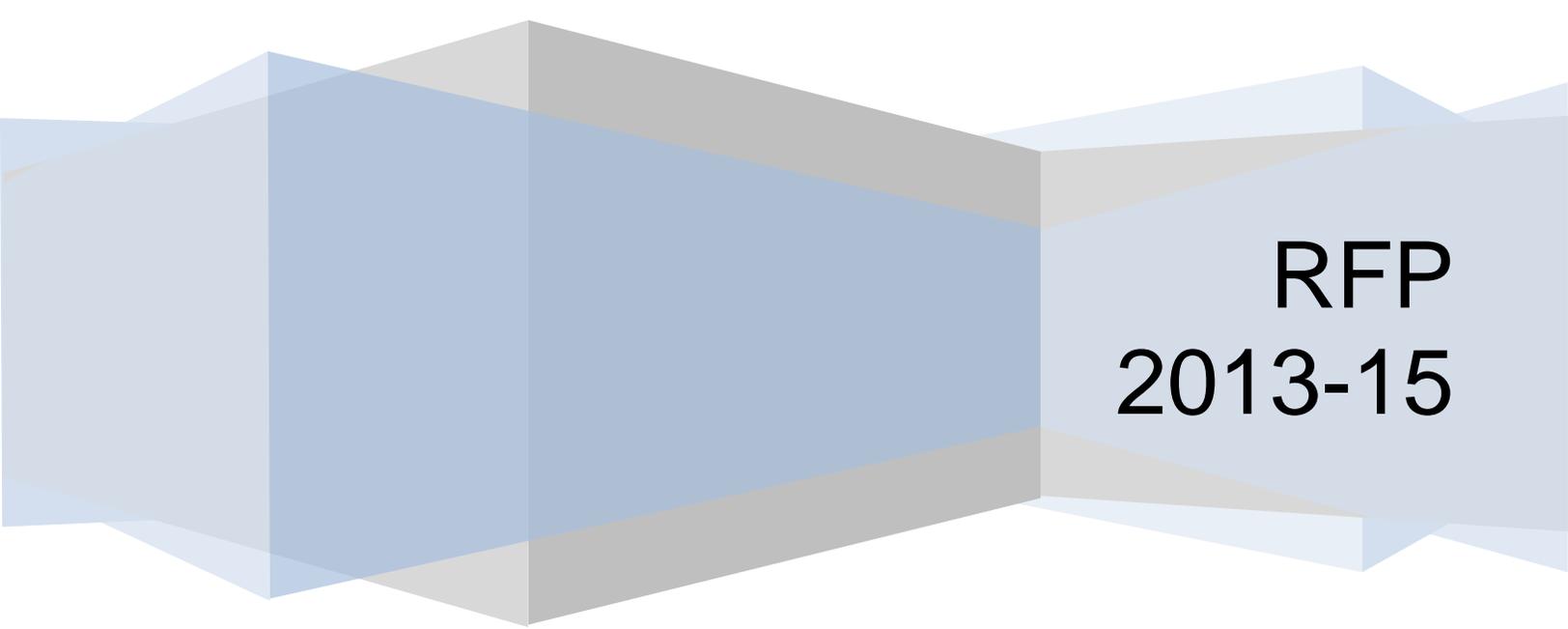


**University Medical Center
of
Southern Nevada**

**Request for Proposal
2013-15
Blood Services**



**RFP
2013-15**

University Medical Center Of Southern Nevada

**CONFIRMATION FORM
for
RECEIPT OF RFP NO. 2013-15
Blood Services**

If you are interested in this invitation, immediately upon receipt please fax this confirmation form to the fax number provided at the bottom of this page.

Failure to do so means you are not interested in the project and do not want any associated addenda mailed to you.

VENDOR ACKNOWLEDGES RECEIVING THE FOLLOWING RFP DOCUMENT:

PROJECT NO. RFP NO. 2013-15

DESCRIPTION: Blood Services

VENDOR MUST COMPLETE THE FOLLOWING INFORMATION:

Company Name: _____

Company Address: _____

City / State / Zip: _____

Name / Title: _____

Area Code/Phone Number: _____

Area Code/Fax Number: _____

Email Address: _____

**FAX THIS CONFIRMATION FORM TO: (702) 383-2609
Or EMAIL TO: robert.maher@umcsn.com
TYPE or PRINT CLEARLY**

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

REQUEST FOR PROPOSAL

RFP NO. 2013-15

Blood Services

UMC is looking to identify superior proposers to that can provide a complete Blood Services.

The RFP package is available as follows:

- By Electronic Mail or Mail – Please email a request to Contracts Management at robert.maher@umcsn.com specifying project number and description. Be sure to include company address, phone and fax numbers, email address or call (702) 207-8846.
- Internet – Visit the Clark County website at www.clarkcountynv.gov/purchasing. Click on “Contracting Opportunities”, scroll to bottom for UMC’s Opportunities and locate appropriate document in the list of current solicitations.

Proposals will be accepted at the University Medical Center address specified above on, or before, **October 10, 2013** at 2:00:00 p.m., based on the time clock at the UMC Contracts Management office. Proposals are time-stamped upon receipt.

PUBLISHED:

Las Vegas Review Journal

September 22, 2013

GENERAL CONDITIONS
RFP NO. 2013-15
Blood Services

1. TERMS

The term "OWNER" or "UMC", as used throughout this document, will mean University Medical Center of Southern Nevada. The term "BCC" as used throughout this document will mean the Board of Hospital Trustees which is the Governing Body of OWNER. The term "PROPOSER" as used throughout this document will mean the respondents to this Request for Proposal. The term "RFP" as used throughout this document will mean Request for Proposal.

2. INTENT

UMC is soliciting proposals to find a qualified full service provider to operate and conduct Blood Services.

3. SCOPE OF PROJECT

Background

University Medical Center of Southern Nevada, located in Las Vegas, Nevada, is a county-owned, acute-care hospital, organized under Nevada Revised Statute Chapter 450, with over 500 beds, a Level 1 Trauma Center, a Level 2 Pediatric Trauma Center and 10 urgent care clinics.

Purpose

The purpose of this RFP is to identify superior PROPOSER(s) that can provide professional services that can operate and conduct Blood Services for UMC.

Expectations of Business Partner

UMC strives to provide exemplary service to its patients. UMC therefore has high expectations of its business partners. It is expected that the business partner will provide quality products and service at the lowest price available in the market, but just as important is the expectation that these products and services are provided in a manner that exhibits the highest level of ethics and professionalism. It is expected that, as a result of this relationship, the business partner will work with UMC to ensure that the agreement remains competitive with continual review of market conditions.

4. DESIGNATED CONTACTS

OWNER's representative will be Rob Maher, telephone number (702) 207-8846. This representative will respond to questions concerning the scope of work of this RFP. Questions regarding the selection process for this RFP may be directed to Rob Maher, Contracts Management, robert.maher@umcsn.com.

