urine (Seven Drug-Bund) MS Confirmation Included, Lab Corp #794388, or approved equal	94855000460	2	Each	794388	80307	Labcorp	\$ 10.22	\$20.44	Laboratory Corporation of America
205	Urine Cytology, CPT Code 88112, Lab Corp #009068 or approved equal	94855000461	2	Each	9068	88112	Labcorp	\$ 78.00	\$156.00	Laboratory Corporation of America
206	Amylase + Lipase Lab Corp 027094, or approved equal	94855000462	2	Each	27094	82150, 83690	Labcorp	\$ 8.50	\$17.00	Laboratory Corporation of America
207	Antinuclear Antibodies (ANA) Multiplex, Reflex to dsDNA if positive, CPT 86038, Labcorp 164863 or approved equal	94855000463	2	Each	164863	86038	Labcorp	\$ 9.70	\$19.40	Laboratory Corporation of America
208	Anti-dsDNA Antibodies, CPT 86225, Lab Corp #096339 or approved equal	94855000464	5	Each	96339	86225	Labcorp	\$ 16.31	\$81.55	Laboratory Corporation of America

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LINE NO	TEST DESCRIPTION	Category Code	ANNUAL EST QTY	UNIT	LabCorp Test #	CPT CODE	REFERENCE LAB	UNIT PRICE	EXTENDED PRICE	AWARD
209	Complement C3, CPT Code 86160, Lab Corp # 006452 or approved equal	94855000465	5	Each	6452	86160	Labcorp	\$ 9.31	\$46.55	Laboratory Corporation of America
210	Complement C4, CPT Code 86160, Lab Corp # 001834 or approved equal	94855000466	5	Each	1834	86160	Labcorp	\$ 9.31	\$46.55	Laboratory Corporation of America
211	Urine Immunofixation, CPT 86335, Lab Corp # 123034 or approved equal	94855000467	2	Each	123034	86335	Labcorp	\$ 23.63	\$47.26	Laboratory Corporation of America
212	Serum Immunofixation, CPT 82784; 86334, Lab Corp # 001685 or approved equal	94855000468	2	Each	1685	82784; 86334	Labcorp	\$ 19.86	\$39.72	Laboratory Corporation of America
213	Urine Protein Electrophoresis, Random Urine, Lab Corp # 354928 CPT Code 84156, 84166, or approved equal	94855000469	2	Each	354928	84156, 84166	Labcorp	\$ 18.60	\$37.20	Laboratory Corporation of America
214	Serum Protein Electrophoresis, LabCorp # 001487 CPT 84155, 84165, or approved equal	94855000470	2	Each	1487	84155, 84165	Labcorp	\$ 9.49	\$18.98	Laboratory Corporation of America
215	Serum Light Chain Protein (Free K + L Lt Chains, Qn, S) Lab Corp # 121137, CPT Code 838833, or approved equal	94855000471	2	Each	121137	838833	Labcorp	\$ 82.00	\$164.00	Laboratory Corporation of America
216	Treponema Pallidum Antibodies Lab Corp # 082370 CPT code 86780, or approved equal	94855000472	20	Each	82370	86780	Labcorp	\$ 12.32	\$246.40	Laboratory Corporation of America
217	Triglycerides, Lab Corp # 001172 CPT Code 84478, or approved equal	94855000473	10	Each	1172	84478	Labcorp	\$ 3.78	\$37.80	Laboratory Corporation of America
218	Calcium, Urine, Lab Corp # 003229 CPT code 82340, or approved equal	94855000474	5	Each	3269	82340	Labcorp	\$ 3.99	\$19.95	Laboratory Corporation of America
219	Citric Acid (Citrate), 24-hour Urine, Lab Corp # 016865, CPT code 82507, or approved equal	94855000475	5	Each	16865	82507	Labcorp	\$ 26.46	\$132.30	Laboratory Corporation of America
220	Cystine, Quantitative, Urine, Lab Corp # 700195 CPT Code 82131, or approved equal	94855000477	2	Each	700195	82131	Labcorp	\$ 65.50	\$131.00	Laboratory Corporation of America
221	Magnesium, Urine, Lab Corp # 003400, CPT Code 83735, or approved equal	94855000478	2	Each	3400	83735	Labcorp	\$ 4.42	\$8.84	Laboratory Corporation of America
222	Phosphorus, 24-Hour Urine, Lab Corp # 003251, CPT Code 84105, or approved equal	94855000479	5	Each	4105	84105	Labcorp	\$ 4.09	\$20.45	Laboratory Corporation of America
223	Protein, Total, Quantitative, 24-Hour Urine, Lab Corp Test # 003277 CPT Code 84105, or approved equal	94855000480	5	Each	3277	84105	Labcorp	\$ 4.09	\$20.45	Laboratory Corporation of America
224	Sodium, 24-Hour Urine, Lab Corp # 003178 CPT Code 84300, or approved equal	94855000481	2	Each	3178	84300	Labcorp	\$ 3.99	\$7.98	Laboratory Corporation of America

