CLACKAMAS COUNTY

BOARD OF COUNTY COMMISSIONERS

PUBLIC SERVICES BUILDING
2051 KAEN ROAD | OREGON CITY, OR 97045

AGENDA

Thursday, March 27, 2014 - 10:00 AM
BOARD OF COUNTY COMMISSIONERS

Beginning Board Order No. 2014-20

I. CALL TO ORDER
- Roll Call
- Pledge of Allegiance

II. CITIZEN COMMUNICATION *(The Chair of the Board will call for statements from citizens regarding issues relating to County government. It is the intention that this portion of the agenda shall be limited to items of County business which are properly the object of Board consideration and may not be of a personal nature. Persons wishing to speak shall be allowed to do so after registering on the blue card provided on the table outside of the hearing room prior to the beginning of the meeting. Testimony is limited to three (3) minutes. Comments shall be respectful and courteous to all.)*

III. DISCUSSION ITEMS *(The following items will be individually presented by County staff or other appropriate individuals. Citizens who want to comment on a discussion item may do so when called on by the Chair.)*

~NO DISCUSSION ITEMS SCHEDULED

IV. CONSENT AGENDA *(The following Items are considered to be routine, and therefore will not be allotted individual discussion time on the agenda. Many of these items have been discussed by the Board in Study Session. The items on the Consent Agenda will be approved in one motion unless a Board member requests, before the vote on the motion, to have an item considered at its regular place on the agenda.)*

A. Health, Housing & Human Services

1
1. Approval of Amendment No. 2 to the Agreement between Clackamas County and Easton Ridge LLC to use Federal HOME Program Funds to Rehabilitate an Existing Affordable Multi-Family Rental Housing Project – *Community Development*

2
2. Approval of a Laboratory Services Agreement with Laboratory Corporation of America (LabCorp) for Medical Laboratory Testing Services – *Health Centers*

B. Department of Transportation & Development

3
1. Approval of an Intergovernmental Agreement with Metro for the Clackamas Regional Area Performance Measures and Multi Modal Area Project

C. Elected Officials

4
1. Approval of Previous Business Meeting Minutes – *BCC*

D. County Counsel

5 1. Approval of a Lease by and between T5 Equities, LLC and Clackamas County for the District Attorney's Office

E. Central Communications (C-COM)

6 1. Approval of the Joint Agency Computer Aided Dispatch Purchase with Washington County Communications and the City of Lake Oswego Communications

V. COUNTY ADMINISTRATOR UPDATE

VI. COMMISSIONERS COMMUNICATION

Health, Housing & Human Services
CLACKAMAS COUNTY

COPY

Cindy Becker
Director

March 27, 2014

Board of County Commissioner
Clackamas County

Members of the Board:

Approval of Amendment #2 to the Agreement between Clackamas County and Easton Ridge LLC to use federal HOME Program Funds to Rehabilitate an Existing Affordable Multi-family Rental Housing Project

Purpose/Outcomes	The purpose of this second amendment is to provide additional funding in order to complete bathroom renovations in additional units at the Easton Ridge Apartments.
Dollar Amount and Fiscal Impact	The amendment adds $200,000, increasing the total HOME loan to $860,000.
Funding Source	The funding source is the federal HOME Investment Partnership Program. No County general funds are involved.
Safety Impact	None.
Duration	The amendment is effective when signed by all parties. The term of the loan is 40 years.
Previous Board Action	The original agreement was approved by the board January 17, 2013. The first amendment was approved February 21, 2013. It clarified the term of the loan and the events of default and corrected the project's unit mix.
Contact Person	Chuck Robbins, Director of the Housing and Community Development Division
Contract No.	6443

BACKGROUND:
The Housing and Community Development Division of the Health, Housing & Human Services Department requests approval of the second amendment to the agreement with Easton Ridge LLC to use federal HOME Program Funds to rehabilitate the Easton Ridge Apartments, an existing affordable multi-family rental housing project.

The Housing Authority of Clackamas County (HACC) formed the Easton Ridge LLC to act as the ownership entity under the financing structure which involved the sale of tax exempt bonds and federal low income housing tax credits. HACC is the managing member of Easton Ridge LLC.

The project consists of 264 one- and two-bedroom units in 11 three-story buildings and a single-story community building with a property management office. The apartments were constructed in 1989 and purchased by HACC in 1996.

The original scope of work included renovating 15% (40) of the bathrooms with the remaining 85% of the bathrooms to be renovated over a six-year period using replacement reserves. With these additional funds we expect to complete an additional 20-25 bathrooms.

Adding the proposed HOME funds will have several positive effects.

1. Oregon Housing and Community Services (OHCS) is holding back $1.152 million dollars in developer fees to ensure that the remaining bathrooms are completed within the next 6 years. Funds for these improvements will be taken out of the replacement reserves. Completing the additional bathrooms within the existing construction contract will improve the long-term financial health of the property by preserving more of the replacement reserves.
2. OHCS will release 1/6th of the developer's fee each year provided HACC completes 1/6th of the remaining bathrooms by the end of the calendar year. Under this plan HACC would not be able to access these funds until January 2016 for bathrooms completed in 2015. By completing these additional bathrooms OHCS has agreed to release a portion of the developer's fee in January 2015.
3. The County is obligated by the U.S. Department of Housing and Urban Development (HUD) to commit the HOME funds within 2 years of grant execution. When neither of the affordable housing projects that applied for Low Income Housing Tax Credits during the last funding cycle were funded by OHCS it placed these HOME funds in jeopardy. HUD will recapture the HOME funds if they are not committed by August 2014.

The number of units designated as HOME-assisted units will increase from seven to nine units. The HOME units will carry an initial HUD-required 15-year period of affordability.

RECOMMENDATION:
Staff recommends the Board approval of this amendment and authorizes Cindy Becker, H3S Director to sign on behalf of Clackamas County.

Respectfully submitted,

Cindy Becker, Director

SECOND AMENDMENT TO HOME LOAN AGREEMENT
BETWEEN CLACKAMAS COUNTY AND
EASTON RIDGE LLC

DIVISION: Community Development

DHS Contract Number: CD-28-12/12
Board Order Number: 01703-A7
Date: January 17, 2013
Amendment #1 Date: February 21, 2013

Amendment Requested by: Cindy Becker

Changes: ( ) Scope of Work **(X) Contract Budget**
( ) Contract Time **(X) Other**

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1. **Section 3. HOME Funds; Loan Term**

Paragraph a. reads:

Amount and Purpose: County shall loan HOME funds in the amount of **$660,000.00** to the **Owner** for the **Project**.

Amend Paragraph a. to read:

Amount and Purpose: County shall loan HOME funds in the amount of **$860,000.00** to the **Owner** for the **Project**.

2. **Section 5. HOME-Assisted Units and Special Needs Units**

Paragraph a. reads:

HOME-Assisted Units. Seven units in the project are HOME-Assisted Units, as follows:

Bedroom Size	TOTAL UNITS	Low-Home Units	High Home Units	Total HOME-Assisted
1-bedroom / 1-bath:	159	1	2	3
2-bedroom / 1-bath:	57	1	1	2
2-bedroom / 2-bath:	48	1	1	2
TOTALS	264	3	4	7

Amend Paragraph a. to read:

HOME-Assisted Units. Nine units in the project are HOME-Assisted Units, as follows:

Bedroom Size	TOTAL UNITS	Low-Home Units	High Home Units	Total HOME-Assisted
1-bedroom / 1-bath:	159	1	3	4
2-bedroom / 1-bath:	57	1	2	3
2-bedroom / 2-bath:	48	1	1	2
TOTALS	264	3	6	9

All other sections remain unchanged.

IN WITNESS HEREOF, the parties hereto have caused this Amendment to be executed by their duly authorized officers:

PROJECT OWNER:
Easton Ridge LLC
By: The Housing Authority of Clackamas County, its Managing Member
By: Chuck Robbins, its Executive Director

By: _____
(signature)
Printed Name: Chuck Robbins
Title: Executive Director
Phone: 503-655-8267
Fax: 503-655-8676
Federal ID#

3/5/14
Date

CLACKAMAS COUNTY
Chair: John Ludlow
Commissioner: Jim Bernard
Commissioner: Paul Savas
Commissioner: Martha Schrader
Commissioner: Tootie Smith

Signing on Behalf of BCC:

_____
(signature)
Printed Name: Cindy Becker
Title: Director, Health Housing and Human Services

Date

Health, Housing & Human Services
CLACKAMAS COUNTY

COPY

2

Cindy Becker
Director

March 27, 2014

Board of County Commissioner
Clackamas County

Members of the Board:

Approval of Laboratory Services Agreement with Laboratory Corporation of America (LabCorp), for medical laboratory testing services

Purpose/Outcomes	LabCorp will provide medical laboratory testing services for Primary Care and Behavioral Health Clinics
Dollar Amount and Fiscal Impact	Agreement has a maximum value of $350,000.
Funding Source	Fee for Service through the Health Centers Clinics
Safety Impact	None
Duration	Effective upon signature and terminates March 31, 2017
Previous Board Action	No Previous Board Action
Contact Person	Richard Swift, Interim Health Center Director – 503-656-5694
Contract No.	6521

BACKGROUND:
The Clackamas County Health Centers Division (CCHCD) of the Health, Housing & Human Services Department requests the approval of an Agreement with Laboratory Corporation of America (LabCorp) to provide medical laboratory testing services. An RFP was issued on October 21, 2013. After review of Labcorps proposal, a letter of intent to award was issued to LabCorp on November 18, 2013.

Services include the testing of lab specimens, specimen pick up and report delivery, certain necessary supplies, consultation and phlebotomy. This Agreement has a maximum value of $350,000.00. This agreement will have an initial 3 year term effective April 1, 2014 and continues through March 31, 2017 and may be renewed for additional one (1) year terms. This Agreement was reviewed by County Counsel on March 10, 2014.

RECOMMENDATION:
Staff recommends Board approval of this amendment and authorizes Cindy Becker, H3S Director to sign on behalf of Clackamas County.

Respectfully submitted,

Cindy Becker, Director

Contract # 6511

LABORATORY SERVICES AGREEMENT

AGREEMENT MADE THIS 1st day of April 2014, by and between Clackamas County acting by and through its Health, Housing and Human Services Department, Health Centers Division, a member of Washington Association of Community and Migrant Health Centers ("MEMBER") and Laboratory Corporation of America ("LABORATORY").

WHEREAS, Washington Association of Community and Migrant Health Centers is a Group Purchasing Organization within the meaning of Section 1128B of the Social Security Act ("GPO"); and

WHEREAS, LABORATORY is engaged in the business of providing reference clinical laboratory services; and

WHEREAS, GPO and LABORATORY have entered into a Laboratory Services Agreement dated December 17, 2002, as amended, ("GPO Agreement") setting forth the terms and conditions under which LABORATORY has agreed to provide reference clinical laboratory services for MEMBERS of GPO; and

WHEREAS, MEMBER is a community health center that either receives grant support pursuant to Section 330 of the Public Health Service Act, which program is administered by the Bureau of Primary Health Care ("BPHC") within the United States Department of Health and Human Services ("DHHS") to provide, or arrange the provision of, community-based comprehensive primary and preventive health care and related services (including, but not limited to, ancillary and enabling services) to the residents of its community, or is an entity determined by DHHS to meet the requirements to receive funding under Section 330 without actually receiving such funding (i.e., an FQHC "look alike"); and

WHEREAS, MEMBER desires to contract with LABORATORY to provide reference clinical laboratory services to MEMBER'S patients referred to LABORATORY for such services, and LABORATORY desires to provide the services described herein pursuant to the terms and conditions of the GPO Agreement and as hereinafter set forth;

IT IS THEREFORE AGREED AS FOLLOWS:

1. The GPO Agreement is hereby incorporated by reference and shall become a part of this Agreement. A list of MEMBER facilities ("Facilities") accessing this Agreement is attached hereto as Exhibit A. Exhibit A may be modified from time to time upon the mutual written agreement of MEMBER and LABORATORY. MEMBER represents and warrants that it has the authority to bind Facilities to the terms of this Agreement.

2. **TERM**
   This Agreement shall become effective on the date first set forth above and shall continue in effect until terminated by either party. This Agreement may be terminated by either party, with or without cause, at any time, by giving the other party a 30-day prior written notice. This Agreement shall have an initial term of three (3) years and may be renewed for additional one (1) year terms, subject to renegotiation, as necessary, of key terms and agreement on such terms, provided however, in any event this Agreement shall terminate on the effective date of the termination date of the GPO agreement.

3. **TESTING SERVICES**
   LABORATORY agrees to perform such reference clinical laboratory testing services for MEMBER as may be requested by MEMBER, if available, during the term. Such services shall include those tests listed in LABORATORY'S then current Directory of Services, as the same may be modified from time to time by LABORATORY, and such additional services as the parties may agree.

   It is understood and agreed that this Agreement is non-exclusive, and MEMBER is not required to use LABORATORY for its laboratory testing needs should it chose otherwise.

4. ADDITIONAL SERVICES

In conjunction with the laboratory testing services set forth in Paragraph 3 above, LABORATORY agrees to provide the following services and related supplies, which are integral to and shall be used solely in connection with the testing services provided herein and shall not be used by MEMBER for any other purpose:

A. SPECIMEN PICK UP AND REPORT DELIVERY

LABORATORY will provide a reference specimen pick up and report delivery service to each MEMBER on a daily basis Monday through Friday of each week, except on holidays. Weekend pick-ups are subject to availability, based on MEMBER'S and LABORATORY'S mutual scheduling needs. Results of a routine nature (general routine chemistries) will, in most cases, be delivered or transmitted back to MEMBER within 24 hours of the time the specimen is received by LABORATORY'S testing facility. Results of tests performed on specimens of a special nature (special chemistries, tissues, etc.) will, in most cases, be delivered or transmitted back to MEMBER within the times set forth in LABORATORY'S then current turn-around-time schedule.

B. SUPPLIES

LABORATORY will provide, as part of its charges for its services, certain necessary items, devices, or supplies that are used solely to collect, transport, process or store specimens to be submitted to LABORATORY for testing.

C. CONSULTATION

LABORATORY staff shall be available to consult with MEMBER by telephone during normal LABORATORY working hours to discuss LABORATORY'S procedures and to provide the status of test results.

D. PHLEBOTOMY

Subject to MEMBER meeting LABORATORY's qualifications and conditions of participation including but not limited to the quantity of venipunctures on a daily, weekly and/or monthly basis as well as the complexity of testing, and to the extent permitted by applicable laws and regulations, as well as to the extent consistent with LABORATORY's policies and procedures, LABORATORY shall provide phlebotomy services to MEMBER in connection with those specimens being sent to LABORATORY. The provision of such phlebotomy services is subject to, and contingent upon, MEMBER's execution of a Patient Specimen Collection Services Agreement.

E. REPORTING OPTIONS:

All "REPORTING OPTIONS" are subject to MEMBER meeting LABORATORY'S qualifications and conditions of participation including but not limited to the quantity of testing requested on a daily, weekly and/or monthly basis as well as the complexity of testing.

(1) TELEPRINTER

Subject to MEMBER meeting LABORATORY'S qualifications and conditions of participation, LABORATORY will supply data receiving equipment which is used solely to communicate the results of LABORATORY'S tests to MEMBER'S facility, to ensure the earliest delivery of test result data and off-hours test reporting. LABORATORY, at its sole discretion, may remove the equipment at any time. Said data receiving equipment shall be the sole property of LABORATORY and may remain in MEMBER'S facility as long as this Agreement is in effect, unless otherwise removed by LABORATORY. There will be no additional charge for the use of the data receiving equipment. It will be the responsibility of LABORATORY or the equipment vendor, as the case may be, to service and maintain said data receiving equipment. The placement of any Teleprinter is subject to, and contingent upon, MEMBER'S execution of a Laboratory Equipment Loan Acknowledgement.

(2) LABORATORY DATA MANAGEMENT SYSTEM

Subject to MEMBER meeting LABORATORY'S qualifications and conditions of participation, LABORATORY will provide certain Laboratory Data Management Equipment and/or Software (the "LDM System") which may be used in connection with MEMBER'S Office Management System. The LDM System will result in mutual operational efficiencies due to automated laboratory results transmission and retrieval, on-line test status inquiry, use of MEMBER'S patient demographics for test ordering, and off-hours test result reporting. The placement of the LDM System is subject to, and contingent upon, MEMBER'S execution of a Laboratory Data Management and Restricted Use Agreement.

(3) RESULT DELIVERY SYSTEM

Subject to MEMBER meeting LABORATORY'S qualifications and conditions of participation, LABORATORY will provide a "Result Delivery System" to be placed in MEMBER'S facility. Such Result Delivery System will result in mutual operational efficiencies due to automated laboratory results transmission and retrieval, on-line test status inquiry, use of MEMBER patient demographics for test ordering, and off-hours test result reporting. The placement of the Result Delivery System is subject to, and contingent upon, MEMBER'S execution of a Result Delivery and Restricted Use Agreement.

5. CONTINUING EDUCATION

LABORATORY has available educational programs relating to its testing services through a variety of media. LABORATORY's various publications provide information on timely and significant issues. These publications may contain information such as clinical significance of certain assays, specimen requirements, expected or therapeutic ranges, interfering substances, methodology, quality assurance, sensitivity, and references. LABORATORY's Continuing Education Catalog outlines the live teleconferences and audio-visual programs (from LABORATORY's lending library) which are available to health care professionals. LABORATORY may agree to provide MEMBER or its employees with a Certificate of Participation for a registered educational program. In such case, MEMBER shall pay, or ensure that its employees pay, LABORATORY its then-current fee as may be set forth in LABORATORY's Continuing Education Catalog, publications or announcements.

6. MEMBER FEES

MEMBER shall reimburse laboratory for laboratory testing and other services provided pursuant to the GPO Agreement and this Agreement, in the manner and in the amounts set forth in Exhibit C of the GPO Agreement.

7. INDIGENT PATIENT TESTING:

LABORATORY further agrees to provide certain laboratory testing services to MEMBER's Indigent Patients at discounted fees on a sliding fee scale based on the then current Poverty Guidelines and each discount shall mirror the discount charged to the patient by the MEMBER for services furnished to the patient directly by the MEMBER. Discounted services shall be limited to LABORATORY's routine and non-esoteric testing services which can be performed at one of LABORATORY's local facilities, as may be modified from time to time by LABORATORY, and such additional services as the parties may agree. The provision of such services at discounted fees shall be contingent upon MEMBER's execution of an Indigent Patient Laboratory Services Agreement.

8. MEMBER BILLING

LABORATORY will submit to MEMBER a monthly statement of services rendered to MEMBER by LABORATORY for the prior month. MEMBER shall remit payment to LABORATORY within 30 days of the date of invoice. Failure to remit payment within said term may result, among other remedies available to LABORATORY, in the loss or reduction of MEMBER'S discount and/or special prices on future services or discontinuation of service, subject to a thirty (30) day opportunity to cure and failure to cure by the end of the thirty (30) day period. If, as a result of such non-payment, LABORATORY reduces or removes any discount and/or special prices, the terms and prices contained in LABORATORY'S Fee Schedule shall be incorporated by reference into this Agreement. LABORATORY may, at its option, reinstate any discount and/or special prices on business referred to LABORATORY after MEMBER brings its balance current. Nothing in the foregoing provision shall serve to waive any rights or remedies available to LABORATORY with respect to its providing of

services to MEMBER. If LABORATORY is compelled to bring suit to collect amounts due hereunder, and such action is decided in favor of LABORATORY, it shall be entitled to recover interest on amounts due, reasonable attorney's fees, and costs of suit incurred in connection with the action.

If CLIENT indicates that a third party is responsible for payment, LABORATORY, in accordance with legal and regulatory requirements, agrees to bill the patient or other responsible party (including Medicare, Medicaid, and insurance companies) for testing performed under this Agreement. MEMBER agrees to promptly provide LABORATORY with all necessary information to accomplish such billing and collection of amounts due. If LABORATORY is unable to obtain payment from any third party due to MEMBER'S failure to provide the information required in this Agreement, or as a result of MEMBER'S failure to follow applicable rules or regulations, MEMBER agrees to reimburse LABORATORY for all such payments.

9. COMPLIANCE WITH LAWS

A. Each party agrees to implement this Agreement in accordance with all applicable federal, state and local laws, regulations, and government directives, including without limitation (i) the Medicare and Medicaid laws (and equivalent state laws), (ii) laws applicable to protecting the confidentiality and privacy of patient health information. The terms of this Agreement are intended to be in compliance with all federal, state and local statutes, regulations and ordinances applicable on the date the Agreement takes effect including but not limited to, the Health Insurance Portability and Accountability Act of 1996, as amended, and its accompanying regulations ("HIPAA"), the Program Fraud Civil Remedies Act of 1986, the Deficit Reduction Act of 2005, the related Federal Civil False Claims Act and State False Claims Acts, and associated whistleblower protections. LABORATORY has written policies and procedures for detecting and preventing fraud, waste, and abuse and expects that test orders, services, supplies or materials provided to LABORATORY are in accordance with the requirements of the applicable federal and state laws.

B. In connection with the provision of services pursuant to this Agreement, LABORATORY agrees to the following requirements, to the extent that such requirements are applicable:

(1) To comply with the Civil Rights Act of 1964 and all other federal, state or local laws, rules and orders prohibiting discrimination. Consistent with the foregoing, the Commission agrees to comply with Executive Order 11246, entitled "Equal Employment Opportunity," as amended by Executive Order 11375, and as supplemented by U.S. Department of Labor regulations at 41 C.F.R. Part 60;

(2) To comply with all applicable standards, orders, and regulations issued pursuant to the Clean Air Act of 1970 (42 U.S.C. § 7401 et. seq.) and the Federal Water Pollution Control Act (33 U.S.C. § 1251 et seq.), as amended;

(3) To provide for the rights of the federal Government in any invention resulting from the work performed hereunder, in accordance with 37 C.F.R. Part 401 and any applicable implementing regulations; and

(4) To comply with the certification and disclosure requirements of the Byrd Anti-Lobbying Amendment (31 U.S.C. § 1352), and any applicable implementing regulations, as may be applicable.

10. MEDICAL NECESSITY

MEMBER and Facilities acknowledge that providers such as laboratories are not in a position to make medical necessity determinations, and in the event payment is denied by MEMBER, Medicare, Medicaid, or a third-party payor for lack of medical necessity, LABORATORY may look to the MEMBER, patient or other responsible party for reimbursement for those services that have been denied payment.

11. ACCREDITATION OF TESTING SITES

Testing performed hereunder shall be performed at reference testing facilities to be determined by LABORATORY. LABORATORY'S facilities are and shall remain duly licensed clinical laboratories under applicable federal, state, and local law. Reasonable documentation of such credentials shall be provided upon request. If, at any time, LABORATORY receives notice of loss of such licensure, LABORATORY shall notify

MEMBER within five (5) days of receiving such notice and MEMBER shall have the right to terminate this Agreement at any time thereafter.

12. CHANGE IN LAW OR REGULATION

Should either party reasonably conclude that any portion of this Agreement is or may be in violation of such requirements or any other legal requirements or subsequent modifications by federal, state or local authorities, or if any such change or proposed change would materially alter the amount or method of compensating LABORATORY for Services performed for MEMBER or for any other party under this Agreement, or would materially increase the cost of LABORATORY's performance hereunder, the parties agree to negotiate written modifications to this Agreement as may be necessary to establish compliance with such authorities and/or to reflect applicable changes in compensation necessitated by such legal requirements.

13. NON-ASSIGNABILITY

This Agreement may not be assigned, delegated, or transferred by either party without the written consent of the other party which shall not be unreasonably withheld or delayed.

14. NOTICES

Any notice required to be given pursuant to the terms and provisions hereof shall be in writing and shall be sent by certified or registered mail to LABORATORY at:

Laboratory Corporation of America
13112 Evening Creek Drive South
San Diego, CA 92128
Attention: Contracts Administrator

with a copy to:

Laboratory Corporation of America Holdings
531 South Spring Street
Burlington, North Carolina 27215
Attention: Law Department

and to MEMBER at:

Clackamas County Health Centers Division
2051 Kaen Road, #367
Oregon City, OR 97045

With a copy to:

Washington Association of Community and Migrant Health Centers
510 Plum Street, Suite 101
Olympia, Washington 98501
Attention: Deputy Director, Juno Whittaker, MPA

15. INDEPENDENT RELATIONSHIP

None of the provisions of this Agreement are intended to create, nor shall be deemed or construed to create, any relationship between MEMBER and LABORATORY other than that of independent entities contracting with each other hereunder solely for the purpose of effecting the provisions of this Agreement. Neither of the parties hereto, nor any of their respective employees shall be construed to be the agent, employer or representative of the other.

16. FORCE MAJEURE

Neither party shall be liable for any claims or damages if such claims or damages result or arise out of a failure or delay that is due to any act beyond the control of the party who had the duty to perform.

17. WARRANTY

EACH PARTY WARRANTS TO THE OTHER THAT NEITHER IT NOR ANY OF ITS EMPLOYEES, AGENTS, CONTRACTORS, DIRECTORS OR OWNERS HAVE BEEN DEBARRED, SUSPENDED, DECLARED INELIGIBLE, OR EXCLUDED FROM MEDICARE/MEDICAID OR ANY OTHER GOVERNMENTAL HEALTHCARE PROGRAM. LABORATORY FURTHER WARRANTS THAT ALL SERVICES PROVIDED HEREUNDER SHALL BE PERFORMED IN ACCORDANCE WITH ESTABLISHED AND RECOGNIZED CLINICAL LABORATORY TESTING PROCEDURES AND WITH REASONABLE CARE IN ACCORDANCE WITH APPLICABLE FEDERAL, STATE, AND LOCAL LAWS. IF, AT ANY TIME, EITHER PARTY RECEIVES NOTICE THAT IT IS AN EXCLUDED PROVIDER, SUCH PARTY SHALL NOTIFY THE OTHER PARTY WITHIN FIVE (5) DAYS OF RECEIVING SUCH NOTICE AND THIS AGREEMENT SHALL IMMEDIATELY TERMINATE.

18. INDEMNIFICATION

LABORATORY agrees to defend, indemnify, and hold MEMBER, its parent, subsidiaries, affiliated and related companies, directors, officers, employees, and agents wholly harmless from and against all third party claims, losses, lawsuits, settlements, demands, causes, judgments, expenses, and costs (including reasonable attorney fees) arising under or in connection with this Agreement to the extent that such costs and liabilities are proximately caused by the negligence or willful misconduct of LABORATORY.

MEMBER agrees to defend, indemnify, and hold LABORATORY, its parent, subsidiaries, affiliated and related companies, directors, officers, employees, and agents, wholly harmless from and against all third party claims, losses, lawsuits, settlements, demands, causes, judgments, expenses, and costs (including reasonable attorney fees) arising under or in connection with this Agreement to the extent that such costs and liabilities are proximately caused by the negligence or willful misconduct of MEMBER.

An indemnitee entitled to indemnification under this Section shall give written notice to the indemnitor of a claim or other circumstances likely to give rise to a request for indemnification, within 30 days after the indemnitee becomes aware of the same. The indemnitor shall be afforded the opportunity to undertake the defense of and to settle by compromise, or otherwise, any claim for which indemnification is available under this Section. If the indemnitor so assumes the defense of any claim, the indemnitee may participate in such defense with legal counsel of its selection and at its expense. If the indemnitor, prior to the expiration of 30 days after receipt of written notice of a claim by the indemnitee under this Section, has not assumed the defense thereof, the indemnitee may thereupon undertake the defense thereof on behalf of, and at the risk and expense of, the indemnitor with all reasonable costs and expenses of such defense to be paid by the indemnitor. No compromise or settlement of any such claim shall be made without the prior written consent of the indemnitor, which consent shall not be unreasonably withheld or delayed.

In no event shall either party be held responsible for punitive damages, or consequential, incidental, or special damages (including lost profits or revenue).

19. BENEFIT

This Agreement is intended to inure only to the benefit of LABORATORY and MEMBER, and their duly authorized successors and assigns. This Agreement is not intended to create, nor shall be deemed or construed to create, any rights in any third parties.

20. NONDISCRIMINATION

All services provided by LABORATORY hereunder shall be in compliance with all applicable Federal and State laws prohibiting discrimination on the basis of race, color, religion, sex, national origin, handicap, or veteran status.

21. HEADINGS

The headings appearing in this Agreement are for convenience and reference only, and are not intended to, and shall not, define or limit the scope of the provisions to which they relate.

22. ENFORCEABILITY/SEVERANCE CLAUSE

The invalidity or unenforceability of any term or provisions hereto in any jurisdiction shall in no way affect the validity or enforceability of any of the other terms or provisions in that jurisdiction, or of the entire Agreement in any other jurisdiction.

23. INTEGRATION

This instrument is intended by the parties as a final expression of their agreement and as a complete statement of the terms thereof, and shall supersede all previous understandings and agreements. The parties shall not be bound by any representation, promise, or inducement made by either party or agent of either party that is not set forth in this Agreement. If the terms or conditions contained in any exhibit or attachment to this Agreement or any document incorporated by reference is in conflict with the terms and conditions set forth in the body of this Agreement, the terms and conditions in this Agreement shall control. Any applicable provisions required by federal, state, or local law are hereby incorporated by reference.

24. WAIVER

No course of dealing between MEMBER and LABORATORY or any delay on the part of MEMBER or LABORATORY in exercising any rights it may have under this Agreement shall operate as a waiver of any of the rights of MEMBER or LABORATORY hereunder, and no express waiver shall affect any condition, covenant, rule, or regulation other than the one specified in such waiver and that one only for the time and in the manner specifically stated.

25. ACCESS TO BOOKS AND RECORDS

A. LABORATORY shall prepare and maintain, in such form and for such duration as may be required by federal, state or local law and regulation, programmatic information, financial records and reports, supporting documents, statistical records, and all other books, documents, papers or other records related and pertinent to the services provided by LABORATORY pursuant to this Agreement.

B. If the services to be provided by LABORATORY hereunder are subject to the disclosure requirements of 42 U.S.C. 1395x (v) (1) (I), LABORATORY shall until expiration of four years make available, upon written request, to MEMBER, the Secretary of Health and Human Services, or the Comptroller General, or any of their duly authorized representatives, a copy of this Agreement and any records and reports, supporting documents, statistical records, and all other books, documents, papers or other records of LABORATORY that are necessary to certify the nature and extent of the costs incurred under this Agreement or as may be necessary for audit, examination, excerpt, transcription or copy purposes. Such access shall include timely and reasonable access to LABORATORY personnel for the purpose of interview and discussion related to such documents. If an audit, litigation or other action involving the records is started before the end of the four (4) year period, LABORATORY agrees to maintain the records until the end of the four (4) year period or until the audit, litigation or other action is completed, whichever is later. In addition, with respect to any subcontract with a value of $10,000 or more over a twelve month period, such subcontract shall contain a clause to the effect that, should the subcontractor be deemed a related organization, until the expiration of four years after the furnishing of services pursuant to such subcontract, the subcontractor shall make available, upon written request, to MEMBER, the Secretary of Health and Human Services, or the Comptroller General, or any of their duly authorized representatives, a copy of the subcontract, and any records and reports, supporting documents, statistical records, and all other books, documents, papers or other records of such third party that are necessary to verify the nature and extent of the costs incurred under this Agreement or as may be necessary for audit, examination, excerpt, transcription or copy purposes.

C. During the term of this Agreement, upon reasonable prior written request and during normal business hours, LABORATORY shall allow MEMBER reasonable access to LABORATORY records concerning the Services provided hereunder. MEMBER warrants and represents that it has obtained any necessary written consent from MEMBER patients and/or the ordering physician, if applicable, for the release of such records. Such consent shall be in a form that satisfies the requirements of the Clinical Laboratory Improvement Act of 1988 ("CLIA") and all applicable laws and regulations including but not limited to the privacy regulations of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

26. MODIFICATION

This Agreement may only be modified in a writing signed by authorized representatives of both parties.

27. ENTIRE AGREEMENT

This Agreement together with the terms and conditions of the GPO Agreement set forth the entire agreement between the parties hereto with respect to the subject matter herein. This Agreement supercedes any oral or written contrary agreement related to the subject matter herein now existing or hereafter entered into between LABORATORY and MEMBER or a person acting on behalf of any MEMBER.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed in their names as their official acts by their respective representatives, each of whom is duly authorized to execute the same.

Laboratory Corporation of America (LABORATORY)

By: Leda Rogge

Name: Leda Rogge

Title: Vice President

Date: 3.12.14

Clackamas County (MEMBER)

By: _____

Name: _____

Title: _____

Date: _____

EXHIBIT A

Client Facilities

Behavioral Health:

Oregon City Hilltop Center
998 Library Court
Oregon City, OR 97045
Mon. – Fri. 8:00AM – 6:30PM

Sandy Center Behavioral Health
38872 Proctor Blvd.
Sandy, OR 97055
Mon. – Thur. 8:00AM – 6:30PM

Stewart Community Center
1002 Library Ct.
Oregon City, OR 97045-4065
Mon. – Fri. 8:00AM – 5:00PM

Crisis:

Centerstone Crisis
11211 SE 82nd Ave., suite O
Happy Valley, OR 87086-7624
Mon. – Fri. 9:00AM – 8:00PM
Sat. & Sun. 10:00PM – 7:00PM

Primary Care:

Beavercreek Clinic
1425 Beavercreek Rd.
Oregon City, OR 97045-4023
Mon. – Fri. 8:00AM – 7:00PM

Gladstone Clinic
18911 Portland Ave.
Gladstone, OR 97027-1630
Mon. 8:00AM – 7:00PM; Tue. 9:00AM – 5:00PM
Wed.–Fri. 8:00AM – 5:00PM

Sunnyside Health & Wellness Center
9775 SE Sunnyside Rd., Ste 200
Clackamas, OR 97015-5721
Mon – Friday 8:00AM – 7:00PM

Oregon City School Based Health Center
19761 S Beavercreek Rd.
Beavercreek, OR 97045
7:00AM - 3.00PM Everyday school is open

Canby School Based Health Center
721 SW 4th Ave.
Canby, OR 97013
7:00AM – 3:00PM Everyday school is open

Sandy School Based Health Center
37400 SE Bell St
Sandy, OR 97055
7:00AM – 3:00PM Everyday school is open

Sandy Health and Wellness Center
37400 SE Bell St
Sandy, OR 97055
Mon – Fri from 3.00PM – 8.00PM

Contract #6531

ADDENDUM TO LABORATORY SERVICES AGREEMENT BETWEEN CLACKAMAS COUNTY AND LABORATORY CORPORATION OF AMERICA

This Addendum ("Addendum") to Laboratory Services Agreement amends and supplements that certain Laboratory Services Agreement dated April 1st, 2014 ("Agreement"), between Clackamas County acting by and through its Health, Housing and Human Services Department, Health Centers Division, a member of Washington Association of Community and Migrant Health Centers ("MEMBER") and Laboratory Corporation of America ("LABORATORY"). Capitalized terms utilized in the Addendum, unless otherwise defined herein, shall have the meaning attributed to them in the Agreement.

The parties to this Addendum hereby agree to supplement and amend the Agreement as follows:

1) Insurance:

During the term of this agreement, LABORATORY shall maintain in force at its own expense each insurance noted below:

Commercial General Liability

☒ Required by COUNTY ☐ Not required by COUNTY

LABORATORY shall obtain, at LABORATORY's expense, and keep in effect during the term of this agreement, Commercial General Liability Insurance covering bodily injury and property damage on an "occurrence" form in the amount of not less than $1,000,000 per occurrence/ $2,000,000 general aggregate for the protection of COUNTY, its officers, commissioners, and employees. This coverage shall include Contractual Liability insurance for the indemnity provided under this agreement. This policy(s) shall be primary insurance as respects to the COUNTY. Any insurance or self-insurance maintained by COUNTY shall be excess and shall not contribute it.

Commercial Automobile Liability

☒ Required by COUNTY ☐ Not required by COUNTY

LABORATORY shall obtain at LABORATORY's expense, and keep in effect during the term of the agreement, "Symbol 1" Commercial Automobile Liability coverage including coverage for all owned, hired, and non-owned vehicles. The combined single limit per occurrence shall not be less than $1,000,000.

Professional Liability

☒ Required by COUNTY ☐ Not required by COUNTY

LABORATORY agrees to furnish COUNTY evidence of professional liability insurance in the amount of not less than $1,000,000 combined single limit per occurrence/$2,000,000 general annual aggregate for malpractice or errors and omissions coverage for the protection of COUNTY, its officers, commissioners and employees against liability for damages because of

personal injury, bodily injury, death, or damage to property, including loss of use thereof, and damages

because of negligent acts, errors and omissions in any way related to this agreement. COUNTY, at its option, may require a complete copy of the above policy.

Tail Coverage. If liability insurance is arranged on a "claims made" basis, "tail" coverage will be required at the completion of this contract for a duration of thirty-six (36) months or the maximum time period the LABORATORY'S insurer will provide "tail" coverage as subscribed, or continuous "claims made" liability coverage for thirty-six (36) months following the contract completion. Continuous "claims made" coverage will be acceptable in lieu of "tail" coverage, provided it's retroactive date is on or before the effective date of this contract.

Additional Insurance Provisions. All required insurance other than Professional Liability, Workers' Compensation, and Personal Automobile Liability insurance shall include "Clackamas County, its agents, officers, and employees" as an additional insured.

Notice of Cancellation. There shall be no cancellation, material change, exhaustion of aggregate limits or intent not to renew insurance coverage without 60 days written notice to the COUNTY. Any failure to comply with this provision will not affect the insurance coverage provided to COUNTY. The 60 days notice of cancellation provision shall be physically endorsed on to the policy.

Insurance Carrier Rating. Coverages provided by LABORATORY must be underwritten by an insurance company deemed acceptable by COUNTY. Insurance coverage shall be provided by companies admitted to do business in Oregon or, in the alternative, rated A- or better by Best's Insurance Rating. COUNTY reserves the right to reject all or any insurance carrier(s) with an unacceptable financial rating.

Certificates of Insurance. As evidence of the insurance coverage required by this agreement, LABORATORY shall furnish a Certificate of Insurance to COUNTY. No agreement shall be in effect until required certificates have been received, approved and accepted by COUNTY. A renewal certificate will be sent to COUNTY ten days prior to coverage expiring.

Primary Coverage Clarification. LABORATORY's coverage will be primary in the event of a loss.

Cross Liability Clause. A cross-liability clause or separation of insureds condition will be included in all general liability, professional liability, and errors and omissions policies required by the agreement.

2) Indemnification

LABORATORY agrees to indemnify, save, hold harmless, and defend COUNTY, its officers, commissioners and employees from and against all third party claims and actions, and all expenses incidental to the investigation and defense thereof, arising out of actions, suits, claims or demand attributable solely from the acts or omissions of LABORATORY, and LABORATORY's officers, agents, and employees, in performance of this agreement.

LABORATORY shall defend, save, hold harmless and indemnify the State of Oregon, Oregon Health Authority and their officers, agents and employees from and against all third party claims, suits, actions, damages, liabilities, reasonable costs and expenses of whatsoever nature resulting from, arising out of, or relating to the activities or omissions of LABORATORY, or its agents or employees under this agreement.

If LABORATORY is a public body, LABORATORY's liability under this agreement is subject to the limitations of the Oregon Tort Claims Act.

3) Regulatory Language

Oregon Constitutional Limitations. This agreement is expressly subject to the debt limitation of Oregon counties set forth in Article XI, Section 10 of the Oregon Constitution, and is contingent upon funds being appropriated therefore. Any provisions herein, which would conflict with such law, are deemed inoperative to that extent.

Oregon Public Contracting Conditions. Pursuant to the terms of ORS 279B.220, LABORATORY shall:

a. Make payments promptly, as due, to all persons supplying to LABORATORY labor or materials for the performance of the work provided for in this agreement.

b. Pay all contributions or amounts due the Industrial Accident Fund from such LABORATORY or subcontractor incurred in performance of this agreement.

c. Not permit any lien or claim to be filed or prosecuted against Clackamas County on account of any labor or material furnished.

d. Pay to the Department of Revenue all sums withheld from employees pursuant to ORS 316.167.

LABORATORY shall pay employees for work in accordance with ORS 279B.020 and ORS 279B.235, which is incorporated herein by this reference.

To the extent required by ORS 279B.230, LABORATORY shall promptly, as due, make payment to any person or partnership, association, or corporation furnishing medical, surgical, and hospital care or other needed care and attention incident to sickness and injury, to the employees of LABORATORY, of all sums if any that LABORATORY has agreed to pay for the services and all monies and sums that LABORATORY collected or deducted from the wages of its employees pursuant to any law, contract or agreement for the purpose of providing or paying for such services.

4) Point of Collection Testing ("POCT")

LABORATORY will offer non-workplace POCT products to MEMBER subject to execution of the Point-of-Collection Testing ("POCT") Product Purchase Agreement, found in Attachment I, "POCT Testing Info" of LABORATORY'S response to MEMBER'S Request for Proposal issued October 21, 2013.

5). Chain of Custody Forensic Urine Drug Testing

A. Testing Services

LABORATORY will provide chain of custody (forensic) drug testing services at the request of the MEMBER'S Behavioral Health facilities listed below:

Behavioral Health:

Oregon City Hilltop Center
998 Library Court
Oregon City, OR 97045
Mon. – Fri. 8:00AM – 6:30PM

Stewart Community Center
1002 Library Ct.
Oregon City, OR 97045-4065
Mon. – Fri. 8:00AM – 5:00PM

Sandy Center Behavioral Health
38872 Proctor Blvd.
Sandy, OR 97055
Mon. – Thur. 8:00AM – 6:30PM

Centerstone Crisis
11211 SE 82nd Ave., suite O
Happy Valley, OR 87086-7624
Mon. – Fri. 9:00AM – 8:00PM
Sat. & Sun. 10:00PM – 7:00PM

B. Compensation

a). Chain of Custody

LABORATORY'S chain of custody (forensic) drug testing services will be billed directly to each MEMBER at the rates set forth in **Exhibit 3** of this Addendum. After the first year of the term of this Agreement, MEMBER and LABORATORY agree that fees shall either increase on the renewal date hereof or with LABORATORY'S general annual fee increase of which MEMBER shall receive thirty (30) days written notice. MEMBER and LABORATORY acknowledge and agree that fees shall not be adjusted more frequently than once a year.

LABORATORY shall submit invoices by the 10th of the month following the month services were performed. The invoice shall include the contract # 6521, dates of service, description of tests, and the total amount due for all service provided during the month. Invoices shall be submitted to MEMBER:

Clackamas County Health Centers Division
Attn: Accounts Payable
2051 Kaen Road, # 367
Oregon City, Oregon 97045

Or electronically to:

healthcenterap@clackamas.us

When submitting electronically, designate LABORATORY name and contract # 6521 in the subject of the e-mail.

Within thirty (30) days after receipt of the invoice, MEMBER shall pay the amount requested to LABORATORY. Disputed amounts must be sent in writing to LABORATORY within thirty (30) days of receipt of each invoice. Payment can be withheld for those disputed items until resolved. Both parties agree to work together to resolve disputed items in a reasonable and timely manner. Undisputed amounts must be paid within the stated thirty (30) day period.

Total payment to LABORATORY shall not exceed **$350,000.00,** in the first year of the term.

b). Expert Witness Support Services

For Expert Witness Support Services for chain of custody drug testing, LABORATORY shall bill MEMBER and MEMBER shall pay LABORATORY according to the fees for services set forth in Attachment J, "Expert Witness Service and Fees" of LABORATORY'S Response to Proposal.

C. Specimen Pick-Up

LABORATORY will provide a reference specimen pick up and report delivery service to each MEMBER Behavioral Health location on a daily basis Monday through Friday of each week, except on holidays. Weekend pick-ups are subject to availability, based on MEMBER'S and LABORATORY'S mutual scheduling needs

D. Supplies:

LABORATORY will provide, as part of its charges for its services, certain necessary items, devices, or supplies that are used solely to collect, transport, process or store specimens to be submitted to LABORATORY for testing.

E. Drug Testing Turnaround Times:

a. Urine Drug Testing

LABORATORY routinely reports results for specimens that screen negative for all drugs within 24 hours from the time of receipt into the laboratory computer system. This turnaround time assumes no violation of field collection protocol, which would require a memorandum for record (MFR) from the collector. In cases where the sample screens positive for one or more drugs, the results can be expected within 3-5 business days from receipt at LABORATORY'S testing facility, assuming that there are no collection protocol violations.

When d&l methamphetamine isomers are analyzed, results may be expected within an additional 24 hours after the initial GC/MS positive of methamphetamine

b. Urine Drug Testing with Specimen Validity Testing

LABORATORY typically reports results for specimens that screen negative for all drugs and negative, dilute, within 24 hours from the time of receipt into the laboratory computer system. LABORATORY typically reports results adulterated, substituted and invalid specimens within 48 hours from the time of receipt into the laboratory computer system. This turnaround time assumes no violation of field collection protocol, which would require a memorandum for record (MFR) from the collector. In cases where the sample screens positive for one or more drugs, the results can be expected within 3-5 business days from receipt at LABORATORY'S testing facility, assuming that there are no collection protocol violations.

When d&l methamphetamine isomers are analyzed, results may be expected within an additional 24 hours after the initial GC/MS positive of methamphetamine.

F. Reporting Options

LABORATORY will initially report via secured fax to each location until such a time as other options, including HL7 and WebServices options can be explored.

G. Interpretation and Use of Information Provided

In all cases, including but not limited to the Department of Health and Human Services (HHS), Department of Transportation ("DOT"), and Nuclear Regulatory Commission ("NRC") guidelines, CLIENT shall be responsible for providing its own Medical Review Officer ("MRO"), and for the review and interpretation of reported test results, and for determining what action, if any, shall be taken based upon those results. In cases in which a MRO is not required, MEMBER shall be solely responsible for reviewing and interpreting test results. MEMBER shall also be responsible for using such information in a manner consistent with applicable laws and regulations.

H. Medical Review Officer

In the case of HHS, DOT, NRC or other testing in which a MRO is required, MEMBER acknowledges that LABORATORY is not responsible for delivery of such services. This Addendum is not intended to create, nor shall be deemed or construed to create, any relationship between the MRO and LABORATORY.

I. Transition Plan for Behavioral Health Clinics

Transition to occur April 7, 2014 – April 25, 2014

a. Obtain info for Account set up.
   - Locations address, phone, fax, provider names, provider NPI #'s, key contact person at each location.
   - Set up LABORATORY account #'s for the four locations.
   - Provide chain of custody ordering forms specific to Behavioral Health clinics
   - Order supplies for each clinic needed for testing

- Introduce LABORATORY'S local team members (Josh McCormick and Joanie Martus) to each site's key contact for efficiency in getting correct information, supplies, special requests, etc.
- Determine and set up initial results delivery via secured facimile.
- In-service with key contact at each site, explaining forms, supplies, and logistics for pick-up.
- Help clarify any outstanding questions or issues before orders begin
- Follow up weekly with key contact during initial first month to make sure there are no issues or concerns via LABORATORY'S reps (Josh McCormick/Joanie Martus.

Ongoing monitoring via local mobile rep or as needed to address any potential service issues or technical questions that may arise.

J. Performance Standards

a. General Performance Standards

1. LABORATORY ensures that all staff employed or contracted by LABORATORY who provide services or are otherwise engaged in activities under this agreement are fully aware of and in compliance with the terms and conditions of this agreement.

2. LABORATORY assures that all of LABORATORY's employees and independent contractors providing services under this agreement will work within the scope of their credentials and any applicable licensure or registration. LABORATORY shall not allow services to be provided by an employee or independent contractor who does not have a valid license or certification required by state or federal law.

b. Staff

LABORATORY agrees that LABORATORY has obtained, via LABORATORY'S policies and procedures, the following for all staff who are in direct contact with COUNTY clients:

- Completion of a successful criminal history records check; includes a Social Security Trace, County Criminal Search, and State Criminal Repository Search in all jurisdictions where the staff member has resided. Data sources check are listed on Exhibit 4.
- Appropriate education and academic degrees;
- Licenses or certificates, as required;
- Relevant work history or qualifications;
- Performs routine checks of the following lists: Lists of Parties of Concern, Denied Persons List, Entity List, Unverified List, Consolidated Screening List
- Completion of a successful drug and alcohol urinalysis.

c. Monitoring

MEMBER shall monitor services provided by LABORATORY and shall request in writing LABORATORY's compliance with established standards and performance requirements relative to the services provided, administrative and fiscal management, and with all obligations and conditions stated in this agreement.

MEMBER may conduct compliance monitoring related to this agreement. LABORATORY shall cooperate with MEMBER in such monitoring. MEMBER shall provide LABORATORY twenty (20) business days written notice of any agreement compliance monitoring activity that requires any action or cooperation by LABORATORY. Notice of monitoring shall include the date monitoring shall occur, names of individuals conducting the monitoring, and instructions and requests for information.

d. Miscellaneous Federal Provisions
LABORATORY shall comply with all Federal laws, regulations, and executive orders applicable to this agreement or to the delivery of Services. Without limiting the generality of the foregoing, LABORATORY expressly agrees to comply with the following laws, regulations and executive orders to the extent they are applicable to this agreement, and as they are amended from time to time: (a) Title VI and VII of the Civil Rights Act of 1964, (b) Sections 503 and 504 of the Rehabilitation Act of 1973, (c) the Americans with Disabilities Act of 1990, (d) Executive Order 11246, (e) the Health Insurance Portability and Accountability Act of 1996, (f) the Age Discrimination in Employment Act of 1967, and the Age Discrimination Act of 1975, (g) the Vietnam Era Veterans' Readjustment Assistance Act of 1974, (h) all regulations and administrative rules established pursuant to the foregoing laws, (i) all other applicable requirements of Federal civil rights and rehabilitation statutes, rules and regulations, (j) all Federal law governing operation of Community Mental Health Programs, including without limitation, all Federal laws requiring reporting of client abuse. These laws, regulations and executive orders are incorporated by reference herein to the extent that they are applicable to the agreement and required by law to be so incorporated. No Federal funds may be used to provide Covered Services in violation of 42 USC 14402.

e. Confidentiality
LABORATORY agrees that LABORATORY, its agents and employees shall maintain the confidentiality of any client identifying information, written or otherwise, with which they may come in contact, in accordance with all applicable provisions of state and federal statutes, rules and regulations, and shall comply with the same in the event of requests for information by any person or federal, state or local agency. In addition, the LABORATORY acknowledges the existence of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), PL 104-191, 45 CFR Parts 160-164, and agrees that LABORATORY and LABORATORY's agents and employees will comply with all applicable requirements of HIPAA related to the confidentiality of client records or other client identifying information.

MEMBER'S Request for Proposal, issued October 21, 2013 (Exhibit 1) and LABORATORY'S response opened at the time of closing on November 4, 2013 ("Response to RFP"), (Exhibit 2, as modified by attached Exhibit 3) and Exhibit 4 shall be incorporated by reference. Should any conflict exist between the Agreement, Addendum and the Response to RFP, the Agreement and Addendum shall control.

IN WITNESS WHEREOF, the parties have caused this Addendum to be executed in their names as their official acts by their respective authorized representatives.

Laboratory Corporation of America ("LABORATORY")	Clackamas County ("MEMBER")
Leda Rogge 3.12.14	
Leda Rogge Date	Cindy Becker Date
Vice President	Director

EXHIBIT 1

REQUEST FOR PROPOSALS

MEDICAL LABORATORY TESTING SERVICES

BOARD OF COUNTY COMMISSIONERS

JOHN LUDLOW, Chair

JIM BERNARD, Commissioner

PAUL SAVAS, Commissioner

MARTHA SCHRADER, Commissioner

TOOTIE SMITH, Commissioner

Donald Krupp
County Administrator

Lane Miller
Purchasing Manager

Tom Averett
Buyer

COUNTY REQUEST FOR PROPOSAL OPENING

DATE: November 4, 2013

PLACE: Clackamas County Purchasing
Clackamas County Public Services Building
2051 Kaen Road, Oregon City, OR 97045

TIME: 2:00 PM

SCHEDULE

Request for Proposal issued	October 21, 2013
Last date for specification protest	SEVEN 7 days prior to RFP Opening
RFP opening	November 4, 2013 2:00 PM
Last date to protest award	SEVEN (7) days from the Intent to Award

TABLE OF CONTENTS

SECTION 1

REQUEST FOR PROPOSALS

SECTION 1

Notice is hereby given that Clackamas County, through its Board of County Commissioners, will receive sealed proposals per specifications until **2:00 PM, November 4, 2013**, to provide

MEDICAL LABORATORY TESTING SERVICES

No Proposals will be received or considered after that time.

Clackamas County is soliciting proposals from qualified and interested firms to provide laboratory testing services for Clackamas Health Centers which provides necessary medical laboratory testing as required for care of patients. The County may enter into multiple contracts for these services

Proposal packets are available from 7:00 AM to 6:00 PM Monday through Thursday at Clackamas County Purchasing, Clackamas County Public Services Building, 2051 Kaen Road, Oregon City, OR 97045, telephone (503) 742-5444. Sealed proposals are to be sent to Lane Miller – Purchasing Manager at the Kaen Road address. Proposals will be opened in the Purchasing Division, located on the fourth floor of the Public Services Building, at the designated time.

Each proposal must contain a statement as to whether the vendor is a resident vendor, as defined in ORS 279A.120. This is **not** a public works contract subject to ORS 279C.800 through 279C.870, the Davis Bacon Act (40 U.S.C. 276a).

The Clackamas County Board of County Commissioners reserves the right to reject any and all proposals not in compliance with all prescribed public bidding procedures and requirements, and may reject for good cause any and all proposals upon the finding that it is in the public interest to do so and to waive any and all informalities in the public interest. In the award of the contract, the Board of County Commissioners will consider the element of time, will accept the proposal or proposals which in their estimation will best serve the interests of Clackamas County and will reserve the right to award the contract to the contractor whose proposal shall be best for the public good.

DATED this 21ST day of October, 2013

_____

Lane Miller, Purchasing Manager

SECTION 2

INSTRUCTIONS TO PROPOSERS

SECTION 2

2.1. GENERAL

Proposers shall study carefully and conform to these "Instructions to Proposers" so that their responses will be regular, complete and acceptable.

2.2. RESPONSES

All responses shall be legibly written in ink or typed and comply in all regards with the requirements of this solicitation.

Responses carrying orders or qualifications may be rejected as irregular.

All responses shall be signed in ink in the blank spaces provided herein (Section 4). If the response is made by a firm or partnership, the name and address of the firm or partnership shall be shown, together with the names and addresses of the members. If the response is made by a corporation, it shall be signed in the name of such corporation by an official who is authorized to bind the contractor. The responses will be considered by the County to be submitted in confidence; proposers will be notified if a request is made for public disclosure of the response prior to completion of the evaluation and negotiation process.

2.3 SUBMISSION OF RESPONSES:

All responses must be submitted in a sealed envelope bearing on the outside the **name and address of the contractor, the project title, due date and opening time.** Deliveries are to be sent to:

Clackamas County
Purchasing Manager
RFP Laboratory Testing Services
2051 Kaen Road
Oregon City, OR 97045

If the response is forwarded by mail, the sealed envelope containing the response and marked as directed above must be enclosed in another envelope.

2.4. RECEIPT AND OPENING OF RESPONSES:

Responses shall be submitted prior to the time fixed in the advertisement for responses. Responses received after the time so designated will be considered late responses and will be returned unopened.

No responsibility will be attached to any official of the County for the premature opening of, or the failure to open, a response not properly addressed and identified.

The responses will be considered by the County to have been submitted in confidence. At the time fixed for the opening, the responses shall be opened so as to avoid disclosure of contents to competing offerors, the public and the media during the process of evaluation and negotiation. A register of responses shall be prepared and shall be open for public inspection after contract award along with the contents of the responses. Once the closing time and date arrive, the names of the offerors submitting responses are read publicly. No other information will be disclosed during the evaluation and negotiation process unless required by law.

2.5. WITHDRAWAL OF RESPONSES

Responses may be withdrawn by written or telegraphic request received from the contractors prior to the time fixed for opening. Negligence on the part of the vendor in preparing the response confers no right for the withdrawal of the response after it has been opened. The response will be irrevocable until such time as the Board of Commissioners:

a. Specifically rejects the response, or;

b. Awards a contract and said contract is properly executed.

Contractors' responses shall be valid for at least ONE-HUNDRED TWENTY (120) days.

2.6. MODIFICATION

Any contractor may modify his/her response by registered communication at any time prior to the scheduled closing time for receipt of responses, provided such communication is received prior to the closing time. The communication should not reveal the response price but should provide that the final price or terms will not be known until the sealed response is opened.

2.7. ACCEPTANCE OR REJECTION OF RESPONSES

In the award of the contract, the Board of Commissioners will consider the element of time, will accept the response which in their estimation will best serve the interest of Clackamas County, and reserves the right to award the contract to the contractor whose response shall be best for the public good. The Board of Commissioners reserves the right to accept or reject any or all responses. Without limiting the generality of the foregoing, any response which is incomplete, obscure or irregular may be rejected. Only one response will be accepted from any one firm or association. Any evidence of collusion between proposers may constitute a cause for rejection of any responses so affected.

The County shall, pursuant to ORS 279A.120, for the purposes of awarding the contract, add a percent increase on the proposal of a nonresident proposer equal to the percent, if any, of the preference given to that proposer in the state in which the proposer resides. "Resident proposer" means a proposer that has paid unemployment taxes or income taxes in this state during the 12 calendar months immediately preceding submission of the proposal, has a business address in this state and has stated in the proposal whether the proposer is a "resident proposer".

The County may accept any items or groups of items of any offer, unless the proposer qualifies his/her offer by specific limitations.

2.8. ADDENDA AND INTERPRETATIONS

No oral interpretations shall be made to any proposer as to the meaning of any of the contract documents or be effective to modify any of the provisions of the contract documents. Every request for an interpretation shall be made in writing and addressed to the Purchasing Manager and, to be given consideration, shall be received at least **SEVEN (7)** days prior to the date set for the opening of responses. Any and all such interpretations will be mailed to all prospective proposers (at the respective address furnished for such purposes) not later than three (3) days prior to the date fixed for the opening of responses. Failure of any proposer to receive any such addendum or interpretation shall not relieve such proposer from any obligation under this response as submitted. All addenda so issued shall become as much a part of the contract documents as if bound herein.

2.9. NONDISCRIMINATION

The successful contractor agrees that, in performing the work called for by this response and in securing and supplying materials, contractor will not discriminate against any person on the basis of race, color, religious creed, political ideas, sex, age, marital status, physical or mental handicap, national origin or ancestry unless the reasonable demands of employment are such that they cannot be met by a person with a particular physical or mental handicap.

2.10. FAILURE TO SUBMIT OFFER

If no offer is to be submitted, do not return the RFP. Failure of the recipient to offer, or to notify the issuing office that future solicitations are desired, will not result in removal of the name of such recipient from the mailing list for the type of supplies or services covered by the solicitation.

2.11. PREPARATION OF OFFERS

Proposers are expected to examine the specifications, schedules and all instructions.

Each proposer shall furnish the information required by the solicitation. Proposers shall sign the solicitation and print or type their name on other submitted exhibits and each continuation sheet thereof on which an entry is made. Erasures or other changes shall be initialed by the person signing the offer. Responses signed by an agent are to be accompanied by evidence of his/her authority unless such evidence has been previously furnished.

Proposers shall state a definite time for delivery of supplies or for performance of services.

Time, if stated as a number of days, will include Saturdays, Sundays and holidays.

2.12. SPECIFICATIONS LIMITING COMPETITION

Proposers may comment on any specification or requirement contained within this RFP, which they feel limits competition in the selection of a proposer to perform the services herein defined. Protests shall detail the reasons and any proposed changes to the specifications. Such comments shall be formal in writing, and are to be addressed to:

Clackamas County
Purchasing Manager
Specification Protest, Laboratory Testing Services
2051 Kaen Road,
Oregon City, OR 97045

Such comments shall be submitted to Clackamas County no later than **SEVEN (7)** days prior to the opening date. No comments will be accepted after that time.

2.13 EXCEPTIONS:

Responding vendors taking exception to any requirement of this RFP Document shall indicate such exception(s) on a separate page of their Proposal response.

Proposers failing to indicate any exceptions shall be interpreted as the responding vendor intends to fully comply with all RFP requirement(s) as written and subsequent agreement terms as stated. Explanation must

be made for each item for which exception is taken giving in detail the extent of the exception and the reason(s) for which it is taken in order for consideration to be given to the vendor.

2.14. EMPLOYEES NOT TO BENEFIT

No employee or elected official of Clackamas County shall be admitted to any share or part of this contract or to any benefit that may arise therefrom; but this provision shall not be construed to extend to this contract if made with a corporation for its general benefit.

2.15. COUNTY FURNISHED PROPERTY

No material, labor or facilities will be furnished by the County unless otherwise provided for in the Request for Response.

2.16 NOTICE OF INTENT TO AWARD

The notice of intent to award of the contract by Clackamas County shall constitute a final decision of the County's intent to award the contract if no written protest of the award is filed with the County Purchasing Manager within **SEVEN (7)** calendar days of the notice of intent to award. If a protest is timely filed, the award is a final decision of the County's intent to award only upon issuance of a written decision denying the protest and affirming the award. The award and any written decision denying protest shall be sent to every proposer who provided an address.
Right to Protest: Any actual proposer who is adversely affected or aggrieved by the County's award of the contract to another proposer on the same solicitation shall have **SEVEN (7)** calendar days after notice of intent to award has been issued to submit to the County Purchasing Manager a written protest of the award. The written protest shall specify the grounds upon which the protest is based. In order to be an adversely affected or aggrieved proposer with a right to submit a written protest, a proposer must be next in line for award, i.e. the protester must claim that all higher rated proposers are ineligible for award because they are non-responsive or non-responsible. The County will not entertain protests submitted after the time period established in this rule.

2.17. REIMBURSEMENT

There is no expressed or implied obligation for Clackamas County to reimburse responding firms for any expenses incurred in preparing responses in response to this request.

2.18. DEFAULT

The County may, subject to the provisions of paragraph (4) below, by written notice of default to the Contractor, terminate the whole or any part of this contract in any one of the following circumstances.

1. If the Contractor fails to make delivery of the supplies or to perform the services within the time specified herein or any extension thereof; or

2. If the Contractor fails to perform any of the other provisions of this contract, or so fails to make progress as to endanger performance of this contract in accordance with its terms, and in either of these two circumstances does not cure such failures within a period of ten (10) days (or such longer period as the County may authorize in writing) after receipt of notice from the County specifying such failure.

3. In the event the County terminates this contract in whole, or in part, as provided in paragraph (2) above of this clause, the County may procure, upon such terms and in such manner as the County may deem

appropriate, supplies or services similar to those terminated, and the Contractor shall be liable to the County for any excess costs for such similar supplies or services; provided, that the Contractor shall continue the performance of this contract to the extent not terminated under the provisions of this clause.

4. Except with respect to defaults of subcontractors, the Contractor shall not be liable for any excess costs if the failure to perform the contract arises out of causes beyond the control and without the fault or negligence of the Contractors. Such causes may include, but are not restricted to, acts of God or of the public enemy, acts of the County in either its sovereign or contractual capacity, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes and unusually severe weather; but, in every case, the failure to perform must be beyond the control of both the Contractor and subcontractor, and without the fault or negligence of either of them, the Contractor shall not be liable for excess costs for failure to perform, unless the supplies or services to be furnished by the subcontractor were obtainable from other sources in sufficient time to permit the Contractor to meet the required delivery schedule.

5. The rights and remedies of the County provided in this clause shall not be exclusive and are in addition to any other rights and remedies provided by law or under this contract.

6. As used in paragraph (4) of this clause, the terms "subcontractor" and "subcontractors" mean subcontractor(s) at any tier.

2.19 PROPOSER QUALIFICATIONS

Oregon law (ORS Chapter 701) requires that all contractors must be registered with the Construction Contractors Board in order to submit a bid and to do work as a contractor. No bid for construction contracts shall be received or considered by the County unless the bidder is licensed by the Construction Contractors Board or licensed by the State Landscape Contractors Board as required by ORS 671.530.
If the contract is for a public work subject to ORS 279.348 to 279.380 or the Davis-Bacon Act (40 U.S.C. 276a), no bid will be received or considered by the County unless the bid contains a statement by the bidder as a part of its bid that the provisions of ORS 279.350 or 40 U.S.C. 276a are to be complied with.

2.20. PAYMENTS

The contractor shall be paid, upon the submission of proper instruments as outlined below, the prices stipulated in the response for services rendered and accepted, less deductions, if any, as provided.

1. No claims will be considered for payment until the services are rendered with the exception of Solicitations or Purchase Orders that designate otherwise.

2. Payments will be made monthly, or as agreed, within 30 days following receipt of any claims supported by an invoice and a duplicate.

3. For a period of one year after payment of any claim, Clackamas County reserves the right, under this contract, to recover any damages due the County as specified in the Clause of this contract entitled "Default".

2.21. TAXES

Taxes, whether State or Federal, shall not be included in proposal prices. Clackamas County is generally exempted from Federal taxes, specifically, but not limited to excise and transportation taxes.

2.22. LITIGATION:

In the event litigation is necessary the Contractor agrees that such will be conducted in the Courts of Clackamas County and/or the State of Oregon.

2.23. INTERGOVERNMENTAL COOPERATIVE PURCHASING STATEMENT

Pursuant to ORS 279A and Clackamas County procurement rules, other public agencies shall have the ability to purchase the awarded goods and services from the awarded Contractor(s) under terms and conditions of the resultant contract.
Any such purchases shall be between the Contractor and the participating public agency and shall not impact the Contactor's obligation to Clackamas County. Any estimated purchase volumes listed herein do not include other public agencies and Clackamas County makes no guarantee as to their participation.
Any bidder, by written notification included with their solicitation response, may decline to extend the prices and terms of this solicitation to any and/or all other public agencies.
Clackamas County grants to any and all public serving governmental agencies, authorization to purchase equivalent services or products described herein at the same submitted unit bid price, but only with the consent of the Company awarded the contract by the County.

2.24 SUBCONTRACTORS

Contractor shall not use subcontractors to perform the Work unless specifically pre-authorized in writing to do so by the County. Contractor represents that any employees assigned to perform the Work, and any authorized subcontractors performing the Work, are fully qualified to perform the tasks assigned to them, and shall perform the work in a competent and professional manner. Contractor shall provide, if requested, any documents relating to subcontractor's qualifications to perform required Work.

2.25 COUNTY CLARIFICATION OF PROPOSALS

The County reserves the right to obtain clarification of any point in a firm's proposal or to obtain additional information necessary to properly evaluate a particular proposal. Failure of a proposer to respond to such a request for additional information of clarification could result in rejection of the firms' proposal.

SECTION 3

PROPOSAL CONTENTS AND FORMAT

THESE ARE THE SHEETS THAT MUST BE SIGNED AND RETURNED WITH THE PROPOSAL RESPONSE:

SECTION 3:
☒ **Proposal Response**
☒ **Price Sheets**

SECTION 4:
☒ **Affidavit of Non Collusion**
☒ **Congressional Lobbying Certificate**
☒ **Certificate Regarding Ineligible Contractors**
☒ **Conflict of Interest (COI) Disclosure Form**
☒ **Federal Contract Special Conditions**

Failure to returned these forms signed will result in the proposer being ineligible for contract award.

SECTION 3

PROPOSAL RESPONSE

Submitted by:_____

Primary Contact Name and Title:_____

Address:_____

Date:_____,2013

Phone number:_____ Fax number:_____

Email address:_____

The Proposer, by his signature below, hereby represents as follows:
The undersigned, through the formal submittal of this proposal response, declares that he/she has examined all related documents and read the instruction and conditions, and hereby proposes to assist the County to provide **Medical Laboratory Testing Services** as specified, in accordance with the proposal documents herein, for the price set forth in the Response submittal attached hereto, and forming a part of this Proposal.

The Contractor, by his signature below, hereby represents as follows:

(a) That no Commissioner, officer, agency or employee of Clackamas County is personally interested directly or indirectly in this contract or the compensation to be paid hereunder, and that no representation, statement or statements, oral or in writing, of the County, its Commissioners, officers, agents, or employees had induced him to enter into this contract and the papers made a part hereof by its terms;

(b) The Proposer and each person signing on behalf of any proposer certifies, in the case of a joint proposal, each party thereto, certifies as to its own organization, under penalty of perjury, that to the best of their knowledge and belief:

1. The prices in the proposal have been arrived at independently, without collusion, consultation, communication, or agreement for the purpose of restraining competition as to any matter relating to such prices with any other proposer or with any competitor;

2. Unless otherwise required by law, the prices which have been quoted in the proposal have not been knowingly disclosed by the proposer prior to the proposal deadline, either directly or indirectly, to any other proposer or competitor;

3. No attempt has been made nor will be made by the proposer to induce any other person, partnership or corporation to submit or not to submit a proposal for the purpose of restraining trade;

(c) The proposer fully understands and submits its proposal with the specific knowledge that:

1. The selected proposal must be approved by the Board of Commissioners.

2. This offer to furnish **Laboratory Testing Services** will remain in effect at the prices proposed for a period of not less than 120 calendar days from the date that proposals are due, and that this offer may not be withdrawn or modified during that time.

(d) That this proposal is made without connection with any person, firm or corporation making a bid for the same material, and is in all respects, fair and without collusion or fraud.

(e) Vendors shall use recyclable products to the maximum extent economically feasible in the performance of the contract work set forth in this document.

(f) That the Proposer accepts all terms and conditions contained in this RFP and that the RFP and the Proposal Response, and any modifications, will be made part of the contract documents. It is understood that all proposals will become part of the public file on this matter. The County reserves the right to reject any or all proposals.

(g) That the proposer holds current licenses that businesses or services professionals operating in this state must hold in order to undertake or perform the work specified in these contract documents.

(h) That the proposer is covered by liability insurance and other insurance in the amount(s) required by the solicitation.

(i) That the proposer qualifies as a carrier insured employer or a self-insured employer under ORS 656.407 or has elected coverage under ORS 656.128.

(j) That the Proposer is legally qualified to contract with Clackamas County.

(k) That the Proposer has not and will not discriminate in its employment practices with regard to race, creed, age, religious affiliation, sex, disability, sexual orientation or national origin. Nor has proposer or will proposer discriminate against a subcontractor in the awarding of a subcontract because the subcontractor is a minority, women or emerging small business enterprise certified under ORS 200.055, or a business enterprise that is owned or controlled by or that employs a disabled veteran, as defined in ORS 408.225

(l) The proposer agrees to accept as full payment for the services specified herein, the amount as shown in his/her proposal.

[ ] Resident Bidder, as defined in ORS 279A120

[ ] Non-Resident Proposer, Resident State_____

The names of the principal officers of the corporation submitting this Proposal, or of the partnership, or of all persons interested in this Proposal as principals are as follows:

_____	_____
Name	Title
_____	_____
Name	Title
_____	_____
Name	Title

(If Sole Proprietor or Partnership)

In witness hereto, the undersigned has set his (its) hand this _____day of _____, 2013

_____

Name of Firm

_____

Signature of Proposer

(If Corporation)

In witness whereof the undersigned corporation has caused this instrument to be executed by its duly authorized officers this ___ day of _____, 2013

_____
Name of Corporation

_____
By

_____
Title

CONTRACT MANAGER:

Name _____ Title: _____

Telephone number: _____

SECTION 3

PROPOSAL CONTENTS AND FORMAT

3.1 RFP Guidelines and Assumptions

Vendors must observe submission instructions and be advised as follows:

3.1.1. ONE (1) signed original and EIGHT (8) copies of the proposal, shall be submitted. The original shall be marked as such.

3.1.2 The COUNTY reserves the right to solicit additional information or proposal clarification from the firms, or any one firm submitting proposals, should the COUNTY deem such information necessary.

3.1.3. If a vendor is unable or unwilling to meet any Clackamas County RFP requirement, an explicit statement to that effect must be made in the proposal as an exception.

3.1.4 This request for proposals and all supplemental information in response to this RFP will be a binding part of the final contract entered into by the selected vendor and Clackamas County.

3.1.5 Any Proposer supplied material that may be considered confidential, to the extent allowed under Oregon Public Records Law, must be so marked with statutory exemption asserted.

3.1.6 Clackamas County reserves the right to reject any or all proposals, and to accept the proposal deemed most advantageous to the County.

3.1.7 Information should illustrate the quality of the CONTRACTOR'S work.

3.1.8 Clackamas County encourages use of recyclable products to the maximum extent economically feasible in the performance of the contract work set forth in this document.

3.1.9 This request for proposals and all supplemental information in response to this RFP will be a binding part of the final contract entered into by the selected contractor and Clackamas County.

3.1.10 Proposals should be submitted in no smaller than ten point font, single spaced with one inch margins. Double sided copies are encouraged but not required.

3.2 SUBMISSION

All responses must be submitted in two separate sealed envelopes bearing on the outside the name and address of the contractor, the project title, due date and opening time. **One shall contain only the technical response and be marked as such. The other shall contain Pricing Information detailed in Section 3.9 (price sheets are supplied in that section). It shall be marked "Financial Response".**

If the response is forwarded by mail, the sealed envelopes containing the response and marked as directed above must be enclosed in another envelope marked with the name and address of the contractor, the project title, due date and opening time.

Proposers shall prepare their response in the following order

3.3. QUALIFICATIONS AND EXPERIENCE

3.3.1. Proposal will describe the qualifications of the corporation, laboratory and customer service personnel, to include lab compliance certification and practical experience detecting drugs. Provide the following information:

- Company Name
- Type of business (sole proprietorship, partnership, corporation)
- Length of years in business
- Certifications and Licensure of company
- Certification and licensure of staff
- Describe training program for staff
- Number of technical and professional-level staff who are certified and/or licensed and their number of years with company and in their fields

3.3.2. Proposal will certify that all lab testing will be performed onsite at a licensed laboratory and by licensed personnel. Describe the methods to be utilized to ensure quality control and chain of custody.

3.3.3. Names of three other companies using Vendor services for at least one year either currently or within the past year (company name, location, phone, contact person, length of service) with requirements and scope of work similar to the County's project.

3.4 PROJECT UNDERSTANDING AND APPROACH:

Detail your understanding of the County's project as described in Section 4, Scope of Work. Describe potential issues involved in providing lab testing services. Detail how you will address them.

Describe your capacity to provide services and detail how you will meet the County's needs for this project.

Provide a transition plan from the date of contract execution to full implementation of services.

Detail how you will interface with the County's EHR systems. Provide an implementation plan to initiate services from contract execution to fully servicing the County's needs.

Describe your billing process for third party providers.

Detail what your quick tests kits test, your % of accuracy on immediate read cup, turnaround time for confirmation and your % of accuracy on confirmation.

Identify any necessary hardware or software. Provide copies of all sample test requests and result forms, invoices and reports.

3.5 RESPONSE TIME AND OPERATIONS

Describe the method for compliance with daily specimen pickup requirements at the listed pickup locations. Detail how you will meet the requirement of 24 hour turn around for standard tests.

Detail delivery and pickup times available on both routine and emergency test requests.

Describe your specimen pick up and report delivery systems.

Detail the turn-around time on routine and emergency test requests. Costs related to emergency test requests must be identified in Section 3.9.

Describe your system for providing immediate test results to the County and providers in the event of critical results any time during off hours.

3.6 REPORTING

Describe your reporting system including critical test results after hours. Detail how you will provide confidential test results to multiple sites. Identify any specialized equipment that may be required; specify if the required equipment is provided or a County responsibility. Identify your communications methods.

Detail how results of tests performed on specimens of a special nature (special chemistries, tissues, etc.) are handled.

Provide samples of reports available. Describe the process for modifying reports.

3.7 QUALITY CONTROL

- Describe your quality control process.
- Describe the practices in place to maintain accreditation during the term of this contract.
- Describe chain of custody procedures.
- Provide quality control results for the last 24 month period. Identify exceptions to the process.
- Detail subsequent steps taken to reduce quality control exceptions.
- Detail the results after implementation of corrective action steps.
- Describe the mechanism to determine and monitor turnaround time for results of samples;
- Describe the mechanism for determining, reporting and monitoring test report errors.
- Describe the mechanism to resolve problems.
- Describe the mechanism for review of professional staff qualifications including licensure.

3.8 COST CONTAINMENT

Describe the history of lab testing price increases in the past five years: individual tests, across-the-board increases, frequency of increases, and percent of each increase.

Describe Vendor's projected price increases over the next five years: individual tests, across-the-board increases, frequency of increases, and percent of each increase.

Detail your plan for maintaining cost-effective pricing in the next five years.

3.9 COST SHEETS (SUBMIT IN A SEPARATE ENVELOPE)

Complete the attached cost sheets identified as

3.9A High volume Primary Care Tests (19 total)

3.8B Behavioral Health Care testing

3.9C List of all tests

Provide a unit cost for each of the listed tests on all three price sheets (the tests from 3.9A & 3.9B appear on 3.9C).

Provide costs for immediate turn around for critical test.

Provide costs for on-site phlebotomy services.

Identify any additional costs associated with the proposed services.

Cost points will be assigned for both 3.9A, Primary Care tests and 3.9B, Behavioral Health Tests.

SECTION 3.9.A

PRIMARY CARE PRICE SHEETS

Following is a list requiring individual and panel pricing. Proposers are to enter the unit price proposal for each test.

The laboratory must include **single test pricing** along with **panel pricing** on the following test combinations:

SECTION 3.9.B

BEHAVIORAL HEALTH PRICE SHEETS

Following is a list requiring individual and panel pricing. Proposers are to enter the unit price proposal for each test.

The laboratory must include **single test pricing** along with **panel pricing** on the following test combinations:

SECTION 3.9.C

TOTAL TEST PRICE SHEETS

Following is a list requiring individual and panel pricing. Proposers are to enter the unit price proposal for each test.

The laboratory must include **single test pricing** along with **panel pricing** on the following test combinations:

3.9 ADDITIONS AND EXCEPTIONS

Note any exceptions to the specifications in this RFP which Vendor requires, along with any alternative methods of meeting COUNTY objectives for lab testing services.

Add any additional information explaining why this proposal is the best choice for Clackamas County.

SECTION 4

FEDERALLY REQUIRED FORMS

AFFIDAVIT OF NON-COLLUSION

STATE OF _____

COUNTY OF _____

I state that I am _____ (title) of _____ (name of firm) and that I am authorized to make this affidavit on behalf of my firm, and its owners, directors, and officers. I am the person responsible in my firm for the price(s) and the amount of this Offer.

I state that:

(1) The price(s) and amount of this Offer have been arrived at independently and without consultation, communication or agreement with any other contractor, Proposer or potential Proposer, except as disclosed on the attached appendix.

(2) That neither the price(s) nor the amount of this Offer, and neither the approximate price(s) nor approximate amount of this Offer, have been disclosed to any other firm or person who is a Proposer or potential Proposer, and they will not be disclosed before Solicitation opening.

(3) No attempt has been made or will be made to induce any firm or person to refrain from bidding on this contract, or to submit an Offer higher than this Offer, or to submit any intentionally high or noncompetitive Offer or other form of complementary Offer.

(4) The Offer of my firm is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive Offer.

(5) _____(name of firm), its affiliates, subsidiaries, officers, directors and employees are not currently under investigation by any governmental agency and have not in the last four years been convicted of or found liable for any act prohibited by State or Federal law in any jurisdiction, involving conspiracy or collusion with respect to bidding on any public contract, except as described in the attached appendix.

I state that_____ (name of firm) understands and acknowledges that the above representations are material and important, and will be relied on by Clackamas County in awarding the contract(s) for which this Offer is submitted. I understand and my firm understands that any misstatement in this affidavit is and shall be treated as fraudulent concealment from Clackamas County of the true facts relating to the submission of Offers for this contract.

_____

(Authorized Signature)

_____

(Name of Company/Position)

Sworn to and subscribed before me this _____ day of _____, 2013.

_____

Notary Public for Oregon

My Commission Expires:_____

FAILURE TO SUBMIT THIS EXECUTED STATEMENT AS PART OF THE RESPONSE DOCUMENTS WILL MAKE THE RESPONSE NON-RESPONSIVE AND NOT ELIGIBLE FOR AWARD CONSIDERATION

CONGRESSIONAL LOBBYING CERTIFICATE

The undersigned certifies, to the best of his or her knowledge and belief, that:

No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of ANY Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement.

If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with THIS Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions [as amended by "Government-wide Guidance for New Restrictions on Lobbying," 61 Federal Regulations 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, et seq.)].

The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. §1352(c)(1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each expenditure or failure.]

The Contractor, _____, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Proposer understands and agrees that the provisions of 31 U.S.C. §3801, et seq., apply to this certification and disclosure, if any.

Date: _____
Company Name: _____
Signature: _____
Name:
(Print)
Title: _____

NOTE: PROPOSER IS REQUIRED PURSUANT TO FEDERAL LAW TO INCLUDE THE ABOVE LANGUAGE IN SUBCONTRACTS OVER $100,000 AND TO OBTAIN THIS LOBBYING CERTIFICATE FROM EACH SUBCONTRACTOR BEING PAID $100,000 OR MORE UNDER THIS CONTRACT.

FAILURE TO SUBMIT THIS EXECUTED STATEMENT AS PART OF THE RESPONSE DOCUMENTS WILL MAKE THE RESPONSE NON-RESPONSIVE AND NOT ELIGIBLE FOR AWARD CONSIDERATION

CERTIFICATE REGARDING INELIGIBLE CONTRACTORS

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER INELIGIBILITY AND VOLUNTARY EXCLUSION FROM TRANSACTIONS FINANCED IN PART BY THE U.S. GOVERNMENT

_____

(Name of Certifying Officer) (Title of Certifying Officer)

Hereby certify that:_____

(Name of Proposer)

Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation by any State or Federal department or agency or from participation in Oregon Department of Transportation projects;

Have not within a three (3)-year period preceding this bid been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statues or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in Paragraph 2 of this certification; and

Have not within a three (3)-year period preceding this proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

If Proposer is unable to certify to any of the statements in this certification, such prospective Bidder shall attach an explanation to this certification.

I hereby certify and affirm the truthfulness and accuracy of the above statement, and I understand that the provisions of 31 United States Code (U.S.C.) §3801 et seq., (Administrative Remedies for False Claims and Statements) are applicable hereto.

_____

Name of Bidder

_____

Street Address

_____

City State Zip

_____ _____

Signature of Certifying Officer Telephone Number of Bidder

FAILURE TO SUBMIT THIS EXECUTED STATEMENT AS PART OF THE RESPONSE DOCUMENTS WILL MAKE THE RESPONSE NON-RESPONSIVE AND NOT ELIGIBLE FOR AWARD CONSIDERATION

.

CONFLICT OF INTEREST (COI) DISCLOSURE FORM

This COI Disclosure Form must be signed in ink by a principal of the Firm to certify that it is correct. A Firm's certification that its disclosure form is correct includes the disclosure by its Associates and Subcontractors.

My signature certifies that as disclosed on or attached to the present form:

(a) the Firm's disclosures are complete, accurate, and not misleading.

I hereby certify that I am authorized to sign this COI Disclosure Form as a Representative for the Firm identified below:

Complete Legal Name of Firm: _____

Address:

Signature: _____

Name (type/print): _____

Title: _____

Telephone: (_____)_____ **Fax No.: (_____)_____**

Date: _____

Please answer all questions "Yes", "No" or "N/A" (if uncertain answer "Yes.") If the answer to any of the questions is "Yes," then use the applicable "Comments" fields to:

(a) furnish all relevant facts that are necessary to make the response complete, accurate, and not misleading; and

(b) identify any actions that must be taken to avoid, neutralize, or mitigate such conflict of interest (e.g. communications barriers, restraint or restriction upon future contracting activities, or other precaution)

1. a) Is any Associate of the Firm a former employee of Agency within the last year? **No** ☐ **Yes** ☐

   b) Is any Associate of the Firm a Relative or Member of the Household of a current Agency employee that had or will have any involvement with this Procurement or Contract Authorization? **No** ☐ **Yes** ☐

   If the answer to either of the above questions is "Yes", complete the attached "Relatives and Former Agency Employees -Roles and Signatures" table (Part A and/or Part B, as applicable).