5. CONTACT WITH OWNER DURING RFP PROCESS

Communication between a PROPOSER and a member of the BCC or between a PROPOSER and a non-designated Owner contact regarding the selection of a proponent or award of this contract is prohibited from the time the RFP is advertised until the item is posted on an agenda for award of the contract. Questions pertaining to this RFP shall be addressed to the designated contact(s) specified in the RFP document. Failure of a PROPOSER, or any of its representatives, to comply with this paragraph may result in their proposal being rejected.

6. TENTATIVE DATES AND SCHEDULE

RFP Published in Las Vegas Review-Journal	September 22, 2013
Final Date to Submit Questions	September 27, 2013
Last Day for Addendums	October 2, 2013
RFP Responses Due (2:00 pm)	October 10, 2013
RFP Evaluations	October 2013
Finalists Selection	October 2013
Finalists Oral Presentations (if required)	October / November 2013
Final Selection & Contract Negotiations	November / December 2013
Award & Approval of the Final Contract	December 2013
Contract Start (Estimated)	January 1, 2014

7. METHOD OF EVALUATION AND AWARD

Since the service requested in this RFP is considered to be a professional service, award will be in accordance with the provisions of the Nevada Revised Statutes, Chapter 332, Purchasing: Local Governments, Section 332.115.

The proposals may be reviewed individually by staff members through an ad hoc committee. The finalists may be requested to provide OWNER a presentation and/or an oral interview. The ad hoc staff committee may review the RFP's as well as any requested presentations and/or oral interviews to gather information that will assist in making the recommendation. OWNER reserves the right to award the contract based on objective and/or subjective evaluation criteria and price. The OWNER reserves the right to award to more than one company. This contract will be awarded on the basis of which proposal OWNER deems best suited to fulfill the requirements of the RFP. OWNER also reserves the right not to make an award if it is deemed that no single proposal fully meets the requirement of this RFP.

OWNER's mission is to provide the highest quality of care to its patients. For continuity of care and other reasons, OWNER may enter into an exclusive contract for each component described.

Once OWNER makes an initial selection, it will utilize required compliance considerations, and negotiate fair market value compensation for the services under the agreement. Based upon this process, OWNER will then negotiate a final contract(s) with PROPOSER and present the contract(s) to the BCC for approval.

8. SUBMITTAL REQUIREMENTS

The proposal submitted shall not exceed 40 pages. Other attachments may be included with no guarantee of review.

All proposals shall be on 8-1/2" x 11" paper bound with tabbed dividers labeled by evaluation criteria section to correspond with the evaluation criteria requested in Section 18. The ideal proposal will be 2-hole punched at the top and bound with a binder clip. Double sided printing is accepted, flip on short edge. Binders or spiral binding is not preferred or required.

PROPOSER shall submit one (1) clearly labeled original paper copy, seven (7) hardcopies of proposal and one (1) electronic copy of the entire proposal. The electronic copy shall be on a CD-rom in either PDF or Microsoft Word 2007. No flash or thumb drives. The name of PROPOSER's firm shall be indicated on the cover of each proposal.

All proposals must be submitted in a sealed envelope plainly marked with the name and address of PROPOSER and the RFP number and title. No responsibility will attach to OWNER or any official or employee thereof, for the pre-opening of, post-opening of, or the failure to open a proposal not properly addressed and identified. **FAXED OR EMAILED PROPOSALS ARE NOT ALLOWED AND WILL NOT BE CONSIDERED.**

The following are detailed delivery/mailing instructions for proposals:

<u>Hand Delivery</u>	<u>U.S. Mail Delivery</u>	<u>Express Delivery (Preferred)</u>
University Medical Center Materials Management Trauma Center Building 800 Rose Street, Suite 409 Las Vegas, Nevada 89106	University Medical Center Materials Management 1800 West Charleston Blvd Las Vegas, Nevada 89102	University Medical Center Materials Management 800 Rose Street, Suite 409 Las Vegas, Nevada 89106
RFP No. 2013-15 Blood Services	RFP No. 2013-15 Blood Services	RFP No. 2013-15 Blood Services

Regardless of the method used for delivery, PROPOSER(S) shall be wholly responsible for the timely delivery of submitted proposals to the Materials Management office. Responses delivered to UMCSN's mail room or loading dock does not constitute the official time stamp.

Proposals are time-stamped upon receipt. Proposals submitted must be time-stamped to later than 2:00:00 p.m. on the RFP opening date. RFPs time-stamped after 2:00:00 p.m., based on the time clock at the UMC Contracts Management office will be recorded as late, remain unopened and be formally rejected. PROPOSERS and other interested parties are invited to attend the RFP opening.

9. WITHDRAWAL OF PROPOSAL

PROPOSER(S) may request withdrawal of a posted, sealed proposal prior to the scheduled proposal opening time provided the request for withdrawal is submitted to OWNER's representative in writing. Proposals must be re-submitted and time-stamped in accordance with the RFP document in order to be accepted.

No proposal may be withdrawn for a period of 90 calendar days after the date of proposal opening. All proposals received are considered firm offers during this period. PROPOSER's offer will expire after 90 calendar days.

If a PROPOSER intended for award withdraws their proposal, that PROPOSER may be deemed non-responsible if responding to future solicitations.

10. REJECTION OF PROPOSAL

OWNER reserves the right to reject any and all proposals received by reason of this request.

11. PROPOSAL COSTS

There shall be no obligation for OWNER to compensate PROPOSER(S) for any costs of responding to this RFP.

12. ALTERNATE PROPOSALS

Alternate proposals are defined as those that do not meet the requirements of this RFP. Alternate proposals will be considered.

13. ADDENDA AND INTERPRETATIONS

If it becomes necessary to revise any part of the RFP, a written addendum will be provided to all PROPOSER(S) in written form from OWNER's representative. OWNER is not bound by any specifications by OWNER's employees, unless such clarification or change is provided to PROPOSER(S) in written addendum form from OWNER's representative.

14. PUBLIC RECORDS

OWNER is a public agency as defined by state law, and as such, it is subject to the Nevada Public Records Law (Chapter 239 of the Nevada Revised Statutes). Under that law, all of OWNER's records are public records (unless otherwise declared by law to be confidential) and are subject to inspection and copying by any person. However, in accordance with NRS 332.061(2), a proposal that requires negotiation or evaluation by OWNER may not be disclosed until the proposal is recommended for award of a contract. PROPOSER(S) are advised that once a proposal is received by OWNER, its contents will become a public record and nothing contained in the proposal will be deemed to be confidential except proprietary information. PROPOSER(S) shall not

include any information in their proposal that is proprietary in nature or that they would not want to be released to the public. Proposals must contain sufficient information to be evaluated and a contract written without reference to any proprietary information.

