

**JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT**

**COMPLETE THIS SECTION IF NEW CONTRACT**

For contract(s) in this request, answer applicable questions in each of the 4 major subject areas below in accordance with the Instructions for Preparation of Non-Competitive Procurement Form on the reverse side.

Request that negotiations be conducted only with OraSure Technologies, Inc for the product and/or services described herein.

This is a request for \_\_\_\_\_ (One-Time Contractor Requisition # \_\_\_\_\_, copy attached) or XX Term Agreement or \_\_\_\_\_ Delegate Agency (Check one). If Delegate Agency, this request is for "blanket approval" of all contracts within the \_\_\_\_\_ (Attach List) Pre-Assigned Specification No. \_\_\_\_\_ (Program Name) Pre-Assigned Contract No. \_\_\_\_\_

**COMPLETE THIS SECTION IF AMENDMENT OR MODIFICATION TO CONTRACT**

Describe in detail the change in terms of dollars, time period, scope of services, etc., its relationship to the original contract and the specific reasons for the change. Indicate both the original and the adjusted contract amount and/or expiration date with this change, as applicable. Attach copy of all supporting documents. Request approval for a contract amendment or modification to the following:

Contract #: 2308 Company or Agency Name: Chicago Department Of Public Health  
 Specification #: 11577 Contract or Program Description: Term Agreement for OraSure  
 Mod. #: \_\_\_\_\_ (Attach List, if multiple)  
[Signature] 312747 9695 [Signature] HEALTH 6/11/04  
 Originator Name Telephone Signature Department Date

Indicate SEE ATTACHED in each box below if additional space needed:

<p><input checked="" type="checkbox"/> <b>PROCUREMENT HISTORY</b>          The Chicago Department of Public Health STD/HIV Prevention &amp; Care Program provides HIV Counseling &amp; Testing citywide. Yearly, the Department test over 10,000 persons using the latest technology (OraSure Devices). The program is requesting to establish this contract to assist the program in its testing efforts for HIV disease</p>
<p><input checked="" type="checkbox"/> <b>ESTIMATED COST</b>          \$58,200.00</p>
<p><input checked="" type="checkbox"/> <b>SCHEDULE REQUIREMENTS</b>          See attachment</p>
<p><input checked="" type="checkbox"/> <b>EXCLUSIVE OR UNIQUE CAPABILITY</b>          OraSure Technologies, Inc. is a sole source for devices</p>
<p><input type="checkbox"/> <b>OTHER</b></p>

APPROVED BY: [Signature] DATE \_\_\_\_\_ BOARD CHAIRPERSON \_\_\_\_\_ DATE 6-11-04  
 DEPARTMENT HEAD OR DESIGNEE

**JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT**

**COMPLETE THIS SECTION IF NEW CONTRACT(S)**

For contract(s) in this request, answer applicable questions in each of the 4 major subjects areas below in accordance with the Instructions for Preparation of Non-Competitive Procurement Form on the reverse side.

Request that negotiations be conducted only with: OraSure Technologies, Inc. for the product and/or services described herein.  
(Name of Person or Firm)

This is a request for: \_\_\_\_\_ (One-Time Contract per Requisition # \_\_\_\_\_ copy attached) or  Term Agreement or \_\_\_\_\_  
Delegate Agency (Check one). If Delegate Agency, this request is for "blanket approval" of all contracts within the \_\_\_\_\_  
\_\_\_\_\_. (Attach List) Pre-Assigned Specification No. \_\_\_\_\_  
(Program Name) Pre-Assigned Contract No. \_\_\_\_\_

**COMPLETE THIS SECTION IF AMENDMENT OR MODIFICATION TO CONTRACT**

Describe in detail the change in terms of dollars, time period, scope of services, etc., its relationship to the original contract and the specific reasons for the change. Indicate both the original and the adjusted contract amount and/or expiration date with this change, as applicable. Attach copy of all supporting documents. Request approval for a contract amendment or modification to the following:

Contract # \_\_\_\_\_ Company or Agency Name: Chicago Department of Public Health STD/HIVP

Specification # \_\_\_\_\_ Contract or Program Description: Term Agreement for OraSure  
Mod # \_\_\_\_\_ (Attach List, if multiple)

JANICE Johnson  
Original Name

7-0128  
Telephone

JANICE Johnson  
Signature

HEALTH  
Department

5/15/02  
Date

Indicate SEE ATTACHED in each box below if additional space needed:

<input checked="" type="checkbox"/> <b>PROCUREMENT HISTORY</b> Chicago Department of Public Health STD/HIV Prevention & Care Program provides HIV Counseling & Testing citywide. Yearly, we test over 10,000 persons using the latest technology (OraSure Devices). The program is requesting to establish a two-year contract to assist the program in its testing efforts for HIV disease.
<input checked="" type="checkbox"/> <b>ESTIMATED COST</b> \$10,780
<input checked="" type="checkbox"/> <b>SCHEDULED REQUIREMENTS</b> See Attachment
<input checked="" type="checkbox"/> <b>EXCLUSIVE OR UNIQUE CAPABILITY</b> OraSure Technologies, Inc. is a sole source for devices.
<input type="checkbox"/> <b>OTHER</b>

APPROVED BY JANICE Johnson  
Department Head  
Or Designee

5/15/02  
Date

\_\_\_\_\_  
Board Chairperson

\_\_\_\_\_  
Date

# CITY OF CHICAGO BLANKET PURCHASE ORDER

Copy (Department)

Furnish the supplies and/or services described below in conformance with conditions set forth herein and in your offer.

DATE OF AWARD	DPT #	PURCHASE ORDER	SPECIFICATION NUMBER	VENDOR NUMBER	SITE NAME	DELIVERY DATE	PO START DATE	PO END DATE	PAGE #
01/13/2004		2308	11577	1071875	A		01/01/2003	12/31/2004	1

**BUYER:**

6400 ODELL BROWN 312-744-9806

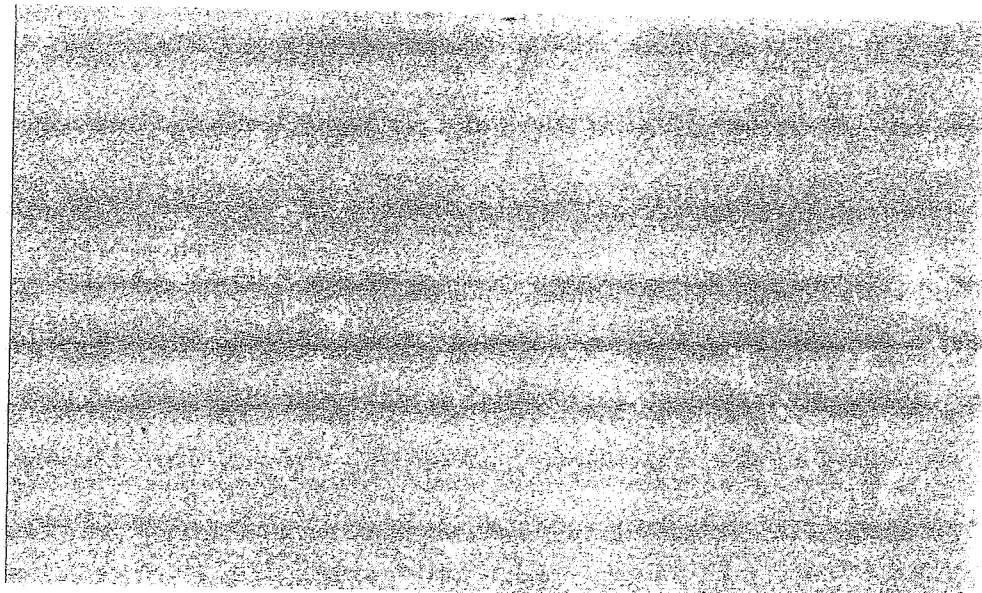
**ORDERED FROM:**

ORASURE TECHNOLOGIES INC  
P.O. BOX 67000  
DEPT #269701  
DETROIT, MI 482672697

**PO DESCRIPTION: HIV ORAL SPECIMEN COLLECTION DEVICES**

**COMMODITY INFORMATION**

Line	Item	Item Description	UOM	Unit Cost
1	4952610010	HIV-1 ORAL SPECIMEN - COLLECTION DEVICE, ORASURE NO. 503-0050	Case	192.50



Payment on this order will be made upon receipt of an original vendor invoice form referencing this order.