2. Does the Firm or any Associate of the Firm have an Actual, Apparent or Potential Conflict Of Interest ("Individual" or "Organizational") with regard to any member of an Agency Procurement evaluation or selection team?
   No ☐ **Yes** ☐ **Comments:**

3. Did the Firm or any Associate of the Firm conduct prior work on the Project described in the Procurement, or participate in preparing any part of the Procurement or any documents or reports related to the Procurement or to which the Procurement refers? **No** ☐ **Yes** ☐ **Comments:**

4. Does the Firm or any Associate of the Firm have any past, present or currently planned interests which are an Actual, Apparent or Potential Conflict of Interest ("Individual" or "Organizational"), with respect to the

Procurement or award of this Contract or performing the work for Agency? **No** ☐
Yes ☐ **Comments:**

5. Has the Firm or an Associate of the Firm offered to a Public Official, or is the Firm aware of any Public Official that has solicited or received, directly or indirectly, any pledge or promise of employment or other benefit based on the understanding that the Public Official's vote, official action or judgment would be influenced thereby?
No ☐ **Yes** ☐: **Comments:**

6. Has (or will) the Firm or an Associate of the Firm provided a direct beneficial financial interest to any person within two years after the person ceased to hold a position as a Public Official who was involved in the Procurement or Authorization for the Contract, or is the Firm aware of any such person or Public Official who has or will receive a direct beneficial financial interest within the two year period? **No** ☐ **Yes** ☐
Comments:

7. Is the Firm aware of any current or former Public Official that has an Actual, Apparent or Potential Conflict Of Interest with respect to the Procurement or award of this Contract or performing the work for Agency? **No** ☐
Yes ☐: **Comments:**

8. Does the prospective Contract include development of an environmental assessment (EA), environmental impact statement (EIS) or Finding of No Significant Impact (FONSI)? **No** ☐ **Yes** ☐

If yes, in accordance with the disclosure statement requirements of Council on Environmental Quality Regulation, 40 C.F.R 1506.5(c), does the Firm have any financial or other interest in the outcome of this Project; and/or does the Firm have any agreement, enforceable promise, or guarantee to provide any future work on this Project? **No** ☐ **Yes** ☐ **Comments:**

9. Have Subcontractors or other Associates furnished COI Disclosure Forms separate from the present form? (If yes, attach the disclosures.) **No** ☐ **Yes** ☐ **N/A** ☐ **Comments:**

10. If the prospective Contract includes personal services for the purpose of administering, managing, monitoring, inspecting, evaluating compliance with or otherwise overseeing a public contract, is the Firm or an Associate or an Affiliate of the Firm a party to the subject public contract?
No ☐ **Yes** ☐ **N/A** ☐ **Comments:**

FAILURE TO SUBMIT THIS EXECUTED STATEMENT AS PART OF THE RESPONSE DOCUMENTS WILL MAKE THE RESPONSE NON-RESPONSIVE AND NOT ELIGIBLE FOR AWARD CONSIDERATION

SECTION 5

STANDARD SPECIFICATIONS
AND SCOPE OF WORK

SECTION 5

STANDARD SPECIFICATIONS AND SCOPE OF WORK

5.1 INTRODUCTION

Clackamas Health Centers are a Federally Qualified Health Center (FQHC) providing care to 14,000 patients with 100,000 visits in 2012. The health centers are considered "safety net clinics" and our mission is to serve the vulnerable and the poor. CCHCD comprises of three large primary care clinics in Oregon City, Clackamas and Gladstone; one small satellite clinic in Sandy and three school based health centers in Oregon City, Canby and Sandy. In addition, CCHCD has three specialty behavioral health clinics which are also licensed alcohol and drug treatment providers at Oregon City, Clackamas, and Sandy and a crisis center in Clackamas. Types of care provided are prenatal, family planning, primary care, Well Child, Women's Health, alcohol & drug treatment and mental health treatment. CCHCD provides necessary medical and alcohol & drug testing services required for the care of patients. In calendar year 2012 our volume of tests on the primary care side was 77,000. For our Alcohol & Drug Program, our volume of tests was 1,800.

Clackamas County is soliciting proposals from qualified and interested firms to provide laboratory testing services for Clackamas Health Centers (hereinafter referred to as "CCHCD) which provides necessary medical testing as required for care of patients including those that are indigent and uninsured.

CCHCD has two separate certified Electronic Health Record (EHR) Systems. Both systems will require laboratory testing firms to interface with these EHR's through a HL7 server for receiving lab orders and reporting lab orders into the EHR. Requirements for systems access would also be required. CCHCD participates in the Meaningful Use Incentive Program and requires data from reports to be transmitted electronically into the EHR (OCHIN EPIC).

- All primary care clinics have OCHIN EPIC EHR which has the labs ordering and reporting functions up and running.
- The specialty behavioral health clinics use Cerner/Anasazi EHR ; electronic ordering and reporting functionality for labs will be phased in over the next 6 months. In this transition period, alternative methods of reporting labs to the behavioral health clinics would need to be submitted.

The provider will have a physician employed on call at Vendor's address for telephone consultations, at no additional cost. LABORATORY staff must be available to consult with CCHCD by telephone during normal LABORATORY working hours to discuss LABORATORY'S procedures and to provide the status of test results. The laboratory must be able to provide phlebotomy services on-site to CCHCD in connection with those specimens being sent to LABORATORY.

The LABORATORY will bill the patient or other responsible party (including Medicare, Medicaid, Commercial Insurance, and Self-pay) for testing. LABORATORY will submit to CCHCD a quarterly statement of services rendered to CCHCD and clients by LABORATORY for the prior 3 month period.

The major service components include:

- Provide laboratory testing services to include testing for prescription and over the counter drugs
- Provide specimen pick up services
- Provide laboratory consultation services for the interpretation of laboratory results
- Provide test results and reports to the County clinic staff

- Provide immediate test results to the County and providers in the event of critical results any time during off hours.
- Provide support services and all related supplies
- Provide interface connectivity and back up connectivity in the event of power outage for EHR (Electronic Health Record)
- Provide client services support
- Provide billing services (Medicare/Medicaid/third party and self pay)

5.2 SCOPE OF WORK:

Daily specimen pickup at the following sites during the listed office hours:

Behavioral Health
Centerstone Crisis – 11211 SE 82nd Ave., suite O, Happy Valley, OR 87086-7624
Hours: Mon. – Fri. 9:00AM – 8:00PM – Sat. & Sun. 10:00PM – 7:00PM
Oregon City Hilltop Center - 998 Library Court, Oregon City, or 97045
Hours: Mon. – Fri. 8:00AM – 6:30PM
Sandy Center Behavioral Health – 38872 Proctor Blvd., Sandy, OR 97055
Hours: Mon. – Thur. 8:00AM – 6:30PM
Stewart Community Center – 1002 Library Ct., Oregon City, OR 97045-4065
Hours: Mon. – Fri. 8:00AM – 5:00PM
PRIMARY CARE
Beavercreek Clinic – 1425 Beavercreek Rd., Oregon City, OR 97045-4023
Hours: Mon. – Fri. 8:00AM – 7:00PM
Gladstone Clinic – 18911 Portland Av., Gladstone, OR 97027-1630
Hours: Mon. 8:00AM – 7:00PM; Tue. 9:00AM – 5:00PM, Wed.–Fri. 8:00AM – 5:00PM
Sunnyside Health & Wellness Center – 9775 SE Sunnyside Rd., Ste 200, Clackamas, OR 97015-5721
Hours: Mon – Friday 8:00AM – 7:00PM
Oregon City School Based Health Center - 19761 S Beavercreek Rd., Beavercreek, OR 97045 Hours: 7:00AM - 3.00PM Everyday school is open
Canby School Based Health Center - 721 SW 4th Ave., Canby, OR 97013
Hours: 7:00AM – 3:00PM Everyday school is open
Sandy School Based Health Center - 37400 SE Bell St, Sandy, OR 97055
Hours: 7:00AM – 3:00PM Everyday school is open
Sandy Health and Wellness Center - 37400 SE Bell St, Sandy, OR 97055
Hours: Mon – Fri from 3.00PM – 8.00PM

Weekend and holiday service may be requested.

- Laboratory will provide all supplies to include: specimen containers, cups, labels, chain of custody form. To include a commode specimen collectors (a pan that fits into the toilet for use in collecting urinalysis specimens from a female).

- Samples submitted for testing shall contain the laboratory's required minimum amount of urine, ordinarily 60cc or two ounces.

- The laboratory must comply with all applicable local, federal and state licensure laws.

- If necessary because of litigation, the laboratory must provide a qualified expert witness to testify as to laboratory procedures employed as well as accuracy and reliability of test results. Vendor may be required to testify by phone. Additionally, the laboratory must be able to prove chain of custody.

- The laboratory must demonstrate a satisfactory intrinsic quality control program and must participate in one or more proficiency testing programs conducted by local, state, federal or professional groups, and must have demonstrated satisfactory last two years. The laboratory will provide results of proficiency testing to the contractor at least annually.

- All lab tests must be performed onsite at the Vendor's licensed laboratory and performed by licensed personnel, unless otherwise agreed to in the final contract.

5.3 SERVICE COMPONENTS

5.3.1 Medical laboratory testing. Provide laboratory testing services. Typical tests are detailed in section 5.4 For the types of tests ordered in the past. These and other unspecified tests, including may be ordered as needed.

5.3.2 Specimen pick up. Pick up specimens at the designated clinic locations. Provide transportation of specimens in appropriate conditions (refrigerated/frozen/RT).

5.3.3 Laboratory Consultation. Provide laboratory consultation services including genetics, toxicology, HIV, microbiology and other consultation services as needed, to aid providers with test result interpretation.

5.3.4 Reporting. Provide reports to clinic staff detailing the description and cost of each test, or any other reports on demand.

5.3.5 Test Results. Provide immediate test results to clinical staff and providers in the event of critical results anytime, including off hours.

5.3.6 Support Services. Provide clinic staff training, support services and related supplies:

- Specimen collection.
- Supplies for blood collection, tissue collection, urine collection and miscellaneous specimen supplies and necessary forms.

5.3.7 Connectivity. Provide interface connectivity and back up connectivity in the event of power outages or similar events so that results may be obtained in case of EHR service interruption.

5.3.8 Client Services support.

- Provide Patient Service Centers for referral procedures
- Provide telephone support to resolve specimen issues and/or ordering issues (e.g. quantity not sufficient, missing specimen, wrong specimen type, wrong order placed, etc.).
- Provide telephone support for inquiries regarding testing options and delayed or missing test results.

5.3.9 Billing Services. Providers include Medicare/Medicaid, Third Party and Self Pay billings. CONTRACTOR shall bill patient insurance carriers and self-pay patients who do not have insurance. CONTRACTOR shall consult with COUNTY as needed to obtain sufficient information to perform and ensure accurate billing.

5.4 PERFORMANCE MEASURES/PERFORMANCE CONTRACTING

Final performance measures will be negotiated between the COUNTY and CONTRACTOR. Typical performance measures may include:

- Receiving test results and reports within a designated timeframe
- Continuity of care during normal business hours and after hours
- Communicating to the COUNTY in cases of critical findings

5.5 SPECIFICATIONS OF METHODOLOGY:

A. Sensitivity:

The laboratory shall detect and identify at least the following drugs and metabolites by basic screen at the minimal levels or lower stated.

1.	Morphine (total, free, or glucuronide)	300	ng/ml	
2.	Methadone (& metabolite)		300	ng/ml
3.	Codeine	300	ng/ml	
4.	Other Opiates		300	ng/ml
5.	Barbiturates (including but not limited To Armobarbital, Phenobarbital, Pento-Barbital, Butabarbital, Nexobarbital, Secobarbital)	200	ng/ml	
6.	Amphetamines (including but not limited to d-amphetamine and methamphetamine)	300	ng/ml	
7.	Cocaine (free)		300	ng/ml
8.	Cocaine Metabolite (benzoylecgonine)	300	ng/ml	
9.	Benzodiazepines	300	ng/ml	
10.	Phencyclidine (PCP)		25	ng/ml
11.	THC of THC Metabolite	50	ng/ml	
12.	Ethyglucuronide- EtG		1000	ng/ml
13.	Synthetic Cannabinoids (K2, SPICE, JWH-018, JWH-073, JWH-250, JWH-122, JWH-398, JWH-200, RCS-4, AM-2201, MAM-2201, UR-144, XLR-11)	10	ml	

5.6 TYPICAL TESTS FOR CLACKAMAS COUNTY

The top five tests by quantity for the primary care/medical clinics (the data from the behavioral health clinics is not available) were:

Comprehensive metabolic panel – 8,966.
CBC with Auto Diff – 7,454.
TSH – 5,972.
Lipid Panel – 4809.
Drug Screen Single – 3409.

Lab Test Descriptions	Volume for 2012
17-OH-PROGESTERONE, LC/MS/MS	3
1ST TRIMESTER SCREEN WITH NUCHAL TRANSLUCENCY	
2 HR GLUCOSE TOLERANCE, MATERNAL	2
ABO GROUP & RH TYPE	
ACTIN (SMOOTH MUSCLE) ANTIBODY (IGG)	
ACUTE HEPATITIS PANEL	285
AEROBIC SUSCEPT	
AFP PANEL (AFP, ESTRIOL, BHCG)	
AFP WITH AFP-L3%	
ALCOHOL (ETHANOL), URINE	2
ALKALINE PHOSPHATASE ISOENZYMES, SERUM	
ALLERGEN FOOD PROFILE BASIC (10)	
ALLERGEN PROFILE FOOD BASIC (6)	
ALLERGEN PROFILE REGIONAL ALLERGEN ZONE 13	
ALLERGEN SPECIFIC IGE	2
ALLERGEN SPECIFIC IGE	1
ALPHA-1 ANTITRYPSIN, TOTAL	3
ALPHA-FETOPROTEIN (AFP), TUMOR MARKER	
ALPHA-FETOPROTEIN; SERUM	70
AMPHETAMINE GC/MS RETEST	
AMPHETAMINES CONFIRMATION, URINE	
AMYLASE, SERUM	86
ANA IFA	2
ANA IFA	
ANA SCREEN EIA W/REFL SM AND SM/RNP ANTIBODIES	103
ANAEROBIC AND AEROBIC CULTURE	

ANEMIA PROFILE B	
ANEMIA, MEGALOBLASTIC, SERUM	
ANTIBODY SCREEN	209
ANTIBODY SCREEN + ANTIBODY TITER (BB)	2
ANTIBODY, RUBELLA	202
ANTI-DSDNA (DOUBLE-STRANDED) ANTIBODIES	
ANTI-HCV BY RIBA	
ANTINUCLEAR ANTIBODIES (ANA)	8
ANTISTREPTOLYSIN 0; TITER	1
ASSAY ALKALINE PHOSPHATASES	1
ASSAY OF ACETAMINOPHEN	
ASSAY OF ACTH	1
ASSAY OF ALDOSTERONE, SERUM	3
ASSAY OF AMITRIPTYLINE	1
ASSAY OF AMMONIA	21
ASSAY OF ARSENIC	
ASSAY OF BLOOD/URIC ACID	75
ASSAY OF C PEPTIDE	1
ASSAY OF CALCIUM	5
ASSAY OF CARBAMAZEPINE (TEGRETOL)	16
ASSAY OF CAROTENE	2
ASSAY OF CERULOPLASMIN	2
ASSAY OF CREATININE, SERUM	14
ASSAY OF DIGOXIN	7
ASSAY OF DIPROPYLACETIC ACID (VALPROIC ACID)	43
ASSAY OF ESTRADIOL	5
ASSAY OF ESTRIOL	62
ASSAY OF FERRITIN	175
ASSAY OF HOMOCYSTEINE	3
ASSAY OF IMIPRAMINE	1
ASSAY OF INSULIN, FASTING	1
ASSAY OF LIPASE	116
ASSAY OF LITHIUM	29
ASSAY OF MAGNESIUM (SERUM)	34
ASSAY OF MERCURY	
ASSAY OF METHADONE	1
ASSAY OF PHENYTOIN, TOTAL	11
ASSAY OF PHENYTOIN; FREE	1
ASSAY OF PHOSPHORUS	5

ASSAY OF PREALBUMIN	3
ASSAY OF PROGESTERONE	1
ASSAY OF PROLACTIN	57
ASSAY OF RENIN	4
ASSAY OF SEX HORMONE GLOBUL	2
ASSAY OF TRANSFERRIN	160
ASSAY OF VITAMIN A	2
ASSAY OF VITAMIN B 6	1
ASSAY OF VITAMIN E	2
ASSAY OF ZINC	1
AST (SGOT)	14
AUTOMATED DIFF WBC COUNT	323
AUTOMATED LEUKOCYTE COUNT	323
AUTOMATED RBC COUNT	323
AUTOMATED RETICULOCYTE COUNT	13
BACTERIAL VAGINOSIS (SIALIDASE), TV(NAA) VAG YEAST CULT	
BARBITURATE CONF, URINE	
BARBITURATES BY GC/MS	3
BASIC METABOLIC PANEL CALCIUM TOTAL	380
BENZODIAZEPINE CONFIRMATION, URINE	23
BENZODIAZEPINE CONFIRMATION, URINE	
BENZODIAZEPINE SCREEN,URINE	
BENZODIAZEPINES CONFIRMATION GC/MS	1
BETA-2 GLYCOPROTEIN AB IGM	1
BILE ACIDS, TOTAL	4
BILIRUBIN DIRECT & TOTAL	11
BILIRUBIN TOTAL AND DIRECT, NEONATAL	2
BILIRUBIN, DIRECT	
BILIRUBIN, TOTAL	3
BILIRUBIN, TOTAL AND FRACTIONATED	59
BLOOD COUNT; COMPLT CBC, AUTO (HGB,HCT,RBC,WBC,PLT)	128
BLOOD COUNT; HEMATOCRIT	325
BLOOD COUNT; HEMOGLOBIN	324
BLOOD TYPING, ABO	203
BLOOD TYPING, RH D	210
BNP NATRIURETIC PEPTIDE	19
BODY FLUID CELL COUNT	2
BORDETELLA PERTUSSIS/PARAPERTUSSIS, PCR (SWAB)	
C DIFF TOXIGENIC CULTURE	3

C DIFF, NAA	1
C. DIFFICILE CULTURE, STOOL	
C. DIFFILE TOXIN A & B, EIA, STOOL	7
CALCIUM, URINE 24 HR	2
CALCIUM, URINE 24 HR	
CALCIUM; IONIZED	2
CALCIUM; URINE QUANTITATIVE, TIMED SPECIMEN	1
CALCULI, URINARY, WITH PHOTO	1
CANDIDA, DNA, AMP PROBE	4
CANDIDA, DNA, DIR PROBE	214
CANNABINOID (GC/MS) CONF	48
CANNABINOID CONFIRM, URINE	
CANNABINOID GC/MS, URINE	11
CANNABINOID GC/MS, URINE	43
CANNABOID CONF, URINE	2
CARDIOLIPIN ANTIBODY IGG	1
CATECHOLAMINES 24 HR URINE FRACTIONATED	2
CBC W/DIFF, NO PLT	
CBC WITH AUTO DIFF	2484
CBC; BLOOD SMEAR, MICROSCOP EXAM W/MANUAL DIFF	6
CELIAC DISEASE AB PANEL	
CELIAC DISEASE AB PROFILE	
CELIAC DISEASE ANTIBODY SCREEN	
CELIAC DISEASE COMPLETE PANEL	
CELIAC DISEASE COMPREHENSIVE ANTIBODY PROFILE	
CELL COUNT W/CRYSTALS, SYNOVIAL FLUID	
CHAIN-OF-CUSTODY PROTOCOL	1
CHAIN-OF-CUSTODY PROTOCOL	
CHLAMYDIA, GONORRHOEAE, TRICH, NAA	
CHLAMYDIA/GONOCOCCUS DNA PROBE	71
CHLAMYDIA/GONORRHOEAE NAA URINE/SWAB	
CHLMYD TRACH, DNA, AMP PROBE	1569
CHOLESTEROL, BLOOD/SERUM	1
CLINICAL CHEMISTRY TEST	1
CLOMIPRAMINE (ANAFRANIL) ASSAY	
CLONAZEPAM AND 7 AMINO CLONAZEPAM, URINE	
CMP (12)	1
CMP + LIPID PANEL	
CMP14+LP+1AC+CBC/D/PLT+T4+T3+UA/MICROSCOPIC (332083)	5

COCAINE AND METABOLITES	3
COCAINE METABOLITE CONFIRMATION, URINE	
COMPLEMENT COMPONENT C3C	
COMPLEMENT COMPONENT C4	1
COMPRE METAB PANEL	3360
COPPER, BLOOD OR SERUM	2
CORTISOL, A.M.	2
CORTISOL; FREE	2
C-REACTIVE PROTEIN	46
C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCRP)	14
CREATINE KINASE (CK), (CPK); MB FRACTION ONLY	1
CREATINE KINASE (CK), (CPK); TOTAL	28
CREATININE CLEARANCE	1
CREATININE, URINE 24 HR	1
CRYSTALS, SYNOVIAL FLUID	2
CT, PHAYRNGEAL SWAB, NAA	
CT/GC NAA RECTAL OR PHARYNGEAL	
CULTURE TYPE, IMMUNOLOGIC	64
CULTURE(NASOPHARYNG), BORDETELLA PERTUSSIS (87070)	1
CULTURE, BACTERIAL STOOL, AEROBIC, ADDL PATHOGE*	26
CULTURE, BACTERIAL AEROBIC ISOLATE	1
CULTURE, BACTERIAL ANY SOURCE EXPT BLOOD, ANAEROB W/ISOLAT PRESUMPTIVE ID, ISOLATES	63
CULTURE, BACTERIAL; EXCEPT URINE/BLOOD	119
CULTURE, BACTERIAL; STOOL, AEROBIC, W/ISOLATN/PRELIMINARY EXAM, SALMONELLA & SHIGELLA SPECIES	26
CULTURE, BODY FLUID, STERILE, ROUTINE	12
CULTURE, BORDETELLA PERTUSSIS	2
CULTURE, FUNGI (MOLD/YEAST) ISOLATION, W/PRESUMPTIVE ID OF ISOLATES; OTHER SOURCE, EXCEPT BLOOD	4
CULTURE, FUNGI (MOLD/YEAST) ISOLATION, W/PRESUMPTIVE ID OF ISOLATES; SKIN/HAIR/NAIL	10
CULTURE, FUNGUS, HAIR/SKIN/NAIL	
CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY	216
CULTURE, THROAT	4
CULTURE, YEAST	5
CYANOCOBALAMIN (VITAMIN B-12)	141
CYCLIC CITRULLINATED PEPTIDE (CCP), ANTIBODY	2
CYCLIC CITRULLINATED PEPTIDE IGG ANTIBODIES, ELISA	19
CYTOPATH C/V LIQUID-BASED	12

CYTOPATH SMEAR, OTHER SOURCE	
CYTOPATH, C/V, FLUID, THIN LAYER	944
CYTOPATH, C/V, INTERPRET	
D/L METHAMPETAMINE, URINE	
D-DIMER	5
DEHYDROEPIANDROSTERONE (DHEA)	4
DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)	3
DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; NATIVE/DOUB*	16
DIFFERENTIAL AND TOTAL WBC COUNT	
DNA PROBE, GC/CHLAM, SWAB	15
DRUG SCREEN 5 URINE DINE), URINE	
DRUG SCREEN PANEL 10 50 + ETHANOL, URINE	
DRUG SCREEN PANEL 10, URINE	
DRUG SCREEN, SINGLE	779
DRUG SCREENING PANEL 10 100 + ETHANOL W/CONF, URINE	
EBV NUCLEAR AG AB, IGG	2
ELECTROLYTE PANEL	1
ENTEROVIRUS ANTIBODY	2
ENZYME IMMUNOASSAY EIA, QUALITATIVE	15
EOSINOPHIL COUNT (BLOOD)	
EPSTEIN BARR ANTIBODY	3
EPSTEIN-BARR VIRUS PANEL	
ETHANOL (ALCOHOL) CONF,URINE	6
FACTOR V (LEIDEN) MUTATION ANALYSIS	
FACTOR X, CHROMOGENIC	
FAT/LIPIDS, FECES; QUALITATIVE	1
FE+TIBC+FER	
FECAL GLOBIN BY IMMUNOCHEMISTRY	19
FENTANYL AND ANALOGUES	1
FENTANYL W/RFLX CONF, URINE	1
FENTANYL, URINE	
FENTANYL, URINE WITH CONFIRMATION	
FENTANYL/NORFENTANYL CONF, URINE	2
FIBRINOGEN ANTIGEN	
FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; SCREEN,*	6
FOLIC ACID; SERUM	115
FRAGILE X SYN CHROM/DNA ANALYSIS	
FREE T4 (THYROXINE; FREE)	497
FREE VALPROIC ACID	1

FSH - GONADOTROPIN; FOLLICLE STIMULATING HORMONE	101
FTA-ABS, SERUM	1
FUNGAL SKIN SCRAPE/KOH EXAM	
FUNGUS CULTURE W RFLX TO RAPID IDENTIFICATI	
FUNGUS CULTURE WITH STAIN	
GAMMAGLOBULIN; IGA, IGD, IGG, IGM, EACH	15
GARDNER VAG, DNA, DIR PROBE	214
GENETIC EXAMINATION	1
GENITAL CULTURE, ROUTINE (87070)	46
GENOTYPE DNA HIV REVERSE T	1
GGT: GLUTAMYL TRANSFERASE	2
GLUCOSE TOLERANCE (GTT), 3 SPEC (75G)	80
GLUCOSE TOLERANCE (GTT), 3 SPEC (75G)	
GLUCOSE TOLERANCE(GTT) 3HR, 4 SPEC (75G)	
GLUCOSE, FASTING AND 2 HR	
GLUCOSE, FASTING, BLOOD/PLASMA	
GLUCOSE, GESTATIONAL SCREEN (50G)	36
GLUCOSE; BLOOD, REAGENT STRIP	634
GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE)	13
GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGEN	21
GLUSCOSE FINGER STICK	
GRAM STAIN, SPUTUM, W SPUTUM CULTURE REFLEX	1
GROUP B STREP CULTURE	
GROWTH HORMONE AB	
GTT 2 HR (2 SPEC, WHO PROTOCOL)	1
GTT, GESTATIONAL, 3 HR,4 SPEC (100G)	
GTT-ADDED SAMPLES	9
GYN CYTOLOGY REPORT	9
H PYLORI AB IGG	156
H PYLORI, STOOL; ENZYME IMMUNOASSAY (EIA)	22
HBV QUANT RT PCR	1
HBV QUANTASURE BY REAL-TIME PCR W/REFLEX, I	
HCG BETA SUBUNIT,QUANTITATIVE (SERIAL MONITOR)	2
HCG, CHORIONIC GONADOTROPIN ASSAY, QUAL, SERUM	25
HCG, CHORIONIC GONADOTROPIN QUANT	122
HCV AB W/RFLX HCV AB VERIF	1
HCV, RNA PCR, QN (GRAPH), RFLX TO GENOTYPE	20
HELICOBACTER PYLORI ANTIBODY	10
HEMATOPATHOLOGY CONSULT, PERIPHERAL SMEAR	

HEMOGLOBIN CHROMOTOGRAPHY	1
HEMOGLOBIN FINGERSTICK (85018)	960
HEMOGLOBIN FINGERSTICK, IN-HOUSE (85018)	3
HEMOGLOBIN, GLYCOSYLATED (A1C)	1507
HEMOGLOBINOPATHY FRACTIONATE PROFILE	
HEMOGOLOGIN FINGERSTICK	
HEP B CORE ANTIBODY, IGM	7
HEP C RNA PCR QUAL/CONFIRMATORY	1
HEP C RNA QT, RT PCR W/RFLX GENO LIPA	
HEP C VIRAL RNA GENOTYPE	8
HEP C, QUANTITATIVE, PCR (NON-GRAPH)	4
HEPATIC FUNCTION PANEL	62
HEPATITIS A ANTIBODY (HAAB); IGM ANTIBODY	4
HEPATITIS A ANTIBODY (HAAB); TOTAL	6
HEPATITIS B CORE ANTIBODY (HBCAB); TOTAL	18
HEPATITIS B PROFILE VI	
HEPATITIS B SURFACE AG, EIA	234
HEPATITIS B SURFACE ANTIBODY (HBSAB) QUAL	31
HEPATITIS BE ANTIBODY	7
HEPATITIS BE ANTIGEN	6
HEPATITIS C ANTIBODY	37
HEPATITIS C ANTIBODY W/REFLEX TO HCV RIBA	
HEPATITIS C GENOTYPE	1
HEPATITIS C VIRAL RNA QUANTITATIVE TMA	18
HEPATITIS C VIRAL RNA, QUALITATIVE PCR WITH REFLE*	
HEPATITIS C, RNA, QUANT	5
HERPES SIMPLEX (HSV) 1 AND 2, IGG, SERUM	
HERPES SIMPLEX AB 1 AND 2 IGG	
HERPES SIMPLEX AB, NON-SPECIFIC TYPE TEST	10
HERPES SIMPLEX VIRUS (HSV) CULTURE W/TYPING	26
HGB A1C FINGERSTCIK IN-HOUSE	
HGB FRACTIONATION W/O SOLUBILITY	
HGBA1C FINGERSTICK, IN-HOUSE (83036)	1
HIV 1 GENOTYPE W/VIRCOTYPE	1
HIV 1 VIRTUALPHENOTYPE (TM) FOR DRUG RESISTANCE T*	
HIV-1 & HIV-2 ANTIBODIES	548
HLA B 27 DISEASE ASSOCIATION	1
HPV DETECTION AND TYPING	
HPV DNA HIGH RISK	64

HPV, DNA, AMP PROBE	849
HSV CULTURE WITHOUT TYPING	3
HSV I/II IGG RFLX I-II TYPE SP	8
HSV TYPE 1 IGG	15
HSV TYPE 2 IGG	15
HSV, TYPES 1/2 IGM	4
IGA, SERUM	1
IGF-1 (SOMATOMEDIN-C)	3
IMAGE-GUIDED PAP W/RFLX TO HPV	
IMMUNOASSAY, NONANTIBODY	14
IMMUNOASSAY, TUMOR ANTIGEN, QUANTITATIVE; CA 125	1
IMMUNOCYTOCHEMISTRY W TISSUE IMMUNOPEROXIDASE,*	
IMMUNOFIXATION PROCEDURE	1
IMMUNOFIXATION, SERUM	
IMMUNOFIXATN/PROT ELECTROPHORESIS, SERUM	
IMMUNOGLOBULIN A	
IMMUNOHISTOCHEM; 1ST ANTIBODY	
IMMUNOHISTOCHEM; 2ND ANTIBODY	
INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	4
INFECTIOUS AGENT, NUCLEIC ACID DNA RNA TRICHOM*	214
INHIBIN A	62
INTRINSIC FACTOR ANTIBODY	1
IRON + TIBC + FER + RETIC	2
IRON BINDING CAPACITY	188
IRON PANEL W TOTAL IRON BINDING CAPACITY	
IRON, BLOOD	190
KIDNEY STONE,URINE W SATURATION CALCULATION	
LACTATE DEHYDROGENASE (LD), (LDH)	1
LAMOTRIGINE, SERUM	17
LEAD STANDARD PROFILE (W/ ZINC PROTOPORPHYRIN)	
LEAD, BLOOD	47
LEVETIRACETAM (KEPPRA)	5
LH (LUTEINIZING HORMONE)	2
LIPID PANEL	2237
LIPID PANEL W/TOT CHOL/HDL RATIO	
LIPOPROTEIN (A)	
LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN P*	38
LIPOPROTEIN, DIRECT MEASUREMENT	22
LIVER KIDNEY MICROSOMAL ANTIBODY	2

LOWER RESPIRATORY CULTURE, SPUTUM/WASH	
LUTEINIZING HORMONE (LH)	51
LYME (B BURGDORFERI) PCR	2
LYME DISEASE ANTIBODIES, INC.RFLX TO WESTERN BLOT*	
LYME DISEASE ANTIBODY	1
LYMPHOCYTE SUBSET 4:T CELLS/ABS CD4/CD8 COUNT W/RATIO	
MATERNAL QUAD SCREEN, SERUM	
MDMA CONFIRMATION, URINE	
MEASLES/MUMPS/RUBELLA IMMUNITY	
METANEPHRINES FRACTIONATED, URINE 24 HR	2
METANEPHRINES FRACTIONATED, URINE 24 HR	
METHADONE BY GC/MS	36
METHADONE BY GC/MS	
METHADONE CONFIRMATION, URINE	1
METHDONE GC/MS CONF	1
METHOPHENIDATE, URINE, RANDOM	
METHOTREXATE, SERUM	2
METHYLMALONIC ACID (MMA), SERUM	2
METHYLMALONIC ACID (MMA), SERUM	
METHYLPHENIDATE, SERUM	
METHYLPHENIDATE, URINE	1
MICRALBUMIN/CREATININE RATIO, TIMED, URINE	
MICROALBUMIN, RANDOM URINE, QUANT (W/O CREAT)	339
MICROALBUMIN/CREATININE RATIO, URINE, RANDOM	
MICROBE SUSCEPTIBLE, DISK	
MICROBE SUSCEPTIBLE, MIC	
MICROSCOPIC EXAM URINE	142
MITOCHONDRIAL ANTIBODY, M2, SERUM	2
MOLEC ISOL/XTRJ HP NUCLEIC ACID EA TYPE	1
MOLEC SEP GEL ELECTROPHORESIS EACH PREPJ	1
MOLECULE NUCLEIC AMPLI	1
MONONUCLEOSIS (HETEROPHILE) AB SCREEN	26
MUMPS ANTIBODIES, IGG	5
MUMPS ANTIBODY (IGG)	
MUMPS VIRUS ANTIBODY (IGM)	
MYCOBACTERIA SMEAR/ACID FAST STAIN	2
MYCOPLASMA HOMINIS/UREAPLASMA CULTURE, GEN	
MYCOPLASMA/UREAPLASMA CULTURE	1
N. GONORROEAE, DNA, AMP PROBE	1569

NEG URINE PREGNANCY TEST FP	1
NICOTINIC ACID (VITAMIN B-3)	
NMR LIPOPROFILE	
OBSTETRIC PANEL	1
OCCULT BLOOD BY PEROX AVITIVITY, 1-3 SPEC (82270)	90
OCCULT BLOOD STOOL	
OCCULT BLOOD, FECAL, IMMUNOASSAY	5
OPIATE (4 DRUGS) CONFIRMATION, URINE	
OPIATES CONF (GC/MS)	4
OPIATES CONF (GC/MS)	
OPIATES CONFIRMATION, BLOOD	2
OSMOLALITY; BLOOD	1
OSMOLALITY; URINE	1
OVA & PARASITES, DIRECT SMEARS, CONCENTRATION & IDENTIFICATION	34
OVA AND PARASITES W/ GIARDIA	
OXCARBAZEPINE/TRILEPTAL	1
OXYCODONE CONFIRMATION, URINE	72
OXYCODONE/OXYMORPHONE SCREEN W/CONF	
PAIN MGMT PROFILE (13 DRUGS), URINE	
PAIN MGMT SCR PROFILE (14 DRUGS), URINE	72
PAP LB,NAA, CT-NG, RFLX HPV ASCU	
PAP LIQ BASED, HPV W/ RFX HPV 16/18	
PAP LIQUID-BASED WITH HPV, HIGH AND LOW RISK	
PAP SMEAR (LIQUID BASED) + HPV	
PAP, IMAGE GUIDED, HPV, HIGH RISK DNA	
PAP, LIQ-BASED W RFLX HPV HR DNA ON ASCUS	73
PAP, LIQUID BASED	34
PAP, LIQUID BASED, W/RFLX HPV ASCUS	
PARASITE IDENTIFICATION	
PARTIAL THROMBOPLASTIN TIME (PTT)-LUPUS COAGULANT	
PATH REVIEW	2
PATHOLOGY REVIEW OF PERIPHERAL SMEAR	3
PHENCYCLIDINE (PCP) CONFIRMATION, URINE	
PHENYLALANINE (NEWBORN PKU SCREENING)(STATE LAB)	151
PHOSPHATASE, ALKALINE	1
PHOSPHOLIPID PLTLT NEUTRALIZ	1
POLIOVIRUS AB 1/2/3 (IMMUNE STATUS)	
POS URINE PREGNANCY TEST FP	1
POTASSIUM, SERUM/PLASMA	14

POTASSIUM; URINE	1
PREGNANCY INDUCED HYPERTENSION	
PRENATAL PANEL (L233452)	
PROPOXYPHENE & METBOLITE CONF	1
PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	86
PROTEIN & CREATININE, URINE RANDOM	
PROTEIN ELECTROPHORESIS W/INTERP, W/RFLX IFE, URINE 24HR	
PROTEIN ELECTROPHORESIS, SERUM	1
PROTEIN TOTAL, SERUM/PLASMA	1
PROTEIN TOTAL, URINE 24 HR	3
PROTEIN, TOTAL, EXCEPT REFRACTOMETRY; URINE	2
PROTEIN; ELECTROPHORETIC FRACTIONATION & QUANTITA*	9
PROTEIN; ELECTROPHORETIC FRACTIONATION & QUANTITATION, OTHER FLUIDS W/CONC	1
PROTHROMBIN TEST	1
PROTHROMBIN TIME	279
PSA W/RFLX FREE PSA	3
PT AND PTT	
PTH (PARATHYROID HORMONE) INTACT	21
PTH, INTACT (W/CALCIUM)	
QUANTIFERON,TB GOLD	29
RAPID FLU A&B, 2 NASAL SWABS	1
RAPID STREP TEST	
RAPID STREP, IN-HOUSE (87880)	1
RAPID STREP, IN-HOUSE (87880)	67
RBC SICKLE CELL SCREEN	1
RENAL FUNCTION PANEL	3
RENIN ACTIVITY AND ALDOSTERONE	
RFLX - ANTIBODY SCRN AND IDENTIFICATION	2
RFLX - BENZODIAZEPENES CONF, GC/MS	11
RFLX - CHLAMYDIA COMPETITION RFLX NB	
RFLX - DRUG PROFILE	7
RFLX - ENA, DNA/DS, ANTI-H CENTRO NB	
RFLX - FENTANYL	
RFLX - HBSAG CONFIRMATION	1
RFLX - HCV AB VERIFICATION	
RFLX - HPV ASR	
RFLX - METHADONE CONFIRM	9
RFLX - N GONORRHEA CONFIRMATION	

RFLX - NORPROPOXYPHENE CONFIRMATION, URINE	
RFLX - OPIATES BY GC/MS	
RFLX - OPIATES CONF (GC/MS)	52
RFLX - OXYCODONE, OXYMORPHONE	
RFLX - OXYCODONE/MORPHONE, GC/MS	30
RFLX - PANEL	1
RFLX - PATHOLOGY REVIEW	2
RFLX - URINE AMPHETAMINE CONF	14
RFLX - URINE CULTURE	1
RFLX - URINE OPIATES CONF	
RFLX-ADD ON TESTS	1
RFLX-HSV 1/2 TYPE SPECIFIC	2
RFLX-LAB COMMENT - 2ND SPEC HANDLING	32
RFLX-LAB COMMENT - 2ND SPEC ID REQ'D	1
RFLX-LAB COMMENT - SPEC ID MISSING 2ND ID	2
RFLX-LAB COMMENT-TEST CHGE GEN	2
RFLX-TRAMADOL (GC/MS), URINE	14
RHEUMATOID FACTOR; QUANTITATIVE	105
RISPERIDONE, SERUM	
ROCKY MT SPOTTED FEVER	
RPR (MONITOR) W/REFL TITER	2
RUBELLA AB IGG	2
RUBELLA AB IGM	
RUBEOLA (MEASLES) ANTIBODY, IGM	
RUBEOLA ANTIBODY	5
RUSSELL VIPER VENOM, DILUTED	1
SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED	206
SHIGA LIKE TOXIN AG, EIA	26
SJOGREN'S ANTIBODIES (SSA,SSB)	1
SKIN TEST; TUBERCULOSIS, INTRADERMAL	212
SM/NUCLEAR ANTIGEN AB	22
SMEAR, BLOOD, SPECIAL STAIN (AKA PARASITES)	3
SMEAR, GRAM STAIN	1
SMEAR, PRIMARY SOURCE W/ INTERP; COMPLEX SPECIAL STAIN (EG, TRICHROME, IRON HEMOTOXYLIN) FOR OVA & PARASITES	34
SODIUM, URINE	1
SODIUM, URINE 24 HR (W/CREATININE)	1
SPECIAL STAINS; GROUP II, ALL OTHER, NON-IMMUNOCYTOCHEMISTRY & NON-IMMUNOPEROXIDASE, EACH	

SPECIFIC GRAVITY (EXCEPT URINE)	2
SPECIFIC GRAVITY, URINE	2
SPUTUM CYTOLOGY	
STOME ANALYSIS, RENAL	3
STONE ANALYSIS, RENAL	
STOOL CULTURE	
STOOL OVA AND PARASITES	
STOOL WBC	18
STREP A AG, EIA	103
STREP/INFECTIOUS AGENT DETEC BY DNA/RNA	14
SURGICAL PATH, GROSS (PATH LEVEL I)	
SYPHILIS TEST; QUALITATIVE	487
T CELL, ABSOLUTE CD4 COUNT	1
T4 (THYROXINE), TOTAL	154
T4 FREE	1
TB TEST CELL IMMUN MEASURE	1
TESTICULAR FUNCTION PROFILE 1	
TESTOSTERONE TOTAL FEMALE/CHILD	
TESTOSTERONE, FREE	51
TESTOSTERONE, FREE AND TOTAL	
TESTOSTERONE, FREE-MASS SPECTRMTRY/EQUILIBRIUM DIALYSIS	
TESTOSTERONE; TOTAL	78
THROMBIN TIME, PLASMA	1
THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA/WHOLE *	32
THROMBOPLASTIN TIME, PARTIAL (PTT); SUBSTITUTION,*	1
THYROGLOBULIN ANTIBODY	2
THYROID AUTOANTIBODIES (TBG, TPO)	
THYROID CASCADE PROFILE	1
THYROID HORMONE (T3/T4) UPTAKE/THYROID HORMONE BI*	87
THYROID PANEL WITH TSH	
THYROID PEROXIDASE ANTIBODY	
THYROID STIMULATING HORMONE (TSH)	2107
THYROID STIMULATING IMMUNOGLOBULINS (TSI)	1
THYROTROPIN RECEPTOR ANTIBODY	
THYROXINE	6
TISSUE EXAM BY PATHOLOGIST (PATH LEVEL II)	
TISSUE EXAM BY PATHOLOGIST (PATH LEVEL III)	
TISSUE EXAM BY PATHOLOGIST (PATH LEVEL IV)	
TISSUE EXAM BY PATHOLOGIST (PATH LEVEL V)	

TISSUE PATHOLOGY REPORT	18
TISSUE TRANSGLUTAMINASE (TTG) IGG/IGA	
TISSUE TRANSGLUTAMINASE AB IGG	2
TOXOPLASMA ANTIBODY, IGM	1
TOXOPLASMA ANTIBODY,IGG	
TRANSFERRIN, SATURATION, SERUM/PLASMA (INCLUDES I*	
TRAZADONE, QUANT	1
TREPONEMA PALLIDUM ANTIBODIES	
TRICHOMONAS VAGINALIS CULTURE	2
TRICHOMONAS VAGINALIS NAA	1
TRIIODOTHYRONINE T3; FREE	3
TRIIODOTHYRONINE T3; TOTAL (TT-3)	3
TROPONIN I	7
TSH + FREE T4	
TSH W/REFLEX TO FT4	257
TSH, REFLEXIVE	
UA MICROSCOPIC ONLY	12
UDS 5 DRUG BUND (L789297)	
UDS7-URINE DRUG SCREEN 7 DRUGS	
UPPER RESPIRATORY CULTURE	124
UREA NITROGEN (BUN)	14
URIC ACID, BODY FLUID	
URINALYSIS (CAREOREGON IN-HOUSE)	225
URINALYSIS, AUTOMATED W/ MICROSCOPY	140
URINALYSIS, COMPLETE W/REFLEX TO CULTURE	1
URINALYSIS, DIPSTICK, NONAUTO, W/O MICRO	4
URINALYSIS, ROUTINE	35
URINE CHLORIDE LEVEL	2
URINE CREATININE, RANDOM	289
URINE CULTURE, COMPREHENSIVE	416
URINE CULTURE/COLONY COUNT	580
URINE CYTOLOGY	1
URINE DIP, CC POCT	2728
URINE DRUG SCREEN 13+ALC+BUND	
URINE DRUG SCREEN 7 DRUGS + ETOH	1
URINE OPIATES CONF	75
URINE PREGNANCY TEST	
URINE PREGNANCY TEST, VISUAL COLOR COMPARISON METHODS	1359
URINE SODIUM, CHLORIDE, POTASSIUM	

URINE SPECIF GRAVITY	7
VAGINITIS, NUSWAB	
VAGINITIS/VAGINOSIS, DNA PROBE	
VANILLYLMANDELIC ACID (VMA), URINE 24 HR	
VARICELLA ZOSTER VIRUS ANTIBODIES	6
VARICELLA-ZOSTER VIRUS AB IGM	
VARICELLA-ZOSTER VIRUS CULTURE	
VENIPUNCTURE, LABCORP	
VIRUS ISOLATION; CENTRIFUGE ENHANCED (SHELL VIAL)*	2
VITAMIN A AND CAROTENE	
VITAMIN A, E, BETA CAROTENE PROFILE	
VITAMIN B12 & FOLATE	
VITAMIN D 25-HYDROXY + D2 + D3	1
VITAMIN D; 1, 25 DIHYDROXY (CALCITRIOL)	5
VITAMIN D; 25 HYDROXY	509
WBC ANTIBODY IDENTIFICATION	1
WET MOUNT	
WET MOUNT, (POCT) 87210	42
ZONISAMIDE (ZONEGRAN) SERUM	
Grand Total Community Health	38810

Quick Test Kits –quick test for opiates, marijuana, cocaine, benzodiazepines (including clonazepam), synthetics, methamphetamines, and alcohol at a minimum.	
Prescription medication monitoring.	
Behavioral Health*	
Panels	
Includes Amphetamines/ Methamphetamine, Cocaine, Marijuana and Expanded Opiates	
Includes Amphetamines/ Methamphetamine, Cocaine, Marijuana and Expanded Opiates & Alcohol	
Includes Amphetamines/ Methamphetamine, Cocaine, Marijuana and Expanded Opiates Barbiturates, Benzodiazepines, and Propoxyphene	
Includes Amphetamines/ Methamphetamine, Cocaine, Marijuana and Expanded Opiates Barbiturates, Benzodiazepines, PCP, Methadone, Propoxyphene and Methaquolone.	
EXCEPT for the 5U0026 panel which includes ETG, you will check this if you want the screening to include alcohol in addition to one of the other three panels.	
Individual Tests	

Methadone	
Methaqualone	
Synthetic Cannabinoids (K2, SPICE, JWH-018, JWH-073, JWH-250, JWH-122, JWH-398, JWH-200, RCS-4, AM-2201, MAM-2201, UR-144, XLR-11)	
EtG	
Naltrexone	
Soma/Flexeril	
"Bath Salts"	
Spice/K2	
Buprenorphine	

* totals for Behavioral Health tests not available.

5.7 **Other tests:** Laboratory will also test results for prescription medication monitoring.

5.8 The County is committed to stabilizing /maintaining the cost of tests for it's patients. The selected providers will be required to document cost increases in the services required.

QUESTIONS ON TECHNICAL INFORMATION: Questions about this project shall be addressed to:

Lane Miller
Purchasing Manager
(503) 742-5444 phone
503-742-5440 fax

SECTION 6

GENERAL CONDITIONS

SECTION 6
GENERAL CONDITIONS

Basic Screening Procedures:

All testing will be performed according to manufacturers specifications for all requests and instruments, as in FDA approved package inserts or appropriate manufacturer accreditation body which has reviewed and accepted by the laboratories modified protocol.

Confirmation of Positive Tests:

A separate and different method from the basic EIA (Enzyme Immunoassay) screen shall be used for confirmation of all non-negative screens. Specimens found to be "non-negative" by the EIA screen shall be confirmed by GC/MS (Gas Chromatography / Mass Spectrometry), LC/MS/MS (Liquid Chromatography / Tandem Mass Spectrometry), or any other method demonstrating equal specificity, sensitivity, and reliability.

Performance Requirements:

- The laboratory must perform the test within 24 hours of receipt.
- The laboratory will advise the COUNTY within 24 hours of the time the test was performed, if the results are positive. Except weekends, in which case test results are to be reported on the first business day following the weekend. Notification to be sent to a laser printer or fax number at the appropriate site.
- Urines testing positive must be retained by the laboratory for a minimum of 30 days in the event retesting is requested. Any retesting required shall be done by Vendor at no additional charge.
- The laboratory must perform adulteration testing on all submitted specimens. Specimens containing nitrate at concentrations ≥ 1000 ug/ml will be reported as "specimen adulterated – presence of nitrate detected." All nitrate-positive specimens will be stored frozen by the laboratory for one year from the date of testing.
- Laboratory will meet industry standards on chain of custody requirements.
- GC/MS confirmation testing on all positive non negative screens (all confirmatory tests must be by a different analytical method from the initial test).
- pH, specific gravity and glutaraldehyde testing performed on suspect samples.
- GC/MS or LC/MS/MS confirmation testing on all non-negative screens (all confirmatory tests must be by a different analytical methodology than the initial screen)
- Complete Specimen Validity Testing, including but not limited to: pH, Creatinine, specific gravity, and oxidants; are to be performed on every sample.
- The laboratory will provide expert toxicologist consultative services in regards to specific questions about UA testing and results.

- Contracting laboratory must be licensed under OAR 333-024-0305 to 333-024-0350.

QUALITY OF SERVICE: The Vendor agrees that all lab tests will be performed onsite at the Vendor's licensed laboratory and performed by licensed personnel, except as noted in Subcontracting Section below. The Vendor also agrees to have a physician employed on call at Vendor's address for telephone consultations, at no additional cost.

CONTACT PERSONS: The Vendor shall designate one or more person(s) responsible for Vendor's work for COUNTY. Vendor shall provide names, addresses, and telephone numbers of such person(s) and shall keep this information current at all times.

CONFIDENTIALITY: The vendor shall not use or disclose at any time during or after the termination of agreement with COUNTY any information discovered or developed in the course of the performance of work for COUNTY without the express written consent of an authorized representative of COUNTY. Any and all reports related to COUNTY shall be submitted to COUNTY's designated contact or designee. The Vendor shall maintain strict confidentiality of all test results.

A. The CONTRACTOR acknowledges that in receiving, storing, processing or otherwise dealing with any patient records from the programs, it is fully bound by regulations contained in 42 CFR Part 2.

B. If necessary, the CONTRACTOR will resist in judicial proceedings any efforts to obtain access to patient records except as permitted by 42 CFR Part 2.

OWNERSHIP OF MATERIALS DEVELOPED: Any materials and communications developed by the Vendor within the course of performance of services for COUNTY shall be the property of COUNTY, which shall be free to use such materials and communications as it sees fit.

SUBCONTRACTING: Vendor may provide required services under this contract by subcontracting for services such as but not limited to services listed. If Vendor does provide services by subcontracting, COUNTY shall be kept informed of all such arrangements. Subcontractors shall comply with all requirements contained within Vendor's proposal document and any subsequent contractual agreement, including but not limited to insurance requirements in the same manner as the Vendor. COUNTY reserves the right at any time prior to or after award to review the Vendor's subcontracting agreements and other related documents such as but not limited to insurance certificates and licensure.

INDIGENT AND UNINSURED PATIENT TESTING: LABORATORY agrees to provide laboratory testing services to CCHCD's Indigent and Uninsured Patients at discounted fees on a sliding fee scale based on the then current Poverty Guidelines and each discount shall mirror the discount charged to the patient by CCHCD for services furnished to the patient directly by CCHCD. Discounted services shall be limited to LABORATORY's routine and non-esoteric testing services which can be performed at one of LABORATORY's local facilities, as may be modified from time to time by LABORATORY and such additional services as the parties may agree. The provision of such services at discounted fees shall he contingent upon CCHCD execution of an Indigent Patient Laboratory Services Agreement.

DATA COLLECTION: LABORATORY will submit to CCHCD a quarterly statement of services rendered to CCHCD and its clients for the prior 3 month period.

PATIENT BILLING: In accordance with legal and regulatory requirements, LABORATORY agrees to bill the patient or other responsible party (including Medicare, Medicaid, Commercial Insurance, and Self-pay) for testing performed under this Agreement. CCHCD agrees to promptly provide LABORATORY with all necessary information to accomplish such billing and collection of amounts due.

SPECIMEN PICK UP AND REPORT DELIVERY LABORATORY will provide a reference specimen pick up and report delivery service to each CCHCD location on a daily basis Monday through Friday of each week, except on holidays. Weekend pick-ups are subject to availability, based on CCHCD and LABORATORY'S mutual scheduling needs. Results of a routine nature (general routine chemistries) will, in most cases, be delivered or transmitted back to CCHCD within 24 hours of the time the specimen is received by LABORATORY'S testing facility.

Laboratory will provide critical test results after hours.

Results of tests performed on specimens of a special nature (special chemistries, tissues, etc.) will, in most cases, be delivered or transmitted back to CCHCD within the times set forth in LABORATORY'S then current turn-around-time schedule.

SUPPLIES: LABORATORY will provide, as part of its charges for its services, certain necessary items, devices, or supplies that are used solely to collect, transport, process or store specimens to be submitted to LABORATORY for testing.

CONSULTATION: LABORATORY staff shall be available to consult with CCHCD by telephone during normal LABORATORY working hours to discuss LABORATORY'S procedures and to provide the status of test results.

PHLEBOTOMY: Subject to CCHCD meeting LABORATORY's qualifications and conditions of participation including but not limited to the quantity of venipunctures on a daily, weekly and/or monthly basis as well as the complexity of testing, and to the extent permitted by applicable laws and regulations, as well as to the extent consistent with LABORATORY's policies and procedures, LABORATORY shall provide phlebotomy services on-site to CCHCD in connection with those specimens being sent to LABORATORY. The provision of such phlebotomy services is subject to, and contingent upon, CCHCD's execution of a Patient Specimen Collection Services Agreement.

FEDERAL CONTRACT SPECIAL CONDITIONS

Failure to Perform

The County may, subject to the provisions of paragraph (4) below, by written notice of default to the Contractor, terminate the whole or any part of this contract in any one of the following circumstances.

1. If the Contractor fails to make delivery of the supplies or to perform the services within the time specified herein or any extension thereof; or

2. If the Contractor fails to perform any of the other provisions of this contract, or so fails to make progress as to endanger performance of this contract in accordance with its terms, and in either of these two circumstances does not cure such failures within a period of ten (10) days (or such longer period as the County may authorize in writing) after receipt of notice from the County specifying such failure. CONTRACTOR'S failure to perform the scope of work identified or failure to meet established performance standards shall be subject to consequences that include but are not limited to:

    - Reducing or withholding payment;
    - Requiring the CONTRACTOR to perform, at the CONTRACTORS expense, additional work necessary to perform the identified scope of work or meet the established performance standards; or
    - Declaring a default, terminating the contract and seeking damages and other relief under the terms of the contract or other applicable law.

3. In the event the County terminates this contract in whole, or in part, as provided in paragraph (2) above of this clause, the County may procure, upon such terms and in such manner as the County may deem appropriate, supplies or services similar to those terminated, and the Contractor shall be liable to the County for any excess costs for such similar supplies or services; provided, that the Contractor shall continue the performance of this contract to the extent not terminated under the provisions of this clause.

4. The Contractor shall not be liable for any excess costs if the failure to perform the contract arises out of causes beyond the control of and without the fault or negligence of the Contractor. Such causes may include, but are not restricted to, acts of God or of the public enemy, acts of the County in either its sovereign or contractual capacity, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes and unusually severe weather; but, in every case, the failure to perform must be beyond the control of the Contractor and without the Contractor's fault or negligence. The Contractor shall not be liable for excess costs for failure to perform, unless the supplies or services to be furnished were obtainable from other sources in sufficient time to permit the Contractor to meet the required performance schedule.

5. The rights and remedies of the County provided in this clause shall not be exclusive and are in addition to any other rights and remedies provided by law or under this contract.

6. As used in this contract, the terms "subcontractor" and "subcontractors" mean subcontractor(s) at any tier.

Termination for Convenience

This contract may be terminated by either party upon at least ten (10) days written notice to the other.

Compliance with Applicable Law.

Contractor shall comply with all federal, state and local statutes, regulations, administrative rules, executive orders, ordinances and other laws applicable to the Services under the Contract, in effect at the time the Contract is executed and as may be amended, revised, enacted or adopted thereafter. Changes in these legal requirements after the execution of the Contract may or may not be the basis for modifications to Contractor's schedule, scope and fee, depending on a reasonable assessment of the nature of the change, the extent to which the change was anticipated by Contractor or the Parties, and other circumstances then existing.

Without limiting the generality of the foregoing, Contractor expressly agrees to comply with: (i) Title VI of the Civil Rights Act of 1964; (ii) Section V of the Rehabilitation Act of 1973; (iii) the Americans with Disabilities Act of 1990, (iv) Section 306 of the Clean Air Act (42 U.S.C. 1857 (h), (v) Section 508 of the Clean Water Act (33 U.S.C. 1368, (vi) Executive Order 11738, EPA regulations (40 CFR part 15) and ORS 659.425; (vii) Copeland Anti-Kickback Act (18 U.S.C. 874) as supplemented in Department of Labor regulations (29 CFR Part 3), (viii) Executive Order 11246 entitled Equal Employment Opportunity as amended by Executive Order 11375 and as supplemented in 41CFR chapter 60, (ix) Davis-Bacon Act (40 U.S.C. 276a to 276a-7) as supplemented in Department of Labor regulations (29 CFR Part 5), (x) Sections 103 and 107 of the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-330) as supplemented by Department if Labor regulations (29 CFR Part 5), (xi) Energy Policy and Conservation Act (pub.L. 94-163, 89 Stat. 871), (xii) all regulations and administrative rules established pursuant to the foregoing laws; and (xiii) all other applicable requirements of federal and state civil rights and rehabilitation statutes, rules and regulations.

County's performance under the Contract is conditioned upon Contractor's compliance with, and Contractor shall comply with, the obligations applicable to public contracts and intended for contractors under ORS 279C.520 and 279C.530, which are incorporated by reference herein.

If conflicts are discovered among federal, state and local statutes, regulations, administrative rules, executive orders, ordinances and other laws applicable to the Services under the Contract, Contractor shall in writing request County to resolve the conflict. Contractor shall specify if the conflict(s) create a problem for the design or other Services required under the Contract.

Reporting Requirements

Contractor shall comply with the reporting requirements of the Awarding Agency including but not limited to Progress, Status and Performance reports necessary to support progress payments or cost reimbursements.

Records Maintenance; Access.

Contractor, and its Subcontractors, shall maintain all fiscal records relating to the Contract in accordance with generally accepted accounting principles. In addition, Contractor shall maintain all other records pertinent to the Contract and the Project and shall do so in such a manner as to clearly document Contractor's performance.

County and the federal government and their duly authorized representatives shall have access, and Contractor shall permit the aforementioned entities and individual's access, to such fiscal records and other books, documents, papers, plans and writings of Contractor that are pertinent to the Contract to perform examinations and audits and make excerpts and transcripts.

Contractor shall retain and keep accessible all such fiscal records, books, documents, papers, plans, and writings for a minimum of 3 years, or such longer period as may be required by applicable law, following final payment and expiration or termination of the Contract, or until the conclusion of any audit, controversy or litigation arising out of or related to the Contract, whichever date is later.

Patents; Copy Right; Rights in Data

Any discovery or invention that arises during the course of the contract shall be reported to the County. The Contractor shall promptly disclose inventions to the County, within 2 months, after the inventor discloses it in writing to the Contractors personnel responsible for patent matters. The rights in the invention/discovery shall be allocated consistent with "Government Patent Policy" and FAR Part 27.

The Contractor shall comply with the requirements and regulations for Copy Rights and Rights in Data pursuant to FAR Part 27.

SECTION 7

EVALUATION AND SELECTION CRITERIA

SECTION 7

EVALUATION AND SELECTION CRITERIA

5.1 PROPOSAL REVIEW:

Proposals will be evaluated by an internal evaluation committee. Proposals may be subject to a two-phase evaluation process. The first phase will consist of each evaluator independently assigning a score to each evaluation criteria on the written proposals. Criterion scores will then be summed. The County reserves the right to award the contract at the end of Phase One. Phase Two, if deemed necessary by the evaluation committee, will consist of the highest scoring proposers participating in an oral interview. The criteria for evaluating phase two will be developed prior to the actual interview. Each evaluator will independently assign a score to each evaluation criteria during the oral interview. The scores resulting from the interview and the written evaluation will be summed resulting in a final score. The County reserves the right to make multiple awards for this project

5.2 AWARD CRITERIA:

The following criteria will be considered in evaluating all proposals. A major deficiency in any one category can disqualify a contractor.

Criteria	Points available
Qualifications and Experience (see section 3.4)	0-20
Project Understanding and approach (See section 3.5)	0-20
Response Time and Operations (see section 3.6)	0-15
Quality Control (see section 3.7)	0-25
Cost containment (see section 3.8)	0-20
Primary Care price sheets (see section 3.9)	0-25
Behavioral Health: price sheets (see section 3.9)	0-25
Total Points Available	0-150

Once a selection has been made, the County will enter into contract negotiations with the highest scoring proposer(s). During negotiation the County may require any additional information it deems necessary to clarify the approach and understanding of the requested services. Any changes agreed upon during contract negotiations will become part of the final contract. The negotiations will identify a level of work and associated fee that best represents the efforts required. If the County is unable to come to terms with the highest scoring proposer, discussions shall be terminated and negotiations will begin with the next highest scoring proposer. The County reserves the right to reject any and all proposals. In the award of the contract, the Board of County Commissioners will consider the element of time, will accept the proposal or proposals which in their estimation will best serve the interests of Clackamas County and will reserve the right to award the contract to the contractor whose proposal shall be best for the public good.

SECTION 8

***SAMPLE* CONTRACT**

SECTION 9

INSURANCE CERTIFICATES
(to be provided at the time of contract execution)

LabCorp
Laboratory Corporation of America

EXHIBIT 2

Clackamas County

Nov 1st, 2013

Laboratory Corporation of America

Medical Laboratory Testing Services

To: Purchasing, Clackamas County

Clackamas County

2051 Kaen Road

Oregon City, OR 97045

Dear Clackamas County,

We are pleased to provide you information you requested on laboratory services proposal. Laboratory Corporation of America (LabCorp) has a host of service features and products available to both the Primary Care and Behavioral Health Clinics. Pursuant to ORS 279A.120, LabCorp is a resident vendor in the state of Oregon. Clackamas County has been receiving our services at the Primary Care and School based Health centers for many years now and we look forward to the possible expansion of services within your Behavioral Health sites. We have found the partnership to have been a mutually beneficial experience as we strive to give both your patients and providers the most accurate and extensive diagnostic testing available. As you might be aware, LabCorp's dynamic infrastructure offers the strength and stability that is required by a large and complex facility as CCHC. We offer a wide array of testing, with over 6000 procedures available. Many tests are offered exclusively by LabCorp and we deliver these results to you through our interface with OCHIN. Our directory of services is a rich source of information in this area and is available in hard copy or on-line at www.LabCorp.com .

Lastly, our lengthy experience within the FQHC market here in Oregon ensures peace of mind in knowing that you are equipped with a lab familiar and responsive to the patients you serve. Our years of experience in working with your facilities also eliminates the need for taxing transitions that would be needed in starting with a new lab; setting up interfaces, processes, supplies, training, etc. We are truly honored to have earned your trust throughout the last decade and hope that we can continue our partnership in serving patients in Clackamas County.

Best regards,

Laboratory Corporation of America's

Response to

Clackamas County's Medical Laboratory Testing Services RFP

Section 1: Responses to Proposer

- **Qualification and Experience – (3.3.1)**
- **Quality Control Summary and Chain of Custody (3.3.2)**
- **Three Names of Current Clients/References (3.3.3)**
- **Project Understanding and Approach – Scope of Work (3.4)**
- **Response Times and Operations (3.5)**
- **Reporting (3.6)**
- **Quality Control – Expanded (3.7)**
- **Cost Containment (3.8)**
- **Cost Sheets – provided in separate envelope (3.9)**

Section 2: Proposal Response Submission and Signature

Section 3: Federally Required Forms

- **Affidavit of Non-Collusion**
- **Congressional Lobbying Certificate**
- **Certificate Regarding Ineligible Contractors**
- **Conflict of Interest Disclosure Form**

Section 4: Attachments and Exhibits

- **Exhibit A – Centers of Excellence**
- **Exhibit B – Accreditation, Licenses and Insurance Certificates**
- **Attachment C – Technical Director Training/Credentials**
- **Attachment D - Medical Director Training/Credentials**
- **Exhibit E – Pacific Pathology Partners Training/Credentials**
- **Attachment F – Oregon Insurance Payer List**
- **Exhibit G – Sample WACMHC GPO Laboratory Services Agreement**
- **Attachment H – Sample Forms**
- **Attachment I – POCT Testing Info**
- **Attachment J – Expert Witness and Fees**
- **Attachment K – List of Exceptions**

SECTION 1: RESPONSES TO PROPOSER

3.3 QUALIFICATION AND EXPERIENCE

3.3.1

Laboratory Corporation of America - LabCorp (established in 1995) operates a sophisticated laboratory network and logistics infrastructure, with more than 34,000 employees worldwide. Our 220,000 clients included physician offices, community clinics, county health departments, hospitals, managed care organizations, and biotechnology and pharmaceutical companies. LabCorp accessions more than 400,000 samples per day and annually examines in excess of 10 million cytology and 2 million surgical pathology samples. We have continued to innovate internally and invest strategically in scientific excellence, and we continue to be passionate about patient care and quality.

The LabCorp Seattle location is considered to be an esoteric testing center and supports the testing performed in the **Pacific Northwest community**. Additionally, our integrated laboratories such as **Medtox, Integrated Genetics** (formerly Genzyme Genetics), **Integrated Oncology** (formerly US LABS), **Esoterix Laboratories** (Colorado Coagulation and Endocrine Sciences), **Dianon Systems, LItholink Corporation** (kidney stones and management of Chronic Kidney Disease), **Monogram Biosciences, National Genetics Institute** (NGI) **and ViroMed Laboratories** complete our family of laboratories. See Exhibit A: Centers of Excellence

Technical Expertise and Capabilities

Accreditation and Licensure

LabCorp nationwide has installed a blind sample proficiency system. This is an extensive, internally administered program of blind sample proficiency testing in which LabCorp laboratories receive test samples from the QA department for analysis. Results are graded and summarized by LabCorp's corporate QA department and distributed to the laboratory directors for evaluation and follow-up. This internal proficiency program serves to test LabCorp's complete testing service: specimen logistics, order entry and accessioning systems, accuracy and precision of its testing protocols, technologist/technician performance, and quality assurance reporting checks, and turnaround time from specimen to pick-up to final reporting. This program serves to supplement the external proficiency programs supplied by the laboratory accrediting agencies. External Proficiencies – LabCorp participates in numerous externally administered blind quality surveillance programs, including the College of American Pathology (CAP)

program and CLIA Consistently acceptable performance on these surveys is a prerequisite for continued licensure and certification LabCorp voluntarily participates in more than 20 external quality control programs. Finally, as it relates specifically to providing quality testing for our clients, LabCorp performs detailed orientation and training for our new clients. When transitioning clients we work to a detailed transition plan. (See Exhibit B: Accreditations and Licenses)

Key Regional LabCorp Personnel

- Dr Arthur Zebelman – Technical Director of LabCorp, Pacific Northwest Region. (Attachment C)
- Dr Gregory Henderson – Medical Director of LabCorp, Pacific Northwest Region. (Attachment D)
- Rob Albert, VP, GM of LabCorp, Pacific Northwest Region
- Gina Michael, AVP, Director of LabCorp, Pacific Northwest Region

Test Menu

LabCorp has a very comprehensive test menu of over **6,000 tests** ranging from **general clinical tests, and genetics to urine drug screens and anatomic pathology.** Our experienced referral team can guide your laboratory needs by taking into consideration your preferred methodology. The LabCorp web site (www.LabCorp.com) offers a tool for providers organized by specialty to investigate testing independently in our online directory of services. Hard copies of our Directory of Services are also available and can be distributed as needed to any or all sites.

Pathology Services

Together with Pacific Pathology Partners (PPP), LabCorp offers quality Anatomic Pathology services to our clients and patients. Just as importantly, they provide our Seattle clients with excellent clinical and pathology consultation services. Each of our Pathologists maintains open communication channels with providers and patients by phone, e-mail or direct conference. Our innovative patient and physician portal platform allows all members of the care team and individual patients to access diagnosis for efficient patient management, and to seek external consultations when desired.

(See Exhibit E - Pacific Pathology Partners)

Our Pathologists are all board certified and subspecialty trained at the finest academic institutions in the world, and have years of practical experience in community hospitals, tertiary and academic medical centers, and national reference laboratories. In addition they have a depth of service in medical leadership roles, hospital and community boards of trustees, and humanitarian organization.

Staff Training

LabCorp directs considerable resources to bringing conscientious, intelligent and customer focused individuals into the all departments. Key staff undergoes rigorous screening and pass specific behavioral exams before being hired. Executives and Managers are trained in-house on recruiting, hiring and on-boarding new hires. Our Human Resources Department provides a four-day management course bi-annually. Executives, managers and staff attend professional workshops and conferences. Internally, staff must pass regularly scheduled on-line courses in Risk Management, Security, Supervisory Training, On-going Technical Training, LEAN Management Processes, Vendor Management, etc. Our on-line training includes a Suggestion Site ("Good Ideas Can't wait"), Information Technology Update and Courses as well as Frequently Asked Questions and Answers.

Compliance and HIPAA/HITECH Training

LabCorp provides mandatory comprehensive annual compliance training for all employees on fraud and abuse as well as HIPAA/HITECH.

3.3.2.

This proposal certifies that all lab testing will be performed on site at a licensed laboratory and by licensed personnel. Below are the methods that ensure quality control and chain of custody.

Quality Assurance

LabCorp's processes comply with strict professional, regulatory, and corporate quality assurance standards for ensuring that all specimens are processed appropriately and that laboratory test results are accurate

We have implemented comprehensive policies and processes to provide excellent Quality Assurance. The quality processes we've implemented across our laboratory network are comprised of the following six steps: 1) planning, 2) standardization, 3) protocols, 4) control, 5) assessment, and 6) continuous improvement

- Fully licensed and CAP certified laboratories
- Standardized laboratory technology and protocols
- National, integrated LIS
- End-to-End specimen tracking
- Network-wide quality control analysis

- Internal proficiency testing program

The model of excellence that permeates our daily existence strengthens our role in helping patients enjoy a healthier tomorrow. Our efforts at achieving quality involve an internal look and, as important, it incorporates the opinions of the health care providers and the patients whom we serve. Our programs and services positively affect the quality of life of millions of people each year. LabCorp Seattle has a Quality Assurance team that is responsible for these policies and monitoring local implementation.

Chain of Custody

LabCorp's extensive chain-of-custody (COC) protocols provide for custodial care of the original specimen and specimen aliquots throughout the testing process as well as documents received and generated during specimen processing.

Chain-of-custody protocol begins with the specimen collection. LabCorp's COC collection procedures include documentation of the transfer of the specimen from the donor to the collector to the transport courier, which is recorded on the Custody and Control Form (CCF). The original CCF is shipped with the specimen to the testing laboratory.

LabCorp offers an electronic chain-of-custody collection process for non-regulated drug screens. LabCorp's Web COC, electronic chain-of-custody, is available in approximately 1000 of LabCorp's company owned and operated patient service centers (PSCs) nationwide.

It is LabCorp's standard operating procedure that the individuals directly responsible for all sample receipt, preparation and analysis document their actions with their signature on all appropriate worksheets or data reports. Upon receipt of specimens, LabCorp occupational testing services continues documentation of the chain-of-custody on the original CCF document received. This document is used for data entry and is then secured in a file, thereby protecting the confidentiality of the individual being tested.

An important element of the chain-of-custody process is physical sample control. Samples pending analysis are kept in secured, refrigerated areas with access limited to appropriate personnel. If a sample is not in someone's immediate possession, it is secured in a controlled access room. Once the sample has been completed, the original specimen container is secured in a locked freezer. The computer system has a record of every sample's location in that freezer and it can be easily retrieved, if needed.

3.3.3 *Names of three other companies currently using our services with requirements and scope of work similar to the County's project.*

Name of Client	Scope of Service	Duration of Contract	Contact Person(name, phone number and email address
Virginia Garcia Medical Health Centers FQHC	Laboratory services including on site phlebotomist, OCHIN interface	12 years	Tran Miers 503-858-0566 tmiers@vgmhc.org
Neighborhood Health Center FQHC	Laboratory services including OCHIN interface	4 years	Keith Trawick 503-941-3010 trawickk@healthcenteror.org
Cowlitz Family Health Centers - FQHC	Laboratory services, OCHIN interface, phlebotomy services	5 years	Sue Peterson 360-636-3892 speterson@cfamhc.org

3.4 PROJECT UNDERSTANDING AND APPROACH:

LabCorp has been working as the main clinical lab for Clackamas County for over 10 years. During that time we have been able to work with the unique transitions of the past and current healthcare environment. One of our biggest undertakings recently has been in the integration of EHR, specifically OCHIN. We are currently interfaced for lab orders and results of all your clinical sites as well as your school based health centers. We are aware that Clackamas County offers a lot of complexity with the multiple locations, providers and array of testing for your patients. LabCorp's size and infrastructure has allowed us to stay in step with the needs and expansion of Clackamas County's clinics in an ever-changing healthcare environment.

As a nationally accredited Laboratory, we have also had the ability and will continue to have the ability, to bill at all levels to include: Medicare, Medicaid, Commercial, and Self Pay and Clinic bill. LabCorp is also in-network with the vast majority of payers in Oregon (List attached – Attachment F).

Under your current Laboratory Services Agreement with LabCorp through the Washington Association of Community and Migrant Health Centers ("WACMHC") (see contract Exhibit G) you have access to a self-pay program which offers a sliding fee schedule based on federal poverty level ("FPL") guidelines for those uninsured patients of Clackamas County. This fee schedule is advantageous in the FQHC environment in that it takes into account the patient's FPL status and automatically aligns them into the appropriate slide scale cost (via the OCHIN interface). This system is set up to avoid the challenges of trying to figure out which fees to give the self-pay patient, while making it hassle-free from the clinic's end in ordering tests with the correct fee or slide scale. The fees also are calculated to offer FQHC's very low account bill prices for testing that the clinic feels appropriate to bear.

LabCorp is able to provide all of the major laboratory service components as required by Clackamas County as listed in section 5.1 through 5.3:

- **Medical laboratory testing**
- **Prescription Drug Management Testing – Primary Care**
- **UDS testing - Behavioral Health**
- **Specimen pick up** - daily at all sites Primary Care (as currently being done) and Behavioral health if awarded.
- **Laboratory Consultation** - for result interpretation if needed by provider
- **Reporting – via interface** (OCHIN interface already in place) with alternates fax, web, phone, mail or physical delivery when needed
- **Critical Test Results** – Reported 24/7 via phone, followed physical or electronic copy
- **Monthly, Quarterly, or Annual utilization of testing** at specific sites, or all sites combined under the Clackamas County Health umbrella.
- **Support Services**
    - Key Account Executive and Senior Marketing Executive will continue to be assigned specifically to all of your Clackamas County Clinics/Locations – *Josh McCormick (KAE) and Joanie Martus (SME), the local reps in the Oregon area, have worked extensively with your clinics for over 5 years together (combined total of 12 years). They have a valuable understanding of the dynamics, locations, fee schedules, OCHIN EHR, logistics and other specific needs unique to Clackamas County clinics. They add a personal, hands-on approach to problem solving any situation that may be encountered in such a complex environment of testing and needs.*
    - In-office phlebotomist in large volume sites - at no additional cost. (*Currently have LabCorp in-office phlebotomist at the Beavercreek Location to help draw labs and troubleshoot lab issues that may arise specific to location*).
    - Daily Specimen pick-up via LabCorp couriers
    - Next Day results for a majority of clinical testing
    - All necessary laboratory supplies for collection of specimens
    - Connectivity via interface – *back up plans in-case of EHR interruption*: fax, web, physical delivery or phone inquiry.
    - LabCorp *Patient Service Center* locations throughout Oregon for referral procedures
    - Patient/Provider education literature available on multiple lab tests
    - Direct regional and national specialized customer service departments to handle any questions that pertain to: lab orders, results, supply needs, test-codes, add-ons, billing, stats, I.T., connectivity, etc.
    - Literature to providers regarding specialty lab testing
    - Patient customer service phone # for billing questions
- **Connectivity** – LabCorp has an established interface between Clackamas County (excluding Behavioral Health) and OHCHIN for order and delivery of lab results. LabCorp also has a robust

Web-based product called "Beacon" free to all customers for lab orders or result finding in the case of EHR outage. If awarded the additional Behavioral Health testing, LabCorp would also work to set up an interface with whichever EHR product Clackamas County decides to move forward with. As mentioned in earlier responses, LabCorp can always fax, physically deliver, mail, or phone over results during transitions or outages.

- **Billing Services** –As previously stated, LabCorp has the ability to bill Medicare/Medicaid, Third Party, Clinic and Self-Pay where appropriate. *In order for patient's to have best outcome and experience, it is necessary for providers to assign appropriate diagnosis codes to the highest specificity when billing out to insurance.*
- **SAMPLES (Test Requests, Result Forms, Invoices, and Reports)**
    - Attachment H - *Examples have been provided and included as requested as supplements to response for review.*

BEHAVIORAL HEALTH SITES – UDS Testing

LabCorp also understands you may need our additional services in your Behavioral Health sector. LabCorp has the ability as a multi-specialty lab to meet your needs. We can screen, screen with semi quantitative, and confirm positive results. With the recent acquisition of Medtox, LabCorp has more resources and platforms to test multiple drugs of abuse. We also have new CLIA waved and FDA cleared POCT cups known as "NexScreen" that we are rolling out, designed for ease of use and removal of the need to dip or pour off when screening. The POCT cups screen for:

- Amphetamine 1000 ng/ml
- Barbiturates 300 ng/ml
- Benzodiazepines 300 ng/ml
- Cocaine 300 ng/ml
- Marijuana 50 ng/ml
- Ecstasy (MDMA) 500 ng/ml
- Methadone 300 ng/ml
- Methamphetamine 1000 ng/ml
- Opiates 300, 2000 ng/ml
- Phencyclidine (PCP) 25 ng/ml
- Tricyclic Antidepressants 1000 ng/ml
- Oxycodone 100 ng/ml

Further Information on Pricing of POCT Cups, Quality Control of the product, % of accuracy/cross-reactivity, performance characteristics, picture of cup and other detailed information are included for review as attachments to RFP response (see attachment I).

Once you have performed your POCT, LabCorp can screen, screen with semi-quantitative, or confirm the positive results. Confirmation by GCMS or LCMSMS does not have cross-reactivity therefore results are forensically defensible. LabCorp also performs Chain of Custody testing

when needed and is able to prove Chain of Custody. Pricing for LabCorp UDS screen and confirmation listed on Behavioral Health Lab Test Pricing Sheet.

Drug Testing Turnaround Time
LabCorp routinely reports results for specimens that screen negative for all drugs within 24 hours from the time of receipt into the laboratory computer system. This turnaround time assumes no violation of field collection protocol, which would require a memorandum for record (MFR) from the collector. In cases where the sample screens positive for one or more drugs, the results can be expected within 48 - 72 hours from receipt at the laboratory, assuming that there are no collection protocol violations.
When d&l methamphetamine isomers are analyzed, results may be expected within an additional 24 hours after the initial GC/MS positive of methamphetamine.

TAT with SVT
LabCorp typically reports results for specimens that screen negative for all drugs and negative, dilute, within 24 hours from the time of receipt into the laboratory computer system. LabCorp typically reports results adulterated, substituted and invalid specimens within 48 hours from the time of receipt into the laboratory computer system. This turnaround time assumes no violation of field collection protocol, which would require a memorandum for record (MFR) from the collector. In cases where the sample screens positive for one or more drugs, the results can be expected within 48 - 72 hours from receipt at the laboratory, assuming that there are no collection protocol violations.
When d&l methamphetamine isomers are analyzed, results may be expected within an additional 24 hours after the initial GC/MS positive of methamphetamine.

Hair Testing
LabCorp routinely reports results for specimens that screen negative for all drugs within 48-72 hours from the time of receipt into the laboratory computer system. This turnaround time assumes no violation of field collection protocol, which would require a memorandum for record (MFR) from the collector. In cases where the sample screens positive for one or more drugs, the results can be expected within five (5) days from receipt at the laboratory, assuming that there are no collection protocol violations.
Oral Fluid Testing

LabCorp routinely reports results for specimens that screen negative for all drugs within 24 hours from the time of receipt into the laboratory computer system. This turnaround time assumes no violation of field collection protocol, which would require a memorandum for record (MFR) from the collector. In cases where the sample screens positive for one or more drugs, the results can be expected within five (5) days from receipt at the laboratory, assuming that there are no collection protocol violations.

Expert Witness Support Services and Fees

(see Attachment J)

BEHAVIORAL HEALTH IMPLEMENTATION

- **EDI IMPLEMENTATION OF ADDITIONAL SITES IF AWARDED**
  - Set up LabCorp account #'s for each physical location
  - Send request to LabCorp EDI team for bi-directional interface with new Behavioral Health Account #'s
  - "Drop In" or Build interface between LabCorp, and Vender to Clackamas County Behavioral Health locations.
  - Test orders and results with LabCorp EDI Team, Vender, Clackamas County
  - Go live with orders and results
  - Implementation time can vary based on EHR vender.
  - LabCorp would deliver results alternately as needed while project was in implementation
  - Implementation of Primary Care would not be necessary as LabCorp is already interfaced for both orders and results at all locations.
- **LOGISTICAL AND TESTING IMPLEMENTATION**
  - Set up additional LabCorp account #'s for all 4 Behavioral Health Locations
  - Deliver supplies and forms needed to perform testing
  - Determine pick-up times and preferences at each site
  - Provide in-service at each location with local reps to answer any questions and assist in smooth transition of testing to LabCorp
  - Have local reps visit weekly until account feels comfortable with processes performing at expectations
  - Provided additional direct phone and email contacts in Toxicology departments to help triage questions or concerns as client is acclimating to new lab.

3.5 RESPONSE TIME AND OPERATIONS

LabCorp has the ability to pick up specimens daily at set times determined by clinic, usually after clinic closes. We pick up these specimens with our highly trained and experienced local courier team employed by LabCorp. The couriers log in each specimen once picked up. The specimens are then transported same day to the Laboratory for processing. Results for standard testing are then delivered next day via applicable route (interface, fax or web). We also work with contracted couriers for emergency and STAT pick-ups in order to meet the time-sensitive needs of such testing. STAT testing is picked up and reported within 4 hours of the call for pick-up.

Currently we pick up at the following locations:

Beavercreek – Current daily stop – 200pm and 830pm both from the box by an LCA courier.
Gladstone Clinic – Current daily stop – 700pm pick-up from a box by an LCA courier.
Sunnyside Health – Current daily stop – 830pm pick-up from a box by an LCA courier.
Oregon City School Based – In our system as a will call – 200pm – 300pm pick-up by an LCA courier.

Canby City School Based – In our system as a will call – 200pm – 300pm pick-up by an LCA courier.
Sandy City School Based – Current daily stop – 800pm pick-up from a box by an LCA courier.
Sandy Health – Current daily stop – 800pm pick-up from a box by an LCA courier.

