



**Office of State Courts Administrator
P.O. Box 104480
2112 Industrial Drive
Jefferson City, Missouri 65110- 4480**

CONTRACT RENEWAL 001

RFP NO. OSCA-11-029

**TITLE: Drug/Alcohol Testing Equipment
and Services**

ISSUE DATE: March 21, 2012

CONTACT: Russell Rottmann

PHONE NO.: (573)522-6766

E-MAIL: osca.contracts@courts.mo.gov

RETURN PROPOSAL NO LATER THAN: April 11, 2012

MAILING INSTRUCTIONS: Print or type **RFP Number** and **Return Due Date** on the lower left hand corner of the envelope.

RETURN PROPOSAL TO:

(U.S. Mail)

Office of State Courts Administrator

Attn: Contract Unit

PO Box 104480

Jefferson City Mo 65110 - 4480

or

(Courier Service)

Office of State Courts Administrator

Attn: Contract Unit

2112 Industrial Dr

Jefferson City Mo 65109

CONTRACT PERIOD: JULY 1, 2012 THROUGH JUNE 30, 2013

DELIVER SUPPLIES/SERVICES FOB DESTINATION TO THE FOLLOWING ADDRESS:

VARIOUS LOCATIONS THROUGHOUT THE STATE OF MISSOURI

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal. The vendor further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order or when this RFP is countersigned by an authorized official of the Office of State Courts Administrator, a binding contract shall exist between the vendor and the Office of State Courts Administrator.

SIGNATURE REQUIRED

AUTHORIZED SIGNATURE		DATE March 21, 2012	
PRINTED NAME	Zeynep Ilgaz	TITLE	President
COMPANY NAME	Confirm BioSciences		
MAILING ADDRESS	6310 Nancy Ridge Rd., #103		
CITY, STATE, ZIP	San Diego, CA 91121		
E-MAIL ADDRESS	Zilgaz@confirmbiosciences.com	FEDERAL EMPLOYER ID NUMBER	43-1626726
PHONE NUMBER	888-526-6347 ext. 703	FAX NUMBER	973-807-5575

NOTICE OF AWARD (OSCA USE ONLY)

Renewal 001 - OSCA 11-029 Drug/Alcohol Testing Equipment and Supplies

ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS: <i>AS SUBMITTED</i>		
CONTRACT NUMBER OSCA 11-029-04		CONTRACT PERIOD July 1, 2012 through June 30, 2013
CONTRACTS COORDINATOR <i>Ydebert G. Conner Jr</i>	DATE <i>4-25-2012</i>	STATE COURTS ADMINISTRATOR <i>Dregg. Lina</i>

CONTRACT RENEWAL 001 to OSCA 11-029-04

TITLE: DRUG/ALCOHOL TESTING EQUIPMENT AND SERVICES

CONTRACT RENEWAL PERIOD: JULY 1, 2012 THROUGH JUNE 30, 2013

The Office of State Courts Administrator desires to renew the above referenced contract.

Due to continued budget shortfalls, the Office of State Courts Administrator requests there not be any increase in cost for this contract period.

All other terms, conditions and provisions of the contract shall remain the same and apply hereto. The contractor shall, sign and return this document with a complete the pricing page on or before the date indicated.

PRICING PAGE – RENEWAL 001

The vendor shall provide the pricing information for each product and/or service to be provided in accordance with the contract. All costs associated with providing the products and/or services required herein shall be included in the prices.

PRICE: The vendor shall provide a listing of each product and/or service with a firm, fixed price for each product and/or service.

More lines may be added, if needed.

