



1. Solicitation #: 3400001569

2. Solicitation Issue Date: 03/12/2018

3. Brief Description of Requirement:

**Oklahoma Newborn Metabolic Disorder Screening Kit**

Please Note: Questions regarding this solicitation are due no later than **March 19, 2018** at 3:00PM CST. Questions must be in writing and emailed to [donnad@health.ok.gov](mailto:donnad@health.ok.gov). Questions received after this date may not be answered.

Pursuant to 74 O.S. § 85.33: Vendors must register with Oklahoma Department of Central Purchasing prior to Award of a Contract. Vendors will not be required to register to submit a bid response, but will be required to register prior to being awarded a contract and prior to each renewal of an Award. The link to register with the State of Oklahoma is:

4. Response Due Date<sup>1</sup>: 04/02/2018 Time: 3:00PM CST/CDT

5. Issued By and **RETURN SEALED BID TO**<sup>2</sup>: Donna Dodson - OSDH

U.S. Postal Delivery Address: 1000 NE 10<sup>th</sup> St

OKC, OK 73117 - 1299

Common Carrier Delivery Address: SAME

Electronic Submission Address: Not Applicable

6. Solicitation Type (type "X" at one below):

- Invitation to Bid
- Request for Proposal
- Request for Quote

7. Contracting Officer:

Name: Donna Dodson  
 Phone: 405-271-4042  
 Email: [donnad@health.ok.gov](mailto:donnad@health.ok.gov)

<sup>1</sup> Amendments to solicitation may change the Response Due Date (read GENERAL PROVISIONS, section 3, "Solicitation Amendments").

<sup>2</sup> If "U.S. Postal Delivery" differs from "Carrier Delivery", use "Carrier Delivery" for courier or personal deliveries.



"Certification for Competitive Bid and Contract" **MUST** be submitted along with the response to the Solicitation.

1. RE: Solicitation # 3400001569

2. Bidder General Information:

FEI / SSN : \_\_\_\_\_ Supplier ID: \_\_\_\_\_

Company Name: \_\_\_\_\_

3. Bidder Contact Information:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

4. Oklahoma Sales Tax Permit<sup>3</sup>:

YES – Permit #: \_\_\_\_\_

NO – Exempt pursuant to Oklahoma Laws or Rules – Attach an explanation of exemption

5. Registration with the Oklahoma Secretary of State:

YES - Filing Number: \_\_\_\_\_

NO - Prior to the contract award, the successful bidder will be required to register with the Secretary of State or must attach a signed statement that provides specific details supporting the exemption the supplier is claiming ([www.sos.ok.gov](http://www.sos.ok.gov) or 405-521-3911).

6. Workers' Compensation Insurance Coverage:

Bidder is required to provide with the bid a certificate of insurance showing proof of compliance with the Oklahoma Workers' Compensation Act.

YES – Include with the bid a certificate of insurance.

NO – Exempt from the Workers' Compensation Act pursuant to 85A O.S. § 2(18)(b)(1-11) – Attach a written, signed, and dated statement on letterhead stating the reason for the exempt status.<sup>4</sup>

<sup>3</sup> For frequently asked questions concerning Oklahoma Sales Tax Permit, see <https://www.ok.gov/tax/Businesses/index.html>

<sup>4</sup> For frequently asked questions concerning workers' compensation insurance, see <https://www.ok.gov/wcc/Insurance/index.html>

**7. Disabled Veteran Business Enterprise Act**

- YES – I am a service-disabled veteran business as defined in 74 O.S. §85.44E. Include with the bid response 1) certification of service-disabled veteran status as verified by the appropriate federal agency, and 2) verification of not less than 51% ownership by one or more service-disabled veterans, and 3) verification of the control of the management and daily business operations by one or more service-disabled veterans.
- NO – Do not meet the criteria as a service-disabled veteran business.

_____	_____
Authorized Signature	Date
_____	_____
Printed Name	Title



**NOTE:** A certification shall be included with any competitive bid and/or contract exceeding \$5,000.00 submitted to the State for goods or services.

Agency Name: OSDH Agency Number: 340

Solicitation or Purchase Order #: 3400001569

Supplier Legal Name: \_\_\_\_\_

**SECTION I [74 O.S. § 85.22]:**

A. For purposes of competitive bid,

1. I am the duly authorized agent of the above named bidder submitting the competitive bid herewith, for the purpose of certifying the facts pertaining to the existence of collusion among bidders and between bidders and state officials or employees, as well as facts pertaining to the giving or offering of things of value to government personnel in return for special consideration in the letting of any contract pursuant to said bid;
2. I am fully aware of the facts and circumstances surrounding the making of the bid to which this statement is attached and have been personally and directly involved in the proceedings leading to the submission of such bid; and
3. Neither the bidder nor anyone subject to the bidder's direction or control has been a party:
  - a. to any collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding,
  - b. to any collusion with any state official or employee as to quantity, quality or price in the prospective contract, or as to any other terms of such prospective contract, nor
  - c. in any discussions between bidders and any state official concerning exchange of money or other thing of value for special consideration in the letting of a contract, nor
  - d. to any collusion with any state agency or political subdivision official or employee as to create a sole-source acquisition in contradiction to Section 85.45j.1. of this title.

B. I certify, if awarded the contract, whether competitively bid or not, neither the contractor nor anyone subject to the contractor's direction or control has paid, given or donated or agreed to pay, give or donate to any officer or employee of the State of Oklahoma any money or other thing of value, either directly or indirectly, in procuring this contract herein.

**SECTION II [74 O.S. § 85.42]:**

For the purpose of a contract for services, the supplier also certifies that no person who has been involved in any manner in the development of this contract while employed by the State of Oklahoma shall be employed by the supplier to fulfill any of the services provided for under said contract.

The undersigned, duly authorized agent for the above named supplier, by signing below acknowledges this certification statement is executed for the purposes of:

the competitive bid attached herewith and contract, if awarded to said supplier;

**OR**

the contract attached herewith, which was not competitively bid and awarded by the agency pursuant to applicable Oklahoma statutes.

\_\_\_\_\_  
Supplier Authorized Signature

\_\_\_\_\_  
Certified This Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Fax Number

## **A. GENERAL PROVISIONS**

### **A.1. Definitions**

As used herein, the following terms shall have the following meaning unless the context clearly indicates otherwise:

- A.1.1. "Acquisition" means items, products, materials, supplies, services, and equipment an entity acquires by purchase, lease purchase, lease with option to purchase, or rental;
- A.1.2. "Addendum" means a written restatement of or modification to a Contract Document executed by the Supplier and State.
- A.1.3. "Bid" means an offer in the form of a bid, proposal, or quote a bidder submits in response to a solicitation;
- A.1.4. "Bidder" means an individual or business entity that submits a bid in response to a solicitation;
- A.1.5. "Solicitation" means a request or invitation by the State Purchasing Director or a state agency for a supplier to submit a priced offer to sell acquisitions to the state. A solicitation may be an invitation to bid, request for proposal, or a request for quotation; and
- A.1.6. "Supplier" or "vendor" means an individual or business entity that sells or desires to sell acquisitions to state agencies.

### **A.2. Bid Submission**

- A.2.1. Submitted bids shall be in strict conformity with the instructions to bidders and shall be submitted with a completed Responding Bidder Information, OMES-FORM-CP-076, and any other forms required by the solicitation.
- A.2.2. Bids shall be submitted to the procuring agency in a single envelope, package, or container and shall be sealed, unless otherwise detailed in the solicitation. The name and address of the bidder shall be inserted in the upper left corner of the single envelope, package, or container. SOLICITATION NUMBER AND SOLICITATION RESPONSE DUE DATE AND TIME MUST APPEAR ON THE FACE OF THE SINGLE ENVELOPE, PACKAGE, OR CONTAINER.
- A.2.3. The required certification statement, "Certification for Competitive Bid and/or Contract (Non-Collusion Certification)", OMES-FORM-CP-004, must be made out in the name of the bidder and must be properly executed by an authorized person, with full knowledge and acceptance of all its provisions.
- A.2.4. All bids shall be legible and completed in ink or with electronic printer or other similar office equipment. Any corrections to bids shall be identified and initialed in ink by the bidder. Penciled bids and penciled corrections shall NOT be accepted and will be rejected as non-responsive. In addition to a hard copy submittal, the bidder will also be required to submit an electronic copy. Electronic responses must be submitted in the identical format contained in the solicitation (for example Microsoft Word, Microsoft Excel, but not Adobe PDF). In the event the hard copy of the price worksheets and electronic copy of the price worksheets do not agree, the electronic copy will prevail.
- A.2.5. All bids submitted shall be subject to the Oklahoma Central Purchasing Act, Central Purchasing Rules, and other statutory regulations as applicable, these General Provisions, any Special Provisions, solicitation specifications, required certification statement, and all other terms and conditions listed or attached herein—all of which are made part of this solicitation.

