



# COLLIN COUNTY

Office of the Purchasing Agent  
2300 Bloomdale Road  
Suite 3160  
McKinney, Texas 75071  
[www.collincountytx.gov](http://www.collincountytx.gov)

## ADDENDUM NO. TWO (2)

### POSTMORTEM TOXICOLOGY

#### IFB NO. 2020-140

Effective: April 8, 2020

Change: Line 8

FROM: Test for cyanide, arsenic, and volatiles: blood  
TO: Test for cyanide: blood

Change: Line 9

FROM: Test for cyanide, arsenic, and volatiles: urine  
TO: Test for cyanide: urine

Change: Line 10

FROM: Test for cyanide, arsenic, and volatiles: tissue  
TO: Test for cyanide: tissue

Add: Line 13: Test for arsenic: blood

Add: Line 14: Test for arsenic: urine

Add: Line 15: Test for arsenic: tissue

Add: Line 16: Test for volatiles: blood

Add: Line 17: Test for volatiles: urine

Add: Line 18: Test for volatiles: tissue

Add: Attribute: Addendum No. 2

Change: Close Date & Time

FROM: April 9, 2020  
TO: April 16, 2020

Please note all other terms, conditions, specifications, drawings, etc. remain unchanged.

Sincerely,  
Michalyn Rains CPPO, CPPB  
Purchasing Agent



## Collin County Purchasing

### **2020-140 Addendum 2**

#### **Testing: Postmortem Toxicology**

Issue Date: 3/17/2020

Questions Deadline: 3/27/2020 12:00 PM (CT)

Response Deadline: 4/16/2020 02:00 PM (CT)

Collin County Purchasing

#### **Contact Information**

Contact: Meagan Mason Buyer II

Address: Purchasing  
Admin. Building  
Ste.3160  
2300 Bloomdale Rd.  
Ste. 3160  
McKinney, TX 75071

Phone: (972) 548-4107

Fax: (972) 548-4694

Email: [mmason@co.collin.tx.us](mailto:mmason@co.collin.tx.us)

## Event Information

Number: 2020-140 Addendum 2  
Title: Testing: Postmortem Toxicology  
Type: Invitation for Bid  
Issue Date: 3/17/2020  
Question Deadline: 3/27/2020 12:00 PM (CT)  
Response Deadline: 4/16/2020 02:00 PM (CT)

## Ship To Information

Address: Medical Examiner  
Medical Examiner  
700B Wilmeth Rd.  
McKinney, TX 75069

## Billing Information

Address: Auditor  
Admin. Building  
Ste. 3100  
2300 Bloomdale Rd.  
Ste. 3100  
McKinney, TX 75071

## Bid Attachments

### LEGAL NOTICE 2020-140.doc

Legal Notice

[Download](#)

### Addendum No. 1.pdf

Addendum No. 1

[View Online](#)

### Addendum No. 2.pdf

Addendum No. 2

[View Online](#)

### General\_Instructions\_Bid.docx

General Instructions - Bid

[View Online](#)

### Terms\_of\_Contract\_Bid\_-\_3.25.20.docx

Revised Terms of Contract - Bid

[View Online](#)

### Rev\_Special\_Conditions\_and\_Specifications.docx

Revised Specifications

[View Online](#)

### Insurance.doc

Minimum Insurance Requirements

[View Online](#)

### Attachment\_A.doc

Attachment A: Common Controlled Substances

[View Online](#)

### Attachment\_B.doc

Attachment B: Common Medicinal Agents and Related Products

[View Online](#)

### Attachment\_C.doc

Attachment C: Vitreous Screening

[View Online](#)

### Information\_Regarding\_Conflict\_of\_Interest\_Questionnaire.docx

Information Regarding Conflict of Interest Questionnaire

[View Online](#)

### CIQ\_113015.pdf

Conflict of Interest Questionnaire

[View Online](#)

## Requested Attachments

### State Department of Health Services Certification

(Attachment required)

Certification by bidder's state

### Clinical Laboratory Improvement Amendments (CLIA) Certificate of Accreditation

(Attachment required)

Certified for Toxicology (340)

### College of American Pathologists Certificate of Accreditation

(Attachment required)

### ANSI National Accreditation Board

(Attachment required)

ISO 17025, American Board of Forensic Toxicology (ABFT)

### W-9

(Attachment required)

### Conflict of Interest Questionnaire

## Bid Attributes

#### 1 eBid Notice

Collin County exclusively uses IonWave Technologies, Inc. (Collin County eBid) for the notification and dissemination of all solicitations. The receipt of solicitations through any other means may result in your receipt of incomplete specifications and/or addendums which could ultimately render your bid/proposal non-compliant. Collin County accepts no responsibility for the receipt and/or notification of solicitations through any other means. Please initial.