If awarded Behavioral Health – our daily pick-ups would be:

Centerstone Crisis – 800pm box with an LCA courier.
Oregon City Hilltop Center – 830pm pick-up from a box with a
Sandy Center Behavioral – 800pm pick-up from a box with an LCA courier.
Stewart Community - 830pm pick-up from a box with an LCA courier.

3.6 REPORTING

Results are reported and released in a number of fashions based on the clinics needs and connectivity. In the case of Clackamas County, Primary Care results will be reported primarily through the OCHIN interface already in place with LabCorp, CCHC, and OCHIN. For standard next day testing, LabCorp strives to have results ready and released by 8am. In the event that a result needs to be confidential, it is best to have the clinic billed to avoid any invoices or paper-trail sent to the patient. Typically these sorts of labs are ordered as "account bill" type within the OCHIN ordering interface. For Behavioral Health, reports will also be interfaced with the EHR vender once set up. Results can also come across our web-based applications (at no additional cost), fax, phone, or mail.

In the case of critical labs, results are handled consistently at all hours. As an example, if a critical (life-threatening) result is produced, the assay is automatically repeated and confirmed. Once results are confirmed they are immediately called to the ordering provider to bring attention to the alert value and to ensure optimal patient care. This process happens regardless of date or time. As an additional service, clients may set custom "alert" value parameters providing these parameters are narrower than our normal reference ranges. Alert results are called Monday-Friday during business hours (9:00am-5:00pm) and Saturdays from 9:00am until 12:00pm).

3.7 QUALITY CONTROL

Laboratory Corporation of America Quality Management Overview

LabCorp's Quality Management System is overseen and administered by dedicated laboratory professionals focused on the improvement of testing quality. The National Office of Quality, located at the corporate offices in Burlington, North Carolina, provides central direction for the overall quality program. Quality programs are implemented and monitored by divisional quality managers located in each of the operating divisions throughout the country. Each LabCorp regional laboratory has full-time quality staff that are responsible for quality activities at the laboratory site.

Mission Statement (National Office of Quality)

The National Office of Quality's mission is to facilitate patient safety and quality results to make LabCorp the leader in providing quality clinical and anatomic pathology services to our clients.

Quality Management Plan

LabCorp's quality management plan has been developed on the principles of the quality system essentials and meets the standards for the College of American Pathologists (CAP), the International Organization for Standardization (ISO), and other accrediting and regulatory agencies. Each LabCorp laboratory has a written quality improvement plan for monitoring and evaluating testing quality and resolving identified concerns.

Quality Improvement Program

The LabCorp Quality Improvement (QI) program is an ongoing process of comparing our actual performance to the desired performance goals detailed in the Quality Improvement Plan (QI Plan). Our QI Plan is the yardstick against which our key activities are measured. Using quality assessment techniques, LabCorp locations have created a variety of programs to monitor critical aspects of providing results and services to our customers. Anticipating our customer's needs, desires, and expectations and then evaluating our ability to meet them are a part of LabCorp's quality commitment.

A Quality Improvement Committee, consisting of laboratorians and service staff at various levels, meets regularly at each regional lab site to review performance monitors and to resolve issues that lead to a monitor's threshold being exceeded. The committee also evaluates the effectiveness of remedial actions taken. The effectiveness of the overall plan and the appropriateness of each Aspect of Patient Care are reviewed on an annual basis.

The National Office of Quality reviews various quality monitors on a monthly basis across LabCorp. These reports give an overview of our performance on various Aspects of Patient Care called for in our corporate QI Plan. These reports include items such as client concerns, corrected reports, turnaround times, proficiency testing and quality control performance.

Corporate Quality Policies

The National Office of Quality, working with committees consisting of divisional quality managers and laboratorians, formulates and issues corporate policies that provide direction on key quality areas in the laboratory. These policies allow LabCorp to standardize its approach to quality in various areas such as specimen identification, alert/panic value reporting, and corrected reports.

Internal Audits

The LabCorp divisional quality managers perform regular audits of the laboratories within their division to assess compliance with state and federal regulations. Deficiencies are corrected with input from the laboratory managers and directors.

Proficiency Testing

LabCorp participates in both internal and external proficiency testing programs. The internally administered proficiency testing program is designed to test the end to end process of our testing services. This includes specimen logistics, order entry and accessioning systems, accuracy and precision of testing protocols, technologist/technician performance, and quality assurance reporting checks. The internal program serves to supplement the external proficiency programs in which we are enrolled, including the CAP program. Consistently acceptable performance on the external surveys is a prerequisite for continued licensure and accreditation. LabCorp voluntarily participates in more than 20 external quality control programs. Significant findings from the internal and the external proficiency programs are reviewed by the National Office of Quality.

Internal Quality Control (QC)

LabCorp's quality control (QC) program allows for the assessment of accuracy and precision of clinical pathology results generated by our regional laboratories. Control samples with known analyte concentrations are routinely interspersed and analyzed with patient samples submitted for testing. Our computerized control algorithms, based on the widely accepted, state-of-the-art Westgard rules, alert the testing analyst of statistically or clinically significant analytical anomalies as they occur during the run. The analyst is charged with taking immediate and appropriate corrective action. This highly responsive computer-assisted quality control process helps to detect and correct potentially erroneous results before they are released to our clients.

More than 2.2 million clinical pathology QC values are generated for evaluation each month by LabCorp's facilities nationwide. A QC database containing all reported quantitative QC results has been compiled, which allows for the identification of any significant values bias between regional laboratories. A computer program checks this database for any bias between laboratories and identifies any significant exceptions. Accordingly, this quality assessment tool supports the goal of standardized and high quality results across every LabCorp facility.

Laboratory Procedure Manuals

The National Office of Quality works with the corporate Science and Technology group to assure that LabCorp laboratories use standard analytical methods. Our standardization philosophy is unique in the industry in that it provides a uniform level of result quality throughout all LabCorp laboratory facilities. Accordingly, specimen requirements and patient results are not affected in the event that testing is performed by different locations. When combined with standard analytical methods, LabCorp clients can be assured of receiving high-quality, uniform results, regardless of which Lab Corp laboratory performed the testing.

Licensure and Accreditation

LabCorp maintains laboratory licensure and accreditation as required by individual state licensure programs, Centers for Medicare and Medicaid Services (CMS) and College of American Pathologists (CAP) accreditation and other accreditation programs applicable to on- site testing for our laboratories. LabCorp facilities holding a Clinical Laboratory Improvement Amendments of 1988 (CLIA) certificate of Compliance or CLIA certificate of accreditation and CAP accreditation are inspected biennially by the applicable agency. CAP accredited laboratories perform an alternate year CAP self-inspection. The laboratory's quality program and documentation are reviewed during these inspections, including personnel qualifications, facilities, safety, quality control (QC), instrument maintenance, and record keeping. Continued licensure and/or accreditation are dependent upon successfully completing the inspection process and correction of any deficiencies using a written plan of action, if applicable. Several LabCorp laboratories also maintain additional accreditation such as ISO (International Organization for Standardization) 15189 for Medical Laboratories that further reinforce our laboratories' commitment to quality. ISO accredited laboratories undergo annual surveillance assessment with re-accreditation on-site assessment every third year.

3.8 COST CONTAINMAINT

Our standardization philosophy is unique in the industry in that it provides a uniform level of result quality throughout all laboratory facilities. Upon selection of optimal methods and systems, our corporate standardization committee oversees their systematic implementation throughout LabCorp's national laboratory network, allowing us to bring technological advantages to our clients rapidly and in the most cost effective manner possible. Standardization of instruments, supplies, and reagents results in volume purchasing arrangements that lower our internal costs without affecting quality.

In continuing your relationship with LabCorp by means of participating under the LabCorp GPO Agreement with WACMHC, your fees will increase no more than annually and will be determined based on the agreement between LabCorp and WACMHC. Since 2007, fee increases to WACMHC members have been contractually capped at four percent (4%) per year.

As a reminder, a WACMHC contract has been attached for your convenience and review.

3.9 COST SHEETS (PROVIDED IN SEPARATE ENVELOPE)

ATTACHMENT K – LIST OF EXCEPTIONS

SECTION 2: PROPOSER SIGNATURE PAGE TO RESPONSE

SECTION 3

PROPOSAL RESPONSE

Submitted by: LABORATORY CORPORATION OF AMERICA

Primary Contact Name and Title: ROBERT W. ALBERT, VICE PRESIDENT

Address: 550 17TH AVE., SUITE 201, SEATTLE, WA 98122

Date: NOVEMBER 4, 2013

Phone number: 206 861 7001 Fax number: 206 861-7376

Email address: ALBERTR@LABCORP.COM

The Proposer, by his signature below, hereby represents as follows:
The undersigned, through the formal submittal of this proposal response, declares that he/she has examined all related documents and read the instruction and conditions, and hereby proposes to assist the County to provide Medical Laboratory Testing Services as specified, in accordance with the proposal documents herein, for the price set forth in the Response submittal attached hereto, and forming a part of this Proposal.

The Contractor, by his signature below, hereby represents as follows:

(a) That no Commissioner, officer, agency or employee of Clackamas County is personally interested directly or indirectly in this contract or the compensation to be paid hereunder, and that no representation, statement or statements, oral or in writing, of the County, its Commissioners, officers, agents, or employees had induced him to enter into this contract and the papers made a part hereof by its terms;

(b) The Proposer and each person signing on behalf of any proposer certifies, in the case of a joint proposal, each party thereto, certifies as to its own organization, under penalty of perjury, that to the best of their knowledge and belief:

1. The prices in the proposal have been arrived at independently, without collusion, consultation, communication, or agreement for the purpose of restraining competition as to any matter relating to such prices with any other proposer or with any competitor;
2. Unless otherwise required by law, the prices which have been quoted in the proposal have not been knowingly disclosed by the proposer prior to the proposal deadline, either directly or indirectly, to any other proposer or competitor;
3. No attempt has been made nor will be made by the proposer to induce any other person, partnership or corporation to submit or not to submit a proposal for the purpose of restraining trade;

(c) The proposer fully understands and submits its proposal with the specific knowledge that:

1. The selected proposal must be approved by the Board of Commissioners.
2. This offer to furnish Laboratory Testing Services will remain in effect at the prices proposed for a period of not less than 120 calendar days from the date that proposals are due, and that this offer may not be withdrawn or modified during that time.

(d) That this proposal is made without connection with any person, firm or corporation making a bid for the same material, and is in all respects, fair and without collusion or fraud.

(e) Vendors shall use recyclable products to the maximum extent economically feasible in the performance of the contract work set forth in this document.

(f) That the Proposer accepts all terms and conditions contained in this RFP and that the RFP and the Proposal Response, and any modifications, will be made part of the contract documents. It is understood that all proposals will become part of the public file on this matter. The County reserves the right to reject any or all proposals.

(g) That the proposer holds current licenses that businesses or services professionals operating in this state must hold in order to undertake or perform the work specified in these contract documents.

(h) That the proposer is covered by liability insurance and other insurance in the amount(s) required by the solicitation.

(i) That the proposer qualifies as a carrier insured employer or a self-insured employer under ORS 656.407 or has elected coverage under ORS 656.128.

(j) That the Proposer is legally qualified to contract with Clackamas County.

(k) That the Proposer has not and will not discriminate in its employment practices with regard to race, creed, age, religious affiliation, sex, disability, sexual orientation or national origin. Nor has proposer or will proposer discriminate against a subcontractor in the awarding of a subcontract because the subcontractor is a minority, women or emerging small business enterprise certified under ORS 200.055, or a business enterprise that is owned or controlled by or that employs a disabled veteran, as defined in ORS 408.225

(l) The proposer agrees to accept as full payment for the services specified herein, the amount as shown in his/her proposal.

[✓] Resident Bidder, as defined in ORS 279A120

[ ] Non-Resident Proposer, Resident State_____

The names of the principal officers of the corporation submitting this Proposal, or of the partnership, or of all persons interested in this Proposal as principals are as follows:

ROBERT W. ALBERT	VICE PRESIDENT
Name	Title
Name	Title
Name	Title

[If Sole Proprietor or Partnership]

In witness hereto, the undersigned has set his (its) hand this _____ day of _____, 2013

_____
Name of Firm

_____
Signature of Proposer

(If Corporation)

In witness whereof the undersigned corporation has caused this instrument to be executed by its duly authorized officers this 4 day of NOV, 2013

LABORATORY CORPORATION OF AMERICA

Name of Corporation

By ROBERT W. ALBERT

Title VICE PRESIDENT

CONTRACT MANAGER:

Name CINDI CONSIGLI Title: CONTRACTS ADMINISTRATOR

Telephone number: 858-608-4281

SECTION 3: FEDERALLY REQUIRED FORMS

AFFIDAVIT OF NON-COLLUSION

STATE OF WASHINGTON

COUNTY OF KENT

I state that I am ROBERT W. ALBERT (title) of LABORATORY CORPORATION OF AMERICA (name of firm) and that I am authorized to make this affidavit on behalf of my firm, and its owners, directors, and officers. I am the person responsible in my firm for the price(s) and the amount of this Offer.

I state that:

(1) The price(s) and amount of this Offer have been arrived at independently and without consultation, communication or agreement with any other contractor, Proposer or potential Proposer, except as disclosed on the attached appendix.

(2) That neither the price(s) nor the amount of this Offer, and neither the approximate price(s) nor approximate amount of this Offer, have been disclosed to any other firm or person who is a Proposer or potential Proposer, and they will not be disclosed before Solicitation opening.

(3) No attempt has been made or will be made to induce any firm or person to refrain from bidding on this contract, or to submit an Offer higher than this Offer, or to submit any intentionally high or noncompetitive Offer or other form of complementary Offer.

(4) The Offer of my firm is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive Offer.

(5) LABORATORY CORPORATION OF AMERICA (name of firm), its affiliates, subsidiaries, officers, directors and employees are not currently under investigation by any governmental agency and have not in the last four years been convicted of or found liable for any act prohibited by State or Federal law in any jurisdiction, involving conspiracy or collusion with respect to bidding on any public contract, except as described in the attached appendix.

I state that LABORATORY CORPORATION OF AMERICA (name of firm) understands and acknowledges that the above representations are material and important, and will be relied on by Clackamas County in awarding the contract(s) for which this Offer is submitted. I understand and my firm understands that any misstatement in this affidavit is and shall be treated as fraudulent concealment from Clackamas County of the true facts relating to the submission of Offers for this contract.

Robert W. Albert

(Authorized Signature)

LABORATORY CORPORATION OF AMERICA, VICE PRESIDENT

(Name of Company/Position)

Sworn to and subscribed before me this 4TH day of NOVEMBER, 2013

Cassandra Pallo

Notary Public for ~~Oregon~~ Washington

My Commission Expires: 02-20-17

CASSANDRA PALLO
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES 02-20-17

FAILURE TO SUBMIT THIS EXECUTED STATEMENT AS PART OF THE RESPONSE DOCUMENTS WILL MAKE THE RESPONSE NON-RESPONSIVE AND NOT ELIGIBLE FOR AWARD CONSIDERATION

CONGRESSIONAL LOBBYING CERTIFICATE

The undersigned certifies, to the best of his or her knowledge and belief, that:

No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of ANY Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement.

If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with THIS Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions (as amended by "Government-wide Guidance for New Restrictions on Lobbying," 61 Federal Regulations 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, et seq.)).

The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

(Note: Pursuant to 31 U.S.C. §1352(c)(1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each expenditure or failure.)

The Contractor, LABORATORY CORPORATION OF AMERICA, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Proposer understands and agrees that the provisions of 31 U.S.C. §3801, et seq., apply to this certification and disclosure, if any.

Date: NOVEMBER 4, 2013
Company Name: LABORATORY CORPORATION OF AMERICA
Signature: [signature]
Name: ROBERT W. ALBERT
Title: VICE PRESIDENT (Print)

NOTE: PROPOSER IS REQUIRED PURSUANT TO FEDERAL LAW TO INCLUDE THE ABOVE LANGUAGE IN SUBCONTRACTS OVER $100,000 AND TO OBTAIN THIS LOBBYING CERTIFICATE FROM EACH SUBCONTRACTOR BEING PAID $100,000 OR MORE UNDER THIS CONTRACT.

FAILURE TO SUBMIT THIS EXECUTED STATEMENT AS PART OF THE RESPONSE DOCUMENTS WILL MAKE THE RESPONSE NON-RESPONSIVE AND NOT ELIGIBLE FOR AWARD CONSIDERATION

CERTIFICATE REGARDING INELIGIBLE CONTRACTORS

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER INELIGIBILITY AND VOLUNTARY EXCLUSION FROM TRANSACTIONS FINANCED IN PART BY THE U.S. GOVERNMENT

ROBERT W. ALBERT — VICE PRESIDENT

(Name of Certifying Officer) (Title of Certifying Officer)

Hereby certify that: LABORATORY CORPORATION OF AMERICA

(Name of Proposer)

Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation by any State or Federal department or agency or from participation in Oregon Department of Transportation projects;

Have not within a three (3)-year period preceding this bid been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statues or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in Paragraph 2 of this certification; and

Have not within a three (3)-year period preceding this proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

If Proposer is unable to certify to any of the statements in this certification, such prospective Bidder shall attach an explanation to this certification.

I hereby certify and affirm the truthfulness and accuracy of the above statement, and I understand that the provisions of 31 United States Code (U.S.C.) §3801 et seq., (Administrative Remedies for False Claims and Statements) are applicable hereto.

LABORATORY CORPORATION OF AMERICA

Name of Bidder

550 17TH AVE, SUITE 201

Street Address

SEATTLE WA 98122

City State Zip

Robert W. Albert — 206-861-7001

Signature of Certifying Officer Telephone Number of Bidder

FAILURE TO SUBMIT THIS EXECUTED STATEMENT AS PART OF THE RESPONSE DOCUMENTS WILL MAKE THE RESPONSE NON-RESPONSIVE AND NOT ELIGIBLE FOR AWARD CONSIDERATION

CONFLICT OF INTEREST (COI) DISCLOSURE FORM

This COI Disclosure Form must be signed in ink by a principal of the Firm to certify that it is correct. A Firm's certification that its disclosure form is correct includes the disclosure by its Associates and Subcontractors.

My signature certifies that as disclosed on or attached to the present form:

(a) the Firm's disclosures are complete, accurate, and not misleading.

I hereby certify that I am authorized to sign this COI Disclosure Form as a Representative for the Firm identified below:

Complete Legal Name of Firm: LABORATORY CORPORATION OF AMERICA

Address: 650 17TH AVENUE SUITE 201, SEATTLE, WA

Signature: Robert W. Albert

Name (type/print): ROBERT W. ALBERT

Title: VICE-PRESIDENT

Telephone: (206) 861-7001 Fax No.: (206) 861-7376

Date: NOVEMBER 4, 2013

Please answer all questions "Yes", "No" or "N/A" (If uncertain answer "Yes.") If the answer to any of the questions is "Yes," then use the applicable "Comments" fields to:

(a) furnish all relevant facts that are necessary to make the response complete, accurate, and not misleading; and

(b) identify any actions that must be taken to avoid, neutralize, or mitigate such conflict of interest (e.g. communications barriers, restraint or restriction upon future contracting activities, or other precaution)

1. a) Is any Associate of the Firm a former employee of Agency within the last year? No [X] Yes [ ]

   b) Is any Associate of the Firm a Relative or Member of the Household of a current Agency employee that had or will have any involvement with this Procurement or Contract Authorization? No [X] Yes [ ]

   If the answer to either of the above questions is "Yes", complete the attached "Relatives and Former Agency Employees -Roles and Signatures" table (Part A and/or Part B, as applicable).

2. Does the Firm or any Associate of the Firm have an Actual, Apparent or Potential Conflict Of Interest ("Individual" or "Organizational") with regard to any member of an Agency Procurement evaluation or selection team?
   No [X] Yes [ ] Comments:

3. Did the Firm or any Associate of the Firm conduct prior work on the Project described in the Procurement, or participate in preparing any part of the Procurement or any documents or reports related to the Procurement or to which the Procurement refers? No [ ] Yes [X] Comments: LABCORP IS THE INCUMBENT LAB TO THE EXTENT PROJECT REFERS TO THE PROVISION OF LAB SERVICES TO AGENCY

4. Does the Firm or any Associate of the Firm have any past, present or currently planned interests which are an Actual, Apparent or Potential Conflict of Interest ("Individual" or "Organizational"), with respect to the

Procurement or award of this Contract or performing the work for Agency? No ☒
Yes ☐ Comments:

5. Has the Firm or an Associate of the Firm offered to a Public Official, or is the Firm aware of any Public Official that has solicited or received, directly or indirectly, any pledge or promise of employment or other benefit based on the understanding that the Public Official's vote, official action or judgment would be influenced thereby?
No ☒ Yes ☐; Comments:

6. Has (or will) the Firm or an Associate of the Firm provided a direct beneficial financial interest to any person within two years after the person ceased to hold a position as a Public Official who was involved in the Procurement or Authorization for the Contract, or is the Firm aware of any such person or Public Official who has or will receive a direct beneficial financial interest within the two year period? No ☒ Yes ☐
Comments:

7. Is the Firm aware of any current or former Public Official that has an Actual, Apparent or Potential Conflict Of Interest with respect to the Procurement or award of this Contract or performing the work for Agency? No ☒
Yes ☐: Comments:

8. Does the prospective Contract include development of an environmental assessment (EA), environmental impact statement (EIS) or Finding of No Significant Impact (FONSI)? No ☒ Yes ☐

If yes, in accordance with the disclosure statement requirements of Council on Environmental Quality Regulation, 40 C.F.R 1506.5(c), does the Firm have any financial or other interest in the outcome of this Project; and/or does the Firm have any agreement, enforceable promise, or guarantee to provide any future work on this Project? No ☐ Yes ☐ Comments:

9. Have Subcontractors or other Associates furnished COI Disclosure Forms separate from the present form? (If yes, attach the disclosures.) No ☒ Yes ☐ N/A ☐ Comments:

10. If the prospective Contract includes personal services for the purpose of administering, managing, monitoring, inspecting, evaluating compliance with or otherwise overseeing a public contract, is the Firm or an Associate or an Affiliate of the Firm a party to the subject public contract?
No ☒ Yes ☐ N/A ☐ Comments:

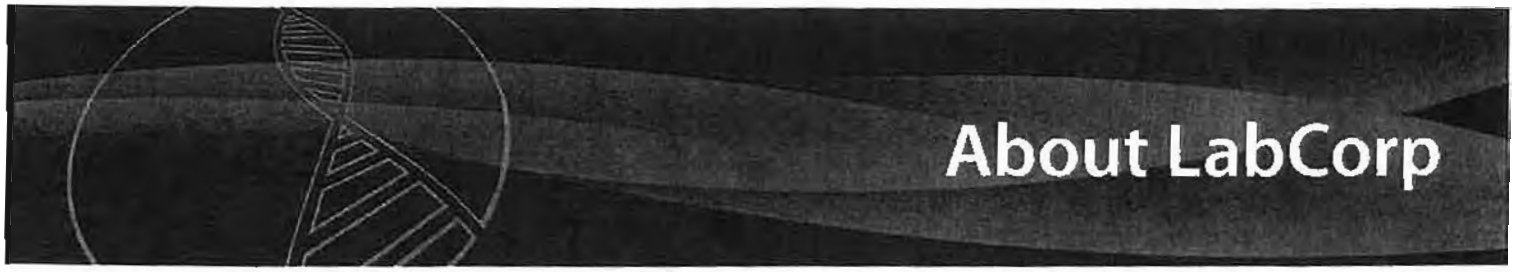
FAILURE TO SUBMIT THIS EXECUTED STATEMENT AS PART OF THE RESPONSE DOCUMENTS WILL MAKE THE RESPONSE NON-RESPONSIVE AND NOT ELIGIBLE FOR AWARD CONSIDERATION

SECTION 4: ATTACHMENTS AND EXHIBITS

Exhibit A

Centers of Excellence

Laboratory Corporation of America



LabCorp provides leading-edge medical laboratory tests and services through a national network of primary clinical laboratories and specialized Centers of Excellence.

Recognized for our innovation, quality, and customer convenience, LabCorp delivers timely, accurate results for improved patient care.

With scientific expertise in esoteric testing, genomics, and clinical and anatomic pathology, LabCorp performs more than 1 million tests on more than 370,000 specimens each day. LabCorp is a pioneer in applying advances in medicine and science to laboratory testing, with more than 35 years of experience in serving physicians and their patients.

LabCorp operates a sophisticated laboratory network, with corporate headquarters in Burlington, NC, and more than 30,000 employees nationwide. Our 220,000 clients include physician offices, hospitals, managed care organizations, and biotechnology and pharmaceutical companies.

For Health Care Providers

LabCorp is committed to assisting clinicians in disease prevention, diagnosis, and management through a comprehensive test menu and the latest advances in diagnostic testing. Our dedicated scientific team includes MDs and PhDs who are available for support and consultation. LabCorp also offers flexible, integrated connectivity solutions for efficient communication between LabCorp and the client's office.

For Patients

LabCorp operates a nationwide network of more than 1500 patient service centers (PSCs) for convenient specimen collection options. In addition, all LabCorp PSCs offer online appointment scheduling, reducing wait times for our patients and allowing them to get back to their busy lives.

For Health Plans

LabCorp has contractual relationships with more than 1,600 plans, payors, and other health care organizations across the US. LabCorp delivers convenience and value through a single-source laboratory solution. Furthermore, our innovative assays facilitate earlier disease detection, prevention, and management – particularly in areas of pharmacogenomics, genetics, and oncology – to help reduce health care spending.

Please visit www.LabCorp.com for additional information on our services.

LabCorp

LabCorp Companies

At LabCorp, our commitment to scientific leadership provides clients with access to industry-leading expertise and the latest developments in medical diagnostics. At the core of LabCorp's approach are its specialized laboratories. Each laboratory has a distinctive, long-standing reputation for innovation and quality.

DIANON Systems

A LabCorp Company

DIANON Systems, Inc. (DIANON) is a leader in full service, anatomic pathology with expertise in uropathology, dermatopathology, and gastrointestinal pathology

www.dianon.com

ESOTERIX INC

Laboratory Services

A LabCorp Company

Esoterix offers specialized testing through its Colorado Coagulation and Endocrine Sciences laboratories. Colorado Coagulation is an industry leader in hemostasis testing and offers consultative coagulation services. Endocrine Sciences boasts a 30-year history of performing specialized testing including many mass spectrometry assays.

www.esoterix.com

Integrated GENETICS

LabCorp Specialty Testing Group

Integrated Genetics is a premier reproductive genetics laboratory with an expansive menu of complex tests. Integrated Genetics' testing spans the continuum of care, ranging from maternal serum screening and prenatal diagnostics to carrier screening and postnatal testing services.

www.integratedgenetics.com

Integrated ONCOLOGY

LabCorp Specialty Testing Group

Integrated Oncology offers a broad menu of industry-leading tests and services for oncologists and pathologists. Integrated Oncology is a leader in personalized medicine and companion diagnostics with a strong focus on molecular oncology and genetics.

www.integratedoncology.com

Litholink

Comprehensive Programs for Chronic Disease

Litholink, in Chicago, Ill, is a premier provider of testing for kidney stone prevention. Litholink also provides clinical decision support and outcome reporting to aid in the management of chronic kidney disease (CKD), cardiovascular disease, and low bone density.

www.litholink.com

monogram

A LabCorp Company

Monogram Biosciences, in South San Francisco, Calif, develops novel antiviral resistance assays for HIV and hepatitis. Monogram's assays include Trofile® HIV-1 patients considering CCR5 antagonist therapy and HCV GenoSure® NS3/4A to assess drug resistance for HCV protease inhibitors.

www.monogrambio.com

National Genetics Institute

National Genetics Institute (NGI) provides advanced nucleic acid testing services for blood screening, medical testing, clinical research and genetic analysis. The company has pioneered robust, sensitive, and high throughput methods for pooled specimen nucleic acid testing and is licensed by the US Food and Drug Administration (FDA) for screening of plasma donors for HBV, HCV and HIV-1.

www.ngiusa.com

ViroMed Laboratories

A LabCorp Company

ViroMed Laboratories, Inc. (ViroMed) offers a broad menu of specialized infectious disease tests with expertise in advanced molecular diagnostic techniques. As an FDA-registered laboratory, ViroMed also performs infectious disease testing for tissue and blood donors.

www.viromed.com

LabCorp

Laboratory Corporation of America Holdings

www.LabCorp.com

Exhibit B

Accreditations and Licenses

Laboratory Corporation of America

Washington State Department of Health

This organization

Laboratory Corporation of America

is authorized by RCW 70.42 to have a

Medical Test Site Accredited License

Operated by Laboratory Corporation of America

CLIA # 50D0630157

MTS Category J

Located at Attn: QA MGR
550 17th Ave Ste 300
Seattle, WA 98122-5789

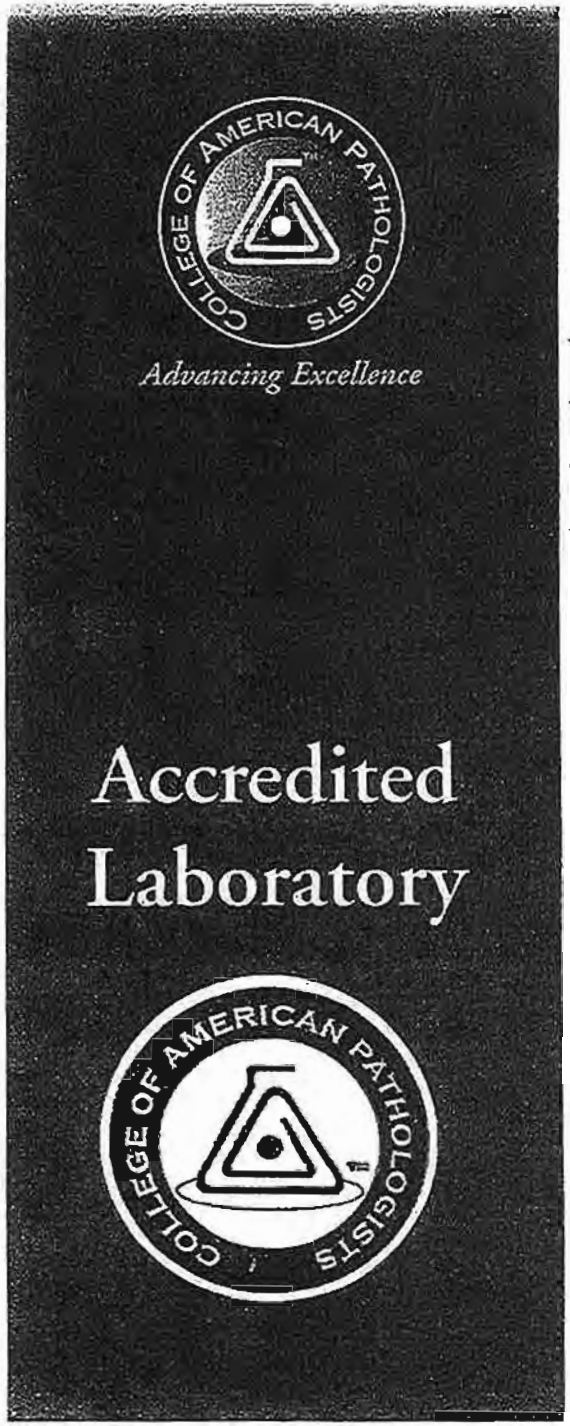
Secretary

Credential Number
MTSA.FS.00001409

Status	Effective Date	Expiration Date
ACTIVE	**07/01/2011**	**06/30/2013**

THIS LICENSE IS NON-TRANSFERABLE

Laboratory Corporation of America



The College of American Pathologists

certifies that the laboratory named below

Laboratory Corp of America
Main Laboratory
Seattle, Washington
Kristin M. Mantei, MD

LAP Number: 2464801
AU-ID: 1188614
CLIA Number: 50D0630157

has met all applicable standards for accreditation and is hereby accredited by the College of American Pathologists' Laboratory Accreditation Program. Reinspection should occur prior to October 28, 2013 to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.

Frank R Rudy
Chair, Commission on Laboratory Accreditation

President, College of American Pathologists

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY): 1/31/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
199 Water Street
New York NY 10038-3551 USA

CONTACT NAME:
PHONE (A/C, No, Ext): (866) 283 7122 FAX (A/C, No): (847) 953-5390
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	ACE American Insurance Company	22667
INSURER B:	Indemnity Insurance Co of North America	43575
INSURER C:	Westchester Fire Insurance Company	10030
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Laboratory Corporation of America
Holdings & Subsidiaries
531 S Spring Street
Burlington NC 27215 USA

COVERAGES CERTIFICATE NUMBER: 570048095538 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			HDOG27014468	11/01/2012	11/01/2013	EACH OCCURRENCE	$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	Excluded
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	X POLICY PRO-JECT LOC							
A	AUTOMOBILE LIABILITY			ISAH08712219	11/01/2012	11/01/2013	COMBINED SINGLE LIMIT (Ea accident)	$2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
C	X UMBRELLA LIAB X OCCUR			G2197934A008	11/01/2012	11/01/2013	EACH OCCURRENCE	$3,000,000
	EXCESS LIAB CLAIMS-MADE			SIR applies per policy terms & conditions			AGGREGATE	$3,000,000
	DED X RETENTION							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WLRC47125935	11/01/2012	11/01/2013	X WC STATU-TORY LIMITS / OTH-ER	
A	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N N	N/A	WLRC47126952	11/01/2012	11/01/2013	E.L. EACH ACCIDENT	$1,000,000
A	If yes, describe under DESCRIPTION OF OPERATIONS below			SCFC47125947	11/01/2012	11/01/2013	E.L. DISEASE-EA EMPLOYEE	$1,000,000
							E.L. DISEASE-POLICY LIMIT	$1,000,000
A	E&O-PL-Primary			HDCG27011471 Claims Made	11/01/2012	11/01/2013	Each Incident Aggregate	$1,000,000 $3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Evidence of coverage.

CERTIFICATE HOLDER

Laboratory Corporation of America
Holdings & Subsidiaries
531 South Spring Street
Burlington NC 27215 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast Inc.

Holder Identifier :

Certificate No : 570048095538

Laboratory Corporation of America

Attachment C

Technical Director Training/Credentials – Dr. Zebelman

Laboratory Corporation of America

CURRICULUM VITAE

Arthur Michael Zebelman
4015 North East 73rd Street
Seattle, WA 98115

Education:	**Date:**	**Degree:**	**Major:**
University of Washington	2010	None (4 credit class)	Financial Accounting Class
Michigan State University Life-Long Learning Program	2002	Certificate	Molecular Pathology, MT 830, 831L, 831
University of Washington University Hospital Dept. of Laboratory Medicine	1975-1977	American Board of Clinical Chemistry	Clinical Chemistry, Toxicology
Lawrence Berkeley Laboratory University of California Berkeley, California	1973-1975	None	Nuclear Chemistry
Columbia University Dept. of Chemistry New York, New York	1972-1973	None	Nuclear Chemistry
University:			
Columbia University Graduate Faculties New York, New York	1967-1972	Ph.D. 1972 M.A. 1968	Nuclear Chemistry Physical Chemistry
Columbia University School of General Studies New York, New York	1971-1973	None	Mammalian Biology
University of Illinois Chicago Circle Campus Chicago, Illinois	1964-1967	B.S. 1967	Chemistry

Curriculum Vitae - Dr. Arthur Zebelman

Experience:

April 2005 - present	Technical Director, Dynacare Laboratories and Laboratory Corporation of America
September 2002 – April 2005	Technical Director, Clinical Laboratory, and Scientific Director (CAP). Dynacare Northwest, a wholly owned subsidiary of Laboratory Corporation of America, Seattle, Washington
February 1995 – August 2002	Clinical Chemist / Toxicologist and Director of Clinical Operations, Responsible Person (SAMHSA), Dynacare Laboratory of Pathology, LLC, Seattle, Washington
July 1985 - January 1995	Clinical Chemist and Associate Director of Scientific and Technical Affairs, Laboratory of Pathology of Seattle, Inc. Seattle, Washington
July 1981 - June 1985	Clinical Chemist and Director of Clinical and Forensic Toxicology, Swedish Hospital Medical Center, Laboratory of Pathology, Seattle, Washington
April 1979 - June 1981	Assistant Clinical Professor, University of California School of Medicine at Davis
July 1977 - June 1981	Director of Chemistry, Laboratory Services, Veterans Administration Medical Center, Martinez, California. Responsible for General and Special Chemistry, Automated Chemistry, Radioimmunoassay and Toxicology (including methadone maintenance program).
July 1975 - July 1977	Senior Fellow, Department of Laboratory Medicine, University Hospital, University of Washington. This is a National Institute of Health sponsored program designed to provide participants the broad background and experience enabling them to direct the clinical laboratory. Training includes course work, management seminars, responsibility for routine laboratory operation and quality control, and test development. The program includes training in radioimmunoassay and toxicological and therapeutic drug monitoring. As of June 1976, I was appointed Chief Senior Fellow and was responsible for coordinating the activities of five other Fellows.
October 1973 - July 1975	Research associate at Lawrence Berkeley Laboratory. Worked with state-of-the-art electronics and computers while investigating the mechanisms of high-energy nuclear reactions.
July 1972 - October 1973	Research associate at Columbia University. Nuclear and

	radiochemical experiments with heavy ion reactions. Used modern electronic instrumentation and various computers.
September 1972 - June 1973	Adjunct lecturer in Chemistry at York College of the City University of New York, Jamaica, New York. Taught recitation and laboratory sections of introductory chemistry, twelve hours per week.

Membership, Licenses, Certificates and Professional Activities:

Diplomate American Board of Clinical Chemistry
Diplomate American Board of Clinical Chemistry in Toxicological Chemistry
Certificate (6 credits) in Applications of Molecular Methods to Pathology, Michigan State University, 2002
American Association for Clinical Chemistry
Inspector for the College of American Pathologists Forensic Drug Testing Laboratory of Accreditation Program
Commissioner, Forensic Drug Testing Program of the College of American Pathologists. Member, Inspection Process Committee and Toxicology Resource Committee.
Responsible Person Certification by National Laboratory Certification Program for United States Department of Health and Human Services

Publications:

List appended

Honors and Awards:

National Institute of Health Special Fellowship, July 1976

George C. Pegram Honorary Fellowship, Columbia University, July 1972

National Science Foundation Predoctoral Traineeship, Columbia University, September 1968

Cum laude Bachelor of Science, University of Illinois, June 1967

Edmund James Fellow, University of Illinois, September 1964

Illinois State Honorary Fellowship, September 1960

Certificate of Achievement:

Certified Breath Alcohol Technician, BAC DataMaster, October 1994

Certified Breath Alcohol Technician, Intoximeters, Inc., RBT IV, October 1994

RBT IV, Breath Alcohol Technician Trainer, October 1994

Legal Aspects of Urine, Blood and Hair Testing, October 1994

Human Performance Testing, Drugs and Driving Impairment, October 1994

Medical Review Officers Seminar, June 1991

Curriculum Vitae - Dr. Arthur Zebelman

Published Writings and / or Creative Activities:

Zebelman, A.M. Fissionability as a function of angular momentum for Yb^{170} compound nuclei exited to 107 MeV. Thesis, Columbia University 1972.

Kowalski, L., Zebelman, A.M., Miller, J.M., Herzog, G.F., and Reedy, R.C. Fissionability as a function of angular momentum for Re^{181} compound nuclei at an excitation energy of 70 MeV. Phys Rev IC:359-364 (1970).

Kowalski, L., Zebelman, A.M., Kandil, A., and Miller, J.M. Angular distribution of fission fragments for the Yb^{170} compound nucleus excited to 107 MeV. Phys Rev 3C:1370:1372 (1971).

Eval, Y., Beg, K., Logan, D., Miller, J., and Zebelman, A.M. Behavior of particles transferred in O^{16} + Au^{197} reactions. Phys Rev Lett 30:27-30 (1973).

Zebelman, A.M., and Miller, J.M. Role of angular momentum in complete fusion reactions: B^{11}+Tb^{159}, C^{12}+Gd^{158}, O^{16}+Sm^{154}. Phys Rev Lett 30:27-30 (1973).

Kozub, R., Logan, D., Miller, J.M., and Zebelman, A.M. Measurement of the B^{11}+Tb^{159} complete fusion cross section. Phys Rev 10C:214-216 (1974).

Zebelman, A.M., Kowalski, L.K., Miller, J.M., Beg, K., Eval, Y., Jaffe, G., Kandil, A., and Logan D. Fissionability as a function of angular momentum for Yb^{170} excited to 107 MeV. Phys Rev 10C:200-205 (1972).

Kozub, R., Logan, D., Miller, J.M., and Zebelman, A.M. Production of Be^{8} in the reaction of 126 MeV C^{12}+ with Au^{197}. Phys Rev 10C:1246-1249 (1972).

Zebelman, A.M., Poskanzer, A.M., Bowman, J.D., Sextro, R.G., and Viola Jr., V.E. Fragments from uranium irradiated by 2.1 GeV / nucleon deutrons and alpha particles. Phys Rev 11:1280-1286 (1975).

Viola Jr., V.E., Clark, R.G., Meyer, W.G., Zebelman, A.M., and Sextro, R.G. Complete fusion studies of the Ne^{20}+U^{235}. Nucl Phys A261:174-188 (1976).

Meyer, W.G., Clark, R.G., Viola Jr., V.E., Sextro, R.G., and Zebelman, A.M. Elastic scattering of O^{16} and Ne^{20} from U^{235}. Zietshrift fur Physik A277:141 (1976).

Poskanzer, A.M., Sextro, R.G., Zebelman, A.M., Gutbrod, H.H., Sandoval, A., and Stock, R. Search for fragment emission from nuclear shock waves. Phys Rev Lett 35:1701-1704 (1975).

Zebelman, A.M., Kenney, M., and Sunday, C.M. Bilirubin standard solutions. Clin Chem 22:934-935 (1976).

Zebelman, A.M., Meyer, W.G., Halbach, K., Poskanzer, A.M., Sextro, R.G., Gabor, G., and Landis, D. A time zero detector utilizing isochronous transport of secondary electrons. Nucl Instr Meth 141:439 (1977).

Westfall, G.D., Sextro, R.G., Poskanzer, A.M., Zebelman, A.M., Butler, G.W., and Hyde, E.K. Energy spectra of nuclear fragments produced by high energy protons. Phys Rev 17C(4):1368-1381 (1978).

Bajema, L.L., Lee, W., Zebelman, A.M., and Kenny, M.A. Detergent containing glucose oxidase reagent for use with the Beckman glucose analyzer. Clin Chem 25:127-129 (1979).

Raisys, V.A., Zebelman, A.M., and MacMillan, S. Gas chromatographic determination of mephenytoin and desmethylmephenytoin, after off column alkylation. Clin Chem 25:172-175 (1979).

Zebelman, A.M., Troyer, B.L., Randall, G.L., and Batjer, J.D. Modification of EMIT® drug abuse urine assay for the Cobas-Bio centrifugal analyzer. Ther Drug Mon 4:435 (1982).

Zebelman, A.M., Troyer, B.L., Randall, G.L., and Batjer, J.D. Detection of morphine and codeine following consumption of poppy seeds. J Anal Toxicol 11(3):131-132 (1987).

Zebelman, A.M. Ethchlorvynol. In-Service Training and Continuing Education 130(15):3-4 (1992).

Cheng, E.V., Luthy, D.A., Zebelman, A.M., Williams, M.A., Lippman, R.E., and Kickok, D.E. A prospective evaluation of a second-trimester screening test for fetal Down syndrome using maternal serum alpha-fetoprotein, hCG and unconjugated estriol. Obstetrics and Gynecology 81(1):72-77 (1993).

Williams, M.A., Hickok, D.E., Zingheim, R.W., and Zebelman, A.M. Maternal serum CA125 levels in the diagnosis of abruptio placentae. Obstetrics and Gynecology 82(5):808-812 (1993).

Williams, M.A., Zingheim, R.W., King, I.B., and Zebelman, A.M., Omega-3 Fatty acids in maternal erthrocytes and risk of preeclampsia. Epidemiology, 6 (3):232-237(1995)

Williams, M.A., Farrand, A., Mittendorf, R., Sorenson, T.K., Zingheim, R.W., O'reilly, G.C., King, I.B., Zebelman, A.M., Luthy, D.A. Maternal Second Trimester Serum Tumor Necrosis Factor-α-soluble Receptor p545(sTNFp55) and Subsequent risk of Preeclampsia. AMJ Epidemiol 149(5):323-329(1999).

Souter, V.L., Nyberg, D.A., El-Bastawissi, A., Zebelman, A., Luthhardt, F., and Luthy, D.A. Correlation of ultrasound findings and biochemical markers in the second trimester of pregnancy in fetuses with trisomy 21. Prenatal Diagnosis 22, 175-182 (2002).

THE TRUSTEES OF COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

TO ALL PERSONS TO WHOM THESE PRESENTS MAY COME GREETING
BE IT KNOWN THAT

ARTHUR MICHAEL ZEBELMAN

HAVING COMPLETED THE STUDIES AND SATISFIED THE REQUIREMENTS
FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY

HAS ACCORDINGLY BEEN ADMITTED TO THAT DEGREE WITH ALL THE RIGHTS PRIVILEGES AND IMMUNITIES THEREUNTO APPERTAINING
IN WITNESS WHEREOF WE HAVE CAUSED THIS DIPLOMA TO BE SIGNED BY THE PRESIDENT OF THE UNIVERSITY AND BY THE DEAN OF THE FACULTIES OF POLITICAL SCIENCE PHILOSOPHY AND PURE SCIENCE AND OUR CORPORATE SEAL TO BE HERETO AFFIXED IN THE CITY OF NEW YORK
ON THE EIGHTEENTH DAY OF JULY IN THE YEAR OF
OUR LORD ONE THOUSAND NINE HUNDRED AND SEVENTY-TWO

George K Fraenkel
DEAN

PRESIDENT

University of Washington

School of Medicine

Postdoctoral Training Program

This is to Certify That

Sylvia M. Zehetner

has served as

Senior Fellow in Clinical Chemistry

1993 - 1995

Clinical Chemistry Division of the Department of Laboratory Medicine

UNIVERSITY OF WASHINGTON LVX - SIT 1861

Robert W. Wallace
DEAN

Paul E. Hanlon
CHAIRMAN

Alex Kaplan
HEAD, Clinical Chemistry Division

Laboratory Corporation of America

American Board of Clinical Chemistry

Incorporated in the State of Delaware

The American Board of Clinical Chemistry, Inc. hereby declares that the professional education, attainments and competence of

Arthur M. Zebelman

have been found satisfactory, and that the other requirements of this Board have been fulfilled; and therefore grants this

Certificate of Qualification

in

Clinical Chemistry

Certified this first day of February 1979

Robert S. Melville, President

Merle A. Evans, Vice President

Herbert Sogal, Secretary

Certificate No. 566

American Board of Clinical Chemistry

Incorporated in the State of Delaware

The American Board of Clinical Chemistry, Inc. hereby declares that the professional education, attainments and competence of

Arthur Michael Zebelman

have been found satisfactory, and that the other requirements of this Board have been fulfilled; and therefore grants this

Certificate of Qualification

in

Toxicological Chemistry

Certified this first day of August 1987

J. Robert Swanson
President

Harold J. Brady
Vice President

William A. Porter
Secretary

Certificate No. 52

Attachment D

Medical Director Director Training/Credentials – Dr. Henderson

Laboratory Corporation of America

Gregory S. Henderson, MD, PhD
BREAST, GYNECOLOGIC, PULMONARY, AND GASTROINTESTINAL PATHOLOGY
ANATOMIC AND CLINICAL PATHOLOGY
206-790-2316

Dr. Henderson is a native of New Orleans where he did his undergraduate degree in Biochemistry at Tulane University. He completed his MD and PhD degrees at Vanderbilt University as a NIH Medical Scientist Training Program Fellow. His PhD work was in the field of immunology with a focus on parasitic diseases. He did his clinical pathology residency at the University of Utah and ARUP laboratories, and his anatomic pathology residency at Johns Hopkins Hospital. He did his fellowship training in breast, gynecologic, and oncologic pathology at Vanderbilt University Medical Center where he served as fellow and faculty.

Dr. Henderson first practiced for 7 years in Wilmington, NC, where he and his partners built one of the largest practices in the state, and was founder of the Women's Diagnostic Division and NextWave Clinical Laboratories. He left Wilmington to return home to New Orleans and assume the Head of Anatomic Pathology at Ochsner Foundation Medical Center. Hurricane Katrina struck the city soon after his arrival and during his tenure there he participated in numerous medical rebuilding efforts in the region.

Dr. Henderson has been practicing in the Puget Sound region since 2007. He has been a partner and president of Pathology Associates of Kitsap County and a member of the medical staff of Harrison Medical Center, where he is also serves on the hospital Board of Trustees. He has long had an interest in the utilization of technologic innovations such as digital pathology to advance the access to quality diagnostics in the developed and developing world. Pacific Pathology Partners is the first practice in the country to actively use these innovations in its service to the patients of the Pacific Northwest. Dr. Henderson is actively involved in providing diagnostic services to Haiti and other medically underserved nations via digital pathology, and has founded a company – PathForceDx, LLC – committed to expanding this service globally.

Medical Directorships
LabCorp Regional Laboratory
Seattle, WA
Dynacare Northwest Laboratory
Seattle, WA
LabCorp Laboratory
PostFalls, ID
Indian Health Services Laboratory
Browning, MT

American Board of Pathology Certification
Anatomic & Clinical Pathology

Residency
Clinical Pathology – University of Utah
Anatomic Pathology - Johns Hopkins Hospital

Fellowship
Breast, Gynecologic, and Oncologic Pathology
Vanderbilt University Medical Center

Medical Degree and PhD
Vanderbilt University School of Medicine

Professional Societies & Associations
College of American Pathologists
American Society of Clinical Pathology
US & Canadian Academy of Pathology

State Licensures
Washington
Idaho
Montana
California
Louisiana
Maryland
North Carolina
South Carolina
Tennessee

Boards of Trustees
Harrison Medical Center
Family Health Ministries

Exhibit E

Pacific Pathology Partners – Training/Credentials

Scott M. Chatterley, MD
ANATOMIC AND CLINICAL PATHOLOGY
CELL 360-708-4975

Dr. Chatterley received his Bachelor of Science degree in Biology from Central Michigan University, Mt. Pleasant, MI. After completing his bachelor's he went on to received his medical degree from American University of the Caribbean, Plymouth, Montserrat, West Indies. He completed his anatomic and clinical pathology residency at Cornell University Medical College, Manhasset, NY where he served as chief resident. He also served as chief resident in anatomic pathology for Dartmouth-Hitchcock Medical Center, Hanover, NH. He is board certified in anatomic and clinical pathology.

Dr. Chatterley has been practicing since 1991, where he has been a distinguished member of the medical community of Skagit and Whatcom counties. He is currently on the medical staff at Skagit Valley Hospital, Mt. Vernon, WA, United General Hospital, Sedro Wooley, WA, and Island Hospital, Anacortes, WA. Dr. Chatterley is a Cancer Committee member for Skagit Valley and Island Hospitals.

American Board of Pathology Certification
Anatomic & Clinical Pathology

Residency
Anatomic & Clinical Pathology
Cornell University Medical College
Manhasset, NY

Medical Degree
University of the Caribbean
Plymouth, Montserrat, West Indies

Professional Societies & Associations
College of American Pathologists
American Society of Clinical Pathologists
Washington State Medical Association
Skagit County Medical Society

State Licensures
Washington
Michigan
Idaho
Utah
Montana
Wyoming

Kiran Chaturvedi, MD
HEMATOPATHOLOGY AND CYTOPATHOLOGY
ANATOMIC AND CLINICAL PATHOLOGY
CELL 606-854-7181

Dr. Chaturvedi received her medical degree from King George's Medical College, Lucknow, India where she received Honors in Anatomy, Physiology, Pathology, Microbiology and Ophthalmology. She completed two anatomic and clinical pathology residencies - one in India and the other one in the USA. She completed her fellowship in hematopathology at IUPUI, Indianapolis, IN.

Dr. Chaturvedi has been in practice since 2007 as a staff pathologist and joined Pacific Pathology Partners in April 2013. She currently is the laboratory director of Skagit Regional Clinics in Arlington, WA and member of the breast cancer steering committee at Skagit Valley Hospital.

American Board of Pathology Certification
Anatomic & Clinical Pathology
Hematopathology

Residencies
Anatomic & Clinical Pathology
S.N. Medical College
Agra, India

Cytology
University of Kentucky
Lexington, KY

Fellowship
Hematopathology
IUPUI
Indianapolis, IN

Medical Degree
King George's Medical College
Lucknow, India

Professional Societies & Associations
American Society of Clinical Pathology
College of American Pathologists
US & Canadian Academy of Pathology

State Licensures

Washington
Idaho
California
Kentucky

Laboratory Corporation of America

Douglas A. Hansen, MD
DERMATOPATHOLOGY
ANATOMIC AND CLINICAL PATHOLOGY
CELL 425-457-0250

Dr. Hansen received Bachelor of Science degrees in both Microbiology and Molecular Biology at the University of Washington. After receiving his medical degree from the University of Washington, he completed an Anatomic and Clinical Pathology residency as well as a fellowship in Immunohisotchemistry at UW. He then finished a fellowship in Dermatopathology at the Armed Forces Institute of Pathology in Washington DC. He is board certified in Anatomic Pathology, Clinical Pathology, and Dermatopathology.

American Board of Pathology Certification
Anatomic & Clinical Pathology
Dermatopathology

Residency
Anatomic & Clinical Pathology
University of Washington
Seattle, WA

Fellowships
Immunohistochemistry
University of Washington
Seattle, WA

Dermatopathology
Armed Forces Institute of Pathology
Washington, DC

Medical Degree
University of Washington
Seattle, WA

Professional Societies & Associations
Washington State Medical Association
Pacific Northwest Society of Pathologists
American Society of Clinical Pathologists (fellow)
College of American Pathologists (fellow)

State Licensures
Washington

Oregon
Idaho
Montana

Laboratory Corporation of America

Panayota Kotsali, MD
HEMATOPATHOLOGY
ANATOMIC PATHOLOGY
CELL 917-667-1080

Dr. Kotsali received her medical degree from Aristotelian University, Thessaloniki, Greece where she received the Greek National Scholarship's Foundation Award. She completed her anatomic pathology residency at Lenox Hill Hospital, New York, NY where she served as chief resident. She completed both an oncologic surgical pathology and hematopathology fellowship at Memorial Sloan Kettering Cancer Hospital, New York, NY. She also completed a cytopathology fellowship at University of Kentucky, Lexington, KY. She is board certified in anatomic pathology and hematopathology.

Dr. Kotsali has been in practice since 2009

American Board of Pathology Certification
Anatomic Pathology, Hematopathology

Residency
Oncologic Surgical Pathology & Hematopathology
Memorial Sloan Kettering Cancer Hospital
New York, NY

Cytopathology
University of Kentucky
Lexington, KY

Medical Degree
Aristotelian University
Thessaloniki, Greece

Professional Societies & Associations
College of American Pathologists
American Society of Clinical Pathologists
US & Canadian Academy of Pathology

State Licensure
Washington

Thomas W. Martin, MD, PhD
HEMATOPATHOLOGY
ANATOMIC PATHOLOGY
CELL 206-235-9160

Dr. Martin received his undergraduate degree at Princeton University, Princeton, NJ and his PhD in Experimental Pathology from the University of Washington in 1979. He received his medical degree from the Saint Louis University School of Medicine where he also completed a fellowship in Hematopathology and Flow Cytometry. Dr. Martin is board certified in anatomic pathology and hematology.

He was a member of the faculty of Saint Louis University from 1985-1993 during which he served as Director of Flow Cytometry and Hematopathology from 1989-1993.

Dr. Martin has an extensive background in Pathology, Hematopathology and Flow Cytometry. He has held directorships at several Flow Cytometry Laboratories including Saint Louis University, Saint Louis, MO, St. Joseph Hospital, Tacoma, WA, Puget Sound Institute of Pathology, Seattle, WA. and has also served as the medical director of hospital laboratories.

Dr. Martin has special expertise in Flow Cytometry, Leukemia and Lymphoma ancillary testing including FISH, and bone marrow biopsies – performance and interpretation.

Medical Directorship
Hematology and Flow Cytometry
LabCorp Regional Laboratory
Seattle, WA

American Board of Pathology Certification
Anatomic Pathology
Hematopathology

Residency
Anatomic Pathology
Washington University School of Medicine
Saint Louis, MO

Fellowship
Hematopathology and Flow Cytometry
Saint Louis University School of Medicine
Saint Louis, MO

Medical Degree

Saint Louis University School of Medicine
Saint Louis, MO

Professional Societies & Associations
Pacific Northwest Society of Pathologists
College of American Pathologists
American Society of Hematology
American Society of Clinical Pathologists

State Licensures
Washington
California
Oregon
Alaska
Idaho

C. Manuel Suarez, MD
ANATOMIC AND CLINICAL PATHOLOGY
CELL 208-921-3185

Dr. Suarez received his medical degree from Universidad Nacional de La Plata, La Plata, Argentina. He completed two pathology residencies - one in Buenos Aires, Argentina and the other one at the University of Pittsburg Medical Center, Pittsburg, PA. He completed his fellowship in surgical pathology at M.D. Anderson Center, Houston, TX. He is board certified in anatomic and clinical pathology.

Dr. Suarez has been in practice since 2000 where he has been a distinguished member of the Boise, ID medical community. He joined Pacific Pathology Partners in May 2013. He currently is the laboratory director of IDX Pathology in Boise, ID.

Medical Directorship
IDX Pathology
Boise, ID

American Board of Pathology Certification
Anatomic & Clinical Pathology

Residency
Anatomic Pathology
Bancario Hospital
Buenos Aires, Argentina

Anatomic and Clinical Pathology
University of Pittsburg
Pittsburg, PA

Fellowship
Surgical Pathology
M.D. Anderson Center
Houston, TX

Medical Degree
Universidad Nacional de La Plata
La Plata, Argentina

Professional Societies & Associations
College of American Pathologists
American Society of Clinical Pathology
Idaho Medical Association

Ada County Medical Society

State Licensures
Idaho
Montana

Laboratory Corporation of America

Daniel L. Towelll, MD
ANATOMIC AND CLINICAL PATHOLOGY
PHONE 208-377-1969

Dr. Towelll received his Bachelor of Science in Chemical Engineering at the University of Washington, Seattle, WA, after which he practiced engineering in Alaska for several years. He went on to pursue a medical degree at the Oregon Health Sciences University in Portland, OR, where he received the graduating awards for pathology and medical research. Following this, he completed residency training in anatomic and clinical pathology at the University of Washington Medical Center, Seattle, WA. While there, he also underwent fellowship training in gastrointestinal and hepatic pathology, and spent a year as chief resident/surgical pathology fellow. Dr. Towelll is board certified in anatomic and clinical pathology with subspecialty training in gastrointestinal and hepatic pathology.

Dr. Towelll has been in practice since 2007, where he has been a distinguished member of the medical community of Boise, ID. He serves as medical director for several laboratories in Boise and throughout Idaho.

Medical Directorships
Treasure Valley Hospital Laboratory
Boise, ID

Digestive Health Clinic Laboratory
Boise, ID

Walter Knox Memorial Hospital Laboratory
Emmett, ID

Weiser Memorial Laboratory
Weiser, ID

American Board of Pathology Certification
Anatomic & Clinical Pathology

Residency
Anatomic and Clinical Pathology
University of Washington Medical Center
Seattle, WA

Fellowships
Gastrointestinal and Hepatic Pathology
University of Washington Medical Center
Seattle, WA

Surgical Pathology
University of Washington Medical Center
Seattle, WA

Medical Degree
Oregon Health Sciences University
Portland, OR

Professional Societies & Associations
American Society for Clinical Pathology (fellow)
College of American Pathologists (fellow)
United States and Canadian Academy of Pathologists
Pacific Northwest Society of Pathologists

State Licensures
Washington
Idaho
Montana

Timothy V. Wade, MD, FCAP
CYTOPATHOLOGY
ANATOMIC AND CLINICAL PATHOLOGY
CELL 609-519-1043

Dr. Wade is a native of Philadelphia and received his Bachelor of Science degree in Biology from Bucknell University in Lewisburg, PA. After completing his bachelor's degree, he went on to receive his masters in science (pharmacology/clinical toxicology) from Thomas Jefferson University, where he was awarded the SIGMA XI student research prize in 2000. He then received his medical degree from Jefferson Medical College, Thomas Jefferson University in Philadelphia, PA where he was awarded the Hyman Meduke Research Prize for outstanding medical student achievement in basic science research and the Harold L. Stewart, MD Prize in Pathology for excellence in Pathology. He completed his residency and fellowship at the Hospital of the University of Pennsylvania, Department of Pathology and Laboratory Medicine, Philadelphia, PA (anatomic and clinical pathology in 2009 and cytopathology in 2010.) He is board certified in anatomic and clinical pathology as well as in cytopathology.

Dr. Wade has been in practice since 2010 and was previously the director of anatomic pathology and cytopathology at AtlantiCare Regional Medical Center in Atlantic City, NJ as a member of Atlantic Pathologists, PC. He has been practicing in the Puget Sound region since 2012 and is a member of the medical staff at Harrison Medical Center in Bremerton, WA. He is currently the chair of the blood utilization committee, medical director of transfusion services, and is the consultant pathologist for the Kitsap County Breast and Peninsula Prostate Conferences.

American Board of Pathology Certification
Anatomic & Clinical Pathology
Cytopathology

Residency
Anatomic & Clinical Pathology
Hospital of the University of Pennsylvania
Philadelphia, PA

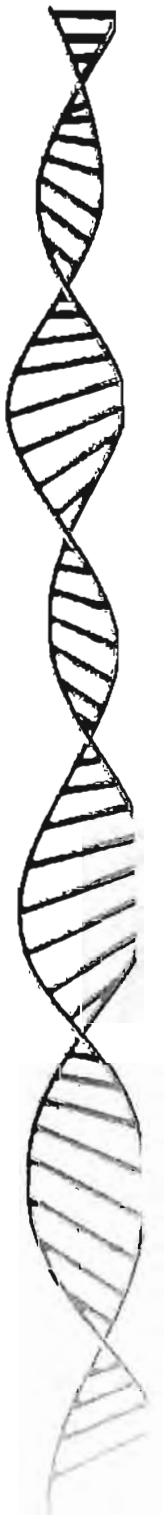
Fellowship
Cytopathology
Hospital of the University of Pennsylvania
Philadelphia, PA

Medical Degree
Jefferson Medical College, Thomas Jefferson University
Philadelphia, PA

Professional Societies & Associations

College of American Pathologists (fellow)

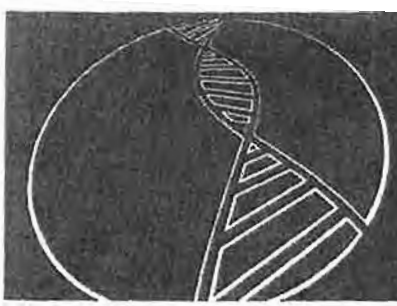
State Licensures
Washington
New Jersey



Attachment F

Oregon Insurance Payers

Laboratory Corporation of America



Insurance/Payors Currently Filed By LabCorp In Oregon

LabCorp will file claims for insured patients directly to Medicare, Medicaid and many insurance companies and managed care plans. It is always important to verify and update insurance information and know which testing laboratories are in-network or participating providers for your benefit plan. This information may impact your level of coverage.

First Quarter 2012

Insurance/Payor Name
AARP
AARP MedicareComplete Insured through UnitedHealthcare*
Advanced Benefits Administration
Advantra Freedom
Aetna
Aetna Medicare Open Plan (Private Fee-for-Service)
Alliance PPO
American Care Source
American Health Group
American Medical Security*
American PPO
AmeriChoice*
Amerigroup
AmeriHealth Administrators
Arizona Physicians IPA (APIPA) – Medicare and CRS only*
ASMED Health Partnership, Inc
Asuris Northwest Health
ATRIO Health Plan
BCBS–Blue Card
BCBS-FEP–Federal Employee Plan
Beech Street
Care Oregon (OHP)
Care Source (MHPA)
CCN
Central OR Independent Health Services
Cigna
Clear Choice Health Plan
Compass Rose Health Plan*
Complementary Healthcare Plans Inc.
Coventry Health Care Inc
Coventry Healthcare National Network
Definity Health, Inc.*
Douglas County IPA
EMBS–Employee Benefit Management Systems
Empire National Accounts
Empire Plan, The–NYSHIP*
Erickson Advantage*
Evercare*
Exclusive outside Portland
Family Care
Federal Employee Plan of OR
First Choice
First Health Network
Fortified Provider Network

Insurance/Payor Name
Fortis Benefits Insurance
Galaxy Health Network
GEHA
Golden Rule*
Great Lakes Health Plan, Inc.*
Great West Life (One Health)
Great-West Healthcare
Harrison Electric Workers
Health Future Seattle
Health Net Federal Services–TRICARE
Health Risk Management
Health Scope Benefits
Healthcare Direct
HealthLink
HealthNet of Oregon (exclusive in all counties except Clackamas, Multnomah, Washington, Lane, and Clark)
HMO Oregon
Humana–all products
Humana Military Health Services–TRICARE
Humana Veterans Project Hero
Intercommunity Health Network
Joint Labor Management
LabDirect
Les Schwab
Lifewise of Oregon
Lumenos
Mail Handlers Benefit Plan
MAMSI Life and Health Insurance Company (MLH)*
Marion Polk Community Health Plans
MCM Maxcare PPO
MD–Individual Practice Association, Inc. (MD IPA)*
MedAvant HealthCare Solutions
Medicaid
Medical Diagnostic Mgmt.
Medicare
Medicare Advantage–PFFS
Medicare Railroad
MidRouge IPA (OHP Exclusive)
Midwest Security Insurance Companies*
MultiPlan
Mutual of Omaha
National Association of Letter Carriers (NALC HP)
National Association of Self-Employed
National Preferred Provider Network
Neighborhood Health Partnership*

Insurance/Payor Name
ODS Health Plans - all plans except MHN (Managed HealthCare Northwest, Inc.)
OEA Choice
OHMS
OMAP
OneNet PPO*
Optimum Choice, Inc.*
Oregon Bankers Insurance
Oregon Health Management Services
Oregon Health Plan
Oregon Processors
Oregon Teamsters
Oxford Health Plans*
Pacific Heritage Assurance Co.
PacifiCare*
Pacificsource
Patient Choice
PPO Next
Premera
Prime Health Services
Principal
Private Healthcare Systems–PHCS
ProNet–Provider Networks of America
Provider Select
Regence BCBS of Oregon
Saif Corporation
SecureHorizons*
SelectNET Plus
Sterling Options I
Three Rivers Provider Network (TRPN)
TRICARE
TriWest Healthcare Alliance–TRICARE
UMR*
UniCare
Union Pacific Railroad
Unison Health Plan*
United Medical Resources, Inc.*
UnitedHealthcare Community Plan*
UnitedHealthcare Medicare Solutions*
UnitedHealthcare Plan of the River Valley*
UnitedHealthcare Student Resources*
UnitedHealthcare*
USA Managed Care Network/Organization
Veterans Administrations
Wellpoint/Unicare
Workers' Compensation

This list contains LabCorp's most commonly billed insurance carriers, which is subject to change, and is not all-inclusive. Certain exceptions may apply by geographic or specific member coverage or plan. If you have any questions regarding a specific insurance carrier, please contact your local LabCorp Representative. For LabCorp services go to www.labcorp.com or call 1-888-LABCORP (1-888-522-2677).

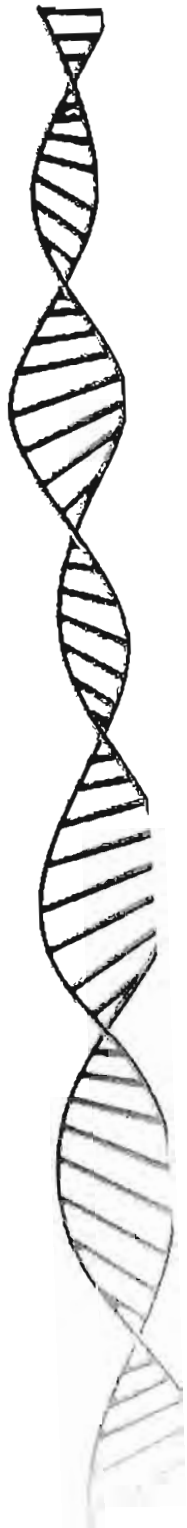
Bold entries indicated exclusive arrangements.
*LabCorp is the sole national provider.
** Preferred provider.

LabCorp
Laboratory Corporation of America

www.LabCorp.com

Exhibit G

WACMHC LSA
Current Contract with LabCorp/Clackamas County



Laboratory Corporation of America

LABORATORY SERVICES AGREEMENT

AGREEMENT MADE THIS _____day of _____201_, by and between _____, a member of Washington Association of Community and Migrant Health Centers ("MEMBER") and Laboratory Corporation of America ("LABORATORY").

WHEREAS, Washington Association of Community and Migrant Health Centers is a Group Purchasing Organization within the meaning of Section 1128B of the Social Security Act ("GPO"); and

WHEREAS, LABORATORY is engaged in the business of providing reference clinical laboratory services; and

WHEREAS, GPO and LABORATORY have entered into a Laboratory Services Agreement dated December 17, 2002, as amended, ("GPO Agreement") setting forth the terms and conditions under which LABORATORY has agreed to provide reference clinical laboratory services for MEMBERS of GPO; and

WHEREAS, MEMBER is a community health center that either receives grant support pursuant to Section 330 of the Public Health Service Act, which program is administered by the Bureau of Primary Health Care ("BPHC") within the United States Department of Health and Human Services ("DHHS") to provide, or arrange the provision of, community-based comprehensive primary and preventive health care and related services (including, but not limited to, ancillary and enabling services) to the residents of its community, or is an entity determined by DHHS to meet the requirements to receive funding under Section 330 without actually receiving such funding (i.e., an FQHC "look alike"); and

WHEREAS, MEMBER desires to contract with LABORATORY to provide reference clinical laboratory services to MEMBER'S patients referred to LABORATORY for such services, and LABORATORY desires to provide the services described herein pursuant to the terms and conditions of the GPO Agreement and as hereinafter set forth;

IT IS THEREFORE AGREED AS FOLLOWS:

1. The GPO Agreement is hereby incorporated by reference and shall become a part of this Agreement. A list of MEMBER facilities ("Facilities") accessing this Agreement is attached hereto as Exhibit A. Exhibit A may be modified from time to time upon the mutual written agreement of MEMBER and LABORATORY. MEMBER represents and warrants that it has the authority to bind Facilities to the terms of this Agreement.

2. **TERM**
   This Agreement shall become effective on the date first set forth above and shall continue in effect until terminated by either party. This Agreement may be terminated by either party, with or without cause, at any time, by giving the other party a 30-day prior written notice. This Agreement shall have an initial term of three (3) years and may be renewed for additional one (1) year terms, subject to renegotiation, as necessary, of key terms and agreement on such terms, provided however, in any event this Agreement shall terminate on the effective date of the termination date of the GPO agreement.

3. **TESTING SERVICES**
   LABORATORY agrees to perform such reference clinical laboratory testing services for MEMBER as may be requested by MEMBER, if available, during the term. Such services shall include those tests listed in LABORATORY'S then current Directory of Services, as the same may be modified from time to time by LABORATORY, and such additional services as the parties may agree.

   It is understood and agreed that this Agreement is non-exclusive, and MEMBER is not required to use LABORATORY for its laboratory testing needs should it chose otherwise.

4. ADDITIONAL SERVICES

In conjunction with the laboratory testing services set forth in Paragraph 3 above, LABORATORY agrees to provide the following services and related supplies, which are integral to and shall be used solely in connection with the testing services provided herein and shall not be used by MEMBER for any other purpose:

A. SPECIMEN PICK UP AND REPORT DELIVERY

LABORATORY will provide a reference specimen pick up and report delivery service to each MEMBER on a daily basis Monday through Friday of each week, except on holidays. Weekend pick-ups are subject to availability, based on MEMBER'S and LABORATORY'S mutual scheduling needs. Results of a routine nature (general routine chemistries) will, in most cases, be delivered or transmitted back to MEMBER within 24 hours of the time the specimen is received by LABORATORY'S testing facility. Results of tests performed on specimens of a special nature (special chemistries, tissues, etc.) will, in most cases, be delivered or transmitted back to MEMBER within the times set forth in LABORATORY'S then current turn-around-time schedule.

B. SUPPLIES

LABORATORY will provide, as part of its charges for its services, certain necessary items, devices, or supplies that are used solely to collect, transport, process or store specimens to be submitted to LABORATORY for testing.

C. CONSULTATION

LABORATORY staff shall be available to consult with MEMBER by telephone during normal LABORATORY working hours to discuss LABORATORY'S procedures and to provide the status of test results.

D. PHLEBOTOMY

Subject to MEMBER meeting LABORATORY's qualifications and conditions of participation including but not limited to the quantity of venipunctures on a daily, weekly and/or monthly basis as well as the complexity of testing, and to the extent permitted by applicable laws and regulations, as well as to the extent consistent with LABORATORY's policies and procedures, LABORATORY shall provide phlebotomy services to MEMBER in connection with those specimens being sent to LABORATORY. The provision of such phlebotomy services is subject to, and contingent upon, MEMBER's execution of a Patient Specimen Collection Services Agreement.

E. REPORTING OPTIONS:

All "REPORTING OPTIONS" are subject to MEMBER meeting LABORATORY'S qualifications and conditions of participation including but not limited to the quantity of testing requested on a daily, weekly and/or monthly basis as well as the complexity of testing.

(1) TELEPRINTER

Subject to MEMBER meeting LABORATORY'S qualifications and conditions of participation, LABORATORY will supply data receiving equipment which is used solely to communicate the results of LABORATORY'S tests to MEMBER'S facility, to ensure the earliest delivery of test result data and off-hours test reporting. LABORATORY, at its sole discretion, may remove the equipment at any time. Said data receiving equipment shall be the sole property of LABORATORY and may remain in MEMBER'S facility as long as this Agreement is in effect, unless otherwise removed by LABORATORY. There will be no additional charge for the use of the data receiving equipment. It will be the responsibility of LABORATORY or the equipment vendor, as the case may be, to service and maintain said data receiving equipment. The placement of any Teleprinter is subject to, and contingent upon, MEMBER'S execution of a Laboratory Equipment Loan Acknowledgement.

(2) LABORATORY DATA MANAGEMENT SYSTEM

Subject to MEMBER meeting LABORATORY'S qualifications and conditions of participation, LABORATORY will provide certain Laboratory Data Management Equipment and/or Software (the "LDM System") which may be used in connection with MEMBER'S Office Management System. The LDM System will result in mutual operational efficiencies due to automated laboratory results transmission and retrieval, on-line test status inquiry, use of MEMBER'S patient demographics for test ordering, and off-hours test result reporting. The placement of the LDM System is subject to, and contingent upon, MEMBER'S execution of a Laboratory Data Management and Restricted Use Agreement.

(3) RESULT DELIVERY SYSTEM

Subject to MEMBER meeting LABORATORY'S qualifications and conditions of participation, LABORATORY will provide a "Result Delivery System" to be placed in MEMBER'S facility. Such Result Delivery System will result in mutual operational efficiencies due to automated laboratory results transmission and retrieval, on-line test status inquiry, use of MEMBER patient demographics for test ordering, and off-hours test result reporting. The placement of the Result Delivery System is subject to, and contingent upon, MEMBER'S execution of a Result Delivery and Restricted Use Agreement.

5. **CONTINUING EDUCATION**

LABORATORY has available educational programs relating to its testing services through a variety of media. LABORATORY's various publications provide information on timely and significant issues. These publications may contain information such as clinical significance of certain assays, specimen requirements, expected or therapeutic ranges, interfering substances, methodology, quality assurance, sensitivity, and references. LABORATORY's Continuing Education Catalog outlines the live teleconferences and audio-visual programs (from LABORATORY's lending library) which are available to health care professionals. LABORATORY may agree to provide MEMBER or its employees with a Certificate of Participation for a registered educational program. In such case, MEMBER shall pay, or ensure that its employees pay, LABORATORY its then-current fee as may be set forth in LABORATORY's Continuing Education Catalog, publications or announcements.

6. **MEMBER FEES**

MEMBER shall reimburse laboratory for laboratory testing and other services provided pursuant to the GPO Agreement and this Agreement, in the manner and in the amounts set forth in Exhibit C of the GPO Agreement.

7. **INDIGENT PATIENT TESTING:**

LABORATORY further agrees to provide certain laboratory testing services to MEMBER's Indigent Patients at discounted fees on a sliding fee scale based on the then current Poverty Guidelines and each discount shall mirror the discount charged to the patient by the MEMBER for services furnished to the patient directly by the MEMBER. Discounted services shall be limited to LABORATORY's routine and non-esoteric testing services which can be performed at one of LABORATORY's local facilities, as may be modified from time to time by LABORATORY, and such additional services as the parties may agree. The provision of such services at discounted fees shall be contingent upon MEMBER's execution of an Indigent Patient Laboratory Services Agreement.

8. **MEMBER BILLING**

LABORATORY will submit to MEMBER a monthly statement of services rendered to MEMBER by LABORATORY for the prior month. MEMBER shall remit payment to LABORATORY within 30 days of the date of invoice. Failure to remit payment within said term may result, among other remedies available to LABORATORY, in the loss or reduction of MEMBER'S discount and/or special prices on future services or discontinuation of service, subject to a thirty (30) day opportunity to cure and failure to cure by the end of the thirty (30) day period. If, as a result of such non-payment, LABORATORY reduces or removes any discount and/or special prices, the terms and prices contained in LABORATORY'S Fee Schedule shall be incorporated by reference into this Agreement. LABORATORY may, at its option, reinstate any discount and/or special prices on business referred to LABORATORY after MEMBER brings its balance current. Nothing in the foregoing provision shall serve to waive any rights or remedies available to LABORATORY with respect to its providing of services to MEMBER. If LABORATORY is compelled to bring suit to collect amounts due hereunder, and such action is decided in favor of

LABORATORY, it shall be entitled to recover interest on amounts due, reasonable attorney's fees, and costs of suit incurred in connection with the action.

If CLIENT indicates that a third party is responsible for payment, LABORATORY, in accordance with legal and regulatory requirements, agrees to bill the patient or other responsible party (including Medicare, Medicaid, and insurance companies) for testing performed under this Agreement. MEMBER agrees to promptly provide LABORATORY with all necessary information to accomplish such billing and collection of amounts due. If LABORATORY is unable to obtain payment from any third party due to MEMBER'S failure to provide the information required in this Agreement, or as a result of MEMBER'S failure to follow applicable rules or regulations, MEMBER agrees to reimburse LABORATORY for all such payments.

9. COMPLIANCE WITH LAWS

A. Each party agrees to implement this Agreement in accordance with all applicable federal, state and local laws, regulations, and government directives, including without limitation (i) the Medicare and Medicaid laws (and equivalent state laws), (ii) laws applicable to protecting the confidentiality and privacy of patient health information. The terms of this Agreement are intended to be in compliance with all federal, state and local statutes, regulations and ordinances applicable on the date the Agreement takes effect including but not limited to, the Health Insurance Portability and Accountability Act of 1996, as amended, and its accompanying regulations ("HIPAA"), the Program Fraud Civil Remedies Act of 1986, the Deficit Reduction Act of 2005, the related Federal Civil False Claims Act and State False Claims Acts, and associated whistleblower protections. LABORATORY has written policies and procedures for detecting and preventing fraud, waste, and abuse and expects that test orders, services, supplies or materials provided to LABORATORY are in accordance with the requirements of the applicable federal and state laws.

B. In connection with the provision of services pursuant to this Agreement, LABORATORY agrees to the following requirements, to the extent that such requirements are applicable:

(1) To comply with the Civil Rights Act of 1964 and all other federal, state or local laws, rules and orders prohibiting discrimination. Consistent with the foregoing, the Commission agrees to comply with Executive Order 11246, entitled "Equal Employment Opportunity," as amended by Executive Order 11375, and as supplemented by U.S. Department of Labor regulations at 41 C.F.R. Part 60;

(2) To comply with all applicable standards, orders, and regulations issued pursuant to the Clean Air Act of 1970 (42 U.S.C. § 7401 et. seq.) and the Federal Water Pollution Control Act (33 U.S.C. § 1251 et seq.), as amended;

(3) To provide for the rights of the federal Government in any invention resulting from the work performed hereunder, in accordance with 37 C.F.R. Part 401 and any applicable implementing regulations; and

(4) To comply with the certification and disclosure requirements of the Byrd Anti-Lobbying Amendment (31 U.S.C. § 1352), and any applicable implementing regulations, as may be applicable.

10. MEDICAL NECESSITY

MEMBER and Facilities acknowledge that providers such as laboratories are not in a position to make medical necessity determinations, and in the event payment is denied by MEMBER, Medicare, Medicaid, or a third-party payor for lack of medical necessity, LABORATORY may look to the MEMBER, patient or other responsible party for reimbursement for those services that have been denied payment.

11. ACCREDITATION OF TESTING SITES

Testing performed hereunder shall be performed at reference testing facilities to be determined by LABORATORY. LABORATORY'S facilities are and shall remain duly licensed clinical laboratories under applicable federal, state, and local law. Reasonable documentation of such credentials shall be provided upon request. If, at any time, LABORATORY receives notice of loss of such licensure, LABORATORY shall notify MEMBER within five (5) days of receiving such notice and MEMBER shall have the right to terminate this Agreement at any time thereafter.

12. **CHANGE IN LAW OR REGULATION**
Should either party reasonably conclude that any portion of this Agreement is or may be in violation of such requirements or any other legal requirements or subsequent modifications by federal, state or local authorities, or if any such change or proposed change would materially alter the amount or method of compensating LABORATORY for Services performed for MEMBER or for any other party under this Agreement, or would materially increase the cost of LABORATORY's performance hereunder, the parties agree to negotiate written modifications to this Agreement as may be necessary to establish compliance with such authorities and/or to reflect applicable changes in compensation necessitated by such legal requirements.

13. **NON-ASSIGNABILITY**
This Agreement may not be assigned, delegated, or transferred by either party without the written consent of the other party which shall not be unreasonably withheld or delayed.

14. **NOTICES**
Any notice required to be given pursuant to the terms and provisions hereof shall be in writing and shall be sent by certified or registered mail to LABORATORY at:

Laboratory Corporation of America
13112 Evening Creek Drive South
San Diego, CA 92128
Attention: Contracts Administrator

with a copy to:

Laboratory Corporation of America Holdings
531 South Spring Street – 2nd Floor
Burlington, North Carolina 27215
Attention: Law Department

and to MEMBER at:

Attention: Administrator

With a copy to:
Washington Association of Community and Migrant Health Centers
510 Plum Street, Suite 101
Olympia, Washington 98501
Attention: Deputy Director, Juno Whittaker, MPA

15. **INDEPENDENT RELATIONSHIP**
None of the provisions of this Agreement are intended to create, nor shall be deemed or construed to create, any relationship between MEMBER and LABORATORY other than that of independent entities contracting with each other hereunder solely for the purpose of effecting the provisions of this Agreement. Neither of the parties hereto, nor any of their respective employees shall be construed to be the agent, employer or representative of the other.

16. **FORCE MAJEURE**
Neither party shall be liable for any claims or damages if such claims or damages result or arise out of a failure or delay that is due to any act beyond the control of the party who had the duty to perform.

17. **WARRANTY**

EACH PARTY WARRANTS TO THE OTHER THAT NEITHER IT NOR ANY OF ITS EMPLOYEES, AGENTS, CONTRACTORS, DIRECTORS OR OWNERS HAVE BEEN DEBARRED, SUSPENDED, DECLARED INELIGIBLE, OR EXCLUDED FROM MEDICARE/MEDICAID OR ANY OTHER GOVERNMENTAL HEALTHCARE PROGRAM. LABORATORY FURTHER WARRANTS THAT ALL SERVICES PROVIDED HEREUNDER SHALL BE PERFORMED IN ACCORDANCE WITH ESTABLISHED AND RECOGNIZED CLINICAL LABORATORY TESTING PROCEDURES AND WITH REASONABLE CARE IN ACCORDANCE WITH APPLICABLE FEDERAL, STATE, AND LOCAL LAWS. IF, AT ANY TIME, EITHER PARTY RECEIVES NOTICE THAT IT IS AN EXCLUDED PROVIDER, SUCH PARTY SHALL NOTIFY THE OTHER PARTY WITHIN FIVE (5) DAYS OF RECEIVING SUCH NOTICE AND THIS AGREEMENT SHALL IMMEDIATELY TERMINATE.

