

## Department of General Services

## Emergency Procurement ("EP") Approval Request

## Bureau of Procurement

If either of the following two conditions exist, an EP is not required and should not be requested:

1. Material / Service available from DGS statewide contract.
2. Estimated Cost of the Material / Service is within the Small, No-bid Procurement threshold identified in the Procurement Handbook, Part I, Chapter 7.

Agency requests approved to proceed with an emergency procurement under Section 516 of the Commonwealth Procurement Code (62 Pa. C.S. §516).

## Requesting Agency Information

Agency/Bureau:	Department of Health				
Contact Person:	Lori Diehl				
Contact Address:	625 Forster Street Harrisburg PA 17120-0701				
Contact Tel#:	717-787-1022				
Contact Email:	ldiehl@pa.gov				
Description Of Material (or) Service (or) IT	Service	Eurofins will provide overflow lab services, mainly for LTCF testing, but also as a backup for our State Lab.			
SAP Material Groups:	41122000				
Estimated \$ Amount:	\$4,554,000				
Length of EP:	1 year				
Delivery Location:	City	Harrisburg	State	Pennsylvania	ZipCode 17120

## Basis for the Emergency Purchase



## Threat to public health, welfare, or safety

Identify the Threat:	novel Coronavirus (COVID-19)
Provide a brief explanation of the need for the material and/or service:	Testing is a part of mitigating the spread of COVID-19 and our long-term care facility residents are an extremely vulnerable population. The Secretary of Health issued an order for all Skilled Nursing Facilities to do one round of Universal Testing by July 24. This contract is intended to assist in those efforts, as well as provide back up testing to our State Lab.
State the consequence if the procurement is not done on emergency basis:	Testing is a step in limiting the spread of this virus. If we do not take steps to keep our long-term care facility residents safe, we could potentially see another large increase in deaths. Our State Lab has been hitting their maximum capacity per day. We need another lab for overflow capacity to ensure timely results being reported.

Indicate whether approval  
was obtained from DGS.

If "Yes", provide the following:

☐ Yes

a. Name of person granting approval:

☒ No

b. Date of approval:

☐ ***Circumstances outside the control of the agency create an urgency of need, which does not permit the delay in using more competitive methods***

**NOTE: Verbal approval will not be provided for this basis. Agency cannot proceed with emergency procurement until this form is completed and approved by DGS.**

**Identify the Circumstances:**

**Why are those  
circumstances outside of  
the control of Agency?**

**Provide a brief explanation  
for the urgent need:**

## *Information Required*

***For ALL EP's provide the following information:***

**Brief description of selection  
process:**

Eurofins has a lab in Lancaster County and actually entered into a contract with the county of Lancaster to assist with LTCF testing. We chose a local lab for a low cost to assist with our overflow testing.

**Full supplier  
information  
(if known at time of  
submission of form)**

Name:

Eurofins

Address:

2430 New Holland Pike, Suite D100, Lancaster, PA 17601

Telephone #:

SAP Vendor#:

0000543017

Total Amount

***For EP's that are NOT a threat to public health, welfare, or safety, provide the following information***

**Include a list of the solicited  
suppliers, their contact information,  
and their quotations:**

**Funds have already been  
encumbered for this request  
(Yes/No):**

☐ Yes

☒ No

**If applicable, what has been done  
previously to procure this  
material/service? (Also provide the  
previous SAP/SRM PO number  
and/or Contract Number)**

**NOTE: If any Agency only intends to solicit a quote from one supplier, the following section, "Supplemental Single Source Information" must be completed**

## ***Supplemental Single Source Information Required***

***This section of the EP APPROVAL REQUEST Form is only required to be completed if the following is applicable:***

- 1. Category of Emergency is due to "Circumstances outside the control of the agency create an urgency of need, which does not permit the delay in using more competitive methods."***
- 2. It is not practical for the agency to obtain two or more quotes.***

**Is only a single supplier capable of providing the material or services? If Yes, please explain. If not applicable, leave blank and respond in the next block.**

No.

**Explain why it is not practical to obtain two or more quotes for this emergency procurement.**

We did receive a few other offers that were more expensive.

**If timing is a factor, what is the time factor and why? If yes, please explain.**

Yes. There have already been many deaths among long-term care facility residents and we need to do everything we can to stop it from continuing.

**Are there compatibility requirements or compliance requirements? If yes, please explain.**

Yes, all labs must report all positive and negative results to our disease surveillance system, PA-NEDSS. They are already doing this for other ordering providers.

**NOTE: If the purpose of the emergency procurement is to prevent a lapse in contracted services, one of the following must be checked. Include status of the new contract/purchase and note any special conditions of the emergency procurement.**

☐

**To extend a current contract with the current contractor to prevent a lapse in contracted services.**

☐

**To bridge a gap between an expiring contract and a new contract by allowing the new contractor to begin work before the new contract is fully**

☐

**To authorize a supplier, who has been properly selected through one of the methods of award, to begin work before the new contract is fully executed because the agency needs the services immediately and cannot wait until full execution of the**

☒

**If none of the above is applicable, explain how the emergency supplier was selected.**

This is a temporary agreement to quickly stand up additional testing for long-term care facilities who cannot do this on their own and until our State Lab can purchase more equipment.

# Agency Approvals

**IMPORTANT\***:The printed names on this form shall constitute the signatures of these individuals. Agencies must insure that these individuals review the completed form and give their consent to apply their printed name on this form. No handwritten signatures shall be required in order for the form to be considered "signed" by those individuals whose names appear in the signature section

**Requesting Authority (Agency Head or Designee reviewing and approving this request)**

**Requesting Authority signature connotes concurrence with the Agency EP request to procure the material and/or service**

**Title:**

Agency Designee

**Signature:**

Lori Diehl

**Date:**

06-23-20