COUNTY OF ROCKLAND
DGS - PURCHASING DEPARTMENT
50 SANATORIUM ROAD
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LINE NO	TEST DESCRIPTION	Category Code	ANNUAL EST QTY	UNIT	LabCorp Test #	CPT CODE	REFERENCE LAB	UNIT PRICE	EXTENDED PRICE	AWARD
225	Urea Nitrogen, 24-Hour Urine, Lab Corp # 003541, CPT 84540, or approved equal	94855000482	5	Each	3541	84540	Labcorp	\$ 4.09	\$20.45	Laboratory Corporation of America
226	Uric Acid, 24-Hour Urine, Lab Corp # 003418 CPT Code 84560, or approved equal	94855000483	2	Each	3418	84560	Labcorp	\$ 4.09	\$8.18	Laboratory Corporation of America
227	Sodium and Potassium Urine Combo Test, Lab Corp # 059980, or approved equal	94855000484	5	Each	59980	84133, 84300	Labcorp	\$ 6.68	\$33.40	Laboratory Corporation of America
228	Aldolase, Lab Corp # 002030 CPT Code 82085, or approved equal	94855000485	2	Each	2030	82085	labcorp	\$ 8.29	\$16.58	Laboratory Corporation of America
229	Ammonia, Lab Corp # 007054, CPT Code 82140, or approved equal	94855000486	2	Each	7054	82140	Labcorp	\$ 13.75	\$27.50	Laboratory Corporation of America
230	Hepatitis Custom Panel: HBsAg (Hep B Surface Antigen), HBs Ab (Hep B Surface Antibody), HBc AB Total (Hep A Antibody Total), HCV Ab (Hep C Antibody) Lab Corp Test #'s 006510, 006395, 006718, 006726, 140659, or approved equal	94855000487	2	Each	\$9.00 6395-\$8.00 6	87340; 86706; 86704, 86708; 86803	Labcorp	\$ 40.00	\$80.00	Laboratory Corporation of America
231	Venipuncture Free, Collected at PSC, or approved equal	94855000488	100	Each	998085	36415	Labcorp	\$ 3.00	\$300.00	Laboratory Corporation of America
232	Chloride, 24-Hour Urine, Lab Corp # 003160 CPT Code 82436, or approved equal	94855000489	2	Each	3160	82436	Labcorp	\$ 3.99	\$7.98	Laboratory Corporation of America
233	Custom Panel: Iron-Test, TIBC Test, Ferritin Test, Lab Corp # 030825, or approved equal	94855000490	5	Each	30825	82728, 83550, 83540	Labcorp	\$ 14.50	\$72.50	Laboratory Corporation of America
234	Human Immunodeficiency Virus 1 (HIV-1) GenoSure Prime, Lab Corp # 551700, including reflex test Genosure Prime, Lab Corp # 551704 or approved equal	94855000491	2	Each	551704	87901, 87906	Labcorp	\$ 531.14	\$1,062.28	Laboratory Corporation of America
235	Human Immunodeficiency Virus (HIV-1) GenoSure Prime, Lab Corp # 551700 including Reflex Test Genosure Prime Interp, Lab Corp # 551707 or approved equal	94855000492	2	Each	551707	87900	Labcorp	\$ 80.00	\$160.00	Laboratory Corporation of America
236	Human Immunodeficiency Virus (HIV-1) GenoSure MG Genotyping, LabCorp # 551697 including Reflex Test Genosure MG , Lab Corp # 551624, or approved equal	94855000493	2	Each	551624	87901	Labcorp	\$ 232.50	\$465.00	Laboratory Corporation of America