_____	Product name	\$ _____	firm, fixed price per each unit
_____	Product name	\$ _____	firm, fixed price per each unit
_____	Product name	\$ _____	firm, fixed price per each unit
_____	Product name	\$ _____	firm, fixed price per each unit
_____	Product name	\$ _____	firm, fixed price per each unit
_____	Product name	\$ _____	firm, fixed price per each unit
_____	Product name	\$ _____	firm, fixed price per each unit

Electronic Alcohol Monitoring

Pricing per participant

per day: _____

per week: _____

per month: _____

Is there a minimum number of days? Yes _____ No _____

If yes, please indicate number of days: _____

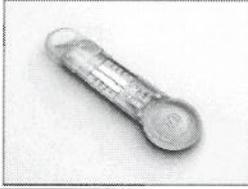
Deposit or Start Up fee required? Yes _____ How much? _____ No _____

Please list system requirements, such as single land phone line, water resistance, range of coverage etc:

Please list counties for which you will provide this service:

PRODUCT PRICING		
SKU	Item Description	PRICE
Drug Tests Urine Cup Kit		
Picture of Cup		
WDOA-254C2	5-Panel Key Cup; COC,THC,OPI,AMP,mAMP	\$2.61
WDOA-255C2	5-Panel Key Cup; COC,THC,MOP,AMP,mAMP	\$2.61
WDOA-3104C2	10- Panel Key Cup ; COC,THC,OPI,AMP,mAMP,PCP,BZO,BAR,MTD,MDMA	\$4.31
WDOA-7104C2	10-Panel Key Cup; COC,THC,OPI,BZO,mAMP,TCA,OXY,BUP,BAR,MTD	\$4.31
Drug Tests Dip Card Kit		
Picture of Cards		
WDAM-114	1-Panel Card; AMP Amphetamines	\$0.60
WDBA-114	1-Panel Card; BAR	\$0.60
WDBZ-114	1-Panel Card; Benzodiazepines BZO	\$0.60
WDBU-114	1-Panel Card; Buprenorphine BUP	\$0.60
WDCO-114	1-Panel Card; COC	\$0.60
WDMD-114	1-Panel Card; Ecstasy-MDMA	\$0.60
WDMA-114	1-Panel Card; mAMP	\$0.60
WDMO-114	1-Panel Card; MOP	\$0.60
WDMT-114	1-Panel Card; MTD	\$0.60
WDOP-114	1-Panel Card; OPI	\$0.60
WDOX-114	1-Panel Card; OXY	\$0.60
WDPC-114	1-Panel Card; PCP Phencyclidine	\$0.60
WDPP-114	1-Panel Card; PPX Propoxyphene	\$0.60
WDTC-114	1-Panel Card; TCA Tricyclic Antidepressants	\$0.60
WDTH-114	1-Panel Card; THC	\$0.60
WDOA-124	2-Panel Card; COC,THC	\$1.14
WDOA-424	2-Panel Card; THC,mAMP	\$1.14
WDOA-234	3-Panel Card; COC,mAMP,THC	\$1.45

