

INVITATION TO BID

State of Ohio
Department of Administrative Services
General Services Division
Office of Procurement Services

| | | | |
|--|---|--|-----------------------------|
| The Original Signed Bid must be submitted to the Office of Procurement Services to receive consideration for award. | | BIDDER NAME | |
| BID NUMBER OT901114 | OPENING DATE (1:00 p.m.) MAY 29, 2013 | STREET ADDRESS <input type="checkbox"/> Check if remit address is different and list on separate sheet | |
| General Services Division Office of Procurement Services 4200 Surface Road Columbus, OH 43228-1395 | | CITY | STATE ZIP |
| Attn: Bid Desk | | COUNTY | MBE/EDGE CERTIFICATE NUMBER |
| REQ./INDEX NO. LDC008 | | TELEPHONE NO. () | TOLL FREE NO. 1 - () |
| BID NOTICE DATE MAY 10, 2013 | | CONTACT PERSON | FAX NO. () |
| CONTRACTOR'S E-MAIL ADDRESS | | | |
| SELECT YOUR PREFERRED METHOD OF RECEIVING PURCHASE ORDERS AND ENTER THE E-MAIL OR FAX NUMBER INFORMATION (ONLY SELECT ONE METHOD) | | | |
| <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax | | | |
| In addition to the standard terms for payment, the payment terms for state agency(ies) will be 2%, 10 Days, Net 30 Days unless otherwise stated in the following space. If no discount is offered, bidder should circle "Net 30 Days". ____%, ____Days, Net 30 Days | | | |
| PARTICIPATING AGENCY(IES): DEPARTMENT OF REHABILITATION AND CORRECTION, 770 W. BROAD ST., COLUMBUS, OH 43222; DEPARTMENT OF YOUTH SERVICES, 30 W. SPRING ST., COLUMBUS, OH 43215; AND DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES, 30 E. BROAD ST., 8TH FLOOR, COLUMBUS, OH 43215. | | | |
| THE DEPARTMENT OF ADMINISTRATIVE SERVICES, OFFICE OF PROCUREMENT SERVICES, IS SOLICITING BIDS FOR: | | | |
| HUMAN DIAGNOSTIC LABORATORY SERVICES | | | |
| TERM OF CONTRACT: This Invitation to Bid is to establish a requirements contract to procure the described supplies or services on behalf of the above participating agency(ies). The agency(ies) may place orders against the Contract beginning <u>7/01/13</u> or upon the date when DAS signs the Contract, whichever is later in time. The Contract will expire <u>06/30/17</u> unless DAS terminates the Contract based upon reasons set forth in Article I-C of the Standard Contract Terms and Conditions. No agencies may place purchase orders against the Contract beyond the expiration date unless DAS renews the Contract by amendment. The Contractor may begin performance under the Contract only upon receipt of a valid order from a participating state agency. | | | |
| INSTRUCTIONS TO BIDDERS AND CONTRACT TERMS AND CONDITIONS, Revised 09/2012, are a part of this Invitation to Bid. Copies may be downloaded by clicking on this link: Instructions: Terms and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions . All prior versions of Instructions to Bidders, Contract Terms and Conditions are null and void. | | | |
| By submitting this Invitation to Bid, the Contractor certifies that Contractor has truthfully disclosed the location(s) where all services are to be performed; the location(s) where all applicable State contract data is to be maintained or made available; and the principal location of business for the Contractor and all subcontractors. The Contractor further certifies and acknowledges that Contractor will not change the country of the location(s) where services are performed and will not change the country of the location(s) where data is maintained or made available without prior written consent of the State. | | | |
| Any questions or clarifications regarding this Invitation to Bid should be directed to the Office of Procurement Services through the Internet at www.procure.ohio.gov/ . All questions should be submitted a minimum of five (5) working days prior to the bid opening date. | | | |
| PRINTED/TYPED SIGNATURE | | AUTHORIZED SIGNATURE (ORIGINAL SIGNATURE ONLY) <i>(Please sign in blue ink)</i> | DATE |

The original signed Bid must be submitted to the Office of Procurement Services by 1:00 o'clock p.m., on the above listed opening date to receive consideration for award. It is requested that the Bidder not sign their bid in black ink. Bidder certifies, by signature affixed to its bid, that the information provided by it in its bid including the certified statements, is accurate and complete. Bidder declares to have read and understood and agrees to be bound by all of the instructions, terms, conditions and specifications of this Invitation to Bid and agrees to fulfill the requirements of any awarded contract at the prices bid.

REQUIRED CERTIFICATION FOR BIDDING

Those bidders claiming preference for Domestic Source End Products and/or the Ohio preference, pursuant to Revised Code Sections 125.09 and 125.11 and Administrative Code Section 123:5-1-06 must complete the following information. Bidders who qualify as an "Ohio" bidder (offer an Ohio product or who have significant Ohio economic presence) or who qualify as a Border State bidder are eligible to receive a five percent (5%) preference over non-Ohio/Border state bidders. The state reserves the right to clarify any information during the evaluation process. **BIDDERS MUST COMPLETE THIS CERTIFICATION TO RECEIVE THE PREFERENCE.**

A. DOMESTIC PREFERENCE (BUY AMERICA): [Not applicable to "Excepted Products"]

- Where is each product/services being offered mined, raised, grown, produced or manufactured?
 United States: _____(State) Canada Mexico (Go to B-1)
 Other: (Specify Country) _____ (Go to A-2)
- End product is manufactured outside the United States and at least 50% of the cost of its components are produced, mined, raised, grown or manufactured within the United States. The cost of components may include transportation costs to the place of manufacture and, in the case of components of foreign origin, duty whether or not a duty free entry certificate is issued.
 Yes (Go to Section B-1) No (Go to Section A-3)
- The Bidder hereby certifies that each end product, except the products listed below, is a domestic source end product as defined in the Buy America Act and that components of unknown origin have been considered to have been mined, produced, grown or manufactured outside the United States.
_____(Item) _____(Country) of
Origin)
_____(Item) _____(Country) of
Origin)

A domestic end source product is deemed to be excessively priced if it exceeds the cost of the foreign product by more than 6%. Pursuant to FAR, Part 25, the state of Ohio does not acquire supplies or services that cannot be imported lawfully into the United States. The contractor, their subcontractor(s) and any agent of the contractor or subcontractor must not acquire any supplies or services originating from sources within, or that were located in or transported from or through Cuba, Iran, Iraq, Libya, North Korea, Sudan Territory of Afghanistan controlled by the Taliban, or Serbia (excluding the territory of Kosovo).



B. OHIO PREFERENCE (BUY OHIO):

- The products/services being offered are raised, grown, produced, mined or manufactured in Ohio.
 Yes (Go to C) No (Go to B-2)
- Bidder has significant economic presence within the state of Ohio.
 Yes (Answer a, b, c, d below) No (Go to B-3)
 - Bidder has paid the required taxes due the state of Ohio Yes No
 - Bidder is registered with the Ohio Secretary of State
 Yes (Charter/Registration No.: _____) No
Questions regarding registration should be directed to (614) 466-3910 or visit their web site at:
<http://www.sos.state.oh.us/>
 - Bidder has ten or more employees based in Ohio or border state. Yes No (Go to B-2d)
 - Bidder has seventy-five percent or more employees based in Ohio or border state.
 Yes No (Go to B-3)
- Border state bidder:
 Yes (Specify which state then go to B-2c): KY MI NY PA IN No (Go to B-4)
- Border state bidder: mined products mined in respective border state Yes No Not Applicable

C. E.D.G.E. DESIGNATION

Bidder is certified E.D.G.E. business Yes No

For information on E.D.G.E. designation, please visit the DAS Equal Opportunity Division website at: <http://www.das.ohio.gov/Divisions/EqualOpportunity/tabid/80/Default.aspx>

SPECIAL CONTRACT TERMS AND CONDITIONS

AMENDMENTS TO CONTRACT TERMS AND CONDITIONS: The following Amendments to the Contract Terms and Conditions do hereby become a part hereof. In the event that an amendment conflicts with the Contract Terms and Conditions, the Amendment will prevail.

DELIVERY AND ACCEPTANCE: Services will be performed as set forth in the Contract and in accordance with paragraphs S-8, S-9, and S-10 of the SUPPLEMENTAL CONTRACT TERMS AND CONDITIONS. The location of performance will be noted on the purchase order issued by the participating agency/institution. Payment for services rendered will occur upon the inspection and written confirmation by the ordering agency that the services provided conform to the requirements set forth in the Contract. Unless otherwise provided in the Contract, payment shall be conclusive except as regards to latent defects, fraud, or such gross mistakes as amount to fraud.

HIPAA: As a condition of receiving a contract from the State, the Contractor and any subcontractor(s), will be required to comply with 42 U.S.C. Sections 1320d through 1320d-8, and regulations at 45 C.F.R. Section Parts 160, 162, and 164 [relating to privacy and security] regarding disclosure and safeguarding of protected health information under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended by the American Recovery and Reinvestment Act of 2009. Contractor agrees to comply with all requirements of the federal Health Insurance Portability and Accountability Act (HIPAA) applicable to it as a Covered Entity and/or a Business Associate. In the event of a material breach of Contractor's obligations under this section, the State Department of Administrative Services may terminate the Contract according to provisions for Contract termination.

EVALUATION: Bids will be evaluated in accordance with Article I-17 of the "Instructions to Bidders". In addition, the state will award based on the low lot combined total of Item A, Core Test Pricing, and Item B, Emergency STAT Testing. Low lot total will be determined by multiplying the unit cost by the estimated usage listed in the bid and then adding each of the totals together to arrive at a total for all items. If the estimated annual usage is unknown a quantity of one (1) will be used, for calculation purposes only. Item C, Discount off List Price, will not be used for evaluation purposes. Failure to bid all items may result in the bidder being deemed not responsive.

CONTRACT AWARD: The contract will be awarded to the lowest responsive and responsible bidder by low lot total. Failure to bid all items may result in the bidder being deemed not responsive.

FIXED-PRICE WITH ECONOMIC ADJUSTMENT: For Item A, Core Test Pricing, and Item B, Emergency STAT Testing the contract prices(s) will remain firm for the first twelve (12) months duration of the contract. Thereafter, the Contractor may submit a request to increase their price(s) to be effective thirty (30) calendar days after acceptance by DAS. No price adjustment will be permitted prior to the effective date of the increase received by the Contractor from his suppliers, or on purchase orders that are already being processed, or on purchase orders that have been filled and are awaiting shipment. If the Contractor receives orders requiring quarterly delivery, the increase will apply to all deliveries made after the effective date of the price increase.

The price increase must be supported by a general price increase in the cost of the finished supplies, due to increases in the cost of raw materials, labor, freight, Workers' Compensation and/or Unemployment Insurance, etc.

Detailed documentation, to include a comparison list of the contract items and proposed price increases, must be submitted to support the requested increase. Supportive documentation should include, but is not limited to: copies of the old and the current price lists or similar documents which indicate the original base cost of the product to the Contractor and the corresponding increase, and/or copies of correspondence sent by the Contractor's supplier on the supplier's letterhead, which contain the above price information and explains the source of the increase in such areas as raw materials, freight, fuel or labor, etc.

Should there be a decrease in the cost of the finished product due to a general decline in the market or some other factor, the Contractor is responsible to notify DAS immediately. The price decrease adjustment will be incorporated into the contract and will be effective on all purchase orders issued after the effective date of the decrease. If the price decrease is a temporary decrease, such should be noted on the invoice. In the event that the temporary decrease is revoked, the contract pricing will be returned to the pricing in effect prior to the temporary decrease. For quarterly deliveries, any decrease will be applied to deliveries made after the effective date of the decrease. Failure to comply with this provision will be considered as a default and will be subject to Provision I.C. "Termination/Suspension" and Provision II. of the "Contract Remedies:" of the "Standard Contract Terms and Conditions".

SPECIAL CONTRACT TERMS AND CONDITIONS, CONT'D.

PRICE LIST: For Item C, Discount off List Price, the bidder shall submit, as part of their bid response, a current price list(s) for other available lab tests that are not included in the Core Unit Price per Test section. Any references, that may appear on the price list(s) that may alter the terms and conditions and specifications of the bid (e.g. F.O.B. Shipping Point or Prices Subject to Change), will not be part of any contract and will be disregarded by the state of Ohio. Failure of the bidder to furnish a current price list(s) as part of their bid response may deem the bidder not responsive. If price list(s) are not provided with the bid submission the bidder will have seven (7) calendar days in which to provide them once they have been requested by the Office of Procurement Services. Failure to provide them within seven (7) calendar days may deem your bid not responsive.

Subsequent to award of the contract, the Contractor shall furnish any participating agency with the price list(s) submitted as part of the bid response. Requested price list(s) must be provided to the requesting agency within ten (10) calendar days of the request. Furthermore, if a price increase is requested by the Contractor and granted by DAS during the term of the contract, the Contractor must submit the new price list to any participating agency within ten (10) calendar days. Failure to provide the price list to any participating agency as stipulated herein will be considered as an event of default.

During the life of the contract, there may be a new published price list. In this event, it will be necessary for the Contractor to supply the Office of Procurement Services with one (1) copy as applicable. Pricing contained in the new price list will become effective thirty (30) days after receipt of notice by the Office of Procurement Services. Thereafter, state agencies may obtain the new price list from the Contractor.

REFERENCES AND EXPERIENCE: To be considered responsive the bidder must, at the time of bid submission, be an established business with all required licenses, bonds, facilities, equipment and trained personnel necessary to perform the work in this bid. Each bidder is to submit, with its bid, a listing of three (3) references documenting experience in providing Human Diagnostic Laboratory Services, in accordance with state and federal standards and guidelines, within the previous five (5) years. Also, in its bid, the bidder must demonstrate it has provided, within the last five (5) years, similar services to other customers of similar size and scope of work. Name, address, telephone number and contact person for each reference and prior customer must be included. If not included as part of their bid response, the bidder will be required to provide the references within seven (7) calendar days after notification. Failure to provide the references within the stated time period will result in the bidder being deemed not responsive.

LICENSE: Each bidder must supply all necessary documentation for all State and Federal Licenses to include copies of current CLIA (Clinical Laboratory Improvement Act) license and current CAP (College of American Pathologist) Accreditation in good standing and maintain for the duration of this contract. All subcontractors and independent laboratories must be properly licensed. Failure of contractor's subcontractors and independent laboratories to maintain compliance will be the responsibility of the contractor.

The Contractor shall provide copies of current Ohio licenses, with no restrictions or limitations, with the bid submission. If the licenses are not provided with the bid submission the bidder will have seven (7) calendar days in which to provide them once they have been requested by the Office of Procurement Services. Failure to provide them within seven (7) calendar days may deem your bid not responsive.

The Contractor must maintain all licenses throughout the term of this contract and any renewals. At the request of a State Agency, a copy shall be provided within seven (7) calendar days. Failure to maintain and provide copies of license(s) when requested may result in cancellation of the Contract.