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LINE NO	TEST DESCRIPTION	Category Code	ANNUAL EST QTY	UNIT	LabCorp Test #	CPT CODE	REFERENCE LAB	UNIT PRICE	EXTENDED PRICE	AWARD
237	Human Immunodeficiency Virus (HIV-1) GenoSure MG Genotyping, LabCorp # 551697 including Reflex Test Genosure MG Interp , Lab Corp # 551619, or approved equal	94855000494	2	Each	551619	87900	Labcorp	\$ 117.50	\$235.00	Laboratory Corporation of America
238	RNA PCR, Quantitative, Lab Corp Test 551318, or approved equal	94855000495	2	Each	551318	87536	Labcorp	\$ 105.00	\$210.00	Laboratory Corporation of America
239	Heavy Metals Profile II Urine, Lab Corp Test 070813 CPT Code 82175, 82300, 82570, 83655,83825, or approved equal	94855000496	2	Each	70813	82175; 82300; 82570; 83655; 83825	Labcorp	\$ 50.80	\$101.60	Laboratory Corporation of America
240	Heavy Metals Profile II Whole Blood, Lab Corp, CPT 82175, 82300, 83655, 83825, or approved equal	94855000497	2	Each	706200	82175; 82300; 83655, 83825	Labcorp	\$ 62.50	\$125.00	Laboratory Corporation of America
241	Gram Stain, Lab Corp # 008540, CPT Code 87205, or approved equal	94855000498	10	Each	8540	87205	Labcorp	\$ 7.75	\$77.50	Laboratory Corporation of America
242	Vancomycin, Serum, Trough, Lab Corp # 070328 CPT Code 80202, or approved equal	94855000499	2	Each	70328	80202	Labcorp	\$ 15.00	\$30.00	Laboratory Corporation of America
243	Hepatitis C Virus (HCV) Antibody with Reflex to Quantitative Real-Time PCR, Lab Corp 144050, CPT Code 86803, or approved equal	94855000500	2	Each	144050	86803	Labcorp	\$ 12.32	\$24.64	Laboratory Corporation of America
244	Quantiferon-TB Gold Plus (Lab Corp Incubated) Lab Corp 182879 4-Tube Kit CPT Code 86480 , or approved equal	94855000502	2	Each	182879	86480	Labcorp	\$ 65.00	\$130.00	Laboratory Corporation of America
245	Calcium Lab Corp Test 001016 CPT Code 82310, or approved equal	94855	2	Each	1016	82310	Labcorp	\$ 9.45	\$18.90	Laboratory Corporation of America
246	Urine Culture Lab Corp Test 008848 CPT Code 87086, or approved equal	94855	2	Each	8848	87086	Labcorp	\$ 25.20	\$50.40	Laboratory Corporation of America
247	Strep Gp B Susceptibility Lab Corp # 180797 CPT Code 87184, or approved equal	94855	2	Each	180797	87184	Labcorp	\$ 12.25	\$24.50	Laboratory Corporation of America
248	Strep Gp B NAA + Rflx Lab Corp Test # 188139 CPT 87081, 87150, or approved equal	94855	2	Each	188139	87081, 87150	Labcorp	\$ 53.90	\$107.80	Laboratory Corporation of America
249	Novel Coronavirus 2019 (COVID-19) NAA Lab Corp # 139900 CPT Code U0003 (AMA:87635), or approved equal	94855000549	200	Each	139900	U0003	Labcorp	\$ 75.00	\$15,000.00	Laboratory Corporation of America
250	Measles (Rubeola) Antibodies, IgG , Lab Corp Test # 096560 CPT Code 86765 or approved equal	94855	10	Each	96560	86765	Labcorp	\$ 12.00	\$120.00	Laboratory Corporation of America