WDOA-134	3-Panel Card; COC,THC,OPI	\$1.45
WDOA-244	4-Panel Card; COC,AMP,THC,OPI	\$1.55
WDOA-144	4-Panel Card; COC,THC,OPI,mAMP	\$1.55
WDOA-155	5-Panel Card; COC,THC,MOP,AMP,PCP	\$1.61
WDOA-254	5-Panel Card; COC,THC,OPI,AMP,mAMP	\$1.61
WDOA-255	5-Panel Card; THC,COC,MOP,AMP,mAMP	\$1.61
WDOA-354	5-Panel Card; COC,THC,OPI,mAMP,OXY	\$1.61
WDOA-554	5-Panel Card; COC,THC,OPI,mAMP,MDMA	\$1.61
WDOA-654	5-Panel Card; COC,THC,OPI,mAMP,BZO	\$1.61
WDOA-655	5-Panel Card; COC,THC,MOP,mAMP,BZO	\$1.61
WDOA-754	5-Panel Card; COC,THC,OPI,AMP,BZO	\$1.61
WDOA-855	5-Panel Card;COC,OXY,MOP,BUP,BZO	\$1.61
WDOA-954	5-Panel Card;THC,mAMP,AMP,MTD,BAR	\$1.61
WDOA-164	6-Panel Card; COC,THC,OPI,AMP,mAMP,PCP	\$1.89
WDOA-264	6-Panel Card; COC,THC,OPI,AMP,mAMP,BZO	\$1.89
WDOA-364	6-Panel Card; COC,AMP,mAMP,THC,OPI,MDMA	\$1.89
WDOA-465	6-Panel Card; THC,COC,MOP,AMP,BZO,MTD	\$1.89
WDOA-564	6-Panel Card; COC,THC,OPI,mAMP,BZO,OXY	\$1.89
WDOA-664	6-Panel Card;COC, AMP, mAMP, THC, OPI, OXY	\$1.89
WDOA-764	6-Panel Card; COC,mAMP,THC,OPI,PCP,BZO	\$1.89
WDOA-865	6-Panel Card; COC,BUP,MTD,OXY,MOP,BZO	\$1.89
WDOA-274	7-Panel Card; COC,THC,OPI,AMP,mAMP,BZO,OXY	\$2.58
WDOA-184	8-Panel Card; COC,THC,OPI,AMP,mAMP,PCP,BZO,BAR	\$2.76
WDOA-194	9-Panel Card; COC,THC,OPI,AMP,mAMP,PCP,BZO,BAR,MTD	\$2.89
WDOA-295	9-Panel Dip Card;THC,COC,MOP,AMP,BZO,MTD,OXY,PPX,BUP	\$2.95
WDOA-1104	10-Panel Card; COC,THC,OPI,AMP,mAMP,PCP,BZO,BAR,MTD,TCA	\$3.10
WDOA-1105	10-Panel Card; COC,THC,MOP,AMP,mAMP,PCP,BZO,BAR,MTD,TCA	\$3.10
WDOA-2105	10-Panel Card; COC,THC,MOP,AMP,mAMP,OXY,BZO,BAR,MTD,TCA	\$3.10
WDOA-3104	10-Panel Card; COC,THC,OPI,AMP,mAMP,PCP,BZO,BAR,MTD,MDMA	\$3.10
WDOA-4104	10-Panel Card; COC,THC,OPI,AMP,mAMP,PCP,BZO,BAR,MTD,OXY	\$3.10
WDOA-5104	10-Panel Card; COC,THC,BAR,BZO,mAMP,AMP,MDMA,PPX,MTD,OPI	\$3.10
WDOA-6104	10-Panel Card; COC,THC,OPI,BZO,AMP,TCA,OXY,BUP,BAR,MTD	\$3.10
WDOA-7104	10-Panel Card; COC,THC,OPI,BZO,mAMP,TCA,OXY,BUP,BAR,MTD	\$3.10
WDOA-1114	11-Panel Card; COC,THC,OPI,AMP,mAMP,PCP,BZO,BAR,MTD,TCA,OXY	\$3.26
WDOA-1124	12-Panel Card; COC,THC,OPI,AMP,mAMP,PCP,BZO,BAR,MTD,MDMA,OXY,PPX	\$3.51
WDOA-2125	12-Panel Card; COC,THC,MOP,AMP,MAMP,TCA,BZO,BAR,MTD,MDMA,OXY,PPX	\$3.51
	Drug Tests Strip Kit	
WDTH-101	1-Strip; THC	\$0.73
WDCO-101	1-Strip; COC	\$0.73
WDOP-101	1-Strip; OPI	\$0.73
WDMA-101	1-Strip; mAMP	\$0.73
	SALIVA- ORAL BASED DRUG TEST--INSTANT	



SVC 5	5 Panel Saliva- COC, THC, AMP, OPI, BZO	\$6.00
SAV 6	6 Panel Saliva - COC,THC,AMP,MET, OPI, BZO	\$6.50
	LAB TESTING	
	Hair Drug Testing- 5 Panel	\$42.99
	Testing supplies, specimen transport, GC/MS Confirmation, Medical Review Officer Review Included	