### **A.3. Solicitation Amendments**

- A.3.1. If an "Amendment of Solicitation", OMES-FORM-CP-011, is issued, the bidder shall acknowledge receipt of any/all amendment(s) to solicitations by signing and returning the solicitation amendment(s). Amendment acknowledgement(s) may be submitted with the bid or may be forwarded separately. If forwarded separately, amendment acknowledgement(s) must contain the solicitation number and response due date and time on the front of the envelope. The procuring agency must receive the amendment acknowledgement(s) by the response due date and time specified for receipt of bids for the bid to be deemed responsive. Failure to acknowledge solicitation amendments may be grounds for rejection.
- A.3.2. No oral statement of any person shall modify or otherwise affect the terms, conditions, or specifications stated in the solicitation. All amendments to the solicitation shall be made in writing by the procuring agency.
- A.3.3. It is the bidder's responsibility to check frequently for any possible amendments that may be issued. The procuring agency is not responsible for a bidder's failure to download any amendment documents required to complete a solicitation.

#### **A.4. Bid Change**

If the bidder needs to change a bid prior to the solicitation response due date, a new bid shall be submitted to the procuring agency with the following statement "This bid supersedes the bid previously submitted" in a single envelope, package, or container and shall be sealed, unless otherwise detailed in the solicitation. The name and address of the bidder shall be inserted in the upper left corner of the single envelope, package, or container. SOLICITATION NUMBER AND SOLICITATION RESPONSE DUE DATE AND TIME MUST APPEAR ON THE FACE OF THE SINGLE ENVELOPE, PACKAGE, OR CONTAINER.

#### **A.5. Certification Regarding Debarment, Suspension, and Other Responsibility Matters**

By submitting a response to this solicitation:

A.5.1. The prospective primary participant and any subcontractor certifies to the best of their knowledge and belief, that they and their principals or participants:

A.5.1.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal, State or local department or agency;

A.5.1.2. Have not within a three-year period preceding this proposal been convicted of or pled guilty or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) contract; or for violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

A.5.1.3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph A.5.1.2. of this certification; and

A.5.1.4. Have not within a three-year period preceding this application/proposal had one or more public (Federal, State, or local) contracts terminated for cause or default.

A.5.2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to its solicitation response.

#### **A.6. Bid Opening**

Sealed bids shall be opened by the ODSH located at 1000 NE 10<sup>th</sup> St,  
OKC, OK at the time and date specified in the solicitation as the Response Due Date and Time.

#### **A.7. Open Bid / Open Record**

Pursuant to the Oklahoma Public Open Records Act, a public bid opening does not make the bid(s) immediately accessible to the public. The procurement or contracting agency shall keep the bid(s) confidential, and provide prompt and reasonable access to the records only after a contract is awarded or the solicitation is cancelled. This practice protects the integrity of the competitive bid process and prevents excessive disruption to the procurement process. The interest of achieving the best value for the State of Oklahoma outweighs the interest of vendors immediately knowing the contents of competitor's bids. [51 O.S. § 24A.5(5)]

Additionally, financial or proprietary information submitted by a bidder may be designated by the Purchasing Director as confidential and the procurement entity may reject all requests to disclose information designated as confidential pursuant to 62 O.S. (2012) § 34.11.1(H)(2) and 74 O.S. (2011) § 85.10. Bidders claiming any portion of their bid as proprietary or confidential must specifically identify what documents or portions of documents they consider confidential and identify applicable law supporting their claim of confidentiality. The State Purchasing Director shall make the final decision as to whether the documentation or information is confidential pursuant to 74 O.S. § 85.10. Otherwise, documents and information a bidder submits as part of or in connection with a bid are public records and subject to disclosure after contract award or the solicitation is cancelled.

#### **A.8. Late Bids**

Bids received by the procuring agency after the response due date and time shall be deemed non-responsive and shall NOT be considered for any resultant award.

#### **A.9. Legal Contract**

A.9.1. Submitted bids are rendered as a legal offer and any bid, when accepted by the procuring agency, shall constitute a contract.

A.9.2. The Contract resulting from this solicitation may consist of the following documents in the following order of precedence:

A.9.2.1. Any Addendum to the Contract;

A.9.2.2. Purchase order, as amended by Change Order (if applicable);

A.9.2.3. Solicitation, as amended (if applicable); and

A.9.2.4. Successful bid (including required certifications), to the extent the bid does not conflict with the requirements of the solicitation or applicable law.

A.9.3. Any contract(s) awarded pursuant to the solicitation shall be legibly written or typed.

#### **A.10. Pricing**

A.10.1. Bids shall remain firm for a minimum of sixty (60) days from the solicitation closing date.

A.10.2. Bidders guarantee unit prices to be correct.

A.10.3. In accordance with 74 O.S. §85.40, ALL travel expenses to be incurred by the supplier in performance of the Contract shall be included in the total bid price/contract amount.

#### **A.11. Manufacturers' Name and Approved Equivalents**

Unless otherwise specified in the solicitation, manufacturers' names, brand names, information and/or catalog numbers listed in a specification are for information and not intended to limit competition. Bidder may offer any brand for which they are an authorized representative, and which meets or exceeds the specification for any item(s). However, if bids are based on equivalent products, indicate on the bid form the manufacturer's name and number. Bidder shall submit sketches, descriptive literature, and/or complete specifications with their bid. Reference to literature submitted with a previous bid will not satisfy this provision. The bidder shall also explain in detail the reason(s) why the proposed equivalent will meet the specifications and not be considered an exception thereto. Bids that do not comply with these requirements are subject to rejection.

#### **A.12. Clarification of Solicitation**

A.12.1. Clarification pertaining to the contents of this solicitation shall be directed in writing to the Contracting Officer specified in the solicitation, and must be prior to the closing date of the solicitation.

A.12.2. If a bidder fails to notify the State of an error, ambiguity, conflict, discrepancy, omission or other error in the SOLICITATION, known to the bidder, or that reasonably should have been known by the bidder, the bidder shall submit a bid at its own risk; and if awarded the contract, the bidder shall not be entitled to additional compensation, relief, or time, by reason of the error or its later correction. If a bidder takes exception to any requirement or specification contained in the SOLICITATION, these exceptions must be clearly and prominently stated in their response.

A.12.3. Bidders who believe proposal requirements or specifications are unnecessarily restrictive or limit competition may submit a written request for administrative review to the contracting officer listed on the solicitation. This request must be made prior to the closing date of the solicitation.

#### **A.13. Negotiations**

A.13.1. In accordance with Title 74 §85.5, the State of Oklahoma reserves the right to negotiate with one, selected, all or none of the vendors responding to this solicitation to obtain the best value for the State. Negotiations could entail discussions on products, services, pricing, contract terminology or any other issue that may mitigate the State's risks. The State shall consider all issues negotiable and not artificially constrained by internal corporate policies. Negotiation may be with one or more vendors, for any and all items in the vendor's offer.

A.13.2. Firms that contend that they lack flexibility because of their corporate policy on a particular negotiation item shall face a significant disadvantage and may not be considered. If such negotiations are conducted, the following conditions shall apply:

A.13.3. Negotiations may be conducted in person, in writing, or by telephone.

A.13.4. Negotiations shall only be conducted with potentially acceptable offers. The State reserves the right to limit negotiations to those offers that received the highest rankings during the initial evaluation phase.

A.13.5. Terms, conditions, prices, methodology, or other features of the bidders offer may be subject to negotiations and subsequent revision. As part of the negotiations, the bidder may be required to submit supporting financial, pricing, and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the offer.

- A.13.6. The requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the State determines that a change in such requirements is in the best interest of the State Of Oklahoma.

#### **A.14. Rejection of Bid**

The State reserves the right to reject any bids that do not comply with the requirements and specifications of the solicitation. A bid may be rejected when the bidder imposes terms or conditions that would modify requirements of the solicitation or limit the bidder's liability to the State. Other possible reasons for rejection of bids are listed in OAC 260:115-7-32.

#### **A.15. Award of Contract**

- A.15.1. The State Purchasing Director may award the Contract to more than one bidder by awarding the Contract(s) by item or groups of items, or may award the Contract on an ALL OR NONE basis, whichever is deemed by the State Purchasing Director to be in the best interest of the State of Oklahoma.
- A.15.2. Contract awards will be made to the lowest and best bidder(s) unless the solicitation specifies that best value criteria is being used.
- A.15.3. In order to receive an award or payments from the State of Oklahoma, suppliers must be registered. The vendor registration process can be completed electronically through the OMES website at the following link: <https://www.ok.gov/dcs/vendors/index.php>.

#### **A.16. Contract Modification**

- A.16.1. The Contract is issued under the authority of the State Purchasing Director who signs the Contract. The Contract may be modified only through a written Addendum, signed by the State Purchasing Director and the supplier .
- A.16.2. Any change to the Contract, including but not limited to the addition of work or materials, the revision of payment terms, or the substitution of work or materials, directed by a person who is not specifically authorized by the procuring agency in writing, or made unilaterally by the supplier, is a breach of the Contract. Unless otherwise specified by applicable law or rules, such changes, including unauthorized written Addendums, shall be void and without effect, and the supplier shall not be entitled to any claim under this Contract based on those changes. No oral statement of any person shall modify or otherwise affect the terms, conditions, or specifications stated in the resultant Contract.