USAGE REPORTS: Every six (6) months the contractor must submit a report (written or on disk) indicating sales generated by this contract. The report shall list usage by customer, by line item, showing the quantities/dollars generated by this contract. The report shall be forwarded to the Office of Procurement Services, 4200 Surface Rd., Columbus, OH 43228-1395 Attn: Carol Clingan.

SPECIFICATIONS FOR LABORATORY SERVICES

I. OVERVIEW AND BACKGROUND

- A. The State seeks a contractor to provide services to provide Human Diagnostic Laboratory Testing for the Ohio Department of Rehabilitation and Correction (DRC) for 27 statewide facilities within DRC, for 4 statewide facilities within the Ohio Department of Youth Services (DYS) and 6 facilities within the Ohio Department of Mental Health (DMH). Refer to Exhibit A for list of locations and contact information.

DRC currently operates a laboratory at the Franklin Medical Center (FMC) a maximum security level correctional institution located in Columbus. The FMC Laboratory is a large volume, high complexity Reference/Hospital based laboratory employing 16 full-time Civil Service employees with state of the art equipment. The FMC Laboratory has been providing service to multiple state agencies since 1993. The FMC Laboratory is CLIA (Clinical Laboratory Improvement Act 1988) licensed from the Department of Health and Human Services administered by the Ohio Department of Health (DOH), accredited and certified by COLA (Committee on Laboratory Accreditation), Corresponding Member of the Clinical Laboratory Standards Institute (CLSI), member in good standing with College of American Pathologist (CAP) proficiency testing program, and has accreditation in Cytology through The Joint Commission. FMC Laboratory operates under the accreditation and authority of the American Correctional Association (ACA) and DRC.

The State's desire is to continue our standard of quality services through a single contract awarded to a single contractor which covers all of the agencies' facilities'. By these efforts, the State desires to maintain or improve the overall quality of the services delivered and reduce its administrative and personnel costs.

The State desires that the awarded Contractor shall give the DRC laboratory employees, adversely affected by this procurement, first consideration for employment.

B. Contract Implementation Timelines:

1. DRC's Franklin Medical Center (FMC), the Core Service Requirements, Item A, and the Emergency Afterhours (STAT) Testing, Item B, are required to be fully operational beginning Monday, July 1, 2013.
 2. DRC will coordinate with the awarded contractor to establish a mutually agreeable transition plan for full implementation of statewide comprehensive laboratory services for all other DRC and DYS locations to be fully operational no later than September 8, 2013.
 3. All DYS and DMH facilities are also required to be fully operational beginning Monday, July 1, 2013.
- C. The Ohio Department of Mental Health (DMH) works to assure access to quality mental health services for Ohioans at all levels of need and life stages. DMH has 6 regional psychiatric hospitals that provide acute inpatient care around the state to approximately 1,000 people on a daily basis. The hospital system also provides outpatient services in a community-supported environment.

The Governor of Ohio has announced plans, and implementation is underway, for a consolidation of DMH and the Ohio Department of Alcohol and Drug Addiction Services (DADAS), effective July 1, 2013. The consolidated agency will become the Ohio Department of Mental Health and Addiction Services (DMHAS).

II. DEFINITIONS

A. Definitions.

1. CPR - Cost per Reportable test
2. Terms used, but not otherwise defined, in this document shall have the same meaning as those terms in 45 Code of Federal Regulations ("CFR") §§ 160.103, 164.402, and 164.501.
 - a) HIPAA. The use of the term "HIPAA" shall mean the Health Insurance Portability Act of 1996, and all of the implementing regulations of that statute, including Part 160 and 164 of Title 45 of the CFR.
 - b) Individual. The use of the term "Individual" in this Exhibit A shall have the same meaning as the term "individual" in 45 CFR § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).

- c) Privacy Rule. The Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.
- d) Security Rule. The Standards for Security of Individually Identifiable Health Information at 45 CFR parts 160 and 162 and part 164, subparts A and C.
- e) Information. The use of the term "Information" in this Exhibit A shall have the same meaning as the term "protected health information" in 45 CFR § 160.103, limited to the information created or received by Contractor from or on behalf of the State.
- f) Required By Law. The use of the term "required by law" in this Exhibit A shall have the same meaning as the term "required by law" in 45 CFR § 164.103.
- g) Breach. The use of the term "Breach" in this Exhibit A shall have the same meaning as the term "breach" in 45 CFR § 164.402.
- h) Unsecured Information. The use of the term "Unsecured Information" in this Exhibit A shall have the same meaning as the term "unsecured protected health information" in 45 CFR § 164.402.
- i) HHS - The U.S. Department of Health and Human Services or its designee.
- j) Disclose. The release, transfer or provision of access to Information, whether oral or recorded in any form or medium.
- k) Use - The sharing, employment, application, utilization, examination, or analysis, in any form or medium, of Information within the Contractor's organization.

III. CONTRACTOR REQUIREMENTS

A. Cost Proposal:

- 1. Item A - Core Services Price Schedule contains a listing of tests and volumes performed for the using agencies in calendar year 2012. Prices for all services contained in Scope of Services, unless otherwise noted, shall be price based on standard laboratory CPR (Cost per Reportable) test prices.
- 2. Item B - Emergency Afterhours (STAT) Testing is pricing for additional services to pick and STAT testing charge for a single charge per patient sample submitted.
- 3. Item C - Discount off List Price for Additional Test, will apply for any laboratory test services not listed in Core Pricing Price Schedule the bidder shall provide a current listing of other tests available along with a current price list. Indicate the percent (%) discount from list price or fee schedule that will apply. Bidder to submit a current price list with its bid.

B. Billing:

- 1. Each month the Contractor must submit a single detailed invoice, subtotaled by facility to the appropriate using agency.

C. Additional Requirements:

- 1. Laboratory results performed by a subcontractor or independent laboratory are to be priced and interfaced to the using agency through the awarded contractor.
- 2. The awarded Contractor shall remove all waste generated by this service.
- 3. State Agencies reserve the right to modify or delete its facility locations with thirty (30) day notice, without additional cost or expense to the agency by the Contractor.
- 4. All contracted staff shall abide by Agency policies, procedures, rules and regulations.

IV. SCOPE OF SERVICES

- A. Core Service Requirements are the minimum requirements that are requested by using agencies to provide basic Human Diagnostic Laboratory Services.
1. Services shall include timely pick-up and delivery of specimens for all using agencies, Monday through Friday excluding ten (10) state holidays. Using agencies will establish pickup and drop off times at each respective facility. Pickup and delivery to be included in the CPR test unit price.
 2. The Contractor is to provide accurate reporting to ordering facility within 24 hours for routine tests.
 3. Contractor must have policies and procedures in place when a sample is lost or otherwise mishandled by staff or courier. Bidder to supply a copy of their current policy and procedures with its bid. If the bidder's policies and procedures are not provided with the bid submission the bidder will have seven (7) calendar days in which to provide them once they have been requested by the Office of Procurement Services. Failure to provide them within seven (7) calendar days may deem your bid not responsive.
 4. Contractor shall provide all necessary supplies and equipment to perform necessary services to include but not limited to:
 - a. Furnishing and delivery of all supplies for specimen collection, including any administration supplies, transportation material, and centrifuges if needed.
 - b. Provide the equipment necessary to report results to include connectivity and supplies, at no charge to the using agencies.
 - c. Provide, supply and maintain printers, or other electronic reporting equipment, at each site for the daily transmission of lab results.
 - d. Provide pre-printed lab requisition forms for the using agencies or emergency situations, as well as order forms for supplies, and a toll-free number for ordering maintenance of equipment.
 5. The Contractor shall have back up procedures to deliver reports in a timely manner by other means, such as hard copies delivered when specimens are picked up, should the primary method for reporting fail.
 6. Contractor will be responsible for training of all using agencies necessary medical personnel on contractor's policies and procedures. Contractor may be called upon to provide consulting and phlebotomy training as needed at no additional charge.
 7. Contractor will provide bi-directional interface, contractor's expense, to DRC Electronic Health Record (EHR) eClinicalWorks, as well as provide secure on-line access for staff to obtain lab testing results electronically.
 8. Contractor, at contractor's expense, shall provide the necessary programming, testing, training, etc. resources to develop, test, and implement the listed interfaces listed in #7 above. Testing shall include both unit testing of each lab order, resulting, and charging for each facility implemented, as well as the execution of regression test scripts as part of integrated testing. Implementation shall include any needed data conversions.
 9. DYS and DMHAS at present do not have an Electronic Health Record system. In the event that DYS and/or DMHAS purchase and install an Electronic Health Record for their facilities the contractor must supply interface according to requirements of #7 through #8 above.
 10. Contractor must perform tests that can be configured as custom profiles per department's requests.
 11. Laboratory testing will include:
 - a. Chemistry: Routine, Special Chemistry, Urine Chemistry, TDM's
 - b. Toxicology: 7 panel Drug screen with GC/MS confirmation on requested positives
 - c. Serology
 - d. Microbiology
 - e. Immunology
 - f. Hematology
 - g. Molecular Testing: HIV Viral Loads, Hepatitis C Viral Loads, CT/NG

- h. Urinalysis
 - i. Cytopathology
 - j. Surgical Pathology
 - k. Dermatopathology
 - l. Flow Cytometry
 - m. Quantiferon - TB tests
12. Contractor shall supply a listing of test services and explanatory guide for both in-house testing and send out routine testing (both clinical and anatomic). The listing shall be an alphabetical listing of procedures with corresponding test codes. The listing shall include profile/panel breakdowns, methodologies, reference ranges and panic/critical values. The listing shall be distributed in sufficient quantities to meet the need of the facilities. Any update to the listing shall be communicated and distributed in a timely manner to all agency locations.
 13. The Contractor shall have procedures for reporting 'panic' or very abnormal results that exceed predefined criteria established by the department. All critical results must be called to the customers immediately after testing performed and verified.
 14. Contractor shall notify the appropriate using agency provider when an unacceptable routine clinical or anatomic specimen is received. Notification shall be made within 24 hours of discovery of the unacceptable nature of the routine specimen.
 15. No specimen is to be discarded until communication with the requesting using agency provider has been established, and that provider approves in writing of the disposal.
 16. Contractor shall repeat testing upon request. When using agency providers believe that reported results do not correlate with the clinical status of the patient, the Contractor shall repeat the specimen testing within 24 hours of request at no further charge to customer. If repeat testing does not resolve the conflict, the Contractor shall submit the specimen to a mutually agreeable "outside" facility at the agency's expense.
 17. Laboratory specimens must be evaluated and written/transmitted reports prepared and returned to the provider within 24 hours of receipt of specimen, with the exception of cultures and other tests, which may require more than 24 hours of analysis in accordance with standard laboratory procedures.
 18. The Contractor shall provide toll free customer service and timely responses to questions and concerns. The using agencies require that a service representative visit each facility on a regular basis (quarterly) to assess service and address any questions / concerns.
 19. Contractor's laboratory director and personnel shall provide consultation regarding receipt, performance results, and methodological/clinical interpretation of laboratory test results.
 20. Reflex HPV testing shall be performed on gynecological cytology specimens only upon request.
 21. Histology/cytology correlation should be performed monthly and in case of discrepancy letter must be send to the institution with follow up request.
 22. Contractor shall establish and utilize a comprehensive Quality Control and Quality Improvement Plan to assure that procedures are in place for identifying and correcting clinical laboratory testing deficiencies; handling complaints and incident reports; and ensuring compliance with all requirements, professional and legal standards. The Plan must be submitted to the using agencies for review and approval. The Plan shall be effective on the contract start date and shall be updated and resubmitted for the using agency's approval as changes occur. The bidder must provide a current copy of their Quality Control and Quality Improvement Plan with its bid submission. If the bidder's Quality Control and Quality Improvement Plan are not provided with the bid submission the bidder will have seven (7) calendar days in which to provide them once they have been requested by the Office of Procurement Services. Failure to provide them within seven (7) calendar days may deem your bid not responsive.
 23. The Plan shall include:
 - a. Activities to be monitored, frequency of monitoring, samples of forms to be used in monitoring, title/level and qualifications of personnel performing monitoring functions.

- b. Ensure the services, deliverables, and requirements defined in the contract are being provided at or above the level of quality agreed upon by the State and the bidder.
 - c. Ensure that professional staff rendering services under the contract have the necessary prerequisites.
 - d. Identifying and preventing deficiencies in the quality of service before the level of performance becomes unacceptable.
 - e. Taking any corrective action, if needed, including a commitment to provide to the using agency upon request a record of all inspections, the corrective action taken, the time the problem is first identified, a clear description of the problem, and the time elapsed between identification and completed corrective action.
 - f. Monthly monitoring of treatment indicators.
 - g. Performing Problem Specimen Monthly report for the using agencies and reporting problems to the institutions if problems would be greater than 5.0%.
 - h. Performing statistical analysis of timing for critical and STAT calls monthly and reporting of corrective actions if timing exceeds acceptable limits.
 - i. All statistical data shall be reported to the using agency monthly. The using agency may request any structured data to be presented to the department for review.
- B. Emergency Afterhours (STAT) Testing will require pick up and performance of laboratory testing outside of the routine pick up of samples. All conditions of Item A above, Core Service Requirements, apply with the addition of:
1. STAT Testing may be requested at any time 24/7 by any facility.
 2. STAT testing must be picked up within 30 minutes of initial call from the using agency facility.
 3. STAT testing from call to result must be no longer than 4 hours for all institutions except for Franklin Medical Center. FMC requires a STAT turnaround time not to exceed 2 hours (from call of STAT to the contractor to the call of STAT results to FMC).
 4. STAT lab requesting will include the following:
 - a. PT/INR, APTT
 - b. BMP (or any of the following: Glucose, BUN, Creatinine, Sodium, Potassium, Chloride, CO₂, and Calcium)
 - c. Misc. Chemistry Tests: Amylase, Lipase, Total Bilirubin, Magnesium, and Phosphorous
 - d. CBC or any of its components
 - e. Therapeutic Drugs (Digoxin, Phenytoin, Gentamicin, Vancomycin, Tobromycin, Valproic Acid, Carbamazepine, Lithium, Theophylline and Phenobarbital)
 - f. Cardiac Markers, D-Dimer, BNP
 - g. Urinalysis
 5. Any laboratory tests marked STAT shall have a Turn around Time (TAT) of 60 minutes from time of arrival at lab facility.
 6. After hours pick up and the cost of the STAT testing charge must be priced as a single charge per patient sample submitted to be added to the Core CPR pricing.
- C. Discount off Price List will be for additional tests not included in the Core Pricing Services section. Bidder to submit its current Price List with its bid and provide a percentage off list price on the Price Summary.

