SOURCES SOUGHT INFORMATION SHEET

(Audiometeric Booth)

Business Name_____

Address_____

City_____ZIP Code_____

Cage Code_____

Small Business YES_____NO_____

(If yes above, please list the socio-economic category, if any below that is associated with your business WOSB, SDVOSB etc.)

_____

1. All services locations can be supported via a mobile medical laboratory to all locations specified (see attached "Sources Sought Heavy Metals – Requirements"):

   Yes____ No____ (If Yes, skip to question 4.)

(If no, which locations cannot be supported. Please list them below):

2. If no, are services available within 25 miles (stationary facility) of any unserviceable location? Can the remaining unserviceable locations be supported in this manner?

   Yes____ No____ (If yes, skip to question 4.)

(If no, which locations cannot be provided. Please list them below):

If no mobile laboratory services are available, can all the locations be serviced through a stationary (regional) location, within 25 miles of the addresses? If not 25 miles, 50 miles?

Yes____ No____

(If no, which locations cannot be provided. Please list them below):

Relevant information on contractor's experience/capabilities as in pertains to the proposed work outlined in the attachment "Medical Laboratory for Heavy Metals - Requirements". *Please be descriptive of work support or performance and the size and scope of the project:*

1. Project 1

   Project Name:_____

   Customer Name:_____

   Contract #:_____

   Dollar Value:_____

   Company role in the project (prime or subcontractor):_____

   Project/experience Description:

2. Project 2

   Project Name:_____

   Customer Name:_____

   Contract #:_____

   Dollar Value:_____

   Company role in the project (prime or subcontractor):_____

   Project/experience Description:

Additional experience in supporting medical laboratory services:

Point of Contact Name_____

POC phone number_____

POC Email_____