

November 27, 2024

BCC Agenda Date/Item: _____

Board of County Commissioners
Clackamas County

Approval of a Personal Services Contract with Laboratory Corporation of America for medical laboratory services. Total Agreement Value is \$500,000 for 5 years. Funding is through revenue generated from County Health Centers’ fees for services. No County General Funds are involved.

Previous Board Action/Review	Previous Agreement October 22, 2020, Agenda Item 20201022 I.A.4 Briefed at Issues – November 26, 2024		
Performance Clackamas	1. Individuals and families in need are healthy and safe. 2. Ensure safe, healthy, and secure communities.		
Counsel Review	Yes: Andrew Naylor	Procurement Review	Yes
Contact Person	Sarah Jacobson	Contact Phone	503-742-5303

EXECUTIVE SUMMARY: The Clackamas County Health Center Division of the Health Housing and Human Services Department request the approval of a Personal Services contract with Laboratory Corporation of America for medical Laboratory Services.

This contract was awarded following a formal Request for Proposals (RFP) process, which was carried out in collaboration with the Procurement Department under RFP #2023-87.

The purpose of this contract is to engage Medical Laboratory Services for the Health Centers Division’s clinics per Health Resources and Services Administration (HRSA) service requirements for federally qualified health centers. Services will include specimen pick-up and laboratory testing services, and onsite phlebotomy services.

RECOMMENDATION: The staff respectfully recommends that the Board of County Commissioners approve this agreement (9114) and authorize Chair Smith to sign on behalf of Clackamas County.

Respectfully submitted,

Rodney A. Cook

Rodney A. Cook
Director of Health, Housing & Human Services

For Filing Use Only



**CLACKAMAS COUNTY
PERSONAL SERVICES CONTRACT
Contract #9114**

This Personal Services Contract (this “Contract”) is entered into between **Laboratory Corporation Of America** (“Contractor” or “Laboratory”), and Clackamas County, a political subdivision of the State of Oregon (“County”) on behalf of its Health, Housing and Human Services Department, Clackamas County Health Centers Division.

ARTICLE I.

- 1. Effective Date and Duration.** This Contract shall become effective upon signature of both parties. Unless earlier terminated or extended, this Contract shall expire on **June 30, 2029**, this contract may be renewed for two (2) additional two (2) year renewals thereafter subject to the mutual agreement of the parties.
- 2. Scope of Work.** Contractor shall provide the following personal services: **Medical Laboratory Services** (“Work”), as further described in in RFP 2023-87, attached and incorporated hereto as **Exhibit A**, and Contractor’s Proposal attached and incorporated hereto as **Exhibit B** (the “Work”).
- 3. Consideration.** The County agrees to pay Contractor, from available and authorized funds, One Hundred Thousand Dollars (\$100,000) per Clackamas County fiscal year (July 1 – June 30) for accomplishing the Work required by this Contract. The total contract value, for the initial term of this Contract, shall not exceed Five Hundred Thousand dollars (\$500,000). Consideration rates are on a time and materials basis in accordance with the rates and costs specified in Exhibit B. If any interim payments to Contractor are made, such payments shall be made only in accordance with the schedule and requirements in Exhibit B.
- 4. Invoices and Payments.** Unless otherwise specified, Contractor shall submit monthly invoices for Work performed. Invoices shall describe all Work performed with particularity, by whom it was performed, and shall itemize and explain all expenses for which reimbursement is claimed. The invoices shall include the total amount billed to date by Contractor prior to the current invoice. If Contractor fails to present invoices in proper form within sixty (60) calendar days after the end of the month in which the services were rendered, Contractor waives any rights to present such invoice thereafter and to receive payment therefor. Payments shall be made promptly, within thirty (30) days of County’s receipt, and in accordance with ORS 293.462 to Contractor following the County’s review and approval of invoices submitted by Contractor. Unless otherwise agreed by the parties in writing, Contractor shall not submit invoices for, and the County will not be obligated to pay, any amount in excess of the maximum compensation amount set forth above. If this maximum compensation amount is increased by amendment of this Contract, the amendment must be fully effective (based on the effective date of the amendment) before Contractor performs Work subject to the amendment.

Invoices shall reference the above Contract Number and be submitted to:
HealthCenterAP@clackamas.us

- 5. Travel and Other Expense.** Authorized: Yes No
If travel expense reimbursement is authorized in this Contract, such expense shall only be reimbursed at the rates in the County Contractor Travel Reimbursement Policy, hereby incorporated by reference and found at: <https://www.clackamas.us/finance/terms.html>. Travel expense reimbursement is not in excess of the not to exceed consideration.

6. **Contract Documents.** This Contract consists of the following documents, which are listed in descending order of precedence and are attached and incorporated by reference: this Contract, Exhibit C, Exhibit A, Exhibit B and Exhibit D.

7. **Contractor and County Contacts.**

Contractor Administrator: Devi Karuppur Phone: 206-861-7416 Email: karrupd@labcorp.com	County Administrator: Adam Kearl Phone: 503-742-5319 Email: AKearl@clackamas.us
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Payment information will be reported to the Internal Revenue Service (“IRS”) by County under the name and taxpayer ID number submitted. (See I.R.S. 1099 for additional instructions regarding taxpayer ID numbers.) Information not matching IRS records may subject Contractor payments to backup withholding if required under applicable law.

ARTICLE II.

1. **ACCESS TO RECORDS.** Contractor shall maintain books, records, documents, and other evidence, in accordance with generally accepted accounting procedures and practices, sufficient to reflect properly all costs of whatever nature claimed to have been incurred and anticipated to be incurred in the performance of this Contract. County and their duly authorized representatives shall have access to the books, documents, papers, and records of Contractor, which are directly pertinent to this Contract for the purpose of making audit, examination, excerpts, and transcripts. Contractor shall maintain such books and records for a minimum of six (6) years, or such longer period as may be required by applicable law, following final payment and termination of this Contract, or until the conclusion of any audit, controversy or litigation arising out of or related to this Contract, whichever date is later.

Contractor shall prepare and maintain, in such form and for such duration as may be required by applicable federal, state or local law and regulation (including but not limited to the DHHS Administrative Regulations set forth in 45 CFR Part 75, as codified in the Health Center Program Compliance Manual, and programmatic requirements required under County’s federal grant pursuant to Section 330 of the Public Health Service Act), programmatic information, financial records and reports, supporting documents, statistical records, and all other books, documents, papers or other records related and pertinent to the Work provided by Contractor pursuant to this Contract.

Contractor agrees to provide all necessary documentation to ensure that Contractor’s performance is in accordance with the terms, conditions, and specifications of this Contract and to ensure compliance with all applicable Federal financial and programmatic reporting requirements. During the term of this Contract, upon reasonable prior written request and during normal business hours, Contractor shall allow County reasonable access to Contractor’s records concerning the Work provided hereunder upon no less than ten (10) business days’ written notice from County. County warrants and represents that it has obtained any necessary written consent from County patients for the release of such records. Such consent shall satisfy all applicable laws and regulations, including but not limited to HIPAA.

Contractor and County acknowledge that they may be subject to audits by governing bodies with such auditing authority (including, but not limited to, the Health Resources and Services Administration (“HRSA”)) of records that directly pertain to County’s compliance with applicable federal or state requirements. Contractor will use commercially reasonable efforts to ensure that all pertinent records, invoices and reports will be accessible and will be made available to HRSA or other governing bodies.

If the Work to be provided by Contractor hereunder is subject to the disclosure requirements of 42 U.S.C. 1395x (v)(1)(I), Contractor shall until expiration of four (4) years make available, upon written request of the Secretary of Health and Human Services, or upon request to the Comptroller General, or any of their duly authorized representatives, a copy of this Contract and the books, documents and records of Contractor that are necessary to certify the nature and extent of the costs incurred under this Contract through a subcontractor with a value or cost of \$10,000.00 or more over a twelve (12) month period. In addition, with respect to any applicable subcontract, such subcontract shall contain a clause to the effect that, should the subcontractor be deemed a related organization, until the expiration of four (4) years after the furnishing of services pursuant to such subcontract, the subcontractor shall make available upon written request of the Secretary of Health and Human Services, or upon request to the Comptroller General, or any of their duly authorized representatives, a copy of the subcontract, and the books, documents and records of such third party that are necessary to verify the nature and extent of the costs incurred under this Agreement.

2. **AVAILABILITY OF FUTURE FUNDS.** Any continuation or extension of this Contract after the end of the fiscal period in which it is written is contingent on a new appropriation for each succeeding fiscal period sufficient to continue to make payments under this Contract, as determined by the County in its sole administrative discretion.
3. **CAPTIONS.** The captions or headings in this Contract are for convenience only and in no way define, limit, or describe the scope or intent of any provisions of this Contract.
4. **COMPLIANCE WITH APPLICABLE LAW.** Each party shall comply with all applicable federal, state and local laws, regulations, executive orders, and ordinances, as such may be amended from time to time in the performance of this Contract.
5. **COUNTERPARTS.** This Contract may be executed in several counterparts (electronic or otherwise), each of which shall be an original, all of which shall constitute the same instrument.
6. **GOVERNING LAW.** This Contract, and all rights, obligations, and disputes arising out of it, shall be governed and construed in accordance with the laws of the State of Oregon and the ordinances of Clackamas County without regard to principles of conflicts of law. Any claim, action, or suit between County and Contractor that arises out of or relates to the performance of this Contract shall be brought and conducted solely and exclusively within the Circuit Court for Clackamas County, for the State of Oregon. Provided, however, that if any such claim, action, or suit may be brought in a federal forum, it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon. In no event shall this section be construed as a waiver by the County of any form of defense or immunity, whether sovereign immunity, governmental immunity, immunity based on the Eleventh Amendment to the Constitution of the United States or otherwise, from any claim or from the jurisdiction of any court. Contractor, by execution of this Contract, hereby consents to the personal jurisdiction of the courts referenced in this section.
7. **INDEMNITY.** The Contractor agrees to indemnify and defend the County, and its officers, elected officials, agents, and employees, from and against all third party claims, actions, losses, liabilities, including reasonable attorney and accounting fees, and all expenses incidental to the investigation and defense thereof, arising out of or based upon Contractor's negligent acts or omissions or willful misconduct in performing under this Contract.

However, neither Contractor nor any attorney engaged by Contractor shall defend the claim in the name of County, purport to act as legal representative of County, or settle any claim on behalf of County, without the approval of the Clackamas County Counsel's Office, which shall not be

unreasonably delayed or withheld. County may assume its own defense and settlement at its election and expense.

Subject to the limits of the Oregon Constitution and the Oregon Tort Claims Act, County agrees to indemnify, defend and save harmless the Contractor, and its respective successors, assigns, directors, officers, managers, and employees, from and against all third party claims, actions, losses, liabilities, including reasonable attorney and accounting fees, and all expenses incidental to the investigation and defense thereof, arising out of or based upon County's breach of this Contract.

- 8. INDEPENDENT CONTRACTOR STATUS.** The service(s) to be rendered under this Contract are those of an independent contractor. Although the County reserves the right to determine (and modify) the delivery schedule for the Work to be performed and to evaluate the quality of the completed performance, County cannot and will not control the means or manner of Contractor's performance. Contractor is responsible for determining the appropriate means and manner of performing the Work. Contractor is not to be considered an agent or employee of County for any purpose, including, but not limited to: (A) The Contractor will be solely responsible for payment of any Federal or State taxes required to be paid by Contractor as a result of this Contract; and (B) This Contract is not intended to entitle the Contractor to any benefits generally granted to County employees, including, but not limited to, vacation, holiday and sick leave, other leaves with pay, tenure, medical and dental coverage, life and disability insurance, overtime, Social Security, Workers' Compensation, unemployment compensation, or retirement benefits.
- 9. INSURANCE.** Contractor shall secure at its own expense and keep in effect during the term of the performance under this Contract the insurance required, and minimum coverage indicated below. The insurance requirement outlined below do not in any way limit the amount of scope of liability of Contractor under this Contract. Upon request, Contractor shall provide proof of said insurance and name the County as an additional insured on required Commercial General liability and Automobile liability policy. Upon request, proof of insurance should be submitted to the following address: Clackamas County Procurement Division, 2051 Kaen Road, Oregon City, OR 97045 or emailed to the County Contract Analyst.

<input checked="" type="checkbox"/> Required - Workers Compensation: Contractor shall comply with the statutory workers' compensation requirements in ORS 656.017, unless exempt under ORS 656.027 or 656.126.
<input checked="" type="checkbox"/> Required – Commercial General Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per occurrence, with an annual aggregate limit of \$2,000,000 for Bodily Injury and Property Damage.
<input checked="" type="checkbox"/> Required – Professional Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per claim, with an annual aggregate limit of \$2,000,000 for damages caused by error, omission or negligent acts.
<input checked="" type="checkbox"/> Required – Automobile Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per accident for Bodily Injury and Property Damage.
<input checked="" type="checkbox"/> Required – Cyber Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per occurrence for network security (including data breach), privacy, interruption of business, media liability, and errors and omissions.

The General Liability policy shall be primary as respects to the County. The General Liability insurance or self-insurance maintained by the County shall be excess and shall not contribute. Any obligation that County agree to a waiver of subrogation is hereby stricken.

- 10. LIMITATION OF LIABILITIES.** This Contract 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 law are

deemed inoperative to that extent. Except for liability arising under or related to Article II, Section 13 or Section 20 or a party's gross negligence or willful misconduct, neither party shall be liable for (i) any indirect, incidental, consequential or special damages under this Contract or (ii) any damages of any sort arising solely from the termination of this Contract in full accordance with its terms.

- 11. NOTICES.** Except as otherwise provided in this Contract, any required notices between the parties shall be given in writing by personal delivery, express delivery service (e.g., FedEx or UPS), or mailing the same, to the Contract Administrators identified in Article 1, Section 6. If notice is sent to County, a copy shall also be sent to: Clackamas County Procurement, 2051 Kaen Road, Oregon City, OR 97045. Any communication or notice so addressed and mailed shall be deemed to be given five (5) days after mailing, and immediately upon personal delivery, or on the date delivered.

Any notice required to be given pursuant to the terms and provisions hereof shall be in writing and shall be sent by express delivery service (e.g., FedEx or UPS) to Contractor at:

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

with a copy to:

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

12. RESERVED

- 13. REPRESENTATIONS AND WARRANTIES.** Contractor represents and warrants to County that (A) Contractor has the power and authority to enter into and perform this Contract; (B) this Contract, when executed and delivered, shall be a valid and binding obligation of Contractor enforceable in accordance with its terms; (C) Contractor shall at all times during the term of this Contract, be qualified, professionally competent, and duly licensed to perform the Work; (D) Contractor is an independent contractor as defined in ORS 670.600; and (E) the Work under this Contract shall be performed in a good and workmanlike manner and in accordance with the highest applicable professional standards. The warranties set forth in this section are in addition to, and not in lieu of, any other warranties provided herein.

- 14. SURVIVAL.** All rights and obligations of the parties shall cease upon termination or expiration of this Contract, except for the rights and obligations set forth in Article II, Sections 1, 6, 7, 10, 12, 13, 14, 15, 17, 20, 21, 25, 27, 28, 29, 34, and 35, and all other rights and obligations which by their context are intended to survive. However, such expiration shall not extinguish or prejudice the County's right to enforce this Contract with respect to: (a) any breach of a Contractor warranty; or (b) any default or defect in Contractor performance that has not been cured.

- 15. SEVERABILITY.** If any term or provision of this Contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Contract did not contain the particular term or provision held to be invalid.

16. SUBCONTRACTS AND ASSIGNMENTS. Contractor shall not enter into any subcontracts for any of the Work required by this Contract, or assign or transfer any of its interest in this Contract by operation of law or otherwise, without obtaining prior written approval from the County, which shall be granted or denied in the County's sole discretion. In addition to any provisions the County may require, Contractor shall include in any permitted subcontract under this Contract terms similar to Sections 1, 7, 8, 13, 16 and 27. County's consent to any subcontract shall not relieve Contractor of any of its duties or obligations under this Contract.

17. SUCCESSORS IN INTEREST. The provisions of this Contract shall be binding upon and shall inure to the benefit of the parties hereto, and their respective authorized successors and assigns.

18. TAX COMPLIANCE CERTIFICATION. The Contractor shall comply with all federal, state and local laws, regulation, executive orders and ordinances applicable to this Contract. Contractor represents and warrants that, to the best of its knowledge it has complied, and will continue to comply throughout the duration of this Contract and any extensions, with all tax laws of this state or any political subdivision of this state, including but not limited to ORS 305.620 and ORS chapters 316, 317, and 318. Any violation of this section shall constitute a material breach of this Contract and shall entitle County to terminate this Contract, to pursue and recover any and all damages that arise from the breach and the termination of this Contract, and to pursue any or all of the remedies available under this Contract or applicable law.

19. TERMINATIONS. This Contract may be terminated for the following reasons: (A) by mutual agreement of the parties or by the County (i) for convenience upon thirty (30) days written notice to Contractor, or (ii) at any time the County fails to receive funding, appropriations, or other expenditure authority as solely determined by the County; or (B) if contractor breaches any Contract provision or is declared insolvent, County may terminate after thirty (30) days written notice with an opportunity to cure.

Upon receipt of written notice of termination from the County, Contractor shall immediately stop performance of the Work. Upon termination of this Contract, Contractor shall deliver to County all Work Product that are or would be deliverables had the Contract Work been completed. Upon County's request, Contractor shall surrender to anyone County designates, all Work Product needed to complete the Work.

20. REMEDIES. If terminated by the County due to a breach by the Contractor, then the County shall have any remedy available to it in law or equity. If this Contract is terminated for any other reason, Contractor's sole remedy is payment for the goods and services delivered and accepted by the County, less any setoff to which the County is entitled.

21. NO THIRD PARTY BENEFICIARIES. County and Contractor are the only parties to this Contract and are the only parties entitled to enforce its terms. Nothing in this Contract gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Contract.

22. TIME IS OF THE ESSENCE. Contractor agrees that time is of the essence in the performance of this Contract.

23. FOREIGN CONTRACTOR. If the Contractor is not domiciled in or registered to do business in the State of Oregon, Contractor shall promptly provide to the Oregon Department of Revenue and the Secretary of State, Corporate Division, all information required by those agencies relative to this Contract.

24. FORCE MAJEURE. Neither County nor Contractor shall be held responsible for delay or default caused by events outside the County or Contractor's reasonable control including, but not limited to, fire, riot, acts of God, regulations or laws of any government or agency (including government or agency mandated restriction or redistribution of supplies and/or personal protective equipment ("PPE")), acts of war or terrorism, acts of civil or military authority, fires, floods, accidents, pandemics (including supply, PPE and labor shortages caused therefrom or as a result thereof), quarantine restrictions, unusually severe weather, explosions, earthquakes, strikes, labor disputes, loss or interruption of electrical power or other public utility, freight embargoes or delays in transportation, or any similar or dissimilar cause beyond its reasonable control (collectively, a "Force Majeure Event"). If a party's non-performance under this Section extends for fourteen (14) days or longer, the party affected by such non-performance may terminate this Agreement by providing written notice thereof to the other party.

However, Contractor shall make all commercially reasonable efforts to remove or eliminate such a cause of a Force Majeure Event and shall upon the cessation of the cause, diligently pursue performance of its obligations under this Contract.

25. WAIVER. The failure of County to enforce any provision of this Contract shall not constitute a waiver by County of that or any other provision.

No course of dealing between the parties or any delay on the part of either party in exercising any rights they may have under this Contract shall operate as a waiver of any of the rights of the other party. No express waiver shall affect any condition, covenant, rule, regulation, right or remedy other than the one specified in such waiver and only for the time and in the manner specifically stated.

26. PUBLIC CONTRACTING REQUIREMENTS. Pursuant to the public contracting requirements contained in Oregon Revised Statutes ("ORS") Chapter 279B.220 through 279B.235, to the extent applicable, Contractor shall:

- a. Make payments promptly, as due, to all persons supplying to Contractor labor or materials for the prosecution of the work provided for in the Contract.
- b. Pay all contributions or amounts due the Industrial Accident Fund from such Contractor or subcontractor incurred in the performance of the Contract.
- c. Not permit any lien or claim to be filed or prosecuted against County on account of any labor or material furnished.
- d. Pay the Department of Revenue all sums withheld from employees pursuant to ORS 316.167.
- e. As applicable, the Contractor shall pay employees for work in accordance with ORS 279B.235, which is incorporated herein by this reference. The Contractor shall comply with the prohibitions set forth in ORS 652.220, compliance of which is a material element of this Contract, and failure to comply is a breach entitling County to terminate this Contract for cause.

27. NO ATTORNEY FEES. In the event any arbitration, action or proceeding, including any bankruptcy proceeding, is instituted to enforce any term of this Contract, each party shall be responsible for its own attorneys' fees and expenses.

28. CONFIDENTIALITY. Contractor acknowledges that it and its employees and agents may, in the course of performing their obligations under this Contract, be exposed to or acquire information that the County desires or is required to maintain as confidential, including information that is protected under applicable law, including Personal Information (as “**Personal Information**” is defined in ORS 646A.602(11)).

Each Party agrees to hold any and all information that it is required by law or that the a party marks as “Confidential” or should reasonably be deemed confidential to be held in confidence (“**Confidential Information**”), using at least the same degree of care that the receiving party uses in maintaining the confidentiality of its own confidential information, and will use the Confidential Information for no purpose other than in the performance of this Contract, and to advise each of its employees and agents of their obligations to keep Confidential Information confidential.

Each party agrees that, except as directed by the disclosing party, the receiving party will not at any time during or after the term of this Contract, disclose, directly or indirectly, any Confidential Information to any person, and that upon the disclosing party’s request, Contractor will turn over to the disclosing party all documents, papers, records and other materials in the receiving party’s possession which embody Confidential Information.

Each party acknowledges that breach of this Contract, including disclosure of any Confidential Information may give rise to irreparable injury to the disclosing party that cannot adequately be compensated in damages. Accordingly, the disclosing party may seek injunctive relief against the breach or threatened breach of the foregoing undertakings, in addition to any other legal remedies that may be available. Each party acknowledges and agrees that the covenants contained in this Section 28 are necessary for the protection of the legitimate business interests of the parties and are reasonable in scope and content.

Each party shall report, either orally or in writing, to the disclosing party any use or disclosure of Confidential Information not authorized by this Contract or in writing by the disclosing party, including any reasonable belief that an unauthorized individual has accessed Confidential Information. The receiving party shall make the report to the disclosing party promptly upon discovery of the unauthorized disclosure, but in no event more than five (5) business days after the receiving party reasonably believes there has been such unauthorized use or disclosure. Such report shall identify: (i) the nature of the unauthorized use or disclosure, (ii) the Confidential Information used or disclosed, (iii) who made the unauthorized use or received the unauthorized disclosure, (iv) what the receiving party has done or shall do to mitigate any deleterious effect of the unauthorized use or disclosure, and (v) what corrective action the receiving party has taken or shall take to prevent future similar unauthorized use or disclosure. The receiving party shall provide such other information, including a written report, as reasonably requested by the County.

Notwithstanding any other provision in this Contract, Contractor will be responsible for all damages, court-ordered fines and court-ordered corrective action (including potential credit monitoring services) arising solely and directly from Contractor’s disclosure of such Confidential Information if such disclosure is caused by a breach of Contractor’s data security requirements set forth herein or the confidentiality provisions hereunder.

The provisions in this Section shall operate in addition to, and not as limitation of, the confidentiality and similar requirements set forth in the rest of the Contract, as it may otherwise be amended. Each party’s confidentiality obligations under this Contract shall survive the expiration or termination of the Contract, as amended, and shall be perpetual.

29. RESERVED

30. RESERVED

31. RESERVED

32. RESERVED

33. **HIPAA COMPLIANCE.** To the extent applicable to Contractor as a Covered Entity, subject to the U.S. Health Insurance Portability and Accountability Act (HIPAA) of 1996 and its implementing regulation, the Standard of Privacy of Individuals Identifiable Health Information at 45 C.F.R. Part 160 and 164, Subpart A and E, the County is required to enter into a Business Associate Agreement, attached hereto as Exhibit D, with the Contractor prior to the commencement of any work under this Contract. Contractor acknowledges that protected health information (“PHI”) disclosed by County to Contractor may only be used by or disclosed to Contractor pursuant the Business Associate Agreement or pursuant to a written consent in compliance with 42 C.F.R. Part 2, as may be amended from time to time. Contractor agrees to comply with any and all applicable privacy laws in the performance of this Contract including without limitation, HIPAA and 42 C.F.R. Part 2.

34. **MERGER.** THIS CONTRACT CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE PARTIES WITH RESPECT TO THE SUBJECT MATTER REFERENCED THEREIN. THERE ARE NO UNDERSTANDINGS, AGREEMENTS, OR REPRESENTATIONS, ORAL OR WRITTEN, NOT SPECIFIED HEREIN REGARDING THIS CONTRACT. NO AMENDMENT, CONSENT, OR WAIVER OF TERMS OF THIS CONTRACT SHALL BIND EITHER PARTY UNLESS IN WRITING AND SIGNED BY ALL PARTIES. ANY SUCH AMENDMENT, CONSENT, OR WAIVER SHALL BE EFFECTIVE ONLY IN THE SPECIFIC INSTANCE AND FOR THE SPECIFIC PURPOSE GIVEN.

By their signatures below, the parties to this Contract agree to the terms, conditions, and content expressed herein including all exhibits and attachments.

Laboratory Corporation Of America

Clackamas County


Authorized Signature

10/30/24

Date

Chair

Date


VP/GM
Name / Title (Printed)

Name

Approved as to Form:

105660-81
Oregon Business Registry #

Andrew
Naylor

 Digitally signed by
Andrew Naylor
Date: 2024.10.30
15:35:27 -07'00'

FBC/DE

County Counsel

Date

EXHIBIT A
RFP 2023-87



REQUEST FOR PROPOSALS #2023-87

FOR

MEDICAL LABORATORY SERVICES

BOARD OF COUNTY COMMISSIONERS

**TOOTIE SMITH, Chair
PAUL SAVAS, Commissioner
MARK SHULL, Commissioner
MARTHA SCHRADER, Commissioner
BEN WEST, Commissioner**

**Gary Schmidt
County Administrator**

**Contract Analyst
Thomas Candelario**

PROPOSAL CLOSING DATE, TIME AND LOCATION

DATE: November 28, 2023

TIME: 2:00 PM, Pacific Time

PLACE: <https://bidlocker.us/a/clackamascounty/BidLocker>

SCHEDULE

Request for Proposals Issued.....	October 17, 2023
Protest of Specifications Deadline.....	October 25, 2023, 5:00 PM, Pacific Time
Deadline to Submit Clarifying Questions.....	November 8, 2023, 5:00 PM, Pacific Time
Request for Proposals Closing Date and Time.....	November 28, 2023, 2:00 PM, Pacific Time
Deadline to Submit Protest of Award.....	Seven (7) days from the Intent to Award

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Section 1 – Notice of Request for Proposals
Section 2 – Instructions to Proposers
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Section 4 – Evaluation and Selection Criteria
Section 5 – Proposal Content (Including Proposal Certification)

SECTION 1 NOTICE OF REQUEST FOR PROPOSALS

Notice is hereby given that Clackamas County through its Board of County Commissioners will receive sealed Proposals per specifications until **2:00 PM, November 28, 2023** (“Closing”), to provide **Medical Laboratory Services**. No Proposals will be received or considered after that time.

Location of RFP documents: OregonBuys

RFP Documents can be downloaded from the state of Oregon procurement website (“OregonBuys”) at the following address <https://oregonbuys.gov/bsv/view/login/login.xhtml>, Document No. S-C01010-000008447 .

Prospective Proposers will need to sign in to download the information and that information will be accumulated for a Plan Holder's List. Prospective Proposers are responsible for obtaining any Addenda, clarifying questions, and Notices of Award from OregonBuys.

Submitting Proposals: Bid Locker

Proposals will only be accepted electronically thru a secure online bid submission service, **Bid Locker**. *Email submissions to Clackamas County email addresses will no longer be accepted.*

- A. Completed proposal documents must arrive electronically via Bid Locker located at <https://bidlocker.us/a/clackamascounty/BidLocker>.
- B. Bid Locker will electronically document the date and time of all submissions. Completed documents must arrive by the deadline indicated in Section 1 or as modified by Addendum. **LATE PROPOSALS WILL NOT BE ACCEPTED.**
- C. Proposers must register and create a profile for their business with Bid Locker in order to submit for this project. It is free to register for Bid Locker.
- D. Proposers with further questions concerning Bid Locker may review the Vendor’s Guide located at <https://www.clackamas.us/how-to-bid-on-county-projects> .

Contact Information

Procurement Process and Technical Questions: Thomas Candelario, tcandelario@clackamas.us

The 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.

Clackamas County encourages proposals from Minority, Women, Veteran and Emerging Small Businesses.

SECTION 2 INSTRUCTIONS TO PROPOSERS

Clackamas County (“County”) reserves the right to reject any and all Proposals received as a result of this RFP. County Local Contract Review Board Rules (“LCRB”) govern the procurement process for the County.

2.1 Modification or Withdrawal of Proposal: Any Proposal may be modified or withdrawn at any time prior to the Closing deadline, provided that a written request is received by the County Procurement Division Director, prior to the Closing. The withdrawal of a Proposal will not prejudice the right of a Proposer to submit a new Proposal.

2.2 Requests for Clarification and Requests for Change: Proposers may submit questions regarding the specifications of the RFP. Questions must be received in writing on or before 5:00 p.m. (Pacific Time), on the date indicated in the Schedule, at the Procurement Division address as listed in Section 1 of this RFP. Requests for changes must include the reason for the change and any proposed changes to the requirements. The purpose of this requirement is to permit County to correct, prior to the opening of Proposals, RFP terms or technical requirements that may be unlawful, improvident or which unjustifiably restrict competition. County will consider all requested changes and, if appropriate, amend the RFP. No oral or written instructions or information concerning this RFP from County managers, employees or agents to prospective Proposers shall bind County unless included in an Addendum to the RFP.

2.3 Protests of the RFP/Specifications: Protests must be in accordance with LCRB C-047-0730. Protests of Specifications must be received in writing on or before 5:00 p.m. (Pacific Time), on the date indicated in the Schedule, or within three (3) business days of issuance of any addendum, at the Procurement Division address listed in Section 1 of this RFP. Protests may not be faxed. Protests of the RFP specifications must include the reason for the protest and any proposed changes to the requirements.

2.4 Addenda: If any part of this RFP is changed, an addendum will be provided to Proposers that have provided an address to the Procurement Division for this procurement. It shall be Proposers responsibility to regularly check OregonBuys for any notices, published addenda, or response to clarifying questions.

2.5 Submission of Proposals: Proposals must be submitted in accordance with Section 5. All Proposals shall be legibly written in ink or typed and comply in all regards with the requirements of this RFP. Proposals that include orders or qualifications may be rejected as irregular. All Proposals must include a signature that affirms the Proposer’s intent to be bound by the Proposal (may be on cover letter, on the Proposal, or the Proposal Certification Form) shall be signed. If a Proposal is submitted 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 Proposal is submitted by a corporation, it shall be signed in the name of such corporation by an official who is authorized to bind the contractor. The Proposals will be considered by the County to be submitted in confidence and are not subject to public disclosure until the notice of intent to award has been issued.

No late Proposals will be accepted. Proposals submitted after the Closing will be considered late and will be returned unopened. Proposals may not be submitted by telephone or fax.

2.6 Post-Selection Review and Protest of Award: County will name the apparent successful Proposer in a Notice of Intent to Award published on OregonBuys. Identification of the apparent successful Proposer is procedural only and creates no right of the named Proposer to award of the contract. Competing Proposers shall be given seven (7) calendar days from the date on the Notice of Intent to Award to review the file at the Procurement Division office and file a written protest of award, pursuant to LCRB C-047-0740. Any award protest must be in writing and must be delivered by email, hand-delivery or mail to the address for the Procurement Division as listed in Section 1 of this RFP.

Only actual Proposers may protest if they believe they have been adversely affected because the Proposer would be eligible to be awarded the contract in the event the protest is successful. The basis of the written protest must be in accordance with ORS 279B.410 and shall specify the grounds upon which the protest is based. In order to be an adversely affected 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.

County will consider any protests received and:

- a. reject all protests and proceed with final evaluation of, and any allowed contract language negotiation with, the apparent successful Proposer and, pending the satisfactory outcome of this final evaluation and negotiation, enter into a contract with the named Proposer; OR
- b. sustain a meritorious protest(s) and reject the apparent successful Proposer as nonresponsive, if such Proposer is unable to demonstrate that its Proposal complied with all material requirements of the solicitation and Oregon public procurement law; thereafter, County may name a new apparent successful Proposer; OR
- c. reject all Proposals and cancel the procurement.

2.7 Acceptance of Contractual Requirements: Failure of the selected Proposer to execute a contract and deliver required insurance certificates within ten (10) calendar days after notification of an award may result in cancellation of the award. This time period may be extended at the option of County.

2.8 Public Records: Proposals are deemed confidential until the “Notice of Intent to Award” letter is issued. This RFP and one copy of each original Proposal received in response to it, together with copies of all documents pertaining to the award of a contract, will be kept and made a part of a file or record which will be open to public inspection. If a Proposal contains any information that is considered a **TRADE SECRET** under ORS 192.345(2), **SUCH INFORMATION MUST BE LISTED ON A SEPARATE SHEET CAPABLE OF SEPARATION FROM THE REMAINING PROPOSAL AND MUST BE CLEARLY MARKED WITH THE FOLLOWING LEGEND:**

“This information constitutes a trade secret under ORS 192.345(2), and shall not be disclosed except in accordance with the Oregon Public Records Law, ORS Chapter 192.”

The Oregon Public Records Law exempts from disclosure only bona fide trade secrets, and the exemption from disclosure applies only “unless the public interest requires disclosure in the particular instance” (ORS 192.345). Therefore, non-disclosure of documents, or any portion of a document submitted as part of a Proposal, may depend upon official or judicial determinations made pursuant to the Public Records Law.

2.9 Investigation of References: County reserves the right to investigate all references in addition to those supplied references and investigate past performance of any Proposer with respect to its successful performance of similar services, its compliance with specifications and contractual obligations, its completion or delivery of a project on schedule, its lawful payment of subcontractors and workers, and any other factor relevant to this RFP. County may postpone the award or the execution of the contract after the announcement of the apparent successful Proposer in order to complete its investigation.

2.10 RFP Proposal Preparation Costs and Other Costs: Proposer costs of developing the Proposal, cost of attendance at an interview (if requested by County), or any other costs are entirely the responsibility of the Proposer, and will not be reimbursed in any manner by County.

2.11 Clarification and Clarity: County reserves the right to seek clarification of each Proposal, or to make an award without further discussion of Proposals received. Therefore, it is important that each Proposal be submitted initially in the most complete, clear, and favorable manner possible.

2.12 Right to Reject Proposals: County reserves the right to reject any or all Proposals or to withdraw any item from the award, if such rejection or withdrawal would be in the public interest, as determined by County.

2.13 Cancellation: County reserves the right to cancel or postpone this RFP at any time or to award no contract.

2.14 Proposal Terms: All Proposals, including any price quotations, will be valid and firm through a period of one hundred and eighty (180) calendar days following the Closing date. County may require an

extension of this firm offer period. Proposers will be required to agree to the longer time frame in order to be further considered in the procurement process.

2.15 Oral Presentations: At County's sole option, Proposers may be required to give an oral presentation of their Proposals to County, a process which would provide an opportunity for the Proposer to clarify or elaborate on the Proposal but will in no material way change Proposer's original Proposal. If the evaluating committee requests presentations, the Procurement Division will schedule the time and location for said presentation. Any costs of participating in such presentations will be borne solely by Proposer and will not be reimbursed by County. **Note:** Oral presentations are at the discretion of the evaluating committee and may not be conducted; therefore, **written Proposals should be complete.**

2.16 Usage: It is the intention of County to utilize the services of the successful Proposer(s) to provide services as outlined in the below Scope of Work.

2.17 Review for Responsiveness: Upon receipt of all Proposals, the Procurement Division or designee will determine the responsiveness of all Proposals before submitting them to the evaluation committee. If a Proposal is incomplete or non-responsive in significant part or in whole, it will be rejected and will not be submitted to the evaluation committee. County reserves the right to determine if an inadvertent error is solely clerical or is a minor informality which may be waived, and then to determine if an error is grounds for disqualifying a Proposal. The Proposer's contact person identified on the Proposal will be notified, identifying the reason(s) the Proposal is non-responsive. One copy of the Proposal will be archived and all others discarded.

2.18 RFP Incorporated into Contract: This RFP will become part of the Contract between County and the selected contractor(s). The contractor(s) will be bound to perform according to the terms of this RFP, their Proposal(s), and the terms of the Sample Contract.

2.19 Communication Blackout Period: Except as called for in this RFP, Proposers may not communicate with members of the Evaluation Committee or other County employees or representatives about the RFP during the procurement process until the apparent successful Proposer is selected, and all protests, if any, have been resolved. Communication in violation of this restriction may result in rejection of a Proposer.

2.20 Prohibition on Commissions and Subcontractors: County will contract directly with persons/entities capable of performing the requirements of this RFP. Contractors must be represented directly. Participation by brokers or commissioned agents will not be allowed during the Proposal process. 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 not be permitted to add on any fee or charge for subcontractor Work. Contractor shall provide, if requested, any documents relating to subcontractor's qualifications to perform required Work.

2.21 Ownership of Proposals: All Proposals in response to this RFP are the sole property of County, and subject to the provisions of ORS 192.410-192.505 (Public Records Act).

2.22 Clerical Errors in Awards: County reserves the right to correct inaccurate awards resulting from its clerical errors.

2.23 Rejection of Qualified Proposals: Proposals may be rejected in whole or in part if they attempt to limit or modify any of the terms, conditions, or specifications of the RFP or the Sample Contract.

2.24 Collusion: By responding, the Proposer states that the Proposal is not made in connection with any competing Proposer submitting a separate response to the RFP, and is in all aspects fair and without collusion or fraud. Proposer also certifies that no officer, agent, elected official, or employee of County has a pecuniary interest in this Proposal.

2.25 Evaluation Committee: Proposals will be evaluated by a committee consisting of representatives from County and potentially external representatives. County reserves the right to modify the Evaluation Committee make-up in its sole discretion.

2.26 Commencement of Work: The contractor shall commence no work until all insurance requirements have been met, the Protest of Awards deadline has been passed, any protest have been decided, a contract has been fully executed, and a Notice to Proceed has been issued by County.

2.27 Nondiscrimination: The successful Proposer agrees that, in performing the work called for by this RFP 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, sexual orientation, gender identity, veteran status, physical or mental handicap, national origin or ancestry, or any other class protected by applicable law.

2.28 Intergovernmental Cooperative Procurement Statement: Pursuant to ORS 279A and LCRB, 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 contractor's obligation to the County. Any estimated purchase volumes listed herein do not include other public agencies and County makes no guarantee as to their participation. Any Proposer, by written notification included with their Proposal, may decline to extend the prices and terms of this solicitation to any and/or all other public agencies. 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 contractor awarded the contract by the County.

SECTION 3 SCOPE OF WORK

3.1. INTRODUCTION

Clackamas County is seeking Proposals from vendors to provide **Medical Laboratory Services**.

Please direct all Technical/Specifications or Procurement Process Questions to the indicated representative referenced in the Notice of Request for Proposals and note the communication restriction outlined in Section 2.19.

3.2 BACKGROUND

Clackamas County Health Centers Division (“CCHCD”), is comprised of five large primary care clinics in Oregon City, Clackamas, Sandy and Gladstone and four school based health centers in: Oregon City, Clackamas, Happy Valley, and Milwaukie. Types of care provided are prenatal, family planning, primary care, well child, women's health, dental and mental health treatment. CCHCD provides necessary medical services required for the care of patients. CCHCD clinics are a Federally Qualified Health Center (“FQHC”) providing care to 16,459 patients with 102,516 visits in 2022. The health centers are considered “safety net clinics” and our mission is to serve the vulnerable and the poor. In calendar year 2022 our volume of tests was 31,494.

3.3. SCOPE OF WORK

3.3.1. Scope:

MEDICAL LABORATORY TESTING:

Contractor shall provide specimen pick-up services and laboratory testing services to include testing for prescription drugs, over the counter drugs, and Street drugs (e.g., SPICE, KRATOM, etc.). Typical tests are detailed in Attachment A to this RFP, which includes tests ordered in 2017. These and other unspecified tests may be ordered as needed. All lab tests must be performed onsite at the Contractor’s licensed Laboratories and performed by licensed personnel, unless otherwise agreed to in the final Agreement. All testing will be performed according to manufacturer’s specifications for all requests and instruments, as in FDA approved package inserts or appropriate manufacturer accreditation body which has been reviewed and accepted by the laboratories modified protocol.

SPECIMEN PICK-UP:

Contractor shall pick-up specimens at the designated clinic locations during hours of operation. Contractor shall provide transportation of specimens in appropriate conditions (refrigerated/frozen/RT). Additional pick-ups may be required during weekends or on holidays and will be coordinated and scheduled as needed.

ON-SITE SERVICES:

The Laboratory must be able to provide phlebotomy services on-site to CCHCD in connection with those specimens being sent to Laboratory.

