



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: March 22, 2017

HSS 17 006

**NEWBORN SCREENING LABORATORY AND FOLLOW-UP SERVICES
FOR
DIVISION OF PUBLIC HEALTH**

Date Due: April 20, 2017
11:00AM

ADDENDUM # 1

Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART OF THE ABOVE MENTIONED BID.

Responses to questions received by the deadline of March 7, 2017 and asked at the pre-bid meeting on March 16, 2017.

Also attached are samples of DE Newborn Screening First Specimen Mailer and DE Newborn Screening Second Specimen Mailer as requested during the pre-bid meeting.

Annette Opalczynski
Procurement Services Coordinator
(302) 255-9295

William Ingram
(302) 744-4706

RFP HSS 17 006 Newborn Screening Laboratory and Follow-up Services - Question and Answers

Question #	Section #	Para. #	Page #	Passage being questioned	Question	Answer
1	II-A	7	4	Error! Reference source not found.	What information is missing?	This was an error within the RFP. Table 1 is printed in its entirety on page 4.
2	II-A	N/A	4	Delaware Disorder Test List	Should the ACS by SCAD be "C5"? If not, please provide more details around ACS.	Yes. The ACS should be read as C5
3	II-A	8	5	In addition to metabolic screening of babies born or admitted to Delaware hospitals, 'Diet' screening is performed for all affected individuals identified with an aminoacidopathy for the life of that individual.	In which ways are the "Diet" screenings handled differently from the first or second newborn screening samples?	Diet samples require only 2 of the 5 "circles" on the blood collection card to be filled. MS/MS analysis is performed in the same manner as other patients, but a minimized report of analytes and ratio specific to the disorder are reported, i.e., Phenylalanine, Tyrosine & Phe/Tyr ratio for PKU. All results are notified to the Metabolic clinics. They are assigned their own Specimen Type in the data system, so as to be able to separate them from newborn data.
4	II-C	5	7	Provide newborn screening testing services that are equivalent to the current Delaware test panel (Table 1) and continue to satisfy the recommendations of the Delaware Director of Public Health, which are based on the recommendations by the Delaware Newborn Screening Advisory Committee.	Will the newborn screening program please provide details around the current screening methodology for each disorder (Primary and Secondary)?	<p>METHODS IN USE:</p> <p>MS/MS disorders - Dervitized non-kit PerkinElmer GSP - T4, TSH, 17OHP, IRT, GALT T.Galactose & Biotinidase Hemoglobin - Isoelectric focusing SCID - In Situ RT-PCR, developed by CDC</p> <p>TESTING ALGORITHMS:</p> <p>Cystic fibrosis - IRT on initial, if > 50 then IRT on repeat sample. If still >50, then CF-DNA Hypothyroidism - TSH primary, T4 if TSH > 50 Galactosemia - T.Galactose on all samples 1st & 2nd; GALT on 1st and subset of repeat samples < 4.0</p>

RFP HSS 17 006 Newborn Screening Laboratory and Follow-up Services - Question and Answers

Question #	Section #	Para. #	Page #	Passage being questioned	Question	Answer
5	II - A	Delaware Disorder/ Test List	4	HGB Hemoglobinopathies - SS Disease, SC Disease, Hb E disease Hgb H disease, Hgb C disease, HbS beta thalassemia, Alpha Thalassemia, Sickle Trait, HB C trait, Hb E trait, HPFH, etc.	How exhaustive is this list?	Etc. in this case would refer to all other Unknown Hemoglobin Variants
6	N/A	N/A	N/A	Question from Pre-Bid meeting	Is your lab currently testing for all required tests?	Yes
7	N/A	N/A	N/A	Question from Pre-Bid meeting	Is TSH your primary marker for hypothyroid?	Yes with reflex to T4
8	N/A	N/A	N/A	Question from Pre-Bid meeting	RFP states that a back-up lab needs to be in place. What is the state's current back up lab?	The laboratory has a contract with PerkinElmer Genetics, Bridgeville PA for back up newborn screening services.
9	N/A	N/A	N/A	Question from Pre-Bid meeting	Is the state lab still going to be a back-up going forward?	No.
10	N/A	N/A	N/A	Question from Pre-Bid meeting	What instrumentation is currently in use by the Public Health Lab for the neonatal screening?	Two (2) tandem mass spectrometers (MS/MS) that perform Amino Acid, Organic Acid and Fatty Acid Disorders; Two(2) GSPs that perform IRT, 17OHP, T4, TSH, GALT, T.Galactose and Biotinidase; One (1) Real time PCR (RT-PCR) to perform SCID testing (TREC, RNaseP); One (1) Isoelectric focusing (IEF) unit for Hemoglobinopathy testing. MS/MS instruments were purchased from Waters, Corp.
11	II-C	5	7	Consistently order and maintain an available supply of Delaware-specific DBS cards.	Will the selected vendor receive a starting supply of DBS cards? If so, approximately how many cards?	If selected the vendor may work with the state regarding the start up supply of cards.

