State of Oklahoma
Oklahoma State Dept of Health

Solicitation Cover Page

1. **Solicitation #:** 3400001682

2. **Solicitation Issue Date:** 02/19/2020

3. **Brief Description of Requirement:**

SPECIMEN COLLECTION: Filter Paper for Specimen Collection, OK Newborn Metabolic Disorder Screening Kits

Questions regarding this solicitation are due no later than February 24, 2020, 3:00PM CDT. Questions must be in writing and emailed to donnad@health.ok.gov. Questions received after this date may not be answered.

4. **Response Due Date**[1]**:** 03/02/2020 **Time**: 3:00 CST/CDT

5. **Issued By and RETURN SEALED BID TO**[2]**:**

U.S. Postal Delivery Address:
Procurement
OSDH
1000 NE 10th St
OKC, OK 73117-1299

Common Carrier Delivery Address: SAME

Electronic Submission Address: N/A

6. **Solicitation Type** (type "X" at one below)**:**

- ☒ Invitation to Bid
- ☐ Request for Proposal
- ☐ Request for Quote

7. **Contracting Officer**:

Name: Donna Dodson
Phone: 405-271-4043
Email: donnad@health.ok.gov

[1] Amendments to solicitation may change the Response Due Date (read GENERAL PROVISIONS, section 3, "Solicitation Amendments").
[2] If "U.S. Postal Delivery" differs from "Carrier Delivery, use "Carrier Delivery" for courier or personal deliveries.

State of Oklahoma
Oklahoma State Dept of Health

Responding Bidder Information

*"Certification for Competitive Bid and Contract" **MUST** be submitted along with the response to the Solicitation.*

1. **RE: Solicitation #** 3400001682

2. **Bidder General Information:**

FEI / SSN : _____ Supplier ID: _____

Company Name: _____

3. **Bidder Contact Information:**

Address: _____

City: _____ State: ____ Zip Code: _____

Contact Name: _____

Contact Title: _____

Phone #: _____ Fax #: _____

Email: _____ Website: _____

4. **Oklahoma Sales Tax Permit[3]:**

☐ YES – Permit #: _____

☐ NO – Exempt pursuant to Oklahoma Laws or Rules – Attach an explanation of exemption

5. **Registration with the Oklahoma Secretary of State:**

☐ YES - Filing Number: _____

☐ NO - Prior to the contract award, the successful bidder will be required to register with the Secretary of State or must attach a signed statement that provides specific details supporting the exemption the supplier is claiming (www.sos.ok.gov or 405-521-3911).

6. **Workers' Compensation Insurance Coverage:**

Bidder is required to provide with the bid a certificate of insurance showing proof of compliance with the Oklahoma Workers' Compensation Act.

☐ YES – Include with the bid a certificate of insurance.

☐ NO – Exempt from the Workers' Compensation Act pursuant to 85A O.S. § 2(18)(b)(1-11) – Attach a written, signed, and dated statement on letterhead stating the reason for the exempt status.[4]

[3] For frequently asked questions concerning Oklahoma Sales Tax Permit, see https://www.ok.gov/tax/Businesses/index.html
[4] **For frequently asked questions concerning workers' compensation insurance, see https://www.ok.gov/wcc/Insurance/index.html**

7. Disabled Veteran Business Enterprise Act

☐ YES – I am a service-disabled veteran business as defined in 74 O.S. §85.44E. Include with the bid response 1) certification of service-disabled veteran status as verified by the appropriate federal agency, and 2) verification of not less than 51% ownership by one or more service-disabled veterans, and 3) verification of the control of the management and daily business operations by one or more service-disabled veterans.

☐ NO – Do not meet the criteria as a service-disabled veteran business.

Authorized Signature	Date
Printed Name	Title

State of Oklahoma
Oklahoma State Dept of Health

Certification for Competitive Bid and/or Contract (Non-Collusion Certification)

NOTE: *A certification shall be included with any competitive bid and/or contract exceeding $5,000.00 submitted to the State for goods or services.*

Agency Name: *OSDH*

Agency Number: *340*

Solicitation or Purchase Order #: 3400001682

Supplier Legal Name: _____

SECTION I [74 O.S. § 85.22]:

A. For purposes of competitive bid,

1. I am the duly authorized agent of the above named bidder submitting the competitive bid herewith, for the purpose of certifying the facts pertaining to the existence of collusion among bidders and between bidders and state officials or employees, as well as facts pertaining to the giving or offering of things of value to government personnel in return for special consideration in the letting of any contract pursuant to said bid;
2. I am fully aware of the facts and circumstances surrounding the making of the bid to which this statement is attached and have been personally and directly involved in the proceedings leading to the submission of such bid; and
3. Neither the bidder nor anyone subject to the bidder's direction or control has been a party:
    a. to any collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding,
    b. to any collusion with any state official or employee as to quantity, quality or price in the prospective contract, or as to any other terms of such prospective contract, nor
    c. in any discussions between bidders and any state official concerning exchange of money or other thing of value for special consideration in the letting of a contract, nor
    d. to any collusion with any state agency or political subdivision official or employee as to create a sole-source acquisition in contradiction to Section 85.45j.1. of this title.

B. I certify, if awarded the contract, whether competitively bid or not, neither the contractor nor anyone subject to the contractor's direction or control has paid, given or donated or agreed to pay, give or donate to any officer or employee of the State of Oklahoma any money or other thing of value, either directly or indirectly, in procuring this contract herein.

SECTION II [74 O.S. § 85.42]:

For the purpose of a contract for services, the supplier also certifies that no person who has been involved in any manner in the development of this contract while employed by the State of Oklahoma shall be employed by the supplier to fulfill any of the services provided for under said contract.

The undersigned, duly authorized agent for the above named supplier, by signing below acknowledges this certification statement is executed for the purposes of:

☐ the competitive bid attached herewith and contract, if awarded to said supplier;

OR

☐ the contract attached herewith, which was not competitively bid and awarded by the agency pursuant to applicable Oklahoma statutes.

Supplier Authorized Signature	Certified This Date
Printed Name	Title
Phone Number	Email
Fax Number	

A. GENERAL PROVISIONS

A.1. Definitions

As used herein, the following terms shall have the following meaning unless the context clearly indicates otherwise:

A.1.1. "Acquisition" means items, products, materials, supplies, services, and equipment an entity acquires by purchase, lease purchase, lease with option to purchase, or rental;

A.1.2. “Addendum” means a written restatement of or modification to a Contract Document executed by the Supplier and State.

A.1.3. ”Bid” means an offer in the form of a bid, proposal, or quote a bidder submits in response to a solicitation;

A.1.4. "Bidder" means an individual or business entity that submits a bid in response to a solicitation;

A.1.5. "Solicitation" means a request or invitation by the State Purchasing Director or a state agency for a supplier to submit a priced offer to sell acquisitions to the state. A solicitation may be an invitation to bid, request for proposal, or a request for quotation; and

A.1.6. ”Supplier” or “vendor” means an individual or business entity that sells or desires to sell acquisitions to state agencies.

A.2. Bid Submission

A.2.1. Submitted bids shall be in strict conformity with the instructions to bidders and shall be submitted with a completed Responding Bidder Information, OMES-FORM-CP-076, and any other forms required by the solicitation.

A.2.2. Bids shall be submitted to the procuring agency in a single envelope, package, or container and shall be sealed, unless otherwise detailed in the solicitation. The name and address of the bidder shall be inserted in the upper left corner of the single envelope, package, or container. SOLICITATION NUMBER AND SOLICITATION RESPONSE DUE DATE AND TIME MUST APPEAR ON THE FACE OF THE SINGLE ENVELOPE, PACKAGE, OR CONTAINER.

A.2.3. The required certification statement, "Certification for Competitive Bid and/or Contract (Non-Collusion Certification)", OMES-FORM-CP-004, must be made out in the name of the bidder and must be properly executed by an authorized person, with full knowledge and acceptance of all its provisions.