LABORATORY CONSULTATION:

Contractor shall provide expert toxicologist consultation services including genetics, toxicology, HIV, microbiology, and other consultation services as needed to aid providers with test result interpretation. Laboratory’s 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. Additionally,

Contractor shall have a toxicologist or certified personnel employed on call at Contractor's address for telephone consultations, at no additional cost.

REPORTING:

Contractor shall provide reports to clinic staff detailing the description and cost of each test, or any other reports on demand. 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 the Laboratory's then current turn-around-time schedule. Contractor shall comply with the reporting requirements of the County including but not limited to; Progress, Status and Performance reports necessary to support progress payments or cost reimbursements.

TEST RESULTS:

Provide test results in a timely manner for a quick turnaround time. Provide immediate test results to clinical staff and providers in the event of critical results anytime, including off hours. Laboratories will provide critical test results after hours. Include validity testing on each specimen at no additional costs. 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 Gas Chromatography / Mass Spectrometry ("GC/MS"), Liquid Chromatography / Tandem Mass Spectrometry ("LC/MS/MS"), or any other method demonstrating equal specificity, sensitivity, and reliability.

SUPPORT SERVICES:

Contractor should be amenable to allowing CCHCD staff and other staff to observe phlebotomy collections and procedures as requested on phlebotomy skills using attestation tools provided by CCHCD. Laboratory shall provide phlebotomy services on-site to CCHCD in connection with those specimens being sent to Laboratory. Laboratory will be expected to perform phlebotomy collections as part of patient specimen collection services.

Contractor shall perform specimen collection. However, Contractor shall provide training of CCHCD's new staff and other staff (e.g., interns, etc.) on specimen collection including tube selection for blood collection, tissue collection and urine collection. This training shall be provided only on an as needed basis as requested by CCHCD.

Contractor shall provide all supplies for blood collection, tissue collection, urine collection and miscellaneous specimen supplies and necessary forms. Laboratory will provide all supplies to include: specimen containers, cups, labels, COC 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 Laboratories required minimum amount of urine, ordinarily 60cc or two ounces. 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.

Contractor shall draw labs that Laboratory will not be processing as requested for other entities i.e.; State. Laboratory will also test results for prescription medication monitoring. This will include specimen collections to be sent to and processed by the State, rather than the awarded Laboratory of this RFP. Contractor shall draw point of care testing as needed including anticoagulation.

Contractor shall follow CCHCD protocols/processes for sterilization regarding Infection Control. 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. Testimony must be provided in whatever manner is required by the court (virtual, in-person, telephonic, ect.). Additionally, the Laboratory must be able to prove chain of custody.

Contractor shall provide Patient Service Centers for referral procedures.

Contractor shall provide telephone support to resolve specimen issues and/or ordering issues (i.e. quantity not sufficient, missing specimen, wrong specimen type, wrong order placed, etc.). Additional telephone support will be provided for inquiries regarding testing options and delayed or missing test results. Contractor shall designate one or more person(s) responsible for Contractor's work for the County. Contractor shall provide names, addresses, and telephone numbers of such person(s) and shall keep this information current at all times.

RECORDS MAINTENANCE/ACCESS/CONNECTIVITY:

CCHCD has one certified Electronic Health Record ("EHR") System. This system will require laboratory testing firms to interface with this EHR 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.

Contractor shall provide bidirectional 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. Contractor, and its subcontractors, shall maintain all fiscal records relating to the Agreement in accordance with generally accepted accounting principles. In addition, Contractor shall maintain all other records pertinent to the Agreement and shall do so in such a manner as to clearly document Laboratories 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 Agreement 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 three (3) years, or such longer period as may be required by applicable law, following final payment and expiration or termination of the Agreement, or until the conclusion of any audit, controversy or litigation arising out of or related to the Agreement, whichever date is later.

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 (sample from prior year attached as Attachment B) based on the then current Federal Poverty Guidelines and each discount shall mirror the discount charged to the patient by CCHCD (current discount scale is included as Attachment B) for services furnished to the patient directly by CCHCD. Discounted services shall be limited to Laboratories routine and non-esoteric testing services which can be performed at one of the Laboratories local facilities, as may be modified from time to time by Laboratory and such additional services as the parties may agree.

BILLING SERVICES:

Providers include Medicare/Medicaid, Third Party and Self Pay billings. In terms of primary payers for services, the current breakdown for CCHCD's patient population is approximately 75% Medicaid, 20% uninsured, and 5% other (e.g., self-pay, private insurance, etc.). Contractor shall bill patient insurance carriers and bill self-pay patients who do not have insurance. Contractor shall consult with CCHCD as needed to obtain sufficient information to perform and ensure accurate billing. No patient fees will ever be sent internally or externally to collections and Federal Poverty Guidelines shall be applied when determining sliding fees to patient billing. The current discount schedule that shall be applied to fees for Services provided under any contract resulting from this RFP is included as Attachment B, and incorporated herein by reference. This scale may be updated during the course of any contract resulting from this RFP as Federal Poverty Guidelines change. If insurance is billed first for a patient and there is a

remaining balance, the sliding fee discount shall be applied to the remaining balance. In accordance with legal and regulatory requirements, Laboratory agrees to bill the patient or other responsible party (e.g., Medicare, Medicaid, Commercial Insurance, self-pay, etc.) for testing performed under an Agreement. CCHCD agrees to promptly provide Laboratory with all necessary information to accomplish such billing and collection of amounts due. In accordance with an agreed upon process, Contractor may submit to County a monthly reimbursement request for amounts that Contractor is unable to collect from patients. County will review said requests and make reimbursement payments in accordance with the agreed upon process. Residual reimbursement requests shall be at the sliding scale rates in Attachment B.

CCHCD is committed to stabilizing and maintaining the cost of tests for its patients. The awarded Contractor of this RFP will be required to document cost increases in the services required. Increases shall be granted at the sole discretion of County and shall not exceed the lesser of 3% annually, or the annual percentage increase to the Consumer Price Index, West Region (<https://www.bls.gov/regions/west/home.htm>) for the applicable period of time. The County’s fee increase considerations may include factors such as availability of funding, the County’s best interest, and other factors as determined by the County.

SPECIMEN PICK-UP AND REPORT DELIVERY:

Laboratory will provide a reference specimen pick-up and report delivery services 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 Laboratories mutual scheduling needs. The target turnaround time for 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 Laboratories testing facility.

STAFFING SERVICES:

Provide certified external phlebotomists at the Beaver creek and Sunnyside clinics from Monday through Friday 8 AM to 7 PM. Contractor staff shall perform tasks related to laboratory daily operations and sanitation duties. Contractor staff shall communicate with CCHCD clinic leadership when phlebotomist is absent from work and the plan for coverage. For same day absences, notification to clinic leadership by 7:00am. For planned absences, a minimum of 72 hours notice. Laboratory has all responsibility for personnel management and corrective actions for their employees. In scenarios where coverage is not able to be provided at agreed upon coverage levels beyond 2 weeks, a coverage plan will be provided to the CCHCD operations manager. If the coverage plan includes temp staffing, CCHCD requests applicant to provide proof of such agreements with appropriate agencies. Any cost incurred by CCHCD to cover absences longer than 2 weeks shall be the responsibility of the contractor.

PATIENT CARE INITIATIVES:

Provide consultation on Patient Care Initiatives which have a lab testing component, i.e.; colorectal cancer home screening tests, etc. Coordinate the completion of lab processing, related to Patient Care Initiatives, at standard reimbursement rates.

SPECIFICATIONS OF METHODOLOGY:

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

Morphine (total, free, or glucuronide)	300	ng/ml
6-Acetylmorphine	6	ng/ml
Methadone (& metabolite)	300	ng/ml
Codeine	300	ng/ml
Other Opiates - including Oxycodone/OxyContin	300	ng/ml
Barbiturates (including but not limited to Armobarbital, Phenobarbital, Pento-Barbital, Butobarbital, Nexobarbital, Secobarbital)	200	ng/ml
Amphetamines (including but not limited to d-amphetamine and methamphetamine)	300	ng/ml

Cocaine (free)	300	ng/ml
Cocaine Metabolite (benzoylecgonine)	300	ng/ml
Benzodiazepines	300	ng/ml
Phencyclidine (PCP)	25	ng/ml
Buprenorphine	5	ng/ml
Fentanyl	0.2	ng/ml
THC of THC Metabolite	50	ng/ml
Ethyglucuronide- EtG	1000	ng/ml
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
Bath Salts	50	ng/ml
*Sensitivity levels are based on industry standards. CCHCD requires actual ng/ml value.		

Toxicology Confirmation Timeframe

Provide initial and confirmatory testing for urine toxicology within 72 hours of receipt of sample. If applicant does not have current ability to provide this in the specified time period, CCHCD will accept a plan with deadlines for compliance, so long as it does not exceed 12 months from awarding of contract.

3.3.2. Work Schedule:

LOCATION SITES AND HOURS OF OPERATION:

Contractor shall provide services during weekend and holidays as may be requested by CCHD.

Contractor shall provide Daily specimen pickup at the following sites during the listed office hours, which may be subject to change during the course of and Contracts resulting from this RFP:

<u>PRIMARY CARE</u>
Beavercreek Health Center – 110 Beavercreek Rd. Suite 100, Oregon City, OR 97045-4023
Hours: Mon.-Thurs. 8:00 am – 7:00 pm; Fri. 8:00 am – 5:00 pm
Gladstone Health Center – 18911 Portland Ave., Gladstone, OR 97027-1630
Hours: Mon.-Tues. 9:00 am – 6:00 pm; Wed-Fri. 8:00 am – 5:00 pm
Sunnyside Health Center – 9775 SE Sunnyside Rd., Ste. 200, Clackamas, OR 97015-5721
Hours: Mon.-Thurs. 8:00 am – 7:00 pm; Fri. 8:00 am – 5:00 pm
Sandy Health Center - 39740 Pleasant St, Sandy, OR 97055
Hours: Mon, Tues, Thurs : 8:00 am – 5:00 pm; Weds: 10:00 am – 7:00 pm
Oregon City High School SBHC - 19761 S Beavercreek Rd., Beavercreek, OR 97045
Hours: Mon – Fri 8:20 am – 4:15 pm
Rex Putnam High School SBHC – 4950 SE Roethe Rd, Milwaukie, OR
Hours: Mon – Fri 8:20 am – 4:15 pm
Clackamas High School SBHC – 14486 SE 122nd Ave, Clackamas OR
Hours: Mon – Fri 8:20 am – 4:15 pm
Adrienne C Nelson High School SBHC – 14897 SE Parklane Dr, Happy Valley, OR
Hours: Mon – Fri 8:20 am – 4:15 pm

3.3.3. Term of Contract:

The term of the contract shall be from the effective date through **June 30, 2029** with the option for two (2) additional two (2) year renewals thereafter subject to the mutual agreement of the parties.

3.3.4 Sample Contract: Submission of a Proposal in response to this RFP indicates Proposer’s willingness to enter into a contract containing substantially the same terms (including insurance requirements) of the sample contract identified below. No action or response to the sample contract is required under this RFP. Any objections to the sample contract terms should be raised in accordance with Paragraphs 2.2 or 2.3 of this RFP, pertaining to requests for clarification or change or protest of the RFP/specifications, and as otherwise provided for in this RFP. This RFP and all supplemental information in response to this RFP will be a binding part of the final contract.

The applicable Sample Personal Services Contract for this RFP can be found at <https://www.clackamas.us/finance/terms.html>.

Personal Services Contract (unless checked, item does not apply)

The following paragraphs of the Professional Services Contract will be applicable:

- Article I, Paragraph 5 – Travel and Other Expense is Authorized
- Article II, Paragraph 28 – Confidentiality
- Article II, Paragraph 29 – Criminal Background Check Requirements
- Article II, Paragraph 30 – Key Persons
- Article II, Paragraph 31 – Cooperative Contracting
- Article II, Paragraph 32 – Federal Contracting Requirements
- Exhibit A – On-Call Provision

The following insurance requirements will be applicable:

- Commercial General Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per occurrence, with an annual aggregate limit of \$2,000,000 for Bodily Injury and Property Damage.
- Professional Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per occurrence, with an annual aggregate limit of \$2,000,000 for damages caused by error, omission or negligent acts.
- Automobile Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per occurrence for Bodily Injury and Property Damage.

**SECTION 4
EVALUATION PROCEDURE**

4.1 An evaluation committee will review all Proposals that are initially deemed responsive and they shall rank the Proposals in accordance with the below criteria. The evaluation committee may recommend an award based solely on the written responses or may request Proposal interviews/presentations. Interviews/presentations, if deemed beneficial by the evaluation committee, will consist of the highest scoring Proposers. The invited Proposers will be notified of the time, place, and format of the interview/presentation. Based on the interview/presentation, the evaluation committee may revise their scoring.

Written Proposals must be complete and no additions, deletions, or substitutions will be permitted during the interview/presentation (if any). The evaluation committee will recommend award of a contract to the final County decision maker based on the highest scoring Proposal. The County decision maker reserves the right to accept the recommendation, award to a different Proposer, or reject all Proposals and cancel the RFP.

Proposers are not permitted to directly communicate with any member of the evaluation committee during the evaluation process. All communication will be facilitated through the Procurement representative.

4.2 Evaluation Criteria

<u>Category</u>	<u>Points available:</u>
Proposer’s General Background and Qualifications	0-30
Scope of Work	0-45
Fees	0-25
Available points	0-100

4.3 Once a selection has been made, the County will enter into contract negotiations. 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. If the resulting contract contemplates multiple phases and the County deems it is in its interest to not authorize any particular phase, it reserves the right to return to this solicitation and commence negotiations with the next highest ranked Proposer to complete the remaining phases.

SECTION 5 PROPOSAL CONTENTS

5.1. Vendors must observe submission instructions and be advised as follows:

5.1.1. Proposals will only be accepted electronically thru Equity Hub's Bid Locker. Email submissions to Clackamas County email addresses will no longer be accepted.

5.1.2. Completed proposal documents must arrive electronically via Equity Hub's Bid Locker located at <https://bidlocker.us/a/clackamascounty/BidLocker>.

5.1.3. County reserves the right to solicit additional information or Proposal clarification from the vendors, or any one vendor, should the County deem such information necessary.

5.1.4. Proposal may not exceed a total of **20 pages** (single-sided), inclusive of all exhibits, attachments, title pages, pages separations, table of contents, or other information. The Proposal Certification Page will NOT count towards the final page count.

Provide the following information in the order in which it appears below:

5.2. Proposer's General Background and Qualifications:

- Description of the firm.
- Credentials/experience of key individuals that would be assigned to this project.
- Description of providing similar services to public entities of similar size within the past five (5) years.
- Description of the firm's ability to meet the requirements in Section 3.
- Description of what distinguishes the firm from other firms performing a similar service.

5.3. Scope of Work

1. Do you operate during inclement weather? How would you support CCHCD's operations in the event that there was a delay in delivering supplies or providing services due to inclement weather?
2. Have you ever had an Agreement terminated due to performance issues?
3. Can you perform all services as described under Scope of Work? If not, describe the services you can provide.
4. Have you ever provided qualified laboratory services for Clackamas County in the past?
5. What is the turn-around time for urine drug screen confirmatory testing?
6. How are you able to write-off outstanding patient balances?
7. How do you support accounts of our size to manage ongoing issues/questions?
8. Please describe Patient Care Initiatives your organization has supported or offered consultation for.
9. Where are you operations located? Do you provide a local customer service representative and how are the customer service needs routed?
10. Do you subcontract your collection site with another vendor?
11. Can you schedule clients for their specimen collection at a designated time-slot or provide another solution to cut-down on wait time?
12. Do you have the ability to provide both observed and unobserved UA testing?
13. Do you have the ability to provide both oral fluid testing and UA testing?
14. Do you have any experience providing a sliding fee scale for patients? If so, please provide a copy of your sliding fee scale.
15. How do you handle past due patient balances? Do you send patients balances to collections agencies?
16. Please explain how you monitor your contract performance. Are there reports you use regularly to show performance?

5.4. Fees

Fees should be on a time and material basis with a not to exceed fee basis. Fees should be sufficiently descriptive to facilitate acceptance of a Proposal. List the not-to-exceed amount you propose for the service. Fees and fee schedules should outline all estimated expenses, hourly rates for all assigned individuals, anticipated travel, other reimbursable expenses.

5.5. References

Provide at least three (3) references from clients your firm has served similar to the County in the past three (3) years, including one client that has newly engaged the firm in the past thirty-six (36) months and one (1) long-term client. Provide the name, address, email, and phone number of the references. Please note the required three references may not be from County staff, but additional references may be supplied

5.6. Completed Proposal Certification (see the below form)

PROPOSAL CERTIFICATION
RFP #2023-87

Submitted by: _____
(Must be entity's full legal name, and State of Formation)

Each Proposer must read, complete and submit a copy of this Proposal Certification with their Proposal. Failure to do so may result in rejection of the Proposal. By signature on this Proposal Certification, the undersigned certifies that they are authorized to act on behalf of the Proposer and that under penalty of perjury, the undersigned will comply with the following:

SECTION I. OREGON TAX LAWS: As required in ORS 279B.110(2)(e), the undersigned hereby certifies that, to the best of the undersigned's knowledge, the Proposer is not in violation of any Oregon Tax Laws. For purposes of this certification, "Oregon Tax Laws" means the tax laws of the state or a political subdivision of the state, including ORS 305.620 and ORS chapters 316, 317 and 318. If a contract is executed, this information will be reported to the Internal Revenue Service. Information not matching IRS records could subject Proposer to 24% backup withholding.

SECTION II. NON-DISCRIMINATION: 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, gender identity, national origin, or any other protected class. Nor has Proposer or will Proposer discriminate against a subcontractor in the awarding of a subcontract because the subcontractor is a disadvantaged business enterprise, a minority-owned business, a woman-owned business, a business that a service-disabled veteran owns or an emerging small business that is certified under ORS 200.055.

SECTION III. CONFLICT OF INTEREST: The undersigned hereby certifies that no elected official, officer, agent or employee of Clackamas County is personally interested, directly or indirectly, in any resulting contract from this RFP, or the compensation to be paid under such contract, and that no representation, statements (oral or in writing), of the County, its elected officials, officers, agents, or employees had induced Proposer to submit this Proposal. In addition, the undersigned hereby certifies that this proposal is made without connection with any person, firm, or corporation submitting a proposal for the same material, and is in all respects fair and without collusion or fraud.

SECTION IV. COMPLIANCE WITH SOLICITATION: The undersigned further agrees and certifies that they:

1. Have read, understand and agree to be bound by and comply with all requirements, instructions, specifications, terms and conditions of the RFP (including any attachments); and
2. Are an authorized representative of the Proposer, that the information provided is true and accurate, and that providing incorrect or incomplete information may be cause for rejection of the Proposal or contract termination; and
3. Will furnish the designated item(s) and/or service(s) in accordance with the RFP and Proposal; and
4. Will use recyclable products to the maximum extend economically feasible in the performance of the contract work set forth in this RFP.

Name: _____ Date: _____
Signature: _____ Title: _____
Email: _____ Telephone: _____
Oregon Business Registry Number: _____ OR CCB # (if applicable): _____

Business Designation (check one):

Corporation Partnership Sole Proprietorship Non-Profit Limited Liability Company

Resident Quoter, as defined in ORS 279A.120

Non-Resident Quote. Resident State: _____

EXHIBIT B
CONTRACTOR'S RESPONSE TO RFP 2023-87



REQUEST FOR PROPOSALS #2023-87 FOR

MEDICAL LABORATORY SERVICES

BOARD OF COUNTY COMMISSIONERS

TOOTIE SMITH, Chair

PAUL SAVAS, Commissioner

MARK SHULL, Commissioner

MARTHA SCHRADER, Commissioner

BEN WEST, Commissioner

Gary Schmidt County Administrator

Contract Analyst - Thomas Candelario

PROPOSAL CLOSING DATE, TIME, AND LOCATION

DATE: November 28, 2023, TIME:

2:00 PM, Pacific Time

PLACE: <https://bidlocker.us/a/clackamascounty/BidLocker>

SECTION 1 - SCOPE OF WORK

SCOPE OF WORK

Scope:

MEDICAL LABORATORY TESTING:

Contractor shall provide specimen pick-up services and laboratory testing services to include testing for prescription drugs, over the counter drugs, and Street drugs (e.g., SPICE, KRATOM, etc.). Typical tests are detailed in Attachment A to this RFP, which includes tests ordered in 2017. These and other unspecified tests may be ordered as needed. All lab tests must be performed onsite at the Contractor's licensed Laboratories and performed by licensed personnel, unless otherwise agreed to in the final Agreement. All testing will be performed according to manufacturer's specifications for all requests and instruments, as in FDA approved package inserts or appropriate manufacturer accreditation body which has been reviewed and accepted by the laboratories modified protocol.

Labcorp has a comprehensive test menu of nearly 5,000 tests ranging from routine testing to highly complex methods that assist in diagnosing genetic conditions, cancers, and other rare diseases. The most frequently requested of these tests include blood chemistry analyses, urinalyses, blood cell counts, thyroid tests, Pap tests, Hemoglobin A1C, PSA, STD tests (e.g., Ct, Ng, Tv, human immunodeficiency virus (HIV)), hepatitis C (HCV) tests, Vitamin D, microbiology cultures and procedures, and alcohol and other substance-abuse tests. Labcorp performs this core group of tests in its many regional laboratories using sophisticated and computerized instruments, with most results reported within 24 hours or less. In addition, Labcorp provides a comprehensive range of specialty testing services in the areas of allergy, diagnostic genetics, women's health, cardiovascular disease, infectious disease, endocrinology, oncology, coagulation, pharmacogenetics, toxicology, and pain management.

Labcorp is committed to conducting its business in compliance with all applicable laws and regulations, including HIPAA and OSHA. Labcorp maintains laboratory licensure and certification as required by individual state licensure programs, Centers for Medicare, and Medicaid Services (CMS), College of American Pathologists (CAP) accreditation, SAMHSA (where applicable) and the Clinical Laboratory Improvement Amendments of 1988 (CLIA) in our regional laboratories. Labcorp employs technical and professional staff whose education, training, and experience meets or exceeds State, Federal and accrediting agency requirements.

Equipment is assessed and validated prior to use for testing. Equipment records are maintained and include, but not limited to identity of equipment with a unique identifier, preventive maintenance, calibration and corrective action or repair. Local laboratory procedures in conjunction with the vendor information provide directions for the maintenance, calibration, and quality control for each piece of equipment.

SPECIMEN PICK-UP:

Contractor shall pick-up specimens at the designated clinic locations during hours of operation. Contractor shall provide transportation of specimens in appropriate conditions (refrigerated/frozen/RT). Additional pick-ups may be required during weekends or on holidays and will be coordinated and scheduled as needed.

Labcorp's courier service operates seven days a week with options for routine daily, late night, on-call and weekend pick-ups. Labcorp has scheduled mutually agreeable times for pick-up of specimens at the Clackamas County Health Centers Division ("CCHCD") clinics currently serviced by Labcorp. Labcorp will continue to work with the individual health clinics to determine any additional mutually agreeable pick-up times. Pick-up service will be provided at the time best suited to each individual facility's operating schedule, coordinated with Labcorp facility schedules for optimal turn-around times. Labcorp couriers receive ongoing training to ensure documented specimen receipt, a controlled environment for specimen transport, and delivery of laboratory supplies as needed. Additionally, couriers maintain separate specimen containers to ensure the integrity of room temperature, refrigerated and frozen specimens. Labcorp will ensure that clients' specimens maintain specimen integrity and are expeditiously transported to Labcorp's local and specialty laboratories.

ON-SITE SERVICES:

The Laboratory must be able to provide phlebotomy services on-site to CCHCD in connection with those specimens being sent to Laboratory.

Labcorp currently provides patient service technicians (PSTs) at the CCHCD locations listed below.

CCHCD's Clinic	Clinic Address	Current Schedule:	Proposed Schedule:
Beavercreek Clinic	1425 Beavercreek Road Oregon City, OR 97045	Monday – Friday 8:00am – 5:00pm Lunch: 1 hour	Monday – Friday 8:00am – 7:00pm Lunch: 1 hour
Sunnyside Health and Wellness Center	9775 SE Sunnyside Road Clackamas, OR 97015	Monday – Friday 8:00am – 5:00pm Lunch: 1 hour	Monday – Friday 8:00am – 7:00pm Lunch: 1 hour

Labcorp will work with your leadership team regarding any future needed changes in hours and assuming the parties mutually agree, changes will be documented with an amendment to CCHCD and Labcorp's current Patient Specimen Collection Services Agreement.

LABORATORY CONSULTATION:

Contractor shall provide expert toxicologist consultation services including genetics, toxicology, HIV, microbiology, and other consultation services as needed to aid providers with test result interpretation. Laboratory's 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. Additionally, Contractor shall have toxicologist or certified personnel employed on call at Contractor's address for telephone consultations, at no additional cost.

Labcorp provides a toll-free telephone line, the ToxLine, from which clients and their designated Medical Review Officer (MRO) may obtain drug testing technical assistance. (MRO services are provided in a workplace/forensic setting). Senior technical staff monitors the ToxLine (what line is this? LES/Clinical Drug testing line)? during regular business hours. Labcorp's laboratory directors are available to assist with complex technical issues on an as needed basis. Toxicology assistance requests may also be submitted via e-mail and a telephone response will be provided.

Labcorp employs hundreds of doctoral-level medical laboratory professionals, including board-certified pathologists who are accessible by calling Labcorp's Customer Service. Additionally, Labcorp employs Genetic Counselors and Medical Geneticists who are available to consult with physicians and patients. Labcorp's physicians, PhDs, and technical personnel are available 24 hours a day, 7 days a week, and 365 days a year for telephone consultation, interpretation, and correlation of results. Members of Labcorp's technical staff are subject matter experts in their testing discipline and can speak to both specific and general inquiries.

REPORTING:

Contractor shall provide reports to clinic staff detailing the description and cost of each test, or any other reports on demand. 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 the Laboratory's then current turn-around-time schedule. Contractor shall comply with the reporting requirements of the County including but not limited to; Progress, Status and Performance reports necessary to support progress payments or cost reimbursements.

For its clinical laboratory testing services, Labcorp has several reports that can be customized to provide specific data parameters. These reporting options can be discussed and mutually agreed upon through your assigned Labcorp representative. For example, Labcorp can provide the following reports on a monthly and/or quarterly basis in Excel format.

Utilization Reports - Client utilization reports are available to clients on a monthly basis. Automatic monthly utilization reports can be sent via electronic transmission or hard copy delivery. Labcorp's utilization reports can be customized to include for example: test name, test code number, CPT, test volume, test price, and ordering facility.

Quality Management Reports - Labcorp monitors many laboratory testing metrics to ensure a high level of quality and service. Clients may receive monthly account-specific quality management reports that include:

- Turnaround time (TAT)
- Quantitative Non-sufficient / Test Not Performed (QNS/TNP)

In the event a communicable disease specimen is sent to Labcorp, Labcorp will notify the State Surveillance Officers of all reportable diseases consistent with public health reportable disease guidelines for Oregon.

Labcorp has streamlined drug-free workplace program management with electronic statistical summary reports. Summary reporting in the form of a PDF is available for statistical summary reports prepared in accordance with the Mandatory

Guidelines for Federal Workplace Drug Testing Programs, and reports for testing programs that are not federally regulated. Ad-hoc reports, when requested, may require additional special programming fees.

TEST RESULTS:

Provide test results in a timely manner for a quick turnaround time. Provide immediate test results to clinical staff and providers in the event of critical results anytime, including off hours. Laboratories will provide critical test results after hours. Include validity testing on each specimen at no additional costs. 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 Gas Chromatography / Mass Spectrometry (“GC/MS”), Liquid Chromatography / Tandem Mass Spectrometry (“LC/MS/MS”), or any other method demonstrating equal specificity, sensitivity, and reliability.

Critical Results

Physicians are notified of panic results as soon as possible via telephone, unless otherwise instructed by the client. Results called will include patient name, patient date of birth and requesting physician. Labcorp can provide a list of critical test values upon request. A Labcorp representative will work with the individual clinics to establish notification procedures for after hours.

Results:

Routine clinical tests are typically reported within 24 hours of specimen receipt by a testing facility unless methodology requires a longer turnaround time. Abnormal results may require more time. 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 clinics within the times set forth Labcorp’s then current turn-around-time schedule.

Chain of Custody: Workplace

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 collection protocol. 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 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.

Medical Drug Monitoring:

Medical drug monitoring turnaround time varies from 24 – 72 hours via our Portland Lab depending on how many medications the patient is on and which drugs are present. Labcorp’s average TAT for this testing is just under 48 hours from the time Labcorp receives the specimen at the regional laboratory. Please note that weekends add some TAT because Labcorp does not perform this testing on Sundays, so those specimens received on Friday or Saturday may have an extra 24 hours added to their TAT. Labcorp tracks TAT weekly and the average 48-hour TAT is very consistent.

Confirmation Testing: (referencing workplace DOT)

Labcorp conducts urine drug screen analyses according to the Department of Transportation (DOT) testing guidelines as specified in 49 CFR Part 40. Non-regulated samples are processed utilizing similar protocols. Initial testing of urine specimens is performed using FDA -approved immunoassays. An assay has been developed for each class of drug. The antibodies used in the assays have been developed from both monoclonal and polyclonal lines to optimize specificity towards particular compounds. These reagents have been found extremely reliable for the identification of the presence of the drugs of interest.

A specimen is deemed presumptive positive if the drug concentration is equal to or greater than the cutoff. Labcorp performs confirmation testing using gas chromatography/mass spectrometry (GC/MS) or liquid chromatography/tandem mass spectrometry (LC/MS-MS) to positively identify a drug or drug metabolite. GC/MS and LC/MS-MS are more sensitive and specific analytical procedures than immunoassay.

SUPPORT SERVICES:

Contractor should be amenable to allowing CCHCD staff and other staff to observe phlebotomy collections and procedures as requested on phlebotomy skills using attestation tools provided by CCHCD. Laboratory shall provide phlebotomy services on-site to CCHCD in connection with those specimens being sent to Laboratory. Laboratory will be expected to perform phlebotomy collections as part of patient specimen collection services.

Contractor shall perform specimen collection. However, Contractor shall provide training of CCHCD’s new staff and other

staff (e.g., interns, etc.) on specimen collection including tube selection for blood collection, tissue collection and urine collection. This training shall be provided only on an as needed basis as requested by CCHD.

Contractor shall provide all supplies for blood collection, tissue collection, urine collection and miscellaneous specimen supplies and necessary forms. Laboratory will provide all supplies to include specimen containers, cups, labels, COC form. To include a commode specimen collector (a pan that fits into the toilet for use in collecting urinalysis specimens from a female). Samples submitted for testing shall contain the Laboratories required minimum amount of urine, ordinarily 60cc or two ounces. 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.

Contractor shall draw labs that Laboratory will not be processing as requested for other entities i.e., State. Laboratory will also test results for prescription medication monitoring. This will include specimen collections to be sent to and processed by the State, rather than the awarded Laboratory of this RFP. Contractor shall draw point of care testing as needed including anticoagulation.

Contractor shall follow CCHCD protocols/processes for sterilization regarding Infection Control.

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. Testimony must be provided in whatever manner is required by the court (virtual, in-person, telephonic, etc.). Additionally, the Laboratory must be able to prove chain of custody.

Contractor shall provide Patient Service Centers for referral procedures.

Contractor shall provide telephone support to resolve specimen issues and/or ordering issues (i.e., quantity not sufficient, missing specimen, wrong specimen type, wrong order placed, etc.). Additional telephone support will be provided for inquiries regarding testing options and delayed or missing test results.

Contractor shall designate one or more person(s) responsible for Contractor's work for the County. Contractor shall provide names, addresses, and telephone numbers of such person(s) and shall always keep this information current.

Labcorp Phlebotomist Training

Labcorp will perform competency assessments on its phlebotomy employees including annual assessments and observations, consistent with Labcorp policies and procedures. Labcorp's phlebotomists possess the necessary skill, education, and training, and where required by any applicable state laws or regulations, have the necessary federal and state licenses or certificates that are required to perform the phlebotomy services in a professional manner. Labcorp phlebotomists, whether client or Patient Service Center-based, undergo annual compliance and safety training, competency assessments, continuing education and receive frequent supervisor site visits to ensure high-quality services are provided to all patients we serve. Labcorp has established and maintains personnel policies to ensure that all employees have the necessary qualifications and training required to properly perform their duties.

On-Site Phlebotomy Services

Labcorp currently provides PSTs at the Beaver Creek clinic and the Sunnyside Health and Wellness clinic. Labcorp's Patient Service Technician services will be provided to the extent allowed by applicable laws and regulations and in accordance with Labcorp's then-current policies, procedures, and guidelines.

CCHCD's Staff Training and Support Services

Labcorp can provide collection in-services as needed at mutually agreeable times to review Labcorp specimen requirements, specimen collection devices, and Labcorp's proprietary specimen collection and handling software, Labcorp AccuDraw®. Labcorp AccuDraw® is available to our clients through Labcorp's website at www.Labcorp.com. Combining on-screen visual cues with step-by-step tutorials, AccuDraw is an innovative tool designed to guide the health care professionals who collect patient specimens. AccuDraw provides a detailed set of specimen collection and handling instructions, allowing CCHCD staff to spend more time on patient care and less time confirming the specimen collection process and requirements. On-screen visual cues are combined with detailed collection instructions to help ensure specimen and collection accuracy.

Supplies

Labcorp provides, at no additional charge, all supplies, items, and devices necessary to ensure specimen integrity as allowed by applicable law or regulation and consistent with Labcorp policy. Such supplies, items, and devices are to be used solely to collect, transport, process, or store specimens to be submitted to Labcorp for testing. Supplies can be ordered via Labcorp's online portal, Labcorp Link™, email, telephone, or fax.

Additional Specimen Collection Services

As a convenience to CCHCD and CCHCD patients, Labcorp can provide specimen collection services to CCHCD for testing to be performed by CCHCD or by the Oregon State laboratory. Any such arrangement involving collecting specimens that are not to be tested by Labcorp must be consistent with applicable laws and regulations and would be subject to a separate Patient Service Center Specimen Collection Agreement. The arrangement would require Labcorp to charge CCHCD a specimen collection and processing fee priced at Fair Market Value, meaning the value in arms' length transactions, consistent with the general market price for the services. For a patient having testing performed by Labcorp as well as by CCHCD or the Oregon State laboratory, there would not be a separate specimen collection charge.

Sterilization Regarding Infection Control

Labcorp follows applicable Centers for Medicare and Medicaid Services (CMS) and College of American Pathologists (CAP) policies and procedures for sterilization regarding infection control and is compliant with applicable state and/or federal regulations.

Expert Witness Services

Labcorp's experience has shown that in most cases, providing documentation of the laboratory analysis and chain-of-custody sufficiently supports the data provided. Our customized documentation package includes certified true copies of all chain of custody documents relating to the sample in question and complete analytical information.

Labcorp's results have been used as evidence, backed up by either documentation or expert testimony and the laboratory has maintained an excellent reputation for providing quality data.

The Director of Toxicology oversees the Expert Witness Program at the laboratory with expert witnesses on staff who are available to support the laboratory results in legal proceedings. These individuals are qualified to testify as to the analytical accuracy, standard operating procedures, and test results. Upon written notification from the client, the Expert Witness will be scheduled.

As an additional service, Labcorp will make available the services of the Responsible Person of the laboratory or other forensic toxicology employees to consult with the Medical Review Officer or Drug Program Coordinator. These consultations may be required to determine whether positive findings may be justified by physical conditions, prescription drugs, or other legal explanation.

Expert Witness Support services will be offered at an additional fee. Further information available upon request.

Patient Service Centers

Labcorp's Patient Service Centers provide convenience to CCHCD patients through conveniently located, easily accessible sites.

Physicians who opt to send patients to our collection sites should be certain to provide them with completed test request forms for accurate processing. Under the "Patient Services" link on Labcorp's Website [www.Labcorp.com], patients may select the "Find a Lab" link, which searches for Patient Service Centers by area and provides nearby options with hours, map, directions and services provided. Patients may schedule appointments online or through Labcorp toll-free appointment scheduling system. Labcorp currently has eleven Patient Service Centers located in the state of Oregon, three of which are located in the Portland metropolitan area:

1. 10373 NE Hancock Street, Suite 122
Portland, OR 97220
2. 9555 SW Barnes Road, Suite 220
Portland, OR 97225
3. 17850 Lower Boones Ferry Road
Lake Oswego, OR 97035

Telephone Support Services

Labcorp's Customer Service Call Center operates 24 hours a day, 7 days a week, and 365 days a year. Services provided by our Customer Service Call Center include test information, specimen handling, panic and alert calls, monitoring transmissions, proactive problem resolution, results and connectivity assistance, specimen status, reporting, and resolution of issues.

Designated Contact Persons

Labcorp's Regional Manager of Business Development (RMBD) and CCHCD's designated Labcorp Key Account Representative, provide the main point of contact between CCHCD and Labcorp. A contact list which includes additional department and services contact information is available upon request.

Labcorp proposes regularly scheduled meetings that would occur as frequently as needed with personnel from CCHCD clinics to assure that the Labcorp service level meets each CCHCD facility's expectations, while fostering open lines of communication between these CCHCD clinics and Labcorp.

RECORDS MAINTENANCE/ACCESS/CONNECTIVITY:

CCHCD has one certified Electronic Health Record ("EHR") System. This system will require laboratory testing firms to interface with this EHR 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.

Contractor shall provide bidirectional 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. Contractor, and its subcontractors, shall maintain all fiscal records relating to the Agreement in accordance with generally accepted accounting principles. In addition, Contractor shall maintain all other records pertinent to the Agreement and shall do so in such a manner as to clearly document Laboratories 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 Agreement 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 three (3) years, or such longer period as may be required by applicable law, following final payment and expiration or termination of the Agreement, or until the conclusion of any audit, controversy or litigation arising out of or related to the Agreement, whichever date is later.

Labcorp has had an established OCHIN Epic bi-directional interface with CCHCD's primary care clinics since 2011. CCHCD's Behavioral Health clinics have an established electronic data interface (EDI) for reporting and receipt of results. Labcorp also provides CCHCD's health clinics access to one of its client connectivity products, Labcorp Link. In most instances, Labcorp Link is used to provide a back-up method for communicating results or for transmitting certain results which cannot be accommodated through a bi-directional interface.

CCHCD's Behavioral Health clinics have an established electronic data interface (EDI) for reporting and receipt of results. Additional information related to the EDI for the Behavioral Health clinics can be found below under "Chain of Custody".

Chain of Custody:

Electronic Data Interface (EDI)

Labcorp offers EDI [for Electronic Data Interface] reporting that is ideal for clients who require the electronic importing of data into their proprietary system(s). Typically, EDI replaces the need for customers to perform manual entry of lab results into their systems, thereby reducing and/or eliminating personnel costs while improving data integrity. Labcorp provides a comprehensive fixed-length ASCII file containing both patient demographics and lab testing results. The file contains one record per specimen. Clients can call into an 800 number to retrieve their results [commonly referred to as 'Mailbox EDI']. Labcorp can download the results directly to the client's PC, server, or mainframe [commonly referred to as 'Direct Send EDI'].

Mailbox EDI is designed to allow clients to dial into a private, password protected domain [separate from the lab systems] to pull down result files pending delivery. With Mailbox EDI, the client completely controls the result delivery transfer process. They can call in at any time to retrieve their results and can also request files to be re-queued for download by contacting our Technical Support Department at (800) 833-3984 extension 5280.

Direct Send EDI can be scheduled in increments as small as every hour on the hour. This delivery method is initiated and controlled by Labcorp. Labcorp currently supports two file transfer methods. The first method is FTP over the Internet. With this method the client is required to have an FTP server to receive incoming files from Labcorp. The files are encrypted in

either PGP or S/MIME format. The client must have the appropriate software to decrypt the files. The second method is modem-to-modem using the KERMIT protocol. With this method the client is required to install communications software that supports host-mode file transfer using KERMIT. Transfers are monitored by Labcorp's Regional Data Center 24/7, and failures will initiate immediate escalation procedures defined by the client.

With either method [Direct Send or Mailbox] the client must provide a technical IT contact with which Labcorp can coordinate. Clients can also request files to be re-queued for download by contacting our Regional Data Center, at (800) 341-1150 extension 3525, which is manned 24/7.

Auto Fax

AutoFAX reporting is designed to provide lab reports to clients in a very efficient manner. Without adding any additional equipment to the client's office, FAX reporting takes advantage of the client's existing FAX machine, FAX server, or PC [loaded with FAX software]. Labcorp automatically downloads lab reports to the client's FAX once the testing is complete. The client must provide the FAX and an analog phone line, and Labcorp pays for the phone call. Lab reports typically print to the client's FAX within 5-15 minutes from the time the lab work has been completed. FAX reporting for REGULATED clients requires that the client submit to Labcorp an affidavit stating that their FAX is maintained in a secured area.

Bi-Directional Interface and Back-up Connectivity

For clinical laboratory testing results, Labcorp Link™ can be used to provide a back-up method for communicating results in the event CCHCD's interface should become temporarily unavailable.

Labcorp will retain records concerning the services provided to the extent required by applicable laws and regulations.

