

**1. HEMATOLOGY CELL COUNTER – HEALTH DEPARTMENT
FUNDING – HEALTH DEPARTMENT LABORATORY**

(Request for Bid sent to five vendors)

RFB #03-13700

	Bayer	Abbott Labs	ABX Hematology	Laboratory Supply Co. (Option 1)	Laboratory Supply Co (Option 2)
1 ea. Hematology Cell Counter for the Health Department	\$42,000.00	\$18,900.00	\$14,100.00	\$15,700.00	\$19,900.00
Make/Model	ADVIA 70 Basic	CD 1800	Micros 60	Micros 60 Closed Tube	Beckman Coulter Lab Pack HIM
Warranty	1 year	1 year	1 year	1 year	1 year
Controls (1 st year)	Not Listed	\$1,188.00	\$793.92	\$1,082.40	\$1,082.40
Addendum: Service Agreement for years 2 through 5, including controls.	No Response	(\$2,388.00/yr) \$9,552.00 or (\$2,688.00/yr*) \$10,752.00*	(\$3,093.92/yr) \$12,375.68	No Response	(\$3,402.40/yr) \$13,609.60
Total 5-year cost.		\$29,640.00 or \$30,840.00	\$27,269.60		\$33,509.60

*Note: Approximate cost of service agreement if controls are purchased elsewhere.

On the recommendation of Carol Bevelhymmer, Don Brace moved to **accept the low bid meeting specifications from ABX Hematology for a total five-year cost of \$27,269.60**. Ron Holt seconded the motion. The motion passed unanimously.

Note: The Health Department’s preference was the equipment from Abbott Laboratories. This is due to known history of Abbott equipment (this purchase will be replacing an existing Abbott cell counter) and their unfamiliarity with the ABX product. There was a great deal of discussion between Bid Board, the Health Department and Purchasing about the Abbot Labs and ABX bids and supplemental research, as the low bid meets all specifications (refer to attached documentation).

During the meeting, in response to the memo dated 03/31/2004 supplied by the Health Department pertaining to the American Red Cross (ARC) facilities located in Wichita and Tulsa , Purchasing responded as follows:

American Red Cross, Wichita, was not contacted due to the fact that the cell counter used in that facility is a Baker. ABX acquired Baker and was not the manufacturer of that instrument. They do support facilities that are still using this instrument. American Red Cross, Tulsa has had two Micros 60’s for 2-1/2 years. Prior to March 1, 2004, they were running 600 tests per day. Currently, they are running 100 tests per day. They do use the equipment for checking platelet pheresis pack count (different, more complex, maintenance intensive process) in lieu of running CBC’s which is the application used by the Health Department. Judy Cheffey, supervisor of the laboratory, stated they did have 4 PM’s performed by ABX due to the workload. She has one technician that performs replacing the ‘O’ ring on the equipment, which takes approximately 1 hour to perform. Overall, due to the tests that are ran on this equipment they are looking at replacing with a more automated system. They are very satisfied overall with the equipment and service.

Lori Carr at Hattiesburg Clinic located in Hattiesburg, MS, was also contacted to discuss her experience with ABX. The Clinic has 10 locations throughout the surrounding counties encompassing approximately 200-mile radius. A little over a year ago the clinics started replacing Abbott Cell-Dyne 1600 & 1700 Cell Counters with ABX Mirco 60. The quantity of tests performed range from 5 to 40 per day depending on which clinic site. Since implementation, they have had three service calls; (1) notification of bad lot on reagent not received in time and used. (2) Aperture plate broken during shipping of unit, (3) a minute piece of stopper was found in the internal operation.

Overall, Lori reported everyone was happy with the equipment due to simple operation, ABX service is available, and upon investigation she will be able to interface all the clinics to their mainframe.

The final and recommendation shows the total 5-year cost for equipment, maintenance and controls.



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To: Bid Board
From: Joab Barbosa, MTASCP, MBA, Lab Supervisor
Cc: Cindy Burbach, Lori Vanderford
Date: March 23, 2004
Re: Cell Counter purchase

Specs were submitted, bids were received in the second round, and we're asking for the second lowest bid instrument. Our rationale is now presented to the Bid Board.

