

Resolution # 27-1

WHEREAS, County policies and procedures require both the assigned oversight committee and the County Board to approve all requests to procure goods and/or services costing \$30,000 or more; and,

WHEREAS, the Department of Coroner wishes to procure goods and/or services from Memorial Lab Seviles for the purpose of professional services in the amount of approximately \$250,000.00; and

WHEREAS, this purchase will allow Memorial Lab Services to provide professional services; and

WHEREAS, as documented by the approval of this resolution, Jail Committee has approved the Coroner Department's request to procure the items specified and the committee recommends that the County Board approve procurement of the same, and;

NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 11th day of June, 2019, approves the procurement of the goods and/or services detailed above. The Elected Official/Department Head is authorized to sign required documents to execute the provision of this procurement.

**FILED**

MAY 21 2019

*Don J. Hays*  
Sangamon County Clerk

**R E C E I V E D**  
2660

MAY 10 2019

Andy Goleman  
SANGAMON COUNTY AUDITOR

Attachment: Purchase Order form

Approved by the Jail \_\_\_\_\_ Committee

\_\_\_\_\_, 2019

*Josephine*, Chairman \_\_\_\_\_, Member

*[Signature]*, Member \_\_\_\_\_, Member

Tom E. Kull, Member \_\_\_\_\_, Member

Ayan B. Melchi, Member \_\_\_\_\_, Member

*[Signature]*, Member \_\_\_\_\_, Member

*[Signature]*, Member \_\_\_\_\_, Member

Don Buzio, Member

Sangamon County Purchase Order FY2019

Purchase Orders are required for all Informal Quotes (>\$3,500) and Formal Solicitations (>\$30,000)

Department Information

PO Number: \_\_\_\_\_ (Manually Assigned by Department)
Department: Coroner Employee Contact: Cinda Edwards
Department Head Signature: \_\_\_\_\_ Date: 5/10/19

Purchase Order Type (Regular, Exception or Emergency)

Type: Regular [ ] (3 Quotes or RFP Documentation Required)
Legal Review Date: 5/20/19 (>\$30,000 or Exception - see below)
Exception [x] (Provide detailed explanation in Purchase Description/Narrative Section)
Reason: Joint Purchasing Contract [ ] Sole Source [ ] Professional Services [x]
Not Suitable for Quotes/RFP Other [x]
Emergency [ ] County Administrator Signature: \_\_\_\_\_
• Will be reported at the next Oversight and/or County Board Meeting Date: \_\_\_\_\_
• Provide detailed explanation in Purchase Description/Narrative Section

Purchase Request Information

Vendor: Memorial Lab Services Quantity: \$250,000 Price Per Unit: \_\_\_\_\_
Total Price: \$250,000 G/L: 001.005 507.000

Purchase Description/Narrative:

Based on approximately 200 autopsies performed a year there are numerous lab services that Memorial Health Systems provides to the Sangamon County Coroner's Office. Some fees may vary from case to case, such as histology, photography, microbiology and radiology. Fees such as the Pathologist Fee= \$900.00 per case and the Autopsy Room Rental= \$110.00 per case are at a set rate. Attached is a copy of an invoice from April 2019

Auditor's Office (PO request documents need to be to the Auditor's Office 5 business days prior to the oversight committee meeting)

Date Received: \_\_\_\_\_ Date Review Completed: 5/17/19
Auditor's Office Signature: T. Vian

County Board Meeting Date Signature
Approved by Oversight Committee: May 21, 19 [Signature]

Approved by County Board (if applicable): \_\_\_\_\_
(County Board Resolution Required for All POs >\$30,000)

5/1/19

RECEIVED
2660
MAY 10 2019

Andy Goleman
SANGAMON COUNTY AUDITOR


27-4


**Memorial Lab Services**

Invoice# 7700000227

<b>Account #:</b>	<b>Invoice Date:</b>	<b>Date Due:</b>	<b>Amount Due:</b>	<b>Amount Paid:</b>
130	04-01-2019	05-01-2019	28007.10	

Make Checks Payable And Mail To:

  
 CLT Autopsy Sangamon Co Coroner  
 200 South 9th Street  
 Room 303  
 Attn: Cinda Edwards  
 Springfield, IL 62701

  
 Memorial Lab Services  
 701 N 1st St Mail Code 173  
 Springfield, IL 62702

Please Detach And Return This Portion With Your Payment      Please Indicate Any Name Or Address Changes On This Form

