



**OFFICE OF THE PURCHASING AGENT  
COUNTY OF COOK**

118 NORTH CLARK ST. ROOM 1018  
CHICAGO, ILLINOIS 60602-1375  
(312) 603-5370

THIS PURCHASE ORDER NUMBER  
MUST APPEAR ON ALL PACKAGES,  
INVOICES, SHIPPING PAPERS AND  
DROP SHIPMENTS.

PURCHASE ORDERED ISSUED TO  
78396

College Of American Pathologists  
325 Waukegan Rd  
Northfield IL 60093

DATE  
12/14/2011  
F.O.B. POINT

PURCHASE ORDER NO.  
**179337 - 000- OP**  
REQUISITION NO.  
00100387 OR

**COOK COUNTY FEIN: 36-6006541  
ILLINOIS SALES TAX EXEMPT: E-9998-2013-04  
FEDERAL EXCISE TAX EXEMPT CERT: 36-75-D038K**

**SHIP TO** Medical Examiner  
Robert J. Stein Institute of Forensic Me  
2121 W. Harrison RM 143  
Chicago IL 60612-3706

**DELIVERY INSTRUCTIONS**  
MEDICAL EXAMINER OFFICE  
KIMBERLY JACKSON (312)997-4482

DEPT NO  
2590888 Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	WHOLE BLOOD ALCOHOL/ ETH GLY /VOLATILES ORDER NO. 885071 04 58 CAP NO. 186780101 A/R NO. 71031100	.00 LO	324.0000	324.00	1100.300356
2.00	TOXICOLOGY PRODUCT CODE (T)	.00 LO	690.0000	690.00	1100.300356
***** Total Order *****				1,014.00	

NOTE: VENDOR AGREES NOT TO EXCEED THE QUANTITY OR DOLLAR AMOUNT OF THIS ORDER WITHOUT WRITTEN AUTHORIZATION FROM THE PURCHASING AGENT

**RECEIPT CERTIFICATION (FOR DEPARTMENT USE ONLY)**

I hereby certify that I have received the goods/services reflected above and that the items referenced are in full conformity with the purchase order/contract.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby certify that this purchase is in agreement with the requisition on file authorizing the expenditure and is properly approved.  
PURCHASING AGENT Date: 12/14/11

*Mania de Souza Lopez*

# Purchase Requisition

Office of the Purchasing Agent  
Cook County of Illinois

53 BR  
Purchase Order Number  
179337  
NGB

Requisition # **OR 100387** Contract #

Open Date

Ship To: 8000739

Medical Examiner  
Robert J. Stein Institute of Fo  
2121 W. Harrison RM 143  
Chicago IL 60612-3706

Delivery Instructions:  
MEDICAL EXAMINER OFFICE  
KIMBERLY JACKSON (312)997-4482

Supplier: 78396

College Of American Pathologis  
325 Waukegan Rd  
Northfield IL 60093

Buyer Number 724150 Supervisor 40  
Bid/Sole Src Code SSV  
Business Unit 2590888  
Internal Req Number 112590163  
Board Apr Date & Item 11/16/2011  
Requisition Date 11/16/2011  
Date Needed 11/16/2011

One Time Purchase Yes No Covers Need for \_\_\_\_\_ months. Specific Period of time \_\_\_\_\_ thru \_\_\_\_\_ Prior Contract No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ Emergency No. \_\_\_\_\_

Line #	Commodity Description	Bal. on Hand	Quantity	UOM	Est. Unit Cost	Extended Cost	Business Unit and Object Account
1,000 961	WHOLE BLOOD ALCOHOL ORDER NO. 885071 04 58 CAP NO. 186780101 A/R NO. 71031100	<	>	LO	324.0000	324.00	2590888.521210
2,000 961	TOXICOLOGY PRODUCT CODE (T)	<	>	LO	690.0000	690.00	2590888.521210
Total of Items Ordered						1,014.00	

CERTIFICATION  
I hereby certify that the items and/or services above are necessary to this department (or institution) and that the depl. no., account & activity numbers indicated above accurately reflect the specific line item budget appropriation approved by the Board of County Commissioners and there is a sufficient unencumbered balance in the account to grant same.

CCA

APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

PROCUREMENT

ACCT #

DATE

BY

*Kimberly Jackson*  
REQUISITIONER  
BUREAU or DEPARTMENT HEAD  
*James J. Gray, MD.*  
HEAD

02-5-11  
02 NOV 11 02  
RECEIVED



**Cook County  
Office of the Purchasing Agent**

**Sole Source Justification**

<b>General Information</b>	Date: 11/17/2011
Unit/Department: 259 - MEDICAL EXAMINER	Phone No. 312-997-4482
Contact Name: Kimberly R. Jackson, MBA	Email Kimberly.Jackson@@cookcountyil.gov

<b>Vendor Information</b>	Requisition No. 112590160/100165
Name: College of American Pathologists	Purchase Order No.
Address: 325 Waukegan Road, Northfield, IL 60093	Contract No.

**Description.** Please provide a description of the goods or services required, the duration or frequency of the requirement, and where will the services or goods be delivered.