If a PROPOSER feels that they cannot submit their proposal without including proprietary information, they must adhere to the following procedure or their proposal may be deemed unresponsive and will not be recommended to the BCC for selection:

PROPOSER(S) must submit such information in a separate, sealed envelope labeled "Proprietary Information" with the RFP number. The envelope must contain a letter from PROPOSER's legal counsel describing the documents in the envelope, representing in good faith that the information in each document meets the narrow definitions of proprietary information set forth in NRS 332.025, 332.061 and NRS Chapter 600A, and briefly stating the reasons that each document meets the said definitions.

Upon receipt of a proposal accompanied by such a separate, sealed envelope, OWNER will open the envelope to determine whether the procedure described above has been followed.

Any information submitted pursuant to the above procedure will be used by OWNER only for the purposes of evaluating proposals and conducting negotiations and might never be used at all.

If a lawsuit or other court action is initiated to obtain proprietary information, a PROPOSER(S) who submits the proprietary information according to the above procedure must have legal counsel intervene in the court action and defend the secrecy of the information. Failure to do so shall be deemed PROPOSER's consent to the disclosure of the information by OWNER, PROPOSER's waiver of claims for wrongful disclosure by OWNER, and PROPOSER's covenant not to sue OWNER for such a disclosure.

PROPOSER(S) also agrees to fully indemnify OWNER if OWNER is assessed any fine, judgment, court cost or attorney's fees as a result of a challenge to the designation of information as proprietary.

15. PROPOSALS ARE NOT TO CONTAIN CONFIDENTIAL / PROPRIETARY INFORMATION

Proposals must contain sufficient information to be evaluated and a contract written without reference to any confidential or proprietary information. PROPOSER(S) shall not include any information in their proposal that they would not want to be released to the public. Any proposal submitted that is marked "Confidential" or "Proprietary," or that contains materials so marked, will be returned to PROPOSER and will not be considered for award.

16. COLLUSION AND ADVANCE DISCLOSURES

Pursuant to 332.165 evidence of agreement or collusion among PROPOSER(S) and prospective PROPOSER(S) acting to illegally restrain freedom of competition by agreement to bid a fixed price, or otherwise, shall render the offers of such PROPOSER(S) void.

Advance disclosures of any information to any particular PROPOSER(S) which gives that particular PROPOSER any advantage over any other interested PROPOSER(S), in advance of the opening of proposals, whether in response to advertising or an informal request for proposals, made or permitted by a member of the governing body or an employee or representative thereof, shall operate to void all proposals received in response to that particular request for proposals.

17. Contract Terms and Requirements

Contract terms and conditions will be subject to review and approval by the Clark County District Attorney's Office.

18. EVALUATION CRITERIA

Evaluation will be based upon your response to the questions asked below. **All questions are to be answered in the order they appear and be noted with the identifying letter and number.** PROPOSER(S) who do not answer all questions, or provide incomplete responses, may result in disqualification.

A. Organizational Information

1. Provide your organization's name, address, internet URL (if any), telephone and fax numbers.
2. Provide name, title and resume of PROPOSER's administration.
3. List name, title, direct phone number, address, and email address of the individual who will serve as your organization's primary contact during the RFP process.

General Conditions

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Blood Services

4. Provide a brief description of your organization locally, statewide and nationally (if applicable).
5. How many years of experience does your company have in full service Blood Services?
6. List any factor(s) known to PROPOSER that could materially impair the ability of PROPOSER to carry out its duties and obligations under this RFP or that could materially affect OWNER's decision.
7. PROPOSER(S) may indicate if they are a minority-owned business, women-owned business, physically-challenged business, small business, veteran owned small business or a Nevada business enterprise.
8. List all firm demographics including:
 - o Total number of employees;
 - o Total number of women employed;
 - o Total number of minorities employed; and
 - o Total number of bilingual employees, indicate language(s) spoken.
9. References:
 - a. Provide a list of three (3) similar sized medical centers you are currently providing this service. Please include:
 1. Medical Facility Name
 2. Address
 3. Private or Public healthcare facility
 4. Number of beds
 5. Primary contact person with title
 6. Phone number
 7. Email address
 8. Services provided to Facility
 - b. Provide a list of terminated, cancelled or non-renewed contracts within the past two (2) years; and list the same contact information that you did for the above references. List local medical centers first.
10. PROPOSER must complete and submit the attached Disclosure of Ownership/Principals form with its proposal as included in **Exhibit D**.

B. Provide full and accurate answers to the following questions.

- 1 Is a Medical Director available on-site at the VENDOR's location? If so, provide the hours of availability.
- 2 Are physician consultative services available within the Las Vegas Market? If so, indicate the hours of available.
- 3 Does your company provide Therapeutic Apheresis?
- 4 Does your company provide peripheral Stem Cell Apheresis Collection and Storage?
- 5 Will the VENDOR agree to provide 5 units of O negative Leukoreduced Packed RBC's less than 10 days old as a routine stock order daily at no additional charge if requested?
- 6 Will the VENDOR agree to provide no less than 25% of Leukoreduced Red Blood Cells that are less than 14 days old based upon quarterly volume statistics?
- 7 Will the VENDOR agree not to charge a STAT delivery fee for delivery of blood and or blood components ordered STAT?
- 8 Will the VENDOR agree to keep in stock and available for STAT delivery at least 2 units of single donor platelets to support the UMC Trauma Service at all times?
- 9 Will the VENDOR agree to credit all single donor platelets that are not utilized?
- 10 Will the VENDOR agree to credit all Leukoreduced Red Blood Cell units that are delivered with less than 15 days to expiration?
- 11 Will the VENDOR agree to credit any type AB Leukoreduced Red Blood Cells not transfused?
- 12 Is the VENDOR fully compliant with ISBT-128 bar coding for blood and blood components?
- 13 Has your organization been fined by the FDA for compliance issues in the past five years? If so, what is the total amount of those fines?
- 14 Is your organization able to provide UMC with product dating guarantees? If so, what would those be?
- 15 Does your organization impose penalties/additional charges based on blood type specific usage thresholds? If so, what would those be?

