Department of Defense
Defense Health Agency
Performance Work Statement

Blood Testing Services & Products

60th Medical Group
David Grant Medical Center
Travis AFB, California

Date: 18 Mar 2026

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PART 1
1.0 GENERAL INFORMATION

1.1 **This is a non-personal services contract to provide** Blood Testing Services and Blood Products for David Grant Medical Center, Travis AFB.

1.2 **Description of Services/Introduction:** The Contractor shall provide Blood Testing Services & Products as required for Government beneficiaries at David Grant Medical Center (DGMC), Travis AFB. DGMC is the largest Blood Transfusion Service Center in the Air Force. The Contractor shall arrange transportation of blood and/or components and services (special testing for blood products as required) that have been tested as required by the Food and Drug Administration (FDA), as well as tests currently performed under Investigational New Drug (IND) protocols as mandated by the Air Force Blood Program Office. Performance shall be according to this Performance Work Statement (PWS), professional standards of the American Association of Blood Banks (AABB) and FDA guidelines and regulations (CFR Title 21 Parts 600-799). The terms "must," "shall" and "will" denote mandatory actions in this PWS. This includes all direct and indirect resources.

1.3 **Background:** David Grant Medical Center has a need for Blood Testing Services and Blood Products. Travis Air Force Base is the largest Blood Transfusion Service Center in the Air Force. These products and services are required to support the mission and beneficiaries that DGMC supports.

1.4 **Objectives:** The Contractor shall provide Blood Testing Services and Products along with meeting all other requirements as listed in this PWS.

1.5 **Scope:** The contractor shall furnish all supplies, materials, equipment, facilities and services required to perform work listed in this PWS.

1.6 **Period of Performance (PoP):**
Base Year: 01 Oct 2026 – 30 Sep 2027, **OY1**: 1 Oct 2027 - 30 Sep 2028 **OY2:** 1 Oct 2028 - 30 Sep 2029, **OY3:** 1 Oct 2029 - 30 Sep 2030, **OY4:** 1 Oct 2030 - 30 Sep 2031, **6 Mo Ext:** 1 Oct 2031 - 31 Mar 2032

1.7 **Administrative specifications**

1.7.1 Place of performance: The work shall be performed at David Grant Medical Center, Travis AFB.

1.7.2 Recognized Federal holidays: Contractor is required to perform services on Recognized Federal Holidays.

New Year's Day
Martin Luther King Jr.'s Birthday
President's Day
Memorial Day
Juneteenth Day
Independence Day
Labor Day
Columbus Day
Veteran's Day
Thanksgiving Day
Christmas Day

1.7.3 Hours of operation: DGMC Transfusion/Blood Bank Department operates 24/7, 365 Days a year including being required to provide services on the above Federal/Observed Holidays.

1.7.4 Point of Contact: All information regarding testing will be coordinated with the Chief of the DGMC Transfusion Services element.

1.7.5 The contractor shall create and maintain Privacy Act data IAW AFI 33-129, Transmission of Information Via the Internet, paragraphs 7.4, 8.2.3, 16 and 17 and supplements; AFI 33-201, Communications Security (COMSEC), Table 1; AFI 33-332, Air Force Privacy Act Program, Privacy Act systems of records notice(s), which are posted on the internet at (http://www.defenselink.mil/privacy/notices/usaf). The contractor shall not create or maintain a Privacy Act system of records prior to public notice. If the contractor receives a Privacy Act request, the contractor shall be responsible for searching for the records and providing those records to the government official who, as authorized official, will make the decision on releasing government records.

1.7.6 If the contractor receives a FOIA request the contractor shall immediately hand-carry it to the base FOIA manager for processing. The FOIA manager will task a government official. When tasked, the Contractor shall be responsible for searching for the records and providing those records to a government official who, as the authorized official, will make the decision on releasing government records.

1.7.7 Patient lists, no matter how developed, shall be treated as privileged information. Add the following to the bottom of all patient lists: "FOR OFFICIAL USE ONLY. This document contains information exempt from mandatory disclosure under the Freedom of Information Act (FOIA)., Title 5 U.S.C 552(b)(2) High and (b)(6) apply." Lists and/or names of patients shall not be disclosed or revealed in any way for any use outside the MTF without prior written permission by the Chief of Hospital Services.