18. INDEMNIFICATION

LABORATORY agrees to defend, indemnify, and hold MEMBER, its parent, subsidiaries, affiliated and related companies, directors, officers, employees, and agents wholly harmless from and against all third party claims, losses, lawsuits, settlements, demands, causes, judgments, expenses, and costs (including reasonable attorney fees) arising under or in connection with this Agreement to the extent that such costs and liabilities are proximately caused by the negligence or willful misconduct of LABORATORY.

MEMBER agrees to defend, indemnify, and hold LABORATORY, its parent, subsidiaries, affiliated and related companies, directors, officers, employees, and agents, wholly harmless from and against all third party claims, losses, lawsuits, settlements, demands, causes, judgments, expenses, and costs (including reasonable attorney fees) arising under or in connection with this Agreement to the extent that such costs and liabilities are proximately caused by the negligence or willful misconduct of MEMBER.

An indemnitee entitled to indemnification under this Section shall give written notice to the indemnitor of a claim or other circumstances likely to give rise to a request for indemnification, within 30 days after the indemnitee becomes aware of the same. The indemnitor shall be afforded the opportunity to undertake the defense of and to settle by compromise, or otherwise, any claim for which indemnification is available under this Section. If the indemnitor so assumes the defense of any claim, the indemnitee may participate in such defense with legal counsel of its selection and at its expense. If the indemnitor, prior to the expiration of 30 days after receipt of written notice of a claim by the indemnitee under this Section, has not assumed the defense thereof, the indemnitee may thereupon undertake the defense thereof on behalf of, and at the risk and expense of, the indemnitor with all reasonable costs and expenses of such defense to be paid by the indemnitor. No compromise or settlement of any such claim shall be made without the prior written consent of the indemnitor, which consent shall not be unreasonably withheld or delayed.

In no event shall either party be held responsible for punitive damages, or consequential, incidental, or special damages (including lost profits or revenue).

19. BENEFIT

This Agreement is intended to inure only to the benefit of LABORATORY and MEMBER, and their duly authorized successors and assigns. This Agreement is not intended to create, nor shall be deemed or construed to create, any rights in any third parties.

20. NONDISCRIMINATION

All services provided by LABORATORY hereunder shall be in compliance with all applicable Federal and State laws prohibiting discrimination on the basis of race, color, religion, sex, national origin, handicap, or veteran status.

21. HEADINGS

The headings appearing in this Agreement are for convenience and reference only, and are not intended to, and shall not, define or limit the scope of the provisions to which they relate.

22. ENFORCEABILITY/SEVERANCE CLAUSE

The invalidity or unenforceability of any term or provisions hereto in any jurisdiction shall in no way affect the validity or enforceability of any of the other terms or provisions in that jurisdiction, or of the entire Agreement in any other jurisdiction.

23. INTEGRATION

This instrument is intended by the parties as a final expression of their agreement and as a complete statement of the terms thereof, and shall supersede all previous understandings and agreements. The parties shall not be bound by any representation, promise, or inducement made by either party or agent of either party that is not set forth in this Agreement. If the terms or conditions contained in any exhibit or attachment to this Agreement or any document incorporated by reference is in conflict with the terms and conditions set forth in the body of this Agreement, the terms and conditions in this Agreement shall control. Any applicable provisions required by federal, state, or local law are hereby incorporated by reference.

24. WAIVER

No course of dealing between MEMBER and LABORATORY or any delay on the part of MEMBER or LABORATORY in exercising any rights it may have under this Agreement shall operate as a waiver of any of the rights of MEMBER or LABORATORY hereunder, and no express waiver shall affect any condition, covenant, rule, or regulation other than the one specified in such waiver and that one only for the time and in the manner specifically stated.

25. ACCESS TO BOOKS AND RECORDS

A. LABORATORY shall prepare and maintain, in such form and for such duration as may be required by federal, state or local law and regulation, programmatic information, financial records and reports, supporting documents, statistical records, and all other books, documents, papers or other records related and pertinent to the services provided by LABORATORY pursuant to this Agreement.

B. If the services to be provided by LABORATORY hereunder are subject to the disclosure requirements of 42 U.S.C. 1395x (v) (I) (I), LABORATORY shall until expiration of four years make available, upon written request, to MEMBER, the Secretary of Health and Human Services, or the Comptroller General, or any of their duly authorized representatives, a copy of this Agreement and any records and reports, supporting documents, statistical records, and all other books, documents, papers or other records of LABORATORY that are necessary to certify the nature and extent of the costs incurred under this Agreement or as may be necessary for audit, examination, excerpt, transcription or copy purposes. Such access shall include timely and reasonable access to LABORATORY personnel for the purpose of interview and discussion related to such documents. If an audit, litigation or other action involving the records is started before the end of the four (4) year period, LABORATORY agrees to maintain the records until the end of the four (4) year period or until the audit, litigation or other action is completed, whichever is later. In addition, with respect to any subcontract with a value of $10,000 or more over a twelve month period, such subcontract shall contain a clause to the effect that, should the subcontractor be deemed a related organization, until the expiration of four years after the furnishing of services pursuant to such subcontract, the subcontractor shall make available, upon written request, to MEMBER, the Secretary of Health and Human Services, or the Comptroller General, or any of their duly authorized representatives, a copy of the subcontract, and any records and reports, supporting documents, statistical records, and all other books, documents, papers or other records of such third party that are necessary to verify the nature and extent of the costs incurred under this Agreement or as may be necessary for audit, examination, excerpt, transcription or copy purposes.

C. During the term of this Agreement, upon reasonable prior written request and during normal business hours, LABORATORY shall allow MEMBER reasonable access to LABORATORY records concerning the Services provided hereunder. MEMBER warrants and represents that it has obtained any necessary written consent from MEMBER patients and/or the ordering physician, if applicable, for the release of such records. Such consent shall be in a form that satisfies the requirements of the Clinical Laboratory Improvement Act of 1988 ("CLIA") and all applicable laws and regulations including but not limited to the privacy regulations of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

26. MODIFICATION

This Agreement may only be modified in a writing signed by authorized representatives of both parties.

27. ENTIRE AGREEMENT

This Agreement together with the terms and conditions of the GPO Agreement set forth the entire agreement between the parties hereto with respect to the subject matter herein. This Agreement supercedes any oral or written contrary agreement related to the subject matter herein now existing or hereafter entered into between LABORATORY and MEMBER or a person acting on behalf of any MEMBER.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed in their names as their official acts by their respective representatives, each of whom is duly authorized to execute the same.

Laboratory Corporation of America (LABORATORY)

By: _____

Name: _____

Title: _____

Date: _____

_____(MEMBER)

By: _____

Name: _____

Title: _____

Date: _____

EXHIBIT A

Client Facilities

Attachment H

Sample LabCorp Forms

Laboratory Corporation of America

Clinical Report Example

LabCorp
Laboratory Corporation of America

Testing 5-digit lab code
3060 South Church Street
Burlington, NC 27215-2230
Phone: 888-200-5439

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Route
301-Z79-5005-0		M130589047	24001210	336-436-8115	00

Patient Last Name	Patient First Name	Patient Middle Name	Patient SS#	Patient Phone	Total Volume	Age (Y/M/D)	Date of Birth	Sex	Fasting
ANYNAME	ANNUALM			555-555-1111		42/03/27	07/01/68	M	Yes

Account Address
LCA - eLabCorp - Test #1 - KC
Kelly Curry - CBP
3060 S Church Street
Burlington NC 27215

Patient Address
111 ANY STREET
ANY CITY NC

Additional Information
UPIN: U12345

Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID
10/28/10 07:11	10/28/10	11/04/10 06:48ET	ANYNAME , D	1234567890	9876543210

Tests Ordered
CBC With Differential/Platelet; Comp. Metabolic Panel (14); Prostate-Specific Ag, Serum

General Comments
ACC: M130589047 PID:
A duplicate report has been generated due to demographic updates.

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
WBC	9.5		x10E3/uL	4.0 - 10.5	01
RBC	4.91		x10E6/uL	4.10 - 5.60	01
Hemoglobin	13.4		g/dL	12.5 - 17.0	01
Hematocrit	42.7		%	36.0 - 50.0	01
MCV	87		fL	80 - 98	01
MCH	27.3		pg	27.0 - 34.0	01
MCHC	**31.4**	**Low**	g/dL	32.0 - 36.0	01
RDW	14.4		%	11.7 - 15.0	01
Platelets	303		x10E3/uL	140 - 415	01
Neutrophils	57		%	40 - 74	01
Lymphs	32		%	14 - 46	01
Monocytes	9		%	4 - 13	01
Eos	2		%	0 - 7	01
Basos	0		%	0 - 3	01
Neutrophils (Absolute)	5.4		x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	3.1		x10E3/uL	0.7 - 4.5	01
Monocytes(Absolute)	0.8		x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.2		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0		%	0 - 1	01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01
Comp. Metabolic Panel (14)					
Glucose, Serum	89		mg/dL	65 - 99	01
BUN	24		mg/dL	5 - 26	01
Creatinine, Serum	**1.33**	**High**	mg/dL	0.76 - 1.27	02
eGFR	147		mL/min/1.73	>59	
eGFR AfricanAmerican	132		mL/min/1.73	>59	

Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m2 defines CKD. Patients with eGFR values >/=60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at

Laboratory Corporation of America

Patient Name					Specimen Number		
ANYNAME, ANNUALM					301-Z79-5005-0		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
24001210		M130589047	10/28/10 07:11	11/04/10	M	42/03/27	07/01/68

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
www.kdoqi.org.					
BUN/Creatinine Ratio	18			8 - 27	
Sodium, Serum	137		mmol/L	135 - 145	01
Potassium, Serum	4.3		mmol/L	3.5 - 5.2	01
Chloride, Serum	99		mmol/L	97 - 108	01
Carbon Dioxide, Total	24		mmol/L	20 - 32	01
Calcium, Serum	9.3		mg/dL	8.7 - 10.2	01
Protein, Total, Serum	7.6		g/dL	6.0 - 8.5	01
Albumin, Serum	4.9		g/dL	3.5 - 5.5	01
Globulin, Total	2.7		g/dL	1.5 - 4.5	
A/G Ratio	1.8			1.1 - 2.5	
Bilirubin, Total	0.2		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	89		IU/L	25 - 150	01
AST (SGOT)	26		IU/L	0 - 40	01
ALT (SGPT)	35		IU/L	0 - 55	01
Prostate-Specific Ag, Serum					
Prostate Specific Ag, Serum	1.8		ng/mL	0.0 - 4.0	01
Roche ECLIA methodology.					

According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater.
Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

01	CATST	Testing 5-digit lab code 3060 South Church Street, Burlington, NC 27215-2230
02	CA	LabCorp Broadview Height Dir: David Buzzee, PhD 2525 East Royalton Road, Broadview Height, OH 44147

For inquiries, the physician may contact Branch: 800-222-7566 Lab: 888-200-5439

Cytology Report Example

LabCorp

LabCorp Burlington Cytology
2039 Willow Springs Lane
Burlington NC 27215-8854

Phone: 800-222-7566

Specimen Number	Patient ID	Control Number	Account Number	Account Phone	Route
305-C99-5000-0	M130589607	M130589607	24001210	336-436-8115	00

Patient Last Name: ANYNAME

Patient First Name: PAPHPVNAA

Patient Middle Name:

Patient SS#	Patient Phone	Total Volume
***-**-1111	555-555-1111	

Age (Y/M/D)	Date of Birth	Sex	Fasting
022/09/00	02/01/88	F	

Patient Address:
111 ANY STREET
ANY CITY NC

Account Address:
LCA - eLabCorp - Test #1 - KC
Kelly Curry - CBP
3060 S Church Street
Burlington NC 27215

Additional Information:
CYTO-DEMO RESULT
CO-CGF2010-30550000
UPIN: U12345

Date/Time Collected	Date Entered	Date/Time Reported	Physician Name	NPI#	Physician ID
11/01/10 14:28 ET	11/01/10	11/04/10 06:35 ET	ANYNAME, D	1234567890	9876543210

Tests Ordered:
Pap Lb, Ct-Ng, rfx HPV all; Physician Read Pap

Clinician Provided ICD-9 & Clinical History:

Diagnosis: (01)
EPITHELIAL CELL ABNORMALITY.
ATYPICAL SQUAMOUS CELLS, CANNOT EXCLUDE HIGH-GRADE SQUAMOUS INTRAEPITHELIAL LESION.

Specimen Adequacy: (01)
Satisfactory for evaluation. Endocervical and/or squamous metaplastic cells (endocervical component) are present.

Pathologist Provided ICD9 Codes: (01)
795.02

Clinician Provided Cytology Information:
GYN Source: Cervical;Endocervical;Vaginal
LMP / Prev Treat: Laser Vap
Other: Oral Contraceptives
Number of Containers:01 CYTYC Thin Prep Vial
ACC: M130589607

HPV Results: (03)
HPV, high-risk: POSITIVE
This high-risk HPV test detects thirteen high-risk types (16/18/31/33/35/39/45/51/52/56/58/59/68) without differentiation.

Chlamydia/Gonococcus Results: (03)
Chlamydia, Nuc. Acid Amp: POSITIVE
Gonococcus, Nuc. Acid Amp: NEGATIVE

Comments: (01)
The Pap smear is a screening test designed to aid in the detection of premalignant and malignant conditions of the uterine cervix. It is not a diagnostic procedure and should not be used as the sole means of detecting cervical cancer. Both false-positive and false-negative reports do occur.
A duplicate report has been generated due to demographic updates.

PAP Performed by (02)
CoPath testing Pathologist/Cytotech

PAP Electronically signed by (02)
Test Cytotech CoPath

(01) GF	LabCorp Burlington Cytology	2039 Willow Springs Lane	Burlington NC 27215-8854	Lab: 800-222-7566	Dir: Sandra Bigner, MD
(02) WW127	Sherri Scanlon Testing	E Davis Street	Burlington NC 27215	Lab: 626-473-4262	Dir: Jane Doe, VP
(03) BN	LabCorp Burlington	1447 York Court	Burlington NC 27215-3361	Lab: 800-762-4344	Dir: William F Hancock, MD

For Inquiries, the physician may contact the lab using the numbers indicated above:

ANYNAME, PAPHPVNAA	M130589607	305-C99-5000-0	Seq # 0003

FINAL REPORT

Laboratory Corporation of America

CarePATH®
Your guide to better health

PATIENT COUNSELING REPORT

LCA - eLabCorp - Test #1 - KC, Burlington NC 27215

Prepared for: ANYNAME, PAPHPVNAA
(DOB: 02/01/88)

Diagnosis: **ASC-H Pap Smear, Positive for High-risk HPV**

Your Diagnosis

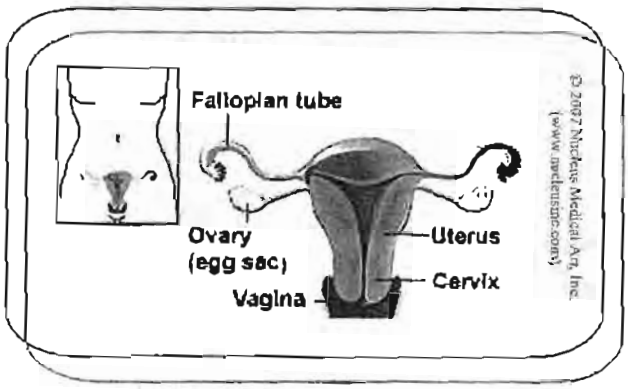
Recently, your doctor performed a Pap smear to obtain a sample of cells from the surface of your cervix and vagina. The cells were sent to a laboratory where a specially trained doctor called a pathologist examined them under a microscope to identify any abnormalities.

The report your doctor received from the laboratory states that you have **ASC-H**, which stands for **atypical squamous cells, cannot exclude high-grade squamous intraepithelial lesion.** The words "atypical squamous cells" mean that some of the cells in your cervix were abnormal. "Cannot exclude high-grade squamous intraepithelial lesion" means the pathologist was unable to rule out the presence of precancerous changes

An ASC-H Pap smear does not mean you have cervical cancer, but it may mean your cancer risk is increased. Often, the cellular changes (known as dysplasia) seen in ASC-H Pap smears are caused by infection with a virus called **human papillomavirus**, or **HPV**. HPV is spread from one person to another by skin-to-skin contact, including sexual contact. There are more than 100 types of HPV, and about 30 types can cause genital infections.[1] Genital HPV infection is very common. In fact, most sexually active adults will have a genital HPV infection some time in their lives.[1,2] Some types of HPV that infect the genitals are considered "high risk" because they can cause long-lasting (persistent) cervical infections in women and may cause abnormal changes in cervical cells that could progress to cervical cancer.[1,2]

Being infected with HPV may not indicate infidelity or recent intimate contact. The HPV virus can remain latent (hide) in cervical cells for decades without detection or warning symptoms; so even if you have been in a long-term, monogamous (single partner) relationship, you can still be diagnosed with HPV. If you or your partner ever had sex with another person, you may have become infected with HPV.

Tests performed on your cervical cells show that you are infected with a high-risk type of HPV, and you will require further testing to look for precancerous changes in your cervical cells.



Persistent genital infection with a high-risk type of HPV is known to be the leading cause of cervical cancer.[3,4] Still, of the women who develop cervical dysplasia due to genital infection with a high-risk type of HPV, only a small percentage will go on to develop cervical cancer if the abnormal cells are not removed.[4-7]

Studies suggest that whether a woman develops cervical cancer depends on a variety of factors acting together with high-risk genital HPV infection. Other factors known to or suspected of increasing the risk of cancer in women who have high-risk genital HPV infections include the following[3,5,8,9]:

* Having first sexual intercourse at a young age (during adolescence).
* Having many sex partners.
* Smoking cigarettes.
* Having a health problem that impairs the body's natural defense (immune) system.
* Long-term use (more than 5 years) of birth control pills.
* A diet lacking in beta-carotene, vitamins A and C, and folic acid.

Laboratory Corporation of America

Additional Tests and Procedures Your Doctor May Recommend

In order to learn more about the extent of the changes in your cervical cells, your doctor may perform a colposcopy and cervical biopsy. During **colposcopy**, your doctor will use a special device called a colposcope to examine your cervix. Like a microscope, the colposcope magnifies the cervix so your doctor can see the location and pattern of any abnormal areas. While your doctor is viewing your cervix through the colposcope, he or she will perform a **biopsy** by snipping tiny bits of tissue from any abnormal-looking areas.

The tissue samples will be sent to a laboratory where a pathologist will examine them under a microscope. If no precancerous changes are found, and a review of your Pap smear, colposcopic exam, and biopsy results support the diagnosis of ASC-H, your doctor may recommend that you have a follow-up Pap smear in 6 months and another in 12 months. Alternatively, your doctor may recommend that you have a test to detect genetic material (DNA) from human papillomavirus in your cervical cells.[10]

If the pathologist finds that the cells in your biopsy sample have undergone a high degree of change, you may need treatment. Without treatment, the abnormal cells could progress to cancer that may grow and spread. Your treatment options may include[11]:

* **LEEP (loop electrosurgical excision procedure).** A wire loop heated with a mild electrical current is used to cut out the abnormal tissue and a very small amount of healthy tissue surrounding it.

* **Cryotherapy (freezing).** A probe is placed against the cervix and cooled to subzero temperatures. This freezes and kills abnormal tissue. In about 6 to 8 weeks, healthy cells will replace those that were frozen and destroyed.

* **Laser therapy.** A beam of laser light is focused on the abnormal cells. The laser light destroys the abnormal cells by burning or vaporizing them.

* **Conization.** A laser beam or surgical knife is used to remove a cone-shaped piece of tissue from inside the cervical canal. Your doctor will also remove a small margin of normal tissue surrounding the wedge of abnormal tissue, and a pathologist will examine the tissue to confirm that the margin is free of abnormal cells.

At the present time, there is no vaccine or other medical treatment to cure HPV infection. The body may get rid of the virus over time. This is especially true for women who became infected before age 30 and do not smoke.[6]

Your Job

* Follow your doctor's recommendations for follow-up tests (such as colposcopy and cervical biopsy) and treatment. Keep a record of the dates and results of any tests or procedures you have; it might come in handy if you ever change doctors or insurance providers or if you experience a reproductive health problem in the future.

* Women who are infected with a high-risk type of HPV usually don't have any symptoms. It is important to remember, however, that you can spread HPV to others during sexual contact even if you don't have symptoms. Use of condoms will reduce, but not eliminate, the risk of spreading HPV to others. Only the skin that is covered by or comes in contact with the condom is protected from HPV. The virus can infect any uncovered skin on the genitals, groin, thighs, anus, and rectum and possibly in the mouth.

* Contact your doctor if you experience pain or any other new symptoms, or if you notice a change in the amount, appearance, or smell of your vaginal discharge. Many problems that affect a woman's reproductive tract (including sexually transmitted diseases) can cause similar symptoms. Your doctor can determine the exact cause of your symptoms, prescribe the right treatment, and teach you how to take steps to keep from spreading an infection to others or becoming infected again.

* If you smoke, quit. Smoking has been identified as a factor that may increase your risk of cervical cancer. If you have difficulty quitting smoking, talk to your doctor. He or she may be able to recommend a smoking cessation program to increase your chances for success.

Other Resources

You can obtain additional information about ASC-H Pap smear positive for high-risk HPV and other health problems affecting the female reproductive tract from the following sources:

National Cervical Cancer Coalition
Telephone: **(800) 685-5531**
Home Page: **www.nccc-online.org**

National HPV and Cervical Cancer Prevention Hotline
Telephone: **(919) 361-4848**

National Women's Health Information Center
Telephone: **(800) 994-WOMAN (800-994-9662)**
Home Page: **www.4woman.gov**

References

[1] American College of Obstetricians and Gynecologists. Genital HPV (human papillomavirus) in adolescents fact sheet. Available at: http://www.medem.com. Accessed December 30, 2004.

[2] Centers for Disease Control and Prevention. Genital HPV infection fact sheet. Available at: http://www.cdc.gov/std/healthcomm/fact_sheets.htm. Accessed December 22, 2004.

[3] Fey M, Beal MW. The role of human papilloma virus testing in cervical cancer prevention. *Journal of Midwifery and Women's Health*. 2004;49:4-13.

[4] National Cancer Institute Cancer Facts. Human Papillomaviruses and cancer: Questions and answers. Available at: http://cis.nci.nih.gov/fact/3_20.htm. Accessed December 22, 2004

[5] Vernund SH, Bhatia MP. Papillomavirus infections. In Cohen J, Powderly WG, Berkley SF, Calandra T, eds., *Infections Diseases*. 2nd ed. Edinburgh, Scotland Mosby; 2004:827-838.

[6] Ho YF, Bierman R, Beardsley L, Chang CJ, Burk RD. Natural history of cervicovaginal papillomavirus infection in young women. *New England Journal of Medicine*. 1998; 338:423-428.

[7] Elkas JC. Farias-Eisner R, Berek JS. Cervix, vulva, and vagina. In Abelo. MD, Armitage JO, Lichter AS, Niederhuber JE, eds. *Clinical Oncology*. 2nd ed. New York, NY: Churchill Livingstone; 2000:1946-1966.

[8] Keefe KA, Meyskens FL. Cancer prevention. In Abelo. MD, Armitage JO, Lichter AS, Niederhuber JE, eds. *Clinical Oncology*. 2nd ed. New York, NY: Churchill Livingstone; 2000:318-365.

[9] National Cancer Institute. Cervical cancer treatment PDQ-Patient version. Available at: http://www.cancer.gov/cancertopics/pdq/prevention/cervical/Patient. Accessed December 22, 2004

[10] Wright TC, Cox JT, Massad LS, et al. 2001 Consensus guidelines for the management of women with cervical cytological abnormalities *Journal of the American Medical Association*. 2002; 287:2120-2129

[11] Wright TC, Cox JT, Massad LS, et al. Consensus guidelines for the management of women with cervical intraepithelial neoplasia *American Journal of Obstetrics and Gynecology*. 2003 189:295-304.

CarePATH®
Your guide to better health

PATIENT COUNSELING REPORT

LCA - eLabCorp - Test #1 - KC, Burlington NC 27215

Prepared for: ANYNAME, PAPHPVNAA
(DOB: 02/01/88)

Diagnosis: **Pap smear positive for chlamydial infection**

Your Diagnosis

Recently, your doctor performed a Pap smear to obtain a sample of cells from the surface of your cervix and vagina. The cells were sent to a laboratory where a specially trained doctor called a pathologist examined them under a microscope to identify any abnormalities. **The report your doctor received from the laboratory states that you have a chlamydial infection.**

Chlamydia is a common disease that is passed from one person to another during sexual activity. It is caused by infection with bacteria called *Chlamydia trachomatis*.[1,3,6] You can become infected with chlamydia bacteria if you have unprotected vaginal, anal, or oral sex or share sex toys with an infected partner.

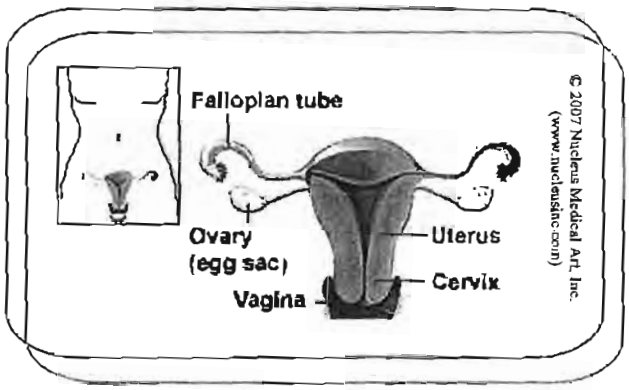
Chlamydia can infect your reproductive and urinary organs as well as other structures in your pelvis. If you have oral or anal sex with an infected partner, a chlamydial infection may develop in your throat or rectum.[2,3]

You may never develop symptoms of a chlamydial infection.[2,3,4] It is important for you to know, however, that until you and your sex partner(s) have successfully completed treatment, you can pass the infection to others during sexual contact even if you don't have any symptons.[2,6]

When chlamydia symptoms do occur, they are usually mild and appear 1 to 3 weeks after you become infected with *Chlamydia trachomatis*.[1,3] Symptoms include an abnormal vaginal discharge and pain when you urinate. If your male sex partner has chlamydia, he may experience an abnormal discharge from his penis.

How Might Chlamydia Affect My Health ?

If a chlamydial infection is not promptly treated, chlamydia bacteria can move up your reproductive tract to your uterus, fallopian tubes (egg canals), ovaries (egg sacs), and surrounding structures. When these organs and structures become infected, it is called **pelvic inflammatory disease**, or **PID**.[1-4]



PID caused by chlamydia is one of the leading causes of **infertility** in women.[2,4,5] PID may cause scar tissue to form inside your fallopian tubes.[3] The fallopian tubes are where conception (the coming together of egg and sperm to make an embryo) occurs. If your fallopian tubes become completely blocked with scar tissue, it may be very difficult for conception to take place, so you may not be able to get pregnant without medical help.

If your fallopian tubes are partially blocked when conception occurs, an embryo may get stuck in one of the tubes instead of moving into your uterus. This is called a **tubal** or **ectopic pregnancy**, and it can be life-threatning if you do not receive immediate medical treatment.[2,3] If you have a history of chlamydia or PID and you become pregnant, you should seek medical care as early as possible to make sure the developing embryo is inside the uterus and not a fallopian tube.

If you are already pregnant and you become infected with chlamydia, you might pass chlamydia bacteria to your baby during delivery. The bacteria can cause an eye infection (conjunctivitis) or a lung infection (pneumonia) in your baby.[1,5] Both of these serious infections require treatment with antibiotics.

Laboratory Corporation of America

How Is Chlamydia Treated ?

Chlamydia is treated with **antibiotics.**[1-3] The drugs are taken by mouth. Some of them could be harmful to a developing fetus, so be sure to let your doctor know if you are pregnant or think you might be pregnant.

Because people who are infected with chlamydia are often also infected with gonorrhea (another bacterial infection spread during sexual contact), you may be given a combination of antibiotics to kill both types of bacteria.[1,6]

It is very important that you **take all of your prescribed medication**, even if your symptons go away before you finish the prescription. If you stop taking your medication after your symptoms are relieved but before you complete the full course of treatment, the infection might not be completely cured and may flare up again. It is also essential that all of your sex partners be tested and, if necessary, treated for chlamydial infection. Neither you nor your sex partners who are receiving treatment should have sexual contact with anyone until 7 days after treatment has been completed.[2,6]

Antibiotic treatment cannot reverse health problems, such as pelvic inflammatory disease, that may result from a long-standing, untreated chlamydial infection.

What Can I Do To Maintain My Health ?

* Let your doctor know if you have questions about your treatment or if you are not able to follow your prescribed treatment plan.

* Tell all of your sex partners that you have chlamydia, and recommend that they (and their other sex partners) be tested and treated for chlamydia. If your sex partner has chlamydia, you can become infected again the next time you have sex with one another.

* If you have a male sex partner, he may not know that he has chlamydia. Men with chlamydia sometimes experience an abnormal discharge from the penis. Remember, neither your nor your partner needs to have symptoms to be contagious.

* You should be tested for cure of chlamydial infection 3 to 4 weeks after you complete treatment **only** if you are pregnant, continue to have symptoms after you have finished your antibiotics, or believe you may have been re-exposed to the disease by your sex partner.[6]

* It is common for women who have been treated for chlamydia to develop another chlamydial infection within several months. Most post-treatment infections are the result of reinfection caused by having sex with an infected partner. Because repeat infections may increase your risk for PID and other complications, your doctor is likely to recommend that you be retested for chlamydial infection, preferably about 3 months after you have completed antibiotic treatment, but certainly within 12 months.[6]

* Report any new symptoms to your doctor, particularly if you have any new pain or notice a change in the amount, appearance, or smell of your vaginal discharge. Many problems that affect a woman's reproductive tract, including sexually transmitted infections, can cause similar symptoms. It is important that you let your doctor evaluate your symptoms (even if you have had the same or similar symptoms before) so he or she can determine their exact cause, prescribe the right treatment, and teach you how to take steps to keep from spreading an infection to others.

* Protect your sex partners from becoming infected with chlamydia. Use latex condoms whenever you engage in sexual activity. Condoms may reduce your risk of passing chlamydia to your sex partner, but they will not protect you or your sex partner against all sexually transmitted diseases. Only the skin that is covered by or comes in contact with the condom is protected from infection. Any uncovered skin on the genitals, groin, thighs, anus and rectum, and possibly in the mouth is prone to infection.

* If you are 25 years of age or younger and sexually active you should receive a screening test for chlamydia once a year. If you are older than 25 and have risk factors for chlamydial infection (a new sex partner or multiple sex partners), you too should be screened once a year.[6] If you are pregnant, you should have a screening test for chlamydia as part of your prenatal care.

* Visit your doctor as recommended for regular pelvic exams and screening tests. Keep a record of the dates and results of such exams and tests; it might come in handy if you ever change doctors or insurance providers or if you experience a reproductive health problem in the future.

Other Resources

You can obtain additional information about chlamydial infection from the following sources:

CarePathOnLine Support Center
Home Page: **www.carepathonline.com**

American Social Health Association
Telephone: **(800) 227-8922**
Home Page: **www.ashastd.org**

Centers for Disease Control and Prevention Division of Sexually Transmitted Diseases
NationalSTD hotline: **(800) 227-8922**
Home Page: **www.cdc.gov/std**

The National Women's Health Information Center
Telephone: **(800) 994-WOMAN (800-994-9662)**
TDD: **(888) 220-5546**
Home Page: **www.4woman.gov**

References

(1)American Social Health Association. Chlamydia questions and answers. Available at: http://www.ashastd.org/learn/learn_chlamydia.cfm#top. Accessed December 27, 2006.
(2)Centers for Disease Control and Prevention. Chlamydia fact sheet. Available at: http://www.cdc.gov/std/healthcomm/fact_sheets.htm. Accessed December 27, 2006.
(3)National Institute of Allergy and Infectious Diseases. Health matters: Chlamydia. Available at: http://www.niaid.nih.gov/factsheets/stdcham.htm. Access December 28, 2006.
(4)Stamm WE, Jones RB, Batteiger BE. *Chlamydia trachomatis* (trachoma, perinatal infections, lymphogranuloma venereum, and other genital infections). In Mandell GL, Bennet JE, DolinR, eds. *Mandell, Douglas, and Bennett's Principles and Pratice of Infectious Diseases*. 5th ed. Philadelphia, PA: Churchill Livingstone, 2005:2239-2253
(5)Lutwick LI. Chlamydial genitourinary infections [e-Medicine Web site]. June 29, 2006. Available at: http://www.emedicine.com/med/topic340.htm. Accessed December 27,2006
(6)Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines, 2006. *Morbity and Mortality Weekly Report*. 2006;55(RR11):1-95.

Tox Report Example

LabCorp
Laboratory Corporation of America

Testmaster Testing
3060 S Church Street
Burlington, NC 27215
Phone: 800-762-4344

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Route
270-988-9001-0			24001210	336-436-8115	00

Patient Last Name	Patient First Name	Patient Middle Name	Patient SS#	Patient Phone	Total Volume	Age (Y/M/D)	Date of Birth	Sex	Fasting
TEST	761290							N	

Account Address
LCA - eLabCorp - Test #1 - KC
Kelly Curry - CBP
3060 S Church Street
Burlington NC 27215

Patient Address

Additional Information

Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID
09/27/13 00:00	09/27/13	10/15/13 14:08ET			

Tests Ordered
761290 5+Oxyco+Crt-ReScr

General Comments
A duplicate report has been generated due to demographic updates.

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
761290 5+Oxyco+Crt-ReScr					
.					01
Amphetamine Screen, Urine	Negative		ng/mL	Cutoff=1000	02
Benzodiazepines	Negative		ng/mL	Cutoff=300	02
Cocaine (Metab.)	Negative		ng/mL	Cutoff=300	02
Opiates	**Positive**		ng/mL	Cutoff=300	02
Opiate test includes Codeine, Morphine, Hydromorphone, Hydrocodone.					
Opiate ReScreen, Urine	3500		ng/mL	Cutoff=300	02
Please Note:					02
This assay is performed by immunoassay. Positive findings are unconfirmed analytical test results that includes repeat analysis; if results do not support expected clinical finding, confirmation by an alternate methodology is recommended. A numeric result is a cumulative concentration of the drug or other components detected by the assay; related drug components or chemically similar compounds may impact test results. Patient metabolic variables, specific drug chemistry, and specimen characteristics can affect test outcome. Technical consultation is available at otstoxline@labcorp.com, or call toll free 888-883-5017.					
Oxycodone/Oxymorphone, Urine	Negative		ng/mL	Cutoff=100	02
Test includes Oxycodone and Oxymorphone					
Methadone, Urine	Negative		ng/mL	Cutoff=300	02
Creatinine, Urine	130.0		mg/dL	20.0 - 300.0	02
pH, Urine	7.0			4.5 - 8.9	02

01	BN	LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361	Dir: William F Hancock, MD
02	UI	LabCorp OTS RTP 1904 Alexander Drive, RTP, NC 27709-0153	Dir: Michael Fox, MD

For inquiries, the physician may contact Branch: 800-222-7566 Lab: 800-762-4344

Laboratory Corporation of America

Tox Report Example

LabCorp
Laboratory Corporation of America

Testmaster Testing
3060 S Church Street
Burlington, NC 27215
Phone: 800-762-4344

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Route
270-988-9003-0			24001210	336-436-8115	00

Patient Last Name	Patient First Name	Patient Middle Name	Patient SS#	Patient Phone	Total Volume	Age (Y/M/D)	Date of Birth	Sex	Fasting
TEST	761291							N	

Account Address
LCA - eLabCorp - Test #1 - KC
Kelly Curry - CBP
3060 S Church Street
Burlington NC 27215

Patient Address

Additional Information

Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID
09/27/13 00:00	09/27/13	10/15/13 14:08ET			

Tests Ordered
761291 5+Oxyco-Scr, Oral Fluid

General Comments
A duplicate report has been generated due to demographic updates.

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
761291 5+Oxyco-Scr, Oral Fluid					
.					01
Amphetamine	Negative			Cutoff=50	02
Benzodiazepines	**Positive**			Cutoff=20	02
Cocaine and Metabolites	Negative			Cutoff=20	02
Opiate Metabolites	Negative			Cutoff=40	02
Test includes Codeine and Morphine.					
Oxycod/Oxymor, Oral Fluid	Negative			Cutoff=40	02
Test includes Oxycodone and Oxymorphone					
Drug Screen Comment:					02
This assay provides a preliminary unconfirmed analytical test result that may be suitable for the clinical management of patients in certain situations. For workplace drug testing programs, preliminary positive findings should always be confirmed by an alternative method. Some over-the-counter medications, as well as adulterants, may cause inaccurate results. All clients must ensure that their testing program conforms to applicable state and federal laws and employment agreements.					
Methadone	Negative			Cutoff=10	02

01	BN	LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361	Dir: William F Hancock, MD
02	UI	LabCorp OTS RTP 1904 Alexander Drive, RTP, NC 27709-0153	Dir: Michael Fox, MD

For inquiries, the physician may contact **Branch: 800-222-7566 Lab: 800-762-4344**

Laboratory Corporation of America

eReq Example Tox

LabCorp
Laboratory Corporation of America

Collection Date: 11/3/2013 Collection Time: 5:10 PM EREQ. Beacon Requisition #: B0005907844
External Control #:

Account #: 24001210 LCA - eLabCorp - Test #1 - KC Kelly Curry
3060 S Church Street
Burlington, NC 27215
(336) 436-8115

Pt Name: Test, Kenl
DOB: 10/12/1962 Gender: M Age: 51
Pt ID: Alt Pt ID:
Pt Phone: (206) 555-1212 SS #:

Physician: BUNKER, BRETT NPI: 1013055425 UPIN: Prov #: Phys. ID: 5066660
Bill To: Client
ICD9 Diagnosis Code: V70.0
Responsible Party: Test, Kenl
123 Street Anywhere
KENT, WA 98042
Relationship: Self
Responsible Party SS #:
Responsible Party Phone #: (206) 555-1212

Primary Insurance:

Secondary Insurance:

Subscriber #:
Insurance Group #:
Emp/Group Name:
Worker's Comp:

Subscriber #:
Insurance Group #:
Emp/Group Name:

	CODE	TEST ORDERED (TOTAL 1)	SUBMIT TO LAB
XXX	733805	733805 9+Oxyco+Alc+Crt-Scr	1-URINE BTL-RT

Fasting: Urine Vol: Weight: Height: Call Results: N

Clinical Comments:

0 URINE BTL

Authorization - Please Sign and Date

I hereby authorize the release of medical information related to the services described hereon and authorize payment directly to Laboratory Corporation of America. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

Physician/Authorized Signature Date

Patient Signature Date

B0005907844 Test, Kenl 11/3/2013 B0005907844 Test, Kenl 11/3/2013 B0005907844 Test, Kenl 11/3/2013 B0005907844 Test, Kenl 11/3/2013

B0005907844 Test, Kenl 11/3/2013 B0005907844 Test, Kenl 11/3/2013 B0005907844 Test, Kenl 11/3/2013 B0005907844 Test, Kenl 11/3/2013

Laboratory Corporation of America

eReq - Example Tox

LabCorp
Laboratory Corporation of America

Collection Date: 11/3/2013 Collection Time: 5:11 PM

EREQ. Beacon Requisition #: B0005907845
External Control #:

Account #: 24001210
LCA - eLabCorp - Test #1 - KC Kelly Curry
3060 S Church Street
Burlington, NC 27215
(336) 436-8115

Pt Name: Test, Kenl
DOB: 10/12/1962 Gender: M Age: 51
Pt ID: Alt Pt ID:
Pt Phone: (206) 555-1212 SS #:

Physician: BUNKER, BRETT NPI: 1013055425 UPIN: Prov #: Phys. ID. 5066660
Bill To: Client
ICD9 Diagnosis Code: V70.0

Responsible Party: Test, Kenl
123 Street Anywhere
KENT, WA 98042
Relationship: Self
Responsible Party SS #:
Responsible Party Phone #: (206) 555-1212

Primary Insurance:

Secondary Insurance:

Subscriber #:
Insurance Group #:
Emp/Group Name:
Worker's Comp:

Subscriber #:
Insurance Group #:
Emp/Group Name:

	CODE	TEST ORDERED (TOTAL 1)	SUBMIT TO LAB
XXX	701825	Oxycodone/Oxymorphone, Urine	1-URINE BTL-RT

Fasting: Urine Vol: Weight: Height: Call Results: N

Clinical Comments:

0 URINE BTL

Authorization - Please Sign and Date

I hereby authorize the release of medical information related to the services described hereon and authorize payment directly to Laboratory Corporation of America. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

Physician/Authorized Signature Date

Patient Signature Date

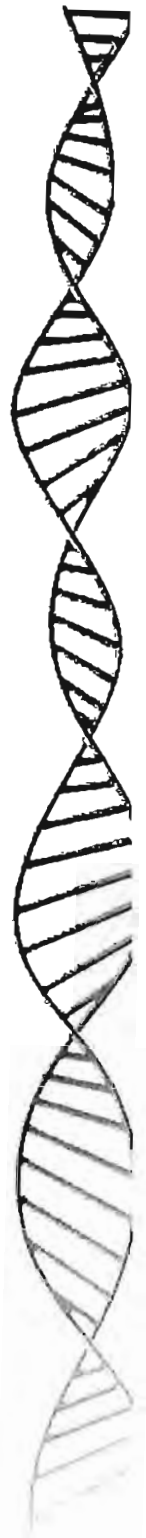
B0005907845 11/3/2013 B0005907845 11/3/2013 B0005907845 11/3/2013 B0005907845 11/3/2013
Test, Kenl Test, Kenl Test, Kenl Test, Kenl

B0005907845 11/3/2013 B0005907845 11/3/2013 B0005907845 11/3/2013 B0005907845 11/3/2013
Test, Kenl Test, Kenl Test, Kenl Test, Kenl

Laboratory Corporation of America

Attachment I

POCT (point of care testing) Info – Urine Drug Screens



Laboratory Corporation of America

NexScreen Cup

NEXT GENERATION SCREENING SOLUTIONS

CLIA Waived

The Best Value in Instant Drug Testing

- CLIA Waived & FDA Cleared
- Highly Competitive Pricing
- Simple, Fast & Reliable
- Test up to 12 Drugs or up to 6 Adulterants
- Patented
- Easy to Read: Color Coded with One Drug per Strip
- Custom Configurations
- Same Accuracy as a Laboratory

Original Patented Technology eliminates urine handling and exposure.
The first instant drug test cup published in the Journal of Analytical Toxicology.

Amphetamine	1000 ng/ml	Methadone	300 ng/ml
Barbiturates	300 ng/ml	Methamphetamine	1000 ng/ml
Benzodiazepines	300 ng/ml	Opiates	300, 2000 ng/ml
Cocaine	300 ng/ml	Phencyclidine (PCP)	25 ng/ml
Marijuana	50 ng/ml	Tricyclic Antidepressants	1000 ng/ml
Ecstasy (MDMA)	500 ng/ml	Oxycodone	100 ng/ml

12 CLIA-waived drug tests available | U.S. Patents: 6,497,843 / 6,805,837 / 6,805,838

Laboratory Corporation of America

NexScreen Cup - OTC

Over The Counter (OTC) Instructions (Part I)

Part I (page 1-2) of the instruction is for OTC use by consumers.
Part II (page 3-6) of the instruction is for prescription use.

Indications For Use

The NexScreen Cup is an *in vitro* diagnostic test for the rapid detection of the following drugs in human urine.

Drug (Analyte)	Cutoff	Device Code
THC (Marijuana)	50 ng/mL	THC
Cocaine	300 ng/mL	COC
Amphetamine	1000 ng/mL	AMP
Methamphetamine	1000 ng/mL	MET
Opiates	2000 ng/mL	OPI
Opiates300	300 ng/mL	OPI300
PCP	25 ng/mL	PCP
Barbiturates	300 ng/mL	BAR
Benzodiazepines	300 ng/mL	BZD
Methadone	300 ng/mL	MTD
Oxycodone	100 ng/mL	OXY
MDMA	500 ng/mL	MDMA
Tricyclic Antidepressants	1000 ng/mL	TCA

This test is intended for use by over-the-counter (OTC) consumers and in professional settings as the first step in a two step process to provide users, including but not limited to concerned parents, with information concerning the presence or absence of the above stated drugs or their metabolites in a urine sample. Information regarding confirmatory testing- the second step in the process, is provided in the package labeling

Tests for prescription drugs will yield preliminary positive results when prescription drugs are ingested, even at or above therapeutic doses. There are no uniformly recognized drug cutoffs for barbiturates, benzodiazepine, or tricyclic antidepressant in urine. The multi-drug of abuse urine test device shows the drug was or was not present at the cutoff level. This test provides only a preliminary result. A more specific alternate chemical method must be used in order to obtain a confirmed analytical result. Gas Chromatography / Mass Spectrometry (GC/MS) or High Performance Liquid Chromatography (HPLC) is the preferred confirmatory method. Clinical consideration and professional judgment should be applied to any drug of abuse test result, particularly when preliminary positive results are obtained.

Part I. This part of the instruction is for OTC use by consumers.

Caution:

Drug Testing involves a 2 step process:

1) A preliminary screen result.
2) A confirmation test performed in a lab.

The NexScreen Cup provides only the initial preliminary screening result. It will be necessary to confirm a presumptive positive result in a lab to conclude a test is positive. We hope that this kit and the information it provides will stimulate honest and candid discussions about the use of drugs

Step by Step Instructions

Contents of the NexScreen Cup.

The NexScreen Cup is a self contained easy to use urine drug test containing:

1) Complete Test Instructions and Handbook (answers to common questions).
2) NexScreen Cup (with affixed temperature strip) in foil pouch.
3) Drug Test Form with a unique specimen ID number.
4) Leakage pad
5) Pouch with self adhesive sealer
6) Pre-addressed shipping box/pouch for confirmation testing

Materials Needed but Not Provided:

1) Timing Device (timer, clock, watch, etc.)

NexScreen Cup Test Procedure

The NexScreen Cup is designed to use with urine specimens. Fresh urine does not require any special handling. Test cup and urine samples should be fresh or at room temperature prior to testing.

Do not open the foil pouch until ready to perform the assay.

Collection Procedure:

Step 1: Remove all kit contents from box
Step 2: Read the Complete Test Instructions and Handbook
Step 3: Remove the NexScreen Cup from the sealed foil pouch. Give the NexScreen Cup (with affixed Temperature Strip) to donor
Step 4: Be careful to remove anything from the bathroom that could be added to the specimen. Things that may interfere with the test include: soap, bleach, vinegar, salt, or tap/toilet water. If this is a test on your child, you may want to be in the bathroom with your child to prevent any tampering with the sample
Step 5: Allow donor to provide 30 mL of urine (about 1/3 full)
Step 6: Read specimen temperature using the strip affixed on the side of container within 5 minutes. A green color dot on the strip indicates the specimen temperature. The temperature of newly collected human urine specimen should read between 90-100°F. If no reading is present, temperature is out of range and sample should be discarded. A new sample should be collected with a new kit.

Reading the Results:

Negative results may be read as soon as 2 pink lines appear. For positive results, read result within 4 to 5 minutes after providing urine sample. Do not read result after 5 minutes. If the test is left standing more than 5 minutes, the intensity of the colored lines may change

Negative – ***Presence of 2 rose pink lines (any intensity).*** One line is present in the control region and another line is present in the test region for each drug. A FAINT line indicates a negative result.

Presumptive Positive (send to Lab) – Presence of a line in the control region and NO LINE is present in the test region. **Read at 5 minutes**. This is a preliminary result. More than one test may be a presumptive positive.

Invalid – No control line is present. The control line should always be present whether or not the test result is positive or negative. If the control line is not present after the test, the result is invalid.

Do not use the invalid test result. Use another device to retest. If problems persist, contact customer service.

Interpretation of Results

Negative: Two Colored Lines in the Control and Test Region	**Negative:** Line in Control Region, and Faint line in Test Region	**Positive:** One Colored in the Control Region	**Invalid** No Colored in Control with or without line in Test Region

This is only the first step of a 2 step process (see below for confirmation procedure) See below to "Send a Sample to the Lab for Confirmation".

Step 1 – Preliminary screening to identify negatives
Step 2 - Confirmation in a lab for all non-negatives (presumptive positives)

If you get a presumptive positive test result, when you use this product, we recommend that you send the urine to a Certified Laboratory, which can test the urine again with a more accurate and reliable test. The second test is called gas chromatography/mass spectrometry or GC/MS. We recommend that you consult with a counselor, doctor, or another qualified professional to help you understand the test results and to address problems such as drug abuse. Positive results for some drugs may be caused by prescription drug use.

Only Urine can be used.

The ID number is required to obtain confirmation results

Some over the counter drugs or other prescription drugs may cause a false positive result on this preliminary screening test. Confirmation at the laboratory is necessary to eliminate these interfering substances.

Some prescription drugs (for example, narcotics) may cause a positive result

Adulterated specimens (where something that is added to the urine) may cause an inaccurate result.

This test has no chain of custody and cannot be used for legal (forensic) purposes.

We recommend counseling by a qualified substance abuse counselor to aid in understanding the test results.

To Send a Sample to the Lab for Confirmation

1) If result of preliminary test is non-negative (presumptive positive), tightly reseal collection cup with up to 30 mL of urine. Be sure to screw on cap securely in order to prevent leaking of specimen.

2) Be sure an ID number is affixed to specimen bottle and also to the back of the handbook in order to obtain results. This is your confidential ID number which is necessary to obtain results.

3) Place specimen inside of tamper proof plastic pouch along with the absorbent pad and seal the pouch with the adhesive tape.

4) Place specimen into Pre-addressed shipping box to:

NexScreen LLC
9501 Northfield Blvd.
Denver, CO 80238

THIS MAILER IS NOT PRE-PAID. You must affix postage. Drop preaddressed shipping box with **POSTAGE** into any mailbox.

Obtaining Confirmation Results:

Step 1: Retain Complete Test Instructions and Handbook with ID number affixed to back
Step 2: Allow 7-10 working days for processing if sent via US Postal Service
Step 3: Obtain confirmation results by calling our toll free number (888-956-8989). Retain the specimen ID number which you affixed to the designated area on the back page of the Complete Test Instructions and Handbook.
Step 4: If you need further results interpretation or assistance, please call our customer service at our 888-956-8989 or email us at info@nexscreen.com.

Other questions or comments regarding this product should be directed to:

Customer service: 888-956-8989

Web Site: www.nexscreen.com
e-mail: info@nexscreen.com

NexScreen Cup
CLIA Category: Waived
Prescription Instructions
Part II:

Part II. This part of the instruction includes prescription performance characteristics and is for prescription use.

The NexScreen Cup is CLIA waived. A certificate of waiver is needed for your laboratory in order to run this test. All applicable state and local laws must be met. Laboratories with a certificate of waiver must follow the manufacturer's instructions for performing the test, including use with only the waived specimen type(s). Any modification to the test or manufacturer's instructions will result in the test being classified as high complexity and is no longer CLIA waived.

Note: This assay provides only preliminary analytical test results. A more specific alternative chemical method must be used in order to obtain confirmed analytical results. Gas chromatography/mass spectrometry (GC/MS) is the preferred confirmatory method. Clinical consideration and professional judgment should be applied to any drug of abuse test results, particularly when preliminary results indicated positive.

SUMMARY AND EXPLANATION OF THE TEST

Drug abuse remains a growing social and economic concern in many developed and developing countries throughout the world. The above stated drugs are among the most frequently abused illicit drugs according to the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Health and Human Services.

The NexScreen Cup uses a fast, qualitative, visually read competitive immunoassay method for screening without the need for instrumentation. The method employs a mixture of antibodies and antigens to selectively identify the drugs of abuse and their metabolites in test samples with a high degree of sensitivity.

The length of time following drug use for which a positive result may occur is dependent upon several factors including the frequency and amount of drug, metabolic rate, drug half-life, and the drug user's age, weight, activity, and diet.

PRINCIPLE OF THE TEST

The NexScreen Cup is a competitive immunoassay in which drugs and drug metabolites in a urine sample compete with immobilized drug conjugate for limited labeled antibody binding sites. By utilizing antibodies that are specific to different drug classes, the test permits independent, simultaneous detection of up to twelve drugs from a single urine sample. The test results can be read at 5 minutes.

In the assay procedure, urine mixes with labeled antibody-dye conjugate and migrates along a porous membrane. When the concentration of a given drug is below the detection limit of the test, unbound antibody-dye conjugate binds to antigen conjugate immobilized on the membrane, producing a colored line in the appropriate Test Zone for that drug. Conversely, when the drug level is at or above the detection limit, free drug competes with the immobilized antigen conjugate on the membrane by binding to antibody-dye conjugate, forming an antigen-antibody complex and preventing the development of a colored line in the Test Zone.

Regardless of the drug levels in the sample, a colored line is produced in each Control Zone by a parallel immunochemical reaction. The presence of this colored line in the control region serves as 1) verification that sufficient volume is added and 2) that proper flow is obtained.

MATERIALS PROVIDED

1. 25 Test cups with strips containing dye-conjugated antibody and immobilized antigen in a protein matrix with sodium azide.
2. Test Instructions.

MATERIALS NEEDED BUT NOT PROVIDED

1. Timing device (i.e., timer, clock, watch, etc.)

WARNINGS AND PRECAUTIONS

1. For *in vitro* diagnostic use.
2. Do not use the test device beyond the expiration date.
3. Use a new device for each urine test to avoid cross contamination of urine samples. The NexScreen Cup cannot be reused.
4. Urine specimens may be infectious, properly handle and dispose of all urine and urine reaction devices in a biohazard container.
5. Visually inspect the foil package to ensure it has not been compromised before beginning the test. If the package does not reach you intact, the integrity of the test cup may be comprised.

STORAGE AND STABILITY

Store test kit below 28°C (83°F); do not freeze. If stored at 2°-8°C (36°F-46°F), allow the test kit to reach room temperature 15°-28° (59°-83°F) before performing the test. The Test cup will be stable until the expiration date as printed on the foil package.

SPECIMEN COLLECTION AND PREPARATION

Fresh urine specimens should be collected directly into the cup with a minimum of 30ml volume and do not require any special handling or pre-treatment. The NexScreen Cup employs a thermal strip to validate the urine collection. This device should be checked immediately after collection.

Note: Urine specimens can be transferred from a urine collection container into the NexScreen Cup if necessary.

TEST PROCEDURE

Do not break the seal of the protective pouch until ready to begin testing.

Read result within 4 to 5 minutes after providing urine sample.

1. Tear open the foil pouch and remove the test cup.
2. Issue the device to the individual to be tested.
3. Have donor urinate directly into the NexScreen Cup. Ensure the specimen is above the minimum level line (~30 mL) on the test label.
4. The cup must be returned immediately to the collector. Authorized personnel at collection sites to remove tear-off label and read the results at five minutes post collection.

INTERPRETATION OF RESULTS

Each of the tests is read individually and independently of one another.

Positive: A colored line is visible in each Control Zone. No color line appears in the Test Zone, indicating a preliminary positive result for the corresponding drug of that specific Test Zone. Send this urine specimen to a certified laboratory for confirmation.

Negative: A colored line is visible in each Control Zone and in the Test Zone, indicating that the concentration of the corresponding drug of that specific test zone is below the detection limit of the test.

Invalid: If a colored line is not visible in the Control Zone, the test is invalid. Another test should be run to re-evaluate the specimen. Each strip in the NexScreen Cup is read and functions independently. An invalid result on one test strip does not invalidate other results derived from the same device.

Note: There is no meaning attributed to the line color intensity or width. Any evidence of a line should be considered a line.

QUALITY CONTROL

It is recommended that external negative and positive controls be tested with each new lot or shipment of product, with each new operator, monthly as a check on continued storage conditions, or as otherwise required by your laboratory's internal quality system procedures

External Positive and Negative Controls are available separately. Please contact manufacturer for a list of approved controls that have been validated with the test system

If unexpected results are seen when running the controls, review the test procedures and repeat the test with another device. If the problem persists, discontinue the use of test device immediately and contact the manufacturer

LIMITATIONS OF THE TEST

1. This product is designed for the detection of drugs of abuse and their metabolites in human urine only.
2. There is the possibility that false results will occur due to the presence of interfering substances in the urine and/or factors beyond the control of the manufacturer, e.g., technical or procedure errors associated with the testing.
3. The test is a qualitative screening assay and is not suggested for quantitative determination of drug levels or level of intoxication.
4. Adulterants such as bleach or other strong oxidizing agents can cause erroneous test results when added to urine specimens regardless of the analysis method used. If adulteration is suspected, obtain another urine specimen.
5. A preliminary positive test result might be obtained from certain foods, food supplements and medications. A negative test result may occur when drug/metabolite is present but is below the cutoff level of the test.

PERFORMANCE CHARACTERISTICS

1. **Sensitivity:** The NexScreen Cup detects drugs of abuse and their major metabolites in urine at concentrations equal to or greater than the cut-off level for the specific drug, which is suggested by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) for the immunoassay method.
2. **Accuracy:** The drug screen test strips were evaluated using urine specimens from clinical laboratories where the samples were analyzed by GC/MS. In addition, tests were also compared with other commercially available products. The results are listed below:

2.01 **AMPHETAMINE**

	Predicate Kit Positive	Predicate Kit Negative
NexScreen Positive	47	0
NexScreen Negative	0	79

When compared to predicate kit, the agreement for positive samples was 100% and for negative samples was 100% With respect to predicate kit, the agreement for all samples was 100%.

	GC/MS Positive	GC/MS Negative
NexScreen Positive	45	2
NexScreen Negative	1	78

When compared with GC/MS, the agreement for positive samples was 97.8% and for negative samples was 97.5% With respect to GC/MS, the agreement for all samples was 97.6%

2.02 **BARBITURATES**

	Predicate Kit Positive	Predicate Kit Negative
NexScreen Positive	56	0
NexScreen Negative	0	60

When compared to predicate kit, the agreement for positive samples was 100% and for negative samples was 100%. With respect to predicate kit, the agreement for all samples was 100%

	GC/MS Positive	GC/MS Negative
NexScreen Positive	54	2
NexScreen Negative	2	58

When compared with GC/MS, the agreement for positive samples was 96.4% and for negative samples was 96.7% With respect to GC/MS, the agreement for all samples was 96.6%.

2.03 **BENZODIAZEPINES**

	Predicate Kit Positive	Predicate Kit Negative
NexScreen Positive	42	0
NexScreen Negative	1	79

When compared to predicate kit, the agreement for positive samples was 97.7% and for negative samples was 100%. With respect to predicate kit, the agreement for all samples was 99.2%.

	GC/MS Positive	GC/MS Negative
NexScreen Positive	40	2
NexScreen Negative	1	79

When compared with GC/MS, the agreement for positive samples was 97.6% and for negative samples was 97.5%. With respect to GC/MS, the agreement for all samples was 97.5%.

2.04 **COCAINE**

	Predicate Kit Positive	Predicate Kit Negative
NexScreen Positive	53	0
NexScreen Negative	2	85

When compared to predicate kit, the agreement for positive samples was 96.4% and for negative samples was 100% With respect to predicate kit, the agreement for all samples was 98.6%

	GC/MS Positive	GC/MS Negative
NexScreen Positive	49	4
NexScreen Negative	3	84

When compared with GC/MS, the agreement for positive samples was 94.2% and for negative samples was 95.5%. With respect to GC/MS, the agreement for all samples was 95%.

2.05 **MARIJUANA**

	Predicate Kit Positive	Predicate Kit Negative
NexScreen Positive	62	0
NexScreen Negative	0	76

When compared to predicate kit, the agreement for positive samples was 100% and for negative samples was 100%. With respect to predicate kit, the agreement for all samples was 100%.

	GC/MS Positive	GC/MS Negative
NexScreen Positive	60	2
NexScreen Negative	3	73

When compared with GC/MS, the agreement for positive samples was 95.2% and for negative samples was 97.3%. With respect to GC/MS, the agreement for all samples was 96.4%.

2.06 **MDMA**

	Predicate Kit Positive	Predicate Kit Negative
NexScreen Positive	50	0
NexScreen Negative	2	65

When compared to predicate kit, the agreement for positive samples was 96.2% and for negative samples was 100%. With respect to predicate kit, the agreement for all samples was 98.3%.

	GC/MS Positive	GC/MS Negative
NexScreen Positive	48	2
NexScreen Negative	3	64

When compared with GC/MS, the agreement for positive samples was 94.1% and for negative samples was 97%. With respect to GC/MS, the agreement for all samples was 95.7%.

2.07 **METHAMPHETAMINE**

	Predicate Kit Positive	Predicate Kit Negative
NexScreen Positive	50	0
NexScreen Negative	2	78

When compared to predicate kit, the agreement for positive samples was 96.2% and for negative samples was 100% With respect to predicate kit, the agreement for all samples was 98.5%.

	GC/MS Positive	GC/MS Negative
NexScreen Positive	48	2
NexScreen Negative	3	77

When compared with GC/MS, the agreement for positive samples was 94.1% and for negative samples was 97.5%. With respect to GC/MS, the agreement for all samples was 96.2%.

2.08 **METHADONE**

	Predicate Kit Positive	Predicate Kit Negative
NexScreen Positive	55	0
NexScreen Negative	0	66

When compared to predicate kit, the agreement for positive samples was 100% and for negative samples was 100%. With respect to predicate kit, the agreement for all samples was 100%.

	GC/MS Positive	GC/MS Negative
NexScreen Positive	52	3
NexScreen Negative	2	64

When compared with GC/MS, the agreement for positive samples was 96.3% and for negative samples was 95.5%. With respect to GC/MS, the agreement for all samples was 95.9%.

2.09 **OPIATES 300**

	Predicate Kit Positive	Predicate Kit Negative
NexScreen Positive	69	1
NexScreen Negative	1	70

When compared to predicate kit, the agreement for positive samples was 98.6% and for negative samples was 98.6%. With respect to predicate kit, the agreement for all samples was 98.6%

	GC/MS Positive	GC/MS Negative
NexScreen Positive	68	2
NexScreen Negative	2	69

When compared with GC/MS, the agreement for positive samples was 97.1% and for negative samples was 97.2%. With respect to GC/MS, the agreement for all samples was 97.2%

2.10 **OPIATES 2000**

	Predicate Kit Positive	Predicate Kit Negative
NexScreen Positive	65	1
NexScreen Negative	0	73

When compared to predicate kit, the agreement for positive samples was 100% and for negative samples was 98.6%. With respect to predicate kit, the agreement for all samples was 99.3%

	GC/MS Positive	GC/MS Negative
NexScreen Positive	64	2
NexScreen Negative	2	71

When compared with GC/MS, the agreement for positive samples was 97% and for negative samples was 97.3%. With respect to GC/MS, the agreement for all samples was 97.1%.

2.11 **OXYCODONE**

	Predicate Kit Positive	Predicate Kit Negative
NexScreen Positive	52	1
NexScreen Negative	2	59

When compared to predicate kit, the agreement for positive samples was 96.3% and for negative samples was 98.3%. With respect to predicate kit, the agreement for all samples was 97.4%.

	GC/MS Positive	GC/MS Negative
NexScreen Positive	51	2
NexScreen Negative	2	59

When compared with GC/MS, the agreement for positive samples was 96.2% and for negative samples was 96.7%. With respect to GC/MS, the agreement for all samples was 96.5%.

2.12 **PHENCYCLIDINE**

	Predicate Kit Positive	Predicate Kit Negative
NexScreen Positive	59	1
NexScreen Negative	0	78

When compared to predicate kit, the agreement for positive samples was 100% and for negative samples was 98.7%. With respect to predicate kit, the agreement for all samples was 99.3%.

	GC/MS Positive	GC/MS Negative
NexScreen Positive	55	5
NexScreen Negative	3	75

When compared with GC/MS, the agreement for positive samples was 94.8% and for negative samples was 93.8%. With respect to GC/MS, the agreement for all samples was 94.2%.

2.13 **TRICYCLIC ANTIDEPRESSANTS**

	Predicate Kit Positive	Predicate Kit Negative
NexScreen Positive	56	1
NexScreen Negative	0	61

When compared to predicate kit, the agreement for positive samples was 100% and for negative samples was 98.4%. With respect to predicate kit, the agreement for all samples was 99.2%.

	GC/MS Positive	GC/MS Negative
NexScreen Positive	55	2
NexScreen Negative	3	58

When compared with GC/MS, the agreement for positive samples was 94.8% and for negative samples was 96.7%. With respect to GC/MS, the agreement for all samples was 95.8%.

3. Specificity: The specificity of NexScreen Cup was tested by adding various drugs, drug metabolites, and other compounds that are likely to be present in urine.

Table 1: The following structurally related compounds produce positive results when tested at levels greater than the concentrations (ng/ml) listed below:

The following Amphetamine-related substances yield positive results for

Amphetamines:	
d-Amphetamine	1,000
l-Amphetamine	10,000
3,4 methylenedioxyamphetamine(MDA)	4,500
p-Methoxyamphetamin(PMA)	1,500
Methylendioxyethylamphetamine(MDEA)	>100,000
Methylendioxymethamphetamine(MDMA)	>100,000

The following Barbiturate-related substances yield positive results for

Barbiturates:	
Secobarbital	300
Alphenal	400
Amobarbital	2,000
Aprobarbital	300
Barbital	300
Butabarbital	300
Butalbital	3,000
Pentobarbital	400
Phenobarbital	300

The following Benzodiazepine-related substances yield positive results for

Benzodiazepines:	
Oxazepam	300
Alprazolam	400
Bromazepam	2,000
Chlordiazepoxide	8,000
Clobazam	400
Clonazepam	5,000
Diazepam	2,000
Estazolam	20,000
Flunitrazepam	1,000
Lorazepam	4,000
Lometazepam	5,000
Nitrazepam	200
Nordiazepam	500
Temazepam	200
Triazolam	8,000

The following Cocaine-related substances yield positive results for **Cocaine:**

Benzoylecgonine	300
Cocaine	50,000
Ecgonine	>100,000
Ecgonine Methyl Ester	>100,000

The following Marijuana-related substances yield positive results for **Marijuana:**

11-Nor-Δ-9-THC-9-COOH	50
Δ-9-THC	10,000
Cannabidiol	100,000
Δ-8-THC	7,000
11-hydroxy-Δ-9-THC	2,000
Cannabinol	100,000

The following MDMA-related substances yield positive results for **MDMA:**

3,4 methylendioxymethamphetamin(MDMA)	500
d-Methamphetamine	250
d-amphetamine	10,000
l-Methamphetamine	500
Methylendioxyethylamphetamin(MDEA)	500
3,4 methylenedioxyamphetamine(MDA)	>100,000
p-Methoxyamphetamin(PMA)	>100,000

The following Methamphetamine-related substances yield positive results for **Methamphetamine:**

d-Methamphetamine	1,000
d-amphetamine	40,000
l-Methamphetamine	20,000
Methylendioxyethylamphetamin(MDEA)	2,000
Methylendioxymethamphetamin(MDMA)	2,000
3,4 methylenedioxyamphetamine(MDA)	>100,000
p-Methoxyamphetamin(PMA)	>100,000

The following Methadone-related substances yield positive results for **Methadone:**

Methadone	300
(±)-2-Ethyl-1,5-dimethyl-3,3-diphenylpyrrolinium(EDDP)	50,000
2-Ethyl-5-methyl-3,3-diphenylpyrroline (EMDP)	50,000

The following Opiates 300-related substances yield positive results for Opiates 300:

Morphine	**300**
6-Acetylmorphine	**300**
Codeine	**300**
Ethyl morphine	**2,000**
Hydromorphone	**3,000**
Hydrocodone	**3,000**

The following Opiates 2000-related substances yield positive results for **Opiates 2000:**

Morphine	2000
6-Acetylmorphine	2000
Codeine	2000
Ethyl morphine	25,000
Hydromorphone	30,000

The following Oxycodone-related substances yield positive results for **Oxycodone:**

Oxycodone	100
Oxymorphone	80000

The following PCP-related substances yield positive results for **Phencyclidine:**

Phencyclidine (PCP)	25
Thienylcyclohexylpiperidine (TCP)	3000

The following TCA-related substances yield positive results for **TCA:**

Nortriptyline	1,000
Amitriptyline	1,000
Desipramine	800
Imipramine	1,000
Nordoxepine	1,500
Cyclobenzaprine	3,000
Clomipramine	10,000
Doxepine	5,000
Protriptyline	3,000
Perphenazine	50,000
Promazine	30,000
Trimipramine	5,000

Table 2: The following compounds were found not to cross-react when tested at concentrations of 100 ug/ml:

Acetaminophen	Bilirubin	Erythromycin	Penicillin-G
Acetone	Caffeine	Ethanol	Pheniramine
Albumin	Chlorpheniramine	Furosemide	L-Phenylethylamine
Ampicillin	Creatine	Guaiacol Glyceryl Ether	Quinidine
Aspartame	Dextromethorphan	Hemoglobin	Sulindac
Aspirin	4-Dimethylaminoantipyrine	Isoproterenol	Tyramine
Atropine	Dopamine	Lidocaine	Vitamin C
Benzocaine	(-)-Ephedrine	N-Methyl-Ephedrine	

BIBLIOGRAPHY

1. Baselt, R.C., *Disposition of Toxic Drugs and Chemicals in Man*, 2nd Ed., Biomedical Publ., Davis, CA, p. 488 (1982).
2. Cody, J.T., Schwarzhoff, R., *Journal of Analytical Toxicology*, 17:2630 (1993)
3. *Urine Testing for Drugs of Abuse*, NIDA Research Monograph 73, (1986)
4. Dasgupta, A., Saldana, S., Kinnaman, G., Smith, M., Johansen, K., *Clinical Chemistry*, 39(1): 104-108 (1993).
5. *Department of Health and Human Services*, Federal Register, 53(69) 19970-11989 (1988), (1989)
6. FDA Guidance for Labeling *Urine Drugs of Abuse Screening Testing*, Kshitij Mohan, 7/21/1987.

Manufactured in USA for:
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Denver, CO 80217-0205
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www.nexscreen.com

TOXASSURE

NexScreen™ Cup Record Sheet

Patient Name: _____

DOB: _____ **Patient ID or SSN:** _____

Temperature: _____ **Collector:** _____ **Date:** _____

After completing the point of care drug screening, circle the applicable drug screening result for each drug class.
(non-negative = NON NEG or negative = NEG)

Drug Class	NexScreen Test Result	
THC Marijuana	NON NEG	NEG
COC Cocaine	NON NEG	NEG
OPI Opiates	NON NEG	NEG
AMP Amphetamines	NON NEG	NEG
MET Methamphetamine	NON NEG	NEG
PCP Phencyclidine	NON NEG	NEG
MDMA Ecstasy	NON NEG	NEG
BAR Barbiturates	NON NEG	NEG
BZO Benzodiazepines	NON NEG	NEG
MTD Methadone	NON NEG	NEG
TCA Antidepressants	NON NEG	NEG
OXY Oxycodone	NON NEG	NEG

Drug screening results were obtained with the NexScreen™ point of care testing device.
All specimens that screen non-negative should be confirmed by
GC/MS* or LC/MS/MS** at MedTox Laboratories as needed.

If you require further assistance, contact us at 877.709.7272.

* gas chromatography/mass spectrometry
** liquid chromatography/tandem mass spectrometry

MedTox LABORATORIES
LabCorp Specialty Testing Group

Laboratory Corporation of America

LabCorp

04/2013

CLINICAL TOXICOLOGY
POINT-OF-COLLECTION TESTING ("POCT") PRODUCT PURCHASE AGREEMENT

By executing below, CLACKAMAS COUNTY ("CLIENT") with a place of business located at 2061 KAEN RD. OREGON CITY, OR 97045 acknowledges and agrees to the terms and conditions set forth herein in order to receive Point-of-Collection Testing ("POCT") Products ("Products") from Laboratory Corporation of America Holdings and its subsidiaries including MedTox Laboratories, Inc. ("COMPANY").

CLIENT represents and warrants as follows: (A) CLIENT understands that the group of POCT Products available under this Agreement may not be approved for use in certain state or federally regulated workplace programs and understands it shall be the sole responsibility of CLIENT to ensure that the POCT Products are used in accordance with all applicable state and federal laws and regulations; (B) CLIENT's facilities and employees performing on-site testing using the Products have and will maintain all appropriate and required licenses including but not limited to state and federal certifications and licensing requirements; (C) CLIENT shall use collectors as required by applicable law; (D) CLIENT acknowledges and agrees the POCT products are for screening testing only; (E) CLIENT recognizes that COMPANY shall have no liability for the performance or damage or injury caused by the use of such POCT products; (F) CLIENT acknowledges and agrees that all Products provided under this Agreement shall be billed directly to CLIENT. CLIENT shall pay COMPANY directly and agrees to not bill Medicare, Medicaid, any other government payor for the Products provided herein. (G)This Agreement is not valid until approved and executed by a duly authorized COMPANY representative.

The POCT products are sold in the increments mandated by the manufacturer and do not include sales tax and shipping charge. Shipping charges are listed herein. POCT products are not returnable. Notwithstanding the foregoing, if COMPANY elects to receive returned Products, CLIENT agrees to pay COMPANY a twenty-five percent (25%) of the then current price of returned product as restocking fee. Pricing shall remain firm for a period of one year. Either party may terminate this Agreement with a thirty (30) day prior written notice to the other party. CLIENT agrees to pay for the Products set forth below and payment for Products, in U. S. Funds only, is due thirty (30) days after the date of invoice.

CLIENT AGREES TO DEFEND, INDEMNIFY, AND HOLD COMPANY, ITS PARENT, SUBSIDIARIES, AFFILIATED AND RELATED COMPANIES, DIRECTORS, OFFICERS, EMPLOYEES, AND AGENTS, WHOLLY HARMLESS FROM AND AGAINST ALL THIRD PARTY CLAIMS, LOSSES, LAWSUITS, SETTLEMENTS, DEMANDS, CAUSES, JUDGMENTS, EXPENSES, AND COSTS (INCLUDING REASONABLE ATTORNEY FEES) ARISING UNDER OR IN CONNECTION WITH THIS AGREEMENT TO THE EXTENT THAT SUCH COSTS AND LIABILITIES ARE PROXIMATELY CAUSED BY THE NEGLIGENCE OR WILLFUL MISCONDUCT OF CLIENT OR ANY VIOLATION OF APPLICABLE LAWS AND REGULATIONS OR ANY BREACH OF ANY REPRESENTATION OR WARRANTY CONTAINED HEREIN.

CLIENT acknowledges that the POCT products may be manufactured by third party companies and that THE ONLY WARRANTY PROVIDED FOR THE POCT PRODUCTS ARE THOSE PROVIDED BY THE MANUFACTURER AND THE POCT PRODUCTS ARE PROVIDED "AS IS". NO WARRANTIES ARE MADE BY COMPANY WITH RESPECT TO SUCH POCT PRODUCTS EXPRESS OR IMPLIED, EITHER IN FACT OR BY OPERATION OF LAW, STATUTORY OR OTHERWISE, AND COMPANY DISCLAIMS ANY AND ALL WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR OR ORDINARY PURPOSE.

Product(s) Only with Screen Cut-Off Levels Indicated	Price PER CASE++	Minimum Quantity	Order Quantity
AMP1000/BAR300/BZP300/COC300/THC50/MDMA500/METAMP1000/MTD300/OPI300//OXY100/PCP25/TCA1000 (12 Panel Cup Device)*	$175.00	25/case	
*Quality Control Positive Product (5 mL)	$19.25	Each	
*Quality Control Negative Product (5 mL)	$11.75	Each	
THC50/COC300/OPI300/MET500/AMP1000/BZO300/BAR300/MTD300/OXY100 (9 Panel Dip Device) **	$220.00	25/case	
**Quality Control Positive Product (20 mL)	$28.00	Each	
** Quality Control Negative Product (20 mL)	$84.00	Each	
**Quality Control Positive Product for OXY and MDMA (10 mL)	$84.00	Each	
Buprenorphine Strip (10)	$125.00	50/case	
Intect7 Adulteration Product	$25.00	25/vial	
Shipping Fee via Standard Ground Transportation (First case)	$10.00	Per Case	
Shipping Fee via Standard Ground Transportation (each additional case ordered with another case)	$7.50	Per Case	

++=In addition to taxes and shipping fees.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed in their names as their official acts by their respective representative, each of whom is duly authorized to execute the same.

Laboratory Corporation of America Holdings and its subsidiaries including MedTox Laboratories, Inc.