General Conditions

RFP No. 2013-15

Blood Services

- 16 Do you process the blood you would provide locally?
- 17 Do you collect the blood you would provide locally?
- 18 Does the VENDOR support a community central repository for information of patients with antibodies or unusual transfusion issues?
- 19 Does your VENDOR provide STAT washed red blood cells?
- 20 Will the VENDOR's medical director act as the designee for hospital and accepts medical responsibility for patients undergoing apheresis procedure and overall management of the therapeutic apheresis program including quality measures?
- 21 What is the status of your organization's regulatory compliance? Are you under any specific regulatory and compliance restrictions such as a Consent Decree?
- 22 In the past five years, how many FDA 483 observations has your organization received due to inspections?
- 23 How many SBBs do you have on staff locally in Las Vegas?
- 24 What specialized products can your organization provide?
- 25 What is the return policy for all products you offer?
- 26 In case of a hospital disaster, what back up services is your organization able to provide to UMC?
- 27 Provide the "Disaster Preparedness Plan" for the Las Vegas VENDOR operation.
- 28 What mechanism is used to report referral lab test results?
- 29 What is your average turnaround time for referral specimens?
- 30 What services could your organization offer to UMC to assist in reduction of blood usage?
- 31 What other programs and services is your organization able to provide in order to reduce UMC Blood Bank costs?
- 32 Beyond blood products, what other services can your organization provide to UMC, and at what charge?
- 33 How many blood bank technical staff do you employ in the Las Vegas area?
- 34 What processes does your organization have in place to reduce turnaround time on rare unit and antigen negative orders?
- 35 Provide the average STAT turnaround time presented by each product type based upon data for the last 6 months from the Las Vegas VENDOR.
- 36 Provide an Organizational Chart. Indicate management that is permanently stationed on a full time basis at the Las Vegas, Nevada location.
- 37 Provide any "value added" systems or opportunities that should be considered.
- 38 Provide your company policy or philosophy for the use of liquid plasma.
- 39 Does your company work with other local blood suppliers to provide blood/blood products in the Las Vegas market. Provide the following information for 2012. Indicate the date, product, and reason you obtained blood/blood products from another supplier in the Las Vegas market.
- 40 If you have provided blood/blood products to another blood supplier in the Las Vegas market, please provide the following data for 2012. The name of the organization, date, type of blood/blood products and the number of blood/blood products.
- 41 List the following information for 2012: The dates of shortages of platelets, O negative blood, O positive blood and AB plasma.

C. Fee:

1. Complete the tables in Exhibit B.

D. Rate Structure / Added Values

1. List and define additional services, performance, and/or added value Projects PROPOSER will bring to OWNER and OWNER's facility at PROPOSER's expense.
2. Are there any options not considered within this RFP that you feel would bring additional price savings to OWNER? Please explain:
3. Describe your approach to draw more patients, specifically paying patients, into the program and UMC.

19. Attachments

Attachment #	Attachment Name	Notes
Exhibit A	Scope of Work	Acknowledge with proposal
Exhibit B	Cost/Price Schedule	Required with proposal
Exhibit C	Insurance	Required upon contract award
Exhibit D	Disclosure Forms	Required with proposal
Exhibit E	Subcontractor	Required with proposal
Exhibit F	Proposal Data	Required with proposal

EXHIBIT A
SCOPE OF WORK

1. RESPONSIBILITIES OF VENDOR

1.1 Provision of Blood and Blood Components. VENDOR shall deliver to Hospital and maintain Hospital's stock levels** for blood and blood components sufficient to meet the routine and potential emergency needs of Hospital, as determined and adjusted by mutual agreement between VENDOR and Hospital. The blood stock will be rotated on a scheduled basis as agreed upon by VENDOR and Hospital. When possible, Hospital agrees to first use shorter dated blood and blood components, and release in a timely manner untransfused, crossmatched blood and blood components for other patient use or for return to VENDOR. In the case of any event that causes significant interruption in VENDOR' ability to collect, process, store, and/or distribute blood and blood components locally, VENDOR will utilize the available capacity of the network of Blood Centers to assure the continuity of the blood supply to Hospital.

** Current stock levels. Quantities may be adjusted from time to time.

Stock Levels of Leukoreduced Red Blood Cells	
"O" Positive	85
"O" Negative	22
"A" Positive	50
"A" Negative	15
"B" Positive	20
"B" Negative	6
"AB" Positive	4
"AB" Negative	4
Stock Levels Fresh Frozen Plasma	
"O"	40
"A"	40
"B"	40
"AB"	40
Pooled Cryoprecipitate Stock Level	40
Fresh Red Blood Cell Units for Neonates	
"O" Positive	2
"O" Negative	2
Aliquots of "AB" Plasma	8
Single Donor Platelet Stock	2
Single Cryoprecipitate	
"O"	2
"A"	2
"B"	2
"AB"	2

- 1.2 Ordering and Delivery of Blood and Blood Components.
- a. Specific quantities of blood and blood components shall be ordered by Hospital by placing orders with VENDOR from time to time. To facilitate service to Hospital, VENDOR shall maintain service twenty-four (24) hours a day, seven days a week. Unless other arrangements are made, VENDOR shall pay expenses for delivery of blood and blood components to and from Hospital, using the method of delivery or shipment appropriate to the circumstances. VENDOR will ensure that all blood and blood components supplied to Hospital will be accompanied by appropriate documentation and will be transported to Hospital in a validated manner to ensure that the blood and blood components remain within specification throughout the transport period.
 - b. A minimum of twenty-five percent (25%) of leukoreduced red blood cells will be delivered that are less than 14 days old based on quarterly volume statistics.
- 1.3 Return of Blood and Blood Components.
- a. Hospital may return unused blood or blood components to VENDOR at no cost subject to the following conditions:
 - (i) Allogeneic Leukoreduced Red Blood Cells - if shipped to hospital fifteen (15) days or less from expiration or if unused blood is fifteen (15) days or greater from expiration
 - (ii) Single Donor Platelets – if shipped to hospital twenty-four (24) hours or less from expiration or if unused Single Donor Platelets are twenty-four (24) hours or greater from expiration regardless of the order priority.
 - (iii) Hospital shall verify that proper temperature requirements have been maintained.
 - (iv) Hospital shall verify that the integrity of the unit container has been maintained and the affixed label must not have been defaced.
 - (v) At least two crossmatch segments must remain available for use unless VENDOR has approved use of the last crossmatch segment.
 - (vi) Blood and blood components are inspected at the time of packing and packed in accordance with VENDOR policies. Hospital shall document that proper inspections have occurred and agrees not to return blood or blood components to VENDOR which appear unsuitable.
 - (vii) Frozen Blood products may be returned if they are the subject of a Lookback Quarantine or Market Withdrawal.
 - b. Credit will be issued to Hospital for products returned in accordance with this Section 1.3.
- 1.4. Customer may not return any of the following Blood products:
- a. Outdated Blood Products
 - b. Frozen Blood products
 - c. Non-Vendor Blood products
 - d. Non-Leukoreduced Red Blood Cell products
 - e. Whole Blood products
 - f. Autologous and Directed Blood products
 - g. AB Red Blood Cells (Credit will be issued if unit expires at Hospital). Hospital is responsible for completing the Credit Request Form and returning to VENDOR for processing.

specified in Title 21 of the Code of Federal Regulations and standards of the AABB and VENDOR policies (available on request) and that are equipped with a continuous temperature monitoring system that records temperatures at least once every four (4) hours. Hospital shall verify continuous blood storage temperature of the storage unit and shall maintain such documentation. Hospital agrees to provide blood storage temperature records to VENDOR upon request. Further, Hospital agrees to maintain the temperature for stored whole blood and red blood cells within the range of 1 to 6 degrees Centigrade. Hospital shall notify VENDOR of any deviation of temperatures outside of the acceptable range during the storage of blood and blood components within 24 hours of such occurrence and shall not return to VENDOR any blood or blood components subjected to temperatures outside the acceptable temperature range unless approved for return by VENDOR.