A.2.4. All bids shall be legible and completed in ink or with electronic printer or other similar office equipment. Any corrections to bids shall be identified and initialed in ink by the bidder. Penciled bids and penciled corrections shall NOT be accepted and will be rejected as non-responsive. In addition to a hard copy submittal, the bidder will also be required to submit an electronic copy. Electronic responses must be submitted in the identical format contained in the solicitation (for example Microsoft Word, Microsoft Excel, but not Adobe PDF). In the event the hard copy of the price worksheets and electronic copy of the price worksheets do not agree, the electronic copy will prevail.

A.2.5. All bids submitted shall be subject to the Oklahoma Central Purchasing Act, Central Purchasing Rules, and other statutory regulations as applicable, these General Provisions, any Special Provisions, solicitation specifications, required certification statement, and all other terms and conditions listed or attached herein—all of which are made part of this solicitation.

A.3. Solicitation Amendments

A.3.1. If an ”Amendment of Solicitation”, OMES-FORM-CP-011, is issued, the bidder shall acknowledge receipt of any/all amendment(s) to solicitations by signing and returning the solicitation amendment(s). Amendment acknowledgement(s) may be submitted with the bid or may be forwarded separately. If forwarded separately, amendment acknowledgement(s) must contain the solicitation number and response due date and time on the front of the envelope. The procuring agency must receive the amendment acknowledgement(s) by the response due date and time specified for receipt of bids for the bid to be deemed responsive. Failure to acknowledge solicitation amendments may be grounds for rejection.

A.3.2. No oral statement of any person shall modify or otherwise affect the terms, conditions, or specifications stated in the solicitation. All amendments to the solicitation shall be made in writing by the procuring agency.

A.3.3. It is the bidder's responsibility to check frequently for any possible amendments that may be issued. The procuring agency is not responsible for a bidder's failure to download any amendment documents required to complete a solicitation.

A.4. Bid Change

If the bidder needs to change a bid prior to the solicitation response due date, a new bid shall be submitted to the procuring agency with the following statement "This bid supersedes the bid previously submitted" in a single envelope, package, or container and shall be sealed, unless otherwise detailed in the solicitation. The name and address of the bidder shall be inserted in the upper left corner of the single envelope, package, or container. SOLICITATION NUMBER AND SOLICITATION RESPONSE DUE DATE AND TIME MUST APPEAR ON THE FACE OF THE SINGLE ENVELOPE, PACKAGE, OR CONTAINER.

A.5. Certification Regarding Debarment, Suspension, and Other Responsibility Matters

By submitting a response to this solicitation:

A.5.1. The prospective primary participant and any subcontractor certifies to the best of their knowledge and belief, that they and their principals or participants:

A.5.1.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal, State or local department or agency;

A.5.1.2. Have not within a three-year period preceding this proposal been convicted of or pled guilty or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) contract; or for violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

A.5.1.3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph A.5.1.2. of this certification; and

A.5.1.4. Have not within a three-year period preceding this application/proposal had one or more public (Federal, State, or local) contracts terminated for cause or default.

A.5.2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to its solicitation response.

A.6. Bid Opening

Sealed bids shall be opened by the _____ located at _____

_____ at the time and date specified in the solicitation as the Response Due Date and Time.

A.7. Open Bid / Open Record

Pursuant to the Oklahoma Public Open Records Act, a public bid opening does not make the bid(s) immediately accessible to the public. The procurement or contracting agency shall keep the bid(s) confidential, and provide prompt and reasonable access to the records only after a contract is awarded or the solicitation is cancelled. This practice protects the integrity of the competitive bid process and prevents excessive disruption to the procurement process. The interest of achieving the best value for the State of Oklahoma outweighs the interest of vendors immediately knowing the contents of competitor's bids. [51 O.S. § 24A.5(5)]

Additionally, financial or proprietary information submitted by a bidder may be designated by the Purchasing Director as confidential and the procurement entity may reject all requests to disclose information designated as confidential pursuant to 62 O.S. (2012) § 34.11.1(H)(2) and 74 O.S. (2011) § 85.10. Bidders claiming any portion of their bid as proprietary or confidential must specifically identify what documents or portions of documents they consider confidential and identify applicable law supporting their claim of confidentiality. The State Purchasing Director shall make the final decision as to whether the documentation or information is confidential pursuant to 74 O.S. § 85.10. Otherwise, documents and information a bidder submits as part of or in connection with a bid are public records and subject to disclosure after contract award or the solicitation is cancelled.

A.8. Late Bids

Bids received by the procuring agency after the response due date and time shall be deemed non-responsive and shall NOT be considered for any resultant award.

A.9. Legal Contract

A.9.1. Submitted bids are rendered as a legal offer and any bid, when accepted by the procuring agency, shall constitute a contract.

A.9.2. The Contract resulting from this solicitation may consist of the following documents in the following order of precedence:

A.9.2.1. Any Addendum to the Contract;

A.9.2.2. Purchase order, as amended by Change Order (if applicable);

A.9.2.3. Solicitation, as amended (if applicable); and

A.9.2.4. Successful bid (including required certifications), to the extent the bid does not conflict with the requirements of the solicitation or applicable law.

A.9.3. Any contract(s) awarded pursuant to the solicitation shall be legibly written or typed.

A.10. Pricing

A.10.1. Bids shall remain firm for a minimum of sixty (60) days from the solicitation closing date.

A.10.2. Bidders guarantee unit prices to be correct.

A.10.3. In accordance with 74 O.S. §85.40, ALL travel expenses to be incurred by the supplier in performance of the Contract shall be included in the total bid price/contract amount.

A.11. Manufacturers' Name and Approved Equivalents

Unless otherwise specified in the solicitation, manufacturers' names, brand names, information and/or catalog numbers listed in a specification are for information and not intended to limit competition. Bidder may offer any brand for which they are an authorized representative, and which meets or exceeds the specification for any item(s). However, if bids are based on equivalent products, indicate on the bid form the manufacturer's name and number. Bidder shall submit sketches, descriptive literature, and/or complete specifications with their bid. Reference to literature submitted with a previous bid will not satisfy this provision. The bidder shall also explain in detail the reason(s) why the proposed equivalent will meet the specifications and not be considered an exception thereto. Bids that do not comply with these requirements are subject to rejection.

A.12. Clarification of Solicitation

A.12.1. Clarification pertaining to the contents of this solicitation shall be directed in writing to the Contracting Officer specified in the solicitation, and must be prior to the closing date of the solicitation.

A.12.2. If a bidder fails to notify the State of an error, ambiguity, conflict, discrepancy, omission or other error in the SOLICITATION, known to the bidder, or that reasonably should have been known by the bidder, the bidder shall submit a bid at its own risk; and if awarded the contract, the bidder shall not be entitled to additional compensation, relief, or time, by reason of the error or its later correction. If a bidder takes exception to any requirement or specification contained in the SOLICITATION, these exceptions must be clearly and prominently stated in their response.

A.12.3. Bidders who believe proposal requirements or specifications are unnecessarily restrictive or limit competition may submit a written request for administrative review to the contracting officer listed on the solicitation. This request must be made prior to the closing date of the solicitation.

A.13. Negotiations

A.13.1. In accordance with Title 74 §85.5, the State of Oklahoma reserves the right to negotiate with one, selected, all or none of the vendors responding to this solicitation to obtain the best value for the State. Negotiations could entail discussions on products, services, pricing, contract terminology or any other issue that may mitigate the State's risks. The State shall consider all issues negotiable and not artificially constrained by internal corporate policies. Negotiation may be with one or more vendors, for any and all items in the vendor's offer.

A.13.2. Firms that contend that they lack flexibility because of their corporate policy on a particular negotiation item shall face a significant disadvantage and may not be considered. If such negotiations are conducted, the following conditions shall apply:

A.13.3. Negotiations may be conducted in person, in writing, or by telephone.

A.13.4. Negotiations shall only be conducted with potentially acceptable offers. The State reserves the right to limit negotiations to those offers that received the highest rankings during the initial evaluation phase.

A.13.5. Terms, conditions, prices, methodology, or other features of the bidders offer may be subject to negotiations and subsequent revision. As part of the negotiations, the bidder may be required to submit supporting financial, pricing, and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the offer.

A.13.6. The requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the State determines that a change in such requirements is in the best interest of the State Of Oklahoma.