1.7.8 The Government will evaluate the Contractor's professional, as differentiated from administrative, performance under this contract using the FDA Code of Federal Regulations (CFR) Parts 200-299, Current Good Manufacturing Practices.

1.7.9 The Contractor shall release medical information obtained during this contract to MTF staff involved in the care and treatment of that individual patient only.

1.7.10 A written request for DoD records that does not cite either the FOIA or Privacy Act may be received from any person (including a member of the public), or organization, or a business. The contractor shall be responsible for searching for the records and providing those records to a government official who, as the authorized official, will make the decision on releasing government records.

1.7.11 Records: The Contractor shall create and maintain Government-owned/ contractor held records, regardless of media, in accordance with (IAW) AFI 33-119. Electronic Mail (E-Mail) Management and Use; AFI 33-202, Computer Security; AFI 33-322, Records Management Program; AFMAN 37-123, Management of Records. Segregate the governing-owned records from the company-owned records. Background electronic data and records specified for delivery to the contracting agency must be accompanied by sufficient technical documentation to permit the Air Force to use the data. Upon completion of the contract, all government-owned/ contractor-held records (regardless of media) received, created, maintained, or provided by the government and/or generated for the government in the performance of this statement of work shall be turned over to the government. In the event of default or non-performance, the government will have access to all records in order to ensure mission support is not interrupted.

1.8 **Quality**

1.8.1 Quality Control (QC): The Contractor shall develop and maintain an effective QC program to ensure services are performed in accordance with this PWS. The Contractor shall develop and implement

procedures to identify, prevent, and ensure nonrecurrence of defective services. The Contractor's QC program is the means by which the work complies with stated requirements. The Contractor's QCP must be delivered to the CO within 30 days after contract is awarded. After acceptance of the Quality Control Plan (QCP) the Contractor shall receive the CO's acceptance in writing of any proposed change to his QC system. See Part 6, Attachment 4 - CDRL A001.

1.8.2 Quality assurance (QA): The government will evaluate the Contractor's performance under this contract in accordance with the Quality Assurance Surveillance Plan (QASP). This plan provides a systematic method for the Government to evaluate performance and to ensure that the Contractor has performed in accordance with the performance standards. It defines how the performance standards will be applied, the frequency of surveillance, and the minimum acceptable defect rate(s).

1.8.3 The Contractor's standard quality control practices are expected to ensure services are performed in accordance with commonly accepted commercial practices, and include procedures to identify, prevent, and ensure nonperformance and continual repeat of defective service does not occur.

1.8.4 The Quality Assurance Personnel will ensure that standards of delivery and quality of services are maintained in accordance with the PWS.

1.9 **Reporting**

1.9.1 Government's COR: The COR monitors all technical aspects of the contract and assists in contract administration. The COR is authorized to perform the following functions: assure that the contractor performs the technical requirements of the contract; perform inspections necessary in connection with contract performance; maintain written and oral communications with the contractor concerning technical aspects of the contract; issue written interpretations of technical requirements, including Government drawings, designs, specifications; monitor contractor's performance and notifies both the CO and contractor of any deficiencies; coordinate availability of government furnished property; and provide site entry of contractor personnel. A letter of designation issued to the COR, a copy of which is sent to the contractor, states the responsibilities and limitations of the COR, especially with regard to changes in cost or price, estimates or changes in delivery dates. The COR is not authorized to change any of the terms and conditions of the resulting contract.

1.9.2 Post award conference/periodic progress meetings: The contractor agrees to attend any post award conference convened by the contracting activity or contract administration office in accordance with FAR Subpart 42.5. The CO, COR, and other Government personnel, as appropriate, may meet periodically with the contractor to review the contractor's performance. At these meetings the CO will apprise the contractor of how the government views the contractor's performance and the contractor will apprise the Government of problems, if any, being experienced. Appropriate action shall be taken to resolve outstanding issues. These meetings shall be at no additional cost to the government.

