

COUNTY OF FRESNO
ADDENDUM NUMBER: TWO (2)
RFQ NUMBER: 962-5320
TOXICOLOGY SCREENING

January 29, 2015

PURCHASING USE
hrs

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TOXICOLOGY SCREENING\962-5320 ADD 2.DOC

IMPORTANT: SUBMIT QUOTATION IN SEALED PACKAGE WITH QUOTATION NUMBER, CLOSING DATE AND BUYER'S NAME
MARKED CLEARLY ON THE OUTSIDE TO:

COUNTY OF FRESNO, Purchasing
4525 EAST HAMILTON AVENUE, 2ND FLOOR
FRESNO, CA 93702-4599

CLOSING DATE OF BID WILL BE AT 2:00 P.M., ON FEBRUARY 3, 2015.

QUOTES WILL BE CONSIDERED LATE WHEN THE OFFICIAL PURCHASING TIME CLOCK READS 2:00 P.M.

All quotation information will be available for review after contract award.

Clarification of specifications is to be directed to: **Debbie Scharnick**, phone (559) 600-7111, e-mail
CountyPurchasing@co.fresno.ca.us, fax (559) 600-7126.

**NOTE THE [CLICK HERE TO TYPE "FOLLOWING", ATTACHED" OR "FOLLOWING AND ATTACHED"]
ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS OF REQUEST FOR QUOTATION
NUMBER: 962-5320 AND INCLUDE THEM IN YOUR RESPONSE. PLEASE SIGN AND RETURN THIS
ADDENDUM WITH YOUR QUOTATION.**

➤ **Please see attached Exhibit "A"**

ACKNOWLEDGMENT OF ADDENDUM NUMBER TWO (2) TO RFQ 962-5320

COMPANY NAME: _____
(PRINT)

SIGNATURE: _____

NAME & TITLE: _____
(PRINT)

EXHIBIT A — SAMPLE REQUEST FOR TOXICOLOGY SERVICES/CHAIN OF CUSTODY FORM



12345678—1122333

Specimen ID NO.

STEP 1: COMPLETED BY COLLECTOR

Employer Name, Address, I.D. No. _____ _____ _____		DPO/Case Worker: _____
Donor SSN or Employee ID No. _____		
Donor Name: Last _____ First _____		
Donor ID Verified: <input type="checkbox"/> Photo ID <input type="checkbox"/> Emp. Rep. _____		
Drug Tests to be performed: _____		
Collection Site Name: _____	Collector Phone #: _____	
Address: _____	Collector Fax #: _____	
City/State/Zip: _____		

Step 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F?	
<input type="checkbox"/> Yes <input type="checkbox"/> No, enter remark _____	Observed: <input type="checkbox"/> (enter remark) _____
REMARKS: _____	

Step 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes Step 5.
 Step 4: CHAIN OF CUSTODY—INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY.

I certify the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X _____ Signature of Collector _____ (Print) Collector's Name (First, MI, Last)	AM PM Time of Collection ____/____/____ Date (Mo/Day/Yr)	SPECIMEN BOTTLE(S) RELEASED TO: <input type="checkbox"/> Vendor Courier <input type="checkbox"/> FedEx <input type="checkbox"/> Other _____ Name of Delivery Service Transferring Specimen
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X _____ Signature of Accessioner _____ (Print) Accessioner's Name (First, MI, Last)	AM PM Time of Receipt ____/____/____ Date (Mo/Day/Yr)	Primary Specimen Bottle Seal Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter remark below _____	SPECIMEN BOTTLE(S) RELEASED TO: _____
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Step 5: COMPLETED BY DONOR

I certify I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X _____ Signature of Donor	_____ (Print) Donor's Name (First, MI, Last)	_____/_____/_____ Date (Mo/Day/Yr)
Daytime Phone No. () _____	Evening Phone No. () _____	Date of Birth ____/____/____ Mo Day Yr

LABELS

____/____/_____ Date (Mo/Day/Yr) _____ Donor's Initial's	CENTER OVER CAP (A)	 12345678—1122333 SPECIMEN ID NUMBER	
____/____/_____ Date (Mo/Day/Yr) _____ Donor's Initial's	CENTER OVER CAP (B)	 12345678—1122333 SPECIMEN ID NUMBER	