

Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION					
General Tracking		Contract Terms			
FILE ID#: 25-0783	RFP, BID, QUOTE OR RENEWAL #: RFP #24-035-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$40,000.00		
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 04/15/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$120,000.00		
	CURRENT TERM TOTAL COST: \$40,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: FIRST RENEWAL		
Vendor Information		Department Information			
VENDOR: Healthlab	VENDOR #: 10019	DEPT: DuPage Care Center	DEPT CONTACT NAME: Annabel Leonida		
VENDOR CONTACT: VENDOR CONTACT PHONE: Lindsey Rymarz 630-777-0851		DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL: annabel.leonida @dupagecounty.gov		
VENDOR CONTACT EMAIL: lindsey.rymarz@nm.org	VENDOR WEBSITE:	DEPT REQ #: 7493			

Overview

DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Patient phlebotomy and laboratory services, for the DuPage Care Center, for the period April 23, 2025 through April 22, 2026, for a total contract amount not to exceed \$40,000.00, under RFP renewal #24-035-DCC, first of three one-year optional renewals.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished
As part of their course of treatment the residents of the DuPage Care Center periodically need to have laboratory testing done, as ordered by their
physician, to aid in determining a course of treatment.
The fees are based on the CMS Physician Fee Schedule.

SECTION 2: DECISION MEMO REQUIREMENTS				
DECISION MEMO NOT REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required.			
DECISION MEMO REQUIRED RENEWAL OF RFP	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.			

SECTION 3: DECISION MEMO				
SOURCE SELECTION	Describe method used to select source. 40 invitations sent, 3 documents were requested and 2 RFP's were received. A team of three (3) staff members from the DPCC reviewed and analyzed the two (2) vendors that submitted Proposals. The criteria was based on Firm qualifications, key qualifications and project understanding. Both vendor fees were bass off of the CMS Physician Fee Schedule. Healthlab was scored higher as a result of the following: Company has a good understanding of project and a lower Stat and Draw fee per order compared to other vendor.			
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action). 1) Recommendations for the approval of renewal of Healthlab for Patient phlebotomy and laboratory services, for the DuPage Care Center, for the period April 23, 2025 through April 22, 2026. 2) Do not approve renewal of Healthlab for Patient phlebotomy and laboratory services, for the DuPage Care Center, for the period April 23, 2025 through April 22, 2026, however, DPCC will still need to provide services for the resident's based off of prescribed orders by Physician.			

	SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION
JUSTIFICATION	Select an item from the following dropdown menu to justify why this is a sole source procurement.
NECESSITY AND UNIQUE FEATURES	Describe the product or services that are not available from other vendors. Explain necessary and unique features or services. Attach letters from manufacturer, letters from distributor, warranties, licenses, or patents as needed. Be specific.
MARKET TESTING	List and describe the last time the market has been tested on the applicability of the sole source. If it has not been tested over the last 12 months, explain why not.
AVAILABILITY	Describe steps taken to verify that these features are not available elsewhere. Included a detailed list of all products or services by brand/manufacturer examined and include names, phone numbers, and emails of people contacted.

	SECTION 5: Purcha	se Requisition Informati	ion			
Sena	l Purchase Order To:	Send Invoices To:				
Vendor: Healthlab	Vendor#: 10019	Dept: DuPage Care Center	Division: Nursing			
			3			
Attn:	Email:	Attn:	Email:			
Lindsey Rymarz	lindsey.rymarz@nm.org	Connie Pureza	Connie.Pureza@dupagecounty.gov			
Address:	City:	Address:	City:			
25 N. Winfield Road	Winfield	400 N. County Farm Road	Wheaton			
State:	Zip:	State:	Zip:			
IL	60190	IL	60187			
Phone:	Fax:	Phone:	Fax:			
630-777-0851		630-784-4254				
Send Payments To:		Ship to:				
Vendor:	Vendor#:	Dept:	Division:			
Healthlab	10019	DuPage Care Center	Nursing			
Attn:	Email:	Attn:	Email:			
Lindsey Rymarz	lindsey.rymarz@nm.org	Annabel Leonida	Annabel.Leonida @dupagecounty.gov			
Address:	City:	Address:	City:			
25 N. Winfield Road	Winfield	400 N. County Farm Road	Wheaton			
State:	Zip:	Zip:				
IL	60190	IL	60187			
Phone:	Fax:	Fax: Phone:				
630-777-0851		630-784-				
Shipping		Contract Dates				
Payment Terms:	FOB:	Contract Start Date (PO25):	Contract End Date (PO25):			
PER 50 ILCS 505/1	Destination	April 23, 2025 April 22, 2026				

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		Patient phlebotomy and laboratory services	FY25	1200	2050	53070		25,000.00	25,000.00
2	1	EA		Patient phlebotomy and laboratory services	FY26	1200	2050	53070		15,000.00	15,000.00
FY is required, ensure the correct FY is selected. Requisition Total					\$ 40,000.00						

	Comments				
HEADER COMMENTS	Provide comments for P020 and P025. Patient phlebotomy and laboratory services, for the DuPage Care Center, for the period April 23, 2025 through April 22, 2026, for a total contract amount not to exceed \$40,000.00, under RFP renewal #24-035-DCC, first of three one-year optional renewals.				
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. April 15, 2025 Human Services April 22, 2025 County Board				
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.				
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.				