

HS 8/1
 FI + CB 8/8



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Date: Jul 7, 2023

MinuteTraq (IQM2) ID #: 23-2386

Purchase Order #: 6005-0001 SERV	Original Purchase Order Date: Sep 20, 2022	Change Order #: 6	Department: DuPage Care Center
Vendor Name: Lifescan Laboratories of Illinois	Vendor #: 38420	Dept Contact: DPCC	

Background and/or Reason for Change Order Request: This contract is for patient phlebotomy and lab services for the period September 20, 2022 through September 19, 2023.
 Increase line 6, 1200-2050-53070, in the amount of \$19,500.00 to cover for anticipated services for remainder of FY23
 Create line 8, 1200-2050-53070, in the amount of \$13,000.00 to cover for services through the new contract extension of March 19, 2024.
 NOTE: this increase is to cover a higher census, and more Respiratory panels that are prescribed by our Physicians and those tests are more expensive.

IN ACCORDANCE WITH 720 ILCS 5/33E-9

- (A) Were not reasonably foreseeable at the time the contract was signed.
- (B) The change is germane to the original contract as signed.
- (C) Is in the best interest for the County of DuPage and authorized by law.

INCREASE/DECREASE

A	Starting contract value	\$20,000.00
B	Net \$ change for previous Change Orders	\$15,000.00
C	Current contract amount (A + B)	\$35,000.00
D	Amount of this Change Order <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$32,500.00
E	New contract amount (C + D)	\$67,500.00
F	Percent of current contract value this Change Order represents (D / C)	92.86%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	237.50%

DECISION MEMO NOT REQUIRED

- Cancel entire order Close Contract Contract Extension (29 days) Consent Only
- Change budget code from: see above to: see above
- Increase/Decrease quantity from: _____ to: _____
- Price shows: _____ should be: _____
- Decrease remaining encumbrance and close contract Increase encumbrance and close contract Decrease encumbrance Increase encumbrance

DECISION MEMO REQUIRED

- Increase (greater than 29 days) contract expiration from: _____ to: _____
- Increase ≥ \$2,500.00, or ≥ 10%, of current contract amount Funding Source _____
- OTHER - explain below:

cdk	4208	Jul 6, 2023	<i>AKCM</i>	Jul 6, 2023
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext

REVIEWED BY (Initials Only)

Buyer	Date	Procurement Officer	Date
			7-13-23