#### **A.17. Delivery, Inspection and Acceptance**

- A.17.1. Unless otherwise specified in the solicitation or awarding documents, all deliveries shall be F.O.B. Destination. The supplier(s) awarded the Contract shall prepay all packaging, handling, shipping and delivery charges and firm prices quoted in the bid shall include all such charges. All products and/or services to be delivered pursuant to the Contract shall be subject to final inspection and acceptance by the State at destination. "Destination" shall mean delivered to the receiving dock or other point specified in the purchase order. The State assumes no responsibility for goods until accepted by the State at the receiving point in good condition. Title and risk of loss or damage to all items shall be the responsibility of the supplier until accepted by the receiving agency. The supplier(s) awarded the Contract shall be responsible for filing, processing, and collecting any and all damage claims accruing prior to acceptance.
- A.17.2. Supplier(s) awarded the Contract shall be required to deliver products and services as bid on or before the required date. Deviations, substitutions or changes in products and services shall not be made unless expressly authorized in writing by the procuring agency.

#### **A.18. Invoicing and Payment**

- A.18.1. Upon submission of an accurate and proper invoice, the invoice shall be paid in arrears after products have been delivered or services provided and in accordance with applicable law. Invoices shall contain the purchase order number, a description of the products delivered or services provided, and the dates of such delivery or provision of services. An invoice is considered proper if sent to the proper recipient and goods or services have been received.
- A.18.2. State Acquisitions are exempt from sales taxes and federal excise taxes.
- A.18.3. Pursuant to 74 O.S. §85.44(B), invoices will be paid in arrears after products have been delivered or services provided.
- A.18.4. Payment terms will be net 45. Interest on late payments made by the State of Oklahoma is governed by 62 O.S. § 34.72.



- A.18.5. Additional terms which provide discounts for earlier payment may be evaluated when making an award. Any such additional terms shall be no less than ten (10) days increasing in five (5) day increments up to thirty (30) days. The date from which the discount time is calculated shall be the date of a proper invoice.

#### **A.19. Tax Exemption**

State agency acquisitions are exempt from sales taxes and federal excise taxes. Bidders shall not include these taxes in price quotes.

#### **A.20. Audit and Records Clause**

- A.20.1. As used in this clause, "records" includes books, documents, accounting procedures and practices, and other data, regardless of type and regardless of whether such items are in written form, in the form of computer data, or in any other form. In accepting any Contract with the State, the successful bidder(s) agree any pertinent State or Federal agency will have the right to examine and audit all records relevant to execution and performance of the resultant Contract.
- A.20.2. The successful supplier(s) awarded the Contract(s) is required to retain records relative to the Contract for the duration of the Contract and for a period of seven (7) years following completion and/or termination of the Contract. If an audit, litigation, or other action involving such records is started before the end of the seven (7) year period, the records are required to be maintained for two (2) years from the date that all issues arising out of the action are resolved, or until the end of the seven (7) year retention period, whichever is later.

#### **A.21. Non-Appropriation Clause**

The terms of any Contract resulting from the solicitation and any Purchase Order issued for multiple years under the Contract are contingent upon sufficient appropriations being made by the Legislature or other appropriate government entity. Notwithstanding any language to the contrary in the solicitation, purchase order, or any other Contract document, the procuring agency may terminate its obligations under the Contract if sufficient appropriations are not made by the Legislature or other appropriate governing entity to pay amounts due for multiple year agreements. The Requesting (procuring) Agency's decisions as to whether sufficient appropriations are available shall be accepted by the supplier and shall be final and binding.

#### **A.22. Choice of Law**

Any claims, disputes, or litigation relating to the solicitation, or the execution, interpretation, performance, or enforcement of the Contract shall be governed by the laws of the State of Oklahoma.

#### **A.23. Choice of Venue**

Venue for any action, claim, dispute or litigation relating in any way to the Contract shall be in Oklahoma County, Oklahoma.

#### **A.24. Termination for Cause**

- A.24.1. The supplier may terminate the Contract for default or other just cause with a 30-day written request and upon written approval from the procuring agency. The State may terminate the Contract for default or any other just cause upon a 30-day written notification to the supplier.
- A.24.2. The State may terminate the Contract immediately, without a 30-day written notice to the supplier, when violations are found to be an impediment to the function of an agency and detrimental to its cause, when conditions preclude the 30-day notice, or when the State Purchasing Director determines that an administrative error occurred prior to Contract performance.
- A.24.3. If the Contract is terminated, the State shall be liable only for payment for products and/or services delivered and accepted.

#### **A.25. Termination for Convenience**

- A.25.1. The State may terminate the Contract, in whole or in part, for convenience if the State Purchasing Director determines that termination is in the State's best interest. The State Purchasing Director shall terminate the contract by delivering to the supplier a Notice of Termination for Convenience specifying the terms and effective date of Contract termination. The Contract termination date shall be a minimum of 60 days from the date the Notice of Termination for Convenience is issued by the State Purchasing Director.
- A.25.2. If the Contract is terminated, the State shall be liable only for products and/or services delivered and accepted, and for costs and expenses (exclusive of profit) reasonably incurred prior to the date upon which the Notice of Termination for Convenience was received by the supplier.

**A.26. Insurance**

The successful supplier(s) awarded the Contract shall obtain and retain insurance, including workers' compensation, automobile insurance, medical malpractice, and general liability, as applicable, or as required by State or Federal law, prior to commencement of any work in connection with the Contract. The supplier awarded the Contract shall timely renew the policies to be carried pursuant to this section throughout the term of the Contract and shall provide the procuring agency with evidence of such insurance and renewals.

**A.27. Employment Relationship**

The Contract does not create an employment relationship. Individuals performing services required by this Contract are not employees of the State of Oklahoma or the procuring agency. The supplier's employees shall not be considered employees of the State of Oklahoma nor of the procuring agency for any purpose, and accordingly shall not be eligible for rights or benefits accruing to state employees.

**A.28. Compliance with the Oklahoma Taxpayer and Citizen Protection Act of 2007**

By submitting a bid for services, the bidder certifies that they, and any proposed subcontractors, are in compliance with 25 O.S. §1313 and participate in the Status Verification System. The Status Verification System is defined in 25 O.S. §1312 and includes but is not limited to the free Employment Verification Program (E-Verify) through the Department of Homeland Security and available at [www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify).

**A.29. Compliance with Applicable Laws**

The products and services supplied under the Contract shall comply with all applicable Federal, State, and local laws, and the supplier shall maintain all applicable licenses and permit requirements.

**A.30. Special Provisions**

Special Provisions set forth in SECTION B apply with the same force and effect as these General Provisions. However, conflicts or inconsistencies shall be resolved in favor of the Special Provisions.



# SOLICITATION REQUEST

 Request for Quote Request for Proposal Request for Bid**Dispatch via Print**

**Department of Health**  
 OKLAHOMA STATE DEPT OF HEALTH  
 SHIPPING & RECEIVING  
 1000 NE 10TH ST  
 OKLAHOMA CITY OK 731171299

Request Quote ID.	Date	Buyer	Page
3400001569	02/06/2018	Donna Dodson	1
Payment Terms	DateTime Quote Open	Closing	
0 Days	03/12/2018 11:00 AM	04/02/2018 03:00 AM	

Requisition Number Reference: R19306 BloodSpot Kits

**Ship To:** OKLAHOMA STATE DEPT OF HEALTH  
 SHIPPING & RECEIVING  
 1000 NE 10TH ST  
 OKLAHOMA CITY OK 731171299

**Bill To:** OKLAHOMA STATE DEPT OF HEALTH  
 ACCOUNTS PAYABLE  
 1000 NE 10TH ST  
 OKLAHOMA CITY OK 731171299

**Supplier:** NAME \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Supplier Responses**

Line	Cat CD / Item # - Descr	Qty.	UOM	Unit Cost	Ext. Cost
1	41104929 / 1000013721 SPECIMEN COLLECTION: Filter Paper for Specimen Collection, OK Newborn Metabolic Disorder Screening kits	75000	KT		

Oklahoma Newborn Metabolic Disorder Screening Kit, ODH #450  
 Manufacture and re-print FDA Medical Devices

**SPECIFICATIONS:**

See Attachments:  
 Specifications for kit  
 Layout copies

Product meets specifications Yes \_\_\_ No \_\_\_ If no, please explain:

**Freight Terms:** FOB DEST**Ship Via:** COMMON

Lead Time: \_\_\_\_\_

**Supplier Remarks:****COMMENTS:**

Agency Contact: Procurement (405) 271-4042

ALL INVOICES MUST BE SENT ELECTRONICALLY TO THE FOLLOWING MAILBOX: [accountspayable@health.ok.gov](mailto:accountspayable@health.ok.gov)

HHS APPROVAL # ID: 4422

The brand name herein mentioned is for comparable quality and identification purposes only.

Vendors bidding substitutions to the specifications must provide proofs prior to printing approval.

Bids failing to acknowledge the above product/service specifications inquiry may be subject to rejection.