Access to Fiscal Records

Labcorp agrees to CCHCD's auditing of invoices and billing records under the awarded contract at a commercially reasonable, acceptable time and manner. Labcorp welcomes laboratory tours/inspections, but to maintain the quality of its services and avoid disruptions, these must be coordinated with Labcorp beforehand.

Labcorp will retain records concerning the services provided to the extent required by applicable laws and regulations.

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 (sample from prior year attached as Attachment B) based on the then current Federal Poverty Guidelines and each discount shall mirror the discount charged to the patient by CCHCD (current discount scale is included as Attachment B) for services furnished to the patient directly by CCHCD. Discounted services shall be limited to Laboratories routine and non-esoteric testing services which can be performed at one of the Laboratories local facilities, as may be modified from time to time by Laboratory and such additional services as the parties may agree.

For Federally Qualified Health Centers such as CCHCD, Labcorp partners with its customers to ensure access to laboratory testing services for patients who have no source of healthcare insurance (such as Medicare, Medicaid, or other public or private insurance carriers) and who are at or below 200% of the Federal Poverty Guidelines ("Indigent Patients"). Labcorp can provide no cost or reduced cost testing for Indigent Patients, provided that CCHCD receives no direct or indirect compensation from third parties for Indigent Patient laboratory services, other than nominal fees permitted under applicable laws and regulations.

By virtue of CCHCD's membership with The Oregon Primary Care Association ("OPCA"), its clinics are eligible to participate in the group purchasing program through Washington Association for Community Health (formerly known as Washington Association of Community and Migrant Healthcare Centers) ("WACMHC"). Labcorp's proposal is dependent upon CCHCD opting to participate in the WACMHC program and executing standard Labcorp agreements applicable to WACMHC terms and conditions and pricing.

Labcorp will provide its routine testing services to CCHCD patients at discounted fees on a sliding fee scale based on then current Poverty Guidelines, at the same percentage discount that CCHCD offers those patients. CCHCD will be billed at a discounted rate for Indigent Patients who are unable or fail to pay the reduced cost amount. Labcorp will bill the patient up to four times. If the Indigent Patient does not respond to four billing attempts, Labcorp will bill CCHCD, and CCHCD will reimburse Labcorp, the proposed Client rates in this response, less a forty percent (40%) discount off the total invoiced amount for unpaid Indigent Patient invoices. The provision of services to Indigent Patients at discounted fees is contingent upon CCHCD's execution of the WACMHC Indigent Patient Laboratory Services Agreement.

If CCHCD chooses not to participate in the WACMHC program, Labcorp would request the opportunity to present an alternative arrangement for providing services to CCHCD indigent patients. That option would be structured based on a per

member per month flat rate for uninsured indigent patients. With the exception of certain excluded tests CCHCD would make a monthly payment to Labcorp for all laboratory services provided to its indigent population. This payment would be calculated based on CCHCD's Universal Data System's annual summary report. This method would allow CCHCD to accurately forecast and budget for their lab spend from the grants and funds it receives to service these patients.

This per month per member rate is designed to provide a discounted payment for the laboratory services that will result in the sharing of the burden of the lack of reimbursement from CCHCD Uninsured Indigent patients for such services. It is subject to the execution of a separate written agreement, approval by legal counsel for Labcorp, and Labcorp executive management approval.

Chain of custody testing will be account billed to the ordering CCHCD clinic. The indigent discount program is not applicable to any chain of custody testing.

BILLING SERVICES:

Providers include Medicare/Medicaid, Third Party and Self Pay billings. In terms of primary payers for services, the current breakdown for CCHCD's patient population is approximately 75% Medicaid, 20% uninsured, and 5% other (e.g., self-pay, private insurance, etc.). Contractor shall bill patient insurance carriers and bill self-pay patients who do not have insurance. Contractor shall consult with CCHCD as needed to obtain sufficient information to perform and ensure accurate billing. No patient fees will ever be sent internally or externally to collections and Federal Poverty Guidelines shall be applied when determining sliding fees to patient billing. The current discount schedule that shall be applied to fees for Services provided under any contract resulting from this RFP is included as Attachment B and incorporated herein by reference. This scale may be updated during the course of any contract resulting from this RFP as Federal Poverty Guidelines change. If insurance is billed first for a patient and there is a remaining balance, the sliding fee discount shall be applied to the remaining balance. In accordance with legal and regulatory requirements, Laboratory agrees to bill the patient or other responsible party (e.g., Medicare, Medicaid, Commercial Insurance, self-pay, etc.) for testing performed under an Agreement. CCHCD agrees to promptly provide Laboratory with all necessary information to accomplish such billing and collection of amounts due. In accordance with an agreed upon process, Contractor may submit to County a monthly reimbursement request for amounts that Contractor is unable to collect from patients. County will review said requests and make reimbursement payments in accordance with the agreed upon process. Residual reimbursement requests shall be at the sliding scale rates in Attachment B.

CCHCD is committed to stabilizing and maintaining the cost of tests for its patients. The awarded Contractor of this RFP will be required to document cost increases in the services required. Increases shall be granted at the sole discretion of County and shall not exceed the lesser of 3% annually, or the annual percentage increase to the Consumer Price Index, West Region (<https://www.bls.gov/regions/west/home.htm>) for the applicable period of time. The County's fee increase considerations may include factors such as availability of funding, the County's best interest, and other factors as determined by the County.

Labcorp offers a wide variety of convenient billing options to its clients. In addition to Medicare and Medicaid, Labcorp is a participating provider with a large number of private insurance companies and managed care organizations. As a service to patients and in compliance with agreements established with insurance and managed care companies, when Labcorp is a participating provider, Labcorp will bill a patient's primary insurer directly when provided with complete and accurate billing information by CCHCD. CCHCD may choose to have its patients billed directly for laboratory services. When direct patient billing is requested, the patient's complete name and address must be included in the space provided on the test request form.

Indigent Patients:

Billing of CCHCD Indigent Patients is described above in Section 3.4.9.

Patient Co-pays and Deductibles:

Labcorp is contractually obligated to collect all co-pays and deductibles that are identified by the responsible insurance carrier as being the patient's responsibility. For insured patients of CCHCD that need assistance paying assigned co-pays and deductibles, Labcorp offers payment plan options through our Patient Customer Service Department. Payment plans are based on patient balance owed for each individual invoice. An initial payment is required, and subsequent payments are due on a scheduled basis within 30 days of the original payment date. Additional information can be provided upon request.

Chain of Custody Testing:

Chain of custody testing will be account billed to the ordering CCHCD clinic.

Cost Increases:

As CCHCD, by virtue of its membership with OPCA, is a member of the Washington Association of Community Migrant Health Centers (WACMHC), Labcorp will provide services to CCHCD through the WACMHC/Labcorp Group Purchasing Organization Laboratory Services Agreement.

Cost increases will be consistent with the terms and conditions of our Group Purchasing Agreement with WACMHC.

SPECIMEN PICK-UP AND REPORT DELIVERY:

Laboratory will provide a reference specimen pick-up and report delivery services 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 Laboratories mutual scheduling needs. The target turnaround time for 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 Laboratories testing facility.

Labcorp can comply with this requirement.

Routine clinical tests are typically reported within 24 hours of specimen receipt by a testing facility, unless methodology requires a longer turnaround time. Abnormal results may require more time.

STAFFING SERVICES:

Provide certified external phlebotomists at the Beavercreek and Sunnyside clinics from Monday through Friday 8 AM to 7 PM. Contractor staff shall perform tasks related to laboratory daily operations and sanitation duties. Contractor staff shall communicate with CCHCD clinic leadership when phlebotomist is absent from work and the plan for coverage. For same day absences, notification to clinic leadership by 7:00am. For planned absences, a minimum of 72 hours’ notice. Laboratory has all responsibility for personnel management and corrective actions for their employees. In scenarios where coverage is not able to be provided at agreed upon coverage levels beyond 2 weeks, a coverage plan will be provided to the CCHCD operations manager. If the coverage plan includes temp staffing, CCHCD requests applicant to provide proof of such agreements with appropriate agencies. Any cost incurred by CCHCD to cover absences longer than 2 weeks shall be the responsibility of the contractor.

Labcorp currently provides patient service technicians (PSTs) at the CCHCD locations listed below.

CCHCD’s Clinic	Clinic Address	Current Schedule:	Proposed Schedule:
Beavercreek Clinic	1425 Beavercreek Road Oregon City, OR 97045	Monday – Friday 8:00am – 5:00pm Lunch: 1 hour	Monday – Friday 8:00am – 7:00pm Lunch: 1 hour
Sunnyside Health and Wellness Center	9775 SE Sunnyside Road Clackamas, OR 97015	Monday – Friday 8:00am – 5:00pm Lunch: 1 hour	Monday – Friday 8:00am – 7:00pm Lunch: 1 hour

Labcorp will work with your leadership team regarding any future needed changes in hours and assuming the parties mutually agree, changes will be documented with an amendment to CCHCD and Labcorp’s current Patient Specimen Collection Services Agreement.

Labcorp’s PST services will be provided to the extent allowed by applicable laws and regulations and in accordance with Labcorp’s then-current policies, procedures, and guidelines.

PATIENT CARE INITIATIVES:

Provide consultation on Patient Care Initiatives which have a lab testing component, i.e., colorectal cancer home screening tests, etc. Coordinate the completion of lab processing, related to Patient Care Initiatives, at standard reimbursement rates.

Patient Education

Patients have begun to take a more proactive role in their own health care. To help customers meet their needs, Labcorp offers an extensive array of patient education literature. In addition to information regarding frequently ordered lab tests, Labcorp offers brochures on areas of interest such as Pap smear testing, Prostate cancer testing, colon cancer screening, Pediatric

phlebotomy, Amniocentesis, Maternal serum screening, Bone loss prevention, Allergy testing, and Kidney stone prevention. Under the “For Patients” link on Labcorp’s Website [www.Labcorp.com], patients may select the “Test Information” link which provides information on common tests. Developed by the American Association for Clinical Chemistry, Lab Tests Online has been designed to help patients and caregivers better understand the many clinical lab tests that are part of routine care as well as the diagnosis and treatment of a broad range of conditions and diseases.

SPECIFICATIONS OF METHODOLOGY:

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

Toxicology Confirmation Timeframe

Provide initial and confirmatory testing for urine toxicology within 72 hours of receipt of sample. If applicant does not have current ability to provide this in the specified time period, CCHCD will accept a plan with deadlines for compliance, so long as it does not exceed 12 months from awarding of contract.

Morphine (total, free, or glucuronide)	300	ng/ml
6-Acetylmorphine	10	ng/ml
Methadone (& metabolite)	300	ng/ml
Codeine	300	ng/ml
Other Opiates - including Oxycodone/OxyContin	100	ng/ml
Barbiturates (including but not limited to Amobarbital, Phenobarbital, Pentobarbital, Butalbital, Secobarbital)	200	ng/ml
Amphetamines (including but not limited to d-amphetamine and methamphetamine)	300	ng/ml
Cocaine (free)	300	ng/ml
Cocaine Metabolite (benzoylecgonine)	300	ng/ml
Benzodiazepines	300	ng/ml
Phencyclidine (PCP)	25	ng/ml
THC of THC Metabolite	50	ng/ml
Ethyl glucuronide- EtG	500	ng/ml
Synthetic Cannabinoids (K2, SPICE, JWH-018, JWH-073, JWH-250, JWH-122, AM-2201, MAM-2201, UR-144, XLR-11, AB-CHMINACA, AB-FUBINACA, AB-PINACA, F-AB-PINACA, ADBICA, 5F-ADBICA, ADB-PINACA, 5F-ADB-PINACA, AKB-48, 5CI-AKB-48, 5F-AKB-48, BB-22, BB-22 hydroxyquinolines, MAB-CHMINACA, PB-22, PB-22 hydroxyquinolines, 5F-PB-22, 5F-PB-22 hydroxyquinolines)	1.0	ng/ml
Bath Salts	1.0	ng/ml
*Sensitivity levels are based on industry standards. CCHCD requires actual ng/ml value.		

3.3.1. Work Schedule:

LOCATION SITES AND HOURS OF OPERATION:

Contractor shall provide services during weekend and holidays as may be requested by CCHD. Contractor shall provide Daily specimen pickup at the following sites during the listed office hours, which may be subject to change during the course of and Contracts resulting from this RFP:

<u>PRIMARY CARE</u>
Beavercreek Health Center – 110 Beavercreek Rd. Suite 100, Oregon City, OR 97045-4023
Hours: Mon.-Thurs. 8:00 am – 7:00 pm; Fri. 8:00 am – 5:00 pm
Gladstone Health Center – 18911 Portland Ave., Gladstone, OR 97027-1630
Hours: Mon.-Tues. 9:00 am – 6:00 pm; Wed-Fri. 8:00 am – 5:00 pm

Sunnyside Health Center – 9775 SE Sunnyside Rd., Ste. 200, Clackamas, OR 97015-5721
Hours: Mon.-Thurs. 8:00 am – 7:00 pm; Fri. 8:00 am – 5:00 pm
Sandy Health Center - 39740 Pleasant St, Sandy, OR 97055
Hours: Mon, Tues, Thurs: 8:00 am – 5:00 pm; Weds: 10:00 am – 7:00 pm
Oregon City High School SBHC - 19761 S Beaver Creek Rd., Beaver Creek, OR 97045
Hours: Mon – Fri 8:20 am – 4:15 pm
Rex Putnam High School SBHC – 4950 SE Roethe Rd, Milwaukie, OR
Hours: Mon – Fri 8:20 am – 4:15 pm
Clackamas High School SBHC – 14486 SE 122 nd Ave, Clackamas OR
Hours: Mon – Fri 8:20 am – 4:15 pm
Adrienne C Nelson High School SBHC – 14897 SE Parklane Dr, Happy Valley, OR
Hours: Mon – Fri 8:20 am – 4:15 pm

Labcorp can comply with this request.

3.3.2. Term of Contract:

The term of the contract shall be from the effective date through **June 30, 2029**, with the option for two ((2) additional two (2) year renewals thereafter subject to the mutual agreement of the parties.

Labcorp is agreeable to a five (5) year term from the effective date.

3.3.4 Sample Contract: Submission of a Proposal in response to this RFP indicates Proposer’s willingness to enter into a contract containing substantially the same terms (including insurance requirements) of the sample contract identified below. No action or response to the sample contract is required under this RFP. Any objections to the sample contract terms should be raised in accordance with Paragraphs 2.2 or 2.3 of this RFP, pertaining to requests for clarification or change or protest of the RFP/specifications, and as otherwise provided for in this RFP. This RFP and all supplemental information in response to this RFP will be a binding part of the final contract.

As CCHCD, by virtue of its membership with OPCA, is a member of WACMHC, if awarded CCHCD’s business, Labcorp will not be using the above mentioned, Sample Personal Services Contract for this RFP. Labcorp uses a WACMHC-approved agreement, that is substantially the same as our Laboratory Service Agreement with Clackamas County Public Health dated October 1, 2003, as amended on October 20, 2005, and October 1, 2004.

The applicable Sample Personal Services Contract for this RFP can be found at <https://www.clackamas.us/finance/terms.html>.

Personal Services Contract (unless checked, item does not apply)

The following paragraphs of the Professional Services Contract will be applicable: Article I, Paragraph 5

- Travel and Other Expense is Authorized
- Article II, Paragraph 28 – Confidentiality
- Article II, Paragraph 29 – Criminal Background Check Requirements Article II, Paragraph 30 – Key Persons
- Article II, Paragraph 31 – Cooperative Contracting
- Article II, Paragraph 32 – Federal Contracting Requirements Exhibit A – On-Call Provision

The following insurance requirements will be applicable:

- Commercial General Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per occurrence, with an annual aggregate limit of \$2,000,000 for Bodily Injury and Property Damage.
- Professional Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per occurrence, with an annual aggregate limit of \$2,000,000 for damages caused by error, omission, or negligent acts.
- Automobile Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per occurrence for Bodily Injury and Property Damage.

SECTION 2 PROPOSAL CONTENTS

Provide the following information in the order in which it appears below:

5.1. Proposer's General Background and Qualifications:

- Description of the firm.

Labcorp is a leading global life sciences company that is deeply integrated in guiding patient care. Labcorp has grown organically and through targeted acquisitions that have added to its geographic and technological scope, with net revenue of almost \$15 billion in 2022.

- Credentials/experience of key individuals that would be assigned to this project.

A local toxicology leader is joining Labcorp in January through our acquisition of Legacy Health Laboratories. We have attached a CV for Gina Roberts, PhD.

- Description of providing similar services to public entities of similar size within the past five (5) years.

Labcorp provides clinical toxicology to the behavioral health teams of several FQHCs and treatment facilities in the region including Yakima Valley Farmworkers Clinic, HealthPoint, Yamhill Behavioral Health, Quil Ceda Creek Counselling, we offer testing and comply with HRSA guidelines for billing uninsured patients below 200% of federal poverty income levels. We can provide bidirectional orders and results interfaces and local courier services. References for these groups can be provided upon request.

- Description of the firm's ability to meet the requirements in Section 1.

Please see Section 1: Scope of Work for our response to RFP requirements.

- Description of what distinguishes the firm from other firms performing a similar service.

Labcorp has a national distribution network for transport of specimens and supply delivery. Pick-up service would be provided at the time best suited to each individual facility's operating schedule, coordinated with Labcorp facility schedules for optimal turn-around times. Weekend and STAT pick-up service is available on a per-facility basis. This specimen transport service includes routing of all specimens among Labcorp's national network of primary and specialized laboratories. Depending upon the service requirements for each site, each facility's needs would be reviewed independently in order to determine a best-case courier arrangement.

Employing nearly 80,000 people worldwide, Labcorp's mission is to improve health and improve lives by delivering world-class diagnostic solutions, bringing innovative medicines to patients faster, and using technology to improve the delivery of care. Labcorp provides diagnostic, drug development and technology-enabled solutions for more than 160 million patient encounters per year. Typically processing tests on more than 3 million patient specimens per week, Labcorp believes that it generates more revenue from laboratory testing than any other company in the world. Labcorp also supports clinical trial activity in approximately 100 countries through its industry-leading central laboratory business, generating more safety and efficacy data to support drug approvals than any other company. Labcorp collaborated on more than 90% of the novel drugs approved by the U.S. Food and Drug Administration (FDA) in 2022, including 100% of those specific to oncology and 87% of those submitted by biotechnology companies. In addition, through its industry-leading central laboratory business, it supports clinical trial activity in approximately 100 countries.

5.2. Scope of Work

1. Do you operate during inclement weather? How would you support CCHCD's operations in the event that there was a delay

in delivering supplies or providing services due to inclement weather?

During inclement weather, every reasonable attempt is made to retrieve samples and deliver supplies, however ultimately our couriers are expected to use their best judgment regarding their personal safety, and to follow the direction and guidance of local authorities regarding road safety.

Each Labcorp testing facility maintains a comprehensive disaster recovery plan consistent with Labcorp corporate and industry standards, and inclement weather will not significantly disrupt testing services. In the event of a natural disaster or unforeseen damage to a testing site, Labcorp's system-wide standardization enables the transport of specimens across laboratories with minimal disruption, maintaining the flow of critical test information to providers and allowing for prompt recovery and business resumption. Using our internal routing system and, if needed, on-call third parties, Labcorp can easily move testing from facility to facility in the event of a catastrophic event or overflow of testing needs. Labcorp's many testing facilities utilize the same test codes, specimen requirements, instrumentation, reference ranges, operating procedures, laboratory information systems and billing systems. Customers benefit from consistent laboratory information regardless of testing site and the seamless flow of testing information to providers should circumstances make it necessary to move specimens. This means results yield the same reference ranges and are "normalized" irrespective of location of service, which in turn provides our customers with laboratory data that is immediately actionable and does not require further manipulation or interpretation. Labcorp stands apart from its competitors in handling testing services in the wake of numerous natural disasters, including hurricanes, tornados, snowstorms, and other calamities.

2. Have you ever had an Agreement terminated due to performance issues?

Labcorp has a very low percentage of attrition due in large part to our commitment to service, quality, innovation, and competitive pricing strategies. We have not had any agreement terminated for cause within Labcorp's West Division, which includes Oregon, Washington, California, Idaho, and Alaska.

3. Can you perform all services as described under Scope of Work? If not, describe the services you can provide.

Labcorp provides, at no additional charge, all supplies, items, and devices necessary to ensure specimen integrity as allowed by applicable law or regulation and consistent with Labcorp policy. Such supplies, items, and devices are to be used solely to collect, transport, process, or store specimens to be submitted to Labcorp for testing. Supplies can be ordered via Labcorp's online portal, Labcorp Link™, email, telephone, or fax. If a Labcorp Specimen Processor is on site, the processor can handle all requests for supplies. If a site does not have a specimen processor, personnel will be trained on ordering supplies.

4. Have you ever provided qualified laboratory services for Clackamas County in the past?

Yes, the services to be provided in this request for proposal are services that are currently or have historically been provided by Labcorp to CCHCD clinics for many years.

5. What is the turn-around time for urine drug screen confirmatory testing?

Please see Labcorp response to Test Results in Section 1: Scope of Work.

6. How are you able to write-off outstanding patient balances?

Please refer to Labcorp's response above for a description of the billing procedure's Labcorp has proposed.

7. How do you support accounts of our size to manage ongoing issues/questions?

Client inquiries may come in through our Customer Service Centers or through our account representatives. If a first line customer service representative or sales representative is unable to assist with an inquiry, then the staff has a list of resources for which the inquiry may be forwarded. Additional resources include our laboratory directors, technical director, discipline directors and other subject matter experts.

Regional Service Support

As the current provider of medical laboratory testing services to Clackamas County, Labcorp has an assigned local team of representatives familiar with Clackamas County's facilities and staff's service and testing needs.

Labcorp's Regional Manager of Business Development (RMBD), and the direct field of Sales and Service personnel provide the main point of contact between CCHCD and Labcorp and together coordinate the logistics, supplies, connectivity, client services, and other service parameters. This team is dedicated to ensuring that Labcorp meets and evolves with CCHCD's testing service requirements and enlist and coordinate Labcorp resources to support these needs.

Louise Schneid is Labcorp's Key Account Executive (KAE) who has been working with CCHCD's facilities and staff. Louise currently visits each health clinic on a regular basis and serves as the primary liaison between Labcorp and CCHCD.

Jolene Shirey is our Toxicology Specialist and assists our team with any technical issues associated with ordering and submitting toxicology tests.

Heidi Curtis is Labcorp's Billing Specialist assigned to serve as a resource for any billing related questions or concerns CCHCD's health clinics may have, including billing changes, insurance information updates and invoice change requests.

Client Services

At Labcorp, we strive to set industry standards by providing timely services and timely resolution to any question or concern that CCHCD may have.

Labcorp recognizes customer service is the cornerstone of any quality reference testing relationship and has developed a customer service program whereby clients experience exceptional and consistent customer service support to meet their distinct needs. Labcorp's customer service department is in Seattle, Washington.

Customer service staff may be reached 24 hours per day, 365 days per year, and are dedicated, trained, and responsive personnel who can assist verbally with questions or requests regarding:

- Specimen collection, preparation, and submission requirements
- Specimen handling and transport issues
- Patient results and status
- Generation of duplicate reports
- Provision of duplicate reports to another physician

8. Please describe Patient Care Initiatives your organization has supported or offered consultation for.

Population Health Analytics: Our Population Health analytics solution, Care Intelligence, is an enterprise-level modular reporting tool that couples big data with analytics to measure quality across the continuum of care. Although laboratory testing may comprise a small proportion of healthcare expenses, it influences up to an estimated 70% of clinical decisions. Labcorp's patient database includes nearly 50% of the U.S. population, providing access to lab values data that supports quality metrics and critical analytics for the management of populating health. By leveraging our integrated data platform, Value-Based Care organizations have rapid access to lab values and utilization throughout the country, regardless of the ordering provider. This patient-centric approach to delivering actionable data inside and outside of the physician network fulfills many Medicare and commercial-quality reporting metrics.

Our data rich environment has supported coast-to-coast value-based care partnerships promoting quality improvement initiatives through our Clinical Decision Support (CDS) tools, our Insight Analytics reporting, and our Care Intelligence population health platform. Additionally, we work closely with our value-based care partners to deliver custom ad-hoc reporting. Our value-based care partnerships are truly partnership driven to promote innovation finding creative solutions to close gaps-in-care and improve performance. Each market, each partnership, every population, and every patient deserve a focused approach. That is why we assign a value-based care executive to lead a team to drive focused initiatives for our partners from pilots to standardization.

Our standardized value-based care tools provide actionable, relevant data that can integrate with most EHRs. With our population health management tool, Care Intelligence we can deliver comprehensive analytics that connect disparate data sources including claims, hospital admissions, prescriptions, labs, and provider EHRs. Care Intelligence supports risk stratification, gaps in care, and HCC coding optimization initiatives. Through Care Intelligence's reporting capabilities, we can provide detailed analytics at the provider or patient-level.

Labcorp's CDS reports provide clinical support targeting specific disease cohorts through actionable data to providers, patients,

and care managers. The CDS reports help to identify patients in early stages of disease, reduce acute care costs, support HCC coding optimization, HEDIS scores, and STAR ratings. Through our CKD report alone, we can identify patients with late-stage CKD who have not had met guidelines for annual testing such as urine albumin, serum phosphorus, PTH, LDL, as well as those tests not even ordered by a nephrologist during this high-cost stage.

Additional information can be found in the “Driving Solutions for Value-Based Care” brochure, [Exhibit 1](#).

- Walgreens: The “Labcorp at Walgreens” collaboration is a key pillar of our commitment to engage directly with consumers. Labcorp has recently announced a plan to open 600 Labcorp Patient Service Centers at Walgreens stores over the next four years and will be integrated in Walgreens’ digital platforms. The co-branded Labcorp at Walgreens sites may offer convenient draw sites for CCHCD’s patients, if available in their area.
- Labcorp’s consumer-focused tools and services include the Labcorp|Patient online portal and Labcorp|PreCheck, which provide enhanced, online appointment scheduling; the Labcorp|Express tablet-based system for expedited check-in at Labcorp sites and access to Labcorp test results; and access to Labcorp test results in Apple Health Records on iPhone®.
- Litholink: Labcorp has led in the development of Clinical Decision Support (CDS) tools that are patient-focused and target high-cost disease states that burden the healthcare system, including chronic kidney disease (CKD), cardiovascular disease (CVD), diabetes, and metabolic bone disease. As an example, Labcorp’s CKD program offered through its Litholink subsidiary seeks to integrate laboratory testing with physician-oriented disease management to improve care delivery to the chronically ill. The Litholink CKD program features:
 - Each laboratory report indicates patient-specific treatment guidance, which takes into account prior lab values, co-morbidities and current therapies.
 - Quarterly outcome reporting for physicians indicates response to therapy compared to other similar physicians, not theoretical benchmarks. The reports also indicate guidance on practice and treatment patterns relative to other physicians.
 - Phone consultation with expert physicians to assist the clinician with complex cases.
 - A patient compliance program that includes reminder letters to patients who have not complied with a physician’s order, such as failing to get blood drawn or urine collected.
 - Lists of patients who have not been followed-up after therapy has been initiated.
 - Diet materials for patients to optimize their care management.

Labcorp’s Litholink CKD program is designed to promulgate the National Kidney Foundation guidelines through the programmatic approach outlined above. While costs associated with treating CKD are unavailable, they are likely substantial and under-represent the true healthcare burden, as hypertension-induced stroke and cardiac events are exacerbated by CKD. To address the medical need in the community for better CKD care, Labcorp, through its Litholink team, is able to:

- Launch a detection effort targeting high risk groups.
- Offer the CKD program for managing Stage 3, 4 and pre-dialysis Stage 5 patients to help physicians offer a higher level of care, particularly in the primary care and general internal medicine community.

9. Where are your operations located? Do you provide a local customer service representative and how are the customer service needs routed?

Labcorp’s main regional laboratory in the Pacific Northwest is in Seattle, Washington and offers a clinical laboratory menu that includes chemistry, pathology, serology, microbiology, hematology, immunochemistry, endocrinology, immunohematology, bacteriology, mycobacteriology, and nucleic acid amplification testing in continuous production 365 days a year. Labcorp’s Patient Service Centers provide convenience to CCHCD patients through conveniently located, easily accessible sites. Labcorp currently has eight Patient Service Centers located in the state of Oregon, three of which are in the Portland metropolitan area.

10. Do you subcontract your collection site with another vendor?

Some specimen transport may be contracted out to a professional medical specimen contract courier company, Parcel Logistics, LLC. This organization meets the requirements for Labcorp subcontracting, including medical specimen training.

STAT testing may be referred to Providence Portland Medical Center.

11. Can you schedule clients for their specimen collection at a designated timeslot or provide another solution to cut down on wait time?

Yes, as described in Support Services of Section 1: Scope of Work.

12. Do you have the ability to provide both observed and unobserved UA testing?

Labcorp staff can provide “monitored urine collections” where our staff is the same gender as the patient. If volume warrants, we will consider having male and female processors at busy sites to accommodate all patients.

13. Do you have the ability to provide both oral fluid testing and UA testing?

Yes.

14. Do you have any experience providing a sliding fee scale for patients? If so, please provide a copy of your sliding fee scale.

For Federally Qualified Health Centers (FQHCs), Labcorp partners with its customers to ensure access to laboratory testing services for those patients who have no source of health insurance (such as Medicare, Medicaid, or other public or private insurance carriers) and who are at or below certain income thresholds. Labcorp can provide no-cost or reduced-cost laboratory testing to such patients, provided that the FQHC receives no other direct or indirect compensation from third parties for such testing other than nominal fees or co-pays for services from patients who qualify for assistance based on their lack of health insurance and income status.

Option 1: Monthly Fee Arrangement Based on Published Universal Data System (UDS) Data

Labcorp recognizes that patient participation in obtaining routine physician care and medically necessary lab work is important to a patient’s well-being. Further, Labcorp understands that, for indigent patients, the cost sharing for separately reimbursable laboratory services can be a barrier to compliance with physician ordered lab testing and recommended follow up care. To assist indigent patients who may not be able to afford the cost sharing associated with their laboratory bills, Labcorp offers, subject to applicable laws, a per month per member uninsured indigent rate billed to the client. With the exception of certain excluded tests, (if identified), Clackamas County would make a monthly payment to Labcorp for all laboratory services provided to its indigent population. This payment would be calculated based on uninsured population as reflected in the Universal Data System’s annual summary report.

Patient Characteristics category – insurance status of “uninsured patients” (“Uninsured Indigent”) as published by Health Resources and Services Administration. This proposed model sets forth a set amount per month that would allow to better forecast and budget for their lab spend from the grants and funds it receives to service these patients. This Uninsured Indigent rate is designed to provide a discounted payment for the laboratory services that will result in the sharing of the burden of the lack of reimbursement from Uninsured Indigent patients for such services.

Labcorp would request semi-annual meetings to review utilization of services by Uninsured Indigent patients based on actual accessions for Uninsured Indigent patients for the previous six-month period. The Uninsured Indigent rate would be adjusted accordingly. Annually, the Uninsured Indigent Patient population would be adjusted based on updated UDS data, and annually, beginning on each anniversary date of any eventual definitive agreement between Clackamas County and Labcorp, the Uninsured Indigent rate would be increased by four percent (4%).

Option 2: 100% Client Bill for Indigent Patients

Labcorp recognizes that patient participation in obtaining routine physician care and necessary lab work is important to a patient’s well-being. To assist indigent patients who may not be able to afford separately reimbursable laboratory bills for cost of share and as a means to increase patient compliance in following through with ordered lab work and physician care follow-up, Labcorp offers a competitive fee schedule based upon review of uninsured indigent utilization patterns for the previous twelve months. Labcorp would not bill uninsured indigent patients for services. Services ordered on an uninsured indigent patient would instead be billed directly to a significantly reduced rate, subject to applicable laws.

Option 3: Labcorp’s Indigent Program

Labcorp partners with its customers to ensure access to laboratory testing services for those patients who have no source of health insurance (such as Medicaid, or other public or private insurance carriers) and who are at or below certain income

thresholds. Labcorp can provide reduced-cost testing for those patients, subject to applicable laws, provided that receives no other direct or indirect compensation from third parties for indigent patient laboratory services, other than nominal fees or co-pays for services from patients who qualify for assistance based on their lack of health insurance and income status.

For indigent patients, Labcorp would provide its routine testing services at discounted fees on a sliding fee scale based on the then current Federal Poverty Guidelines and at the same percentage discount as is provided to its such patients. The provision of such services at discounted fees shall be contingent upon execution of Labcorp's Indigent Patient Laboratory Services Agreement and compliance with applicable law.

For indigent patients that are serviced at either a Labcorp PSC or by a Labcorp In-Office Phlebotomist, payment for services rendered is expected to be paid at the time of service. If payment is not secured at the time of service, the patient could be asked to re-schedule the service until a time that payment can be received at the point services are rendered.

15. How do you handle past due patient balances? Do you send patients balances to collections agencies?

Labcorp expects clients to provide the most up-to-date billing and demographic information for patients receiving laboratory testing at Labcorp. In addition, the client is expected to inform patients that Labcorp will be providing the laboratory service and may provide the patient an invoice for any patient cost share. This will ensure the filing of claims to Third Party Payers results in a properly adjudicated claim, and if there is any patient cost share, Labcorp will have the appropriate demographic information to send an invoice to the patient for payment.

Labcorp prefers patients to be serviced at one of the more than 1,900 Patient Service Centers (PSC) locations throughout the United States. Specifically for uninsured patients, being serviced at a Labcorp PSC allows qualifying patients to participate in the Lab Access Partnership (LAP) program, which provides a significant discount for a wide range of testing. In order to participate in the LAP program, the patient is required to pay at the point of service.

For patients who are not able to be serviced at a patient service center, Labcorp has the following options available for patients to pay their balances:

- Labcorp offers a patient portal for patients, which provides an easy way to pay their cost share via their patient portal account. Go to patient.Labcorp.com/ui to register and create a patient portal account.
- Patient Service Centers allow payments to be made in person.
- Patients can pay via the Labcorp web site at www.Labcorp.com/billing, which is available 24 hours a day, 7 days a week.
- Patients can call the toll-free telephone number at 800-845-6167 and pay via the automated voice response system, which is available 24 hours a day, 7 days a week.
- Patients can mail in a payment to the address shown on their bill.
- Patients can call the toll-free telephone number at 800-845-6167 and speak with a Customer Service Agent to discuss payment options.

No additional fees are added for payments made through any of the options above.

16. Please explain how you monitor your contract performance. Are there reports you use regularly to show performance?

Labcorp actively uses Net Promoter Score (NPS) metrics to measure patient satisfaction as well as to determine how and where to improve services. The diagrams below show the NPS for Clackamas County markets as well as Labcorp's overall national performance. Specifically, these scores refer to NPS provided by patients. Labcorp also measures NPS for physicians.

5.3. Fees

Fees should be on a time and material basis with a not to exceed fee basis. Fees should be sufficiently descriptive to facilitate acceptance of a Proposal. List the not-to-exceed amount you propose for the service. Fees and fee schedules should outline all estimated expenses, hourly rates for all assigned individuals, anticipated travel, other reimbursable expenses.

As CCHCD, by virtue of its membership with OPCA, is a member of the Washington Association of Community Migrant Health Centers (WACMHC), Labcorp will provide services to CCHCD through the WACMHC/Labcorp Group Purchasing Organization Laboratory Services Agreement. Labcorp will offer a competitive fee schedule that contains specific client-billed fees, or special prices, and specific patient-billed fees, or special prices addressing the large majority of CCHCD's utilization by volume. Please refer to [Attachment A](#) of this proposal for a listing of Labcorp's proposed client-billed fees of CCHCD's top test volume as provided in this proposal.

Labcorp would be open to a multiple year term, renewable on an annual basis and consistent with the terms and conditions of

our Group Purchasing Agreement with WACMHC.

5.4. References

Provide at least three (3) references from clients your firm has served, similar to the County in the past three (3) years, including one client that has newly engaged the firm in the past thirty-six (36) months and one (1) long- term client. Provide the name, address, email, and phone number of the references. Please note the required three references may not be from County staff, but additional references may be supplied.

Cowlitz Family Health Center 1057 12 th Avenue Longview, WA 98632	Janice Emery Clinic Manager	(360) 636-3892 jemery@cfamhc.org
Central City Concern 727 W. Burnside Portland, OR 97209	Lorie Dolo Scott Director of Nursing	971) 427-0639 Lorie.DoloScott@CCConcern.org
Neighborhood Health Center 6400 SW Macadam, Suite 300 Portland, OR 97239	Angela Hall Director of Nursing and Clinical Services	(503) 942-3083 Halla@nhcoregon.org

5.5. Completed Proposal Certification (see the below form)

FINANCIAL ASSISTANCE

Federal Poverty Level Limits and Discounts

At Labcorp, we understand that medical bills can be expensive, and we're proud to offer various options to help patients gain access to the testing they need. Patients who demonstrate financial need based on household income and size may qualify for a federal poverty level (FPL) discount. To qualify for an FPL discount(s), please direct patients to our customer service department or the phone number on their invoice to get started with an application. The review of an application takes approximately three weeks. **Questions? Please contact us at 800-845-6167**



Persons in family/ household	Poverty guideline	<100%	101 - 200%	201 - 400%
1	\$13,590	\$13,590 or less	> \$13,590 > \$27,180	< \$27,180 < \$54,360
2	\$18,310	\$18,310 or less	> \$18,310 > \$36,620	< \$36,620 < \$73,240
3	\$23,030	\$23,030 or less	> \$23,030 > \$46,060	< \$46,060 < \$92,120
4	\$27,750	\$27,750 or less	> \$27,750 > \$55,500	< \$55,500 < \$111,000
5	\$32,470	\$32,470 or less	> \$32,470 > \$64,940	< \$64,940 < \$129,880
6	\$37,190	\$37,190 or less	> \$37,190 > \$74,380	< \$74,380 < \$148,760
7	\$41,910	\$41,910 or less	> \$41,910 > \$83,820	< \$83,820 < \$167,640
8	\$46,630	\$46,630 or less	> \$46,630 > \$93,260	< \$93,260 < \$186,520

For families/households with more than 8 persons, add \$4720 for each additional person.

Source: HHS poverty guidelines: aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines

Expected Out-Of-Pocket Fees with FPL Discounts

FPL Range	Discount
≤100% (\$13,590 or less)	100%
101% — 200%	80%
201% — 400%	60%





CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
11/27/2023

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 have ADDITIONAL INSURED provisions or 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 One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105	
	E-MAIL ADDRESS:	
INSURED Laboratory Corporation of America Holdings & Subsidiaries 531 S Spring Street Burlington NC 27215 USA	INSURER(S) AFFORDING COVERAGE	
	INSURER A: ACE American Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
		NAIC # 22667

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER:** 570102807699 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HDOG48900355	11/01/2023	11/01/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ISA H10819854	11/01/2023	11/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT
A	E&O - Professional Liability - Primary			HDCG48900409 Claims Made	11/01/2023	11/01/2024	Each Incident \$1,000,000 Aggregate \$3,000,000

Certificate No : 570102807699

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Clackamas County 2051 Kaen Road Oregon City OR 97045 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

PROPOSAL CERTIFICATION
RFP #2023-87

Submitted by: _____
(Must be entity's full legal name, and State of Formation)

Each Proposer must read, complete and submit a copy of this Proposal Certification with their Proposal. Failure to do so may result in rejection of the Proposal. By signature on this Proposal Certification, the undersigned certifies that they are authorized to act on behalf of the Proposer and that under penalty of perjury, the undersigned will comply with the following:

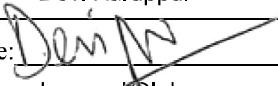
SECTION I. OREGON TAX LAWS: As required in ORS 279B.110(2)(e), the undersigned hereby certifies that, to the best of the undersigned's knowledge, the Proposer is not in violation of any Oregon Tax Laws. For purposes of this certification, "Oregon Tax Laws" means the tax laws of the state or a political subdivision of the state, including ORS 305.620 and ORS chapters 316, 317 and 318. If a contract is executed, this information will be reported to the Internal Revenue Service. Information not matching IRS records could subject Proposer to 24% backup withholding.

SECTION II. NON-DISCRIMINATION: 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, gender identity, national origin, or any other protected class. Nor has Proposer or will Proposer discriminate against a subcontractor in the awarding of a subcontract because the subcontractor is a disadvantaged business enterprise, a minority-owned business, a woman-owned business, a business that a service-disabled veteran owns or an emerging small business that is certified under ORS 200.055.

SECTION III. CONFLICT OF INTEREST: The undersigned hereby certifies that no elected official, officer, agent or employee of Clackamas County is personally interested, directly or indirectly, in any resulting contract from this RFP, or the compensation to be paid under such contract, and that no representation, statements (oral or in writing), of the County, its elected officials, officers, agents, or employees had induced Proposer to submit this Proposal. In addition, the undersigned hereby certifies that this proposal is made without connection with any person, firm, or corporation submitting a proposal for the same material, and is in all respects fair and without collusion or fraud.

SECTION IV. COMPLIANCE WITH SOLICITATION: The undersigned further agrees and certifies that they:

1. Have read, understand and agree to be bound by and comply with all requirements, instructions, specifications, terms and conditions of the RFP (including any attachments); and
2. Are an authorized representative of the Proposer, that the information provided is true and accurate, and that providing incorrect or incomplete information may be cause for rejection of the Proposal or contract termination; and
3. Will furnish the designated item(s) and/or service(s) in accordance with the RFP and Proposal; and
4. Will use recyclable products to the maximum extend economically feasible in the performance of the contract work set forth in this RFP.