_____(CLIENT)

BY: _____ BY: _____

TITLE: _____ DATE: _____ TITLE: _____ DATE: _____

For Internal Use Only

Account Number(s): _____ _____ _____

Sales Name: _____ Set-Up For Client Bill Only: ___Yes ___No Set-Up Date: _____

Set-up By (Name): _____ Date Product(s) Ordered: _____

Laboratory Corporation of America

Drug Cross Reactivity Table

COMPOUND - Generic Name	COMPOUND - Trade Name	RESULTS
A Interferon Alfa	Intron	Non-reactive
Acetaminophen (See also Paracetamol)	Acephen	Non-reactive
Acetaminophen (See also Paracetamol)	Aceta	Non-reactive
Acetaminophen (See also Paracetamol)	Apacet	Non-reactive
Acetaminophen (See also Paracetamol)	Dapacan	Non-reactive
Acetaminophen (See also Paracetamol)	Excedrin (combination)	Non-reactive
Acetaminophen (See also Paracetamol)	Feverall	Non-reactive
Acetaminophen (See also Paracetamol)	Panadol	Non-reactive
Acetaminophen (See also Paracetamol)	Tempra	Non-reactive
Acetaminophen (See also Paracetamol)	Tylenol	Non-reactive
Acetaminophen with Codeine (see also Paracetamol with codeine)	Tylenol 3	Positive for Opiates (OPI, MOR)
Acetaminophen with Codeine (see also Paracetamol with codeine)	Tylenol with codeine	Positive for Opiates (OPI, MOR)
Acetophenetidin	Phenacetin	Non-reactive
Acetylsalicylic acid	Anadin	Non-reactive
Acetylsalicylic acid	Anacin	Non-reactive
Acetylsalicylic acid	Bufferin	Non-reactive
Acetylsalicylic acid	Caprin	Non-reactive
Acetylsalicylic acid	Disprin	Non-reactive
Acetylsalicylic acid	Ecotrin	Non-reactive
Acetylsalicylic acid	Empirin	Non-reactive
Acetylsalicylic acid	Excedrin (combination)	Non-reactive
Acetylsalicylic acid Non-reactive	Aspirin	Non-reactive
Allobarbital	No known trade names	Positive for Barbiturates (BAR)
Alphenol	No known trade names	Positive for Barbiturates (BAR)
Alprazolam	Xanax	Positive for Benzodiazepines (BZO)
Aluminum Chloride Hexahydrate	Anhydrol Forte	Non-reactive
Aluminum Chloride Hexahydrate	Drichlor	Non-reactive
Aluminum Hydroxide	Alitona	Non-reactive
Aluminum Hydroxide	Alu-Cap	Non-reactive
Aluminum Hydroxide	Gastrocote	Non-reactive
Aluminum Hydroxide	Kolanticon	Non-reactive
Aluminum Hydroxide	Maalox	Non-reactive
Aluminum Hydroxide	Maalox TC	Non-reactive
Aluminum Hydroxide	Mucogel	Non-reactive
Aluminum Hydroxide	Topal	Non-reactive
Alverine Citrate	Spasmonal	Non-reactive
Alverine Citrate	Spasmonal Fibre	Non-reactive
Aminopyrine		Non-reactive
Amitriptyline	Elavil	Positive for Tricyclic Antidepressants (TCA)
Amitriptyline	Levitrol	Positive for Tricyclic Antidepressants (TCA)
Amitriptyline	Triptafen	Positive for Tricyclic Antidepressants (TCA)
Amitriptyline	Triptafen-M	Positive for Tricyclic Antidepressants (TCA)
Amitriptyline	Tryptizol	Positive for Tricyclic Antidepressants (TCA)
Ammonia/Ipecacuanha	Ipecac	Non-reactive
Amobarbital	Amytal	Positive for Barbiturates (BAR)
Amobarbital	Tuinal	Positive for Barbiturates (BAR)
Amoxicillin or Amoxycillin	Amoram	Non-reactive
Amoxicillin or Amoxycillin	Amoxil	Non-reactive
Amoxicillin or Amoxycillin	Novamox	Non-reactive
Amoxicillin or Amoxycillin Non-reactive	Augmentin	Non-reactive
Ampicillin	Penbritin	Non-reactive
Ampicillin	Polycillin	Non-reactive
Ampicillin	Principen	Non-reactive
Antazoline Sulphate	Otrivine-Antistin	Non-reactive
Aprobarbital		Positive for Barbiturates (BAR)
Aspirin	Angettes	Non-reactive
Aspirin	ASA	Non-reactive
Aspirin	Asasantin	Non-reactive
Aspirin	Caprin	Non-reactive
Aspirin	Excedrin	Non-reactive
Aspirin Non-reactive	Bayer Aspirin	Non-reactive
Atenolol	Beta-adal	Non-reactive
Atenolol	Xaten	Non-reactive
Atenolol	Tenben	Non-reactive
Atenolol	Tenif	Non-reactive
Atenolol	Tenoretic	Non-reactive
Atenolol	Tenoret 50	Non-reactive
Atenolol	Tenormin	Non-reactive
Atenolol Sodium	Co-tenidone	Non-reactive
Atorvastatin	Lipitor	Non-reactive
Azlocillin	Securopen	Non-reactive
Barbital		Positive for Barbiturates (BAR)
Beclomethasone	AeroBec	Non-reactive
Beclomethasone	AeroBec Forte	Non-reactive
Beclomethasone	Asmabec	Non-reactive
Beclomethasone	Becloda	Non-reactive
Beclomethasone	Filair	Non-reactive
Beclomethasone	Nasobec	Non-reactive
Beclomethasone	Ovar	Non-reactive
Beclomethasone	Ventide	Non-reactive
Beclomethasone	Zonnerit	Non-reactive
Beclomethasone Non-reactive	Beclazone	Non-reactive
Beclomethasone Non-reactive	Becloforte	Non-reactive
Beclomethasone Non-reactive	Becodisks	Non-reactive

Drug Cross Reactivity Table

COMPOUND - Generic Name	COMPOUND - Trade Name	RESULTS
Beclomethasone Non-reactive	Beconase	Non-reactive
Bendroflumethiazide	Aprinox	Non-reactive
Bendroflumethiazide	Cogaretic	Non-reactive
Bendroflumethiazide	Inderex	Non-reactive
Bendroflumethiazide	Inderide	Non-reactive
Bendroflumethiazide	Neo-Naclex	Non-reactive
Bendroflumethiazide	Neo-Naclex-K	Non-reactive
Bendroflumethiazide	Prestim	Non-reactive
Bendroflumethiazide	Tenlen	Non-reactive
Benzalkonium	Bradosol	Non-reactive
Benzydamine HCl	Difflam	Non-reactive
Benzylpenicillin	Crystapen	Non-reactive
BP Codeine Phosphate	Pediatric	Positive for Opiates (OPI/MOR)
Bromazepam	Lexotan	Positive for Benzodiazepines (BZO)
Brompheniramine	Dimetapp	Non-reactive
Brompheniramine	Dimotane	Non-reactive
Brompheniramine	Dimetapp	Non-reactive
Buprenorphine	Subutex	Non-reactive
Buprenorphine	Temgesic	Non-reactive
Bupropion	Wellbutrin	Non-reactive
Bupropion	Zyban	Non-reactive
Butabarbital	Butisol	Positive for Barbiturates (BAR)
Butabarbital	Sonaryl	Positive for Barbiturates (BAR)
Butalbital	Fioricet	Positive for Barbiturates (BAR)
Butalbital	Fiorinal	Positive for Barbiturates (BAR)
Butethal		Positive for Barbiturates (BAR)
Canesten	Canesten ext/clotrimazole/HC	Non-reactive
Carbamazepine	Tegretol	Non-reactive
Carbamazepine	Teril	Non-reactive
Carbamazepine	Timonil	Non-reactive
Cephalexin	Ceporex	Non-reactive
Cephalexin	Keflex	Non-reactive
Chloral Hydrate	Welldorm	Non-reactive
Chlorazepate	Tranxene	Positive for Benzodiazepines (BZO)
Chlordiazepoxide	Librium	Positive for Benzodiazepines (BZO)
Chlorhexidine Gluconate	Calorohex	Non-reactive
Chlorhexidine Gluconate	Cordsgyl	Non-reactive
Chlorhexidine Gluconate	CX Powder	Non-reactive
Chlorhexidine Gluconate	Dermol	Non-reactive
Chlorhexidine Gluconate	Hibicet	Non-reactive
Chlorhexidine Gluconate	Hibiscrub	Non-reactive
Chlorhexidine Gluconate	Hibisol	Non-reactive
Chlorhexidine Gluconate	Fibrene	Non-reactive
Chlorhexidine Gluconate	Instillagel	Non-reactive
Chlorhexidine Gluconate	Nasopin	Non-reactive
Chlorhexidine Gluconate	Nystaform	Non-reactive
Chlorhexidine Gluconate	Solutulo	Non-reactive
Chlorhexidine Gluconate	Steripod	Non-reactive
Chlorhexidine Gluconate	Tisept	Non-reactive
Chlorhexidine Gluconate	Unisept	Non-reactive
Chlorhexidine Gluconate	Unidex	Non-reactive
Chlorhexidine Gluconate	Uro-Tainer	Non-reactive
Chlorhexidine Gluconate Non-reactive	Bactigras	Non-reactive
Chlorpheniramine Maleate	Galpseud	Non-reactive
Chlorpheniramine Maleate	Haymine	Non-reactive
Chlorpheniramine Maleate	Piriton	Non-reactive
Chlorpromazine	Largactil	Non-reactive
Cimetidine	Dysparnet	Non-reactive
Cimetidine	Tagamet	Non-reactive
Cimetidine	Zita	Non-reactive
Citalopram	Cipramil	Non-reactive
Clobazam	Frisium	Positive for Benzodiazepines (BZO)
Clonazepam	Clonopin	Positive for Benzodiazepines (BZO)
Clonazepam	Klonopin	Positive for Benzodiazepines (BZO)
Clonazepam	Rivotril	Positive for Benzodiazepines (BZO)
Co-Amoxiclav	Augmentin Duo	Non-reactive
Co-Amoxiclav Non-reactive	Augmentin	Non-reactive
Codeine Phosphate	Codafon Continus	Positive for Opiates (OPI/MOR)
Codeine Phosphate	Codeine Linctus	Positive for Opiates (OPI/MOR)
Codeine Phosphate	Galcodine	Positive for Opiates (OPI/MOR)
Codeine Phosphate	Kapake	Positive for Opiates (OPI/MOR)
Codeine Phosphate	Migralave	Positive for Opiates (OPI/MOR)
Codeine Phosphate	Solpadol	Positive for Opiates (OPI/MOR)
Codeine Phosphate	Tylex	Positive for Opiates (OPI/MOR)
Co-Fluampicil	Magnapen	Non-reactive
Codin Morphine	MS	Positive for Opiates (MOR, OPI)
Co-Phenotrope (atropine/diphenoxylate)	Lomotil	Non-reactive
Co-Phenotrope (atropine/diphenoxylate)	Tropergen	Non-reactive
d/l-Octopamine	No known trade names	Non-reactive
Delorazepam	Bralanium	Positive for Benzodiazepines (BZO)
Dexamethasone	Decadron	Non-reactive
Dexamethasone	Dexa-Rhinospray Duo	Non-reactive
Dexamethasone	Maxidex	Non-reactive
Dexamethasone	Maxidrol	Non-reactive

Drug Cross Reactivity Table

COMPOUND - Generic Name	COMPOUND - Trade Name	RESULTS
Dexamethasone	Maxims	Non-reactive
Dexamethasone	Otomize	Non-reactive
Dexamethasone	Sofradex	Non-reactive
Dexamphetamine Sulphate	Adderall	Positive for Amphetamine (AMP)
Dexamphetamine Sulphate	Adderall XR	Positive for Amphetamine (AMP)
Dexamphetamine Sulphate	Dexedrine	Positive for Amphetamine (AMP)
Dextropropoxyphene	Co-proximol	Positive for Propoxyphene (PPX)
Dextropropoxyphene	Darvocet	Positive for Propoxyphene (PPX)
Dextropropoxyphene	Darvon	Positive for Propoxyphene (PPX)
Diazepam	Diazemuls	Positive for Benzodiazepines (BZO)
Diazepam	Stesolid	Positive for Benzodiazepines (BZO)
Diazepam	Valclay	Positive for Benzodiazepines (BZO)
Diazepam	Valium	Positive for Benzodiazepines (BZO)
Diclofenac Sodium	Diclofex	Non-reactive
Diclofenac Sodium	Diclomax	Non-reactive
Diclofenac Sodium	Mobilene	Non-reactive
Diclofenac Sodium	Voltaran	Non-reactive
Diclofenac Sodium	Voltaxa	Non-reactive
Diclofenac Sodium	Voltarol	Non-reactive
Dicyclomine	Kolanticon	Non-reactive
Dicyclomine	Merbentyl	Non-reactive
Dihydrocodeine	DHC Continus	Positive for Opiates (OPI/MOR)
Dihydrocodeine	Paramol	Positive for Opiates (OPI/MOR)
Dihydrocodeine	Remedeine	Positive for Opiates (OPI/MOR)
Dihydrocodeine	Remedeine Forte	Positive for Opiates (OPI/MOR)
Dimethicone	Asilone	Non-reactive
Dimethicone	Fancorsil	Non-reactive
Dipenoxylate with Atropine	Lomotil	Non-reactive
Diphenhydramine	Benadryl	Non-reactive
Diphenhydramine	Medinox	Non-reactive
Diphenhydramine	Nytol	Non-reactive
Diphenhydramine	Panadol Night	Non-reactive
d-Methamphetamine HCL	Desoxyn	Positive for Methamphetamine (mAMP)
d-Methamphetamine HCL	Methamprex	Positive for Methamphetamine (mAMP)
d-Methamphetamine HCL	Methedrine	Positive for Methamphetamine (mAMP)
Dothiepin	Prothiaden	Non-reactive
Doxepin	Sinequan	Positive for Tricyclic Antidepressants (TCA)
Doxepin	Xepin	Positive for Tricyclic Antidepressants (TCA)
Doxycycline	Vibramycin	Non-reactive
Doxycycline	Vibramycin- D	Non-reactive
Efavirenz	Sustiva	Positive for Cannabinoids (THC* (Urinary metabolites) only, parent compound)
Erythromycin	Arimycin	Non-reactive
Erythromycin	Benzymycin	Non-reactive
Erythromycin	Erycane	Non-reactive
Erythromycin	Erymax	Non-reactive
Erythromycin	Erythrocin	Non-reactive
Erythromycin	Erythroped	Non-reactive
Erythromycin	Ilosone	Non-reactive
Erythromycin	Isotvexin	Non-reactive
Erythromycin	Lactobiotin	Non-reactive
Erythromycin	Stiemycin	Non-reactive
Erythromycin	Tiloryth	Non-reactive
Erythromycin	Zineryl	Non-reactive
Estazolam	ProSom	Positive for Benzodiazepines (BZO)
Ethambutol	Myambutol	Non-reactive
Ethylmorphine		Positive for Opiates (OPI/MOR)
Flucloxacillin	Co-flucampicil	Non-reactive
Flucloxacillin	Floxapen	Non-reactive
Flucloxacillin	Magnapen	Non-reactive
Flunitrazepam	Rohypnol	Positive for Benzodiazepines (BZO)
Fluoxetine	Prozac	Non-reactive
Fluoxetine	Sarafem	Non-reactive
Flupentixol Decanoate	Depixol	Non-reactive
Flupentixol Decanoate	Fluanxol	Non-reactive
Fusidic Acid (Sodium Fusidate)	Fucibet	Non-reactive
Fusidic Acid (Sodium Fusidate)	Fucidin	Non-reactive
Fusidic Acid (Sodium Fusidate)	Fucithalmic	Non-reactive
Gentamicin Sulphate	Cidomycin	Non-reactive
Gentamicin Sulphate	Gentrex	Non-reactive
Gentamicin Sulphate	Genticome	Non-reactive
Hydrocodone	Lorcalab	Positive for Opiates (OPI/MOR)
Hydrocodone	Lorcet	Positive for Opiates (OPI/MOR)
Hydrocodone	Vicodin	Positive for Opiates (OPI/MOR)
Hydrocortisone	Acilnac	Non-reactive
Hydrocortisone	Aphasdemi	Non-reactive
Hydrocortisone	Aphosyl- HC	Non-reactive
Hydrocortisone	Anugesic- HC	Non-reactive
Hydrocortisone	Anusol-HC	Non-reactive
Hydrocortisone	Calmurid-HC	Non-reactive
Hydrocortisone	Canesten- HC	Non-reactive
Hydrocortisone	Cellcam	Non-reactive
Hydrocortisone	Daktacort	Non-reactive
Hydrocortisone	Dividerm	Non-reactive
Hydrocortisone	Econacort	Non-reactive

Drug Cross Reactivity Table

COMPOUND - Generic Name	COMPOUND - Trade Name	RESULTS
Hydrocortisone	Elcortesol	Non-reactive
Hydrocortisone	Efortelan	Non-reactive
Hydrocortisone	Eurax-HC	Non-reactive
Hydrocortisone	Gregoderm	Non-reactive
Hydrocortisone	Hydrocortistab	Non-reactive
Hydrocortisone	Hydrocortone	Non-reactive
Hydrocortisone	Neo-cortef	Non-reactive
Hydrocortisone	Nystaform	Non-reactive
Hydrocortisone	Pomal	Non-reactive
Hydrocortisone	Proctofoam	Non-reactive
Hydrocortisone	Quinocort	Non-reactive
Hydrocortisone	Terra-cortil	Non-reactive
Hydrocortisone	Timodine	Non-reactive
Hydrocortisone	Uniroid-HC	Non-reactive
Hydrocortisone	Vioform-HC	Non-reactive
Hydrocortisone	Xyloproct	Non-reactive
Hydrocortisone-17-butyrate	Locoid	Non-reactive
Hydrocortisone-17-butyrate	Locoid C	Non-reactive
Hydromorphone	Dilaudid	Positive for Opiates (OPI/MOR)
Hydromorphone	Hydrostat	Positive for Opiates (OPI/MOR)
Hydroxide	Pyrogastrone Aluminum	Non-reactive
Hydroxychloroquine	Plaquenil	Non-reactive
Hydroxyzine Hydrochloride	Durrax	Non-reactive
Hydroxyzine Hydrochloride Non-reactive	Atarax	Non-reactive
Hyoscine butylbromide	Buscopan	Non-reactive
Hyoscine butylbromide	Scopaderm	Non-reactive
Ibuprofen	Brufen	Non-reactive
Ibuprofen	Codafen	Non-reactive
Ibuprofen	Fenbid	Non-reactive
Ibuprofen	Ibugel	Non-reactive
Ibuprofen	Ibuspray	Non-reactive
Ibuprofen	Motrin	Non-reactive
Ibuprofen	Proflex	Non-reactive
Indomethacin	Flexin continus	Non-reactive
Indomethacin	Indocid	Non-reactive
Indomethacin	Indomod	Non-reactive
Interferon Alfa	Roferon-A	Non-reactive
Interferon Alfa	Wellferon	Non-reactive
Isoniazide	INH	Non-reactive
Isosorbide Dinitrate	Angitak	Non-reactive
Isosorbide Dinitrate	Cedocard	Non-reactive
Isosorbide Dinitrate	Isocard	Non-reactive
Isosorbide Dinitrate	Isokat	Non-reactive
Isosorbide Dinitrate	Isordil	Non-reactive
Isosorbide Dinitrate	Sorbichew	Non-reactive
Isosorbide Dinitrate	Sorbid SA	Non-reactive
Isosorbide Dinitrate	Sorbitrate	Non-reactive
Ketoprofen	Orudis	Non-reactive
Ketoprofen	Oruvail	Non-reactive
Ketoprofen	Powergel	Non-reactive
Kaolin and Morphine Mixture	Diocalm	Positive for Opiates (OPI/MOR)
Kaolin and Morphine Mixture	Entersan	Positive for Opiates (OPI/MOR)
Kaolin and Morphine Mixture	Opasmos	Positive for Opiates (OPI/MOR)
Lactulose	Duphalac	Non-reactive
Lactulose	Lactugal	Non-reactive
Lamotrigine	Lamictal	Non-reactive
Lansoprazole	Helicbar	Non-reactive
Lansoprazole	Zoton	Non-reactive
Lopecream Hydrocortisone	Madison	Non-reactive
Lisinopril HCl	Carace	Non-reactive
Lisinopril HCl	Zestoretic	Non-reactive
Lisinopril HCl	Zestril	Non-reactive
L-Methamphetamine HCL	Vick's Inhaler	Positive for Methamphetamine (AMP)
Loteprednine	Lotemax	Positive for Tricyclic Antidepressants (TCA)
Loteprednine	Lotemax	Positive for Tricyclic Antidepressants (TCA)
Lotrafiban	Xemilofiban	Non-reactive
Loperamide HCl	Imodium	Non-reactive
Loperamide HCl	Loperagon	Non-reactive
Loperamide HCl	Normide	Non-reactive
Loratadine	Claritin	Non-reactive
Lorazepam	Ativan	Positive for Benzodiazepines (BZO)
Lormetazepam	Noctamid	Positive for Benzodiazepines (BZO)
Magnesium Alginate	Gaviscon	Non-reactive
Mannitol	Gamsicon	Non-reactive
Mazapam	Anxitel	Positive for Benzodiazepines (BZO)
Medazepam	Lenium	Positive for Benzodiazepines (BZO)
Medazepam	Medacepan	Positive for Benzodiazepines (BZO)
Medazepam	Nobrital	Positive for Benzodiazepines (BZO)
Medazepam	Nobrium	Positive for Benzodiazepines (BZO)
Mefenamic Acid	Ponstan	Non-reactive
Mefenamic Acid	Ponstel	Non-reactive
Meperidine	Demerol	Non-reactive
Meperidine	Pethidine	Non-reactive
Methadone Hydrochloride	Dolophine	Positive for Methadone (MTD)

Drug Cross Reactivity Table

COMPOUND - Generic Name	COMPOUND - Trade Name	RESULTS
Methadone Hydrochloride	Methadose	Positive for Methadone (MTD)
Methadone Hydrochloride	Physotone	Positive for Methadone (MTD)
Methylenedioxyamphetamine (MDA)	Eve (slang)	Positive for Amphetamine (AMP) and Ecstasy (MDMA)
Methylenedioxyamphetamine (MDA)	Love Drug (slang)	Positive for Amphetamine (AMP) and Ecstasy (MDMA)
Methylenedioxymethamphetamine (MDMA)	Adam (slang)	Positive for Methamphetamine (mAMP) & Ecstasy (MDMA)
Methylenedioxymethamphetamine (MDMA)	E (slang)	Positive for Methamphetamine (mAMP) and Ecstasy (MDMA)
Methylenedioxymethamphetamine (MDMA)	Ecstasy (slang)	Positive for Methamphetamine (mAMP) and Ecstasy (MDMA)
Methylenedioxymethamphetamine (MDMA)	XTC (slang)	Positive for Methamphetamine (mAMP) and Ecstasy (MDMA)
Metoclopramide	Reglan	Non-reactive
Metronidazole	Anabact	Non-reactive
Metronidazole	Elyzol	Non-reactive
Metronidazole	Flagyl	Non-reactive
Metronidazole	Metrogel	Non-reactive
Metronidazole	Metrolyl	Non-reactive
Metronidazole	Metrotop	Non-reactive
Metronidazole	Neorales	Non-reactive
Metronidazole	Noritate	Non-reactive
Metronidazole	Rozex	Non-reactive
Metronidazole	Zidoval	Non-reactive
Metronidazole	Zymoxl	Non-reactive
Morphine	Astramorph	Positive for Opiates (MOR. OPI)
Morphine	Cyclimorph	Positive for Opiates (MOR. OPI)
Morphine	Duramorph	Positive for Opiates (MOR. OPI)
Morphine	Marcap	Positive for Opiates (MOR. OPI)
Morphine	Oramorph	Positive for Opiates (MOR. OPI)
Morphine	Roxanol	Positive for Opiates (MOR. OPI)
Morphine	Severadol	Positive for Opiates (MOR. OPI)
Nadolol	Corgard	Non-reactive
Nadolol	Corgaretic	Non-reactive
Nadolol	Corgaric	Non-reactive
Naloxone	Narcan	Non-reactive
Naltrexone	Antaxone	Non-reactive
Naltrexone	Naltrax	Non-reactive
Naltrexone	Trexan	Non-reactive
Naproxen	Aleve	Non-reactive
Naproxen	Condrolac	Non-reactive
Naproxen	Naprelan	Non-reactive
Naproxen	Naprosen	Non-reactive
Naproxen	Naprosyn	Non-reactive
Naproxen	Nycopren	Non-reactive
Naproxen	Synflex	Non-reactive
Nicotine	Nicoderm	Non-reactive
Nicotine	Nicorette	Non-reactive
Nicotine	Nicotinell	Non-reactive
Nicotine	Nicotrol	Non-reactive
Nicotine	Niquitin	Non-reactive
Nifedipine	Adalat	Non-reactive
Nifedipine	Nifar	Non-reactive
Nifedipine	Nifecard	Non-reactive
Nifedipine	Nif-ten	Non-reactive
Nifedipine	Procardia	Non-reactive
Nitrazepam	Mogadon	Positive for Benzodiazepines (BZO)
Nitrazepam	Somnite	Positive for Benzodiazepines (BZO)
Norethindrone	BiNovum	Non-reactive
Norethindrone	Brevinor	Non-reactive
Norethindrone	Climagest	Non-reactive
Norethindrone	Climesse	Non-reactive
Norethindrone	Estelle Duet	Non-reactive
Norethindrone	Estracombi	Non-reactive
Norethindrone	Evorel	Non-reactive
Norethindrone	Kliofem	Non-reactive
Norethindrone	Klovance	Non-reactive
Norethindrone	Loestrin	Non-reactive
Norethindrone	Micronor	Non-reactive
Norethindrone	Nordoy	Non-reactive
Norethindrone	Norinyl	Non-reactive
Norethindrone	Nortrel	Non-reactive
Norethindrone	Noriuba	Non-reactive
Norethindrone	Nuvelle	Non-reactive
Norethindrone	Ovysmon	Non-reactive
Norethindrone	TriNovum	Non-reactive
Norethindrone	Trinovum	Non-reactive
Norethindrone	Utovlan	Non-reactive
Nortriptyline	Narcotine	Non-reactive
Interferon Alfa	Viraferon	Non-reactive
Olanzapine	Zyprexa	Non-reactive
Orphenadrine	Disipal	Non-reactive
Orphenadrine	Norflex	Non-reactive
Orphenadrine	Norgesic	Non-reactive
Oxazepam	Ox-pam	Positive for Benzodiazepines (BZO)
Oxazepam	Serax	Positive for Benzodiazepines (BZO)
Oxymetazoline	Afrin	Non-reactive
Oxymetazoline	Neo-synephrine	Non-reactive

Drug Cross Reactivity Table

COMPOUND - Generic Name	COMPOUND - Trade Name	RESULTS
Oxytetracycline	Terra-Cortil	Non-reactive
Oxytetracycline	Terramycin	Non-reactive
Oxytetracycline	Trimovate	Non-reactive
Pantoprazole	Protonix	Positive for Cannabinoids (THC)* *Urinary metabolite(s) only, parent compound
Paracetamol (Acetaminophen)	Fortagesic	Non-reactive
Paracetamol (Acetaminophen)	Paradote	Non-reactive
Paracetamol (Acetaminophen) /Codeine Preparations	Co-codamol	Positive for Opiates (MOR, OPI)
Paracetamol (Acetaminophen) /Codeine Preparations	Codafen	Positive for Opiates (MOR, OPI)
Paracetamol (Acetaminophen) /Codeine Preparations	Co-dydramol	Positive for Opiates (MOR, OPI)
Paracetamol (Acetaminophen) /Codeine Preparations	Kapake	Positive for Opiates (MOR, OPI)
Paracetamol (Acetaminophen) /Codeine Preparations	Remedine	Positive for Opiates (MOR, OPI)
Paracetamol (Acetaminophen) /Codeine Preparations	Solpadol	Positive for Opiates (MOR, OPI)
Paracetamol (Acetaminophen) /Codeine Preparations	Tylenol 3	Positive for Opiates (MOR, OPI)
Paracetamol (Acetaminophen) /Codeine Preparations	Tylex	Positive for Opiates (MOR, OPI)
Paroxetine	Paxil	Non-reactive
Paroxetine	Seroxat	Non-reactive
Penicillin	Combicillin	Non-reactive
Penicillin	Mafoxin	Non-reactive
Pentobarbital	Nembutal	Positive for Barbiturates (BAR)
Perphenazine	Amplan	Non-reactive
Perphenazine	Aotepi	Non-reactive
Perphenazine	Apamin	Non-reactive
Perphenazine	Irydin	Non-reactive
Perphenazine	Nemactil	Non-reactive
Perphenazine	Neuleptil	Non-reactive
Perphenazine	Propatyl	Non-reactive
Perphenazine	Psycholept	Non-reactive
Phenobarbital	Donnatal	Positive for Barbiturates (BAR)
Phenobarbitone (see also Phenobarbital)	Luminal	Positive for Barbiturates (BAR)
Phenytoin	Dilantin	Non-reactive
Phenytoin	Epanutin	Non-reactive
Phenytoin	Epilard	Non-reactive
Pholcodine	Galenphyl	Positive for Opiates (MOR, OPI)
Pholcodine	Pavacol-D	Positive for Opiates (MOR, OPI)
Pholcodine	Strong BP	Positive for Opiates (MOR, OPI)
Pholcodine	Thebacon	Positive for Opiates (MOR, OPI)
Piperacillin	Pipracil	Non-reactive
Piperacillin	Tazobactam	Non-reactive
Prazepam	Centrax	Positive for Benzodiazepines (BZO)
Prazepam	Demetrin	Positive for Benzodiazepines (BZO)
Prednisolone	Delta-cortef	Non-reactive
Prednisolone	Econopred	Non-reactive
Prednisolone	Inflamase	Non-reactive
Prednisolone	Pediapred	Non-reactive
Prednisolone	Prelone	Non-reactive
Procaine	Novocain	Positive for Opiates (OPI, MOP)
Progesterol		Non-reactive
Promethazine	Atarfen	Positive for Tricyclic Antidepressants (TCA)
Promethazine	Anergan	Positive for Tricyclic Antidepressants (TCA)
Promethazine	Antinaus	Positive for Tricyclic Antidepressants (TCA)
Promethazine	Aprobit	Positive for Tricyclic Antidepressants (TCA)
Promethazine	Avomine	Positive for Tricyclic Antidepressants (TCA)
Promethazine	Baymethazine	Positive for Tricyclic Antidepressants (TCA)
Promethazine	Diprazin	Non-reactive
Promethazine	Fenergan	Positive for Tricyclic Antidepressants (TCA)
Promethazine	Mathazine	Positive for Tricyclic Antidepressants (TCA)
Prorcolnazine	Phenergen	Non-reactive
Propranolol	Beta-Progare	Non-reactive
Propranolol	Inderal	Non-reactive
Propranolol	Inderetic	Non-reactive
Propranolol	Inderex	Non-reactive
Pseudosphedrine	Afrinol	Non-reactive
Pseudosphedrine	Sudafed	Non-reactive
Pseudosphedrine	Tylenol Cold (combination)	Non-reactive
Ranitidine	Pylorid	Positive for Methamphetamine (M-AMP)* *Urinary metabolite(s) only, parent
Ranitidine	Zantac	Positive for Methamphetamine (M-AMP)* *Urinary metabolite(s) only, parent
Salbutamol	Aerocrom	Non-reactive
Salbutamol	Aerolin	Non-reactive
Salbutamol	Airomir	Non-reactive
Salbutamol	Combivent	Non-reactive
Salbutamol	Duovent	Non-reactive
Salbutamol	Ventolin	Non-reactive
Salbutamol	Ventodo	Non-reactive
Salbutamol	Ventodisks	Non-reactive
Salbutamol	Volmax	Non-reactive
Salbutamol Non-reactive	Asmasal	Non-reactive
Secobarbital	Seconal	Positive for Barbiturates (BAR)
Sertraline	Zoloft	Non-reactive
Sodium Valproate	Depakene	Non-reactive
Sodium Valproate	Depakote	Non-reactive
Sodium Valproate	Epilim	Non-reactive
Sulfate Morphine	Morphine	Positive for Opiates (MOR, OPI)
Temazepam	Restoril	Positive for Benzodiazepines (BZO)

Drug Cross Reactivity Table

COMPOUND - Generic Name	COMPOUND - Trade Name	RESULTS
Testosterone	Androgel	Non-reactive
Testosterone	Restandol	Non-reactive
Testosterone	slang name "anabolic steroids"	Non-reactive
Testosterone	Sustanon	Non-reactive
Testosterone	Virormone	Non-reactive
Thiendazine Hydrochloride	Mellaril	Non-reactive
Thyroxine Sodium	Eltroxin	Non-reactive
Tramadol	Tramake	Non-reactive
Tramadol	Ultram	Non-reactive
Tramadol	Zamadol	Non-reactive
Tramadol	Zydol	Non-reactive
Trazodone	Desyrel	Non-reactive
Trazodone	Molipaxin	Non-reactive
Trazodone	Trialodine	Non-reactive
Triazolam	Halcion	Positive for Benzodiazepines (BZO)
Venlafaxine	Effexor	Potential Positive for PCP
Venlafaxine	Effexor XL	Potential Positive for PCP
Warfarin Sodium	Marevan	Non-reactive

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Drug Testing Turnaround Time

LabCorp routinely reports results for specimens that screen negative for all drugs within 24 hours from the time of receipt into the laboratory computer system. This turnaround time assumes no violation of field collection protocol, which would require a memorandum for record (MFR) from the collector. In cases where the sample screens positive for one or more drugs, the results can be expected within 48 - 72 hours from receipt at the laboratory, assuming that there are no collection protocol violations.

When d&l methamphetamine isomers are analyzed, results may be expected within an additional 24 hours after the initial GC/MS positive of methamphetamine.

TAT with SVT

LabCorp typically reports results for specimens that screen negative for all drugs and negative, dilute, within 24 hours from the time of receipt into the laboratory computer system. LabCorp typically reports results adulterated, substituted and invalid specimens within 48 hours from the time of receipt into the laboratory computer system. This turnaround time assumes no violation of field collection protocol, which would require a memorandum for record (MFR) from the collector. In cases where the sample screens positive for one or more drugs, the results can be expected within 48 - 72 hours from receipt at the laboratory, assuming that there are no collection protocol violations.

When d&l methamphetamine isomers are analyzed, results may be expected within an additional 24 hours after the initial GC/MS positive of methamphetamine.

Hair Testing

LabCorp routinely reports results for specimens that screen negative for all drugs within 48-72 hours from the time of receipt into the laboratory computer system. This turnaround time assumes no violation of field collection protocol, which would require a memorandum for record (MFR) from the collector. In cases where the sample screens positive for one or more drugs, the results can be expected within five (5) days from receipt at the laboratory, assuming that there are no collection protocol violations.

Oral Fluid Testing

LabCorp routinely reports results for specimens that screen negative for all drugs within 24 hours from the time of receipt into the laboratory computer system. This turnaround time assumes no violation of field collection protocol, which would require a memorandum for record (MFR) from the collector. In cases where the sample screens positive for one or more drugs, the results can be expected within five (5) days from receipt at the laboratory, assuming that there are no collection protocol violations.

Attachment J

Expert Witness Service and Fees

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EXPERT WITNESS SUPPORT SERVICES

♦ Documentation Package. Includes handling and overnight shipping. Ten (10) business days written notice required.	
Regulated or non-regulated in accordance with guidelines above	$250.00
STAT (Less than 10 business days notice)	$500.00
Reference lab specimen	$250.00
STAT Reference lab specimen (Less than 10 business days notice)	$500.00
♦ Standard Affidavit (Includes signed Affidavit, Copy of Chain-of-Custody Form, and Report). Ten (10) business days written notice required.	
10 Days Notice	$125.00
STAT (Less than 10 business days notice)	$250.00
♦ Business Affidavit (Includes signed Affidavit and Report). Ten (10) business days written notice required.	
10 Days Notice	$50.00
STAT (Less than 10 business days notice)	$100.00
♦ Consultation/Testimony at CLIENT's site (Plus reasonable actual expense)	
10 business days written notice	$1,000/day
STAT (Less than 10 business days notice)	$2,000/day
♦ Consultation/Testimony at COMPANY's site	$125.00/hour
10 business days written notice	$250.00/hour
STAT (Less than 10 business days notice)	
♦ Retesting of a reported result	$102.75/drug
♦ Shipment of Bottle B or an allquot of original specimen to another laboratory as designated by CLIENT	$30.00 each

ATTACHMENT K – LIST OF EXCEPTIONS

Section 2.13 Exceptions

Responding vendors asking exception to any requirement of this RFP Document shall indicate such exception(s) on a separate page of their Proposal response.

Section 2.23 – With respect to Intergovernmental Cooperative Purchasing Statement, LabCorp will extend pricing to additional Clackamas County Health Centers, however, LabCorp is not willing to extend the prices and terms of this solicitation to any and/or all other public agencies. A separate contract would have to be negotiated, approved and generated with these other public agencies.

Section 3 and Section 4 – With respect to Section 3 "Proposal Forms and Format" and Section 4 Federally Required Forms: LabCorp has included with its response signed copies of all forms provided in Section 3 and 4 which included a signature line, however no "Federal Contract Special Conditions" form requiring signature was included in this Request for Bid, and therefore LabCorp is not submitting a signed "Federal Contract Special Conditions" form.

Section 6 – General Conditions. Under "Performance Requirements", Clackamas County stated: "PH, specific gravity and glutaraidehyde testing performed on suspect samples. LabCorp offers/performs nitrate testing on suspect samples. LabCorp dos no offer/perform glutaraidehyde testing on suspect samples.

Section 6 – General Conditions, Failure to Perform. With respect to the following language: "In the event the County terminates this contract in whole, or in part, as provided in Paragraph (2) above of this clause, the County may procure, upon such terms and in such manner as the County may deem appropriate, supplies or services similar to those terminated, and the Contractor shall be liable to the County for any excess costs for such similar supplies or services; provided, that the Contractor shall continue the performance of this contract to the extent not terminated under the provisions of this clause." This is not a provision of the WACMHC GPO Laboratory Services Agreement and we cannot agree to add this language, however, as we have for the past ten years, LabCorp will continue to work closely with Clackamas County and its Health Centers to provide high quality services and results. LabCorp's size and infrastructure has allowed us to stay in step with the needs and expansion of Clackamas County's clinics in an ever-changing healthcare environment.

Section 8 – Sample Contract. To best serve the needs of the Clackamas County Health Centers and its patients, LabCorp feels that the most cost effective solution for Clackamas County is to attach to the WACMHC fee schedule under the WACMHC GPO Agreement. LabCorp currently partners with Clackamas County Primary Care Health Centers and school based Health Centers to provide quality healthcare services to the underinsured in Clackamas County through the WACMHC GPO Laboratory Services Agreement, therefore LabCorp will not be entering into the contract attached. An example of the current WACMHC GPO Laboratory Services Agreement can be found in Exhibit G.

BEHAVIORAL HEALTH LAB TEST PRICING SHEET

SECTION 3.9.B

Test Description	QTY	PER TEST COST	EXTENDED PRICE
BEHAVIORAL HEALTH:			
Panels			
Includes Amphetamines/ Methamphetamine, Cocaine, Marijuana and Expanded Opiates			Screen $10, Bundled (confirm) $12
Includes Amphetamines/ Methamphetamine, Cocaine, Marijuana and Expanded Opiates & Alcohol			Screen $10.50, Bundled (confirm) $12.50
Includes Amphetamines/ Methamphetamine, Cocaine, Marijuana and Expanded Opiates Barbiturates, Benzodiazepines, and Propoxyphene			Screen $10, Bundled (confirm) $12
Includes Amphetamines/ Methamphetamine, Cocaine, Marijuana and Expanded Opiates Barbiturates, Benzodiazepines, PCP, Methadone, Propoxyphene and Methaquolone.			Screen $10.50, Bundled (confirm) $12.50
Individual Tests			
Methadone			$25.00
Methaqualone			$25.00
Synthetic Cannabinoids (K2, SPICE, JWH-018, JWH-073, JWH-250, JWH-122, JWH-398, JWH-200, RCS-4, AM-2201, MAM-2201, UR-144, XLR-11)			$45.00
EtG			$25.00
Naltrexone			$25.00
Soma/Flexeril			$25.00
"Bath Salts"			$45.00
Spice/K2			$45.00
Buprenorphine			$25.00
Prescription medication monitoring			May choose from above panels, or combinations as listed on this sheet.
Quick Test Kits for opiates, marijuana, cocaine, benzodiazepines (including clonazepam), synthetics, methamphetamines, and alcohol at a minimum.			$7 per cup

PRIMARY CARE TEST PRICING SHEET

SECTION 3.9.A

	A	B	C	D
1	Test Description	QTY	PRICE PER TEST	TOTAL COST
2	PRIMARY CARE TESTS:			Acct Bill $Cost
3	HEMOGLOBIN FINGERSTICK (85018)	960		$ 7.25
4	HEMOGLOBIN, GLYCOSYLATED (A1C)	1507		$ 7.25
5	HIV-1 & HIV-2 ANTIBODIES	548		$ 18.00
6	HPV, DNA, AMP PROBE	849		$ 98.75
7	LIPID PANEL	2237		$ 7.00
8	MICROALBUMIN, RANDOM URINE, QUANT (W/O CREAT)	339		$ 9.75
9	N. GONORROEAE, DNA, AMP PROBE	1569		$ 21.00
10	PROTHROMBIN TIME	279		$ 5.50
11	SYPHILIS TEST; QUALITATIVE	487		$ 5.00
12	THYROID STIMULATING HORMONE (TSH)	2107		$ 7.50
13	URINE CREATININE, RANDOM	289		$ 17.75
14	URINE CULTURE, COMPREHENSIVE	416		$ 9.75
15	URINE CULTURE/COLONY COUNT	580		$ 9.75
16	URINE DIP, CC POCT	2728		$ 7.00
17	URINE PREGNANCY TEST, VISUAL COLOR COMPARISON METHODS	1359		$ 15.75
18	VITAMIN D; 25 HYDROXY	509		$ 31.25
19	QUICK TEST KITS			$ 7.00
20	MEDICATION MONITORING			multiple panel choices listed on WACMHC fee schedule attached
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% Free PSA+Serial Monitoring	$ 22.00	$ 60.00	$ 45.00	$ 30.00	$ 15.00
074021 9 Drug-Scr	$ 30.50	$ 47.00	$ 35.25	$ 23.50	$ 11.75
083824+CBC/D/Plt+RPR+Rh+ABO	$ 66.75	$ 212.50	$ 153.25	$ 106.25	$ 53.25
17-OH Progesterone LCMS	$ 30.50	$ 87.75	$ 66.00	$ 44.00	$ 22.00
5' Nucleotidase	$ 23.25	$ 38.25	$ 28.75	$ 19.25	$ 9.75
5-HIAA,Quant.,24 Hr Urine	$ 23.25	$ 42.50	$ 32.00	$ 21.25	$ 10.75
6-Acetylmorphine Confirm, Ur	$ 37.75	$ 150.00	$ 150.00	$ 150.00	$ 150.00
6-Acetylmorphine, Conf	$ 38.75	$ 81.25	$ 81.25	$ 81.25	$ 81.25
700948 9+Alc-Scr	$ 45.25	$ 90.50	$ 68.00	$ 45.25	$ 22.75
703520 6 Drug-Scr	$ 36.50	$ 62.00	$ 46.50	$ 31.00	$ 15.50
704411 5 Drug-Unbund	$ 30.50	$ 47.00	$ 35.25	$ 23.50	$ 11.75
725168 5 Drug-Scr	$ 30.50	$ 47.00	$ 35.25	$ 23.50	$ 11.75
725788 7 Drug-Unbund	$ 30.50	$ 48.00	$ 36.00	$ 24.00	$ 12.00
726778 7+Alc-Unbund	$ 30.50	$ 48.00	$ 36.00	$ 24.00	$ 12.00
732602 9+Alc-Scr	$ 45.25	$ 90.50	$ 68.00	$ 45.25	$ 22.75
732776 4 Drug-Scr	$ 30.50	$ 48.00	$ 36.00	$ 24.00	$ 12.00
733010 5+Alc-Scr	$ 36.50	$ 48.00	$ 36.00	$ 24.00	$ 12.00
733121 5 Drug-Scr	$ 30.50	$ 47.00	$ 35.25	$ 23.50	$ 11.75
733195 5 Drug-Scr	$ 30.50	$ 47.00	$ 35.25	$ 23.50	$ 11.75
733548 6 Drug-Scr	$ 63.75	$ 84.25	$ 63.25	$ 42.25	$ 21.25
733584 9+Alc-Scr	$ 45.25	$ 90.50	$ 68.00	$ 45.25	$ 22.75
733690 12+Oxycodone+Crt-Scr	$ 96.75	$ 311.75	$ 311.75	$ 311.75	$ 311.75
733692 9+Oxycodone+Crt-Scr	$ 48.50	$ 240.25	$ 240.25	$ 240.25	$ 240.25
733726 13+Oxycodone+Crt-Scr	$ 107.25	$ 335.50	$ 335.50	$ 335.50	$ 335.50
733727 10+Oxycodone+Crt-Scr	$ 77.25	$ 264.25	$ 264.25	$ 264.25	$ 264.25
733832 5 Drug-Scr	$ 30.50	$ 47.00	$ 35.25	$ 23.50	$ 11.75
737588 9+Oxycodone+Crt-Unbun	$ 48.50	$ 240.25	$ 240.25	$ 240.25	$ 240.25
737921 12+Oxycodone+Crt-Unbu	$ 135.25	$ 449.00	$ 449.00	$ 449.00	$ 449.00
763824 12+Oxycodone+Crt-Unbu	$ 96.75	$ 311.75	$ 311.75	$ 311.75	$ 311.75
764227 9+Oxyco+Crt-Unbund	$ 87.25	$ 385.50	$ 385.50	$ 385.50	$ 385.50
764548 12+Oxycodone+Crt-Bund	$ 83.75	$ 378.75	$ 378.75	$ 378.75	$ 378.75
764808 13+Oxyco+Alc+Crt-Bund	$ 107.00	$ 114.25	$ 85.75	$ 57.25	$ 28.75
788406 9+Alc-Bund	$ 30.50	$ 48.00	$ 36.00	$ 24.00	$ 12.00
788681 9+Crt-Bund	$ 40.00	$ 44.00	$ 33.00	$ 22.00	$ 11.00
788682 7+Crt-Bund	$ 34.00	$ 48.00	$ 36.00	$ 24.00	$ 12.00
789254 9+Oxycodone-Bund	$ 54.50	$ 281.00	$ 210.75	$ 140.50	$ 70.25
789291 9+Oxyco+Alc+Crt-Bund	$ 44.25	$ 76.25	$ 57.25	$ 38.25	$ 19.25
789294 7+Oxycodone+Alc+Crt-B	$ 41.25	$ 73.50	$ 55.25	$ 36.75	$ 18.50
792119 9 Drug-Bund	$ 30.50	$ 47.00	$ 35.25	$ 23.50	$ 11.75
792176 5 Drug-Bund	$ 30.50	$ 47.00	$ 35.25	$ 23.50	$ 11.75
794388 7 Drug-Bund	$ 30.50	$ 48.00	$ 36.00	$ 24.00	$ 12.00
795435 9+Alc-Bund	$ 34.25	$ 93.50	$ 70.25	$ 46.75	$ 23.50
88300 Surgical Pathology	$ 30.50	$ 58.00	$ 43.50	$ 29.00	$ 14.50

88302 Surgical Pathology	$ 47.50	$ 84.25	$ 63.25	$ 42.25	$ 21.25
88302 Surgical Pathology	$ 47.50	$ 84.25	$ 63.25	$ 42.25	$ 21.25
88304 Surgical Path-1st Site	$ 59.25	$ 101.50	$ 76.25	$ 50.75	$ 25.50
88304 Surgical Path-2nd Site	$ 59.25	$ 101.50	$ 76.25	$ 50.75	$ 25.50
88304 Surgical Path-3rd Site	$ 59.25	$ 101.50	$ 76.25	$ 50.75	$ 25.50
88304 Surgical Path-4th Site	$ 59.25	$ 101.50	$ 76.25	$ 50.75	$ 25.50
88304 Surgical Path-5th Site	$ 59.25	$ 101.50	$ 76.25	$ 50.75	$ 25.50
88304 Surgical Path-6th site	$ 59.25	$ 101.50	$ 76.25	$ 50.75	$ 25.50
88304 Surgical Path-7th Site	$ 59.25	$ 101.50	$ 76.25	$ 50.75	$ 25.50
88305 Surg Path-1st Site	$ 85.00	$ 150.75	$ 113.25	$ 75.50	$ 37.75
88305 Surg Path-2nd Site	$ 85.00	$ 150.75	$ 113.25	$ 75.50	$ 37.75
88305 Surg Path-3rd Site	$ 85.00	$ 150.75	$ 113.25	$ 75.50	$ 37.75
88305 Surg Path-4th Site	$ 85.00	$ 150.75	$ 113.25	$ 75.50	$ 37.75
88305 Surg Path-5th Site	$ 85.00	$ 150.75	$ 113.25	$ 75.50	$ 37.75
88305 Surg Path-6th Site	$ 85.00	$ 150.75	$ 113.25	$ 75.50	$ 37.75
88307 Surgical Pathology	$ 123.50	$ 240.00	$ 180.00	$ 120.00	$ 60.00
88307 Surgical Pathology	$ 123.50	$ 240.00	$ 180.00	$ 120.00	$ 60.00
A1c w/GlycoMark(R) Reflex	$ 70.00	$ 100.75	$ 75.75	$ 50.50	$ 25.25
Ab Scr+Antibody ID	$ 25.75	$ 109.25	$ 109.25	$ 109.25	$ 109.25
ABO Grouping	$ 8.25	$ 27.25	$ 20.50	$ 13.75	$ 7.00
ABO Grouping and Rho(D) Typing	$ 12.50	$ 49.25	$ 37.00	$ 24.75	$ 12.50
Acetaminophen (Tylenol), S	$ 30.50	$ 58.00	$ 43.50	$ 29.00	$ 14.50
Acetylcholine Receptor Ab, All	$ 220.75	$ 378.75	$ 284.25	$ 189.50	$ 94.75
AChR Binding Abs, Serum	$ 37.50	$ 118.00	$ 88.50	$ 59.00	$ 29.50
Acid Fast Smear	$ 18.25	$ 41.25	$ 31.00	$ 20.75	$ 10.50
Acid Fast Smear	$ 18.25	$ 40.75	$ 30.75	$ 20.50	$ 10.25
Acid Fast Smear+Culture	$ 31.75	$ 56.50	$ 42.50	$ 28.25	$ 14.25
Acid Fast Smear+Culture W/Rflx	$ 31.75	$ 56.50	$ 42.50	$ 28.25	$ 14.25
ACTH, Plasma	$ 33.00	$ 118.00	$ 88.50	$ 59.00	$ 29.50
Actin (Smooth Muscle) Antibody	$ 23.25	$ 48.75	$ 36.75	$ 24.50	$ 12.25
Activated Protein C Resistance	$ 66.00	$ 110.50	$ 83.00	$ 55.25	$ 27.75
Adenovirus (40/41)/Rotavirus	$ 66.00	$ 77.50	$ 58.25	$ 38.75	$ 19.50
Aerobic Bacterial Culture	$ 20.25	$ 46.75	$ 35.25	$ 23.50	$ 11.75
AFB Antibiotic Suscep	$ 214.00	$ 323.25	$ 242.50	$ 161.75	$ 81.00
AFB Cult/Smear, Broth, Suscep	$ 44.75	$ 79.75	$ 60.00	$ 40.00	$ 20.00
AFB Culture and Smear,Broth	$ 59.25	$ 119.50	$ 89.75	$ 59.75	$ 30.00
AFP Tetra	$ 109.25	$ 223.75	$ 168.00	$ 112.00	$ 56.00
AFP, Serum, Open Spina Bifida	$ 23.25	$ 67.50	$ 50.75	$ 33.75	$ 17.00
AFP, Serum, Tumor Marker	$ 36.50	$ 67.50	$ 50.75	$ 33.75	$ 17.00
AFP, Tumor Marker (Serial)	$ 23.25	$ 55.00	$ 41.25	$ 27.50	$ 13.75
ALA Delta, 24-Hour Urine	$ 66.50	$ 247.75	$ 247.75	$ 247.75	$ 247.75
Albumin, Body Fluid	$ 23.00	$ 32.25	$ 24.25	$ 16.25	$ 8.25
Albumin, Serum	$ 4.50	$ 19.50	$ 14.75	$ 9.75	$ 5.00
Aldolase	$ 12.50	$ 32.25	$ 24.25	$ 16.25	$ 8.25
Aldosterone	$ 37.50	$ 131.25	$ 98.50	$ 65.75	$ 33.00
Aldosterone, Urine	$ 37.50	$ 131.25	$ 98.50	$ 65.75	$ 33.00
Alk Phos Isoenzyme	$ 23.25	$ 65.00	$ 48.75	$ 32.50	$ 16.25

Alk Phosphatase, Bone Specific	$ 44.75	$ 79.75	$ 60.00	$ 40.00	$ 20.00
Alkaline Phosphatase, S	$ 4.50	$ 19.50	$ 14.75	$ 9.75	$ 5.00
Allergen Profile, Basic Food	$ 64.75	$ 167.00	$ 125.25	$ 83.50	$ 41.75
Allergen Profile, Mold	$ 82.00	$ 217.75	$ 163.50	$ 109.00	$ 54.50
Allergens, Perennial	$ 116.75	$ 299.50	$ 224.75	$ 149.75	$ 75.00
Allergens, Zone 14	$ 181.00	$ 433.75	$ 325.50	$ 217.00	$ 108.50
Allergens, Zone 17	$ 186.75	$ 697.00	$ 697.00	$ 697.00	$ 697.00
AlP+ALT+AST+BUN+Ca+Cl+Creat..	$ 11.50	$ 39.75	$ 30.00	$ 20.00	$ 10.00
AlP+Ca+Uric A+ANA+RA Qn	$ 30.50	$ 105.25	$ 79.00	$ 52.75	$ 26.50
Alpha Subunit (Free)	$ 83.25	$ 117.50	$ 88.25	$ 58.75	$ 29.50
Alpha Subunit (Free)	$ 47.50	$ 75.00	$ 56.25	$ 37.50	$ 18.75
Alpha-1-Antitrypsin Deficiency	$ 241.00	$ 325.50	$ 244.25	$ 162.75	$ 81.50
Alpha-1-Antitrypsin Phenotyp	$ 23.25	$ 89.75	$ 67.50	$ 45.00	$ 22.50
Alpha-1-Antitrypsin, Serum	$ 19.00	$ 44.50	$ 33.50	$ 22.25	$ 11.25
Alpha-Fetoprotein (AFP)	$ 73.25	$ 111.25	$ 83.50	$ 55.75	$ 28.00
Alpha-Thalassemia	$ 418.00	$ 561.75	$ 421.50	$ 281.00	$ 140.50
ALT (SGPT)	$ 4.50	$ 19.50	$ 14.75	$ 9.75	$ 5.00
ALT+AST+Creat+Uric A+CBC/D/Pl	$ 10.50	$ 73.25	$ 55.00	$ 36.75	$ 18.50
ALT+AST+GGT	$ 5.75	$ 28.50	$ 21.50	$ 14.25	$ 7.25
ALT+AST+HAVAb+HBeAg+HCVAb	$ 48.25	$ 153.50	$ 115.25	$ 76.75	$ 38.50
Aluminum, Plasma/Serum	$ 23.25	$ 82.50	$ 62.00	$ 41.25	$ 20.75
Amebiasis Antibodies	$ 66.00	$ 110.50	$ 83.00	$ 55.25	$ 27.75
Amenorrhea Profile	$ 51.75	$ 168.25	$ 126.25	$ 84.25	$ 42.25
Amino Acid Profile, Qn, Plasma	$ 224.75	$ 339.50	$ 254.75	$ 169.75	$ 85.00
Amiodarone (Cordarone), Serum	$ 37.50	$ 65.75	$ 49.50	$ 33.00	$ 16.50
Amitriptyline (Elavil), Serum	$ 30.50	$ 55.25	$ 41.50	$ 27.75	$ 14.00
Ammonia, Plasma	$ 37.50	$ 61.50	$ 46.25	$ 30.75	$ 15.50
Amphetamine (GC/MS), Urine	$ 37.75	$ 150.00	$ 150.00	$ 150.00	$ 150.00
Amphetamine Confirmation, Ur	$ 52.25	$ 158.25	$ 118.75	$ 79.25	$ 39.75
Amphetamine Screen, Urine	$ 24.75	$ 30.25	$ 22.75	$ 15.25	$ 7.75
Amphetamine Screen, Urine	$ 24.00	$ 30.25	$ 22.75	$ 15.25	$ 7.75
Amphetamines (GC/MS), Blood	$ 37.50	$ 51.00	$ 38.25	$ 25.50	$ 12.75
Amylase, Serum	$ 8.25	$ 27.25	$ 20.50	$ 13.75	$ 7.00
ANA Comprehensive Panel	$ 388.50	$ 553.50	$ 415.25	$ 276.75	$ 138.50
ANA w/Reflex	$ 12.00	$ 43.25	$ 32.50	$ 21.75	$ 11.00
ANA w/Reflex if Positive	$ 12.00	$ 43.25	$ 32.50	$ 21.75	$ 11.00
ANA+ENA+C3+C4+RA Qn+DNA/D	$ 209.25	$ 323.50	$ 242.75	$ 161.75	$ 81.00
ANA+RA Qn	$ 17.50	$ 57.75	$ 43.50	$ 29.00	$ 14.50
Anaerobic and Aerobic Culture	$ 41.25	$ 96.50	$ 72.50	$ 48.25	$ 24.25
Anaerobic Culture	$ 27.75	$ 61.50	$ 46.25	$ 30.75	$ 15.50
Anaerobic/Aerobic/Gram Stain	$ 68.25	$ 113.50	$ 85.25	$ 56.75	$ 28.50
Anal(Rectal) Cytology, LBP	$ 69.75	$ 154.50	$ 116.00	$ 77.25	$ 38.75
ANCA Panel	$ 90.75	$ 151.75	$ 114.00	$ 76.00	$ 38.00
Androstenedione	$ 37.50	$ 94.50	$ 71.00	$ 47.25	$ 23.75
Anemia Profile A	$ 30.50	$ 88.00	$ 66.00	$ 44.00	$ 22.00
Anemia Profile B	$ 66.00	$ 226.25	$ 169.75	$ 113.25	$ 56.75

Angiotensin-Converting Enzyme	$ 15.75	$ 48.00	$ 36.00	$ 24.00	$ 12.00
Antibody Identification	$ 15.75	$ 32.00	$ 24.00	$ 16.00	$ 8.00
Antibody Screen	$ 6.75	$ 30.50	$ 23.00	$ 15.25	$ 7.75
Anticardiolip Ab, IgA/G/M, Qn	$ 99.50	$ 244.25	$ 183.25	$ 122.25	$ 61.25
Anticardiolipin Ab, IgA, Qn	$ 37.50	$ 82.50	$ 62.00	$ 41.25	$ 20.75
Anticardiolipin Ab, IgG, Qn	$ 37.50	$ 82.50	$ 62.00	$ 41.25	$ 20.75
Anticardiolipin Ab, IgG/M, Qn	$ 72.25	$ 163.25	$ 122.50	$ 81.75	$ 41.00
Anticardiolipin Ab, IgM, Qn	$ 37.50	$ 82.50	$ 62.00	$ 41.25	$ 20.75
Anti-Centromere B Antibodies	$ 22.75	$ 86.75	$ 65.25	$ 43.50	$ 21.75
Anti-Centromere B Antibodies	$ 22.75	$ 86.75	$ 65.25	$ 43.50	$ 21.75
Antichromatin Antibodies	$ 36.50	$ 96.75	$ 72.75	$ 48.50	$ 24.25
Antichromatin Antibodies	$ 38.25	$ 147.75	$ 147.75	$ 147.75	$ 147.75
Anti-DNA(SS)IgG, Ab, Qn	$ 37.50	$ 63.00	$ 47.25	$ 31.50	$ 15.75
Anti-DNase B Strep Antibodies	$ 38.50	$ 143.75	$ 143.75	$ 143.75	$ 143.75
Anti-dsDNA Antibodies	$ 23.25	$ 45.25	$ 34.00	$ 22.75	$ 11.50
Anti-dsDNA Antibodies	$ 23.25	$ 45.25	$ 34.00	$ 22.75	$ 11.50
Antiextractable Nuclear Ag	$ 30.50	$ 115.50	$ 86.75	$ 57.75	$ 29.00
Antigen Typing,(RBC)	$ 70.00	$ 102.00	$ 76.50	$ 51.00	$ 25.50
Antigliadin Abs, IgA	$ 18.25	$ 124.00	$ 93.00	$ 62.00	$ 31.00
Antigliadin Abs, IgG	$ 18.25	$ 124.00	$ 93.00	$ 62.00	$ 31.00
Antigliadin IgG (native)	$ 31.00	$ 75.00	$ 56.25	$ 37.50	$ 18.75
Antiglomerular BM Ab, Qn	$ 50.75	$ 87.50	$ 65.75	$ 43.75	$ 22.00
Antihistone Antibodies	$ 37.50	$ 58.00	$ 43.50	$ 29.00	$ 14.50
Anti-Jo-1	$ 27.75	$ 58.25	$ 43.75	$ 29.25	$ 14.75
Anti-Jo-1	$ 27.75	$ 58.25	$ 43.75	$ 29.25	$ 14.75
Antimyocardial Antibodies, Qn	$ 31.00	$ 115.50	$ 115.50	$ 115.50	$ 115.50
Anti-Neutrophil Antibody	$ 103.00	$ 113.50	$ 113.50	$ 113.50	$ 113.50
Antineutrophil Cytoplasmic Ab	$ 37.50	$ 78.00	$ 58.50	$ 39.00	$ 19.50
Antinuclear Ab Reflex Cascade	$ 12.00	$ 43.25	$ 32.50	$ 21.75	$ 11.00
Antinuclear Antibodies Direct	$ 12.00	$ 43.25	$ 32.50	$ 21.75	$ 11.00
Antinuclear Antibodies, IFA	$ 12.00	$ 43.25	$ 32.50	$ 21.75	$ 11.00
Antipancreatic Islet Cells	$ 37.50	$ 63.00	$ 47.25	$ 31.50	$ 15.75
Antiparietal Cell Antibody	$ 30.50	$ 70.25	$ 52.75	$ 35.25	$ 17.75
Antiphosphatidylserine IgG/M/A	$ 100.50	$ 444.00	$ 444.00	$ 444.00	$ 444.00
Antiphospholipid Syndrome Prof	$ 181.00	$ 214.25	$ 160.75	$ 107.25	$ 53.75
Antiribosomal P Antibodies	$ 22.75	$ 86.75	$ 65.25	$ 43.50	$ 21.75
Antiribosomal P Antibodies	$ 22.75	$ 86.75	$ 65.25	$ 43.50	$ 21.75
Antiscleroderma-70 Antibodies	$ 30.50	$ 58.25	$ 43.75	$ 29.25	$ 14.75
Antiscleroderma-70 Antibodies	$ 30.50	$ 58.25	$ 43.75	$ 29.25	$ 14.75
Antiskin Autoantibodies, Quant	$ 73.25	$ 118.75	$ 89.25	$ 59.50	$ 29.75
Anti-Smooth Muscle/Mitochond.	$ 66.00	$ 246.50	$ 246.50	$ 246.50	$ 246.50
Antistreptolysin O Ab	$ 11.50	$ 27.25	$ 20.50	$ 13.75	$ 7.00
Antithrombin Activity	$ 44.75	$ 73.50	$ 55.25	$ 36.75	$ 18.50
Antithrombin III, Func/Immunol	$ 43.75	$ 78.00	$ 58.50	$ 39.00	$ 19.50
Antithyroglobulin Ab	$ 15.75	$ 52.00	$ 39.00	$ 26.00	$ 13.00
aPTT Mixing Study	$ 59.25	$ 99.75	$ 75.00	$ 50.00	$ 25.00
Arsenic, Blood	$ 57.00	$ 96.50	$ 72.50	$ 48.25	$ 24.25

Aspergillus Ab, Qn, DID	$ 72.50	$ 270.50	$ 270.50	$ 270.50	$ 270.50
AST (SGOT)	$ 4.50	$ 19.50	$ 14.75	$ 9.75	$ 5.00
AST+BUN+Creat+Uric A+CBC/D/..	$ 11.50	$ 72.25	$ 54.25	$ 36.25	$ 18.25
AST+BUN+Uric A+Hct+Plt	$ 14.00	$ 49.00	$ 36.75	$ 24.50	$ 12.25
B pertussis IgG Ab	$ 33.00	$ 63.00	$ 47.25	$ 31.50	$ 15.75
B pertussis IgM Ab	$ 33.00	$ 63.00	$ 47.25	$ 31.50	$ 15.75
B pertussis, Nasophar Culture	$ 44.75	$ 77.25	$ 58.00	$ 38.75	$ 19.50
B.pertussis(Smear/Culture)	$ 59.25	$ 66.75	$ 50.25	$ 33.50	$ 16.75
B.pertussisB.parapertussis PCR	$ 252.00	$ 376.75	$ 282.75	$ 188.50	$ 94.25
Bacterial vaginosis, NAA	$ 60.00	$ 210.00	$ 157.50	$ 105.00	$ 52.50
Barbiturate (GC/MS), Urine	$ 37.75	$ 150.00	$ 150.00	$ 150.00	$ 150.00
Barbiturate Confirmation, Ur	$ 52.25	$ 158.25	$ 118.75	$ 79.25	$ 39.75
Barbiturate Screen, Urine	$ 24.75	$ 30.25	$ 22.75	$ 15.25	$ 7.75
Barbiturates, Serum	$ 30.00	$ 111.50	$ 111.50	$ 111.50	$ 111.50
Bartonella + Bact. Aerobic	$ 157.75	$ 110.00	$ 110.00	$ 110.00	$ 110.00
Bartonella Antibody Panel	$ 47.50	$ 163.25	$ 122.50	$ 81.75	$ 41.00
Bartonella DNA PCR	$ 294.50	$ 393.25	$ 295.00	$ 196.75	$ 98.50
Bartonella henselae IgG/M	$ 47.50	$ 163.25	$ 122.50	$ 81.75	$ 41.00
Basic Metabolic Panel (7)	$ 5.25	$ 47.00	$ 35.25	$ 23.50	$ 11.75
Basic Metabolic Panel (8)	$ 5.25	$ 30.50	$ 23.00	$ 15.25	$ 7.75
Benzene, Blood	$ 35.25	$ 105.00	$ 105.00	$ 105.00	$ 105.00
Benzodiazepine Confirmation,Ur	$ 52.25	$ 158.25	$ 118.75	$ 79.25	$ 39.75
Benzodiazepines Confirm, Urine	$ 41.25	$ 144.00	$ 144.00	$ 144.00	$ 144.00
Benzodiazepines Confirm, Urine	$ 38.75	$ 144.00	$ 144.00	$ 144.00	$ 144.00
Beta Strep Gp A Culture	$ 12.50	$ 33.50	$ 25.25	$ 16.75	$ 8.50
Beta-2 Glycoprotein I Ab,G,A,M	$ 59.25	$ 244.25	$ 183.25	$ 122.25	$ 61.25
Beta-2 Glycoprotein I Ab,G/M	$ 57.25	$ 212.25	$ 212.25	$ 212.25	$ 212.25
Beta-2 Microglobulin, Serum	$ 37.75	$ 70.25	$ 52.75	$ 35.25	$ 17.75
Bile Acids	$ 23.00	$ 86.50	$ 86.50	$ 86.50	$ 86.50
Bili T+D (Neonatal)	$ 22.50	$ 28.25	$ 21.25	$ 14.25	$ 7.25
Bilirubin, Direct	$ 4.50	$ 27.25	$ 20.50	$ 13.75	$ 7.00
Bilirubin, Total	$ 4.50	$ 19.50	$ 14.75	$ 9.75	$ 5.00
Bilirubin, Total, Neonatal	$ 13.00	$ 27.25	$ 20.50	$ 13.75	$ 7.00
Bilirubin, Total/Direct, Serum	$ 8.25	$ 28.25	$ 21.25	$ 14.25	$ 7.25
Bleeding Profile	$ 54.50	$ 99.50	$ 74.75	$ 49.75	$ 25.00
Blood Culture, Routine	$ 17.50	$ 39.50	$ 29.75	$ 19.75	$ 10.00
Body Fluid Culture, Sterile	$ 23.25	$ 48.75	$ 36.75	$ 24.50	$ 12.25
Bordetella pertussis, DFA	$ 25.75	$ 52.00	$ 39.00	$ 26.00	$ 13.00
Bowel Disorders Cascade	$ 62.00	$ 150.00	$ 112.50	$ 75.00	$ 37.50
Breast Discharge Cytology	$ 40.75	$ 127.25	$ 95.50	$ 63.75	$ 32.00
B-Type Natriuretic Peptide	$ 60.00	$ 114.00	$ 85.50	$ 57.00	$ 28.50
BUN	$ 4.50	$ 19.50	$ 14.75	$ 9.75	$ 5.00
BUN+Creat	$ 8.25	$ 24.75	$ 18.75	$ 12.50	$ 6.25
Buprenorphine LC/MS/MS	$ 42.00	$ 54.25	$ 54.25	$ 54.25	$ 54.25
Buprenorphine, Urine	$ 18.00	$ 34.00	$ 25.50	$ 17.00	$ 8.50
Buprenorphine, Urine	$ 58.00	$ 73.00	$ 54.75	$ 36.50	$ 18.25
Bupropion (Wellbutrin)	$ 143.75	$ 102.50	$ 77.00	$ 51.25	$ 25.75

C albicans + C glabrata, NAA	$ 55.00	$ 158.00	$ 118.50	$ 79.00	$ 39.50
C difficile Toxigenic Culture	$ 27.75	$ 31.25	$ 23.50	$ 15.75	$ 8.00
C difficile Toxins A+B, EIA	$ 16.25	$ 38.25	$ 28.75	$ 19.25	$ 9.75
C difficile, Cytotoxin B	$ 23.25	$ 64.50	$ 48.50	$ 32.25	$ 16.25
C1 Esterase Inhibitor, Func	$ 36.50	$ 67.50	$ 50.75	$ 33.75	$ 17.00
C1 Esterase Inhibitor, Serum	$ 23.25	$ 39.50	$ 29.75	$ 19.75	$ 10.00
C4+C3	$ 23.25	$ 71.25	$ 53.50	$ 35.75	$ 18.00
CA 125 in the Presence of HAMA	$ 59.25	$ 67.50	$ 50.75	$ 33.75	$ 17.00
CA 125, Serum (Serial)	$ 37.50	$ 67.50	$ 50.75	$ 33.75	$ 17.00
CA 27.29	$ 37.50	$ 67.50	$ 50.75	$ 33.75	$ 17.00
CA 27.29 (Serial Monitor)	$ 30.50	$ 67.50	$ 50.75	$ 33.75	$ 17.00
Ca+Creat+P+PTH Intact	$ 37.50	$ 180.00	$ 135.00	$ 90.00	$ 45.00
Calcitonin, Serum	$ 37.50	$ 86.50	$ 65.00	$ 43.25	$ 21.75
Calcitriol(1,25 di-OH Vit D)	$ 37.50	$ 67.50	$ 50.75	$ 33.75	$ 17.00
Calcium, 24Hr Urine	$ 12.00	$ 30.50	$ 23.00	$ 15.25	$ 7.75
Calcium, Ionized, Serum	$ 30.50	$ 58.00	$ 43.50	$ 29.00	$ 14.50
Calcium, Serum	$ 4.50	$ 24.50	$ 18.50	$ 12.25	$ 6.25
Calcium/Creatinine Ratio	$ 20.25	$ 37.00	$ 27.75	$ 18.50	$ 9.25
Calculi, Urinary	$ 23.25	$ 48.75	$ 36.75	$ 24.50	$ 12.25
Calculi, Urinary, with Photo	$ 23.25	$ 48.75	$ 36.75	$ 24.50	$ 12.25
Cancer Antigen (CA) 125	$ 30.50	$ 67.75	$ 51.00	$ 34.00	$ 17.00
Cancer Antigen (CA) 15-3	$ 33.00	$ 67.50	$ 50.75	$ 33.75	$ 17.00
Candida 4 Species Profile, NAA	$ 110.00	$ 316.00	$ 237.00	$ 158.00	$ 79.00
Candida 6 Species Profile, NAA	$ 165.00	$ 474.00	$ 355.50	$ 237.00	$ 118.50
Candida Antibodies, Qual	$ 41.25	$ 72.25	$ 54.25	$ 36.25	$ 18.25
Cannabinoid	$ 15.50	$ 30.25	$ 22.75	$ 15.25	$ 7.75
Cannabinoid (GC/MS), Blood	$ 131.00	$ 341.00	$ 255.75	$ 170.50	$ 85.25
Cannabinoid (GC/MS), Urine	$ 37.75	$ 72.75	$ 72.75	$ 72.75	$ 72.75
Cannabinoid Confirmation, Ur	$ 52.25	$ 158.25	$ 118.75	$ 79.25	$ 39.75
Cannabinoid Confirmation, Ur	$ 52.25	$ 158.25	$ 118.75	$ 79.25	$ 39.75
Cannabinoid Screen, Blood	$ 31.75	$ 103.00	$ 103.00	$ 103.00	$ 103.00
Cannabinoid, Qual, Urine	$ 24.75	$ 30.25	$ 22.75	$ 15.25	$ 7.75
Carbamazepine(Tegretol), S	$ 19.00	$ 47.00	$ 35.25	$ 23.50	$ 11.75
Carbamazepine, Free, Serum	$ 37.50	$ 68.75	$ 51.75	$ 34.50	$ 17.25
Carbamazepine-10,11 Epoxide	$ 19.00	$ 47.00	$ 35.25	$ 23.50	$ 11.75
Carbohydrate Ag 19-9 (Serial)	$ 37.50	$ 67.50	$ 50.75	$ 33.75	$ 17.00
Carbohydrate Antigen 19-9	$ 37.50	$ 67.50	$ 50.75	$ 33.75	$ 17.00
Carbon Dioxide, Total	$ 4.50	$ 24.50	$ 18.50	$ 12.25	$ 6.25
Carbon Monoxide, Blood	$ 23.25	$ 43.25	$ 32.50	$ 21.75	$ 11.00
Card(IgA/G/M)+DRVVT+PTT LA	$ 73.25	$ 294.50	$ 221.00	$ 147.25	$ 73.75
Carisoprodol (Soma), Serum	$ 52.25	$ 90.50	$ 68.00	$ 45.25	$ 22.75
Carisoprodol/Meprobamate, Con	$ 45.25	$ 72.75	$ 72.75	$ 72.75	$ 72.75
Carotene, Beta	$ 15.75	$ 33.50	$ 25.25	$ 16.75	$ 8.50
Catecholamine+VMA, 24-Hr Urine	$ 47.50	$ 106.25	$ 79.75	$ 53.25	$ 26.75
Catecholamines, Plasma	$ 58.50	$ 226.75	$ 226.75	$ 226.75	$ 226.75
Catecholamines,Ur.,Free,24 Hr	$ 30.50	$ 58.00	$ 43.50	$ 29.00	$ 14.50
CatecU+Meta F	$ 88.25	$ 110.50	$ 83.00	$ 55.25	$ 27.75

CBC With Differential/Platelet	$ 5.00	$ 26.25	$ 19.75	$ 13.25	$ 6.75
CBC, No Differential/Platelet	$ 4.50	$ 25.75	$ 19.50	$ 13.00	$ 6.50
CBC, Platelet; No Differential	$ 4.25	$ 25.75	$ 19.50	$ 13.00	$ 6.50
CBC/D/Plt+Hgb PA	$ 73.25	$ 118.75	$ 89.25	$ 59.50	$ 29.75
CBC/D/Plt+RPR+Rh+ABO+Rub Ab	$ 65.50	$ 237.25	$ 178.00	$ 118.75	$ 59.50
CBC/D/Plt+RPR+Rh+ABO+Rub Ab	$ 44.00	$ 174.75	$ 131.25	$ 87.50	$ 43.75
CBC/D/Plt+RPR+Rh+ABO+Rub Ab	$ 58.50	$ 589.75	$ 589.75	$ 589.75	$ 589.75
CBC/D/Plt+RPR+Rh+ABO+Rub Ab	$ 51.00	$ 209.50	$ 157.25	$ 104.75	$ 52.50
CBC/D/Plt+RPR+Rh+ABO+Rub Ab	$ 64.00	$ 214.50	$ 161.00	$ 107.25	$ 53.75
CBC/D/Plt+RPR+Rh+ABO+Rub Ab	$ 15.50	$ 194.50	$ 146.00	$ 97.25	$ 48.75
CBC/D/Plt+RPR+Rh+ABO+Rub Ab	$ 136.00	$ 459.75	$ 345.00	$ 230.00	$ 115.00
CBC/D/Plt+RPR+Rub Ab+Ab Scr...	$ 19.50	$ 136.25	$ 102.25	$ 68.25	$ 34.25
CBC/Diff Ambiguous Default	$ 4.75	$ 25.75	$ 19.50	$ 13.00	$ 6.50
CBC/Differential (No Platelet)	$ 4.25	$ 23.00	$ 17.25	$ 11.50	$ 5.75
CBC+Platelet+Hem Review	$ 21.75	$ 81.25	$ 81.25	$ 81.25	$ 81.25
CCP Antibodies IgG/IgA	$ 30.50	$ 112.50	$ 112.50	$ 112.50	$ 112.50
CD4/CD8 Ratio Profile	$ 66.00	$ 175.50	$ 131.75	$ 87.75	$ 44.00
CEA	$ 17.50	$ 62.00	$ 46.50	$ 31.00	$ 15.50
CEA (In Presence of HAMA)	$ 37.50	$ 62.00	$ 46.50	$ 31.00	$ 15.50
Celiac Disease Ab Screen w/Rfx	$ 75.50	$ 242.00	$ 181.50	$ 121.00	$ 60.50
Celiac Disease Antibody Screen	$ 75.50	$ 242.00	$ 181.50	$ 121.00	$ 60.50
Celiac Disease Complete Panel	$ 157.00	$ 509.75	$ 382.50	$ 255.00	$ 127.50
Celiac Disease Comprehensive	$ 163.00	$ 223.00	$ 167.25	$ 111.50	$ 55.75
Celiac Disease II	$ 124.50	$ 379.25	$ 284.50	$ 189.75	$ 95.00
Celiac Disease Panel	$ 91.50	$ 245.25	$ 184.00	$ 122.75	$ 61.50
Cell Count, CSF	$ 8.25	$ 19.50	$ 14.75	$ 9.75	$ 5.00
Cell Ct, Synovial w/Crystals	$ 12.50	$ 41.50	$ 31.25	$ 20.75	$ 10.50
Cell Ct, Synovial w/o Crystals	$ 8.25	$ 19.50	$ 14.75	$ 9.75	$ 5.00
Ceruloplasmin	$ 15.75	$ 36.00	$ 27.00	$ 18.00	$ 9.00
Change IG Pap to LB Pap	$ 29.50	$ 44.00	$ 33.00	$ 22.00	$ 11.00
Chlamydia Antibodies, IgG	$ 23.25	$ 48.75	$ 36.75	$ 24.50	$ 12.25
Chlamydia Prequot, NAA	$ 21.00	$ 57.00	$ 42.75	$ 28.50	$ 14.25
Chlamydia trachomatis Ab, IgM	$ 27.75	$ 52.00	$ 39.00	$ 26.00	$ 13.00
Chlamydia trachomatis Culture	$ 30.50	$ 81.25	$ 61.00	$ 40.75	$ 20.50
Chlamydia trachomatis, NAA	$ 21.00	$ 57.00	$ 42.75	$ 28.50	$ 14.25
Chlamydia, Conjunctiva, NAA	$ 29.25	$ 64.50	$ 48.50	$ 32.25	$ 16.25
Chlamydia/GC Amplification	$ 42.00	$ 114.00	$ 85.50	$ 57.00	$ 28.50
Chlamydia/GC Amplification	$ 42.00	$ 114.00	$ 85.50	$ 57.00	$ 28.50
Chlamydia/GC NAA, Confirmation	$ 42.00	$ 114.00	$ 85.50	$ 57.00	$ 28.50
Chloride, 24 hr Urine	$ 15.75	$ 33.50	$ 25.25	$ 16.75	$ 8.50
Chloride, Serum	$ 4.50	$ 19.50	$ 14.75	$ 9.75	$ 5.00
Chloride, Urine	$ 15.75	$ 33.50	$ 25.25	$ 16.75	$ 8.50
Cholesterol, Total	$ 4.50	$ 19.50	$ 14.75	$ 9.75	$ 5.00
Cholinesterase, Serum	$ 19.00	$ 32.00	$ 24.00	$ 16.00	$ 8.00
Chromo High Res and Frag X	$ 719.00	$ 1,052.00	$ 789.00	$ 526.00	$ 263.00
Chromosome, Blood, Routine	$ 513.75	$ 781.50	$ 586.25	$ 390.75	$ 195.50
Chromosome, High Res	$ 664.75	$ 973.50	$ 730.25	$ 486.75	$ 243.50

Chromosome, High Resolution	$ 642.00	$ 973.50	$ 730.25	$ 486.75	$ 243.50
Citric Acid (Citrate), Urine	$ 37.50	$ 87.50	$ 65.75	$ 43.75	$ 22.00
CK, Total+Isoenzymes, Serum	$ 23.25	$ 65.00	$ 48.75	$ 32.50	$ 16.25
CK+LD, Totals+Isoenzymes	$ 66.00	$ 124.50	$ 93.50	$ 62.25	$ 31.25
Cl+K+Na	$ 6.50	$ 25.75	$ 19.50	$ 13.00	$ 6.50
Clonazepam (Klonopin),Serum	$ 30.50	$ 60.00	$ 45.00	$ 30.00	$ 15.00
CMP12+6AC	$ 7.75	$ 43.50	$ 32.75	$ 21.75	$ 11.00
CMP12+8AC	$ 9.75	$ 46.75	$ 35.25	$ 23.50	$ 11.75
CMP12+LP+6AC	$ 12.00	$ 43.25	$ 32.50	$ 21.75	$ 11.00
CMP12+LP+6AC+CBC/D/Plt	$ 17.50	$ 88.00	$ 66.00	$ 44.00	$ 22.00
CMP12+LP+TP+6AC+CBC/D/Plt	$ 25.25	$ 67.50	$ 50.75	$ 33.75	$ 17.00
CMP14+CBC/D/Plt+TSH	$ 15.25	$ 76.25	$ 57.25	$ 38.25	$ 19.25
CMV Abs IgG/IgM	$ 37.50	$ 96.75	$ 72.75	$ 48.50	$ 24.25
CMV PCR	$ 114.50	$ 371.50	$ 371.50	$ 371.50	$ 371.50
Cocaine (GC/MS), Urine	$ 37.75	$ 72.75	$ 72.75	$ 72.75	$ 72.75
Cocaine Metabolite Confirm,Ur	$ 52.25	$ 158.25	$ 118.75	$ 79.25	$ 39.75
Cocaine Metbolite(GC/MS),Blood	$ 131.00	$ 341.00	$ 255.75	$ 170.50	$ 85.25
Coccidioides Abs, Qn, DID	$ 30.50	$ 37.75	$ 28.50	$ 19.00	$ 9.50
Coccidioides Antibody Panel	$ 89.00	$ 102.25	$ 102.25	$ 102.25	$ 102.25
Cold Agglutinin Titer, Quant	$ 9.75	$ 38.25	$ 28.75	$ 19.25	$ 9.75
Coma Overdose Profile, Serum	$ 113.25	$ 600.00	$ 600.00	$ 600.00	$ 600.00
Comp. Metabolic Panel (12)	$ 6.25	$ 37.75	$ 28.50	$ 19.00	$ 9.50
Comp. Metabolic Panel (13)	$ 5.50	$ 38.50	$ 29.00	$ 19.25	$ 9.75
Comp. Metabolic Panel (14)	$ 5.50	$ 39.50	$ 29.75	$ 19.75	$ 10.00
Complement C1q, Quantitative	$ 23.25	$ 39.50	$ 29.75	$ 19.75	$ 10.00
Complement C3, Serum	$ 15.75	$ 39.00	$ 29.25	$ 19.50	$ 9.75
Complement C4, Serum	$ 15.75	$ 39.00	$ 29.25	$ 19.50	$ 9.75
Complement C5 Level	$ 62.75	$ 68.25	$ 68.25	$ 68.25	$ 68.25
Complement, Total (CH50)	$ 23.25	$ 65.75	$ 49.50	$ 33.00	$ 16.50
Compliance Drug Analysis, Ur	$ 154.50	$ 234.00	$ 234.00	$ 234.00	$ 234.00
Concentration	$ 13.25	$ 23.50	$ 17.75	$ 11.75	$ 6.00
Coombs', Direct	$ 8.25	$ 19.50	$ 14.75	$ 9.75	$ 5.00
Copper, Serum	$ 27.75	$ 55.25	$ 41.50	$ 27.75	$ 14.00
Copper, Urine	$ 44.75	$ 79.75	$ 60.00	$ 40.00	$ 20.00
Cortisol	$ 15.75	$ 53.50	$ 40.25	$ 26.75	$ 13.50
Cortisol - AM	$ 15.75	$ 53.50	$ 40.25	$ 26.75	$ 13.50
Cortisol - PM	$ 15.75	$ 53.50	$ 40.25	$ 26.75	$ 13.50
Cortisol (2 Specimens)	$ 23.75	$ 105.25	$ 79.00	$ 52.75	$ 26.50
Cortisol (3 Specimens)	$ 37.50	$ 157.25	$ 118.00	$ 78.75	$ 39.50
Cortisol, AM/PM	$ 23.75	$ 105.25	$ 79.00	$ 52.75	$ 26.50
Cortisol, Urinary Free	$ 30.50	$ 54.75	$ 41.25	$ 27.50	$ 13.75
C-Peptide, Serum	$ 45.25	$ 79.75	$ 60.00	$ 40.00	$ 20.00

C-Peptide, Urine	$ 33.25	$ 125.00	$ 125.00	$ 125.00	$ 125.00
C-Reactive Protein, Cardiac	$ 23.25	$ 48.75	$ 36.75	$ 24.50	$ 12.25
C-Reactive Protein, Quant	$ 10.50	$ 30.50	$ 23.00	$ 15.25	$ 7.75
Creat Clearance, Normalized	$ 12.50	$ 33.50	$ 25.25	$ 16.75	$ 8.50
Creatine Kinase (CK), MB	$ 15.75	$ 37.75	$ 28.50	$ 19.00	$ 9.50
Creatine Kinase (CK), MB/Total	$ 36.50	$ 67.50	$ 50.75	$ 33.75	$ 17.00
Creatine Kinase,Total,Serum	$ 8.25	$ 27.25	$ 20.50	$ 13.75	$ 7.00
Creatine, 24-Hour Urine	$ 8.25	$ 27.25	$ 20.50	$ 13.75	$ 7.00
Creatine, Serum	$ 8.25	$ 27.25	$ 20.50	$ 13.75	$ 7.00
Creatinine Clearance	$ 12.50	$ 33.50	$ 25.25	$ 16.75	$ 8.50
Creatinine, 24-Hour Urine	$ 17.75	$ 41.25	$ 31.00	$ 20.75	$ 10.50
Creatinine, Serum	$ 4.50	$ 19.50	$ 14.75	$ 9.75	$ 5.00
Creatinine, Urine	$ 17.75	$ 41.25	$ 31.00	$ 20.75	$ 10.50
Cryoglobulin, Ql, Serum, Rflx	$ 10.50	$ 27.25	$ 20.50	$ 13.75	$ 7.00
Cryptococcus Antigen, Serum	$ 30.50	$ 39.00	$ 29.25	$ 19.50	$ 9.75
Cryptosporidium/Isospora Smear	$ 15.75	$ 39.50	$ 29.75	$ 19.75	$ 10.00
Crystal,Synovial/Joint Fl	$ 23.25	$ 46.50	$ 35.00	$ 23.25	$ 11.75
Ct NAA, Pharyngeal	$ 21.00	$ 57.00	$ 42.75	$ 28.50	$ 14.25
Ct NAA, Rectal	$ 21.00	$ 57.00	$ 42.75	$ 28.50	$ 14.25
Ct Ng HSV by NAA	$ 122.00	$ 210.00	$ 157.50	$ 105.00	$ 52.50
Ct Ng M genitalium NAA, Urine	$ 78.00	$ 184.00	$ 138.00	$ 92.00	$ 46.00
Ct Ng TV HSV by NAA	$ 157.00	$ 268.00	$ 201.00	$ 134.00	$ 67.00
Ct, Ng, M genitalium NAA, Swab	$ 78.00	$ 184.00	$ 138.00	$ 92.00	$ 46.00
Ct, Ng, Mycoplasmas NAA, Swab	$ 150.00	$ 324.00	$ 243.00	$ 162.00	$ 81.00
Ct, Ng, Mycoplasmas NAA, Urine	$ 150.00	$ 324.00	$ 243.00	$ 162.00	$ 81.00
Ct, Ng, Trich vag by NAA	$ 77.00	$ 172.00	$ 129.00	$ 86.00	$ 43.00
Ct/GC NAA, Pharyngeal	$ 42.00	$ 114.00	$ 85.50	$ 57.00	$ 28.50
Ct/GC NAA, Rectal	$ 42.00	$ 114.00	$ 85.50	$ 57.00	$ 28.50
Ct/GC/Tv NAA+M genitalium Swa	$ 113.00	$ 242.00	$ 181.50	$ 121.00	$ 60.50
Ct/GC/Tv NAA+M genitalium Ur.	$ 113.00	$ 242.00	$ 181.50	$ 121.00	$ 60.50
Ct/GC/Tv NAA+Mycoplasmas Urir	$ 185.00	$ 382.00	$ 286.50	$ 191.00	$ 95.50
Ct/GC/Tv NAA+Mycoplasmas, Sw	$ 185.00	$ 382.00	$ 286.50	$ 191.00	$ 95.50
Ct/Ng, Client Prequot, NAA	$ 42.00	$ 114.00	$ 85.50	$ 57.00	$ 28.50
Cyclosporine, Blood	$ 37.50	$ 68.75	$ 51.75	$ 34.50	$ 17.25
Cyclosporine, Blood	$ 37.50	$ 68.75	$ 51.75	$ 34.50	$ 17.25
Cystic Fibrosis Profile	$ 217.25	$ 328.50	$ 246.50	$ 164.25	$ 82.25
Cysticercosis (Taenia solium)	$ 46.00	$ 81.25	$ 61.00	$ 40.75	$ 20.50
Cytomegalovirus (CMV) Ab, IgG	$ 37.50	$ 67.50	$ 50.75	$ 33.75	$ 17.00
Cytomegalovirus (CMV) Ab, IgG	$ 31.75	$ 131.25	$ 131.25	$ 131.25	$ 131.25
Cytomegalovirus (CMV) Ab, IgM	$ 39.50	$ 72.25	$ 54.25	$ 36.25	$ 18.25
Cytomegalovirus (CMV) Culture	$ 46.25	$ 137.75	$ 103.50	$ 69.00	$ 34.50
Cytotoxin B Production	$ 22.25	$ 62.00	$ 46.50	$ 31.00	$ 15.50
D/L Methamphetamine	$ 140.75	$ 170.75	$ 170.75	$ 170.75	$ 170.75
D001-IgE D pteronyssinus	$ 8.25	$ 25.75	$ 19.50	$ 13.00	$ 6.50
D002-IgE D farinae Mite	$ 8.25	$ 25.75	$ 19.50	$ 13.00	$ 6.50
D070-IgE Acarus Mite	$ 8.25	$ 25.75	$ 19.50	$ 13.00	$ 6.50
D071-IgE Lepidoglyphus Destru	$ 8.25	$ 25.75	$ 19.50	$ 13.00	$ 6.50

