Medical Courier RFP Template and Vendor Scorecard

A lab buyer's toolkit for choosing a medical courier. Twenty questions, the evidence to ask for, the scoring scale and the red flags.

DIAGNOSTIC SUPPORT SERVICES

How to use this. Put the twenty questions in your RFP in this order and ask every vendor to answer them numbered, with evidence attached. Score each answer 0 to 4 on the scale below and weight the categories as shown (edit the weights in the Excel scorecard if your priorities differ). Price last, on the fixed schedule in the Word template.

Editable versions: the RFP template (Word) and the weighted vendor scorecard (Excel) are at https://www.diagnosticsupportservices.com/resources/guides/choosing-a-medical-courier.

The scoring scale

Score	Meaning	What it looks like
0	**No evidence**	The vendor did not answer, or answered with marketing copy only.
1	**Claimed**	The vendor says it does this, but produced no document, record or demonstration.
2	**Partly evidenced**	A policy or sample exists, but it is incomplete, out of date, or does not cover your routes, bands or sites.
3	**Evidenced**	Current documents and real records were produced for your scope and they stand up to a reading.
4	**Evidenced and demonstrated**	As 3, plus you saw it working: a live tracking session, a site visit, a logger trace, or a reference confirmed it.

The twenty questions

A Chain of custody and tracking

20% of the score

1 Show us the chain-of-custody record for one specimen from pickup to our receiving bench: who scanned it, when and where, and its condition on receipt.

Good evidence: A real export, not a screenshot of a form. Barcode scans at every handoff, a time of dispatch and a time of receipt, a condition field, and the driver's identity. This is the record CAP GEN.40530 expects a laboratory to hold for specimens from remote sites, including those carried by a contracted courier.

2 What does your tracking show our accessioning team in real time, and through what channel: portal, API or a feed into our LIS?

Good evidence: A live session during the evaluation, stop-level status and ETA, and exceptions pushed to a named person rather than left for someone to notice.

3. **How do you reconcile what each site handed over against what we received, and who gets the discrepancy report and how quickly?**

   Good evidence: A manifest or scan count at pickup, a reconciliation at delivery, and a written notification time for missed pickups and short manifests.

B Temperature control and data

15% of the score

4. **For each temperature band you will carry for us (controlled room temperature, 2 to 8 C, frozen, dry ice), show the shipper qualification and a logger trace from a recent shipment.**

   Good evidence: Data per band from a lane like yours, in summer and winter conditions, and the calibration status of the loggers that produced it.

5. **When a logger shows an excursion in transit, who is told, how fast, and who decides whether the specimen is still acceptable?**

   Good evidence: An excursion procedure that notifies the laboratory within a stated time and leaves the acceptability decision with the laboratory, with the record retained.

6. **Are vehicles, holding areas and transfer hubs temperature-monitored, and can you produce those records for a date we choose?**

   Good evidence: Continuous monitoring with alarms rather than a thermometer checked at shift change, and records retrievable for a random date.

C Coverage, speed and cutoffs

15% of the score

7. **Map your coverage against our site list. For each site, who drives: your own employed drivers, contracted drivers, a partner network, or air?**

   Good evidence: A site-by-site answer with percentages. Partner coverage is not disqualifying, but it has to carry the same training, tracking and custody standards, and you should know where it applies.

8. **What are your STAT and after-hours response commitments, and what were the measured response times last quarter?**

   Good evidence: A commitment in minutes for pickup after the call, 24/7 dispatch reachable by a human, and last quarter's actual distribution, not the average.

9. **For next-flight-out work, are you a TSA Indirect Air Carrier or do you tender through one, and who packs and declares UN3373 and dry ice for air?**

   Good evidence: IAC status or a named IAC partner, since an airline may only accept cargo from specific parties under 49 CFR 1544.205, and staff who can show how they pack and declare to IATA Packing Instruction 650, with the US hazmat training records that dry ice and any Category A shipment by air require.

