



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		Agriculture, Conservation and Forestry, PFAS Fund		
Department Contract Administrator or Grant Coordinator:		Beth Valentine		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 425,000	Advantage CT / RQS #:	CT 01A 20250627000000003282
CONTRACT	Proposed Start Date:	8/1/2025	Proposed End Date:	7/31/2027
AMENDMENT	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Quest Diagnostics LLC, 3404 Collection Center Drive, Chicago, IL 60693-0034		
Brief Description of Goods/Services/Grant:		PFAS blood serum testing		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The PFAS Fund “may pay for costs not otherwise covered by health insurance for [PFAS] blood serum testing for persons who were exposed to PFAS through the land application of residuals in Maine.” 01-001 C.M.R. c. 407.

The Provider will develop a workflow in consultation with DACF, collect and analyze human blood serum for specified PFAS compounds, report results to the ordering medical providers, bill patients’ insurance providers to the maximum extent possible, and invoice DACF for the portion not compensated by insurance for eligible individuals up to a maximum of \$250 per test for analysis and a maximum of \$50 per test for collection, delivery, and all other costs.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

DACF will work with all Willing and Qualified vendors. To be Willing and Qualified, a vendor must:

1. have the capacity to collect human blood serum samples,
2. analyze samples, using liquid chromatography-tandem mass spectrometry, for at least the following compounds:
 - a. Perfluorooctane sulfonic acid (PFOS) (linear and branched isomers)
 - b. Perfluorooctanoic acid (PFOA) (linear and branched isomers)
 - c. Perfluorononanoic acid (PFNA)
 - d. Perfluorodecanoic acid (PFDA)
 - e. Perfluorohexane sulfonic acid (PFHxS)
 - f. Perfluoroheptanoic acid (PFHpA)
3. be certified to perform testing on human specimens under the Clinical Laboratory Improvement Amendments of 1988 (CLIA),
4. employ laboratory methods that are comparable to CDC method 6304.09¹ in terms of accuracy, precision, and limits of detection,
5. utilize laboratory methods capable of quantifying greater than 2,000 nanograms per milliliter (ng/mL) of any of the specified analytes,
6. participate in proficiency testing (PT) program approved by CLIA,
7. report results for each analyte in nanograms per milliliter (ng/mL), and
8. have business relationships with Maine healthcare institutions, practices, and affiliated clinicians such that clinicians are able to order PFAS serum tests using typical procedures for ordering diagnostic services, and systems are in place to invoice insurance to the maximum extent possible before invoicing DACF for the portion not covered by insurance.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

¹ Online Solid Phase Extraction-High Performance Liquid Chromatography-Turbo Ion Spray-Tandem Mass Spectrometry (online SPE-HPLC-TIS-MS/MS), Method No. 6304.09, <https://wwwn.cdc.gov/nchs/data/nhanes/2017-2018/labmethods/PFAS-J-MET-508.pdf>

PART III: SUPPLEMENTAL INFORMATION

The list price for PFAS blood serum testing is over \$600. The DACF PFAS Fund will pay a maximum of \$300 per test.

4. Describe the plan for future competition for the goods or services.

N/A, DACF will work with all Willing and Qualified vendors.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

☐ Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

☐ Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

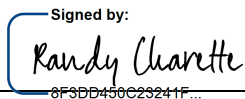
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

☒ The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting
Department's Commissioner
(or designee):

Signed by:

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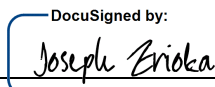
Typed Name:

Randy Charette

Date:

7/23/2025

Signature of DAFS
Procurement Official:

DocuSigned by:

EA813178102243C...
Joseph Zrioka

Typed Name:

Joseph Zrioka

Date:

8/14/2025