Mark all packages and papers with the purchase number.

Any deliveries containing overshipments will be reflected unless otherwise authorized in this purchase.

This purchase is subject to the City of Chicago General Conditions for Supplies, Work, or Professional Consulting Services; Special Conditions, Disclosure, Ownership, Acceptance Page, as applicable, which are attached hereto or incorporated herein by reference.

Organization Scope: **Single**      Organization: **CC**

Item: \_\_\_\_\_

Description: \_\_\_\_\_

Group: \_\_\_\_\_

Attribute: \_\_\_\_\_

**Attribute Display**

System Items: \_\_\_\_\_ X

Find: 1935244%

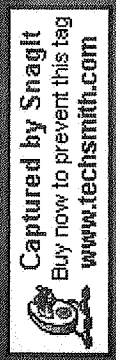
City Items	Description
1935244100	HUMAN IMMUNODEFICIENCY VIRUS TYPE I & II KITS - RAPID HIV-1, ORAQUICK 1001-0052, 25 CT
1935244110	HUMAN IMMUNODEFICIENCY VIRUS TYPE I & II KITS - RAPID HIV-1, ORAQUICK 1001-0051, 100 CT
1935244120	HUMAN IMMUNODEFICIENCY VIRUS TYPE I & II KITS - RAPID HIV CONTROL, ORAQUICK 1001-0049
1935244125	HUMAN IMMUNODEFICIENCY VIRUS TYPE I & II KITS - RAPID HIV CONTROL, ORAQUICK 1001-0049
1935244300	HUMAN IMMUNODEFICIENCY VIRUS TYPE I & II KITS - 100 TESTS/KIT

*WOW*  
*CASG*  
*567*

Find: \_\_\_\_\_

End      OK      Cancel

Open



*Line*

*1-2*

*3*

B24952601

T24952601 - 01

Inter-Office Memorandum

To: Linda Parks

From: Monica Cardenas *MC*

Date: June 27, 2002

Re: Justification for Non-Competitive Procurement – OraSure Technologies, Inc.

---

On June 13, 2002 the members of the NCPRB reviewed your justification that negotiations be conducted with OraSure Technologies, Inc. for the purchase of the HIV Oral Specimen Collection Device. After hearing Ms. Magee's presentation and reviewing the documents that were provided, the board members are requesting that the following items be addressed in order for a decision to be made:

1. You identified that OraSure Technologies, Inc. is the only licensed manufacturer and distributor of the **OraSure HIV-1 Oral Specimen Collection Device**. Is this the **only** oral specimen collection device on the market? If not, which other manufacturer(s) provide this type of product at the same level of testing. (Attach samples and/or literature of the product(s)).
2. The quote from the vendor is \$10,780.00 for 56 cases at \$192.50 per case. How many times a year do you anticipate ordering this product?
3. The price quote is for a two-year period from 05/01/02 – 04/30/04. If you anticipate ordering supplies more than once than the quote should reflect \$10,780.00 times the number of orders you anticipate. For example  $\$10,780.00 \times 2$  (112 cases per year)  $\times$  2 years = \$43,120.00.

Thank you for your cooperation.

S. S. R. B.

DATE July 11, 2002

APPROVED.... 4-0

CONDITIONALLY  
APPROVED.... \_\_\_\_\_

RETURN TO DEPT..... \_\_\_\_\_

DISAPPROVED.... \_\_\_\_\_

*Phil Bell* 7/11/02

.....

From: "Johnson, Janice" <Johnson\_Janice@cdph.org>  
 To: "Mcardenas@cityofchicago.org" <Mcardenas@cityofchicago.org>  
 Date: 7/11/02 11:57AM  
 Subject: FW: OraSure HIV-1 Antibody Test-Revised

Hi Monica I added the requested information. Also, a quote should come to you via fax within the next few minutes.

Janice

> -----Original Message-----

> From: Johnson, Janice  
 > Sent: Thursday, July 11, 2002 10:48 AM  
 > To: 'MCardenas@cityofChicago.org'  
 > Subject: OraSure HIV-1 Antibody Test

>

> Hello Monica,

>

> As per your request, the OraSure HIV-1 Oral Specimen Collection device is  
 > intended for the use in the collection of oral fluid specimens for the  
 > purpose of testing for the presence of HIV-1 antibodies. This device was  
 > FDA approved in 1994. Thus far, OraSure Technologies, Inc, in Bethlehem,  
 > Pennsylvania is the sole makers of this product. Our representative from  
 > the company is a Mr. Randy Ward, Account Manager, Public Health-Mid-West,  
 > 1800-869-3538x3264

>

> OraTechnologies has developed another device called "Quick Test" which is  
 > due to hit the market within a couple of months. The big difference with  
 > this product is that results are given within 20 minutes as opposed to the  
 > 7 day wait time with the current OraSure test.

>

> Currently, there are no other HIV Ora test on the market.

>

> The Health Department uses this device for all of our street outreach  
 > activities and community-based partnerships because it is a less invasive  
 > procedure. In the past, the program has drawn blood in the field, however  
 > felt this was a much safer form of practice and yielded better results in  
 > the number of people consenting to test. The procedure is simple and  
 > requires minimal training.

>

> I hope this addresses the board concerns. If you desire additional  
 > information, please do not hesitate to call me at 747-0128 or email me.

>

> Janice Johnson, Director  
 > Chicago Department of Public Health  
 > STD/HIV Prevention and Care Program

>

>

>

**S. S. R. B.**

DATE July 11, 2002

APPROVED.... 4-0

CONDITIONALLY  
 APPROVED.... \_\_\_\_\_

RETURN TO DEPT..... \_\_\_\_\_

DISAPPROVED.... \_\_\_\_\_



**OraSure Technologies, Inc.**

diagnostic solutions for the new millennium

April 16, 2002

Chicago Dept of Health  
530 E 31ST St.  
# 4124  
Chicago, IL 60621

To Whom It May Concern,

OraSure Technologies, Inc. is the only licensed manufacturer and distributor of the OraSure® HIV-1 Oral Specimen Collection Device (503-0050). If you need any further information please feel free to contact me at 1-800-869-3538.

Best Regards,

A handwritten signature in cursive script that reads "Joanne Hannabery".

Joanne Hannabery  
OraSure Technologies, Inc.  
Sr. Manager, Client Services

Centers for Disease Control  
and Prevention (CDC)  
Atlanta GA 30333

JUN 25 2001

Frank Oldham, Jr.  
Chicago Department of Health  
333 South State, 2nd Floor  
Chicago, IL 60604-3972

Reference: Cooperative Agreement Number U62/CCU504523-12-4, HIV Prevention Project

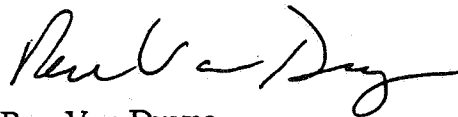
Dear Mr. Oldham:

Enclosed is Amendment No. 4 to the above referenced cooperative agreement, the purpose of which is to award Financial Assistance in supplemental funds of \$958,900 in accordance with the Terms and Conditions specified in the enclosed Notice of Cooperative Agreement. This amendment also changes the ending date for the project period to December 31, 2003, which reflect the five-year project period stipulation in the Program Announcement 99004.

All other terms and conditions in the original award document and any amendments remain in full force unless rescinded in writing by the Grants Management Officer.

If you have any questions on this matter, please feel free to contact Peaches Brown, Grants Management Specialist, 770-488-2738.

Sincerely,



Ron Van Duyne  
Grants Management Officer  
Grants Management Branch

Enclosure

cc: Business Office



07/25/2001

93.940

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
CENTERS FOR DISEASE CONTROL AND PREVENTION

NOTICE OF COOPERATIVE AGREEMENT

AUTHORIZATION (LEGISLATION/REGULATION)

SEC 301(A), 317, PHS ACT AS AMENDED

SUPERSEDES AWARD NOTICE DATED 05/15/2001  
EXCEPT THAT ANY ADDITIONS OR RESTRICTIONS PREVIOUSLY IMPOSED REMAIN IN EFFECT UNLESS SPECIFICALLY RESCINDED.