10. **What are your route cutoffs relative to our specimen stability windows, and will you redesign routes to fit them?**

    Good evidence: A willingness to build the route around the specimen rather than the van: for example, a pickup that lands serum at the bench inside the window your assays need.

D Compliance evidence

15% of the score

11 **Provide the training records for the drivers and dispatch staff who will handle our specimens: documented UN3373 Category B training, and the full DOT hazmat program where they also handle Category A, dry ice by air or regulated medical waste.**

Good evidence: Category B packages prepared under 49 CFR 173.199 are excepted from the rest of the hazmat rules, but 173.199(e) still requires everyone who offers or transports them to know that section's requirements, and a dated training record is the practical proof. Once a courier handles Category A, dry ice by air (UN1845) or regulated medical waste, the 49 CFR 172.704 program applies in full: general awareness, function-specific, safety and security training, recurrent at least every three years, with records.

12 **Show us your bloodborne pathogens exposure determination for drivers and, where drivers are covered, the exposure control plan, annual training records and the hepatitis B vaccination offer.**

Good evidence: OSHA 29 CFR 1910.1030 applies to employees with reasonably anticipated contact with blood or other potentially infectious materials. A driver who only carries sealed, triple-packaged specimens may be determined to have no occupational exposure; one who handles leaking packages, opens coolers or collects at draw sites usually does. Ask for the determination in writing, then the plan and records that follow from it.

13 **Will you sign a business associate agreement, and in which parts of your service do you handle protected health information beyond carrying a sealed package?**

Good evidence: A clear answer. HHS treats a courier that merely transports PHI as a conduit, not a business associate, and the exception is narrow. A vendor that stores specimens with identifiers, handles requisitions or runs a tracking portal holding patient data has stepped outside it, and should sign a BAA and describe how it would notify you of a breach (the rule's outer limit is 60 days; most laboratories contract for far less).

14 **Provide certificates of insurance (auto liability, general liability, cargo and workers' compensation) with limits, and your driver vetting standard.**

Good evidence: Current certificates naming your organization, limits that fit the value and risk of what you ship, and a vetting standard covering motor vehicle records, background checks and drug testing for employed and contracted drivers alike.

E Integration and reporting

10% of the score

15 **Can your tracking integrate with our LIS or ordering portal, so pickups are requested from our system and status events arrive in it? Show one integration you run today.**

Good evidence: A live integration with a laboratory client, the interface standard used (HL7, API or file), and who owns and retains the data.

16 **Show us last quarter's on-time report for a comparable client: how on-time is defined, the exception categories, and the root causes.**

Good evidence: A definition you can audit (window, stop-level or delivery-level, how STAT is counted), a report that includes misses, and evidence that root causes changed something.

F Performance history and references

10% of the score

17 **Give us three references at clinical laboratories or hospitals of our size with at least twelve months of service, and one client you lost in the past two years and why.**

Good evidence: References you can call who will talk about a bad week, and a straight answer on the lost account.

G Continuity and capacity

10% of the score

18 **What happens when a driver does not show, a vehicle fails, a route is cut off by weather, or our volume doubles in a month? Show the continuity plan and an example of it being used.**

Good evidence: A written plan with named backups, spare capacity figures, and a recent incident where it was exercised and reviewed.

19 **What share of our volume would depend on a single driver, vehicle or hub, and what is the backup for each?**

Good evidence: A concentration figure and a named backup for each single point of failure, including subcontractors held to the same standards.

H Commercial terms

5% of the score

20 **Complete the pricing schedule in this RFP exactly as structured, state the contract term and exit provisions, and propose service credits for missed service levels.**

Good evidence: A like-for-like schedule: per stop, per route, per mile, STAT and after-hours surcharges, next-flight-out pass-through, fuel, accessorials and minimums, so bids can be compared on total cost.

