Request For Quote

Quote: 072426CM02

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 WEDNESDAY, AUGUST 12TH , 2026**. If you have any questions, please call 803-898-9750.

** Vendor must be able to conduct screenings within 50 miles of Columbia, Florence, Clinton, and Summerville **

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

Price must include all aspects of testing including the test, blood draw, and physician review/any admin fees.

Testing to be conducted as needed between the issuance of a Purchase order and 06/30/2027

Must be a Registered South Carolina Vendor to provide quote

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 – Central Office-Columbia SC	40 Tests	EA	$
2	QuantiFERON TB Gold Plus Screening – Midlands Center-Columbia SC	250 Tests	EA	$
3	QuantiFERON TB Gold Plus Screening – Coastal Center-Summerville SC	250 Tests	EA	$
4	QuantiFERON TB Gold Plus Screening – Pee Dee Center-Florence SC	250 Tests	EA	$
5	QuantiFERON TB Gold Plus Screening – Saleeby Center-Florence SC	100 Tests	EA	$
6	QuantiFERON TB Gold Plus Screening – Whitten Center-Clinton SC	300 Tests	EA	$
Total	**----------**	1,190 Tests	**----------**	**$**

Vendor Number:_____

Vendor Name: _____

Authorized Signature: _____

Contact Name: _____

Telephone: _____

Email Address: _____