**Exhibit 2, Part a**

**Bidder Instructions Items H.& H.i.**

**Item H.**

**Instructions:** Provide 3 references from customers where work is similar to that specified in

this solicitation, was performed.

**REFERENCE ONE**

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

Contact Person: ---------------------------------------------------

Mailing Address: ----------------------------------------------------

Phone Number(s): -------------------------------------------------

E-mail Address:---------------------------------------------------

**REFERENCE TWO**

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

Contact Person: ---------------------------------------------------

Mailing Address: ----------------------------------------------------

Phone Number(s): -------------------------------------------------

E-mail Address:---------------------------------------------------

**REFERENCE THREE**

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

Contact Person: ---------------------------------------------------

Mailing Address: ----------------------------------------------------

Phone Number(s): -------------------------------------------------

E-mail Address:---------------------------------------------------

**Item H. i.**

**Instructions:** Provide years of experience providing drug screen services.

\_\_\_\_ Years

**Instructions:** Provide total years of experience providing drug screen services to comparable

regulatory boards or professional healthcare provider monitoring programs of similar size and

scope.

\_\_\_\_ Years

**Instructions:** Provide total years of experience in the provision of Case Management Services

\_\_\_\_ Years

**Instructions:** Provide total years of experience in the management of electronic documentation

\_\_\_\_ Years

**Exhibit 2, Part b**

**Reference Exhibit 1; Item 6.3.1.&2.**

**Instructions:** Provide quantity of counties as requested below.

**Item 1.**

Quantity of observed collection sites available on **weekdays** by county in Oklahoma.

\_\_\_\_Counties

Quantity of observed collection sites available on **weekends** by county in Oklahoma.

\_\_\_\_Counties

**Instructions:** Check only one that applies as requested below.

**Item 2.**

Observed collection sites available in the **U.S.** other than Oklahoma.

\_\_\_\_ 40-50 states

\_\_\_\_ 30-40 states

\_\_\_\_ 20-30 states

\_\_\_\_ 10-20 states

\_\_\_\_ 0-10 states