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(Required: Maximum 1000 characters allowed)

#### 2 Contact Information

List the contact name, email address and phone number of the main person(s) Collin County should contact in reference to this solicitation. Contact(s) shall be duly authorized by the company, corporation, firm, partnership or individual to respond to any questions, clarification, and or offers in response to this solicitation.

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(Required: Maximum 4000 characters allowed)

#### 3 Exceptions

Do you take exceptions to the specifications. If so, by separate attachment, please state your exceptions.

☐ Yes ☐ No

(Required: Check only one)

**4 Solicitation Submittals**

In an effort to avoid person-to-person interaction to comply with the latest Order issued to prevent the spread of COVID-19, Collin County Purchasing will temporarily only accept IFB, RFP, RFQ and Quote submittals electronically in Ionwave (eBid) or via parcel carrier until further notice. Please do not deliver your solicitation response in person. All bid openings will be completed on schedule and witnessed by Collin County Purchasing staff to ensure all procurement statutes, policies and state laws are followed. Please initial.

(Required: Maximum 1000 characters allowed)

**5 Addendum No. 1**

Please initial to verify your receipt of the addendum.

(Required: Maximum 1000 characters allowed)

**6 Addendum No. 2**

Please initial to verify your receipt of the addendum.

(Required: Maximum 1000 characters allowed)

**7 Delivery**

Delivery will be F.O.B. inside delivery at Collin County designated locations and all transportation charges are to be paid by the supplier to destination. Please state delivery in calendar days from date of order.

(Required: Maximum 1000 characters allowed)

**8 Insurance Acknowledgement**

I understand that the insurance requirements of this solicitation are required and are included in the submitted pricing. A certificate of insurance shall be submitted to the Purchasing department if I am awarded all or a portion of the resulting contract. Please initial.

(Required: Maximum 1000 characters allowed)

**9 Subcontractors**

State the business name of all subcontractors and the type of work they will be performing under this contract. If you are fully qualified to self-perform the entire contract, please respond with "Not Applicable-Self Perform".

(Required: Maximum 4000 characters allowed)

**1  
0 Reference No. 1**

List a company or governmental agency, other than Collin County, where these same/like products/services, as stated herein, have been provided. Texas references preferred. Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail.

(Required: Maximum 4000 characters allowed)

**1  
1 Reference No. 2**

List a company or governmental agency, other than Collin County, where these same/like products/services, as stated herein, have been provided. Texas references preferred. Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail.

(Required: Maximum 4000 characters allowed)

**1  
2 Reference No. 3**

List a company or governmental agency, other than Collin County, where these same/like products/services, as stated herein, have been provided. Texas references preferred. Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail.

(Required: Maximum 4000 characters allowed)

1  
3**Cooperative Contracts**

As permitted under Title 8, Chapter 271, Subchapter F, Section 271.101 and 271.102 V.T.C.A. and Title 7, Chapter 791, Subchapter C, Section 791.025, V.T.C.A., other local governmental entities may wish to also participate under the same terms and conditions contained in this contract. Each entity wishing to participate must enter into an inter-local agreement with Collin County and have prior authorization from vendor. If such participation is authorized, all purchase orders will be issued directly from and shipped directly to the local governmental entity requiring supplies/services. Collin County shall not be held responsible for any orders placed, deliveries made or payment for supplies/services ordered by these entities. Each entity reserves the right to determine their participation in this contract. Would bidder be willing to allow other local governmental entities to participate in this contract, if awarded, under the same terms and conditions?

☐ Yes ☐ No

(Required: Check only one)

1  
4**Preferential Treatment**

The County of Collin, as a governmental agency of the State of Texas, may not award a contract to a nonresident bidder unless the nonresident's bid is lower than the lowest bid submitted by a responsible Texas resident bidder by the same amount that a Texas resident bidder would be required to underbid a nonresident bidder to obtain a comparable contract in the state in which the nonresident's principal place of business is located (Government Code, Title 10, V.T.C.A., Chapter 2252, Subchapter A). 1. Is your principal place of business in the State of Texas? 2. If your principal place of business is not in Texas, in which State is your principal place of business? 3. If your principal place of business is not in Texas, does your state favor resident bidders (bidders in your state) by some dollar increment or percentage? 4. If your state favors resident bidders, state by what dollar amount or percentage.