1.10 **Mission Essential**

1.10.1 In accordance with DFARs 252.237-7023 Continuation of Essential Contractor Services, David Grant Medical Center has confirmed the services outlined in this PWS are considered mission/emergency essential. Inability to secure services in a timely manner can cause compliance violations and impair the provision of patient care. These services are in direct support of mission essential functions for DGMC, Travis AFB.

1.10.2 Performance of Services During Crisis Declared By The National Command Authority Or Overseas Combatant Commander: DGMC Transfusion/Blood Bank Services is required to meet readiness requirements during war or peacetime crisis in accordance with DoDI 3020.37. Contractor will endeavor

to provide services sufficient to meet DGMC's needs during war or peacetime crisis, consistent with the terms of the Contract, provided only that Contractor is limited by the availability of Blood Products and its need to balance the demands of all hospital customers. The Contractor will be notified by phone when a crisis is declared.

1.10.3 Continuity of Services: Contractor will promptly notify David Grant USAF Transfusion Services if Contractor is unable provide an ordered product or service. The David Grant USAF Transfusion Services retains the right to seek these services elsewhere should services not be provided by the Contractor.

1.11 **DGMC Blood Bank Service's Responsibilities**

1.11.1 The David Grant USAF Transfusion Services element will remain licensed, registered and/or accredited by the FDA, AABB and other regulatory agencies as required.

1.11.2 The David Grant USAF Transfusion Services element will agree to follow approved Investigational New Drug (IND) protocols established by the Contractor for testing of blood donor samples.

1.11.3 The David Grant USAF Transfusion Services element agrees to collect and process samples for testing in accordance with Contractor established protocols.

1.11.4 Except for those items or services specifically stated to be Government furnished, the Contractor shall furnish everything required to perform this contract in accordance with all of its terms.

1.11.5 The Contractor shall ensure service providers under his/her supervision maintain open and professional communication with members of the MTF. Complaints validated by the Functional Commander shall be reported in writing to the contract administrator and the Contractor for action. Failure of the Contractor to correct the validated complaints rose by the Functional Commander will be considered a failure to perform.

1.11.6 Upon written request, and as required by Section 952 of U.S. Public Law 96-499 and the FDA CFR Parts 600 799, the Contractor shall make available to the Blood Bank Element Chief, the Food and Drug Administration, or any of their duly authorized representatives, any and all documents and records. This will occur if required by the cited law and regulations of those regulations.

PART 2
2.0 DEFINITIONS, ACRONYMS, AND APPLICABLE PUBLICATIONS/INSTRUCTIONS

2.1 **Definitions:**

2.1.2 Contracting Officer (CO): A person with the authority to enter into, administer, and/or terminate contracts and make related determinations and findings.

2.1.3 Contracting Officer's Representative (COR): An individual, including a contracting officer's technical representative (COTR), designated and authorized in writing by the CO to perform specific technical or administrative functions. This individual does NOT have authority to change the terms and conditions of the contract.

2.1.4 Nonpersonal services contract: a contract under which the personnel rendering the services are not subject, either by the contract's terms or by the manner of its administration, to the supervision and control usually prevailing in relationships between the Government and its employees.

2.1.5 Quality Assurance Surveillance Plan (QASP): An organized written document specifying the surveillance methodology to be used for surveillance of contractor performance. The Government may either prepare the QASP or require the offerors to submit a proposed quality assurance surveillance plan for the Government's consideration in development of the Government's plan.

