



## Best and Final Offer- Brazoria County CSCD

DESCRIPTION	SITES:	Days of Operation /Week	Confirmation Options	1500 samples/month	2000 samples/month	2500 samples/month	3000 samples/month
<b>BAFO</b> Using current panel setup with EtG and Fentanyl available.	OFFSITE: Rotate Between Two Facilities (Central county location)	4	Auto Confirm	\$26.30	\$21.85	\$19.20	\$17.40
			Confirm Upon Request (\$15.00 per assay for LC-MS/MS.)	\$23.00	\$18.50	\$15.85	\$14.05
<b>POCT Cups</b> AMP1000, BAR300, BUP10, BZO300, COC300, ETG500, FEN10, MDMA500, MET1000, MOP300, MTD300, OXY100, PCP25, THC50	OFFSITE: Rotate Between Two Facilities (Central county location)	4	Confirm Upon Request (\$15.00 per assay for LC-MS/MS.)	\$22.00	\$17.50	\$14.85	\$13.05

\*Our cup pricing is offered to Brazoria County CSCD for two scenarios. The first scenario Averhealth agrees to is for Brazoria to continue using POCT as it's being utilized under the current contract (as requested by the Judge). The second scenario Averhealth agrees to is for all Brazoria County CSCD departments to switch to POCT as the standard testing strategy with confirmation testing by request for \$15/assay.

\*Pricing includes collections at 2 locations for 4 days per week with 1 weekend testing date.

## ADDENDUM NO.3 REVISED ATTACHMENT C - BID TABLE - Page 1 of 2

### RFP #24-14 DRUG & ALCOHOL TESTING FOR CSCD

CSCD is requesting Urinalysis pricing from a multiple-scenario approach as described in detail in the RFP.

**STANDARD PANEL** IS comprised of any six (6) of the stated drugs defined as "STANDARD" plus one (1) "SPECIALTY" Drug.

Standard and Specialty drugs shall be defined by Respondent within this proposal.

Pricing Scenario	DESCRIPTION	SITES:	Days of Operation /Week	Confirmation Options	Standard Panel - Unit Price
1	TWO (2) TESTING LOCATIONS	BLENDED: 1 Off-site Facility, 1 On-site Facility	4	<del>Auto Confirm</del>	<del></del>
2				Confirm Upon Request (Cost of Confirmation provided below.)	\$21.05
3				<del></del>	<del></del>
4				<del>(Cost of Confirmation provided below.)</del>	<del>\$26.10</del>
5		OFFSITE: Both locations outside of County property	4	Auto Confirm	\$26.30
6				Confirm Upon Request (Cost of Confirmation provided below.)	\$21.05
7			5	Auto Confirm	\$31.35
8				Confirm Upon Request (Cost of Confirmation provided below.)	\$28.00
9		ON-SITE FACILITIES - within Current CSCD Facilities (Angleton & Marvel)	4	Auto Confirm	\$24.35
10				Confirm Upon Request (Cost of Confirmation provided below.)	\$21.05
11			5	Auto Confirm	\$29.40
12				Confirm Upon Request (Cost of Confirmation provided below.)	\$26.10
13	ONE (1) TESTING LOCATION	ONSITE: On County Property, 2 Restroom available	5	Auto Confirm	\$24.35
14				Confirm Upon Request (Cost of Confirmation provided below.)	\$21.05
15		OFFSITE: ONE (1) OFFSITE FACILITY (Central county location)	5	Auto Confirm	\$21.05
16				Confirm Upon Request (Cost of Confirmation provided below.)	\$21.05

BAFO:  
\$18.50

In the interest of best practices, CSCD welcomes Respondent to customize Bid Table with a recommended list of what comprises a "Standard" drug for testing and what comprises a "Specialty" drug for testing, applicable to all scenarios. However, CSCD is requesting (at minimum) the following drugs be included and defined as either "Standard" or "Specialty" for pricing purposes.

