

# Request for Proposals (RFP): Reference Center for Arboviral Disease Testing

Submit to: [tracy.stiles@aphl.org](mailto:tracy.stiles@aphl.org) with a copy to [infectious.diseases@aphl.org](mailto:infectious.diseases@aphl.org)

The development of this request for proposals application was supported by Cooperative Agreement Number NU47CD000001 (CFDA #93.322) from the Centers for Disease Control and Prevention (CDC) of the Department of Health and Human Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

## Contents

Summary.....	3
Background .....	3
Eligibility .....	4
Response Submittal .....	5
Award.....	5
Term of Project.....	5
Evaluation Team .....	6
Evaluation Criteria .....	6
Evaluation Process .....	6
Post-Evaluation Procedures .....	7
Conditions of Award Acceptance .....	7
Proposal – Required Submissions .....	7
Additional Information and Deadlines for Application Submission .....	11
Appendix A: Expectations for Vector-borne disease testing .....	12
Appendix B: Minimum Requirements for the Vector-borne Disease Reference Center ..	16
Appendix C: Application.....	17
Appendix D: Score Card (For completion by Reviewers Only) .....	18

## Summary

The Association of Public Health Laboratories (APHL), in cooperation with the US Centers for Disease Control and Prevention (CDC) Division of Vector-Borne Diseases (DVBD), is seeking to identify at least one state or local public health laboratory that will serve as a reference center for arboviral disease testing for other public health laboratories. The Reference Center will provide the following clinically validated testing services: 1) molecular methods; 2) serologic methods and 3) neutralization test such as PRNT for the most common endemic arboviruses as well as arboviruses such as dengue virus, Zika virus and Chikungunya virus that are predominantly seen in travelers returning to the US though some local transmission can occur. Testing will be provided at no cost to the submitting public health laboratories and funding will be awarded via a contract with APHL.

## Background

Arboviruses are vector-borne diseases; viruses transmitted to humans primarily by the bite of infected arthropods, most commonly mosquitoes and ticks. Human cases of illness from arboviruses have been increasing significantly since the early 2000s with [notable outbreaks](#) of West Nile Virus beginning in 2002, Zika virus (2016), Eastern Equine Encephalitis (2019), Dengue virus (2024-2025) and Oropouche virus (2024-2025). Cases are expected to continue to increase due to changes in global climate, migration patterns of vectors and reservoirs, land use (i.e., deforestation and reforestation) and global travel. Diagnosing cases rapidly and accurately is necessary to improve patient management and limit ongoing transmission patterns.

[The National Public Health Strategy to Prevent and Control Vector-Borne Diseases in People \(VBD National Strategy\)](#) published in 2024 encourages collaboration at all levels of government and across sectors to improve diagnosis of VBDs. APHL published [Essential Laboratory Capabilities for Arbovirus Testing in the United States](#) which focuses on maintaining capabilities to diagnose VBDs in humans either within a jurisdiction or through a cohesive network of laboratories. These two documents provide a framework for maintaining a public health system that works together to maintain critical clinical testing capacity and capability and are the basis for the need to establish a shared service model for arbovirus testing.

Diagnosis for arboviral diseases can be quite complicated and, in many situations, relies on testing algorithms that include molecular and serologic methods for detection. For many arboviruses (e.g. WNV, EEEV, SLEV), the viremic period, for which molecular methods are best suited, are fleeting—limiting the utilization of these highly sensitive and specific assays. For this reason, serology (the detection of antibodies in serum) remains the most common means to identify exposure to an arbovirus. Specifically, IgM ELISA is the most important diagnostic method to detect a recent infection with arboviruses endemic to the US. Due to cross-reactivity between related viruses, confirmation of IgM results is frequently necessary. Confirmation of infection can be accomplished by detection of a four-fold increase in titer between paired sera (acute and convalescent phase sera) using an IgM or IgG-based assay, or by using a neutralization method. A neutralization method,

such as the plaque reduction neutralization test (PRNT) is the gold-standard test for detecting and measuring neutralizing antibodies and can help discriminate between recent infection or cross-reactivity from related viruses when paired samples are tested. The detailed requirements for testing are outlined in [Appendix A](#).

The primary purpose of the Reference Center for Arboviral Disease Testing is to provide a flexible, shared service model that offers high-quality clinically validated testing for the diagnosis of arboviruses for all US public health laboratories. Additionally, the Reference Center can serve as a back-up to public health laboratories in the case of continuity of operations planning (COOP) or to assist with surge testing.

