



CAMERON COUNTY PURCHASING

1100 E. Monroe St,
Brownsville, Texas 78520
(956) 544-0871 Fax: (956) 550-7219

ADDENDUM # 1 - PAGE 1 of 6

Date out : 7-17-15

RFP NUMBER # 1475 -2

RFP TITLE: LABORATORY DIAGNOSTIC SERVICES INFIRMARY/HEALTH/JUVENILE

DEADLINE: JULY 21, 2015

**(IN ORDER TO AVOID DISQUALIFICATION – ALL ADDENDUMS MUST BE SIGNED AND RETURNED
BY DEADLINE AND INCLUDED IN THE SEALED BID PACKAGE SUBMITTED)**

CPT CODES ADDED to PAGES 13 thru 17 :

Company Name _____ Phone # _____
Vendor Signature _____ Date _____

Must include and return with RFP package

HEALTH DEPARTMENT - LAB SERVICES
Clinical Services Program
CATEGORY B

Service	Monthly Average	Estimated Price per test	Total Price
A1. ABO-GRP AND RH TYPE	4		
A2. 86905 ANTIGEN TYPE X 1	2		
A3. AUTOMATED PAP ONLY	2		
A4. 87491 CHLAMYDIA SDA	97		
A5. 11362 Chlamydia trachomatis (ct)	2		
A6. 11362 Chlamydia trachomatis (ct)	120		
A7. 11362 Chlamydia trachomatis (ct)	4		
A8. CULT, HSV, RAPID	130		
A9. 5617 CULT, STREP GRP B	40		
A10. CYTO, THINPREP PAP	10		
A11. 88175 CYTYC PAP & RVW	10		
A12. DAP 10-50	20		
A13. DRVVT W/RFL PHOS NEU	50		
A14. 8477, 8396, 496, GLUC, FAST & POST 1 HR	5		
A15. 8477, 8396, 496, GLUC, FAST & POST 2 HR	70		
A16. 82950 GTT, 2 SPEC	2		
A17. 82951 GTT, 3 SPECIMENS	2		
A18. 6745, 82951, 82952 GTT, GESTATIONAL, 4	5		
A19. HETEROPHILE, MONO	40		
A20. HSV ½ HERPESELECT	60		
A21. HSV 1 GM AB SCREEN	20		
A22. 85613, 85730 LUPUS ANTICOAG W/RFL	75		
A23. LYME AB-WB CONFIRM	40		
A24. MATERNAL SERUM 3	10		
A25. 30294 Quad Screen (afp, hcG, ue3, DIA)	50		
A26. 87591 NG SDA	130		
A27. 87591 NG, DNA, SDA, OTV	130		
A28. ORG ID 1	120		
A29. 86747 PARVOVIRUS B19 IGG	120		
A30. 86747 PARVOVIRUS B19 IGM	5		
A31. PATH REVIEW	5		
A32. PATH REVIEW, LIQ PAP	10		
A33. PATH REVIEW, LIQ PAP	10		

**HEALTH DEPARTMENT - LAB SERVICES
CATEGORY B (Continued)**

Service	Monthly Average	Estimated Price per test	Total Price
A34. PATH REVIEW, PAP MCR	5		
A35. 80185, 80186 PHENYTON	5		
A36. PRESUMPTIVE ID 1	5		
A37. PROTEIN, TOT, W/O CREAT	100		
A38. SUREPATH (REEL)	5		
A39. SUREPATH PAP	5		
A40. SUREPATH RFL HPV	5		
A41. T PALLIDUM AB BY PA	130		
A42. TPPT W/RFX HPV	40		
TOTAL GROUP A			
CHEMISTRIES:			
B1. 82040 ALBUMIN	50		
B2. 84075 ALKALINE PHOSPHAATASE	60		
B3. 84460 ALT	5		
B4. 84450 AST	80		
B5. 80048 BASIC METAB PNL	5		
B6. 82947, 84520, 82565, 80051 BASIC METAB PNL W/O CA	5		
B7. BASIC METAB PNL, PLASMA	5		
B8. 82247 BILIRUBIN, TOTAL	50		
B9. 82248 BILIRUBIN, DIRECT	50		
B10. 82247, 82248 BILIRUBIN, FRAC.	20		
B11. 82565, 84520 BUN/CREAT RATIO	80		
B12. 82310 CALCIUM	40		
B13. 82374 CARBON DIOXIDE	5		
B14. CHEM TEST 01	5		
B15. CHEM TEST 02	130		
B16. CHEM TEST 03	130		
B17. CHEM TEST 04	120		
B19. CHEM TEST 05	120		
B20. CHEM TEST 06	2		
B21. CHEM TEST 07	2		
B22. CHEM TEST 08	2		
B23. CHEM TEST 09	2		

