



PerkinElmer Genetics, Inc.

Response to

Request for Proposal (RFP) #5710Z1

Newborn Screening Laboratory Testing Services

ORIGINAL - COST PROPOSAL

PRICING SUMMARY

VII. COST PROPOSAL REQUIREMENTS

This section describes the requirements to be addressed by bidders in preparing the State's Cost Sheet. The bidder must use the State's Cost Sheet. The bidder should submit the State's Cost Sheet in accordance with Section I Submission of Proposal.

THE STATE'S COST SHEET AND ANY OTHER COST DOCUMENT SUBMITTED WITH THE PROPOSAL SHALL NOT BE CONSIDERED CONFIDENTIAL OR PROPRIETARY AND IS CONSIDERED A PUBLIC RECORD IN THE STATE OF NEBRASKA AND WILL BE POSTED TO A PUBLIC WEBSITE.

A. PRICING SUMMARY

Specimen testing cost for the screening panel as described in this RFP including Pompe, MPS-I and X-ALD **\$60.50** + \$10 /infant screened fee = Total amount per infant billed upon completion of initial specimen testing: **\$70.50**. All requested repeat specimens shall be tested without billing to the submitter.

Specimen testing cost for the screening panel as described in this RFP including Pompe, MPS-I and X-ALD if they are adopted via regulation: **\$60.50** + \$20/infant screened fee = Total amount per infant billed upon completion of initial specimen testing: **\$80.50**. All requested repeat specimens shall be tested without billing to the submitter.

The State reserves the right to review all aspects of cost for reasonableness and to request clarification of any proposal where the cost component shows significant and unsupported deviation from industry standards or in areas where detailed pricing is required.

B. PRICES

Prices quoted shall be net, including transportation and delivery charges fully prepaid by the bidder, F.O.B. destination named in the RFP. No additional charges will be allowed for packing, packages, or partial delivery costs. When an arithmetic error has been made in the extended total, the unit price will govern.

C. ALTERNATIVE PRICING

Alternative pricing is also being requested for the addition of any testing for conditions not listed in this RFP. The alternative pricing will not be part of the evaluation of this Request for Proposal.

For any optional scope of work/additional tests for conditions/diseases beyond those required in this RFP, a separate cost proposal should be submitted. Additional costs should be listed individually for each test, and if part of a multi-plex assay a single cost for the group of conditions should also be listed.

Specimen testing cost for optional test/disease of: _____ \$ _____
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Specimen testing cost for optional test/disease of: _____ \$ _____

Single Specimen testing cost \$ _____ for multiplex testing for optional diseases of: _____