Three low bids, which include original purchase, service contracts each year, and quality control reagents (each provides free warranty in year one) are as follows:

Abbott costs 18,900
QC(year 1)-----\$1188
Service and QC(years 2-5)-----\$2388/year
Purchase, maintenance, and quality control total for five years-----\$29640

After five years, total of 29640 includes purchase price, year one costs, and years 2-5 costs.

Abx costs \$ 14,100
QC(year 1)----- \$ 794/year
Service and QC(year 2?)----- \$ 3094/year
Purchase, maintenance, and quality control total for five years-----\$27267
ONLY IF MAINTENANCE AGREEMENTS ARE NOT INCREASED. This vendor provides only a year-to-year maintenance agreement price. Any given increase in subsequent second years would impact the total cost by year five.

Laboratory Supply Company cost 19,900
QC (each year)-----\$1082/year
Service (year 2-4)-----\$2300/year

Note:
Abbott agreement and control prices are as follows on our current machine:
Service----- \$ 2725/year
Qc----- \$ 1076

We've used an Abbott cell counter for the last 12 years:

BOARD OF BIDS & CONTRACTS, APRIL 1, 2004

reliable, durable, and well-serviced
service reps respond within 24 hours of call
our lab technicians are familiar with the machine
second lowest bid is an updated version of this model

CLIA certification authority
recommends a quality assurance program
Abbott instruments identical to ours

ABX is not an American company, but instruments are made in France

Other users and their experiences Abbott & ABX
St. Francis
KUMC-W

Thank you for your consideration.



SEDGWICK COUNTY, KANSAS

DIVISION OF FINANCE

Purchasing Department

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March, 3, 2004

To: Iris Baker

From: Carol Bevelhymer, Purchasing Agent

Subject: Summary of the Hematology Cell Counter

I am recording the dates in chronological order to the best of my knowledge and explain the methods used to determine action that has occurred.

Although the Health Department stated they had started in June to determine the acquisition of a replacement for the current Abbott Cell Counter the requisition did not appear until October 31, 2003.

Request for Bid (RFB) went out on November 17, 2003 with a return date of December 2, 2003. There was only one (1) response, from Abbott in the amount of \$19,950.00. It appeared that the specifications were too tight and limited the competition.

RFB was re-sent on January 8, 2004, with specifications adjusted with a return date of January 20, 2004. The original specifications were used with the following adjustments:

Physical dimensions were stated as approximate size.

Processing and aspiration were stated as minimum in lieu of exact.

CBC with 3-part differential and 18 parameter result was stated as minimum.

Technology and methods were stated as minimum.

Data Station was stated as minimum.

Specimen Data Management was set at a minimum.

Quality control data management was set at a minimum.

Patient demographics were set at a minimum.

The other specifications, peripheral devices, UL standard and safety compliance, electrical requirements and operating temperature remained the same.

There were four (4) responses and those were forwarded to the Health Department. (Appendix "A", Table 1)

I contacted Joab Barbosa and discussed the responses. He stated that he had never heard of ABX and although the equipment meet the specifications according to the response, that was not the instrument he wanted. He wanted to research further. I created a spreadsheet reflecting a comparison between the specifications and the responses and shared that with Joab at a meeting in his office.

Early February, I heard that a demonstration of ABX was scheduled at the Health Department, which I attended until such time I had to leave for another meeting.

Due to the department not wanting low bid, which met the specifications, I asked for supportive documentation to recommend the next lowest bid from Abbott.

February 12th, I received an e-mail stating the low bid was “tinny” and lightweight and didn’t inspire confidence and it required a \$2,800.00 per year maintenance agreement.

Maintenance agreement was not addressed in the RFB, only warranty of product which all responded one-year. I researched the maintenance agreements with the three low bids and received information reflected on (Appendix “A”, Table 1).

The information was forwarded to the Health Department on February 24th.

A meeting was arranged on February 26th with the Health Department and Purchasing.

Discussion covered purchasing processes, Charter 55, service and CLIA.