GRANT NO. U62/CCU504523-12-4  
5. ADMINISTRATIVE CODES CCU62

PROJECT PERIOD FROM 01/01/1990 THROUGH 12/31/2003  
BUDGET PERIOD FROM 01/01/2001 THROUGH 12/31/2001

TITLE OF PROJECT (OR PROGRAM)  
**HIV PREVENTION PROJECT**

GRANTEE NAME AND ADDRESS  
CHICAGO DEPARTMENT OF HEALTH  
CITY OF CHICAGO DEPT. OF FINANCE, SADI  
333 SOUTH STATE STREET, ROOM 200  
CHICAGO, IL 60604-3972

10. DIRECTOR OF PROJECT (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)  
FRANK OLDHAM, JR.  
CHICAGO DEPARTMENT OF HEALTH  
333 SOUTH STATE, 2ND FLOOR  
CHICAGO, IL 60604-3972

1. APPROVED BUDGET (EXCLUDES PHS DIRECT ASSISTANCE)

PHS GRANT FUNDS ONLY  
TOTAL PROJECT COSTS INCLUDING GRANT FUNDS AND ALL OTHER FINANCIAL PARTICIPATION  
(PLACE NUMERAL ON LINE) I

SALARIES AND WAGES.....\$	3,194,479
FRINGE BENEFITS.....\$	936,675
TOTAL PERSONNEL COSTS.....\$	4,131,154
CONSULTANT COSTS.....	7,500
EQUIPMENT.....	161,376
SUPPLIES.....	32,656
TRAVEL.....	80,893
PATIENT CARE-INPATIENT.....	0
PATIENT CARE-OUTPATIENT.....	0
ALTERATIONS AND RENOVATIONS.....	0
OTHER.....	279,911
CONSORTIUM/CONTRACTUAL COSTS.....	2,506,560
TRAINEE RELATED EXPENSES.....	0
TRAINEE STIPENDS.....	0
TRAINEE TUITION AND FEES.....	0
TRAINEE TRAVEL.....	0
TOTAL DIRECT COSTS.....\$	7,200,050
INDIRECT COSTS (14.34 % OF S&W/TADC) \$	873,592
TOTAL APPROVED BUDGET.....\$	8,073,642
SBIR FEE.....\$	0
FEDERAL SHARE.....\$	8,073,642
NON-FEDERAL SHARE.....\$	0

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE

A. AMOUNT OF PHS FINANCIAL ASSISTANCE (FROM 11.U).....\$	8,073,642
B. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS..\$	269,025
C. LESS CUMULATIVE PRIOR AWARD(S) THIS BUDGET PERIOD...\$	6,845,717
D. AMOUNT OF FINANCIAL ASSIST. THIS ACTION \$	958,900

13. RECOMMENDED FUTURE SUPPORT (SUBJECT TO THE AVAILABILITY OF FUNDS AND SATISFACTORY PROGRESS OF THE PROJECT)

BUDGET YEAR	TOTAL DIRECT COSTS	BUDGET YEAR	TOTAL DIRECT COSTS
A. 13	4,104,000	D. 0	0
B. 14	4,104,000	E. 0	0
C. 0	0	F. 0	0

14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH)

A. AMOUNT OF PHS DIRECT ASSISTANCE.....\$	79,684
B. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS..\$	0
C. LESS CUMULATIVE PRIOR AWARDS FROM THIS BUDGET PERIOD\$	79,684
D. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$	0

15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F, OR 45 CFR 92.25, SHALL BE USED IN ACCORDANCE WITH ONE OF THE FOLLOWING ALTERNATIVES: (SELECT ONE AND PUT LETTER IN BOX.)

A. DEDUCTION  
B. ADDITIONAL COSTS  
C. MATCHING **B**  
D. OTHER RESEARCH (ADD/DEDUCT OPTION)  
E. OTHER (SEE REMARKS)

THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE PHS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:  
A. THE GRANT PROGRAM LEGISLATION CITED ABOVE. B. THE GRANT PROGRAM REGULATION CITED ABOVE. C. THIS AWARD NOTICE INCLUDING TERMS AND CONDITIONS, IF ANY, NOTED BELOW UNDER REMARKS. D. PHS GRANTS POLICY STATEMENT INCLUDING ADDENDA IN EFFECT AS OF THE BEGINNING DATE OF THE BUDGET PERIOD. E. 45 CFR PART 74 OR 45 CFR PART 92 AS APPLICABLE. IN THE EVENT THERE ARE CONFLICTING OR OTHERWISE INCONSISTENT POLICIES APPLICABLE TO THE GRANT, THE ABOVE ORDER OF PRECEDENCE SHALL PREVAIL. ACCEPTANCE OF THE GRANT TERMS AND CONDITIONS IS ACKNOWLEDGED BY THE GRANTEE WHEN FUNDS ARE DRAWN OR OTHERWISE OBTAINED FROM THE GRANT PAYMENT SYSTEM.

REMARKS (OTHER TERMS AND CONDITIONS ATTACHED -  YES  NO)

SPONSOR: NATIONAL CENTER FOR HIV PREVENTION  
\* IDC RATE BASE: SEE ATTACHED

PHS GRANTS MANAGEMENT OFFICER (SIGNATURE) *Ron Van Duyne* (NAME-TYPED/PRINT) **RON VAN DUYN** (TITLE) **GRANTS MANAGEMENT OFFICER**

7. OBJ. CLASS. **41.51** 18. CRS. EIN: **1-366005820-A4** 19. LIST NO.: **CO-500-V01**

0. A01-11BA5 01-9213704	B. DOCUMENT NO. <b>CCU504523</b>	C. ADMINISTRATIVE CODE <b>CCU62</b>	D. AMT. ACTION FIN. ASST <b>958,900</b>	E.
1. A	B.	C.	D.	E.

**NOTICE OF COOPERATIVE  
AGREEMENT**

(Continuation Sheet)

PAGE 2 OF 3

DATE ISSUED

JUN 25 2001

AWARD NO. U62/CCU504523-12-4

**REMARKS**

This amendment changes the ending date for the project period to December 31, 2003, which reflect the five-year project period stipulation in the Program Announcement 99004.

**NOTE 1: SUPPLEMENTAL FUNDING**

Pursuant to your request for supplemental funding in your application dated May 15, 2001, funds are awarded in the categories indicated below.

Budget Categories	Part I Amount	Part II Amount	Total Supplement
Salaries & Wages	\$ -	\$ 82,770	\$ 82,770
Fringe Benefits	-	21,624	21,624
Consultant Costs	-	-	-
Equipment	\$ 131,855	\$ 2,000	\$ 133,855
Supplies	-	3,000	3,000
Travel	-	3,500	3,500
Other	-	35,408	35,408
Contractual	-	558,482	558,482
Total Direct Costs	\$ 131,855	\$ 706,784	\$ 838,639
Indirect Costs	18,908	101,353	120,261
Total Costs	\$ 150,763	\$ 808,137	\$ 958,900

Part I: Existing HIV Prevention Programs  
Part II: Evaluation Activities Base

**NOTE 2: RESTRICTIONS**

Note that all costs, including contracts or subcontracts, must be described in adequate detail to avoid restrictions. Adequate detail consists of the breakout of all totals or subtotals into the cost categories presented in the table included above, along with sufficient information to permit a diligent review of the allowability of the costs (including reasonableness and allocability) under the applicable Federal Cost Principals.

→LINE ITEM COST DETAIL (actual or estimated) FOR ALL CONTRACTS IS REQUIRED TO BE SUBMITTED TO THE CDC GRANTS OFFICE WITHIN 60 DAYS OF THE DATE OF THIS AWARD TO AVOID FURTHER RESTRICTION OF THE FUNDS. Additionally, you must specify for all contracts the method of selection, period of performance, and a summary of the contract objectives and obligations. Sole source contracts must be adequately justified to be permitted under federal procurement standards. It is noted none of the above required data for Contractual items were submitted with your application. Please provide all the required details to avoid restriction of all Contractual funds.

Please submit further justification and detailed information to allow a determination that costs requested are allowable, allocable, reasonable and necessary, in the following budget categories

**NOTICE OF COOPERATIVE  
AGREEMENT**

*(Continuation Sheet)*

**PAGE 3 OF 3**

**DATE ISSUED**

JUN 25 2001

**AWARD NO. U62/CCU504523-12-4**

as indicated in your budget justification: Out of Town Travel, Local Transportation, Books & Related Materials, Stationery & Office Supplies, Computer Hardware, Advertising, and Technical Meeting Costs.