A.14. Rejection of Bid

The State reserves the right to reject any bids that do not comply with the requirements and specifications of the solicitation. A bid may be rejected when the bidder imposes terms or conditions that would modify requirements of the solicitation or limit the bidder's liability to the State. Other possible reasons for rejection of bids are listed in OAC 260:115-7-32.

A.15. Award of Contract

A.15.1. The State Purchasing Director may award the Contract to more than one bidder by awarding the Contract(s) by item or groups of items, or may award the Contract on an ALL OR NONE basis, whichever is deemed by the State Purchasing Director to be in the best interest of the State of Oklahoma.

A.15.2. Contract awards will be made to the lowest and best bidder(s) unless the solicitation specifies that best value criteria is being used.

A.15.3. In order to receive an award or payments from the State of Oklahoma, suppliers must be registered. The vendor registration process can be completed electronically through the OMES website at the following link: https://www.ok.gov/dcs/vendors/index.php .

A.16. Contract Modification

A.16.1. The Contract is issued under the authority of the State Purchasing Director who signs the Contract. The Contract may be modified only through a written Addendum, signed by the State Purchasing Director and the supplier .

A.16.2. Any change to the Contract, including but not limited to the addition of work or materials, the revision of payment terms, or the substitution of work or materials, directed by a person who is not specifically authorized by the procuring agency in writing, or made unilaterally by the supplier, is a breach of the Contract. Unless otherwise specified by applicable law or rules, such changes, including unauthorized written Addendums, shall be void and without effect, and the supplier shall not be entitled to any claim under this Contract based on those changes. No oral statement of any person shall modify or otherwise affect the terms, conditions, or specifications stated in the resultant Contract.

A.17. Delivery, Inspection and Acceptance

A.17.1. Unless otherwise specified in the solicitation or awarding documents, all deliveries shall be F.O.B. Destination. The supplier(s) awarded the Contract shall prepay all packaging, handling, shipping and delivery charges and firm prices quoted in the bid shall include all such charges. All products and/or services to be delivered pursuant to the Contract shall be subject to final inspection and acceptance by the State at destination. "Destination" shall mean delivered to the receiving dock or other point specified in the purchase order. The State assumes no responsibility for goods until accepted by the State at the receiving point in good condition. Title and risk of loss or damage to all items shall be the responsibility of the supplier until accepted by the receiving agency. The supplier(s) awarded the Contract shall be responsible for filing, processing, and collecting any and all damage claims accruing prior to acceptance.

A.17.2. Supplier(s) awarded the Contract shall be required to deliver products and services as bid on or before the required date. Deviations, substitutions or changes in products and services shall not be made unless expressly authorized in writing by the procuring agency.

A.18. Invoicing and Payment

A.18.1. Upon submission of an accurate and proper invoice, the invoice shall be paid in arrears after products have been delivered or services provided and in accordance with applicable law. Invoices shall contain the purchase order number, a description of the products delivered or services provided, and the dates of such delivery or provision of services. An invoice is considered proper if sent to the proper recipient and goods or services have been received.

A.18.2. State Acquisitions are exempt from sales taxes and federal excise taxes.

A.18.3. Pursuant to 74 O.S. §85.44(B), invoices will be paid in arrears after products have been delivered or services provided.

A.18.4. Payment terms will be net 45. Interest on late payments made by the State of Oklahoma is governed by 62 O.S. § 34.72.

A.18.5. Additional terms which provide discounts for earlier payment may be evaluated when making an award. Any such additional terms shall be no less than ten (10) days increasing in five (5) day increments up to thirty (30) days. The date from which the discount time is calculated shall be the date of a proper invoice.

A.19. Tax Exemption

State agency acquisitions are exempt from sales taxes and federal excise taxes. Bidders shall not include these taxes in price quotes.

A.20. Audit and Records Clause

A.20.1. As used in this clause, “records" includes books, documents, accounting procedures and practices, and other data, regardless of type and regardless of whether such items are in written form, in the form of computer data, or in any other form. In accepting any Contract with the State, the successful bidder(s) agree any pertinent State or Federal agency will have the right to examine and audit all records relevant to execution and performance of the resultant Contract.

A.20.2. The successful supplier(s) awarded the Contract(s) is required to retain records relative to the Contract for the duration of the Contract and for a period of seven (7) years following completion and/or termination of the Contract. If an audit, litigation, or other action involving such records is started before the end of the seven (7) year period, the records are required to be maintained for two (2) years from the date that all issues arising out of the action are resolved, or until the end of the seven (7) year retention period, whichever is later.

A.21. Non-Appropriation Clause

The terms of any Contract resulting from the solicitation and any Purchase Order issued for multiple years under the Contract are contingent upon sufficient appropriations being made by the Legislature or other appropriate government entity. Notwithstanding any language to the contrary in the solicitation, purchase order, or any other Contract document, the procuring agency may terminate its obligations under the Contract if sufficient appropriations are not made by the Legislature or other appropriate governing entity to pay amounts due for multiple year agreements. The Requesting (procuring) Agency's decisions as to whether sufficient appropriations are available shall be accepted by the supplier and shall be final and binding.

A.22. Choice of Law

Any claims, disputes, or litigation relating to the solicitation, or the execution, interpretation, performance, or enforcement of the Contract shall be governed by the laws of the State of Oklahoma.

A.23. Choice of Venue

Venue for any action, claim, dispute or litigation relating in any way to the Contract shall be in Oklahoma County, Oklahoma.

A.24. Termination for Cause

A.24.1. The supplier may terminate the Contract for default or other just cause with a 30-day written request and upon written approval from the procuring agency. The State may terminate the Contract for default or any other just cause upon a 30-day written notification to the supplier.

A.24.2. The State may terminate the Contract immediately, without a 30-day written notice to the supplier, when violations are found to be an impediment to the function of an agency and detrimental to its cause, when conditions preclude the 30-day notice, or when the State Purchasing Director determines that an administrative error occurred prior to Contract performance.

A.24.3. If the Contract is terminated, the State shall be liable only for payment for products and/or services delivered and accepted.

A.25. Termination for Convenience

A.25.1. The State may terminate the Contract, in whole or in part, for convenience if the State Purchasing Director determines that termination is in the State's best interest. The State Purchasing Director shall terminate the contract by delivering to the supplier a Notice of Termination for Convenience specifying the terms and effective date of Contract termination. The Contract termination date shall be a minimum of 60 days from the date the Notice of Termination for Convenience is issued by the State Purchasing Director.

A.25.2. If the Contract is terminated, the State shall be liable only for products and/or services delivered and accepted, and for costs and expenses (exclusive of profit) reasonably incurred prior to the date upon which the Notice of Termination for Convenience was received by the supplier.

A.26. Insurance

The successful supplier(s) awarded the Contract shall obtain and retain insurance, including workers' compensation, automobile insurance, medical malpractice, and general liability, as applicable, or as required by State or Federal law, prior to commencement of any work in connection with the Contract. The supplier awarded the Contract shall timely renew the policies to be carried pursuant to this section throughout the term of the Contract and shall provide the procuring agency with evidence of such insurance and renewals.

A.27. Employment Relationship

The Contract does not create an employment relationship. Individuals performing services required by this Contract are not employees of the State of Oklahoma or the procuring agency. The supplier's employees shall not be considered employees of the State of Oklahoma nor of the procuring agency for any purpose, and accordingly shall not be eligible for rights or benefits accruing to state employees.

A.28. Compliance with the Oklahoma Taxpayer and Citizen Protection Act of 2007

By submitting a bid for services, the bidder certifies that they, and any proposed subcontractors, are in compliance with 25 O.S. §1313 and participate in the Status Verification System. The Status Verification System is defined in 25 O.S. §1312 and includes but is not limited to the free Employment Verification Program (E-Verify) through the Department of Homeland Security and available at www.dhs.gov/E-Verify .

A.29. Compliance with Applicable Laws

The products and services supplied under the Contract shall comply with all applicable Federal, State, and local laws, and the supplier shall maintain all applicable licenses and permit requirements.

