



**CENTRALBIDDING**  
FROM CENTRAL AUCTION HOUSE

**SOQ 22-002 Provide legally defensible drug screenings for youth placed on probation**

Jefferson Parish Government

Project documents obtained from [www.CentralBidding.com](http://www.CentralBidding.com)

03-Jan-2022 12:05:32 PM

## **General Professional Services Questionnaire Instructions**

- The General Professional Services Questionnaire shall be used for all professional services except outside legal services and architecture, engineering, or survey projects.
- **The General Professional Services Questionnaire should be completely filled out. Complete and attach ALL sections. Insert “N/A” or “None” if a section does not apply or if there is no information to provide.**
- Questionnaire must be dated and signed by an authorized representative of the Firm. Failure to sign the questionnaire shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- All subcontractors must be listed in the appropriate section of the Questionnaire. Each subcontractor must provide a complete copy of the General Professional Services Questionnaire, applicable licenses, and any other information required by the advertisement. Failure to provide the subcontractors' complete questionnaire(s), applicable licenses, and any other information required by the advertisement shall result in disqualification of proposer pursuant to J.P. Code of Ordianances Sec. 2-928.
- If additional pages are needed, attach them to the questionnaire and include all applicable information that is required by the questionnaire.

## General Professional Services Questionnaire

**A. Project Name and Advertisement Resolution Number:**

SOQ 22-002, Resolution 138681

**B. Firm Name & Address:**

ABS Labs  
1600 Wallace Drive, Suite 110  
Carrollton, TX 75006

**C. Name, title, & contact information of Firm Representative, as defined in Section 2-926 of the Jefferson Parish Code of Ordinances, with at least five (5) years of experience in the applicable field required for this Project:**

Lily Le, Laboratory Manager  
1600 Wallace Dr, Suite 110  
Carrollton, TX 75006  
phone 972-241-1388 ext 103  
email: lle@abslabs.us

**D. Address of principal office where Project work will be performed:**

1600 Wallace Drive, Suite 110  
Carrollton, TX 75006

**E. Is this submittal by a JOINT-VENTURE? Please check:**

YES \_\_\_\_\_ NO

**If marked "No" skip to Section H. If marked "Yes" complete Sections F-G.**

**F. If submittal is by JOINT-VENTURE, list the firms participating and outline specific areas of responsibility (including administrative, technical, and financial) for each firm. Please attach additional pages if necessary.**

1.

2.

## General Professional Services Questionnaire

G. Has this JOINT-VENTURE previously worked together? Please check: YES \_\_\_\_\_ NO \_\_\_\_\_

H. List all subcontractors anticipated for this Project. Please note that all subcontractors must submit a fully completed copy of this questionnaire, applicable licenses, and any other information required by the advertisement. See Jefferson Parish Code of Ordinances, Sec. 2-928(a)(3). Please attach additional pages if necessary.

Name & Address:	Specialty:	Worked with Firm Before (Yes or No):
1.  N/A		
2.  N/A		
3.  N/A		
4.  N/A		
5.  n/A		

## General Professional Services Questionnaire

**I. Please specify the total number of support personnel that may assist in the completion of this Project:**

\_\_\_\_\_

**J. List any professionals that may assist in the completion of this Project. If necessary, please attach additional documentation that demonstrates the employment history and experience of the Firm's professionals that may assist in the completion of this Project (i.e. resume). Please attach additional pages if necessary.**

### **PROFESSIONAL NO. 1**

**Name & Title:**

Lily Le  
Laboratory Manager/Certified Scientist

**Name of Firm with which associated:**

Alternative Biomedical Solutions Laboratory

**Description of job responsibilities:**

Determine and implements actions from non-conforming events and monitors/audits collects, reviews, summarizes and trends operational permanence and quality metrics are met.  
Trains pre/post analytical staff on new and improved procedures to promote standardized work practices.  
LCMS Applications travel on site for instrument validation and client training  
Performs daily urine toxicology operations such as processing, extraction, analysis and medical review.  
Specializing in Production Sample Testing. Quality Control and Analysis within a CLIA accredited reference Toxicology Laboratory.