## Eligibility

Eligible laboratories include all APHL member state and local public health laboratories with the following capabilities, resources, and facilities in place. Specific expectations regarding the methodologies, pathogens, and other aspects of testing to be used by the Reference Center are outlined in [Appendix A](#). All applicants are required to agree to the minimum requirements outlined in [Appendix B](#). Through their written proposal, successful applicants will demonstrate they are able to satisfy the criteria below.

1. Maintains clinically validated molecular, serologic (IgM) and neutralization methods for the detection of arboviruses from human, clinical specimens listed as required in [Appendix A](#).
2. Maintains adequate laboratory space and necessary equipment (including infrastructure for unidirectional workflow for molecular testing).
3. Maintains sufficient workforce capacity to receive specimens, perform testing and report results.
4. Maintains the ability to receive and test specimens from other public health laboratories.
5. Maintains an electronic test orders and results (ETOR) system accessible to submitters for ordering and receiving results associated with reference center testing.
6. Willingness to alter or amend existing testing protocols and algorithms and evaluate new technologies.

## Anticipated RFP Schedule

December 8, 2025	–	RFP Issued
December 17, 2025	–	Informational Teleconference (Q&A)
<b>January 8, 2026</b>	–	<b>Letter of Intent Due to APHL (see below)</b>
<b>February 2, 2026</b>	–	<b>RFP Responses Due</b>
February 13, 2026	–	Proposal review completed
February 16-27, 2026	–	Follow-up interviews and updated proposals due

- March 6, 2026 – Final review completed and awardees selected
- July 1, 2026 – First year contract awarded

APHL will communicate any modification to this anticipated schedule on APHL’s procurement website ([www.aphl.org/rfp](http://www.aphl.org/rfp)) and via an email blast to the public health laboratories (PHLs).

## Response Submittal

### Confirmation of Intent to Respond

APHL requires that prospective applicants submit a brief email statement indicating an intent to submit a proposal. APHL must receive this email by no later than **11:59pm EST on January 8, 2026**. To allow for appropriate review process planning, **a letter of intent is required** for consideration.

### Final Response

APHL must receive complete responses by **11:59 pm EST on February 2, 2026**. Please see [Proposal-Required Submissions](#) section for items that must be included in the completed proposal. Applicants may send proposals via email to [tracy.stiles@aphl.org](mailto:tracy.stiles@aphl.org) with copy to [infectious.diseases@aphl.org](mailto:infectious.diseases@aphl.org) APHL will send an email acknowledging receipt of your application; if you do not receive an acknowledgement within 48 hours, please email [tracy.stiles@aphl.org](mailto:tracy.stiles@aphl.org) to confirm receipt.

## Award

At least one laboratory will be selected. There is no minimum award and the maximum will not exceed \$100,000. Total award will be based on a proposed budget from the applicant which should be submitted as per test cost for each test methodology. Total compensation will depend on specimen volume and payable based on monthly invoices for tests performed. Funding is distributed through an annual contract with APHL and is contingent upon APHL’s receipt of funds from the funding agency.

## Term of Project

The project term will be from July 1, 2026 through June 30, 2027. The potential for annual renewals (with each additional funding year running from July 1 to June 30) will be considered by APHL based on availability of funds and performance of the awardee for a maximum of three additional years (to end June 30, 2030). While each of the potential renewals may involve some adjustment to the scope of work, including the potential for test volume fluctuations or to accommodate programmatic needs, the initial negotiated rates for cost per test would remain in place barring substantive changes in scope or material expenses at APHL’s discretion. The awardee will be notified in advance of any modification to the anticipated scope of work for a future funding year.

Additional activities may precede this start term if needed to establish testing capacity, data transmissions and proficiency demonstrations to ensure operational expectations are in place for the contracted period.

## Evaluation Team

APHL staff, led by the Lead Specialist, Infectious Diseases, will conduct an initial review of all proposals for completeness. Any application that is incomplete as of the proposal due date specified in the Anticipated RFP Schedule section above will not be considered and will not receive a formal evaluation. Complete proposals will be reviewed by a team of three subject matter experts (SMEs) from CDC's DVBD and a panel of three APHL members selected from non-applicant PHLs. SMEs from CDC will be identified and selected by the Arboviral Diseases Branch Team Lead (or Acting) based on their familiarity with laboratory techniques and project requirements. APHL member experts will be identified from among the non-applicant laboratories by the APHL Lead Specialist, Infectious Diseases and will have expertise in laboratory testing methods described in this RFP and familiarity with APHL's Reference Center structure. Once potential reviewers have been identified, APHL's Senior Director of Infectious Diseases will have final approval over the review team's composition.