LINE NO	TEST DESCRIPTION	Category Code	ANNUAL EST QTY	UNIT	LabCorp Test #	CPT CODE	REFERENCE LAB	UNIT PRICE	EXTENDED PRICE	AWARD
251	TEST - OTHER THAN SPECIFIED PERCENT (%) DISCOUNT OFF LIST PRICE LIST ON ANY ADDITIONAL TESTS NOT LISTED ABOVE IN ITEMS 1 THROUGH 67. TWO COPIES OF PRICE LIST (INCLUDING TESTS REFERRED OUT) MUST BE SUBMITTED WITH BID. IF NOT PROVIDING DISCOUNT, MUST ENTER 0% IN BOX.	94855000412	2000	Dollars			Percentage Off Discount	65%		Laboratory Corporation of America
252	STAT TEST FORMULARY AS FOLLOWS: HEMOGLOBIN & HEMATOCRIT, HCG QUANT, LH, LIPASE, LITHIUM, MONO SCREEN, PHENOBARBITOL, POTASSIUM (K+), PROESTERONE, PROLACTIN, PT, PTT, SODIUM (Na), THEOPHYLLINE, VALPROIC ACID (Depakote), VANCO PEAK AND VANCO TROUGH. PRICE PER STATE PICKUP (ONLY ONE CHARGE PER PICKUP.) ENTER \$0.00, IF THERE IS NO COST FOR STAT TEST LISTED ON STAT TEST FORMULARY.	94855000410	5	Each	998074	99199	Labcorp	\$ 3.00	\$15.00	Laboratory Corporation of America
253	STAT TEST FOR ALL OTHER TEST NOT INCLUDED IN STAT TEST FORMULARY, PRICE PER STAT PICKUP (ONLY ONE CHARGE PER PICKUP). ENTER \$0.00, IF THERE IS NO COST FOR STAT TEST NOT LISTED ON STAT TEST FORMULARY.	94855000411	1	Each	998074	99199	Labcorp	\$ 3.00	\$3.00	Laboratory Corporation of America
254	TOTAL PRICE (Lines Item #s 1 through 252)								\$100,406.22	

COUNTY OF ROCKLAND - DGS-PURCHASING
BLDG. A., 6TH FLOOR, 50 SANATORIUM RD, POMONA, NY 10970
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TITLE: Medical Laboratory Testing

RFB #: RFB-RC-2021-002

PURCHASES BY OTHER

LOCAL GOVERNMENTS, SCHOOL DISTRICTS, AND NON PROFIT AGENCIES

As per the New York State General Municipal Law, all political subdivisions of New York State are allowed to make purchases through the resulting contract(s). As per Rockland County Procurement Policy, Non Profit Agencies approved to participate in New York State's Contract Extension Program are authorized to make purchases through the resulting contract(s).

1. The County of Rockland must make all contract award information available to other political subdivisions and non profit agencies through our website: www.rcpurchasing.com
2. Any other political subdivision or Rockland County non profit agency will issue purchase orders directly to vendors within the specified contract period referencing the County's contract and must be liable for any payments due on such purchase orders; and must accept sole responsibility for any payment due.
3. All purchases must be subject to audit and inspection by the other political subdivisions and Rockland County non profit agencies for which the purchase was made.
4. No officer, board or agency of a county, town, village, or school district must make any purchase through the County when bids have been received for such purchase by such officer, board or agency, unless such purchase may be made upon the same terms, conditions and specifications at a lower price through the County.
5. All Bidders must be on notice that as a condition of the award of a County contract, the successful bidder must accept the award of a similar contract with any other political subdivision in New York State and Rockland County non profit agencies authorized to use New York State's contracts, if called upon to do so. A listing of approved Rockland County non profit agencies is available on the Purchasing Division's website at www.rcpurchasing.com. The County, however, will not be responsible for any debts incurred by the participants pursuant to this or any other agreement.
6. Necessary deviations from the County's specifications in the award of a participant contract, whether such deviations relate to quantities, or delivery points must be resolved between the successful bidder and the other political subdivisions and Rockland County non profit agencies.

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SPECIFICATIONS

1. SCOPE

- 1.1. This bid is for the purpose of obtaining Laboratory Testing Services for various Departments within the County of Rockland which include, but not limited to, Rockland County Correctional Facility/Jail, Department of Health, Department of Mental Health and the Medical Examiner's Office.