**HEALTH DEPARTMENT - LAB SERVICES
CATEGORY B (Continued)**

Service	Monthly Average	Estimated Price per test	Total Price
B24. CHEM TEST 10	5		
B25. CHEM TEST 11	5		
B26. CHEM TEST 12	5		
B27. CHEM TEST 13	100		
B28. CHEM TEST 14	2		
B29. CHEM TEST 15	2		
B30. CHEM TEST 16	3		
B31. 82435 CHLORIDE	130		
B32. 80048, 84155, 82040, 82247, 84075, 84450 CMP W/O ALT	30		
B33. 82947, 84520, 82565, 82495, 84132, 82435, 82310, 84155, 84450, 82040, 82247, 84075 CMP W/O CO2, ALT	30		
B34. 80053 COMP METAB PNL	20		
B35. COMP METAB PNL, PLASMA	60		
B36. COMP METAB W/ADJ CAL PLS	5		
B37. 82565 CREATININE	80		
B38. 80051 ELECTROLYTE PANEL			
B39. ELECTROLYTE PNL, PLASMA	5		
B40. 82947 GLUCOSE, SERUM	5		
B41. 10256 HEPATIC FUNC PNL	45		
B42. 82040, 82247, 82248, 84075, 84450, 84460 HEPATIC FUNC PNL W/O TP	60		
B43. HEPATIC FUNC PNL, PLASMA	20		
B44. 84100 PHOSPHATE (AS PHOS)	80		
B45. 84132 POTASSIUM	40		
B46. 84132 POTASSIUM, PLASMA	2		
B47. PROTEIN, TOT & ALB PLASMA	2		
B48. 84155, 82040 PROTEIN, TOT & ALB	130		
B49. 84155 PROTEIN, TOTAL	130		
B50. PROTEIN, TOTAL PLASMA	120		
B51. 80069 RENAL FUNC PNL	120		
B52. 84295 SODIUM	2		
B53. 84520 UREA NITROGEN (BUN)	5		
TOTAL GROUP B			

HEALTH DEPARTMENT - LAB SERVICES

CATEGORY B (Continued)

Service	Monthly Average	Estimated Price per test	Total Price
PANELS			
C1. 20210 OBSTETRIC PANEL	40		
C2. 86950 AB SCR RFX ID/TITER	5		
C3. 7748 ABO GRP AND RH TYPE	100		
C4. 1759, 6399, 8847, 763 CBC (DIFF/PLT)	2		
C5. 498, 799 HEP B SURF AG W/CONF	2		
C6. 86592 RPR(DX)REFL FTA	5		
C7. 86763 RUBELLA IMMUNE	140		
C8. *SP-FPGS AND CT/NG	40		
C9. 88175 AUTOMATED PAP & RVW	40		
C10. 87491, 87591 CT/NG DNA, SDA, OTV	20		
C11. *SUREPATH W/REEL HPV	60		
C12. 87491, 87591 CT/NG DNA, SDA, OTV	5		
C13. 14471 SUREPATH RFL HPV	80		
C14. 15095 *SUREPATH WITH HPV	80		
C15. 87621 HPV HR	2		
C16. SP, MANUAL SCREEN	4		
C17. 15095 SUREPATH, HPV, CT/GC	50		
C18. 87491, 87591 CT/NG DNA, SDA, OTV	60		
C19. 87621 HPV HR	20		
C20. SP, MANUAL SCREEN	80		
C21. *THINPREP W/HPV	40		
C22. CYTYC PAP	2		
C23. 87621 HPV HR	2		
C24. *THINPREP W/RFL HPV	130		
C25.11362 Neiseria gonorrhoeae (NG)	130		
C26. 16722 PAP	120		
C27. 58317 , THINPREP, HPV, CT/GC	120		
C28. 87491, 87591 CT/NG DNA, SDA, OTV	5		
C29. 58315 PAP	120		
C30. 16770 Pap HPV	120		
C31. *TORCH PANEL, ACUTE	120		
C32. CMV IGM AB	120		
C33. HSV IGM AB SCREEN	120		

**HEALTH DEPARTMENT - LAB SERVICES
CATEGORY B (Continued)**

Service	Monthly Average	Estimated Price per test	Total Price
PANELS			
C34. RUBELLA IGM AB	5		
C35. TOXO IGG AB	5		
C36. TOXO IGM EIA	110		
C37. *TORCH PANEL, CONVALESCEN	2		
C38. CMV IGG AB	2		
C39. HSV ½ HERPESELECT	4		
C40. 86762 RUBELLA IMMUNE	140		
C41. TOXO IGG AB	50		
TOTAL GROUP C			
MONTHLY TOTAL FOR ALL COMBINED CAT. B			
OTHER:			
Group B: Strep	90		
HGC Total QN	30		
Rabies TITER	5		
Varicella Titer	100		
T-spot	20		
TB- gold	2		