<b>Billing Entity Name:</b>	<b>Client Name:</b>	<b>Page:</b>	<b>Account #:</b>	<b>Invoice #:</b>
Memorial Lab Services	CLT Autopsy Sangamo	1 Of 3	130	7700000227

Invoice Balances		Balance
Date	Activity	
Invoice 7700000007 - 02-01-2019		
	Balance Forward	15127.00
	03-07-19 Institutional Client Payment	-15127.00
	Past Due Balance	0.00
Invoice 7700000213 - 03-01-2019		
	Past Due Balance	15474.26

<b>Billing Entity Name:</b> MMC	<b>Client Name:</b> CLT Autopsy Sangamon	<b>Page:</b> 2 Of 3	<b>Account #:</b> 130	<b>Invoice #:</b> 7700000227
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Patient Name						
DOB	Date	Description	Provider	Units	Code	Price
<b>CC-BROWN, STEPHANIE</b>						
	06/17/1992					
	03-18-19	LAB-AUTOPSY MATERIALS	Patterson, Nathaniel	1		10.00
	03-18-19	LAB-AUTOPSY ROOM RENTAL	Patterson, Nathaniel	1		110.00
	03-18-19	LAB-NECROPSY FORENSIC EXAM	Patterson, Nathaniel	1	88040	900.00
	03-18-19	LAB-PHOTOGRAPHY TIER 1	Patterson, Nathaniel	4		242.00
<b>CC-CIHLAR, ERIK</b>						
	08/17/1998					
	03-26-19	LAB-AUTOPSY MATERIALS	Patterson, Nathaniel	1		10.00
	03-26-19	LAB-AUTOPSY ROOM RENTAL	Patterson, Nathaniel	1		110.00
	03-26-19	LAB-NECROPSY FORENSIC EXAM	Patterson, Nathaniel	1	88040	900.00
	03-26-19	LAB-PHOTOGRAPHY TIER 1	Patterson, Nathaniel	1		60.50
<b>CC-CRIPE, KENT</b>						
	11/10/1990					
	03-14-19	Blood Culture	Patterson, Nathaniel	1	87040	29.41
	03-14-19	Gram Stain Report	Patterson, Nathaniel	1	87205	8.81
	03-14-19	Grind Tissue	Patterson, Nathaniel	1	87176	5.46
	03-14-19	HIV 1&2 Medical	Patterson, Nathaniel	1	87389	18.96
	03-14-19	LAB-AUTOPSY MATERIALS	Patterson, Nathaniel	1		10.00
	03-14-19	LAB-AUTOPSY ROOM RENTAL	Patterson, Nathaniel	1		110.00
	03-14-19	LAB-NECROPSY FORENSIC EXAM	Patterson, Nathaniel	1	88040	900.00
	03-14-19	LAB-PHOTOGRAPHY TIER 1	Patterson, Nathaniel	1		60.50
	03-14-19	RapID ANA II	Patterson, Nathaniel	1	87076	27.74
	03-14-19	Staphlatex	Patterson, Nathaniel	2	87077	28.90
	03-14-19	Tissue Culture with Gram Stain	Patterson, Nathaniel	1	87070	13.36
<b>CC-DAVIS, RONNIE</b>						
	06/24/1958					
	03-26-19	LAB-AUTOPSY MATERIALS	Patterson, Nathaniel	1		10.00
	03-26-19	LAB-AUTOPSY ROOM RENTAL	Patterson, Nathaniel	1		110.00
	03-26-19	LAB-NECROPSY FORENSIC EXAM	Patterson, Nathaniel	1	88040	900.00
	03-26-19	LAB-PHOTOGRAPHY TIER 1	Patterson, Nathaniel	1		60.50
<b>CC-FREEMAN, RONALD</b>						
	09/15/1959					
	03-25-19	LAB-AUTOPSY MATERIALS	Patterson, Nathaniel	1		10.00
	03-25-19	LAB-AUTOPSY ROOM RENTAL	Patterson, Nathaniel	1		110.00
	03-25-19	LAB-NECROPSY FORENSIC EXAM	Patterson, Nathaniel	1	88040	900.00
	03-25-19	LAB-PHOTOGRAPHY TIER 1	Patterson, Nathaniel	1		60.50
<b>CC-HELSEL, MURIEL</b>						
	04/24/1919					
	03-05-19	Blood Culture	Patterson, Nathaniel	1	87040	29.41
	03-05-19	Gram Stain Report	Patterson, Nathaniel	1	87205	8.81
	03-05-19	Grind Tissue	Patterson, Nathaniel	1	87176	5.46
	03-05-19	LAB-AUTOPSY MATERIALS	Patterson, Nathaniel	1		10.00
	03-05-19	LAB-AUTOPSY ROOM RENTAL	Patterson, Nathaniel	1		110.00
	03-05-19	LAB-NECROPSY FORENSIC EXAM	Patterson, Nathaniel	1	88040	900.00
	03-05-19	LAB-PHOTOGRAPHY TIER 1	Patterson, Nathaniel	1		60.50
	03-05-19	Tissue Culture with Gram Stain	Patterson, Nathaniel	1	87070	13.36
<b>CC-MCCORMICK, DAVID</b>						
	12/30/1960					
	03-11-19	Carbon Monoxide	Patterson, Nathaniel	1	82375	12.68
	03-11-19	D Coroner 5 or > Views	Patterson, Nathaniel	1		177.00
	03-11-19	LAB-AUTOPSY MATERIALS	Patterson, Nathaniel	1		10.00
	03-11-19	LAB-AUTOPSY ROOM RENTAL	Patterson, Nathaniel	1		110.00
	03-11-19	LAB-NECROPSY FORENSIC EXAM	Patterson, Nathaniel	1	88040	900.00
	03-11-19	LAB-PHOTOGRAPHY TIER 1	Patterson, Nathaniel	1		60.50
<b>CC-MOORE, JOHN</b>						
	06/05/1965					
	02-22-19	LAB-SPECIAL STAINS, GRP 1	Patterson, Nathaniel	2	88312	86.48
<b>CC-ROBINSON, JAMES</b>						
	06/06/1942					
	03-04-19	LAB-AUTOPSY MATERIALS	Patterson, Nathaniel	1		10.00