**NOTE 3: TERMS AND CONDITIONS**

All other terms and conditions of the original award remain unchanged and in full effect.

## **IMPORTANT REMINDER!**

The awardee is reminded that all written materials, audiovisual materials, pictorials, questionnaires, survey instruments, educational curricula and other relevant program materials have to be reviewed and approved by an established program review panel.

Any CDC funds used to indirectly award Community Based Organizations (CBOs) fall under these guidelines.

## **IMPORTANT REMINDER!**

CITY OF CHICAGO  
BASE TERM AGREEMENT

PAGE: 1  
PRINT DATE: 09/25/02

AGREEMENT NUMBER: B24952601  
DESCRIPTION: COLLECTION DEVICE HIV-1ORAL SPECIMEN  
GROUP:  
CONTRACT ADMIN: 53 ODELL BROWN 312-744-9806  
NUMBER OF LINES: 1

LINE #	COMMODITY/ DESCRIPTION	ESTIMATED QUANTITY	LOT ORDER SIZE	UNIT OF MEASURE	CATALOG FLAG
0010	495 26 10 010 HIV-1 ORAL SPECIMEN COLLECTION DEVICE, ORASURE NO. 503-0050	168		CS	

ACCOUNTING INFORMATION								
BFYR	FUND	DEPT	ORGN	APPR	ACTV	OBJECT	RPTG	JOB/PROJ
02	315	41	3355	0342		0342		T010

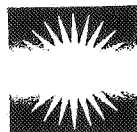
# OraSure®

Oral HIV-1 Antibody Test



## OraSure Test Kits

ITEM NO.	QUANTITY PER CASE	PRICE/KIT	CASE PRICE
503-1025 or 503-2025	25 Testing Kits (25 mailers to lab) Individually Packaged Kits Including Laboratory Processing	\$25.35	\$633.75
503-1100 or 503-2100	100 Testing Kits (40 mailers to lab) Bulk Packaged Kits Including Laboratory Processing	\$22.05	\$2,205.00



**OraSure Technologies, Inc.**

diagnostic solutions for the new millennium



# OraSure®

Oral HIV-1 Antibody Test

## FEATURES

- ...OraSure is an oral fluid collection system that is free from the risk of needles & blood;
- ...The OraSure Test Kit includes a collection device, express mailer, and all required laboratory testing;
- ...Test results are provided 3 working days after receipt at the laboratory;
- ...Collected specimens are stable for 21 days at 39°F to 98°F;
- ...FDA approved.

## BENEFITS

- SAFE:** Eliminates the risk of needle stick injuries;
- CONVENIENT:** Easily transportable in the field;
- COST EFFECTIVE:** Includes both EIA Screen & Western Blot confirmatory testing;
- RAPID TURNAROUND TIME:** Results returned in about 3 days; fewer patients lost to follow-up;
- PORTABLE:** Can be done virtually anywhere; no biohazard waste;
- ACCURATE:** Greater than 99% accuracy.

## TO PLACE AN ORDER

Please telephone or fax OraSure Technologies' Customer Service Department (numbers below) and provide the following information:

- 1) Credit Information (if new customer);
- 2) Item No. you wish to order;
- 3) Quantity of the item you wish to order;
- 4) Your Purchase Order number;
- 5) SHIP TO address;
- 6) BILL TO address;
- 7) Contact names.

## TERMS & CONDITIONS

- Payment terms are Net 30. FOB OraSure Technologies, Inc. freight billed. Federal ID# 36-4370966.
- Order subject to approval by OraSure Technologies, Inc. Quote is valid for orders placed within 30 days.
- A credit application must be on file, and the purchasing physician must receive the "Dear Doctor" letter before shipping OraSure.
- PO's should be addressed to: OraSure Technologies, Inc., Attn: Customer Service, 150 Webster Street, Bethlehem, PA 18015.
- Send payments to: OraSure Technologies, Inc., Accounts Receivable, 150 Webster Street, Bethlehem, PA 18015.
- Returns allowed only on defective or incorrect product. Prior approval must be obtained. Expired product specifically excluded.
- Product is not available for resale or commercial distribution without proper authorization from OraSure Technologies, Inc.
- Prices subject to change without notice.

OraSure Technologies, Inc.  
 Customer Service Department  
 150 Webster Street, Bethlehem, Pennsylvania 18015  
 Telephone 800.869.3538 • Facsimile 610.882.3572

**BRIEF SUMMARY OF IMPORTANT INFORMATION.** See package insert for complete information. OraSure® HIV-1 Oral Specimen Collection Device is intended for use in the collection of oral fluid specimens for testing for antibodies to the Human Immunodeficiency Virus-Type 1 (HIV-1) in subjects 13 years of age or older. **Restrictions** • The administration of this device is restricted to individuals who have been trained in the use of this device. • The device is not to be provided to subjects for home use. • Testing of OraSure HIV-1 oral fluid specimens is restricted to testing with the Oral Fluid Vironostika® HIV-1 MicroELISA System manufactured by Organon Teknika Corporation and the OraSure HIV-1 Western Blot Kit manufactured by OraSure Technologies, Inc. • The OraSure HIV-1 device is restricted to use for diagnostic purposes and must not be used to screen blood donors.

**Important Notes** • If a subject tests repeatedly reactive with the Oral Fluid Vironostika® HIV-1 MicroELISA System, he or she should be further tested for HIV-1 antibodies with the more specific OraSure HIV-1 Western Blot Kit. • OraSure specimens should be properly handled, shipped, and stored. OraSure is the registered trademark of OraSure Technologies, Inc. Vironostika is the registered trademark of Organon Teknika Corporation.

# 1999 NATIONAL HIV PREVENTION CONFERENCE

Abstract 403

TITLE: Oral Fluid Testing\*: Breaking Down Barriers to Testing  
AUTHORS: Bauserman, RL; Ward, MA; Christmyer, CS (Maryland Department of Health and Mental Hygiene)

BACKGROUND/OBJECTIVES: The state of Maryland sought to increase access and utilization of HIV testing and counseling services (CTS) with an oral fluid test demonstration project in 1997-98. A number of clients who agreed to oral testing indicated that they would not have been tested if the oral option was unavailable (blood-test avoiders). This population was compared to other testers (who indicated that they would have tested even without the oral option) to characterize differences and similarities.

METHODS: Participants in the oral fluid testing demonstration project completed a client survey assessing responses to the test (n = 1432). Of these clients, 302 (21.1%) agreed or strongly agreed that they would not have been tested if the oral option had not been available. These blood-test avoiders (BTAs) were compared to others who completed the test on the basis of seropositivity, previous testing, demographic characteristics, and risk factors.

RESULTS: The BTAs did not differ in seropositivity from others who received the oral test (1.7% vs. 1.8%). Only 49.6% of BTAs, vs. 69.6% of other testers, had been tested previously. For most risk factors, there was no difference between BTAs and other testers. However, male BTAs were less likely than other male testers to report injecting drug use (p = .045), sex with and IDU (p = .033), or sex while high or drunk (p = .002). Female BTAs were less likely than other female testers to report sex with a person with "other" AIDS risk (p = .018) or being a victim of sexual assault (p = .032), and more likely to report "no acknowledged risk" (p = .006). Comparison of demographic characteristics revealed that males were more likely than females to be either BTAs or uncertain about whether they would have tested without the oral option (41.1% vs. 33.5%). African Americans appeared more likely than Caucasians to be either BTAs or uncertain about testing without the oral option (41.9% vs. 33.3%). Clients aged 20-29 had the lowest proportion of BTAs (17.3%).

CONCLUSIONS: Although some risk factors are less characteristic of BTAs than other testers, the two groups do not differ in seropositivity. To the extent that BTAs, or those uncertain about testing, are also more likely to be male or African American, oral testing helps increase testing in groups that are disproportionately affected by HIV in Maryland. Oral testing appears to be a viable option for reaching at-risk individuals who otherwise would have refused or avoided testing, and identifying seropositive individuals who may otherwise not have been tested.

\*The oral fluid test used in this research was OraSure®.