RFP HSS 17 006 Newborn Screening Laboratory and Follow-up Services - Question and Answers

Question #	Section #	Para. #	Page #	Passage being questioned	Question	Answer
12	II-C	5	7	Provide Dried Blood Spot (DBS) cards to all primary and secondary collection sites.	Is the Delaware Department of Health able to provide an example of the current DBS card?	Yes. A PDF of the current card can be found at https://data.newsteps.org/newsteps-web/stateProfile/viewProfile.action .
13	II-C	5	8	Hold and maintain DBS specimens in a controlled manner (-20°C in sealed bag with desiccant) for a period of three years.	Will the Delaware Department of Health allow for storage by the vendor for 3 months and then samples are shipped back to the Delaware Department of Health for long term storage?	Yes. If selected the Delaware Division of Public Health will work with the vendor during the transition period regarding storage of the DBS. Once contract is awarded, the current plan is to cease storing specimens at the DPH Laboratory.
14	II - C	#10 (Part A: Laboratory Services)	8	Hold and maintain DBS specimens in a controlled manner (-20°C in sealed bag with desiccant) for a period of three years.	How many freezers do you have currently? Would you be willing to keep the specimens or should we keep them?	Presently one double door -20°C freezer is sufficient to hold 3 years of DBS samples, when DBS filter paper is separated from the demographic portion. The Delaware Division of Public Health will work with the vendor regarding storage of the DBS during the transition period. Once contract is awarded, the current plan is to cease storing specimens at the DPH Laboratory.
15	N/A	N/A	N/A	Question from Pre-Bid meeting	Is the storage of the dried blood spots something that the state will take on? Will the successful bidder be able to ship the cards back? Or is the expectation that they will be able to be stored by the bidder?	If selected the Delaware Division of Public Health will work with the vendor during the transition period regarding storage of the DBS. Once contract is awarded, the current plan is to cease storing specimens at the DPH Laboratory.
16	II-C	5	7	Provide delivery of reports by mail and electronically to the sample submitter (birthing site) and provider (primary care provider for baby).	Will the Delaware Department of Health consider delivery of reports electronically as a primary option and have paper based (US Mail) as an opt-in program?	The bidder must have the capability to deliver a report by mail and electronically in a format that is compatible for acceptance by the DHIN. A bidder can propose a solution that includes the configuration of a provider-specified delivery method for the receipt of the reports.

RFP HSS 17 006 Newborn Screening Laboratory and Follow-up Services - Question and Answers

Question #	Section #	Para. #	Page #	Passage being questioned	Question	Answer
17	II-C	#8 (Part A: Laboratory Services)	7	Provide delivery of reports by mail and electronically to the sample submitter (birthing site) and provider (primary care provider for baby).	Do reports have to be delivered by both formats (mail and electronically) on every sample?	The bidder must have the capability to deliver a report by mail and electronically in a format that is compatible and formatted for acceptance by State of Delaware systems and to the Delaware Health Information Network (DHIN). A bidder can propose a solution that includes the configuration of a provider-specified delivery method for the receipt of the reports.
18	II - A	Para 6	6	Conducting a weekly match of all newborn screens received against the vital records report to ensure that every newborn has been screened,	How do we get access to this? How are name discrepancies dealt with or is that never an issue?	The selected vendor would have to enter into an MOU with DE Public Health to receive the Vital Records file in order to match the results against bloodspots. The state is open to working with the vendor to complete the match within the state system
19	II-C	5	8	Maintain all laboratory data in a computerized system using a Commercial-Off-The-Shelf product.	Is it permissible for the vendor's computerized system to be custom built and configured?	The bidder will specify in their proposal the computerized system used to maintain laboratory data, including the COTS product, the application delivery method to users (e.g. SaaS, thin client, thick client), and whether hosting will be provided. Any bidder that proposes custom developed software will be considered non-responsive. Software must be compatible with State of Delaware systems. The database must be in a format that is compatible with State of Delaware DPH specified system(s) for transfer to the State of Delaware should the contract end.