**Years' experience with this Firm:**

5 (2016 to present)

**Education: Degree(s)/Year/Specialization:**

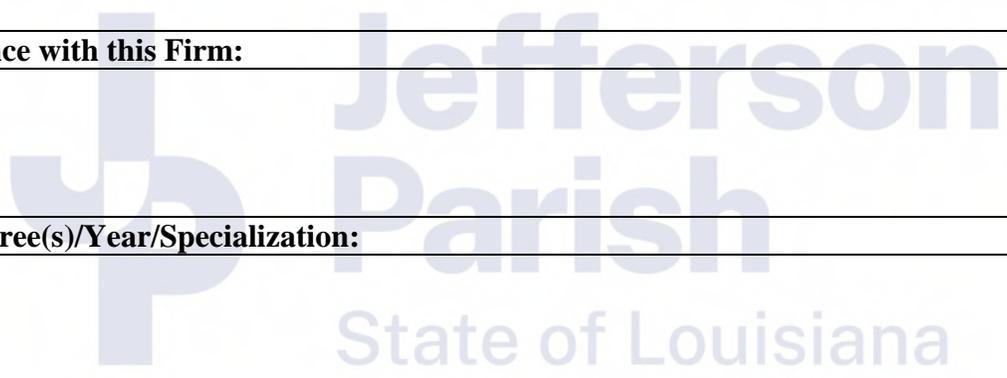
University of TX at Arlington. BS in Biology

**Other experience and qualifications relevant to the proposed Project:**

Kai Medical Laboratory 4 years  
Molecular Scientist I  
Perform automated and manual nucleic acid purification for COVID-19 testing  
Verifies testing compliance and monitors daily QC's  
Creating SOP's and ensuring all documents are ready for the scheduled CLIA inspection on 9/22/2020

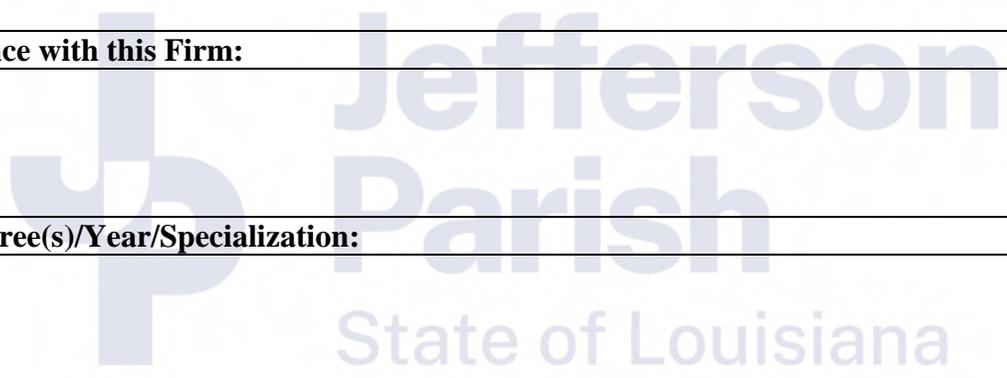
**General Professional Services Questionnaire**

<b>PROFESSIONAL NO. 2</b>
<b>Name &amp; Title:</b>
n/a
<b>Name of Firm with which associated:</b>
n/a
<b>Description of job responsibilities:</b>
n/a
<b>Years' experience with this Firm:</b>
n/a
<b>Education: Degree(s)/Year/Specialization:</b>
n/a
<b>Other experience and qualifications relevant to the proposed Project:</b>
n/a



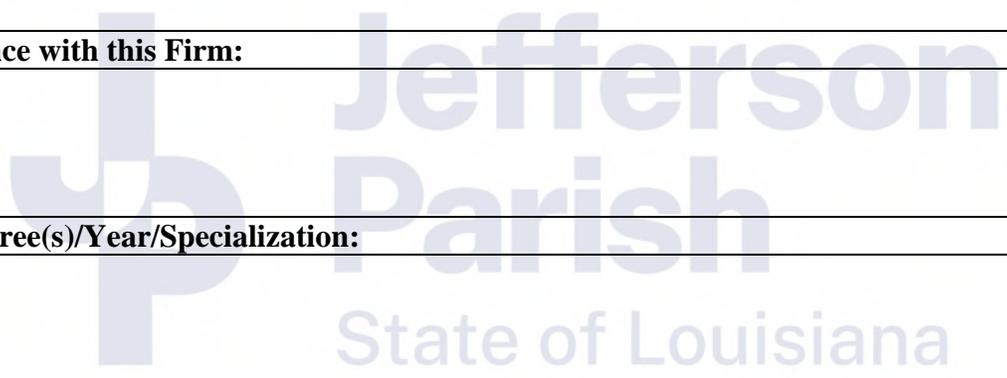
**General Professional Services Questionnaire**

