

## ADDENDUM ONE

DATE: March 1, 2013

TO: All Vendors

FROM: Ruth Gray/Michelle Musick, Buyers  
State Purchasing Bureau

RE: Amended Language and Questions and Answers  
for RFP Number 4229Z1 to be opened March 15, 2013 2 PM Central  
Time

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Section III EE. PAYMENT is hereby amended to read as follows:

The State hereby agrees, in consideration of the covenants and agreements specified to be kept and performed by the Contractor to provide exclusive rights to the Contractor to provide the newborn screening laboratory services for all occurrent births in Nebraska and for the Contractor to collect fees in accordance with the Request for Proposal sections as follows:

Section IV. A.  
Section IV. E. 1. c.  
Section IV. E. 4. a. b. and c.  
Section IV. L. 8.  
Section V. B. 1. and 2.  
Section V. C.

Section III ZZ. PUBLIC COUNSEL is hereby amended to read as follows:

In the event Contractor provides health and human services to individuals on behalf of DHHS under the terms of this contract, Contractor shall submit to the jurisdiction of the Public Counsel under Neb. Rev. Stat. §§ 81-8,240 through 81-8,254 with respect to the provision of services under this contract. This provision shall not apply to contracts between DHHS and long-term care facilities subject to the jurisdiction of the state long-term care ombudsman pursuant to the Long-Term Care Ombudsman Act. This provision shall survive termination of the contract, and shall not affect any enforcement provisions already built in to this contract or any legal remedies provided under the law for the State.

Following are the questions submitted and answers provided for the above mentioned Request For Proposal. The questions and answers are to be considered as part of the Request For Proposal.

QUESTIONS	ANSWERS
<p><b>1. Page 25, 3rd full paragraph</b>            Current Text: Inconclusive Biotinidase is listed as an exception to after normal business hours reporting PerkinElmer Genetics requests that Inconclusive Biotinidase be removed from the exception list as cases are called out after normal business hours.</p>	<p>Inconclusive Biotinidase results in which a repeat newborn screen is recommended are not required to be called out to the Nebraska Newborn Screening Program personnel after hours. If a second inconclusive biotinidase result on a repeat specimen is identified and for which a confirmatory test (not a repeat screen) is recommended those should be removed from the exception list as those should be called out after hours.</p>
<p><b>2. Page 27, ix;</b>            Current Text: Specimens with galactose results &lt; 15 mg/dl are reported as normal. Specimens with galactose levels &gt;15 mg/dl to &lt; 30 mg/dl are reported as inconclusive. Specimens with galactose levels &gt; 30 mg/dl are reported as positive. All samples with UT &gt; 40µMol are reported as normal.</p> <p>PerkinElmer Genetics requests that it reads; Specimens with galactose results ≤ 15 mg/dl are reported as normal. Specimens with galactose levels &gt;15 mg/dl to &lt; 30 mg/dl are reported as inconclusive. Specimens with galactose levels ≥ 30 mg/dl are reported as positive. All samples with UT &gt; 40µMol are reported as normal.</p>	<p>The RFP is hereby amended as follows in IV. C. 1. a. ix for Galactosemia screening as follows: &gt;15 with ≥15 and, &gt;30 with ≥30, and &gt; 40 with ≥40 µMol.</p>
<p><b>3. Page 28, last paragraph;</b>            Current Text: "...All initial specimens collected at &gt; 24 hours..." PerkinElmer Genetics requests that it reads; All initial specimens collected at ≥ 24 hours..."</p>	<p>The RFP is hereby amended as follows in IV. C. a. last paragraph as follows:            "...All initial specimens collected at ≥ 24 hours of life are tested for all conditions. All repeats ≥ 24 hours of life and collected due to the initial specimen being less than 24 hours at collection will be tested for all conditions..."</p>

QUESTIONS	ANSWERS
<p><b>4. Page 38, d in conjunction with Appendix F starting on page 92</b>  Current Text: “The laboratory will report every “positive” and/or abnormal screening result immediately...”</p> <p>PerkinElmer Genetics requests clarification on page 38 section d: It appears to contradict Appendix F for Cystic Fibrosis (page 94) which states that “All positive and inconclusive results are reported by phone and fax during normal working hours to the NNSP, submitter and physician. No after-hours reporting is required for any CF screening results.”</p> <p>It appears to contradict Appendix F for HGB’s (page 94) which states that “All hemoglobin results other than FA and AF (when collected post transfusion) are reported by phone and fax to the NNSP, the physicians and submitter during normal working hours. No after-hours reporting is required for any of the abnormal hemoglobin types.”</p>	<p>After hours 24/7 reporting requirements are described on page 38 subsection d. and exceptions are described on page 38 subsection e. These are further clarified in Appendix F for each condition screened.</p>

QUESTIONS	ANSWERS
<p><b>5. Page 94, GAL, 3rd line</b>            Current Text: "...initial specimens galactose &gt; 30 mg/dL reflex to DNA..."            PerkinElmer Genetics requests that it reads: "...initial specimens with galactose &gt; 30 mg/dL are reported positive with the level of uridyltransferase and galactose."</p>	<p>Page 94, GAL, is hereby amended as follows:</p> <p><b>GAL:</b> The method is described at C.1. Scope of Work &amp; Project Requirements. On initial specimens, galactose &gt;15 mg/dL and ≤30 mg/dL are reported as inconclusive and reported with the level of uridyl transferase and total galactose. Initial specimens galactose &gt;30 mg/dL reflex to DNA, are reported as positive and reported with the level of uridyl transferase, total galactose and DNA. Repeat specimens collected due to inconclusive results for galactosemia on the initial specimen with repeat results of; galactose &gt;15mg/dL &lt;20 mg/dL with normal UT (≥40 μMol) are considered normal; galactose ≥20 mg/dL&lt; 30 mg/dL with normal UT are reported to continue to be inconclusive but confirmatory testing referral to metabolic specialist is recommended, and; galactose &gt; 30 mg/dL are reported as positive with the UT and total galactose and DNA. All positives and inconclusives are reported by phone and fax during normal working hours to the NNSP, submitter and physician. After hours phone reporting to the NNSP, physician and submitter is required for all positives, and repeat specimens with continued inconclusive results.</p>