## PRESENTER CONTACT INFORMATION

Name: Robert Bauserman  
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500 N. Calvert Street  
Baltimore, MD 21202  
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Fax: (410) 333-6333  
E-mail: bausermanr@dhhm.state.md.us



# OraSure a Valuable Asset to HIV Prevention

The Bureau of HIV/AIDS has been providing Florida counseling and testing programs with OraSure Oral HIV-1 Antibody Testing Systems since February 1998. To receive OraSure, providers must complete a request form documenting their need, proposed usage, and target populations. This testing method, which tests for antibodies in oral mucosal transudate, is as accurate as a blood test for diagnosis in public health and clinical settings. In Florida, OraSure is primarily for use in outreach settings to reach high-risk persons who are less likely to access health care systems and less accepting of conventional testing methods (e.g., homeless persons, drug abusers, youth, and rural populations).

- In the past two years (April 1, 1999—March 31, 2001), 481,533 HIV tests were administered at registered HIV counseling and testing sites in Florida. Of these, 80,563 (16.7%) were conducted with OraSure. Sites using OraSure identified 2,120 positive tests in this period, and the resulting statewide positivity rate (2.6%) was higher than that reported for blood tests alone (2.1%).
- 36.8% of OraSure tests in this period were administered anonymously. Community-based organizations (CBOs) performed the majority of anonymous OraSure tests (19,246, or 64.9%); county health departments conducted 8,740 (29.5%). Positivity rates were nearly the same—2.8% for CBOs and 2.9% for CHDs. While the volume was small (less than 1,000 tests), private sites utilizing the state laboratories for test processing also reported a high positivity rate for anonymous OraSure tests (5.8%).

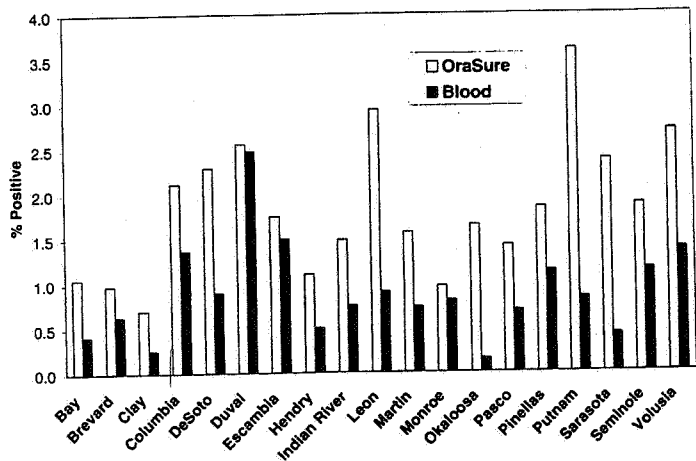


Figure 1. Florida Counties Showing Increased Positivity Rates When Using OraSure, April 1999-March 2001

- OraSure usage increased significantly between April 1999 and March 2001. Figure 2 compares OraSure testing levels and positivity rates for whites, blacks, and Hispanics by quarter. Blacks and whites tested at similar levels through the second quarter of 2000, after which testing among whites declined and testing among blacks continued to rise. Testing among Hispanics also increased steadily throughout this time period.
- Despite the increased volume of testing, positivity rates among blacks declined from a high of 4.8% in the first quarter of 2000 to a low of 3.3% one year later. Whites had the lowest positivity rates, with only a slight increase noticeable at the end of this period. Among Hispanics, a more pronounced upward trend is evident.

- The volume of confidential OraSure testing was highest at drug treatment facilities (14,645, or 18.2%) and CBOs (12,173, or 15.1%). Positivity rates were highest at CBOs (3.9%) and STD clinics (3.6%).

- Two counties—Miami-Dade and Duval—accounted for nearly 40% of all OraSure testing between April 1999 and March 2001. Other high volume users included Orange, Hillsborough, Palm Beach, and Broward. 36 counties conducted at least 100 OraSure tests in this period. In 19 of those counties, higher relative positivity rates were found with OraSure as compared to blood tests. Figure 1 compares the positivity rates in these 19 counties. The largest differences between blood and OraSure testing were discovered in Putnam, Sarasota, Leon, Okaloosa, and Volusia counties.

- Of the 80,563 OraSure tests conducted in this period, non-Hispanic blacks accounted for 42.4% (34,165), as compared to non-Hispanic whites (30,763, or 38.2%) and Hispanics (11,268, or 14.0%). Blacks also commanded the highest positivity rate (3.9%), followed by Hispanics (2.0) and whites (1.4%).

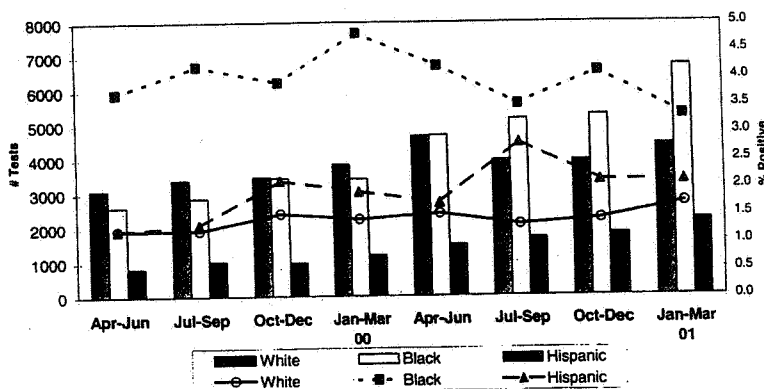


Figure 2. OraSure HIV Tests and Seropositivity Rates in Florida by Race/Ethnicity, April 1999-March 2001

OraSure continues to be an important part of Florida's ongoing efforts to improve targeting of HIV testing and counseling services to high-risk populations. It's effectiveness as an outreach tool has been demonstrated in larger counties, where the success of street outreach and community-based testing sites depends upon faster, easier, and less threatening means of testing for HIV. Similarly, OraSure has been very useful in uncovering HIV-positive cases in several rural counties with historically low positivity rates.

# 1999 NATIONAL HIV PREVENTION CONFERENCE

Abstract 690

**TITLE:** Effectiveness of Oral Mucosal Transudate HIV Testing: Findings from Michigan's Evaluation  
**AUTHORS:** Randall, LM; Pope RS; Ives, E (Michigan Department of Community Health, Lansing); Lapinski, MK (Michigan State University, East Lansing); Hunt, KV; Branson, BR (Centers for Disease Control and Prevention, Atlanta).

**BACKGROUND/OBJECTIVES:** The Michigan Department of Community Health implemented HIV testing, using oral mucosal transudate (OMT) technology, in community-based settings in March 1997. Implementation of OMT-based HIV testing was intended to enhance access and acceptability of HIV testing in at-risk populations. An evaluation of the OMT initiative was undertaken to assess: (1) the extent to which OMT technology increased use of HIV testing among at-risk populations and (2) cost-effectiveness of OMT-based testing.

**METHODS:** In-depth interviews with clients and providers were conducted to obtain descriptive information related to the context in which HIV testing services are offered; client preferences related to HIV counseling and testing services, including perceived disincentives to use of such services and provider preferences related to HIV counseling and testing services. Analysis of data included comparisons of settings and client/provider preferences for OMT and serum-based testing. HIV testing service data was analyzed for patterns in utilization among priority populations. Analysis included comparison of OMT and serum-based testing. Cost-effectiveness of OMT testing was estimated for the number of HIV+ and HIV- individuals who learned their HIV serostatus.

**RESULTS:** Of approximately 60,000 tests conducted annually in Michigan, approximately 25 percent are now conducted using OMT technology. Among clients tested using OMT, one percent are found to be HIV infected compared with 0.5 percent of those tested using serum-based technology. Among all clients tested using OMT, three-quarters are a high-risk @ (e.g. MSM, IDU and sex partners to at-risk/infected individuals) compared with one quarter of individuals tested using serum. Use of HIV testing services increased by 150 percent among IDUs, 60 percent among African American and 30 percent among Latinos. Overall, 75 percent of clients tested using OMT returned for test results compared with 65 percent of those tested using serum. There was no difference return rate according to testing method among HIV seropositive individuals. OMT-based testing for HIV seropositives costs approximately \$34.46 compared with \$31.62 for HIV seropositives tested using serum. The cost of OMT-based testing for seronegatives is \$16.16 compared with \$17.22 for seronegative individuals tested using serum. Because the majority of tests conducted with OMT are HIV seronegative, OMT results in a substantial cost-savings compared with serum-based testing.