<b>PROFESSIONAL NO. 3</b>
<b>Name &amp; Title:</b>
n/a
<b>Name of Firm with which associated:</b>
n/a
<b>Description of job responsibilities:</b>
n/a
<b>Years' experience with this Firm:</b>
n/a
<b>Education: Degree(s)/Year/Specialization:</b>
n/a/
<b>Other experience and qualifications relevant to the proposed Project:</b>
n/a



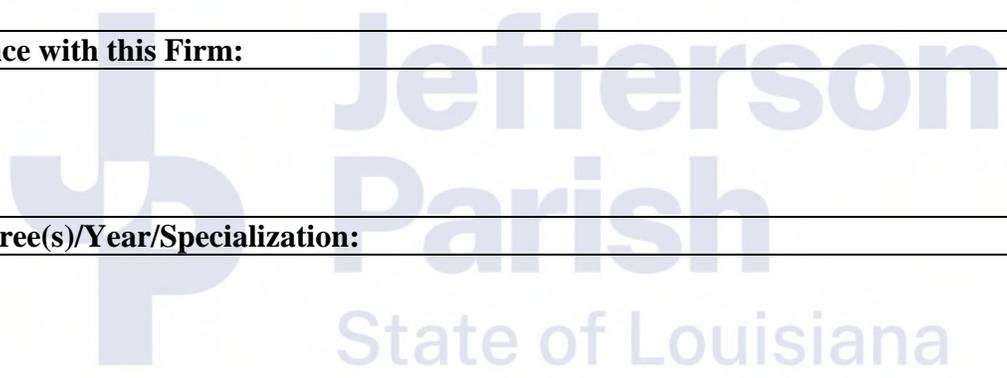
**General Professional Services Questionnaire**

<b>PROFESSIONAL NO. 4</b>
<b>Name &amp; Title:</b>
<b>Name of Firm with which associated:</b>
<b>Description of job responsibilities:</b>
<b>Years' experience with this Firm:</b>
<b>Education: Degree(s)/Year/Specialization:</b>
<b>Other experience and qualifications relevant to the proposed Project:</b>



**General Professional Services Questionnaire**

<b>PROFESSIONAL NO. 5</b>
<b>Name &amp; Title:</b>
<b>Name of Firm with which associated:</b>
<b>Description of job responsibilities:</b>
<b>Years' experience with this Firm:</b>
<b>Education: Degree(s)/Year/Specialization:</b>
<b>Other experience and qualifications relevant to the proposed Project:</b>



**General Professional Services Questionnaire**

**K. List all prior projects that best illustrate the Firm's qualifications relevant to this Project. Please include any and all work performed for Jefferson Parish. Please attach additional pages if necessary.**

**PROJECT NO. 1**

<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
NONE	
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>

**PROJECT NO. 2**

<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
NONE	
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>

**General Professional Services Questionnaire**

<b>PROJECT NO. 3</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
NONE	
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>

<b>PROJECT NO. 4</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
NONE	
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>

**General Professional Services Questionnaire**

<b>PROJECT NO. 5</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
NONE	
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>

<b>PROJECT NO. 6</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
NONE	
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>

**General Professional Services Questionnaire**

<b>PROJECT NO. 7</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
NONE	
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>

<b>PROJECT NO. 8</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
NONE	
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>

**General Professional Services Questionnaire**

<b>PROJECT NO. 9</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
NONE	
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>

<b>PROJECT NO. 10</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
NONE	
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>

**General Professional Services Questionnaire**

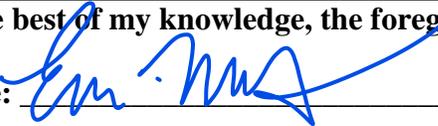
**L. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary.**

Parties:		Status/Result of Case:
Plaintiff:	Defendant:	
1.	N/A	
2.		
3.		
4.		

**M. Use this space to provide any additional information or description of resources supporting Firm's qualifications for the proposed project.**

Jefferson Parish  
State of Louisiana

**N. To the best of my knowledge, the foregoing is an accurate statement of facts.**

Signature:  Print Name: eRIN MORIARTY

Title: SALES OPERATIONS COORDINATOR Date: \_\_\_\_\_