2.2 **Acronyms:**

AABB	American Association of Blood Banks
AFB	Air Force Base
AFI	Air Force Instruction
AHF	Antihemophilic Factor
AHG	Anti-Human Globulin
CDRL	Contract Data Requirements List
CFR	Code of Federal Regulations
CLIA	Clinical Laboratory Improvement Amendments
CMV	Cytomegalovirus
COMSEC	Communications Security
COR	Contracting Officer Representative
DGMC	David Grant Medical Center
DHA	Defense Health Agency
DNA	Deoxyribonucleic Acid
DTT	Dithiothreitol
FAR	Federal Acquisition Regulation
FDA	Food & Drug Administration
FOIA	Freedom of Information Act
HCL	Hairy Cell Leukemia
HIPAA	Health Insurance Portability and Accountability Act
HLA	Human Leukocyte Antigens
HPA	Human Platelet Antigens
IAW	In Accordance With
IND	Investigational New Drug
MTF	Military Treatment Facility
PCR	Polymerase Chain Reaction
PLA	Proprietary Laboratory Analyses
PRS	Performance Requirements Summary
PWS	Performance Work Statement
QA	Quality Assurance
QASP	Quality Assurance Surveillance Plan
QC	Quality Control
QCP	Quality Control Plan

RSC	Rapid Sample Concentrator
USAF	United States Air Force

2.3 **Applicable Publications, DHA Administrative Instructions (AI), etc.**

Applicable Publications (Current Editions): The Contractor shall abide by all applicable regulations, publications, and manuals. Following is a list of basic publications applicable to the PWS. The most current version of the publication applies. Publications not on the internet or MTF policies and procedures can be obtained from the MTF. Current issues of publications and links to other service publications can be accessed at the following websites:

http://www.apd.army.mil/

http://www.defenselink.mil/pubs

http://www.dtic.mil/whs/directives/

http://www.e-publishing.af.mil

Contractors are obligated to follow these codes as mandatory only to the extent that they apply to the contract.
Supplements, amendments, or changes to these mandatory publications may be issued during the life of the contract.
Advisory publications may be used for information and guidance but are not binding for compliance.

DEPARTMENT OF DEFENSE (DoD) REGULATIONS/MANUALS INSTRUCTIONS/DIRECTIVES

PUB NO. TITLE
DoDD 5500.7 Standards of Conduct
DoDI 5400.7-R Freedom of Information Act
DoD 6025.18-R Health Information Privacy Regulation Jan 03
DoDD 8500.1 Information Assurance
DoD 8580.02-R HIPAA Security Rule
DODI 3020.37 Continuation of Essential DOD Contractor Services During Crises
AFI 33-332 Air Force Privacy and Civil Liberties Program
DHA-IPM 18-013 Interim Procedures 18-013, Risk Management Framework

AIR FORCE INSTRUCTIONS/MANUALS
Publications Code:
AFI--Air Force Instruction
AFMAN--Air Force Manual
AFP--Air Force Pamphlet
AF Form--Air Force Form
DD Form--Department of Defense Form MDGI – Medical Group Instruction

Pre-Market Approval Section 510(k) of the Food, Drug and Cosmetic Act requires In Vitro device manufacturers to register with the FDA at least 90 days in advance of their intent to market a medical device. This is known as Premarket Notification - also called PMN or 510(k). Must be in compliance with Section 510(k) of the Federal Food, Drug, and Cosmetic Act for those medical device products intended

to be delivered to the Government. Only devices that have received Premarket Notification Approval from the U.S. Food and Drug Administration (FDA) shall be considered for award under this solicitation.

PART 3
3.0 GOVERNMENT FURNISHED PROPERTY, EQUIPMENT, AND SERVICES

The Requiring Activity Authority has assessed the need for Government Furnished Property, Equipment, and Services and determined:

3.1 **Services:** The Government will **NOT** provide Government Furnished Services in support of this contract/task order. As a result, this paragraph is Not Applicable.

3.2 **Facilities:** The Government will **NOT** provide Facilities in support of this contract/task order. As a result, this paragraph is Not Applicable.

3.3 **Utilities:** The Government will **NOT** provide Utilities in support of this contract/task order. As a result, this paragraph is Not Applicable.

3.4 **Equipment:** The Government will **NOT** provide Equipment in support of this contract/task order. As a result, this paragraph is Not Applicable.

3.5 **Materials**: The Government will **NOT** provide Materials in support of this contract/task order. As a result, this paragraph is Not Applicable.

PART 4
4.0 CONTRACTOR FURNISHED ITEMS AND SERVICES

4.1 **Services:** The Contractor **WILL** provide Contractor Furnished Services required in support of this contract/task orders. These Services are described below in 4.2 General.