- 2.3 Inspection of Storage Facilities. Upon request by VENDOR or any licensing, regulating or accrediting agency or organization to which VENDOR is subject, including FDA, AABB and the College of American Pathologists (“CAP”), Hospital shall allow on-site inspections of blood storage facilities during normal business hours. Hospital shall further allow the review and copying of Hospital’s standard operating procedures for blood storage and quality assurance and similar or related records. At the request of Hospital, VENDOR shall allow Hospital to perform on-site inspections of blood storage facilities at VENDOR.
- 2.4 Blood Donation. Hospital agrees to support VENDOR’s volunteer blood donor program and to encourage blood donations by sponsoring blood drives among hospital employees and others. The volunteer blood donor program is intended to help ensure the continuous availability of blood and blood components to serve Hospital and the community served by Hospital.

3. Cost Reduction

- 3.1 Alternative Method for Reducing Costs. Upon request by Hospital, VENDOR will review with Hospital alternative methods for reducing costs relating to blood or blood components and will provide mutually agreed upon assistance for implementation of such alternative methods. Examples of the methods that may be considered include blood utilization review, transfusion service best practice audits, and order/inventory/delivery optimization.

Cost/Fee Schedule

HOMOLOGOUS

DESCRIPTION OF PRODUCT/SERVICE/ CELLS/ COMPONENTS	Preferred Price	Contractual Price	Supplemental Price
Leukoreduced Red Blood Cells			
Washed Leukoreduced Red Blood Cells			
Irradiated Leukoreduced Red Blood Cells			
Pediatric Aliquots, 50ml - 80ml			
Irradiated Pediatric Aliquots, 50ml - 80ml			
Cryoprecipitated AHF			
Cryoprecipitated AHF, Pooled (<i>equivalent to 5 single units</i>)			
Fresh Frozen Plasma			
24-Hour Plasma			
Apheresis FFP Single			
Apheresis FFP Double (<i>Service Code 29412</i>)			
Cryo Poor Plasma			
Octoplas			

PLATELET PHERESIS SERVICES

DESCRIPTION OF PRODUCT/SERVICE/ CELLS/ COMPONENTS	Preferred Price	Contractual Price	Supplemental Price
Platelet, Pheresis Leukoreduced			
Platelet, Pheresis Leukoreduced – volume reduced			
Platelet, Pheresis Leukoreduced Irradiated			
Granulocytes Pheresis			
HLA Typed Single Donor Platelet			
HLA Typing:			
HLA-A Supplemental HR			
HLA-B Supplemental HR			
HLA B27 (<i>B27 & CREGS</i>)			
HLA-C Supplemental HR			
HLA-DQB1 Supplemental HR			
HLA-DRB 3/4/5 Supplemental HR			
HLA-DRB1 Supplemental HR			

LABORATORY SERVICES

DESCRIPTION OF PRODUCT/SERVICE	Preferred Price	Contractual Price	Supplemental Price
<i>Sickle Cell Screen (Per Unit Provided)</i>			
<i>CMV Test (Per Unit Provided)</i>			
<i>Antigen Confirmation (Per Antigen Per Unit)</i>			
<i>Antigen Screen (Per Antigen Per Unit Screened)</i>			
Stat Delivery Charge			
Irradiation Fee			
Single Donor Platelet Volume Reduction			
Sterile Docking Fee			
Single Aliquot Bag			
Triple Aliquot Bag			
Blood Product Washing			
Outside Purchase Fee			

LABORATORY TESTING*

DESCRIPTION OF PRODUCT/SERVICE	Preferred Price	Contractual Price	Supplemental Price
4C Antibody ID			
ABO Discrepancy			
ABO/Rh Grouping			
Adsorption			
ABO Grouping			
Antibody Detection			
Antigen Negative Handling Fee			
Antigen Typing - Class 1 (C, E, K)			
Antigen Typing - Class 2 (c, e, S, s, M, Fya, Fyb, Jka, JKb)			
Antigen Typing - Rare			
Computer Unit Search			
Crossmatch, AHG			
Crossmatch, I.S.			
Direct Antiglobulin Test			
EGA/CHL/DTT Red Cell Treatment			
Donath Landsteiner Test			
DTT (<i>Special Serum Study</i>)			
Elution			
Extended Phenotype			
Ficin Antibody ID			
Frozen RBC Handling Fee			
Liquid RBC Handling Fee			
LISS Antibody ID			
NEAT Antibody ID			
Pathological Cold			
PEG Antibody ID			
Platelet Antibody Differential			
Platelet Antibody Screen			
Platelet Crossmatch			
Red Cell Separation (<i>Includes Phenotype</i>)			
Rh Discrepancy			
Rh Phenotype			
Special Donor File Screening			
Titration Studies			
Transfusion Reaction Investigation			

STEM CELL SERVICES

AUTOLOGOUS PERIPHERAL BLOOD PROGENITOR (PBPC) TRANSPLANT

DESCRIPTION OF PRODUCT/SERVICE	Preferred Price	Contractual Price	Supplemental Price
Peripheral Stem Cell Collection Apheresis Collection, Equipment and Software, RN, Transport to Blood Center			
Pediatric Stem Cell Collection Apheresis Collection, Equipment and Software, RN, Transport to Blood Center			
Peripheral Stem Cell Processing			
Auto PBPC Cancellation			
Nurse Waiting Time Per Hour			
Physician Consultation Per Hour for patients (<i>billed to ordering physician</i>)			

THERAPEUTIC APHERESIS SERVICES

DESCRIPTION OF PRODUCT/SERVICE	Preferred Price	Contractual Price	Supplemental Price
Therapeutic Apheresis – each procedure up to three hours, does not include fluids.			
Pheresis Cancellation (<i>kit wastage</i>)			
Additional One Hour Increments			
Plasma Treatment – Immunoabsorption column			
Plasma Treatment Cancellation (<i>kit wastage</i>)			
Photopheresis Treatment			
Photopheresis Treatment Cancellation (<i>kit wastage</i>)			
Physician Consultation is available at no charge to patients			
Nurse Waiting Time Per Hour			
Physician Consultation Per Hour for patients (<i>billed to ordering physician</i>)			

INSURANCE REQUIREMENTS

TO ENSURE COMPLIANCE WITH THE CONTRACT DOCUMENT, //TYPE// SHOULD FORWARD THE FOLLOWING INSURANCE CLAUSE AND SAMPLE INSURANCE FORM TO THEIR INSURANCE AGENT PRIOR TO PROPOSAL SUBMITTAL.