RFP HSS 17 006 Newborn Screening Laboratory and Follow-up Services - Question and Answers

Question #	Section #	Para. #	Page #	Passage being questioned	Question	Answer
20	II-C	5	9	Generate a standardized HL7 message for submission to the Delaware Health Information Network.	Will the Delaware Department of Health please provide an example HL7 message?	<p>Health Level Seven (HL7) International, a ANSI-accredited standards developing organization, is currently developing a standard for newborn screening results: http://www.hl7.org/special/Committees/proima/searchableProjectIndex.cfm?action=edit&ProjectNumber=1267</p> <p>In the meantime, the Division of Public Health is following an industry accepted HL7 standard: https://newbornscreeningcodes.nlm.nih.gov/nb/sc/constructingNBSHL7messages</p> <p>Link to Delaware's Meaningful Use guidelines: http://www.dhss.delaware.gov/dhss/dph/meaningfuluse.html</p>
21	II - C	#12 (Part A: Laboratory Services)	8	Maintain all laboratory data in a computerized system using a Commercial-Off-The-Shelf product	What type of IT? Is it long term storage and archival?	<p>The bidder will specify in their proposal the computerized system used to maintain laboratory data, including the current or newly proposed COTS product, the application delivery method to users (e.g. SaaS, thin client, thick client), and whether hosting will be provided.</p> <p>All data will be maintained by the bidder for the life of the contract. Should the contract end, for specific cause(s), including legal, financial, manpower, or technical corporate or business causes, all data must be transferred to DPH, within 90 days of initial action, in a format that is compatible with State of Delaware DPH specified system(s).</p> <p>Delaware regulations require all electronic data be kept for 75 years.</p>

RFP HSS 17 006 Newborn Screening Laboratory and Follow-up Services - Question and Answers

Question #	Section #	Para. #	Page #	Passage being questioned	Question	Answer
22	II-C	#12-18 (Part A: Laboratory Services)	Pages 8-9	Maintain all laboratory data in a computerized system using a Commercial-Off-The-Shelf product. The information will include all data recorded on the Delaware Dried Blood Spot card as well as the date each sample is received from the Delaware birth hospitals and community-based health care providers; the date the laboratory tests were completed; the date results of the laboratory analyses were reported to or made available for access by the Delaware Newborn Screening Program; the status of laboratory analysis (e.g. in progress, completed, or not done and reason why not completed), results, and other actions. This system will allow for: ...	Is the expectation that the NBS lab must host the IT required for this service? Does the state of DE have a specific software in mind? If so, what software?	No, it is not the expectation that the NBS lab must host the IT required for this service. The contracted lab has the responsibility to provide all laboratory results into an approved database system. The bidder will specify in their proposal the computerized system (current or new system) used to maintain laboratory data, including the COTS product, the application delivery method to users (e.g. SaaS, thin client, thick client), and whether hosting will be provided. Any database proposed must be in a format that is compatible with the State of Delaware Division of Public Health specified systems for transfer to the State of Delaware should the contract end.

RFP HSS 17 006 Newborn Screening Laboratory and Follow-up Services - Question and Answers

Question #	Section #	Para. #	Page #	Passage being questioned	Question	Answer
23	II-C	#12-18 (Part A: Laboratory Services)	Pages 8-9	Specific to IT requirements stated throughout #12-18 on pages 8-9.	Is the State of DE open to alternatives or further discussion specific to the IT requirements as set forth in the RFP?	The bidder will specify in their proposal the computerized system used to maintain laboratory data, including the COTS product, the application delivery method to users (e.g. SaaS, thin client, thick client), and whether hosting will be provided. All IT will adhere to the State of Delaware Enterprise Standards and Policies, https://dti.delaware.gov/information/standards-policies.shtml
24	N/A	N/A	N/A	Question from Pre-Bid meeting	Is the expectation that the results be downloadable to your system?	Results must be consumable by the DHIN. If proposal states a new IT system will be used it must meet the state requirements. We are unable to stipulate where the data will reside until we see proposed solution however, DPH will need access to all Delaware DPH Newborn Screening Data.
25	N/A	N/A	N/A	Question from Pre-Bid meeting	Is it acceptable to use a system that is not a COTS system?	No.
26	N/A	N/A	N/A	Question from Pre-Bid meeting	What is the Current system used by the state?	Natus/Neometrics
27	N/A	N/A	N/A	Question from Pre-Bid meeting	Can you expand on that HL7 message system? How complicated is it?	HL7 Health Level 7 – it is a standard message that is consumed by the DHIN to be placed in the community health Record. All information on the message can be found on the Delaware Meaningful Use Page – http://www.dhss.delaware.gov/dhss/dph/meaningfuluse.html