## Evaluation Criteria

The evaluation team will evaluate proposals based on responses to the questions in [the Proposal – Required Submissions](#) section and will give a numeric score of up to 100 maximum points based on the scorecard template in [Appendix D](#).

Laboratories meeting the following criteria have preference in the evaluation:

1. Extensive experience with the test methods;
2. Ability to handle the anticipated volume;
3. Existing in-house subject matter expertise to provide consultation as needed;
4. Experience and past performance serving as a Reference Center;
5. Ability to receive electronic test orders and report results electronically;
6. Ability to comply with expectations laid out in [Appendix A](#).

## Evaluation Process

The evaluation team will conduct the review via a combination of email communication between APHL's Lead Specialist, Infectious Diseases and the members of the evaluation team, or among the evaluation team members and evaluation sessions. APHL's Lead Specialist will coordinate the review process and the evaluation sessions.

The reviewers may request follow-up interviews with all or some of the applicant laboratories and, following these interviews, may request supplemental information on an applicant's proposal. The evaluation team will use these interviews and any supplemental information to clarify a laboratory's capacity or experience in one or more of the evaluation criteria, or to explain other information contained in an applicant's proposal.

There will be no formal evaluation performed by a member of APHL staff. In cases where all other evaluation criteria are substantially similar, APHL will have the ability to advise the evaluation team on selections that would provide geographical spread or otherwise diversify APHL's funding allocations. In addition, the evaluation team may receive

documentation from APHL staff on an applicant's past performance in other capacities as part of the evaluation criteria.

## Post-Evaluation Procedures

APHL staff will notify the selected laboratories within ten business days of the completion of the evaluation and will post the names of the recipient(s) to APHL's procurement website, [www.aphl.org/rfp](http://www.aphl.org/rfp), within three (3) business days of the laboratory's acceptance of the award. Unsuccessful applicants will receive notification of these results by e-mail within 30 days after the name of the selected awardee is posted.

All applicant laboratories will be entitled to utilize APHL's RFP Appeals Process to formulate a protest regarding alleged irregularities or improprieties during the procurement process. Specific details of this policy are located on the procurement website.

## Conditions of Award Acceptance

The eligible laboratory must be able to contract directly with APHL or have an existing relationship with a third-party organization that can contract directly with APHL on behalf of the laboratory. Laboratories must agree to comply with expectations outlined in [Appendix A](#) and [Appendix B](#). Acceptance of the award indicates an agreement to the terms laid out in the RFP.

Prior to making the official award, a group of individuals from CDC and APHL will be entitled to elect to tour the facilities to assess compliance with requirements for testing and/or have a teleconference with applicant laboratories. Post award, monitoring site visits may be conducted to include an assessment of continued compliance.

## Proposal – Required Submissions

To be considered for selection, an interested PHL must submit a letter of intent to apply (due 1/8/2026) and a proposal (due 2/2/2026) with the following items:

- **A completed responses to the application questions below and**
  - Responses should be limited to no more than ten (10) single spaced pages (font size  $\geq$  11pt and page margins  $\geq$  1-inch margins).
  - [Appendix C](#) or the provided test menu is excluded from the page count.
- **A completed and signed copy of [Appendix B](#) and**

*Note: If your laboratory cannot respond "yes" to each of the minimum requirements for the Reference Center, your laboratory does not meet the minimum qualifications required to apply for this award and the application will not be reviewed.*
- **A proposed budget**
  - Budget should be limited to no more than one (1) single spaced page (font size  $>$  11pt and page margins  $\geq$  1-inch margins).

- Budget must be submitted based on a per test cost, for at least each method type performed (PCR, Serology, neutralization)
  - If different tests within a category have similar per test costs, please provide an average, if they are drastically different, they may be listed separately.
  - If you offer panel testing as well as individual tests you may include both.
  - Per test costs should be inclusive of reagents, consumables and staff time required to receive specimens, perform testing and report results.

## Response to Proposal Questions

All questions are requesting information about your arbovirus testing capacity and capability unless otherwise indicated. In particular, we are interested in those pathogens listed in [Appendix A: Table 1](#). Please ensure you review and respond to every question.