2. REQUIREMENTS

- 2.1. Bidder must provide medical laboratory testing as required by the County of Rockland requesting departments.
- 2.2. Bidder must perform work in conformance with all Federal, State and Local Laws.
 - 2.2.1. Bidder must perform all work in conformance with all New York State Department of Health and HIPAA regulations.
- 2.3. Bidder must provide evidence of current license, certifications and/or permits through the contracted service period.
- 2.4. Reference laboratories may be used by the awarded vendor.
 - 2.4.1. The awarded vendor must provide evidence of current license, certifications and/or permits of all reference labs used.

3. QUANTITIES AND EXPENDITURES

- 3.1. The quantities provided on the proposal pages are estimated usage during a one (1) year contract period.
 - 3.1.1. The total expenditures for orders placed by all participating Rockland County Departments commencing on 4/1/2019 through 3/31/2020 is \$25,226.61
 - 3.1.1.4. The total expenditures increased during the contract period commencing 4/1/2020 due to the requirement of COVID-19 testing. The County of Rockland anticipates approximately 200 COVID-19 tests performed annually which will increase the contract expenditures.

4. SUPPLIES

- 4.1. Specimen collection supplies must be provided at no additional cost.
 - 4.1.1. The number of supplies will be agreed upon by the County of Rockland using department and the laboratory to determine what is reasonable and appropriate.

COUNTY OF ROCKLAND - DGS-PURCHASING
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TITLE: Medical Laboratory Testing

RFB #: RFB-RC-2021-002

- 4.2. Bidder must supply all necessary request forms for the County of Rockland to complete with sample collection.
- 4.3. Bidder must supply a small centrifuge to any County Department location requesting testing services at no additional cost.

5. eClinicalWorks REQUIREMENTS

- 5.1. Bidder must be able to provide an interface to eClinicalWorks.
- 5.2. Bidder must be able to support a bi-directional HL7 interface to eClinicalWorks. Receiving orders in HL7 format and sending results to eClinicalWorks in the HL7 format (See Attachment A for HL7 interface requirements which include HL7 Rad Orders Specifications and HL7 Rad Results Specifications provided by eClinicalWorks (some fields identified in these documents are "required fields", "optional fields" and "not supported fields").
- 5.3. Bidder must be able to support communication via a Virtual Private Network (VPN).
- 5.4. Awarded Bidder must work with the County of Rockland Information Technology System (ITS) Department with the implementation of interface.

6. QUALIFICATIONS

- 6.1. The Bidder must be licensed by the New York State Department of Health and provide a copy of the license with their bid.
- 6.2. Bidder must provide evidence of current license, certifications and/or permits through the contracted service period. License, certifications and or permits include but not limited to:
 - 6.2.1. The College of American Pathologist (CAP)
 - 6.2.2. New York State Department of Health Clinical Laboratory Permit
- 6.3. The Bidder must also submit the following with their bid:
 - 6.3.1. List of five references providing similar services, a minimum of two (2) references in which services are provided to Health Departments and Correctional Facilities.
 - 6.3.2. List of reference labs used.
 - 6.3.2.4. If reference labs are used, the bidder must provide a certificate of experience for each reference lab used, and New York State Department of Health License.

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6.3.3. Provide information on any State or Federal litigation in the last two years (provide with bid on a separate page).

6.4. Successful Bidder will be subject to a three-month evaluation period (both performance and medical results).

6.5. If required, bidder must provide tour of their facility to an authorized County of Rockland representative. This tour must be scheduled within five working days of request and must be conducted during peak business hours.

7. BUSINESS ASSOCIATE AGREEMENT

7.1. Bidder must agree to all terms and conditions as listed in the Business Associates Agreement included in this solicitation. Awarded Bidder must be required to execute the Business Associate Agreement. In addition, each contract year a newly signed Business Associates Agreement must be required.