4.2 **General:** The contractor shall furnish all supplies, materials, equipment, facilities and services required to perform work listed under Part 5 and Part 6 Attachment 2/3/4 of this PWS.

PART 5
5.0 SPECIFIC TASKS

5.1 Products or services shall be available for acquisition 24 Hours a Day, 365 Days a year.

5.2 Products or services shall be packed and ready for shipment within one (1) hour for STAT request, within four (4) hours for ASAP request and within 24 to 48 hours for routine request. Contractor will endeavor to coordinate prompt transfer of product to the courier for shipment or transit and delivery.

5.3 Contractor is required to provide services on Federal/Observed Holidays as noted in Section 1.7.2 and 1.7.3 of the PWS.

5.4 Contractor will promptly notify DGMC Transfusion Services if they are unable to provide an ordered product or service. The DGMC Transfusion Services retains the right to seek these services elsewhere should services not be provided by Contractor.

5.5 Reports or reference laboratory testing data shall be submitted in English.

5.6 The testing site shall meet or exceed all applicable FDA current Good Manufacturing Practice Guidelines and be in good standing with the FDA and Investigational New Drug (IND) Protocol.

5.7 The Contractor shall be, and shall remain, licensed by the FDA and the state in which they are located (if required by state law) and shall be accredited by the AABB to operate as a blood center.

5.8 The Contractor is responsible for ensuring personnel performing testing possess required credentials commensurate with testing difficulty in compliance with the Clinical Laboratory Improvement Act (CLIA) of 1988. And remain compliant should an updated version be released.

5.9 The Contractor shall provide proof of licensure/accreditation as requested by the DGMC Transfusion Services element.

5.10 In the event of a natural disaster or crisis, Contractor, by and through its third-party testing services provider, shall use best efforts to serve as an alternative testing site for allogeneic donor blood that is FDA and IND compliant. Contractor, through its third-party testing services provider, agrees to provide those tests that are required by the FDA, AABB, and the Air Force Blood Program to include nucleic acid testing and tests which may be under an IND protocol.

5.11 The Contractor shall perform procedures compatible with the Air Force Blood Program's FDA requirements. New medical procedures/services shall not be introduced without prior recommendation to, and approval of the medical facility's Commander or authorized representative.

5.12 The Contractor shall arrange for transportation of samples. If transportation of shipped samples for testing is by Air delivery, Contractor must have a mechanism in place to ensure testing is completed and delivered in accordance with the timeline listed in this PWS should air traffic be grounded due to a crisis.

5.13 Confirmation tests performed on a routine schedule will be included as part of the services.

5.14 There shall be a mechanism, between specified or appropriate divisions or departments of the Contactor's testing center and the David Grant USAF Transfusion Services element, for transmission of results of all testing within 48 hours of receipt by the Contractor.

5.15 The contractor shall provide testing services for Autologous (Seit) donations. These donations can be performed at any of the contractor donation facilities and must be coordinated with the David Grant USAF Transfusion Services' element.

5.16 A list of all initial or repeat reactive units shall be faxed or electronically transmitted daily to the David Grant USAF Transfusion Services element by unit number and by test immediately after review and validation. Initially reactive units are repeat tested on the next testing day.

5.17 The Contractor shall serve as a Reference Lab with the ability to provide ABO/Rh typing, antibody screening, and the wide range of reference lab services included in Part 5 Attachments/Technical Exhibit Listing.

5.18 Contractor shall provide blood products to include whole blood, packed red blood cells, platelets, fresh frozen plasma, and cryoprecipitate AHF. Contractor shall have the means to provide products that are irradiated, leukocyte reduced, pooled, washed, obtained by aphaeresis, antigen specific or a combination of the characteristics listed upon request by the David Grant USAF Transfusion Services element.