Comprehensive and challenging proficiency testing products for the laboratory. For FY 2012 they have introduced 40 new surveys and Anatomic Pathology Education Programs to meet quality and testing needs. CAP Surveys ensures the laboratory achieves and maintains the highest standards of clinical testing by offering the most comprehensive laboratory peer-comparison program, preparing laboratory staff to solve a broad range of real-world diagnostic challenges, providing in-depth education and technical support, consistently evaluating new data, tests, methodologies, technologies, and standards, collaborating with groups such as AABB, AACC, ACMG, CDC and others to develop the highest quality products and services to enhance patient safety and allowing the laboratory to contribute to advancing laboratory medicine - because CAP guides improvements and potential testing enhancements.

Services will be delivered to the **Toxicology** division of the Office of the Medical Examiner (2121 W. Harrison St., Chicago, IL 60612).

**Type.** Please select one of the options and explain below.

- Single Source       Proprietary/Copyright Restrictions       Equipment Compatibility  
 Patented Product       Exclusive or Unique Capability       Other, please explain

**Explanation:** Why is this product or service the only one that would satisfy the requirement(s)?

The proficiency testing products are considered sole source proprietary manufacturing specifications provided only by the College of American Pathologists resource committees. The products are available solely under the Surveys and EXCEL Proficiency Testing Programs.

**Due Diligence.** Describe the due diligence performed that led to the conclusion that this is a sole source.

The proficiency testing products are sole source proprietary manufacturing specifications provided only by the College of American Pathologists resource committees.



**Cook County  
Office of the Purchasing Agent**

<b>Department Recommendation</b>	
Requestor: Kimberly R. Jackson, MBA	Date: 11/17/2011
Department Head: <i>Nancy F. Garner, M.D.</i>	Date: 11/17/2011

<b>Purchasing Agent Approval</b>	
Signature:	Date:



College of American Pathologists  
 325 Waukegan Rd.  
 Northfield, IL 60093-2750  
 Tel: 800-323-4040 option 1  
 Dir: 847-832-7000 option 1  
 Fax: 847-832-8168 | www.cap.org



Order No. 885071 02 34

GENERAL

FAX TO: 847-832-8168

CAP No. 186780101

A/R No. 71031100

# 2012 Laboratory Improvement Programs Order Form

To ensure full participation, please order by December 1, 2011.

## Laboratory Information

Nancy Jones MD  
 Medical Director (First Name) Medical Director (Last Name)  MD  Other  
 DO  PhD  
 nljones@cookcountygov.com  
 Kathleen Mittel BS  
 PT Ordering Contact (First Name) PT Ordering Contact (Last Name)  MD  Other  
 DO  PhD  
 PATRICK NG

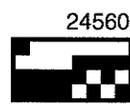
## Shipping Information - All shipments, including PAP, will be sent to the person and address listed below.

Kathleen Mittel BS  
 Shipping Contact (First Name) Shipping Contact (Last Name)  MD  Other  
 DO  PhD  
 PATRICK NG  
 PATRICK.NG@COOKCOUNTYIL.GOV  
 PATRICK NG  
 (312)997-4490 (312)997-4546  
 Country Code Area Code Laboratory Phone Number (Required) Extension Area Code Laboratory Fax Number

Institution Name **Office of the Medical Examiner**  
 Name of Laboratory

Toxicology Lab  
 Department Name  
 2121 W Harrison St  
 Street Address (Note: Products cannot be delivered to a PO Box.)

Chicago IL 60612-3705  
 City State Postal Code  
 Province (Use abbreviation) Country









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 325 Waukegan Rd.  
 Northfield, IL 60093-2750  
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 Fax: 847-832-8168 | www.cap.org



Order No. 885071 05 60

GENERAL

FAX TO: 847-832-8168

CAP No. 186780101

A/R No. 71031100

# 2012 Laboratory Improvement Programs Order Form

Enter the quantity to order these new products.