### Test Menu

1. Please provide your full test menu of **clinically validated tests** that you could offer in a Reference Center model by either completing [Appendix C](#) or providing a test menu.
  - a. The test menu must include all viruses, listed methods and specimen types indicated as **Required** in [Appendix A: Table 1](#).
  - b. The test menu should also include all virus viruses, listed methods and specimen types that your laboratory performs that are listed as either **Desired** or **Optional** in [Appendix A: Table 1](#).
  - c. If there is a gap between what test methods your laboratory has clinically validated and what is listed as **Required or Desired** in [Appendix A: Table 1](#), please describe any plans you have to implement that method in your laboratory and include the relevant information in Question 2.
2. The following information can either be incorporated into the Test Menu OR supplied in the narrative **Response to Questions**.
  - a. For each current (or planned) molecular method in your laboratory ensure you provide the following information:
    - i. The specific method(s):
      1. If FDA cleared- provide manufacturer name/information
      2. For laboratory developed tests (LDT) (including any modifications to FDA cleared tests)- please indicate the published method(s) including primers/probes that your LDT is based on, this could include your own publication of your method, if applicable. If the assay is not published please describe the method including the region of the virus that the assay targets.
    - ii. The acceptable specimen types
    - iii. How long the method has been in use

- iv. Annual testing volume
- v. Frequency of testing (how many times per week/month is or will the method be performed)
- b. For each current (or planned) IgM serology method in your laboratory ensure you provide the following information:
  - i. The specific method(s):
    - 1. If FDA cleared- provide manufacturer name/information
    - 2. For laboratory developed tests (LDT) (including any modifications to FDA cleared tests)- please indicate the published method(s) including primers/probes that your LDT is based on, this could include your own publication of your method, if applicable. If the assay is not published please describe the method including the region of the virus that the assay targets.
  - ii. The acceptable specimen types
  - iii. How long the method has been in use
  - iv. Annual testing volume
  - v. Frequency of testing (how many times per week/month is or will the method be performed)
- c. Please provide the following information about your PRNT or neutralization test:
  - i. The acceptable specimen types
  - ii. How long has the method been in use; since there could be some differences based on the virus, please indicate the range encompassing all viruses your laboratory tests for.
  - iii. Annual testing volume
  - iv. Frequency of testing (how many times per week/month is or will the method be performed)

### **Laboratory Space and Testing/Reporting Practices**

3. Briefly describe your laboratory's space and equipment, including infrastructure for unidirectional workflow for molecular testing, to accommodate Reference Center testing. Please also address whether any modifications would be needed to ensure the space and equipment could handle the additional testing volume. If testing is performed in multiple sections describe the specimen flow and communication between sections to ensure sample integrity and ensure timeliness of results.
4. Describe your reporting practices. Make sure to address the following questions:
  - a. If multiple tests are performed, will all results be released at the same time, or are individual results released as they become available?
  - b. Do you report an interpretation of each result?
  - c. Do you report an overall interpretation based on all the results available?
  - d. Do reporting practices change if multiple pathogens are being investigated from the same specimen?

### **Staffing**

5. Does your laboratory have staff with the time and subject matter expertise to provide guidance and interpretation of test results including discordant results? Please describe the qualifications and experience staff have in providing consultative services. If testing is performed in multiple sections please describe how work is coordinated between sections to ensure clear and consistent communication and efficient testing.

### **Reference Center**

6. Briefly describe your laboratory's experience, if any, in providing reference testing for other public health laboratories in a shared service model including but not limited to coverage for a limited period to assure continuity of operations. Ensure you include how the following aspects of testing are handled: test ordering, specimen receipt/accessioning, testing and results reporting. Include how you've overcome any challenges to meet the needs of the submitting laboratories.
7. Describe how your laboratory would handle scaling up for surge testing such as during an outbreak. How many additional specimens or tests by test method (PCR, Serology, PRNT) could be absorbed and for how long could the increase be sustained?

### **Testing Modifications**

8. Are you willing and able to modify your testing algorithms and test menu if requested by CDC/APHL? Describe any anticipated challenges and limitations including available resources such as staff time and quality assurance requirements.
9. Would your laboratory be willing to evaluate and incorporate additional new technologies as they become available? Please briefly describe your experience in participating in method or platform evaluation(s).

### **Information Technology**

10. Is your laboratory able to make changes to your LIMS and ETOR systems? Describe any anticipated challenges and limitations including available resources such as staff time, IT requirements and whether these can be handled internally or by contracted staff and ability to maintain different offerings for the Reference Center as compared to your own jurisdictional needs.
11. Describe your laboratories' electronic test orders and results (ETOR) system and the process by which new submitters are onboarded to your laboratory. Provide an estimate for how long it takes to onboard new submitters and indicate how many public health laboratories are already enrolled in your ETOR system as submitters.