RFP HSS 17 006 Newborn Screening Laboratory and Follow-up Services - Question and Answers

Question #	Section #	Para. #	Page #	Passage being questioned	Question	Answer
28	N/A	N/A	N/A	Question from Pre-Bid meeting	Would you be able to provide an example of what you are currently sending?	Yes. Health Level Seven (HL7) International, a ANSI-accredited standards developing organization, is currently developing a standard for newborn screening results: http://www.hl7.org/special/Committees/proima/searchableProjectIndex.cfm?action=edit&ProjectNumber=1267 In the meantime, the Division of Public Health is following an industry accepted HL7 standard: https://newbornscreeningcodes.nlm.nih.gov/nb/sc/constructingNBSHL7messages
29	N/A	N/A	N/A	Question from Pre-Bid meeting	Is HL7 a format or a language?	Health Level-7 or HL7 refers to a set of international standards for transfer of clinical and administrative data between software applications used by various healthcare providers.
30	II-C	5	9	Generate industry standard reports for providers and Delaware Public Health.	Will the Delaware Department of Health please provide a de-identified example of the current patient lab report sent to health care providers?	Yes. See attached.
31	II-C	#11 (Part A: Laboratory Services)	8	Provide assurance that no DBS or data is used for research without first obtaining written parental or guardian consent as well as approval by an institutional review board (IRB).	How is research defined? Does it include NBS related research for test development to improve current screening or for new conditions?	For purposes of this contract research is defined as a planned activity designed to collect information in response to hypotheses, such information being publicly accessible and determined to be generalizable. In contrast Quality Improvement or Quality Assurance is defined as an internal review of data or processes, information from which remains internal to the entity conducting the study.

RFP HSS 17 006 Newborn Screening Laboratory and Follow-up Services - Question and Answers

Question #	Section #	Para. #	Page #	Passage being questioned	Question	Answer
32	N/A	N/A	N/A	Question from Pre-Bid meeting	Please provide clarification about research.	<p>For purposes of this contract research is defined as a planned activity designed to collect information in response to hypotheses, such information being publicly accessible and determined to be generalizable. In contrast Quality Improvement or Quality Assurance is defined as an internal review of data or processes, information from which remains internal to the entity conducting the study. Current Delaware Newborn Screening legislation prohibits any research on bloodspots without prior consent of parents.</p> <p>https://www.newsteps.org/sites/default/files/QualityIndicatorSourceDocument%20_August182016.pdf</p>

RFP HSS 17 006 Newborn Screening Laboratory and Follow-up Services - Question and Answers

Question #	Section #	Para. #	Page #	Passage being questioned	Question	Answer
33	N/A	N/A	N/A	Question from Pre-Bid meeting	Once the analytical work is done how does the follow up interpretation of data and communication of results to doctors done currently?	<p>Laboratory results are reported to the follow-up program residing in the Maternal Child Health Bureau of the Family Health Systems Section in the Division of Public Health. Protocols are in place for any out of range result. The program currently contracts with physician medical consultants who direct any required follow up. Primary care physician gets notified promptly about abnormal results and shares responsibilities with the short term follow-up team in arranging appointment at referral centers for evaluation. Most of the children are followed with Nemours Specialists, however for a subset of our metabolic disorders we have a contract with The Children's Hospital of Philadelphia to follow those children through to diagnosis.</p> <p>We are currently working toward reporting all newborn screening results to hospitals and providers using HL7 messaging through the Delaware Health Information Network (DHIN) the state-mandated Health Information Exchange. Communication to providers through the DHIN will be either through email, fax or the DHIN community Health Record.</p>

RFP HSS 17 006 Newborn Screening Laboratory and Follow-up Services - Question and Answers