5.19 Contractor shall provide Transportation containers during pick-up and drop-off to the MTF.

PART 6
6.0 ATTACHMENTS/TECHNICAL EXHIBIT LISTING

PART 6, ATTACHMENT 1
PERFORMANCE REQUIEREMENTS SUMMARY

Performance Objective	Ref	Performance Threshold	Method of Surveillance	Procedure
PRS # 1 Provide blood products and testing 24 hours a day, 365 days a year. *STAT: Not more than 1 hour from the time an order is received by the blood center to the time it is ready to be shipped from the blood center. Contractor will endeavor to coordinate prompt transfer of product to the courier for shipment/transit and delivery. **ASAP: Not more than 4 hours from the time an order is received by the blood center to the time it is ready to be shipped from the blood center. Contractor will endeavor to coordinate prompt transfer of product to the courier for shipment/transit and delivery.	PWS Part 5, 5.1 & 5.2	100% of the time	100% Inspection	DGMC Personnel will prepare a monthly report utilizing blood receipt/delivery logs and monthly invoice statements to ensure products and services are delivered within stated performance thresholds.
PRS # 2 Provide donor specimen. testing in the event of a natural disaster or crisis within 48 hours	PWS Part 5, 5.10	100% of the time	100% Inspection	DGMC Personnel will monitor natural disaster or crisis scenarios and the Contractor's response to the request for this service.
PRS # 3 Properly maintain and dispose of records.	PWS Part 1, 1.7.11	100% of the time	Random Inspection	DGMC can request reports from Contractor to view their records maintenance and disposition policies.
PRS # 4 The Contractor will maintain required certification with the FDA and AABB.	PWS Part 5, 5.7	100% of the time	100% Inspection	At onset of contract and annually thereafter, Contractor will provide copies of up-to-date

				required certifications and have them available at any time if requested.

PART 6, ATTACHMENT 2
BLOOD PRODUCTS AND SERVICES

Whole Blood
PediPak
Autologous
Red Blood Cells
Leukocytes Reduced
Irradiated
Leukocytes Reduced, Irradiated
Washed
Leukocytes Reduced, Washed
PediPak (Leukocytes Reduced)
Autologous
Frozen (Leukocytes Reduced)
Deglycerolized
Rejuvenated
Platelets, Single Donor by Apheresis
Leukocytes Reduced
Irradiated
Leukocytes Reduced, Irradiated
Apheresis (HLA Matched))
Low Count
Plasma, Fresh Frozen
PediPak
Plasma, Frozen Plasma, Cryo-depleted Cryoprecipitate
Pooled (5 units)
Granulocytes by Apheresis
Additional Processing Services
Leukocyte reduction by filtration RSC
Washing
Freezing
Deglycerolization

Irradiation
CMV antibody negative
Hemoglobin S negative
Sterile Docking
Transfer bag
Per PediPak
Special Donations
Whole Blood
Autologous
Red Blood Cell
Autologous freezing in advance of surgery
Freezing storage 1st year
Freezing storage each additional year
Autologous surcharge (all other components)
Designated Donation Surcharge
Immunohematology Services
ABO Grouping
ABO/Rh (Includes weak D when indicated)
Adsorption (Auto)
Adsorption (Allo)
Adsorption (RESt)
Antibody Screen Cell
Separation
Chloroquine/Glycine
HCI Compatibility Test
Direct Antiglobulin Test
Polyspecific Direct
Antiglobulin Test
Monospecific DNA
Genotyping
Donor Compatibility
Donor Units Negative for Antigens (per antigen)
Drug Study
Elution
Neutralization
Red Cell Panel (Initial)
Red Cell Panel (Each Additional)
Red Cell Panel (Rare)
Red Cell Phenotype

Rh Phenotype (5 antigens)
Titration
DTT Treatment
Enzyme Treatment
Confirmed Antigen Negative Units (per antigen)
Historically Antigen Negative Units (per antigen)
Platelet Immunology
PLA Typing
Recruitment for crossmatch of identified donor
Platelet Crossmatch