### **END OF QUESTIONS**

All submissions must comply with the requirements set out in the [Additional Information and Deadlines for Application Submission](#) below.

## Additional Information and Deadlines for Application Submission

Applicants must direct all questions to the APHL Lead Specialist, Infectious Diseases, Tracy Stiles ([tracy.stiles@aphl.org](mailto:tracy.stiles@aphl.org)). APHL will post questions received from interested PHLs, together with the answers provided by APHL or CDC staff to APHL's procurement website associated with the specific RFP ([www.aphl.org/rfp](http://www.aphl.org/rfp)).

To allow for appropriate review process planning, a **letter of intent is required for consideration**. Applicants should submit letters by email to Tracy Stiles ([tracy.stiles@aphl.org](mailto:tracy.stiles@aphl.org)) and [infectious.diseases@aphl.org](mailto:infectious.diseases@aphl.org) no later than **11:59pm EST on January 8, 2026**

Applications should be submitted to Tracy Stiles ([tracy.stiles@aphl.org](mailto:tracy.stiles@aphl.org)) and [infectious.diseases@aphl.org](mailto:infectious.diseases@aphl.org) no later than **11:59pm on February 2, 2026**. APHL will send an email acknowledging receipt of your application. If you do not receive an acknowledgement within two (2) business days, contact Tracy Stiles at 240-485-3912.

**APHL will hold an optional teleconference on Wednesday, December 17, 2025 at 2pm ET.** The purpose of this call will be to provide a brief overview of the project and to allow potential applicants to ask CDC and APHL questions. Please come with questions prepared.

**Teleconference Call-in Information is below, or please contact** Tracy Stiles ([tracy.stiles@aphl.org](mailto:tracy.stiles@aphl.org)) **no later than 12:00pm ET on Tuesday, December 16, 2025** if you'd like to be sent the calendar invitation.

### Zoom link:

**Topic:** Arbovirus Reference Center Informational Webinar  
**Time:** Dec 17, 2025 02:00 PM Eastern Time (US and Canada)  
**Meeting ID:** 872 1258 0158  
**Passcode:** 922318

### One tap mobile

+16468769923,,87212580158#,,,,\*922318# US (New York)  
+16469313860,,87212580158#,,,,\*922318# US

### Join instructions

<https://aphl.zoom.us/j/87212580158?pwd=wOHapOHPCHyH9GppgW8PhmE40F7kSN.1>

## Appendix A: Expectations for Reference Center for Arboviral Disease Testing

### General Testing Requirements

- The Reference Center will provide testing services as described above to enrolled public health laboratories. Additionally, it is possible the Reference Center would provide testing to other submitters as a consequence of emergency situations, federal or state government shutdowns, or to address an expressed surge testing need. In these situations, the Reference Center would work directly with APHL and CDC to assess the request and everyone would agree in writing.
- APHL will support the Reference Center in ensuring enrolled submitters follow all necessary steps to enroll in ETOR to ensure high quality test ordering and resulting.
  - APHL will support a pre-submission consultation form for Reference Center testing that engages APHL, the Reference Center, jurisdictional Epidemiologists, CDC Laboratory and CDC Epidemiology to facilitate gathering relevant information to ensure most appropriate tests are ordered and performed.
- The Reference Center will perform clinically validated molecular, serological (must detect IgM, though the following methods could be used ELISA, IFA, MIA) and neutralization methods (PRNT) for the detection of arboviruses from human, clinical specimens. (See Next Section for details).
- Specimens that are IgM positive at the Reference Center or by the submitting public health laboratory (when results are submitted) will be reflexed to confirmatory PRNT. However, every effort should be made by the submitting laboratory to obtain acute AND convalescent specimens to improve diagnostic utility of results.
- Specimens that are submitted as IgM positive without supporting test results from the public health laboratory may be re-tested at the Reference Center. If the sample does not repeat as positive, it does not need to be reflexed to a PRNT.
- APHL, CDC and the Reference Center will establish reasonable expected turnaround times for each test methodology.
- Any changes in the Reference Center test menu including updates to validated protocols or implementation of new protocols must be submitted in writing to APHL and CDC for signed approval prior to implementation.
- The Reference Center will be responsible for shipping remnant specimens to CDC at a frequency determined and in coordination with APHL, not to exceed monthly shipments.
- The Reference Center will be responsible for ensuring they are following appropriate regulations for shipping and receiving of all samples (specimens, isolates, material etc.) as part of the reference center service, including any necessary permits.

