SECTION 7 - BID FORM PRICING

The Contractor shall elect to provide pricing for Section A, Section B, or both. Any quantities shown are estimates only and are provided for bid canvassing purposes.

NO	ITEM	UOM	QTY	PRICE	EXTENDED PRICE
ECTIC	ON A: Testing to be performed on the pre	emises of	an Occupation	al Health facility.	
1	Post-Offer or Pre-Placement Physical Exam	EA	135	\$66	\$8,910
2	5-Panel Drug Screen - DOT & Non- DOT	EA	120	\$57	\$6,840
3	Functional Job Screen	EA	35	\$60 - \$195	\$2,100
4	TB Test - T-Spot, Quantiferon Gold	EA	115	\$95 (Quantiferon TB)	\$10,925
5	Chest X-Rays - two (2) view PA & Lat	EA	12	\$124 (Edward)	\$1,488
6	Pulmonary Function	EA	5	\$54	\$270
7	OSHA Questionnaire/Certificate	EA	5	\$36	\$180
8	DOT Breath Alcohol Screen	EA	20	\$41	\$820
9	Rabies Vaccination (3 doses)	EA	5	\$325	\$1,625
10	Titers Testing for Rabies Vaccination	EA	12	\$77	\$924
				SECTION A TOTAL	\$34,082
SECTION R Farm R 30517.	ON B: Testing to be performed at the Di Road, Wheaton, IL 60187, and the Publi	uPage Co c Works D	unty Division o Department loo	of Transportation located a cated at 7900 South Rt. 53	at 140 N. County 3, Woodridge, IL
11	Annual Random Pool Drug Screen Program Administrative Fee	EA	1	\$	\$
12	Quarterly On-site Drug & Alcohol Testing Fee	EA	4	\$	\$
13	On-site DOT 5-Panel Drug Test	EA	100	\$	\$
14	On-site DOT Breath Alcohol Test	EA	100	\$	\$

SECTION 8 - BID FORM SIGNATURE PAGE

The Contractor agrees to provide the service, and/or supplies as described in this solicitation and subject, without limitation, to all specifications, terms, and conditions herein contained. Bidder shall acknowledge receipt of each addendum issued in the space provided on the bid form.



CORPORATE SEAL (1f available)

BID MUST BE SIGNED AND NOTARIZED (WITH SEAL) FOR CONSIDERATION

Subscribed and swom to before me this 29 day of Mac AD, 20 24

My Commission Expires: 4 10 20

OFFICIAL SEAL

MARINA J RUSH

NOTARY PUBLIC, STATE OF ILLINOIS

MY COMMISSION EXPIRES: 04/18/2026

SECTION 9 - MANDATORY FORM PRE-EMPLOYMENT AND ON-SITE DRUG & ALCOHOL SCREENING 24-055-HR

1	Full Name of Bidder	(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION) Edward Hospital							
	Main Business Address	801 S. 1	Washington Street						
	City, State, Zip Code	Naperv	ille, IL 60340			1000-			
	Telephone Number	630-52	1-7299	Email Address	linds.terwilliger@ce	health.org			
	Bid Contact Person	Linda 7	[erwilliger						
The	undersigned certifies the	it he is:							
	the Owner/Sole Proprietor	0	a Member authorized to sign on behalf of the Partnership		Officer of the tration		a Member of the Joint Venture		
He	rein after/Called the Birlde	r and th	at the members of the Pa	artnership (or Officers of the C	Corporation	are as follows:		
	(President or P	artner)			(Vic	e-Preside	nt or Partner)		
_	(Secretary or P	artner)		-	(Tn	easurer or	Pariner)		
ref Ad	the Procurement Officer, ferred to or mentioned in tidenda No.	he cont , and	ract documents, specific	alions and	attached exhibits,	, including	1000 VIII		
an	rther, the undersigned pro d other means of constru ecified or referred to in the	uction, i	ncluding transportation a	services no	ecessary to furnis	h all the n			
Fu the	orther, the undersigned ce be Bidder and in accordan- note and that this Certifica	rtifies a ce with	nd warrants that he is d	uly authorizent or by-k	zed to execute this aws of the Corpor	s certificat			
eit	rither, the undersigned ce her 720 illing's Compiled CS 130/1 et seq., the illing	Statute	s 5/33 E-3 or 5/33 E-4, b		•				
	e undersigned certifies the britting this bid, and that					checked ti	he same in detail before		
we he	a Corporation, the unders are properly adopted by it aid and have not been rep provide a copy of the cor	ne Boan ealed n	d of Directors of the Con or modified, and that the	poration at	a meeting of said ain in full force an	Board of defect. (i	Directors duly called and Bidder may be requested		
00	orther, the Bidder certifies intract to the parties listed edit at its option.			100			•		

Finally, the Bidder, if awarded the contract, agrees to do all other things required by the contract documents, and that he will take in full payment therefore the sums set forth in the bidding schedule (subject to unit quantity adjustments based upon actual usage).

CONTRACT ADMINISTRATION INFORMATION:

CORRESPON	DENCE TO CONTRACTOR:	REMIT TO CO	ONTRACTOR:	
NAME	Edward-Elmhurst Occupational Health	NAME	Edward Occupational Health	
CONTACT	Sharon Moore, Director - Occupational Health	CONTACT	Mallory Johnson, Billing Representative II	
ADDRESS	801 S. Washington Street	ADDRESS	P.O. Box 776945	
CITY ST ZIP	Naperville, IL 60540	CITY ST ZIP	Chicago, IL 60677-6945	
TX	331-221-6148	TX	331-221-6089	
FX		FX	331-221-3823	
EMAIL	sharon.moore@echealth.org	EMAIL	mallory.johnson@echealth.org	
COUNTY BILL	L TO INFORMATION:	COUNTY SH	IP TO INFORMATION:	
-		DuPage County Human Resources 421 North County Farm Road Wheaton, IL 60187 TX: (630) 407-6300		

ALL MATERIALS MUST BE BID AND SHIPPED F.O.B. DESTINATION, DELIVERED AND INSTALLED (FREIGHT INCLUDED IN PRICE)