

## Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION					
General Tracking		Contract Terms			
FILE ID#: 25-1899	RFP, BID, QUOTE OR RENEWAL #: RFP-25-066-PROB	INITIAL TERM WITH RENEWALS: 4 YRS + 0 TERM PERIOD	INITIAL TERM TOTAL COST: \$284,211.00		
COMMITTEE: JUDICIAL AND PUBLIC SAFETY	TARGET COMMITTEE DATE: 09/02/2025	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$284,211.00		
	CURRENT TERM TOTAL COST: \$284,211.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM		
Vendor Information		Department Information			
VENDOR: Microgenics Corporation	VENDOR #: 12437	DEPT: Probation and Court Services	DEPT CONTACT NAME: Sharon Donald		
VENDOR CONTACT: Lovetta Thomas	VENDOR CONTACT PHONE: 510-979-5000	DEPT CONTACT PHONE #: 630-407-8413	DEPT CONTACT EMAIL: sharon.donald@dupagecounty.gov		
VENDOR CONTACT EMAIL: lovetta.thomas@thermofisher.com	VENDOR WEBSITE:	DEPT REQ #:	,		

## 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.). The department of Probation and Court Services has utilized an immunoassay drug testing analyzer for a number of years to provide drug testing per court order. The department collects and test approximately 1,300 samples each month.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished

To provide court-ordered drug testing and supplies with an AU480 analyzer for a four year lease for the Probation Department. Lowest Responsible Bid #25-066-PROB for a contract amount not to exceed \$284,211.

SECTION 2: DECISION MEMO REQUIREMENTS					
DECISION MEMO NOT REQUIRED LOWEST RESPONSIBLE QUOTE/BID	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required. $(QUOTE < \$25,000, BID \ge \$25,000; ATTACH TABULATION)$				
DECISION MEMO REQUIRED	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. This is the vendor selected through the low bid process.			
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) Drug testing is ordered by the courts and the results are needed as soon as possible. If no lab, no test results available.  2) This will help to identify offenders with drug abuse.			

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 F	Requisition Informati	on		
Send Purc	chase Order To:	Send Invoices To:			
Vendor: Microgenics Corporation	Vendor#: Dept: poration 12437 Probation and Court Services		Division: Finance		
Attn: Lovetta Thomas	Email: lovetta.thomas@thermofisher.com	Attn: Sharon Donald	Email: sharon.donald@dupagecounty.gov		
Address: 46500 Kato Road	City: Freemont	Address: City: 503 N County Farm Road Wheaton			
State: California	Zip: 94538	State: Illinois	Zip: 60187		
Phone: 510-979-5000	Fax: 510-979-5008	Phone: Fax: 630-407-8413 630-407-2502			
Send Payments To:		Ship to:			
Vendor: Microgenics Corporation	Vendor#: 12437	Dept: Probation and Court Services	Division: Finance		
Attn: Ray Walton	Email: williams.walton@thermofisher.com	Attn: Thor Saline	Email: thor.saline@dupageco.org		
Address: 7055 Collections Center Drive	City: Chicago	Address: City: 503 N County Farm Road Wheaton			
State: Illinois	Zip: 60693	State: Zip: Illinois 60187			
Phone: 510-979-5000	Fax: 510-979-5008	Phone: 630-407-8420	Fax:		
Shipping		Contract Dates			
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Oct 1, 2025	Contract End Date (PO25): Sep 30, 2029		

					Purcha	se Requis	ition Lin	e Details			
LN	Qty	UOM	ltem Detai <b>l</b> (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		Drug Testing Analyzer & Supplies for 10/1/25- 11/30/25	FY25	1400	6120	52320		13,000.00	13,000.00
2	1	EA		Drug Testing Analyzer & Supplies for 12/1/25- 11/30/26	FY26	1400	6120	52320		51,950.00	51,950.00
3	1	EA		Drug Testing Analyzer & Supplies for 12/1/26- 11/30/27	FY27	1400	6120	52320		68,813.40	68,813.40
4	1	EA		Drug Testing Analyzer & Supplies for 12/1/27- 11/30/28	FY28	1400	6120	52320		73,052.40	73,052.40
5	1	EA		Drug Testing Analyzer & Supplies for 12/1/28- 9/30/29	FY29	1400	6120	52320		77,395.20	77,395.20
FY is required, ensure the correct FY is selected.  Requisition Total					\$ 284,211.00						

Comments				
HEADER COMMENTS	Provide comments for P020 and P025.			
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.			
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.			