PRICE SCHEDULE
ITEM A
CORE PRICING SERVICES

| Bidder Test Order # | CPT Code # | Test Description | Est. Annual Usage | CPR Unit Price per Test |
|---------------------|------------|--|-------------------|-------------------------|
| | | 7 Drug-Unbund | 33 | \$ / Test |
| | | 7+Alc-Unbund | 961 | \$ / Test |
| | | 9+Alc-Scr | 403 | \$ / Test |
| | | 6+MDMA+Crt-Unbund | 1 | \$ / Test |
| | | 7+Alc-Bund | 303 | \$ / Test |
| | | 9+Oxycodone-Bund | 173 | \$ / Test |
| | | 3+Alc-Bund | 1 | \$ / Test |
| | | 6+MDMA+Crt-Bund | 1 | \$ / Test |
| | | 7 Drug-Bund | 7 | \$ / Test |
| | | 5 Drug-Bund | 1 | \$ / Test |
| | | 2 Hr. Glucose Tolerance | 1 | \$ / Test |
| | | 3 Hr. Glucose Tolerance | 27 | \$ / Test |
| | | 4 Hr. Glucose Tolerance | 1 | \$ / Test |
| | | 5-HIAA 24hr. Urine | 2 | \$ / Test |
| | | 5-HIAA random. Urine | 1 | \$ / Test |
| | | Tramadol GC/MS-Urine | 15 | \$ / Test |
| | | ABO Grouping and Rho(D) Typing | 29 | \$ / Test |
| | | Acetaminophen (Tylenol), S | 10 | \$ / Test |
| | | ACH Receptor Binding Ab | 13 | \$ / Test |
| | | Acid Fast Smear | 1 | \$ / Test |
| | | Acid Fast Smear+Culture | 1 | \$ / Test |
| | | ACTH-Frozen | 13 | \$ / Test |
| | | Actin (Smooth Muscle) Antibody | 76 | \$ / Test |
| | | Acylcarnitine- quant | 1 | \$ / Test |
| | | Adenosine Deaminase(ADA)- Body Fluid | 1 | \$ / Test |
| | | ADH | 1 | \$ / Test |
| | | ADH Profile | 5 | \$ / Test |
| | | Aerobic Bacterial Culture | 56 | \$ / Test |
| | | AFB MTD Testing | 6 | \$ / Test |
| | | AFB Smear and Culture | 9 | \$ / Test |
| | | AFB SPUTUM | 28 | \$ / Test |
| | | AFB- Whole Blood- ID and Suscept | 2 | \$ / Test |
| | | AFP- Serum- Open Spina Bifida | 1 | \$ / Test |
| | | AFP, Serum, Tumor Marker | 2 | \$ / Test |
| | | AFP Tetra | 56 | \$ / Test |
| | | AFP X-tra Profile | 2 | \$ / Test |
| | | Alb+AIP+ALT+Ca+Cl+Creat+Glu... | 1 | \$ / Test |
| | | Albumin | 402 | \$ / Test |
| | | Albumin- Body Fluid | 6 | \$ / Test |
| | | Alcohol Confirmation Urine | 18 | \$ / Test |
| | | Aldolase | 20 | \$ / Test |
| | | Aldosterone | 18 | \$ / Test |
| | | Aldosterone- Random Ur/Creat | 1 | \$ / Test |
| | | Aldosterone Renin Ratio | 11 | \$ / Test |
| | | Aldosterone- Urine | 2 | \$ / Test |
| | | Alk Phos Isoenzyme | 3 | \$ / Test |
| | | Alkaline Phosphatase (ALP) | 35 | \$ / Test |
| | | Allergen Profile- Food-Milk | 1 | \$ / Test |
| | | Allyl Alcohol, Blood | 2 | \$ / Test |
| | | AIP+ALT+AST+GGT+LD+Prot+TBili | 5 | \$ / Test |
| | | Allergy Profile - Zone 8 (OH) | 3 | \$ / Test |
| | | Alpha-1-Antitrypsin Clearance-24 Hr. Stool | 1 | \$ / Test |
| | | Alpha-1-Antitrypsin Phenotyping | 3 | \$ / Test |
| | | Alpha-1-Antitrypsin- Serum | 17 | \$ / Test |

PRICE SCHEDULE
ITEM A
CORE PRICING SERVICES CONT'D.

| Bidder Test Order # | CPT Code # | Test Description | Est. Annual Usage | CPR Unit Price per Test |
|---------------------|------------|---------------------------------------|-------------------|-------------------------|
| | | Alpha-Fetoprotein (AFP) Tumor Marker | 2,393 | \$ / Test |
| | | Alprazolam, Serum/Plasma | 1 | \$ / Test |
| | | ALT | 5,229 | \$ / Test |
| | | Amino Acid Profile | 4 | \$ / Test |
| | | Amiodarone (Cordarone)- Serum | 7 | \$ / Test |
| | | Amitriptyline (Elavil) | 816 | \$ / Test |
| | | Ammonia Level | 1,279 | \$ / Test |
| | | Amphetamine Confirmation GC/MS Urine | 4 | \$ / Test |
| | | AmpliChip P450 2D6/2C19 | 1 | \$ / Test |
| | | Amylase Isoenzymes | 2 | \$ / Test |
| | | Amylase, Serum | 1,191 | \$ / Test |
| | | Amylase- Urine | 2 | \$ / Test |
| | | ANA w/Reflex | 430 | \$ / Test |
| | | ANA Direct (Screen) | 295 | \$ / Test |
| | | ANA- IFA (titer) | 57 | \$ / Test |
| | | ANA | 6 | \$ / Test |
| | | ANA Comprehensive Panel | 3 | \$ / Test |
| | | ANA w/Reflex if Positive | 5 | \$ / Test |
| | | Anaerobic and Aerobic Culture | 14 | \$ / Test |
| | | Anaerobic/Aerobic/Gram Stain | 1 | \$ / Test |
| | | Angiotensin-Converting Enzyme | 2 | \$ / Test |
| | | ANCA (Anti-neutrophil cytoplasmic Ab) | 47 | \$ / Test |
| | | Anticardiolip Ab, IgA/G/M, Qn | 1 | \$ / Test |
| | | ANCA Profile | 2 | \$ / Test |
| | | Angiotensin-Converting Enzyme (ACE) | 44 | \$ / Test |
| | | Antibody Screen | 36 | \$ / Test |
| | | Anticardiolipin Abs Quantitative | 3 | \$ / Test |
| | | Anticardiolipin AB IgG | 7 | \$ / Test |
| | | Anticardiolipin Ab- IgG- Qn | 2 | \$ / Test |
| | | Anticardiolipin Abs Quantitative | 1 | \$ / Test |
| | | Antichromatin Ab | 1 | \$ / Test |
| | | Antidiuretic Hormone Profile | 5 | \$ / Test |
| | | Anti-DNA(SS)IgG- Ab- Qn | 16 | \$ / Test |
| | | Anti-DNase B Strep Antibodies | 4 | \$ / Test |
| | | Anti-dsDNA Antibodies | 31 | \$ / Test |
| | | Antineutrophil Cytoplasmic Ab | 2 | \$ / Test |
| | | Antinuclear Ab Reflex Cascade | 1 | \$ / Test |
| | | Antinuclear Antibodies Direct | 18 | \$ / Test |
| | | Antinuclear Antibodies, IFA | 2 | \$ / Test |
| | | Antiextractable Nuclear Ag | 4 | \$ / Test |
| | | Antiglomerular BM Ab- Qn | 1 | \$ / Test |
| | | Antihistone Antibodies | 2 | \$ / Test |
| | | Anti-Jo-1 | 6 | \$ / Test |
| | | Anti-Myleoperoxidase (MPO) Ab | 5 | \$ / Test |
| | | Antimyocardial Antibodies | 5 | \$ / Test |
| | | Antiparietal Cell Antibody | 2 | \$ / Test |
| | | Anti-Phosphatidylserine Abs | 5 | \$ / Test |
| | | Anti-Proteinase 3 (PR-3) Ab | 6 | \$ / Test |
| | | Anti-RNA | 4 | \$ / Test |
| | | Antiscleroderma-70 Antibodies | 8 | \$ / Test |
| | | Anti-Smith Antibody | 24 | \$ / Test |
| | | Antistreptolysin O Antibodies | 11 | \$ / Test |
| | | Antithrombin III Deficiency Profile | 6 | \$ / Test |
| | | Antithyroglobulin Ab | 13 | \$ / Test |

PRICE SCHEDULE
ITEM A
CORE PRICING SERVICES CONT'D.

| Bidder Test Order # | CPT Code # | Test Description | Est. Annual Usage | CPR Unit Price per Test |
|---------------------|------------|--|-------------------|-------------------------|
| | | Apo A1 + B + Ratio | 2 | \$ / Test |
| | | aPTT | 263 | \$ / Test |
| | | aPTT Mixing Studies | 3 | \$ / Test |
| | | Aripiprazole, Serum/Plasma | 8 | \$ / Test |
| | | Arsenic Level | 1 | \$ / Test |
| | | Aspergillus Ab- Quant | 3 | \$ / Test |
| | | AST | 3,074 | \$ / Test |
| | | AST (SGOT) | 147 | \$ / Test |
| | | AST+CK+LD | 1 | \$ / Test |
| | | Auto-Immune Panel I | 1 | \$ / Test |
| | | Autoclave Ampoule | 88 | \$ / Test |
| | | Baclofen (Lioresal)- Serum | 7 | \$ / Test |
| | | BNP | 164 | \$ / Test |
| | | Bartonella Ab Profile | 3 | \$ / Test |
| | | BCR-ABL1- CML/ALL- PCR- Quant | 2 | \$ / Test |
| | | BCR-ABL1- RT-PCR- Qual CML/ALL | 1 | \$ / Test |
| | | Benzodiazepines Confirmation GC/MS Urine | 4 | \$ / Test |
| | | Basic Metabolic Panel (7) | 604 | \$ / Test |
| | | Basic Metabolic Panel (8) | 370 | \$ / Test |
| | | Benzodiazepine- Blood | 1 | \$ / Test |
| | | Benzotropine- Serum/Plasma | 3 | \$ / Test |
| | | BETA HCG (Quant) | 195 | \$ / Test |
| | | Beta Strep Gp A Culture | 27 | \$ / Test |
| | | Beta-2 Glycoprotein I Ab- IgG | 3 | \$ / Test |
| | | Beta-2 Microglobulin- Serum | 41 | \$ / Test |
| | | Bicarbonate | 21 | \$ / Test |
| | | Bile Acids | 4 | \$ / Test |
| | | Bilirubin, Direct | 1 | \$ / Test |
| | | Bilirubin Studies | 165 | \$ / Test |
| | | Bilirubin, Total | 169 | \$ / Test |
| | | Bilirubin, Total/Direct, Serum | 3 | \$ / Test |
| | | Biological Indicators, Sterile | 50 | \$ / Test |
| | | BMP7+LP+CBC/D/Plt+TSH | 1 | \$ / Test |
| | | B-Type Natriuretic Peptide | 12 | \$ / Test |
| | | Biopsy Surgical Specimen | 992 | \$ / Test |
| | | Blastomyces Ag Urine | 2 | \$ / Test |
| | | Blood Culture | 459 | \$ / Test |
| | | Blood Volatiles | 3 | \$ / Test |
| | | Body Fluid Culture- Sterile | 2 | \$ / Test |
| | | Body Fluid Lipid Analysis- BF | 1 | \$ / Test |
| | | Bone Marrow Biopsy | 21 | \$ / Test |
| | | Bone Marrow Cytogenetics | 20 | \$ / Test |
| | | Bone Marrow Tracking | 1 | \$ / Test |
| | | Bordetella pertussis- Real Time DNA- PCR | 1 | \$ / Test |
| | | Breast Discharge Cytology | 2 | \$ / Test |
| | | BUN | 76 | \$ / Test |
| | | BUN+Creat | 2 | \$ / Test |
| | | Buprenorphine (Subutex)- Serum | 7 | \$ / Test |
| | | Buspirone (Buspar)- S/P | 64 | \$ / Test |
| | | C difficile Toxins A+B, EIA | 140 | \$ / Test |
| | | C1 Esterase Inhibitor- Serum | 1 | \$ / Test |
| | | CA19-9 | 17 | \$ / Test |
| | | Caffeine- serum | 1 | \$ / Test |
| | | Ca+Creat+P+PTH Intact | 1 | \$ / Test |

PRICE SCHEDULE
ITEM A
CORE PRICING SERVICES CONT'D

| Bidder Test Order # | CPT Code # | Test Description | Est. Annual Usage | CPR Unit Price per Test |
|---------------------|------------|--|-------------------|-------------------------|
| | | Ca+P+V-D25 | 1 | \$ / Test |
| | | Ca+PTH Intact | 5 | \$ / Test |
| | | Calcitriol(1,25 di-OH Vit D) | 2 | \$ / Test |
| | | Calcium, Serum | 1,439 | \$ / Test |
| | | Calcium 24 Hr. Urine | 11 | \$ / Test |
| | | Calcium, Random Urine | 1 | \$ / Test |
| | | Calcium, Ionized, Serum | 157 | \$ / Test |
| | | Calculi- Urinary | 14 | \$ / Test |
| | | Calculi- Urinary- with photo | 5 | \$ / Test |
| | | Cancer Antigen (CA) 125 | 18 | \$ / Test |
| | | Cancer Antigen (CA) 15-3 | 13 | \$ / Test |
| | | Cancer Antigen (CA) 27.29 | 1 | \$ / Test |
| | | Cannabinoids Confirmation | 1 | \$ / Test |
| | | Carbamazepine (Tegretol), S | 2,009 | \$ / Test |
| | | Cardiac Stat Profile (Troponin, CKMB, Myoglobin) | 177 | \$ / Test |
| | | Carmine Dye/Red Dye (Coch.) IgA | 1 | \$ / Test |
| | | Carmine/Red Dye-Cochineal IgE | 1 | \$ / Test |
| | | Catecholamines- Plasma | 1 | \$ / Test |
| | | Catecholamines-Ur.-Free 24 Hr | 1 | \$ / Test |
| | | CBC With Differential/Platelet | 28,942 | \$ / Test |
| | | CBC w/Manual Diff | 1,339 | \$ / Test |
| | | CBC, No Differential/Platelet | 4 | \$ / Test |
| | | CBC, Platelet; No Differential | 9 | \$ / Test |
| | | CBC/Differential (No Platelet) | 92 | \$ / Test |
| | | CCP Antibodies IgG/IgA | 64 | \$ / Test |
| | | CEA | 182 | \$ / Test |
| | | Celiac Disease Comp Antibody Profile | 6 | \$ / Test |
| | | Celiac Disease Profile | 9 | \$ / Test |
| | | Cell Count- Body Fluid | 4 | \$ / Test |
| | | Cell Count- CSF | 3 | \$ / Test |
| | | Cell Count- Serous Fluid | 6 | \$ / Test |
| | | Cell Count-Synovial Fl-w/Crystals | 6 | \$ / Test |
| | | Cell Ct-Synovial w/o Crystals | 2 | \$ / Test |
| | | Cephalosporin-IgE | 1 | \$ / Test |
| | | Ceruloplasmin | 14 | \$ / Test |
| | | Chlamydia trachomatis Culture | 4 | \$ / Test |
| | | Chlamydia DNA Probe w/Rflx | 1 | \$ / Test |
| | | Chlamydia/GC NAA, Confirmation | 1 | \$ / Test |
| | | Chlamydia/GC, DNA Probe | 2 | \$ / Test |
| | | Chlamydia/GC, DNA Probe w/Rflx | 82 | \$ / Test |
| | | Chloride, Serum | 1 | \$ / Test |
| | | Chloride | 12 | \$ / Test |
| | | Chlorpromazine-Serum | 57 | \$ / Test |
| | | Cholesterol | 26 | \$ / Test |
| | | Cholinesterase-Plasma | 1 | \$ / Test |
| | | Chromium-Plasma (pour off) | 1 | \$ / Test |
| | | Chromogranin A | 1 | \$ / Test |
| | | Chromosome-Leukemia/Lymphoma | 1 | \$ / Test |
| | | Citalopram (Celexa)-S/P | 65 | \$ / Test |
| | | Citric Acid Urine | 4 | \$ / Test |
| | | CK, Total+Isoenzymes, Serum | 102 | \$ / Test |
| | | CLL/Lymphoma Profile(Flow Cytometry) RmTemp | 19 | \$ / Test |
| | | CK+BNP+CK MB+Troponin I | 2 | \$ / Test |
| | | Clomipramine-Serum | 10 | \$ / Test |