<b>Billing Entity Name:</b> MMC	<b>Client Name:</b> CLT Autopsy Sangamon	<b>Page:</b> 3 Of 3	<b>Account #:</b> 130	<b>Invoice #:</b> 7700000227
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Patient Name						
DOB	Date	Description	Provider	Units	Code	Price
	03-04-19	LAB-AUTOPSY ROOM RENTAL	Patterson, Nathaniel	1		110.00
	03-04-19	LAB-NECROPSY FORENSIC EXAM	Patterson, Nathaniel	1	88040	900.00
	03-04-19	LAB-PHOTOGRAPHY TIER 1	Patterson, Nathaniel	1		60.50
<b>CC-SCHLEYHAHN, LEANNE</b>						
<b>06/28/1960</b>						
	03-14-19	LAB-AUTOPSY MATERIALS	Patterson, Nathaniel	1		10.00
	03-14-19	LAB-AUTOPSY ROOM RENTAL	Patterson, Nathaniel	1		110.00
	03-14-19	LAB-NECROPSY FORENSIC EXAM	Patterson, Nathaniel	1	88040	900.00
	03-14-19	LAB-PHOTOGRAPHY TIER 1	Patterson, Nathaniel	1		60.50
<b>CC-TENNANT, JACLYN</b>						
<b>08/23/1983</b>						
	03-08-19	LAB-AUTOPSY MATERIALS	Patterson, Nathaniel	1		10.00
	03-08-19	LAB-AUTOPSY ROOM RENTAL	Patterson, Nathaniel	1		110.00
	03-08-19	LAB-NECROPSY FORENSIC EXAM	Patterson, Nathaniel	1	88040	900.00
	03-08-19	LAB-PHOTOGRAPHY TIER 1	Patterson, Nathaniel	1		60.50
<b>CC-WILSON, MICHAEL</b>						
<b>12/04/1958</b>						
	03-12-19	LAB-AUTOPSY MATERIALS	Patterson, Nathaniel	1		10.00
	03-12-19	LAB-AUTOPSY ROOM RENTAL	Patterson, Nathaniel	1		110.00
	03-12-19	LAB-NECROPSY FORENSIC EXAM	Patterson, Nathaniel	1	88040	900.00
	03-12-19	LAB-PHOTOGRAPHY TIER 1	Patterson, Nathaniel	1		60.50
<b>Invoice Total</b>						<b>12532.84</b>
<b>Total Amount Due</b>						<b>28007.10</b>