



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#: 26-0964	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: 03/03/2026	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$120,000.00
	CURRENT TERM TOTAL COST: \$20,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: SECOND RENEWAL
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Healthlab	VENDOR #: 10019	DEPT: DuPage Care Center	DEPT CONTACT NAME: Annabel Leonida
VENDOR CONTACT: Sylvester Dazzo	VENDOR CONTACT PHONE: 630-933-2093	DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL: annabel.leonida@dupagecounty.gov
VENDOR CONTACT EMAIL: sylvester.dazzo@nm.org	VENDOR WEBSITE:	DEPT REQ #: 7567	

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, 2026 through April 22, 2027, for a total contract not to exceed \$20,000.00, under RFP #24-035-DCC, second 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 Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.
 RENEWAL OF RFP

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, 2026 through April 22, 2027. 2) Do not approve renewal of Healthlab for Patient phlebotomy and laboratory services, for the DuPage Care Center, for the period April 23, 2026 through April 22, 2027, 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: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Healthlab	Vendor#: 10019	Dept: DuPage Care Center	Division: Nursing Department
Attn: Sylvester Dazzo	Email: Sylvester.dazzo@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: 630-933-2093	Fax:	Phone: 630-784-4254	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Healthlab	Vendor#: 10019	Dept: DuPage Care Center	Division: Nursing Department
Attn: Lyndsey Rymarz	Email: lindsey.rymarz@nm.org	Attn: Annabel Leonida	Email: annabel.leonida@dupagecounty.gov
Address: 25 N. Winfield Road	City:	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip:	State: IL	Zip: 60187
Phone: 630-777-0851	Fax:	Phone: 630-784-4250	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): April 23, 2026	Contract End Date (PO25): April 22, 2027

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	FY26	1200	2050	53070		12,500.00	12,500.00
2	1	EA		patient phlebotomy and laboratory services	FY27	1200	2050	53070		7,500.00	7,500.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 20,000.00

<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 23, 2026 through April 22, 2027, for a total contract not to exceed \$20,000.00, under RFP #24-035-DCC, second 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 7, 2026 Human Services Committee
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.