HT941026Q2004 0003 Questions and Answers

QUESTION 1. Our reading of the solicitation package indicates that pricing is to be submitted on a per-MTF basis:

- Attachment 3 (Quote Sheet) is structured with a unique SLIN per MTF under each period CLIN (e.g., 0001AA – Naval Hospital Camp Pendleton; 0001AB – Naval Hospital Bremerton; 0002AA – Madigan AMC, etc.), each containing volume columns for every test type and a single CPRR/Total cell at the row's end.
- The Combined Synopsis/Solicitation, page 6 (Factor 4: Price), directs Quoters to "submit a firm-fixed-price for all contract line item numbers (CLINs) identified."
- We interpret this to mean a separate CPRR is to be submitted for each MTF/SLIN combination per period.

ANSWER: CSS and Quote Sheet have been updated. CSS has been updated to reflect "The Quoter shall use Attachment 3 (Quote Sheet) to submit a firm-fixed-price for all contract line item numbers (CLINs) and subcontract line item numbers (SLINs) identified."

QUESTION 2. Please confirm that the intended CPRR pricing structure as reflected in the Attachment 3 column layout.

a. In our experience we usually see pricing per assay, example being PT/PTT has its own price, D-Dimer and others have a unique price as do other specialty tests.

b. Also, is the intent to have one price across all facilities? Example PT/PTT has the same price at Madigan as it does at USNH Camp Pendleton? Or is there a custom price at each site/MTF?

			Base (for deliveries 10/01/2026 - 09/30/2027)								
Network	CLIN	SLIN	Military Treatment Facility	Von Willebrand Factor Antigen	Platelet Aggregation Test	Factor XII Assay	Factor II Assay	Annual Test Volume	CPRR	Total
Pacific Rim	0001									
Pacific Rim	0001	0001AA	Naval Hospital Camp Pendleton, CA	0	0	0	0	3710		
Pacific Rim	0001	0001AB	Naval Hospital Bremerton, WA	0	0	0	0	741		
Pacific Rim	0001	0001AC	Robert E. Bush Naval Hospital Twentynine Palms, CA	0	0	0	0	0		$0.00
Pacific Rim	0001	0001AD	Naval Medical Center San Diego, CA - Core Lab	0	0	0	0	0		$0.00
Indo Pacific	0002									
Indo Pacific	0002	0002AA	Madigan Army Medical Center, Joint Base Lewis-McChord, WA	0	0	0	0	25695		
Indo Pacific	0002	0002AB	Tripler Army Medical Center, Fort Shafter, HI	16	2	1	5	12603		
Continental	0003									
Continental	0003	0003AA	99th Medical Group, Mike O'Callaghan Military Medical Center, Nellis AFB, NV	0	0	0	0	0		$0.00
Central	0004									
Central	0004	0004AA	60th Medical Group, David Grant Medical Center, Travis AFB, CA	0	0	0	0	0		$0.00
Central	0004	0004AB	673rd Medical Group, Joint Base Elmendorf-Richardson (JBER), AK	0	0	0	0	3216		
Central	0004	0004AC	56th Medical Group, Luke AFB, AZ	0	0	0	0	729		
West	0005									
West	0005	0005AA	Weed Army Community Hospital, Fort Irwin, CA	0	0	0	0	1200		
	0006		Monthly Reports						NSP	NSP
			Totals:							

ANSWER: CSS and Quote Sheet have been updated.

QUESTION 3. Being that there is a phased approach, can we assume a minimum of 5-years usage for each MTF? Or will the end date for all be 5-years from the original award date?

a. If the end date is the same for all with a varied or TBD start date (example: "Either 10/1/2026 or 10/1/2027* TBD - Depends on MTF requesting to exercise Option" which is from Enclosure A), there's challenges for vendors to determine the actual CPRR for the quotation and expected use life of the equipment.

ANSWER: The 12-month base delivery period plus four (4) 12-month option periods and the inclusion of the option IAW 52.217-6, shall not exceed 66 months from time of award. The base delivery period is anticipated to start 1 October 2026.