(Required: Maximum 4000 characters allowed)

1  
5**Debarment Certification**

I certify that neither my company nor an owner or principal of my company has been debarred, suspended or otherwise made ineligible for participation in Federal Assistance programs under Executive Order 12549, "Debarment and Suspension," as described in the Federal Register and Rules and Regulations. Please initial.

(Required: Maximum 1000 characters allowed)

1  
6**Immigration and Reform Act**

I declare and affirm that my company is in compliance with the Immigration and Reform Act of 1986 and all employees are legally eligible to work in the United States of America. I further understand and acknowledge that any non-compliance with the Immigration and Reform Act of 1986 at any time during the term of this contract will render the contract voidable by Collin County. Please initial.

(Required: Maximum 1000 characters allowed)

1  
7**Disclosure of Certain Relationships**

Chapter 176 of the Texas Local Government Code requires that any vendor considering doing business with a local government entity disclose the vendor's affiliation or business relationship that might cause a conflict of interest with a local government entity. Subchapter 6 of the code requires a vendor to file a conflict of interest questionnaire (CIQ) if a conflict exists. By law this questionnaire must be filed with the records administrator of Collin County no later than the 7th business day after the date the vendor becomes aware of an event that requires the statement to be filed. A vendor commits an offense if the vendor knowingly violates the code. An offense under this section is a misdemeanor. By submitting a response to this request, the vendor represents that it is in compliance with the requirements of Chapter 176 of the Texas Local Government Code. Please send completed forms to the Collin County County Clerk's Office located at 2300 Bloomdale Rd., Suite 2104, McKinney, TX 75071. Please initial.

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(Required: Maximum 1000 characters allowed)

1  
8**Anti-Collusion Statement**

Bidder certifies that its Bid/Proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a Bid/Proposal for the same materials, services, supplies, or equipment and is in all respects fair and without collusion or fraud. No premiums, rebates or gratuities permitted; either with, prior to, or after any delivery of material or provision of services. Any such violation may result in Agreement cancellation, return of materials or discontinuation of services and the possible removal from bidders list. Please initial.

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(Required: Maximum 1000 characters allowed)

1  
9**Disclosure of Interested Parties**

Section 2252.908 of the Texas Government Code requires a business entity entering into certain contracts with a governmental entity to file with the governmental entity a disclosure of interested parties at the time the business entity submits the signed contract to the governmental entity. Section 2252.908 requires the disclosure form (Form 1295) to be signed by the authorized agent of the contracting business entity, acknowledging that the disclosure is made under oath and under penalty of perjury. Section 2252.908 applies only to a contract that requires an action or vote by the governing body of the governmental entity before the contract may be signed or has a value of at least \$1 million. Section 2252.908 provides definitions of certain terms occurring in the section. Section 2252.908 applies only to a contract entered into on or after January 1, 2016. Please initial.

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(Required: Maximum 1000 characters allowed)

2  
0**Notification Survey**

In order to better serve our offerors, the Collin County Purchasing Department is conducting the following survey. We appreciate your time and effort expended to submit your bid. Should you have any questions or require more information please call (972) 548-4165. How did you receive notice of this request?

☐ Plano Star Courier    ☐ Plan Room    ☐ Collin County eBid Notification    ☐ Collin County Website  
☐ Other

(Required: Check only one)



2  
1

### Bidder Acknowledgement

Bidder acknowledges, understands the specifications, any and all addenda, and agrees to the bid terms and conditions and can provide the minimum requirements stated herein. Bidder acknowledges they have read the document in its entirety, visited the site, performed investigations and verifications as deemed necessary, is familiar with local conditions under which work is to be performed and will be responsible for any and all errors in Bid submittal resulting from Bidder's failure to do so. Bidder acknowledges the prices submitted in this Bid have been carefully reviewed and are submitted as correct and final. If Bid is accepted, vendor further certifies and agrees to furnish any and all products upon which prices are extended at the price submitted, and upon conditions in the specifications of the Invitation for Bid. Please initial.

(Required: Maximum 1000 characters allowed)

2  
2

### Cooperative Contract Name

State the cooperative contract name this quote is offered under. (i.e. TX DIR, TXMAS, OMNIA Partners, Buyboard, TIPS/TAPS, HGAC, HCDE, etc.) If none, answer N/A.

(Required: Maximum 4000 characters allowed)

2  
3

### Cooperative Contract Number

State the cooperative contract number this quote is offered under. If none, answer N/A.

(Required: Maximum 4000 characters allowed)

2  
4

### Cooperative Contract Website

Please provide the website URL for the cooperative contract this quote is offered under. If none, answer N/A.