Format/Time: The //TYPE// shall provide Owner with Certificates of Insurance, per the sample format (page B-3), for coverages as listed below, and endorsements affecting coverage required by this Contract within **10 calendar days** after the award by OWNER. All policy certificates and endorsements shall be signed by a person authorized by that insurer and who is licensed by the State of Nevada in accordance with NRS 680A.300. All required aggregate limits shall be disclosed and amounts entered on the Certificate of Insurance, and shall be maintained for the duration of the Contract and any renewal periods.

Best Key Rating: OWNER requires insurance carriers to maintain during the contract term, a Best Key Rating of A.VII or higher, which shall be fully disclosed and entered on the Certificate of Insurance.

Owner Coverage: OWNER, its officers and employees must be expressly covered as additional insureds except on workers' compensation and professional liability insurance coverages. The //TYPE//s insurance shall be primary as respects OWNER, its officers and employees.

Endorsement/Cancellation: The //TYPE//s general liability insurance policy shall be endorsed to recognize specifically the //TYPE//s contractual obligation of additional insured to Owner. All policies must note that OWNER will be given thirty (30) calendar days advance notice by certified mail "return receipt requested" of any policy changes, cancellations, or any erosion of insurance limits.

Deductibles: All deductibles and self-insured retentions shall be fully disclosed in the Certificates of Insurance and may not exceed \$25,000.

Aggregate Limits: If aggregate limits are imposed on bodily injury and property damage, then the amount of such limits must not be less than \$2,000,000.

Commercial General Liability: Subject to Paragraph 6 of this Exhibit, the //TYPE// shall maintain limits of no less than \$1,000,000 combined single limit per occurrence for bodily injury (including death), personal injury and property damages. Commercial general liability coverage shall be on a "per occurrence" basis only, not "claims made," and be provided either on a Commercial General Liability or a Broad Form Comprehensive General Liability (including a Broad Form CGL endorsement) insurance form.

Automobile Liability: Subject to Paragraph 6 of this Exhibit, the //TYPE// shall maintain limits of no less than \$1,000,000 combined single limit per occurrence for bodily injury and property damage to include, but not be limited to, coverage against all insurance claims for injuries to persons or damages to property which may arise from services rendered by //TYPE// and any auto used for the performance of services under this Contract.

Professional Liability: The //TYPE// shall maintain limits of no less than \$1,000,000 aggregate. If the professional liability insurance provided is on a Claims Made Form, then the insurance coverage required must continue for a period of 2 years beyond the completion or termination of this Contract. Any retroactive date must coincide with or predate the beginning of this and may not be advanced without the consent of OWNER.

Workers' Compensation: The //TYPE// shall obtain and maintain for the duration of this contract, a work certificate and/or a certificate issued by an insurer qualified to underwrite workers' compensation insurance in the State of Nevada, in accordance with Nevada Revised Statutes Chapters 616A-616D, inclusive, provided, however, a //TYPE// that is a Sole Proprietor shall be required to submit an affidavit (Attachment 1) indicating that the //TYPE// has elected not to be included in the terms, conditions and provisions of Chapters 616A-616D, inclusive, and is otherwise in compliance with those terms, conditions and provisions.

Failure To Maintain Coverage: If the //TYPE// fails to maintain any of the insurance coverages required herein, Owner may withhold payment, order the //TYPE// to stop the work, declare the //TYPE// in breach, suspend or terminate the Contract, assess liquidated damages as defined herein, or may purchase replacement insurance or pay premiums due on existing policies. Owner may collect any replacement insurance costs or premium payments made from the //TYPE// or deduct the amount paid from any sums due the //TYPE// under this Contract.

Additional Insurance: The //TYPE// is encouraged to purchase any such additional insurance as it deems necessary.

Damages: The //TYPE// is required to remedy all injuries to persons and damage or loss to any property of Owner, caused in whole or in part by the //TYPE//, their subcontractors or anyone employed, directed or supervised by //TYPE//.

Cost: The //TYPE// shall pay all associated costs for the specified insurance. The cost shall be included in the price(s).

Insurance Submittal Address: All Insurance Certificates requested shall be sent to the University Medical Center of Southern Nevada, Attention: Contracts Management. See the Submittal Requirements Clause in the RFP package for the appropriate mailing address.

Insurance Form Instructions: The following information must be filled in by the //TYPE//s Insurance Company representative:

- 1) Insurance Broker's name, complete address, phone and fax numbers.
- 2) //TYPE//s name, complete address, phone and fax numbers.
- 3) Insurance Company's Best Key Rating
- 4) Commercial General Liability (Per Occurrence)
 - (A) Policy Number
 - (B) Policy Effective Date
 - (C) Policy Expiration Date
 - (D) General Aggregate (\$2,000,000)
 - (E) Products-Completed Operations Aggregate (\$2,000,000)
 - (F) Personal & Advertising Injury (\$1,000,000)
 - (G) Each Occurrence (\$1,000,000)
 - (H) Fire Damage (\$50,000)
 - (I) Medical Expenses (\$5,000)
- 5) Automobile Liability (Any Auto)
 - (J) Policy Number
 - (K) Policy Effective Date
 - (L) Policy Expiration Date
 - (M) Combined Single Limit (\$1,000,000)
- 6) Worker's Compensation
- 7) Description: Number and Name of Contract (must be identified on the initial insurance form and each renewal form).
- 8) Certificate Holder:

University Medical Center of Southern Nevada
c/o Contracts Management
1800 West Charleston Boulevard
Las Vegas, Nevada 89102

THE CERTIFICATE HOLDER, UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA, MUST BE NAMED AS AN ADDITIONAL INSURED.
- 9) Appointed Agent Signature to include license number and issuing state

**INSTRUCTIONS FOR COMPLETING THE
DISCLOSURE OF OWNERSHIP/PRINCIPALS FORM**

Purpose of the Form

The purpose of the Disclosure of Ownership/Principals Form is to gather ownership information pertaining to the business entity for use by the Board of County Commissioners (“BCC”) in determining whether members of the BCC should exclude themselves from voting on agenda items where they have, or may be perceived as having a conflict of interest, and to determine compliance with Nevada Revised Statute 281A.430, contracts in which a public officer or employee has interest is prohibited.

General Instructions

Completion and submission of this Form is a condition of approval or renewal of a contract or lease and/or release of monetary funding between the disclosing entity and the appropriate Clark County government entity. Failure to submit the requested information may result in a refusal by the BCC to enter into an agreement/contract and/or release monetary funding to such disclosing entity.

Detailed Instructions

All sections of the Disclosure of Ownership form must be completed. If not applicable, write in N/A.

Business Entity Type – Indicate if the entity is an Individual, Partnership, Limited Liability Company, Corporation, Trust, Non-profit Organization, or Other. When selecting ‘Other’, provide a description of the legal entity.

