

State of Indiana  
Genetic Testing Services  
**RFP 23-74828**

## **INSTRUCTIONS**

1. Please populate the YELLOW SHADED CELLS in the worksheet.
2. Pricing List tab must have a response. No response will be disqualified and not considered for award.
3. Additional Information tab is for additional potential costs that the State needs to understand when cor  
response it will not disqualify a respondent for award of bid.

ntracting. This tab should have responses but if no



OTHER SERVICE COST DESCRIPTION	UNIT PRICE
Non-Invasive Prenatal Paternity Testing	Appx \$600 -\$1000 per specimen