

IFB 15-15: Clinical Apheresis Services
Questions and Answers

1. Q: In Section 2A, item #2 discusses the Vendor performing “cellular collections subject to a valid research protocol, approved by the Hospital’s Institutional Review Board (“IRB”), in accordance with an agreed upon fee”. The American Red Cross (ARC) would be pleased to perform these collections subject to the conditions stated in a-c. We would like to make SUNY-DMC aware, however, that ARC already has collection agreements in place for many of the existing clinical trials that are sponsored by biotechnology companies where a collection procedure is required (e.g., agreements with Northwest Biotherapeutics, Dendreon and Opexa Therapeutics). In such cases, we could certainly perform the collection procedures at SUNY-DMC for your PI(s), and would do so under the existing contract with the biotechnology company sponsoring the trial. In that case, the PI(s) at SUNY-DMC would just exclude the cellular collection from their study budget, as we would bill the biotechnology company directly for the collection procedures. In cases where SUNY-DMC is the clinical trial sponsor, or in which ARC does not have an agreement in place with the sponsor, we could perform the collection procedures under contract to SUNY-DMC.

A: Yes

2. Q: Does SUNY-DMC have sufficient space to allow ARC to store one or more pieces of apheresis equipment?

A: YES

3. Q: In Section 3B, the Requirements table contains the following statement: “Vendor is JCAHO Certified”. ARC is aware of the JCAHO requirements as they pertain to outsourced services, and we support our hospital customers in maintaining their JCAHO Certification (e.g., through provision of written “Expectations and Indicators” related to our services). However, JCAHO certification does not apply to third party mobile apheresis services, and thus ARC itself is not JCAHO Certified. However, at this facility, they are expected to meet the same HR compliant as staff. We must have record of the competency, License, medical clearance, etc.

A: Employees or outside agencies who are working in hospital as clerical or nursing staff are required by contract to have pre-employment examinations through their agencies. These examinations will be of the same scope as those done at the EHS for hospital employees and will include physical exam, CBC, urinalysis, PPD(or chest x-ray of PPD positive), proof of immunity to measles, mumps, rubella, and varicella, hepatitis B Screening, TB mask fitting and color vision testing if indicated. If annual reassessment is to be done by the EHS, documentation of pre-employment examinations including all lab data must be given to the EHS.

EXHIBIT "C" (1 of 2)

Vendor shall list price for each item below:

Fee Schedule Chart			
Code	Service	Price per procedure	Quantity*
	Therapeutic Plasma Exchange (TPE)		150
	Red Blood Cell Exchange (RBCX)		10
After Hours & Weekend Storage			
	Procedures extending past 5 pm		10
	Procedures beginning after 5pm , Weekends & Holidays		10
Other Services			
	Complete Service(Nurse Operator, Equipment and Disposables)		10
	Operator Only		10
<u>Scheduling Surcharges</u>			
	Emergency Service(Services requested and performed on same day)		5
	Procedures between (5:00pm and 7:00 am) and on weekends		5
	Procedures on Holidays		5
<u>Cancellation Charges</u>			
	Cancellation on less than (3) hours' notice		5
	Cancellation after Operator arrival: Equipment and disposables prepared Equipment and disposables not prepared		5

**ESTIMATED ANNUAL COST(based on price per procedure of procedures listed x quantity total)		

*NOTE: The Qty (number) of procedures indicated above are for evaluation purposes only. No guarantee of actual number of procedures is implied and may vary. The Successful Bidder will be permitted to bill only for actual procedures performed during the term of the fully executed contract resulting from this bid.

****BID WILL BE AWARDED BASED ON THIS DOLLAR TOTAL. COSTS MUST BE ALL INCLUSIVE.**

Failure to use the provided pricing page format will result in your bid being disqualified.

Failure to list an actual price will result in your bid being disqualified.

IMPORTANT

ALL PRICES QUOTED IN THIS PRICE PROPOSAL MUST BE ALL-INCLUSIVE; SUNY-DMC WILL NOT BE RESPONSIBLE FOR ANY CHARGES NOT SET FORTH HEREIN.

I certify that there will be no charges additional to the ones indicated in the respective pricing proposals set forth in Sections I.

Signature: _____

Print Name: _____

Title: _____