Name: Devi Karuppur Date: 11/27/23
Signature:  Title: VP/GM
Email: karuppur@iabcorp.com Telephone: 206-861-7416
Oregon Business Registry Number: _____ OR CCB # (if applicable): _____

Business Designation (check one):

Corporation Partnership Sole Proprietorship Non-Profit Limited Liability Company

Resident Quoter, as defined in ORS 279A.120

Non-Resident Quote. Resident State: _____

Gina M. Roberts-Hagarty, PhD

Interim Operational Manager | Toxicology Department
Legacy Laboratory Services | 1225 NE 2nd Avenue | Portland, OR 97232
GinaRobertsPhD@gmail.com | 913-708-2131 || groberts@lhs.org | 503-413-4789

EDUCATION

IOWA STATE UNIVERSITY – AMES, IA

PHD Organic Chemistry, May 2014

THESIS “Greener and Renewable Methods for Pd-Catalyzed Cross-Coupling and Alkoxyacylation Reactions.”

RESEARCH ADVISOR: L. KEITH WOO, PHD

ECKERD COLLEGE – ST. PETERSBURG, FL

BS Biochemistry with honors, May 2006 – ACS Certified

PROFESSIONAL EXPERIENCE

DEPARTMENT OF TOXICOLOGY

LEGACY LABORATORY SERVICES – PORTLAND, OR

APR 2022-CURRENT

INTERIM OPERATIONAL MANAGER

- Leads a team of technical and non-technical personnel in medical, workplace and regulated forensic testing
- Guides staff through change management during transition in lab leadership and ownership
- Trains for Responsible Person competency including lab management and data certification
- Aids RP responsibilities, including documentation review and inspection preparation
- Assists management of the day-to-day operations of department and employee performance
- Collaborates on competency and quality metrics to ensure proper performance and reporting for all test results

ASSISTANT SCIENTIFIC DIRECTOR

- Responsible for method development, validation and implementation for a forensic and medical toxicology lab, ensuring accredited and regulatory standards are maintained
- Composes technical documentation and training material to ensure quality and competency requirements are achieved
- Devises performance monitoring for instrumentation and processes to ensure consistent quality, precision and accuracy in sample analysis
- Develops methods for various instrumentation including LC-MS/MS, GC-MS and automated chemistry analyzers
- Lead on establishing an oral fluid workplace drug testing program for the lab

LEAD SCIENTIST – MASS SPECTROMETRY

- Under cGMP, developed and validated mass spectrometry methods to detect various pharmaceuticals and manufacturing byproducts (e.g., nitrosamines, extractables and leachables)
- Characterized various pharmaceutical products (e.g., structure identifications and stability determination) to document if product was safe for commercial release
- Performed method development, validation and transfer activities to expand lab's in-house analytic capacity
- Trained and mentored others on method development and instrument operation

EMPLOYER SOLUTIONS

MAR 2015 – Nov 2021

QUEST DIAGNOSTICS – LENEXA, KS

SENIOR / STAFF SCIENTIST

- Lead scientist for method development, validation and implementation in a forensic toxicology lab focusing on workplace drug testing
- Responsible for ensuring assays validated to accredited standards (CAP, CLIA and NLCP) and maintained similar performance through annual reverifications
- Active in efforts to automate confirmation testing, helping to establish procedures, standardized platforms and best practices, while maintaining regulatory compliance
- Responsible for mentoring, training and performance review for each R&D scientist, ensuring all techniques were mastered according to competency requirements
- Reduced turnaround time, error rate and production costs for preexisting confirmation methodology
- Collaborated with toxicology managers and directors to integrate and implement new assays for both regulated and non-regulated confirmation testing
- Regularly consulted by senior leadership to determine future projects and improvements for confirmation testing. Recommendations always supported with efficiency and cost savings, as well as accuracy and precision improvements
- Used root cause analysis to determine source of errors, imprecision and failures, results of which were used to develop effective corrective action and process improvements
- Organized and conducted weekly project meetings for senior leadership and fellow managers regarding project status, timelines and goals
- Assisted PT analysis and reporting for certain assays, including investigation into any deviations or failures
- Cross-trained in specimen processing (oral fluid) to expand business knowledge and assist with staffing shortages
- Also responsible for duties of previous title

SCIENTIST

- Established and managed R&D team within a year of hire. Doubled staff within two years due to exceptional performance. Team framework became template for R&D teams at sister labs
- Developed methods to isolate and analyze controlled substances in various human biological matrices (urine, oral fluid, blood and hair) using LC-MS/MS, GC-MS and GC-MS/MS
- Regularly validated, maintained and troubleshot instrumentation and methodology in a production environment able to process >30,000 specimens and utilize >90 mass spectrometers on a daily basis
- Isolated compounds of interest from biological matrices using various techniques (SPE, SLE, liquid-liquid)
- Consulted by other departments and locations to assist in method development, validation and troubleshooting issues
- Selected by Senior Scientific Director to guide fledgling hair testing lab in Brazil in method validation and regulatory requirements
- Streamlined method validations by reviewing current corporate policy and CAP/NLCP/CLIA standards, successfully reducing validation time by 50%
- Composed, reviewed and edited technical documentation and training material to ensure quality and competency requirements were achieved
- Devised performance monitoring for instrumentation and processes to ensure quality, precision and accuracy in sample analysis

CONTRACTOR

2014 – 2015

QUEST PRODUCTS – KANSAS CITY, KS

LEAD FERTILIZER CHEMIST

- Determined formulation of existing turf grass fertilizers, focusing on golf courses
- Assisted development of silicon based liquid fertilizers to enhance silicon uptake and resiliency
- Designed literature to educate customers on essential plant nutrients and fertilizer efficacy

DEPARTMENT OF CHEMISTRY – LABORATORY OF L. KEITH WOO, PHD

AUG 2007 – JUL 2014

IOWA STATE UNIVERSITY – AMES, IA

GRADUATE RESEARCH ASSISTANT

- Designed sustainable method for quantitative conversion of unsaturated esters to bifunctional molecules (e.g., diethyl adipate) while working with the Center for Biorenewable Chemicals (CBiRC)
- Created inexpensive and greener methodology for Sonogashira coupling in water using commercially available surfactants (e.g., SDS and CTAB)
- Developed and synthesized novel amphiphilic molecules and Pd-catalysts for organic reactions in water
- Advised seven students on self-developed research projects, resulting in two publications
- Characterized organic compounds and Pd-catalysts using GC-MS, LC-MS/MS, UV-Vis, FTIR,

NMR and elemental analysis

- Established and maintained several key pieces of equipment including a solvent purification system, air-free glove box, high pressure reactors and GC-MS
- Delivered weekly multimedia presentations on research progress and relevant scientific literature
- Composed, edited and reviewed technical documents, journal articles and grant applications
- Presented research at departmental meetings and national scientific conferences
- Managed chemical inventory, as well as ordered chemicals, glassware and equipment

CROP SCIENCE

AUG 2006 – MAY 2007

BAYER – STILWELL, KS

CONTRACT LABORATORY TECHNICIAN

- Isolated pesticides and associated metabolites from plant and animal tissue using liquid extraction and microwave techniques
- Characterized and quantified recovered pesticides via LC-MS/MS
- Trained in GLP and SOP implementation

DEPARTMENT OF MARINE SCIENCE

SEPT 2005 – AUG 2006

ECKERD COLLEGE – ST. PETERSBURG, FL

BOAT COATINGS DEVELOPMENT INTERN TO NANCY SMITH, PHD

- Collaborated with Sea Hawk Paints (Clearwater, FL) to analyze efficacy of their anti-fouling boat coatings and to assist development of novel coating technology with lower toxicity to marine environment
- Assisted development, production and field-testing of boat coatings
- Identified and documented common fouling organisms in the Tampa Bay area. Findings were organized into a reference library for Sea Hawk customers

DEPARTMENT OF CHEMISTRY

JAN 2005 – AUG 2006

ECKERD COLLEGE – ST. PETERSBURG, FL

PROTEIN ANALOGUE DEVELOPMENT INTERN TO CHRIS R. SCHNABEL, PHD

- Collaborated with the Moffitt Cancer Center in Tampa, FL to identify histidine-rich active site features of metalloproteases key in biological functions such as osteoarthritis and angiogenesis
- Developed imidazole-based chelating ligands to serve as protease active site mimics
- Synthesized and characterized Zn and Co complexes using chelating ligands

RESEARCH INTERN

- Isolated DNA and RNA from brain tissue of mutated mice in hopes of identifying the gene(s) responsible for the wobbler mouse mutation
- Performed qPCR, RT-PCR, gel electrophoresis and developed expression vectors to better understand neurodegenerative disorders

TECHNICAL EXPERIENCE

SKILLS

- Qualitative/Quantitative method development, validation, implementation and reverification
- Project management
- NLCP and CAP inspection preparedness
- Team management and training
- Organic Synthesis – air-free/Schlenk, glove box, purification, scale-up, high-pressure
- Green organometallic catalysis
- Isolation/Purification – crystallization, sublimation, distillation, SPE/SLE/LLE and precipitation
- Programming and operation of automated liquid handling
- Lab equipment management and maintenance
- Instrument optimization, operation, troubleshooting and maintenance
- Writing and reviewing technical literature
- Gas/Liquid chromatography – UPLC, reverse phase, normal phase and HILIC
- Mass spectrometry – EI, CI, ESI, MRM, SRM and SIM
- Analytical solution preparation
- Data acquisition, analysis and reporting
- Development and optimization of data report contents and layout
- Determination of performance monitoring for instrumentation and processes

EQUIPMENT

- Automated chemistry analyzer – Beckman Coulter
- Deans switch – Cryotrap, LTM
- GC-MS and GC-MS/MS – Agilent
- LC-MS/MS – Agilent, Shimadzu, SCIEX, Waters
- Liquid handing systems – Hamilton, Tecan
- NMR (1H, 13C, 31P, 15N) – Bruker, Varian
- Glove boxes – MBRAUN
- High pressure reactors
- Solvent purification systems
- UV-Vis spectrophotometer
- Microwave reactors
- FAA spectroscopy
- FT- infrared spectroscopy

SOFTWARE

- ChemStation/MassHunter
- Analyst/SCIEX OS/MultiQuant/Reporter
- Empower
- ChemDraw/ChemDoodle
- Microsoft Office
- Windows Operating System
- Mac Operating System
- VENUS
- R Studio

TEACHING EXPERIENCE

DEPARTMENT OF CHEMISTRY

IOWA STATE UNIVERSITY – AMES, IA

AUG 2007 – JUL 2014

ORGANIC CHEMISTRY LECTURER

- Developed learning objectives, syllabi, course materials and exams on the fundamentals of organic chemistry with emphasis on real world applications
- Responsible for all student evaluation and grading
- Prepared and delivered daily multimedia lectures
- Mentored teaching assistants on proper teaching techniques and grading criteria

GRADUATE TEACHING ASSISTANT

- Instructed undergraduate students in general and organic chemistry courses over six semesters, including facilitating evaluation and grading
- Tailored instruction depending on audience, e.g., accelerated/advanced, nursing/healthcare and engineers
- Substitute lectured for other professors when needed
- Demonstrated and supervised safe lab techniques

DEPARTMENT OF CHEMISTRY

ECKERD COLLEGE – ST. PETERSBURG, FL

FALL 2004 – SPRING 2006

TEACHING ASSISTANT

- Assisted the instruction of fellow undergraduate students in general, organic and analytical chemistry courses over five semesters
- Conducted pre-lab lectures, while guiding proper lab techniques and scientific report writing
- Prepared and maintained stock solutions, chemicals and equipment needed for each lab
- Operated instrumentation to complete lab objectives (UV-Vis, NMR, FTIR, AA spectroscopy and HPLC)

TEACHING ASSISTANT

- Assisted the instruction of fellow undergraduate students in marine botany and invertebrate biology over two semesters
- Aided class excursions for in field observations and collection of local specimens

PUBLICATIONS

“Improving Reactivity and Selectivity of Aqueous-Based Heck Reactions by the Local Hydrophobicity of Phosphine Ligands.” G. M. Roberts; S. Zhang; Y. Zhao; L. K. Woo; *Tetrahedron* **2015**, 71, 8263-8270.

“Aqueous Sonogashira Coupling of Aryl Halides with 1-Alkynes Under Mild Conditions: Use of Surfactants in Cross-Coupling Reactions.” G. M. Roberts; W. Lu; L. K. Woo; *RSC ADV* **2015**, 5, 18960-18971.

“Pd Complexes with N-heterocyclic Carbene Ligands as Catalysts for the Alkoxy carbonylation of Olefins.” Roberts, G. M.; Pierce, P. J.; Woo, L. K.; *Organometallics* **2013**, 32, 2033-2036.

“O-H Insertion and Tandem N-H Insertion/Cyclization Reactions Using an Iron Porphyrin as Catalyst with Diazo Compounds as Carbene Sources.” Mbuvi, H. M.; Klobukowski, E. R.; Roberts, G. M.; Woo, L. K.; *J Porphyr Phthalocya* **2010**, 14, 284-292.

PRESENTATIONS

“Bridging the Gap” Breakthrough 2020 (Employer Solutions Operation Convention for Quest Diagnostics) in Overland Park, KS. January 28, 2020.

“Unprecedented Reactivity of Palladium Complexes with N-heterocyclic Carbene Ligands: Examples of Alkoxy carbonylation with Short-Chain Unsaturated Compounds and C-H Bond Activation of Amides.” 244th ACS National Meeting in New Orleans, LA. April 10, 2013.

“Isomerization and Esterification of Olefins Using Palladium Benzimidazoline-2-ylidene Catalysts” 243rd ACS National Meeting in San Diego, CA. March 29, 2012.

ACHIEVEMENTS

QUEST DIAGNOSTICS

AWARDS

Employee of the Month, February 2021, January 2017, October 2015

We're There, 2019

Idea Lab, 2018

Spirit, 2018

LEADERSHIP

Leadership Speaker – Operation Convention, 2020

IOWA STATE UNIVERSITY

AWARDS

Women in Chemistry, 2010

FELLOWSHIPS

HHMI (Teaching), 2012

GAANN (Research), 2010

LEADERSHIP

CBiRC Student Leadership Council, Chair, 2012–2014

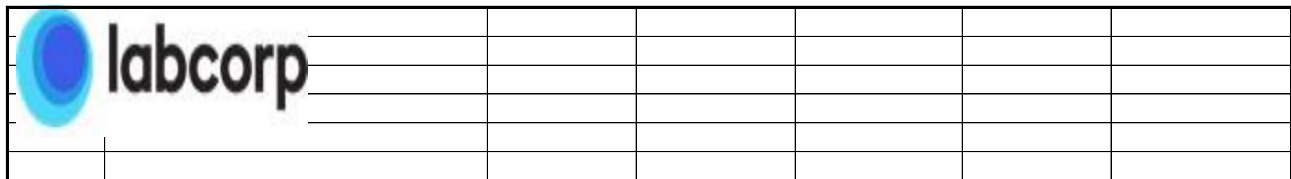
REU Students, 2011–2013

RET/Symbi Teachers, 2010/2012

ECKERD COLLEGE

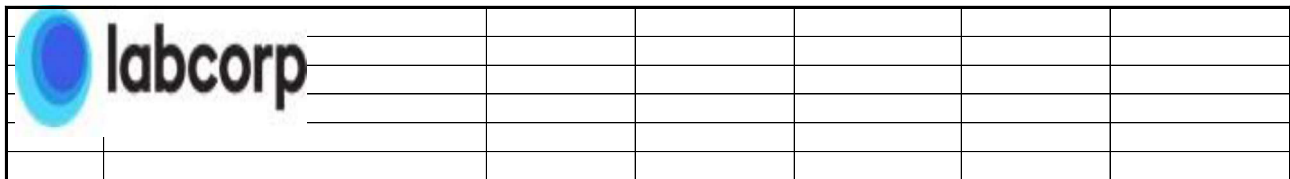
AWARDS

American Institute of Chemists, 2006




Confidential


Test #	Test Name	00AM - Client Price	A1LW - Patient Price	A38H 25% Indigent Price	A38F 50% Indigent Price	A38D 75% Indigent Price
000455	Thyroid Panel	\$ 8.25	\$ 54.25	\$ 40.75	\$ 27.25	\$ 13.75
000604	Cl+K+Na	\$ 6.50	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
000620	Thyroid Panel With TSH	\$ 14.25	\$ 97.25	\$ 73.00	\$ 48.75	\$ 24.50
000810	Vitamin B12 and Folate	\$ 27.00	\$ 96.25	\$ 72.25	\$ 48.25	\$ 24.25
001016	Calcium	\$ 4.50	\$ 24.50	\$ 18.50	\$ 12.25	\$ 6.25
001024	Phosphorus	\$ 4.50	\$ 24.50	\$ 18.50	\$ 12.25	\$ 6.25
001032	Glucose	\$ 4.50	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
001040	BUN	\$ 4.50	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
001057	Uric Acid	\$ 4.50	\$ 23.00	\$ 17.25	\$ 11.50	\$ 5.75
001065	Cholesterol, Total	\$ 4.50	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
001073	Protein, Total	\$ 4.50	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
001081	Albumin	\$ 4.50	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
001099	Bilirubin, Total	\$ 4.50	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
001107	Alkaline Phosphatase	\$ 4.50	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
001115	LDH	\$ 4.50	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
001123	AST (SGOT)	\$ 4.50	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
001149	Thyroxine (T4)	\$ 6.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
001151	Thyroxine (T4)	\$ 6.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
001156	T3 Uptake	\$ 6.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
001172	Triglycerides	\$ 4.50	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
001180	Potassium	\$ 4.50	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
001198	Sodium	\$ 4.50	\$ 24.50	\$ 18.50	\$ 12.25	\$ 6.25
001206	Chloride	\$ 4.50	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
001214	Bilirubin, Total/Direct, Serum	\$ 8.25	\$ 28.25	\$ 21.25	\$ 14.25	\$ 7.25
001222	Bilirubin, Direct	\$ 4.50	\$ 27.25	\$ 20.50	\$ 13.75	\$ 7.00
001255	Glucose Fasting and 2hr	\$ 6.25	\$ 28.50	\$ 21.50	\$ 14.25	\$ 7.25
001321	Iron and TIBC	\$ 12.50	\$ 49.25	\$ 37.00	\$ 24.75	\$ 12.50
001339	Iron	\$ 4.50	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
001354	Fecal Fat, Quantitative	\$ 25.75	\$ 52.00	\$ 39.00	\$ 26.00	\$ 13.00
001362	Creatine Kinase, Total	\$ 8.25	\$ 27.25	\$ 20.50	\$ 13.75	\$ 7.00
001370	Creatinine	\$ 4.50	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
001396	Amylase	\$ 8.25	\$ 27.25	\$ 20.50	\$ 13.75	\$ 7.00
001404	Lipase	\$ 12.00	\$ 29.25	\$ 22.00	\$ 14.75	\$ 7.50
001453	Hemoglobin A1c	\$ 7.25	\$ 42.25	\$ 31.75	\$ 21.25	\$ 10.75
001487	Protein Electro., S	\$ 20.25	\$ 46.75	\$ 35.25	\$ 23.50	\$ 11.75
001495	IFE and PE, Serum	\$ 52.25	\$ 200.50	\$ 150.50	\$ 100.25	\$ 50.25
001496	Immunofixation Reflex, Serum	\$ 44.75	\$ 153.50	\$ 115.25	\$ 76.75	\$ 38.50
001503	Vitamin B12	\$ 23.25	\$ 49.00	\$ 36.75	\$ 24.50	\$ 12.25
001529	Carotene, Beta	\$ 15.75	\$ 33.50	\$ 25.25	\$ 16.75	\$ 8.50
001537	Magnesium	\$ 7.75	\$ 27.25	\$ 20.50	\$ 13.75	\$ 7.00
001545	ALT (SGPT)	\$ 4.50	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
001560	Ceruloplasmin	\$ 15.75	\$ 36.00	\$ 27.00	\$ 18.00	\$ 9.00
001578	Carbon Dioxide, Total	\$ 4.50	\$ 24.50	\$ 18.50	\$ 12.25	\$ 6.25
001586	Copper, Serum or Plasma	\$ 27.75	\$ 55.25	\$ 41.50	\$ 27.75	\$ 14.00
001594	Cryoglobulin, QI, Serum, Rflx	\$ 10.50	\$ 27.25	\$ 20.50	\$ 13.75	\$ 7.00
001610	Fibrinogen Activity	\$ 20.25	\$ 26.75	\$ 20.25	\$ 13.50	\$ 6.75
001612	Alk Phos Isoenzyme	\$ 23.25	\$ 65.00	\$ 48.75	\$ 32.50	\$ 16.25
001628	Haptoglobin	\$ 30.50	\$ 53.75	\$ 40.50	\$ 27.00	\$ 13.50
001677	Fecal Fat, Qualitative	\$ 15.75	\$ 38.25	\$ 28.75	\$ 19.25	\$ 9.75
001685	Immunofixation, Serum	\$ 44.75	\$ 153.50	\$ 115.25	\$ 76.75	\$ 38.50
001701	5' Nucleotidase	\$ 23.25	\$ 38.25	\$ 28.75	\$ 19.25	\$ 9.75
001735	Thyroxine Binding Globulin	\$ 23.25	\$ 48.75	\$ 36.75	\$ 24.50	\$ 12.25
001768	Immunoglobulins A/G/M, Qn, Ser	\$ 24.50	\$ 89.75	\$ 67.50	\$ 45.00	\$ 22.50
001776	Immunoglobulin G, Qn, Serum	\$ 15.75	\$ 31.00	\$ 23.25	\$ 15.50	\$ 7.75




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Test #	Test Name	00AM - Client Price	A1LW - Patient Price	A38H 25% Indigent Price	A38F 50% Indigent Price	A38D 75% Indigent Price
001784	Immunoglobulin A, Qn, Serum	\$ 15.75	\$ 31.00	\$ 23.25	\$ 15.50	\$ 7.75
001792	Immunoglobulin M, Qn, Serum	\$ 15.75	\$ 31.00	\$ 23.25	\$ 15.50	\$ 7.75
001800	Zinc, Plasma or Serum	\$ 19.00	\$ 39.50	\$ 29.75	\$ 19.75	\$ 10.00
001805	Vitamin C	\$ 30.50	\$ 48.75	\$ 36.75	\$ 24.50	\$ 12.25
001818	Glucose, Plasma	\$ 4.50	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
001834	Complement C4, Serum	\$ 15.75	\$ 39.00	\$ 29.25	\$ 19.50	\$ 9.75
001842	LD Isoenzymes	\$ 15.75	\$ 61.50	\$ 46.25	\$ 30.75	\$ 15.50
001859	CK+LD, Totals+Isoenzymes	\$ 66.00	\$ 124.50	\$ 93.50	\$ 62.25	\$ 31.25
001917	G6PD,Qn,Bld and Red Cell Count	\$ 23.25	\$ 42.25	\$ 31.75	\$ 21.25	\$ 10.75
001925	HDL Cholesterol	\$ 5.75	\$ 27.25	\$ 20.50	\$ 13.75	\$ 7.00
001941	Complement, Total (CH50)	\$ 23.25	\$ 65.75	\$ 49.50	\$ 33.00	\$ 16.50
001958	GGT	\$ 4.50	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
001974	Thyroxine (T4) Free, Direct	\$ 8.00	\$ 37.25	\$ 28.00	\$ 18.75	\$ 9.50
001975	T4F	\$ 8.00	\$ 37.25	\$ 28.00	\$ 18.75	\$ 9.50
001976	Thyroxine (T4) Free, Direct, S	\$ 8.00	\$ 37.25	\$ 28.00	\$ 18.75	\$ 9.50
001977	Thyroxine (T4) Free, Direct, S	\$ 8.00	\$ 37.25	\$ 28.00	\$ 18.75	\$ 9.50
001982	Alpha-1-Antitrypsin, Serum	\$ 19.00	\$ 44.50	\$ 33.50	\$ 22.25	\$ 11.25
002006	Renin Activity, Plasma	\$ 23.25	\$ 71.25	\$ 53.50	\$ 35.75	\$ 18.00
002014	Folate (Folic Acid), Serum	\$ 15.75	\$ 48.25	\$ 36.25	\$ 24.25	\$ 12.25
002022	Glucose, Two-Hour Postprandial	\$ 8.25	\$ 24.50	\$ 18.50	\$ 12.25	\$ 6.25
002030	Aldolase	\$ 12.50	\$ 32.25	\$ 24.25	\$ 16.25	\$ 8.25
002048	Glucose, Cerebrospinal Fluid	\$ 45.50	\$ 52.00	\$ 39.00	\$ 26.00	\$ 13.00
002055	Protein, Total, CSF	\$ 15.75	\$ 38.25	\$ 28.75	\$ 19.25	\$ 9.75
002071	Osmolality	\$ 15.75	\$ 30.50	\$ 23.00	\$ 15.25	\$ 7.75
002139	CEA	\$ 17.50	\$ 62.00	\$ 46.50	\$ 31.00	\$ 15.50
002154	CK, Total+Isoenzymes, Serum	\$ 23.25	\$ 65.00	\$ 48.75	\$ 32.50	\$ 16.25
002170	Immunoglobulin E, Total	\$ 15.75	\$ 54.25	\$ 40.75	\$ 27.25	\$ 13.75
002188	Triiodothyronine (T3)	\$ 19.00	\$ 48.75	\$ 36.75	\$ 24.50	\$ 12.25
002253	AFP, Serum, Tumor Marker	\$ 36.50	\$ 67.50	\$ 50.75	\$ 33.75	\$ 17.00
002261	CA 19-9	\$ 37.50	\$ 67.50	\$ 50.75	\$ 33.75	\$ 17.00
002295	Immunoglobulins A/E/G/M, Serum	\$ 37.50	\$ 142.50	\$ 107.00	\$ 71.25	\$ 35.75
002303	Cancer Antigen (CA) 125	\$ 30.50	\$ 67.75	\$ 51.00	\$ 34.00	\$ 17.00
002311	Creatine Kinase (CK), MB/Total	\$ 36.50	\$ 67.50	\$ 50.75	\$ 33.75	\$ 17.00
002402	Creatine, Serum	\$ 8.25	\$ 27.25	\$ 20.50	\$ 13.75	\$ 7.00
002808	CMP12+6AC	\$ 7.75	\$ 43.50	\$ 32.75	\$ 21.75	\$ 11.00
003004	Creatinine Clearance	\$ 12.50	\$ 33.50	\$ 25.25	\$ 16.75	\$ 8.50
003012	Creatinine, 24-Hour Urine	\$ 17.75	\$ 41.25	\$ 31.00	\$ 20.75	\$ 10.50
003038	Urinalysis, Routine	\$ 6.25	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
003053	Porphobilinogen, Qn, Random Ur	\$ 39.50	\$ 72.25	\$ 54.25	\$ 36.25	\$ 18.25
003079	Myoglobin, Urine	\$ 37.50	\$ 48.75	\$ 36.75	\$ 24.50	\$ 12.25
003103	Porphobilinogen, Qn, 24-Hr Ur	\$ 39.50	\$ 72.25	\$ 54.25	\$ 36.25	\$ 18.25
003129	Prot+CreatU (Random)	\$ 12.50	\$ 29.50	\$ 22.25	\$ 14.75	\$ 7.50
003160	Chloride, 24 hr Urine	\$ 15.75	\$ 33.50	\$ 25.25	\$ 16.75	\$ 8.50
003178	Sodium, 24 hr Urine	\$ 8.25	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
003186	Potassium, 24 hr Urine	\$ 8.25	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
003194	Porphyryns, Qn, 24 Hr Ur.	\$ 30.50	\$ 55.25	\$ 41.50	\$ 27.75	\$ 14.00
003251	Phosphorus, 24 hr Urine	\$ 6.00	\$ 24.50	\$ 18.50	\$ 12.25	\$ 6.25
003269	Calcium, 24Hr Urine	\$ 12.00	\$ 30.50	\$ 23.00	\$ 15.25	\$ 7.75
003277	Protein Total, Qn, 24-Hr Urine	\$ 8.25	\$ 27.25	\$ 20.50	\$ 13.75	\$ 7.00
003343	Copper, Urine	\$ 44.75	\$ 79.75	\$ 60.00	\$ 40.00	\$ 20.00
003368	Protein Electro, 24-Hour Urine	\$ 30.50	\$ 58.00	\$ 43.50	\$ 29.00	\$ 14.50
003376	Glucose, Quantitative, Urine	\$ 6.00	\$ 24.50	\$ 18.50	\$ 12.25	\$ 6.25
003384	Urinalysis (No Micro)	\$ 9.25	\$ 22.00	\$ 16.50	\$ 11.00	\$ 5.50
003418	Uric Acid, 24 hr Urine	\$ 8.25	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00


						
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Test #	Test Name	00AM - Client Price	A1LW - Patient Price	A38H 25% Indigent Price	A38F 50% Indigent Price	A38D 75% Indigent Price
003442	Osmolality, Urine	\$ 15.75	\$ 30.50	\$ 23.00	\$ 15.25	\$ 7.75
003467	IFE+Protein Electro, 24-Hr Ur	\$ 59.25	\$ 100.00	\$ 75.00	\$ 50.00	\$ 25.00
003475	Creatine, 24-Hour Urine	\$ 8.25	\$ 27.25	\$ 20.50	\$ 13.75	\$ 7.00
003541	Urea Nitrogen, 24-Hour Urine	\$ 21.25	\$ 43.50	\$ 32.75	\$ 21.75	\$ 11.00
003715	PE(Rfx IFE), Random Ur	\$ 27.00	\$ 36.00	\$ 27.00	\$ 18.00	\$ 9.00
003772	Urinalysis, Complete	\$ 6.75	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
003970	Oxalate, Quant, 24-Hour Urine	\$ 23.25	\$ 43.25	\$ 32.50	\$ 21.75	\$ 11.00
004020	DHEA-Sulfate	\$ 23.25	\$ 72.75	\$ 54.75	\$ 36.50	\$ 18.25
004036	Pregnancy Test, Urine	\$ 15.75	\$ 32.00	\$ 24.00	\$ 16.00	\$ 8.00
004044	Metanephrines, Pheochromocyt	\$ 30.50	\$ 72.00	\$ 54.00	\$ 36.00	\$ 18.00
004051	Cortisol	\$ 15.75	\$ 53.50	\$ 40.25	\$ 26.75	\$ 13.50
004069	5-HIAA,Quant.,24 Hr Urine	\$ 23.25	\$ 42.50	\$ 32.00	\$ 21.25	\$ 10.75
004100	DHEA, Serum	\$ 37.50	\$ 82.00	\$ 61.50	\$ 41.00	\$ 20.50
004143	Vanillylmandelic Acid, 24-Hr U	\$ 23.25	\$ 51.00	\$ 38.25	\$ 25.50	\$ 12.75
004176	Catecholamines,Ur.,Free,24 Hr	\$ 30.50	\$ 58.00	\$ 43.50	\$ 29.00	\$ 14.50
004226	Testosterone	\$ 19.00	\$ 83.25	\$ 62.50	\$ 41.75	\$ 21.00
004234	Metanephrines, Frac, Qn, 24-Hr	\$ 43.75	\$ 78.00	\$ 58.50	\$ 39.00	\$ 19.50
004259	TSH	\$ 7.50	\$ 53.00	\$ 39.75	\$ 26.50	\$ 13.25
004275	Growth Hormone, Serum	\$ 23.25	\$ 54.25	\$ 40.75	\$ 27.25	\$ 13.75
004283	Luteinizing Hormone(LH)	\$ 19.00	\$ 56.25	\$ 42.25	\$ 28.25	\$ 14.25
004291	Aldosterone, Urine	\$ 37.50	\$ 131.25	\$ 98.50	\$ 65.75	\$ 33.00
004309	FSH	\$ 15.75	\$ 55.75	\$ 42.00	\$ 28.00	\$ 14.00
004317	Progesterone	\$ 30.50	\$ 66.50	\$ 50.00	\$ 33.25	\$ 16.75
004333	Insulin	\$ 25.50	\$ 52.00	\$ 39.00	\$ 26.00	\$ 13.00
004354	Aldosterone/Renin Ratio	\$ 60.75	\$ 202.50	\$ 152.00	\$ 101.50	\$ 51.00
004374	Aldosterone LCMS, Serum	\$ 37.50	\$ 131.25	\$ 98.50	\$ 65.75	\$ 33.00
004390	Gastrin, Serum	\$ 37.50	\$ 57.00	\$ 42.75	\$ 28.50	\$ 14.25
004416	hCG,Beta Subunit, Qnt	\$ 10.50	\$ 49.00	\$ 36.75	\$ 24.50	\$ 12.25
004432	Cortisol, Urinary Free	\$ 30.50	\$ 54.75	\$ 41.25	\$ 27.50	\$ 13.75
004440	ACTH, Plasma	\$ 33.00	\$ 118.00	\$ 88.50	\$ 59.00	\$ 29.50
004457	T4, TBG and T4-TBG Index	\$ 30.50	\$ 45.50	\$ 34.25	\$ 22.75	\$ 11.50
004465	Prolactin	\$ 19.00	\$ 63.25	\$ 47.50	\$ 31.75	\$ 16.00
004515	Estradiol	\$ 23.25	\$ 89.75	\$ 67.50	\$ 45.00	\$ 22.50
004549	Estrogens, Total	\$ 33.00	\$ 70.25	\$ 52.75	\$ 35.25	\$ 17.75
004556	hCG,Beta Subunit,Qual	\$ 12.00	\$ 32.00	\$ 24.00	\$ 16.00	\$ 8.00
004564	Estrone, Serum	\$ 52.25	\$ 65.75	\$ 49.50	\$ 33.00	\$ 16.50
004580	LP+Chol/HDL+LDL/HDL+CHD Risk	\$ 6.75	\$ 47.00	\$ 35.25	\$ 23.50	\$ 11.75
004598	Ferritin	\$ 8.25	\$ 45.00	\$ 33.75	\$ 22.50	\$ 11.25
004614	Estriol, Serum	\$ 37.50	\$ 78.75	\$ 59.25	\$ 39.50	\$ 19.75
004648	C1 Esterase Inhibitor, Serum	\$ 23.25	\$ 39.50	\$ 29.75	\$ 19.75	\$ 10.00
004655	Vitamin B6, Plasma	\$ 37.50	\$ 68.75	\$ 51.75	\$ 34.50	\$ 17.25
004705	Androstenedione LCMS	\$ 37.50	\$ 94.50	\$ 71.00	\$ 47.25	\$ 23.75
004747	Prostatic Acid Phos, Serum	\$ 15.75	\$ 36.75	\$ 27.75	\$ 18.50	\$ 9.25
004770	Lactic Acid, Plasma	\$ 15.75	\$ 36.75	\$ 27.75	\$ 18.50	\$ 9.25
004804	Calcium, Ionized, Serum	\$ 30.50	\$ 58.00	\$ 43.50	\$ 29.00	\$ 14.50
004861	Viscosity, Serum	\$ 21.25	\$ 46.00	\$ 34.50	\$ 23.00	\$ 11.50
004895	Calcitonin, Serum	\$ 37.50	\$ 86.50	\$ 65.00	\$ 43.25	\$ 21.75
004937	Transferrin	\$ 28.75	\$ 56.25	\$ 42.25	\$ 28.25	\$ 14.25
004945	Ca+Creat+P+PTH Intact	\$ 37.50	\$ 180.00	\$ 135.00	\$ 90.00	\$ 45.00
005009	CBC With Differential/Platelet	\$ 5.00	\$ 26.25	\$ 19.75	\$ 13.25	\$ 6.75
005017	CBC, No Differential/Platelet	\$ 4.50	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
005025	WBC	\$ 7.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
005033	RBC	\$ 6.75	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
005041	Hemoglobin	\$ 7.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50

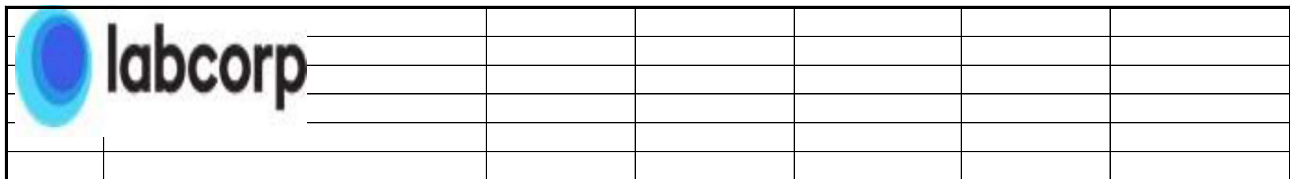
						
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Test #	Test Name	00AM - Client Price	A1LW - Patient Price	A38H 25% Indigent Price	A38F 50% Indigent Price	A38D 75% Indigent Price
005058	Hematocrit	\$ 4.50	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
005199	Prothrombin Time (PT)	\$ 5.50	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
005207	PTT, Activated	\$ 12.00	\$ 32.00	\$ 24.00	\$ 16.00	\$ 8.00
005215	Sedimentation Rate-Westergren	\$ 5.75	\$ 24.50	\$ 18.50	\$ 12.25	\$ 6.25
005223	Hgb Solubility	\$ 8.25	\$ 27.25	\$ 20.50	\$ 13.75	\$ 7.00
005231	Cell Ct, Synovial w/Crystals	\$ 12.50	\$ 41.50	\$ 31.25	\$ 20.75	\$ 10.50
005249	Platelet Count	\$ 4.50	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
005256	Cell Count, CSF	\$ 8.25	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
005280	Reticulocyte Count	\$ 5.50	\$ 30.50	\$ 23.00	\$ 15.25	\$ 7.75
005300	Hematopath Consultation, Smear	\$ 27.00	\$ 50.75	\$ 38.25	\$ 25.50	\$ 12.75
005330	HB Solu + Rflx Frac	\$ 23.25	\$ 43.25	\$ 32.50	\$ 21.75	\$ 11.00
005355	Crystal,Synovial/Joint Fl	\$ 23.25	\$ 46.50	\$ 35.00	\$ 23.25	\$ 11.75
006015	Antibody Screen	\$ 6.75	\$ 30.50	\$ 23.00	\$ 15.25	\$ 7.75
006031	Antistreptolysin O Ab	\$ 11.50	\$ 27.25	\$ 20.50	\$ 13.75	\$ 7.00
006049	ABO Grouping and Rho(D) Typing	\$ 12.50	\$ 49.25	\$ 37.00	\$ 24.75	\$ 12.50
006056	ABO Grouping	\$ 8.25	\$ 27.25	\$ 20.50	\$ 13.75	\$ 7.00
006072	RPR	\$ 5.00	\$ 27.25	\$ 20.50	\$ 13.75	\$ 7.00
006099	RPR	\$ 4.75	\$ 27.25	\$ 20.50	\$ 13.75	\$ 7.00
006189	Mononucleosis Test, Qual	\$ 9.75	\$ 33.50	\$ 25.25	\$ 16.75	\$ 8.50
006197	Rubella Antibodies, IgG	\$ 8.25	\$ 43.50	\$ 32.75	\$ 21.75	\$ 11.00
006213	Antibody Identification	\$ 15.75	\$ 32.00	\$ 24.00	\$ 16.00	\$ 8.00
006270	Coombs', Direct	\$ 8.25	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
006338	Antiextractable Nuclear Ag	\$ 30.50	\$ 115.50	\$ 86.75	\$ 57.75	\$ 29.00
006353	Cold Agglutinin Titer, Quant	\$ 9.75	\$ 38.25	\$ 28.75	\$ 19.25	\$ 9.75
006379	T pallidum Ab (FTA-Ab)	\$ 30.50	\$ 56.25	\$ 42.25	\$ 28.25	\$ 14.25
006395	Hep B Surface Ab	\$ 13.50	\$ 37.75	\$ 28.50	\$ 19.00	\$ 9.50
006445	VDRL, CSF	\$ 11.00	\$ 30.50	\$ 23.00	\$ 15.25	\$ 7.75
006452	Complement C3, Serum	\$ 15.75	\$ 39.00	\$ 29.25	\$ 19.50	\$ 9.75
006460	Rapid Plasma Reagin, Quant	\$ 12.00	\$ 24.50	\$ 18.50	\$ 12.25	\$ 6.25
006478	Toxoplasma gondii Ab, IgG	\$ 23.25	\$ 43.50	\$ 32.75	\$ 21.75	\$ 11.00
006486	Antiparietal Cell Antibody	\$ 30.50	\$ 70.25	\$ 52.75	\$ 35.25	\$ 17.75
006494	Cytomegalovirus (CMV) Ab, IgG	\$ 37.50	\$ 67.50	\$ 50.75	\$ 33.75	\$ 17.00
006502	Rheumatoid Factor (RF)	\$ 9.75	\$ 27.25	\$ 20.50	\$ 13.75	\$ 7.00
006510	HBsAg Screen	\$ 13.00	\$ 34.75	\$ 26.25	\$ 17.50	\$ 8.75
006536	Mono Qual W/Rflx Qn	\$ 9.75	\$ 33.50	\$ 25.25	\$ 16.75	\$ 8.50
006619	Hep Be Ag	\$ 15.75	\$ 37.75	\$ 28.50	\$ 19.00	\$ 9.50
006627	C-Reactive Protein, Quant	\$ 10.50	\$ 30.50	\$ 23.00	\$ 15.25	\$ 7.75
006635	Hep Be Ab	\$ 15.75	\$ 37.75	\$ 28.50	\$ 19.00	\$ 9.50
006643	Actin (Smooth Muscle) Antibody	\$ 23.25	\$ 48.75	\$ 36.75	\$ 24.50	\$ 12.25
006650	Mitochondrial (M2) Antibody	\$ 30.50	\$ 70.25	\$ 52.75	\$ 35.25	\$ 17.75
006676	Thyroid Peroxidase (TPO) Ab	\$ 12.50	\$ 48.00	\$ 36.00	\$ 24.00	\$ 12.00
006684	Thyroid Antibodies	\$ 30.50	\$ 98.00	\$ 73.50	\$ 49.00	\$ 24.50
006685	Thyroglobulin Antibody	\$ 15.75	\$ 52.00	\$ 39.00	\$ 26.00	\$ 13.00
006718	Hep B Core Ab, Tot	\$ 13.00	\$ 39.50	\$ 29.75	\$ 19.75	\$ 10.00
006726	Hep A Ab, Total	\$ 15.75	\$ 40.75	\$ 30.75	\$ 20.50	\$ 10.25
006734	Hep A Ab, IgM	\$ 15.75	\$ 39.50	\$ 29.75	\$ 19.75	\$ 10.00
006866	Rotavirus Ag, EIA	\$ 23.25	\$ 43.25	\$ 32.50	\$ 21.75	\$ 11.00
006874	Amebiasis Antibodies	\$ 66.00	\$ 110.50	\$ 83.00	\$ 55.25	\$ 27.75
006924	HLA B 27 Disease Association	\$ 42.00	\$ 83.25	\$ 62.50	\$ 41.75	\$ 21.00
006926	HLA B5701 Test	\$ 59.75	\$ 111.25	\$ 83.50	\$ 55.75	\$ 28.00
007046	Heavy Metals Profile, Urine	\$ 64.75	\$ 153.50	\$ 115.25	\$ 76.75	\$ 38.50
007054	Ammonia, Plasma	\$ 37.50	\$ 61.50	\$ 46.25	\$ 30.75	\$ 15.50
007062	Volatiles, Blood	\$ 24.50	\$ 50.25	\$ 37.75	\$ 25.25	\$ 12.75
007187	Carbon Monoxide, Blood	\$ 23.25	\$ 43.25	\$ 32.50	\$ 21.75	\$ 11.00