QUESTION 4. Attachment 2 Technical Submission Form R38, Shelf-life management of reagents (tracking on-board shelf-life) (reagents good for at least one week on-board for PT/APTT/Fibrinogen/D-dimer). This requirement is unduly restrictive. Only one vendor has onboard reagent stability for one week for PT/APTT. Please consider changing this to requirement and instead of requiring a specific on-board stability, asking the vendors to explain how their solution is efficient with reagents and consumables.

ANSWER:

Question from DRAFT CSS: Page 4 of Attachment 1 SOW and Attachment 2 Row #38 under Technical Requirement qualifies only the first bullet point as "Preference will be". To allow low volume labs to obtain right-sized smaller analyzers which meet their space and volume requirements **please add "*Preference will be*" to the 2nd and 6th bullets also (dilutions and cap piercing).**

QUESTION 5. Enclosure A Site Specific Information, Row 6, Column E, Please confirm that the 99th Medical Group requires one analyzer to be on an automation line and one analyzer to be countertop.

ANSWER: From Lab: The preference is two (2) analyzers. We've had times where we have needed to use the backup analyzer as the main unit was down for various reasons. We are busy enough to need both Coagulation analyzers.

The main analyzer is near the capacity of what can fit. Something similar can fit, but not too much larger (maybe a few inches to about foot on all sides). The area is near a stationary counter in the front, and a water pole in the back (about 3 inches behind). There is a walkway in the back of the analyzer. On the side that doesn't connect to the Aptio, there is a small counter for supplies and is utilized by the chemistry department (their only counter space), which may be able to go out another foot, but not much more as there is a walkway and a desk in front of a wall. The walkway is for people to access to Hematology section, as well as the Aptio centrifuges. An analyzer more than slightly larger than the current solution may not fit.

As for the smaller analyzer, it fits on the stationary counter about perfectly.

QUESTION 6. 1-Enclosure A Site Specific information Estimated Workload Column M, Mixing Studies + 2- Attachment 3 Quote Sheet Coag Quote Sheet, Row 19, Mixing Studies, Please specify how many of each kind of mixing study for the facilities that will be performing both PT and PTT mixing studies.

ANSWER: Madigan and NMCSD are the only 2 MTFs – Sent Data Call/Request for Information to Lab POCs 5/29

<u>Attachment 3 Quote Sheet Questions for Clarification:</u>
QUESTION 7. Please confirm tests listed which do not match those listed on Enclosure A, tab "Estimated Annual Workload" and pages 1-2 of Combined Synopsis document.

i. Tests to be Removed from Attachment 3 to match the other documents include:
    1. Factor XII
    2. Factor XIII
    3. Platelet Aggregation.

ANSWER: CSS, SOW, and Quote Sheet have been updated.

QUESTION 8. Please confirm Period of Performance test quantities listed for base year when comparing to Enclosure A tab listing "Anticipated Start date of Deliveries". *(Example: Twentynine Palms lists a start date of 10/1/2026 but reflects no test volumes for the Base year.)*

ANSWER: CSS and Quote Sheet have been updated.

QUESTIN 9. Quoting Structure:

i. (Preferred Option) Please consider updating the quote document to accept a separate CPRR for individual tests and assays to replace the currently reflected single blended CPRR for all tests together per site. This alone would reduce risk to both the vendor and the government for over/under billing from combining low cost with very expensive tests.
   A. Require a single blended CPRR across all MTFs for each separate individual tests. This would reduce potential mid-contract CPRR adjustments should test volumes shift from one MTF to another. *(Display on Attachment 3 in Rows: 20, 41, 62, 83, 104, and 125)*
   B. PT + APTT (combined CPRR) – Over a 5-year POP, this alone would eliminate 660 additional invoiced line items.

ii. (Secondary Option if above is not acceptable.) Please consider updating the quote document to accept a separate CPRR for test groupings instead of each individual test. This would help to reduce post-award administrative line items for billing while also reducing risk to both the vendor and the government for over/under billing from combining all tests into a single CPRR.
   A. Combined CPRR groups:
      1. PT + APTT
      2. Fibrinogen (not combined)
      3. D-Dimer (not combined)
      4. Heparin (not combined)
      5. Specialty Tests (Including All other listed tests)

ANSWER: CSS and Quote Sheet have been updated.