PRICE SCHEDULE
ITEM A
CORE PRICING SERVICES CONT'D

| Bidder Test Order # | CPT Code # | Test Description | Est. Annual Usage | CPR Unit Price per Test |
|---------------------|------------|--------------------------------------|-------------------|-------------------------|
| | | Clonazepam (Klonopin) Serum | 5 | \$ / Test |
| | | Clostridium difficile Culture | 2 | \$ / Test |
| | | Clozapine (Clozaril), Serum | 352 | \$ / Test |
| | | CMP12+8AC | 6 | \$ / Test |
| | | CMP12+LP+6AC | 1 | \$ / Test |
| | | CMP12+LP+TP+TSH+5AC+CBC/D/P... | 1 | \$ / Test |
| | | CMP12+LP+TP+TSH+5AC+CBC/D/P... | 1 | \$ / Test |
| | | CMP13+CBC/D/Plt+RPR+HBsAb+H... | 1 | \$ / Test |
| | | CMP14+5AC | 123 | \$ / Test |
| | | CMP14+5AC+CBC/D/Plt+RPR | 796 | \$ / Test |
| | | CMP14+5AC+CBC/D/Plt+RPR+TSH | 985 | \$ / Test |
| | | CMP14+5AC+CBC/D/Plt+RPR+TSH... | 498 | \$ / Test |
| | | CMP14+7AC | 1 | \$ / Test |
| | | CMP14+LP+2AC+CBC/D/Plt | 4 | \$ / Test |
| | | CMP14+LP+3AC+CBC/D/Plt+TSH+... | 1,044 | \$ / Test |
| | | CMP14+LP+TP+TSH+1AC+CBC/D/P... | 1 | \$ / Test |
| | | CMP14+LP+TP+TSH+4AC+CBC/D/P... | 3 | \$ / Test |
| | | CMV PCR | 2 | \$ / Test |
| | | Comp. Metabolic Panel (14) | 3,051 | \$ / Test |
| | | Cocaine Confirm GC/MS Urine | 2 | \$ / Test |
| | | Cogentin Level | 5 | \$ / Test |
| | | Cold Agglutinin Titer-Quant | 2 | \$ / Test |
| | | Comp panel: Leukemia/Lymphoma | 8 | \$ / Test |
| | | Complement C2 | 2 | \$ / Test |
| | | Complement C3, Serum | 73 | \$ / Test |
| | | Complement C4, Serum | 94 | \$ / Test |
| | | Complement C5 Level | 2 | \$ / Test |
| | | Complement-Total (CH50) | 14 | \$ / Test |
| | | Coombs Direct | 12 | \$ / Test |
| | | Copper, Serum | 8 | \$ / Test |
| | | Cortisol | 55 | \$ / Test |
| | | Copper, Urine | 7 | \$ / Test |
| | | Cortisol-ACTH Stimulation (2 Sample) | 2 | \$ / Test |
| | | Cortisol - AM | 3 | \$ / Test |
| | | C-Peptide, Serum | 1 | \$ / Test |
| | | C-Reactive Protein - High Sensitive | 221 | \$ / Test |
| | | C-Reactive Protein, Cardiac | 122 | \$ / Test |
| | | C-Reactive Protein, Quant | 1,055 | \$ / Test |
| | | Creatine Kinase (CK), MB | 1,919 | \$ / Test |
| | | Creatinine | 605 | \$ / Test |
| | | Creatine Kinase (CK), MB/Total | 42 | \$ / Test |
| | | Creatine Kinase, Total, Serum | 326 | \$ / Test |
| | | Creatine, 24-Hour Urine | 1 | \$ / Test |
| | | Creatinine, 24-Hour Urine | 2 | \$ / Test |
| | | Creatinine, Serum | 121 | \$ / Test |
| | | Creatinine, Urine | 50 | \$ / Test |
| | | Cryoglobulin-QI-Serum-Rflx | 4 | \$ / Test |
| | | Cryptococcus Ag Titer | 1 | \$ / Test |
| | | Cryptococcus Ag Titer-CSF | 2 | \$ / Test |
| | | Cryptococcus Antigen-CSF | 3 | \$ / Test |
| | | Cryptococcus Antigen-Serum | 6 | \$ / Test |
| | | Cryptosporidium Detection | 1 | \$ / Test |
| | | Crystal Exam Miscellaneous FI | 1 | \$ / Test |
| | | Cyclosporine-Blood | 54 | \$ / Test |

PRICE SCHEDULE
ITEM A
CORE PRICING SERVICES CONT'D

| Bidder Test Order # | CPT Code # | Test Description | Est. Annual Usage | CPR Unit Price per Test |
|---------------------|------------|---------------------------------------|-------------------|-------------------------|
| | | Cystatin C | 2 | \$ / Test |
| | | Cystic Fibrosis DNA Analysis | 3 | \$ / Test |
| | | Cytology-Abdominal Fluid (RF) | 3 | \$ / Test |
| | | Cytomegalovirus (CMV) Ab-IgG | 42 | \$ / Test |
| | | Cytomegalovirus (CMV) Ab-IgM | 37 | \$ / Test |
| | | Cytomegalovirus PCR | 13 | \$ / Test |
| | | D-Dimer | 135 | \$ / Test |
| | | Dehydroepiandrosterone (DHEA) Sulfate | 6 | \$ / Test |
| | | Desipramine-Serum | 16 | \$ / Test |
| | | Digoxin, Serum | 108 | \$ / Test |
| | | Dihydrotestosterone | 1 | \$ / Test |
| | | Dilantin | 2,284 | \$ / Test |
| | | Dilute Russell's Viper Venom | 1 | \$ / Test |
| | | Doxepin (Sinequan), Serum | 649 | \$ / Test |
| | | Drug Coma/Overdose I-Blood | 1 | \$ / Test |
| | | Drug Coma/Overdose Profile 1-Blood | 1 | \$ / Test |
| | | Drug (9 Panel)+Alcohol, S/P | 1 | \$ / Test |
| | | Drug Analysis, Unknown, Qual | 1 | \$ / Test |
| | | Drug Prof,UR/G (Comprehensive) | 1 | \$ / Test |
| | | Drug Profile, Blood (7 Drugs) | 3 | \$ / Test |
| | | Drug Profile, Ur, 9 Drugs | 619 | \$ / Test |
| | | Drug Scrn, Treatment Center | 1 | \$ / Test |
| | | Drugs of Abuse Scrn.,(9 Pnl) | 1 | \$ / Test |
| | | dRVVT Confirm | 1 | \$ / Test |
| | | dRVVT Mix | 1 | \$ / Test |
| | | E081-IgE Sheep Epithelia | 1 | \$ / Test |
| | | EBV Ab VCA-IgG | 3 | \$ / Test |
| | | EBV Ab VCA-IgM | 5 | \$ / Test |
| | | EBV Acute Antibodies | 11 | \$ / Test |
| | | EBV Early Antigen Ab-IgG | 5 | \$ / Test |
| | | Ehrlichiosis Profile | 1 | \$ / Test |
| | | Electrolyte Panel | 315 | \$ / Test |
| | | Endomysial Antibody IgA | 12 | \$ / Test |
| | | Environmental Culture | 279 | \$ / Test |
| | | Eosinophil, Urine | 2 | \$ / Test |
| | | Epstein Barr Virus Quant PCR | 5 | \$ / Test |
| | | Epstein-Barr DNA Quant-PCR | 1 | \$ / Test |
| | | Erythropoietin (EPO)-Serum | 13 | \$ / Test |
| | | ESR | 2,204 | \$ / Test |
| | | Estradiol | 31 | \$ / Test |
| | | Estrogens, Total | 5 | \$ / Test |
| | | Estrone, Serum | 1 | \$ / Test |
| | | Ethanol, Blood | 13 | \$ / Test |
| | | Ethanol Screen & Confirmation-Urine | 2 | \$ / Test |
| | | Ethanol, Urine | 7 | \$ / Test |
| | | F014-IgE Soybean | 9 | \$ / Test |
| | | F048-IgE Onions | 1 | \$ / Test |
| | | Factor II (Prothombin)-DNA Analysis | 3 | \$ / Test |
| | | Factor IX | 3 | \$ / Test |
| | | Factor V Activity | 4 | \$ / Test |
| | | Factor V Leiden Mutation | 17 | \$ / Test |
| | | Factor VII Activity | 2 | \$ / Test |
| | | Factor VIII - Bethesda Titer | 1 | \$ / Test |
| | | Factor VIII Activity | 8 | \$ / Test |

PRICE SCHEDULE
ITEM A
CORE PRICING SERVICES CONT'D

| Bidder Test Order # | CPT Code # | Test Description | Est. Annual Usage | CPR Unit Price per Test |
|---------------------|------------|---------------------------------------|-------------------|-------------------------|
| | | Factor VIII Inhibit. | 2 | \$ / Test |
| | | Factor X | 2 | \$ / Test |
| | | FANA Staining Patterns | 11 | \$ / Test |
| | | Fatty Acid Peroxisomal Test | 1 | \$ / Test |
| | | Febrile Antibody Profile | 1 | \$ / Test |
| | | Fecal Fat-Qualitative | 8 | \$ / Test |
| | | Ferritin, Serum | 1,101 | \$ / Test |
| | | Fibrinogen Activity | 3 | \$ / Test |
| | | Fibrinogen Antigen | 2 | \$ / Test |
| | | Fibrinogen Degradation Products (FDP) | 1 | \$ / Test |
| | | Fibrinogen Evaluation Profile | 1 | \$ / Test |
| | | Fine Needle Aspiration | 19 | \$ / Test |
| | | FISH-100-300 Interphases-FDA | 2 | \$ / Test |
| | | Fluid - Thyroglobulin | 1 | \$ / Test |
| | | Fluid Culture | 36 | \$ / Test |
| | | Fluid Cytology Analysis | 4 | \$ / Test |
| | | Fluoxetine (Prozac(R)), Serum | 84 | \$ / Test |
| | | Fluphenazine (Prolixin(R)), S | 64 | \$ / Test |
| | | Folate | 599 | \$ / Test |
| | | Folate (Folic Acid), Serum | 4 | \$ / Test |
| | | Folate, RBC and Serum | 10 | \$ / Test |
| | | Free Kappa & Lambda Lt Chains | 24 | \$ / Test |
| | | Free T3 | 1,119 | \$ / Test |
| | | Free T4 | 2,007 | \$ / Test |
| | | Free T4 by Dialysis/Mass Spec | 5 | \$ / Test |
| | | Free Valproic Acid (Depakote) | 37 | \$ / Test |
| | | Fructosamine | 2 | \$ / Test |
| | | FSH-Serum | 71 | \$ / Test |
| | | FSH and LH | 2 | \$ / Test |
| | | FTA-ABS | 13 | \$ / Test |
| | | Fungal Antibodies by CF-Serum | 4 | \$ / Test |
| | | Fungal Antibodies-Quant (DID) | 4 | \$ / Test |
| | | Fungus (Mycology) Culture | 17 | \$ / Test |
| | | Fungus Stain | 1 | \$ / Test |
| | | G-6-PD, Quant, Blood and RBC | 10 | \$ / Test |
| | | Gabapentin (Neurontin), Serum | 991 | \$ / Test |
| | | GAD-65 Autoantibody | 10 | \$ / Test |
| | | Gastrin-Serum | 1 | \$ / Test |
| | | Genital Culture, Routine | 92 | \$ / Test |
| | | GenoSure(R) MG | 8 | \$ / Test |
| | | Gentamicin Random-Serum | 1 | \$ / Test |
| | | Gentamicin Random-Trough | 3 | \$ / Test |
| | | GGT | 334 | \$ / Test |
| | | Giardia lamblia-Direct Detection EIA | 3 | \$ / Test |
| | | Gliadin IgG/IgA Ab | 3 | \$ / Test |
| | | Giardia, EIA; Ova/Parasite | 1 | \$ / Test |
| | | Globulin | 1 | \$ / Test |
| | | Glom Filt Rate, Estimated | 592 | \$ / Test |
| | | Glucagon Plasma | 4 | \$ / Test |
| | | Glucose, Serum | 15,993 | \$ / Test |
| | | Glu+Hb A1c | 11 | \$ / Test |
| | | Glucose & Total Prot-CSF | 4 | \$ / Test |
| | | Glucose, Two-Hour Postprandial | 7 | \$ / Test |
| | | Glucose Challenge 1hr. | 6 | \$ / Test |

PRICE SCHEDULE
ITEM A
CORE PRICING SERVICES CONT'D.