TO BE BILLED IN ARREARS

PURCHASE ORDER NUMBER SHOULD APPEAR ON ALL DOCUMENTATION, INCLUDING BUT NOT LIMITED TO: PACKING SLIPS, INVOICES, BILLS OF LADING, CORRESPONDENCE, SUBJECT LINE OF EMAILS, ENVELOPE ADDRESSES AND PACKAGES. THE PURCHASE ORDER NUMBER SHOULD BE VISIBLE WITHOUT THE NEED TO OPEN THE PACKAGE. SHIPMENTS, INVOICES AND OTHER DOCUMENTATION NOT PROPERLY IDENTIFIED BY PURCHASE ORDER NUMBER MAY RESULT IN REFUSAL OF DELIVERY, DELAYED PAYMENT OR OTHER DELAYS IN RESPONSE.

VENDOR ACKNOWLEDGES, BY RECEIPT OF THIS INSTRUMENT, DOCUMENT OR COMMUNICATION, THAT ANY AGREEMENT ENTERED INTO OR EXECUTED BY THE PARTIES IS SUBJECT TO THE PROVISIONS OF THE OKLAHOMA CENTRAL PURCHASING ACT, 74 O.S., § 85.1, ET SEQ.

**This is NOT AN ORDER**

All returned quotes and related documents must be identified with our request for quote Number.

**Authorized Signature**



# SOLICITATION REQUEST

Request for Quote

Request for Proposal

Request for Bid

**Dispatch via Print**

**Department of Health**  
OKLAHOMA STATE DEPT OF HEALTH  
SHIPPING & RECEIVING  
1000 NE 10TH ST  
OKLAHOMA CITY OK 731171299

Request Quote ID.	Date	Buyer	Page
3400001569	02/06/2018	Donna Dodson	2
Payment Terms	DateTime Quote Open	Closing	
0 Days	03/12/2018 11:00 AM	04/02/2018 03:00 AM	

Requisition Number Reference: R19306 BloodSpot Kits

**Ship To:** OKLAHOMA STATE DEPT OF HEALTH  
SHIPPING & RECEIVING  
1000 NE 10TH ST  
OKLAHOMA CITY OK 731171299

**Bill To:** OKLAHOMA STATE DEPT OF HEALTH  
ACCOUNTS PAYABLE  
1000 NE 10TH ST  
OKLAHOMA CITY OK 731171299

**Supplier:** NAME \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Supplier Responses

Line	Cat CD / Item # - Descr	Qty.	UOM	Unit Cost	Ext. Cost
------	-------------------------	------	-----	-----------	-----------

NO ORAL STATEMENT, ONLINE CLICK WRAP AMENDMENTS, FACSIMILE, MAIL OR OTHER NOTIFICATION ISSUED BY VENDOR SHALL MODIFY OR OTHERWISE EFFECT THE TERMS, CONDITIONS, OR SPECIFICATIONS STATED IN THIS PURCHASE ORDER UNLESS ACCEPTED IN WRITING BY THE OKLAHOMA STATE DEPARTMENT OF HEALTH, PROCUREMENT SERVICE.

THIS CONTRACT SHALL BE CONSIDERED TO BE IN FORCE UNTIL THE EXPIRATION DATE OR UNTIL 30 DAYS AFTER NOTICE HAS BEEN GIVEN BY EITHER PARTY OF ITS DESIRE TO TERMINATE THE CONTRACT.

DATE NEEDED: May 1, 2018

ALL UNITS TO BE DELIVERED IN ONE SHIPMENT

THIS SOLICITATION WILL BE BID LOWEST AND BEST; AS AN ALL OR NONE AWARD.

#### PROMPT PAYMENT DISCOUNT:

Does your firm offer a prompt payment discount in accordance with General Provision A.18.5?

Provide detailed prompt payment discounts offered or respond with None.

\_\_\_\_\_  
Prompt payment discounts will be taken into consideration in determining the lowest and best price quote/bid.

### This is NOT AN ORDER

All returned quotes and related documents must be identified with our request for quote Number.

**Authorized Signature**

## **SPECIFICATIONS FOR OKLAHOMA METABOLIC DISORDER SCREENING KIT ODH #450 Rev. 12/14/15**

**Methodology for evaluating this acquisition will be “lowest and best” bid. Responses not complying with any of the requirements listed in this ITB will be considered non-responsive and eliminated from further consideration for award.**

### **Vendor requirements:**

1. Vendor must be registered with the Food and Drug Administration (FDA) for printing an in vitro medical diagnostic device (N. 1,281,317) and must comply with FDA’s “Good Manufacturing Practices” regulations and provide documentation.
2. Vendor must provide documentation, if requested, of a satisfactory FDA inspection and authorization for printing and production of this collection kit.
3. Vendor must provide at least four physical properties of the filter paper listed below:
  - a. Absorption capacity
  - b. Homogeneity
  - c. Retention volume of 1/8 inch punch, and
  - d. Absorption time for filling blood collection circles
4. Vendor must provide with the bid a Certificate of Quality Control Testing post printing of the filter paper.
5. Vendor must provide a proof of the form for examination, revision, and approval by the Public Health Laboratory prior to printing.
6. Vendor shall not print or manufacture the form until the final proof is approved by the Public Health Laboratory Service.
7. Vendor must acknowledge compliance with all specifications listed below.

### **Filter paper Matrix Specifications – before printing**

1. Filter paper shall be a recent lot of S&S 903 100% pure cotton fiber, filter paper with no wet-strength additives or equivalent. Lot number to be printed on the filter paper attachment of page 3.
2. Basis weight should be 110 lb. +/- 5% per read (550 sheets 24 x 35 inches).
3. Densitometer reading by Gurley method on one sheet with a 5 oz. Cylinder, 0.1 sq. orifice and 100 cc of air (Test method, modified ASTM D7266-58).
4. pH should be 5.7 to 7.5
5. Ash% 0.2 maximum (Test method, modified ASTM D726-63)
6. Kelmn: Tappi modified useful method – UM451
7. Wet strength (ASTM D-774-67), usually around 4/5 lbs./inch sq.
8. Absorption rate: The absorption time and the diameter of blood spot produced by 100 uL. Of a fresh whole blood sample (hematocrit 55 +/- 1%). Absorption time target: 12 seconds; range 5-30 seconds. Diameter target: 16mm; range 15-17 mm volume. Ragged edges or mottling or dried blood spot should not be observed. 1/8

- inch punch of the dried blood spot should equate to a blood volume of 1.54 +/- 0.17 uL.
9. Lithographic printing is not an acceptable printing process for the filter paper. A dedicated ink delivery system used only for filter paper printing is recommended.

**Ink specifications:**

1. Printing ink must not interfere in analytical test procedures. Data must be available, if requested to validate the compatibility of the ink for the following tests: Phenylalanine, Amino Acid disorders, Galactose, Galactose 1- phosphate Uridyl Transferase, Thyroxine, Thyroid Stimulating Hormone, Cystic Fibrosis, Congenital Hyperplasia, Medium Chain Acyl CoA Dehydrogenase, Fatty Acid oxidation disorders, and Organic Acid disorders.
2. Circles on the filter paper must be a thin broken line and must be same dimensions as shown on the attached sample (0.5 inches or 13 mm in diameter)
3. Page 1. Print using red OCR drop out ink.
4. Print serial numbers on filter paper in red ink.
5. All other pages are printed with black ink.

**Packing specifications:**

1. Forms shall be packaged in protective loose wrap in bundles of approximately 100 in numerical order.

NOTE: Shrink wrap or use of heat in packaging is not acceptable and will affect the absorption capacity of the filter paper.

2. Bundles shall be boxed in number order with bundles (forms) flat and not shipped on their side.
3. Boxes shall be number on the exterior with the serial number sequence.

**Certificate of Post Printing Quality Control Testing of Filter Paper Matrix.**

Random samples of the printed form are to be taken for quality control testing. Sampling to be based on the Military standard 105-E. Vendor must be able to provide a certificate, if requested, to verify that changes have not taken place during the printing process. Item to be tested on samples is as follows:

1. Dimensional testing, including caliper to insure that the thickness of the filter paper hasn't changed during the printing process. See section on filter paper specifications.
2. Text check versus the approved proof.
3. Blood absorption time for 100 uL of blood. Absorption rate: The absorption time and the diameter of blood spot produced by 100 uL. Of a fresh whole blood sample (hematocrit 55 +/- 1%). Absorption time target: 12 seconds, range 5-30 seconds.

4. Blood circle size for 100 uL. of blood. Diameter target: 16 mm, range 15-17 mm volume.
5. Circle quality: Ragged edges or mottling or dried blood spot should not be observed.