						
Confidential						
Test #	Test Name	00AM - Client Price	A1LW - Patient Price	A38H 25% Indigent Price	A38F 50% Indigent Price	A38D 75% Indigent Price
007211	Cholinesterase, Serum	\$ 19.00	\$ 32.00	\$ 24.00	\$ 16.00	\$ 8.00
007245	Arsenic, Blood	\$ 57.00	\$ 96.50	\$ 72.50	\$ 48.25	\$ 24.25
007252	Procainamide, Serum	\$ 30.50	\$ 55.00	\$ 41.25	\$ 27.50	\$ 13.75
007260	Valproic Acid (Depakote)(R),S	\$ 19.00	\$ 44.75	\$ 33.75	\$ 22.50	\$ 11.25
007336	Theophylline, Serum	\$ 19.00	\$ 46.50	\$ 35.00	\$ 23.25	\$ 11.75
007385	Digoxin, Serum	\$ 15.75	\$ 44.00	\$ 33.00	\$ 22.00	\$ 11.00
007393	Nortriptyline (Aventyl), Serum	\$ 42.00	\$ 75.00	\$ 56.25	\$ 37.50	\$ 18.75
007401	Phenytoin (Dilantin), Serum	\$ 17.50	\$ 44.00	\$ 33.00	\$ 22.00	\$ 11.00
007419	Carbamazepine(Tegretol),S	\$ 19.00	\$ 47.00	\$ 35.25	\$ 23.50	\$ 11.75
007443	Ethosuximide (Zarontin), Serum	\$ 37.50	\$ 53.50	\$ 40.25	\$ 26.75	\$ 13.50
007468	Imipramine (Tofranil), Serum	\$ 30.50	\$ 56.00	\$ 42.00	\$ 28.00	\$ 14.00
007476	Amitriptyline (Elavil), Serum	\$ 30.50	\$ 55.25	\$ 41.50	\$ 27.75	\$ 14.00
007609	Doxepin (Sinequan), Serum	\$ 31.75	\$ 61.50	\$ 46.25	\$ 30.75	\$ 15.50
007625	Lead, Blood (Adult)	\$ 15.75	\$ 39.75	\$ 30.00	\$ 20.00	\$ 10.00
007633	Lead, Urine	\$ 24.50	\$ 56.00	\$ 42.00	\$ 28.00	\$ 14.00
007658	Methotrexate (MTX), Serum	\$ 37.50	\$ 65.75	\$ 49.50	\$ 33.00	\$ 16.50
007708	Lithium (Eskalith(R)), Serum	\$ 10.50	\$ 29.25	\$ 22.00	\$ 14.75	\$ 7.50
007740	Acetaminophen (Tylenol), S	\$ 30.50	\$ 58.00	\$ 43.50	\$ 29.00	\$ 14.50
007765	Desipramine, Serum	\$ 25.75	\$ 55.75	\$ 42.00	\$ 28.00	\$ 14.00
007773	Mercury, Urine	\$ 44.75	\$ 79.75	\$ 60.00	\$ 40.00	\$ 20.00
007781	Methadone (Dolophine), Serum	\$ 27.75	\$ 55.25	\$ 41.50	\$ 27.75	\$ 14.00
007823	Phenobarbital, Serum	\$ 20.25	\$ 44.75	\$ 33.75	\$ 22.50	\$ 11.25
007856	Primidone (Mysoline(R)), Serum	\$ 30.50	\$ 90.50	\$ 68.00	\$ 45.25	\$ 22.75
008003	Anaerobic and Aerobic Culture	\$ 41.25	\$ 96.50	\$ 72.50	\$ 48.25	\$ 24.25
008086	Urine Culture, Comprehensive	\$ 29.75	\$ 62.25	\$ 51.75	\$ 41.25	\$ 30.75
008128	GC Culture Only	\$ 12.50	\$ 33.50	\$ 25.25	\$ 16.75	\$ 8.50
008136	Fungus Stain	\$ 23.25	\$ 44.75	\$ 33.75	\$ 22.50	\$ 11.25
008144	Stool Culture	\$ 26.25	\$ 53.50	\$ 40.25	\$ 26.75	\$ 13.50
008169	Beta Strep Gp A Culture	\$ 12.50	\$ 33.50	\$ 25.25	\$ 16.75	\$ 8.50
008185	Parasite Exam, Blood	\$ 12.50	\$ 20.25	\$ 15.25	\$ 10.25	\$ 5.25
008201	Cytomegalovirus (CMV) Culture	\$ 46.25	\$ 137.75	\$ 103.50	\$ 69.00	\$ 34.50
008219	Parasite ID, Worm	\$ 8.25	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
008243	Varicella-Zoster Virus Culture	\$ 54.75	\$ 99.25	\$ 74.50	\$ 49.75	\$ 25.00
008250	HSV Culture and Typing	\$ 41.25	\$ 72.75	\$ 54.75	\$ 36.50	\$ 18.25
008300	Blood Culture, Routine	\$ 17.50	\$ 39.50	\$ 29.75	\$ 19.75	\$ 10.00
008334	Genital Culture, Routine	\$ 13.00	\$ 44.75	\$ 33.75	\$ 22.50	\$ 11.25
008342	Upper Respiratory Culture	\$ 12.00	\$ 35.50	\$ 26.75	\$ 17.75	\$ 9.00
008482	Fungus (Mycology) Culture	\$ 29.25	\$ 56.25	\$ 42.25	\$ 28.25	\$ 14.25
008540	Gram Stain	\$ 12.75	\$ 33.50	\$ 25.25	\$ 16.75	\$ 8.50
008565	Chlamydia trachomatis Culture	\$ 30.50	\$ 81.25	\$ 61.00	\$ 40.75	\$ 20.50
008573	Viral Culture, General	\$ 88.25	\$ 156.75	\$ 117.75	\$ 78.50	\$ 39.25
008581	Eosinophil Count, Nasal	\$ 8.25	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
008623	Ova + Parasite Exam	\$ 14.50	\$ 70.25	\$ 52.75	\$ 35.25	\$ 17.75
008631	Pinworm Prep - Enterobius	\$ 12.50	\$ 30.50	\$ 23.00	\$ 15.25	\$ 7.75
008649	Aerobic Bacterial Culture	\$ 20.25	\$ 46.75	\$ 35.25	\$ 23.50	\$ 11.75
008656	White Blood Cells (WBC), Stool	\$ 10.50	\$ 33.50	\$ 25.25	\$ 16.75	\$ 8.50
008664	Organism ID, Bacteria	\$ 19.00	\$ 43.25	\$ 32.50	\$ 21.75	\$ 11.00
008680	Susceptibility, Aer + Anaerob	\$ 12.00	\$ 46.00	\$ 34.50	\$ 23.00	\$ 11.50
008847	Urine Culture, Routine	\$ 9.75	\$ 42.25	\$ 31.75	\$ 21.25	\$ 10.75
008848	Urine Culture, Routine	\$ 9.75	\$ 42.25	\$ 31.75	\$ 21.25	\$ 10.75
008900	Anaerobic Cult, Extended Incub	\$ 27.75	\$ 61.50	\$ 46.25	\$ 30.75	\$ 15.50
008904	Anaerobic Culture	\$ 27.75	\$ 61.50	\$ 46.25	\$ 30.75	\$ 15.50
009001	Fine-Needle Aspiration	\$ 59.75	\$ 207.50	\$ 164.25	\$ 109.50	\$ 59.00
009068	Urine Cytology	\$ 64.00	\$ 105.75	\$ 87.50	\$ 58.25	\$ 29.25

						
Confidential						
Test #	Test Name	00AM - Client Price	A1LW - Patient Price	A38H 25% Indigent Price	A38F 50% Indigent Price	A38D 75% Indigent Price
009076	Sputum Cytology	\$ 41.00	\$ 79.75	\$ 87.25	\$ 55.25	\$ 29.25
009100	Pap Smear, 1 Slide	\$ 22.00	\$ 46.20	\$ 33.00	\$ 22.00	\$ 11.00
009126	Miscellaneous Smear Cytology	\$ 37.75	\$ 68.75	\$ 51.75	\$ 34.50	\$ 17.25
009134	Breast Discharge Cytology	\$ 41.00	\$ 83.75	\$ 95.50	\$ 63.75	\$ 32.00
009159	Miscellaneous Fluid Cytology	\$ 45.00	\$ 116.50	\$ 87.50	\$ 58.25	\$ 29.25
009160	Anal(Rectal) Cytology, LBP	\$ 139.65	\$ 52.00	\$ 116.00	\$ 77.25	\$ 38.75
009191	Pap Smear, 2 Slide	\$ 44.00	\$ 88.00	\$ 66.00	\$ 44.00	\$ 22.00
009209	Pap Smear, 1 sld w Mat Indx	\$ 24.20	\$ 48.40	\$ 36.30	\$ 24.20	\$ 12.10
009993	TP+T3	\$ 28.25	\$ 88.75	\$ 66.75	\$ 44.50	\$ 22.25
010108	C-Peptide, Serum	\$ 45.25	\$ 79.75	\$ 60.00	\$ 40.00	\$ 20.00
010116	Angiotensin-Converting Enzyme	\$ 15.75	\$ 48.00	\$ 36.00	\$ 24.00	\$ 12.00
010181	Beta-2 Microglobulin, Serum	\$ 37.75	\$ 70.25	\$ 52.75	\$ 35.25	\$ 17.75
010249	Osteocalcin, Serum	\$ 25.75	\$ 52.00	\$ 39.00	\$ 26.00	\$ 13.00
010272	EBV Nuclear Antigen Ab, IgG	\$ 24.50	\$ 50.25	\$ 37.75	\$ 25.25	\$ 12.75
010314	Thyrotropin Receptor Ab, Serum	\$ 37.50	\$ 52.00	\$ 39.00	\$ 26.00	\$ 13.00
010322	Prostate-Specific Ag	\$ 13.00	\$ 59.50	\$ 44.75	\$ 29.75	\$ 15.00
010330	Bile Acids	\$ 23.00	\$ 87.15	\$ 87.15	\$ 87.15	\$ 87.15
010363	IGF-1	\$ 37.50	\$ 68.75	\$ 51.75	\$ 34.50	\$ 17.25
010389	Triiodothyronine (T3), Free	\$ 31.25	\$ 61.50	\$ 46.25	\$ 30.75	\$ 15.50
010390	T3Free	\$ 31.25	\$ 61.50	\$ 46.25	\$ 30.75	\$ 15.50
010397	VIP, Plasma	\$ 64.50	\$ 108.25	\$ 81.25	\$ 54.25	\$ 27.25
010405	Myoglobin, Serum	\$ 17.50	\$ 42.50	\$ 32.00	\$ 21.25	\$ 10.75
010413	Intrinsic Factor Abs, Serum	\$ 19.00	\$ 49.00	\$ 36.75	\$ 24.50	\$ 12.25
010423	APCA+IF Ab	\$ 49.50	\$ 119.25	\$ 89.50	\$ 59.75	\$ 30.00
010424	APCA-IF Ab	\$ 49.50	\$ 119.25	\$ 89.50	\$ 59.75	\$ 30.00
010540	IGF-1 with Z-Score	\$ 37.50	\$ 68.75	\$ 51.75	\$ 34.50	\$ 17.25
010801	AFP, Serum, Open Spina Bifida	\$ 23.25	\$ 67.50	\$ 50.75	\$ 33.75	\$ 17.00
010991	pH, Stool	\$ 15.75	\$ 33.50	\$ 25.25	\$ 16.75	\$ 8.50
012005	RPR, Rfx Qn RPR/Confirm TP	\$ 5.00	\$ 27.25	\$ 20.50	\$ 13.75	\$ 7.00
012518	Antihistone Antibodies	\$ 37.50	\$ 58.00	\$ 43.50	\$ 29.00	\$ 14.50
012580	Antichromatin Antibodies	\$ 36.50	\$ 96.75	\$ 72.75	\$ 48.50	\$ 24.25
012682	Sjogren's Anti-SS-A	\$ 27.00	\$ 57.75	\$ 43.50	\$ 29.00	\$ 14.50
012700	Antiribosomal P Antibodies	\$ 22.75	\$ 86.75	\$ 65.25	\$ 43.50	\$ 21.75
012708	Sjogren's Ab, Anti-SS-A/-SS-B	\$ 37.50	\$ 115.75	\$ 87.00	\$ 58.00	\$ 29.00
013037	pH, Urine	\$ 19.00	\$ 43.25	\$ 32.50	\$ 21.75	\$ 11.00
013326	Sodium, Urine	\$ 8.25	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
013656	Chloride, Urine	\$ 15.75	\$ 33.50	\$ 25.25	\$ 16.75	\$ 8.50
013664	Protein,Total,Urine	\$ 8.25	\$ 24.50	\$ 18.50	\$ 12.25	\$ 6.25
013672	Creatinine, Urine	\$ 17.75	\$ 41.25	\$ 31.00	\$ 20.75	\$ 10.50
014548	RSV Ag, EIA	\$ 37.50	\$ 68.75	\$ 51.75	\$ 34.50	\$ 17.25
015040	Antithrombin Activity	\$ 44.75	\$ 73.50	\$ 55.25	\$ 36.75	\$ 18.50
015594	Antithrombin III, Func/Immunol	\$ 43.75	\$ 78.00	\$ 58.50	\$ 39.00	\$ 19.50
015602	Bilirubin, Total, Neonatal	\$ 13.00	\$ 27.25	\$ 20.50	\$ 13.75	\$ 7.00
015610	PTH, Intact	\$ 19.00	\$ 132.50	\$ 99.50	\$ 66.25	\$ 33.25
016123	ENA+DNA/DS+Sjogren's	\$ 145.00	\$ 273.00	\$ 204.75	\$ 136.50	\$ 68.25
016353	RNP Antibodies	\$ 22.75	\$ 86.75	\$ 65.25	\$ 43.50	\$ 21.75
016360	Smith Antibodies	\$ 22.75	\$ 86.75	\$ 65.25	\$ 43.50	\$ 21.75
016824	Complement C1q, Quantitative	\$ 23.25	\$ 39.50	\$ 29.75	\$ 19.75	\$ 10.00
016865	Citric Acid (Citrate), Urine	\$ 37.50	\$ 87.50	\$ 65.75	\$ 43.75	\$ 22.00
016881	Hep B Core Ab, IgM	\$ 15.75	\$ 38.75	\$ 29.25	\$ 19.50	\$ 9.75
016931	Prealbumin	\$ 37.50	\$ 61.50	\$ 46.25	\$ 30.75	\$ 15.50
017194	Pentobarbital	\$ 52.25	\$ 90.50	\$ 68.00	\$ 45.25	\$ 22.75
017319	AFP Tetra	\$ 109.25	\$ 223.75	\$ 168.00	\$ 112.00	\$ 56.00
017509	Vitamin A, Serum	\$ 23.25	\$ 41.25	\$ 31.00	\$ 20.75	\$ 10.50


						
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Test #	Test Name	00AM - Client Price	A1LW - Patient Price	A38H 25% Indigent Price	A38F 50% Indigent Price	A38D 75% Indigent Price
017996	Ethanol, Blood	\$ 23.25	\$ 46.00	\$ 34.50	\$ 23.00	\$ 11.50
018705	Antiscleroderma-70 Antibodies	\$ 30.50	\$ 58.25	\$ 43.75	\$ 29.25	\$ 14.75
019216	Oligoclonal Banding, Serum+CSF	\$ 30.50	\$ 50.25	\$ 37.75	\$ 25.25	\$ 12.75
019497	Glucose, Body Fluid	\$ 6.00	\$ 24.50	\$ 18.50	\$ 12.25	\$ 6.25
019505	Uric Acid, Body Fluid	\$ 8.25	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
019588	Protein, Body Fluid	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
019745	T4,Free(Direct)	\$ 8.00	\$ 37.25	\$ 28.00	\$ 18.75	\$ 9.50
020131	RPR+Rh+ABO+Rub Ab+Ab Scr	\$ 37.75	\$ 149.50	\$ 112.25	\$ 74.75	\$ 37.50
020321	PT and PTT	\$ 10.50	\$ 32.25	\$ 24.25	\$ 16.25	\$ 8.25
022384	Uric A+ESR-Wes+ANA+RF Qn	\$ 29.75	\$ 116.75	\$ 87.75	\$ 58.50	\$ 29.25
022665	Prot U+CreatCx	\$ 23.25	\$ 43.50	\$ 32.75	\$ 21.75	\$ 11.00
024026	T4 and TSH	\$ 17.50	\$ 76.50	\$ 57.50	\$ 38.25	\$ 19.25
024141	ANA+RF Qn	\$ 17.50	\$ 57.75	\$ 43.50	\$ 29.00	\$ 14.50
024265	Cortisol (2 Specimens)	\$ 23.75	\$ 105.25	\$ 79.00	\$ 52.75	\$ 26.50
024778	BUN+Creat	\$ 8.25	\$ 24.75	\$ 18.75	\$ 12.50	\$ 6.25
027011	Thyroid Profile II	\$ 41.25	\$ 142.75	\$ 107.25	\$ 71.50	\$ 35.75
028142	CBC, Platelet, No Differential	\$ 4.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
028480	FSH and LH	\$ 28.25	\$ 111.25	\$ 83.50	\$ 55.75	\$ 28.00
028498	Cortisol (3 Specimens)	\$ 37.50	\$ 157.25	\$ 118.00	\$ 78.75	\$ 39.50
028910	HAV, HBV Immunity	\$ 42.25	\$ 118.00	\$ 89.00	\$ 59.25	\$ 29.75
029413	Fe+CBC/D/Pit+TIBC+Fer+Retic	\$ 38.75	\$ 131.50	\$ 98.75	\$ 65.75	\$ 33.00
030387	Prenatal Panel I/without HBsAg	\$ 46.00	\$ 152.00	\$ 114.00	\$ 76.00	\$ 38.00
030452	Uric A+ANA+CRP+RF Qn	\$ 30.50	\$ 88.50	\$ 66.50	\$ 44.25	\$ 22.25
030577	Anemia Profile A	\$ 30.50	\$ 88.00	\$ 66.00	\$ 44.00	\$ 22.00
030825	Fe+TIBC+Fer	\$ 19.00	\$ 93.25	\$ 70.00	\$ 46.75	\$ 23.50
031088	Hgb+Hct	\$ 11.75	\$ 40.95	\$ 40.95	\$ 26.00	\$ 13.00
031138	Amenorrhea Profile	\$ 51.75	\$ 168.25	\$ 126.25	\$ 84.25	\$ 42.25
033852	C4+C3	\$ 23.25	\$ 71.25	\$ 53.50	\$ 35.75	\$ 18.00
035774	HBsAb+Ag	\$ 19.00	\$ 68.50	\$ 51.50	\$ 34.25	\$ 17.25
038170	Lead Standard Profile, Blood	\$ 30.50	\$ 85.50	\$ 64.25	\$ 42.75	\$ 21.50
038171	Lead Standard Profile	\$ 30.50	\$ 85.50	\$ 64.25	\$ 42.75	\$ 21.50
042045	TgAb+Thyroglobulin,IMA or LCMS	\$ 15.75	\$ 52.00	\$ 39.00	\$ 26.00	\$ 13.00
042060	TgAb+Thyroglobulin,IMA or RIA	\$ 15.75	\$ 52.00	\$ 39.00	\$ 26.00	\$ 13.00
042077	Anemia Profile B	\$ 66.00	\$ 226.25	\$ 169.75	\$ 113.25	\$ 56.75
042580	Heavy Metals Profile I, Blood	\$ 125.00	\$ 226.75	\$ 170.50	\$ 113.50	\$ 57.00
049304	ALT+AST+GGT	\$ 5.75	\$ 28.50	\$ 21.50	\$ 14.25	\$ 7.25
052373	Scleroderma Diagnostic Profile	\$ 66.00	\$ 96.50	\$ 72.50	\$ 48.25	\$ 24.25
053546	Uric A+CBC/D/Pit+ESR-Wes+AN...	\$ 37.50	\$ 148.25	\$ 111.25	\$ 74.25	\$ 37.25
054262	EBVCA(IgG/M)	\$ 52.25	\$ 116.25	\$ 87.25	\$ 58.25	\$ 29.25
054601	Ca+PTH Intact	\$ 23.50	\$ 157.00	\$ 118.00	\$ 78.50	\$ 39.50
056499	Systemic Lupus Profile A	\$ 66.00	\$ 328.25	\$ 246.25	\$ 164.25	\$ 82.25
058495	Measles/Mumps/Rubella Immunity	\$ 52.25	\$ 125.75	\$ 94.50	\$ 63.00	\$ 31.50
058545	Hepatitis B Virus (Profile VI)	\$ 66.00	\$ 217.75	\$ 163.50	\$ 109.00	\$ 54.50
058867	CMP12+8AC	\$ 9.75	\$ 46.75	\$ 35.25	\$ 23.50	\$ 11.75
062448	Allergen Profile, Mold	\$ 82.00	\$ 217.75	\$ 163.50	\$ 109.00	\$ 54.50
062497	Allergens, Perennial	\$ 116.75	\$ 299.50	\$ 224.75	\$ 149.75	\$ 75.00
070001	Testosterone, Total, LC/MS	\$ 19.00	\$ 83.25	\$ 62.50	\$ 41.75	\$ 21.00
070038	Testosterone, F Eqlib+T LC/MS	\$ 73.25	\$ 164.75	\$ 123.75	\$ 82.50	\$ 41.25
070085	17-OH Progesterone LCMS	\$ 30.50	\$ 87.75	\$ 66.00	\$ 44.00	\$ 22.00
070104	Reverse T3, Serum	\$ 37.50	\$ 68.75	\$ 51.75	\$ 34.50	\$ 17.25
070195	Testosterone, Free+Total LC/MS	\$ 73.25	\$ 164.75	\$ 123.75	\$ 82.50	\$ 41.25
070282	Testosterone,F/WklyBd+T LC/MS	\$ 73.25	\$ 164.75	\$ 123.75	\$ 82.50	\$ 41.25
070327	Vancomycin Peak, Serum	\$ 31.75	\$ 61.50	\$ 46.25	\$ 30.75	\$ 15.50
070482	Haloperidol (Haldol(R)) Serum	\$ 30.50	\$ 58.00	\$ 43.50	\$ 29.00	\$ 14.50

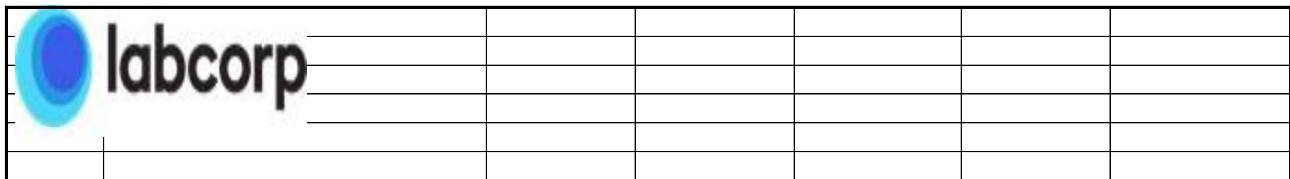
						
Confidential						
Test #	Test Name	00AM - Client Price	A1LW - Patient Price	A38H 25% Indigent Price	A38F 50% Indigent Price	A38D 75% Indigent Price
070706	Phenytoin,Free and Total,Serum	\$ 47.50	\$ 87.50	\$ 65.75	\$ 43.75	\$ 22.00
070748	Carbamazepine, Free, Serum	\$ 37.50	\$ 68.75	\$ 51.75	\$ 34.50	\$ 17.25
070763	Phenytoin, Free, Serum	\$ 37.50	\$ 58.00	\$ 43.50	\$ 29.00	\$ 14.50
070789	Free Valproic Acid (Depakote)	\$ 33.00	\$ 63.00	\$ 47.25	\$ 31.50	\$ 15.75
071159	LSD, Urine	\$ 19.00	\$ 45.25	\$ 34.00	\$ 22.75	\$ 11.50
071282	Amphetamines Conf, MS, UR	\$ 52.25	\$ 159.60	\$ 118.75	\$ 79.25	\$ 39.75
071423	Warfarin (Coumadin), Serum	\$ 34.75	\$ 65.75	\$ 49.50	\$ 33.00	\$ 16.50
071456	Opiate Confirmation, Urine	\$ 42.50	\$ 76.25	\$ 57.25	\$ 38.25	\$ 19.25
071548	Aluminum, Plasma/Serum	\$ 23.25	\$ 82.50	\$ 62.00	\$ 41.25	\$ 20.75
071688	Trazodone, Serum	\$ 34.75	\$ 65.75	\$ 49.50	\$ 33.00	\$ 16.50
071712	Clonazepam (Klonopin(R)),Serum	\$ 30.50	\$ 60.00	\$ 45.00	\$ 30.00	\$ 15.00
074021	074021 9 Drug-Scr	\$ 30.50	\$ 47.00	\$ 35.25	\$ 23.50	\$ 11.75
080283	Magnesium, RBC	\$ 15.75	\$ 38.25	\$ 28.75	\$ 19.25	\$ 9.75
080465	Protein C Antigen	\$ 73.25	\$ 121.00	\$ 90.75	\$ 60.50	\$ 30.25
081091	Calcitriol(1,25 di-OH Vit D)	\$ 37.50	\$ 67.50	\$ 50.75	\$ 33.75	\$ 17.00
081315	Histamine Determination, Blood	\$ 115.00	\$ 174.75	\$ 131.25	\$ 87.50	\$ 43.75
081786	Testosterone, Free/Tot Equilib	\$ 73.25	\$ 164.75	\$ 123.75	\$ 82.50	\$ 41.25
081950	Vitamin D, 25-Hydroxy	\$ 31.25	\$ 95.75	\$ 72.00	\$ 48.00	\$ 24.00
082016	Sex Horm Binding Glob, Serum	\$ 30.50	\$ 70.25	\$ 52.75	\$ 35.25	\$ 17.75
082345	T pallidum Screening Cascade	\$ 23.25	\$ 43.25	\$ 32.50	\$ 21.75	\$ 11.00
082370	Treponema pallidum Antibodies	\$ 23.25	\$ 43.25	\$ 32.50	\$ 21.75	\$ 11.00
082545	Antiskin Autoantibodies, Quant	\$ 73.25	\$ 118.75	\$ 89.25	\$ 59.50	\$ 29.75
083860	HIV 1/2 Ab Differentiation	\$ 50.50	\$ 87.00	\$ 65.50	\$ 43.50	\$ 22.00
083935	HIV Ab/p24 Ag with Reflex	\$ 18.00	\$ 47.25	\$ 34.50	\$ 23.75	\$ 11.75
083940	HIV 1/2 Ab Differentiation	\$ 50.50	\$ 87.00	\$ 65.50	\$ 43.50	\$ 22.00
083955	Panel 083955	\$ 50.50	\$ 87.00	\$ 65.50	\$ 43.50	\$ 22.00
083962	HIV-1/HIV-2 Qualitative RNA	\$ 73.90	\$ 127.13	\$ 95.71	\$ 63.56	\$ 32.15
083964	HIV-1/HIV-2 Qualitative RNA	\$ 73.90	\$ 127.13	\$ 95.71	\$ 63.56	\$ 32.15
083966	HIV-1/HIV-2 Qualitative RNA	\$ 73.90	\$ 127.13	\$ 95.71	\$ 63.56	\$ 32.15
084715	von Willebrand Profile	\$ 253.25	\$ 380.75	\$ 285.75	\$ 190.50	\$ 95.25
085324	Mercury, Blood	\$ 52.25	\$ 90.50	\$ 68.00	\$ 45.25	\$ 22.75
085902	AChR Binding Abs, Serum	\$ 37.50	\$ 118.00	\$ 88.50	\$ 59.00	\$ 29.50
085928	Immunoglobulin G,Syn Rate,CSF	\$ 73.25	\$ 93.00	\$ 69.75	\$ 46.50	\$ 23.25
086007	Acetylcholine Receptor Ab, All	\$ 220.75	\$ 378.75	\$ 284.25	\$ 189.50	\$ 94.75
086020	Acetylcholine Receptor Ab, All	\$ 220.75	\$ 378.75	\$ 284.25	\$ 189.50	\$ 94.75
086207	C difficile Toxins A+B, EIA	\$ 16.25	\$ 38.25	\$ 28.75	\$ 19.25	\$ 9.75
086231	Factor II Activity	\$ 109.25	\$ 173.00	\$ 129.75	\$ 86.50	\$ 43.25
086249	Factor V Activity	\$ 109.25	\$ 173.00	\$ 129.75	\$ 86.50	\$ 43.25
086264	Factor VIII Activity	\$ 109.25	\$ 173.00	\$ 129.75	\$ 86.50	\$ 43.25
086280	von Willebrand Factor (vWF) Ag	\$ 109.25	\$ 173.00	\$ 129.75	\$ 86.50	\$ 43.25
086298	Factor IX Activity	\$ 109.25	\$ 173.00	\$ 129.75	\$ 86.50	\$ 43.25
086306	Factor X Activity	\$ 109.25	\$ 173.00	\$ 129.75	\$ 86.50	\$ 43.25
086322	Factor XII Activity	\$ 109.25	\$ 173.00	\$ 129.75	\$ 86.50	\$ 43.25
086876	Mycoplasma pneumoniae Culture	\$ 52.25	\$ 90.50	\$ 68.00	\$ 45.25	\$ 22.75
086884	Ureaplasma/Mycoplasma hominis	\$ 37.50	\$ 68.75	\$ 51.75	\$ 34.50	\$ 17.25
088161	AFB Antibiotic Suscep	\$ 214.00	\$ 323.25	\$ 242.50	\$ 161.75	\$ 81.00
090365	Glucose Tolerance (4 Sp Blood)	\$ 13.00	\$ 55.00	\$ 41.25	\$ 27.50	\$ 13.75
090373	Glucose Tolerance (5 Sp Blood)	\$ 6.50	\$ 66.75	\$ 50.25	\$ 33.50	\$ 16.75
095588	Glucose Tolerance (3 Sp Blood)	\$ 8.25	\$ 42.50	\$ 32.00	\$ 21.25	\$ 10.75
095653	Alpha-1-Antitrypsin Phenotyp	\$ 23.25	\$ 89.75	\$ 67.50	\$ 45.00	\$ 22.50
096131	RSV Ab, Quant	\$ 30.50	\$ 55.25	\$ 41.50	\$ 27.75	\$ 14.00
096149	Chlamydia trachomatis Ab, IgM	\$ 27.75	\$ 52.00	\$ 39.00	\$ 26.00	\$ 13.00
096180	Chlamydia Antibodies, IgG	\$ 23.25	\$ 48.75	\$ 36.75	\$ 24.50	\$ 12.25
096206	Varicella-Zoster V Ab, IgG	\$ 30.50	\$ 50.25	\$ 37.75	\$ 25.25	\$ 12.75



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Test #	Test Name	00AM - Client Price	A1LW - Patient Price	A38H 25% Indigent Price	A38F 50% Indigent Price	A38D 75% Indigent Price
096230	EBV Ab VCA, IgG	\$ 23.25	\$ 58.50	\$ 44.00	\$ 29.25	\$ 14.75
096248	EBV Early Antigen Ab, IgG	\$ 23.25	\$ 48.75	\$ 36.75	\$ 24.50	\$ 12.25
096339	Anti-dsDNA Antibodies	\$ 23.25	\$ 45.25	\$ 34.00	\$ 22.75	\$ 11.50
096537	Rubella Antibodies, IgM	\$ 47.50	\$ 84.25	\$ 63.25	\$ 42.25	\$ 21.25
096552	Mumps Antibodies, IgG	\$ 23.25	\$ 46.00	\$ 34.50	\$ 23.00	\$ 11.50
096560	Measles Antibodies, IgG	\$ 17.50	\$ 42.50	\$ 32.00	\$ 21.25	\$ 10.75
096651	Toxoplasma gondii Ab,IgM	\$ 30.50	\$ 56.25	\$ 42.25	\$ 28.25	\$ 14.25
096719	Candida Antibodies, Qual	\$ 41.25	\$ 72.25	\$ 54.25	\$ 36.25	\$ 18.25
096727	Cytomegalovirus (CMV) Ab, IgM	\$ 39.50	\$ 72.25	\$ 54.25	\$ 36.25	\$ 18.25
096735	EBV Ab VCA, IgM	\$ 47.50	\$ 84.25	\$ 63.25	\$ 42.25	\$ 21.25
096776	Varicella-Zoster Ab, IgM	\$ 37.50	\$ 55.25	\$ 41.50	\$ 27.75	\$ 14.00
096933	Immune Complexes, C1q Binding	\$ 23.50	\$ 79.00	\$ 59.25	\$ 39.50	\$ 19.75
097279	Uric A+ANA+RF Qn+CRP+ASO	\$ 44.75	\$ 111.75	\$ 84.00	\$ 56.00	\$ 28.00
098418	HBV Core Ab, IgG/IgM Diff	\$ 27.00	\$ 39.00	\$ 29.25	\$ 19.50	\$ 9.75
100800	Fructosamine	\$ 12.00	\$ 38.25	\$ 28.75	\$ 19.25	\$ 9.75
101000	Gestational 2 hour GTT	\$ 13.25	\$ 58.50	\$ 44.00	\$ 29.25	\$ 14.75
101200	Glucose (2 Spec, WHO) Toler,S	\$ 10.00	\$ 39.00	\$ 29.25	\$ 19.50	\$ 9.75
101303	Glucose, 1Hr PP	\$ 8.25	\$ 24.50	\$ 18.50	\$ 12.25	\$ 6.25
102004	Gestational Glucose Tolerance	\$ 13.00	\$ 55.00	\$ 41.25	\$ 27.50	\$ 13.75
102277	Gest. Diabetes 1-Hr Screen	\$ 8.25	\$ 24.50	\$ 18.50	\$ 12.25	\$ 6.25
102525	Hgb A1c with eAG Estimation	\$ 6.75	\$ 42.25	\$ 31.75	\$ 21.25	\$ 10.75
104000	Cortisol, AM/PM	\$ 23.75	\$ 105.25	\$ 79.00	\$ 52.75	\$ 26.50
104018	Cortisol - AM	\$ 15.75	\$ 53.50	\$ 40.25	\$ 26.75	\$ 13.50
104026	Cortisol - PM	\$ 15.75	\$ 53.50	\$ 40.25	\$ 26.75	\$ 13.50
114041	Ab Scr+Antibody ID	\$ 25.75	\$ 110.25	\$ 110.25	\$ 110.25	\$ 110.25
115188	D-Dimer	\$ 37.50	\$ 58.00	\$ 43.50	\$ 29.00	\$ 14.50
115300	CBC+Platelet+Hem Review	\$ 21.75	\$ 81.90	\$ 39.00	\$ 58.50	\$ 19.50
115402	FDP, Plasma	\$ 23.25	\$ 43.25	\$ 32.50	\$ 21.75	\$ 11.00
115512	CoaguChek XS/INR Waived	\$ 18.25	\$ 32.00	\$ 24.00	\$ 16.00	\$ 8.00
115555	Prothrombin Time	\$ 5.50	\$ 26.00	\$ 19.50	\$ 13.00	\$ 6.50
115907	CBC/Differential (No Platelet)	\$ 4.25	\$ 23.00	\$ 17.25	\$ 11.50	\$ 5.75
116004	Bleeding Profile	\$ 54.50	\$ 99.50	\$ 74.75	\$ 49.75	\$ 25.00
116038	Thrombotic Risk Evaluation	\$ 361.00	\$ 536.00	\$ 402.00	\$ 268.00	\$ 134.00
116046	Thrombotic Risk Profile I	\$ 519.00	\$ 762.75	\$ 572.25	\$ 381.50	\$ 190.75
117054	Lupus Anticoagulant Comp	\$ 109.25	\$ 138.00	\$ 103.50	\$ 69.00	\$ 34.50
117079	Antiphospholipid Syndrome	\$ 221.00	\$ 473.25	\$ 355.00	\$ 236.75	\$ 118.50
117150	Platelet Antibody Profile	\$ 299.25	\$ 420.00	\$ 315.00	\$ 210.00	\$ 105.00
117705	Protein C-Functional	\$ 37.50	\$ 45.50	\$ 34.25	\$ 22.75	\$ 11.50
117754	Protein S Panel	\$ 217.25	\$ 328.50	\$ 246.50	\$ 164.25	\$ 82.25
117762	Activated Protein C Resistance	\$ 66.00	\$ 110.50	\$ 83.00	\$ 55.25	\$ 27.75
117838	Hexagonal Phase Phospholipid	\$ 66.00	\$ 110.50	\$ 83.00	\$ 55.25	\$ 27.75
117861	Thrombosis - Comprehensive	\$ 433.00	\$ 638.75	\$ 479.25	\$ 319.50	\$ 159.75
117892	Lupus Anticoagulant Reflex	\$ 73.25	\$ 116.75	\$ 87.75	\$ 58.50	\$ 29.25
117895	Thrombosis Comprehensive Plus	\$ 505.00	\$ 743.00	\$ 557.25	\$ 371.50	\$ 185.75
117976	Dilute Russell's Viper Venom	\$ 30.00	\$ 51.00	\$ 38.25	\$ 25.50	\$ 12.75
120071	Osmolality, Fecal	\$ 8.25	\$ 27.25	\$ 20.50	\$ 13.75	\$ 7.00
120188	Lipoprotein (a)	\$ 24.50	\$ 50.25	\$ 37.75	\$ 25.25	\$ 12.75
120204	Serotonin, Serum	\$ 27.00	\$ 100.00	\$ 75.00	\$ 50.00	\$ 25.00
120220	C1 Esterase Inhibitor, Func	\$ 36.50	\$ 67.50	\$ 50.75	\$ 33.75	\$ 17.00
120295	LDL Cholesterol (Direct)	\$ 12.00	\$ 32.00	\$ 24.00	\$ 16.00	\$ 8.00
120766	C-Reactive Protein, Cardiac	\$ 23.25	\$ 48.75	\$ 36.75	\$ 24.50	\$ 12.25
120816	Creatine Kinase (CK), MB	\$ 15.75	\$ 37.75	\$ 28.50	\$ 19.00	\$ 9.50
120857	Fetal Fibronectin	\$ 397.25	\$ 587.75	\$ 441.00	\$ 294.00	\$ 147.00
121186	Vitamin B1 (Thiamine), Blood	\$ 35.50	\$ 132.30	\$ 132.30	\$ 132.30	\$ 132.30