Table 1: Pathogen Specific Testing

Virus	Molecular	IgM Serology#	PRNT
West Nile virus	Required *†	Optional *	Required*
Eastern equine encephalitis virus	Optional *	Optional *	Desired*
Western equine encephalitis virus	Optional	Optional *	Desired
St. Louis encephalitis virus	Optional *	Optional *	Desired*
Cache Valley virus	Desired*	Optional*	Desired
Jamestown Canyon virus	Desired *	Optional *	Desired*
La Crosse virus	Desired *	Optional	Desired*
Powassan virus	Desired*	Optional *	Desired *
Heartland virus	Desired †	Optional	Desired
Bourbon virus	Desired	Optional	Desired
Dengue virus (1-4)	Required, serotype specific	Required*	Desired
Chikungunya virus	Required*	Required*	Desired
Zika Virus	Required†*	Optional *	Desired
Oropouche Virus	Optional*	Optional	Optional
Yellow Fever Virus	Desired †*	Optional*	Desired

# The Serology method must detect IgM antibodies. If it also detects other isotypes please describe in your application.

In addition to validated testing on serum the following specimen types are desired

\*Cerebrospinal Fluid (CSF)

† Urine and Whole blood

‡ Whole blood

### Reporting and Data Management

The Reference Center must carry out the following data exchange and results reporting activities.

- Maintain a Laboratory Information Management System (LIMS) in place to meet clinical testing algorithms, workflows, and reporting requirements.
- Must have a mechanism to enhance or modify the LIMS to address changes in reporting requirements or addition of new methods in a timely manner.
- Results will be reported electronically back to the submitting laboratory with patient identifiers to identify or confirm suspect arboviruses cases as needed.
- Results will be reported in a timely fashion.
- The Reference Center must be willing to work with APHL and CDC to establish a de-identified electronic laboratory result (ELR) for real-time reporting to CDC for surveillance only.

- Official reporting of arboviral cases will still be the responsibility of the submitting laboratory ensuring data is added to ArboNET in a timely manner.
- Details on reporting to APHL for the contracted Scope of Work are in “Performance Evaluation and Monitoring”.

### Consultation and Coordination

- The Reference Center will assure that subject matter experts within the laboratory are available for consultation by phone or dedicated email address.
- The CDC and Reference Center will also be available for consultation through a pre-submission form to help the submitting public health laboratory determine the appropriate test(s) to be performed and to assist with results interpretation.

### Growth and Expansion

- APHL/CDC may request the Reference Center to add new specimen types, modify storage conditions, or validate new methods as public health needs arise. Alternatively, if the Reference Center recognizes a need, they may also submit a request to APHL/CDC for consideration. The Reference Center would be asked to provide a budget to accomplish the work and would then be incorporated into the SOW and Contract.
- The Reference Center may be asked by APHL/CDC to participate in special studies and evaluations for new processes, methodologies and technologies. These studies would be supported through the Reference Centers Scope of Work (SOW) and Contract.
- In the event of an outbreak or local surge response, the Reference Center is expected to maintain operations. If the Reference Center anticipates any disruption in services, the laboratory will notify APHL and CDC immediately to develop a contingency plan and prioritize incoming specimens.

### Performance Monitoring and Evaluation

- APHL in collaboration with CDC will implement procedures for routine monitoring of workload, reasons for submission to reference center, data quality, turnaround times, data anomalies and outliers, discordant results, effective consultative services and customer satisfaction.
- Site visits and teleconferences:
  - APHL and CDC reserves the right to perform site visits. Additional monitoring visits may be needed based on data review and any ongoing challenges mutually identified. Site visits could include data review, review of laboratory workflow, procedural observation, QC information, worksheets
  - APHL in collaboration with CDC will host virtual meetings no more than monthly to review reports to assess successes, challenges, and potential solutions.
- APHL will perform periodic customer satisfaction surveys that may include key informant interviews with select submitters to assess satisfaction with service,

turnaround time, reporting format, expert consultation, and continued use of the Reference Center.

## Appendix B: Minimum Requirements for the Vector-borne Disease Reference Center

Please review and respond to each of the minimum requirements below. By signing this agreement you are affirming that your laboratory can meet each of the minimum requirements described.