CLIA was a concern of the Health Department and I have researched and discovered the following:

Clinical Laboratory Improvement Amendments of 1988 (CLIA) were published in February 1992 by the U.S. Department of Health and Human Services (DHHS) and is administrated through the Kansas Department of Health and Education (KDHE). Under the CLIA regulations, all clinical laboratories are required to obtain federally issued certificates. To acquire a certificate, a laboratory must meet all relevant standards, which are determined by the complexity of the tests being performed. The standards set forth by CLIA apply to such areas as patient test management, quality control (QC) proficiency testing, personnel qualifications, and quality assurance (QA) programs. Certification fees vary according to complexity level and test volume. There are three different levels of complexity outlined in the CLIA regulations—waived, moderate complexity, and high complexity.

Waived tests require little or no training or experience to perform, do not require elaborate QC, and are therefore less likely to produce inaccurate results. Non-automated dipstick urinalysis is one of several waived tests.

The moderate-complexity category encompasses most clinical laboratory tests, including automated urine, blood, and chemistry analyses. Tests and analyzers in this group require a limited amount of sample and reagent preparation, as well as limited operator intervention during the analytical process.

The high-complexity classification covers more specific testing, which requires extensive education and training in the specialty. Procedures that necessitate a high degree of operator preparation, calibration, intervention, an analysis, such as clinical cytogenetics and histopathology applications, are placed in the highly complex category.

CLIA does require laboratories to have a computerized reporting system in place to ensure compliance with CLIA performance standards for QC and QA of patient testing instruments and procedures. To comply with this standard, I called Joab and discussed with him the procedure currently in place. He stated that once a month he sends a print out to the supplier (R & D Systems who supplies the controls). They in turn perform QC/QA tests using 66 others in their peer group nationwide. This is at an annual cost of \$1,076.00 or \$89.66 monthly for the controls. The supplier performs the testing where the controls are purchased. This process would be followed by any supplier of controls no matter whom we purchased them from.

Another concern was the number of ABX units in the United States and Kansas.

ABX has installed approximately 2500 instruments within the United States. Of those about 1,000 are the Micros 60 series, which is the model that was low bid. Within the state there are 40 ABX machines encompassing their full line consisting of four (4) different levels of analyzers. I surveyed the end-users and information is reflected on (Appendix “A” Table 2).

I talked to Myrna at Mercy Hospital in Moundridge, KS. Two years ago they replaced their Abbott with a Micros 60. They are CLIA certified. They do between 250 and 350 tests per month. When service is required they have the option of calling and being walked through a corrective action or if not able to get equipment back on line, service representative is there the next day. They are very satisfied with ABX service. They send a report to the vendor supplying the controls and they perform QC/QA with 60 others in their peer group nationwide.

American Red Cross (ARC) in Tulsa, Oklahoma has two (2) Micros 60 analyzers. They acquired the units about a year ago. When (ARC) purchases equipment they have an internal validation program established through the national office in Washington, D.C. that covers total operation of equipment to insure functionality of such equipment. In talking with Mary, Quality Control, and Judy Cheffey, Supervisor, they do approximately 300 tests per day (6,000 per month). They are CLIA certified. In regards to service, they are very satisfied with ABX service.

I conversed with Don Conway, Dodge City Medical Center, Dodge City, KS. Mr. Conway has been with the facility for 21 years. They replaced a Coulter with a Pentra 60C from ABX in April of 2003. They do approximately 1,200 tests per month. They are CLIA certified. They send a report to the vendor supplying the controls to do QC/QA with 60 others in their peer group nationwide. In regards to service provided by ABX, he is satisfied with the call-in trouble-shooting program that is available. He stated that around 5:00 p.m. on February 1, 2003 they got a blood clot in the machine due to an error. He called for a service representative and they arrived the next day around 2:00 p.m. to correct the problem. They corrected the problem and stayed until 5:00 p.m. then took the equipment down and performed preventative maintenance on the machine.

I contacted Anwar with St. Francis Via Christi, to inquire about his experiences with ABX. He stated that 3 years ago they replaced Coulter with ABX. They have a Pentra 120, Pentra 80. They did have a Pentra 60, which has been moved to another location. They do approximately 4,500 tests per month. They are CLIA certified. In regards to service, he stated they have improved from three years ago and the call-in program is satisfactory.