New Product Description	Quantity	Unit Price	Extended Amount	New Product Description	Quantity	Unit Price	Extended Amount
<b>New Surveys</b>				<b>New Surveys, cont'd</b>			
Antihistone Antibody (AHT)	<input type="text"/>	\$300		Hepatitis Viral Load, 5 Challenges (HBVL5)	<input type="text"/>	\$699	
Antiphosphatidylserine Antibodies (APS)	<input type="text"/>	\$320		Microbiology Bench Tools Competency (MBT)	<input type="text"/>	\$278	
Bile Crystals (BCR)	<input type="text"/>	\$218		DNA Extraction and Amplification FFPE (MHO5)	<input type="text"/>	\$520	
Breakpoint Implementation Tool (BIT)	<input type="text"/>	\$698		PNA FISH for Staphylococcus (PNA1)	<input type="text"/>	\$318	
Activated Clotting Time (CT5)	<input type="text"/>	\$310		PNA FISH for Yeast (PNA2)	<input type="text"/>	\$318	
Cytokines (CTKN)	<input type="text"/>	\$460		PNA FISH for Enterococcus (PNA3)	<input type="text"/>	\$318	
Urine Drug Adulterant/Integrity Testing (DAI)	<input type="text"/>	\$222		POC/Waived hCG Competency (POC1)	<input type="text"/>	\$129	
Drug Monitoring For Pain Management (DMPM)	<input type="text"/>	\$430		POC/Waived Glucose Competency (POC2)	<input type="text"/>	\$129	
Expanded Hormone Exercises (ECE1)	<input type="text"/>	\$225		POC/Waived Urine Dipstick Competency (POC3)	<input type="text"/>	\$129	
Expanded Lipid Exercise (ECE2)	<input type="text"/>	\$225		POC/Waived Strep Screen Competency (POC4)	<input type="text"/>	\$129	
Expanded HbA1c Exercise (ECE3)	<input type="text"/>	\$225		Salivary Cortisol (SALC)	<input type="text"/>	\$430	
Expanded Virtual Peripheral Blood Smear (EHE1)	<input type="text"/>	\$220		Sperm Viability CD (SM2CD)	<input type="text"/>	\$336	
Expanded Transfusion Medicine Exercises (ETME1)	<input type="text"/>	\$578		Total Bile Acid (TBLA)	<input type="text"/>	\$350	
Fungal Smear (FSM)	<input type="text"/>	\$180		11-Dehydro-Thromboxane B2 (TBX)	<input type="text"/>	\$300	
1st Trimester Maternal Screen, Total HcG (FP1T)	<input type="text"/>	\$1,398		Trace Metals, Urine (TMU)	<input type="text"/>	\$398	
1st Trimester Maternal Screen, Free Beta (FP1B)	<input type="text"/>	\$1,398		Virtual Body Fluid (VBF)	<input type="text"/>	\$240	
Gastric HER2 (GHER2)	<input type="text"/>	\$398		Virtual Gram Stain Basic Competency (VGS1)	<input type="text"/>	\$198	
Glioma (GLI)	<input type="text"/>	\$700		Virtual Gram Stain Advanced Competency (VGS2)	<input type="text"/>	\$198	
Hematology Benchtop Reference Guide (HBRG)	<input type="text"/>	\$64		Viral Load (VLS2)	<input type="text"/>	\$1,179	
CAP/NSH Gastrointestinal Biopsy Module (HQBX1)	<input type="text"/>	\$506		Viral Markers, Series 6 (VM6)	<input type="text"/>	\$498	
CAP/NSH Dermatologic Biopsy Module (HQBX2)	<input type="text"/>	\$506		Therapeutic Drug Monitoring, Extended (ZE)	<input type="text"/>	\$1,060	
CAP/NSH Urogenital Tract Biopsy Module (HQBX3)	<input type="text"/>	\$506					

Page Total \$ \_\_\_\_\_

48516





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Order No. 885071 06 72

GENERAL

FAX TO: 847-832-8168

CAP No. 186780101

A/R No. 71031100

## 2012 Laboratory Improvement Programs Order Form

Enter the quantity to order these new products.							
New Product Description	Quantity	Unit Price	Extended Amount	New Product Description	Quantity	Unit Price	Extended Amount
<b>New Q-PROBES®</b>				<b>CAP QMED™ Online Education</b>			
Hospital Nursing Satisfaction with Laboratory Services (QP121)	<input type="text"/>	\$395		15189 Walkthrough (ISOEDWT)	<input type="text"/>	\$325	
Turnaround Time for Large or Complicated Specimens in Surgical Pathology (QP122)	<input type="text"/>	\$395		QMS Implementation Roadmap (ISOEDRM)	<input type="text"/>	\$325	
Frequency Monitoring of Outpatient Laboratory Testing (QP123)	<input type="text"/>	\$395		Root Cause Analysis (ISOEDRC)	<input type="text"/>	\$325	
Timeliness and Accuracy of Reporting Preliminary Blood Culture Results (QP124)	<input type="text"/>	\$395		Internal Auditing (ISOEDIA)	<input type="text"/>	\$325	
<b>New Q-MONITORS™</b>				Document Control (ISOEDDC)			
Monitor Troponin for Chest Pain Centers (QM1)	<input type="text"/>	\$780		Quality Manual Development (ISOEDQM)	<input type="text"/>	\$325	
Completeness of Cancer Reporting (QM2)	<input type="text"/>	\$780		Management Review (ISOEDMR)	<input type="text"/>	\$325	
<b>New EXCEL</b>				<b>Competency Assessment Program</b>			
Whole Blood Creatinine (L31)	<input type="text"/>	\$276		Safety & Compliance courses (XCA0050)*	<input type="text"/>	\$250	
<b>CAP Accreditation Readiness Assessment (CARA)</b>				Safety & Compliance courses (XCA0250)*			
New educational onsite evaluation assessment. The fee is based on number of assessor days (CARAB1)	<input type="text"/>	TBD		* Safety & Compliance course package must be purchased in conjunction with a Competency Assessment Program subscription. Refer to Surveys catalog pages 16 - 18.			

Page Total \$ \_\_\_\_\_