A.30. Special Provisions

Special Provisions set forth in SECTION B apply with the same force and effect as these General Provisions. However, conflicts or inconsistencies shall be resolved in favor of the Special Provisions.

SOLICITATION REQUEST

☐ Request for Quote ☐ Request for Proposal ☐ Request for Bid **Dispatch via Print**

Request Quote ID.	Date	Buyer	Page
3400001682	01/13/2020	Donna Dodson	1
Payment Terms	**DateTime Quote Open**	**Closing**	
0 Days	02/19/2020 12:17 AM	03/02/2020 03:00 AM	

Requisition Number Reference: NBS Blood Spot Collection Kits

Department of Health
OKLAHOMA STATE DEPT OF HEALTH
SHIPPING & RECEIVING
1000 NE 10TH ST
OKLAHOMA CITY OK 731171299

Ship To: OKLAHOMA STATE DEPT OF HEALTH
SHIPPING & RECEIVING
1000 NE 10TH ST
OKLAHOMA CITY OK 731171299

Supplier: NAME
Address:_____
Address:_____
City:_____ST:____ ZIP:_____

Bill To: OKLAHOMA STATE DEPT OF HEALTH
ACCOUNTS PAYABLE
1000 NE 10TH ST
OKLAHOMA CITY OK 731171299

Line	Cat CD / Item # - Descr		Qty.	UOM	Supplier Responses Unit Cost	Ext. Cost
1	41104929 / 1000013721	Oklahoma Newborn Metabolic Disorder Screening Kit - Manufacture and re-print FDA Medical Devices	75000	KT	_____	_____

Product meets specifications Yes___No___ If no, please explain:

_____

_____

Freight Terms: FOB DEST **Ship Via:** COMMON

Lead Time: _____

Supplier Remarks:

_____

COMMENTS:
SECTION B: SPECIAL INSTRUCTIONS

CONTRACT PERIOD: Date of Award through June 30, 2020

THE BRAND NAME HEREIN MENTIONED IS FOR COMPARABLE QUALITY AND IDENTIFICATION PURPOSES ONLY.

VENDORS BIDDING SUBSTITUTIONS TO THE SPECIFICATIONS MUST PROVIDE PROOFS, PRIOR TO PRINTING, FOR APPROVAL.

BIDS FAILING TO ACKNOWLEDGE THE ABOVE PRODUCT/SERVICE SPECIFICATIONS INQUIRY MAY BE SUBJECT TO REJECTION.

TO BE BILLED IN ARREARS

PURCHASE ORDER NUMBER SHOULD APPEAR ON ALL DOCUMENTATION, INCLUDING BUT NOT LIMITED TO: PACKING SLIPS, INVOICES, BILLS OF LADING, CORRESPONDENCE, SUBJECT LINE OF EMAILS, ENVELOPE ADDRESSES AND PACKAGES. THE PURCHASE ORDER NUMBER SHOULD BE VISIBLE WITHOUT THE NEED TO OPEN THE PACKAGE. SHIPMENTS, INVOICES AND OTHER DOCUMENTATION NOT PROPERLY IDENTIFIED BY PURCHASE ORDER NUMBER MAY RESULT IN REFUSAL OF DELIVERY, DELAYED PAYMENT OR OTHER DELAYS IN RESPONSE.

VENDOR ACKNOWLEDGES, BY RECEIPT OF THIS INSTRUMENT, DOCUMENT OR COMMUNICATION, THAT ANY AGREEMENT ENTERED INTO OR EXECUTED BY THE PARTIES IS SUBJECT TO THE PROVISIONS OF THE OKLAHOMA CENTRAL PURCHASING ACT, 74 O.S., § 85.1, ET SEQ.

NO ORAL STATEMENT, ONLINE CLICK WRAP AMENDMENTS, FACSIMILE, MAIL OR OTHER NOTIFICATION ISSUED BY VENDOR SHALL MODIFY OR OTHERWISE EFFECT THE TERMS, CONDITIONS, OR SPECIFICATIONS STATED IN THIS PURCHASE ORDER UNLESS ACCEPTED IN WRITING BY THE OKLAHOMA STATE DEPARTMENT OF HEALTH, PROCUREMENT SERVICE.

THIS CONTRACT SHALL BE CONSIDERED TO BE IN FORCE UNTIL THE EXPIRATION DATE OR UNTIL 30 DAYS AFTER NOTICE HAS BEEN GIVEN BY EITHER PARTY OF ITS DESIRE TO TERMINATE THE CONTRACT.

ALL UNITS TO BE DELIVERED IN ONE SHIPMENT

THIS SOLICITATION WILL BE BID LOWEST AND BEST; AS AN ALL OR NONE AWARD.

This is NOT AN ORDER
All returned quotes and related documents must be identified with our request for quote Number.

Authorized Signature

SOLICITATION REQUEST

☐ Request for Quote ☐ Request for Proposal ☐ Request for Bid **Dispatch via Print**

Request Quote ID.	Date	Buyer	Page
3400001682	01/13/2020	Donna Dodson	2
Payment Terms	**DateTime Quote Open**	**Closing**	
0 Days	02/19/2020 12:17 AM	03/02/2020 03:00 AM	

Requisition Number Reference: NBS Blood Spot Collection Kits

Department of Health
OKLAHOMA STATE DEPT OF HEALTH
SHIPPING & RECEIVING
1000 NE 10TH ST
OKLAHOMA CITY OK 731171299

Ship To: OKLAHOMA STATE DEPT OF HEALTH
SHIPPING & RECEIVING
1000 NE 10TH ST
OKLAHOMA CITY OK 731171299

Supplier: NAME
Address:_____
Address:_____
City:_____ST:____ ZIP:_____

Bill To: OKLAHOMA STATE DEPT OF HEALTH
ACCOUNTS PAYABLE
1000 NE 10TH ST
OKLAHOMA CITY OK 731171299

Supplier Responses

Line	Cat CD / Item # - Descr	Qty.	UOM	Unit Cost	Ext. Cost

PROMPT PAYMENT DISCOUNT:
Does your firm offer a prompt payment discount in accordance with General Provision A.18.5?

Provide detailed prompt payment discounts offered or respond with None.

_____

Prompt payment discounts will be taken into consideration in determining the lowest and best price quot

ATTACHED: Specifications for kit
Layout Copies

AGENCY CONTACT: Procurement 405-271-4043

ALL INVOICES MUST BE SENT ELECTRONICALLY TO THE FOLLOWING MAILBOX: accountspayable@health.ok.gov

This is NOT AN ORDER
All returned quotes and related documents must be identified with our request for quote Number.

Authorized Signature

SPECIFICATIONS FOR OKLAHOMA METABOLIC DISORDER SCREENING KIT

Methodology for evaluating this acquisition will be "lowest and best as an all or none" Award. Responses not complying with any of the requirements listed in this ITB will be considered non-responsive and eliminated from further consideration for award.

Vendor requirements:

1. Vendor must be registered with the Food and Drug Administration (FDA) for printing an in vitro medical diagnostic device (N. 1,281,317) and must comply with FDA's "Good Manufacturing Practices" regulations and provide documentation.
2. Vendor must provide documentation, if requested, of a satisfactory FDA inspection and authorization for printing and production of this collection kit.
3. Vendor must provide at least four physical properties of the filter paper listed below:
    a. Absorption capacity
    b. Homogeneity
    c. Retention volume of 1/8 inch punch, and
    d. Absorption time for filling blood collection circles
4. Vendor must provide with the bid a Certificate of Quality Control Testing post printing of the filter paper.
5. Vendor must provide a proof of the form for examination, revision, and approval by the Public Health Laboratory prior to printing.
6. Vendor shall not print or manufacture the form until the final proof is approved by the Public Health Laboratory Service.
7. Vendor must acknowledge compliance with all specifications listed below.