Feedback received in response to Amendment 0002:

1. What sites reflecting a full 12-month test volume during the base year (delivery range 10/1/26 – 9/30/27) plan to install and go live after 10/1/2026? (Example: Camp Pendleton originally showed a 2/1/27 go live)

ANSWER: The annual test quantities should be adjusted to account for less than 12 months.

2. Because 10/1/26 is fast approaching, is it possible some of the sites may choose to extend their current contract with their incumbent to allow additional time for site-specific analyzer validation signoffs? (Examples: Tripler and Madigan as they have an extensive test menu and previously listed with go live of TBD.)

Listed on New Attachment 3 Quote Sheet (attached)
Deliveries 10/1/26 – 9/30/2027:

- Naval Hospital - Camp Pendleton
- Naval Hospital – Bremerton
- Naval Hospital – Twentynine Palms
- Madigan AMC
- Tripler AMC
- Travis AFB
- Elmendorf AFB (JBER)
- Luke AFB

Deliveries 10/1/27 – 9/30/2028:

- Naval Hospital – San Diego
- Nellis AFB
- Weed ACH

ANSWER: The Government's intent to exercise an option is non-binding and therefore, even if the Government notifies the contractor of the intent to exercise the option, the Government is not obligated.

QUESTION 10. Being that the DIC Panel (Madigan) is comprised of: PT, aPTT, Fibrinogen, D-Dimer, may the 1,800 panels be added individually to the tests?

- Example:

Test	Volume	DIC Panel	Total with panel
PT	12,000	1,800	13,800
aPTT	8,000	1,800	9,800
Fibrinogen	1,000	1,800	2,800
D-Dimer	2,400	1,800	4,200

ANSWER:

QUESTION 11. From Question 3, 9 & 10 from previous: The answer was the goal is to have all MTFs transitioned by 1 October 2027, can the vendors assume a total of 5 years of use for each site instruments are placed?

- Example if Madigan transitions on 1 October 2027, can the vendor assume those instruments will remain for a total of 5 years?
- The basis of this is, the final year test volumes are half which reduces the next fiscal year placement to 4.5 years in total.

RESPONSE: No, vendors cannot assume a total of five (5) years of use for each site instruments are placed. The 12-month base delivery period plus four (4) 12-month option periods and the inclusion of the option IAW 52.217-6, shall not exceed 66 months from time of award. The base delivery period is anticipated to start 1 October 2026.

QUESTION 12. From Question 5 from previous: The Government's response states that vendors should perform a site-specific assessment to "optimize CPRR via the By the Box" and that billing is best applied monthly based on a site CLIN with QTY = 12.

- Please clarify whether vendors may propose separate By-the-Box CLINs for lower-volume tests such as D-Dimer and specialty assays, or whether all reagent/test pricing must be incorporated into a site-specific monthly CPRR billing model.

ANSWER:

QUESTION 13. D-Dimer Test counts for CLIN 0002-X002 (Naval Hospital Bremerton) in Attachment 3 do not reflect the test counts displayed on Enclosure A (117 annually)

ANSWER: SOW Enclosure A and Quote Sheet have been updated.

QUESTION 14. Several test counts for CLIN 0005-X005 (Madigan AMC) do not reflect the same annual test counts shown on Enclosure A.

ANSWER: SOW Enclosure A and Quote Sheet have been updated.

QUESTION 15. Request an additional extension to the current solicitation response due date. Typically two weeks from the date of the final amendment and changes is sufficient.

ANSWER: Revise update the quotation due date to Thursday, 25 June 2026.