D072-IgE Tyrophagus	$ 8.25	$ 25.75	$ 19.50	$ 13.00	$ 6.50
D073-IgE Glycyphagus Domestic	$ 8.25	$ 25.75	$ 19.50	$ 13.00	$ 6.50
D-Dimer	$ 37.50	$ 58.00	$ 43.50	$ 29.00	$ 14.50
Dengue Fever Virus Ab, IgG	$ 83.75	$ 109.25	$ 82.00	$ 54.75	$ 27.50
Dengue Fever Virus Ab, IgM	$ 51.25	$ 73.50	$ 73.50	$ 73.50	$ 73.50
Dermatophyte Only, Culture	$ 31.75	$ 51.00	$ 38.25	$ 25.50	$ 12.75
Desipramine, Serum	$ 25.75	$ 55.75	$ 42.00	$ 28.00	$ 14.00
DHEA, Serum	$ 37.50	$ 82.00	$ 61.50	$ 41.00	$ 20.50
DHEA-Sulfate	$ 23.25	$ 72.75	$ 54.75	$ 36.50	$ 18.25
Differential WBC Count	$ 4.50	$ 25.75	$ 19.50	$ 13.00	$ 6.50
Digoxin, Random, Serum	$ 25.87	$ 108.25	$ 81.25	$ 54.25	$ 27.25
Digoxin, Serum	$ 15.75	$ 44.00	$ 33.00	$ 22.00	$ 11.00
Diphtheria Antitoxoid Ab	$ 30.50	$ 93.50	$ 70.25	$ 46.75	$ 23.50
Doxepin (Sinequan), Serum	$ 31.75	$ 61.50	$ 46.25	$ 30.75	$ 15.50
Draw Fee (Fingerstick)	$ 5.25	$ 22.00	$ 16.50	$ 11.00	$ 5.50
Drug Pro/U/Comp, w/o Volatiles	$ 30.50	$ 58.00	$ 43.50	$ 29.00	$ 14.50
Drug Prof, QI (Cannabinoids)	$ 30.50	$ 99.25	$ 74.50	$ 49.75	$ 25.00
Drug Prof,UR/G (Comprehensive)	$ 30.50	$ 68.75	$ 51.75	$ 34.50	$ 17.25
Drug Profile, Blood (5 Drugs)	$ 145.00	$ 338.00	$ 253.50	$ 169.00	$ 84.50
Drug Profile, Blood (7 Drugs)	$ 138.25	$ 212.50	$ 159.50	$ 106.25	$ 53.25
Drug Profile, Ur, 9 Drugs	$ 30.50	$ 47.00	$ 35.25	$ 23.50	$ 11.75
Drug Scrn, Treatment Center	$ 30.50	$ 48.00	$ 36.00	$ 24.00	$ 12.00
E001-IgE Cat Hair/Dander,Stan	$ 8.25	$ 25.75	$ 19.50	$ 13.00	$ 6.50
E005-IgE Dog Hair/Dander	$ 8.25	$ 25.75	$ 19.50	$ 13.00	$ 6.50
EBV Ab VCA, IgG	$ 23.25	$ 58.50	$ 44.00	$ 29.25	$ 14.75
EBV Ab VCA, IgM	$ 47.50	$ 84.25	$ 63.25	$ 42.25	$ 21.25
EBV Acute Infection Antibodies	$ 81.00	$ 207.50	$ 155.75	$ 103.75	$ 52.00
EBV Early Antigen Ab, IgG	$ 23.25	$ 48.75	$ 36.75	$ 24.50	$ 12.25
EBV Nuclear Antigen Ab, IgG	$ 24.50	$ 50.25	$ 37.75	$ 25.25	$ 12.75
EBV, Chronic/Active Infection	$ 67.75	$ 149.50	$ 112.25	$ 74.75	$ 37.50
EBVCA(IgG/M)	$ 52.25	$ 116.25	$ 87.25	$ 58.25	$ 29.25
EDDP, Urine	$ 24.75	$ 30.25	$ 30.25	$ 30.25	$ 30.25
Electrolyte Panel	$ 5.00	$ 42.75	$ 32.25	$ 21.50	$ 10.75
ENA+C4+DNA/DS+SCL 70+SjoSSA	$ 217.25	$ 369.00	$ 276.75	$ 184.50	$ 92.25
ENA+DNA/DS+Antich+Centro+Jo.	$ 257.50	$ 384.00	$ 288.00	$ 192.00	$ 96.00
ENA+DNA/DS+CARGAM+SJ	$ 242.25	$ 979.75	$ 979.75	$ 979.75	$ 979.75
ENA+DNA/DS+SJOGRE	$ 145.00	$ 273.00	$ 204.75	$ 136.50	$ 68.25
ENA+DNA/DS+Sjorgen's	$ 165.50	$ 663.75	$ 663.75	$ 663.75	$ 663.75
Endomysial Ab IgA w/Reflex	$ 34.25	$ 127.00	$ 95.25	$ 63.50	$ 31.75
Endomysial Antibody IgA	$ 34.25	$ 127.00	$ 95.25	$ 63.50	$ 31.75
Eosinophil Count, Nasal	$ 8.25	$ 19.50	$ 14.75	$ 9.75	$ 5.00
Eosinophil, Urine	$ 8.25	$ 19.50	$ 14.75	$ 9.75	$ 5.00
EP+6AC+CBC/D/Plt+PTT+PT	$ 52.25	$ 159.25	$ 119.50	$ 79.75	$ 40.00
Epstein-Barr DNA Quant, PCR	$ 267.75	$ 544.00	$ 544.00	$ 544.00	$ 544.00
Estradiol	$ 23.25	$ 89.75	$ 67.50	$ 45.00	$ 22.50
Estradiol, Sensitive	$ 44.75	$ 89.75	$ 67.50	$ 45.00	$ 22.50
Estriol, Serum	$ 37.50	$ 78.75	$ 59.25	$ 39.50	$ 19.75

Estrogens, Total	$ 33.00	$ 70.25	$ 52.75	$ 35.25	$ 17.75
Estrone, Serum	$ 52.25	$ 65.75	$ 49.50	$ 33.00	$ 16.50
Ethanol, Blood	$ 23.25	$ 46.00	$ 34.50	$ 23.00	$ 11.50
Ethanol, Urine	$ 19.00	$ 45.25	$ 34.00	$ 22.75	$ 11.50
Ethosuximide (Zarontin), Serum	$ 37.50	$ 53.50	$ 40.25	$ 26.75	$ 13.50
Ethyl Glucuronide, Urine	$ 54.75	$ 86.00	$ 64.50	$ 43.00	$ 21.50
Ethyl Glucuronide, Urine	$ 124.75	$ 152.00	$ 152.00	$ 152.00	$ 152.00
F079-IgG Gluten	$ 6.25	$ 23.50	$ 17.75	$ 11.75	$ 6.00
F121-IgE Pinto Bean	$ 8.25	$ 25.75	$ 19.50	$ 13.00	$ 6.50
F260-IgE Broccoli	$ 8.25	$ 25.75	$ 19.50	$ 13.00	$ 6.50
F287-IgE Kidney Bean (Red Bea	$ 8.25	$ 25.75	$ 19.50	$ 13.00	$ 6.50
Factor II Activity	$ 109.25	$ 173.00	$ 129.75	$ 86.50	$ 43.25
Factor II, DNA Analysis	$ 177.75	$ 255.75	$ 192.00	$ 128.00	$ 64.00
Factor IX Activity	$ 109.25	$ 173.00	$ 129.75	$ 86.50	$ 43.25
Factor V Activity	$ 109.25	$ 173.00	$ 129.75	$ 86.50	$ 43.25
Factor V Leiden Mutation	$ 177.75	$ 255.75	$ 192.00	$ 128.00	$ 64.00
Factor VIII Activity	$ 109.25	$ 173.00	$ 129.75	$ 86.50	$ 43.25
Factor VIII Inhibitor	$ 144.00	$ 222.25	$ 166.75	$ 111.25	$ 55.75
Factor X Activity	$ 109.25	$ 173.00	$ 129.75	$ 86.50	$ 43.25
Factor XII Activity	$ 109.25	$ 173.00	$ 129.75	$ 86.50	$ 43.25
FDP, Plasma	$ 23.25	$ 43.25	$ 32.50	$ 21.75	$ 11.00
Fe+CBC/D/Plt+TIBC+Fer+Retic	$ 38.75	$ 131.50	$ 98.75	$ 65.75	$ 33.00
Fe+TIBC+Fer	$ 19.00	$ 93.25	$ 70.00	$ 46.75	$ 23.50
Fecal Fat, Qualitative	$ 15.75	$ 38.25	$ 28.75	$ 19.25	$ 9.75
Fecal Fat, Quantitative	$ 25.75	$ 52.00	$ 39.00	$ 26.00	$ 13.00
Fecal Reducing Substances	$ 15.75	$ 33.50	$ 25.25	$ 16.75	$ 8.50
Fentanyl, Urine	$ 24.50	$ 75.00	$ 56.25	$ 37.50	$ 18.75
Fentanyl/Norfentanyl, Confirm	$ 30.00	$ 144.00	$ 108.00	$ 72.00	$ 36.00
Ferritin, Serum	$ 8.25	$ 45.00	$ 33.75	$ 22.50	$ 11.25
Ferritin, Serum (Serial)	$ 8.25	$ 45.00	$ 33.75	$ 22.50	$ 11.25
Fetal Fibronectin	$ 397.25	$ 587.75	$ 441.00	$ 294.00	$ 147.00
Fibrinogen Activity	$ 20.25	$ 26.75	$ 20.25	$ 13.50	$ 6.75
Fine-Needle Aspiration	$ 59.25	$ 218.75	$ 164.25	$ 109.50	$ 54.75
Finger/Heel Stick	$ 5.25	$ 18.50	$ 18.50	$ 18.50	$ 18.50
Flecainide (Tambocor), Serum	$ 39.25	$ 146.75	$ 146.75	$ 146.75	$ 146.75
Flow Markers X 20	$ 498.25	$ 734.00	$ 550.50	$ 367.00	$ 183.50
Folate (Folic Acid), Serum	$ 15.75	$ 48.25	$ 36.25	$ 24.25	$ 12.25
Folate, RBC	$ 23.25	$ 64.25	$ 48.25	$ 32.25	$ 16.25
Fragile X, PCR Reflex Southern	$ 260.50	$ 389.75	$ 292.50	$ 195.00	$ 97.50
Free Valproic Acid (Depakote)	$ 33.00	$ 63.00	$ 47.25	$ 31.50	$ 15.75
Fructosamine	$ 12.00	$ 38.25	$ 28.75	$ 19.25	$ 9.75
FSH and LH	$ 28.25	$ 111.25	$ 83.50	$ 55.75	$ 28.00
FSH, Serum	$ 15.75	$ 55.75	$ 42.00	$ 28.00	$ 14.00
Fungus (Mycology) Culture	$ 29.25	$ 56.25	$ 42.25	$ 28.25	$ 14.25
Fungus Culture W/Rfx Rapid ID	$ 88.75	$ 117.75	$ 117.75	$ 117.75	$ 117.75
Fungus Culture With Stain	$ 44.75	$ 76.50	$ 57.50	$ 38.25	$ 19.25
Fungus Stain	$ 23.25	$ 44.75	$ 33.75	$ 22.50	$ 11.25

G-6-PD, Quant, Blood and RBC	$ 23.25	$ 42.25	$ 31.75	$ 21.25	$ 10.75
Gabapentin (Neurontin), Serum	$ 52.25	$ 90.50	$ 68.00	$ 45.25	$ 22.75
GAD-65 Autoantibody	$ 66.00	$ 110.50	$ 83.00	$ 55.25	$ 27.75
Galectin-3 with BNP	$ 333.00	$ 417.25	$ 313.00	$ 208.75	$ 104.50
Galectin-3 with proBNP	$ 355.50	$ 430.75	$ 323.25	$ 215.50	$ 107.75
Gastrin, Serum	$ 37.50	$ 57.00	$ 42.75	$ 28.50	$ 14.25
GC Culture Only	$ 12.50	$ 33.50	$ 25.25	$ 16.75	$ 8.50
GC NAA, Pharyngeal	$ 21.00	$ 57.00	$ 42.75	$ 28.50	$ 14.25
GC NAA, Rectal	$ 21.00	$ 57.00	$ 42.75	$ 28.50	$ 14.25
Genital Culture, Routine	$ 13.00	$ 44.75	$ 33.75	$ 22.50	$ 11.25
Genital Mycoplasmas NAA, Swab	$ 108.00	$ 210.00	$ 157.50	$ 105.00	$ 52.50
Genital Mycoplasmas NAA, Urine	$ 108.00	$ 210.00	$ 157.50	$ 105.00	$ 52.50
Gest. Diabetes 1-Hr Screen	$ 8.25	$ 24.50	$ 18.50	$ 12.25	$ 6.25
Gestational 2 hour GTT	$ 13.25	$ 58.50	$ 44.00	$ 29.25	$ 14.75
Gestational Glucose Tolerance	$ 13.00	$ 55.00	$ 41.25	$ 27.50	$ 13.75
GGT	$ 4.50	$ 19.50	$ 14.75	$ 9.75	$ 5.00
Giardia lamblia Ag, EIA	$ 19.00	$ 77.25	$ 58.00	$ 38.75	$ 19.50
Giardia, EIA; Ova/Parasite	$ 44.75	$ 84.25	$ 63.25	$ 42.25	$ 21.25
Giardia/Cryptosporidium EIA	$ 145.25	$ 239.50	$ 179.75	$ 119.75	$ 60.00
Gliadin IgG/IgA Ab Prof, EIA	$ 37.50	$ 74.50	$ 56.00	$ 37.25	$ 18.75
Glu+CBC/D/Plt+RPR+Rh+ABO+Ru	$ 56.25	$ 122.50	$ 92.00	$ 61.25	$ 30.75
Glucagon, Plasma	$ 53.25	$ 198.75	$ 198.75	$ 198.75	$ 198.75
Glucose (2 Spec) Tolerance, S	$ 12.50	$ 28.50	$ 21.50	$ 14.25	$ 7.25
Glucose (2 Spec, WHO) Toler,S	$ 10.00	$ 39.00	$ 29.25	$ 19.50	$ 9.75
Glucose (Fingerstick)	$ 9.52	$ 12.50	$ 9.50	$ 6.25	$ 3.25
Glucose Fasting and 2hr	$ 6.25	$ 28.50	$ 21.50	$ 14.25	$ 7.25
Glucose Tolerance (3 Sp Blood)	$ 8.25	$ 42.50	$ 32.00	$ 21.25	$ 10.75
Glucose Tolerance (4 Sp Blood)	$ 13.00	$ 55.00	$ 41.25	$ 27.50	$ 13.75
Glucose Tolerance (5 Sp Blood)	$ 6.50	$ 66.75	$ 50.25	$ 33.50	$ 16.75
Glucose Tolerance (6 Sp Blood)	$ 10.50	$ 79.75	$ 60.00	$ 40.00	$ 20.00
Glucose Tolerance Prof (4 Sp)	$ 23.25	$ 91.75	$ 69.00	$ 46.00	$ 23.00
Glucose, 1Hr PP	$ 8.25	$ 24.50	$ 18.50	$ 12.25	$ 6.25
Glucose, Body Fluid	$ 6.00	$ 24.50	$ 18.50	$ 12.25	$ 6.25
Glucose, Cerebrospinal Fluid	$ 45.50	$ 52.00	$ 39.00	$ 26.00	$ 13.00
Glucose, Plasma	$ 4.50	$ 19.50	$ 14.75	$ 9.75	$ 5.00
Glucose, Quantitative, Urine	$ 6.00	$ 24.50	$ 18.50	$ 12.25	$ 6.25
Glucose, Serum	$ 4.50	$ 19.50	$ 14.75	$ 9.75	$ 5.00
Glucose, Two-Hour Postprandial	$ 8.25	$ 24.50	$ 18.50	$ 12.25	$ 6.25
Glycohemoglobin (GHb),Total	$ 7.25	$ 42.25	$ 31.75	$ 21.25	$ 10.75
GlycoMark(R)(1,5 AG)	$ 42.75	$ 72.75	$ 54.75	$ 36.50	$ 18.25
Gonococcus Prequot, NAA	$ 21.00	$ 57.00	$ 42.75	$ 28.50	$ 14.25
Gram Stain	$ 12.75	$ 33.50	$ 25.25	$ 16.75	$ 8.50
Gram Stn+Lower Resp Cult	$ 15.75	$ 28.50	$ 21.50	$ 14.25	$ 7.25
Growth Hormone, Serum	$ 23.25	$ 54.25	$ 40.75	$ 27.25	$ 13.75
H pylori, IgM, IgG, IgA Ab	$ 109.25	$ 344.25	$ 258.25	$ 172.25	$ 86.25
H. pylori Breath Test	$ 133.75	$ 207.25	$ 155.50	$ 103.75	$ 52.00
H. pylori IgG, Abs	$ 25.75	$ 65.75	$ 49.50	$ 33.00	$ 16.50

H. pylori Stool Ag, EIA	$ 73.25	$ 118.75	$ 89.25	$ 59.50	$ 29.75
H.PYLORI,IGG/IGA ABS	$ 62.00	$ 104.75	$ 78.75	$ 52.50	$ 26.25
Haloperidol (Haldol), Serum	$ 30.50	$ 58.00	$ 43.50	$ 29.00	$ 14.50
Handling Fee	$ 15.75	$ 24.50	$ 18.50	$ 12.25	$ 6.25
Haptoglobin	$ 30.50	$ 53.75	$ 40.50	$ 27.00	$ 13.50
HAV/HBV (Profile VII)	$ 52.25	$ 293.00	$ 219.75	$ 146.50	$ 73.25
HAVAb+HBcAb+M+HBsAg+HCVAI	$ 66.00	$ 194.75	$ 146.25	$ 97.50	$ 48.75
HAVAb+M+HBcAb+M+HBsAb+Ag	$ 52.25	$ 145.75	$ 109.50	$ 73.00	$ 36.50
HAVIgM+HBcAb+HBsAb+Ag+HCV.	$ 58.00	$ 187.75	$ 141.00	$ 94.00	$ 47.00
Hb A1c+GlycoMark(R)(1,5 AG)	$ 70.00	$ 100.75	$ 75.75	$ 50.50	$ 25.25
Hb Alc+GHb	$ 111.25	$ 151.00	$ 113.25	$ 75.50	$ 37.75
HB Solu + Rflx Frac	$ 23.25	$ 43.25	$ 32.50	$ 21.75	$ 11.00
HBcAb+HBcIgM+HBsAg+HCVAb+.	$ 59.25	$ 184.50	$ 138.50	$ 92.25	$ 46.25
HBcAb+M	$ 30.50	$ 77.25	$ 58.00	$ 38.75	$ 19.50
HBsAb+Ag	$ 19.00	$ 68.50	$ 51.50	$ 34.25	$ 17.25
HBsAg	$ 13.00	$ 34.75	$ 26.25	$ 17.50	$ 8.75
HBsAg Screen	$ 13.00	$ 34.75	$ 26.25	$ 17.50	$ 8.75
HBV Core Ab, IgG/IgM Diff	$ 27.00	$ 39.00	$ 29.25	$ 19.50	$ 9.75
HBV Real-Time PCR, Quant	$ 217.25	$ 328.50	$ 246.50	$ 164.25	$ 82.25
HBV Vaccine Follow-Up (Pro XI)	$ 13.50	$ 37.75	$ 28.50	$ 19.00	$ 9.50
HBV/HCV (Profile VIII)	$ 79.50	$ 263.00	$ 197.25	$ 131.50	$ 65.75
hCG Ql w/reflex to hCG Qn	$ 12.00	$ 32.00	$ 24.00	$ 16.00	$ 8.00
hCG, Beta Subunit, Qn (Serial)	$ 30.50	$ 56.50	$ 42.50	$ 28.25	$ 14.25
hCG, Beta Subunit, Qual, Serum	$ 12.00	$ 32.00	$ 24.00	$ 16.00	$ 8.00
hCG,Beta Subunit, Qnt, Serum	$ 10.50	$ 49.00	$ 36.75	$ 24.50	$ 12.25
hCG,Beta Subunit,Qual,Serum	$ 12.00	$ 32.00	$ 24.00	$ 16.00	$ 8.00
HCV Ab Alternate Screen	$ 196.00	$ 297.50	$ 223.25	$ 148.75	$ 74.50
HCV Ab w/Rflx to Alternate Ab	$ 14.75	$ 46.75	$ 35.25	$ 23.50	$ 11.75
HCV Antibody	$ 14.00	$ 46.75	$ 35.25	$ 23.50	$ 11.75
HCV Antibody Verification	$ 188.25	$ 464.00	$ 464.00	$ 464.00	$ 464.00
HCV FibroSURE	$ 200.50	$ 302.25	$ 226.75	$ 151.25	$ 75.75
HCV Genotyping Non Reflex	$ 480.50	$ 663.50	$ 497.75	$ 331.75	$ 166.00
HCV Ql (Rfx to Qn and Geno)	$ 163.50	$ 249.75	$ 187.50	$ 125.00	$ 62.50
HCV Real-Time, PCR, Quant	$ 236.75	$ 327.75	$ 246.00	$ 164.00	$ 82.00
HCV reflex to Quant RT PCR	$ 14.00	$ 44.75	$ 33.75	$ 22.50	$ 11.25
HCV RNA by PCR, Qn Rfx Geno	$ 156.00	$ 251.00	$ 188.25	$ 125.50	$ 62.75
HCV RNA by PCR, Qn Rfx Geno	$ 217.25	$ 328.50	$ 246.50	$ 164.25	$ 82.25
HCV RNA Det Ql Rfx Gen	$ 163.50	$ 249.75	$ 187.50	$ 125.00	$ 62.50
HCV RNA, PCR, Ql (Quant Rflx)	$ 163.50	$ 249.75	$ 187.50	$ 125.00	$ 62.50
HCV RNA, PCR, Qualitative	$ 163.50	$ 249.75	$ 187.50	$ 125.00	$ 62.50
HCV RT-PCR, Quant	$ 200.75	$ 510.00	$ 510.00	$ 510.00	$ 510.00
HCV RT-PCR, Quant	$ 207.00	$ 328.50	$ 246.50	$ 164.25	$ 82.25
HCV RT-PCR, Quant (Graph)	$ 217.25	$ 328.50	$ 246.50	$ 164.25	$ 82.25
HCV RT-PCR, Quant (Non-Graph)	$ 207.00	$ 328.50	$ 246.50	$ 164.25	$ 82.25
HDL Cholesterol	$ 5.75	$ 27.25	$ 20.50	$ 13.75	$ 7.00
Heavy Metals Profile II, Blood	$ 131.00	$ 204.25	$ 153.25	$ 102.25	$ 51.25
Heavy Metals Profile, Urine	$ 64.75	$ 153.50	$ 115.25	$ 76.75	$ 38.50

Helicobacter pylori, IgA	$ 25.75	$ 65.75	$ 49.50	$ 33.00	$ 16.50
Helicobacter pylori, IgM Ab	$ 25.75	$ 65.75	$ 49.50	$ 33.00	$ 16.50
Helper T-Lymph-CD4	$ 21.25	$ 68.75	$ 51.75	$ 34.50	$ 17.25
Hematocrit	$ 4.50	$ 25.75	$ 19.50	$ 13.00	$ 6.50
Hematopath Consultation, Smear	$ 27.00	$ 50.75	$ 38.25	$ 25.50	$ 12.75
Hemoglobin	$ 7.25	$ 25.75	$ 19.50	$ 13.00	$ 6.50
Hemoglobin A1c	$ 7.25	$ 42.25	$ 31.75	$ 21.25	$ 10.75
Hemoglobin A1c	$ 39.75	$ 52.00	$ 39.00	$ 26.00	$ 13.00
Hemoglobin A1c (Fingerstick)	$ 23.50	$ 70.75	$ 53.25	$ 35.50	$ 17.75
Hemoglobin Frac.w/o Solubility	$ 14.25	$ 43.25	$ 32.50	$ 21.75	$ 11.00
Hep A (Reflex to IgM)	$ 15.75	$ 40.75	$ 30.75	$ 20.50	$ 10.25
Hep A Ab, IgM	$ 15.75	$ 39.50	$ 29.75	$ 19.75	$ 10.00
Hep A Ab, Total	$ 15.75	$ 40.75	$ 30.75	$ 20.50	$ 10.25
Hep B Core Ab, IgM	$ 15.75	$ 38.75	$ 29.25	$ 19.50	$ 9.75
Hep B Core Ab, Tot	$ 13.00	$ 39.50	$ 29.75	$ 19.75	$ 10.00
Hep B Surface Ab	$ 13.50	$ 37.75	$ 28.50	$ 19.00	$ 9.50
Hep Be Ab	$ 15.75	$ 37.75	$ 28.50	$ 19.00	$ 9.50
Hep Be Ag	$ 15.75	$ 37.75	$ 28.50	$ 19.00	$ 9.50
Hepatic Function Panel (6)	$ 5.00	$ 33.25	$ 25.00	$ 16.75	$ 8.50
Hepatic Function Panel (7)	$ 5.25	$ 29.25	$ 22.00	$ 14.75	$ 7.50
Hepatitis A (Prof V)	$ 30.50	$ 76.50	$ 57.50	$ 38.25	$ 19.25
Hepatitis B Core Ab W/Reflex	$ 13.00	$ 39.50	$ 29.75	$ 19.75	$ 10.00
Hepatitis B Virus (Profile VI)	$ 66.00	$ 217.75	$ 163.50	$ 109.00	$ 54.50
Hepatitis C Genotype	$ 480.50	$ 701.00	$ 525.75	$ 350.50	$ 175.25
Hepatitis C Genotype	$ 462.00	$ 701.00	$ 525.75	$ 350.50	$ 175.25
Hepatitis Follow-Up (Prof II)	$ 37.50	$ 109.50	$ 82.25	$ 54.75	$ 27.50
Hepatitis Panel (4)	$ 47.50	$ 152.75	$ 114.75	$ 76.50	$ 38.25
Hepatitis Pt Mgmnt (Prof III)	$ 53.75	$ 107.50	$ 80.75	$ 53.75	$ 27.00
Hepatitis, Diagnostic (Prof I)	$ 37.00	$ 107.25	$ 80.50	$ 53.75	$ 27.00
Hered.Hemochromatosis, DNA	$ 202.75	$ 307.00	$ 230.25	$ 153.50	$ 76.75
Herpes (HSV) 2, Type Specific	$ 33.00	$ 63.00	$ 47.25	$ 31.50	$ 15.75
Herpes Simplex Virus I/II, IgG	$ 59.25	$ 98.50	$ 74.00	$ 49.25	$ 24.75
Herpes Simplex Virus, PCR	$ 82.50	$ 100.00	$ 75.00	$ 50.00	$ 25.00
Hexagonal Phase Phospholipid	$ 66.00	$ 110.50	$ 83.00	$ 55.25	$ 27.75
HFP7+1AC+CBC/D/Plt	$ 9.75	$ 60.00	$ 45.00	$ 30.00	$ 15.00
Hgb A1c with eAG Estimation	$ 6.75	$ 42.25	$ 31.75	$ 21.25	$ 10.75
Hgb A2, Quant	$ 14.25	$ 43.25	$ 32.50	$ 21.75	$ 11.00
Hgb Frac. Profile	$ 23.25	$ 51.25	$ 38.50	$ 25.75	$ 13.00
Hgb Frac. w/o Solubility	$ 33.00	$ 122.75	$ 122.75	$ 122.75	$ 122.75
Hgb Solubility	$ 8.25	$ 27.25	$ 20.50	$ 13.75	$ 7.00
HHV 6 IgG Antibodies	$ 24.50	$ 50.25	$ 37.75	$ 25.25	$ 12.75
Histamine Determination, Blood	$ 115.00	$ 174.75	$ 131.25	$ 87.50	$ 43.75
Histoplasma Abs, Qn, DID	$ 37.50	$ 41.25	$ 31.00	$ 20.75	$ 10.50
HIV GenoSure Fusion	$ 260.00	$ 362.00	$ 362.00	$ 362.00	$ 362.00
HIV GenoSure(TM) MG	$ 136.00	$ 233.25	$ 175.00	$ 116.75	$ 58.50
HIV GenoSure(TM) MG	$ 268.50	$ 461.00	$ 345.75	$ 230.50	$ 115.25
HLA A,B,C (IR)	$ 224.75	$ 750.00	$ 750.00	$ 750.00	$ 750.00

HLA B 27 Disease Association	$ 42.00	$ 83.25	$ 62.50	$ 41.75	$ 21.00
HLA B5701 Test	$ 59.75	$ 111.25	$ 83.50	$ 55.75	$ 28.00
Homocyst(e)ine, Plasma	$ 73.25	$ 121.00	$ 90.75	$ 60.50	$ 30.25
HP5	$ 54.75	$ 191.50	$ 143.75	$ 95.75	$ 48.00
HP5	$ 375.00	$ 482.75	$ 362.25	$ 241.50	$ 120.75
HP5+HAVIgM	$ 83.25	$ 236.50	$ 177.50	$ 118.25	$ 59.25
HP5+HAVIgM+HBcIgM	$ 81.50	$ 191.75	$ 144.00	$ 96.00	$ 48.00
HPV Genotype, 16 & 18	$ 80.00	$ 101.00	$ 75.75	$ 50.50	$ 25.25
HPV Genotype, 16 & 18	$ 80.00	$ 101.00	$ 75.75	$ 50.50	$ 25.25
HPV Genotype, 16 & 18	$ 80.00	$ 101.00	$ 75.75	$ 50.50	$ 25.25
HPV Genotype, 16/18	$ 80.00	$ 101.00	$ 75.75	$ 50.50	$ 25.25
HPV Genotyping, PCR	$ 205.50	$ 311.75	$ 234.00	$ 156.00	$ 78.00
HPV rfx 16&18	$ 98.75	$ 102.00	$ 76.50	$ 51.00	$ 25.50
HPV, cobas high-risk/16/18	$ 178.75	$ 203.00	$ 152.25	$ 101.50	$ 50.75
HPV, high+low-risk	$ 201.00	$ 212.25	$ 159.25	$ 106.25	$ 53.25
HPV, high-risk	$ 98.75	$ 102.00	$ 76.50	$ 51.00	$ 25.50
HPV, high-risk	$ 98.75	$ 102.00	$ 76.50	$ 51.00	$ 25.50
HPV, Invader high-risk	$ 98.75	$ 102.00	$ 76.50	$ 51.00	$ 25.50
HPV, Invader high-risk 16/18	$ 98.75	$ 102.00	$ 76.50	$ 51.00	$ 25.50
HPV, low volume rfx	$ 98.75	$ 102.00	$ 76.50	$ 51.00	$ 25.50
HSV 1 and 2-Specific Ab, IgG	$ 54.50	$ 109.50	$ 82.25	$ 54.75	$ 27.50
HSV 1 and 2-Specific Ab, IgG	$ 54.50	$ 109.50	$ 82.25	$ 54.75	$ 27.50
HSV 1/2 PCR	$ 239.00	$ 304.75	$ 228.75	$ 152.50	$ 76.25
HSV Ag, DFA	$ 29.25	$ 56.25	$ 42.25	$ 28.25	$ 14.25
HSV Culture and Typing	$ 41.25	$ 72.75	$ 54.75	$ 36.50	$ 18.25
HSV Culture Without Typing	$ 24.50	$ 50.25	$ 37.75	$ 25.25	$ 12.75
HSV I/II IgG Rflx I-II Type Sp	$ 59.25	$ 98.50	$ 74.00	$ 49.25	$ 24.75
HSV I/II, IgG/Rfx Type II IgG	$ 59.25	$ 98.50	$ 74.00	$ 49.25	$ 24.75
HSV NAA	$ 80.00	$ 96.00	$ 72.00	$ 48.00	$ 24.00
HSV Type 1-Specific Ab, IgG	$ 22.25	$ 47.00	$ 35.25	$ 23.50	$ 11.75
HSV Type 2-Specific Ab, IgG	$ 33.00	$ 63.00	$ 47.25	$ 31.50	$ 15.75
HSV Type-Specific Immunoblot	$ 70.75	$ 116.25	$ 87.25	$ 58.25	$ 29.25
HSV, IgM I/II Combination	$ 30.50	$ 74.00	$ 55.50	$ 37.00	$ 18.50
HSVAb+HSVIgM	$ 109.25	$ 146.25	$ 109.75	$ 73.25	$ 36.75
HSVIIG+HSVIgM	$ 164.25	$ 214.25	$ 160.75	$ 107.25	$ 53.75
Human Papillomavirus, Biopsy	$ 100.50	$ 231.25	$ 173.50	$ 115.75	$ 58.00
IFE and PE, Random Urine	$ 52.25	$ 106.50	$ 80.00	$ 53.25	$ 26.75
IFE and PE, Serum	$ 52.25	$ 200.50	$ 150.50	$ 100.25	$ 50.25
IFE+Protein Electro, 24-Hr Ur	$ 59.25	$ 100.00	$ 75.00	$ 50.00	$ 25.00
IGF-1	$ 37.50	$ 68.75	$ 51.75	$ 34.50	$ 17.25
IGF-2	$ 84.50	$ 109.25	$ 82.00	$ 54.75	$ 27.50
IGF-BP3	$ 43.25	$ 76.50	$ 57.50	$ 38.25	$ 19.25
IgG, Subclass 2	$ 35.50	$ 131.25	$ 131.25	$ 131.25	$ 131.25
IgG, Subclasses(1-4)	$ 161.25	$ 582.00	$ 582.00	$ 582.00	$ 582.00
IGP Invader HPV 16&18	$ 133.50	$ 156.00	$ 117.00	$ 78.00	$ 39.00
IGP Invader HPV Ct/Ng 16&18	$ 175.50	$ 270.00	$ 202.50	$ 135.00	$ 67.50
IGP Invader HPV Ct/Ng/TV 16&18	$ 210.50	$ 328.00	$ 246.00	$ 164.00	$ 82.00

IGP, cobasHPV16/18	$ 213.50	$ 257.00	$ 192.75	$ 128.50	$ 64.25
IGP, CtNg, cobasHPV16/18	$ 255.50	$ 371.00	$ 278.25	$ 185.50	$ 92.75
IGP, CtNg, rfxInvaderHPV ASCU	$ 76.75	$ 168.00	$ 126.00	$ 84.00	$ 42.00
IGP, CtNgTv, cobasHPV16/18	$ 290.50	$ 429.00	$ 321.75	$ 214.50	$ 107.25
IGP, CtNgTv,rfxInvaderHPV ASCU	$ 111.75	$ 226.00	$ 169.50	$ 113.00	$ 56.50
IGP, rfxcobasHPV16/18ASCU	$ 34.75	$ 54.00	$ 40.50	$ 27.00	$ 13.50
IGP,CtNg,rfxcobasHPV16/18ASCU	$ 76.75	$ 168.00	$ 126.00	$ 84.00	$ 42.00
IGP,CtNgTvrfxcobasHPV16/18ASC	$ 111.75	$ 226.00	$ 169.50	$ 113.00	$ 56.50
Imipramine (Tofranil), Serum	$ 30.50	$ 56.00	$ 42.00	$ 28.00	$ 14.00
Immune Complexes, C1q Binding	$ 23.50	$ 79.00	$ 59.25	$ 39.50	$ 19.75
Immunofixation, Serum	$ 44.75	$ 153.50	$ 115.25	$ 76.75	$ 38.50
Immunofixation, Urine	$ 56.75	$ 211.25	$ 211.25	$ 211.25	$ 211.25
Immunoglobulin A, Qn, Serum	$ 15.75	$ 31.00	$ 23.25	$ 15.50	$ 7.75
Immunoglobulin E, Total	$ 15.75	$ 54.25	$ 40.75	$ 27.25	$ 13.75
Immunoglobulin G, Qn, Serum	$ 15.75	$ 31.00	$ 23.25	$ 15.50	$ 7.75
Immunoglobulin G,Syn Rate,CSF	$ 73.25	$ 93.00	$ 69.75	$ 46.50	$ 23.25
Immunoglobulin M, Qn, Serum	$ 15.75	$ 31.00	$ 23.25	$ 15.50	$ 7.75
Immunoglobulins A/E/G/M, Serur	$ 37.50	$ 142.50	$ 107.00	$ 71.25	$ 35.75
Immunoglobulins A/G/M, Qn, Ser	$ 24.50	$ 89.75	$ 67.50	$ 45.00	$ 22.50
Immunohistochem; 1st Antibody	$ 85.75	$ 272.00	$ 204.00	$ 136.00	$ 68.00
Immunohistochem; 2nd Antibody	$ 85.75	$ 272.00	$ 204.00	$ 136.00	$ 68.00
Immunohistochem; 3rd Antibody	$ 85.75	$ 272.00	$ 204.00	$ 136.00	$ 68.00
Immunohistochem; 4th Antibody	$ 85.75	$ 272.00	$ 204.00	$ 136.00	$ 68.00
Immunohistochem; 5th Antibody	$ 85.75	$ 272.00	$ 204.00	$ 136.00	$ 68.00
Indicans, Urine Qualitative	$ 44.00	$ 76.25	$ 76.25	$ 76.25	$ 76.25
Inflammatory Bowel Disease Scr	$ 50.25	$ 70.75	$ 53.25	$ 35.50	$ 17.75
Inflammatory Bowel Disease-IBD	$ 140.00	$ 528.50	$ 528.50	$ 528.50	$ 528.50
Influenza A and B, RT PCR	$ 242.75	$ 298.50	$ 224.00	$ 149.25	$ 74.75
Influenza A, H1N1, RT PCR	$ 242.75	$ 298.50	$ 224.00	$ 149.25	$ 74.75
Influenza A, H1N1, RT PCR	$ 242.75	$ 298.50	$ 224.00	$ 149.25	$ 74.75
Influenza A/B PCR Rfx H1N1	$ 242.75	$ 298.50	$ 224.00	$ 149.25	$ 74.75
Influenza A+B Ag, EIA	$ 40.75	$ 129.75	$ 97.50	$ 65.00	$ 32.50
Insulin	$ 25.50	$ 52.00	$ 39.00	$ 26.00	$ 13.00
Insulin (2 Specimens)	$ 20.25	$ 74.25	$ 55.75	$ 37.25	$ 18.75
Insulin and C-Peptide, Serum	$ 52.25	$ 104.00	$ 78.00	$ 52.00	$ 26.00
Insulin Antibodies	$ 53.25	$ 91.75	$ 69.00	$ 46.00	$ 23.00
Insulin, Free and Total, Serum	$ 37.50	$ 79.00	$ 59.25	$ 39.50	$ 19.75
Integrated 1	$ 107.75	$ 60.50	$ 60.50	$ 60.50	$ 60.50
Integrated 2	$ 364.25	$ 126.00	$ 126.00	$ 126.00	$ 126.00
Intrinsic Factor Abs, Serum	$ 19.00	$ 49.00	$ 36.75	$ 24.50	$ 12.25
Iron and TIBC	$ 12.50	$ 49.25	$ 37.00	$ 24.75	$ 12.50
Iron, Serum	$ 4.50	$ 19.50	$ 14.75	$ 9.75	$ 5.00
Islet Cell Dysfunction Group 1	$ 69.25	$ 162.25	$ 121.75	$ 81.25	$ 40.75
Ketone Bodies, Serum	$ 11.50	$ 30.50	$ 23.00	$ 15.25	$ 7.75
Kidney Stone, Urine/Saturation	$ 200.00	$ 223.00	$ 167.25	$ 111.50	$ 55.75
Lactic Acid, Plasma	$ 15.75	$ 36.75	$ 27.75	$ 18.50	$ 9.25

Lamotrigine (Lamictal), Serum	$ 52.25	$ 90.50	$ 68.00	$ 45.25	$ 22.75
LD Isoenzymes	$ 15.75	$ 61.50	$ 46.25	$ 30.75	$ 15.50
LDH	$ 4.50	$ 19.50	$ 14.75	$ 9.75	$ 5.00
LDL Cholesterol (Direct)	$ 12.00	$ 32.00	$ 24.00	$ 16.00	$ 8.00
LDL Cholesterol (Direct)	$ 12.00	$ 32.00	$ 24.00	$ 16.00	$ 8.00
Lead Standard Profile, Blood	$ 30.50	$ 85.50	$ 64.25	$ 42.75	$ 21.50
Lead, Blood (Adult)	$ 15.75	$ 39.75	$ 30.00	$ 20.00	$ 10.00
Lead, Blood (Pediatric)	$ 15.75	$ 39.75	$ 30.00	$ 20.00	$ 10.00
Lead, Urine	$ 24.50	$ 56.00	$ 42.00	$ 28.00	$ 14.00
Legionella pneumophila Abs.	$ 30.50	$ 147.50	$ 110.75	$ 73.75	$ 37.00
Levetiracetam (Keppra), S	$ 45.00	$ 99.50	$ 74.75	$ 49.75	$ 25.00
LGV Diff.Ab.Panel, IFA	$ 322.00	$ 371.25	$ 371.25	$ 371.25	$ 371.25
Lipase, Serum	$ 12.00	$ 29.25	$ 22.00	$ 14.75	$ 7.50
Lipid Cascade	$ 7.00	$ 47.75	$ 36.00	$ 24.00	$ 12.00
Lipid Cascade w/Rflx to ApoliB	$ 7.00	$ 47.75	$ 36.00	$ 24.00	$ 12.00
Lipid Panel	$ 7.00	$ 47.75	$ 36.00	$ 24.00	$ 12.00
Lipid Panel	$ 6.75	$ 47.00	$ 35.25	$ 23.50	$ 11.75
Lipid Panel	$ 6.75	$ 47.00	$ 35.25	$ 23.50	$ 11.75
Lipid Panel w/ Chol/HDL Ratio	$ 7.00	$ 47.75	$ 36.00	$ 24.00	$ 12.00
Lipid Panel With LDL/HDL Ratio	$ 7.00	$ 47.75	$ 36.00	$ 24.00	$ 12.00
Lipoprotein (a)	$ 24.50	$ 50.25	$ 37.75	$ 25.25	$ 12.75
Lipoprotein Analysis by NMR	$ 112.50	$ 53.25	$ 53.25	$ 53.25	$ 53.25
Lipoprotein Analysis, by NMR	$ 112.50	$ 53.25	$ 53.25	$ 53.25	$ 53.25
Lithium (Eskalith), Serum	$ 10.50	$ 29.25	$ 22.00	$ 14.75	$ 7.50
Liver-Kidney Microsomal Ab	$ 12.50	$ 48.00	$ 36.00	$ 24.00	$ 12.00
Lower Respiratory Culture	$ 17.50	$ 47.00	$ 35.25	$ 23.50	$ 11.75
LP+1AC+Hb A1c	$ 18.50	$ 48.75	$ 36.75	$ 24.50	$ 12.25
LP+Chol/HDL+LDL/HDL+CHD Risk	$ 6.75	$ 47.00	$ 35.25	$ 23.50	$ 11.75
LP+LDLDIR	$ 17.50	$ 78.00	$ 58.50	$ 39.00	$ 19.50
Lp-PLA2	$ 89.50	$ 105.00	$ 78.75	$ 52.50	$ 26.25
LSD, Urine	$ 19.00	$ 45.25	$ 34.00	$ 22.75	$ 11.50
Lupus (SLE) Analysis	$ 174.25	$ 394.50	$ 296.00	$ 197.25	$ 98.75
Lupus Anticoagulant Comp	$ 109.25	$ 138.00	$ 103.50	$ 69.00	$ 34.50
Lupus Anticoagulant Reflex	$ 73.25	$ 116.75	$ 87.75	$ 58.50	$ 29.25
Luteinizing Hormone(LH), S	$ 19.00	$ 56.25	$ 42.25	$ 28.25	$ 14.25
Lyme Ab, Total/IgM Responses	$ 62.00	$ 108.25	$ 81.25	$ 54.25	$ 27.25
Lyme Ab/Western Blot Reflex	$ 44.75	$ 110.00	$ 82.50	$ 55.00	$ 27.50
Lyme Disease Ab, Quant, IgM	$ 37.50	$ 58.00	$ 43.50	$ 29.00	$ 14.50
Lyme IgG/IgM Ab	$ 37.50	$ 58.00	$ 43.50	$ 29.00	$ 14.50
Lyme PCR, Borrelia burgdorferi	$ 244.50	$ 367.25	$ 275.50	$ 183.75	$ 92.00
Lyme, IgM, Early Test/Reflex	$ 37.50	$ 58.00	$ 43.50	$ 29.00	$ 14.50
Lyme, Total Ab Test/Reflex	$ 37.50	$ 58.00	$ 43.50	$ 29.00	$ 14.50
Lyme, Western Blot, Serum	$ 52.25	$ 100.00	$ 75.00	$ 50.00	$ 25.00
M genitalium NAA, Swab	$ 36.00	$ 70.00	$ 52.50	$ 35.00	$ 17.50
M genitalium NAA, Urine	$ 36.00	$ 70.00	$ 52.50	$ 35.00	$ 17.50
M tuberculosis Detection, PCR	$ 100.00	$ 225.00	$ 75.00	$ 50.00	$ 25.00
M. Tuberculosis Ab, IgG ELISA	$ 76.75	$ 216.50	$ 216.50	$ 216.50	$ 216.50

Magnesium, RBC	$ 15.75	$ 38.25	$ 28.75	$ 19.25	$ 9.75
Magnesium, Serum	$ 7.75	$ 27.25	$ 20.50	$ 13.75	$ 7.00
MDMA (GC/MS), Urine	$ 45.25	$ 72.75	$ 72.75	$ 72.75	$ 72.75
Measles/Mumps/Rubella Immuni	$ 52.25	$ 125.75	$ 94.50	$ 63.00	$ 31.50
Meprobamate	$ 98.25	$ 122.75	$ 92.25	$ 61.50	$ 30.75
Mercury, Blood	$ 52.25	$ 90.50	$ 68.00	$ 45.25	$ 22.75
Mercury, Urine	$ 44.75	$ 79.75	$ 60.00	$ 40.00	$ 20.00
Metanephrines, Frac, Qn, 24-Hr	$ 43.75	$ 78.00	$ 58.50	$ 39.00	$ 19.50
Metanephrines, Frac., Pl. Free	$ 96.00	$ 356.75	$ 356.75	$ 356.75	$ 356.75
Metanephrines, Pheochromocyt	$ 30.50	$ 72.00	$ 54.00	$ 36.00	$ 18.00
Methadone (Dolophine), Serum	$ 27.75	$ 55.25	$ 41.50	$ 27.75	$ 14.00
Methadone (GC/MS), Urine	$ 38.75	$ 86.75	$ 86.75	$ 86.75	$ 86.75
Methadone Confirmation, Urine	$ 42.50	$ 76.25	$ 57.25	$ 38.25	$ 19.25
Methionine, Qn, P	$ 76.25	$ 125.75	$ 94.50	$ 63.00	$ 31.50
Methotrexate (MTX), Serum	$ 37.50	$ 65.75	$ 49.50	$ 33.00	$ 16.50
Methylmalonic Acid, Serum	$ 66.00	$ 110.50	$ 83.00	$ 55.25	$ 27.75
Methylmalonic Acid, Urine	$ 66.00	$ 110.50	$ 83.00	$ 55.25	$ 27.75
Microalb/Creat Ratio, Randm Ur	$ 23.25	$ 39.50	$ 29.75	$ 19.75	$ 10.00
Microalb/Creat Ratio, Timed Ur	$ 23.25	$ 39.50	$ 29.75	$ 19.75	$ 10.00
Microalbumin, 24 hr Urine	$ 9.75	$ 29.25	$ 22.00	$ 14.75	$ 7.50
Microalbumin, Random Urine	$ 9.75	$ 29.25	$ 22.00	$ 14.75	$ 7.50
Microalbumin, Timed Urine	$ 9.75	$ 29.25	$ 22.00	$ 14.75	$ 7.50
Microscopic Examination	$ 8.25	$ 19.50	$ 14.75	$ 9.75	$ 5.00
Miscellaneous Fluid Cytology	$ 44.75	$ 116.50	$ 87.50	$ 58.25	$ 29.25
Miscellaneous Smear Cytology	$ 37.50	$ 68.75	$ 51.75	$ 34.50	$ 17.25
Mitochondrial (M2) Antibody	$ 30.50	$ 70.25	$ 52.75	$ 35.25	$ 17.75
Mono Qual W/Rflx Qn	$ 9.75	$ 33.50	$ 25.25	$ 16.75	$ 8.50
Mononucleosis Test, Qual	$ 9.75	$ 33.50	$ 25.25	$ 16.75	$ 8.50
MRSA Screening Culture	$ 30.50	$ 96.75	$ 96.75	$ 96.75	$ 96.75
Mtb Susceptibility Broth	$ 227.00	$ 325.00	$ 170.25	$ 113.50	$ 56.75
MTB Susceptibility Broth	$ 227.00	$ 325.00	$ 170.25	$ 113.50	$ 56.75
Mucin Clot,Synovial Fl	$ 8.00	$ 33.50	$ 33.50	$ 33.50	$ 33.50
Mumps Antibodies, IgG	$ 23.25	$ 46.00	$ 34.50	$ 23.00	$ 11.50
Mumps Antibodies, IgM	$ 19.00	$ 43.25	$ 32.50	$ 21.75	$ 11.00
Mycoplasma pneu. IgG/IgM Abs	$ 73.25	$ 85.50	$ 64.25	$ 42.75	$ 21.50
Mycoplasma pneumoniae Culture	$ 52.25	$ 90.50	$ 68.00	$ 45.25	$ 22.75
Mycoplasma pneumoniae, IgG Ab	$ 35.50	$ 131.25	$ 131.25	$ 131.25	$ 131.25
Mycoplasma pneumoniae, IgM Al	$ 30.50	$ 55.25	$ 41.50	$ 27.75	$ 14.00
Myelin Basic Protein	$ 52.25	$ 174.75	$ 131.25	$ 87.50	$ 43.75
Myoglobin, Serum	$ 17.50	$ 42.50	$ 32.00	$ 21.25	$ 10.75
Myoglobin, Urine	$ 37.50	$ 48.75	$ 36.75	$ 24.50	$ 12.25
Neisseria gonorrhoeae, NAA	$ 21.00	$ 57.00	$ 42.75	$ 28.50	$ 14.25
NGI HBV SuperQuant	$ 251.00	$ 650.00	$ 650.00	$ 650.00	$ 650.00
NGI HBV UltraQual	$ 387.00	$ 495.50	$ 371.75	$ 247.75	$ 124.00
NGI HCV QuantaSure	$ 331.25	$ 809.25	$ 809.25	$ 809.25	$ 809.25
NGI HCV SuperQuant	$ 289.50	$ 431.25	$ 323.50	$ 215.75	$ 108.00
NGI HCV SuperQuant	$ 223.00	$ 560.75	$ 560.75	$ 560.75	$ 560.75

NGI HCV UltraQual	$ 217.25	$ 328.50	$ 246.50	$ 164.25	$ 82.25
NMR LipoProfile	$ 64.00	$ 140.00	$ 140.00	$ 140.00	$ 140.00
NMR LipoProfile w/IR Markers	$ 64.00	$ 140.00	$ 140.00	$ 140.00	$ 140.00
Non celiac Gluten Sens Screen	$ 31.00	$ 75.00	$ 56.25	$ 37.50	$ 18.75
Norepinephrine, Plasma	$ 58.50	$ 226.75	$ 226.75	$ 226.75	$ 226.75
Nortriptyline (Aventyl), Serum	$ 42.00	$ 75.00	$ 56.25	$ 37.50	$ 18.75
N-Telopeptide, Urine (Serial)	$ 23.25	$ 77.25	$ 58.00	$ 38.75	$ 19.50
Nuswab BV and Candida	$ 115.00	$ 368.00	$ 276.00	$ 184.00	$ 92.00
NuSwab BV NAA+Cand6+Ct/GC/T	$ 382.00	$ 952.00	$ 714.00	$ 476.00	$ 238.00
NuSwab BV NAA+Cand6+Tv NAA	$ 260.00	$ 742.00	$ 556.50	$ 371.00	$ 185.50
NuSwab Vaginitis (VG)	$ 150.00	$ 426.00	$ 319.50	$ 213.00	$ 106.50
NuSwab Vaginitis Plus (VG+)	$ 192.00	$ 540.00	$ 405.00	$ 270.00	$ 135.00
NuSwab VG, HSV	$ 230.00	$ 522.00	$ 391.50	$ 261.00	$ 130.50
NuSwab VG+, HSV	$ 272.00	$ 636.00	$ 477.00	$ 318.00	$ 159.00
Occult Blood, Fecal, IA	$ 29.50	$ 51.00	$ 38.25	$ 25.50	$ 12.75
Oligoclonal Banding	$ 30.50	$ 50.25	$ 37.75	$ 25.25	$ 12.75
Opiate Confirmation, Urine	$ 42.50	$ 76.25	$ 57.25	$ 38.25	$ 19.25
Opiates and Oxycodone (GC/MS)	$ 76.25	$ 158.25	$ 158.25	$ 158.25	$ 158.25
Opiates Conf (GC/MS)	$ 59.00	$ 88.75	$ 66.75	$ 44.50	$ 22.25
Opiates Confirmation	$ 42.50	$ 76.25	$ 57.25	$ 38.25	$ 19.25
Opiates Confirmation, Urine	$ 48.50	$ 144.00	$ 144.00	$ 144.00	$ 144.00
Organism ID, Bacteria	$ 19.00	$ 43.25	$ 32.50	$ 21.75	$ 11.00
Organism Identification, Yeast	$ 24.25	$ 116.00	$ 116.00	$ 116.00	$ 116.00
Osmolality	$ 15.75	$ 30.50	$ 23.00	$ 15.25	$ 7.75
Osmolality, Fecal	$ 8.25	$ 27.25	$ 20.50	$ 13.75	$ 7.00
Osmolality, Urine	$ 15.75	$ 30.50	$ 23.00	$ 15.25	$ 7.75
Osteocalcin, Serum	$ 25.75	$ 52.00	$ 39.00	$ 26.00	$ 13.00
Ova + Parasite Exam	$ 14.50	$ 70.25	$ 52.75	$ 35.25	$ 17.75
Ovarian Cancer Monitor III	$ 104.00	$ 142.75	$ 107.25	$ 71.50	$ 35.75
Oxalate, Quant, 24-Hour Urine	$ 23.25	$ 43.25	$ 32.50	$ 21.75	$ 11.00
Oxycodone/Oxymorphone (GC/M	$ 59.00	$ 88.75	$ 66.75	$ 44.50	$ 22.25
Oxycodone/Oxymorphone Confir	$ 48.50	$ 144.00	$ 144.00	$ 144.00	$ 144.00
Oxycodone/Oxymorphone, Urine	$ 30.50	$ 63.25	$ 47.50	$ 31.75	$ 16.00
P E Interpretation, S	$ 2.75	$ 17.75	$ 17.75	$ 17.75	$ 17.75
Panel 005462	$ 52.25	$ 90.50	$ 68.00	$ 45.25	$ 22.75
Panel 005465	$ 52.25	$ 90.50	$ 68.00	$ 45.25	$ 22.75
Panel 083824	$ 18.00	$ 42.75	$ 36.00	$ 24.00	$ 12.00
Panel 083850	$ 18.00	$ 42.75	$ 36.00	$ 24.00	$ 12.00
Panel 161000	$ 15.00	$ 41.25	$ 31.00	$ 20.75	$ 10.50
Panel 163550	$ 47.50	$ 84.25	$ 63.25	$ 42.25	$ 21.25
Pap IG (Image Guided)	$ 34.75	$ 54.00	$ 40.50	$ 27.00	$ 13.50
Pap IG, Ct	$ 55.75	$ 111.00	$ 83.25	$ 55.50	$ 27.75
pap IG, Ct, HPV-h+lr	$ 253.25	$ 315.00	$ 236.25	$ 157.50	$ 78.75
Pap IG, Ct, HPV-hr	$ 154.50	$ 213.00	$ 159.75	$ 106.50	$ 53.25
Pap IG, Ct, rfx HPV all pth	$ 55.75	$ 111.00	$ 83.25	$ 55.50	$ 27.75
Pap IG, Ct, rfx HPV ASCU	$ 55.75	$ 111.00	$ 83.25	$ 55.50	$ 27.75
Pap IG, Ct, rfx HPV-h+lr ASCU	$ 55.75	$ 111.00	$ 83.25	$ 55.50	$ 27.75

Pap IG, Ct-Ng	$ 76.75	$ 168.00	$ 126.00	$ 84.00	$ 42.00
Pap IG, Ct-Ng HSV 1/2 PCR	$ 156.75	$ 264.00	$ 198.00	$ 132.00	$ 66.00
Pap IG, Ct-Ng HSV HPV 16/18	$ 255.50	$ 366.00	$ 274.50	$ 183.00	$ 91.50
Pap IG, Ct-Ng TV	$ 111.75	$ 226.00	$ 169.50	$ 113.00	$ 56.50
Pap IG, Ct-Ng TV HPV 16&18	$ 210.50	$ 328.00	$ 246.00	$ 164.00	$ 82.00
Pap IG, Ct-Ng TV HPV-hr	$ 210.50	$ 328.00	$ 246.00	$ 164.00	$ 82.00
Pap IG, Ct-Ng TV HSV 1/2 PCR	$ 191.75	$ 322.00	$ 241.50	$ 161.00	$ 80.50
Pap IG, Ct-Ng TV HSV HPV 16/18	$ 290.50	$ 424.00	$ 318.00	$ 212.00	$ 106.00
Pap IG, Ct-Ng TV rfx HPV all	$ 111.75	$ 226.00	$ 169.50	$ 113.00	$ 56.50
Pap IG, Ct-Ng TV rfx HPV ASCU	$ 111.75	$ 226.00	$ 169.50	$ 113.00	$ 56.50
Pap IG, Ct-Ng, HPV 16&18	$ 175.50	$ 270.00	$ 202.50	$ 135.00	$ 67.50
Pap IG, Ct-Ng, HPV-h+lr	$ 274.25	$ 372.00	$ 279.00	$ 186.00	$ 93.00
Pap IG, Ct-Ng, HPV-hr	$ 175.50	$ 270.00	$ 202.50	$ 135.00	$ 67.50
Pap IG, Ct-Ng, rfx HPV all	$ 76.75	$ 168.00	$ 126.00	$ 84.00	$ 42.00
Pap IG, Ct-Ng, rfx HPV ASCU	$ 76.75	$ 168.00	$ 126.00	$ 84.00	$ 42.00
Pap IG, Ct-Ng,rfx HPV h+lr all	$ 76.75	$ 168.00	$ 126.00	$ 84.00	$ 42.00
Pap IG, Ct-Ng,rfxHPV all 16&18	$ 76.75	$ 168.00	$ 126.00	$ 84.00	$ 42.00
Pap IG, CtNgHSV, rfxHPV ASCU	$ 156.75	$ 264.00	$ 198.00	$ 132.00	$ 66.00
Pap IG, HPV and rfx HPV 16&18	$ 133.50	$ 156.00	$ 117.00	$ 78.00	$ 39.00
Pap IG, HPV-h+lr	$ 232.25	$ 258.00	$ 193.50	$ 129.00	$ 64.50
Pap IG, HPV-hr	$ 133.50	$ 156.00	$ 117.00	$ 78.00	$ 39.00
Pap IG, HSV 1/2 NAA	$ 114.75	$ 150.00	$ 112.50	$ 75.00	$ 37.50
Pap IG, HSV, HPV rfx HPV 16/18	$ 213.50	$ 252.00	$ 189.00	$ 126.00	$ 63.00
Pap IG, HSV, rfxHPV ASCU	$ 114.75	$ 150.00	$ 112.50	$ 75.00	$ 37.50
Pap IG, Ng	$ 55.75	$ 111.00	$ 83.25	$ 55.50	$ 27.75
Pap IG, rfx HPV all pth	$ 34.75	$ 54.00	$ 40.50	$ 27.00	$ 13.50
Pap IG, rfx HPV all pth 16&18	$ 34.75	$ 54.00	$ 40.50	$ 27.00	$ 13.50
Pap IG, rfx HPV ASCU	$ 34.75	$ 54.00	$ 40.50	$ 27.00	$ 13.50
Pap IG, rfx HPV ASCU, 16&18	$ 34.75	$ 54.00	$ 40.50	$ 27.00	$ 13.50
Pap IG, rfx HPV ASCU-ASCH	$ 34.75	$ 54.00	$ 40.50	$ 27.00	$ 13.50
Pap IG, rfx HPV-h+lr all	$ 34.75	$ 54.00	$ 40.50	$ 27.00	$ 13.50
Pap IG, rfx HPV-h+lr ASCU	$ 34.75	$ 54.00	$ 40.50	$ 27.00	$ 13.50
Pap IG, rfx HPV-hr ASCUS,LSIL	$ 34.75	$ 54.00	$ 40.50	$ 27.00	$ 13.50
Pap IG, rfx HPV-hr NIL-ASCUS	$ 34.75	$ 54.00	$ 40.50	$ 27.00	$ 13.50
Pap IG, rfx Invader HPV ASCU	$ 34.75	$ 54.00	$ 40.50	$ 27.00	$ 13.50
Pap IG, Tv	$ 69.75	$ 112.00	$ 84.00	$ 56.00	$ 28.00
Pap IG, Tv HPV rfx HPV 16/18	$ 168.50	$ 214.00	$ 160.50	$ 107.00	$ 53.50
Pap IG, Tv rfx HPV ASCU	$ 69.75	$ 112.00	$ 84.00	$ 56.00	$ 28.00
Pap IG, w Mat Indx	$ 38.23	$ 59.40	$ 44.55	$ 29.70	$ 14.85
Pap IG,Ct,rfx HPV-h+lr all pth	$ 55.75	$ 111.00	$ 83.25	$ 55.50	$ 27.75
Pap IG,Ct-Ng,rfx HPV-h+lr ASCU	$ 76.75	$ 168.00	$ 126.00	$ 84.00	$ 42.00
Pap IG,Ct-Ng,rfxHPV ASCU 16&18	$ 76.75	$ 168.00	$ 126.00	$ 84.00	$ 42.00
Pap Lb (Liquid-based)	$ 29.50	$ 44.00	$ 33.00	$ 22.00	$ 11.00
Pap Lb w Mat Indx rfx HPV ASCU	$ 32.45	$ 48.40	$ 36.30	$ 24.20	$ 12.10
Pap Lb, Ct	$ 50.50	$ 101.00	$ 75.75	$ 50.50	$ 25.25
Pap Lb, Ct, HPV-h+lr	$ 248.00	$ 305.00	$ 228.75	$ 152.50	$ 76.25
Pap Lb, Ct, HPV-hr	$ 149.25	$ 203.00	$ 152.25	$ 101.50	$ 50.75

Pap Lb, Ct, rfx HPV all pth	$ 50.50	$ 101.00	$ 75.75	$ 50.50	$ 25.25
Pap Lb, Ct, rfx HPV ASCU	$ 50.50	$ 101.00	$ 75.75	$ 50.50	$ 25.25
Pap Lb, Ct, rfx HPV-h+lr ASCU	$ 50.50	$ 101.00	$ 75.75	$ 50.50	$ 25.25
Pap Lb, Ct-Ng	$ 71.50	$ 158.00	$ 118.50	$ 79.00	$ 39.50
Pap Lb, Ct-Ng TV	$ 106.50	$ 216.00	$ 162.00	$ 108.00	$ 54.00
Pap Lb, Ct-Ng TV HPV 16&18	$ 205.25	$ 318.00	$ 238.50	$ 159.00	$ 79.50
Pap Lb, Ct-Ng TV HPV-hr	$ 205.25	$ 318.00	$ 238.50	$ 159.00	$ 79.50
Pap Lb, Ct-Ng TV rfx HPV all	$ 106.50	$ 216.00	$ 162.00	$ 108.00	$ 54.00
Pap Lb, Ct-Ng TV rfx HPV ASCU	$ 106.50	$ 216.00	$ 162.00	$ 108.00	$ 54.00
Pap Lb, Ct-Ng, HPV 16&18	$ 170.25	$ 260.00	$ 195.00	$ 130.00	$ 65.00
Pap Lb, Ct-Ng, HPV-h+lr	$ 269.00	$ 362.00	$ 271.50	$ 181.00	$ 90.50
Pap Lb, Ct-Ng, HPV-hr	$ 170.25	$ 260.00	$ 195.00	$ 130.00	$ 65.00
Pap Lb, Ct-Ng, rfx HPV all	$ 71.50	$ 158.00	$ 118.50	$ 79.00	$ 39.50
Pap Lb, Ct-Ng, rfx HPV ASCU	$ 71.50	$ 158.00	$ 118.50	$ 79.00	$ 39.50
Pap Lb, Ct-Ng,rfx HPV-h+lr all	$ 71.50	$ 158.00	$ 118.50	$ 79.00	$ 39.50
Pap Lb, Ct-Ng,rfxHPV all 16&18	$ 71.50	$ 158.00	$ 118.50	$ 79.00	$ 39.50
Pap Lb, HPV rfx HPV 16&18	$ 128.25	$ 146.00	$ 109.50	$ 73.00	$ 36.50
Pap Lb, HPV-h+lr	$ 227.00	$ 248.00	$ 186.00	$ 124.00	$ 62.00
Pap Lb, HPV-hr	$ 128.25	$ 146.00	$ 109.50	$ 73.00	$ 36.50
Pap Lb, Ng	$ 50.50	$ 101.00	$ 75.75	$ 50.50	$ 25.25
Pap Lb, rfx HPV all pth	$ 29.50	$ 44.00	$ 33.00	$ 22.00	$ 11.00
Pap Lb, rfx HPV ASCU	$ 29.50	$ 44.00	$ 33.00	$ 22.00	$ 11.00
Pap Lb, rfx HPV ASCU-ASCH	$ 29.50	$ 44.00	$ 33.00	$ 22.00	$ 11.00
Pap Lb, rfx HPV-h+lr all	$ 29.50	$ 44.00	$ 33.00	$ 22.00	$ 11.00
Pap Lb, rfx HPV-h+lr ASCU	$ 29.50	$ 44.00	$ 33.00	$ 22.00	$ 11.00
Pap Lb, rfx HPV-hr NIL-ASCUS	$ 29.50	$ 44.00	$ 33.00	$ 22.00	$ 11.00
Pap Lb, w Mat Indx	$ 32.45	$ 48.40	$ 36.30	$ 24.20	$ 12.10
Pap Lb,Ct,rfx HPV-h+lr all pth	$ 50.50	$ 101.00	$ 75.75	$ 50.50	$ 25.25
Pap Lb,Ct-Ng,rfx HPV-h+lr ASCU	$ 71.50	$ 158.00	$ 118.50	$ 79.00	$ 39.50
Pap Lb,Ct-Ng,rfxHPV ASCU 16&18	$ 71.50	$ 158.00	$ 118.50	$ 79.00	$ 39.50
Pap Smear, 1 sld w Mat Indx	$ 24.20	$ 48.40	$ 36.30	$ 24.20	$ 12.10
Pap Smear, 1 Slide	$ 22.00	$ 44.00	$ 33.00	$ 22.00	$ 11.00
Pap Smear, 2 sld w Mat Indx	$ 48.40	$ 96.80	$ 72.60	$ 48.40	$ 24.20
Pap Smear, 2 Slide	$ 44.00	$ 88.00	$ 66.00	$ 44.00	$ 22.00
PapIG, CtNgHSV, rfxHPVall	$ 156.75	$ 264.00	$ 198.00	$ 132.00	$ 66.00
PapIG, CtNgTvHSV rfxHPV ASCU	$ 191.75	$ 322.00	$ 241.50	$ 161.00	$ 80.50
PapIG, CtNgTVHSV, rfxHPVal	$ 191.75	$ 322.00	$ 241.50	$ 161.00	$ 80.50
PapIG, HSV rfxHPVall	$ 114.75	$ 150.00	$ 112.50	$ 75.00	$ 37.50
PapIG,rfxHPV-hrASCUS,LSIL,AGUS	$ 34.75	$ 54.00	$ 40.50	$ 27.00	$ 13.50
PapLb,rfxHPV-hrASCUS,LSIL,AGUS	$ 29.50	$ 44.00	$ 33.00	$ 22.00	$ 11.00
Parasite Exam, Blood	$ 12.50	$ 20.25	$ 15.25	$ 10.25	$ 5.25
Parasite ID, Worm	$ 8.25	$ 19.50	$ 14.75	$ 9.75	$ 5.00
Parvovirus B19 PCR	$ 287.25	$ 406.75	$ 305.25	$ 203.50	$ 101.75
Parvovirus B19, Human, IgG/IgM	$ 101.75	$ 162.25	$ 121.75	$ 81.25	$ 40.75
PCB + Pesticide Exp. P.	$ 139.75	$ 521.25	$ 521.25	$ 521.25	$ 521.25
PE and FLC, Serum	$ 100.50	$ 390.00	$ 390.00	$ 390.00	$ 390.00
PE(Rfx IFE), Random Ur	$ 27.00	$ 36.00	$ 27.00	$ 18.00	$ 9.00

PE+Interp(Rfx IFE),S	$ 24.25	$ 92.75	$ 92.75	$ 92.75	$ 92.75
Pentobarbital	$ 52.25	$ 90.50	$ 68.00	$ 45.25	$ 22.75
Perphenazine (Trilafon)	$ 108.00	$ 95.50	$ 71.75	$ 47.75	$ 24.00
pH + Reducing Substance,Stool	$ 8.25	$ 25.00	$ 18.75	$ 12.50	$ 6.25
pH, Stool	$ 15.75	$ 33.50	$ 25.25	$ 16.75	$ 8.50
pH, Urine	$ 19.00	$ 43.25	$ 32.50	$ 21.75	$ 11.00
Phencyclidine (GC/MS), Urine	$ 37.75	$ 72.75	$ 72.75	$ 72.75	$ 72.75
Phencyclidine Confirmation, Ur	$ 52.25	$ 158.25	$ 118.75	$ 79.25	$ 39.75
Phencyclidine, Confirm, Urine	$ 37.75	$ 158.25	$ 158.25	$ 158.25	$ 158.25
Phenobarbital, Serum	$ 20.25	$ 44.75	$ 33.75	$ 22.50	$ 11.25
Phenylalanine, Qn, P	$ 76.25	$ 125.75	$ 94.50	$ 63.00	$ 31.50
Phenytoin (Dilantin), Serum	$ 17.50	$ 44.00	$ 33.00	$ 22.00	$ 11.00
Phenytoin, Free, Serum	$ 37.50	$ 58.00	$ 43.50	$ 29.00	$ 14.50
Phenytoin,Free and Total,Serum	$ 47.50	$ 87.50	$ 65.75	$ 43.75	$ 22.00
Phosphorus, 24 hr Urine	$ 6.00	$ 24.50	$ 18.50	$ 12.25	$ 6.25
Phosphorus, Serum	$ 4.50	$ 24.50	$ 18.50	$ 12.25	$ 6.25
Physician Read Pap	$ 24.25	$ 64.00	$ 48.00	$ 32.00	$ 16.00
Pinworm Prep - Enterobius	$ 12.50	$ 30.50	$ 23.00	$ 15.25	$ 7.75
Plasminogen Act Inhibitor-1	$ 58.75	$ 218.50	$ 218.50	$ 218.50	$ 218.50
Platelet Antibody, Serum	$ 299.25	$ 420.00	$ 315.00	$ 210.00	$ 105.00
Platelet Count	$ 4.50	$ 25.75	$ 19.50	$ 13.00	$ 6.50
Platelet Count on Citrated Bld	$ 4.50	$ 25.75	$ 19.50	$ 13.00	$ 6.50
Poliovirus Antibodies	$ 40.75	$ 73.50	$ 55.25	$ 36.75	$ 18.50
Porphobilinogen, Qn, 24-Hr Ur	$ 39.50	$ 72.25	$ 54.25	$ 36.25	$ 18.25
Porphobilinogen, Qn, Random Ur	$ 39.50	$ 72.25	$ 54.25	$ 36.25	$ 18.25
Porphyrins, Qn, 24 Hr Ur.	$ 30.50	$ 55.25	$ 41.50	$ 27.75	$ 14.00
Potassium, 24 hr Urine	$ 8.25	$ 19.50	$ 14.75	$ 9.75	$ 5.00
Potassium, Serum	$ 4.50	$ 19.50	$ 14.75	$ 9.75	$ 5.00
Prealbumin	$ 37.50	$ 61.50	$ 46.25	$ 30.75	$ 15.50
Pregnancy Test, Urine	$ 15.75	$ 32.00	$ 24.00	$ 16.00	$ 8.00
Prenatal Panel I/without HBsAg	$ 46.00	$ 152.00	$ 114.00	$ 76.00	$ 38.00
Prenatal Profile I	$ 44.50	$ 129.00	$ 96.75	$ 64.50	$ 32.25
Primidone (Mysoline), Serum	$ 30.50	$ 90.50	$ 68.00	$ 45.25	$ 22.75
Prl+FSH+LH+DHEA S+CortAM+Pr.	$ 214.25	$ 586.00	$ 439.50	$ 293.00	$ 146.50
proBNP	$ 78.25	$ 148.00	$ 111.00	$ 74.00	$ 37.00
Procainamide, Serum	$ 30.50	$ 55.00	$ 41.25	$ 27.50	$ 13.75
Progesterone	$ 30.50	$ 66.50	$ 50.00	$ 33.25	$ 16.75
Progesterone, Serum	$ 110.75	$ 151.00	$ 151.00	$ 151.00	$ 151.00
Proinsulin	$ 77.00	$ 287.25	$ 287.25	$ 287.25	$ 287.25
Prolactin	$ 19.00	$ 63.25	$ 47.50	$ 31.75	$ 16.00
Propafenone (Rythmol)	$ 97.75	$ 106.75	$ 80.25	$ 53.50	$ 26.75
Propoxyphene (GC/MS), Urine	$ 38.75	$ 86.75	$ 86.75	$ 86.75	$ 86.75
Prostaglandins: D2, U	$ 456.75	$ 522.75	$ 522.75	$ 522.75	$ 522.75
Prostate-Specific Ag, Serum	$ 13.00	$ 59.50	$ 44.75	$ 29.75	$ 15.00
Prostatic Acid Phos, Serum	$ 15.75	$ 36.75	$ 27.75	$ 18.50	$ 9.25
Prot Electro Interp, 24-Hr Ur	$ 30.50	$ 36.00	$ 27.00	$ 18.00	$ 9.00
Prot U+CreatCx	$ 23.25	$ 43.50	$ 32.75	$ 21.75	$ 11.00

Prot+CreatU (Random)	$ 12.50	$ 29.50	$ 22.25	$ 14.75	$ 7.50
Protein C Antigen	$ 73.25	$ 121.00	$ 90.75	$ 60.50	$ 30.25
Protein C Deficiency Profile	$ 131.00	$ 204.25	$ 153.25	$ 102.25	$ 51.25
Protein C-Functional	$ 37.50	$ 45.50	$ 34.25	$ 22.75	$ 11.50
Protein Elec + Interp, Serum	$ 23.25	$ 60.25	$ 45.25	$ 30.25	$ 15.25
Protein Electro, 24-Hour Urine	$ 30.50	$ 58.00	$ 43.50	$ 29.00	$ 14.50
Protein Electro.,S	$ 20.25	$ 46.75	$ 35.25	$ 23.50	$ 11.75
Protein Electrophoresis, RU	$ 37.50	$ 46.75	$ 35.25	$ 23.50	$ 11.75
Protein S Panel	$ 217.25	$ 328.50	$ 246.50	$ 164.25	$ 82.25
Protein S-Antigen	$ 70.75	$ 116.25	$ 87.25	$ 58.25	$ 29.25
Protein S-Functional	$ 88.25	$ 140.75	$ 105.75	$ 70.50	$ 35.25
Protein Total, Qn, 24-Hr Urine	$ 8.25	$ 27.25	$ 20.50	$ 13.75	$ 7.00
Protein, Body Fluid	$ 8.25	$ 25.75	$ 19.50	$ 13.00	$ 6.50
Protein, Total, CSF	$ 15.75	$ 38.25	$ 28.75	$ 19.25	$ 9.75
Protein, Total, Serum	$ 4.50	$ 19.50	$ 14.75	$ 9.75	$ 5.00
Protein, Urine 12-Hr	$ 8.25	$ 24.50	$ 18.50	$ 12.25	$ 6.25
Protein,Total,Urine	$ 8.25	$ 24.50	$ 18.50	$ 12.25	$ 6.25
Prothrombin Time	$ 5.50	$ 26.00	$ 19.50	$ 13.00	$ 6.50
Prothrombin Time (PT)	$ 5.50	$ 25.75	$ 19.50	$ 13.00	$ 6.50
Protoporphyrin, FEP/ZPP	$ 15.75	$ 46.75	$ 35.25	$ 23.50	$ 11.75
Protriptyline (Vivactyl)	$ 116.75	$ 102.50	$ 77.00	$ 51.25	$ 25.75
PrtCAg+PrtSAg	$ 138.25	$ 214.50	$ 161.00	$ 107.25	$ 53.75
PSA (Reflex To Free) (Serial)	$ 15.75	$ 59.50	$ 44.75	$ 29.75	$ 15.00
PSA Total (Reflex To Free)	$ 30.25	$ 59.50	$ 44.75	$ 29.75	$ 15.00
PSA Total+% Free	$ 159.00	$ 192.00	$ 144.00	$ 96.00	$ 48.00
PSA Total+% Free (Serial)	$ 37.50	$ 118.00	$ 88.50	$ 59.00	$ 29.50
PT and PTT	$ 10.50	$ 32.25	$ 24.25	$ 16.25	$ 8.25
PTH (C-Terminal)	$ 37.50	$ 127.00	$ 95.25	$ 63.50	$ 31.75
PTH, Intact	$ 19.00	$ 132.50	$ 99.50	$ 66.25	$ 33.25
PTHrP (PTH-Related Peptide)	$ 37.50	$ 68.75	$ 51.75	$ 34.50	$ 17.25
PTT, Activated	$ 12.00	$ 32.00	$ 24.00	$ 16.00	$ 8.00
Quant, RNA PCR	$ 113.50	$ 223.75	$ 168.00	$ 112.00	$ 56.00
QuantiFERON In Tube	$ 55.00	$ 104.00	$ 78.00	$ 52.00	$ 26.00
Quetiapine (Seroquel)	$ 113.25	$ 132.25	$ 99.25	$ 66.25	$ 33.25
Rapid Plasma Reagin, Quant	$ 12.00	$ 24.50	$ 18.50	$ 12.25	$ 6.25
RBC	$ 6.75	$ 25.75	$ 19.50	$ 13.00	$ 6.50
Reducing Substance,Total Urine	$ 15.00	$ 25.00	$ 18.75	$ 12.50	$ 6.25
Renal Panel (10)	$ 6.25	$ 30.50	$ 23.00	$ 15.25	$ 7.75
Renin Activity and Aldosterone	$ 44.75	$ 201.00	$ 150.75	$ 100.50	$ 50.25
Renin Activity, Plasma	$ 23.25	$ 71.25	$ 53.50	$ 35.75	$ 18.00
Reticulocyte Count	$ 5.50	$ 30.50	$ 23.00	$ 15.25	$ 7.75
Reverse T3, Serum	$ 37.50	$ 68.75	$ 51.75	$ 34.50	$ 17.25
Rh Factor	$ 12.50	$ 44.75	$ 33.75	$ 22.50	$ 11.25
Rheumatoid Arthritis Factor	$ 9.75	$ 27.25	$ 20.50	$ 13.75	$ 7.00
Rh-hr Genotype w/ABO Grouping	$ 30.50	$ 34.75	$ 26.25	$ 17.50	$ 8.75
RNA, b-DNA, Quant	$ 147.25	$ 549.25	$ 549.25	$ 549.25	$ 549.25
RNA, Real Time PCR (Graph)	$ 113.50	$ 223.75	$ 168.00	$ 112.00	$ 56.00

RNA, Real Time PCR (Non-Graph)	$ 145.00	$ 223.75	$ 168.00	$ 112.00	$ 56.00
RNP Antibodies	$ 22.75	$ 86.75	$ 65.25	$ 43.50	$ 21.75
RNP Antibodies	$ 22.75	$ 86.75	$ 65.25	$ 43.50	$ 21.75
Rocky Mtn Spotted Fever, IgM	$ 40.75	$ 151.00	$ 151.00	$ 151.00	$ 151.00
Rotavirus Ag, EIA	$ 23.25	$ 43.25	$ 32.50	$ 21.75	$ 11.00
RP+LP+CreatU+PTH Intact+CBC...	$ 45.75	$ 263.75	$ 198.00	$ 132.00	$ 66.00
RP+LP+PTH Intact+CBC/Plt+MA...	$ 59.00	$ 304.25	$ 228.25	$ 152.25	$ 76.25
RPR	$ 5.00	$ 27.25	$ 20.50	$ 13.75	$ 7.00
RPR (reflex)	$ 4.75	$ 27.25	$ 20.50	$ 13.75	$ 7.00
RPR, Rfx Qn RPR/Confirm TP-PA	$ 5.00	$ 27.25	$ 20.50	$ 13.75	$ 7.00
RPR+Rh+ABO+Rub Ab+Ab Scr	$ 37.75	$ 149.50	$ 112.25	$ 74.75	$ 37.50
RPR+Rh+ABO+Rub Ab+Ab Scr+CB	$ 65.25	$ 578.25	$ 578.25	$ 578.25	$ 578.25
RPR+Rh+ABO+Rub Ab+Ab Scr+CB	$ 41.75	$ 373.50	$ 373.50	$ 373.50	$ 373.50
RSV Ab, Quant	$ 30.50	$ 55.25	$ 41.50	$ 27.75	$ 14.00
RSV Ag, EIA	$ 37.50	$ 68.75	$ 51.75	$ 34.50	$ 17.25
Rubella Antibodies, IgG	$ 8.25	$ 43.50	$ 32.75	$ 21.75	$ 11.00
Rubella Antibodies, IgM	$ 47.50	$ 84.25	$ 63.25	$ 42.25	$ 21.25
Rubeola Antibodies, IgG	$ 17.50	$ 42.50	$ 32.00	$ 21.25	$ 10.75
Rubeola Antibodies, IgM	$ 23.25	$ 44.75	$ 33.75	$ 22.50	$ 11.25
Saccharomyces cerevisiae Panel	$ 73.00	$ 271.50	$ 271.50	$ 271.50	$ 271.50
Scleroderma Diagnostic Profile	$ 66.00	$ 96.50	$ 72.50	$ 48.25	$ 24.25
Sedimentation Rate-Westergren	$ 5.75	$ 24.50	$ 18.50	$ 12.25	$ 6.25
Semen Analysis, Basic	$ 48.25	$ 179.00	$ 179.00	$ 179.00	$ 179.00
Semen Analysis, Postvasectomy	$ 15.75	$ 22.25	$ 16.75	$ 11.25	$ 5.75
Sensitivity Organism #1	$ 9.50	$ 31.25	$ 23.50	$ 15.75	$ 8.00
Sensitivity Organism #2	$ 9.50	$ 31.25	$ 23.50	$ 15.75	$ 8.00
Sensitivity Organism #3	$ 9.50	$ 31.25	$ 23.50	$ 15.75	$ 8.00
Sensitivity Organism #4	$ 9.50	$ 31.25	$ 23.50	$ 15.75	$ 8.00
Sensitivity Organism #5	$ 9.50	$ 31.25	$ 23.50	$ 15.75	$ 8.00
Sequential 1	$ 181.00	$ 116.50	$ 116.50	$ 116.50	$ 116.50
Sequential 2	$ 364.25	$ 208.00	$ 156.00	$ 104.00	$ 52.00
Serotonin, Serum	$ 27.00	$ 100.00	$ 75.00	$ 50.00	$ 25.00
Sex Horm Binding Glob, Serum	$ 30.50	$ 70.25	$ 52.75	$ 35.25	$ 17.75
Sjogren's Ab, Anti-SS-A/-SS-B	$ 37.50	$ 115.75	$ 87.00	$ 58.00	$ 29.00
Sjogren's Anti-SS-A	$ 27.00	$ 57.75	$ 43.50	$ 29.00	$ 14.50
Sjogren's Anti-SS-A	$ 27.00	$ 57.75	$ 43.50	$ 29.00	$ 14.50
Sjogren's Anti-SS-B	$ 27.00	$ 58.00	$ 43.50	$ 29.00	$ 14.50
Sjogren's Anti-SS-B	$ 27.00	$ 58.00	$ 43.50	$ 29.00	$ 14.50
Smith Antibodies	$ 22.75	$ 86.75	$ 65.25	$ 43.50	$ 21.75
Smith Antibodies	$ 22.75	$ 86.75	$ 65.25	$ 43.50	$ 21.75
Smith/RNP Antibodies	$ 22.75	$ 86.75	$ 65.25	$ 43.50	$ 21.75
Sodium, 24 hr Urine	$ 8.25	$ 19.50	$ 14.75	$ 9.75	$ 5.00
Sodium, Serum	$ 4.50	$ 24.50	$ 18.50	$ 12.25	$ 6.25
Soluble Transferrin Receptor	$ 62.00	$ 104.75	$ 78.75	$ 52.50	$ 26.25
Spec-Stain;GRP II-All Oth 4th	$ 43.25	$ 55.50	$ 41.75	$ 27.75	$ 14.00
Spec-Stain;GRP II-All Oth 5th	$ 43.25	$ 55.50	$ 41.75	$ 27.75	$ 14.00