Filter paper Matrix Specifications – before printing

1. Filter paper shall be a recent lot of S&S 903 or equivalent 100% pure cotton fiber, filter paper with no wet-strength additives or equivalent. Lot number to be printed on the filter paper attachment of page 3.
2. Basis weight should be 110 lb. +/- 5% per read (550 sheets 24 x 35 inches).
3. Densitometer reading by Gurley method on one sheet with a 5 oz. Cylinder, 0.1 sq. orifice and 100 cc of air (Test method, modified ASTM D7266-58).
4. pH should be 5.7 to 7.5
5. Ash% 0.2 maximum (Test method, modified ASTM D726-63)
6. Kelmn: Tappi modified useful method – UM451
7. Wet strength (ASTM D-774-67), usually around 4/5 lbs./inch sq.
8. Absorption rate: The absorption time and the diameter of blood spot produced by 100 uL. Of a fresh whole blood sample (hematocrit 55 +/- 1%). Absortion time target: 12 seconds; range 5-30 seconds. Diameter target: 16mm; range 15-17 mm volume. Ragged edges or mottling or dried blood spot should not be observed. 1/8

inch punch of the dried blood spot should equate to a blood volume of 1.54 +/- 0.17 uL.

9. Lithographic printing is not an acceptable printing process for the filter paper. A dedicated ink delivery system used only for filter paper printing is recommended.

Ink specifications:

1. Printing ink must not interfere in analytical test procedures. Data must be available, if requested to validate the compatibility of the ink for the following tests: Phenylalanine, Amino Acid disorders, Galactose, Galactose 1- phosphate Uridyl Transferase, Thyroxine, Thyroid Stimulating Hormone, Cystic Fibrosis, Congenital Hyperplasia, Medium Chain Acyl CoA Dehydrogenase, Fatty Acid oxidation disorders, Organic Acid disorders, SCID and others.
2. Circles on the filter paper must be a thin black broken line and must be same dimensions as shown on the attached sample (0.5 inches or 13 mm in diameter)
3. Page 1. Print using green ink with white headings and green check boxes and all other printing in black ink. See example.
4. Page 2. Print on yellow paper with green ink with white headings and green check boxes and all other printing in black ink. Use red ink for wording on CHART COPY. See example.
5. Print serial numbers on filter paper in black ink.
6. Page 5 Collecting specimens. Use red ink for expiration date on filter paper. Drawings outlined in black ink with foot having green ink showing the area for collection in green and red no designation for where not to draw sample. Use red ink in correct /acceptable circle as well as wrong/unacceptable circles as shown on example. Use red tear drop in circle marked with one drop, one circle, one time.
7. Page 6 front and back print use red ink to print first lines of text. See example. All other printing in black ink.

Packing specifications:

1. Forms shall be packaged in protective loose wrap in bundles of approximately 100 in numerical order.

   NOTE: Shrink wrap or use of heat in packaging is not acceptable and will affect the absorption capacity of the filter paper.

2. Bundles shall be boxed in number order with bundles (forms) flat and not shipped on their side.
3. Boxes shall be number on the exterior with the serial number sequence.

Certificate of Post Printing Quality Control Testing of Filter Paper Matrix:

Random samples of the printed form are to be taken for quality control testing. Sampling to be based on the Military standard 105-E. Vendor must be able to provide a certificate,

if requested, to verify that changes have not taken place during the printing process. Item to be tested on samples is as follows:

1. Dimensional testing, including caliper to insure that the thickness of the filter paper hasn't changed during the printing process. See section on filter paper specifications.
2. Text check versus the approved proof.
3. Blood absorption time for 100 uL of blood. Absorption rate: The absorption time and the diameter of blood spot produced by 100 uL. Of a fresh whole blood sample (hematocrit 55 +/- 1%). Absorption time target: 12 seconds, range 5-30 seconds.
4. Blood circle size for 100 uL. of blood. Diameter target: 16 mm, range 15-17 mm volume.
5. Circle quality: Ragged edges or mottling or dried blood spot should not be observed.

Vendors bidding substitutions to the specification must provide proofs prior to printing approval.

Contact Persons: After award of this ITB for changes, modifications, or approval of proofs:

Steve Johnson, Director Lab Administration
PO Box 24106
Oklahoma City, OK 73124-0106
Phone 405 271 5070 Fax 405 271 4850
E-mail: stevej@health.ok.gov

For delivery:
Oklahoma State Department of Health
Public Health Laboratory
1000 NE 10th Street
Oklahoma City, OK 73117-1299

Vendor Contact is : _____ (name)
_____ (address)
_____ (city, state, zip)
_____ (phone)
_____ (fax)
_____ (FEI/FIN)

Newborn Metabolic Disorder Screening Kit Format Specifications:
See attached draft for example of the collection kit.

1. **SIZE**: Collection kit finished – height 5.5 x length 12.625 in.
   Note: All measurements include 0.5 inch perforation on left side

   Page 1 Demographic Entry Form 5.5 x 8.5 inch Printing on front
   Page 2 Newborn Metabolic Disorder Screen – Chart copy (yellow) 5.5 x 9.25 inch printing on front
   Page 3 Newborn Metabolic Disorder Screen – Parent information (pastel Blue) 5.5 x 9.875 inch, printing Front and Back
   Page 4 Newborn Hearing Screening – Parent information (Pastel Pink) 5.5 x 10.5 inch, Printing Front and Back

   Page 5 Blood Collection Instructions and Filter Paper Cardstock 10.625 x 5.5

   Page 6 Completion of NBS form and Flap Cardstock back cover-OUTSIDE 12.625 x 5.5
   Hearing instructions Cardstock back cover –INSIDE 12.625 x 5.5

   Page 6 Overlay 5.5 x 12.625 inch, printing on front and back

2. **Print font:** Arial or equivalent

3. **Print size:** Readable for average individual and to fit information to designated areas of the form.

4. **Print Format:** Minor changes in format of print fields may be allowed but must be approved in advance with a proof for approval and prior to printing.
   Page 1 – Print must fit in designated areas.
   Page 2 – Print must fit in designated areas.
   Page 3&4 – Instructions may be re-arranged to fit into space.
   Page 5 – Data must be in designated area.
   See attachment Page 1 – Demographic Entry Form – Layout

5. **Barcode & serial number:** Each kit to be serially numbered with corresponding barcode (3 of 9 mod 43) (checksum digit) as shown in kit example.

   The serial number will appear on page 1, 2, 3, 4 and the filter paper starting with the number **1899067.**

   A. Location of Serial number:
   Page 1: Demographic – Serial number to appear top left side of sheet and perforated stub.
   Page 2: Chart copy – serial number to appear top left side of sheet.
   Page 3: Parent Instructions (blue), top left side of sheet.

Page 4: Parent copy (pink), top left side of sheet.
Page 5: Filter paper attached on right side as shown.

B. Location of barcode:
Page 1: Demographic, to appear top left side of sheet and stub; barcode to be perforated for removal as shown.

6. **Print Media & Ink**

Page 1: Print in green, white and black ink on white 20# bond.
Page 2: Print front in green, white and black ink on pastel yellow NCR 20# bond, specific areas to be in register with page 1.
Page 3: Print front and back, in black ink, on pastel blue NCR 20# bond, specific areas to be in register with page 1.
Page 4: Print front and back, in black ink. On pastel pink NCR 20# bond, specific areas to be in register with page 1. Coat face of page 4 to allow impressions.
Page 5: Print on 100# buff tag with 903 filter paper or equivalent attached to right side.
Page 6: Print on 100# buff tag.

7. **In register Printing: (pages 1,2,3,4) – coated NCR**

Fields required to be in register and coated
"Baby's Last Name" Page 1 with page 2,3,4
"Baby's First Name" Page 1 with page 2,3,4
Check all that apply at time of screening boxes of page 1 must be in register with boxes on **Check all that apply** page 2

Page 1 with page 4
All boxes on page 1 in the **Hearing Screening Results Section** that are completed be submitted must be in register with page 4.

8. **Designated location of boxes**

In the "Specimen Information Section"

Location 1 – Top right corner of form. This area of the box must be 2 inches wide and ½ inch high from edge of form.
Location 2 – The top of the box is 1 ½ inches from the top edge and is 3/8 inches in height by 2 7/8 inches in length.
Note: Each box to have **"Do not write in this box"** in small print.
See attachment Page 1- Demographic Entry Form- Layout

9. **Perforation:** All pages to perforate 0.5 inches on left side and glued on left side.
Page 5 – Filter paper attachment to be perforated for removal

Page 6 – Overlay – perforated at 3 ½ inches form the right side for easy removal.