(Required: Maximum 1000 characters allowed)

## Bid Lines

**1** Test for common controlled substances: blood  
(Response required)

Quantity: 1 UOM: each Unit Price: \$ Total: \$

Item Notes: See Attachment A

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

☐ No bid  
☐ Additional notes  
(Attach separate sheet)

**2** Test for common controlled substances: urine  
(Response required)

Quantity: 1 UOM: each Unit Price: \$ Total: \$

Item Notes: See Attachment A

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

☐ No bid  
☐ Additional notes  
(Attach separate sheet)

**3** Test for common controlled substances: tissue  
(Response required)

Quantity: 1 UOM: each Unit Price: \$ Total: \$

Item Notes: See Attachment A

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

☐ No bid  
☐ Additional notes  
(Attach separate sheet)

**4** Test for common medicinal agents and related products: blood  
(Response required)

Quantity: 1 UOM: each Unit Price: \$ Total: \$

Item Notes: See Attachment B

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

☐ No bid  
☐ Additional notes  
(Attach separate sheet)

**5** Test for common medicinal agents and related products: urine  
(Response required)

Quantity: 1 UOM: each Unit Price: \$ Total: \$

Item Notes: See Attachment B

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

☐ No bid  
☐ Additional notes  
(Attach separate sheet)

**6** Test for common medicinal agents and related products: tissue  
(Response required)

Quantity: 1 UOM: each Unit Price: \$ Total: \$

Item Notes: See Attachment B

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

☐ No bid  
☐ Additional notes  
(Attach separate sheet)

**7****Vitreous screening***(Response required)*Quantity:   1   UOM: each Unit Price: \$  Total: \$ 

Item Notes: See Attachment C

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_☐ No bid  
☐ Additional notes  
(Attach separate sheet)**8****Test for cyanide: blood***(Response required)*Quantity:   1   UOM: each Unit Price: \$  Total: \$ Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_☐ No bid  
☐ Additional notes  
(Attach separate sheet)**9****Test for cyanide: urine***(Response required)*Quantity:   1   UOM: each Unit Price: \$  Total: \$ Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_☐ No bid  
☐ Additional notes  
(Attach separate sheet)**10****Test for cyanide: tissue***(Response required)*Quantity:   1   UOM: each Unit Price: \$  Total: \$ Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_☐ No bid  
☐ Additional notes  
(Attach separate sheet)**11****Chain of custody fee***(Response required)*Quantity:   1   UOM: each Unit Price: \$  Total: \$ 

Item Notes: Homicide cases only

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_☐ No bid  
☐ Additional notes  
(Attach separate sheet)**12****Returned specimen fee***(Response required)*Quantity:   1   UOM: each Unit Price: \$  Total: \$ Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_☐ No bid  
☐ Additional notes  
(Attach separate sheet)

1  
3

Test for arsenic: blood

(Response required)

Quantity: 1 UOM: each Unit Price: \$  Total: \$

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

☐ No bid  
☐ Additional notes  
(Attach separate sheet)

1  
4

Test for arsenic: urine

(Response required)

Quantity: 1 UOM: each Unit Price: \$  Total: \$

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

☐ No bid  
☐ Additional notes  
(Attach separate sheet)

1  
5

Test for arsenic: tissue

(Response required)

Quantity: 1 UOM: each Unit Price: \$  Total: \$

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

☐ No bid  
☐ Additional notes  
(Attach separate sheet)

1  
6

Test for volatiles: blood

(Response required)

Quantity: 1 UOM: each Unit Price: \$  Total: \$

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

☐ No bid  
☐ Additional notes  
(Attach separate sheet)

1  
7

Test for volatiles: urine

(Response required)

Quantity: 1 UOM: each Unit Price: \$  Total: \$

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

☐ No bid  
☐ Additional notes  
(Attach separate sheet)

1  
8

Test for volatiles: tissue

(Response required)

Quantity: 1 UOM: each Unit Price: \$  Total: \$

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

☐ No bid  
☐ Additional notes  
(Attach separate sheet)

Supplier Information

Company Name:

Contact Name:

Address:

Phone:

Fax:

Email:

Supplier Notes

The undersigned hereby certifies the foregoing bid submitted by the company listed below hereinafter called "bidder" is the duly authorized agent of said company and the person signing said bid has been duly authorized to execute same. Bidder affirms that they are duly authorized to execute this contract; this company; corporation, firm, partnership or individual has not prepared this bid in collusion with any other bidder or other person or persons engaged in the same line of business; and that the contents of this bid as to prices, terms and conditions of said bid have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this bid.

Print Name

Signature