**Vendors bidding substitutions to the specification must provide proofs prior to printing approval.**

**Contact Persons:** After award of this ITB for changes, modifications, or approval of proofs:

Steve Johnson, Director Lab Administration  
 PO Box 24106  
 Oklahoma City, OK 73124-0106  
 Phone 405 271 5070 Fax 405 271 4850  
 E-mail: [stevej@health.ok.gov](mailto:stevej@health.ok.gov)

For delivery:  
 Oklahoma State Department of Health  
 Public Health Laboratory  
 1000 NE 10<sup>th</sup> Street  
 Oklahoma City, OK 73117-1299

Vendor Contact is : \_\_\_\_\_ (name)  
 \_\_\_\_\_ (address)  
 \_\_\_\_\_ (city, state, zip)  
 \_\_\_\_\_ (phone)  
 \_\_\_\_\_ (fax)  
 \_\_\_\_\_ (FEI/FIN)

**Newborn Metabolic Disorder Screening Kit Format Specifications:  
 See attached draft for example of the collection kit.**

1. **SIZE:** Collection kit finished – height 5.5 x length 10.5 in.  
**Note:** All measurements include 0.5 inch perforation on left side
  - Page 1 Demographic Entry Form 5.5 x 8.5 inch Printing on front
  - Page 2 Newborn Metabolic Disorder Screen – Chart copy (yellow) 5.5 x 9.5 inch printing on front
  - Page 3 Newborn Metabolic Disorder Screen – Parent information (pastel Blue) 5.5 x 10.0 inch, printing Front and Back
  - Page 4 Newborn Hearing Screening – Parent information (Pastel Pink) 5.5 x 10.5 inch, Printing Front and Back

- Page 5            Front – Instructions on Newborn Hearing  
5.5 x 10.5 inch (8.5 inch with a 2 inch filter paper attached on right side) Printing Front and Back
- Page 6            Overlay 5.5 x 12 3/8 inch, printing on back
2.     **Print font:**    Arial or equivalent
  
  3.     **Print size:**    Readable for average individual and to fit information to designated areas of the form.
  
  4.     **Print Format:** Minor changes in format of print fields may be allowed but must be approved in advance with a proof for approval and prior to printing.  
           Page 1 – Print must fit in designated areas.  
           Page 2 – Print must fit in designated areas.  
           Page 3&4 – Instructions may be re-arranged to fit into space.  
           Page 5 – Data must be in designated area.  
           **See attachment Page 1** – Demographic Entry Form – Layout
  5.     **Barcode & serial number:** Each kit to be serially numbered with corresponding barcode (3 of 9 mod 43) (checksum digit) as shown in kit example.

The serial number will appear on page 1, 2, 3, 4 and the filter paper starting with the number **1747086**.

A. Location of Serial number:

Page 1: Demographic – Serial number to appear top left side of sheet and perforated stub.

Page 2: Chart copy – serial number to appear top left side of sheet.

Page 3: Parent Instructions (blue), bottom far right.

Page 4: Parent copy (pink), bottom far right.

Page 5: Filter paper attached on right side as shown.

B. Location of barcode:

Page 1: Demographic, to appear top left side of sheet and stub; barcode to be perforated for removal as shown.

6.     **Print Media & Ink**

Page 1:            Print in red ink (OCR) on white 20# bond.

Page 2:            Print front in black ink on pastel yellow NCR 20# bond, specific areas to be in register with page 1.

Page 3:            Print front and back, in black ink, on pastel blue NCR 20# bond, specific areas to be in register with page 1.

Page 4:            Print front and back, in black ink. On pastel pink NCR 20# bond, specific areas to be in register with page 1. Coat face of page 4 to allow impressions.

Page 5:            Print on 100# buff tag with 903 filter paper or equivalent attached to right side.



Page 6: Print on 100# buff tag.

7. **In register Printing: (pages 1,2,3,4) – coated NCR**

Fields required to be in register and coated

“**Baby’s Last Name**” Page 1 with page 2,3,4

“**Baby’s First Name**” Page 1 with page 2,3,4

**Check all that apply at time of screening** boxes of page 1 must be in register with boxes on **Check all that apply** page 2

Page 1 with page 4

All boxes on page 1 in the **Hearing Screening Results Section** that are completed be submitted must be in register with page 4.

8. **Designated location of boxes**

In the “Specimen Information Section”

Location 1 – Top right corner of form. This area of the box must be 2 inches wide and ½ inch high from edge of form.

Location 2 – The top of the box is 1 ½ inches from the top edge and is 3/8 inches in height by 2 7/8 inches in length.

Note: Each box to have “**Do not write in this box**” in small print.

**See attachment Page 1-** Demographic Entry Form- Layout

9. **Shaded fields:** Fields to be printed **Shaded red ink** OCR, for easy reference, **Page 1 only.**

In the “Infant’s Information Section”

Item 3 - Date of birth

Item 4 – Birth time

Item 8 – Provider ID

Item 9 – Infant’s Provider or Physician’s name

Item 10 – Mom’s Medicaid Number

In the “Mom Information section”

Item 9 – Mom’s social security number

In the “Submitting Health Provider section”

Item 1 – ID# (for six digits)

In the “Specimen Information Section”

Item 1 – Collection Date

Item 2 – Collection Time

10. **Submitter ID:** Submitter ID increase to six digits

11. **Perforation:** All pages to perforate 0.5 inches on left side and glued on left side.

**Page 5** – Filter paper attachment to be perforated for removal

**Page 6** – Overlay – perforated at 3 ½ inches from the right side for easy removal.

12. **Fold:** Page 6 – fold 1.5 inches from right side to cover the circles of filter paper.
13. **Drawings:** Page 6 Printed on folded panel – add drawing or facsimile of drawing. Add international Biohazard symbol on folded panel in black ink.
14. **Mylar coating:** Page 6 – A three inch area starting ½ inch from the right side of the paper to be coated with mylar. The coated area to be in register with the front and back side of the circles of the filter paper to prevent specimen contamination by the paper stock.
15. **Filter paper attachment:** 903 filter paper attached (butts) to the right side of page. Glue page 2, 3, and 4 on left side so all pages can be removed at the same time.
16. **Circles on Filter paper:** Circles ½ inch or 13 mm in diameter printed with a broken or dotted line. Edge of circle must be printed ½ inch from the right edge of the filter paper.
17. **Expiration Date:** Expiration date XX/XX/XX to be printed in front of the filter paper attachment of page 5 in 10 or 12 bold print.
18. **Identifiers:** Manufacturer's name (or identifier) and lot number of filter paper must be printed on the filter paper attachment.

Oklahoma DOH NBS Card  
 10534635 Rev.AD  
 Job # XXXXXX-001  
 12-14-15

Note: This PDF form layout is produced to a 1:1 scale. All copy and construction features are shown in their proper position per your specifications. Production variances will result in a potential  $\pm 1/16"$  (1.6mm) tolerance.

CUSTOMER		EBF	
APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>		
SIGNATURE		SIGNATURE	
NAME:	REF: 10534635	REVISION: AD	
DATE:	DATE:		

Perf Does Not Print

1580901

MOM'S INFORMATION

1580901

Newborn Screening Form  
 Oklahoma State Department of Health P.O. Box 24106,  
 Oklahoma City, OK 73122-0106 (405) 271-5970 OOH #450 REV02-2007

DO NOT WRITE IN THIS BOX

1. Infant's Last Name \_\_\_\_\_ Infant's First Name \_\_\_\_\_

2. Sex:  M  F 3. Date of Birth: MM DD YY 4. Birth Time: 24 Hour Clock 5. Gest. Age \_\_\_\_\_

6. Infant's Weight in Grams \_\_\_\_\_ 7. Multiple Birth Indicate Birth Order: A-H 8. Infant's Medical Record or I.D. \_\_\_\_\_

9. Provider ID \_\_\_\_\_ 10. Infant's Provider or Physician's Name \_\_\_\_\_

11. Mom's Medicaid Number \_\_\_\_\_ 12. Provider's Phone Number \_\_\_\_\_

1. Mom's Last Name, First Name \_\_\_\_\_ 2. Mom's Age \_\_\_\_\_

3. Mom's Address \_\_\_\_\_ 4. Apt. # \_\_\_\_\_

5. Mom's City \_\_\_\_\_ 6. State \_\_\_\_\_ 7. Zip \_\_\_\_\_

8. Mom's Telephone or Contact \_\_\_\_\_ 9. Mom's Social Security # \_\_\_\_\_

10. Mom's Race/Ethnicity:  1. White  2. Black  3. Hispanic  4. Asian  5. American Indian  6. Other \_\_\_\_\_

Do not write in this box

3. Has a previous metabolic blood test been done anywhere?  Yes  No  
 Previous OSDH Lab Number: \_\_\_\_\_

4. Check all that apply at time of screening:  
 TPN  Antibiotics  Lactose-Free Formula (Soy)  
 Meconium ileus  Family History of CF

5. Test Requested:  
 All Tests  HGB Only  GALT  CFTR  Phe Monitor  
 Adoption (check if baby is being adopted)

Pulse Oximetry (CCHD) Screen  
 Not Performed  Pass  Fail  Echo  Refused

SUBMITTING HEALTH PROVIDER ID # \_\_\_\_\_  
 Return to Submitter at this address: \_\_\_\_\_

Hearing Screening Results:

<p><b>Right Ear</b></p> <input type="checkbox"/> Pass <input type="checkbox"/> Refer	<p><b>Left Ear</b></p> <input type="checkbox"/> Pass <input type="checkbox"/> Refer
--------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------

Screen Method:  ABR  OAE  Other (Specify) \_\_\_\_\_

If not screened, reason:  
 Technical problem  No equipment  Delayed  
 Caregiver refused  Baby discharged  Other \_\_\_\_\_

Hearing risk status—Check all that apply:  
 Blood relatives of the infant have a permanent hearing loss that began at birth or in early childhood.  
 Infant is suspected of having a congenital infection (neonatal herpes, criv, rubella, syphilis, toxoplasmosis).  
 Infant has craniofacial anomalies (pinna/ear canal abnormality, cleft lip/palate, hydrocephalus).  
 Infant had exchange transfusion.  
 Infant has serum bilirubin level  $\geq 15$  mg/dL.  
 Infant was placed in a Level II or III nursery for more than 24 hours.