Non-Profit Organization (NPO) - Any non-profit corporation, group, association, or corporation duly filed and registered as required by state law.

Business Designation Group – Indicate if the entity is a Minority Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), Small Business Enterprise (SBE), or Physically-Challenged Business Enterprise (PBE). This is needed in order to provide utilization statistics to the Legislative Council Bureau, and will be used only for such purpose.

Minority Owned Business Enterprise (MBE):

An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more minority persons of Black American, Hispanic American, Asian-Pacific American or Native American ethnicity.

Women Owned Business Enterprise (WBE):

An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more women.

Physically-Challenged Business Enterprise (PBE):

An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more disabled individuals pursuant to the federal Americans with Disabilities Act.

Small Business Enterprise (SBE):

An independent and continuing business for profit which performs a commercially useful function, is not owned and controlled by individuals designated as minority, women, or physically-challenged, and where gross annual sales does not exceed \$2,000,000.

Business Name (include d.b.a., if applicable) – Enter the legal name of the business entity and enter the “Doing Business As” (d.b.a.) name, if applicable.

Corporate/Business Address, Business Telephone, Business Fax, and Email – Enter the street address, telephone and fax numbers, and email of the named business entity.

Local Business Address, Local Business Telephone, Local Business Fax, and Email – If business entity is out-of-state, but operates the business from a location in Nevada, enter the Nevada street address, telephone and fax numbers, point of contact and email of the local office. Please note that the local address must be an address from which the business is operating from that location. Please do not include a P.O. Box number, unless required by the U.S. Postal Service, or a business license hanging address.

Number of Clark County Nevada Residents employed by this firm.

List of Owners/Officers – Include the full name, title and percentage of ownership of each person who has ownership or financial interest in the business entity. If the business is a publicly-traded corporation or non-profit organization, list all Corporate Officers and Directors only.

For All Contracts – (Not required for publicly-traded corporations)

- 1) Indicate if any individual members, partners, owners or principals involved in the business entity are a Clark County full-time employee(s), or appointed/elected official(s). If yes, the following paragraph applies.

In accordance with NRS 281A.430.1, a public officer or employee shall not bid on or enter into a contract between a government agency and any private business in which he has a significant financial interest, except as provided for in subsections 2, 3, and 4.

- 2) Indicate if any individual members, partners, owners or principals involved in the business entity have a second degree of consanguinity or affinity relation to a Clark County full-time employee(s), or appointed/elected official(s) (reference form on Page 2 for definition). If **YES**, complete the Disclosure of Relationship Form. Clark County is comprised of the following government entities: Clark County, University Medical Center of Southern Nevada, Department of Aviation (McCarran Airport), and Clark County Water Reclamation District. Note: The Department of Aviation includes all of the General Aviation Airports (Henderson, North Las Vegas, and Jean).

A professional service is defined as a business entity that offers business/financial consulting, legal, physician, architect, engineer or other professional services.

Signature and Print Name – Requires signature of an authorized representative and the date signed.

Disclosure of Relationship Form – If any individual members, partners, owners or principals of the business entity is presently a Clark County employee, public officer or official, or has a second degree of consanguinity or affinity relationship to a Clark County employee, public officer or official, this section must be completed in its entirety.

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
Business Designation Group						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise			
Corporate/Business Entity Name:						
(Include d.b.a., if applicable)						
Street Address:				Website:		
City, State and Zip Code:				POC Name and Email:		
Telephone No:				Fax No:		
Local Street Address:				Website:		
City, State and Zip Code:				Local Fax No:		
Local Telephone No:				Local POC Name Email:		
Number of Clark County Nevada Residents Employed:						

All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.

Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).

Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
_____	_____	_____
_____	_____	_____
_____	_____	_____

This section is not required for publicly-traded corporations.

1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, University Medical Center, Department of Aviation, or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

 Yes No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)

2. Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, University Medical Center, Department of Aviation, or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

 Yes No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

Signature

Title

Print Name

Date

DISCLOSURE OF RELATIONSHIP

List any disclosures below:
 (Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT

* County employee means Clark County, University Medical Center, Department of Aviation, or Clark County Water Reclamation District.

“Consanguinity” is a relationship by blood. “Affinity” is a relationship by marriage.

“To the second degree of consanguinity” applies to the candidate’s first and second degree of blood relatives as follows:

- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

For County Use Only:

If any Disclosure of Relationship is noted above, please complete the following:

Yes No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?

Yes No Is the County employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

 Signature

 Print Name
 Authorized Department Representative

**INSTRUCTIONS FOR COMPLETING THE
DISCLOSURE OF RELATIONSHIP
(Suppliers)**

Purpose of the Form

The purpose of the Disclosure of Relationship Form is to gather information pertaining to the business entity for use by the Board of Hospital Trustees and Hospital Administration in determining whether a conflict of interest exists prior to awarding a contract.

General Instructions

Completion and submission of this Form is a condition of approval or renewal of a contract or lease and/or release of monetary funding between the disclosing entity and UMC. Failure to submit the requested information may result in a refusal by the UMC to enter into an agreement/contract and/or release monetary funding to such disclosing entity.

Detailed Instructions

All sections of the Disclosure of Relationship form must be completed. If not applicable, write in N/A.

Business Name (include d.b.a., if applicable) – Enter the legal name of the business entity and enter the “Doing Business As” (d.b.a.) name, if applicable.

Corporate/Business Address, Business Telephone, Business Fax, and Email – Enter the street address, telephone and fax numbers, and email of the named business entity.

Local Business Address, Local Business Telephone, Local Business Fax, and Email – If business entity is out-of-state, but operates the business from a location in Nevada, enter the Nevada street address, telephone and fax numbers, point of contact and email of the local office. Please note that the local address must be an address from which the business is operating from that location. Please do not include a P.O. Box number, unless required by the U.S. Postal Service, or a business license hanging address.

A professional service is defined as a business entity that offers business/financial consulting, legal, physician, architect, engineer or other professional services.

Signature and Print Name – Requires signature of an authorized representative and the date signed.

Definition

An actual or potential conflict of interest is present when an actual or potential conflict exists between an individual’s duty to act in the best interests of UMC and the patients we serve and his or her desire to act in a way that will benefit only him or herself or another third party. Although it

is impossible to list every circumstance giving rise to a conflict of interest, the following will serve as a guide to the types of activities that might cause conflict of interest and to which this policy applies.

Key Definitions

“Material financial interest” means

- An employment, consulting, royalty, licensing, equipment or space lease, services arrangement or other financial relationship
- An ownership interest
- An interest that contributes more than 5% to a member’s annual income or the annual income of a family member
- A position as a director, trustee, managing partner, officer or key employee, whether paid or unpaid

“Family member” means a spouse or domestic partner, children and their spouses, grandchildren and their spouses, parents and their spouses, grandparents and their spouses, brothers and sisters and their spouses, nieces and nephews and their spouses, parents-in-law and their spouses. Children include natural and adopted children. Spouses include domestic partners.