| Bidder Test Order # | CPT Code # | Test Description | Est. Annual Usage | CPR Unit Price per Test |
|---------------------|------------|--------------------------------|-------------------|-------------------------|
| | | Glucose-Body Fluid | 3 | \$ / Test |
| | | Glucose-Cerebrospinal Fluid | 2 | \$ / Test |
| | | Glucose, Plasma | 31 | \$ / Test |
| | | Gluten Sensitivity Screen | 1 | \$ / Test |
| | | Chlamydia/GC Amplification | 4,164 | \$ / Test |
| | | Gram Stain | 101 | \$ / Test |
| | | Growth Hormone-Serum | 3 | \$ / Test |
| | | Guillain-Barre GQ1B Anitbody | 1 | \$ / Test |
| | | Gyn Report | 1 | \$ / Test |
| | | H. pylori IgG, Abs | 4 | \$ / Test |
| | | H pylori, IgM, IgG, IgA Ab | 8 | \$ / Test |
| | | H.Pylori Ab. Screen | 700 | \$ / Test |
| | | H.pylori Stool Antigen | 132 | \$ / Test |
| | | Haloperidol (Haldol(R)) Serum | 98 | \$ / Test |
| | | Haptoglobin | 30 | \$ / Test |
| | | HAV/HBV Immune Status (Pro IV) | 3 | \$ / Test |
| | | HB Solu + Rflx Frac | 59 | \$ / Test |
| | | HBcAb+HBsAb+HBsAg+HCVAb | 2,451 | \$ / Test |
| | | HBcAb+HBsAb+HBsAg+HCVAb+... | 42 | \$ / Test |
| | | HBsAb+Ag | 30 | \$ / Test |
| | | HBsAg Screen | 28 | \$ / Test |
| | | HBcAb-IgM | 11 | \$ / Test |
| | | HBV Drug Resistance | 2 | \$ / Test |
| | | HBV Complete | 1 | \$ / Test |
| | | HBV Real-Time PCR-Quant | 18 | \$ / Test |
| | | HBV Core Ab, IgG/IgM Diff | 9 | \$ / Test |
| | | HBV Real-Time PCR, Quant | 2 | \$ / Test |
| | | HBV RT PCR, Quant (Graph) | 1 | \$ / Test |
| | | HBV/HCV (Profile VIII) | 2 | \$ / Test |
| | | hCG, Beta Subunit, Qn (Serial) | 1 | \$ / Test |
| | | hCG,Beta Subunit, Qnt, Serum | 279 | \$ / Test |
| | | hCG,Beta Subunit,Qual,Serum | 587 | \$ / Test |
| | | HCV Ab w/Rflx to RIBA | 795 | \$ / Test |
| | | HCV Ab w/Rflx to Verification | 246 | \$ / Test |
| | | HCV Genotyping Non Reflex | 115 | \$ / Test |
| | | HCV Antibody | 3 | \$ / Test |
| | | HCV QI (Rfx to Qn and Geno) | 1 | \$ / Test |
| | | HCV reflex to Quant RT PCR | 1 | \$ / Test |
| | | HCV RNA by PCR, Qn Rfx Geno | 7 | \$ / Test |
| | | HCV RNA by PCR, Qn Rfx Geno | 23 | \$ / Test |
| | | HCV RNA, PCR, QI (Quant Rflx) | 10 | \$ / Test |
| | | HCV RNA, PCR, Qualitative | 46 | \$ / Test |
| | | HCV RT-PCR, Quant (Graph) | 30 | \$ / Test |
| | | HCV RT-PCR, Quant (Non-Graph) | 22 | \$ / Test |
| | | HDL Panel | 18 | \$ / Test |
| | | Heavy Metals Profile I, Blood | 3 | \$ / Test |
| | | Heavy Metals Profile II, Blood | 2 | \$ / Test |
| | | Heavy Metals Profile, Urine | 2 | \$ / Test |
| | | Helicobacter pylori, IgA | 1 | \$ / Test |
| | | Helicobacter pylori, IgM Ab | 2 | \$ / Test |
| | | Helper T-Lymph-CD4 | 4 | \$ / Test |
| | | Helper/Suppress/Natural Killer | 1 | \$ / Test |
| | | Hematopath Consultation, Smear | 1 | \$ / Test |
| | | Hemoglobin | 1 | \$ / Test |

PRICE SCHEDULE
ITEM A
CORE PRICING SERVICES CONT'D.

| Bidder Test Order # | CPT Code # | Test Description | Est. Annual Usage | CPR Unit Price per Test |
|---------------------|------------|--------------------------------|-------------------|-------------------------|
| | | Hemoglobin A1c | 2,574 | \$ / Test |
| | | Hemoglobin-Free-Plasma | 4 | \$ / Test |
| | | Hemoglobinopathy Profile | 85 | \$ / Test |
| | | Hemosiderin-Urine | 2 | \$ / Test |
| | | Hep A Ab, Total | 3,574 | \$ / Test |
| | | HEP A-IGM | 1,291 | \$ / Test |
| | | Hepatitis A (Prof V) | 1 | \$ / Test |
| | | Hep A Ab, IgM | 35 | \$ / Test |
| | | Hep B Core Ab-IgM | 1 | \$ / Test |
| | | Hep B Viral Load | 109 | \$ / Test |
| | | Hepatitis B Virus (Profile VI) | 3 | \$ / Test |
| | | Hep B Core Ab, Tot | 555 | \$ / Test |
| | | Hep B Core Ab, IgM | 6 | \$ / Test |
| | | Hep Be Ab | 11 | \$ / Test |
| | | Hep Be Ag | 11 | \$ / Test |
| | | Hep B Surface Ab | 1,826 | \$ / Test |
| | | HEP Bs Ag | 1,127 | \$ / Test |
| | | Hep C Ab | 2,523 | \$ / Test |
| | | Hep C RIBA | 1 | \$ / Test |
| | | Hep C Viral Load | 5,700 | \$ / Test |
| | | Hep E Ab IgG | 7 | \$ / Test |
| | | Hep E Ab IgM | 9 | \$ / Test |
| | | Heparin Induced Platelet | 2 | \$ / Test |
| | | Hepatic Function Panel (6) | 28 | \$ / Test |
| | | Hepatic Function Panel (7) | 999 | \$ / Test |
| | | Hepatitis B Genotype | 1 | \$ / Test |
| | | Hepatitis B Viral Load | 3 | \$ / Test |
| | | Hepatitis Bc Ab IgM/IgG | 1 | \$ / Test |
| | | Hepatitis Be Ab | 1 | \$ / Test |
| | | Hepatitis Be Ag | 2 | \$ / Test |
| | | Hepatitis D IgM | 3 | \$ / Test |
| | | Hepatitis D Total | 2 | \$ / Test |
| | | Hepatitis E IgM | 1 | \$ / Test |
| | | Hepatitis Panel (4) | 273 | \$ / Test |
| | | Hepatitis, Diagnostic (Prof I) | 7 | \$ / Test |
| | | Hered.Hemochromatosis-DNA | 4 | \$ / Test |
| | | Herpes Simplex Virus I/II, IgG | 3 | \$ / Test |
| | | Hexagonal Phase Phospholipid | 1 | \$ / Test |
| | | Hgb Solubility | 12 | \$ / Test |
| | | Hgb A1c with eAG Estimation | 10,344 | \$ / Test |
| | | Hgb Frac. Profile | 1 | \$ / Test |
| | | Hgb Frac. w/o Solubility | 1 | \$ / Test |
| | | Hgb Fractionation, Spot Blood | 1 | \$ / Test |
| | | Histamine Determination | 1 | \$ / Test |
| | | Histoplasma Ab | 6 | \$ / Test |
| | | Histoplasma Antigen-Urine | 8 | \$ / Test |
| | | Histoplasma DNA Plasma | 2 | \$ / Test |
| | | HIV GenoSure | 152 | \$ / Test |
| | | HIV GenoSure (R) Integrase | 1 | \$ / Test |
| | | HIV GenoSure (R) MG | 119 | \$ / Test |
| | | HIV Viral Load | 1,814 | \$ / Test |
| | | HIV Western Blot | 268 | \$ / Test |
| | | HIV-1/2 Ag/Ab | 16,043 | \$ / Test |
| | | HLA B 27 Disease Association | 34 | \$ / Test |

PRICE SCHEDULE
ITEM A
CORE PRICING SERVICES CONT'D.

| Bidder Test Order # | CPT Code # | Test Description | Est. Annual Usage | CPR Unit Price per Test |
|---------------------|------------|---|-------------------|-------------------------|
| | | HLA DR15 (DR2) | 1 | \$ / Test |
| | | HLA DRB DQB Typing | 2 | \$ / Test |
| | | HLAB 5701 | 95 | \$ / Test |
| | | Homocyst(e)ine, Plasma | 25 | \$ / Test |
| | | HPV-high-risk | 278 | \$ / Test |
| | | HSV Type 2 IgG | 13 | \$ / Test |
| | | HSV 1 and 2-Specific Ab-IgG | 151 | \$ / Test |
| | | HSV 1 and 2 IgM Abs, Indirect | 3 | \$ / Test |
| | | HSV 1/2 PCR | 1 | \$ / Test |
| | | HSV Culture and Typing | 5 | \$ / Test |
| | | HSV Culture Without Typing | 2 | \$ / Test |
| | | HSV IgM I/II Combo IgM | 26 | \$ / Test |
| | | HSV I/II IgG Rflx I-II Type Sp | 1 | \$ / Test |
| | | HSV Type 1-Specific Ab, IgG | 7 | \$ / Test |
| | | HSV Type 2-Specific Ab, IgG | 3 | \$ / Test |
| | | HTLV-I/II Antibodies-Qual | 2 | \$ / Test |
| | | Huntington Disease Mutation | 1 | \$ / Test |
| | | HVA Urine 24 Hour | 1 | \$ / Test |
| | | Hydroxyzine(Vistaril) S/P | 13 | \$ / Test |
| | | ID/MIC Panel 1 | 2,648 | \$ / Test |
| | | ID/MIC Panel 2 | 406 | \$ / Test |
| | | ID/MIC Panel 3 | 58 | \$ / Test |
| | | ID/MIC Panel 4 | 7 | \$ / Test |
| | | IFE and PE Random Urine | 7 | \$ / Test |
| | | IFE and PE Serum | 17 | \$ / Test |
| | | IFE+Protein Electro-24-Hr Ur | 7 | \$ / Test |
| | | IFE-SPE-& Quant Free k&g Light Chains | 5 | \$ / Test |
| | | IgG Subclass | 4 | \$ / Test |
| | | Imipramine (Tofranil), Serum | 14 | \$ / Test |
| | | Immunoglobulin A, Qn, Serum | 2 | \$ / Test |
| | | Immunoglobulin D, Quant, Serum | 1 | \$ / Test |
| | | Immunofixation Serum | 50 | \$ / Test |
| | | Immunofixation Urine | 29 | \$ / Test |
| | | Immunoglobulin A-Qn-Serum | 15 | \$ / Test |
| | | Immunoglobulin E, Total | 2 | \$ / Test |
| | | Immunoglobulin G, Qn, Serum | 1 | \$ / Test |
| | | Immunoglobulin M, Qn, Serum | 1 | \$ / Test |
| | | Immunoglobulins A/E/G/M-Qn-Ser | 21 | \$ / Test |
| | | Immunoglobulins A/G/M-Qn-Ser | 6 | \$ / Test |
| | | Ind Antiplatelet Alloantibody | 1 | \$ / Test |
| | | India Ink Prep | 3 | \$ / Test |
| | | Indirect Antiplatelet Alloantibody | 2 | \$ / Test |
| | | Inflammatory Bowel Disease Profile | 1 | \$ / Test |
| | | Insulin Antibodies | 4 | \$ / Test |
| | | Insulin | 2 | \$ / Test |
| | | Insulin C-Peptide Combo | 7 | \$ / Test |
| | | Insulin Like Growth Factor-1 | 6 | \$ / Test |
| | | Insulin-Fasting | 13 | \$ / Test |
| | | Insulin-like Growth Factor-bind Protein 1 | 4 | \$ / Test |
| | | Integrase Genotype-HIV-1-frozen plasma | 1 | \$ / Test |
| | | Intrinsic Factor Abs-Serum | 5 | \$ / Test |
| | | Iodine-Serum or Plasma | 1 | \$ / Test |
| | | Iodine-Urine Random | 1 | \$ / Test |
| | | IPTH | 452 | \$ / Test |

PRICE SCHEDULE
ITEM A
CORE PRICING SERVICES CONT'D

| Bidder Test Order # | CPT Code # | Test Description | Est. Annual Usage | CPR Unit Price per Test |
|---------------------|------------|---|-------------------|-------------------------|
| | | Iron and TIBC | 1,520 | \$ / Test |
| | | Iron, Serum | 7 | \$ / Test |
| | | JAK2 V617F Mutation Detection | 6 | \$ / Test |
| | | JC Virus DNA-CSF by PCR | 1 | \$ / Test |
| | | Kidney Stone Urine With Saturation Calculations | 1 | \$ / Test |
| | | KOH PREP | 10 | \$ / Test |
| | | Lactic Acid-Plasma | 26 | \$ / Test |
| | | Lactalbumin Alpha | 1 | \$ / Test |
| | | Lactalbumin Beta | 2 | \$ / Test |
| | | Lamotrigine (Lamictal), Serum | 186 | \$ / Test |
| | | LDH | 131 | \$ / Test |
| | | LD-Body Fluid | 4 | \$ / Test |
| | | LDH Isoenzymes | 73 | \$ / Test |
| | | Lead-Blood (Adult) | 7 | \$ / Test |
| | | Legionella Antigen Urine | 5 | \$ / Test |
| | | Leptospira Antibody | 1 | \$ / Test |
| | | Leukocyte Alkaline Phos Score | 1 | \$ / Test |
| | | Levetiracetam (Keppra), S | 46 | \$ / Test |
| | | Lipase, Serum | 1,063 | \$ / Test |
| | | Lipid Cascade | 9 | \$ / Test |
| | | Lipid Panel | 4,639 | \$ / Test |
| | | Lipid Panel w/ Chol/HDL Ratio | 6 | \$ / Test |
| | | Lipid Panel With LDL/HDL Ratio | 47 | \$ / Test |
| | | Lipoprotein (a) | 1 | \$ / Test |
| | | Lithium (Eskalith(R)), Serum | 4,092 | \$ / Test |
| | | Liver Biopsy | 72 | \$ / Test |
| | | Liver-Kidney Microsomal Ab | 5 | \$ / Test |
| | | Loxapine Level | 15 | \$ / Test |
| | | Lt Chains Quant-Random Urine | 3 | \$ / Test |
| | | Lower Respiratory Culture | 1 | \$ / Test |
| | | LP+TP+TSH+RPR+HBcAb+HBsAb+H... | 382 | \$ / Test |
| | | Lupus Anticoagulant | 13 | \$ / Test |
| | | Lupus Anticoag/Cardiolipin Ab | 1 | \$ / Test |
| | | Lupus Anticoagulant Comp | 6 | \$ / Test |
| | | Luteinizing Hormone(LH) | 50 | \$ / Test |
| | | Lyme IgG/IgM Ab | 15 | \$ / Test |
| | | Lyme Disease Ab, Quant, IgM | 1 | \$ / Test |
| | | Lyme, IgM, Early Test/Reflex | 1 | \$ / Test |
| | | Lyme/Syphilis Ab Diff Profile | 1 | \$ / Test |
| | | Lysozyme-Serum | 11 | \$ / Test |
| | | M tuberculosis Detection-PCR | 1 | \$ / Test |
| | | Magnesium | 762 | \$ / Test |
| | | Magnesium - Total, Blood | 4 | \$ / Test |
| | | Magnesium, RBC | 21 | \$ / Test |
| | | Magnesium, Serum | 81 | \$ / Test |
| | | Magnesium-Urine | 1 | \$ / Test |
| | | Manganese-Plasma (pour off) | 1 | \$ / Test |
| | | MARIJUANA CONFIRM GC/MS Urine | 222 | \$ / Test |
| | | MDS FISH Panel | 1 | \$ / Test |
| | | MDPV Stimulant Designer Drug | 3 | \$ / Test |
| | | Measles/Mumps/Rubella Immunity | 52 | \$ / Test |
| | | Metanephrines-Frac.-Pl. Free | 3 | \$ / Test |
| | | Metanephrines-Frac-Qn-24-Hr | 3 | \$ / Test |
| | | Methodone S/P | 5 | \$ / Test |

PRICE SCHEDULE
ITEM A
CORE PRICING SERVICES CONT'D.