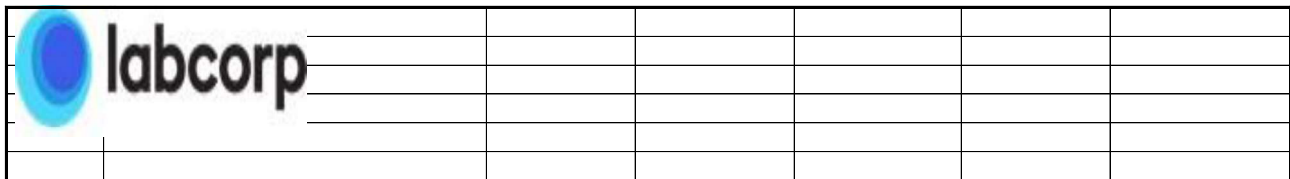
						
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Test #	Test Name	00AM - Client Price	A1LW - Patient Price	A38H 25% Indigent Price	A38F 50% Indigent Price	A38D 75% Indigent Price
121690	Hgb Fractionation Cascade	\$ 33.00	\$ 43.25	\$ 32.50	\$ 21.75	\$ 11.00
121697	Hgb Solubility	\$ 8.25	\$ 27.25	\$ 20.50	\$ 13.75	\$ 7.00
121710	Hgb Fractionation by HPLC	\$ 33.00	\$ 43.25	\$ 32.50	\$ 21.75	\$ 11.00
121720	Hgb Frac by HPLC+Solubility	\$ 23.25	\$ 51.25	\$ 38.50	\$ 25.75	\$ 13.00
122390	IFE and PE, Random Urine	\$ 52.25	\$ 106.50	\$ 80.00	\$ 53.25	\$ 26.75
123026	PE+Interp(Rfx IFE),S	\$ 24.25	\$ 92.75	\$ 92.75	\$ 92.75	\$ 92.75
123200	Multiple Myeloma Cascade	\$ 20.25	\$ 46.75	\$ 35.25	\$ 23.50	\$ 11.75
123828	LDL-P	\$ 37.75	\$ 60.00	\$ 45.00	\$ 30.00	\$ 15.00
123836	Lipid Cascade(w/Graph if Rfx)	\$ 7.00	\$ 47.75	\$ 36.00	\$ 24.00	\$ 12.00
130021	Protein, Urine 12-Hr	\$ 8.25	\$ 24.50	\$ 18.50	\$ 12.25	\$ 6.25
134908	Calcium/Creatinine Ratio	\$ 20.25	\$ 37.00	\$ 27.75	\$ 18.50	\$ 9.25
138487	HSV Type-Specific Immunoblot	\$ 70.75	\$ 116.25	\$ 87.25	\$ 58.25	\$ 29.25
138644	Parvovirus B19 PCR	\$ 287.25	\$ 406.75	\$ 305.25	\$ 203.50	\$ 101.75
138651	HSV 1/2 PCR	\$ 239.00	\$ 304.75	\$ 228.75	\$ 152.50	\$ 76.25
138677	B.pertussisB.parapertussis PCR	\$ 252.00	\$ 376.75	\$ 282.75	\$ 188.50	\$ 94.25
138685	Lyme (B. burgdorferi) PCR	\$ 244.50	\$ 367.25	\$ 275.50	\$ 183.75	\$ 92.00
139800	HSV 1/2 PCR, CSF	\$ 239.00	\$ 304.75	\$ 228.75	\$ 152.50	\$ 76.25
139825	HIV-1/HIV-2 Qualitative RNA	\$ 73.90	\$ 127.13	\$ 95.71	\$ 63.56	\$ 32.15
139835	VZV PCR, CSF	\$ 329.00	\$ 427.25	\$ 320.50	\$ 213.75	\$ 107.00
139900	SARS-CoV-2, NAA	\$ 51.31	\$ 51.31	\$ 38.48	\$ 25.66	\$ 12.83
140050	Albumin, 24-Hr Urine	\$ 9.75	\$ 29.25	\$ 22.00	\$ 14.75	\$ 7.50
140053	Albumin, Timed Urine	\$ 9.75	\$ 29.25	\$ 22.00	\$ 14.75	\$ 7.50
140095	Alb/Creat Ratio, Timed Ur	\$ 23.25	\$ 39.50	\$ 29.75	\$ 19.75	\$ 10.00
140103	Testosterone,Free and Total	\$ 73.25	\$ 164.75	\$ 123.75	\$ 82.50	\$ 41.25
140140	COVID-19, Flu A+B and RSV	\$ 94.31	\$ 94.31	\$ 70.73	\$ 47.16	\$ 23.58
140147	COVID-19, Flu A+B NAA	\$ 94.31	\$ 94.31	\$ 70.73	\$ 47.16	\$ 23.58
140150	Troponin T	\$ 19.00	\$ 33.00	\$ 24.75	\$ 16.50	\$ 8.25
140152	IGF-BP3	\$ 43.25	\$ 76.50	\$ 57.50	\$ 38.25	\$ 19.25
140244	Estradiol, Sensitive	\$ 44.75	\$ 89.75	\$ 67.50	\$ 45.00	\$ 22.50
140269	Alpha Subunit (Free)	\$ 83.25	\$ 117.50	\$ 88.25	\$ 58.75	\$ 29.50
140277	Erythropoietin (EPO), Serum	\$ 47.50	\$ 75.00	\$ 56.25	\$ 37.50	\$ 18.75
140285	Albumin/Creatinine Ratio,Urine	\$ 23.25	\$ 39.50	\$ 29.75	\$ 19.75	\$ 10.00
140293	CA 27.29	\$ 37.50	\$ 67.50	\$ 50.75	\$ 33.75	\$ 17.00
140659	HCV Antibody	\$ 14.00	\$ 46.75	\$ 35.25	\$ 23.50	\$ 11.75
140749	Thyroid Stim Immunoglobulin	\$ 113.75	\$ 179.25	\$ 134.50	\$ 89.75	\$ 45.00
140889	B-Type Natriuretic Peptide	\$ 60.00	\$ 114.00	\$ 85.50	\$ 57.00	\$ 28.50
141503	Vitamin B12 Deficiency Cascade	\$ 23.25	\$ 49.00	\$ 36.75	\$ 24.50	\$ 12.25
141598	Insulin Antibodies	\$ 53.25	\$ 91.75	\$ 69.00	\$ 46.00	\$ 23.00
143000	NT-proBNP	\$ 78.25	\$ 148.00	\$ 111.00	\$ 74.00	\$ 37.00
143008	GAD-65 Autoantibody	\$ 66.00	\$ 110.50	\$ 83.00	\$ 55.25	\$ 27.75
143255	Testosterone,Free+Weakly Bound	\$ 73.25	\$ 164.75	\$ 123.75	\$ 82.50	\$ 41.25
143305	Soluble Transferrin Receptor	\$ 62.00	\$ 104.75	\$ 78.75	\$ 52.50	\$ 26.25
143404	Cancer Antigen (CA) 15-3	\$ 33.00	\$ 67.50	\$ 50.75	\$ 33.75	\$ 17.00
144000	Acute Hepatitis	\$ 58.50	\$ 159.75	\$ 120.50	\$ 80.25	\$ 40.25
144025	Viral Hepatitis HBV, HCV	\$ 53.50	\$ 156.75	\$ 118.25	\$ 79.75	\$ 39.50
144039	Vitamin A and E	\$ 37.00	\$ 86.75	\$ 65.25	\$ 43.50	\$ 21.75
144045	HCV Antibody reflex to NAA	\$ 14.00	\$ 44.75	\$ 33.75	\$ 22.50	\$ 11.25
144050	HCV Antibody RFX to Quant PCR	\$ 14.00	\$ 44.75	\$ 33.75	\$ 22.50	\$ 11.25
144053	Pregnancy, Initial Screen	\$ 141.00	\$ 439.00	\$ 330.75	\$ 221.25	\$ 111.00
144075	HCV Ab Verification	\$ 196.00	\$ 297.50	\$ 223.25	\$ 148.75	\$ 74.50
144127	HCV Antibody Cascade(PCR/Geno)	\$ 14.00	\$ 44.75	\$ 33.75	\$ 22.50	\$ 11.25
144226	HAV Antibody w/ Rfx	\$ 15.75	\$ 40.75	\$ 30.75	\$ 20.50	\$ 10.25
144445	HAV, HBV, HCV	\$ 69.25	\$ 199.50	\$ 150.50	\$ 100.25	\$ 50.25
144725	CEA (In Presence of HAMA)	\$ 37.50	\$ 62.00	\$ 46.50	\$ 31.00	\$ 15.50

						
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Test #	Test Name	00AM - Client Price	A1LW - Patient Price	A38H 25% Indigent Price	A38F 50% Indigent Price	A38D 75% Indigent Price
144733	CA 125 in the Presence of HAMA	\$ 59.25	\$ 67.50	\$ 50.75	\$ 33.75	\$ 17.00
144980	Testosterone, Free, Direct	\$ 44.75	\$ 82.50	\$ 62.00	\$ 41.25	\$ 20.75
149997	Albumin, Random Urine	\$ 9.75	\$ 29.25	\$ 22.00	\$ 14.75	\$ 7.50
160014	ENA+DNA/DS+Antich+Centro+Jo...	\$ 257.50	\$ 384.00	\$ 288.00	\$ 192.00	\$ 96.00
160101	Hepatitis B Core Ab W/Reflex	\$ 13.00	\$ 39.50	\$ 29.75	\$ 19.75	\$ 10.00
160218	Measles Antibodies, IgM	\$ 23.25	\$ 44.75	\$ 33.75	\$ 22.50	\$ 11.25
160499	Mumps Antibodies, IgM	\$ 19.00	\$ 43.25	\$ 32.50	\$ 21.75	\$ 11.00
160721	Antipancreatic Islet Cells	\$ 37.50	\$ 63.00	\$ 47.25	\$ 31.50	\$ 15.75
161075	HHV 6 IgG Antibodies	\$ 24.50	\$ 50.25	\$ 37.75	\$ 25.25	\$ 12.75
161455	Anti-Jo-1	\$ 27.75	\$ 58.25	\$ 43.75	\$ 29.25	\$ 14.75
161745	B pertussis IgG Ab	\$ 33.00	\$ 63.00	\$ 47.25	\$ 31.50	\$ 15.75
161752	B pertussis IgM Ab	\$ 33.00	\$ 63.00	\$ 47.25	\$ 31.50	\$ 15.75
161802	Anticardiolipin Ab, IgG/M, Qn	\$ 72.25	\$ 163.25	\$ 122.50	\$ 81.75	\$ 41.00
161810	Anticardiolipin Ab, IgG, Qn	\$ 37.50	\$ 82.50	\$ 62.00	\$ 41.25	\$ 20.75
161828	Anticardiolipin Ab, IgM, Qn	\$ 37.50	\$ 82.50	\$ 62.00	\$ 41.25	\$ 20.75
161836	Anticardiolipin Ab, IgA, Qn	\$ 37.50	\$ 82.50	\$ 62.00	\$ 41.25	\$ 20.75
161950	Anticardiolip Ab, IgA/G/M, Qn	\$ 99.50	\$ 244.25	\$ 183.25	\$ 122.25	\$ 61.25
162289	H. pylori, IgG Abs	\$ 25.75	\$ 65.75	\$ 49.50	\$ 33.00	\$ 16.50
162388	Antineutrophil Cytoplasmic Ab	\$ 37.50	\$ 78.00	\$ 58.50	\$ 39.00	\$ 19.50
163006	HSV-2 IgG Supplemental Test	\$ 57.00	\$ 105.00	\$ 78.75	\$ 52.50	\$ 26.25
163033	HSV-2 Type Spec Ab, IgG w/Rflx	\$ 33.00	\$ 63.00	\$ 47.25	\$ 31.50	\$ 15.75
163050	Anti-GBM Antibodies	\$ 50.75	\$ 87.50	\$ 65.75	\$ 43.75	\$ 22.00
163061	ANCA Profile	\$ 90.75	\$ 151.75	\$ 114.00	\$ 76.00	\$ 38.00
163147	HSV Type 2-Specific Ab, IgG	\$ 33.00	\$ 63.00	\$ 47.25	\$ 31.50	\$ 15.75
163162	Bartonella Antibody Panel	\$ 47.50	\$ 163.25	\$ 122.50	\$ 81.75	\$ 41.00
163170	Helicobacter pylori, IgA	\$ 25.75	\$ 65.75	\$ 49.50	\$ 33.00	\$ 16.50
163204	Helicobacter pylori, IgM Ab	\$ 25.75	\$ 65.75	\$ 49.50	\$ 33.00	\$ 16.50
163212	Mycoplasma pneumoniae, IgM Ab	\$ 30.50	\$ 55.25	\$ 41.50	\$ 27.75	\$ 14.00
163253	Tetanus/Diphtheria Ab	\$ 95.50	\$ 136.25	\$ 102.25	\$ 68.25	\$ 34.25
163303	Parvovirus B19, Human, IgG/IgM	\$ 101.75	\$ 162.25	\$ 121.75	\$ 81.25	\$ 40.75
163402	Gliadin IgG/IgA Ab Prof, EIA	\$ 37.50	\$ 74.50	\$ 56.00	\$ 37.25	\$ 18.75
163550	Panel 163550	\$ 47.50	\$ 84.25	\$ 63.25	\$ 42.25	\$ 21.25
163600	Lyme, Line Blot, Serum	\$ 52.25	\$ 100.00	\$ 75.00	\$ 50.00	\$ 25.00
163601	Lyme, Line Blot, Serum	\$ 52.25	\$ 100.00	\$ 75.00	\$ 50.00	\$ 25.00
163659	H.PYLORI,IgG/IgA ABS	\$ 62.00	\$ 104.75	\$ 78.75	\$ 52.50	\$ 26.25
163683	H pylori, IgM, IgG, IgA Ab	\$ 109.25	\$ 344.25	\$ 258.25	\$ 172.25	\$ 86.25
163691	Tetanus Antitoxoid IgG Ab	\$ 30.50	\$ 93.50	\$ 70.25	\$ 46.75	\$ 23.50
163709	Diphtheria Antitoxoid Ab	\$ 30.50	\$ 93.50	\$ 70.25	\$ 46.75	\$ 23.50
163758	Mycoplasma pneu. IgG/IgM Abs	\$ 73.25	\$ 85.50	\$ 64.25	\$ 42.75	\$ 21.50
163882	Beta-2 Glycoprotein I Ab, IgG	\$ 22.00	\$ 41.00	\$ 30.75	\$ 20.50	\$ 10.25
163908	Beta-2 Glycoprotein I Ab, IgM	\$ 22.00	\$ 41.00	\$ 30.75	\$ 20.50	\$ 10.25
163915	Beta-2 Glycoprotein I Ab,G,A,M	\$ 59.25	\$ 244.25	\$ 183.25	\$ 122.25	\$ 61.25
163980	Liver-Kidney Microsomal Ab	\$ 12.50	\$ 48.00	\$ 36.00	\$ 24.00	\$ 12.00
164000	Strongyloides IgG Antibody	\$ 96.86	\$ 84.00	\$ 84.00	\$ 84.00	\$ 84.00
164010	Celiac Ab tTG DGP TlgA	\$ 157.00	\$ 509.75	\$ 382.50	\$ 255.00	\$ 127.50
164014	Antigliadin IgG (native)	\$ 31.00	\$ 75.00	\$ 56.25	\$ 37.50	\$ 18.75
164040	tTG/DGP Screen	\$ 62.00	\$ 150.00	\$ 112.50	\$ 75.00	\$ 37.50
164075	Bartonella henselae IgG/M	\$ 47.50	\$ 163.25	\$ 122.50	\$ 81.75	\$ 41.00
164085	Bowel Disorders Cascade	\$ 62.00	\$ 150.00	\$ 112.50	\$ 75.00	\$ 37.50
164319	Histoplasma Abs, Qn, DID	\$ 37.50	\$ 41.25	\$ 31.00	\$ 20.75	\$ 10.50
164517	Protein S-Antigen	\$ 70.75	\$ 116.25	\$ 87.25	\$ 58.25	\$ 29.25
164525	Protein S-Functional	\$ 88.25	\$ 140.75	\$ 105.75	\$ 70.50	\$ 35.25
164616	Legionella pneumophila Abs.	\$ 30.50	\$ 147.50	\$ 110.75	\$ 73.75	\$ 37.00
164640	t-Transglutaminase (tTG) IgA	\$ 44.75	\$ 77.25	\$ 58.00	\$ 38.75	\$ 19.50

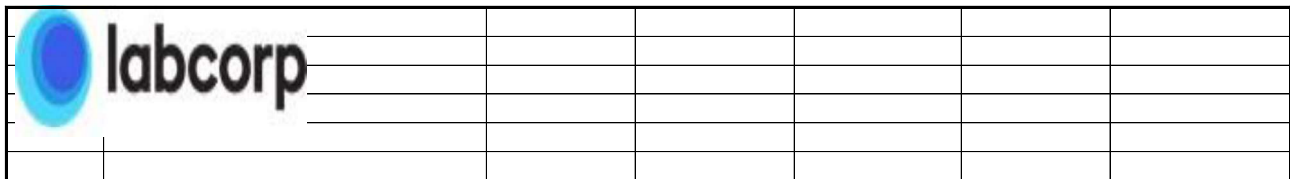


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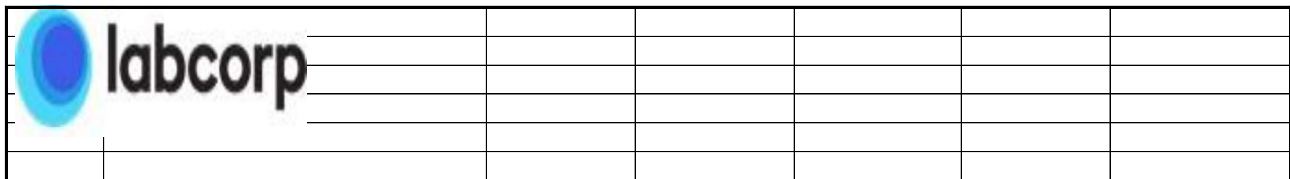
Test #	Test Name	00AM - Client Price	A1LW - Patient Price	A38H 25% Indigent Price	A38F 50% Indigent Price	A38D 75% Indigent Price
164806	HSV, IgM I/II Combination	\$ 30.50	\$ 74.00	\$ 55.50	\$ 37.00	\$ 18.50
164814	Anti-Centromere B Antibodies	\$ 22.75	\$ 86.75	\$ 65.25	\$ 43.50	\$ 21.75
164855	Antinuclear Antibodies Direct	\$ 12.00	\$ 43.25	\$ 32.50	\$ 21.75	\$ 11.00
164863	ANA w/Reflex if Positive	\$ 12.00	\$ 43.25	\$ 32.50	\$ 21.75	\$ 11.00
164897	HSV Type 1-Specific Ab, IgG	\$ 22.25	\$ 47.00	\$ 35.25	\$ 23.50	\$ 11.75
164914	Anti-CCP Ab, IgG/IgA	\$ 30.50	\$ 113.40	\$ 113.40	\$ 113.40	\$ 113.40
164920	ANA Comprehensive Plus Profile	\$ 235.25	\$ 663.00	\$ 542.25	\$ 361.75	\$ 181.25
164922	HSV 1 and 2-Spec Ab, IgG w/Rfx	\$ 54.50	\$ 109.50	\$ 82.25	\$ 54.75	\$ 27.50
164947	Antinuclear Antibodies, IFA	\$ 12.00	\$ 43.25	\$ 32.50	\$ 21.75	\$ 11.00
164962	ANA w/Reflex	\$ 12.00	\$ 43.25	\$ 32.50	\$ 21.75	\$ 11.00
165092	ANA Comprehensive Panel	\$ 388.50	\$ 553.50	\$ 415.25	\$ 276.75	\$ 138.50
165100	PrtCAG+PrtSAG	\$ 138.25	\$ 214.50	\$ 161.00	\$ 107.25	\$ 53.75
165118	Celiac Disease Ab Screen w/Rfx	\$ 75.50	\$ 242.00	\$ 181.50	\$ 121.00	\$ 60.50
165126	Celiac Disease Comprehensive	\$ 163.00	\$ 223.00	\$ 167.25	\$ 111.50	\$ 55.75
165134	Celiac Disease II	\$ 124.50	\$ 379.25	\$ 284.50	\$ 189.75	\$ 95.00
165142	Celiac Disease Panel	\$ 91.50	\$ 245.25	\$ 184.00	\$ 122.75	\$ 61.50
165592	AChR Abs with Reflex to MuSK	\$ 37.50	\$ 118.00	\$ 88.50	\$ 59.00	\$ 29.50
180010	Candida 6 Species Profile, NAA	\$ 165.00	\$ 474.00	\$ 355.50	\$ 237.00	\$ 118.50
180021	NuSwab Vaginitis Plus (VG+)	\$ 192.00	\$ 540.00	\$ 405.00	\$ 270.00	\$ 135.00
180025	M genitalium NAA, Urine	\$ 36.00	\$ 70.00	\$ 52.50	\$ 35.00	\$ 17.50
180026	Vaginitis/Vaginosis, DNA Probe	\$ 106.75	\$ 140.75	\$ 105.75	\$ 70.50	\$ 35.50
180030	HSV NAA	\$ 80.00	\$ 96.00	\$ 72.00	\$ 48.00	\$ 24.00
180034	BV, Sialidase Activity	\$ 45.00	\$ 75.00	\$ 56.25	\$ 37.50	\$ 18.75
180039	NuSwab Vaginitis (VG)	\$ 150.00	\$ 426.00	\$ 319.50	\$ 213.00	\$ 106.50
180040	Genital Mycoplasmas NAA, Urine	\$ 108.00	\$ 210.00	\$ 157.50	\$ 105.00	\$ 52.50
180042	NuSwab VG, Candida 6sp	\$ 260.00	\$ 742.00	\$ 556.50	\$ 371.00	\$ 185.50
180043	NuSwab BV and Candida, NAA	\$ 115.00	\$ 368.00	\$ 276.00	\$ 184.00	\$ 92.00
180045	Ct/GC/Tv NAA+M genitalium Ur.	\$ 113.00	\$ 242.00	\$ 181.50	\$ 121.00	\$ 60.50
180047	Ct/GC/Tv NAA+Mycoplasmas Urine	\$ 185.00	\$ 382.00	\$ 286.50	\$ 191.00	\$ 95.50
180049	Ct Ng M genitalium NAA, Urine	\$ 78.00	\$ 184.00	\$ 138.00	\$ 92.00	\$ 46.00
180051	Ct, Ng, Mycoplasmas NAA, Urine	\$ 150.00	\$ 324.00	\$ 243.00	\$ 162.00	\$ 81.00
180055	C albicans + C glabrata, NAA	\$ 55.00	\$ 158.00	\$ 118.50	\$ 79.00	\$ 39.50
180060	Bacterial Vaginosis, NAA	\$ 60.00	\$ 210.00	\$ 157.50	\$ 105.00	\$ 52.50
180066	NuSwab VG+, HSV	\$ 272.00	\$ 636.00	\$ 477.00	\$ 318.00	\$ 159.00
180068	NuSwab VG+, Candida 6sp	\$ 302.00	\$ 856.00	\$ 642.00	\$ 428.00	\$ 214.00
180069	NuSwab BV+Candida 6sp	\$ 225.00	\$ 684.00	\$ 513.00	\$ 342.00	\$ 171.00
180071	NuSwab VG, HSV	\$ 230.00	\$ 522.00	\$ 391.50	\$ 261.00	\$ 130.50
180073	Ct/GC/Tv NAA+M genitalium Swab	\$ 113.00	\$ 242.00	\$ 181.50	\$ 121.00	\$ 60.50
180076	M genitalium NAA, Swab	\$ 36.00	\$ 70.00	\$ 52.50	\$ 35.00	\$ 17.50
180078	Ct/GC/Tv NAA+Mycoplasmas, Swab	\$ 185.00	\$ 382.00	\$ 286.50	\$ 191.00	\$ 95.50
180082	Ct, Ng, M genitalium NAA, Swab	\$ 78.00	\$ 184.00	\$ 138.00	\$ 92.00	\$ 46.00
180087	Trich vag by NAA	\$ 35.00	\$ 58.00	\$ 43.50	\$ 29.00	\$ 14.50
180089	Genital Mycoplasmas NAA, Swab	\$ 108.00	\$ 210.00	\$ 157.50	\$ 105.00	\$ 52.50
180090	NuSwab BV NAA+Cand6+Ct/GC/T...	\$ 382.00	\$ 952.00	\$ 714.00	\$ 476.00	\$ 238.00
180093	Ct, Ng, Mycoplasmas NAA, Swab	\$ 150.00	\$ 324.00	\$ 243.00	\$ 162.00	\$ 81.00
180094	NuSwab BV NAA+Cand6+Tv NAA	\$ 260.00	\$ 742.00	\$ 556.50	\$ 371.00	\$ 185.50
180097	Chlamydia trachomatis, NAA	\$ 21.00	\$ 57.00	\$ 42.75	\$ 28.50	\$ 14.25
180098	Chlamydia/GC Amplification	\$ 42.00	\$ 114.00	\$ 85.50	\$ 57.00	\$ 28.50
180104	Neisseria gonorrhoeae, NAA	\$ 21.00	\$ 57.00	\$ 42.75	\$ 28.50	\$ 14.25
180224	B pertussis, Nasophar Culture	\$ 44.75	\$ 77.25	\$ 58.00	\$ 38.75	\$ 19.50
180448	C difficile, Cytotoxin B	\$ 23.25	\$ 64.50	\$ 48.50	\$ 32.25	\$ 16.25
180764	H. pylori Stool Ag, EIA	\$ 73.25	\$ 118.75	\$ 89.25	\$ 59.50	\$ 29.75
180802	Body Fluid Culture, Sterile	\$ 23.25	\$ 48.75	\$ 36.75	\$ 24.50	\$ 12.25
180810	Lower Respiratory Culture	\$ 17.50	\$ 47.00	\$ 35.25	\$ 23.50	\$ 11.75



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Test #	Test Name	00AM - Client Price	A1LW - Patient Price	A38H 25% Indigent Price	A38F 50% Indigent Price	A38D 75% Indigent Price
180836	H pylori Breath Test	\$ 133.75	\$ 207.25	\$ 155.50	\$ 103.75	\$ 52.00
180840	H pylori Breath Test, Peds	\$ 133.75	\$ 207.25	\$ 155.50	\$ 103.75	\$ 52.00
180901	Wet Prep	\$ 14.75	\$ 36.75	\$ 27.75	\$ 18.50	\$ 9.25
180919	Wet Prep w/ Trich Cult Reflex	\$ 14.75	\$ 36.75	\$ 27.75	\$ 18.50	\$ 9.25
180950	Trichomonas Culture	\$ 15.75	\$ 33.50	\$ 25.25	\$ 16.75	\$ 8.50
182204	Giardia lamblia Ag, EIA	\$ 19.00	\$ 77.25	\$ 58.00	\$ 38.75	\$ 19.50
182337	Dermatophyte Only, Culture	\$ 31.75	\$ 51.00	\$ 38.25	\$ 25.50	\$ 12.75
182352	Gram Stain w/Sputum Cult Rflx	\$ 12.75	\$ 33.50	\$ 25.25	\$ 16.75	\$ 8.50
182410	Stool Culture, Yersinia Only	\$ 15.75	\$ 30.50	\$ 23.00	\$ 15.25	\$ 7.75
182445	Strep Gp A Ag, IA W/Reflex	\$ 11.75	\$ 30.00	\$ 22.50	\$ 15.00	\$ 7.50
182493	Vaginal Yeast Culture	\$ 18.00	\$ 37.35	\$ 28.25	\$ 18.75	\$ 9.50
182576	Mtb Susceptibility Broth	\$ 227.00	\$ 325.00	\$ 170.25	\$ 113.50	\$ 56.75
182725	BV+Ct/Ng/Tv NAA+Yeast Culture	\$ 140.00	\$ 284.35	\$ 213.50	\$ 142.25	\$ 71.25
182776	Yeast Only, Culture	\$ 37.50	\$ 67.50	\$ 50.75	\$ 33.75	\$ 17.00
182879	QuantiFERON-TB Gold Plus	\$ 55.00	\$ 104.00	\$ 78.00	\$ 52.00	\$ 26.00
182893	QFT-TB Plus (Client Incubated)	\$ 55.00	\$ 104.00	\$ 75.00	\$ 50.00	\$ 25.00
182949	Occult Blood, Fecal, IA	\$ 29.50	\$ 51.00	\$ 38.25	\$ 25.50	\$ 12.75
183016	Cryptococcus Antigen, CSF	\$ 30.50	\$ 39.00	\$ 29.25	\$ 19.50	\$ 9.75
183025	Cryptococcus Antigen, Serum	\$ 30.50	\$ 39.00	\$ 29.25	\$ 19.50	\$ 9.75
183111	Anaerobic/Aerobic/Gram Stain	\$ 68.25	\$ 113.50	\$ 85.25	\$ 56.75	\$ 28.50
183156	Concentration	\$ 13.25	\$ 23.50	\$ 17.75	\$ 11.75	\$ 6.00
183160	Ct, Ng, Trich vag by NAA	\$ 77.00	\$ 172.00	\$ 129.00	\$ 86.00	\$ 43.00
183194	Chlamydia/GC Amplification	\$ 42.00	\$ 114.00	\$ 85.50	\$ 57.00	\$ 28.50
183198	Ct/Ng NAA rfx Tv NAA	\$ 42.00	\$ 114.00	\$ 85.50	\$ 57.00	\$ 28.50
183200	Trich vag by NAA	\$ 35.00	\$ 58.00	\$ 43.50	\$ 29.00	\$ 14.50
183467	MRSA Screening Culture	\$ 30.50	\$ 97.65	\$ 97.65	\$ 97.65	\$ 97.65
183558	Giardia/Cryptosporidium EIA	\$ 145.25	\$ 239.50	\$ 179.75	\$ 119.75	\$ 60.00
183616	Chlamydia/GC NAA, Confirmation	\$ 42.00	\$ 114.00	\$ 85.50	\$ 57.00	\$ 28.50
183617	Chlamydia trachomatis, NAA	\$ 21.00	\$ 57.00	\$ 42.75	\$ 28.50	\$ 14.25
183618	Neisseria gonorrhoeae, NAA	\$ 21.00	\$ 57.00	\$ 42.75	\$ 28.50	\$ 14.25
183753	Acid Fast Smear+Culture	\$ 31.75	\$ 56.50	\$ 42.50	\$ 28.25	\$ 14.25
183764	Acid Fast Smear+Culture W/Rflx	\$ 31.75	\$ 56.50	\$ 42.50	\$ 28.25	\$ 14.25
186023	Viral Culture,Rapid,Influenza	\$ 52.50	\$ 67.75	\$ 51.00	\$ 34.00	\$ 17.00
186056	Viral Culture,Rapid,Lesion	\$ 37.50	\$ 47.00	\$ 35.25	\$ 23.50	\$ 11.75
186064	Influenza A+B Ag, EIA	\$ 40.75	\$ 129.75	\$ 97.50	\$ 65.00	\$ 32.50
186072	HSV Culture Without Typing	\$ 24.50	\$ 50.25	\$ 37.75	\$ 25.25	\$ 12.75
186145	Chlamydia/GC NAA Post Pap	\$ 42.00	\$ 114.00	\$ 85.50	\$ 57.00	\$ 28.50
186146	Chlamydia, NAA Post Pap	\$ 21.00	\$ 57.00	\$ 42.75	\$ 28.50	\$ 14.25
186147	Gonococcus, NAA Post Pap	\$ 21.00	\$ 57.00	\$ 42.75	\$ 28.50	\$ 14.25
186200	Ct/Ng, Client Prequot, NAA	\$ 42.00	\$ 114.00	\$ 85.50	\$ 57.00	\$ 28.50
186211	Chlamydia Prequot, NAA	\$ 21.00	\$ 57.00	\$ 42.75	\$ 28.50	\$ 14.25
186212	Gonococcus Prequot, NAA	\$ 21.00	\$ 57.00	\$ 42.75	\$ 28.50	\$ 14.25
187013	Adenovirus (40/41)/Rotavirus	\$ 66.00	\$ 77.50	\$ 58.25	\$ 38.75	\$ 19.50
188035	Herpes Simplex Virus, NAA	\$ 80.00	\$ 96.00	\$ 72.00	\$ 48.00	\$ 24.00
188052	Trich vag by NAA	\$ 35.00	\$ 58.00	\$ 43.50	\$ 29.00	\$ 14.50
188056	HSV NAA	\$ 80.00	\$ 96.00	\$ 72.00	\$ 48.00	\$ 24.00
188065	Ct Ng HSV by NAA	\$ 122.00	\$ 210.00	\$ 157.50	\$ 105.00	\$ 52.50
188070	Ct Ng TV HSV by NAA	\$ 157.00	\$ 268.00	\$ 201.00	\$ 134.00	\$ 67.00
188078	Chlamydia trachomatis, NAA	\$ 21.00	\$ 57.00	\$ 42.75	\$ 28.50	\$ 14.25
188080	Chlamydia, Conjunctiva, NAA	\$ 21.00	\$ 57.00	\$ 42.75	\$ 28.50	\$ 14.25
188086	Neisseria gonorrhoeae, NAA	\$ 21.00	\$ 57.00	\$ 42.75	\$ 28.50	\$ 14.25
188110	Giardia, EIA, Ova/Parasite	\$ 44.75	\$ 84.25	\$ 63.25	\$ 42.25	\$ 21.25
188130	Strep Gp B Culture	\$ 17.50	\$ 90.25	\$ 67.75	\$ 45.25	\$ 22.75
188135	Strep Gp B Culture+Rflx	\$ 17.50	\$ 90.25	\$ 67.75	\$ 45.25	\$ 22.75




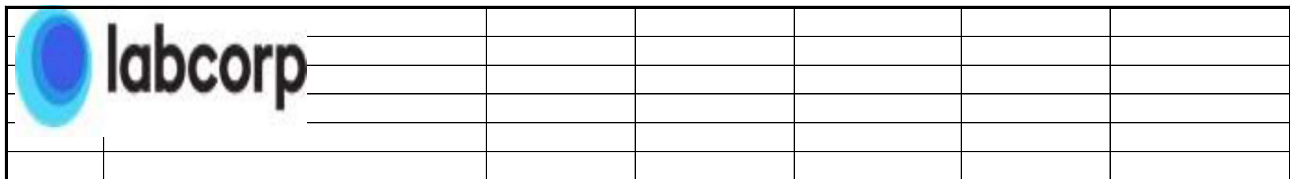
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Test #	Test Name	00AM - Client Price	A1LW - Patient Price	A38H 25% Indigent Price	A38F 50% Indigent Price	A38D 75% Indigent Price
188139	Strep Gp B NAA+Rflx	\$ 40.53	\$ 194.25	\$ 138.75	\$ 92.50	\$ 46.25
188243	Fungus Culture With Stain	\$ 44.75	\$ 76.50	\$ 57.50	\$ 38.25	\$ 19.25
188672	Ct/GC NAA, Rectal	\$ 42.00	\$ 114.00	\$ 85.50	\$ 57.00	\$ 28.50
188698	Ct/GC NAA, Pharyngeal	\$ 42.00	\$ 114.00	\$ 85.50	\$ 57.00	\$ 28.50
188706	Ct NAA, Rectal	\$ 21.00	\$ 57.00	\$ 42.75	\$ 28.50	\$ 14.25
188714	Ct NAA, Pharyngeal	\$ 21.00	\$ 57.00	\$ 42.75	\$ 28.50	\$ 14.25
188730	GC NAA, Rectal	\$ 21.00	\$ 57.00	\$ 42.75	\$ 28.50	\$ 14.25
188748	GC NAA, Pharyngeal	\$ 21.00	\$ 57.00	\$ 42.75	\$ 28.50	\$ 14.25
190074	Pap Smear, 2 sld w Mat Indx	\$ 48.40	\$ 96.80	\$ 72.60	\$ 48.40	\$ 24.20
191927	Pap IG, Ng	\$ 55.75	\$ 111.00	\$ 83.25	\$ 55.50	\$ 27.75
192005	Pap Lb (Liquid-based)	\$ 29.50	\$ 44.00	\$ 33.00	\$ 22.00	\$ 11.00
192096	Pap Lb, w Mat Indx	\$ 32.45	\$ 48.40	\$ 36.30	\$ 24.20	\$ 12.10
192120	Pap Lb, Ct-Ng	\$ 71.50	\$ 158.00	\$ 118.50	\$ 79.00	\$ 39.50
192138	Pap Lb, Ct	\$ 50.50	\$ 101.00	\$ 75.75	\$ 50.50	\$ 25.25
192520	Pap Lb, Ct-Ng TV	\$ 106.50	\$ 216.00	\$ 162.00	\$ 108.00	\$ 54.00
192555	Change IG Pap to LB Pap	\$ 29.50	\$ 44.00	\$ 33.00	\$ 22.00	\$ 11.00
193000	Pap IG (Image Guided)	\$ 34.75	\$ 54.00	\$ 40.50	\$ 27.00	\$ 13.50
193069	Pap IG, w Mat Indx	\$ 38.23	\$ 59.40	\$ 44.55	\$ 29.70	\$ 14.85
193157	IGP,CtNg,AptimaHPV	\$ 175.50	\$ 270.00	\$ 202.50	\$ 135.00	\$ 67.50
193970	Pap Lb, Ng	\$ 50.50	\$ 101.00	\$ 75.75	\$ 50.50	\$ 25.25
196100	IGP, CtNg, cobasHPV16/18	\$ 255.50	\$ 371.00	\$ 278.25	\$ 185.50	\$ 92.75
196105	IGP, CtNgTv, cobasHPV16/18	\$ 290.50	\$ 429.00	\$ 321.75	\$ 214.50	\$ 107.25
196110	IGP,CtNg,rfxcobasHPV16/18ASCU	\$ 76.75	\$ 168.00	\$ 126.00	\$ 84.00	\$ 42.00
196115	IGP,CtNgTvrfxcobasHPV16/18ASCU	\$ 111.75	\$ 226.00	\$ 169.50	\$ 113.00	\$ 56.50
196120	IGP, cobasHPV, rfx16/18	\$ 133.50	\$ 156.00	\$ 117.00	\$ 78.00	\$ 39.00
196125	IGP,CtNg,rfxcobasHPV ASCU	\$ 76.75	\$ 168.00	\$ 126.00	\$ 84.00	\$ 42.00
196190	IGP, cobasHPV16/18	\$ 213.50	\$ 257.00	\$ 192.75	\$ 128.50	\$ 64.25
196210	IGP, cobasHPV16/18	\$ 213.50	\$ 257.00	\$ 192.75	\$ 128.50	\$ 64.25
196215	IGP, CtNg, cobasHPV16/18	\$ 255.50	\$ 371.00	\$ 278.25	\$ 185.50	\$ 92.75
196220	IGP, CtNgTv, cobasHPV16/18	\$ 290.50	\$ 429.00	\$ 321.75	\$ 214.50	\$ 107.25
196225	IGP, rfxcobasHPV16/18ASCU	\$ 34.75	\$ 54.00	\$ 40.50	\$ 27.00	\$ 13.50
196230	IGP,CtNg,rfxcobasHPV16/18ASCU	\$ 76.75	\$ 168.00	\$ 126.00	\$ 84.00	\$ 42.00
196235	IGP,CtNgTvrfxcobasHPV16/18ASCU	\$ 111.75	\$ 226.00	\$ 169.50	\$ 113.00	\$ 56.50
196240	IGP,rfxcobas HPV16/18 all path	\$ 34.75	\$ 54.00	\$ 40.50	\$ 27.00	\$ 13.50
196245	IGP,CtNgrfxcobasHPV16/18allpth	\$ 76.75	\$ 168.00	\$ 126.00	\$ 84.00	\$ 42.00
196255	IGP,CtNgTvrfxcobasHPV16/18 all	\$ 111.75	\$ 226.00	\$ 169.50	\$ 113.00	\$ 56.50
196295	IGP,rfxcobas HPV16/18 all path	\$ 34.75	\$ 54.00	\$ 40.50	\$ 27.00	\$ 13.50
196300	IGP,CtNgrfxcobasHPV16/18allpth	\$ 76.75	\$ 168.00	\$ 126.00	\$ 84.00	\$ 42.00
196305	IGP, cobasHPV, rfx16/18	\$ 133.50	\$ 156.00	\$ 117.00	\$ 78.00	\$ 39.00
196307	IGP,rfx cobasHPV ASCU	\$ 34.75	\$ 54.00	\$ 40.50	\$ 27.00	\$ 13.50
196310	IGP,rfx cobasHPV ASCU	\$ 34.75	\$ 54.00	\$ 40.50	\$ 27.00	\$ 13.50
196315	IGP,CtNg,rfxcobasHPV ASCU	\$ 76.75	\$ 168.00	\$ 126.00	\$ 84.00	\$ 42.00
196320	IGP,CtNgTvrfxcobasHPV16/18 all	\$ 111.75	\$ 226.00	\$ 169.50	\$ 113.00	\$ 56.50
196335	IGP, rfxcobasHPV16/18ASCU	\$ 34.75	\$ 54.00	\$ 40.50	\$ 27.00	\$ 13.50
196402	Pap IG, Ct-Ng	\$ 76.75	\$ 168.00	\$ 126.00	\$ 84.00	\$ 42.00
196502	Pap IG, Ct-Ng TV	\$ 111.75	\$ 226.00	\$ 169.50	\$ 113.00	\$ 56.50
196512	Pap IG, Tv	\$ 69.75	\$ 112.00	\$ 84.00	\$ 56.00	\$ 28.00
197676	Pap IG, Ct	\$ 55.75	\$ 111.00	\$ 83.25	\$ 55.50	\$ 27.75
198300	Pap IG, HSV 1/2 NAA	\$ 114.75	\$ 150.00	\$ 112.50	\$ 75.00	\$ 37.50
198310	Pap IG, Ct-Ng HSV 1/2 NAA	\$ 156.75	\$ 264.00	\$ 198.00	\$ 132.00	\$ 66.00
198315	Pap IG, Ct-Ng TV HSV 1/2 NAA	\$ 191.75	\$ 322.00	\$ 241.50	\$ 161.00	\$ 80.50
199300	IGP, rfx Aptima HPV ASCU	\$ 34.75	\$ 54.00	\$ 40.50	\$ 27.00	\$ 13.50
199305	IGP, Aptima HPV, rfx 16/18,45	\$ 133.50	\$ 156.00	\$ 117.00	\$ 78.00	\$ 39.00
199310	IGP,CtNg,AptimaHPV,rfx16/18,45	\$ 175.50	\$ 270.00	\$ 202.50	\$ 135.00	\$ 67.50



