

Request For Quote

Quote: 022326CM01

The South Carolina Department of Behavioral Health and Developmental Disabilities-Office of Intellectual and Developmental Disabilities is interested in obtaining a price quote on the services/items listed below. If you would like to provide a quote, please return this form with your quote information to Procurement@ddsn.sc.gov NO LATER THAN 12:00PM ON FRIDAY, MARCH 13TH, 2026. If you have any questions, please call 803-898-9750.

** Vendor must have offices within 50 miles of Columbia, Florence, Clinton, and Summerville **

Vendor must be able to provide a qualified physician for screening oversight

Price Schedule

The South Carolina Department of Behavioral Health and Developmental Disabilities is interested in obtaining the following items/services at (Location) with the minimum specifications below.

Date of Submission: _____

Line Item	Description	QTY	Unit	Price
1	QuantiFERON TB Gold Plus Screening - CC	75 Tests		\$
2	QuantiFERON TB Gold Plus Screening - MC	75 Tests		\$
3	QuantiFERON TB Gold Plus Screening - CO	30 Tests		\$

Total	-----		-----	\$
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Vendor Number: _____

Vendor Name: _____

Authorized Signature: _____

Contact Name: _____

Telephone: _____

Email Address: _____

Must be a Registered South Carolina Vendor to provide quote