Question #	Section #	Para. #	Page #	Passage being questioned	Question	Answer
34	II - A	Para 6	6	Participation at all Newborn Screening Advisory Committee meetings, coordination of and participation in newborn screening educational activities, coordination and completion of regular quality improvement and quality assurance activities.	Newborn Screening Advisory Committee, is participation by phone acceptable or must a representative be physically present? What type of educational activities and at what frequency?	<p>Participation at the Newborn Screening Advisory Committee by phone is acceptable, but in-person attendance is expected at least once per year.</p> <p>We will work with the successful bidder to determine any needed educational activities for hospitals and primary care practitioners. We do not expect more than one newborn screening-specific educational activity a year. Quality Improvement and Quality Assurance activities would include active participation in NewSTEPS 360° with submission of Delaware-specific quality indicators on Timeliness, and Hospital specific QA reports. A link to a source document describing those quality indicators may be found here. https://www.newsteps.org/sites/default/files/QualityIndicatorSourceDocument%20August182016.pdf</p>
35	II - A	Para 1	5	Repeat specimens were uniformly screened for: Galactosemia(s), Congenital Hypothyroidism, and Congenital Adrenal Hyperplasia	Is this necessary or can it be removed if/once we show repeat specimens may not be required?	Currently Delaware requires two screens on each baby. Any changes to this requirement would have to be recommended by the Newborn Screening Advisory Board and approved by the Director of Public Health.
36	II - C	#6 (Part A: Laboratory	7	Provide newborn screening testing services that are equivalent to the current Delaware test panel (Table 1)	We would like to provide all of the DBS testing for the RUSP conditions incl. Pompe disease, MPS I and X-ALD which are not on the list on page 4.	Additional testing beyond the present Delaware panel is possible only with a recommendation from our Advisory Board and approval of the Director of Public Health.

RFP HSS 17 006 Newborn Screening Laboratory and Follow-up Services - Question and Answers

Question #	Section #	Para. #	Page #	Passage being questioned	Question	Answer
37	II-C	Services) #18 (Part A: Labora tory Servic es)	9	Electronically collect information about consent-dissent regarding metabolic, hearing, and CCHD testing, as well as specimen storage and electronic sharing of data per Delaware legislation.	How is this done currently?	Currently refusal forms are provided to the birth facilities and parents who elect not to participate in any part of the newborn screening process are required to sign the refusal forms. Our current program then documents this in our database. The requirements for dissent are written in Delaware Legislation for Metabolic Screening, Hearing Screening, CCHD Screening, Specimen Storage and Electronic Data sharing. http://legis.delaware.gov/json/BillDetail/GetHtmlDocument?fileAttachmentId=48194

RFP HSS 17 006 Newborn Screening Laboratory and Follow-up Services - Question and Answers

Question #	Section #	Para. #	Page #	Passage being questioned	Question	Answer
38	II - A	Para 3	6	<p>Follow-up activities can be divided into two broad categories: short-term follow-up (STFU) and long-term follow-up (LTFU). Within newborn screening, simply reporting "screen positive," "out-of-range," or "invalid" results does not ensure appropriate or timely treatment for affected newborns. Rapid, efficient, and effective STFU is critical to ensure that newborns needing further testing are evaluated quickly, and receive the testing indicated and prompt and appropriate referral for subspecialty care and support services. Active STFU responsibility ends when the infant is proven either not to be affected or has been verified to be under appropriate care, including treatment.</p>	<p>Are the follow up physicians across the state of DE?</p>	<p>At present STFU is provided by non-medical state employees who work under the direction of a medical consultant. The medical consultant calls all primary care providers on urgent results or if the providers has any questions. The medical consultants make the referral to the specialists.</p>

RFP HSS 17 006 Newborn Screening Laboratory and Follow-up Services - Question and Answers

Question #	Section #	Para. #	Page #	Passage being questioned	Question	Answer
39	N/A	N/A	N/A	Question from Pre-Bid meeting	For the contract you mentioned with CHOP is that something you would be continuing? Is that something that we should be mentioning in our proposal?	The Program currently has a contract with CHOP to provide medical consultant services to the program for infants identified as having a metabolic disorder including amino acid, fatty acid and organic acid disorders which runs through January 31, 2018. It is the intention of the RFP for the successful bidder for follow up service to be able to provide this service or subcontract with a provider.
40	N/A	N/A	N/A	Question from Pre-Bid meeting	Will the current contract Delaware has with CHOP be assumed by the bidder – or does it end with the date of the new contract?	The Program currently has a contract with CHOP to provide medical consultant services to the program for infants identified as having a metabolic disorder including amino acid, fatty acid and organic acid disorders which runs through January 31, 2018. It is the intention of the RFP for the successful bidder for follow up service to be able to provide this service or subcontract with a provider.
41	N/A	N/A	N/A	Question from Pre-Bid meeting	Do you currently have electronic ordering of the tests?	No.
42	N/A	N/A	N/A	Question from Pre-Bid meeting	If not done electronically – do you use requisitions for ordering tests?	Yes.

