



State of Oklahoma
OKLAHOMA STATE DEPT OF HEALTH

Amendment of Solicitation

Date of Issuance: 06/30/2015
Requisition No. 3400017237

Solicitation No. 3400001376
Amendment No. 1

Hour and date specified for receipt of offers is changed: [X] 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:

OSDH
Solicitation 3400001376
1000 NE 10th St

Donna Dodson
Contracting Officer

(405) - 271 - 4043
Phone Number

OKC, OK 73117 - 1299
or

donnad@health.ok.gov
E-Mail Address

Personal or Common Carrier Delivery:
SAME

,OK -

Description of Amendment:

a. This is to incorporate the following:

CLARIFICATION QUESTIONS:

Is their flexibility in the type of Bio-hazard bag provided, or does it need to match exactly the description as outlined in the RFP? As long as it is large enough to collect all coats within one week and is safe to be transported to company to clean. Must provide bag in order to not misplace in transit lab coats assigned to PHL.

Who is the current incumbent supplier? ALSCO

If only 2 lab coats are required a week-typically the inventory would be 5, why is the RFP requesting an inventory of 7? Lab employees work in various areas of the PHL which require enough coats for all work areas that may require a lab coat.

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b. All other terms and conditions remain unchanged.

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Supplier Company Name (**PRINT**)

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Date

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Authorized Representative Name (**PRINT**)

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Title

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Authorized Representative Signature