Part 1 - 21# White CB - 5 1/2" x 8 1/2" ( $\pm 1/16"$ ) - Prints Red 185 Ink - Laser 3 of 9 Barcode and Press Number Print Black Ink

Oklahoma DOH NBS Card  
 10534635 Rev.AD  
 Job # XXXXXXX-001  
 12-14-15

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CUSTOMER		EBF	
APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>		
SIGNATURE		SIGNATURE	
NAME:	REF: 10534635	REVISION: AD	
DATE:	DATE:		

Perf Does Not Print

**1580901** Newborn Screening Form  
 Oklahoma State Department of Health, P.O. Box 24106,  
 Oklahoma City, OK 73124-0106 (405) 271-5070 ODH #450 REV02-2007

**DO NOT WRITE IN THIS BOX**

Do not write in this box

---

**INFANT INFORMATION**

1. Infant's Last Name \_\_\_\_\_ Infant's First Name \_\_\_\_\_

2. Sex:  M  F 3. Date of Birth: MM DD YY 4. Birth Time: 24 Hour Clock 5. Gest. Age \_\_\_\_\_

6. Birthweight in Grams \_\_\_\_\_ 7. If Multiple Birth Indicate Birth Order: A-H 8. Infant's Medical Record or I.D. \_\_\_\_\_

9. Provider ID \_\_\_\_\_ 10. Infant's Provider or Physician's Name \_\_\_\_\_

11. Mom's Medical Number \_\_\_\_\_ 12. Provider's Phone Number \_\_\_\_\_

**MOM'S INFORMATION**

1. Mom's Last Name, First Name \_\_\_\_\_ 2. Mom's Age \_\_\_\_\_

3. Mom's Address \_\_\_\_\_ 4. Apt. # \_\_\_\_\_

5. Mom's City \_\_\_\_\_ 6. State \_\_\_\_\_ 7. Zip \_\_\_\_\_

8. Mom's Telephone or Contact \_\_\_\_\_ 9. Mom's Social Security # \_\_\_\_\_

10. Mom's Race/Ethnicity:  1. White  2. Black  3. Hispanic  4. Asian  5. American Indian  6. Other \_\_\_\_\_

Pulse Oximetry (COHD) Screen  
 Not Performed  Pass  Fail  Echo  Refused

SUBMITTING HEALTH PROVIDER ID # \_\_\_\_\_  
 Return to Submitter at this address: \_\_\_\_\_

**SPECIMEN INFORMATION**

Refused (Check if caregiver refuses-Fax signed refusal form)

1. Collection Date: MM DD YY 24 Hour Clock  
 2. Transduction Date: MM DD YY 24 Hour Clock

3. Has a previous metabolic blood test been done anywhere?  Yes  No  
 Previous CGM# Lab Number \_\_\_\_\_

4. Check all that apply at time of screening:  
 TPN  Antibiotics  Lactose-Free Formula (Soy)  
 Meconium Resus  Family History of CF

5. Test Requested:  
 All Tests  HGB Only  GALT  CFTR  Phe Monitor  
 Adoption (check if baby is being adopted)

**Hearing Screening Results:**

<b>Right Ear</b>	<b>Left Ear</b>	<b>Screen Method</b>
<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> ASR <input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Refer	<input type="checkbox"/> Refer	<input type="checkbox"/> OAE

If not screened, reason:  
 Technical problem  No equipment  Delayed  
 Caregiver refused  Baby discharged  Other \_\_\_\_\_

Hearing risk status—Check all that apply:  
 Blood relatives of the infant have a permanent hearing loss that began at birth or in early childhood.  
 Infant is suspected of having a congenital infection (neonatal herpes, CMV, rubella, syphilis, toxoplasmosis).  
 Infant has craniofacial anomalies (pinna/ear canal abnormality, cleft lip/palate, hydrocephalus).  
 Infant had exchange transfusion.  
 Infant has serum bilirubin level ≥ 15 mg/dL.  
 Infant was placed in a Level II or III nursery for more than 24 hours.




CHART COPY  
 DETACH AND PLACE IN MEDICAL RECORD  
 NEWBORN SCREENING FORM

Oklahoma DOH NBS Card  
 10534635 Rev.AD  
 Job # XXXXXX-001  
 12-14-15

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CUSTOMER		EBF	
APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>		
SIGNATURE		SIGNATURE	
NAME:	REF: 10534635	REVISION: AD	
DATE:	DATE:		

Perf Does Not Print

	Oklahoma State Department of Health Newborn Screening Program	
	<b>THE NEWBORN SCREENING BLOOD TEST</b>	
<p>A special blood test has been done to protect your baby from hidden disease. The test screens for the disorders listed on the back of this form. These disorders are harmful if treatment is not started within the first month of life (each disorder is explained on the back of this sheet).</p>	<b>ATTENTION PROVIDER</b>	<b>DETACH AND GIVE TO PARENT OR GUARDIAN          NEWBORN SCREENING PROGRAM</b>
<b>WILL FURTHER TESTING BE REQUIRED?</b>	<b>DETACH AND GIVE TO PARENT OR GUARDIAN</b>	
<p>If your baby is tested before 24 hours of age, the test must be repeated at 3 to 5 days of age. If the blood test is abnormal or inadequate to test, a repeat test will be needed. Please contact your baby's physician to determine if your baby needs a repeat test.</p>		
<b>ASK YOUR BABY'S DOCTOR FOR THE TEST RESULTS</b>		
<p>Please take this form with you to your baby's first doctor visit and ask for test results. If your baby's doctor does not have the test results and you have not been notified by mail, please call the Oklahoma State Department of Health when your baby is three weeks of age at <b>(405) 271-6617</b> or <b>1-800-766-2223</b>.</p>	 <b>1580901</b>	

Oklahoma DOH NBS Card  
 10534635 Rev.AD  
 Job # XXXXXXX-001  
 12-14-15

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CUSTOMER		EBF	
APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>		
SIGNATURE		SIGNATURE	
NAME:	REF: 10534635	REVISION: AD	
DATE:	DATE:		

Perf Does Not Print

**Early Detection and Treatment Provide Oklahoma Infants a Healthy Start**

**Congenital Hypothyroidism** – Congenital hypothyroidism is usually caused by abnormal development or absence of the thyroid gland. Treatment includes daily thyroid medication to prevent mental retardation and poor growth.

**Classic Galactosemia** – Galactosemia occurs when the baby cannot break down a special sugar in milk called galactose. Treatment includes a galactose free diet.

**Congenital Adrenal Hyperplasia 21-hydroxylase Deficiency (CAH)** – CAH is caused by the lack of an enzyme that the adrenal gland uses to process hormones. In girls the genitalia may appear like that of a male, and can result in incorrect sex assignment. Treatment includes medication (hormones) to prevent serious illness and death.

**Cystic Fibrosis** – Cystic Fibrosis is a disorder that causes thick mucus to collect in the lungs and other body organs, which can result in breathing problems, lung infections, and poor digestion of food. Treatment includes medication and close monitoring by the Cystic Fibrosis Center.

**Sickle Cell Disease & other hemoglobin disease** – Sickle cell disease occurs when the hemoglobin in the red blood cells does not develop normally. Red blood cells have the important job of delivering oxygen to different parts of the body. Treatment includes medication and close monitoring by a Hematologist.

**Medium-chain acyl coenzyme A dehydrogenase deficiency (MCAD) & Other Fatty Acid Oxidation Disorders** – These conditions prevent the body from using certain fats for energy, particularly during periods without food (fasting). Treatment includes frequent feedings, dietary management, and medication.

**Phenylketonuria (PKU) & Other Amino Acid Disorders** – Amino Acid Disorders, including PKU, are caused by the body's inability to break down certain proteins in food, or by the body's inability to handle the extra nitrogen produced by the breakdown of protein. Treatment includes strict dietary management and may include medication.

**Organic Acid Disorders** – These conditions are caused by the body's inability to process certain proteins and/or fats properly. Treatment includes strict dietary management and may include medication.

**Biotinidase Deficiency** – The vitamin biotin is found in many foods, and is important for proper growth and development. Biotinidase Deficiency prevents babies from using biotin in a normal manner. Treatment includes biotin (vitamin) supplements and regular monitoring.