| Bidder Test Order # | CPT Code # | Test Description | Est. Annual Usage | CPR Unit Price per Test |
|---------------------|------------|--|-------------------|-------------------------|
| | | Methotrexate (MTX)-Serum | 3 | \$ / Test |
| | | Methylmalonic Acid-Serum | 216 | \$ / Test |
| | | Methylmalonic Acid Urine Random | 1 | \$ / Test |
| | | Mephedrone Stimulant Designer | 3 | \$ / Test |
| | | Metabolic Syndrome Profile | 1 | \$ / Test |
| | | Methylmalonic Acid, Serum | 2 | \$ / Test |
| | | Mexiletine (Mexitol) | 3 | \$ / Test |
| | | MHA-TP | 151 | \$ / Test |
| | | Microalbumin 24 hours | 12 | \$ / Test |
| | | Microalbumin, 24 hr Urine | 4 | \$ / Test |
| | | Microalb/Creat Ratio, Randm Ur | 25 | \$ / Test |
| | | Microalbumin, Random Urine | 6,760 | \$ / Test |
| | | Milk-Allergen Panel | 1 | \$ / Test |
| | | Mineralocorticoid Pediatric Prof (Endocrine Study) | 1 | \$ / Test |
| | | Mirtazapine (Remeron)-S/P | 117 | \$ / Test |
| | | Miscellaneous Fluid Cytology | 1 | \$ / Test |
| | | Mitochondrial (M2) Antibody | 6 | \$ / Test |
| | | MMR Immunity Profile | 12 | \$ / Test |
| | | Mononucleosis Test-Qualitative | 17 | \$ / Test |
| | | Mono Qual W/Rflx Qn | 1 | \$ / Test |
| | | Mononucleosis Test, Qual | 1 | \$ / Test |
| | | MTB-PCR | 1 | \$ / Test |
| | | Mumps Antibodies-IgG | 1 | \$ / Test |
| | | Mumps Antibodies-IgM | 1 | \$ / Test |
| | | Mumps(IgG/M) | 8 | \$ / Test |
| | | Mycobacterium TB-PCR-Smear-and Culture | 1 | \$ / Test |
| | | Mycophenolic Acid and Metabo. | 1 | \$ / Test |
| | | Mycoplasma pneumoniae-IgG Ab | 1 | \$ / Test |
| | | Myoglobin, Serum | 35 | \$ / Test |
| | | Myoglobin, Urine | 18 | \$ / Test |
| | | Myotonic Dystrophy Evaluation-Complete | 1 | \$ / Test |
| | | N gonorrhoeae DNA Probe w/Rflx | 1 | \$ / Test |
| | | Na U+Cl U+K U | 1 | \$ / Test |
| | | NGI HBV UltraQual | 10 | \$ / Test |
| | | NGI HCV QuantaSure | 1 | \$ / Test |
| | | Naltrexone and Metab Conf-Free | 4 | \$ / Test |
| | | Navane (Thiothixene) | 1 | \$ / Test |
| | | Neuromyelitis Optica (NMO) Ab | 1 | \$ / Test |
| | | Neurotensin | 4 | \$ / Test |
| | | Nicotine Metabolite, Urine | 2 | \$ / Test |
| | | NMR LipoProfile | 12 | \$ / Test |
| | | Nortriptyline (Aventyl), Serum | 44 | \$ / Test |
| | | Occult Blood, Fecal, IA | 24 | \$ / Test |
| | | Olanzapine, Serum/Plasma | 9 | \$ / Test |
| | | Oligoclonal Bands-CSF | 1 | \$ / Test |
| | | Oncology FISH | 2 | \$ / Test |
| | | OPIATE CONFIRM GC/MS Urine | 26 | \$ / Test |
| | | Organic Acid Analysis, Urine | 1 | \$ / Test |
| | | Organism Identification-Mold | 1 | \$ / Test |
| | | Osmolality | 43 | \$ / Test |
| | | Osmolality, Urine | 37 | \$ / Test |
| | | Ova + Parasite Exam | 1 | \$ / Test |
| | | Oxalate-Quant-24-Hour Urine | 6 | \$ / Test |
| | | Oxcarbazepine (Trileptal),S | 27 | \$ / Test |

PRICE SCHEDULE
ITEM A
CORE PRICING SERVICES CONT'D.

| Bidder Test Order # | CPT Code # | Test Description | Est. Annual Usage | CPR Unit Price per Test |
|---------------------|------------|---|-------------------|-------------------------|
| | | Panel 005462 | 13 | \$ / Test |
| | | Panel 083824 | 2,373 | \$ / Test |
| | | Pap IG (Image Guided) | 16 | \$ / Test |
| | | Pap IG, Ct-Ng, HPV-hr | 1 | \$ / Test |
| | | Pap IG, CtNgHSV,HPV, rfx16/18 | 1 | \$ / Test |
| | | Pap Lb (Liquid-based) | 91 | \$ / Test |
| | | PAP-Test Only | 3,775 | \$ / Test |
| | | Paraneoplastic Autoanti. Eval | 1 | \$ / Test |
| | | Paraneoplastic Panel | 2 | \$ / Test |
| | | Paroxetine (Paxil)-S/P | 20 | \$ / Test |
| | | Paroxysmal Nocturnal Hemoglobinuria (PNH) | 1 | \$ / Test |
| | | Pathologist Review - slide | 642 | \$ / Test |
| | | Pathology Report | 16 | \$ / Test |
| | | PCP Confirm GC/MS Urine | 3 | \$ / Test |
| | | Perphenazine (Trilafon)-S/P | 55 | \$ / Test |
| | | PE and FLC, Serum | 3 | \$ / Test |
| | | Phenobarbital, Serum | 147 | \$ / Test |
| | | Phenytoin, Free and Total, Serum | 5 | \$ / Test |
| | | Phenytoin, Free, Serum | 1 | \$ / Test |
| | | Phenytoin (Dilantin), Serum | 135 | \$ / Test |
| | | Phosphorus | 1,462 | \$ / Test |
| | | Phosphorus, Random Urine | 1 | \$ / Test |
| | | Phosphorus, Serum | 23 | \$ / Test |
| | | Physician Read Pap | 6 | \$ / Test |
| | | Phosphorus-24 Hr Urine | 2 | \$ / Test |
| | | pH-Stool | 2 | \$ / Test |
| | | PI Linked Antigen | 1 | \$ / Test |
| | | Plasminogen Act Inhibitor-1 | 1 | \$ / Test |
| | | Platelet Antibody (Direct) | 31 | \$ / Test |
| | | Platelet Count | 4 | \$ / Test |
| | | Platelet Antibody (Indirect) | 1 | \$ / Test |
| | | Platelet Antibody Profile | 1 | \$ / Test |
| | | Platelet Antibody-Serum | 59 | \$ / Test |
| | | Pleural Fluid Cytology | 2 | \$ / Test |
| | | Poliovirus 1-2-3 Antibody (Immune Status) | 11 | \$ / Test |
| | | Porphobilinogen (PBG)-Quant-Random Urine | 1 | \$ / Test |
| | | Porphobilinogen 24 Hr Urine | 1 | \$ / Test |
| | | Porphyrins-Qn-24 Hr Ur. | 1 | \$ / Test |
| | | Potassium, Serum | 802 | \$ / Test |
| | | Prealbumin | 191 | \$ / Test |
| | | Pregnancy Test, Urine | 256 | \$ / Test |
| | | Primidone (Mysoline)-Serum | 10 | \$ / Test |
| | | proBNP | 3 | \$ / Test |
| | | Progesterone | 3 | \$ / Test |
| | | Proinsulin | 5 | \$ / Test |
| | | Prolactin | 578 | \$ / Test |
| | | Propafenone (Rythmol) | 2 | \$ / Test |
| | | Prostate Biopsy | 5 | \$ / Test |
| | | Prostate-Specific Ag, Serum | 432 | \$ / Test |
| | | Protein C Deficiency Profile | 10 | \$ / Test |
| | | Prot+CreatU (Random) | 2 | \$ / Test |
| | | Protein C-Functional | 1 | \$ / Test |
| | | Protein Electro, 24-Hour Urine | 18 | \$ / Test |
| | | Protein Electrophoresis Serum | 100 | \$ / Test |

PRICE SCHEDULE
ITEM A
CORE PRICING SERVICES CONT'D.

| Bidder Test Order # | CPT Code # | Test Description | Est. Annual Usage | CPR Unit Price per Test |
|---------------------|------------|--|-------------------|-------------------------|
| | | Protein Elec + Interp, Serum | 1 | \$ / Test |
| | | Protein Electrophoresis Serum & Free Light Chain | 18 | \$ / Test |
| | | Protein Electro, Random Urine | 23 | \$ / Test |
| | | Protein S Deficiency Profile | 10 | \$ / Test |
| | | Protein Electro.,S | 3 | \$ / Test |
| | | Protein S-Functional | 1 | \$ / Test |
| | | Protein-Body Fluid | 2 | \$ / Test |
| | | Protein,Total,Urine | 2 | \$ / Test |
| | | Protein-Total-CSF | 2 | \$ / Test |
| | | Prothrombin Time (PT) | 353 | \$ / Test |
| | | Protoporphyrin FEP/ZPP | 4 | \$ / Test |
| | | PSA | 3,828 | \$ / Test |
| | | PSA (Reflex To Free) (Serial) | 2 | \$ / Test |
| | | PSA Total+% Free | 27 | \$ / Test |
| | | PSA, Serum (Serial Monitor) | 1 | \$ / Test |
| | | PSA-Free | 4 | \$ / Test |
| | | PT and PTT | 23 | \$ / Test |
| | | PT Mixing Study | 5 | \$ / Test |
| | | PT/INR | 12,823 | \$ / Test |
| | | PTH, Intact | 16 | \$ / Test |
| | | PTH-Related Peptide (PTH-rP) | 72 | \$ / Test |
| | | PTT-LA | 90 | \$ / Test |
| | | PTT, Activated | 11 | \$ / Test |
| | | Pyruvate Kinase-Quant | 1 | \$ / Test |
| | | QuantIFERON TB Gold (In Tube) | 2,587 | \$ / Test |
| | | Quant-RNA PCR | 29 | \$ / Test |
| | | Quetiapine (Seroquel) | 1 | \$ / Test |
| | | Quetiapine, Serum/Plasma | 25 | \$ / Test |
| | | Rapid Plasma Reagin, Quant | 1 | \$ / Test |
| | | Renal Panel (10) | 66 | \$ / Test |
| | | Renin Activity and Aldosterone | 1 | \$ / Test |
| | | Rast Test Almonds | 5 | \$ / Test |
| | | Rast Test Apples | 7 | \$ / Test |
| | | Rast Test Bakers Yeast | 4 | \$ / Test |
| | | Rast Test Banana | 9 | \$ / Test |
| | | Rast Test Basic Food Profile | 10 | \$ / Test |
| | | Rast Test Beef | 10 | \$ / Test |
| | | Rast Test Berry | 1 | \$ / Test |
| | | Rast Test Black Pepper | 7 | \$ / Test |
| | | Rast Test Brazil Nut | 2 | \$ / Test |
| | | Rast Test Broccoli | 9 | \$ / Test |
| | | Rast Test Cabbage | 5 | \$ / Test |
| | | Rast Test Cantaloupe | 3 | \$ / Test |
| | | Rast Test Carrots | 8 | \$ / Test |
| | | Rast Test Cat Dander | 6 | \$ / Test |
| | | Rast Test Cauliflower | 5 | \$ / Test |
| | | Rast Test Cayenne | 3 | \$ / Test |
| | | Rast Test Celery | 8 | \$ / Test |
| | | Rast Test Cherry (Bing) | 4 | \$ / Test |
| | | Rast Test Chicken | 11 | \$ / Test |
| | | Rast Test Chili Pepper | 4 | \$ / Test |
| | | Rast Test Chocolate (Cocoa) | 9 | \$ / Test |
| | | Rast Test Citric Acid (Orange) | 12 | \$ / Test |
| | | Rast Test Coconut | 4 | \$ / Test |

PRICE SCHEDULE
ITEM A
CORE PRICING SERVICES CONT'D

| Bidder Test Order # | CPT Code # | Test Description | Est. Annual Usage | CPR Unit Price per Test |
|---------------------|------------|---------------------------------|-------------------|-------------------------|
| | | Rast Test Codfish | 2 | \$ / Test |
| | | Rast Test Corn | 6 | \$ / Test |
| | | Rast Test Cottonseed | 2 | \$ / Test |
| | | Rast Test Cucumber | 1 | \$ / Test |
| | | Rast Test Dog Dander | 2 | \$ / Test |
| | | Rast Test Egg Whole | 35 | \$ / Test |
| | | Rast Test Fish Profile | 74 | \$ / Test |
| | | Rast Test Gluten | 6 | \$ / Test |
| | | Rast Test Green Beans | 10 | \$ / Test |
| | | Rast Test Green Bell Pepper | 5 | \$ / Test |
| | | Rast Test Hazelnut | 2 | \$ / Test |
| | | Rast Test Honeydew | 3 | \$ / Test |
| | | Rast Test Horseradish | 2 | \$ / Test |
| | | Rast Test Kidney Bean | 8 | \$ / Test |
| | | Rast Test Kiwi | 4 | \$ / Test |
| | | Rast Test Latex Specific IgE | 14 | \$ / Test |
| | | Rast Test Legume Profile | 9 | \$ / Test |
| | | Rast Test Lemons | 3 | \$ / Test |
| | | Rast Test Lettuce | 1 | \$ / Test |
| | | Rast Test Lima Beans | 6 | \$ / Test |
| | | Rast Test Maple Syrup | 5 | \$ / Test |
| | | Rast Test Milk (Cow) | 8 | \$ / Test |
| | | Rast Test Milk Profile | 18 | \$ / Test |
| | | Rast Test Mushroom | 13 | \$ / Test |
| | | Rast Test Mustard | 7 | \$ / Test |
| | | Rast Test Nut-Profile | 12 | \$ / Test |
| | | Rast Test Oat | 9 | \$ / Test |
| | | Rast Test Okra | 3 | \$ / Test |
| | | Rast Test Onion | 20 | \$ / Test |
| | | Rast Test Palm | 3 | \$ / Test |
| | | Rast Test Pea | 6 | \$ / Test |
| | | Rast Test Peanut | 40 | \$ / Test |
| | | Rast Test Pear | 2 | \$ / Test |
| | | Rast Test Pecan | 2 | \$ / Test |
| | | Rast Test Pineapple | 4 | \$ / Test |
| | | Rast Test Pinto Bean | 7 | \$ / Test |
| | | Rast Test Pistachio Nut | 4 | \$ / Test |
| | | Rast Test Pork | 11 | \$ / Test |
| | | Rast Test Potato-White | 6 | \$ / Test |
| | | Rast Test Pumpkin/Summer Squash | 3 | \$ / Test |
| | | Rast Test Raisins/Grape | 12 | \$ / Test |
| | | Rast Test Red Food Dye | 5 | \$ / Test |
| | | Rast Test Rice | 6 | \$ / Test |
| | | Rast Test Rye | 2 | \$ / Test |
| | | Rast Test Shell Fish Panel | 34 | \$ / Test |
| | | Rast Test Soy | 2 | \$ / Test |
| | | Rast Test Soybean | 6 | \$ / Test |
| | | Rast Test Spinach | 3 | \$ / Test |
| | | Rast Test Strawberry | 6 | \$ / Test |
| | | Rast Test Sunflower Seeds | 4 | \$ / Test |
| | | Rast Test Tomato | 48 | \$ / Test |
| | | Rast Test Tuna | 1 | \$ / Test |
| | | Rast Test Turkey | 8 | \$ / Test |
| | | Rast Test Walnut | 2 | \$ / Test |