The following are a few companies who are distributors for ABX :

- Fisher Scientific
- Cardinal Health
- Henry Schein/Caligor
- Triad Associates
- Labsco
- Kraiser's
- Beach Medical
- TechNeal

In conclusion, the ABX has met all the criteria established by the Health Department specifications, CLIA, and has the ability to provide all requirements in the fields of quantitative analysis and quality regarding patient testing.

BOARD OF BIDS & CONTRACTS, APRIL 1, 2004

Appendix "A"

Table 1

COMPANY	ABX	Abbott	Laboratory Supply (Coulter)	Bayer
BID RESPONSE	\$14,100.00	\$18,900.00	\$19,900.00	\$42,000.00
WARRANTY	1 YEAR	1 YEAR	1 YEAR	1 YEAR
SERVICE AGREEMENT 2-5 YEARS INCLUDING CONTROLS	\$12,375.68	\$9,552.00 OR \$10,752.00	\$13,609.60	NO
TOTAL COST FOR 5 YEARS	\$26,475.68	\$28,452.00 OR \$29,652.00	\$33,509.60	NO

Table 2

Facility	Mercy Hospital, Moundridge, KS	American Red Cross, Tulsa, OK	Dodge City Medical Center, Dodge City, KS	St. Francis Via Christi
Instrument	Micros 60 (1)	Micros 60 (2)	Pentra 60	Pentra 60, 80, 120
Length of Time	2-years	1-year	10 months	3 years
CLIA Certified	Yes	Yes	Yes	Yes
Number of Tests per month	250-350	6,000	1200	4,500
Service	Very satisfied	Very satisfied	Very satisfied	Improved from 3 years ago
QC/QA Provided by supplier of controls	Performed with 60 others in their peer group nationwide.	Performed with 70 others in their peer group nationwide	Performed with 60 others in their peer group nationwide.	Performed with 60 others in their peer group nationwide.



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To: Bid Board
From: Joab Barbosa, MTASCP, MBA, Lab Supervisor
Cc: Cindy Burbach, Iris Baker, Bill Farney
Date: April 2, 2004
Re: Cell Counter purchase -- update to Bid Board

After meeting with the Bid Board on March 25, they requested more information from Purchasing. Questions came up regarding the following:

Life expectancy & reliability:

Abbott instrument we've got now has been in use 12 years.
It continues to work fine, but Abbott will not longer support it.

ABX has only imported their instruments to the US since 1999,
so there's no known history longer than five years. *Conversations with regional users of ABX are summarized on attached page.* More than one lab is looking to replace their ABX instruments after less than three years usage.

We cannot expect budget to be available to buy another in five years, even if this was appropriate stewardship of tax revenues.

Training:

Any time spent in training staff on a new machine would be time and resources lost.

Manufacturing:

Abbott is manufactured in California
ABX is manufactured and based in France.

Spec & bidding process:

Specs were submitted, but since only one vendor bid, the user's specs were broadened for the current bid results.

The Health Department recommends purchase of the next-to-lowest bid. Charter 55 states "contract shall be awarded to a qualified vendor submitting the lowest responsible bid **or best proposal as determined by the Board of County Commissioners after review of all vendor proposals and recommendation by the user department...**"

Thank you for your consideration.

RED CROSS INFORMATION ON ABX

LOCAL RED CROSS

Presently have a Baker instrument made by Abx.
Have been using the cell counter for about 3 years.
Run around 25 samples a day.
Use for checking platelet pheresis pack counts.
Baker instrument is quote "wore out" and looking new instrument.
Evaluating an Abbott 3200 for replacement.
Preventative maintenance takes time and is a problem.
Lab Director quote, " will be happy to get rid of it".

TULSA RED CROSS

Presently have two Micros 60's made by Abx.
Have been using the Micros 60 for over one year.
Presently run 50 samples a day. Ran 300 for short time to check bacteria counts.
Use for checking platelet pheresis pack counts.
Have four PM's by Abx service tech's per to purchase
Also in the process of evaluating a new instrument.
Preventative maintenance takes one tech's dedication to keep instrument operating. Every 25 samples must clean and weekly concentrated cleanings.
Also tech does do maintenance on syringe O rings and quote, "Is difficult to work on and a problem to disassemble".