

Header 1



General Information Contact Default Values Discount Document Information Clarification Request

**Procurement Folder:**

1755776

**Procurement Type:**

Agency Master Agreement

**Vendor ID:**

000000182958

**Legal Name:**

UNIVERSITY OF WISCONSIN SYSTEM NON PAYROLL

**Alias/DBA:**

**Total Bid:**

\$130,971.00

**Response Date:**

08/11/2025

**Response Time:**

14:03

**Responded By User ID:**

WVDLCWD2018

**First Name:**

Brenda

**Last Name:**

Anderson

**Email:**

brenda.anderson@wvdl.wisc

**Phone:**

608-262-5432

**SO Doc Code:**

ARFQ

**SO Dept:**

0310

**SO Doc ID:**

DNR2600000004

**Published Date:**

8/6/25

**Close Date:**

8/19/25

**Close Time:**

13:30

**Status:**

Closed

**Solicitation Description:**

WRS: OpenEnd ELISA & IHC Testing for  
Chronic Wasting Disease

**Total of Header Attachments:**

1

**Total of All Attachments:**

1

Document Navigator

 /2025

Commodity		Total Lines: 5	Line: 1	Commodity: 93131703	Total Price: \$37,170.00		
Line	Commodity	CL Description	Total Price	Award Date	Requested Contract Amount	Contract Amount	
1	93131703	ELISA Testing of Frozen Tissues per animal	\$37,170.00				
2	93131703	IHC Testing of Formalin-Fixed Tissues w/1 animal per slide	\$51,168.00				
3	93131703	IHC Testing of Formalin-Fixed Tissues w/2 animals per slide	\$27,120.00				
4	93131703	IHC Test of Formalin-Fixed RAMALT Tissue-1 animal per slide	\$7,756.50				
5	93131703	IHC Test of Formalin-Fixed RAMALT Tissue-2 animals per slide	\$7,756.50				

From 1 to 5 Total: 5 Show Lines: 10

General Information **Commodity Information** Specifications Shipping and Handling Line Item Preference

<p><b>Requested Quantity:</b> 1500.00000</p> <p><b>Bid Quantity:</b> <input type="text" value="1500.00000"/></p> <p><b>Requested Unit:</b> EA</p> <p><b>Unit:</b> <input type="text" value="EA"/></p> <p><b>Unit Price:</b> <input type="text" value="\$24.78"/></p> <p><b>Delivery Days from Award:</b> <input type="text" value="21"/></p>
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**DESIGNATED CONTACT:** Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Dan Barr, TSE Lab Manager

(Name, Title)

Dan Barr, TSE Lab Manager

(Printed Name and Title)

445 Easterday Lane, Madison, WI 53706

(Address)

608-574-0432 / NA

(Phone Number) / (Fax Number)

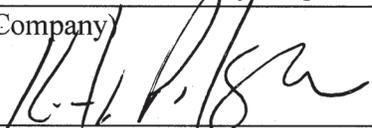
daniel.barr@wvdl.wisc.edu

(Email Address)

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Wisconsin Veterinary Diagnostic Laboratory

(Company)



(Authorized Signature) (Representative Name, Title)

Keith Poulsen, Director WVDL

(Printed Name and Title of Authorized Representative)

8/11/2025

(Date)

~~608 331~~<sup>608</sup> 262 5422

(Phone Number) (Fax Number)

REQUEST FOR QUOTATION  
West Virginia Division of Natural Resources – Wildlife Resources Section  
**Chronic Wasting Disease (CWD) Testing for White-tailed Deer**

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7.2.2 Immediate cancellation of one (1) or more release orders issued under this Contract.

7.2.3 Any other remedies available in law or equity.

**8. MISCELLANEOUS:**

**8.1 No Substitutions:** Vendor shall supply only Contract Items submitted in response to the Solicitation unless a contract modification is approved in accordance with the provisions contained in this Contract.

**8.2 Vendor Supply:** Vendor must carry sufficient inventory of the Contract Items being offered to fulfill its obligations under this Contract. By signing its bid, Vendor certifies that it can supply the Contract Items contained in its bid response.

**8.3 Reports:** Vendor shall provide quarterly reports and annual summaries to the Agency showing the Agency's items purchased, quantities of items purchased, and total dollar value of the items purchased. Vendor shall also provide reports, upon request, showing the items purchased during the term of this Contract, the quantity purchased for each of those items, and the total value of purchases for each of those items. Failure to supply such reports may be grounds for cancellation of this Contract.

**8.4 Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: Dan Barr

Telephone Number: 608-574-0432

Fax Number: NA

Email Address: daniel.barr@wvdl.wisc.edu

**EXHIBIT A - PRICING PAGE**

West Virginia Division of Natural Resources - Wildlife Resources Section  
**Chronic Wasting Disease (CWD) Testing for White-tailed Deer**

Item No.	Description	Unit of Measure	Estimated Quantity	Unit Price	Extended Amount
3.2	ELISA Testing of Frozen Tissues per animal	Each	1500	\$24.78	\$37,170
3.3	IHC Testing of Formalin-Fixed Tissues with one (1) animal per slide	Each	1200	\$42.64	\$51,168
	IHC Testing of Formalin-Fixed Tissues with two (2) animals per slide	Each	1200	\$22.60	\$27,120
3.3.4	IHC Testing of Formalin-Fixed RAMALT Tissue with one (1) animal per slide	Each	150	\$51.71	\$7,756.50
	IHC Testing of Formalin-Fixed RAMALT Tissue with two (2) animals per slide	Each	150	\$51.71	\$7,756.50
				<b>Total Amount:</b>	<b>\$130,971.00</b>

*Quantities are estimates and for bid evaluation purposes only. Actual quantities may differ.*

Wisconsin Veterinary Diagnostic Laboratory

8/6/2025

Vendor Name

Date



K. L. Poulsen

Authorized Signature

Print Authorized Name

STATE OF WEST VIRGINIA  
Purchasing Division

# PURCHASING AFFIDAVIT

**CONSTRUCTION CONTRACTS:** Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

**ALL CONTRACTS:** Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

**EXCEPTION:** The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

**DEFINITIONS:**

**"Debt"** means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

**"Employer default"** means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

**"Related party"** means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

**AFFIRMATION:** By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

**WITNESS THE FOLLOWING SIGNATURE:**

Vendor's Name: Wisconsin Veterinary Diagnostic Lab Keith Poulson-Director

Authorized Signature: [Signature] Date: 8/11/2025

State of Wisconsin

County of Dane, to-wit:

Taken, subscribed, and sworn to before me this 11<sup>th</sup> day of August, 2025.

My Commission expires April 2, 2029.

AFFIX SEAL HERE

NOTARY PUBLIC Vereta Kaye Garrison