PRICE SCHEDULE
ITEM A
CORE PRICING SERVICES CONT'D

| Bidder Test Order # | CPT Code # | Test Description | Est. Annual Usage | CPR Unit Price per Test |
|---------------------|------------|---------------------------------------|-------------------|-------------------------|
| | | Rast Test Watermelon | 3 | \$ / Test |
| | | Rast Test Wool | 14 | \$ / Test |
| | | Reference Add-On | 4 | \$ / Test |
| | | Renin-Plasma | 14 | \$ / Test |
| | | Respiratory Culture | 417 | \$ / Test |
| | | Retic Count | 453 | \$ / Test |
| | | Reticulin IgA Antibodies | 1 | \$ / Test |
| | | Reticulocyte Count | 28 | \$ / Test |
| | | Rh Typing | 5 | \$ / Test |
| | | Rheumatoid Arthritis Factor | 586 | \$ / Test |
| | | Rheumatoid Arthritis, Qn/Fluid | 2 | \$ / Test |
| | | RH-Hr Phenotype with ABO Gr | 2 | \$ / Test |
| | | RIBA (HCV Confirmation) | 6 | \$ / Test |
| | | Risperidone (Risperdal(R)), S | 165 | \$ / Test |
| | | RNA, Real Time PCR (Non-Graph) | 12 | \$ / Test |
| | | RPRw/Reflex | 14,393 | \$ / Test |
| | | RPR | 1,173 | \$ / Test |
| | | RPR, Rfx Qn RPR/Confirm TP | 4 | \$ / Test |
| | | Rubella IgG | 29 | \$ / Test |
| | | Rubella IgM | 5 | \$ / Test |
| | | Rubeola Ab IgG | 9 | \$ / Test |
| | | Saccharomyces cerevisiae Panel | 2 | \$ / Test |
| | | Salicylate Serum | 3 | \$ / Test |
| | | Sedimentation Rate-Westergren | 123 | \$ / Test |
| | | Selenium-S/P | 1 | \$ / Test |
| | | SENSITIVITY MTB | 1 | \$ / Test |
| | | Sensitivity Organism #1 | 202 | \$ / Test |
| | | Sensitivity Organism #2 | 19 | \$ / Test |
| | | Sjogren's Ab, Anti-SS-A/-SS-B | 1 | \$ / Test |
| | | Serotonin-Serum | 3 | \$ / Test |
| | | Sertraline (Zoloft)-S/P | 53 | \$ / Test |
| | | SHBG (sex hormone binding glob)-Serum | 2 | \$ / Test |
| | | Sickle Cell Screen | 36 | \$ / Test |
| | | Sirolimus (Rapamune)-Blood | 16 | \$ / Test |
| | | Sjogren Ab (Anti SSA/SSB) | 6 | \$ / Test |
| | | SLE Profile C | 8 | \$ / Test |
| | | Sodium, Serum | 119 | \$ / Test |
| | | Sodium, 24 hr Urine | 3 | \$ / Test |
| | | Sodium, Urine | 7 | \$ / Test |
| | | Sputum Cytology | 2 | \$ / Test |
| | | Stool Culture | 126 | \$ / Test |
| | | Stool for WBC | 49 | \$ / Test |
| | | Stool O and P | 176 | \$ / Test |
| | | Stool Occult Blood | 90 | \$ / Test |
| | | Streptococcus Pneumo Ag | 3 | \$ / Test |
| | | Sulfonylurea-Serum | 1 | \$ / Test |
| | | Susceptability Test Pure Isolate | 2 | \$ / Test |
| | | Susceptibility-Anaerobic | 1 | \$ / Test |
| | | Synthetic Cannabinoid Metab, U | 7 | \$ / Test |
| | | Synthetic Cannabinoid Metab. | 2 | \$ / Test |
| | | Systemic Lupus Profile A | 1 | \$ / Test |
| | | T pallidum Ab (FTA-Ab) | 20 | \$ / Test |
| | | T007-IgE Oak, White | 1 | \$ / Test |
| | | T3 Uptake | 14 | \$ / Test |

PRICE SCHEDULE
ITEM A
CORE PRICING SERVICES CONT'D.

| Bidder Test Order # | CPT Code # | Test Description | Est. Annual Usage | CPR Unit Price per Test |
|---------------------|------------|-------------------------------------|-------------------|-------------------------|
| | | T3, Free, Dialysis, LC/MS-MS | 1 | \$ / Test |
| | | T4 and TSH | 1 | \$ / Test |
| | | Tacrolimus (FK506/Prograf)-Blood | 7 | \$ / Test |
| | | T-Cell Gene Rearrangement-PCR | 16 | \$ / Test |
| | | Testosterone,Free and Total | 54 | \$ / Test |
| | | Testosterone, Serum | 83 | \$ / Test |
| | | Testosterone, Free, Direct | 1 | \$ / Test |
| | | Testosterone, Free+Total LC/MS | 1 | \$ / Test |
| | | Theophylline | 97 | \$ / Test |
| | | Thiopurine Methyltransferase RBC | 8 | \$ / Test |
| | | Thiothixene (Cis Isomer)-S/P | 4 | \$ / Test |
| | | Thyroid Antibodies | 11 | \$ / Test |
| | | Thyroglobulin, Quantitative | 6 | \$ / Test |
| | | Thyroid Peroxidase (TPO) Antibodies | 19 | \$ / Test |
| | | Thyroid Stim Immunoglobulin (TSI) | 15 | \$ / Test |
| | | Thyroid Cascade Profile | 451 | \$ / Test |
| | | Thyroid Panel | 21 | \$ / Test |
| | | Thyroid Panel With TSH | 169 | \$ / Test |
| | | Thyroid Peroxidase (TPO) Ab | 2 | \$ / Test |
| | | Thyroid Profile II | 739 | \$ / Test |
| | | Thyrotropin Receptor Ab, Serum | 7 | \$ / Test |
| | | Thyroxine (T4) | 881 | \$ / Test |
| | | Thyroxine (T4) Free, Direct, S | 216 | \$ / Test |
| | | Thyroxine Binding Globulin | 5 | \$ / Test |
| | | Tissue Transglutaminase (tTG) IgA | 12 | \$ / Test |
| | | Tissue Transglutaminase (tTG) IgG | 3 | \$ / Test |
| | | CD4/CD8 Ratio Profile | 1,640 | \$ / Test |
| | | Topiramate (Topamax), Serum | 89 | \$ / Test |
| | | Total Protein | 22 | \$ / Test |
| | | Toxocara Atb-IgG | 1 | \$ / Test |
| | | Toxoplasma gondii Ab IgM Qn | 26 | \$ / Test |
| | | Toxoplasma gondii Ab-IgG-Reflex | 38 | \$ / Test |
| | | Toxoplasma gondii Ab-Quant-IgM | 21 | \$ / Test |
| | | Tramadol (& Metabolites)-Serum | 326 | \$ / Test |
| | | Tramadol (Ultram) Urine | 20 | \$ / Test |
| | | Transferrin | 108 | \$ / Test |
| | | Trazodone-Serum | 103 | \$ / Test |
| | | Treponema pallidum Antibodies | 1 | \$ / Test |
| | | Tricyclic Antidepressants | 3 | \$ / Test |
| | | Trifluoperazine-S/P | 2 | \$ / Test |
| | | Triglycerides | 50 | \$ / Test |
| | | Triglyceride-Body Fluid | 1 | \$ / Test |
| | | Triiodothyronine, T3 Free, ED | 1 | \$ / Test |
| | | Triiodothyronine (T3) | 43 | \$ / Test |
| | | Triiodothyronine,Free,Serum | 46 | \$ / Test |
| | | Trofile(R) | 1 | \$ / Test |
| | | Troponin I | 409 | \$ / Test |
| | | Trypsinogen (frozen serum) | 1 | \$ / Test |
| | | Tryptase | 2 | \$ / Test |
| | | TSH | 16,797 | \$ / Test |
| | | TSH+Free T4 | 37 | \$ / Test |
| | | TSH+PSA+TestT+T4F+Prog+E2Se... | 1 | \$ / Test |
| | | TSH+T4+T3H | 1,219 | \$ / Test |
| | | TT Mix+TTN | 1 | \$ / Test |

PRICE SCHEDULE
ITEM A
CORE PRICING SERVICES CONT'D.

| Bidder Test Order # | CPT Code # | Test Description | Est. Annual Usage | CPR Unit Price per Test |
|---------------------|------------|--|-------------------|-------------------------|
| | | t-Transglutaminase (tTG) IgG | 1 | \$ / Test |
| | | UA/M w/rflx Culture, Comp | 3 | \$ / Test |
| | | UA/M w/rflx Culture, Routine | 897 | \$ / Test |
| | | Upper Respiratory Culture | 1 | \$ / Test |
| | | Urea Nitrogen (BUN) | 938 | \$ / Test |
| | | Urethral Culture | 34 | \$ / Test |
| | | Uric Acid | 567 | \$ / Test |
| | | Uric Acid, Serum | 27 | \$ / Test |
| | | Uric Acid, 24 hr Urine | 11 | \$ / Test |
| | | Uric A+ANA+RA Qn+CRP+ASO | 1 | \$ / Test |
| | | Uric A+CBC/D/Plt+ESR+Wes+AN... | 2 | \$ / Test |
| | | Urinalysis Reflex | 8,424 | \$ / Test |
| | | Urinalysis, Complete | 54 | \$ / Test |
| | | Urinalysis, Routine | 1,359 | \$ / Test |
| | | URINE AFB | 3 | \$ / Test |
| | | Urine Calcium Random | 6 | \$ / Test |
| | | Urine Creatinine 24HR | 91 | \$ / Test |
| | | Urine Creatinine Random | 111 | \$ / Test |
| | | Urine Creatinine.Clearence | 7 | \$ / Test |
| | | Urine Culture, Routine | 3,347 | \$ / Test |
| | | Urine Culture,Comprehensive | 12 | \$ / Test |
| | | Urine Cytology | 59 | \$ / Test |
| | | Urine Electrolytes 24HR | 15 | \$ / Test |
| | | Urine Electrolytes Random | 60 | \$ / Test |
| | | Urine Eosinophils | 2 | \$ / Test |
| | | Urine for Trichomonas | 407 | \$ / Test |
| | | Urine Manual Microscopic | 1,609 | \$ / Test |
| | | Urine Protein Random | 88 | \$ / Test |
| | | Urine Total Protein 24 Hr | 99 | \$ / Test |
| | | Urine Urea Nitrogen 24 Hr. | 10 | \$ / Test |
| | | Vaginal Culture | 374 | \$ / Test |
| | | Vaginal Yeast Screen | 92 | \$ / Test |
| | | Valproic Acid (Depakote),S | 6,345 | \$ / Test |
| | | Vancomycin-2Hr.Peak | 25 | \$ / Test |
| | | Vancomycin-Trough | 343 | \$ / Test |
| | | Varicella-Zoster Ab, IgM | 9 | \$ / Test |
| | | Varicella-Zoster V Ab, IgG | 124 | \$ / Test |
| | | Venlafaxine+Metabolite(Effexor)-S/P | 508 | \$ / Test |
| | | VGCC Antibody | 2 | \$ / Test |
| | | Viral Culture Rapid Lesion | 1 | \$ / Test |
| | | Viral Culture-General | 5 | \$ / Test |
| | | Viral Culture-Rapid - Lesion (HSV and VCZ) | 1 | \$ / Test |
| | | Viscosity-Serum | 8 | \$ / Test |
| | | Vitamin A, Serum | 6 | \$ / Test |
| | | Vitamin B1 (Thiamine) | 6 | \$ / Test |
| | | Vitamin B1 (Thiamine), Blood | 5 | \$ / Test |
| | | Vitamin B1 (Thiamine), Plasma | 6 | \$ / Test |
| | | Vitamin B2 (Riboflavin) | 1 | \$ / Test |
| | | Vitamin B2, Whole Blood | 1 | \$ / Test |
| | | Vitamin B3 (Nicotinic Acid) | 2 | \$ / Test |
| | | Vitamin B5 (Pantothenic Acid) | 2 | \$ / Test |
| | | Vitamin B6 | 32 | \$ / Test |
| | | Vitamin B7 (Biotin) | 1 | \$ / Test |
| | | Vitamin B12 Unsat Binding Capacity | 1 | \$ / Test |

PRICE SCHEDULE
ITEM A
CORE PRICING SERVICES CONT'D.

| Bidder Test Order # | CPT Code # | Test Description | Est. Annual Usage | CPR Unit Price per Test |
|---------------------|------------|--|-------------------|-------------------------|
| | | Vitamin B12 | 987 | \$ / Test |
| | | Vitamin B12 and Folate | 1,149 | \$ / Test |
| | | Vitamin C (Ascorbic Acid) | 4 | \$ / Test |
| | | Vitamin C | 16 | \$ / Test |
| | | Vitamin C (with dilution) | 4 | \$ / Test |
| | | Vitamin D 125 Dihydroxy (Calcitriol) | 77 | \$ / Test |
| | | Vitamin D, 25-Hydroxy | 1,636 | \$ / Test |
| | | Vitamin K1 | 7 | \$ / Test |
| | | VMA Random Urine | 1 | \$ / Test |
| | | Voltage-Gated Calcium Channel Antibody | 2 | \$ / Test |
| | | vWF Activity | 5 | \$ / Test |
| | | vWF Antigen | 3 | \$ / Test |
| | | Warfarin (Coumadin) | 1 | \$ / Test |
| | | Wellbutrin (Bupropion) | 3 | \$ / Test |
| | | Wool Sheep IgE | 1 | \$ / Test |
| | | Wound Culture | 2,340 | \$ / Test |
| | | Yeast ID | 21 | \$ / Test |
| | | Zinc-Plasma or Serum | 6 | \$ / Test |
| | | Ziprasidone (Geodon,Zeldox) | 5 | \$ / Test |
| | | Ziprasidone (Geodon,Zeldox) | 3 | \$ / Test |

EMERGENCY AFTERHOURS (STAT) TESTING
ITEM B

| Bidder STAT Order # | CPT Code # | Description | Est. Annual Usage | STAT Test Charge per Patient Sample Submitted |
|---------------------|------------|--|-------------------|---|
| | | Emergency Afterhours (STAT) Testing at Using Agency Facilities excluding FMC | 200 | \$ / Sample |
| | | Emergency Afterhours (STAT) Testing at Franklin Medical Center (FMC) only | 1,900 | \$ / Sample |

DISCOUNT OFF PRICE LIST FOR ADDITIONAL TESTS
ITEM C

| Discount off List price for additional tests | Percent Discount Off List Price |
|---|---------------------------------|
| Indicate the percent discount off list price from the bidder's current price list, for tests awarded in the Core Unit Price per Test section. The percentage discount may not change over the life of the contract. | % |

* Will not be used in price evaluation.