RFP HSS 17 006 Newborn Screening Laboratory and Follow-up Services - Question and Answers

Question #	Section #	Para. #	Page #	Passage being questioned	Question	Answer
43	N/A	N/A	N/A	Question from Pre-Bid meeting	What is the expected turnaround time from collection to receipt of results?	<p>According to the National recommendation put out by the Secretary's Advisory Committee on Heritable Disorders in Children: Collection should be between 24 – 48 hrs of life, specimen should arrive at the lab within 24 hrs of collection, and results should be completed within 5 days of receipt or 7 days of birth.</p> <p>Please refer to NewSteps Timeliness Quality Indicators: https://www.newsteps.org/sites/default/files/QualityIndicatorSourceDocument%20 August182016.pdf</p>
44	N/A	N/A	N/A	Question from Pre-Bid meeting	Are results currently posted on your server or mailed out to hospital?	<p>Combination of both – we do ensure that hospitals receive paper copies of every test and we have a web-based system where providers can look for results. We also have the capability, if a provider prefers, to turn off the paper copies and only have access via the web-based portal.</p> <p>The state is in the last phase of testing of the combined HL7 Metabolic and Hearing screening messages with the DHIN.</p>
45	N/A	N/A	N/A	Question from Pre-Bid meeting	Will the successful bidder have open communication with the current lab to assist in the transition?	<p>Our primary concern is for the infants of Delaware and we need this to be as smooth and seamless an operation as possible. Open communication with the current newborn screening program, both laboratory and follow up, is expected during the transition.</p>
46	N/A	N/A	N/A	Question from Pre-Bid meeting	Is there a transition plan for the current lab to transfer services to a bidder?	<p>There is not a current plan in place. We understand that this will not be an instantaneous process and we will work closely</p>

RFP HSS 17 006 Newborn Screening Laboratory and Follow-up Services - Question and Answers

Question #	Section #	Para. #	Page #	Passage being questioned	Question	Answer
						with the successful bidder to make a successful transition plan.
47	N/A	N/A	N/A	Question from Pre-Bid meeting	Does that fee cover only laboratory services?	The fee covers all of program: laboratory and follow-up services.
48	N/A	N/A	N/A	Question from Pre-Bid meeting	What is the current fee charged for the blood spots?	\$135.00 per infant. This includes all testing and follow-up for all screens and Diet Management for the life of the individual.
49	N/A	N/A	N/A	Question from Pre-Bid meeting	If the state of Delaware were to require additional disorders on the screen would pricing proposals be able to be amended?	Yes. We understand if we were to increase the number of conditions on our panel that may increase the cost of the testing.
50	II-A	paragraph 3	5	Currently, samples are brought from the hospitals to the DPH Laboratory by couriers who visit each birthing site Monday to Friday and visit secondary sites two to five times per week.	Who are the couriers? Can/must we work with them? Can they collect 7 days/week?	Couriers are state employees based out of the Delaware Public Health Laboratory. At present they work 5 days per week. A contract is possible with the State of Delaware for DPHL courier services, but is not required.
51	N/A	N/A	N/A	Question from Pre-Bid meeting	Could you provide us with the approximate number of employees?	Six (6) FT employees in NBS Laboratory, 1 manager, 5 techs Three (3) PT Couriers One (1) PT Data entry staff 2.5 Follow-Up staff, two (2) FT Follow-Up coordinators, one (1) PT staff
52	N/A	N/A	N/A	Question from Pre-Bid meeting	Is this a cash contract? Who pays the bills?	This is a revenue based program. The state bills the birth facilities per birth and the funds are received by DPH for the program. Public Health will be paying the contract(s).