“Personal interests” mean those interests that arise out of a member’s personal activities or the activities of a family member.

DISCLOSURE OF RELATIONSHIP (Suppliers)

Corporate/Business Entity Name:	
(Include d.b.a., if applicable)	
Street Address:	
City, State and Zip Code:	
Telephone No:	
Point of Contact Name:	
Email:	

1. **COMPENSATION ARRANGEMENTS** - Does a UMC employee or physician who is a member of UMC's medical staff (or does a family member of either group) have an employment, consulting or other financial arrangement (including, without limitation, an office or space lease, royalty or licensing agreement, or sponsored research agreement) with the company?

Yes No (If yes, complete following.)

Name of Person (self or family member)	Name of Company	Describe the Compensation Arrangement	Dollar Value of Compensation
1.			
2.			
3.			

(Use additional sheets as necessary)

2. **BUSINESS POSITIONS** - Is a UMC employee or physician who is a member of UMC's medical staff (or does a family member of either group) an officer, director, trustee, managing partner, officer or key employee of the company?

Yes No (If yes, complete following.)

Name of Person (self or family member)	Name of Company	Business Position or Title	Dollar Value of Compensation (include meeting stipends and travel reimbursement)
1.			
2.			
3.			

(Use additional sheets as necessary)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate.

Signature

Print Name

Title

Date

For UMC Use Only:

If any Disclosure of Relationship is noted above, please complete the following:

Yes No Is the UMC employee or physician who is a member of UMC's medical staff (or a family member of either group) noted above involved in the contracting/selection process?

Yes No Is the UMC employee or physician who is a member of UMC's medical staff (or a family member of either group) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

Signature

Print Name / Authorized Department Representative

SUBCONTRACTOR INFORMATION

DEFINITIONS

MINORITY OWNED BUSINESS ENTERPRISE (MBE): An independent and continuing **Nevada** business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more minority persons of Black American, Hispanic American, Asian-Pacific American or Native American ethnicity.

WOMEN OWNED BUSINESS ENTERPRISE (WBE): An independent and continuing **Nevada** business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more women.

PHYSICALLY-CHALLENGED BUSINESS ENTERPRISE (PBE): An independent and continuing **Nevada** business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more disabled individuals pursuant to the federal Americans with Disabilities Act.

SMALL BUSINESS ENTERPRISE (SBE): An independent and continuing **Nevada** business for profit which performs a commercially useful function, is **not** owned and controlled by individuals designated as minority, women, or physically-challenged, and where gross annual sales does not exceed \$2,000,000.

NEVADA BUSINESS ENTERPRISE (NBE): Any Nevada business which has the resources necessary to sufficiently perform identified County projects, and is owned or controlled by individuals that are not designated as socially or economically disadvantaged.

It is our intent to utilize the following MBE, WBE, PBE, SBE, and NBE subcontractors in association with this Contract:

Subcontractor Name: _____

Contact Person: _____ Telephone Number: _____

Description of Work: _____

Estimated Percentage of Total Dollars: _____

Business Type: ___ MBE ___ WBE ___ PBE ___ SBE ___ NBE

Subcontractor Name: _____

Contact Person: _____ Telephone Number: _____

Description of Work: _____

Estimated Percentage of Total Dollars: _____

Business Type: ___ MBE ___ WBE ___ PBE ___ SBE ___ NBE

No MBE, WBE, PBE, SBE, or NBE subcontractors will be used.

Description	Price	Availablitiy of Staff to Perform Procedure	Advanced Notice Required
AUTOLOGOUS PERIPHERAL BLOOD PROGENITOR (PBPC) TRANSPLANT			
Peripheral Stem Cell Collection Apheresis Collection, Equipment and Software, RN			
Pediatic Stem Cell Collection Apheresis Collection, Equipment and Software, RN			
Peripheral Stem Cell Processing			
Auto PBPC Cancellation			
Nurse Waiting Time Per Hour			
Physician Consultation Per Hour			
THERAPEUTIC APHERESIS SERVICES			
Therapeutic Apheresis - each procedure up to three hours, does not include fluids.			
Pheresis Cancellation (<i>kit wastage</i>)			
Additional One Hour Increments			
Plasma Treatment - Immunoadsorption Column			
Plasma Treatment Cancelation (<i>kit wastage</i>)			
Photopheresis Treatment			
Photopheresis Treatment Cancellation (<i>kit wastage</i>)			
Physician Consultation			
Nurse Waiting Time Per Hour			

Description	Price	Routine Delivery	STAT Delivery	Provided Locally Yes / No	If not provided locally, indicate location of service provided
LABORATORY TESTING					
4C Antibody ID					
ABO Discrepancy					
ABO/Rh Grouping					
Adsorption					
ABO Grouping					
Antibody Detection					
Antigen Negative Handling Fee					
Antigen Typing - Class 1 (C, E, K)					
Antigen Typing - Class 2 (c, e, S, s, M, Fya, Fyb, Jka, Jkb)					
Antigen Typing - Rare					
Computer Unit Search					
Crossmatch, AHG					
Crossmatch, I.S.					
Direct Antiglobulin Test					
EGA/CHL/DTT Red Cell Treatment					
Donath Landsteiner Test					
DTT (Special Serum Study)					
Elution					
Extended Phenotype					
Ficin Antibody ID					
Frozen RBC Handling Fee					
Liquid RBC Handling Fee					
LISS Antibody ID					
Molecular Phenotype					
NEAT Antibody ID					

Pathological Cold					
PEG Antibody ID					
Platelet Antibody Differential					
Platelet Antibody Screen					
Platelet Crossmatch					
Red Cell Separation <i>(Includes Phenotype)</i>					
Rh Discrepancy					
Rh Phenotype					
Special Donor File Screening					
Titration Studies					
Transfusion Reaction Investigation					

Question	Red Blood Cells							
	A+	A-	B+	B-	O+	O-	AB+	AB-
BLOOD COMPONENT BREAKDOWNS								
What percentage of blood and or blood components are made available from outside the Las Vegas market within your system. Provide information by blood and blood product.								
Indicate the percentage of blood and blood components purchased from an alternate vendor.								
Provide the product list, divided by blood type and Rh, and the number of products routinely stocked at the Las Vegas locations.								
RARE UNITS								
Indicate the average inventory of antigen negative rare units								

Question	Platelets	FFP		Cryoprecipitate	Cryopoor Plasma
		General	AB Blood Type		
BLOOD COMPONENT BREAKDOWNS					
What percentage of blood and or blood components are made available from outside the Las Vegas market within your system. Provide information by blood and blood product.					
Indicate the percentage of blood and blood components purchased from an alternate vendor.					
Provide the product list, divided by blood type and Rh, and the number of products routinely stocked at the Las Vegas locations.					