YES	NO	MINIMUM REQUIREMENT
		Does your laboratory currently perform clinically validated molecular tests for arboviruses listed as required in the table in Appendix A?
		Does your laboratory currently perform validated serological tests that detect IgM for arboviruses listed as required in the table in Appendix A?
		Does your laboratory currently perform validated neutralization tests for arboviruses listed as required in the table in Appendix A?
		Does your laboratory have adequate laboratory space and equipment (including infrastructure for unidirectional workflow for molecular testing)?
		Does your laboratory have sufficient workforce capacity or the ability to hire additional qualified staff to support Reference Center Testing?
		Would your laboratory be willing to alter or amend existing testing protocols or algorithms if needed?
		Does your laboratory maintain an electronic test orders and results (ETOR) system accessible to submitters of the reference center?
		Does your laboratory have the capacity to provide consultations to submitters around sample collection, sample submission and result interpretation?
		Is your laboratory able to contract with APHL or do you have an existing relationship with a third party that can contract directly with APHL on behalf of the laboratory?

On behalf of the applicant laboratory, I agree that the applicant laboratory meets the minimum requirements necessary to apply for this award as outlined above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## Appendix C: Test Menu for Arbovirus Reference Center

**In Lieu of Completing this Table, you may provide a copy of your test directory as long as it includes the same information in an easily understandable format.**

Please list your laboratory’s clinically validated test methods by virus that you plan to offer through the Reference Center. Include additional rows as needed. *If you also have additional tests available for surveillance testing only and would be interested in either validating those in the future and/or offering through the reference center you are welcome to add a second table to capture those.*

**Table 1a: Clinically validated Test Methods**

Virus	Molecular	IgM Serology	PRNT

Please list the approved specimen type(s) for each virus of each method in your test menu.

**Table 2a: Acceptable Specimen Types for Clinically Validated Test Methods**

	Molecular	IgM Serology	PRNT
Whole Blood			
Serum			
Plasma			
CSF			
Urine			
Tissue			
Other			

## Appendix D: Score Card (For completion by Reviewers Only)

The following table is a copy of the score card that will be used to evaluate RFP responses.

Category/Question	Maximum Value	Applicant Score	Comments (REQUIRED)
<p><b>Test Menu (Questions 1 and 2)</b>  <i>Review both Test Menu and Narrative</i>            Does the applicant maintain clinically validated molecular, serology methods and neutralization methods for all viruses and specimen types indicated as <b>REQUIRED</b> in Appendix A? Has the applicant provided the requested information about the methods? Does the applicant demonstrate familiarity and history with the methods and perform the test at a frequency which would support reference center work?</p> <p><b>Ideal (25 points)</b> The applicant maintains clinically validated methods for all viruses, methods and specimen types indicated as Required and Desired in Appendix A. All information requested about the methods have been provided. The applicant demonstrates significant knowledge of the methods. The methods are performed at a frequency which will support reference center work.</p> <p><b>Adequate (15-24 points)</b> The applicant maintains clinically validated methods for all required and many desired viruses, methods and specimen types indicated in Appendix A or has included detailed plans to complete a full validation before the start of the contract period. Most of the requested information about the methods has been provided. The applicant demonstrates adequate knowledge of the methods. The methods are performed at a frequency which will support reference center work.</p> <p><b>Limited (1-14 points)</b> The applicant maintains clinically validated methods for all required and limited desired viruses, methods and specimen types as indicated in Appendix A or has included detailed plans to complete a full validation before the start of the contract period. The applicant does not demonstrate long-term knowledge with the methods described or does not perform methods on a regular basis which would support reference center testing. Some of the requested information about the methods has been provided.</p> <p><b>Inadequate (0 points)</b> Applicant do not maintain all clinically validated methods for Required viruses, methods and specimen types or Insufficient information has been provided about the methods or the applicant</p>	25		Type comments here. (REQUIRED)