10. **Fold:** Page 6 – fold 1.5 inches from right side to cover the circles of filter paper.

11. **Drawings:** Page 6 Printed on folded panel – add drawing or facsimile of drawing. Add international Biohazard symbol on folded panel in black ink.

12. **Mylar coating:** Page 6 – A three inch area starting ½ inch from the right side of the paper to be coated with mylar. The coated area to be in register with the front and back side of the circles of the filter paper to prevent specimen contamination by the paper stock.

13. **Filter paper attachment:** 903 filter paper attached (butts) to the right side of page. Glue page 2, 3, and 4 on left side so all pages can be removed at the same time.

14. **Circles on Filter paper:** Circles ½ inch or 13 mm in diameter printed with a broken or dotted line. Edge of circle must be printed ½ inch from the right edge of the filter paper.

15. **Expiration Date:** Expiration date XX/XX/XX to be printed in front of the filter paper attachment of page 5 in 10 or 12 bold print.

16. **Identifiers:** Manufacturer's name (or identifier) and lot number of filter paper must be printed on the filter paper attachment.

EXPIRATION DATE 2020-02-28

Use black or blue ink ball point pen only.
See full instructions for completion of form on back page.

SN 1710050 ODH #450 Rev 10-2018

SN 1710050

Oklahoma Newborn Screening (NBS) Form

To order forms, call the OSDH NBS Program (405) 271-5070

DO NOT WRITE HERE

☐ First Screen ☐ Repeat Screen Previous NBS Lab #_____

Not Screened Due To ☐ Refused ☐ Expired ____ / ____ / ____
☐ Transferred ____/____/____ to _____

Tests Requested
☐ All Tests ☐ HGB Only ☐ GALT ☐ Phe Monitor ☐ CFTR

MEDICAL/FEEDING HISTORY *(Check all that apply)*

☐ Transfusion Date ____ / ____ / ____ Time ____:____ *(24 Hr Clock)*
☐ NICU/SCN ☐ Lactose-Free Formula (Soy)
☐ TPN/SNAP ☐ Meconium Ileus
☐ Lipids/Carnitine/MCT ☐ Family History of CF

BABY'S INFORMATION

Last Name | First Name

Birth Date ____ / ____ / ____ Time ____:____ *(24 Hr Clock)*

Collection Date ____ / ____ / ____ Time ____:____ *(24 Hr Clock)*

Sex ☐ Male ☐ Female ☐ Unknown

Race *(Check all as apply)* ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ American Indian ☐ Pacific Islander

Medical Record # | Gest. Age | Birth Wt. (gm) | Multiple Birth Order ☐ A-

PULSE OXIMETRY/CCHD SCREEN

☐ Pass ☐ Fail ☐ Not Performed ☐ Refused ☐ Echo

Do not write in this box

HEARING SCREEN

Date of Final Screen ____ / ____ / ____

Right Ear: ☐ Pass ☐ Refer Left Ear: ☐ Pass ☐ Refer

Screen Method ☐ ABR ☐ OAE

If not screened, reason
☐ Delayed ☐ Discharged ☐ No Supplies ☐ Refused ☐ Technical Problem

Hearing Risk Status *(Select all that apply)*
☐ Family History ☐ In Utero Infection ☐ Craniofacial Anomalies ☐ ECMO ☐ Both Hyperbilirubinemia AND Exchange Transfusion ☐ NICU

MOTHER'S/GUARDIAN'S INFORMATION

☐ DHS Custody ☐ Adoption | Last Name | First Name

Address | Apt. #

City | State | Zip

Telephone # ( ) -

Alternate Telephone # ( ) -

Mother's Date of Birth ____ / ____ / ____ | Mother's Medicaid ID # | Mother's Last 4 of SSN

PROVIDER'S INFORMATION

Physician Ordering NBS (Last, First) | Provider ID #

Primary Care/Follow-up Physician (Last, First) | Provider ID #

SUBMITTER'S INFORMATION

Submitting Facility's/Provider's ID #

Submitter's Name/Address

SN 1710050

Oklahoma Newborn Screening (NBS) Form

To order forms, call the OSDH NBS Program (405) 271-5070

DO NOT WRITE HERE

☐ First Screen ☐ Repeat Screen Previous NBS Lab #_____

Not Screened Due To ☐ Refused ☐ Expired ____ / ____ / ____
☐ Transferred ____/____/____ to _____

Tests Requested ☐ All Tests ☐ HGB Only ☐ GALT ☐ Phe Monitor ☐ CFTR

BABY'S INFORMATION

Last Name | First Name

Birth Date ____ / ____ / ____ Time ____:____ *(24 Hr Clock)*

Collection Date ____ / ____ / ____ Time ____:____ *(24 Hr Clock)*

Sex ☐ Male ☐ Female ☐ Unknown

Race *(Check all as apply)* ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ American Indian ☐ Pacific Islander

Medical Record # | Gest. Age | Birth Wt. (gm) | Multiple Birth Order ☐ A-

MOTHER'S/GUARDIAN'S INFORMATION

☐ DHS Custody ☐ Adoption | Last Name | First Name

Address | Apt. #

City | State | Zip

Telephone # ( ) -

Alternate Telephone # ( ) -

Mother's Date of Birth ____ / ____ / ____ | Mother's Medicaid ID # | Mother's Last 4 of SSN

PROVIDER'S INFORMATION

Physician Ordering NBS (Last, First) | Provider ID #

Primary Care/Follow-up Physician (Last, First) | Provider ID #

MEDICAL/FEEDING HISTORY *(Check all that apply)*

☐ Transfusion Date ____ / ____ / ____ Time ____:____ *(24 Hr Clock)*
☐ NICU/SCN ☐ Lactose-Free Formula (Soy)
☐ TPN/SNAP ☐ Meconium Ileus
☐ Lipids/Carnitine/MCT ☐ Family History of CF

PULSE OXIMETRY/CCHD SCREEN

☐ Pass ☐ Fail ☐ Not Performed ☐ Refused ☐ Echo

Do not write in this box

HEARING SCREEN

Date of Final Screen ____ / ____ / ____

Right Ear: ☐ Pass ☐ Refer Left Ear: ☐ Pass ☐ Refer

Screen Method ☐ ABR ☐ OAE

If not screened, reason
☐ Delayed
☐ Discharged
☐ No Supplies
☐ Refused
☐ Technical Problem

Hearing Risk Status *(Select all that apply)*
☐ Family History
☐ In Utero Infection
☐ Craniofacial Anomalies
☐ ECMO
☐ Both Hyperbilirubinemia AND Exchange Transfusion
☐ NICU

SUBMITTER'S INFORMATION

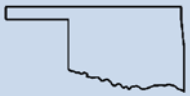
Submitting Facility's/Provider's ID #

Submitter's Name/Address

CHART COPY

DETACH AND PLACE IN MEDICAL RECORD

SN 1710050



OKLAHOMA NEWBORN SCREENING PROGRAM

Oklahoma State Department of Health

Parent/Guardian Information Sheet

DETACH AND GIVE TO PARENT OR GUARDIAN

Baby's Last Name

Baby's First Name

Newborn screening blood tests

Every baby born in Oklahoma is required to have blood tests performed during the first week of life in order to help in the early detection of a group of treatable medical conditions that can cause severe illness, developmental disability or death. These tests can all be performed using a small amount of blood usually collected when the baby is 24 to 48 hours old. The blood sample is sent to the Oklahoma State Department of Health (OSDH) Public Health Laboratory for testing. Test results are usually available in 10-14 days. For a list of conditions that are screened for in Oklahoma, see the OSDH Newborn Screening Program website at http://nsp.health.ok.gov

Importance of newborn screening

A baby with one of the conditions in the newborn screening test panel may appear healthy at birth, which makes it difficult for health-care providers to recognize clinically. Failure or delay in diagnosing and treating a baby with one of these conditions within weeks of life can lead to severe illness or death. Newborn screening blood tests help inform healthcare providers if your baby is at risk for one of these conditions. If your baby is found to have a disorder, immediate care by a medical specialist may be needed.

