

MANDATORY Pre-Proposal Meeting

RFP DRUG AND ALCOHOL TESTING THIRD PARTY ADMINISTRATOR
Spec #13-04/15

March 13, 2015 2:00 PM

NOTICE: Sending information about this bid by email or facsimile is an accommodation and the County of Bucks is not liable for any errors in transmission of the documents. Obtaining all bid documents including Addendums is the responsibility of the Bidder.

1. **YOU MUST PRINT CLEARLY!**

Company Name: ARC Point Labs Phone: 215-230-3879
Street Address: 275 S. Main Street Suite 4 Fax: 215-230-5475
City/State/Zip: Doyletown PA 18901 Email: bkondraske@arcpointlabs.com
Signature: [Signature] Printed Name and Title: Bez Kondraske - President

2. **YOU MUST PRINT CLEARLY!**

Company Name: ST LUKE'S OCCUPATIONAL MEDICINE Phone: 570-325-2400 x11
Street Address: 153 BRODHEAD RD Fax: 484 526 3242
City/State/Zip: BETHLEHEM PA 18017 Email: MATTHEW.RADZOM@SLUHN.ORG
Signature: [Signature] Printed Name and Title: MATT RADZOM - SALES REPRESENTATIVE

3. **YOU MUST PRINT CLEARLY!**

Company Name: OSI Medical Phone: 215-461-1720
Street Address: 300 WASH RD SUITE 4 #160 Fax: 215-957-0640
City/State/Zip: HOARSHAM PA 19044 Email: TOSCAN.WHARREN@OSIMEDICAL.COM
Signature: [Signature] Printed Name and Title: Toscan F. Wharren Director

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4.	YOU MUST PRINT CLEARLY!		
_____	Phone: _____		
Company Name	Fax: _____		
_____	Email: _____		
Street Address	Unit /Suite #		
_____	_____		
City	State	Zip	
I have read and understand the the Notice above:			
Signature: _____	Printed Name and Title _____		

5.	YOU MUST PRINT CLEARLY!		
_____	Phone: _____		
Company Name	Fax: _____		
_____	Email: _____		
Street Address	Unit /Suite #		
_____	_____		
City	State	Zip	
I have read and understand the the Notice above:			
Signature: _____	Printed Name and Title _____		

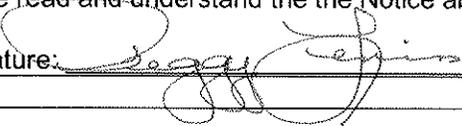
6.	YOU MUST PRINT CLEARLY!		
_____	Phone: _____		
Company Name	Fax: _____		
_____	Email: _____		
Street Address	Unit /Suite #		
_____	_____		
City	State	Zip	
I have read and understand the the Notice above:			
Signature: _____	Printed Name and Title _____		

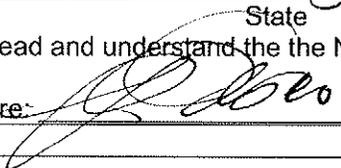
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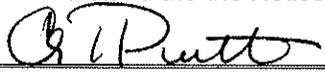
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7.	YOU MUST PRINT CLEARLY!	
First Lab	Phone:	215-396-5524
Company Name	Fax:	215-396-5660
100 Highpoint Drive #102	Email:	plevias@firstlab.com
Street Address	Unit / Suite #	
Chilbert PA 18914		
City	State	Zip
I have read and understand the the Notice above:		
Signature: 	Printed Name and Title	Peggy Levias Sales Administration Manager

8.	YOU MUST PRINT CLEARLY!	
Capital Health d/b/a Corporate Health	Phone:	609 278-5495
Company Name	Fax:	
832 Brunswick Ave	Email:	jpesco@capitalhealth.org
Street Address	Unit / Suite #	
Trenton NJ 08638		
City	State	Zip
I have read and understand the the Notice above:		
Signature: 	Printed Name and Title	Janice Pesco Director, Corporate Health

9.	YOU MUST PRINT CLEARLY!	
Secure Results, LLC	Phone:	267-549-6487
Company Name	Fax:	1-888-910-8379
1432 Easton Rd 3C	Email:	Cheryl@SecureResults.net
Street Address	Unit / Suite #	
Doyles Warrington PA 18976		
City	State	Zip
I have read and understand the the Notice above:		
Signature: 	Printed Name and Title	Cheryl Pieretti President

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County of Bucks and Engineer Representatives in Attendance:

<u>Maureen McElvane</u>	<u>BC Purchasing</u>	<u>2:35</u>
<u>Marissa Williams</u>	<u>BC Purchasing</u>	
<u>Vibha Mistry</u>	<u>HR dept</u>	
<u>Cheryl Pieretti</u>	<u>S</u>	
<u>Trans S. Monroe</u>	<u>HR Director</u>	
<u>AA</u>		
<u>Tosha E. Green</u>	<u>DSL Medical</u>	