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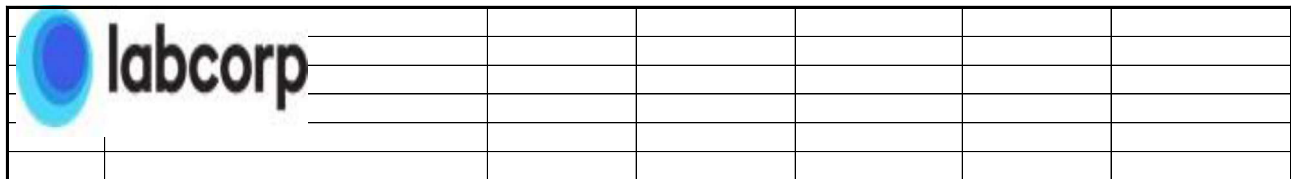
Test #	Test Name	00AM - Client Price	A1LW - Patient Price	A38H 25% Indigent Price	A38F 50% Indigent Price	A38D 75% Indigent Price
199315	IGP,CtNgTv,Apt HPV,rfx16/18,45	\$ 210.50	\$ 328.00	\$ 246.00	\$ 164.00	\$ 82.00
199320	IGP, CtNg, rfx Aptima HPV ASCU	\$ 76.75	\$ 168.00	\$ 126.00	\$ 84.00	\$ 42.00
199325	IGP,CtNgTv,rfx Aptima HPV ASCU	\$ 111.75	\$ 226.00	\$ 169.50	\$ 113.00	\$ 56.50
199328	IGP,CtNgTv,Apt HPV	\$ 210.50	\$ 328.00	\$ 246.00	\$ 164.00	\$ 82.00
199330	IGP, Aptima HPV	\$ 133.50	\$ 156.00	\$ 117.00	\$ 78.00	\$ 39.00
199334	IGP,CtNgTv,Apt HPV,rfx16/18,45	\$ 210.50	\$ 328.00	\$ 246.00	\$ 164.00	\$ 82.00
199337	IGP,CtNgTvrfxAptHPVrfx16/18,45	\$ 111.75	\$ 226.00	\$ 169.50	\$ 113.00	\$ 56.50
199338	IGP,CtNg,AptimaHPV,rfx16/18,45	\$ 175.50	\$ 270.00	\$ 202.50	\$ 135.00	\$ 67.50
199340	IGP,rfx Apt HPV ASCU,16/18,45	\$ 34.75	\$ 54.00	\$ 40.50	\$ 27.00	\$ 13.50
199344	IGP, Apt HPV,rfx 16/18,45	\$ 133.50	\$ 156.00	\$ 117.00	\$ 78.00	\$ 39.00
199345	IGP,rfx Aptima HPV all pth	\$ 34.75	\$ 54.00	\$ 40.50	\$ 27.00	\$ 13.50
199348	IGP,CtNgTvrfxAptHPVrfx16/18,45	\$ 111.75	\$ 226.00	\$ 169.50	\$ 113.00	\$ 56.50
199350	IGP,rfxAptima HPV all,16/18,45	\$ 34.75	\$ 54.00	\$ 40.50	\$ 27.00	\$ 13.50
199354	IGP,CtNg,rfxAptHPV,rfx16/18,45	\$ 76.75	\$ 168.00	\$ 126.00	\$ 84.00	\$ 42.00
199355	IGP,CtNg,rfx Apt HPV all pth	\$ 76.75	\$ 168.00	\$ 126.00	\$ 84.00	\$ 42.00
199360	IGP,CtNgTv,rfx Apt HPV all	\$ 111.75	\$ 226.00	\$ 169.50	\$ 113.00	\$ 56.50
199386	IGP,CtNg,rfxAptHPVrfx16/18,45	\$ 76.75	\$ 168.00	\$ 126.00	\$ 84.00	\$ 42.00
199388	IGP,rfxAptHPV AGC,ASCUrfx geno	\$ 34.75	\$ 54.00	\$ 40.50	\$ 27.00	\$ 13.50
201359	HP5+HAVIgM	\$ 83.25	\$ 236.50	\$ 177.50	\$ 118.25	\$ 59.25
202945	Prenatal Profile I	\$ 44.50	\$ 129.00	\$ 96.75	\$ 64.50	\$ 32.25
202978	CBC/D/Plt+RPR+Rub Ab+Ab Scr...	\$ 19.50	\$ 136.25	\$ 102.25	\$ 68.25	\$ 34.25
203752	Systemic Lupus Profile B	\$ 95.50	\$ 196.75	\$ 147.75	\$ 98.50	\$ 49.25
204339	Insulin (2 Specimens)	\$ 20.25	\$ 74.25	\$ 55.75	\$ 37.25	\$ 18.75
205165	HAVAb+M+HBCAb+M+HBsAb+Ag	\$ 52.25	\$ 145.75	\$ 109.50	\$ 73.00	\$ 36.50
205210	HBcAb+M	\$ 30.50	\$ 77.25	\$ 58.00	\$ 38.75	\$ 19.50
209489	CMP12+LP+6AC+CBC/D/Plt	\$ 17.50	\$ 88.00	\$ 66.00	\$ 44.00	\$ 22.00
211425	Glucose Tolerance Prof (4 Sp)	\$ 23.25	\$ 91.75	\$ 69.00	\$ 46.00	\$ 23.00
213561	Toxoplasma Abs IgG/IgM	\$ 53.75	\$ 99.75	\$ 75.00	\$ 50.00	\$ 25.00
213660	Insulin and C-Peptide, Serum	\$ 52.25	\$ 104.00	\$ 78.00	\$ 52.00	\$ 26.00
214336	Ca+PTH Intact+Ca Ionized	\$ 54.00	\$ 215.00	\$ 161.50	\$ 107.50	\$ 54.00
215996	Cell Ct, Synovial w/o Crystals	\$ 8.25	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
216010	Apo A1 + B + Ratio	\$ 24.00	\$ 120.00	\$ 90.00	\$ 60.00	\$ 30.00
216515	Lupus (SLE) Analysis	\$ 174.25	\$ 394.50	\$ 296.00	\$ 197.25	\$ 98.75
216655	EBV Acute Infection Antibodies	\$ 81.00	\$ 207.50	\$ 155.75	\$ 103.75	\$ 52.00
218142	ALP+Ca+Uric A+ANA+RF Qn	\$ 30.50	\$ 105.25	\$ 79.00	\$ 52.75	\$ 26.50
218389	ANA+ENA+C3+C4+RF Qn+DNA/DS+...	\$ 209.25	\$ 323.50	\$ 242.75	\$ 161.75	\$ 81.00
218399	ENA+C4+DNA/DS+SCL 70+SjoSSA...	\$ 217.25	\$ 369.00	\$ 276.75	\$ 184.50	\$ 92.25
221010	Lipid Panel w/ Chol/HDL Ratio	\$ 7.00	\$ 47.75	\$ 36.00	\$ 24.00	\$ 12.00
221085	CMV Abs IgG/IgM	\$ 37.50	\$ 96.75	\$ 72.75	\$ 48.50	\$ 24.25
224576	TSH+Free T4	\$ 16.25	\$ 62.00	\$ 46.50	\$ 31.00	\$ 15.50
225920	Protein Elec + Interp, Serum	\$ 23.25	\$ 60.25	\$ 45.25	\$ 30.25	\$ 15.25
231950	Obstetric Panel, Including HIV	\$ 66.75	\$ 279.75	\$ 209.81	\$ 139.88	\$ 69.94
233726	hCG Ql w/reflex to hCG Qn	\$ 12.00	\$ 32.00	\$ 24.00	\$ 16.00	\$ 8.00
234765	ENA+DNA/DS+SJOGRE	\$ 145.00	\$ 273.00	\$ 204.75	\$ 136.50	\$ 68.25
235002	LP	\$ 6.75	\$ 47.00	\$ 35.25	\$ 23.50	\$ 11.75
235010	Lipid Panel With LDL/HDL Ratio	\$ 7.00	\$ 47.75	\$ 36.00	\$ 24.00	\$ 12.00
235945	Varicella Zoster Abs, IgG/IgM	\$ 40.75	\$ 83.25	\$ 62.50	\$ 41.75	\$ 21.00
239822	Glucose (2 Spec) Tolerance, S	\$ 12.50	\$ 28.50	\$ 21.50	\$ 14.25	\$ 7.25
240610	EBV Antibody Profile	\$ 95.25	\$ 193.00	\$ 145.00	\$ 96.75	\$ 48.75
245047	HBsAg+HCVAb+Plt+...	\$ 49.50	\$ 154.50	\$ 115.50	\$ 77.75	\$ 38.75
245069	HBsAg+HCVAb+Plt+...	\$ 49.50	\$ 154.50	\$ 115.50	\$ 77.75	\$ 38.75
245070	CMP14+hCG Ql+HAVAb+HBcAb+HB...	\$ 193.25	\$ 518.00	\$ 389.25	\$ 259.25	\$ 130.00
245438	PrEP, Female, Monitor	\$ 103.27	\$ 273.00	\$ 204.00	\$ 136.75	\$ 68.50
245450	PrEP, Female, Baseline	\$ 156.77	\$ 431.75	\$ 323.75	\$ 216.50	\$ 108.50

						
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Test #	Test Name	00AM - Client Price	A1LW - Patient Price	A38H 25% Indigent Price	A38F 50% Indigent Price	A38D 75% Indigent Price
245476	PrEP, Male, Baseline	\$ 146.27	\$ 382.75	\$ 287.00	\$ 192.00	\$ 96.25
245488	PrEP, Male, Monitor	\$ 92.77	\$ 224.00	\$ 167.25	\$ 112.25	\$ 56.25
250555	Antiphospholipid Syndrome Prof	\$ 181.00	\$ 214.25	\$ 160.75	\$ 107.25	\$ 53.75
261511	Prot Electro+Interp, 24-Hr Ur	\$ 30.50	\$ 36.00	\$ 27.00	\$ 18.00	\$ 9.00
266015	Folate, RBC	\$ 23.25	\$ 64.25	\$ 48.25	\$ 32.25	\$ 16.25
270461	Finger/Heel Stick	\$ 5.25	\$ 18.50	\$ 18.50	\$ 18.50	\$ 18.50
271702	CatecU+Meta F	\$ 88.25	\$ 110.50	\$ 83.00	\$ 55.25	\$ 27.75
273141	Bili T+D (Neonatal)	\$ 22.50	\$ 28.25	\$ 21.25	\$ 14.25	\$ 7.25
276024	Creat Clearance, Normalized	\$ 12.50	\$ 33.50	\$ 25.25	\$ 16.75	\$ 8.50
283655	Protein C Deficiency Profile	\$ 131.00	\$ 204.25	\$ 153.25	\$ 102.25	\$ 51.25
286161	Catecholamine+VMA, 24-Hr Urine	\$ 47.50	\$ 106.25	\$ 79.75	\$ 53.25	\$ 26.75
287953	Card(IgA/G/M)+DRVVT+PTT LA	\$ 73.25	\$ 294.50	\$ 221.00	\$ 147.25	\$ 73.75
293946	CMP12+LP+6AC	\$ 12.00	\$ 43.25	\$ 32.50	\$ 21.75	\$ 11.00
299307	CMP12+LP+TP+6AC+CBC/D/Plt	\$ 25.25	\$ 67.50	\$ 50.75	\$ 33.75	\$ 17.00
301688	CBC/D/Plt+RPR+Rh+ABO+Rub Ab...	\$ 65.50	\$ 237.25	\$ 178.00	\$ 118.75	\$ 59.50
302085	Comp. Metabolic Panel (12)	\$ 6.25	\$ 37.75	\$ 28.50	\$ 19.00	\$ 9.50
302722	ALT+AST+Creat+Uric A+CBC/D/Plt	\$ 10.50	\$ 73.25	\$ 55.00	\$ 36.75	\$ 18.50
303755	Hepatic Function Panel (6)	\$ 5.00	\$ 33.25	\$ 25.00	\$ 16.75	\$ 8.50
303756	Lipid Panel	\$ 7.00	\$ 47.75	\$ 36.00	\$ 24.00	\$ 12.00
303758	Basic Metabolic Panel (7)	\$ 5.25	\$ 47.25	\$ 35.25	\$ 23.50	\$ 11.75
304690	LP+1AC+Hb A1c	\$ 18.50	\$ 48.75	\$ 36.75	\$ 24.50	\$ 12.25
306266	Kidney Stone, Urine/Saturation	\$ 200.00	\$ 223.00	\$ 167.25	\$ 111.50	\$ 55.75
307560	tTG IgA/G	\$ 76.00	\$ 211.25	\$ 158.50	\$ 105.75	\$ 53.00
310900	Comp. Metabolic Panel (13)	\$ 5.50	\$ 38.50	\$ 29.00	\$ 19.25	\$ 9.75
313174	CMP14+LP	\$ 12.50	\$ 87.25	\$ 65.50	\$ 43.75	\$ 22.00
314368	T4, Free	\$ 8.00	\$ 37.25	\$ 28.00	\$ 18.75	\$ 9.50
315780	Albumin, Body Fluid	\$ 23.00	\$ 32.25	\$ 24.25	\$ 16.25	\$ 8.25
317222	UREA and Creatinine, 24-Hr Ur	\$ 30.50	\$ 32.25	\$ 24.25	\$ 16.25	\$ 8.25
317637	CMP14+CBC/D/Plt+TSH	\$ 15.25	\$ 76.25	\$ 57.25	\$ 38.25	\$ 19.25
322000	Comp. Metabolic Panel (14)	\$ 5.50	\$ 39.50	\$ 29.75	\$ 19.75	\$ 10.00
322454	TSH reflex to T4	\$ 7.50	\$ 53.00	\$ 39.75	\$ 26.50	\$ 13.25
322755	Hepatic Function Panel (7)	\$ 5.25	\$ 29.25	\$ 22.00	\$ 14.75	\$ 7.50
322758	Basic Metabolic Panel (8)	\$ 5.25	\$ 30.50	\$ 23.00	\$ 15.25	\$ 7.75
322777	Renal Panel (10)	\$ 6.25	\$ 30.50	\$ 23.00	\$ 15.25	\$ 7.75
323410	hCG, Beta Subunit, Qual, Serum	\$ 12.00	\$ 32.00	\$ 24.00	\$ 16.00	\$ 8.00
323589	HFP7+1AC+CBC/D/Plt	\$ 9.75	\$ 60.00	\$ 45.00	\$ 30.00	\$ 15.00
324505	LP+LDLDir	\$ 17.50	\$ 78.00	\$ 58.50	\$ 39.00	\$ 19.50
330015	Thyroid Cascade Profile	\$ 7.50	\$ 53.00	\$ 39.75	\$ 26.50	\$ 13.25
330018	Thyroid Peroxidase (TPO) Ab	\$ 12.50	\$ 48.00	\$ 36.00	\$ 24.00	\$ 12.00
330731	LP	\$ 6.75	\$ 47.00	\$ 35.25	\$ 23.50	\$ 11.75
333427	Microscopic Examination	\$ 8.25	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
334724	AST+BUN+Uric A+Hct+Plt	\$ 14.00	\$ 49.00	\$ 36.75	\$ 24.50	\$ 12.25
334971	Celiac Disease Antibody Screen	\$ 75.50	\$ 242.00	\$ 181.50	\$ 121.00	\$ 60.50
339590	HBsAg	\$ 13.00	\$ 34.75	\$ 26.25	\$ 17.50	\$ 8.75
339602	ALT+AST+HAVAb+HBeAg+HCVAb	\$ 48.25	\$ 153.50	\$ 115.25	\$ 76.75	\$ 38.50
343002	LP+LDL Direct	\$ 19.00	\$ 79.75	\$ 60.00	\$ 40.00	\$ 20.00
349829	TSH Rfx on Abnormal to Free T4	\$ 7.00	\$ 50.00	\$ 37.50	\$ 25.00	\$ 12.50
354928	Protein Electro, Random Urine	\$ 37.50	\$ 46.75	\$ 35.25	\$ 23.50	\$ 11.75
357913	Hep A(Rflx To IgM)	\$ 15.75	\$ 40.75	\$ 30.75	\$ 20.50	\$ 10.25
361946	Lipid Cascade	\$ 7.00	\$ 47.75	\$ 36.00	\$ 24.00	\$ 12.00
363676	Lipid Cascade w/Rflx to ApoliB	\$ 7.00	\$ 47.75	\$ 36.00	\$ 24.00	\$ 12.00
364169	RP+LP+CreatU+PTH Intact+CBC...	\$ 45.75	\$ 263.75	\$ 198.00	\$ 132.00	\$ 66.00
364181	RP10+LP+PTH Intact+CBC/Plt+...	\$ 59.00	\$ 304.25	\$ 228.25	\$ 152.25	\$ 76.25
374018	NuSwab VG Plus+Mycoplasmas,NAA	\$ 300.00	\$ 750.00	\$ 562.50	\$ 375.00	\$ 187.50



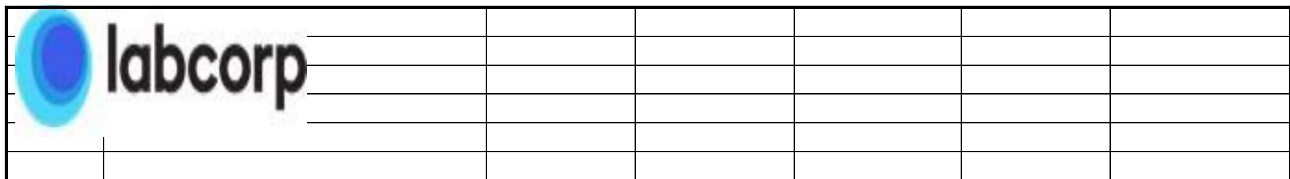
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Test #	Test Name	00AM - Client Price	A1LW - Patient Price	A38H 25% Indigent Price	A38F 50% Indigent Price	A38D 75% Indigent Price
374457	NuSwab VG+Mycoplasmas, NAA	\$ 258.00	\$ 636.00	\$ 477.00	\$ 318.00	\$ 159.00
376137	TSH+T4F+T3Free	\$ 46.75	\$ 151.75	\$ 114.00	\$ 76.00	\$ 38.25
376869	NuSwab Comprehensive NAA	\$ 410.00	\$ 1,066.00	\$ 799.50	\$ 533.00	\$ 266.50
377000	Micros with Reflex to Culture	\$ 8.25	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
377036	UA/M w/rflx Culture, Routine	\$ 6.75	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
377069	UA with Culture Reflex	\$ 6.25	\$ 19.50	\$ 14.75	\$ 9.75	\$ 5.00
377194	NuSwab Comprehensive HSV NAA	\$ 490.00	\$ 1,162.00	\$ 871.50	\$ 581.00	\$ 290.50
377200	UA/M w/rflx Culture, Comp	\$ 6.75	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
377915	NuSwab Comprehensive Panel 2	\$ 380.00	\$ 846.00	\$ 634.50	\$ 423.00	\$ 211.50
382631	BV NAA+Mycoplasmas NAA	\$ 168.00	\$ 420.00	\$ 315.00	\$ 210.00	\$ 105.00
383799	BV NAA+Candid+HSVNA+Mycopl...	\$ 338.00	\$ 732.00	\$ 549.00	\$ 366.00	\$ 183.00
383800	BV NAA+Candida+Mycoplasmas	\$ 223.00	\$ 578.00	\$ 433.50	\$ 289.00	\$ 144.50
385970	NuSwab BV NAA+Cand6+Mycoplasma	\$ 333.00	\$ 894.00	\$ 670.50	\$ 447.00	\$ 223.50
386633	BV NAA+Cand6+HSVNA+Mycopla...	\$ 413.00	\$ 990.00	\$ 742.50	\$ 495.00	\$ 247.50
387444	NuSwab BV+Mycop+Ct/GC/Tv NAA	\$ 245.00	\$ 592.00	\$ 444.00	\$ 296.00	\$ 148.00
388016	NuSwab BV+Cand6+HSV+Mycopl+Tv	\$ 448.00	\$ 1,048.00	\$ 786.00	\$ 524.00	\$ 262.00
388951	NuSwab BV+Candida6+Myco/Urea	\$ 368.00	\$ 952.00	\$ 714.00	\$ 476.00	\$ 238.00
389264	NuSwab BV NAA+Ct/GC/HSV/Tv+...	\$ 325.00	\$ 688.00	\$ 516.00	\$ 476.00	\$ 172.00
393405	AST+BUN+Creat+Uric A+CBC/D/...	\$ 11.50	\$ 72.25	\$ 54.25	\$ 36.25	\$ 18.25
480012	AFP, Tumor Marker (Serial)	\$ 23.25	\$ 55.00	\$ 41.25	\$ 27.50	\$ 13.75
480038	hCG, Beta Subunit, Qn (Serial)	\$ 30.50	\$ 56.50	\$ 42.50	\$ 28.25	\$ 14.25
480053	CA 19-9 (Serial)	\$ 37.50	\$ 67.50	\$ 50.75	\$ 33.75	\$ 17.00
480061	CA 125, Serum (Serial)	\$ 37.50	\$ 67.50	\$ 50.75	\$ 33.75	\$ 17.00
480111	Ferritin, (Serial)	\$ 8.25	\$ 45.00	\$ 33.75	\$ 22.50	\$ 11.25
480293	CA 27.29 (Serial Monitor)	\$ 30.50	\$ 67.50	\$ 50.75	\$ 33.75	\$ 17.00
480533	Cystic Fibrosis Profile	\$ 217.25	\$ 328.50	\$ 246.50	\$ 164.25	\$ 82.25
480640	PSA (Reflex To Free) (Serial)	\$ 15.75	\$ 59.50	\$ 44.75	\$ 29.75	\$ 15.00
480772	PSA Total (Reflex To Free)	\$ 30.25	\$ 59.50	\$ 44.75	\$ 29.75	\$ 15.00
480780	PSA Total+% Free (Serial)	\$ 37.50	\$ 118.00	\$ 88.50	\$ 59.00	\$ 29.50
480848	%fPSA Reflex	\$ 37.00	\$ 81.90	\$ 81.90	\$ 81.90	\$ 81.90
480947	PSA Total+% Free	\$ 50.00	\$ 141.40	\$ 144.00	\$ 96.00	\$ 48.00
481160	Epi proColon(R), Septin 9, IVD	\$ 175.00	\$ 200.00	\$ 200.00	\$ 200.00	\$ 200.00
489179	Flow Markers X 20	\$ 498.25	\$ 734.00	\$ 550.50	\$ 367.00	\$ 183.50
500115	GlycoMark(R)(1,5 AG)	\$ 42.75	\$ 72.75	\$ 54.75	\$ 36.50	\$ 18.25
500586	Factor V Leiden	\$ 177.75	\$ 255.75	\$ 192.00	\$ 128.00	\$ 64.00
500644	IGF Binding Protein (IGFBP-3)	\$ 43.25	\$ 76.50	\$ 57.50	\$ 38.25	\$ 19.25
501270	Hemoglobin A1c	\$ 39.75	\$ 52.00	\$ 39.00	\$ 26.00	\$ 13.00
501561	Free and Total Insulin	\$ 37.50	\$ 79.00	\$ 59.25	\$ 39.50	\$ 19.75
502226	Hb A1c+GlycoMark(R)(1,5 AG)	\$ 70.00	\$ 100.75	\$ 75.75	\$ 50.50	\$ 25.25
503205	A1c w/GlycoMark(R) Reflex	\$ 70.00	\$ 100.75	\$ 75.75	\$ 50.50	\$ 25.25
503380	PTHrP (PTH-Related Peptide)	\$ 37.50	\$ 68.75	\$ 51.75	\$ 34.50	\$ 17.25
504352	C Peptide, Ultrasensitive #9	\$ 45.25	\$ 79.75	\$ 60.00	\$ 40.00	\$ 20.00
505008	Helper T-Lymph-CD4	\$ 21.25	\$ 68.75	\$ 51.75	\$ 34.50	\$ 17.25
505271	CD4/CD8 Ratio Profile	\$ 66.00	\$ 175.50	\$ 131.75	\$ 87.75	\$ 44.00
505300	CD4/CD8 Pediatric	\$ 66.00	\$ 175.50	\$ 131.75	\$ 87.75	\$ 44.00
505370	T- and B-Lymphocyte/Nat Killer	\$ 200.00	\$ 374.50	\$ 281.00	\$ 187.25	\$ 93.75
507385	HPV, cobas high-risk/16/18	\$ 178.75	\$ 203.00	\$ 152.25	\$ 101.50	\$ 50.75
507390	HPV, cobas high-risk	\$ 98.75	\$ 102.00	\$ 76.50	\$ 51.00	\$ 25.50
507405	HPV, low volume rfx	\$ 98.75	\$ 102.00	\$ 76.50	\$ 51.00	\$ 25.50
507800	HPV Aptima	\$ 98.75	\$ 102.00	\$ 76.50	\$ 51.00	\$ 25.50
507805	HPV, Aptima High 16/18,45	\$ 98.75	\$ 102.00	\$ 76.50	\$ 51.00	\$ 25.50
507810	HPV Genotypes 16/18,45	\$ 84.00	\$ 101.00	\$ 75.75	\$ 50.50	\$ 25.25
507820	HPV Genotypes 16/18,45	\$ 84.00	\$ 101.00	\$ 75.75	\$ 50.50	\$ 25.25
507825	HPV Genotypes 16/18,45	\$ 84.00	\$ 101.00	\$ 75.75	\$ 50.50	\$ 25.25



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Test #	Test Name	00AM - Client Price	A1LW - Patient Price	A38H 25% Indigent Price	A38F 50% Indigent Price	A38D 75% Indigent Price
508005	cobas HPV, Rectal	\$ 178.75	\$ 203.00	\$ 152.25	\$ 101.50	\$ 50.75
511097	N-Telopeptide, Urine (Serial)	\$ 23.25	\$ 77.25	\$ 58.00	\$ 38.75	\$ 19.50
511154	Factor V Leiden Mutation	\$ 100.00	\$ 175.00	\$ 131.25	\$ 87.50	\$ 43.75
511162	Factor II, DNA Analysis	\$ 100.00	\$ 175.00	\$ 131.25	\$ 87.50	\$ 43.75
511238	MTHFR	\$ 100.00	\$ 200.00	\$ 150.00	\$ 100.00	\$ 50.00
511345	Hered.Hemochromatosis, DNA	\$ 202.75	\$ 307.00	\$ 230.25	\$ 153.50	\$ 76.75
511881	Alpha-1-Antitrypsin Deficiency	\$ 241.00	\$ 325.50	\$ 244.25	\$ 162.75	\$ 81.50
513002	Alk Phosphatase, Bone Specific	\$ 44.75	\$ 79.75	\$ 60.00	\$ 40.00	\$ 20.00
513160	Alk Phosphatase, Bone Specific	\$ 44.75	\$ 79.75	\$ 60.00	\$ 40.00	\$ 20.00
519020	Post-Vas Sperm Evaluation,Qual	\$ 15.75	\$ 22.25	\$ 16.75	\$ 11.25	\$ 5.75
550070	HCV RT-PCR, Quant (Graph)	\$ 217.25	\$ 328.50	\$ 246.50	\$ 164.25	\$ 82.25
550080	HCV RT-PCR, Quant (Non-Graph)	\$ 207.00	\$ 328.50	\$ 246.50	\$ 164.25	\$ 82.25
550090	HCV RNA by PCR, Qn Rfx Geno	\$ 156.00	\$ 251.00	\$ 188.25	\$ 125.50	\$ 62.75
550100	HCV RNA by PCR, Qn Rfx Geno	\$ 217.25	\$ 328.50	\$ 246.50	\$ 164.25	\$ 82.25
550123	HCV FibroSure	\$ 200.50	\$ 302.25	\$ 226.75	\$ 151.25	\$ 75.75
550362	HCV RT-PCR, Quant (Non-Graph)	\$ 129.00	\$ 328.50	\$ 246.50	\$ 164.25	\$ 82.25
550420	RNA, Real Time PCR (Graph)	\$ 113.50	\$ 223.75	\$ 168.00	\$ 112.00	\$ 56.00
550422	RNA, PCR (Graph) rfx/Geno	\$ 113.50	\$ 223.75	\$ 168.00	\$ 112.00	\$ 56.00
550430	RNA, Real Time PCR (Non-Graph)	\$ 145.00	\$ 223.75	\$ 168.00	\$ 112.00	\$ 56.00
550432	RNA, PCR (NonGraph) rfx/Geno	\$ 145.00	\$ 223.75	\$ 168.00	\$ 112.00	\$ 56.00
550475	HCV Genotyping Non Reflex	\$ 480.50	\$ 663.50	\$ 497.75	\$ 331.75	\$ 166.00
550486	Hepatitis C Genotype	\$ 462.00	\$ 707.70	\$ 525.75	\$ 350.50	\$ 175.25
550532	HCV Genotype 1a/3 Reflex NS5A	\$ 480.50	\$ 663.50	\$ 497.75	\$ 331.75	\$ 166.00
550870	HCV RNA Diagnosis, NAA	\$ 129.00	\$ 251.00	\$ 188.25	\$ 125.50	\$ 62.75
551610	HBV Real-Time PCR, Quant	\$ 217.25	\$ 328.50	\$ 246.50	\$ 164.25	\$ 82.25
551619	HIV GenoSure(R) MG Interp	\$ 136.00	\$ 235.46	\$ 175.00	\$ 116.75	\$ 58.50
551624	HIV GenoSure(R) MG	\$ 268.50	\$ 465.41	\$ 345.75	\$ 230.50	\$ 115.25
551704	GenoSure PRLme(R)	\$ 268.50	\$ 461.00	\$ 345.75	\$ 230.50	\$ 115.25
602224	IgE+Allergens(23)	\$ 205.50	\$ 646.50	\$ 489.25	\$ 326.25	\$ 163.25
602451	F013-IgE Peanut	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602452	F001-IgE Egg White	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602453	F002-IgE Milk	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602454	E001-IgE Cat Dander	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602455	M006-IgE Alternaria alternata	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602457	F014-IgE Soybean	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602459	F004-IgE Wheat	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602460	F008-IgE Corn	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602461	F202-IgE Cashew Nut	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602462	M002-IgE Cladosporium herbarum	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602463	W001-IgE Ragweed, Short	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602464	G002-IgE Bermuda Grass	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602465	F003-IgE Codfish	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602467	D001-IgE D pteronyssinus	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602468	F025-IgE Tomato	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602470	F201-IgE Pecan Nut	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602471	M003-IgE Aspergillus fumigatus	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602472	F033-IgE Orange	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602473	F024-IgE Shrimp	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602475	D002-IgE D farinae	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602476	T008-IgE Elm, American	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602477	F018-IgE Brazil Nut	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602478	F338-IgE Scallop	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602479	F020-IgE Almond	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602480	T007-IgE Oak, White	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50




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Test #	Test Name	00AM - Client Price	A1LW - Patient Price	A38H 25% Indigent Price	A38F 50% Indigent Price	A38D 75% Indigent Price
602481	I206-IgE Cockroach, American	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602483	F017-IgE Hazelnut (Filbert)	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602484	W014-IgE Pigweed, Common	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602485	F010-IgE Sesame Seed	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602488	I006-IgE Cockroach, German	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602489	T001-IgE Maple/Box Elder	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602491	T006-IgE Cedar, Mountain	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602492	F093-IgE Chocolate/Cacao	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602493	F023-IgE Crab	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602494	T010-IgE Walnut	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602496	G008-IgE Bluegrass, Kentucky	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602498	F026-IgE Pork	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602499	F035-IgE Potato, White	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602500	F083-IgE Chicken	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602502	M001-IgE Penicillium chrysogen	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602503	G010-IgE Johnson Grass	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602504	F006-IgE Barley	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602506	G006-IgE Timothy Grass	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602507	F041-IgE Salmon	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602509	F027-IgE Beef	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602510	F040-IgE Tuna	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602511	F009-IgE Rice	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602515	W011-IgE Thistle, Russian	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602517	F012-IgE Green Pea	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602518	T014-IgE Cottonwood	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602519	F047-IgE Garlic	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602521	F031-IgE Carrot	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602522	F005-IgE Rye	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602525	F015-IgE White Bean	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602529	F207-IgE Clam	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602530	F256-IgE Walnut	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602536	W009-IgE Plantain, English	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602542	W018-IgE Sheep Sorrel	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602545	T002-IgE Alder, Grey	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602553	F007-IgE Oat	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602562	M004-IgE Mucor racemosus	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602567	F045-IgE Yeast	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602677	D070-IgE Acarus Mite	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602678	D071-IgE Lepidoglyphus	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602679	D072-IgE Tyrophagus	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602681	D073-IgEGlycyphagus domesticus	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602689	E072-IgE Mouse Urine	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602739	F089-IgE Mustard	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602760	F263-IgE Green Peppercorn	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602776	F215-IgE Lettuce	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602791	F232-IgE Ovalbumin	\$ 8.25	\$ 25.75	\$ 21.00	\$ 14.00	\$ 7.00
602792	F233-IgE Ovomuroid	\$ 8.25	\$ 25.75	\$ 21.00	\$ 14.00	\$ 7.00
602803	F260-IgE Broccoli	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602824	F287-IgE Kidney Bean	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602899	M010-IgE Stemphylium herbarum	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602927	T015-IgE Ash, White	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602936	T003-IgE Common Silver Birch	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602950	T201-IgE Spruce	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602966	W005-IgE Wormwood	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50


						
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Test #	Test Name	00AM - Client Price	A1LW - Patient Price	A38H 25% Indigent Price	A38F 50% Indigent Price	A38D 75% Indigent Price
602971	W015-IgE Lenscale	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602973	W020-IgE Nettle	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
602985	Allergens w/Total IgE Area 17	\$ 393.75	\$ 672.25	\$ 508.75	\$ 339.25	\$ 169.75
602988	Childhood Allergy Profile+IgE	\$ 147.75	\$ 450.75	\$ 352.75	\$ 235.25	\$ 117.75
602989	Food Allergy Profile	\$ 99.00	\$ 297.00	\$ 234.00	\$ 156.00	\$ 78.00
603833	IgE Egg White Component Prof	\$ 16.50	\$ 51.50	\$ 42.00	\$ 28.00	\$ 14.00
603834	IgE Food Prof w/Component Rflx	\$ 96.00	\$ 297.00	\$ 234.00	\$ 156.00	\$ 78.00
603858	IgE+Pediatric w/Component Rflx	\$ 147.75	\$ 450.75	\$ 352.75	\$ 235.25	\$ 117.75
603916	IgE Peanut w/Component Reflex	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
603927	IgE Milk w/ Component Reflex	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
603940	IgE Egg White w/Component Rflx	\$ 8.25	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
605082	F079-IgG Gluten	\$ 6.25	\$ 23.50	\$ 17.75	\$ 11.75	\$ 6.00
605807	Allergens(35)Foods w/CompRflx	\$ 288.75	\$ 901.25	\$ 682.50	\$ 455.00	\$ 227.50
605971	IgE Peanut Component Profile	\$ 93.60	\$ 148.50	\$ 111.60	\$ 74.10	\$ 37.13
648014	Allergen Profile, Food-Basic	\$ 49.50	\$ 154.50	\$ 117.00	\$ 78.00	\$ 39.00
660423	Allergen Profile, Basic Food	\$ 64.75	\$ 167.00	\$ 125.25	\$ 83.50	\$ 41.75
671926	Allergens(7)	\$ 57.75	\$ 180.25	\$ 136.50	\$ 91.00	\$ 45.50
676635	Allergens, Zone 13	\$ 214.50	\$ 669.50	\$ 507.00	\$ 338.00	\$ 169.00
676643	Allergens, Zone 14	\$ 181.00	\$ 433.75	\$ 325.50	\$ 217.00	\$ 108.50
700068	Amino Acid Profile, Qn, Plasma	\$ 224.75	\$ 339.50	\$ 254.75	\$ 169.75	\$ 85.00
700070	Methadone Conf, MS, UR	\$ 42.50	\$ 76.25	\$ 57.25	\$ 38.25	\$ 19.25
700205	Phenylalanine, Qn, P	\$ 76.25	\$ 125.75	\$ 94.50	\$ 63.00	\$ 31.50
700236	Methionine, Qn, P	\$ 76.25	\$ 125.75	\$ 94.50	\$ 63.00	\$ 31.50
700248	Tacrolimus (FK506), Blood	\$ 67.00	\$ 128.25	\$ 96.25	\$ 64.25	\$ 32.25
700433	Lead, Maternal Blood	\$ 15.75	\$ 39.75	\$ 30.00	\$ 20.00	\$ 10.00
700810	ETHYL ALCOHOL,GC,WB/SP RFX	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00
700898	Comp Bld Drug Scr w/Med Rpt	\$ 185.00	\$ 453.60	\$ 453.60	\$ 453.60	\$ 453.60
700902	Drug Screen 16 w/Conf, WB	\$ 165.00	\$ 403.20	\$ 403.20	\$ 403.20	\$ 403.20
700948	700948 9+Alc-Scr	\$ 45.25	\$ 90.50	\$ 68.00	\$ 45.25	\$ 22.75
701048	ToxAssure Comp 25,UR, dl RFX	\$ 154.50	\$ 234.00	\$ 175.50	\$ 117.00	\$ 58.50
701095	ToxAssure Select 19, UR,dl RFX	\$ 125.00	\$ 275.00	\$ 275.00	\$ 275.00	\$ 275.00
701106	Synthetic Cannabinoids,Scr,Ur	\$ 42.17	\$ 168.69	\$ 168.69	\$ 168.69	\$ 168.69
701168	ToxAssure Select 13, UR,dl RFX	\$ 125.00	\$ 200.00	\$ 150.00	\$ 100.00	\$ 50.00
701194	Methylphenidate,ToxAssure Add	\$ 57.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00
701687	Drug Analysis,Comp,Oral Fluid	\$ 96.07	\$ 250.00	\$ 250.00	\$ 250.00	\$ 250.00
701985	Buprenorphine MAT 2, Ur	\$ 53.55	\$ 214.20	\$ 214.20	\$ 214.20	\$ 214.20
702085	Buprenorphine MAT2 w/BZO Cnf,U	\$ 53.55	\$ 214.20	\$ 214.20	\$ 214.20	\$ 214.20
702518	Naltrexone, MS, Ur, MAT	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20
702545	Kratom, Screen Only, Ur MAT	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20
702891	AMIODARONE (CORDARONE), S/P	\$ 37.50	\$ 65.75	\$ 49.50	\$ 33.00	\$ 16.50
703025	SYNTHETIC OPIOIDS,SCR w/CONF,U	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20
703083	DESIGNER BENZOS, SCR w/CONF,U	\$ 50.40	\$ 201.60	\$ 201.60	\$ 201.60	\$ 201.60
704411	704411 5 Drug-Unbund	\$ 30.50	\$ 47.00	\$ 35.25	\$ 23.50	\$ 11.75
706200	Heavy Metals Profile II, Blood	\$ 131.00	\$ 204.25	\$ 153.25	\$ 102.25	\$ 51.25
706556	Cyclosporine, Blood	\$ 37.50	\$ 68.75	\$ 51.75	\$ 34.50	\$ 17.25
706557	Cyclosporine, Blood	\$ 37.50	\$ 68.75	\$ 51.75	\$ 34.50	\$ 17.25
706564	Cyclosporine, Blood Peak (C2)	\$ 37.50	\$ 68.75	\$ 51.75	\$ 34.50	\$ 17.25
706961	Methylmalonic Acid, Serum	\$ 66.00	\$ 110.50	\$ 83.00	\$ 55.25	\$ 27.75
706994	Homocyst(e)ine	\$ 73.25	\$ 121.00	\$ 90.75	\$ 60.50	\$ 30.25
712562	Cannabinoid Confirmation, Ur	\$ 52.25	\$ 159.60	\$ 118.75	\$ 79.25	\$ 39.75
712570	Opiates Conf, MS, UR	\$ 59.00	\$ 88.75	\$ 66.75	\$ 44.50	\$ 22.25
716159	6-Acetylmorphine, Conf	\$ 38.75	\$ 81.25	\$ 81.25	\$ 81.25	\$ 81.25
716274	Carisoprodol (Soma), Serum	\$ 52.25	\$ 90.50	\$ 68.00	\$ 45.25	\$ 22.75
716285	Topiramate (Topamax), Serum	\$ 73.25	\$ 116.25	\$ 87.25	\$ 58.25	\$ 29.25