Evidence to require with every proposal

Item	What to provide	Basis
Specimen tracking record	A sample chain-of-custody export for one shipment: dispatch time, each handoff, receipt time, condition on receipt.	CAP Laboratory General Checklist GEN.40530; CLIA 42 CFR 493.1242(b)
Training records	Documented UN3373 Category B training for drivers and dispatchers; the full 49 CFR 172.704 record (recurrent within three years) where Category A, dry ice by air or regulated medical waste are handled.	49 CFR 173.199(e); 49 CFR 172.704
Category B packaging competence	Procedure and training for UN3373 triple packaging; who packs and marks shipments.	49 CFR 173.199; IATA Packing Instruction 650 for air
Bloodborne pathogens program	Written exposure determination for drivers; where drivers are covered, the exposure control plan, annual training records and hepatitis B vaccination offer.	OSHA 29 CFR 1910.1030
HIPAA position	Statement of whether the vendor is a business associate for this scope, a draft BAA, and the breach-notification procedure.	HHS OCR FAQ 245 (conduit exception); 45 CFR 160.103, 164.502(e), 164.504(e), 164.410
Air cargo status	TSA Indirect Air Carrier certificate, or the named IAC through which air shipments are tendered.	49 CFR 1544.205; 49 CFR Part 1548
Temperature program	Shipper qualification per band, logger calibration certificates, a recent logger trace, excursion procedure.	Your assay stability requirements; CLSI PRE06 Evaluation of External Transport Systems (2026)
Insurance	Certificates for auto liability, general liability, cargo and workers' compensation, with limits.	Contractual; the FMCSA floor is $750,000 at 10,001 lbs GVWR and above, $300,000 for lighter for-hire fleets, and no federal cargo cover for specimens
Driver vetting	Written standard for motor vehicle records at hire and annually, background checks, drug and alcohol testing, applied to employed and contracted drivers.	Contractual; 49 CFR 391.23 and 391.25 are the federal benchmark for larger vehicles
Continuity plan	Business continuity plan with backup drivers, vehicles and hubs, and a record of a recent exercise or incident.	Contractual; ISO 22301 is the reference framework
Quality system	Any certification held (for example ISO 9001), internal audit schedule, corrective action process.	Contractual
Incident history	Lost, damaged and late-specimen counts for the past twelve months for a comparable client, with root causes.	Contractual

KPI definitions to put in the contract

KPI	Definition	Target

On-time pickup	Pickups made inside the agreed window at the site, as a percentage of scheduled pickups. State the window (for example, plus or minus 15 minutes).	99% or better on scheduled routes
On-time delivery	Deliveries to the laboratory inside the agreed window, as a percentage of all deliveries. Count STAT separately.	99% or better; STAT reported as a time distribution
STAT response time	Minutes from call or portal request to driver arrival at the site. Report the median and the 95th percentile, not the mean.	Agreed per site; 95th percentile within the commitment
Custody record completeness	Shipments with a complete scan chain (pickup, every handoff, receipt, condition) as a percentage of shipments.	100%
Temperature excursion rate	Shipments with a logger reading outside the band for longer than the agreed tolerance, as a percentage of monitored shipments.	Reported per band; every excursion notified
Exception notification time	Minutes from an exception (missed pickup, delay, excursion, damage) to notification of the named laboratory contact.	Agreed in the SLA; typically under 30 minutes
Missed pickup rate	Scheduled pickups not made on the day, as a percentage of scheduled pickups, with cause.	Trending to zero; every miss root-caused
Lost or damaged specimens	Specimens lost, leaked or damaged in transit, as a count and as a percentage of specimens carried.	Zero tolerance; each one reported and reviewed

Eight red flags

- The custody record is a paper form the driver fills in, or a portal screenshot with no timestamps.
- Temperature evidence is a brochure claim with no logger data for your bands or lanes.
- "HIPAA compliant" appears everywhere but nobody can say whether the company is a business associate for your scope or produce a BAA.
- Hazmat training exists for the office, not for the drivers on your routes, or the recurrent dates have lapsed.
- On-time is quoted as a single percentage with no definition, no window and no exception report.
- Coverage of your hardest sites turns out to be a partner network the vendor has never audited.
- The STAT commitment is an average, not a distribution.
- Pricing arrives in the vendor's own format rather than your schedule, so bids cannot be compared.

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