**Severe Combined Immunodeficiency** – Group of rare serious, and potentially fatal, inherited immune disorders in which T lymphocytes fail to develop and B lymphocytes are either absent or compromised.

For all of these disorders, early treatment is needed to prevent severe illness or death.

**Special Note:** for sickle cell disease and cystic fibrosis screening, the blood test might find that your baby is a "carrier" of a disorder. Genetic Counseling is recommended.

**Questions about the newborn screening blood test?**  
 Call: 405-271-6617 or 800-768-2223  
 E-mail: [newbornscreen@health.ok.gov](mailto:newbornscreen@health.ok.gov)  
 Web site: <http://nsp.health.ok.gov>

Part 3 Backer - Prints Black Ink

Oklahoma DOH NBS Card  
 10534635 Rev.AD  
 Job # XXXXXXX-001  
 12-14-15

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CUSTOMER		EBF	
APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>		
SIGNATURE		SIGNATURE	
NAME:	REF: 10534635	REVISION: AD	
DATE:	DATE:		

Perf Does Not Print

Oklahoma State Department of Health

*Newborn Hearing Screening*

OKLAHOMA  
NEWBORN  
HEARING  
SCREENING  
PROGRAM



**THE NEWBORN HEARING SCREENING TEST**  
 Newborn hearing screening checks to see if your baby's hearing is okay. Good hearing is important for speech/language development. Hearing problems need to be identified as early as possible. If your baby has a hearing loss, steps can be taken to help your baby develop communication.

**CAN YOUR NEWBORN HEAR?**  
 Your baby's nurse or doctor can tell you the hearing screening results. The screening results also are shown in the box below where it says Hearing Screening Results. Look for check marks in the "Pass" boxes. If there is a mark in each "Pass" box, your baby's hearing was okay. If your baby gets a "Refer" for one or both ears, more testing is needed. Your baby's doctor may refer you to an audiologist for additional testing. An audiologist is a hearing specialist. *If for some reason your baby's hearing was not screened, please call 1-800-766-2223 or 405-271-6617 to ask about a location close to you where hearing can be checked.*

**IF YOUR BABY PASSES THE SCREENING, WILL HEARING NEED TO BE TESTED AGAIN?**  
 Perhaps. There are some conditions that cause hearing loss later in life. One is a family history of deafness. Others include various illnesses or conditions at birth. If there is a check mark in any of the boxes under "Hearing risk status" it is recommended that hearing be checked again by six months of age.

**QUESTIONS ABOUT HEARING OR WHERE TO HAVE YOUR BABY'S HEARING CHECKED?**  
 Please call the Newborn Screening Program for answers. The toll-free number is 800-766-2223. The Oklahoma City metropolitan area number is 271-6617. The phone is answered Monday through Friday from 8:00 AM until 5:00 PM. E-mail: newbornscreen@health.ok.gov

**ATTENTION PROVIDER**

**DETACH AND GIVE TO PARENT OR GUARDIAN**

**DETACH AND GIVE TO PARENT OR GUARDIAN**

**NEWBORN HEARING SCREENING**

1580901

Part 4 - 20# Pink Bond - 5 1/2" x 10 1/2" (±1/16") - Prints Black and CF Ink (shown in blue)

Oklahoma DOH NBS Card  
 10534635 Rev.AD  
 Job # XXXXXXX-001  
 12-14-15

Note: This PDF form layout is produced to a 1:1 scale. All copy and construction features are shown in their proper position per your specifications. Production variances will result in a potential ± 1/16" (1.6mm) tolerance.

CUSTOMER		EBF	
APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>		
SIGNATURE		SIGNATURE	
NAME:	REF: 10534635	REVISION: AD	
DATE:	DATE:		

Perf Does Not Print

## Your Baby's Hearing

Your child's most important learning will take place between birth and 4 years of age. During those years, your child learns how to communicate – first to understand what people say, and then to start talking. To do this, *your baby must have good hearing.*

You can try the simple tests in the Checklist below to find out if your baby has normal hearing. As the weeks and months go by, check to see if your baby can do most of the things listed. *If your baby can't, don't wait – have hearing tested.* If you suspect a hearing loss or have a concern about your child's hearing, contact the Newborn Screening Program for a referral. You also can call your doctor, an audiologist, or your county health department to find out about hearing testing.

### Hearing Checklist

#### Birth to 3 months

- Is startled by loud sound
- Is soothed by mother's voice

#### 3 to 6 months

- Turns eyes and head to search for location of sound
- Responds to mother's voice
- Imitates own noises-oohs, ba-bas, etc.
- Enjoys rattles and other sound making toys

#### 6 to 10 months

- Responds to own name, telephone ringing, and someone's voice even when not loud
- Understands "no", "bye-bye", and other common words

#### 10 to 15 months

- Can point to or look for familiar objects or people when asked to do so
- Imitates simple words and sounds

#### 15 to 18 months

- Follows simple spoken directions
- First words are well on the way
- By 18 months there should be many more words

Questions about your baby's hearing?  
 Contact the Newborn Screening Program  
 Telephone: 800-766-2223  
 E-mail: [newbornscreen@health.ok.gov](mailto:newbornscreen@health.ok.gov)

Part 4 Backer - Prints Black Ink



Oklahoma DOH NBS Card  
 10534635 Rev.AD  
 Job # XXXXXX-001  
 12-14-15

Note: This PDF form layout is produced to a 1:1 scale. All copy and construction features are shown in their proper position per your specifications. Production variances will result in a potential  $\pm 1/16"$  (1.6mm) tolerance.

CUSTOMER		EBF	
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SIGNATURE		SIGNATURE	
NAME:		REF: 10534635	REVISION: AD
DATE:		DATE:	

Perf Does Not Print
Glue Lines Do Not Print
Perf Does Not Print

### HEARING SCREENING INSTRUCTIONS

Hearing screening is to be completed with results recorded and forwarded to the Oklahoma State Department of Health at the same time as the blood specimen. Follow the instructions below:

1. Screen the infant's hearing using the available technology.
2. Record results in the Hearing Screening Results area on the front page of the form. Place a check mark in the appropriate Pass or Refer box for the right ear and the left ear.
3. Indicate the method used to screen hearing (ABR, OAE, Other). If "Other" is checked, specify the technology used.
4. If hearing cannot be screened, check the appropriate box for the reason; if screening will be delayed, follow instructions below.
5. Complete the Hearing risk status indicator section by placing a check mark in the box of any item that applies to this infant. The first question about familial hearing loss is to be asked of the birth mother. Information for the other indicators should be available in the infant's chart.
6. Detach and give the Newborn Hearing Screening parent form (pink sheet) to the infant's parent or guardian at discharge.

**DO NOT DELAY SENDING THE BLOOD SPECIMEN. ALL BLOOD SPECIMENS MUST BE SENT WITHIN 24 HOURS OF COLLECTION.**

For infants whose hearing screening cannot be completed by the time the blood specimen must be sent (including those transferred *within* the facility) and it is anticipated hearing will be screened prior to discharge, do the following:

1. On the original form in the If not screened, reason: area, mark the "Delayed" box.
2. Complete the Hearing risk status section. For infants placed in "special care" nursery, be sure to mark the Infant was placed in a Level II or III nursery for more than 24 hours box. Be certain there are no marks in the Screen Method box.
3. Detach and retain the Chart Copy (yellow sheet) and parent's copy (pink sheet) of the hearing screening form. The Chart copy will be used to record hearing screening results.
4. Be sure that the infant's last and first names are legible on the detached documents.
5. Mail Blood specimen.
6. Perform the hearing screening prior to discharge.
7. Record the results as indicated in the appropriate boxes on the yellow Chart copy and pink parent copy.
8. Mark any appropriate boxes in the Hearing risk status area if this has not already been completed.
9. Photocopy the front of the completed yellow sheet. Be certain that infant's name and the form's serial number are legible on photocopy.
10. Fax a copy of the results to Newborn Hearing Screening at 405-271-4892 OR mail the photocopy to OSDH, Newborn Hearing Screening Program, 1000 NE 10<sup>th</sup>, Room 709, Oklahoma City, OK 73117-9903.
11. Give the completed pink sheet to the infant's parent or guardian.

