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

SECTION 1: DESCRIPTION

General Tracking		*Contract Terms*	
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #: 25-120-COR	INITIAL TERM WITH RENEWALS: 4 YRS + 0 TERM PERIOD	INITIAL TERM TOTAL COST: $400,000.00
COMMITTEE: JUDICIAL AND PUBLIC SAFETY	TARGET COMMITTEE DATE: 11/18/2025	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: $400,000.00
	CURRENT TERM TOTAL COST: $400,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD:
Vendor Information		*Department Information*	
VENDOR: NMS Labs	VENDOR #: 10212	DEPT: Coroner's Office	DEPT CONTACT NAME: Diane Hewitt
VENDOR CONTACT: Linda Gott	VENDOR CONTACT PHONE: 267-421-1857	DEPT CONTACT PHONE #: 630-407-2630	DEPT CONTACT EMAIL: diane.hewitt@dupagecounty.gov
VENDOR CONTACT EMAIL: Linda.Gott@NMSLABS.COM	VENDOR WEBSITE: www.nmslabs.com	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.).
Awarded per RFP #25-120-COR for Toxicology Lab Work for the deceased, for the Coroner's Office.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished
Toxicology lab work is required to know what chemicals or toxins were involved with their death.

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 RFP (REQUEST FOR PROPOSAL)	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. The score card was used internally and 100% was achieved. 44 invitations to bid were sent out and this was the only bid received.
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). Alternative 1: Handle toxicology lab work internally, which can not be done due to lack of resources. Alternative 2: Take no action, which can not be done due to the Coroner's responsibility to determine what chemicals or toxins were involved in deaths.

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			
Send Purchase Order To:		*Send Invoices To:*	
Vendor: NMS Labs	Vendor#: 10212	Dept: Coroner's Office	Division: Administration
Attn: Linda Gott	Email: Linda.Gott@NMSLABS.COM	Attn: Diane Hewitt	Email: diane.hewitt@dupagecounty.gov
Address: 200 Welsh Road	City: Horsham	Address: 414 N. County Farm Rd.	City: Wheaton
State: PA	Zip: 19044	State: IL	Zip: 60189
Phone: 267-421-1857	Fax: 215-366-1504	Phone: 630-407-2630	Fax: 630-407-2601
Send Payments To:		*Ship to:*	
Vendor: NMS Labs	Vendor#: 10212	Dept: Coroner's Office	Division: Administration
Attn:	Email: nms@nmslabs.com	Attn: Diane Hewitt	Email: diane.hewitt@dupagecounty.gov
Address: PO Box 820090	City: Philadelphia	Address: 414 N. County Farm Rd.	City: Wheaton
State: PA	Zip: 19182-0090	State: IL	Zip: 60189
Phone: 215-657-4900	Fax: 215-366-1504	Phone: 630-407-2630	Fax: 630-407-2601
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): 12/1/2025	Contract End Date (PO25): 11/30/2029

Purchase Requisition Line Details

LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1		EA		Toxicology Lab work	FY26	1000	4100	53070			$100,000.
2		EA		Toxicology Lab work	FY27	1000	4100	53070			$100,000.
3		EA		Toxicology Lab work	FY28	1000	4100	53070			$100,000.
4		EA		Toxicology Lab work	FY29	1000	4100	53070			$100,000.

FY is required, ensure the correct FY is selected.

Requisition Total $ 400,000.

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.