How will I get the test results for my baby?

Please, take this form with you to your baby's first well child visit and ask for your baby's newborn screening test results. If your baby's healthcare provider does not have the test results and you have not been notified by mail, please call the OSDH Newborn Screening Program at the number indicated on the reverse of this form when your baby is 3 weeks of age.

OKLAHOMA NEWBORN SCREENING PROGRAM

Oklahoma State Department of Health

Parent/Guardian Information Sheet

Will my baby need more testing?

Your baby's healthcare provider or an OSDH Newborn Screening Program coordinator will contact you if your baby needs further testing. They will tell you why more tests are needed and what to do next. Retesting does not necessarily mean that your baby is sick, but rather is done to be sure there is not a problem.

Additional testing may be needed if:

- Test results were abnormal or unclear.
- Your baby was premature or sick at birth.
- The blood sample was collected before your baby was 24 hours of age.
- Your baby had a blood transfusion before the blood sample was collected.
- There was a problem with the blood sample.
- Your baby's healthcare provider requests repeat testing.

What if I have questions?

If you have questions about your baby's newborn screening tests or test results, contact your baby's healthcare provider, visit the OSDH Newborn Screening Program website at http://nsp.health.ok.gov, call the OSDH Newborn Screening Program at **(405) 271-6617** or **1-800-766-2223** or email the program at newbornscreen@health.ok.gov

SN 1710050

OKLAHOMA NEWBORN HEARING SCREENING PROGRAM

Oklahoma State Department of Health

Parent/Guardian Information Sheet

Baby's Last Name | Baby's First Name

IMPORTANT
Please, take this form with you to your baby's first well child visit to discuss the results with your baby's healthcare provider.

DETACH AND GIVE TO PARENT or GUARDIAN

Importance of newborn hearing screening

Every baby born in an Oklahoma hospital is required to have their hearing checked before leaving the hospital. For infants born outside of a hospital, a screening should be completed no later than 1 month of life. Hearing screening is a quick, harmless and effective way to determine if an infant can hear sounds needed for proper development of speech and language. Hearing problems need to be identified as early as possible. If an infant has a hearing loss, steps can be taken to help the infant learn to communicate.

HEARING SCREEN

Date of Final Screen ____ /____ /____

Right Ear: ☐ Pass ☐ Refer Left Ear: ☐ Pass ☐ Refer

Screen Method
☐ ABR ☐ OAE

If not screened, reason
- ☐ Delayed
- ☐ Discharged
- ☐ No Supplies
- ☐ Refused
- ☐ Technical Problem

Hearing Risk Status
(Select all that apply)
- ☐ Family History
- ☐ In Utero Infection
- ☐ Craniofacial Anomalies
- ☐ ECMO
- ☐ Both Hyperbilirubinemia AND Exchange Transfusion
- ☐ NICU

Will my baby need more testing?

The hearing screen results for your baby should be indicated in the box to the right.

- **"Pass"** for both ears = your infants hearing is sufficient for language development.
- **"Refer"** for one or both ears = additional testing is needed. Your baby's healthcare provider should refer you for additional hearing testing.

Hearing loss can occur at any time after birth. If your baby has any box marked under **Hearing Risk Status**, it is recommended that your baby's hearing be checked again by 6 months of age.

If for some reason your baby's hearing was not screened, please call the Oklahoma State Department of Health Newborn Hearing Screening Program at the number indicated on the reverse of this form to ask about a location close to you where your baby's hearing can be checked.

OKLAHOMA NEWBORN HEARING SCREENING PROGRAM

Oklahoma State Department of Health

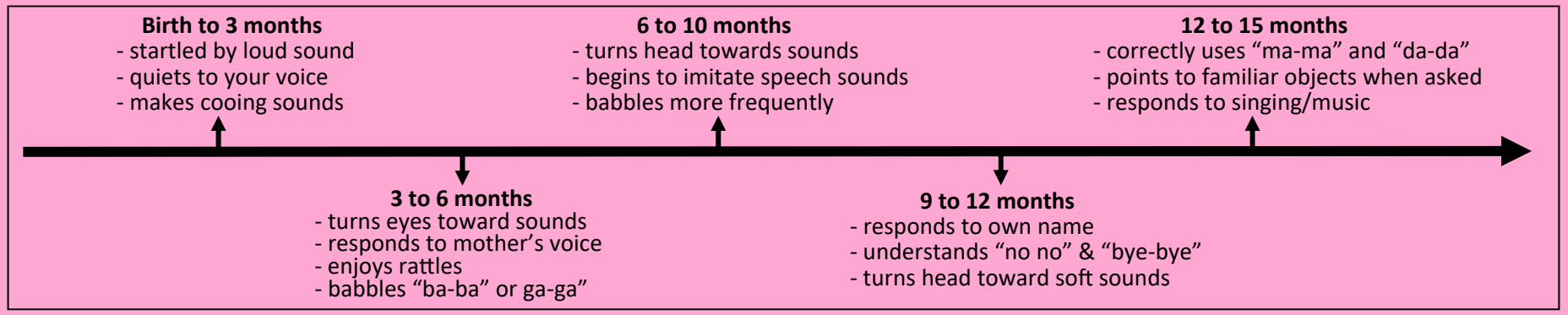
Parent/Guardian Information Sheet

Your baby's hearing

Your child's most important learning and speech development will take place during the first few years of life. In these early years of development, your child learns how to communicate — first to understand what people say, and then to start talking. Any degree of undetected hearing loss can negatively impact a child's speech, language, social and emotional development.

Your baby should be able to achieve the following milestones around the ages listed below. As the weeks and months go by, check to see if your baby can do most of the things listed. *If your baby can't, don't wait— have your infants' hearing tested.* If you suspect a hearing loss or have a concern about your child's hearing, contact your healthcare provider, an audiologist, or your county health department to find out about hearing testing.

Hearing checklist



What if I have questions?

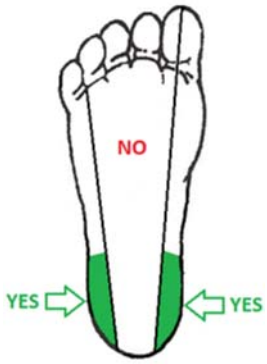
If you have questions about your baby's newborn hearing test results, contact your baby's healthcare provider, visit the OSDH Newborn Screening Program website at **http://nsp.health.ok.gov**, call at **(405) 271-6617** or **1-800-766-2223**, or email the program at **newbornscreen@health.ok.gov**.

SN 1713049 903™ 7069917 LOT W161 EXPIRATION DATE 2020-02-28 COLLECTOR'S INITIALS _____ UNIT _____

Instructions for Collecting Blood Spot Specimens

Note: *Do not handle blood collection area of Newborn Screening Form before, during, or following sampling.*

Collect blood sample from outer or inner border of heel



Collection of poor quality specimens will delay testing

CORRECT / ACCEPTABLE

Circles filled and evenly saturated

WRONG / UNACCEPTABLE

Multiple applications/layering

Multiple applications/insufficient sample

Serum rings present

1. Position infant's foot lower than rest of body to increase blood flow.
2. Warm heel using heel warmer or a soft cloth moistened with warm water up to 41°C for 3 to 5 minutes.
3. Clean infant's heel with 70% isopropyl alcohol and allow to air-dry.
4. Puncture inner or outer border of the heel with sterile disposable lancet, using a single, firm, quick puncture.
5. Allow a large drop of blood to accumulate then wipe away with sterile gauze.
6. Gently massage above the puncture site so blood flows freely; do not squeeze heel since interstitial fluid will contaminate the sample.
7. Allow a second large drop of blood to accumulate.
8. Apply one large drop of blood to a circle on the filter paper; the circle should be COMPLETELY filled when viewed from both sides of the filter paper.
   - Do not layer successive drops of blood.
   - Do not touch filter paper to the collection site.
   - Do not apply blood to both sides of filter paper.