As a baseline for any future cost increase requests, the Bidder shall indicate, as a percentage of the total cost, what the cost elements are for calculating their price to the State. Sum of percentages must equal one hundred percent.

| Administrative Cost | Labor Cost | Fuel Cost | Maintenance Cost | Other (Name Cost) (if applicable) |
|---------------------|------------|-----------|------------------|-----------------------------------|
| % | % | % | % | % |

BID AUTOMOBILE LIABILITY CHECKLIST:

Contractor will indicate, by checking the appropriate box(es) below, which mode of transportation will apply to this contract.

- Bidder/Broker ("The Contractor") or their Sub Contractor will make delivery or be performing services using a vehicle that is owned, leased or rented. Provide Certificate of Insurance documenting automobile liability with a Combined Single Limit of \$500,000.00.
- Goods/Services will be delivered via common carrier.
- No employee or representative of the contractor will have cause to be on state property to make deliveries or to perform services.

DISCLOSURE OF SUBCONTRACTORS / JOINT VENTURES (See Standard Contract Terms and Conditions, Section (roman numeral) V. General Provisions:, Paragraph Q.):

List names of subcontractors who will be performing work under the Contract.

| | |
|--|--|
| | |
| | |
| | |

By the signature affixed to Page 1 of this Bid, Bidder hereby certifies that the above information is true and accurate. The Bidder agrees that no changes will be made to this list of subcontractors or locations where work will be performed or data will be stored without prior written approval of DAS. Any attempt by the Bidder/Contractor to change or otherwise alter subcontractors or locations where work will be performed or locations where data will be stored, without prior written approval of DAS, will be deemed as a default. If a default should occur, DAS will seek all legal remedies as set forth in the Terms and Conditions which may include immediate cancellation of the Contract. Failure to complete this page may deem your bid not responsive.

DISCLOSURE OF SERVICE PROVIDERS (See Standard Contract Terms and Conditions, Section [Roman Numeral] V. General Provisions:, Paragraph G.):

Bidders seeking to enter into a service contract shall disclose the following:

a) Principal location of business for the contractor (Name/City/State/Country)

b) Principal location of all subcontractors (Name/City/State/Country)

c) Location where services will be performed (Name/City/State/Country)

d) Location where any State data, applicable to the Contract, will be maintained or made available (Name/City/State/Country)

By the signature affixed to Page 1 of this Bid, Bidder hereby certifies that the above information is true and accurate. The Bidder agrees that no changes will be made to this list of subcontractors or locations where work will be performed or data will be stored without prior written approval of DAS. Any attempt by the Bidder/Contractor to change or otherwise alter subcontractors, locations where services will be performed or locations where data will be stored, without prior written approval of DAS, will be deemed as a default. If a default should occur, DAS will seek all legal remedies as set forth in the Terms and Conditions which may include immediate cancellation of the Contract. Failure to complete this page may deem your bid not responsive.

DEPARTMENT OF ADMINISTRATIVE SERVICES
STANDARD AFFIRMATION AND DISCLOSURE FORM
EXECUTIVE ORDER 2011-12K

Governing the Expenditure of Public Funds on Offshore Services

By the signature affixed hereto, the Contractor affirms, understands and will abide by the requirements of Executive Order 2011-12K. If awarded a contract, both the Contractor and any of its subcontractors shall perform no services requested under this Contract outside of the United States.

The Contractor shall provide all the name(s) and location(s) where services under this Contract will be performed in the spaces provided below or by attachment. Failure to provide this information may subject the Contractor to sanctions. If the Contractor will not be using subcontractors, indicate "Not Applicable" in the appropriate spaces.

- 1. Principal location of business of Contractor:

(Address)

(City, State, Zip)

Name/Principal location of business of subcontractor(s):

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

- 2. Location where services will be performed by Contractor:

(Address)

(City, State, Zip)

Name/Location where services will be performed by subcontractor(s):

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

3. Location where state data will be stored, accessed, tested, maintained or backed-up, by Contractor:

(Address)

(Address, City, State, Zip)

Name/Location(s) where state data will be stored, accessed, tested, maintained or backed-up by subcontractor(s):

(Name)

(Address, City, State, Zip)

Contract also affirms, understands and agrees that Contractor and its subcontracts are under a duty to disclose to the State any change or shift in location of services performed by Contractor or its subcontractors before, during and after execution of any contract with the State. Contractor agrees it shall so notify the State immediately of any such change or shift in location of its services. The state has the right to immediately terminate the contract, unless a duly signed waiver from the State has been attained by the Contractor to perform the services outside the United States.

On behalf of the Contractor, I acknowledge that I am duly authorized to execute this Affirmation and Disclosure form and have read and understand that this form is part of any Contract that Contract may enter into with the State and is incorporated therein.

By: _____
Contractor

Print Name: _____

Title: _____

Date: _____

EXHIBIT A
FACILITY NAMES AND LOCATIONS

| DYS INSTITUTIONS | HEALTH SERVICES ADMINISTOR (HSA) CONTACT | HEALTH SERVICES ADMINISTOR (HSA) CONTACT PHONE | HEALTH SERVICES ADMINISTOR (HSA) CONTACT E-MAIL |
|---|---|--|--|
| Circleville Juvenile Correctional Facility (CJCF) 640 Island Rd. Circleville, OH 43113 | Robert Walker RN | (740) 477-2500 ext.7180 | Robert.Walker@dys.ohio.gov |
| Cuyahoga Hills Juvenile Corr. Facility (CHJCH) 4321 Green Rd. Highland, Hills, OH 44128 | Dale LaChance | (216) 682-2223 | Dale.LaChance@dys.ohio.gov |
| Indian River Juvenile Correctional Facility (IRJCF) 2775 Indian River Road SW Massillon, OH 44647 | Karen McCluney-Jackson | (330) 834-2712 | Karen.Mccluney-Jackson@dys.ohio.gov |
| Scioto Juvenile Correctional Facility (SJCF) 5993 Home Rd. Delaware, OH 43015 | Vickie Donohue | (740) 881-3554 (740) 881-3551 | Vickie.Donohue@dys.ohio.gov |

| DMHAS INSTITUTIONS | CONTACT | CONTACT PHONE | CONTACT E-MAIL |
|--|-----------------|-------------------------|--------------------------------|
| Appalachian Behavioral Healthcare (ABH) 100 Hospital Drive Athens, OH 445701 | Wanda Fox | 740-594-5000 ext. 4038 | Wanda.Fox@mh.ohio.gov |
| Heartland Behavioral Healthcare (HBH) 3000 Erie Street South Massillon, OH 44646 | Mike Waggoner | (330) 833-3135 | Michael.Waggoner@mh.ohio.gov |
| Northcoast Behavioral Healthcare (NBH-N) Northfield Campus 1756 Sagamore Rd. Northfield, OH 44067 | Michael Emerick | (330) 467-7131 ext 1317 | Michael.Emerick@mh.ohio.gov |
| Northwest Ohio Psychiatric Hospital (NOPH) 930 South Detroit Ave. Toledo, OH 43614 | Deborah Duris | (419) 381-1881 ext 4664 | Deborah.Doris@mh.ohio.gov |
| Summit Behavioral Healthcare (SBH) 1101 Summit Rd. Cincinnati, OH 45237 | Cheryl Milstead | (513) 948-3600 ext 3021 | Cheryl.Milsted@mh.ohio.gov |
| Twin Valley Behavioral Healthcare (TVBH) 2200 West Broad St. Columbus, OH 43223 | Mandy Smith | (614) 752-0333 ext 5159 | <u>Mandy.Smith@mh.ohio.gov</u> |

EXHIBIT A, CONT'D.

| DRC INSTITUTIONS | HEALTH CARE ADMINISTOR (HCA) / QUALITY IMPROVEMENT COORDINATOR (QIC) CONTACTS | HEALTH CARE ADMINISTOR (HCA) CONTACT PHONE | HEALTHCARE ADMINISTOR (HCA) CONTACT E-MAIL |
|--|---|---|---|
| Allen/Oakwood Correctional Facility (AOC) 3200 North West St. Lima, OH 45801 | Kristine Edwards / Lisa Petersen | (419) 225-8000 ext. 2518 | Kristine.Edwards@odrc.state.oh.us |
| Belmont Correctional Institution (BECI) 68518 Bannock Rd, S.R. 331 St. Clairsville, OH 43950 | Brad Eller / Joseph Murphy | (740) 695-5169 ext. 2127 | Bradley.Eller@odrc.state.oh.us |
| Chillicothe Correctional Institution (CCI) 15802 State Route 104 N. Chillicothe, OH 45601 | Beth Higginbotham / Connie Ostrander | (740) 774-7080 ext. 2242 | Beth.Higginbotham@odrc.state.oh.us |
| Correction Reception Center (CRC) 11271 State Route 762 Orient, OH 43146 | Lisa Entler / Kathleen Marnell | (614) 877-2441 ext 7004 | Lisa.Entler@odrc.state.oh.us |
| Dayton Correctional Institution (DCI) 4104 Germantown Rd. Dayton, OH 45417 | Jean Au / Claudia McLain | (937) 263-0060 ext. 2253 | Monna.Au@odrc.state.oh.us |
| Franklin Medical Center (FMC) 1990 Harmon Avenue Columbus, OH 43223 | Yvette Thornton / Jerri VanSky | (614) 445-7047 ext 2300 | Yvette.Thornton@odrc.state.oh.us |
| Grafton Correctional Institution (GCI) 2500 S. Avon-Beldon Rd. Grafton, OH 44044 | Kimberly Wright-Hughes / Lori Hanko | (440) 748-1161 ext 5454 | Kimberly.Wright- Hughes@odrc.state.oh.us |
| Hocking Correctional Facility (HCI) 16759 Snake Hollow Rd. Nelsonville, OH 45764 | David Hill (Acting) / David Hill | (740) 753-1917 ext. 2600 | David.Hill@odrc.state.oh.us |
| Lake Erie Correctional Institution (LAECI) 501 Thompson Rd. Conneaut, OH 44030 | Linda Gillespie / Mary Beth Weston | (440) 599-5000 ext 5115 | Linda.Gillespie@cca.com |
| Lebanon Correctional Institution (LECI) State Route #63 Lebanon, OH 45036 | Nancy Coombes / Mary Jo Parman | (513) 932-1211 ext 2761 | Nancy.Coombes@odrc.state.oh.us |
| London Correctional Institution(LOCI) 1580 State Route 56 London, OH 43140-0069 | Robin Murphy / Jody Fife | (740) 852-2454 ext 4100 | Robin.Murphy@odrc.state.oh.us |
| Lorain Correctional Institution (LORCI) 2075 S. Avon-Beldon Road Grafton, OH 44044 | David Less / Gina Maddox | (440) 748-1049 ext 317 | David.Less@odrc.state.oh.us |

EXHIBIT A, CONT'D.

| DRC INSTITUTIONS | HEALTH CARE ADMINISTOR (HCA) / QUALITY IMPROVEMENT COORDINATOR (QIC) CONTACTS | HEALTH CARE ADMINISTOR (HCA) CONTACT PHONE | HEALTHCARE ADMINISTOR (HCA) CONTACT E-MAIL |
|---|---|---|---|
| Madison Correctional Institution (MACI) 1851 State Route 56 London, OH 43140 | Karen Oppy / Alisha Hale | (740) 852-9777 ext 2460 | Karen.Oppy@odrc.state.oh.us |
| Mansfield Correctional Institution (MANCI) State Route 545 N. Mansfield, OH 44901 | Marilyn Christopher / Julie Hensely | (419) 525-4455 ext 2100 | Marilyn.Christopher@odrc.state.oh.us |
| Marion Correctional Institution (MCI) 940 Marion-Williamsport Rd. Marion, OH 43301 | Polly Schmalz / Karen Miller | (740) 382-5781 ext 2294 | Polly.Schmalz@odrc.state.oh.us |
| Noble Correctional Institution (NCI) 15708 McConnelsville Rd. Caldwell, OH 43724 | Vanessa Sawyer / Andrea Miller | (740) 732-5188 ext 2090 | Vanessa.Sawyer@odrc.state.oh.us |
| Northeast Pre-Release Center (NEPRC) 2675 E. 30 th St. Cleveland, OH 44115 | Mark Jones / (No QIC) | (216) 771-6460 ext. 2119 | Mark.Jones@odrc.state.oh.us |
| Ohio Reformatory for Women (ORW) 1479 Collins Avenue Marysville, OH 43040 | Dave Pennington / Nancy Smith | (937) 642-1065 ext 2314 | David.Pennington@odrc.state.oh.us |
| Ohio State Penitentiary (OSP) 878 Coitsville-Hubbard Rd. Youngstown, OH 44505 | Mary Lapushansky / Carol Smith | (330) 743-0700 ext. 1034 | Mary.Lapuhansky@odrc.state.oh.us |
| Pickaway Correctional Institution (PCI) 11781 State Route 762 Orient, OH 43146 | Anthony Ayers / Tara Gaines | (614) 877-4362 ext 2350 | Anthony.Ayers@odrc.state.oh.us |
| Ross Correctional Institution (RCI) 16149 State Route 104 Chillicothe, OH 45601 | Lisa Bethel / Pam Garner | (740) 774-7050 ext 2418 | Lisa.Bethel@odrc.state.oh.us |
| Richland Correctional Institution (RICI) 1001 Olivesburg Rd. Mansfield, OH 44901 | Trinity Floyd / April Prosser | (419) 562-2100 ext 2305 | Trinity.Floyd@odrc.state.oh.us |
| Southeastern Correctional Institution (SCI) 5900 B.I.S. Rd. Lancaster, OH 43130 | David Hill (Acting) / David Hill | (740) 653-4324 ext. 2767 | David.Hill@odrc.state.oh.us |

EXHIBIT A, CONT'D.

| DRC INSTITUTIONS | HEALTH CARE ADMINISTOR (HCA) / QUALITY IMPROVEMENT COORDINATOR (QIC) CONTACTS | HEALTH CARE ADMINISTOR (HCA) CONTACT PHONE | HEALTHCARE ADMINISTOR (HCA) CONTACT E-MAIL |
|---|---|---|---|
| Southern Ohio Correctional Facility (SOCF) Lucasville Minford Road Lucasville, OH 45699 | Rosie Clagg / Darryl Hankins | (740) 259-5544 ext 3361 | Roseanna.Clagg@odrc.state.oh.us |
| Trumbull Correctional Institution(TCI) 5701 Burnett Rd. Leavittsburg, OH 44430 | Gwen Lewis / George Poullas | (330) 898-0820 ext. 2087 | Beatrice.Lewis@odrc.state.oh.us |
| Toledo Correctional Institution (TOCI) 2001 East Central Ave. Toledo, OH 43608 | Laura Burkin / Diane Lento | (419) 726-7977 ext 7190 | Laura.Burkin@odrc.state.oh.us |
| Warren Correctional Institution (WCI) 5785 St. Rt. 63 Lebanon, OH 45036 | Amy Whitaker / Deborah Jenkins | (513) 932-3388 ext 2145 | Amy.Whitaker@odrc.state.oh.us |