*****Item listing represents most commonly ordered products, modifications and services and is not exhaustive.

PART 6, ATTACHMENT 3
BLOOD SERVICES

PRODUCT/SERVICE
RED BLOOD CELLS
Red Blood Cells Leukocytes Reduced
PLATELET COMPONENTS
Large Volume Delayed Sampling
Pathogen Reduction Technology (PRT Platelet Products)
PLASMA COMPONENTS
Fresh Frozen Plasma/FP24
CRYO COMPONENTS
Cryoprecipitate AHF
Cryoprecipitate AHF Pooled
MODIFICATIONS/SERVICES
CMV Unit Test
Irradiation
STAT Delivery
ASAP Delivery
STAT/ASAP Delivery by Third Party

*****Item listing represents most commonly ordered products, modifications and services and is not exhaustive.

PART 6, ATTACHMENT 4
LAB SERVICES

Name	**Item Number**	**Description**
ABO Grouping	LS005	ABO Grouping Typing.
Rh(D) Typing	LS015	Rh(D) Typing.
Rh Phenotype	LS020	Common Rh Antigen. Phenotyping Excluding

		Rh(D):C,c,E,e.
Antigen Typing, Patient (per antigen)	LS025	Patient antigen typing of red blood cells, one charge per antigen. Example: RH/FY/JK/K/MNS.
Extended Phenotype	LS035	Patient Typing for Common Blood Group Antigens Excluding Rh(D): K, Fya, Fyb, Jka, Jkb, S,s.
Direct Antiglobulin Test	LS040	Test used to demonstrate antibodies and/or complement bound to patient red blood cells. One charge for poly then if applicable one for anti-IgG and one charge for complement.
Antibody Screen	LS105	Red cell antibody screen any methodology.
Antibody Identification Panel	LS115	Routine or selected reagent red cell panel up to 11 reagent red cells.
Adsorption	LS205	Adsorption test per adsorption. Autoadsorption (using patients own red cells) or allogeneic adsorption (using donor red cells of known phenotype).
Red Cell Treatment	LS210	Chemical premodification of red cells for testing. Examples: EGA/CHL/DTT/WARM/ZZAP.
Elution	LS225	Removal of antibody from patient red cells for further antibody identification testing.
Hemoglobin S Test	LS285	Test that detects abnormal type of S Hemoglobin.
Compatibility Testing	LS405	Crossmatch testing. Requires Transfusion Services Contract.
Crossmatch: (AHG)	LS420	Crossmatch: (AHG). Any methodology.
Electronic Crossmatch	LS425	Crossmatch: Electronic. Two separate ABO/Rh Types must be done in order to utilize electronic crossmatching.
Molecular Extended Red Cell Genotype/Phenotype	LS505	Molecular determination of allelic variants that determine common and rare red cell antigens using multiplex PCR and microarray analysis. Includes DNA extraction and purification.
Molecular Genotype-Platelet (HPA)	LS510	Molecular determination of allelic variants that determine common Human Platelet Antigens, using multiplex PCR and microarray analysis. Includes DNA extraction and purification.
Unit Search	LS605	System inventory search for specially typed products.
Historical type unit search	LS610	Charge for search/location of historical antigen negative units, per antigen
Antigen Typing, Donor - confirmed	LS810	Antigen Typing of Donor Red Blood Cells, routine typing per antigen. Example: RH/FY/JK/K/MNS. A charge is incurred for each test performed.
On-Call Patient Testing Fee	LS905	On-Call Patient Testing (outside of regular business hours, weekends and holidays).
STAT Request IRL	LS910	STAT Patient Workup (testing to begin immediately upon sample receipt in lab).
ASAP Request IRL	LS915	ASAP Patient Workup (testing to receive priority upon sample receipt in lab).

*Item listing represents most commonly ordered products, modifications and services and is not exhaustive.

PART 6, ATTACHMENT 4
DELIVERABLES SCHEDULE

Deliverable	Frequency	Medium/Format	Submit To	Applicable to:
CDRL A001 – Quality Control Plan	Within 30 days of task order award	Contractor's discretion	CDRL A001 to CO	All

PART 7
7.0 Information Technology & Security

7.1 All work under this contract is unclassified.

7.2 The TIER levels and position sensitivity designation for positions under this contract is: (Requirement must be checked in order to be a requirement for this PWS.)

