



**State of Oklahoma
Oklahoma State Department of Health**

Amendment of Solicitation

Date of Issuance: March 14, 2013

Solicitation No. 3400001167

Requisition No. 3400015513

Amendment No. 1

Hour and date specified for receipt of offers is changed: No Yes, to: _____ CST

Pursuant to OAC 580:16-7-30(d), this document shall serve as official notice of amendment to the Solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent.

Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:

- (1) Sign and return a copy of this amendment with the solicitation response being submitted; or,
- (2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date printed clearly on the front of the envelope.

ISSUED BY and RETURN TO:

U.S. Postal Delivery:

Oklahoma State Department of Health
Procurement
1000 NE 10th street
Oklahoma City, OK 73117 - 1299
or

Susan Wiest
Contracting Officer
(405) - 271 - 4043
Phone Number

Personal or Common Carrier Delivery:

Oklahoma State Department of Health
1000 NE 10th street
Room 306
Oklahoma City, OK 73117 - 1299

susanw@health.ok.gov
E-Mail Address

Description of Amendment:

a. This is to incorporate the following:

Q.1: "I am concerned that we send out a few of the tests requested to a national laboratory outside of the state of Oklahoma. It says that testing needs to be performed in Oklahoma. Can you direct me on moving forward."
A.1: "If you can guarantee to meet the 24-48 hr. turnaround timeline on the results as the bid requires, then the out-of-state laboratory location would be acceptable"

b. All other terms and conditions remain unchanged.

Supplier Company Name (**PRINT**) _____

Date _____

Authorized Representative Name (**PRINT**) _____ Title _____

Authorized Representative Signature _____