8. PICK UP LOCATIONS

8.1. Location: Dr R L Yeager Health Center, Department of Health, 50 Sanatorium Rd, Building A, Second Floor, Rotunda Offices, Pomona, NY 10970

8.1.1. Health Department accounts would include but not limited to the following:

8.1.1.4. Women's Health/Family Planning

8.1.1.5. TB Clinic

8.1.1.6. STI

8.1.2. Pickup Days: Monday through Friday

8.1.3. Pickup of samples must be once a day as follows:

8.1.3.4. First pickup must be between 1PM and 2:30PM

8.1.3.4.1. Routine results must be available by 7:00 AM the following morning

8.1.3.5. Second pickup must be between 8:00 PM and 9:30 PM

8.1.3.5.1. Routine results must be available by 7:00 AM the following morning

8.2. Location: Dr R L Yeager Health Center, Department of Health, 50 Sanatorium Rd, Building H, Pomona, NY 10970

8.2.1. Medical Examiner's Office

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8.2.2. Pickup Days: Upon Request

8.2.3. Pickup of samples must be at an agreed upon time by the Contractor and the Rockland County Medical Examiners Office.

8.2.3.4.1. Routine results must be available by 7:00 AM the following morning

8.3. Location: Rockland County Correctional Facility/Jail, 53 New Hempstead Road, New City, NY 10956

8.3.1. Pickup Days: Monday- Saturday

8.3.2. Pick up of samples must be twice a day as follows:

8.3.2.4. First pickup must be between 9:30 AM and 11:00 AM

8.3.2.4.1. Routine results must be available by 7:00 AM the following morning

8.3.2.5. Second pickup must be between 3:30 PM and 5:00 PM

8.3.2.5.1. Routine results must be available by 7:00 AM the following morning

8.4. Location: Rockland County Family Planning Clinic, 14 South Main Street, Spring Valley, NY 10977

8.4.1. Pickup Days: Tuesday and Wednesday

8.4.2. Pick up of samples must be as follows:

8.4.2.4. Pickup must be between 9:30 AM and 12:00 PM

8.4.2.4.1. Routine results must be available by 7:00 AM the following morning

8.5. All non-routine results must be delivered in a timely manner, with turnaround time to be included on the Bid table.

8.6. Any changes in pickup schedules must be mutually agreed upon by the provider and the County of Rockland Department requesting these services.

8.7. Locations and pickup schedules may be changed, added or deleted at any time by the County of Rockland. Pickup schedules must be mutually agreed upon.

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- 8.8. Bidder must accommodate STAT pickups as requested by an authorized representative of the using department.
- 8.9. STAT results must be provided to the requesting departments authorized representative within five (5) hours of notification of a pickup.

9. BILL PAYMENT

- 9.1. The supplier will be paid for all authorized testing by the County of Rockland upon submission of properly executed invoices. All invoices must be in duplicate and list the following information:
- 9.1.1. Collection Date
 - 9.1.2. Patient name and accession number
 - 9.1.3. Test name
 - 9.1.4. Test number
 - 9.1.5. Itemized fees
- 9.2. Bidder must submit a sample invoice with their bid. Bidder must state whether the sample invoice may be modified to conform to the above requirements.

10. THIRD PARTY BILLING

- 10.1. Contractor shall seek when requested, first- or third-party reimbursement for the services provided based upon information received from the Department requesting the services. The County of Rockland constitutes the payer of last resort when the patient or client has no insurance coverage.
- 10.2. Contractor shall provide required documentation that they were denied by first or third party for reimbursement. The Contractor shall accept current second or third-party rates where applicable.
- 10.2.1. The County shall not pay invoices that do not provide the required insurance denial documentation.
 - 10.2.2. Contractor shall accept third party payments as payment in full. County of Rockland shall not be billed for any approved third-party payments.

11. PRICING

- 11.1. Bidder must submit pricing for tests requested on the bid table.
- 11.2. Quantities listed on the bid submission forms are estimates. Actual quantities required may be greater or less than the estimated amounts.

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11.3. In addition to requested test on the bid table the bidder must submit a current fee schedule for all test that can be performed by the laboratory.

11.3.1. Additional tests, other than those listed on the proposal pages may be required during the contract period.

11.4. Contract pricing must remain firm for a one (1) year term of the contract. All annual renewals periods may be subject to a price increase based upon the CPI for All Urban Consumers (CPI-U) for Medical Care, published by the U.S. Department of Labor, Bureau of Labor Statistics.

12. AWARD

12.1. It is the intent of the County of Rockland to award this contract to the lowest responsible, responsive sole provider, however the County of Rockland reserves the right to award this contract on a line-by-line basis to the lowest responsive responsible bidder(s).