Part 5 - 100# Manila Tag - 5 1/2" x 8 13/16" ( $\pm 1/16"$ ) - Prints Black Ink

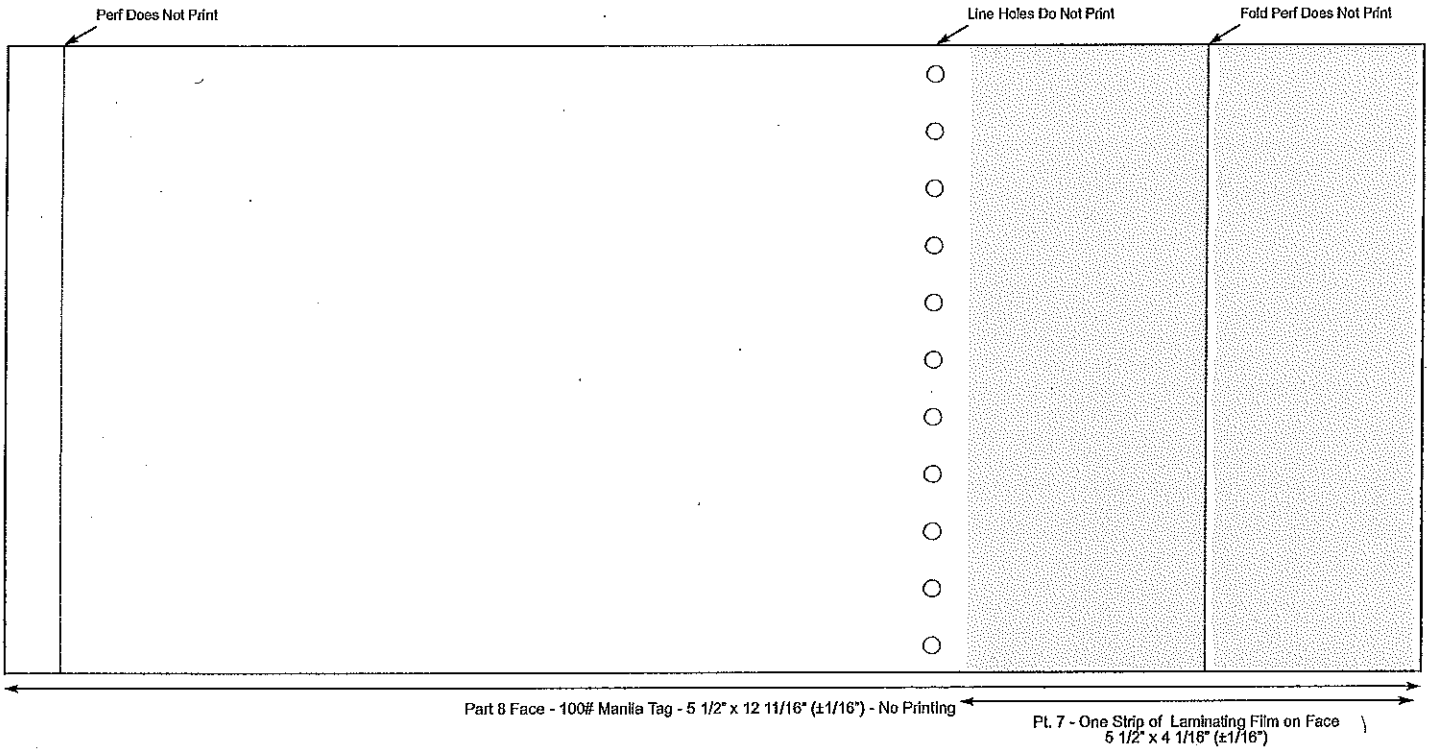
Part 6 - 903 Lot WXXX  
 5 1/2" x 2 13/16" ( $\pm 1/16"$ ) - Prints Bio Black 586 Ink  
 Tips to back of Part 5 with EBF glue #1003  
 Circle size: 12.6mm ID

SN 1580901  
 FORM ODH #450 REV 02-2007  
 FILL EACH CIRCLE WITH ONE LARGE DROP OF BLOOD  
 Expiration Date: 7 17 11 AM  
 903<sup>th</sup> LOT XXXXXXX WXXX

Oklahoma DOH NBS Card  
 10534635 Rev.AD  
 Job # XXXXXXX-001  
 12-14-15

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NAME:	REF: 10534635	REVISION: AD	
DATE:	DATE:		



Oklahoma DOH NBS Card  
 10534635 Rev.AD  
 Job # XXXXXXX-001  
 12-14-15

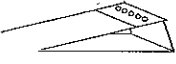




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SIGNATURE		SIGNATURE	
NAME:	REF: 10534635	REVISION: AD	
DATE:	DATE:		

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Fold Perf Does Not Print

Line Holes Do Not Print

Perf Does Not Print

<p><b>DO NOT REMOVE OVERLAY</b></p> <p>See attached instructions on specimen collection, hearing screening, and transport.</p> <p>Allow blood specimens to air dry for 3-6 hours using the overlay for support. Close overlay when dry. Transport within 24 hours.</p>  <p>Do not place specimens in plastic bags</p>  <p>1) Do not touch sample area        2) Do not use if damaged</p>	<p><b>SUBMITTER RESPONSIBILITY</b></p> <ol style="list-style-type: none"> <li>1. Completion of form.</li> <li>2. Collection of an adequate specimen for testing.</li> <li>3. Send specimens within 24 hours of collection.</li> <li>4. The quality of the specimen received by the Public Health Laboratory Service.</li> <li>5. Listing the planned health care provider who will be providing well care for the infant after discharge or infant's physician if the infant is to be hospitalized for extended period of time.</li> </ol> <p><b>SCREENING REQUIREMENTS FOR ALL NEWBORNS</b></p> <ol style="list-style-type: none"> <li>1. Prior to blood transfusion, as early as possible after 24 hours of age or immediately prior to discharge, whichever comes first.</li> <li>2. If infant is screened at less than 24 hours of age, repeat screen at 3-5 days of age (if premature or a sick infant, repeat screen at 7-14 days of age).</li> <li>3. All premature and sick infants should have a repeat screen at 14 days of age.</li> </ol>	<p><b>Instruction on Specimen Collection and Mailing (Complies with CLSI Standard NBS01-A6)</b></p> <p><b>COMPLETION OF FORM</b></p> <ol style="list-style-type: none"> <li>1. Legibly print and complete all information requested.</li> <li>2. List submitter's return address and submitter ID number. Submitter means the facility or provider who has collected the specimen.</li> <li>3. List the provider or physician who will be following the baby for well care or the attending physician if the infant is hospitalized for an extended period of time.</li> <li>4. List the parent's correct address and phone number for notification of abnormal results.</li> <li>5. Document results of the infant's pulse oximetry (COHD) screen.</li> </ol> <p>Note: All results are sent to the submitter and the provider listed on the form.</p> <p><b>COLLECTION OF BLOOD SPECIMEN</b></p> <ol style="list-style-type: none"> <li>1. To prevent specimen contamination do not touch any of the filter paper circles before or after collection.</li> <li>2. Select puncture site and cleanse with 70% Isopropanol and allow heel to air dry. Usual puncture site is illustrated below.</li> </ol>  <ol style="list-style-type: none"> <li>3. Use a sterile, disposable lancet or heel incision device to perform a swift clean puncture.</li> <li>4. Wipe away first drop of blood with a sterile gauze or cotton ball.</li> <li>5. Gently touch the filter paper against a large drop of blood and allow a sufficient quantity of blood to soak through to completely fill the preprinted circle on the filter paper. Blood must be applied to only one side of the filter paper and circle area should be fully saturated.</li> <li>6. Fill each circle with ONE large drop of blood.</li> <li>7. Protect freshly collected specimens from contamination.</li> <li>8. Allow blood specimen to air dry at room temperature for at least 3 hours in a horizontal position. Do not stack wet specimens. Insufficient drying will adversely affect the test results. DO NOT PLACE FILTER PAPER SPECIMENS IN A PLASTIC BAG.</li> </ol> <p>Specimens may be "Unsatisfactory for Testing" for the following reasons:</p> <ol style="list-style-type: none"> <li>a. Circles not completely filled in or not thoroughly saturated.</li> <li>b. Uneven saturation of circles or multiple sample application.</li> <li>c. Specimen appears contaminated.</li> <li>d. Clotted or caked blood on filter paper, or damaged filter paper.</li> <li>e. Assay inhibition due to antibiotic or other substance.</li> <li>f. Incomplete elution of blood from filter paper.</li> <li>g. Laboratory requisition incomplete or improperly completed.</li> <li>h. Results inconsistent -- possibly due to improper sample collection.</li> <li>i. Specimen submitted on incorrect form or expired form.</li> <li>j. No specimen received with form.</li> <li>k. Specimen placed in plastic bag while wet.</li> <li>l. Receipt of specimen was more than 14 days from date of collection.</li> </ol>	<p><b>Courier Delivery</b></p>   <p>Specimens should be transported in the manner designated by the OSDH Public Health Laboratory Service. Send specimens within 24 hours of collection.</p> <p>Courier Service address:  <b>NEWBORN SCREENING SECTION</b>      Public Health Laboratory Service      1000 NE 10<sup>th</sup> Street      Oklahoma City, OK 73117-1289</p> <p>Mailing address: (using United States Postal Service)  <b>NEWBORN SCREENING SECTION</b>      Public Health Laboratory Service      P.O. Box 24106      Oklahoma City, OK 73124-0106</p> <p><b>Adoption</b></p> <p>If infant is being adopted, check the Adoption box on the front of the form. List the agency or lawyer that is handling the adoption in the "Mom's Information" section. Please note: for proper identification, the "Infant's Information" section must be completed accurately. Questions? Please call (405) 271-6617 or (800) 766-2223.</p>
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Part 8 Backer - Prints Black and Red 185 Inks