7.2.1 TIER II: Non-sensitive position

7.3 Personally Identifiable Information (PII)/Protected Health Information (PHI), Procurement, and Federal information requirements:

7.3.1. Data Sharing Agreements (DSAs): Contractors requiring access to PII, which includes PHI, or access to de-identified data, are subject to the DHA Privacy and Civil Liberties Office (DPCLO) (Privacy Office) Data Sharing Program. This program requires DHA to enter into DSAs with parties outside the MHS who use or create MHS data. A DHA contract may use the term Data Use Agreement (DUA) rather than DSA. DSAs assure that outside parties protect MHS data in accordance with the Privacy Act and the HIPAA Rules. To apply for a DSA, the contractor submits a Data Sharing Agreement Application (DSAA) to the DHA DPCLO. The contractor submits the DSAA even if a subcontractor will be the party accessing MHS data. After review and approval of the DSAA, the Privacy Office provides a DSA to the contractor for execution.

7.3.2. Processing Procurement Sensitive Information: All individuals shall seek guidance from the CO regarding the coordination of documents, dissemination, and transmission of procurement sensitive information. Procurement sensitive information shall not be transmitted electronically unless encryption is utilized. Depending on a particular procurement, other restrictions may apply.

7.3.3. The contractor shall maintain within the United States or US territories all Government data that is not physically located on DoD premises, unless the Contractor received written notification from the Contracting Officer to use another location, in accordance with DFARS 239.7602-2(a).

7.4 Training - RESERVED

7.5 Cybersecurity Requirements for Non-DoD IT or Covered Contractor IS: The contractor shall, at time of award, have implemented the security requirements prescribed in the National Institute of Standards and Technology (NIST) Special Publication (SP) 800-171, "Protecting Controlled Unclassified Information in Nonfederal Information Systems and Organizations" (available via the internet at https://doi.org/10.6028/NIST.SP.800-171r3), in accordance with DFARS clause 252.204-7012.

7.5.1. The contractor shall verify a current (i.e., not greater than three years) basic summary-level assessment score is posted electronically in the Supplier Performance Risk System (SPRS) IAW DFARS provision 252.204-7019.

7.5.2. The contractor shall submit a signed and completed System Security Plan (SSP) w/applicable Plans of Action & Milestone to attest implementation of the NIST SP 800-171 security requirements for each covered contractor information system used in performance of this contract. An example of a SSP CUI template is available at (https://csrc.nist.gov/pubs/sp/800/171/r2/upd1/final)

7.5.3 The contractor shall provide the government with access to its facilities, systems, and personnel when necessary to conduct or renew a higher-level (i.e., Medium or High) assessment in accordance with DFARS clause 252.204-7020.

7.5.4 Cybersecurity Maturity Model Certification (CMMC). RESERVED

7.5.6 Cyber Incident Reporting Requirement

7.5.6.1 In accordance with DFARS clause 252.204-7012, rapidly report (within 72 hours) cyber incidents involving DoD CUI to DoD Cyber Crime Center (DC3) via https://dibnet.dod.mil/portal/intranet/. In the event of a cybersecurity incident involving a CUI-Specific breach (i.e., PII/PHI), the contractor, in addition to reporting to the DC3, shall follow the incident reporting guidance prescribed in the TRICARE Operations Manual, Chapter 1, Section 5, “Compliance with Federal Statutes” at https://manuals.health.mil/

7.6 Risk Management Framework (RMF) for DoD IT: RESERVED

7.7. Facility Related Control Systems: RESERVED

7.8. System Communications: RESERVED

7.9 MHS Demilitarized Zone (DMZ) Medical Community of Interest (MedCOI) Business-to-Business (B2B) Gateway - RESERVED

7.10 Contractor Provided IT Infrastructure - RESERVED

7.11 System Authorization Acess Request (SAAR), Defense Department (DD) Form 2875 - RESERVED

7.12 MHS Systems Telecommunications - RESERVED

7.13 Establishment of Telecommunications - RESERVED

7.14 Contractors Located On Military Installations - RESERVED