



Procurement Review Comprehensive Checklist
 Procurement Services Division
 This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION

<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#: 24-1074	RFP, BID, QUOTE OR RENEWAL #: 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: 04/02/2024	PROMPT FOR RENEWAL: 6 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: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Central DuPage Hospital Association dba Healthlab	VENDOR #: 10019	DEPT: DuPage Care Center	DEPT CONTACT NAME: Annabel Leonida
VENDOR CONTACT: Benjamin Shaw	VENDOR CONTACT PHONE: 630-933-2633	DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL: annabel.leonida@dupagecounty.gov
VENDOR CONTACT EMAIL: benjamin.shaw@nm.org	VENDOR WEBSITE:	DEPT REQ #: 7446	
<i>Overview</i>			
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 18, 2024 through April 17, 2025, for a total contract amount not to exceed \$40,000.00, per RFP #24-035-DCC.			
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 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	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.
RFP (REQUEST FOR PROPOSAL)	

SECTION 3: DECISION MEMO

STRATEGIC IMPACT	Select an item from the following dropdown menu of County's strategic priorities that this action will most impact. QUALITY OF LIFE
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 DuPage Care Center 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 based off of the CMS Physician Fee Schedule. Central DuPage Hospital Association dba 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 Simple Laboratories, LLC.
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). Staff recommends going with the selected vendor as determined by the RFP responses.

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: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Central DuPage Hospital Association dba Healthlab	Vendor#: 10019	Dept: DuPage Care Center	Division: Nursing
Attn: Benjamin Shaw	Email: Benjamin.shaw@nm.org	Attn: Connie Pureza	Email: connie.pureza@dupagecounty.gov
Address: 25 N Winfield Road	City: Winfield	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60190	State: IL	Zip: 60187
Phone: 630-933-2633	Fax:	Phone: 630-784-4254	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Central DuPage Hospital Association dba Healthlab	Vendor#: Benjamin.shaw@nm.org	Dept: DuPage Care Center	Division: Nursing
Attn: Benjamin Shaw	Email: Winfield	Attn: Annabel Leonida	Email: annabel.leonida@dupagecounty.gov
Address: 25 N Winfield Road	City: Winfield	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60190	State: IL	Zip: 60187
Phone: 630-933-5292	Fax:	Phone: 630-784-4250	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): April 18, 2024	Contract End Date (PO25): April 17, 2025
Contract Administrator (PO25): Christine Kliebhan			

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	FY24	1200	2050	53070		25,000.00	25,000.00
2	1	EA		Patient phlebotomy and laboratory services	FY25	1200	2050	53070		15,000.00	15,000.00
<i>FY is required, assure the correct FY is selected.</i>										Requisition Total	\$ 40,000.00

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025. Patient phlebotomy and laboratory services, for the DuPage Care Center, for the period April 18, 2024 through April 17, 2025, for a total contract amount not to exceed \$40,000.00, per RFP #24-035-DCC.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. 04/02/24 Human Services Committee 04/09/24 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.

The following documents have been attached: W-9 Vendor Ethics Disclosure Statement