

Quantity Purchase Agreement With The State Of Indiana

Qty Purchase Agreement QPA Number		Page
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Requisition Nbr.:	Drug & Alcohol Testing Service	
Effective Date:	03/31/2017	
Expiration Date:	06/30/2025	
Agency Number:		
Facility:	ASA RFP17-008	
Vendor ID:	0000351421	
Vendor Telephone Nbr:		
Name Of Contact Pers:		
Contact Email:		
FAX Number:		

Vendor: DISA INDIANA LLC
Remit to: 603 E WASHINGTON ST STE 200
INDIANAPOLIS IN 46204

Name and Address of Vendor: DISA INDIANA LLC
603 E WASHINGTON ST STE 200
INDIANAPOLIS IN 46204

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement. The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement. **Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.**

Line Number	Quantity	UNIT	Article and Description	Unit Price
This is an award of a Quantity Purchase Agreement (QPA #19060) for Drug and Alcohol Testing Services.				
QPA has an initial two years and can be mutually renewed annually for an additional two years. Offering on site, mobile units, collection sites.				
To render services you need to complete a Scope of Work. Please see supplemental page for more information.				
Primary Customer Service Rep (Handles concerns, emergency testing needs)- Paula Zimmerman Email: paula.zimmerman@disa.com Phone: 765/894-1040				
State Vendor Manager: Grant Durnil Email: GDurnil@idoa.IN.gov				
10	9,999,999,999.00	EA	000000000100280796 Breath Alcohol Test- Inclusive Per-Test Cost of Test Using the Mobile Collection Unit	23.0000
11	9,999,999,999.00	EA	000000000100280797 Breath Alcohol Test-Inclusive Per-Test Cost of Test Using a Collection Site	43.0000
12	9,999,999,999.00	EA	000000000100280798 5-panel Urine Drug Test -Inclusive Per-Test Cost of Test Using the Mobile Collection Unit	70.0000
13	9,999,999,999.00	EA	000000000100280799 5-panel Urine Drug Test- Inclusive Per-Test Cost of Test Using a Collection Site	49.0000
14	9,999,999,999.00	EA	000000000100280800 (DWD ONLY) 5-panel Urine Drug Test due to limited scope.	37.0000
15	9,999,999,999.00	EA	000000000100280801 10-panel Urine Drug Test- Inclusive Per-Test Cost of Test Using the Mobile Collection Unit	70.0000
16	9,999,999,999.00	EA	000000000100280802 10-panel Urine Drug Test-Inclusive Per-Test Cost of Test Using a Collection Site	49.0000
17	9,999,999,999.00	EA	000000000100280803 Full Anabolic Steroid Test-Inclusive Per-Test Cost of Test Using the Mobile Collection Unit	195.0000
18	9,999,999,999.00	EA	000000000100280804 Full Anabolic Steroid Test-Inclusive Per-Test Cost of Test Using a Collection Site	195.0000
19	99,999,999.00	EA	000000000100305750 5-panel + Extended Opioids Urine Drug Test - Inclusive Per-Test Cost of Test Using the Mobile Collection Unit	71.5000
20	99,999,999.00	EA	000000000100305751 5-panel + Extended Opioids Urine Drug Test - Inclusive Per-Test Cost of Test Using a Collection Site	50.5000
21	99,999,999.00	EA	000000000100305752 10-panel + Extended Opioids Urine Drug Test - Inclusive Per-Test Cost of Test Using the Mobile Collection Unit	71.5000
22	99,999,999.00	EA	000000000100305753 10-panel + Extended Opioids Urine Drug Test - Inclusive Per-Test Cost of Test Using a Collection Site	50.5000
23	99,999,999.00	EA	000000000100356998 FMCSA 5-Panel Urine Drug Test Using Collection Sites for INDOT Clearinghouse using Collection Sites	51.5000

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Line Number	Quantity	UNIT	Article and Description	Unit Price
24	99,999,999.00	EA	000000000100356999 FMCSA 5-Panel Urine Drug Test Using Collection Sites for INDOT Clearinghouse using Mobile Collection Sites	72.5000

The following UN/CEFACT Unit of Measure Common Codes are used in this document:

EA	Each
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Signature of Purchasing Officer	Typed Name	Signature Of Approval Office Of the State Attorney General	
	Date Signed	Typed Name	Date Signed
Authorized Signature	Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis, Indiana 46204 Telephone: (317) 232-3150		