Spec-Stain;GRP II-All-Oth 1st	$ 27.75	$ 55.50	$ 41.75	$ 27.75	$ 14.00
Spec-Stain;GRP II-All-Oth 2nd	$ 43.25	$ 55.50	$ 41.75	$ 27.75	$ 14.00
Spec-Stain;GRP II-All-Oth-3rd	$ 43.25	$ 55.50	$ 41.75	$ 27.75	$ 14.00
Spec-Stain;GRP I-Micro 1st	$ 30.50	$ 171.75	$ 129.00	$ 86.00	$ 43.00
Spec-Stain;GRP I-Micro 2nd	$ 30.50	$ 171.75	$ 129.00	$ 86.00	$ 43.00
Spec-Stain;GRP I-Micro 3rd	$ 54.25	$ 171.75	$ 129.00	$ 86.00	$ 43.00
Spec-Stain;GRP I-Micro 4th	$ 54.25	$ 171.75	$ 129.00	$ 86.00	$ 43.00
Spec-Stain;GRP I-Micro 5th	$ 54.25	$ 171.75	$ 129.00	$ 86.00	$ 43.00
Sputum Cytology	$ 40.75	$ 116.25	$ 87.25	$ 58.25	$ 29.25
STAT	$ 37.50	$ 60.50	$ 45.50	$ 30.25	$ 15.25
STAT Charge	$ 12.00	$ 28.50	$ 21.50	$ 14.25	$ 7.25
Stool Culture	$ 26.25	$ 53.50	$ 40.25	$ 26.75	$ 13.50
Stool Culture, Vibrio Only	$ 17.50	$ 66.75	$ 66.75	$ 66.75	$ 66.75
Stool Culture, Yersinia Only	$ 15.75	$ 30.50	$ 23.00	$ 15.25	$ 7.75
Strep Gp A Ag, IA	$ 12.75	$ 34.50	$ 26.00	$ 17.25	$ 8.75
Strep Gp B Cult/DNA Probe	$ 17.50	$ 90.25	$ 67.75	$ 45.25	$ 22.75
Streptozyme	$ 15.75	$ 35.50	$ 26.75	$ 17.75	$ 9.00
Strongyloides Ab IgG, ELISA	$ 95.25	$ 84.00	$ 84.00	$ 84.00	$ 84.00
Susceptibility, Aer + Anaerob	$ 12.00	$ 46.00	$ 34.50	$ 23.00	$ 11.50
Systemic Lupus Profile A	$ 66.00	$ 328.25	$ 246.25	$ 164.25	$ 82.25
Systemic Lupus Profile B	$ 95.50	$ 196.75	$ 147.75	$ 98.50	$ 49.25
T- and B-Lymphocyte/Nat Killer	$ 200.00	$ 374.50	$ 281.00	$ 187.25	$ 93.75
T pallidum Ab (FTA-Ab)	$ 30.50	$ 56.25	$ 42.25	$ 28.25	$ 14.25
T pallidum Screening Cascade	$ 23.25	$ 43.25	$ 32.50	$ 21.75	$ 11.00
T3 Uptake	$ 6.25	$ 25.75	$ 19.50	$ 13.00	$ 6.50
T3Free	$ 31.25	$ 61.50	$ 46.25	$ 30.75	$ 15.50
T4 and TSH	$ 17.50	$ 76.50	$ 57.50	$ 38.25	$ 19.25
T4, Free	$ 8.00	$ 37.25	$ 28.00	$ 18.75	$ 9.50
T4, TBG and T4-TBG Index	$ 30.50	$ 45.50	$ 34.25	$ 22.75	$ 11.50
T4F	$ 8.00	$ 37.25	$ 28.00	$ 18.75	$ 9.50
Tacrolimus (FK506), Blood	$ 67.00	$ 128.25	$ 96.25	$ 64.25	$ 32.25
Testosterone, Free and Total	$ 73.25	$ 164.75	$ 123.75	$ 82.50	$ 41.25
Testosterone, Free, Direct	$ 44.75	$ 82.50	$ 62.00	$ 41.25	$ 20.75
Testosterone, Free/Tot Equilib	$ 73.25	$ 164.75	$ 123.75	$ 82.50	$ 41.25
Testosterone, Free/Tot Equilib	$ 73.25	$ 164.75	$ 123.75	$ 82.50	$ 41.25
Testosterone, Serum	$ 19.00	$ 83.25	$ 62.50	$ 41.75	$ 21.00
Testosterone, Serum, LC/MS/MS	$ 19.00	$ 83.25	$ 62.50	$ 41.75	$ 21.00
Testosterone,Free and Total	$ 73.25	$ 164.75	$ 123.75	$ 82.50	$ 41.25
Testosterone,Free+Weakly Bounc	$ 73.25	$ 164.75	$ 123.75	$ 82.50	$ 41.25
Testosterone,Free+Weakly Bounc	$ 73.25	$ 164.75	$ 123.75	$ 82.50	$ 41.25
Tetanus Antitoxoid IgG Ab	$ 30.50	$ 93.50	$ 70.25	$ 46.75	$ 23.50
Tetanus/Diphtheria Ab	$ 95.50	$ 136.25	$ 102.25	$ 68.25	$ 34.25
Theophylline, Serum	$ 19.00	$ 46.50	$ 35.00	$ 23.25	$ 11.75
Thrombin Time	$ 23.75	$ 87.50	$ 87.50	$ 87.50	$ 87.50
Thrombosis - Comprehensive	$ 433.00	$ 638.75	$ 479.25	$ 319.50	$ 159.75
Thrombosis Comprehensive Plus	$ 505.00	$ 743.00	$ 557.25	$ 371.50	$ 185.75
Thrombotic Risk Evaluation	$ 361.00	$ 536.00	$ 402.00	$ 268.00	$ 134.00

Thrombotic Risk Profile I	$ 519.00	$ 762.75	$ 572.25	$ 381.50	$ 190.75
Thyroglobulin, Quantitative	$ 37.50	$ 103.00	$ 77.25	$ 51.50	$ 25.75
Thyroid Antibodies	$ 30.50	$ 98.00	$ 73.50	$ 49.00	$ 24.50
Thyroid Cascade Profile	$ 7.50	$ 53.00	$ 39.75	$ 26.50	$ 13.25
Thyroid Panel	$ 8.25	$ 54.25	$ 40.75	$ 27.25	$ 13.75
Thyroid Panel With TSH	$ 14.25	$ 97.25	$ 73.00	$ 48.75	$ 24.50
Thyroid Peroxidase (TPO) Ab	$ 12.50	$ 48.00	$ 36.00	$ 24.00	$ 12.00
Thyroid Peroxidase (TPO) Ab	$ 12.50	$ 48.00	$ 36.00	$ 24.00	$ 12.00
Thyroid Profile II	$ 41.25	$ 142.75	$ 107.25	$ 71.50	$ 35.75
Thyroid Stim Immunoglobulin	$ 113.75	$ 179.25	$ 134.50	$ 89.75	$ 45.00
Thyrotropin Receptor Ab, Serum	$ 37.50	$ 52.00	$ 39.00	$ 26.00	$ 13.00
Thyroxine (T4)	$ 6.25	$ 25.75	$ 19.50	$ 13.00	$ 6.50
Thyroxine (T4) Free, Direct, S	$ 8.00	$ 37.25	$ 28.00	$ 18.75	$ 9.50
Thyroxine (T4) Free, Direct, S	$ 8.00	$ 37.25	$ 28.00	$ 18.75	$ 9.50
Thyroxine (T4) Free, Direct, S	$ 8.00	$ 37.25	$ 28.00	$ 18.75	$ 9.50
Thyroxine Binding Globulin	$ 23.25	$ 48.75	$ 36.75	$ 24.50	$ 12.25
Tiagabine (Gabitril)	$ 80.49	$ 113.25	$ 85.00	$ 56.75	$ 28.50
Tissue Grind/Digestion/Decon	$ 63.50	$ 84.25	$ 63.25	$ 42.25	$ 21.25
Topiramate (Topamax), Serum	$ 73.25	$ 116.25	$ 87.25	$ 58.25	$ 29.25
Toxoplasma Abs IgG/IgM	$ 53.75	$ 99.75	$ 75.00	$ 50.00	$ 25.00
Toxoplasma gondii Ab, IgG, Qn	$ 23.25	$ 43.50	$ 32.75	$ 21.75	$ 11.00
Toxoplasma gondii Ab,IgM,Qn	$ 30.50	$ 56.25	$ 42.25	$ 28.25	$ 14.25
TP+T3	$ 28.25	$ 88.75	$ 66.75	$ 44.50	$ 22.25
Tramadol (GC/MS), Urine	$ 37.75	$ 72.75	$ 72.75	$ 72.75	$ 72.75
Transferrin	$ 28.75	$ 56.25	$ 42.25	$ 28.25	$ 14.25
Trazodone, Serum	$ 34.75	$ 65.75	$ 49.50	$ 33.00	$ 16.50
Treponema Pallidum Antibodies	$ 23.25	$ 43.25	$ 32.50	$ 21.75	$ 11.00
Trich vag by NAA	$ 35.00	$ 58.00	$ 43.50	$ 29.00	$ 14.50
Trichinella spiralis Antibody	$ 108.50	$ 238.25	$ 238.25	$ 238.25	$ 238.25
Trichomonas Culture	$ 15.75	$ 33.50	$ 25.25	$ 16.75	$ 8.50
Triglycerides	$ 4.50	$ 19.50	$ 14.75	$ 9.75	$ 5.00
Triiodothyronine (T3)	$ 19.00	$ 48.75	$ 36.75	$ 24.50	$ 12.25
Triiodothyronine,Free,Serum	$ 31.25	$ 61.50	$ 46.25	$ 30.75	$ 15.50
Troponin I	$ 19.00	$ 33.00	$ 24.75	$ 16.50	$ 8.25
Troponin I	$ 19.00	$ 33.00	$ 24.75	$ 16.50	$ 8.25
TruGene GT	$ 600.00	$ 1,203.50	$ 1,203.50	$ 1,203.50	$ 1,203.50
TruGene GT/VP	$ 633.25	$ 1,309.50	$ 1,309.50	$ 1,309.50	$ 1,309.50
TSH	$ 7.50	$ 53.00	$ 39.75	$ 26.50	$ 13.25
TSH Rfx on Abnormal to Free T4	$ 7.00	$ 50.00	$ 37.50	$ 25.00	$ 12.50
TSH+Free T4	$ 16.25	$ 62.00	$ 46.50	$ 31.00	$ 15.50
tTG IgA/G	$ 76.00	$ 211.25	$ 158.50	$ 105.75	$ 53.00
tTG/DGP Screen	$ 62.00	$ 150.00	$ 112.50	$ 75.00	$ 37.50
t-Transglutaminase (tTG) IgA	$ 44.75	$ 77.25	$ 58.00	$ 38.75	$ 19.50
t-Transglutaminase (tTG) IgG	$ 33.50	$ 137.50	$ 103.25	$ 68.75	$ 34.50
UA with Culture Reflex	$ 6.25	$ 19.50	$ 14.75	$ 9.75	$ 5.00
UA/M w/rflx Culture, Comp	$ 6.75	$ 25.75	$ 19.50	$ 13.00	$ 6.50
UA/M w/rflx Culture, Routine	$ 6.75	$ 25.75	$ 19.50	$ 13.00	$ 6.50

Upper Respiratory Culture	$ 12.00	$ 35.50	$ 26.75	$ 17.75	$ 9.00
UREA and Creatinine, 24-Hr Ur	$ 30.50	$ 32.25	$ 24.25	$ 16.25	$ 8.25
Urea Nitrogen, 24-Hour Urine	$ 21.25	$ 43.50	$ 32.75	$ 21.75	$ 11.00
Ureaplasma/Mycoplasma homini:	$ 37.50	$ 68.75	$ 51.75	$ 34.50	$ 17.25
Uric A+ANA+CRP+RF Qn	$ 30.50	$ 88.50	$ 66.50	$ 44.25	$ 22.25
Uric A+ANA+RA Qn+CRP+ASO	$ 44.75	$ 111.75	$ 84.00	$ 56.00	$ 28.00
Uric A+ANA+RA Qn+CRP+ASO	$ 27.00	$ 124.50	$ 93.50	$ 62.25	$ 31.25
Uric A+CBC/D/Plt+ESR-Wes+AN...	$ 37.50	$ 148.25	$ 111.25	$ 74.25	$ 37.25
Uric A+ESR-Wes+ANA+RA Qn	$ 29.75	$ 116.75	$ 87.75	$ 58.50	$ 29.25
Uric A+ESR-Wes+ANA+RA Qn+CR	$ 73.25	$ 135.00	$ 101.25	$ 67.50	$ 33.75
Uric Acid, 24 hr Urine	$ 8.25	$ 19.50	$ 14.75	$ 9.75	$ 5.00
Uric Acid, Body Fluid	$ 8.25	$ 19.50	$ 14.75	$ 9.75	$ 5.00
Uric Acid, Serum	$ 4.50	$ 23.00	$ 17.25	$ 11.50	$ 5.75
Urinalysis (No Micro)	$ 9.25	$ 22.00	$ 16.50	$ 11.00	$ 5.50
Urinalysis, Complete	$ 6.75	$ 25.75	$ 19.50	$ 13.00	$ 6.50
Urinalysis, Routine	$ 6.25	$ 19.50	$ 14.75	$ 9.75	$ 5.00
Urine Culture, Routine	$ 9.75	$ 42.25	$ 31.75	$ 21.25	$ 10.75
Urine Culture, Routine	$ 9.75	$ 42.25	$ 31.75	$ 21.25	$ 10.75
Urine Cytology	$ 63.75	$ 116.50	$ 87.50	$ 58.25	$ 29.25
Vaginitis/Vaginosis, DNA Probe	$ 106.75	$ 140.75	$ 105.75	$ 70.50	$ 35.50
Valproic Acid (Depakote),S	$ 19.00	$ 44.75	$ 33.75	$ 22.50	$ 11.25
Vancomycin Peak, Serum	$ 31.75	$ 61.50	$ 46.25	$ 30.75	$ 15.50
Vanillylmandelic Acid, 24-Hr U	$ 23.25	$ 51.00	$ 38.25	$ 25.50	$ 12.75
VAP Cholesterol Profile	$ 96.00	$ 178.50	$ 178.50	$ 178.50	$ 178.50
Varicella Zoster Abs, IgG/IgM	$ 40.75	$ 83.25	$ 62.50	$ 41.75	$ 21.00
Varicella-Zoster Ab, IgM	$ 37.50	$ 55.25	$ 41.50	$ 27.75	$ 14.00
Varicella-Zoster V Ab, IgG	$ 30.50	$ 50.25	$ 37.75	$ 25.25	$ 12.75
Varicella-Zoster Virus Culture	$ 54.75	$ 99.25	$ 74.50	$ 49.75	$ 25.00
VDRL, CSF	$ 11.00	$ 30.50	$ 23.00	$ 15.25	$ 7.75
Vendor Phlebotomy Fee	$ 6.00	$ 25.00	$ 25.00	$ 25.00	$ 25.00
Venipuncture	$ 6.00	$ 20.25	$ 15.25	$ 10.25	$ 5.25
VIP, Plasma	$ 64.50	$ 108.25	$ 81.25	$ 54.25	$ 27.25
Viral Cul, Rapid Flu Rfx H1N1	$ 52.50	$ 67.75	$ 51.00	$ 34.00	$ 17.00
Viral Culture, General	$ 88.25	$ 156.75	$ 117.75	$ 78.50	$ 39.25
Viral Culture,Rapid,Influenza	$ 52.50	$ 67.75	$ 51.00	$ 34.00	$ 17.00
Viral Culture,Rapid,Lesion	$ 37.50	$ 47.00	$ 35.25	$ 23.50	$ 11.75
Virtual Phenotype	$ 490.75	$ 950.50	$ 713.00	$ 475.25	$ 237.75
Viscosity, Serum	$ 21.25	$ 46.00	$ 34.50	$ 23.00	$ 11.50
Vit B12 Unsat Binding Capacity	$ 37.50	$ 46.75	$ 35.25	$ 23.50	$ 11.75
Vitamin A and E	$ 37.00	$ 86.75	$ 65.25	$ 43.50	$ 21.75
Vitamin A, Serum	$ 23.25	$ 41.25	$ 31.00	$ 20.75	$ 10.50
Vitamin B1 (Thiamine), Blood	$ 35.50	$ 131.25	$ 131.25	$ 131.25	$ 131.25
Vitamin B1 (Thiamine), Plasma	$ 37.50	$ 68.75	$ 51.75	$ 34.50	$ 17.25
Vitamin B12	$ 23.25	$ 49.00	$ 36.75	$ 24.50	$ 12.25
Vitamin B12 and Folate	$ 27.00	$ 96.25	$ 72.25	$ 48.25	$ 24.25
Vitamin B6	$ 37.50	$ 68.75	$ 51.75	$ 34.50	$ 17.25
Vitamin C	$ 30.50	$ 48.75	$ 36.75	$ 24.50	$ 12.25

Vitamin D, 25-Hydroxy	$ 31.25	$ 95.75	$ 72.00	$ 48.00	$ 24.00
Vitamin D, 25-Hydroxy, Total	$ 250.50	$ 303.75	$ 303.75	$ 303.75	$ 303.75
Vitamin E, Serum	$ 15.50	$ 46.00	$ 34.50	$ 23.00	$ 11.50
Volatiles, Blood	$ 24.50	$ 50.25	$ 37.75	$ 25.25	$ 12.75
von Willebrand Factor (vWF) Ag	$ 109.25	$ 173.00	$ 129.75	$ 86.50	$ 43.25
von Willebrand Profile	$ 253.25	$ 380.75	$ 285.75	$ 190.50	$ 95.25
VZV Real Time PCR	$ 329.00	$ 427.25	$ 320.50	$ 213.75	$ 107.00
Warfarin (Coumadin), Serum	$ 34.75	$ 65.75	$ 49.50	$ 33.00	$ 16.50
WBC	$ 7.25	$ 25.75	$ 19.50	$ 13.00	$ 6.50
Wet Prep	$ 14.75	$ 36.75	$ 27.75	$ 18.50	$ 9.25
Wet Prep w/ Trich Cult Reflex	$ 14.75	$ 36.75	$ 27.75	$ 18.50	$ 9.25
White Blood Cells (WBC), Stool	$ 10.50	$ 33.50	$ 25.25	$ 16.75	$ 8.50
Yeast Only, Culture	$ 37.50	$ 67.50	$ 50.75	$ 33.75	$ 17.00
Zinc, Plasma or Serum	$ 19.00	$ 39.50	$ 29.75	$ 19.75	$ 10.00
Zonisamide(Zonegran), Serum	$ 98.25	$ 137.50	$ 103.25	$ 68.75	$ 34.50

BEHAVIORAL HEALTH LAB TEST PRICING SHEET
SECTION 3.9.B
EXHIBIT 3

Test Description	QTY	PER TEST COST	EXTENDED PRICE	BUNDLED (screen/confirm) LABCORP TEST CODE	Notes
BEHAVIORAL HEALTH:					
Panels					**Note: Barbiturate confirmation includes the following metabolites: Amobarbital, Secobarbital, Butalbital, Pentobarbital, Phenobarbital.**
Includes Amphetamines/ Methamphetamine, Cocaine, Marijuana and Expanded Opiates			$12.00	791686	
Includes Amphetamines/ Methamphetamine, Cocaine, Marijuana and Expanded Opiates + ETG			$17.50	791687	
Includes Amphetamines/ Methamphetamine, Cocaine, Marijuana and Expanded Opiates Barbiturates, Benzodiazepines, and Propoxyphene			$12.00	791688	
Includes Amphetamines/ Methamphetamine, Cocaine, Marijuana and Expanded Opiates Barbiturates, Benzodiazepines, and Propoxyphene + ETG			$17.50	791689	
Includes Amphetamines/ Methamphetamine, Cocaine, Marijuana and Expanded Opiates Barbiturates, Benzodiazepines, PCP, Methadone, Propoxyphene and Methaquolone.			$12.50	791690	
Includes Amphetamines/ Methamphetamine, Cocaine, Marijuana and Expanded Opiates Barbiturates, Benzodiazepines, PCP, Methadone, Propoxyphene and Methaquolone + ETG			$18.00	791691	
Individual Tests					
Methadone			$25.00	798090	
Methaqualone			$25.00	798272	

BEHAVIORAL HEALTH LAB TEST PRICING SHEET
SECTION 3.9.B
EXHIBIT 3

Synthetic Cannabinoids (K2, SPICE, JWH-018, JWH-073, JWH-250, JWH-122, JWH-398, JWH-200, RCS-4, AM-2201, MAM-2201, UR-144, XLR-11)			$45.00	790742	
EtG			$25.00	737610	
Naltrexone			$25.00	763404	
Soma			$25.00	764032	
Flexeril			$39.00	811061	
"Bath Salts"			$45.00	790350	
Spice/K2			$45.00	790742	
Buprenorphine			$25.00	763400	
Prescription Medication Monitoring			Prescription Medication Monitoring fees are set forth in Exhibit C of the GPO Agreement as referenced in Paragraph 6, "Member Fees" of the Agreement (to which this Exhibit 3 is attached).		
Quick Test Kits			Excludes Synthetics and Alcohol. These analytes are not available in the Quick Test Kits. Please refer to Attachment I to Exhibit 2 of the Agreement.		

EXHIBIT 4

Sterling Checks

County criminal searches are conducted through county jurisdiction databases or clerk involvement.

The OFAC search contains information from the below sources:
AUSTRALIA DFAT CONSOLIDATED LIST
BANK OF ENGLAND SANCTIONS LIST
BIS DENIED ENTITIES
BIS DENIED PERSONS LIST
BIS UNVERIFIED
CANADA OSFI LIST OF ENTITIES
CANADA OSFI LIST OF INDIVIDUALS
CIA CHIEFS OF STATE AND CABINET MEMBERS OF FOREIGN GOVERNMENTS
DDTC DEBARRED
EU CONSOLIDATED LIST OF PERSONS, GROUPS AND ENTITIES
EU TERRORISM
FBI 10 MOST WANTED
FBI MOST WANTED TERRORISTS
FBI SEEKING INFORMATION
ICE FUGITIVE CRIMINAL ALIENS
ICE FUGITIVES
INTERPOL
MA SUSPECTED TERRORISTS
MAS INVESTORS ALERT LIST
MSB FINCEN
OFAC PALESTINIAN LEGISLATIVE COUNCIL LIST
OFAC SANCTIONS BLOCKED
OFAC SDN AND BLOCKED PERSONS
SECRET SERVICE MOST WANTED TERRORISTS
STATE DEPT FTO
STATE DEPT TERRORIST EXCLUSION LIST
UK SECRETARY OF STATE TERRORIST LIST
UNAUTHORIZED BANKING LIST
UNITED NATIONS CONSOLIDATED SANCTIONS
US POSTAL INSPECTION SERVICE MOST WANTED
US STATE DEPT WMD NON PROLIFERATION LIST
WORLD BANK DEBARRED PARTIES

FACIS –

FACIS is the acronym for "Fraud and Abuse Control Information System." FACIS is a Web-based information service that allows subscribers to look up the sanction history of both individuals and entities associated with the healthcare field.

Possible types of sanctions include exclusions, termination of license, suspension, revocation, probation and debarments, etc. FACIS® reports from approximately 800 state and Federal sources. Information reported by

EXHIBIT 4

FACIS® is public, published information only. Many state and Federal agencies publish disciplinary-action listings available for public information and use.

To allow organizations to make different risk management decisions depending on the individual or entity, FACIS® offers three levels of screening. The three levels vary in the depth of the sanction search provided.
Level 1 conducts a search of the sanction information as taken by the OIG, the GSA [which includes the EPLS] and other federal agencies. The information reported in this level meets the government's minimum requirements for sanction screening as set forth in the OIG's Compliance Program Guidance.

COPY

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CLACKAMAS COUNTY

DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT

DEVELOPMENT SERVICES BUILDING
150 BEAVERCREEK ROAD | OREGON CITY, OR 97045

March 27, 2014

Board of County Commissioners
Clackamas County

Members of the Board:

Approval of an Intergovernmental Agreement with Metro for the Clackamas Regional Area Performance Measures and Multi Modal Area Project

Purpose/Outcomes	This agreement allows Clackamas County to undertake the Clackamas Regional Area Performance Measures and Multi Modal Area Project study using the funding awarded to the County by Metro from the Construction Excise Tax (CET). An additional component to this project includes the undertaking of a much needed review and update of the Transportation System Development Charge methodology and rates using TSDC funds as a matching source.
Dollar Amount and Fiscal Impact	Metro will provide $160,000 in CET Funds and the County will provide $20,000 in matching funds The preliminary estimate for the TSDC Update portion of this work is $200,000.
Funding Source	• Metro will provide $160,000 in CET funds for consultant service and county staff time. • The County will provide staff time that is at least equal to the $20,000 local match. • The TSDC Districts will provide $200,000 contribution in staff time and consultant services for the TSDC methodology and rate reviews.
Safety Impact	The project is not expected to have direct impacts on safety but has proposed an evaluation of a safety based assessment of new development projects.
Duration	The project is expected to be completed within 18 months of its initiation.
Previous Board Action	04/18/13: Approval of Application for Metro's Community Planning and Development Grant Program which is funded by the Construction Excise Tax (attached).
Contact Person	Larry Conrad – DTD Transportation Planning @ 503-742-4539

BACKGROUND:
The recently completed Transportation System Plan (TSP) update (effective 1 March 2014) identified several studies that are necessary to address specific issues around the unincorporated area of the County (see Policy 5.DD.2). In anticipation of the adoption of the TSP update, the County applied for Metro funding to undertake one of these studies. This intergovernmental agreement allows the County to undertake this project primarily using Metro funds with a limited in-kind match. The reduced match requirement was offered in return for a presentation of the final project methodology to our regional governments demonstrating how to undertake this Multimodal Mixed Use Area designation process as defined by the new Transportation Planning Rule (TPR).

In addition to this project, DTD staff has identified a complimentary project that can be added to this scope of work to benefit from the project management efficiencies that will come from doing the two smaller projects as one integrated larger project. Thus, staff is proposing to incorporate the needed update of the Countywide and Happy Valley Joint Area Transportation System Development Charges. A draft scope of work for the combined project has been attached to this IGA for your consideration.

This agreement has been reviewed and approved by County Counsel.

RECOMMENDATION:
Staff respectfully recommends approval of the attached Intergovernmental Agreement with Metro and requests BCC direction for staff to proceed with the implementation of the project (Clackamas Regional Center Design Plan Area Multimodal Mixed-Use Area Designation and Transportation System Development Charge Update).

Sincerely,

Mike Bezner, PE
Transportation Engineering Manager

For information on this issue or copies of attachments please contact Larry Conrad at 503-742-4539.

CONSTRUCTION EXCISE TAX GRANT
INTERGOVERNMENTAL AGREEMENT
Metro – Clackamas County
Clackamas Regional Area Performance Measures and Multi Modal Area Project

This Construction Excise Tax Grant Intergovernmental Agreement ("CET Grant IGA") is effective on the last date of signature below, and is entered into by and between Metro, a metropolitan service district organized under the laws of the state of Oregon and the Metro Charter, located at 600 Northeast Grand Avenue, Portland, OR, 97232-2736 ("Metro"), and Clackamas County ("County"), located at 150 Beavercreek Road, Oregon City, OR, 97045, collectively referred to as "Parties."

WHEREAS, Metro has established a Construction Excise Tax ("CET"), Metro Code Chapter 7.04, which imposes an excise tax throughout the Metro regional jurisdiction to fund regional and local planning that is required to make land ready for development after inclusion in the Urban Growth Boundary; and

WHEREAS, the CET is collected by local jurisdictions when issuing building permits, which the local jurisdictions then remit to Metro pursuant to Construction Excise Tax Intergovernmental Agreements to Collect and Remit Tax ("CET Collection IGAs") entered into separately between Metro and the local collecting jurisdictions; and

WHEREAS, the County has submitted a CET Grant Request ("Grant Request") for the Clackamas Regional Area Performance Measures and Multi Modal Area Project ("Project"); and

WHEREAS Metro has agreed to provide the County CET Grant funding for the Project in the amount of $160,000 subject to the terms and conditions set forth herein, and the parties wish to set forth the funding amounts, timing, procedures and conditions for receiving grant funding from the CET fund for the Project.

NOW THEREFORE, the Parties hereto agree as follows:

1. Metro Grant Award. Metro shall provide CET grant funding to the County for the Project as described in the County's CET Grant Request, attached hereto as Exhibit B and incorporated herein ("Grant Request"), in the amounts and at the milestone and deliverable dates as set forth in Exhibit A attached hereto and incorporated herein ("Deliverables Schedule"), subject to the terms and conditions in this Agreement.

2. County Responsibilities. The County shall perform the Project described in the Grant Request and as specified in this Agreement and in Exhibit A, subject to the terms and conditions specified in this Agreement and subject to the "funding conditions" identified by the Screening Committee as stated in Metro Council Resolution No. 13-4450, Exhibit A. The County shall obtain all applicable permits and licenses from local, state or federal agencies or governing bodies related to the Project, and the County shall use the CET funds it receives under this Agreement only for the purposes specified in the Grant Request and to achieve the deliverables and/or milestones set forth in Exhibit A.

3. Payment Procedures. Within 30 days after the completion of each deliverable/milestone as set forth in Exhibit A, the County shall submit to Metro an invoice describing in detail its expenditures as may be needed to satisfy fiscal requirements. Within 30 days of receiving the County's invoice and supporting documents, and subject to the terms and conditions in this Agreement, Metro shall reimburse the County for its eligible expenditures for the applicable deliverable as set forth in Exhibit A. Metro shall send CET payments to:

Clackamas County
Attention: Danielle Couch
150 Beavercreek Road
Oregon City, OR 97045

4. Funding Provisions.

(a) CET Funds. Metro's funding commitment set forth in this Agreement shall be fulfilled solely through the programming of CET funds; no other funds or revenues of Metro shall be used to satisfy or pay any CET Grant funding commitments. The parties recognize and agree that if the CET is ever held to be unenforceable or invalid, or if a court orders that CET funds may no longer be collected or disbursed, that this Agreement shall terminate as of the effective date of that court order, and that Metro shall not be liable in any way for funding any further CET grant amounts beyond those already disbursed to the County as of the effective date of the court order. In such case the County shall not be liable to Metro for completing any further Project deliverables as of the date of the court order.

(b) Waiver. The parties hereby waive and release one another for and from any and all claims, liabilities, or damages of any kind relating to this Agreement or the CET.

5. Project Records. The County shall maintain all records and documentation relating to the expenditure of CET Grant funds disbursed by Metro under this Agreement. The County shall provide Metro with such information and documentation as Metro requires for implementation of the CET grant process. The County shall establish and maintain books, records, documents, and other evidence in accordance with generally accepted accounting principles, in sufficient detail to permit Metro or its auditor to verify how the CET Grant funds were expended. Metro and its auditor shall have access to the books, documents, papers and records of the County that are directly related to this Agreement, the CET grant moneys provided hereunder, or the Project for the purpose of making audits and examinations.

6. Audits, Inspections and Retention of Records. Metro and its representatives shall have full access to and the right to examine, during normal business hours and as often as they deem necessary, all County records with respect to all matters covered by this Agreement and Exhibit A. Such representatives shall be permitted to audit, examine, and make excerpts or transcripts from such records, and to make audits of all contracts, invoices, materials, payrolls and other matters covered by this Agreement. All documents, papers, time sheets, accounting records, and other materials pertaining to costs incurred in connection with the project shall be retained by the County and all of their contractors for three years from the date of completion of the project, or expiration of the Agreement, whichever is later, to facilitate any audits or inspection.

8. Term. This Agreement shall be effective on the date it is executed by both parties, and shall be in effect until all deliverables/milestones have been achieved, all required documentation has been delivered, and all payments have been made as set forth in Exhibit A, unless terminated earlier pursuant to this Agreement.

9. Amendment. This CET Grant IGA may be amended only by mutual written agreement of the Parties.

10. Other Agreements. This CET Grant IGA does not affect or alter any other agreements between Metro and the County.

11. Authority. County and Metro each warrant and represent that each has the full power and authority to enter into and perform this Agreement in accordance with its terms; that all requisite action has been taken by County and Metro to authorize the execution of this Agreement; and that the person signing this Agreement has full power and authority to sign for the County or Metro, respectively.

Metro	Clackamas County
By: _____ Martha Bennett	By: _____
Title: Metro Chief Operating Officer	Title: _____
Date: _____	Date: _____
Approved as to Form:	Approved as to Form:
By: _____ Alison R. Kean	By: _____
Title: Metro Attorney	Title: Assistant County Counsel
Date: _____	Date: 3/18/14

Attachments:

Exhibit A – Deliverables Schedule
Exhibit B - County's Grant Request

Exhibit A

CET Grant IGA for Clackamas County
Clackamas Regional Area Performance Measures and Multi Modal Area Project
Milestone and Deliverables Schedule for Release of Funds

Milestone	Deliverable	Date Due*	Grant Payment
1.	Execution of Grant IGA	March 2014	$10,000
2.	Decision on consultant and public involvement plan. A) RFP and Consultant selection B) Public involvement process set up	May 2014	$20,000
3.	MMA Stakeholder Working Group review of all deliverables and make recommendations to the County A) MMA Area Existing Conditions Report B) MMA Area Additional Needed Infrastructure Memo C) ODOT Coordination Process and Memorandum of Understanding D) MMA Boundary Recommendation E) MMA Criteria Analysis – Based on Existing Condition F) Recommendations will be review by Project Staff. A draft Comprehensive Plan Amendments and ZDO Amendments will be prepared and forwarded to the Planning Commission.	July 2014	$60,000
4.	MMA Stakeholder Working Group review of all deliverables, including Alternative Performance Measures within the MMA, and make recommendations to the County A) State of the Practice Memo – Alternative Performance Measures B) Implementation Recommendations Memo - Alternative Performance Measures C) Transportation System Safety Performance Measures Memo D) Alternative Infrastructure Funding Approach with the MMA E) MMA Alternative Funding Methodology Memo F) Recommendations will be review by Project Staff. A draft Comprehensive Plan Amendments and ZDO Amendments will be prepared and forwarded to the Planning Commission as appropriate.	October 2014	$60,000

5.	Clackamas County Planning Commission conducts a hearing on proposed amendments and makes recommendations to the BCC **A)** Propose Comprehensive Plan/ZDO Amendments and Staff Report	December 2014	$10,000
6.	Clackamas County Board of Commissioners hold a hearing on the proposed Amendments A) Adoption of Plan/Amendments B) County shares Multi Modal Area Performance Measures for Metro to share with other local governments	December 2014	$0
TOTAL REIMBURSABLE AMOUNT			$160,000

*If the Grant contained any Funding Conditions, Grantee shall demonstrate satisfaction with those conditions at the applicable milestone or deliverable due dates.

*Due dates are intended by the parties to be hard estimates of expected milestone completion dates. If the County anticipates that a due date cannot be met due to circumstances beyond its control, it shall inform Metro in writing no later than ten (10) days prior to the due date set forth above and provide a revised estimated due date; and Metro and the City shall mutually agree upon a revision to the milestone due dates set forth in this Agreement.

Note: Clackamas County match = $20,000

Exhibit B

County's CET Grant Request

Exhibit B

CLACKAMAS COUNTY

BOARD OF COUNTY COMMISSIONERS

PUBLIC SERVICES BUILDING
2051 KAEN ROAD | OREGON CITY, OR 97045

April 18, 2013

Martha Bennett
Chief Operating Officer
Metro
600 NE Grand Ave.
Portland, OR 97232-2736

Re: Clackamas County Applications for Community Planning and Development Grants

Dear Ms. Bennett:

Clackamas County is pleased to submit the following applications for Metro's Community Planning and Development Grant Program:

- Clackamas County Strategically Significant Employment Lands Project.
- Multi-Use Development in Corridors
- Clackamas Regional Center Performance Measures and MMA Project.

The Clackamas County Board of County Commissioners considered all three applications at a public study session on April 9, 2013 and has directed staff to prepare the attached resolution, which is set for approval on the consent agenda at tonight's business meeting. The County would prioritize the applications in the order they appear above.

We believe that each of the three applications will lead to on- the-ground results, as was intended by the Construction Excise Tax Program, and will help to move the region's economy forward.

Sincerely,

John Ludlow, Chair

On behalf of the Clackamas County Board of Commissioners

Exhibit B

A Resolution Authorizing County Applications for Community Planning And Development Grants

Resolution No.

Whereas, Clackamas County is applying for Community Planning and Development Grants from Metro for three County projects; and

Whereas, the Board of County Commissioners has approved the proposed applications, including the budget and proposed County match for each.

Now therefore, be it resolved:

1. The Board of Commissioners authorizes County staff to pursue the following grant applications, and approves the budget and County match set forth in the application materials for each:

    a. Clackamas Regional Center Performance Measures and MMA Project.

    b. Clackamas County Strategically Significant Employment Lands Project.

    c. Multi-Use Development in Corridors

ADOPTED this 18th day of April, 2013

CLACKAMAS COUNTY BOARD OF COMMISSIONERS

_____

Chair

_____

Recording Secretary

Exhibit B

CLACKAMAS COUNTY

CAMPBELL M. GILMOUR
DIRECTOR

DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT

DEVELOPMENT SERVICES BUILDING
150 BEAVERCREEK ROAD | OREGON CITY, OR 97045

April 18, 2013

Martha Bennett
Chief Operating Officer
Metro
600 NE Grand Avenue
Portland, OR 97232

RE: **Metro Community Planning and Development Grant -** *Clackamas Regional Center Area Alternate Transportation Performance Measures and Multimodal Mixed-use Area Project*

Thank you for the opportunity to submit our application for a Metro Community Planning and Development Grant for our project. The *Clackamas Regional Center Area Alternate Transportation Performance Measures and Multimodal Mixed-use Area Project* (**Project**) will analyze the opportunities and challenges of adopting new transportation system performance measures and their impact on Transportation System Development Charges (TSDC) in the Clackamas Regional Center Area (CRCA). The goal of this project is to ensure that the Clackamas Regional Center continues to develop into the center of commerce that is envisioned in the 2040 Growth Concept and the "focus of transit and highway improvements" is met. One of the tools that is expected to be used as part of The Project is designation of all or part of the Clackamas Regional Center Area as a Multimodal Mixed-use Area as provided in the Transportation Planning Rule.

This project builds on the recent revision to the Transportation Planning Rule and local planning work that reviewed the transportation facilities in the Clackamas Regional Center Design Area (see attached map). The recent planning projects include the following:

Clackamas Regional Center Bike and Pedestrian Master Plan – This study identified the location of needed bike and pedestrian facilities within the Clackamas Regional Center Area that are necessary to support the enhancement of multimodal travel opportunities within the regional center.

Clackamas County Transportation System Plan Update – This study is reviewing the overall transportation system in the Clackamas Regional Center Area and has identified a number of transportation system capacity problems that cannot be solved within the financial capacity of the County. It has been known for some time that several intersections within the Regional Center area are capacity constrained and that future development in the area may not be possible under the provisions of **Zoning Development Ordinance (ZDO) Section - 1007.09 - Transportation Facilities Concurrency**. This section of the ZDO requires that – "Approval of a development shall be granted only if the capacity of transportation facilities is adequate or will be made adequate in a timely manner".

This proposed project is intended to be undertaken as a coordinated effort with the Clackamas County Planning and Zoning Department's *Multi-use Development in Corridors Project*. It is expected that undertaking these two projects in a coordinated manner will produce additional efficiencies in the areas of public involvement and the development and adoption of amendments to the Comprehensive Plan

Exhibit B

and ZDO. It is also anticipated that the land use analysis needed for both projects will be more efficient if the work is coordinated.

Thank you for the opportunity to submit our funding request to Metro. Should you have any questions or require clarification, please feel free to contact me at 503-742-4326 or Larry Conrad at 503-742 - 4539.

Sincerely,

R. Barbara Cartmill

Barbara Cartmill
Deputy Director, Department of Transportation and Development

cc: Gerry Uba

Paulette Copperstone

Exhibit B

Community Planning and Development Grant Cover Sheet

Check one:
- ☐ Letter of Intent
- ☑ Full Application

Project Name	CRC Area Performance Measures and MMA Project	Applicant Organization	Clackamas County
Contact Name	Lawrence Conrad	Address	150 Beavercreek Road Oregon City Oregon 97045
Phone	503 742 4539	Fax	
Email	larrycon@co.clackamas.or.us	Fed. Tax ID #	93-6002286

Fiscal Agent Organization (if different from applicant): Same as above

Contact Name		Address	
Phone		Fax	
Email			

Project Location Description (25 words or less)

The Project is located within the Clackamas Regional Center Design Area which contains the 2040 regional center designation.

Project Summary (50 words or less)

The Project will recommend alternative transportation system performance measures and the designation of a Multimodal Mixed-use Area (MMA) for the Clackamas Regional Center Area as allowed by the Transportation Planning Rule. The Project may also recommend an alternate approach to transportation infrastructure funding within the MMA.

Construction Excise Tax Grant funding request: $ 160,000

Total project cost: $ 180,000

If submitting more than one proposal, please rank this proposal in order of priority: 3

Metro Council District of Project: 2

We, the undersigned, attest that to the best of our knowledge the information in this application is true and that all signatories have authorization to submit this grant application to Metro's Construction Excise Tax Planning Grants Program.

Applicant

Organization Name: Clackamas County, Department of Transportation and Development

Printed Name: Barbera Cartmill, Deputy Director of Transportation and Development

Signature: R. Barbara Cartmill Date: 4-18-13

Fiscal Agent

Organization Name:

Printed Name:

Signature: Date:

To ensure complete letter of intent or full application, please see section 2 of the Grants Application Handbook for a complete list of necessary documents for submittal.

Project Narrative

The *Clackamas Regional Center Area Alternate Transportation Performance Measures and Multimodal Mixed-use Area Project* (**Project**) will analyze the opportunities and challenges of adopting new transportation system performance measures in the Clackamas Regional Center Design Area (**CRCA**). In addition, the **Project** will consider the designation of all or part of the **CRCA** as a Multimodal Mixed-use Area (**MMA**) as provided in the Transportation Planning Rule.

The Clackamas Regional Center is a major hub for commercial development, business and jobs in Clackamas County. As a part of the update to the Clackamas County Transportation System Plan (TSP), which is currently nearing completion, a policy recommendation has emerged that directs the County to modify the current zoning and performance standards so that an alternative approach can be taken to fund a range of transportation infrastructure projects and support on-going economic development in the regional center area.

A **Project Description**

The Clackamas County TSP Update process has identified a number of transportation system capacity problems that cannot be solved within the projected financial resources of Clackamas County and the Oregon Department of Transportation (ODOT). Several intersections within the regional center area are expected to exceed their operational capacity, as defined by the regional volume to capacity ratio (v/c) performance standards, in the near future. This means that future development proposals that impact the intersections in this area may not be approved under the provisions of **Zoning Development Ordinance (ZDO) Section - 1007.09 - Transportation Facilities Concurrency**. This section of the ZDO requires that – "*Approval of a development shall be granted only if the capacity of transportation facilities is adequate or will be made adequate in a timely manner*".

The **Project** will identify alternate transportation performance measures supporting economic development and allow for a greater range of choices when funding transportation improvements. It will also implement sections of the Transportation Planning Rule that allows for the creation of a Multimodal Mixed-use Area (MMA) designation. These proposed changes to the County Comprehensive Plan and ZDO are expected to better address the concerns of economic development alongside those of the transportation system.

The successful completion of the Project should accomplish the following:

- Identify the extents of a Multimodal Mixed-use Area (MMA) within the Clackamas Regional Center Design Area boundary;
    - Adopt a MMA designation to allow for economic development considerations to be integrated into the decision making process during Comprehensive Plan changes;
- Implement alternate performance measures that can be applied at each stage of project development, from early planning to project design;
    - Identify and recommend the implementation of a set of multimodal performance measures that are accepted by the technical community and the development industry and understood by the policy makers and elected officials;
    - Develop materials that clearly communicate the choices and impacts of changing the transportation system performance measures;
    - Engage business owners, developers and local area residents to discuss the possible impacts of the proposed changes to performance measures;

- Recommend changes to the Transportation System Development Charges (TSDC) program for the CRC area, including possibly replacing the TSDC with a more broadly based infrastructure fee.

Multimodal Mixed-use Area

One of the early tasks in the **Project** will be to identify a potential boundary for the Multimodal Mixed-use Area (MMA) within the Clackamas Regional Center Design Area boundary. The MMA boundary will be use throughout the remainder of the process and will be adopted as an amendment to the County Comprehensive Plan at the conclusion of the **Project**. The MMA will comply with the provisions of the Transportation Planning Rule.

Alternate Transportation Performance Measures

The identification of preferred alternate transportation performance measures is a major portion of the work to be undertaken by the **Project**. While there are other possible alternative transportation performance measures or evaluation software that may be identified during the course of this project, the following measures will be considered.

Multimodal Level of Service (MMLOS): MMLOS is described in more detail in the Highway Capacity Manual (2010). This methodology evaluates the quality of transportation facilities as experienced by vehicles, pedestrians, transit riders and bicyclists. The methodology considers factors such as presence and width of sidewalks and bicycle lanes, volume of vehicles along the street, presence and width of a buffer, speed of adjacent vehicles, presence and frequency of driveways, frequency of crossing opportunities for pedestrians, width of street, presence of refuge islands for pedestrians, and time given to pedestrians at traffic signals. The methodology rates transportation facilities on a scale from A to F for each travel mode, with A the best possible rating. The MMLOS performance standard will be developed for the analysis of existing facilities within the MMA Area to measure the impacts of new development upon the transportation system. While this set of measurements expands the type of travel that is evaluated, it does not necessarily provide better alternative performance measures for vehicle travel than what currently exists in the V/C standards. Another approach to measure alternative performance for vehicles may need to be considered.

Dynamic Traffic Assignment (DTA): During the project evaluation phase of the Clackamas County TSP Update, the County worked with Metro and Kittleson & Associates Inc. to create a DTA Model for the Clackamas Regional Center Area (see DTA Study Area Map). More information on this work is available on the County TSP website http://clackamascountytsp.com/system/images/602/original/11732_DTA_Findings_Memo.pdf.

This advanced travel model provides a number of possible alternative performance measures for vehicle traffic within the MMA Area. DTA is an analysis tool that models individual travel behavior at a system level and takes a mesoscopic simulation approach to travel modeling. This means that DTA is able to provide a higher level of detail than a travel demand model (macro-simulation) by using smaller units of time. It is also able to model a larger network area and more complex route selection, than intersection-based models (micro-simulation).

DTA Measures of Effectiveness (MOE) DTA provides a variety of MOEs that can be used as alternative vehicle performance standards within the MMA. These include corridor travel time, average vehicle speed, and travel time reliability. Alternate vehicle performance measures could replace than traditional outputs like Level of Service (LOS) and volume/capacity ratio (v/c) while still measuring the impact of new development or changes in allowed uses under revised zoning or comprehensive plan

designations. While there are several possible measures of effectiveness, it is expected that only one will be chosen for use within the MMA as an alternative measure of vehicle performance.

Possible Measures of Effectiveness could include:

- ***Travel Time*** - travel time provides a measure of how long it takes to travel from one end of a specified travel corridor to the other.
- ***Travel Speed*** - travel speed provides a measure of the speed along a specified travel corridor.
- ***Travel Time Reliability*** - travel time reliability considers the range of travel times experienced during a given period of time (weekdays from 3:00 to 6:00 PM for this analysis). The smaller the range of variation in travel times, the more reliable the roadway and the better its performance.
- ***Congestion*** – typically the higher the level of congestion, the lower the speeds on the roadway.
- ***Outflow volume (intersection-level)*** - outflow volume reflects how many vehicles an intersection is able to process during a given period of time. The higher the outflow volume, the more vehicles that can pass through the intersection and thus the better its performance.
- ***Queuing*** - queue lengths (distances occupied by stopped vehicles) provide an easily understandable measure of how well an intersection is performing. Monitoring queue spillback is helpful for assessing potential impacts between intersections as well as impacts on driveways.

MMA Transportation Project Improvement Fee - (TPIF)

The process of developing a MMA Transportation Project Improvement Fee begins with the determination of what transportation projects are needed to insure that forecast development is able meet the alternate transportation performance standards set for the MMA. The **Project** will develop a list of transportation improvement projects that are needed to meet the preferred alternate transportation performance standards for all travel modes within the MMA Area. The MMA Transportation Project List will be based in part upon the projects included in the recent TSP Update and may include additional transportation projects not previously identified. These projects will be described in more detail than the projects listed in the TSP. Project cost estimate will be developed using county infrastructure costing methodologies.

The MMA Transportation Project List total project cost will be the basis for developing the MMA Transportation Project Improvement Fee (TPIF), if such a fee is identified as a viable approach to the implementation of alternate development standards for capital improvements in the MMA area.

MMA Transportation Project Improvement Fee (TPIF) could be a replacement for the Transportation System Development Charge within the MMA Area. Such a fee would be developed with the intent of funding the development of the projects necessary to meet the alternate transportation performance standards within the MMA Area.

By implementing this project, the County would be able to address several issues at the same time:

- Provide more certainty to local business leaders, developer and community representatives when considering future development opportunities.
- Address recent changes to State law that allow for the identification and adoption of a multi-modal mixed-use areas (MMA) to balance transportation and economic development during comprehensive plan changes.

- Enhance and implement a portion of the 20 Year Capital Improvement Project List developed as part of the Clackamas County Transportation System Plan Update. These projects could be linked to the alternate performance standards used in the Clackamas Regional Center MMA.
- Allow a more flexible approach to addressing the impacts of new development of different sizes.

B Project Background

The existing County concurrency requirements set out in the Zoning and Development Ordinance (see below) establish level-of-service and volume to capacity ratio standards for intersections in the Regional Center that new development must maintain at day of opening. Due to the congestion projected in this area, new development would be required to make substantial, expensive and potentially unattainable (where public right-of-way is not available) improvements to resolve transportation impacts. Thus, new development under current regulations would become increasingly economically infeasible without the County investing in the immediate near-term to implement transportation improvements in the area.

ZDO Section - 1007.09 TRANSPORTATION FACILITIES CONCURRENCY (Partial Text)

A. The purpose of Subsection 1007.09 is to ensure that transportation infrastructure is provided concurrent with the new development it is required to serve or, within a reasonable period of time following the approval of new development.

B. Subsection 1007.09 shall apply to the following development applications: design review, subdivisions, partitions, and conditional uses.

C. Approval of a development shall be granted only if the capacity of transportation facilities is adequate or will be made adequate in a timely manner.

The **Project** would provide the opportunity for the County to have a full discussion with the community about potential limitations on future development in the regional center based on the limited transportation system capacity available to support this development under current state, regional and local transportation system performance standards. The **Project** intends to identify transportation system performance measures that best encourage economic development in the Clackamas Regional Center and meet the overall goals and objectives of the County's Transportation System Plan.

Local Research by other jurisdictions

The identification of alternate transportation performance standards will begin with a review of the recent work undertaken by the City of Portland and Washington County on this subject. The results of this work will be used as a starting point for the review of Alternate Performance Measures conducted as part of this **Project**.

C Project Site Description

The **Project** site is contained within the Clackamas Regional Center Area Design Plan (see attached Comprehensive Plan Map X-CRC-2) which includes the Clackamas Regional Center, the Fuller Road Light Rail Station Area, and two Corridors located along 82nd Avenue (OR 213 N) and Sunnyside Road. The final boundary of the Multimodal Mixed Use Area will be developed during this process and is expected to be within the Design Area boundary.

Within the boundaries of the Clackamas Regional Center Area Design Plan Area, there are several opportunity areas ready for targeted investment. These include the Harmony campus, the Fuller Road Light Rail Station Area, as well as the potential for the Eagle Landing development which is a proposed 2 million square foot development incorporating office, retail and housing. These opportunities are further leveraged by existing activity in the area including active participation of business owners in the

planning and development of the area, the creation of the Harmony Campus Plan, the completed Pedestrian and Bicycle Plan for the regional center, significant investment in transit in the area as well as affordable housing investment near the light rail stations. This project will help to identify further opportunities for leveraging development ready properties in the CRC area.

D Evaluation Criteria

Expected Development Outcomes

The **Project** will identify alternative performance measures that would enable development in the regional center to continue while supporting the continued creation of the multi-modal transportation system in the regional center area.

As we work with the development community on this **Project** to identify performance measures that ultimately incentivize development, the anticipated result is an increase in the level of commercial development and investment in the CRC. Within the first two years of this project, we would anticipate a greater number of developers initiating the development process that result in a significant increase in the number of submitted permits within five years of the project.

Over the past 20 years investments have been made to the region to support the growth in infrastructure and development of this regional center; however, the achievement of the fully mixed-use, multimodal vision for the area is yet to be realized. Encouraging development to occur at its full potential in this area is crucial to the success of the 2040 plan.

This project presents a unique opportunity for Clackamas County to work with stakeholders in the Clackamas Regional Center area to identify the long-term benefits, challenges, and impacts of changing how the transportation system performance is measured and how those changes can benefit both development and the transportation system as a whole. The adoption of alternate performance measures provides more certainty to developers and potentially eliminates the developer's costs related to traffic impact studies and support a wider variety of transportation project improvements.

Location – (see attached maps)

The **Project** Study Area contains the following 2040 Design Types:

- Clackamas Regional Center,
- Fuller Road LRT Station Area
- 82nd Avenue (OR 213 N) Corridor
- Sunnyside Road Corridor

Regionally Significant

The 2040 Growth Concept Plan focuses on the development of regional centers as a design type that is identified for making a vital and livable region. The Clackamas Regional Center is a center for commerce as well as a regional hub for transit, with connections to businesses, residential areas and the largest employer in the County, Kaiser Permanente. The Clackamas Town Center area has been identified as a regional center in the 2040 growth concept and this project will work within this region as well as development ready sites in close proximity that can be leveraged by the high density development occurring in this region.

As the urban renewal area funds sunset, the identification of a new resource for the needed transportation investments is a high priority. It will be essential to ensure that the public-private investment occurs to meet the multi-modal transportation goals of the regional center. This project will identify alternative mechanisms for funding multi-modal improvements catalyzing public-private

partnerships and investment in the region. This benefits both current and future residents, businesses and developers in the regional center.

Best Practices Model

There is no clearly defined best practices model for developing alternate performance standards but there has been some local research on this issue in the metropolitan region.

Washington County and the City of Portland have recently undertaken projects looking at alternate transportation performance measures. These projects looked at the following regional, state and national plans and research reports as they relate to multi-modal performance measures and targets, including:

- Oregon Highway Plan Mobility Policy 1F
- Transportation Planning Rule
- Recent ODOT Region 1 and ODOT research reports
- ODOT Least Cost Planning/Mosaic
- Sustainable Transportation and Access Rating System
- LEED ND
- Highway Capacity Manual Multi-Modal Level of Service
- Bicycle Level of Traffic Stress
- Final Report to Florida Department of Transportation Systems Planning Office on Project Expanded Transportation Performance Measures to supplement Level Of Service (LOS) for Growth Management and Transportation Impact Analysis
- Highway Safety Manual (2010).

These two projects represent a starting point for the work of the **Project** which includes developing alternate performance measures that support the continued growth of the regional center.

Leverage

The **Project** will build off the recent work done on the following County Projects:

- *Clackamas Regional Center Bike and Pedestrian Master Plan* – This study Identified the location of needed bike and pedestrian facilities within the Clackamas Regional Center Area that are necessary to support the enhancement of multimodal travel opportunities within the regional center.
- *Clackamas County Transportation System Plan Update* – This study reviewed the overall transportation system in the Clackamas Regional Center Area and identified a number of transportation system capacity problems that cannot be solved within the financial capacity of the County.
- In addition, The Project can be efficiently coordinated with the Clackamas County Planning and Zoning Department's *Multi-use Development in Corridors Project.*

Matching Funds

Matching funds will be provided in kind in the form of County staff hours.

Equity

This area has been identified through our Transportation System Plan update as having one of the highest densities in unincorporated Clackamas County and also as being among the most transportation disadvantaged areas.

The Equity maps developed by Metro staff for use in the Regional Flexible Funds Applications FY 2016 - 18 process provide addition information on this issue. These maps show the following information in the Clackamas Regional Center Design Area:

- There is a significantly above average concentration of Environmental Justice Populations and Underserved by Transportation Service Populations
- There is a significantly above average concentration of essential service in this area.
- There is a significantly above average to average proximity to active transportation facilities in this area.
- There is a significantly above average to average LIFT Paratranist events in this area.

This is an indication of the equity issues within the Clackamas Regional Center Design Area.

Public Involvement

The County will lead the public involvement effort on this project and will establish a Stakeholder Working Group to represent all of the interests in the Project study area. The Stakeholder Working Group is expected to meet at least 4 times during the course of the project.

The County will use its existing Public Information channels to provide newsletters, press releases, social media updates and website information. The County will also set up a website to distribute information concerning the project

Collaborations

Ultimately, the success of this project to encourage private investment in the CRC relies heavily in our partnerships and work with community stakeholders. The continued engagement with business owners and developers in the Clackamas Regional Center will help ensure that new performance measures as proposed through the project are practical, readily understandable by decision makers and can be a supported by reasonably low cost data. In order to create an effective outcome, we will enable members of the community ample opportunities to provide input into the process via a working group, the County website, and focus group discussions.

The County will actively work with local stakeholders as part of its public involvement effort on this project. We will actively engage the CRC advisory committee, Clackamas County's Development Review Advisory Committee, the North Clackamas Chamber of Commerce, and local Community Planning Organizations as vital partners.

Project Milestones and Deliverables

• Execution of CET Grant IGA	October 2013
• Project Start Up	January 2014
• Recommendation on Performance Standards and MMA	June 2014
• Staff Report Completed	July 2014
• Adoption of plan / amendments	October 2014

Project Management --

The key project staff working with Metro on this project will be Larry Conrad, Principal Transportation Planner. In addition, he will be working with key representatives from the Engineering, Planning and Zoning and Transportation Planning divisions.

Budget Documents

The following budget table provides an estimate for the anticipated expenses by activity for *Clackamas Regional Center Area Alternate Transportation Performance Measures and Multimodal Mixed-use Area Project* (Project). The following project description will be modified and finalized before a notice to proceed is issued.

It is anticipated that a consultant team will be hired to work with the County to undertake this project. To develop the cost estimate, a County rate of $74.92 per hour for staff time and $150 per hour of consultant time were used. These estimates are based on previous contracted work as well as our internal cost allocation system for staff time (but do not include overhead costs for County time). While assumptions regarding the split of County time to Consultant time were used to develop the draft budget, the actual breakdown of task will evolve as the project is refined.

The primary tasks descriptions for the Project are included for each task in the following:

1) **Project Management**
   a) The project will be managed by County Transportation Planning Staff.
2) **Public Outreach and Involvement**
   a) The County will lead the Public Outreach and Involvement efforts for the project.
   b) The County will convene a Stakeholders Group to review project progress, work products and recommendations. The Stakeholders Group will be comprised of representative of the following:
      i) Development Community with knowledge of the Study Area
      ii) Business Community within the Study Area
      iii) Study Area Residents
      iv) Other Interests identified by the County Clackamas County Transportation Planning
      v) Clackamas County Traffic Engineering
      vi) Clackamas County Planning and Zoning
      vii) Clackamas County Development Agency
      viii) Clackamas County Business and Economic Development
      ix) Clackamas County Transportation Maintenance
      x) Oregon Department of Transportation
      xi) Metro
      xii) City of Milwaukie
      xiii) City of Happy Valley
   c) The Stakeholder Group is expected to meet at least 4 times and there will be 2 Open House meetings.
   d) County will use its existing Public Information channels to provide newsletters, press releases, social media updates and website information.
   e) The County will set up a website to distribute information concerning the project.
3) **Best Practices Review and Existing Conditions Memo**
   a) The County and the Consultants will conduct a Best Practices Review of alternate performance standards and produce a technical memo describing this topic. At a minimum this memo shall include a review of the following:
      i) Multimodal Level of Service (MMLOS) – HCM 2010
      ii) Dynamic Traffic Analysis Model Measures of Effectiveness developed as part of the SW Connector DTA Analysis in the TSP Update

iii) Alternate performance measure including those recently analyzed by Washington County and the City of Portland and those adopted by other state, regional and local jurisdictions in the 4 county urban-area.

b) Review Traffic Forecasts and Intersection Operation Analysis for the Study Area developed as part of the TSP Update or any other traffic study in the area that were undertaken in the last 2 years. Identify existing traffic capacity issue that will need to be addressed by the Alternate Transportation Performance Standards.

c) Review the state of the practice for the adoption of Multimodal Mixed Use Areas (MMA), conduct a land use analysis to identify the minimum threshold for establishing a MMA within the Clackamas Regional Center Design Area and recommend proposed MMA boundaries. Create a Technical Memo documenting this process.

d) Compile a Potential Transportation Project list for the Study Area based on the Urban Renewal Plans, the Update Transportation System Plan, the Clackamas Regional Center Bike and Pedestrian Master Plan, Chapter 10 of the County Comprehensive Plan, and the Regional Transportation Plan. Update and refine project costs estimates. This list will be the basis for future alternative analysis and the start of a possible projects list for a MMA Transportation Infrastructure Fee.

4) **Define and Evaluate Performance Measures**

a) Develop MMLOS for arterials and collectors in Study Area. Determine if the MMLOS is a sufficient Alternate Transportation Performance Measure to address all or part future development issues within the Clackamas Regional Center MMA Area and document in a technical memo.

b) Identify preferred DTA Method of Effectiveness (MOE) measure for all major corridors that are within the Clackamas Regional Center MMA Area and document in a technical memo.

c) Identify other preferred performance alternate transportation performance measure from best practices research and document how these measures could be implemented in a technical memo.

5) **Recommend Preferred Performance Measures**

a) Recommend preferred performance measures for use in Clackamas Regional Center Area MMA.

b) Develop person trip base trip generation tables.

c) Draft technical methodology for estimating development base trip generation for use in calculating CRC Transportation Infrastructure Fee.

d) Develop an agreement with ODOT on proposed transportation performance measure changes and memorialized in a Letter of Understanding.

6) **Draft Comprehensive Plan Amendments and other Ordinance Adoption**

a) Draft Comprehensive Plan policies and maps, MMA boundary delineate and multi-modal transportation project list identification and other changes to Chapters 5 and 10.

b) Draft Zoning and Development Ordinance language and maps.

c) Draft Changes to County Road Standards – if any.

d) Draft CRC Transportation Infrastructure Fee Ordinance using project list and person trip based trip generation approach.

e) Draft changes to Transportation System Development Charge Ordinance to remove MMA from TSDC.

7) **Adoption Process**

a) Public Open House to present draft Comprehensive Plan Amendments and other draft Ordinance changes.

b) Prepare final staff report and other needed documents

c) Planning Commission work session and hearings on recommended amendments

d) Board of County Commissioners work session and hearings on recommended amendments
e) Forward adopted

The total estimated costs are $180,000, and the estimated cost per task is below:

Project Budget Form

Personnel Costs	**In-kind Match**	**CET Request**	**Total**
Agency Staff *($74.92 per hour)*	$20,000	$50,000	$70,000
Consultants *($150 per hour)*		$110,000	$110,000
Total for Planning Services	$20,000	$160,000	$180,000

Other Costs	**In-kind Match**	**CET Request**	**Total**
Overhead / Indirect Costs		To be determined based on discussion with Metro staff on allowed overhead / indirect costs recovery	
Total for Planning Services	$0	$0	0
Total Project Costs	$20,000	$160,000	$180,000

Match Form

Match Source			Amount
County Budget	In Kind Staff Hours	Application for Grant approved by Board of County Commissioners, including use of staff hours as match	$20,000

Draft Line Item Budget

Task	County Staff Hours	County Cost	Consultant Hours	Consultant Cost	Total Cost
Project Management	50	$3,750	50	$7,500	$11,250
Public Outreach and Involvement *Does not include staff time from County Public and Governmental Affairs Department which are outside of this budget.*	100	$7,500	50	$7,500	$15,000
Best Practices Review and Existing Conditions Memo	250	$18,750	250	$37,500	$56,250
Define and Evaluate Performance Measures	300	$22,500	300	$45,000	$67,500
Recommend Preferred Performance Measures	50	$3,750	40	$6,000	$9,750
Draft Comprehensive Plan Amendments and other Ordinance Adoption	100	$7,500	40	$6,000	$13,500
Adoption Process	50	$3,750	0	$0	$3,750
Direct Expenses		$2,500		$500	$3,000
Total	900	$70,000	730	$110,000	$180,000

Supplement Attachments

1 Vicinity Map

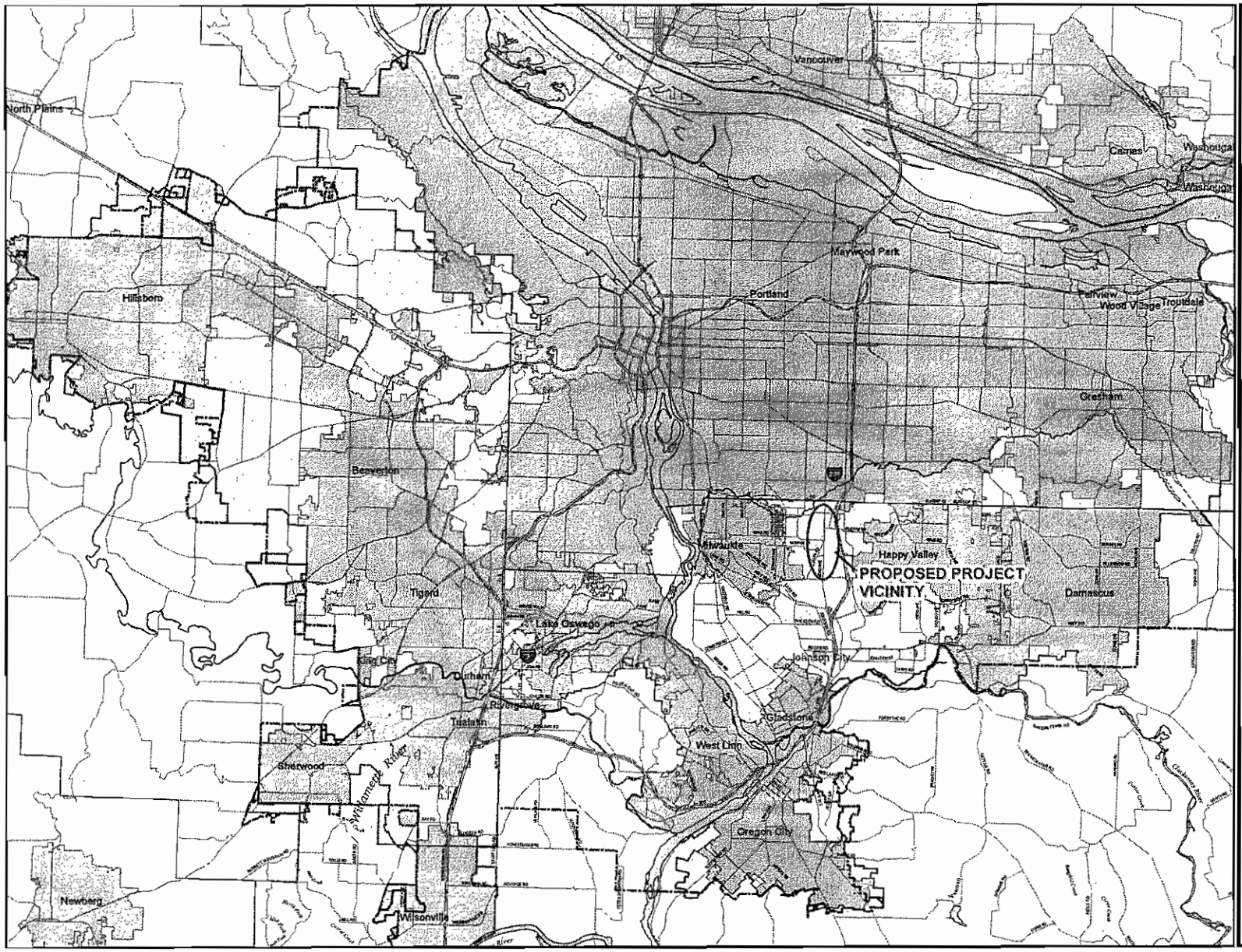
2 Site Maps

3 Comprehensive Plan Map X-CRC-2

4 DTA Study Area Map

5 Letters of Support

Exhibit B



Proposed Project Vicinity Map

CLACKAMAS REGIONAL CENTER AREA ALTERNATE TRANSPORTATION PERFORMANCE MEASURES & MULTIMODAL MIXED-USE AREA PROJECT

- Metro boundary
- Metro UGB
- City
- County

April 2013

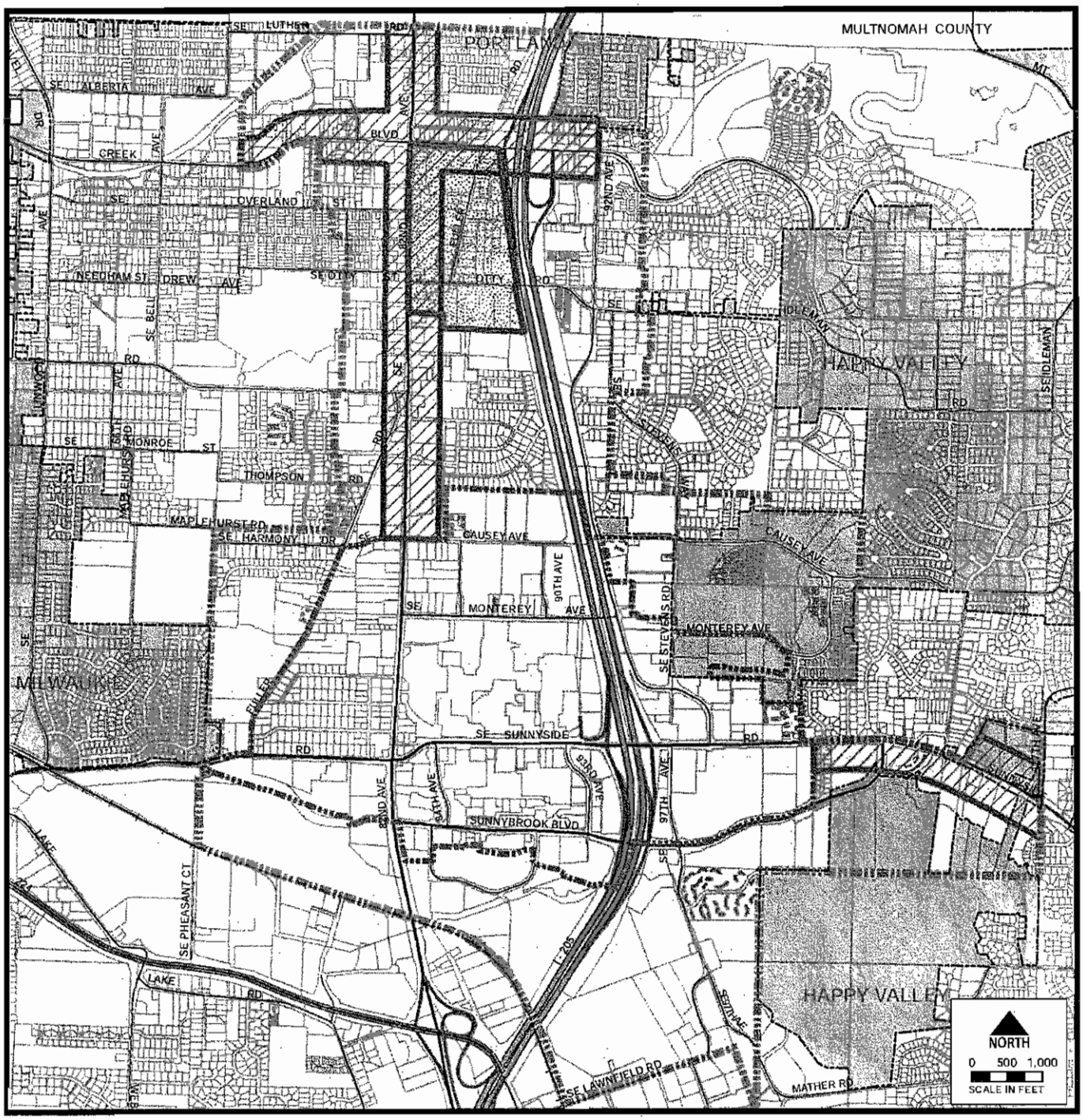
NORTH

0 0.5 1 2 MILES

CLACKAMAS COUNTY

Department of Transportation & Development
150 Beavercreek Rd Oregon City, OR 97045

Exhibit B



Map of Proposed Project Area

CLACKAMAS REGIONAL CENTER AREA ALTERNATE TRANSPORTATION PERFORMANCE MEASURES & MULTIMODAL MIXED-USE AREA PROJECT

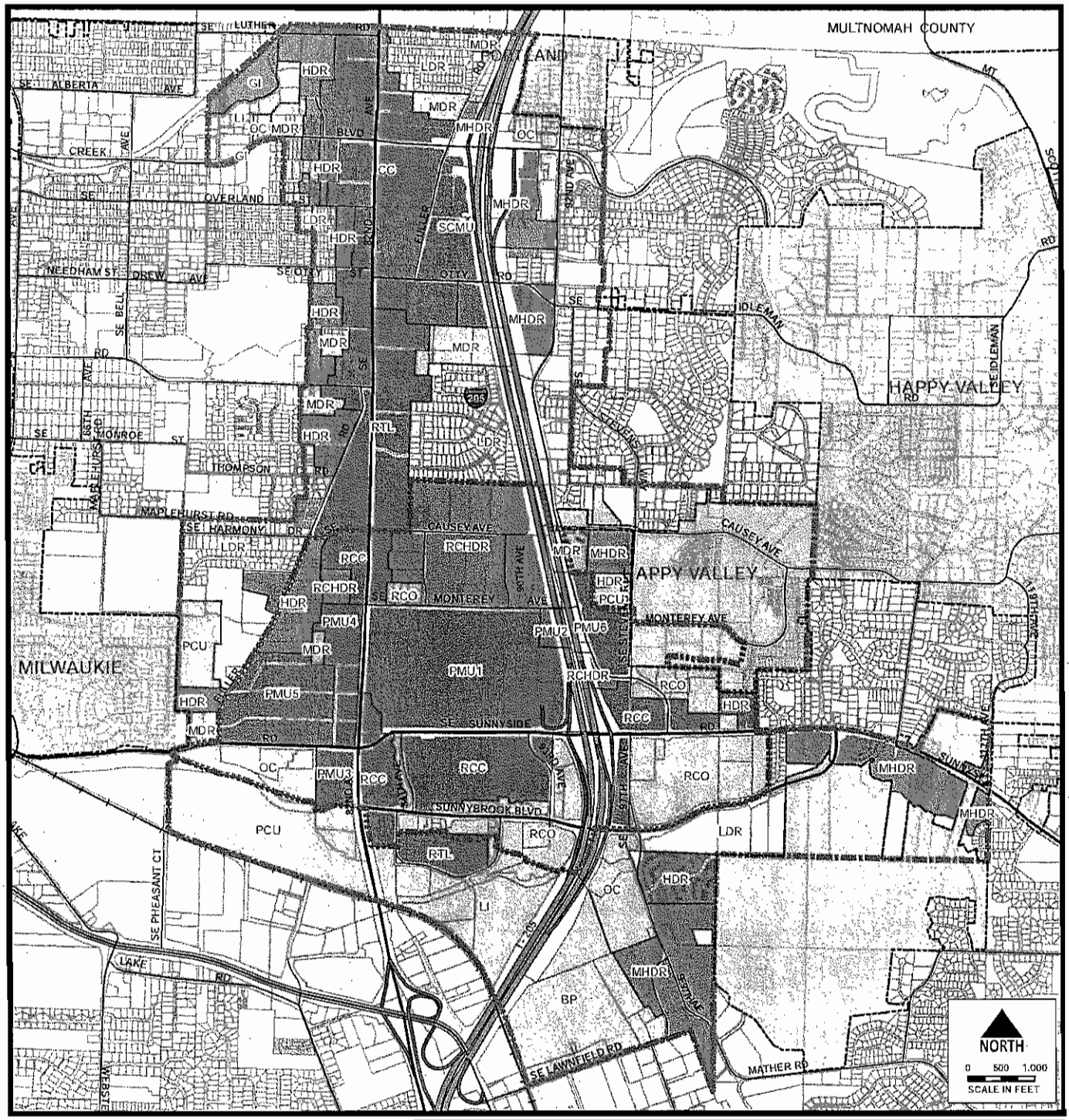
April 2013

- Clackamas Regional Center Design Area (CRCA)
- Clackamas Regional Center (CRC)
- SE 82nd Ave Corridor
- Station Community
- Incorporated City

CLACKAMAS COUNTY

Department of Transportation & Development
150 Beavercreek Rd. Oregon City, OR 97045

Exhibit B



Clackamas Regional Center Area Design Plan

Land Use Plan

Clackamas County Comprehensive Plan

MAP X-CRC-2

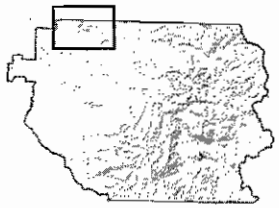
Last Amended February 11, 2013

- Low Density Residential (LDR)
- Medium Density Residential (MDR)
- High Density Residential (HDR)
  Medium High Density Residential (MHDR)
  Regional Center High Density Residential (RCHDR)
- Corridor Commercial (CC)
  Retail Commercial (RTL)
- Office Commercial (OC)
  Regional Center Office (RCO)
- Planned Mixed Use (PMU)
  Station Community Mixed Use (SCMU)
- General Industrial (GI)
- Business Park (BP)
  Light Industrial (LI)
- Public & Community Use Open Space (PCU)
- Clackamas Regional Center Area
- Regional Center
- Incorporated City

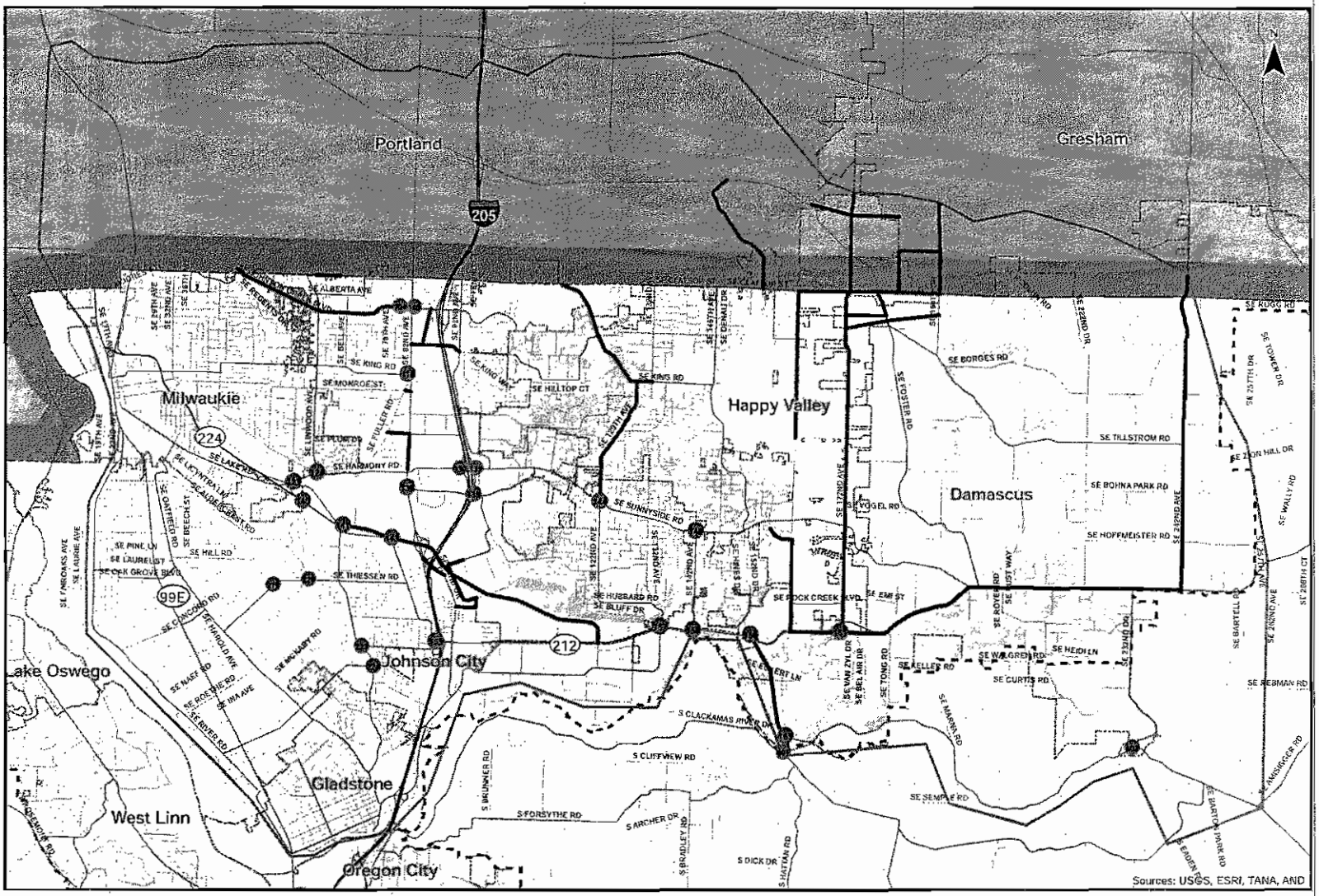
CLACKAMAS COUNTY

Department of Transportation & Development
150 Beavercreek Rd, Oregon City, OR 97045

CLACKAMAS COUNTY Update
TRANSPORTATION SYSTEM PLAN



Study Intersection
- Fails under Low Build Scenario
- Project Complete in DTA Analysis
- DTA Boundary
- Incorporated Areas
- County Boundary
- UGB



0 1 2 Miles

Coordinate System:
NAD 1983 HARN StatePlane Oregon North FIPS 3601 Feet Intl
Data Source:
Clackamas County, Metro Data Resouce Center

H:\projects\17132 - Clackamas County TSP\0% Growth Scenario\DTA Study Area.mxd

DTA Study Area

Figure 1

Exhibit B

northclackamas
chamber of commerce

Serving the North Clackamas Region Since 1955

A Member-Driven Organization Committed to a Vibrant Business Environment

April 17, 2013

Mr. Gerry Uba
Metro Regional Government
600 NE Grand Ave
Portland, OR 97232

Re: Clackamas County Applications for CET Grant

Dear Mr. Uba,

On behalf of the North Clackamas County Chamber of Commerce, I am writing in support of the application submitted by the Clackamas County Department of Transportation and Development (DTD) seeking funding for the Clackamas Regional Center (CRC) Performance Measures and MMA Project.