<p>does not demonstrate sufficient knowledge of the methods.</p>			
<p><b>Laboratory Space (Question 3)</b>  Does the applicant demonstrate the ability to handle the testing volume for the required methods? Consider the availability of equipment, space and workflows and timelines to scale up if applicable.  Did they adequately address how specimens are shared between sections and how sections communicate to ensure the integrity of specimens and timeliness of results?  <b>Adequate (6-10 points)</b> The applicant describes ability to handle most of the proposed testing volume but may have to adjust workflow or has some deficiencies in their equipment, space or staffing. If applicable, the applicant has some deficiencies or does not adequately describe their specimen flow or communication between sections.  <b>Limited (1-5 points)</b> The applicant describes limited ability to handle the proposed testing volume; has many deficiencies in their equipment, space or staffing or ability to manage specimen flow and communication between laboratory sections.  <b>Inadequate (0 points):</b> The applicant does not demonstrate the ability to manage the testing volume and/or perform necessary methods and neither has the equipment or ability to scale up in a timely manner and/or does not demonstrate a clear understanding of the requirements.</p>	<p>10</p>		<p>Type comments here.  (REQUIRED)</p>
<p><b>Reporting Practices (Question 4)</b>  Does the applicant adequately and clearly describe reporting practices for various scenarios including a single test on a single virus through multiple tests on multiple viruses? Does the laboratory provide an interpretation either for a single test, single virus and/or for the entirety of the testing?  Rate on a scale of 0-5 (5 = the applicant provides a clear and adequate description of their reporting practices; 0 = the applicant does not provide a description of reporting practices)</p>	<p>5</p>		<p>Type comments here.  (REQUIRED)</p>
<p><b>Staffing (Question 5)</b>  Does the applicant describe sufficient workforce capacity and in-house subject matter expertise to provide consultation to submitting jurisdictions?  <b>Adequate (10-15 points)</b> The applicant has sufficient staffing with a strong history of relevant experience and subject matter expertise to perform testing and provide</p>	<p>15</p>		<p>Type comments here.  (REQUIRED)</p>

<p>consultation to submitters on interpretation of results including discordant results.</p> <p><b>Limited (6-9 points)</b> The applicant has some staff with relevant experience but they may require additional training, guidance or technical assistance. The applicant has some experience providing consultation to submitters on interpretation of results including discordant results.</p> <p><b>Inadequate (0-5 points)</b> Staffing is limited and staff who are available lack experience in providing technical assistance and consultation to submitters on interpretation of results including discordant results.</p>			
<p><b>Reference Center Testing (Question 6)</b> Rate the applicant’s level of experience in providing reference testing services for other public health laboratories in a shared service model.</p> <p>Rate on a scale of 0-5 points (5 = Applicant has served as a reference center for other PHL on an ongoing basis with submissions from and reporting to multiple out-of-jurisdiction submitters; 0 = Applicant has no experience serving as a Reference Center for other PHLs)</p>	5		Type comments here. (REQUIRED)
<p><b>Reference Center Testing (Question 7)</b> Does the applicant describe a well thought out plan to accommodate surge testing in the event of an outbreak which includes quantifying increase by method virus and specimen type and for how long a surge could be maintained?</p> <p><b>Adequate (8-10 points)</b> The applicant includes a well-thought-out and detailed plan to accommodate surge testing for all methods, viruses and specimen types.</p> <p><b>Limited (4-7 points)</b> The applicant describes the ability to accommodate surge testing for some methods, viruses and specimen types.</p> <p><b>Inadequate (0-3 points)</b> The applicant does not demonstrate sufficient ability to accommodate any surge testing.</p>	10		
<p><b>Testing Modifications (Questions 8 and 9)</b> Does the applicant demonstrate a willingness and ability to modify test methods and algorithms and evaluate new methods to address changing needs if requested by CDC/APHL? Does the applicant describe the process by which they evaluate modifications to the test method or algorithm and new technologies?</p> <p><b>Adequate (14-20 points)</b> The applicant describes extensive experience with method and algorithm modifications and with the evaluation of new</p>	20		

<p>technologies. The application includes detailed processes.</p> <p><b>Limited (7-13 points)</b> The applicant has some experience with test method and algorithm modifications and some experience with evaluating new technologies. The application describes some processes but details are lacking.</p> <p><b>Inadequate (0-6 points)</b> The applicant has limited or no experience with or processes for method modification and evaluation of new technologies.</p>			
<p><b>Information Technology (Question 10)</b> Does the applicant have the ability and resources to make changes to LIMS/ETOR? Can changes be handled by existing staff or are external partners required? Is the laboratory able to support multiple workflows if needed for internal and reference center algorithms? Rate on a scale of 0-5 (5 = the applicant included a sufficient description of their ability to support multiple workflows or to modify LIMS/ETOR if needed; 0 = the applicant does not describe the ability to support multiple workflows or to modify LIMS/ETOR if needed)</p>	5		
<p><b>Information Technology (Question 11)</b> Does the applicant maintain an electronic system for test orders and results (ETOR)? Do they have a process to onboard new submitters? Have they onboarded submitters previously? Rate on a scale of 0-5 (5 = the applicant included a well-defined ETOR system and processes for onboarding new submitters; 0= the applicant did not include a description of their ETOR system)</p>	5		
<b>Total</b>	100		