### "STANDARD DRUGS" - please indicate which are considered "Standard" for urinalysis panel pricing

<input checked="" type="checkbox"/> Amphetamines (including amphetamines, ecstasy, methamphetamines)	<input checked="" type="checkbox"/> Cocaine	<input type="checkbox"/> Ketamine	<input checked="" type="checkbox"/> Opiates (morphine, heroin, hydrocodone, hydromorphone, oxycodone, oxymorphone)
<input checked="" type="checkbox"/> Barbiturates	<input checked="" type="checkbox"/> Ecstasy	<input type="checkbox"/> LSD	<input checked="" type="checkbox"/> Propoxyphene
<input checked="" type="checkbox"/> Benzodiazepines	<input type="checkbox"/> ETG	<input type="checkbox"/> Meperidine	<input type="checkbox"/> Tramadol
<input type="checkbox"/> Buprenorphine	<input type="checkbox"/> Fentanyl	<input checked="" type="checkbox"/> Methadone	<input type="checkbox"/> Zolpidem
<input checked="" type="checkbox"/> Cannabinoids (THC)	<input type="checkbox"/> Gabapentin	<input checked="" type="checkbox"/> Methamphetamine	<input type="checkbox"/> _____
<input type="checkbox"/> Carisoprodol	<input type="checkbox"/> Heroin	<input checked="" type="checkbox"/> PCP	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

### "SPECIALTY DRUGS" - please indicate which are considered "Specialty" for urinalysis panel pricing

<input type="checkbox"/> Amphetamines (including amphetamines, ecstasy, methamphetamines)	<input type="checkbox"/> Cocaine	<input checked="" type="checkbox"/> Ketamine	<input type="checkbox"/> Opiates (morphine, heroin, hydrocodone, hydromorphone, oxycodone, oxymorphone)
<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Ecstasy	<input checked="" type="checkbox"/> LSD	<input type="checkbox"/> Propoxyphene
<input type="checkbox"/> Benzodiazepines	<input checked="" type="checkbox"/> ETG	<input checked="" type="checkbox"/> Meperidine	<input checked="" type="checkbox"/> Tramadol
<input checked="" type="checkbox"/> Buprenorphine	<input checked="" type="checkbox"/> Fentanyl	<input type="checkbox"/> Methadone	<input checked="" type="checkbox"/> Zolpidem
<input type="checkbox"/> Cannabinoids (THC)	<input checked="" type="checkbox"/> Gabapentin	<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> Carisoprodol	<input checked="" type="checkbox"/> Heroin	<input type="checkbox"/> PCP	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> Cotinine	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Mitragynine	<input type="checkbox"/> _____

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**CONFIRMATIONS UPON REQUEST**

<b>COST OF CONFIRMATION PER ASSAY</b> after receiving request for confirmation of positive screening results from CSCD. This cost is only applicable for those pricing scenarios above where RESPONDENT has provided a price that does NOT include Automatic confirmations. (e.g screening only is provided in each scenario above; Confirmation upon Request is provided here.)	<b>\$15.00</b>
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**OTHER PRICING DETAILS**

One Specialty Drug Included w Standard Panel priced above.			No additional Charge
STANDARD DRUG ADD-ONS (additional cost above the six included with Standard Panel)			\$0.50
SPECIALTY DRUG ADD-ONS (additional cost above the one included with Standard Panel)			\$2.50
OTHER TESTING SERVICES: Please provide price below for following services:	Unit Price	OTHER OFFERED SERVICES: Please provide price & details of available services not already listed.	Unit Price
Synthetic Cannabinoids Urine Analysis	\$25.00		\$85 (Hair Test)
Synthetic Stimulants Urine Analysis	\$35.00		\$35 (Xylazine LCMS)
Standard Oral Fluid Panel	\$26.85		\$0.00
Oral Fluid Add-ons	\$2.50		\$0.00
Transdermal (sweat patch)	\$85.00		\$0.00
COST TO PROVIDE IN-PERSON WITNESS TESTIMONY IN COURT: Quoted price should include FULL cost per occasion of in-person testimony, as well as any limits on annual occurrences AND additional costs to CSCD beyond that annual limit. Provide details below.			
			\$1,500.00