The DTD has selected a project that will help increase the development potential of a key regional economic center in Clackamas County. The review of alternative performance measures in the CRC and adoption of the Multimodal Mixed-Use Area (MMA) will identify opportunities for the optimal funding of much needed improvements to the transportation system in this vital area for commerce.

This project achieves both the policy goals of the community planning and development grants program, as well as objectives for the county's development of an economic hub in Clackamas County.

Please pass this letter along to the selection committee. We appreciate the opportunity to convey the North Clackamas Chamber's support of this application.

Sincerely,

David A. Kelly
President & CEO

David M. Russell
Board Chair

North Clackamas County Chamber of Commerce
7740 SE Harmony Road Milwaukie, OR 97222 • TEL 503.654.7777 • FAX 503.653.9515
info@yourchamber.com • www.yourchamber.com

Exhibit B

CLACKAMAS COUNTY

DAN JOHNSON
MANAGER

DEVELOPMENT AGENCY

DEVELOPMENT SERVICES BUILDING
150 BEAVERCREEK ROAD | OREGON CITY, OR 97045

April 16, 2013

Gerry Uba
Metro Regional Government
600 NE Grand Ave
Portland, OR 97232
Re: Clackamas County Applications for CET Grant

Dear Mr. Uba,

On behalf of the Development Agency, I am writing in support of the application submitted by the Clackamas County Department of Transportation and Development (DTD) for the Clackamas Regional Center (CRC) Performance Measures and MMA Project.

DTD has reviewed the criteria outlined in the guidelines for the community planning grants and believes this project will achieve on-the ground development outcomes that benefits a large regional economic center in Clackamas County. The review of alternative performance measures in the CRC and adoption of the Multimodal Mixed-Use Area (MMA) will identify opportunities to benefit both development and the improvement of the transportation system.

This project achieves both the policy goals of the community planning and development grants program as well as objectives for the Development Agency to improve economic vitality through the development of the Clackamas Town Center area.

Please share this information with the selection committee and let them know that this project has the full support of the Clackamas County Development Agency.

Sincerely,

Dan Johnson, Manager

Clackamas County Development Agency

Exhibit B

CLACKAMAS COUNTY

CAMPBELL M. GILMOUR
DIRECTOR

DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT

DEVELOPMENT SERVICES BUILDING
150 BEAVERCREEK ROAD | OREGON CITY, OR 97045

April 17, 2013

Gerry Uba
Metro Regional Government
600 NE Grand Ave
Portland, OR 97232

Re: Clackamas County Applications for CET Grant

Dear Mr. Uba,

On behalf of the Clackamas County Development Liaison Committee (DLC), I am writing in support of the application submitted by the Clackamas County Department of Transportation and Development (DTD) for the Clackamas Regional Center (CRC) Performance Measures and MMA Project.

The purpose of the DLC is to make recommendations regarding streamlining application processing and reviewing systems related to development.

The DTD has reviewed the criteria outlined in the guidelines for the community planning grants and has selected a project that achieves on-the ground development outcomes that benefits a large regional economic center in Clackamas County. The review of alternative performance measures in the CRC and adoption of the Multimodal Mixed-Use Area (MMA) will identify opportunities to benefit both development and the improvement of the transportation system.

This project achieves both the policy goals of the community planning and development grants program as well as objectives for the county's development of the economic hub in Clackamas County.

Please share this information with the selection committee and let them know that this project has the full support of the Development Liaison Committee.

Sincerely,

Deana Mulder
Development Liaison Committee Coordinator
deanam@co.clackamas.or.us
503-742-4710

5th Draft Scope of Work for Review

Clackamas Regional Center Design Plan Area Multimodal Mixed-Use Area Designation and Transportation System Development Charge Update

Project Purpose

This project is intended to address two distinct but related issues.

- Ensure that the Clackamas Regional Center continues to develop into the center of commerce that is envisioned in the 2040 Growth Concept and ensure that the regional center continues to be the *"focus of transit and highway improvements"*.
- Update the County Transportation System Development Charge Methodology and TSDC Rates for both, the Joint Happy Valley / Clackamas County SDC District and the County wide SDC District.

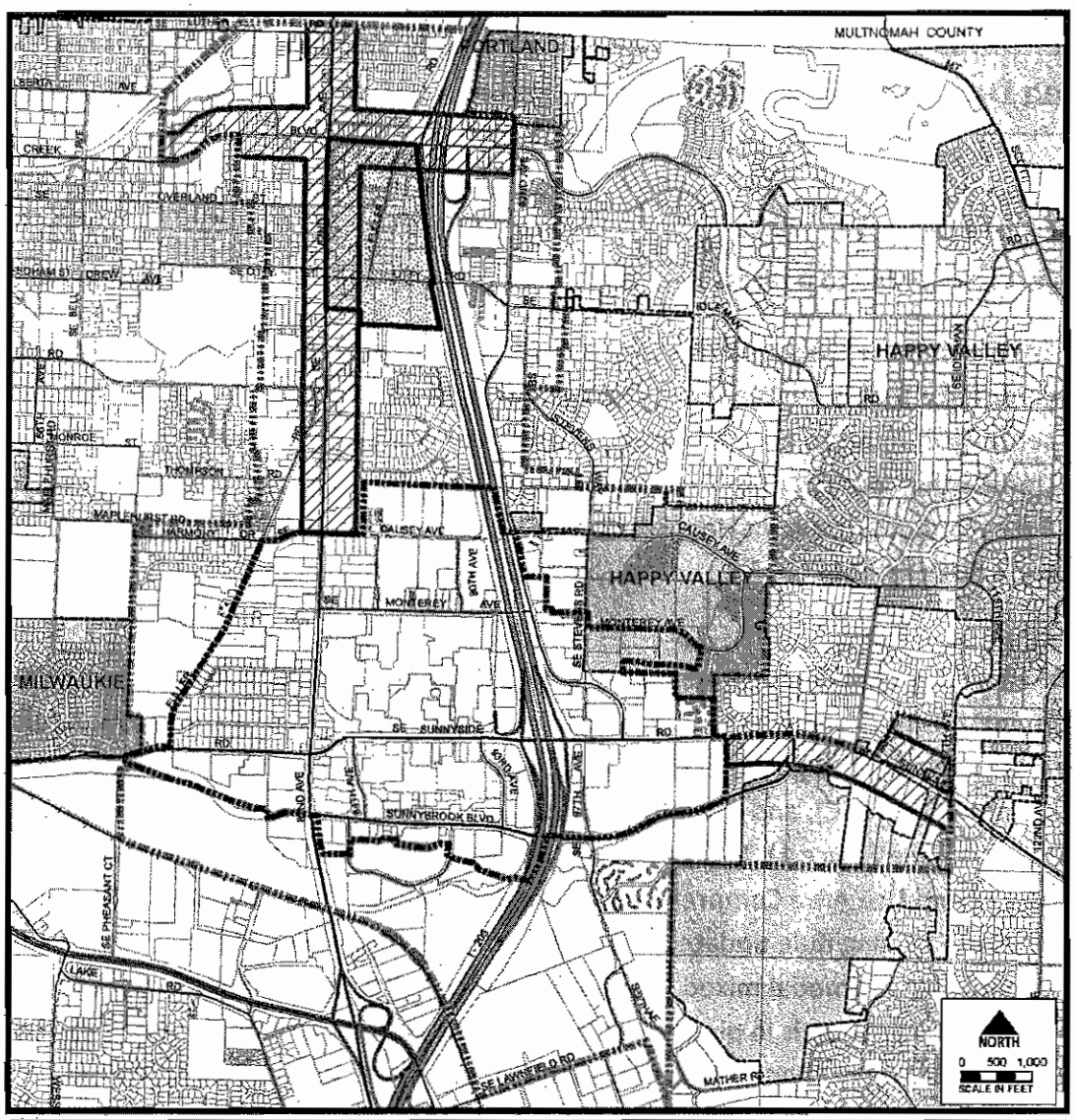
Clackamas Regional Center Area

The Clackamas Regional Center Design Plan Area (CRCDPA) is a major hub for commercial development, business and jobs in Clackamas County and the region. It contains the following 2040 Growth Concept Design Types: the Clackamas Regional Center (CRC), the Fuller Road Station Community (FRSC), and the 82nd Avenue, Johnson Creek Boulevard and the Sunnyside Road Corridors. (See Figure 1) This area is an excellent candidate for implementation of the Multimodal Mixed Use Area Comprehensive Plan designation, created in 2011 as part of the Transportation Planning Rule update, as a means to support the on-going economic development and multimodal mixed use character of the Clackamas Regional Center Area. Once an MMA designation is in place, the County does not need to consider mobility standards in the approval of Comprehensive Plan or zoning amendments within the MMA area.

The Clackamas County Transportation System Plan (TSP) 2013 update includes a policy recommendation that directs the County to consider modifying the current Comprehensive Plan land use designations and transportation performance standards in all or part of the CRCDPA (See 5.DD.2.B) so that an alternative approach may be taken to fund a range of transportation infrastructure projects and support ongoing economic development within this planning area.

> ***5.DD.2.B Develop alternative performance standards for intersections and alternative mobility standards within the Clackamas Regional Center design plan area. Determine if this area should be designated as a multimodal, mixed-use area (MMA) as provided in the Transportation Planning Rule (OAR 660-012-0060). (project #2820)***

Figure 1



Clackamas Regional Center Area Design Plan

Regional Center, Corridors, and Station Community

Clackamas County Comprehensive Plan

MAP X-CRC-1

Last Amended February 11, 2013

2040 DESIGN TYPES

Regional Center

Clackamas Regional Center Area

Station Community

Corridor

Incorporated City

CLACKAMAS COUNTY

Department of Transportation & Development
150 Beavercreek Rd. Oregon City, OR 97045

The TSP Update also states an interest in considering performance measures that integrate transportation system safety into the development review process. Finally, the TSP recommends the review and update of the Transportation System Development Charge (TSDC) methodology by considering alternative approaches to the estimation and collection of these infrastructure fees within the CRCDPA.

These proposed changes to the County Comprehensive Plan and Zoning and Development Ordinance (ZDO) are expected to better address the concerns of development and the safety of all system users when transportation system performance is reviewed.

Transportation System Development Charge Update

The County has had an existing Transportation System Development Charge (TSDC) process since 1993. The County needs to update this process to reflect the recent modifications to the transportation project lists adopted as part of the 2013 TSP Update. A key component of this task will be the consideration of alternate approaches to the estimation of these infrastructure fees and potential modification of the process to simplify the administration of the TSDC process.

Project Response to TSP Policy Updates

This **project** will follow through on the recently adopted TSP policy updates by:

- Implementing the updated section of the Transportation Planning Rule (TPR), OAR 660-012-0060 (10), which allows for the creation of a Multimodal Mixed-Use Area (MMA) designation in the Clackamas County Comprehensive Plan, including review of the opportunities and challenges of applying this designation in the CRCDPA area and the development of findings of consistency with the applicable provisions of the TPR.
- Identifying alternative transportation performance measures that support development and allow for a greater range of choices when funding transportation improvements.
- Updating the County Transportation System Development Charge (TSDC) methodology and fees.

Desired Outcomes

There are three expected outcomes for this project:

1. Multimodal Mixed-Use Area Designation
    - Determine if a Multimodal Mixed-use Area (MMA), as defined by the Transportation Planning Rule (OAR 660-012-0060 (8) and (10), Plan and Land Use Regulation Amendments) is needed and appropriate within the Clackamas Regional Center Design Plan Area (CRCDPA),

- Identify the extent of a proposed Multimodal Mixed-Use Area (MMA), within the Clackamas Regional Center Design Plan Area (CRCDPA) and develop a recommendation on the adoption of the MMA boundary.
- Develop findings of consistency with applicable provisions of the TPR, OAR 660-0012-0060 (8) and (10).
- Conduct an analysis of safety for all modes of transportation at interchanges in or near the proposed MMA boundaries, develop a draft agreement to address any operational or safety effects of the MMA designation, and request ODOT concurrence to the MMA designation consistent with OAR 660-0012-0060(10)(E).
- Adopt an MMA boundary and implementing language into the Comprehensive Plan and ZDO if the designation would result in favorable conditions for future development and build out of the CRC area.

2. Alternative Transportation Performance Measures Review and Selection.
   - Review the existing state of the practice for alternative transportation performance standards and identify preferred alternative transportation performance measures that can be applied in a system planning environment and in the plan amendment and development review process within the MMA. This review and recommendations will include consideration of
     - Alternative mobility standards for County facilities as well as state highways within and near the proposed MMA.
     - Multimodal Level of Service (MMLOS) and other potential measures for assessing the adequacy of the transit, bicycle and pedestrian systems,
     - Performance measures and targets for safety, vehicle miles traveled freight reliability, congestion, and pedestrian, bicycle and transit mode shares adopted in the TSP consistent with the Metro RTP and Regional Transportation Functional Plan (RTFP), section 3.08.230.
     - Dynamic Traffic Assignment (DTA) and DTA Measures of Effectiveness,
     - Practical safety performance measures, and
     - Other alternative measures identified in the course of this review.
   - Develop a methodology and provide specific examples of how the preferred alternative performance measures would be applied during the development review and system review process.
   - Develop and disseminate information about the final proposed alternative performance measures, including proposed updates to the Comprehensive Plan and ZDO, and material to be used during the development review process.
   - If needed for the implementation of the alternative performance measures, develop a list of priority projects to implement.

- Consider the application of an MMA Transportation Project Impact Fee as an alternative approach to transportation infrastructure funding within the MMA.

3. System Development Charge Methodology Review and Update
   - Review the overall TSDC methodology and consider alternate approaches
   - Select a preferred TSDC methodology and implement modifications to the project list, rate schedule and associated ordinances

MMA Project Site Description

The MMA study area consists of the CRCDPA (see Figure 1 Comprehensive Plan Map X-CRC-2), which includes the Clackamas Regional Center, the Fuller Road Light Rail Station Area, and the 82nd Avenue, Johnson Creek Boulevard and the Sunnyside Road Corridors. The final boundary of the MMA, which will be developed during this process, is expected to be within the CRCDPA boundary.

There are several opportunity areas ready for targeted investment within the CRCDPA boundaries, including the Harmony Campus of Clackamas Community College, the Clackamas Town Center, the 82nd Avenue Planned Mixed Use Areas (3, 4 and 5), the Fuller Road Light Rail Station Community and the Eagle Landing development (a proposed two million square-foot development incorporating office, retail and housing). These areas are depicted on Comprehensive Plan Land Use Map X-CRC-2.

These opportunities are further leveraged by existing activity in the area including:

- active participation of business owners in planning and development,
- creation of the Harmony Campus Plan,
- the completed Clackamas Regional Center Pedestrian and Bicycle Plan,
- significant investment in transit and
- affordable housing investment near the light rail stations.

Changes since CET Application

The original application for the CRC MMA project was made prior to the release of the updated Regional Travel Demand Model (Gamma Version). The Gamma model contains a number of changes, listed below, from the previous version of this model:

A. Changes in land use assumptions, which result in changes to forecast vehicle trips
   a. Distribution and number of households
   b. Distribution and amount of employment
   c. Economic composition of households
B. More detailed analysis of travel based on increased Travel Analysis Zones (TAZs)
C. Changes in travel model trip assignments as a result of the new (2011) original destination tables derived from the Metro Household Travel Survey

D. Changes in the travel mode splits derived from the Metro Household Travel Survey, as shown below

Mode Share by Area of Residence, 1994 vs. 2011
(source: Metro Household Travel Survey)

	1994	2011	1994	2011
	Region	Region	Clackamas	Clackamas
Single-Occupancy Vehicle (SOV)	43.4%	42.5%	46.2%	45.1%
High-Occupancy Vehicle (HOV)	43.9%	41.2%	47.0%	42.5%
Total Auto	*87.3%*	*83.8%*	*93.2%*	*87.6%*
Transit	2.9%	4.2%	1.1%	2.9%
Walk	8.7%	9.2%	5.2%	8.2%
Bike	1.1%	2.8%	0.4%	1.3%

The combined effect of these factors is estimated to reduce the number of automobile trips by at least 18% from the previous Beta model estimates, which were used for the CET application process. This in turn has reduced the number of intersections forecast to fail to meet operational performance standards in 2035.

The County has decided to merge the CRC MMA planning process with a more general update of Transportation System Development Charge (TSDC) methodology in order to make these two planning processes more integrated and efficient and to better understand the impact on future development in this area.

Tasks

Clackamas County intends to undertake work in six related major tasks as part of this overall scope of work.

These major tasks are as follows:

1. Project management
2. Public involvement
3. CRC Multimodal Mixed-Use Area (CRC MMA) identification and Comprehensive Plan amendments
4. Alternate transportation performance system measures assessment and recommendations for use in the MMA
5. Update Transportation System Development Charge (TSDC) methodology for all TSDC areas

6. Update TSDC rates for all areas of the County

1 Project Management

The project and its major tasks will be managed by the County Project Manager. The Consultant will designate a Consultant Project Manager and, if appropriate, Major Task Managers who will work with the County Project Manager to ensure the successful completion of all phases of this project.

Expected Outcome: The successful completion of all project tasks

2 Public Involvement

The County will lead the public involvement effort on this project with the support of the consulting team.

- The County will use its existing public information resources to provide newsletters, press releases, social media updates, website information and other appropriate community outreach activities.
- The County will set up a project website to distribute information concerning the project.
- The County's Community Relations Specialist assigned to the Department of Transportation and Development will oversee public involvement efforts and tasks for this project, working in conjunction with the County Project Manager.

The Consulting Team will be responsible for the production of the materials identified in subsequent tasks. These materials will be reviewed by the Community Relations Specialist and Technical Working Group(s) prior to being presented to the Stakeholder and/or Working Group(s).

It is envisioned that this project will have the following working groups and stakeholder groups, which may be combined as needed to address issues common to both groups. Technical Working Group(s) members will be ex-officio members of the Stakeholder Working Group(s).

Expected Outcome: The successful creation of a public involvement program and materials for this project.

2.1 MMA / Alternate transportation performance system measures task groups

MMA Technical Working Group members

- Clackamas County Transportation Planning
- Clackamas County Traffic Engineering
- Clackamas County Planning and Zoning

- Clackamas County Development Agency
- Clackamas County Engineering Development Review
- Clackamas County Business and Economic Development
- Clackamas County Transportation Maintenance
- Oregon Department of Transportation (Planning, Traffic Analysis, Preliminary Design)
- Metro
- Trimet
- City of Milwaukie
- City of Happy Valley
- Department of Land Conservation and Development

MMA Stakeholder Working Group members

- Technical Working Group members (ex-officio)
- Members of the development community with knowledge of the study area
- Members of the business community within the study area
- Study area residents
- Study area workers and/or other regular users
- Other interested parties identified by Clackamas County Transportation Planning Division

As part of its public involvement effort, the County will actively work with local stakeholders including such vital partners as the CRC Advisory Committee, Clackamas County's Development Review Board, the Development Liaison Committee, Clackamas County Bicycle – Pedestrian Committee, the North Clackamas County Chamber of Commerce and local Community Planning Organizations.

The Stakeholder Working Group (SWG) is expected to meet at least four times and assist with hosting at least two open houses. Additional meetings may be added if needed for the group to adequately address the issues at hand. Tentative topics for the MMA Stakeholder Working Group meetings and open houses are as follows

Stakeholder Meeting 1	Introduction to MMA and existing conditions
Stakeholder Meeting 2	MMA additional needs and performance standards
Open House 1	Review and comment on Clackamas Regional Center MMA: Background and Process
Stakeholder Meeting 3	MMA Boundary, Alternate Performance Standards, ODOT Coordination Issues, Funding Options
Stakeholder Meeting 4	Draft amendments and recommendations
Open House 2	Review draft MMA amendments to the Comp Plan and ZDO

Expected Outcome: Review of the project information, proposed Comprehensive Plan amendments, Zoning and Development Ordinance amendments, alternate performance standards and make recommendation to the Planning Commission and the Board of County Commissioner concerning the proposed amendments

2.2 Transportation System Development Charge (TSDC) task groups

TSDC Technical Working Group members

- Clackamas County DTD Administration
- Clackamas County Traffic Engineering
- Clackamas County Transportation Planning
- Clackamas County Engineering Development Review
- Clackamas County Planning and Zoning
- Clackamas County Development Agency
- Clackamas County Business and Economic Development
- Clackamas County Transportation Maintenance
- City of Happy Valley

The TSDC Stakeholder Working Group is expected to meet at least five times and may help host one open house. Additional meetings may be added if necessary for the group to adequately address the issues at hand. Tentative meeting topics for the TSDC Stakeholder Working Group meetings are as follows

Stakeholder Meeting 1	TSDC existing methodology and rates, TSDC districts, state requirements, background and existing procedure issues
Stakeholder Meeting 2	TSDC methodology modification recommendation(s)
Stakeholder Meeting 3	Draft TSDC project list modifications
Stakeholder Meeting 4	Draft TSDC rate modifications
Stakeholder Meeting 5	Draft TSDC Ordinance amendments
Open House - optional	Draft TSDC methodology update and revised project list and fee schedule

TSDC Stakeholder Working Group members

- Technical Working Group members (ex-officio)
- Home Builders Association representative
- Development Liaison Committee
- Other business community representatives
- Citizen representatives
- Other interested parties identified by Clackamas County Transportation Planning Division

Expected Outcome: Review of alternative TSDC fee methodologies, TSDC project lists and TSDC rates for all TSDC district in the County. Recommendations to the Board of County

Commissioner concerning the various portions of the proposed amendments to the TSDC Ordinance.

3 Clackamas Regional Center Multimodal Mixed-Use Area (MMA)

3.1 MMA Area Existing Conditions Report

The County will create an Existing Conditions Report for the CRCDPA. It shall address the MMA approval process criteria, the characteristics of the study area, and provides background information for the alternative performance measure review.

The Existing Conditions Report will contain the following information:

- Study Boundary – CRCDPA *(Including areas currently within cities)*
- Explanation of MMA legal implications and requirements per the TPR OAR 660-0012-0060 (8) and (10)
- Existing Comprehensive Plan / Zoning Analysis
    - Regulatory requirements
    - Analysis of study area by land uses allowed in the Comprehensive Plan and ZDO
- Existing and Planned Transportation Infrastructure Analysis as identified in the 2013 TSP Update, the Clackamas Regional Center Pedestrian and Bicycle Plan, the existing Urban Renewal Plans and any other appropriate transportation studies or plans.
    - Existing transportation infrastructure (by mode)
    - Planned transportation infrastructure (by mode)
    - Identified transportation infrastructure gaps and deficiencies
- Transit System Analysis
    - Routes and service frequencies
- Transportation System Operational Analysis Results from TSP Update (v/c)
    - Existing system
    - Planned system
- Transportation Safety Action Plan and Intelligent Transportation Systems (ITS) plan issues within MMA analysis area
- Other safety related data such as state and county crash rates, accident data, top 10% SPIS locations, existing and potential traffic queues on interchange exit ramsp and DDACTS data for the planning area.
- Parking facilities analysis
- Interchange area safety analysis – methodology to be determined in collaboration with the Oregon Department of Transportation (ODOT)
- Existing household and employment forecast (2010 and 2035 or 2040, if available)
- Transportation system information from the TSP Update.
- Other information pertinent to the designation of the MMA within the CRCDPA

Expected Outcome: The creation of an MMA Existing Conditions Memo that address the issues related to the designation of the MMA within the CRCDPA.

3.2 MMA Area Additional Needed Infrastructure

The County and the Consulting Team will produce a memo outlining the needed transportation infrastructure on arterial and collector facilities regardless of jurisdictional ownership within CRCDPA using the following sources:

- Identified transportation infrastructure gaps and deficiencies from the existing conditions report.
- Additional infrastructure needs identified based on available safety data and analysis.
- Additional infrastructure needs identified by ODOT or other jurisdictions.
- The County will consider assessing the needed transportation infrastructure by comparing the infrastructure needed to meet an acceptable Multimodal Level of Service (HCM MMLOS for vehicles, bikes, pedestrians and transit) with the existing transportation infrastructure to determine what additional infrastructure is needed.
- The inventory of existing and planned transportation infrastructure will be compared with the previously identified infrastructure needs, and a list of additional infrastructure needs in excess of the TSP projects will be developed.
- Where additional transportation infrastructure located on local roads or private property is needed to complete the transportation system for a particular mode, these facilities should be included in this inventory.
- The additional needed infrastructure will be summarized in a technical memo.

Expected Outcome: The creation of a Technical Memo that outlines the needed infrastructure and its estimated cost within the CRCDPA.

3.3 ODOT Coordination Process and Memorandum of Understanding

The County will lead the discussion with ODOT concerning issues related to the ODOT facilities with the potential MMA.

- The County will meet with ODOT and review the Existing Conditions Report and the Additional Needed Infrastructure Memo to identify and address ODOT issues for obtaining ODOT concurrence with the proposed MMA designation.
- An assessment of transportation safety and operations issues within the CRCDPA will be prepared as part of this task for consideration by the County and ODOT.
- A Memorandum of Understanding (MOU) between the County and ODOT will be drafted that addresses the ODOT issues identified during this process and the mutually agreed upon solution to these issues.
- The County will provide the opportunity for the cities of Milwaukie and Happy Valley to be parties to the MOU.

Expected Outcome: The successful signing of a Memorandum of Understanding (MOU) between the County and ODOT.

3.4 MMA Boundary Recommendation

The County will lead the creation of a MMA Boundary Recommendation memo for the CRCDPA.

Review all of the information developed in the preceding subtasks and determine if an MMA should be designated within the CRCDPA. If so, recommend a final boundary for the MMA within this area for stakeholder review. Document the reasons for this decision in a memorandum to the stakeholders and work with the stakeholder to make a recommendation to the Planning Commission regarding the MMA boundary.

Expected Outcome: The creation of a Technical Memo that recommends a preferred MMA boundary within the CRCDPA.

3.5 MMA Criteria Analysis – Based on Existing and Planned Conditions

The County will lead the creation of a MMA Criteria memo for the CRCDPA. It shall be drafted, with appropriate input from the consulting team.

Produce an analysis of the MMA land use and transportation criteria and recommended MMA boundaries within the CRCDPA. The intent of this process is to produce a memo that identifies how the MMA meets the criteria set out in the TPR.

Expected Outcome: The creation of a Technical Memo that shows how the recommended MMA meets the criteria set out in the TPR.

3.6 Comprehensive Plan / ZDO Amendments

The County will lead the development of draft Comprehensive Plan and ZDO amendments, as needed, to implement recommendations related to the designation of a MMA, including.

- Amendments to Chapter 10 of the Comprehensive Plan – Clackamas Regional Center Design Plan
- Amendments to Chapter 5 of the Comprehensive Plan – Transportation System Plan
- Amendments to the Zoning and Development Code (ZDO)

These draft amendments and a staff report will be forwarded to the County Planning Commission and the Board of County Commissioners for public review and hearings and adoption.

Expected Outcome: A draft a staff report and a set of amendments to the Comprehensive Plan and ZDO that will be presented to the Planning Commission for public hearings.

The cities of Happy Valley and Milwaukie will have the opportunity to adopt concurring amendments to their comprehensive plans and zoning ordinances based on the County amendments.

4 Alternative Transportation Performance System Measures in MMA

4.1 Alternative Transportation Performance Standards

There has been a substantial amount of work in the area of alternative transportation performance standards over the last several years in Oregon and at the national level. These studies have noted that alternative transportation performance standards have a variety of strengths and weaknesses when it comes to implementation. Some work well for system planning or corridor planning; others work better for land development analysis, and still others appear to be reasonable and desirable but are very difficult to implement.

As part of this major task, the County plans to build on, not recreate, the work done by other jurisdictions except for what is necessary to conduct an effective dialogue on which alternative performance standards, if any, should be used in the CRC MMA. However, we plan to identify specific examples using developments in the CRC area.

4.1.1 State of the Practice Memo – Alternative Performance Measures

- A State of the Practice memo will be created to address alternative transportation performance measures and the work recently completed as part of other projects, including:
  - ODOT Accessibility Performance Measures Report
  - Washington County Multi-Modal Performance Measures and Standards
  - City of Portland Alternative Transportation Standards Study
  - Oregon Highway Plan Policy 1F Highway Mobility Policy and Action 1F3, Alternative Mobility Targets, and associated ODOT Operational Notice PB-2.
  - Performance measures and targets for safety, vehicle miles traveled freight reliability, congestion, and pedestrian, bicycle and transit mode shares adopted in the TSP consistent with the Metro RTP and Regional Transportation Functional Plan (RTFP), section 3.08.230.
  - Any SHRP2 reports recommended by the Consultant that are pertinent to this memo, with the approval of the County
- Other reports or sources of information shall include:
  - Sustainable Transportation and Access Rating System
  - LEED ND
  - Highway Capacity Manual - Multi-Modal Level of Service
  - Highway Safety Manual – Predictive Method
- Excerpts from or links to the reports used to develop these memos and studies may be attached to the State of the Practice memo as appendices when desirable and possible to do so.

Expected Outcome: The creation of a Technical Memo that identifies the current understanding of the strengths and weakness of the numerous Alternative Performance Measures that are being considered for implementation.

4.1.2 Implementation Recommendations Memo

The second product in this major task will be the creation of an Implementation Recommendations memo with recommendations on the following topics:

- Ability to regularly undertake the analysis associated with the recommended alternative transportation performance measures as part of the planning and development process (i.e., transportation system plans, corridor plans, Comprehensive Plan amendments and zone changes), including descriptions of the data needs and software requirements to undertake this work.
- Ability to implement the alternative transportation performance measures to support future land development process (i.e., land development applications), including descriptions of the data needs and software requirements to undertake this work.
- Draft language that can be used with the public and decision-makers to explain what the alternative transportation performance measures are and how they work.
- This memo should also include a brief assessment on how the alternative performance measures could work outside of the CRC MMA in the remaining urban area or the rural areas. The County has substantial rural areas with a large investment in rural transportation infrastructure. The County recognizes that alternative transportation standards are generally not appropriate for the rural areas, but that there may be cases where the implementation of such measures could be beneficial to the evaluation of the transportation system.

Expected Outcome: The creation of a Technical Memo that makes recommendation on the implementation of alternative performance measures. This memo will be used by the stakeholders to recommend preferred alternative performance measures for possible implementation by the County.

4.2 Transportation System Safety Performance Measures Memo

The County has a strong interest in moving the analysis of development impacts toward a practical, data-driven, safety-based analysis utilizing the Highway Safety Manual (HSM) predictive methods. This interest is expressed in the following new policies in the Transportation System Plan Update (2013).

- ***Revised TSP Policy 5.B.8*** *- Integrate Highway Safety Manual (HSM) principles into the planning, engineering, design, operation and maintenance of the transportation system.*
- ***Revised TSP Policy 5.B.5*** *- Support programs that utilize data-driven approaches to improve safety of the transpartation system.*

Given that Oregon has done some calibration work related to the Highway Safety Manual (HSM), sufficient data should be available. The County's goal is to maintain or improve roadway safety with each new development. The consult will develop guidelines and procedures for applying the HSM Predictive Methods for developments in the County. A proposed framework, guidelines, procedures and data needs will be developed. The need for changes to the

regulatory documents including Clackamas County Roadway Standards, Clackamas County Zoning and Development Ordinance or other standards and/or policies.

A technical memo will be developed that covers the following issues:

- Framework for using the HSM Predictive Method for safety analysis of developments going through various land use approvals.
- Guidelines, procedures and data needs to implement the framework.
- Recommended changes to Clackamas County Roadway Standards, Zoning and Development Ordinance or other standards and policies.
- The identification of any other issues related to the utilization of this methodology on a day-to-day basis to evaluate land development proposals

Expected Outcome: The creation of a Technical Memo that makes recommendation on the implementation of transportation system safety performance measures. This memo will be used by the stakeholders to recommend preferred transportation system safety performance measures for possible implementation by the County.

4.3 Alternative Infrastructure Funding Approach within the MMA

The designation of an MMA and the identification of needed transportation infrastructure present the County with the opportunity to consider alternate approaches to funding transportation capital improvements to support development within the MMA. The County will consider the possible adoption of an MMA Transportation Project Improvement Fee (TPIF) or some other fee in place of the Transportation System Development Charges as an approach to funding needed infrastructure within the CRCDPA. Such a fee would be developed with the intent of funding the development of projects necessary to meet the alternative transportation performance standards within the MMA.

By implementing this project, the County will be able to address several issues at the same time:

- Provide more certainty to local business leaders, developers and community representatives when considering future development opportunities
- Address recent changes to State law that allow for the identification and adoption of multimodal mixed-use areas (MMA) to balance transportation and economic development during comprehensive plan changes
- Enhance and implement a portion of the 20-Year Capital Improvement Project List developed as part of the County's Transportation System Plan Update (These projects could be linked to the alternative performance standards used in the CRC MMA.)
- Allow a more flexible approach to addressing the impacts of new development of different sizes
- Allow funding of pedestrian, bicycle, and transit projects to ensure consistency with the desired multimodal characteristics of the MMA

4.3.1 MMA Alternative Funding Methodology Memo

The consultant will develop a memo that accomplishes the following:

- Outlines at least two approaches to an MMA alternate funding methodology for consideration by stakeholders and the County.
- Uses the inventory of existing, planned and needed transportation infrastructure from Tasks 3.1 and 3.2 to provide a planning level estimate of the total project cost as the basis for developing the MMA TPIF or other fee. (Project cost estimates will be developed using County infrastructure costing methodologies established in the 2013 TSP update.)
- Includes a draft method for spreading these infrastructure costs over forecast development in the MMA

Expected Outcome: The creation of a Technical Memo that describes one or more alternate funding approaches that could be used in the MMA and recommends a preferred funding approach. This memo will be used by the stakeholders to recommend alternate funding approaches for possible implementation by the County.

5 Transportation System Development Charge (TSDC) Methodology Update

The County has an existing TSDC methodology, but would like to consider replacing it with a new and as-yet-undefined TSDC methodology. This new methodology would be used to identify TSDC charges for the Joint County-Happy Valley TSDC District and the County-wide district that covers the remainder of the unincorporated County. If implemented, the TSDC district boundaries will not overlap with a boundary of any established CRCDPA MMA alternative funding mechanism.

The County recently amended its TSDC methodology to make allowances for reduced vehicle trip levels associated with mixed-use land development and station area development, and wants to continue to support this form of development through TSDC fee reductions related to the internal trip capture and lower trip rates to these forms of land use.

The County would also like to streamline the administration of the TSDC process. One possible approach could be a simplification of the land use fee categories. The County would entertain recommendations on this alternative and on other administrative streamlining options.

The recently approved TSP update contains the following polices that address issues to consider when evaluating this change.

- *Revised TSP Policy 5.AA.4 -- Consider a Transportation System Development Charges methodology that calculates person trips to allow pedestrian, transit and bicycle projects, as well as vehicle projects, to be funded using TSDC funds.*
- *Revised TSP Policy 5.AA.6 - Urban - Evaluate creating a transportation facility funding program that establishes a "fee in lieu of" process that may be used by developers to pay for all on-site and off-site transportation facilities required as part of the land development process.*

5.1 TSDC Methodology Best Practices Memo

The consultant will develop a TSDC Methodology Best Practices memo that reviews the County's current TSDC methodology and a set of alternate fee calculation methodologies for review by the TSDC Technical and Stakeholder Working Groups.

This memo will include, at a minimum, the following information:

- Identification of alternative TSDC fee methodologies,
- Identification of data needed to implement each methodology,
- Suitability of each methodology for use in development review,
- Other administrative issues associated with each methodology,
- Fee-in-lieu-of improvement process options and recommendations and
- Pros and cons of existing and proposed approaches that are appropriately drafted to facilitate public discussion.

Expected Outcome: The creation of the TSDC Methodology Best Practices memo which will be used to recommend a preferred TSDC methodology.

5.2 TSDC Methodology Selection Process – Stakeholders

The TSDC Methodology Best Practices memo will be reviewed by the TSDC Technical Working Group, and all issues raised by this group will be addressed to the extent practical prior to the memo being forwarded to the TSDC Stakeholder Working Group for review. The TSDC Methodology Best Practices memo will be reviewed by TSDC Stakeholder Working Group with the intent of developing a consensus-based recommendation on a preferred methodology.

Expected Outcome: A stakeholder recommendation of a preferred TSDC methodology to the County and the City of Happy Valley.

5.3 TSDC Stakeholders Methodology Recommendations to Clackamas County Board of Commissioners (BCC) and Happy Valley City Council

When a recommendation on the preferred methodology is completed, it will be presented to the appropriate decision-makers for concurrence prior to continuing with this process. This task is intended to provide a preliminary direction on the TSDC methodology prior to undertaking the task of creating the TSDC project list and associated fee schedule.

Expected Outcome: Selection of a preferred TSDC methodology by the decision makers.

5.4 TSDC Methodology Change Directions from BCC and Happy Valley

When the Board of County Commissioners and the Happy Valley City Council reach agreement on the preferred methodology, including any recommended changes, the TSDC methodology will be finalized and the process will move to Task 6.

Expected Outcome: Directions from the County and the City of Happy Valley to proceed with Task 6.

6 Transportation System Development Charge Rate Update -- All Districts

Based on results of Task 5, the consultant will finalize the TSDC methodology and calculate TSDC rates for all districts.

6.1 Draft Project List

The consultant will work with the TSDC Technical Group to produce a project list in compliance with the TSDC methodology approved by the Board of County Commissioners and the Happy Valley City Council. These documents will be reviewed by the TSDC Technical Working Group and all issues raised by this group will be addressed to the extent practical prior to this memo being forward to the Stakeholder Working Group for review. This project list will set the baseline for the draft TSDC rates based on the new methodology.

Expected Outcome: The creation of a draft project list and estimated project costs for use in the calculation of the TSDC. Stakeholder concurrence that the project list and the project costs and a recommendation to the County and the City of Happy Valley

6.2 Review of Draft Project List by Decision-makers

When a recommendation on the project list is completed, it will be forwarded to the appropriate decision-makers for concurrence prior to continuing with this process. This task is intended to provide a preliminary direction on the TSDC methodology prior to undertaking the task of creating the TSDC fee schedule.

Expected Outcome: County and the City of Happy Valley concurrence on the project lists and the project costs. Direction from the decision makers for the project team to develop draft TSDC rate based on the select methodology and project list. .

6.3 Draft TSDC Rates Memo

The consultant will produce a set of draft TSDC rates based on the new methodology and revised project list, and a comparison of the new rates with the old rates. Recommendations will be provided that demonstrate areas for minimizing costs without compromising necessary investments to the transportation infrastructure needed to serve future development. These documents will be reviewed by the TSDC Technical Working Group and all issues raised by this group will be addressed to the extent practical prior to this memo being forwarded to the Stakeholder Working Group for review. The TSDC Rate Memo will be reviewed by the TSDC Stakeholder Working Group with the intent of developing a consensus-based recommendation on a new rate schedule.

Expected Outcome: A stakeholder recommendation of preferred TSDC rates to the County and the City of Happy Valley.

6.4 Review of Draft Rates by Decision-makers

When a recommendation on the TSDC rates is completed, it will be forwarded to the appropriate decision-makers for concurrence prior to continuing with this process. This task is intended to provide a preliminary direction on the TSDC methodology prior to undertaking the task of modifying the TSDC ordinance.

Expected Outcome: Concurrence by the County Board of Commissioners and the City of Happy Valley on the proposed TSDC rates and direction to draft an ordinance to revise the TSDC Ordinance

6.5 First Draft of TSDC Ordinance

A first draft of the revised TSDC ordinances will be developed and sent to the Board of County Commissioners and the Happy Valley City Council along with the draft TSDC project list and fee schedule.

Expected Outcome: Concurrence by the County Board of Commissioners and the City of Happy Valley on the final version of the TSDC Ordinance.

6.6 Stakeholders Rate Recommendation to BCC and Happy Valley

When a recommendation on the TSDC project list and rate schedule is completed, it will be forwarded to the appropriate decision-makers for concurrence prior to continuing with this process. This task is intended to provide a final direction on the proposed amendments to the TSDC ordinances.

Expected Outcome: Direction from the decision makers to forward the TSDC Ordinance to public hearing.

6.7 Final TSDC Ordinance Change Directions from BCC and Happy Valley

When the Board of County Commissioners and the Happy Valley City Council reach agreement on the preferred change to the TSDC ordinance, it will be finalized and the process will move to the public hearing and adoption process.

Expected Outcome: Public Hearings on the TSDC Ordinance and identification of revision base on public input.

6.8 Draft Final TSDC Ordinance Change and Public Review

The final version of the TSDC ordinance will be scheduled for public hearing and adoption per the normal procedures of Clackamas County and the City of Happy Valley.

Expected Outcome: Adoption of an update TSDC Ordinance.

Draft Project Budget – CET Funds

Task	CET Grant	County Match	**Task Total**
1 Project Management	$10,000	$2,000	**$12,000**
2 Public Involvement	$10,000	$8,000	**$18,000**
3 Clackamas Regional Center Multimodal Mixed-Use Area (MMA)	$60,000	$5,000	**$65,000**
4 Alternative Transportation Performance System Measures in MMA	$80,000	$5,000	**$85,000**
5 Transportation System Development Charge (TSDC) Methodology Update	$0 Funded by County TSDC	$0 Funded by County TSDC	$0 Funded by County TSDC
6 Transportation System Development Charge Rate Update -- All Districts	$0 Funded by County TSDC	$0 Funded by County TSDC	$0 Funded by County TSDC
Funding Source Total	**$160,000**	**$20,000**	**$180,000**

Draft Budget

Task	CET Grant	County Match	TSDC Funds	**Task Total**
1 Project Management	$10,000	$5,000	$10,000	**$25,000**
2 Public Involvement	$20,000	$5,000	$40,000	**$60,000**
3 Clackamas Regional Center Multimodal Mixed-Use Area (MMA)	$50,000	$5,000	$0	**$55,000**
4 Alternative Transportation Performance System Measures in MMA	$80,000	$5,000	$0	**$85,000**
5 Transportation System Development Charge (TSDC) Methodology Update	$0	$0	$75,000	**$75,000**
6 Transportation System Development Charge Rate Update -- All Districts	$0	$0	$75,000	**$75,000**
Funding Source Total	**$160,000**	**$20,000**	**$200,000**	**$380,000**

4

Approval of Previous Business Meeting Minutes: February 27, 2014

(minutes attached)

BOARD OF COUNTY COMMISSIONERS BUSINESS MEETING MINUTES

A complete video copy and packet including staff reports of this meeting can be viewed at http://www.clackamas.us/bcc/business.html

Thursday, February 27, 2014 - 10:00 AM
Public Services Building
2051 Kaen Rd., Oregon City, OR 97045

PRESENT: Commissioner John Ludlow, Chair
Commissioner Paul Savas
Commissioner Martha Schrader
Commissioner Jim Bernard
EXCUSED: Commissioner Tootie Smith

I. CALL TO ORDER

- Roll Call

Commissioner Smith is attending another meeting and will not be in attendance today.

- Pledge of Allegiance

Chair Ludlow stated we will take the agenda out of order and do the Discussion Item V.1 after Citizen Communication.

II. CITIZEN COMMUNICATION

http://www.clackamas.us/bcc/business.html

1. Jeremy Ferguson, Mayor of Milwaukie spoke in support of Discussion item V.1. on the agenda today.
2. Charles Savoie, Milwaukie – spoke regarding an AMR issue.
3. Les Poole, Gladstone – comments regarding Metro and Light Rail.
4. Mack Woods, Canby – comments regarding Veterans Services.

V. DISCUSSION ITEM

The Board adjourned as the Board of County Commissioners and convened as the Clackamas County Service District No. 1 Board for the next item.

1. Adoption of an Intergovernmental Agreement between Clackamas County Service District No. 1 and the City of Milwaukie Regarding Access and Development Near Kellogg Creek Treatment Plant

Chris Storey, County Counsel presented the staff report.
~Board Discussion~
Chair Ludlow announced this is a discussion item and asked if anyone wished to speak, seeing none he asked for a motion.

MOTION:

Commissioner Savas:	I move we approve the Intergovernmental Agreement between Clackamas County Service District No. 1 and the City of Milwaukie regarding access and development near Kellogg Creek Treatment Plant.
Commissioner Schrader:	Second.
Clerk call the poll:	
Commissioner Savas:	Aye.
Commissioner Schrader:	Aye.
Commissioner Bernard:	Aye.
Chair Ludlow:	Aye – the motion passes 4-0.

The Board adjourned as the Clackamas County Service District No. 1 Board and re-convened as the Board of County Commissioners for the remainder of the meeting.

III. PREVIOUSLY APPROVED LAND USE ISSUE *(No public testimony on this item)*

1. Board Order No. **2014-14** Adopting a Comprehensive Plan Amendment, Zone Map Amendment, and Site Plan Review request from Tonquin Holdings, LLC, on property described as T3S R1W Section 04A, Tax Lots 100 and 102. File Nos.: ZO287-13-CP; ZO288-13-ZAP; and ZO289-13-MAR – *Previously approved at the November 13, 2013 Land Use Hearing*

Nathan Boderman, County Counsel presented the staff report.
Chair Ludlow asked for a motion.

MOTION:

Commissioner Bernard:	I move we adopt the Board Order for a Post-Acknowledgment Plan Amendment of the Clackamas County Comprehensive Plan to designate the subject property, approximately 34 acres, as a Goal 5 significant mineral and aggregate resource site in Chapter III, Table III-02 of the Plan; a zoning map amendment to apply a Mineral and Aggregate Overlay designation to the subject property; and a Mineral and Aggregate Overlay District Site Plan Review application for the proposed mining operations, for Tonquin Holdings, LLC, as previously approved at the November 13, 2013 Public Land Use Hearing.
Commissioner Savas:	Second.
Clerk call the poll:	
Commissioner Bernard:	Aye.
Commissioner Schrader:	Aye.
Commissioner Savas:	Aye.
Chair Ludlow:	Aye – the motion passes 4-0.

IV. BOARD DISCUSSION ITEM

1. Resolution No. **2014-15** Regarding Sea Lions at Willamette Falls

Gary Schmidt, Public and Government Affairs presented the staff report.
~Board Discussion~
Chair Ludlow asked for a motion.

MOTION:

Commissioner Savas:	I move we approve the Resolution calling on State and Federal Legislators to Actively Manage problem Sea Lions near Willamette Falls.
Commissioner Bernard:	Second.
Clerk call the poll:	
Commissioner Schrader:	Aye.
Commissioner Savas:	Aye.
Commissioner Bernard:	Aye.
Chair Ludlow:	Aye – the motion passes 4-0.

VI. CONSENT AGENDA

Chair Ludlow asked the Clerk to read the consent agenda by title – he then asked for a motion.

MOTION:

Commissioner Schrader:	I move we approve the consent agenda.
Commissioner Bernard:	Second.
~Board Discussion~	
Clerk to call the poll:	
Commissioner Bernard:	Aye.
Commissioner Savas:	Aye.
Commissioner Schrader:	Aye.
Chair Ludlow:	Aye - the motion passes 4-0.

A. Health, Housing & Human Services

1. Approval of an Intergovernmental Agreement between Gladstone School District #115 for Child Resource Coordinator services – *Children, Youth & Families*

2. Board Order No. **2014-16** Approval of Mental Health Director's Designee to Authorize a Custody Hold Under *ORS 426.233* – *Behavioral Health*

3. Approval of Intergovernmental Agreement #145025 with The State of Oregon, Department of Human Services, Aging and People with Disabilities Division and Clackamas County Social Services Division to serve as the Regional Coordinator for the Four (4) County Metro Aging & Disabilities Resource Connection Consortium for the Money Management Program – *Social Services*

4. Approval of an Intergovernmental Agreement with the State of Oregon Department of Human Services for Job Opportunities and Basic Skills for Clients Receiving Temporary Assistance to Needy Families (TANF) - *Community Solutions*

B. Elected Officials

1. Approval of Previous Business Meeting Minutes – *BCC*

2. Approval of an Authorization to Purchase Mobile Data Computers from CDW-Government - *CCSO*

C. Department of Employee Services

1. Approval of the Administrative Services Agreement with Moda Health for Claims Administration of the Self-Insured Dental Plan for the Period of January 1, 2014 through December 31, 2014

D. Business & Community Services

1. Resolution No. **2014-17** Authorizing Clackamas County Parks to Apply for an Oregon Parks and Recreation Department Land and Water Conservation Fund Grant for Barton Park Fire Pond Rehabilitation and Delegates

VII. DEVELOPMENT AGENCY

1. Authorization to Approve Utility Easements

VIII. COUNTY ADMINISTRATOR UPDATE

http://www.clackamas.us/bcc/business.html

IX. COMMISSIONERS COMMUNICATION

http://www.clackamas.us/bcc/business.html

MEETING ADJOURNED – 11:08 AM

NOTE: ***Regularly scheduled Business Meetings are televised and broadcast on the Clackamas County Government Channel. These programs are also accessible through the County's Internet site. DVD copies of regularly scheduled BCC Thursday Business Meetings are available for checkout at the Clackamas County Library in Oak Grove by the following Saturday. You may also order copies from any library in Clackamas County or the Clackamas County Government Channel.***

CLACKAMAS COUNTY

OFFICE OF COUNTY COUNSEL

PUBLIC SERVICES BUILDING
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Scott C. Ciecko
Alexander Gordon
Amanda Keller
Nathan K. Boderman
Christina Thacker
Assistants

March 27, 2014

Board of County Commissioners
Clackamas County

Members of the Board:

APPROVAL OF LEASE BY AND BETWEEN T5 EQUITIES, LLC and CLACKAMAS COUNTY for the DISTRICT ATTORNEY

Purpose/Outcome	This is a new lease for an eleven year term with T5 Equities, LLC for the 2nd and 3rd floors of the Oregon City Masonic Building to be occupied by District Attorney staff. This lease replaces a lease previously entered between the parties in 2013. That lease will terminate at the signing of this new lease.
Dollar Amount And Fiscal Impact	The first payment is due June 1, 2014 in the amount of $10,668. The lease rate increases 3% annually.
Funding Source	County General Funds will be used to lease office space used by the Domestic Violence/Vulnerable Adult and Victim Assistance Teams. Federal grant funds will be passed through the Department of Justice Child Support Program to the Clackamas County District Attorney at a rate of .66 of the lease expenditure for space used *exclusively* by staff who are conducting child support enforcement activities on the third floor. This reimbursement is estimated to amount to $331,000 or 66% over 11 years.
Safety Impact	Consolidation of these functions supports successful operations of that portion of the District Attorney's office responsible for the safety of and assistance to victims, citizen and families within the County as well as to District Attorney staff members.
Duration	The lease has a term of eleven (11) years, beginning June 1, 2014 and ending on May 30, 2015.
Previous Board Action Review	On June 4, 2013, the Board of County Commissioners authorized Facilities Management to proceed with plans to consolidate the District Attorney's Domestic Violence/Vulnerable Adult, Victim Assistance, and Family Support Teams into one office. The current leases of the buildings these offices occupancy will terminate as soon as the new leasehold interest is occupied.
Contact Person	Jeff Jorgensen, Facilities Manager, Finance/Facilities Management,

	(503) 557-6414

BACKGROUND:
On June 4, 2013, the Clackamas County Board of Commissioners granted approval to Facilities Management to go forward with plans to consolidate the District Attorney's Domestic Violence/Vulnerable Adult, Family Support, and Victim Assistance Teams into a building located in close proximity to the Courthouse.

Reasons for consolidating and relocating the groups in close proximity to the main offices of the District Attorney and courts include minimizing operational challenges, enhanced security, and more cohesive services to Clackamas County citizens, and as well as a safe and supportive work environment for employees, the need for which was documented in the Clackamas County Public Safety Operations Facilities Master Plan (SERA Architects, 2009).

The proposed lease for the board's consideration would replace the current lease for the building. The changes are due primarily to the fact that instead of occupying the 1st and 2nd floors of the building for 15 years, as contemplated by the current lease, the new lease will occupy the 2nd and 3rd floors for a term of 11 years. Some other contract terms were amended.

RECOMMENDATION:
Staff recommends the Board approve the Lease Agreement between Clackamas County and T5 Equities, LLC and that the Chair of the Board be authorized to execute the Lease.

Respectfully submitted,

Stephen L. Madkour
Clackamas County Counsel

LEASE MULTNOMAH LODGE NO. 1

THIS LEASE is made this 27th day of March, 2014, by and between T5 Equities, LLC, their heirs, successors and assigns, hereinafter called "Lessor" and CLACKAMAS COUNTY, a political subdivision of the State of Oregon, hereinafter called "Lessee".

The parties have agreed as follows:

I. LEASE TERM:

A. In consideration of the agreements herein contained, the Lessor does hereby let and lease the premises hereinafter described to the Lessee to have and to hold the same for a term of eleven (11) years, beginning June 1, 2014 and ending at midnight on May 30, 2025, unless terminated earlier as set forth below in paragraph C.

B. Ninety (90) days before the end of this Lease, Lessee shall notify Lessor, in writing, of its desire to either renew the lease or vacate the premises. The Lease may be extended for two five-year (5) periods upon the same terms and conditions as are contained herein, subject however, to the annual rent increases outlined in III.

C. This lease is intended to replace the lease entered into between the parties dated July 11, 2013. At the date of execution of this lease, the previous lease will be deemed terminated.

II. PREMISES:

A. The premises subject to this Lease are known as Multnomah Lodge No. 1 and located at 707 Main Street, Oregon City, Clackamas County, Oregon. The leased premises consist of approximately 5,291 square feet of the second floor and 5,377 square feet on the third floor for a total of 10,668 square feet of the building located on Assessor's Map T2S, R2E, Section 31AB, Tax Lot 05200, and depicted on Attachment A

III. RENTAL:

A. Monthly rent during the lease term shall be $10,668. The rental rate is based on a rate of $12.00 per square foot. There will be no charges to the Lessee for common area expenses.

B. The first payment will be due June 1, 2014.

C. Rent is due on the first day of the month, in advance. Rent not paid when due shall, after ten (10) days' written notice, bear interest at the rate of one-and-one-half percent per month until paid.

D. The base rent provided in III (A) shall be increased in the month of June each year by three percent (3%).

IV. POSSESSION:

A. Lessee shall be entitled to full use and possession of the premises for the entire lease term.

V. USE AND ENJOYMENT:

A. Lessor covenants that Lessee shall be entitled to possession of the premises for government offices and related purposes. Lessee covenants not to use the premises for any other purpose without Lessor's prior written consent, which shall not be unreasonably withheld, conditioned, or delayed, or for any unlawful purpose. Lessee shall not allow the creation of any nuisance upon the premises nor create any nuisance upon the same.

VI. OPERATING COSTS:

A. Lessee shall be responsible for charges for telephone, trash removal, electrical service, and natural gas service relating to the leased space. Lessee shall be responsible for fifty percent (50%) of the total monthly charge for water/sewer which will be billed to Lessee by Lessor semi-annually.

VII. PROPERTY TAXES:

A. Lessee shall pay property taxes chargeable against the leased premises or make arrangements for the exemption of such portion of the premises from the payment of property taxes. The rent payable by Lessee has been established to reflect the savings resulting from the exemption granted in ORS 307.112.

VIII. ASBESTOS, CHEMICALS, AND OTHER MATERIALS AND CONDITIONS RELATING TO SAFE WORK ENVIRONMENT:

A. Lessor assures that, to the best of Lessor's knowledge, as of June 1, 2014, the leased premises are safe, healthful, and in compliance with all state and federal OSHA rules and regulations, and all other state structural, building, fire and specialty code requirements.

B. If conditions pre-exist, or arise (unless due to the acts of Lessee), which are determined to be violations of any state or federal OSHA rule or regulation or any specialty or building code requirement, Lessor will be allowed a reasonable period in which to modify and correct the violation to achieve compliance. If Lessee reasonably deems that there is any imminent danger to employees or to

the public, Lessor must correct the violations immediately. Lessor shall make every effort to achieve full compliance within sixty (60) or such longer period of time if the nature of the non-compliance is of a type that cannot be fully corrected within such sixty day period provided Lessor must commence correction within such period and thereafter diligently pursue the correction to completion.

C. In the event Lessor does not correct any condition as required in items A and B above within 60 days following written notice to Lessor (or such longer time period if the nature of the condition is of a type that cannot be fully corrected within such 60 day period), Lessee has the right to perform or have the work performed and deduct the actual and reasonable expenses from rent.

IX. INSPECTION:

A. Lessor shall have the right personally and through Lessor's agents and workmen to enter into and upon the premises at reasonable times to inspect the premises and examine the condition thereof upon forty-eight (48) hours' written notice, except in the event of an emergency, in which event no notice shall be necessary. In such event, Lessee shall have no liability for damages related to Lessor's entry to the premises unless such damages are cause by the negligence or intentional conduct of Lessee.

X. ALTERATIONS:

A. Lessor has agreed to be solely responsible for the cost of interior renovation of the premises as follows. All work will be completed by July 1, 2014, unless noted otherwise, herein, and in compliance with applicable laws and building codes.

1. Second and Third Floors
   a. Floor Preparation – Installation of plywood and leveling of second floor, only.
   b. Flooring Materials – Several types of flooring appear to be asbestos materials that are either badly worn or only partially removed. All asbestos materials must be identified, properly abated and the area thoroughly cleaned. Notwithstanding the foregoing, replacement of the carpet on the 3rd floor shall be at the sole cost and expense of Lessee.
   c. Ceiling Grid – The Floor ceiling grid is not usable as is and must be repaired or replaced.
   d. HVAC System – The 2nd Floor currently has only the ability for heating. Lessor shall install a fully functioning HVAC system with the ability for both heating and cooling in both the 2nd and 3rd floors.
   e. Windows – Virtually all exterior windows are cracked, broken or do not properly seal. All windows must be repaired, sealed or replaced as appropriate. Three windows on the 3rd floor have been sealed with brick. Lessor will remove brick and frame openings and install new windows.

f. Window Air Conditioners – Large air gaps are apparent in all windows where a window air conditioner is installed. Remove and properly dispose of all abandoned window AC units.
g. Window Blinds – Lessor shall remove all non-functional window blinds so we do not have to deal with damaged owner materials.
h. Sprinkler System Piping – Currently all 3rd Floor sprinkler system piping is in the common areas and hallway and only stubbed out into the other areas. Install additional sprinkler system piping and heads to all 3rd Floor areas as shown on the floor plans and as required by the jurisdiction having authority.

2. Common Areas
   a. Entrance and Common Area Hallways – Lessor shall paint the walls and renovate the floors and stairs and install a building directory.
   b. Elevator – Lessor shall, upon written request from Lessee, provide a copy of an annual elevator inspection and permit to Lessee. Lessor shall provide copies of service records to Lessee upon written request as well as the entrapped person procedure.

3. Exterior Areas
a. Lessor shall install a new building directory.
b. Lessor shall repair and paint the exterior walls of the building.
c. Lessor shall have the exterior fire escape inspected and approved by a registered professional to ensure that it can safely be used in the event of an emergency.
d. Lessor shall complete exterior improvements outlined in this section X.A.3. no later than November 30, 2014.

B. Lessee may perform leasehold improvements and make subsequent non-structural modifications and alterations to the building, provided that Lessee will obtain Lessor's prior written approval of any proposed modifications or alterations of the improvements on the property. Such approvals will not be unreasonably withheld and will be given or denied within ten (10) business days after receipt of a written request for approval and such plans or other information as Lessor may reasonably require. Whether or not Lessor's consent is required under this Lease, Lessee will keep Lessor informed as to modifications and alterations of the premises performed or to be performed by Lessee. All alterations shall be made in a good and workmanlike manner, and in compliance with applicable laws and building codes.

C. All alterations undertaken by the Lessee shall be at Lessee's sole expense. Any alterations or improvements by Lessee that cannot reasonably be removed by Lessee without damaging the premises shall become the property of the Lessor upon termination of this Lease.

D. The parties shall establish a weekly progress schedule for all improvements and alterations and shall, if requested, schedule and attend weekly progress status

conferences. Lessor shall also provide Lessee with exterior elevations and schematics for the improvements to the property within a reasonable time, but no later than July 1, 2014.

XI. ELECTRICAL AND BUILDING OVERLOADS:

A. Lessee shall not overload the floors or electrical circuits or alter the plumbing or wiring of the premises or building without the written consent of Lessor which Lessor shall not unreasonably withhold. Lessee shall indemnify and hold Lessor harmless from any damage related to Lessee's failure to abide by this paragraph.

XII. MAINTENANCE:

A. Lessor shall be responsible for necessary maintenance and repair of the building foundation, roof, sidewalks, exterior walls, structural members, and for necessary water, sewage, natural gas and electrical repairs of the premises so long as not made necessary by Lessee's negligence, misuse or failure to comply with any provisions of this Lease. Lessor shall be responsible for major repairs and/or replacement of heating and air conditioning components provided such repairs are not related to Lessee's negligence, misuse or willful acts.

B. Lessor shall maintain the elevator on the premises in good working order. Lessor shall maintain a service, maintenance, and repair contract with a qualified elevator service and repair contractor.

C. Lessor shall maintain the interior and exterior of the premises in a neat condition, free of trash and debris, and in good order and repair.

D. Any repairs or maintenance performed on or around the leased premises by the Lessor shall be done in such a way as to interfere as little as reasonably possible with the use of the premises by the Lessee. Lessee shall have no right to an abatement of rent nor any claim against Lessor for any inconvenience or disturbance resulting from Lessor's activities performed in conformance with the requirements of this provision.

E. Lessee shall be responsible for routine maintenance of heating and air conditioning equipment including filter changes.

F. Lessee shall be responsible for non-structural interior maintenance, including janitorial services. Lessee shall maintain premises in a neat condition, free of trash and debris, in good order and repair.

G. Lessee shall promptly notify Lessor of any necessary repairs and shall, if necessary to protect the leased premises from imminent damage prior to such notice, arrange for necessary emergency repairs. Payment for emergency repairs shall be the responsibility of Lessor.

H. Lessee shall be responsible for all damages to the leased premises resulting from burglary or attempted burglary and shall repair and maintain all windows and doors.

XIII. REPAIR BY LESSOR:

A. Lessor shall have no liability for failure to perform required maintenance and repair unless written notice of the needed maintenance or repair is given by Lessee and Lessor fails to commence efforts to remedy the problem in a reasonable time and manner. Repair of damage caused by negligent or intentional acts or breach of this Lease by Lessee, its employees, invitees or licensees shall be at Lessee's expense.

XIV. LIEN CLAIMS, LIABILITY:

A. Lessee shall not allow any liens to attach to the building or Lessee's interest in the premises as a result of any alterations or modifications done at Lessee's request, repairs or maintenance performed for which Lessor is not responsible, or obligations or judgments of Lessee unrelated to the premises. Any labor or materials provided or construction done by Lessee at Lessor's request shall be deemed to have been provided by Lessor who shall be solely responsible for any liens or judgments arising from such provision or construction.

XV. PLACE OF PAYMENT AND NOTICE:

A. Any notice to which Lessee shall be entitled under this lease shall be delivered or sent to Clackamas County Facilities Management, 1710 Red Soils Ct., #200, Oregon City, OR 97045. Place of payment and notice for Lessor shall be mailed to T5 Equities, LLC, P.O. Box 1336, Wilsonville, OR 97070, and notices shall be emailed to t5equities@gmail.com. Place for notices may be changed by written notice from the party changing address.

XVI. INDEMNIFICATION:

A. Each party shall hold the other party harmless from and against any claim, loss, expense or damage to any person or property in or upon the premises arising out of any act or omission of that party or its employees or agents. It is understood that Clackamas County's liability is subject to the limits of the Oregon Tort Claims Act, ORS 30.270 through 30.275. Notwithstanding the foregoing, Lessor shall have no liability related to damage to Lessee caused by any other lessee occupying the property.

B. Lessee shall be responsible for insuring or self insuring its personal property and trade fixtures located on the premises and any alterations or tenant

improvements it has made to the premises. Neither Lessor nor Lessee shall be made liable to the other for any loss or damage caused by water damage, sprinkler leakage, or any of the other risks that are or could be covered by a standard all risk insurance policy with an extended coverage endorsement provided such damage is not related to either party's negligence or willful acts.

C. Pursuant to the authority granted in ORS 30.282, the Lessee has become self-insured.

XVII. TOTAL OR PARTIAL DESTRUCTION:

A. Lessor agrees to insure the building on the premises against risks as covered by a standard all risk insurance policy, including water damage and sprinkler leakage, with extended coverage. So long as this provision does not invalidate or limit the extent of Lessor's coverage under such insurance policies, Lessor does hereby waive the right of subrogation against Lessee, Lessee's agents or employees, under such fire insurance policy or policies. If the leased portion of the building on the premises which is the subject of this lease so insured shall be damaged by some cause covered by such insurance to the extent of at or less than thirty percent (30%) thereof, Lessor shall promptly remove all debris therefrom and repair and rebuild the same, restoring the premises in substantially the same condition in which it was previous to the destruction. If the structure shall be damaged more than thirty percent (30%), Lessor shall not be required to build but may do so at Lessor's option. Percentage of damage shall be determined by the fire insurance underwriter. If Lessor shall elect to rebuild and repair the premises in the last mentioned instance, Lessor shall give written notice of Lessor's intention to do so to the Lessee within thirty (30) days of the date of the damage. If Lessor fails to give such notice within thirty (30) days, this Lease shall terminate. If the premises shall be damaged by some cause not covered by insurance and Lessor does not elect to rebuild or repair the premises within sixty (60) days from date of damage, Lessee may terminate this Lease at Lessee's option. During any period of time during which the premises shall be unusable, rental shall abate entirely and if the operation of the business on the premises shall be impaired in part, rental shall abate during the terms of repairs or rebuilding proportionate to loss of use of the premises and said impairment of business. If the fire insurance premium rates shall increase in any way by reason of Lessee's activities on the premises, Lessee shall reimburse the Lessor promptly for the cost of any premium in excess of the amount the Lessor would have been required to pay for insurance had it not been for the Lessee's activities or use and shall be added to the rent as charge against the Lessee.

XVIII. HAZARDOUS SUBSTANCES:

A. Lessee shall not cause or permit any Hazardous Substance to be spilled, leaked, disposed of, or otherwise released on the premises and shall indemnify Lessor from the same. Lessee may use or otherwise handle on the premises only those

Hazardous Substances typically used in the prudent and safe operation of an office. Lessee may store such Hazardous Substances on the premises only in quantities necessary to satisfy Lessee's reasonably anticipated needs. Lessee shall comply with all Environmental Laws and exercise the highest degree of care in the use, handling, and storage of Hazardous Substances and shall take all practicable measures to minimize the quantity and toxicity of Hazardous Substances used, handled, or stored on the Premises. On the expiration or termination of this Lease, Lessee shall remove all Hazardous Substances from the premises. The term *Environmental Law* shall mean any federal, state, or local statute, regulation, or ordinance or any judicial or other governmental order pertaining to the protection of health, safety, or the environment. The term *Hazardous Substance* shall mean any hazardous, toxic, infectious, or radioactive substance, waste, and material as defined or listed by any Environmental Law and shall include, without limitation, petroleum oil and its fractions.

XIX. ASSIGNMENT AND SUBLETTING:

Lessee shall not have the right to assign or sublease this lease without the written consent of Lessor, which shall not be unreasonably withheld, conditioned, or delayed.

A. No assignment shall relieve Lessee of its obligation to pay rent or perform other obligations required by this Lease, and no consent to one assignment or subletting shall be a consent to any further assignment or subletting. Lessor shall not unreasonably withhold its consent to any assignment, or to subletting provided that subrental rate or effective rental paid by the assignee is not less than the current scheduled rental rate of the premises and the proposed lessee is compatible with Lessor's other lessees and Lessor's normal standards for the building. Any assignment shall not relieve Lessee of any liability hereunder. If Lessee proposes a subletting or assignment to which Lessor is required to consent under this paragraph, Lessor shall have the option of terminating this lease and dealing directly with the proposed sublessee or assignee, or any third party.

XX. HOLDING OVER:

A. If Lessee shall hold over and remain in possession of said premises after expiration of this Lease without any written lease actually being made, such holding over shall not be deemed to operate as a renewal or extension of this Lease but shall only create a month-to-month tenancy which may be terminated at any time by Lessor upon sixty (60) days' notice to Lessee. The rent during any holdover period shall be 125% of the rent then in effect.

XXI. EMINENT DOMAIN:

A. If the entire premises or entire access shall be taken under power of eminent domain, this Lease shall terminate, and Lessee shall immediately vacate said

premises within ninety (90) days after receipt of notice of said termination or earlier, if directed by a court having jurisdiction. Lessee shall not participate in any award of damages or purchase price paid by the acquiring authority to Lessor for the building and premises and Lessee shall not be liable for any subsequent rent. If only a part of the premises or access shall be taken under eminent domain so that Lessee may continue to operate Lessee's business on substantially the scale on which such business was conducted prior to condemnation, rental shall be abated for the remaining portion of the term of this Lease or extension thereof, proportionate to the loss of use of the premises by Lessee.

XXII. WAIVER:

A. Any waiver of any breach of covenants herein contained to be kept and performed by Lessee or Lessor shall not be deemed or considered to be a continuing waiver, and shall not operate to bar or prevent the other party from declaring a forfeiture or exercising any other rights as to any succeeding breach, either of the same condition, covenant or otherwise.

B. Lessor hereby waives any notice requirements associated with Lessee's tenancy of properties owned by Lessor located at 708 Main Street and 716 Main Street, Oregon City ("Prior Premises"). The parties agree that any rental payments after June 1, 2014 for the 708 Main Street and 716 Main Street tenancies shall be based on a pro rata basis until Lessee completely surrenders the Prior Premises.

XXIII. TERMINATION AND BREACH:

A. If Lessee fails to pay any rental payment by the 10th day of the month in which it is due, Lessor may terminate this Lease by sixty (60) days' written notice thereof to Lessee, without waiver of any rights Lessor may have to initiate legal proceedings to recover any rent due and payable, or other damages or relief. Within sixty (60) days of receipt of said notice, Lessee shall vacate the premises.

B. If Lessee defaults in performing its obligations under this Lease, other than payment of rent, Lessor may make any payment or perform any obligation which Lessee has failed to perform after not less than 10 days' written notice to Lessee of Lessor's intention to pursue this remedy (except in cases of emergency, where no such prior notice shall be required), in which case Lessor shall be entitled to recover from Lessee upon demand all amounts so expended.

C. If Lessee breaches any covenants or conditions of this Lease other than payment of rent, and such breach is not corrected within sixty (60) days after receipt of written notice from Lessor claiming a default by Lessee and Lessor's intention to terminate the Lease if such breach is not corrected (except that if the breach is of a type that cannot be fully corrected within such sixty day period, Lessee must commence correction within such period and thereafter diligently pursue the

correction to completion), Lessor may correct such breach, without waiver of any rights Lessor may have to initiate legal proceedings to recover damages or other relief.

D. If Lessor breaches any covenants or conditions of this Lease, and such breach is not corrected by Lessor within sixty (60) days after receipt of written and emailed notice from Lessee claiming a default by Lessor and Lessee's intention to terminate the Lease if such breach is not corrected (except that if the breach is of a type that cannot be fully corrected within such thirty day period, Lessor must commence correction within such period and thereafter diligently pursue the correction to completion), cure the default including, but not limited to, the making of payments, or making any repairs or replacements to the leased premises and deduct the same from the rent. Nothing in this term shall limit the Lessee's ability to sue for damages if the Lessor breaches this lease in a manner that does not result in Lessee being unable to reasonably use or inhabit the Premises for the purposes identified in this Lease.

E. The rights and remedies specified in this section shall be non-exclusive. Lessor's right to terminate this Lease for default as provided herein shall not be that party's sole remedy, and such party may exercise any other right or remedy provided in this Lease or otherwise available under applicable law.

XXIV. SURRENDER:

A. On expiration or early termination of this Lease, Lessee shall deliver all keys to Lessor and surrender the premises clean and in the same condition as at the commencement of the term subject only to reasonable wear and tear from ordinary use. Lessee shall remove all of its furnishings and trade fixtures that remain its property and restore all damage resulting from such removal. In the event any property remains on the premises, Lessor shall provide Lessee with notice and the property will be considered abandoned if not retrieved within 60 days.

XXV. CONSTITUTIONAL DEBT LIMITATION:

A. This agreement is expressly subject to the debt limitation of Oregon Counties set forth in Article XI, Section 10 of the Oregon Constitution, and is contingent upon funds being appropriated therefor. Any provisions herein which would conflict with law are deemed inoperative to that extent.

XXVI. WARRANT OF AUTHORITY:

A. The undersigned, Chris Edmiston as Member for T5 Equities, LLC, warrants and represents that he has full authority to sign as Lessor.

XXVII. MISCELLANEOUS:

A. In the event of legal proceedings or arbitration provided for in this Lease to enforce or interpret any of the provisions hereof, the prevailing party in such proceeding shall be entitled to a reasonable sum as attorneys' fees and costs to be set by the court or arbitrators in said proceeding, including any appeal or review thereof.

B. Neither party to this Agreement shall be deemed an agent, partner, joint venturer, or related entity of the other by reason of this Agreement.

C. This Agreement constitutes the entire agreement of the parties relating to the subject matter of this Agreement. There are no promises, terms, conditions, obligations, or warranties other than those contained in this Agreement. This Agreement supersedes all prior communications, representations, or agreements, verbal or written, among the parties relating to the subject matter of this Agreement. This Agreement may not be amended except in writing executed by the parties.

D. This Agreement may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart.

Dated this _____ day of _____, 2014.

LESSEE
CLACKAMAS COUNTY
BOARD OF COMMISSIONERS

_____
Chair

_____
Recording Secretary

_____
John S. Foote, District Attorney

LESSOR
T5 EQUITIES, LLC
c/o Chris Edmiston
P.O. Box 1336
Wilsonville, OR 97070

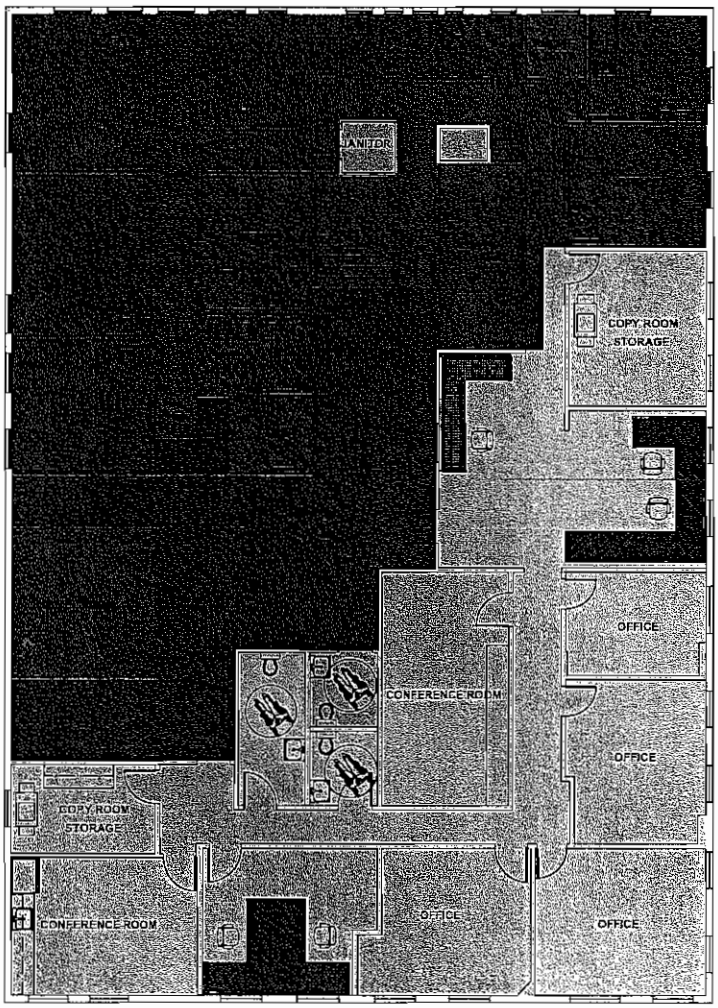
EIN 68-0611876
Federal ID#

_____

Chris Edmiston, Member
Name, Printed

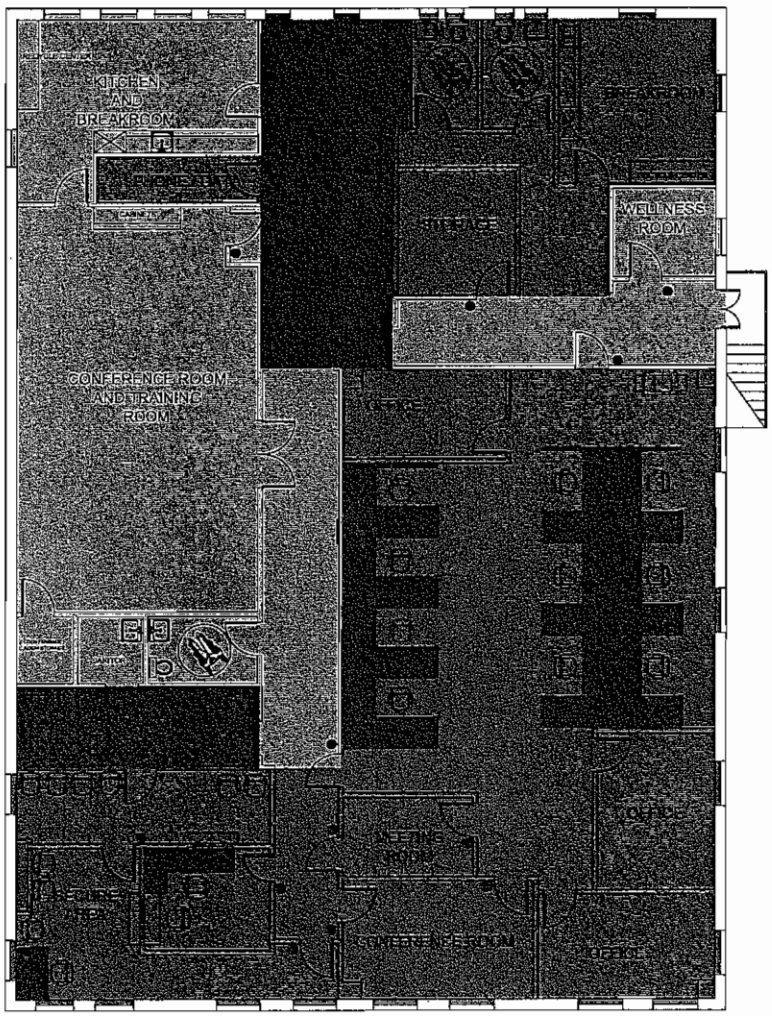
Approved as to form:

County Counsel	Date



MASONIC BUILDING - 2nd FLOOR

All County Area	Building Common Area	Major Vertical Penetrations
Family Support Area	Victims Assistance Area	Domestic Violence Area
Shared Area	CAM Charge Area	March 2014



MASONIC BUILDING - 3rd FLOOR

All County Area	Building Common Area	Major Vertical Penetrations
Family Support Area	Victims Assistance Area	Domestic Violence Area
Shared Area	CAM Charge Area	March 2014

OPTION 2

CLACKAMAS COUNTY

BOB COZZIE
DIRECTOR

DEPARTMENT OF COMMUNICATIONS

COMMUNICATIONS AND EMERGENCY OPERATIONS CENTER
2200 KAEN ROAD | OREGON CITY, OR 97045

March 27, 2014

Board of County Commissioners
Clackamas County

Members of the Board:

Approval of a Clackamas County Communications (CCOM)
Joint-Agency Computer Aided Dispatch Purchase
with Washington County Consolidated Communications Agency (WCCCA)
and the City of Lake Oswego Communications (LOCOM)

Purpose/Outcomes	This Computer Aided Dispatch (CAD) purchase will provide CAD system replacement for the three public safety dispatch centers in Clackamas and Washington Counties.
Dollar Amount and Fiscal Impact	WCCCA is the lead agency and will be making the purchase on behalf of the region. CCOM's portion of the CAD purchase totals $688,264 over two years, with annual maintenance at $110,969 for the following six years. Amortized payments over the eight year timeframe are $169,260 per year. Payments will be made to WCCCA.
Funding Source	The CCOM Member Board has committed to fund the CCOM portion of the project through money currently saved in reserve accounts and through user fees.
Safety Impact	N/A
Duration	The new CAD contract (being held by WCCCA) will last eight years, with ability to negotiate with the vendor beyond the contract duration. Anticipated go-live on the project is November, 2015.
Previous Board Action/Review	N/A
Contact Person	Bob Cozzie, CCOM Director, 503-723-4875

BACKGROUND:

In January, 2010, CCOM and Washington County Consolidated Communications Agency (WCCCA) established a partnership, which has become a foundation for collaborative and cost-saving CAD system ownership. Recently, Lake Oswego Dispatch (LOCOM) joined the partnership, and the three agencies have aligned to establish a Metropolitan Area Joint CAD System, leveraging dispatch resources from the two-county region for a cost-effective single CAD purchase.

Due to outdated software, and limited ability to provide support for the existing CAD system, the current vendor, Tiburon, Inc. announced an end of life to the Stratus CAD system that is in use today. Tiburon has since proposed a CAD upgrade, known as Command CAD, which will provide service for CCOM, LOCOM, and WCCCA with an industry standard product. In addition, Tiburon has agreed to waive the current annual maintenance fees for our existing product for the next two years while the new CAD product is implemented. This will save CCOM $347,405 over the next two years. Furthermore, the Tiburon Command CAD option creates a minimal impact to CCOM Member Agencies, all of whom currently utilize the Tiburon Mobile Data software.

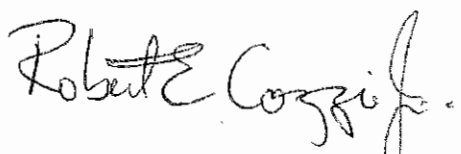
The purchase price of the new CAD system for all three agencies across the two-county region is $2,064,998, and CCOM's portion of that expense is one-third, or $688,264 over a two-year period. Annual maintenance is $332,941, and CCOM's portion is one-third, or $110,969 for the following six years. Including annual maintenance, the total cost for CCOM is $1,354,078, and through amortized payments for eight years is $169,260.

CCOM, LOCOM, and WCCCA have spent the last two years investigating numerous CAD vendors, reviewed CAD demonstrations and participated in high-level discussions with those vendors. Through the process the joint-agency CAD selection team has determined that Tiburon is in the top tier of potential vendors. With the competitive pricing that Tiburon has offered, to include waiving the next two years' annual maintenance, coupled with the minimal impact to user agencies in the transition, the CCOM and WCCCA Member Boards, and Lake Oswego Administration are in support of this partnership and purchase.

RECOMMENDATION:

Staff respectfully requests approval to move forward with the partnership purchase of a new Tiburon Computer Aided Dispatch system; additionally requesting approval to authorize the CCOM Director to sign contracts and related documents on behalf of the Board of Commissioners, subject to review and approval by County Counsel.

Respectfully submitted,



Bob Cozzie, Director, Clackamas County Communications (CCOM)