**CONCLUSIONS:** OMT has facilitated provision of prevention services in community-based settings. Use of OMT-based testing has effectively addressed client preferences for HIV testing and removed practical disincentives to HIV testing in priority populations. OMT is a cost-effective method of providing HIV counseling and testing services.

## PRESENTER CONTACT INFORMATION

**Name:** Lisa M. Randall  
**Address:** HIV/AIDS Prevention & Intervention Section  
Michigan Department of Community Health  
P. O. Box 30195  
Lansing, MI 48909  
**Telephone:** (517) 335-8012  
**Fax:** (517) 335-9611  
**E-mail:** rand106w@cdc.gov

# OraSure®

Oral HIV-1 Antibody Test

## FEATURES

- ...OraSure is an oral fluid collection system that is free from the risk of needles & blood;
- ...The OraSure Test Kit includes a collection device, express mailer, and all required laboratory testing;
- ...Test results are provided 3 working days after receipt at the laboratory;
- ...Collected specimens are stable for 21 days at 39°F to 98°F;
- ...FDA approved.

## BENEFITS

- SAFE:** Eliminates the risk of needle stick injuries;
- CONVENIENT:** Easily transportable in the field;
- COST EFFECTIVE:** Includes both EIA Screen & Western Blot confirmatory testing;
- RAPID TURNAROUND TIME:** Results returned in about 3 days; fewer patients lost to follow-up;
- PORTABLE:** Can be done virtually anywhere; no biohazard waste;
- ACCURATE:** Greater than 99% accuracy.

## TO PLACE AN ORDER

Please telephone or fax OraSure Technologies' Customer Service Department (numbers below) and provide the following information:

- 1) Credit Information (if new customer);
- 2) Item No. you wish to order;
- 3) Quantity of the item you wish to order;
- 4) Your Purchase Order number;
- 5) SHIP TO address;
- 6) BILL TO address;
- 7) Contact names.

## TERMS & CONDITIONS

- Payment terms are Net 30. FOB OraSure Technologies, Inc. freight billed. Federal ID# 36-4370966.
- Order subject to approval by OraSure Technologies, Inc. Quote is valid for orders placed within 30 days.
- A credit application must be on file, and the purchasing physician must receive the "Dear Doctor" letter before shipping OraSure.
- PO's should be addressed to: OraSure Technologies, Inc., Attn: Customer Service, 150 Webster Street, Bethlehem, PA 18015.
- Send payments to: OraSure Technologies, Inc., Accounts Receivable, 150 Webster Street, Bethlehem, PA 18015.
- Returns allowed only on defective or incorrect product. Prior approval must be obtained. Expired product specifically excluded.
- Product is not available for resale or commercial distribution without proper authorization from OraSure Technologies, Inc.
- Prices subject to change without notice.

OraSure Technologies, Inc.  
Customer Service Department  
150 Webster Street, Bethlehem, Pennsylvania 18015  
Telephone 800.869.3538 • Facsimile 610.882.3572

**BRIEF SUMMARY OF IMPORTANT INFORMATION.** See package insert for complete information. OraSure® HIV-1 Oral Specimen Collection Device is intended for use in the collection of oral fluid specimens for testing for antibodies to the Human Immunodeficiency Virus-Type 1 (HIV-1) in subjects 13 years of age or older. **Restrictions** • The administration of this device is restricted to individuals who have been trained in the use of this device. • The device is not to be provided to subjects for home use. • Testing of OraSure HIV-1 oral fluid specimens is restricted to testing with the Oral Fluid Vironostika® HIV-1 MicroELISA System manufactured by Organon Teknika Corporation and the OraSure HIV-1 Western Blot Kit manufactured by OraSure Technologies, Inc. • The OraSure HIV-1 device is restricted to use for diagnostic purposes and must not be used to screen blood donors.

**Important Notes** • If a subject tests repeatedly reactive with the Oral Fluid Vironostika® HIV-1 MicroELISA System, he or she should be further tested for HIV-1 antibodies with the more specific OraSure HIV-1 Western Blot Kit. • OraSure specimens should be properly handled, shipped, and stored. OraSure is the registered trademark of OraSure Technologies, Inc. Vironostika is the registered trademark of Organon Teknika Corporation.

## 1999 NATIONAL HIV PREVENTION CONFERENCE

Abstract 403

**TITLE:** Oral Fluid Testing\*: Breaking Down Barriers to Testing  
**AUTHORS:** Bauserman, RL; Ward, MA; Christmyer, CS (Maryland Department of Health and Mental Hygiene)

**BACKGROUND/OBJECTIVES:** The state of Maryland sought to increase access and utilization of HIV testing and counseling services (CTS) with an oral fluid test demonstration project in 1997-98. A number of clients who agreed to oral testing indicated that they would not have been tested if the oral option was unavailable (blood-test avoiders). This population was compared to other testers (who indicated that they would have tested even without the oral option) to characterize differences and similarities.

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Telephone: (410) 767-4322  
Fax: (410) 333-6333  
E-mail: bausermanr@dhhm.state.md.us

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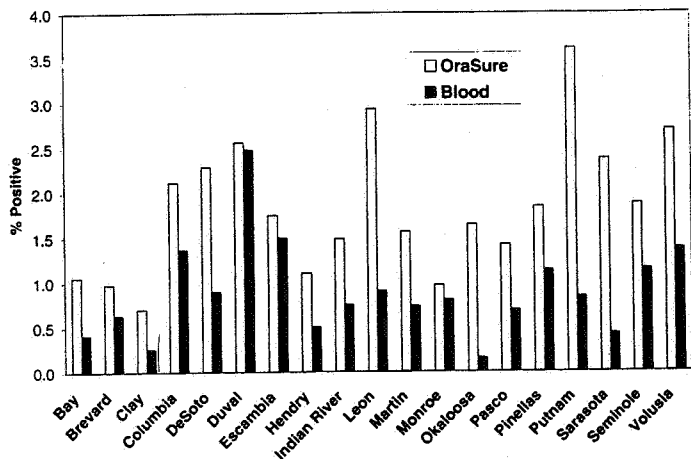


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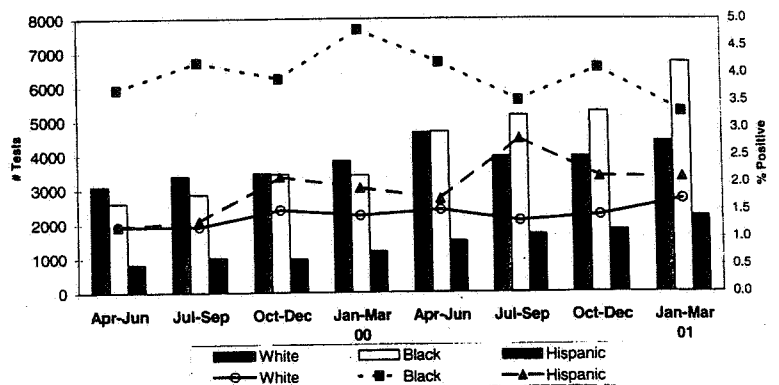


Figure 2. OraSure HIV Tests and Seropositivity Rates in Florida by Race/Ethnicity, April 1999-March 2001

# 1999 NATIONAL HIV PREVENTION CONFERENCE

## Abstract 690

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**AUTHORS:** Randall, LM; Pope RS; Ives, E (Michigan Department of Community Health, Lansing); Lapinski, MK (Michigan State University, East Lansing); Hunt, KV; Branson, BR (Centers for Disease Control and Prevention, Atlanta).

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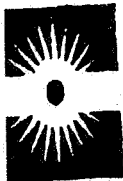
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### PRESENTER CONTACT INFORMATION

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**Fax:** (517) 335-9611  
**E-mail:** rand106w@cdc.gov



**OraSure Technologies, Inc.**

Diagnostic solutions for the new millennium

OraSure Technologies, Inc.