9. Repeat procedure for each circle, filling all 5 circles.
10. Enter initials of person collecting sample and unit on filter paper.
11. Allow blood spots to air-dry at room temperature for 3-4 hours.
    - Dry horizontally, preferably in a drying rack.
    - Keep away from direct light (sun or lamps) and artificial heat.
    - Keep protective flap open during drying.
    - Do not let blood spots touch anything.
    - Do not allow wet spots to come in contact with each other.
12. When completely dry, fold protective flap over blood spots.
13. Place completed NBS form in PAPER envelope for transport to testing laboratory. Do not put specimens in plastic bags.

INSTRUCTIONS FOR COMPLETION OF HEARING SCREEN SECTION OF NBS FORM

Hearing screening results should be submitted at the same time as the blood specimen whenever possible. No more than 2 quality screening attempts should be performed. If the hearing screen will be delayed, DO NOT delay sending the blood specimen. ALL BLOOD SPECIMENS MUST BE SENT WITHIN 24 HOURS OF COLLECTION.

Hearing Screen

1. Screen the infant's hearing using the available technology.
2. Enter hearing screen information on the right side of the NBS Form under "Hearing Screen".
3. Provide Date of Final Screen.
   Note: *Hospitals should only provide the final hearing screening results. If a second screen is required, report ONLY the second/final screen results.*
4. Indicate Right Ear and Left Ear results utilizing "x."
   Note: *Ensure only one result is selected per ear. To make corrections, use a single line through the incorrect result. Print the word "error" and initial the change. (e.g., x Refer Error AB)*
5. Indicate Screen Method used.

Reason Not Screened

Note: *If infant is screened, disregard this section.*

1. If hearing screen cannot be performed, indicate the reason by selecting the appropriate box in the "If not screened, reason(s)" section.
   a. Delayed – if a hearing screening cannot be completed before the blood specimen is sent and it is anticipated that hearing will be screened prior to discharge (e.g., infant in NICU).
   b. Discharged – if infant discharged before a hearing screen can be performed.
   c. No Supplies – if no supplies are available for the hearing screen.
   d. Refused – if the parents/guardian refused a hearing screen.
   e. Technical Problem: if a technical issue prevented performance of a hearing screen.
      Note: *If a technical problem occurs, report issue to the Newborn Hearing Screening Program.*
2. Complete the "Hearing Risk Status" section (see below).
3. Ensure there are no marks in the "Screen Method" box.
4. Detach and retain the Chart copy (yellow sheet) and Hearing Screening Parent/Guardian Information Sheet (pink sheet) of the NBS form.
5. Submit the NBS Form and blood specimen for testing.
6. Perform the hearing screening prior to discharge.
7. Record the hearing screen results in the appropriate boxes on both the yellow Chart copy and pink Parent/Guardian copy.
   a. If a new Hearing Risk Status becomes available, indicate in appropriate boxes on both copies.
   b. Photocopy the front of the completed yellow Chart copy; photocopy is used to fax results.
      Note: *Be certain infant's name and NBS Form Serial Number are legible on the photocopy.*
8. Fax a copy of the results to the Newborn Hearing Screening Program at 405-271-4892.

Hearing Risk Status

Complete the "Hearing Risk Status" section by selecting all that apply, if known.
Note: *This may require reviewing the patient's chart or asking about family history.*

a. Family History – if blood relatives of the infant have a permanent hearing loss that began in early childhood (e.g., parent, grandparent, cousin, etc.).
b. In Utero Infection – if infant exposed to CMV, herpes, rubella, syphilis, toxoplasmosis, Zika, etc.
c. Craniofacial Anomalies – if infant displays pinna/ear canal malformations (microtia, atresia, ear dysplasia), cleft palate, microcephaly, hydrocephalus, etc.
d. ECMO – if extracorporeal membrane oxygenation administrated to infant.
e. Both Hyperbilirubinemia AND Exchange Transfusion - if infant has hyperbilirubinemia requiring exchange transfusion; must have both to select this risk factor.
f. NICU – if infant in NICU or special care nursery.

Parent Education

Detach the Hearing Screening Parent/Guardian Information Sheet (pink sheet) and give to the infant's parent or guardian at discharge. Discuss taking form to the baby's healthcare provider.

INSTRUCTIONS FOR COMPLETION OF NBS FORM

Print **legibly** using a **black or blue ball point pen**; press hard to ensure transfer to all copies of form.
Illegible writing and incomplete information may delay test results.
Complete form, even if specimen is not collected.

Top-left Portion of Form

Indicate if this is a First or Repeat newborn screen. Provide previous NBS Lab #, if known.
If infant not screened, indicate reason. If deceased, provide Date Expired.
If transferred to another hospital, provide Date Transferred and Receiving Hospital.
Indicate Tests Requested, as appropriate.

Baby's Information (as entered on birth certificate, as applicable)

Provide infant's Last Name and First Name(s).
Write "Male" or "Female" as First Name ONLY if first name is unknown.
Provide Birth Date and Time of Birth (use 24 hour clock, e.g., 8:30 AM is 0830 and 9:01 PM is 2101).
Provide Date and Time of Collection of specimen (use 24 hour clock).
Note: *Specimens should be collected as early as possible after 24 hours of birth, prior to blood transfusion, or immediately prior to discharge, whichever comes first.*
Indicate Sex of infant.
Indicate Race of infant, by selecting all that apply.
Provide infant's Medical Record number, as used by facility collecting specimen.
Provide Gestational Age (in weeks) of infant at time of birth.
Provide Birthweight (in grams) of infant.
If multiple birth, provide birth order for infant, using A (1st) through H (8th).

Mother's/Guardian's Information

Mark whether infant is in DHS Custody or is up for Adoption, as appropriate.
Provide Mother's/Guardian's Last Name and First Name.
Note: *If infant is to be adopted, document the name of the Agency or Law firm handling adoption, or Legal Guardian responsible for infant's care at time of discharge.*
Provide full address of Mother/Guardian.
Provide primary and secondary Telephone #s in the event that follow-up is required.
Secondary phone can be that of father or other close relative.
Provide Mother's Date of Birth, Medicaid ID# and Last 4 Digits of her Social Security #.

Provider's Information

Provide Last Name and First Name and NBS Provider ID# of physician (or midwife) who is ordering this screen. Refer to OSDH NBS Provider's ID list for full listing of providers.
Provide Last Name and First Name and NBS Provider ID# of physician who will be responsible for follow-up care of infant after discharge. If infant will be hospitalized for an extended period of time then provide name of attending physician.

Submitter's Information

Provide Submitting Facility's or Provider's NBS ID #.
Provide the Submitter's Name and Address (e.g., birthing hospital).

Medical/Feeding History

If infant has been transfused, provide Date and Time of Transfusion.
Indicate if infant is in NICU or Special Care Nursery (SCN).
Indicate feeding and medical history, as appropriate.

Pulse Oximetry/CCHD Screen

Indicate pulse oximetry result, as appropriate.
Note: *A response should be provided on every filter paper.*
If not screened, mark "Not Performed." If echo is performed in lieu of screening, mark "Echo."

Hearing Screen

See Hearing Screen Instructions section of this form.

SEND SPECIMENS WITHIN 24 HOURS OF COLLECTION

Use OSDH Courier Service or mail via USPS to:
Newborn Screening
Oklahoma State Dept. Health
Public Health Laboratory
P.O. Box 24106
Oklahoma City
OK 73124-0106

INQUIRIES

NBS Public Health Lab:
(405) 271-5070
NBS Follow-up:
(405) 271-6617 or
(800) 766-2223

ORDERING NBS FORMS

Call (405) 271-5070
http://phl.health.ok.gov

STORAGE

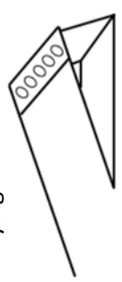
Store NBS forms vertically in a clean, dry area, away from direct sunlight before and after sample collection.

DO NOT REMOVE THIS COVER FLAP

OPEN this flap to uncover the circles for blood collection. DO NOT touch circles.

OPEN this flap while blood spots are drying.

- Air-dry blood spots at room temperature for 3-4 hours.
- Flap can be used to support filter paper horizontally while drying.



CLOSE this flap over blood spots when completely dry.

BIOHAZARD