RFP HSS 17 006 Newborn Screening Laboratory and Follow-up Services - Question and Answers

Question #	Section #	Para. #	Page #	Passage being questioned	Question	Answer
53	N/A	N/A	N/A	Question from Pre-Bid meeting	Does fee include Early Hearing Detection and Intervention data?	Funds from the bloodspot revenue are not currently supporting the EHDl Program.

RFP HSS 17 006 Newborn Screening Laboratory and Follow-up Services - Question and Answers

Question #	Section #	Para. #	Page #	Passage being questioned	Question	Answer
54	III-A	1	10	Provide Delaware license(s) and/or certification(s) necessary to perform services as identified in the scope of work.	Will subcontractors that are located outside of the state of Delaware and not providing medical advise be required to have Delaware licenses or Delaware specific certifications.	Subcontractors providing medical advice are not required to have a Delaware license. Subcontractors providing laboratory testing must be CLIA or equivalent approved and certified.
55	N/A	N/A	N/A	Question from Pre-Bid meeting	Are you currently working 5 days per week?	Yes.
56	N/A	N/A	N/A	Question from Pre-Bid meeting	Is there a walk through requirement of the facility prior to award?	This is not a current requirement of the RFP. The state intends to have the APHL newborn screening external review team look over the program within the first 12-18 months to provide feedback and technical assistance.
57	N/A	N/A	N/A	Question from Pre-Bid meeting	If you are a primary for a bid can you sub for other bids?	Yes.
58	Appendix C	Sample Contract	Page 54-67	Sample Contract Boiler Plate	May we redline the document and negotiate prior to final contract completion?	If selected the vendor will be able to negotiate prior to final contract completion.



DELAWARE DIVISION OF PUBLIC HEALTH
Newborn Screening Program
 417 Federal Street Dover, DE 19901 (302) 744-4544

TESTING LABORATORY: DELAWARE PUBLIC HEALTH LABORATORY
 30 Sunnyside Road Smyrna, DE 19977 (302) 223-1520

Date Reported	: 01/06/2017	Specimen Type	: First Specimen
Infant's Name	:	Lab Number	:
Date of Birth	:	Medical Record #	:
Date of Collection	:	Form Number	:
Date Received	:	Sex	:
Mother's Name	:	Race/Ethnicity	:
Address	:	Birth Order	:
Address2	:	Birth Weight	:
City/ST/Zip	:	TPN, Date	:
Mother's Phone	:	Transfused, Date	:
Physician	:	Antibiotics/GestAge:	:
Phys Phone/Fax	:	Food Source	:
Submitter	:	Hearing Date:	ABR: 01/02/2017

SCREENING RESULTS

DISORDER GROUPS	RESULTS
Congenital Hypothyroidism	Within Normal Limits
Amino Acid/Urea Cycle Disorders	Within Normal Limits
Organic Acidemia Disorders	Within Normal Limits
Fatty Acid Oxidation Disorders	Within Normal Limits
Galactosemia	Within Normal Limits
Hemoglobinopathies	FA, Normal
Congenital Adrenal Hyperplasia	Within Normal Limits
Biotinidase Deficiency	Within Normal Limits
Cystic Fibrosis	Within Normal Limits
Severe Combined Immunodeficiency	Within Normal Limits
Hearing - Performed By Submitter	ABR Pass
Critical Congenital Heart Disease	Pass



DELAWARE DIVISION OF PUBLIC HEALTH
Newborn Screening Program
417 Federal Street Dover, DE 19901 (302) 744-4544

TESTING LABORATORY: DELAWARE PUBLIC HEALTH LABORATORY
30 Sunnyside Road Smyrna, DE 19977 (302) 223-1520

Date Reported	: 01/17/2017	Specimen Type	: Repeat Specimen
Infant's Name	:	Lab Number	:
Date of Birth	:	Medical Record #	:
Date of Collection	:	Form Number	:
Date Received	:	Sex	:
Mother's Name	:	Race/Ethnicity	:
Address	:	Birth Order	:
Address2	:	Birth Weight	:
City/St/Zip	:	TPN, Date	:
Mother's Phone	:	Transfused, Date	:
Physician	:	Antibiotics/GestAge:	:
Phys Phone/Fax	:	Food Source	: Breast, Lactose
Submitter	:	Hearing Date:	:

SCREENING RESULTS

1

DISORDER GROUPS	RESULTS
Congenital Hypothyroidism	Within Normal Limits
Galactosemia	Within Normal Limits
Congenital Adrenal Hyperplasia	Within Normal Limits