50 Webster St.  
Bethlehem, Pa. 18015  
(610) 882-1820

### QUOTE

ORDER NUMBER: 0201794  
ORDER DATE: 3/28/2002

SALESPERSON: YWAR  
CUSTOMER NO: CHICAGO

**SOLD TO:**  
CHICAGO DEPT. OF PUBLIC HEALTH  
BH# 0141-114535 FOR PMT  
333 SO STATE

**SHIP TO:**  
CHICAGO DEPT. OF PUBLIC HEALTH  
BH# 0141-114535 FOR PMT  
333 SO STATE

CHICAGO, IL 60604

CHICAGO, IL 60604

**CONFIRM TO:** LINDA PARKS  
Phone Number:

**SHIPPING TERMS:** PrePaid

CUSTOMER P.O.	SHIP VIA	C.S.R.	F.O.B.	TERMS	SHIP DATE	
PENDING	FEDERAL EXPRESS GROUND	JMH	ORIGIN	NET 30 DAYS	6/30/2004	
ITEM NO.	EACH	ORDERED	SHIPPED	BACK ORD	PRICE	AMOUNT
503-0050	CASE	224.000	0.000	0.000	192.50	43,120.00

ORASURE HIV-1 50 CT CASE

WHSE: 200

QUANTITY INCLUDES SHIPMENTS TWICE YEARLY

PRICE QUOTE ONLY  
PRICE PER CASE INCLUDES GROUND  
TRANSPORTATION TO CHICAGO  
QUOTE IS FOR A 2 YEAR PERIOD FROM  
07/01/2002 THROUGH 06/30/2004

**S. S. R. B.**

DATE July 11, 2002

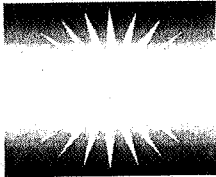
APPROVED..... 4-0

CONDITIONALLY  
APPROVED.....

RETURN TO DEPT.....

DISAPPROVED.....

Net Order:	43,120.00
Less Discount:	0.00
Freight:	0.00
Sales Tax:	0.00
<b>Total:</b>	<b>43,120.00</b>



# OraSure Technologies, Inc.

diagnostic solutions for the new millennium

June 10, 2004

Mr. Paul Lakosky  
Chicago Dept. of Public Health  
31<sup>st</sup> Street, Specialty Clinic  
530 E. 31<sup>st</sup> Street  
Chicago, IL 60616

**SUBJECT:** Quote for OraQuick® Rapid HIV-1 Test Devices and Controls

Dear Mr. Lakosky:

OraSure Technologies, Inc. (OTI) is pleased to provide the below listed price quote for OraQuick® Rapid HIV-1 Test Devices and Controls.

Item #	Description	Unit Price	Total Cost Per Case
1001-0052	OraQuick® Rapid HIV-1, 25 ct	\$20.00 each	\$500.00 /25 count
1001-0051	OraQuick® Rapid HIV-1, 100 ct	\$20.00 each	\$2000.00 /100 count
1001-0049	OraQuick® Rapid HIV Control	\$20.00 set	

\*1 set of controls will cover approximately 25 tests.

\*\*Freight is not included in the above pricing and will be billed separately. FOB point is Bethlehem, PA.

Payment terms are Net 30 days from invoice date. Delivery will be 5-7 days ARO. OraSure's Federal ID# is 36-4370966.

**Payment Address:**

OraSure Technologies, Inc.  
Dept. 269701  
PO Box 67000  
Detroit, Michigan 48267-2697

**Customer Service**

To place orders please call 800-869-3538 or 610-882-1820 or Fax Orders to 610-882-3572. Emails may be sent to [customerservice@orasure.com](mailto:customerservice@orasure.com). Office Hours are 8 a.m. to 6 p.m. (Eastern Time).

**Training**

OTI will provide training at no additional cost which will cover item's such as; product information, step by step instructions for use of product, reading and interpreting test results, frequently asked questions regarding OraQuick® Rapid HIV-1 Antibody Tests as well as questions from individuals attending the training. Additional information as well as a training video will be provided at the training session.

This quote will remain valid for orders placed with in 30 days. Should you require additional information, please contact Tom Pavlowski, Account Manager, Infectious Disease Testing at 610-509-0177 or 800-869-3538, ext. 3288.

Regards,

*Patricia Reis*  
Patricia Reis  
Contract Administrator



CITY OF CHICAGO ALL PURPOSE REQUISITION FORM

DATE: 4/23/04 BUREAU/DIVISION: HDV/AIDS SHIP CODE: 4797 800 SITPS SHIP TO: 4797 800 SITPS ATTN: DATE NEEDED: F-25

LINE	COMMODITY CODE	SYS CODE	ITEM DESCRIPTION	CATALOG NAME#	CATALOG DATE	CATALOG PAGE	CATALOG ITEM/PART #	UNIT PRICE	UNIT OF MEASURE	QUANTITY	TOTAL PRICE
03	193524400		Human Immovade Herpes Virus Kits					\$20.00	Case	2400	
			Repart HDV-1 Diagnostic 1001-0051								
03	193524410		Human Immovade Herpes Virus Type I Kits - Repart HDV-1 Diagnostic 1001-0051					\$20.00	Case	500	
03	193524418		Human Immovade Herpes Virus Type I Kits 100 Test Kits					\$20.00	1/box	50	

COMMENTS:

CHECK OR COMPLETE ALL THAT APPLY

PARTICIPATING TA #

NEW TA OR CONTRACT

SOLE SOURCE

PURCHASE ORDER

CONTRACT AMENDMENT

DIRECT VOUCHER

EMERGENCY REQUEST

7-DAY BID

REJECTED

FY	LINE	FUND	DEPT	ORGN	APPR	ACTV	OBJT	PROJECT	RPTG	DOLLAR AMT.
03	1	050	41	3350	0300	0342			AI40	
03	2	050	41	3350	0300	0342			AI40	
03	3	050	41	3350	0300	0342			AI40	

FOR FINANCE OFFICE USE ONLY

CONTRACTS REVIEW DATE

FINANCE DIRECTOR DATE

EPS PASS 1 DATE

EPS PASS 2 DATE

VENDOR INFORMATION

COMPANY NAME: Drasure

ADDRESS: 220 E. First Street  
Bethlehem PA  
18015-1360

VENDOR CODE

REP/PHONE

INVOICE NUMBER(S)

BUREAU/DIVISION INFORMATION

SECTION MANAGER/ APPR PREPARED BY: Maribel Valdez

ADDRESS: 333 S. State

DATE: 4/23/04 PHONE: 7-8828

DEPUTY AUTHORIZATION: Maribel Valdez

DATE: 4/23/04 PHONE: 7-8828

**CITY OF CHICAGO  
 PURCHASE REQUISITION**

**Copy (Department)**

<b>DELIVER TO:</b>  041-3350 DEPAUL 2FL 333 S. STATE ST. 2ND FLOOR Chicago, IL 60604	<b>REQUISITION:</b> 13758  <b>PAGE:</b> 1 <b>DEPARTMENT:</b> 41 - DEPARTMENT OF HEALTH <b>PREPARER:</b> Maribel E Valdez <b>NEEDED:</b> <b>APPROVED:</b> 4/22/2004
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**REQUISITION DESCRIPTION**

TO ADD LINE ITMES TO EXISTING CONTRACT FOR ORASURE PO 2308  
 SPECIFICATION NUMBER: 11577

**COMMODITY INFORMATION**

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST							
1	1935244110	500.00	Case	0.00	0.00							
HUMAN IMMUNODEFICIENCY VIRUS TYPE I & II KITS - RAPID HIV-1, ORAQUICK 1001-0051, 100 CT												
<b>SUGGESTED VENDOR:</b> ORASURE TECHNOLOGIES INC						<b>REQUESTED BY:</b> Maribel E Valdez						
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.	
1	003	0050	0413350	0300	220342	0000	00000000	03AI40	00000	0000	0.00	
<b>LINE TOTAL:</b>											0.00	
2	1935244100	2,400.00	Case	0.00	0.00							
HUMAN IMMUNODEFICIENCY VIRUS TYPE I & II KITS - RAPID HIV-1, ORAQUICK 1001-0052, 25 CT												
<b>SUGGESTED VENDOR:</b> ORASURE TECHNOLOGIES INC						<b>REQUESTED BY:</b> Maribel E Valdez						
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.	
1	003	0050	0413350	0300	220342	0000	00000000	03AI40	00000	0000	0.00	
<b>LINE TOTAL:</b>											0.00	
3	1935244125	50.00	Set	0.00	0.00							
HUMAN IMMUNODEFICIENCY VIRUS TYPE I & II KITS - RAPID HIV CONTROL, ORAQUICK 1001-0049												
<b>SUGGESTED VENDOR:</b> ORASURE TECHNOLOGIES INC						<b>REQUESTED BY:</b> Maribel E Valdez						
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.	
1	003	0050	0413350	0300	220342	0000	00000000	03AI40	00000	0000	0.00	
<b>LINE TOTAL:</b>											0.00	
<b>REQUISITION TOTAL:</b>											0.00	



# PROJECT CHECKLIST

For CPAC Team Use Only	
Date Received	_____
Date Returned	_____
Date Accepted	_____

**IMPORTANT:** PLEASE READ AND FOLLOW THE INSTRUCTIONS FOR COMPLETING THE PROJECT CHECKLIST AND CONTACT THE APPROPRIATE TEAM LEADER IF YOU HAVE ANY FURTHER QUESTIONS. ALL INFORMATION SHOULD BE COMPLETED, INCLUDING THE SUPPLEMENTAL CHECKLIST REQUIRED BY THE SPECIFIC CPAC TEAM. ATTACH ALL REQUIRED MATERIALS AND SUBMIT FOR HANDLING TO THE DEPARTMENT OF PROCUREMENT SERVICES, ROOM 403, CITY HALL, 121 N. LASALLE STREET, CHICAGO, ILLINOIS

*J. Deane* *MB*

### PROJECT

Date: 4/23/04 Contact Person: Maribel Valdez  
 ID No. (Spec, RX, Project) : 2308 Tel: 7-8828 Fax: 7/1031 E-mail: \_\_\_\_\_  
 Department: #41 Health Project Manager: Janice Johnson  
 Bureau: HIV/AIDS Tel: 7-0128 Fax: 7-9663 E-mail: \_\_\_\_\_  
 Contract No.(if known New Contract) Estimated Value \$108,000  
 Project Title/Description To add lines to contract 2308 OraSure Technologies, Inc. We already added over the limit a total of \$108,000.  
*Increased Vendor limit on previous*

### SCOPE STATEMENT

\_\_\_ Attached is a detailed scope of services and/or specification

**IMPORTANT:** THIS IS A CRITICAL PORTION OF YOUR SUBMITTAL. IN ORDER FOR A TEAM TO ACCEPT YOUR SUBMITTAL YOU MUST COMPLETE ALL TEAM SPECIFIC SCOPE REQUIREMENTS AS SET FORTH IN THE SUPPLEMENTAL CHECKLIST FOR THAT TEAM.

The following is a general description of what would be included in a Scope of Services or Specification:  
 A clear description of all anticipated services and products, including: time frame for completion, special qualifications of prospective vendors, special requirements or needs of the project, locations, anticipated participating user departments, citation of any applicable City ordinance or state/federal regulation or statute.

### TYPE OF PROCUREMENT REQUESTED (check all that apply)

\_\_\_ Competitive Bid    \_\_\_ RFQ/RFP/RFS/RFI    \_\_\_ Sole Source    X Term Agreement    \_\_\_ One Shot  
X Mod/Amendment    \_\_\_ Time Extension    \_\_\_ Additional Funding    \_\_\_ Small Order    \_\_\_ S/O Emergency

**FORMS**    X F-25\* (add line items)    \_\_\_ F-10 \*(special approval)    \_\_\_ SSRB\*\*(Sole Source approval)  
 \_\_\_ F-26\* (new term agreement)    \_\_\_ RX (one-shot requisition)    \_\_\_ OBM Authorization  
 \_\_\_ F-27\* (time extension)    \_\_\_ APRF (all purpose request form)  
 \_\_\_ F-29\* (change vendor limit)

\*\* Sole source requests must include vendor quotes/proposal and MBE/WBE compliance requirements

### FUNDING

City:    \_\_\_ Corporate    \_\_\_ Bond    \_\_\_ Enterprise    X Grant\*    \_\_\_ Other \_\_\_\_\_  
 State:    \_\_\_ IDOT/Transit    \_\_\_ IDOT/Highway    \_\_\_ Grant\*    \_\_\_ Other \_\_\_\_\_  
 Federal:    \_\_\_ FHWA    \_\_\_ FTA    \_\_\_ FAA    \_\_\_ Grant\*    \_\_\_ Other \_\_\_\_\_  
 Funding Strips 03-260-41-3355-0300-0342-Y401 and 03-050-41-3350-0300-0342-AI40

\*Attach copy of applicable grant agreement terms and conditions language:

### TIME FRAME

Date Needed: 4/30/04 Requested Contract Term (v/m/d): 1/01/03-12/31/04

### PRE BID/SUBMITTAL REQUIREMENTS

Requesting Pre Bid/Submittal Conference?    \_\_\_ Yes    X No    Requesting Pre Bid/Submittal be Mandatory?    \_\_\_ Yes    X No  
 Requesting Site Visit?    \_\_\_ Yes    X No    Requesting Site Visit be Mandatory?    \_\_\_ Yes    X No



City of Chicago  
Richard M. Daley, Mayor

Department of Public Health


John L. Wilhelm, M.D., M.P.H.  
Commissioner

333 South State Street  
Chicago, Illinois 60604  
(312) 747-9884  
(312) 747-9888 (24 hours)

<http://www.ci.chi.il.us>

## MEMORANDUM

TO: Eric J. Griggs  
Chief Procurement Officer

FROM: John L. Wilhelm, M.D., MPH   
Department of Public Health Commissioner

DATE: June 10, 2004

ATTN: SOLE SOURCE BOARD \_ Staci Stewart

SUBJECT: Justification for adding new lines  
to HIV Oral Specimen Collection Devices  
Sole Source Contract

This letter serves as a confirmation to add three lines to the existing Orasure PO # 2308 with Spec # 11577. Please note that the justification for adding these three lines is to meet the needs of the program coordinating HIV testing for new clients. Furthermore, these three items were not included in the previous contract. The following are the three lines to be added:

- 1935244110 Human Immunodeficiency virus type I & II kits – Rapid HIV-1 Oraquick 1001-0051, 100 CT.
- 1935244100 Human Immunodeficiency virus type I & II kits – Rapid HIV-1 Oraquick 1001-0052, 25 CT.
- 1935244125 Human Immunodeficiency virus type I & II kits – Rapid HIV-1 Oraquick 1001-0049, 50 Set.

Please find a copy of the sole source justification, as well as the current Contractor's Quote for the three line items described above, dated June 10, 2004.

Please do not hesitate to contact Mauricio Beltran at (312) 747-9658, should you have any questions concerning the above.

Thank you greatly for your assistance in procurement matters.

cc: Peg White  
Maribel Valdez  
Mauricio Beltran



Please Recycle!



Health

City of Chicago  
 Department  
 of  
**PROCUREMENT**  
 SERVICES

Spec # B24952601 Description HIV ORAL SPECIMEN COLLECTION DEVICES  
 Status Active   
 Buyer 53 ODELL BROWN (312) 744-9806  
 Remarks # of Contracts 1

Contract Number	Mod ID	ASN Date	Contract Type	Amount
PO 2308		5/30/2003	Term Agreement	

Start Date : 1/1/2003 End Date : 12/31/2004  
 Dept 41 DEPARTMENT OF HEALTH  
 Vendor # 1071875A  W/MBE ?  Sole Source ?  
 Vendor Name: ORASURE TECHNOLOGIES INC.  
 Comments LAW NOT REQUIRED

Code	Description	Date	Days
ASN	ASSIGNED TO CA/CN	5/30/2003	
ADV	ADVERTISED DATE		
BOD	BID OPENING DATE		
TLW	TO LAW		
TCO	TO COMPTROLLER	7/21/2003	4
TPA	TO PURCHASING AGENT	7/25/2003	4
TMR	TO MAYOR	7/29/2003	1
AWD	AWARDED	7/30/2003	19
RLS	RELEASED	8/18/2003	

Total Procurement Cycle Time (Days) : 80

Open Subs

INTER-DEPARTMENT NOTICE OF CONTRACT AWARD  
 CITY of CHICAGO  
 DEPARTMENT of PROCUREMENT SERVICES  
 CITY HALL, 121 N. LaSALLE, ROOM 403  
 CHICAGO, IL 60602

Attached are copies of contract documents related to an award in which your department has been included. These copies provide basic information related to the subject award. Please refer to EPS for additional information concerning this agreement, if required. The notice replaces the Inter-Department Notice of Contract Award.  
 (Rev. 5/95)