						
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Test #	Test Name	00AM - Client Price	A1LW - Patient Price	A38H 25% Indigent Price	A38F 50% Indigent Price	A38D 75% Indigent Price
716365	Methylmalonic Acid, Urine	\$ 66.00	\$ 110.50	\$ 83.00	\$ 55.25	\$ 27.75
716803	Carbamazepine-10,11 Epoxide	\$ 19.00	\$ 47.00	\$ 35.25	\$ 23.50	\$ 11.75
716811	Gabapentin (Neurontin), Serum	\$ 52.25	\$ 90.50	\$ 68.00	\$ 45.25	\$ 22.75
716936	Levetiracetam (Keppra), S	\$ 45.00	\$ 99.50	\$ 74.75	\$ 49.75	\$ 25.00
716944	Lamotrigine (Lamictal), Serum	\$ 52.25	\$ 90.50	\$ 68.00	\$ 45.25	\$ 22.75
717009	Lead, Blood (Pediatric)	\$ 15.75	\$ 39.75	\$ 30.00	\$ 20.00	\$ 10.00
717016	Lead, Blood (Peds) Capillary	\$ 15.75	\$ 39.75	\$ 30.00	\$ 20.00	\$ 10.00
725788	725788 7 Drug-Unbund	\$ 30.50	\$ 48.00	\$ 36.00	\$ 24.00	\$ 12.00
726778	726778 7+Alc-Unbund	\$ 30.50	\$ 48.00	\$ 36.00	\$ 24.00	\$ 12.00
732602	732602 9+Alc-Scr	\$ 45.25	\$ 90.50	\$ 68.00	\$ 45.25	\$ 22.75
733010	733010 5+Alc-Scr	\$ 36.50	\$ 48.00	\$ 36.00	\$ 24.00	\$ 12.00
733584	733584 9+Alc-Scr	\$ 45.25	\$ 90.50	\$ 68.00	\$ 45.25	\$ 22.75
733726	733726 13+Oxycodone+Cr+Scr	\$ 107.25	\$ 361.20	\$ 335.50	\$ 335.50	\$ 361.20
733832	733832 5 Drug-Scr	\$ 30.50	\$ 47.00	\$ 35.25	\$ 23.50	\$ 11.75
735120	ToxAssure Select,+Antidepr,UR	\$ 125.00	\$ 275.00	\$ 275.00	\$ 275.00	\$ 275.00
737000	Methadone Conf, MS, UR	\$ 25.00	\$ 86.75	\$ 86.75	\$ 86.75	\$ 86.75
737472	Propoxyphene Conf, MS, UR	\$ 38.75	\$ 86.75	\$ 86.75	\$ 86.75	\$ 86.75
737610	Ethyl Glucuronide, Urine	\$ 25.00	\$ 140.70	\$ 140.70	\$ 140.70	\$ 140.70
737611	Ethyl Glucuronide LC/MS/MS	\$ 25.00	\$ 140.70	\$ 140.70	\$ 140.70	\$ 140.70
737637	Oxycodone/Oxymorphone, Urine	\$ 30.50	\$ 63.25	\$ 47.50	\$ 31.75	\$ 16.00
737640	Oxycodone Conf, MS, UR	\$ 59.00	\$ 88.75	\$ 66.75	\$ 44.50	\$ 22.25
737735	Cannabinoid Conf, MS, UR	\$ 37.75	\$ 72.75	\$ 72.75	\$ 72.75	\$ 72.75
737741	MDMA Confirmation, MS, UR	\$ 45.25	\$ 72.75	\$ 72.75	\$ 72.75	\$ 72.75
737752	Cocaine Conf, MS, UR	\$ 37.75	\$ 72.75	\$ 72.75	\$ 72.75	\$ 72.75
737756	Phencyclidine Conf, MS, UR	\$ 37.75	\$ 72.75	\$ 72.75	\$ 72.75	\$ 72.75
737834	Opiates Confirmation, Urine	\$ 42.50	\$ 76.25	\$ 57.25	\$ 38.25	\$ 19.25
738526	ToxASSURE Select 13 (MW)	\$ 105.00	\$ 200.00	\$ 150.00	\$ 100.00	\$ 50.00
738754	EtG/EtS, ToxAssure Add	\$ 40.48	\$ 162.75	\$ 162.75	\$ 162.75	\$ 162.75
739290	Amphetamines Confirm, OF	\$ 35.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00
739291	Barbiturates Confirm, OF	\$ 35.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00
739292	Cocaine Confirm, OF	\$ 35.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00
739294	Opiates Confirm, OF	\$ 35.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00
739295	Phencyclidine Confirm, OF	\$ 35.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00
739296	Methadone Confirm, OF	\$ 35.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00
739395	Buprenorphine MAT SCR Only,UR	\$ 46.07	\$ 184.80	\$ 184.80	\$ 184.80	\$ 184.80
739400	Drug Screen 14 w/Conf, OF	\$ 89.78	\$ 359.10	\$ 359.10	\$ 359.10	\$ 359.10
761019	Tramadol Conf, MS, UR	\$ 37.75	\$ 72.75	\$ 72.75	\$ 72.75	\$ 72.75
761109	EDDP, Urine	\$ 24.75	\$ 30.25	\$ 30.25	\$ 30.25	\$ 30.25
761153	Buprenorphine, Urine	\$ 18.00	\$ 34.00	\$ 25.50	\$ 17.00	\$ 8.50
761727	Propoxyphene Confirm, OF	\$ 35.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00
761738	Meprobamate Confirm, Urine	\$ 45.25	\$ 72.75	\$ 72.75	\$ 72.75	\$ 72.75
763400	Buprenorphine, Urine	\$ 25.00	\$ 23.00	\$ 54.75	\$ 36.50	\$ 18.25
763895	Opiates and Oxycodone, MS, UR	\$ 76.25	\$ 158.25	\$ 158.25	\$ 158.25	\$ 158.25
763910	Benzodiazepines Confirm, Urine	\$ 38.75	\$ 65.00	\$ 65.00	\$ 65.00	\$ 65.00
764400	Buprenorphine Confirm, Urine	\$ 42.00	\$ 54.25	\$ 54.25	\$ 54.25	\$ 54.25
764808	764808 13+Oxyco+Alc+Cr+Scr	\$ 107.00	\$ 114.25	\$ 85.75	\$ 57.25	\$ 28.75
770031	9+Oxyco+Alc-Unbund, Oral Fluid	\$ 50.00	\$ 85.00	\$ 85.00	\$ 85.00	\$ 85.00
770138	Buprenorphine Conf, Oral Fluid	\$ 35.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00
770162	Ethanol (GCHS FID), Oral Fluid	\$ 35.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00
770169	Tramadol Conf, Oral Fluid	\$ 35.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00
770176	Fentanyl Conf, Oral Fluid	\$ 35.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00
770434	Oxycod/Oxymor Conf, Oral Fluid	\$ 35.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00
770510	Benzodiazepine Conf, Oral Fl	\$ 35.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00
770701	Drug Scrn, Treatment Center	\$ 30.50	\$ 48.00	\$ 36.00	\$ 24.00	\$ 12.00

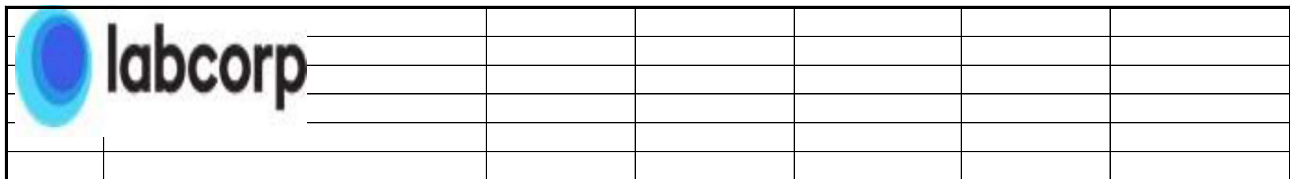
					

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Test #	Test Name	00AM - Client Price	A1LW - Patient Price	A38H 25% Indigent Price	A38F 50% Indigent Price	A38D 75% Indigent Price
788406	788406 9+Alc-Bund	\$ 30.50	\$ 48.00	\$ 36.00	\$ 24.00	\$ 12.00
788681	788681 9+Cr+ Bund	\$ 12.00	\$ 44.00	\$ 33.00	\$ 22.00	\$ 11.00
788682	788682 7+Cr+ Bund	\$ 34.00	\$ 48.00	\$ 36.00	\$ 24.00	\$ 12.00
789254	789254 9+Oxycodone-Bund	\$ 54.50	\$ 281.00	\$ 210.75	\$ 140.50	\$ 70.25
789291	789291 9+Oxyc+Alc+Cr+ Bund	\$ 44.25	\$ 76.25	\$ 57.25	\$ 38.25	\$ 19.25
789294	789294 7+Oxycodone+Alc+Cr+B	\$ 41.25	\$ 73.50	\$ 55.25	\$ 36.75	\$ 18.50
790600	Compliance Drug Analysis, Ur	\$ 143.01	\$ 234.00	\$ 175.50	\$ 117.00	\$ 58.50
791012	Psilocin, Ur	\$ 65.00	\$ 107.10	\$ 107.10	\$ 107.10	\$ 107.10
791170	Methylphenidate + Mtb, Urine	\$ 53.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00

						
Confidential						
Test #	Test Name	00AM - Client Price	A1LW - Patient Price	A38H 25% Indigent Price	A38F 50% Indigent Price	A38D 75% Indigent Price
791530	Amphet/Methamp/MDMA/MDA, WB	\$ 37.50	\$ 51.00	\$ 38.25	\$ 25.50	\$ 12.75
791714	Cocaine Confirmation, WB	\$ 131.00	\$ 341.00	\$ 255.75	\$ 170.50	\$ 85.25
791750	Kratom, Screen w/Conf, Ur	\$ 41.34	\$ 98.00	\$ 98.00	\$ 98.00	\$ 98.00
794370	Drug Profile,Ur,9 Drugs,BUND	\$ 30.50	\$ 47.00	\$ 35.25	\$ 23.50	\$ 11.75
794388	794388 7 Drug-Bund	\$ 30.50	\$ 48.00	\$ 36.00	\$ 24.00	\$ 12.00
795435	795435 9+Alc-Bund	\$ 34.25	\$ 93.50	\$ 70.25	\$ 46.75	\$ 23.50
798067	Ethyl Glucuronide, Urine	\$ 54.75	\$ 86.00	\$ 64.50	\$ 43.00	\$ 21.50
819198	Dengue Virus IgM Antibody	\$ 51.25	\$ 73.50	\$ 73.50	\$ 73.50	\$ 73.50
881411	Physician Read Pap	\$ 24.25	\$ 64.00	\$ 48.00	\$ 32.00	\$ 16.00
883041	88304 Surgical Path-1st Site	\$ 59.25	\$ 101.50	\$ 76.25	\$ 50.75	\$ 25.50
883042	88304 Surgical Path-2nd Site	\$ 59.25	\$ 101.50	\$ 76.25	\$ 50.75	\$ 25.50
883043	88304 Surgical Path-3rd Site	\$ 59.25	\$ 101.50	\$ 76.25	\$ 50.75	\$ 25.50
883044	88304 Surgical Path-4th Site	\$ 59.25	\$ 101.50	\$ 76.25	\$ 50.75	\$ 25.50
883045	88304 Surgical Path-5th Site	\$ 59.25	\$ 101.50	\$ 76.25	\$ 50.75	\$ 25.50
883046	88304 Surgical Path-6th site	\$ 59.25	\$ 101.50	\$ 76.25	\$ 50.75	\$ 25.50
883047	88304 Surgical Path-7th Site	\$ 59.25	\$ 101.50	\$ 76.25	\$ 50.75	\$ 25.50
883051	88305 Surg Path-1st Site	\$ 37.50	\$ 150.75	\$ 113.25	\$ 75.50	\$ 37.75
883052	88305 Surg Path-2nd Site	\$ 37.50	\$ 150.75	\$ 113.25	\$ 75.50	\$ 37.75
883053	88305 Surg Path-3rd Site	\$ 37.50	\$ 150.75	\$ 113.25	\$ 75.50	\$ 37.75
883054	88305 Surg Path-4th Site	\$ 37.50	\$ 150.75	\$ 113.25	\$ 75.50	\$ 37.75
883055	88305 Surg Path-5th Site	\$ 37.50	\$ 150.75	\$ 113.25	\$ 75.50	\$ 37.75
883056	88305 Surg Path-6th Site	\$ 37.50	\$ 150.75	\$ 113.25	\$ 75.50	\$ 37.75
883071	88307 Surgical Pathology	\$ 123.75	\$ 240.00	\$ 180.00	\$ 120.00	\$ 60.00
883072	88307 Surgical Pathology	\$ 123.75	\$ 240.00	\$ 180.00	\$ 120.00	\$ 60.00
883121	Spec-Stain,GRP I-Micro 1st	\$ 54.25	\$ 165.00	\$ 129.00	\$ 86.00	\$ 43.00
883122	Spec-Stain,GRP I-Micro 2nd	\$ 54.25	\$ 165.00	\$ 129.00	\$ 86.00	\$ 43.00
883131	Spec-Stain,GRP II-All-Oth 1st	\$ 43.25	\$ 55.50	\$ 41.75	\$ 27.75	\$ 14.00
883132	Spec-Stain,GRP II-All-Oth 2nd	\$ 43.25	\$ 55.50	\$ 41.75	\$ 27.75	\$ 14.00
883133	Spec-Stain,GRP II-All-Oth-3rd	\$ 43.25	\$ 55.50	\$ 41.75	\$ 27.75	\$ 14.00
883134	Spec-Stain,GRP II-All Oth 4th	\$ 43.25	\$ 55.50	\$ 41.75	\$ 27.75	\$ 14.00
883135	Spec-Stain,GRP II-All Oth 5th	\$ 43.25	\$ 55.50	\$ 41.75	\$ 27.75	\$ 14.00
910180	Stone Analysis	\$ 23.25	\$ 48.75	\$ 36.75	\$ 24.50	\$ 12.25
910238	PAIN MANAGEMENT ALT AMP RFLX	\$ 15.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
910242	6-Acetylmorphine,Scr w/Conf,Ur	\$ 15.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
910481	Methadone, Scr w/Conf, Ur	\$ 15.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
910486	Buprenorphine, Scr w/Conf, Ur	\$ 15.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
910487	Ethyl Glucuronide,Scr w/Conf,U	\$ 15.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
910511	Alcohol, Ethyl,Scr w/Quant,Ur	\$ 15.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
910512	Barbiturates Confirmation, Ur	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20
910517	Barbiturates, Scr w/Conf, Ur	\$ 15.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
910518	Buprenorphine Confirmation, Ur	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20
910519	Cocaine Mtb, Scr w/Conf, Ur	\$ 15.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
910525	Cocaine Confirmation, Ur	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20
910527	Methadone Confirmation, Ur	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20
910783	Tramadol, Scr w/Conf, Ur	\$ 15.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
910790	Amphetamines Confirmation, Ur	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20
910791	Phencyclidine, Scr w/Conf, Ur	\$ 15.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
910792	Phencyclidine Confirmation, Ur	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20
910801	Tramadol Confirmation, Ur	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20
910828	Ethanol Biomarkers Confirm, Ur	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20
912037	Cannabinoids, Scr w/Conf, Ur	\$ 15.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
912048	Oxycodone Class, Scr w/Conf, U	\$ 15.00	\$ 47.83	\$ 47.83	\$ 47.83	\$ 47.83
912049	Opiate Class, Scr w/Conf, Ur	\$ 15.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
912051	THC Confirmation, Ur	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20

						
Confidential						
Test #	Test Name	00AM - Client Price	A1LW - Patient Price	A38H 25% Indigent Price	A38F 50% Indigent Price	A38D 75% Indigent Price
912052	Benzodiazepines,Scr w/Conf,Ur	\$ 15.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
912060	Ketamine Confirmation, Ur	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20
912334	ToxAssure Flex 15, Ur	\$ 70.88	\$ 283.50	\$ 283.50	\$ 283.50	\$ 283.50
912335	ToxAssure Flex 23, Ur	\$ 110.25	\$ 441.00	\$ 441.00	\$ 441.00	\$ 441.00
912821	Amphetamines, Screen Only, Ur	\$ 15.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
912822	Benzodiazepines, Scr Only, Ur	\$ 15.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
912823	Cocaine Mtb, Screen Only, Ur	\$ 15.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
912824	Ethyl Glucuronide, Scr Only,Ur	\$ 15.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
912825	Cannabinoids, Screen Only, Ur	\$ 15.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
912826	6-Acetylmorphine, Scr Only, Ur	\$ 15.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
912827	Opiate Class, Scr Only, Ur	\$ 15.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
912828	Oxycodone Class, Scr Only, Ur	\$ 15.00	\$ 47.83	\$ 47.83	\$ 47.83	\$ 47.83
912829	Methadone, Screen Only, Ur	\$ 15.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
912831	Buprenorphine, Scr Only, Ur	\$ 15.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
912833	Tapentadol, Screen Only, Ur	\$ 15.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
912836	Tramadol, Screen Only, Ur	\$ 15.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
912837	Barbiturates, Screen Only, Ur	\$ 15.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
912838	Phencyclidine, Screen Only, Ur	\$ 15.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
912839	Gabapentin, Screen Only, Ur	\$ 20.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
912841	Tapentadol, Scr w/Conf, Ur	\$ 20.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
912842	Gabapentin, Scr w/Conf, Ur	\$ 20.00	\$ 125.93	\$ 125.93	\$ 125.93	\$ 125.93
912843	6-Acetylmorphine Confirm, UR	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20
912844	Opiate Class Confirmation, UR	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20
912845	Oxycodone Class Confirm, UR	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20
912846	Tapentadol Confirmation, UR	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20
912847	Anticonvulsants Confirm, UR	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20
912848	Gabapentin Confirmation, UR	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20
912849	Antidepressants Confirm, UR	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20
912850	Antihistamines Confirm, UR	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20
912851	Antipsychotics Confirm, UR	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20
912852	Dextromethorphan Confirm, UR	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20
912853	Methylphenidate Confirm, UR	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20
912854	Muscle Relaxants Confirm, UR	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20
912855	Sedative/Hypnotic Confirm, UR	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20
912856	Sympathomimetics Confirm, UR	\$ 37.64	\$ 151.20	\$ 151.20	\$ 151.20	\$ 151.20
977709	CBC/Diff Ambiguous Default	\$ 4.75	\$ 25.75	\$ 19.50	\$ 13.00	\$ 6.50
996662	Draw Fee (Fingerstick)	\$ 5.25	\$ 22.00	\$ 16.50	\$ 11.00	\$ 5.50
998074	STAT	\$ 37.50	\$ 60.90	\$ 45.50	\$ 30.25	\$ 15.25
998085	Venipuncture	\$ 6.00	\$ 20.25	\$ 15.25	\$ 10.25	\$ 5.25
998336	Handling Fee	\$ 15.75	\$ 24.50	\$ 18.50	\$ 12.25	\$ 6.25
P09001	Fine Needle Aspiration (Prof)	\$ 25.00	\$ 113.50	\$ 97.12	\$ 60.75	\$ 32.50
P09068	Urine Cytology (Prof)	\$ 27.00	\$ 41.75	\$ 50.25	\$ 33.50	\$ 17.00
P09076	Sputum Cytology (Prof)	\$ 17.50	\$ 32.25	\$ 43.50	\$ 27.00	\$ 14.75
P09126	Misc Smear Cytology (Prof)	\$ 16.00	\$ 35.00	\$ 28.00	\$ 18.75	\$ 9.50
P09134	Breast Discharge Cyto (Prof)	\$ 17.50	\$ 37.50	\$ 51.50	\$ 34.50	\$ 17.25
P09159	Miscellaneous Fluid Cyto(Prof)	\$ 21.00	\$ 64.05	\$ 50.25	\$ 33.50	\$ 17.00
P83051	88305 Prof Comp-1st Site	\$ 16.88	\$ 84.72	\$ 50.60	\$ 31.71	\$ 17.00
P83052	88305 Prof Comp-2nd Site	\$ 16.88	\$ 84.72	\$ 50.60	\$ 31.71	\$ 17.00
P83053	88305 Prof Comp-3rd Site	\$ 16.88	\$ 84.72	\$ 50.60	\$ 31.71	\$ 17.00
P83054	88305 Prof Comp-4th Site	\$ 16.88	\$ 84.72	\$ 50.60	\$ 31.71	\$ 17.00
P83055	88305 Prof Comp-5th Site	\$ 16.88	\$ 84.72	\$ 50.60	\$ 31.71	\$ 17.00
P83056	88305 Prof Comp-6th Site	\$ 16.88	\$ 84.72	\$ 50.60	\$ 31.71	\$ 17.00
P83071	Level V Surg Path 1st (Prof)	\$ 52.00	\$ 112.25	\$ 91.25	\$ 60.75	\$ 30.50
P83072	Level V Surg Path 2nd (Prof)	\$ 52.00	\$ 112.25	\$ 91.25	\$ 60.75	\$ 30.50



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Test #	Test Name	00AM - Client Price	A1LW - Patient Price	A38H 25% Indigent Price	A38F 50% Indigent Price	A38D 75% Indigent Price
P83121	Spec Stn,Grp I Micro 1st(Prof)	\$ 21.75	\$ 45.00	\$ 54.75	\$ 36.50	\$ 18.25
P83122	Spec Stn,Grp I-Micro 2nd(Prof)	\$ 21.75	\$ 45.00	\$ 54.75	\$ 36.50	\$ 18.25
P83123	Spec Stn,Grp I-Micro 3rd(Prof)	\$ 21.75	\$ 45.00	\$ 54.75	\$ 36.50	\$ 18.25
P83124	Spec Stn,Grp I-Micro 4th(Prof)	\$ 21.75	\$ 45.00	\$ 54.75	\$ 36.50	\$ 18.25
S00001	Sensitivity Organism #1	\$ 9.50	\$ 31.25	\$ 23.50	\$ 15.75	\$ 8.00
S00002	Sensitivity Organism #2	\$ 9.50	\$ 31.25	\$ 23.50	\$ 15.75	\$ 8.00
S00003	Sensitivity Organism #3	\$ 9.50	\$ 31.25	\$ 23.50	\$ 15.75	\$ 8.00
S00004	Sensitivity Organism #4	\$ 9.50	\$ 31.25	\$ 23.50	\$ 15.75	\$ 8.00
S00005	Sensitivity Organism #5	\$ 9.50	\$ 31.25	\$ 23.50	\$ 15.75	\$ 8.00
T09068	Urine Cytology (Tech)	\$ 37.00	\$ 64.00	\$ 37.25	\$ 24.75	\$ 12.25
T09076	Sputum Cytology (Tech)	\$ 23.50	\$ 47.50	\$ 43.75	\$ 28.25	\$ 14.50
T09126	Misc Smear Cytology (Tech)	\$ 21.75	\$ 33.75	\$ 23.75	\$ 15.75	\$ 7.75
T09134	Breast Discharge Cyto (Tech)	\$ 23.50	\$ 46.25	\$ 44.00	\$ 29.25	\$ 14.75
T09159	Miscellaneous Fluid Cyto(Tech)	\$ 24.00	\$ 52.45	\$ 37.25	\$ 24.75	\$ 12.25
T83041	88304 Tech Comp-1st Site	\$ 37.25	\$ 72.25	\$ 55.50	\$ 37.00	\$ 18.50
T83042	88304 Tech Comp-2nd Site	\$ 37.25	\$ 72.25	\$ 55.50	\$ 37.00	\$ 18.50
T83043	88304 Tech Comp-3rd Site	\$ 37.25	\$ 72.25	\$ 55.50	\$ 37.00	\$ 18.50
T83044	88304 Tech Comp-4th Site	\$ 37.25	\$ 72.25	\$ 55.50	\$ 37.00	\$ 18.50
T83045	88304 Tech Comp-5th Site	\$ 37.25	\$ 72.25	\$ 55.50	\$ 37.00	\$ 18.50
T83046	88304 Tech Comp-6th Site	\$ 37.25	\$ 72.25	\$ 55.50	\$ 37.00	\$ 18.50
T83047	88304 Tech Comp-7th Site	\$ 37.25	\$ 72.25	\$ 55.50	\$ 37.00	\$ 18.50
T83051	88305 Tech Comp-1st Site	\$ 20.62	\$ 66.03	\$ 62.65	\$ 43.79	\$ 20.75
T83052	88305 Tech Comp-2nd Site	\$ 20.62	\$ 66.03	\$ 62.65	\$ 43.79	\$ 20.75
T83053	88305 Tech Comp-3rd Site	\$ 20.62	\$ 66.03	\$ 62.65	\$ 43.79	\$ 20.75
T83054	88305 Tech Comp-4th Site	\$ 20.62	\$ 66.03	\$ 62.65	\$ 43.79	\$ 20.75
T83055	88305 Tech Comp-5th Site	\$ 20.62	\$ 66.03	\$ 62.65	\$ 43.79	\$ 20.75
T83056	88305 Tech Comp-6th Site	\$ 20.62	\$ 66.03	\$ 62.65	\$ 43.79	\$ 20.75
T83071	88307 Tech Comp-1st Site	\$ 71.75	\$ 127.75	\$ 88.75	\$ 59.25	\$ 29.50
T83072	88307 Tech Comp-2nd Site	\$ 71.75	\$ 127.75	\$ 88.75	\$ 59.25	\$ 29.50
T83121	88312 Tech Comp-1st Stain	\$ 32.50	\$ 120.00	\$ 74.25	\$ 49.50	\$ 24.75
T83122	88312 Tech Comp-2nd Stain	\$ 32.50	\$ 120.00	\$ 74.25	\$ 49.50	\$ 24.75
T83123	88312 Tech Comp-3rd Stain	\$ 32.50	\$ 120.00	\$ 74.25	\$ 49.50	\$ 24.75
T83124	88312 Tech Comp-4th Stain	\$ 32.50	\$ 120.00	\$ 74.25	\$ 49.50	\$ 24.75
T83131	88313 Tech Comp-1st Stain	\$ 32.25	\$ 41.75	\$ 29.25	\$ 19.25	\$ 9.75
T83132	88313 Tech Comp-2nd Stain	\$ 32.25	\$ 41.75	\$ 29.25	\$ 19.25	\$ 9.75
T83133	88313 Tech Comp-3rd Stain	\$ 32.25	\$ 41.75	\$ 29.25	\$ 19.25	\$ 9.75
T83134	88313 Tech Comp-4th Stain	\$ 32.25	\$ 41.75	\$ 29.25	\$ 19.25	\$ 9.75
T83135	88313 Tech Comp-5th Stain	\$ 32.25	\$ 41.75	\$ 29.25	\$ 19.25	\$ 9.75
W20061	IHC 1st AB Stain x1 GLBL	\$ 85.75	\$ 276.15	\$ 204.00	\$ 136.00	\$ 79.00
W20141	In situ Hybridization, GBL X1	\$ 100.50	\$ 231.25	\$ 173.50	\$ 115.75	\$ 57.81
W20142	In situ Hybridization, GBL X2	\$ 201.00	\$ 462.50	\$ 347.00	\$ 231.50	\$ 115.63
W20143	In situ Hybridization, GBL X3	\$ 301.50	\$ 693.75	\$ 520.50	\$ 347.25	\$ 173.44
W20144	In situ Hybridization, GBL X4	\$ 402.00	\$ 925.00	\$ 694.00	\$ 463.00	\$ 231.25
W20191	ISH ea Addl Probe x1 GLBL	\$ 100.50	\$ 231.25	\$ 173.50	\$ 115.75	\$ 57.81
W20192	ISH ea Addl Probe x2 GLBL	\$ 201.00	\$ 462.50	\$ 347.00	\$ 231.50	\$ 115.63
W20193	ISH ea Addl Probe x3 GLBL	\$ 301.50	\$ 693.75	\$ 520.50	\$ 347.25	\$ 173.44
W20194	ISH ea Addl Probe x4 GLBL	\$ 402.00	\$ 925.00	\$ 694.00	\$ 463.00	\$ 231.25
W20530	IHC ea addl AB Stain x1 GLBL	\$ 85.75	\$ 276.15	\$ 204.00	\$ 136.00	\$ 79.00

Pricing listed on this form is effective on the date displayed at the top of each page. Future changes in test utilization may require additional review of pricing, and needs to be addressed before changes are anticipated. Contact your LCA representative concerning any questions on this price


						
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Test #	Test Name	00AM - Client Price	A1LW - Patient Price	A38H 25% Indigent Price	A38F 50% Indigent Price	A38D 75% Indigent Price
listing or future pricing needs. LabCorp reserves the right to revise its fees at any time without further notice.						

EXHIBIT C
ADDITIONAL TERMS AND CONDITIONS

LABCORP ADDITIONAL TERMS AND CONDITIONS (FQHC)

COUNTY shall be responsible for providing accurate information for completion of test request forms, including but not limited to providing patient demographic information and diagnosis code(s). LABORATORY shall not discriminate against patients based upon their ability to pay or their payor source or status. When COUNTY orders a test that may not be covered or may have limited coverage by a third-party payor, COUNTY shall ensure that the patient is made aware of the possibility that the patient may be responsible for payment of the testing services ordered by COUNTY.

1. AUTHORITY TO BIND FACILITIES

COUNTY represents and warrants that it has the authority to bind Facilities to the terms of this Agreement.

2. ADDITIONAL SERVICES

A. SPECIMEN PICK UP AND REPORT DELIVERY

LABORATORY will provide a reference specimen pick up and report delivery service to COUNTY on a daily basis Monday through Friday of each week, except on holidays. For the purposes of this Agreement, holidays shall include New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day. LABORATORY shall make reasonable efforts to deliver or transmit results of a routine nature (general routine chemistries) to COUNTY within 24 hours of the time the specimen is received by LABORATORY's testing facility. LABORATORY shall make reasonable efforts to deliver or transmit results of tests performed on specimens of a special nature (special chemistries, tissues, etc.) to COUNTY within the times set forth in LABORATORY's then current turn-around-time schedule. LABORATORY shall report panic or critical values performed at LABORATORY facilities in a manner consistent with LABORATORY's standard policies and procedures. This process will constitute the manner by which referrals are made and managed to LABORATORY for Services. SUPPLIES LABORATORY will provide, as part of its charges for the Services, such items, devices, or supplies that are used solely to collect, transport, process, or store specimens to be submitted to LABORATORY for testing.

B. CONSULTATION

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

C. LABORATORY DATA MANAGEMENT SYSTEM

LABORATORY will provide test results via electronic interface to the COUNTY electronic medical record system ("EMR"). Upon uploading results to the COUNTY system, the COUNTY ordering provider will receive notification of results from the COUNTY system.

3. FEES

A. STANDARD FEES

COUNTY agrees to pay, to the extent responsible for payment, for the Services provided under this Agreement the fees set forth in the Contractor's Response to RFP 2023-87, Exhibit B of this contract. The parties agree that fees for Services provided hereunder shall increase as more particularly described in each applicable exhibit to this Contract.

For Services sent to another reference laboratory for testing, COUNTY shall pay LABORATORY at the same rate that LABORATORY reimbursed such outside laboratory.

COUNTY acknowledges that LABORATORY may develop and/or provide new technologies and/or new methodologies during the term of this Agreement. LABORATORY shall notify COUNTY when such technologies and/or methodologies are available, and the fee associated with such technologies and/or methodologies.

COUNTY is solely responsible for ensuring that it is in compliance with all federal, state and local laws, rules and regulations applicable to billing, specifically including but not limited to any state-specific restrictions on the mark-up and/or disclosure of laboratory services and direct billing requirements for laboratory testing.

If the CPT coding of any test(s) changes during the Term of this Agreement, LABORATORY shall notify COUNTY and the fee schedule shall be adjusted to the extent necessary to take account of such coding changes.

B. FEES FOR INDIGENT PATIENTS

LABORATORY agrees to perform services requested by COUNTY regardless of a patient's ability to pay. When ordering Services, COUNTY shall clearly indicate on the test requisition or via electronic order that the patient is an Indigent Patient, as defined in the attached Exhibit B. For Services provided for Indigent Patients, COUNTY shall pay LABORATORY the Indigent Payment set forth in Exhibit B for such Indigent Patients, with the exception of: 1) those tests performed by LABORATORY

or a subsidiary or affiliate of LABORATORY that are set forth on the attached Exhibit C, "Services Excluded in Indigent Rate," and 2) tests sent to outside testing facilities that are not LABORATORY affiliated or subsidiary entities that are not parties to or bound by this Agreement ("Exclusion Services"). Exclusion Services shall be paid by COUNTY on a fee for service basis, and with respect to the tests performed by LABORATORY, in accordance with the fees set forth in Exhibit B. Exclusions Services sent to outside testing facilities shall be reimbursed by COUNTY at the same rate that LABORATORY reimbursed such outside laboratory. LABORATORY's provision of Services at the Indigent Rate shall be considered a "Donation" to COUNTY under this Agreement. The parties agree that fees for Services provided hereunder shall increase as more particularly described in each applicable exhibit to this Agreement.

4. BILLING

COUNTY shall indicate the entity responsible for payment of Services rendered on the requisition submitted to LABORATORY. COUNTY shall be responsible for any Services rendered by LABORATORY for Indigent Patients referred by COUNTY. Under no circumstances will LABORATORY bill Indigent Patients directly for Services except for applicable share of cost, deductibles, and co-payments.

Indigent Payments shall be made to the following address:

Laboratory Corporation of America Holdings
P. O. Box 2270
Burlington, North Carolina 27216
Attention: Capitation Deposits

COUNTY shall pay to LABORATORY all Fees for services provided to Indigent Patients due and payable hereunder no later than the 15th day of each month. COUNTY shall pay any additional standard Fees due to LABORATORY under this Agreement within thirty (30) business days of an invoice or claim.

If COUNTY indicates that COUNTY is responsible for payment, LABORATORY will submit to COUNTY a monthly itemized statement of Services rendered to COUNTY by LABORATORY for the prior month, at the fees set forth in Exhibit B. As set forth above, payment for Services is due thirty (30) days after the date of invoice. Failure to remit payment within said time may result, among other remedies available to LABORATORY, in the loss or reduction of COUNTY's discount and/or special prices on future Services or discontinuation of Service. 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 current Fee Schedule shall become the fees payable by COUNTY. LABORATORY may, at its option, reinstate any discount and/or special prices after COUNTY brings its balance current. Nothing in the foregoing shall waive any rights or remedies available to LABORATORY with respect to late payment by COUNTY. If LABORATORY is compelled to bring suit to collect amounts due hereunder, it shall be entitled to recover interest on amounts due, reasonable attorneys' fees and costs incurred in connection with the action.

If COUNTY indicates that a third-party insurance payor is responsible for payment, LABORATORY, in accordance with legal and regulatory requirements, agrees to bill Medicare, Medicaid and insurance companies, for Services performed under this Agreement. COUNTY agrees to promptly provide LABORATORY with all necessary information to accomplish the billing and collection of amounts due, including required diagnosis information. If LABORATORY is unable to obtain payment from any third party due to COUNTY's failure to provide the information required by this Agreement, or as a result of COUNTY's failure to follow applicable rules or regulations, COUNTY agrees to pay LABORATORY for all such Services.

5. ACCREDITATION OF TESTING SITES AND PERSONNEL

The Services performed hereunder shall be performed at testing facilities to be selected 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 written request.

LABORATORY verifies staff and personnel are licensed, certified, or registered, through an applicable credentialing process in accordance with applicable Federal, state, and local laws and industry standards; and LABORATORY personnel are competent and fit to perform the specific LABORATORY Services as provided to health center(s), in accordance with LABORATORY's policies and procedures.

6. PREVENTION OF FRAUD, WASTE AND ABUSE

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, the Health Information Technology for Economic and Clinical Health Act of 2009, as codified at 42 U.S.C. § 17901 et. Seq. and their accompanying regulations (collectively "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 by COUNTY are in accordance with the requirements of the applicable federal and state laws.

7. 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 COUNTY 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.

8. NON-ASSIGNABILITY

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

9. INDEPENDENT RELATIONSHIP

None of the provisions of this Agreement are intended to create, nor shall be deemed or construed to create any relationship between COUNTY and LABORATORY other than that of independent entities contracting with each other 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.

10. WARRANTY

- A. COUNTY WARRANTS TO LABORATORY THAT NEITHER COUNTY NOR ANY OF ITS EMPLOYEES OR OWNERS HAVE BEEN DEBARRED, SUSPENDED, DECLARED INELIGIBLE OR EXCLUDED FROM MEDICARE, MEDICAID, TRICARE OR ANY OTHER FEDERAL OR STATE GOVERNMENT PROGRAM.
- B. LABORATORY WARRANTS TO COUNTY THAT NEITHER LABORATORY NOR ANY OF ITS EMPLOYEES OR OWNERS HAVE BEEN DEBARRED, SUSPENDED, DECLARED INELIGIBLE OR EXCLUDED FROM MEDICARE, MEDICAID, TRICARE OR ANY OTHER FEDERAL OR STATE GOVERNMENT PROGRAM.
- C. LABORATORY WARRANTS TO COUNTY THAT ALL SERVICES PROVIDED HEREUNDER SHALL BE IN ACCORDANCE WITH ESTABLISHED AND RECOGNIZED CLINICAL LABORATORY TESTING PROCEDURES AND WITH REASONABLE CARE IN ACCORDANCE WITH APPLICABLE FEDERAL, STATE AND LOCAL LAWS.
- D. NO OTHER WARRANTIES ARE MADE BY LABORATORY.
- E. IN NO EVENT SHALL LABORATORY BE RESPONSIBLE FOR ANY PUNITIVE DAMAGES OR ANY CONSEQUENTIAL, INCIDENTAL, INDIRECT, OR SPECIAL DAMAGES OF COUNTY OR OF ANY THIRD PARTY.

11. ACKNOWLEDGEMENTS IN CONJUNCTION WITH DONATION

- A. The parties acknowledge and agree that this Agreement has been negotiated in an arm's length transaction, has not been determined in a manner which takes into account the volume or value of referrals or business that may otherwise be generated between the parties and the Donation to be provided as set forth herein reflects the commercially reasonable needs of COUNTY and the clinical needs of its Indigent Patients. Further the parties represent and agree that this Agreement is not intended to violate any state or federal anti-kickback statute, or any state or federal law governing billing or claim submission and does not involve the counseling or promotion of a business arrangement or other activity that violates any such law.
- B. The Donation by LABORATORY to COUNTY is not conditioned on the volume or value of federal health care program business generated between the parties or other business generated between the parties.
- C. COUNTY remains free to enter into agreements with other providers, suppliers, and donors other than LABORATORY for items or services comparable to those offered by LABORATORY.
- D. COUNTY and its affiliated health care professionals are not required to refer patients, and are not restricted from referring patients, to any particular individual or entity. LABORATORY shall neither control nor direct the professional judgment of any practitioner affiliated with COUNTY, and such professional judgment rests solely with each practitioner.
- E. COUNTY shall furnish goods, items, and services to all clinically qualified patients, without regard to payer status or ability to pay, subject to the general availability of such goods, items and services.
- F. COUNTY acknowledges and understands that LABORATORY's Donation is made and based upon COUNTY's representations and warranties stated herein and offers the Donation to the extent such Donation is: 1) allowable by law; and 2) consistent with LABORATORY's policies, including those policies regarding specific tests which are not discountable.

12. REPRESENTATIONS AND WARRANTIES OF COUNTY

In order for LABORATORY to provide Services, COUNTY, on behalf of itself, its Facilities and its Physicians, hereby represents and warrants:

- A. COUNTY is a FQHC under Section 1905(l)(2)(B)(i) of the Social Security Act and is receiving a grant under Section 330 of the Public Health Services Act.
- B. As an FQHC, COUNTY receives Bureau of Primary Health Care funding to provide services and such funds are not adequate to defray the total cost of healthcare services to all qualified patients being seen at such COUNTY FQHC Facilities. COUNTY receives no other direct or indirect compensation or remuneration from any third party for Services provided by LABORATORY to COUNTY under this Agreement, including, but not limited to, any public or private grants, funds, scholarships, awards, or programs, and in the event, COUNTY receives such funding for Services provided by LABORATORY, COUNTY shall remit such funding to LABORATORY. Notwithstanding the foregoing, consistent with Title 42 CFR 51c.303(f), COUNTY may collect nominal fees for services from patients with income levels at or below those incomes set forth in the most recent federal poverty guidelines where imposition of such fees is consistent with project goals.
- C. The fees paid by COUNTY for Services provided by LABORATORY to COUNTY's Indigent Patients is equal to or greater than the funding that COUNTY receives to provide such Services. LABORATORY's provision of Services to COUNTY's FQHC patients at the fees set forth herein does not result in any direct or indirect financial benefit to COUNTY.
- D. The Donation by LABORATORY is in regard to items or services that are medical or clinical in nature or relate directly to services provided by the COUNTY within the scope of a Section 330 grant under the Public Health Service Act.
- E. COUNTY reasonably expects the arrangement, including the Donation, to contribute meaningfully to its ability to maintain or increase the availability or enhance the quality of services provided to a medically underserved population as defined at 42 C.F.R. § 51c.102(e) served by the COUNTY and it has documented this belief prior to entering into this Agreement. COUNTY agrees to re-document this belief annually and to immediately notify LABORATORY of the need to terminate or modify this Agreement if the standard is no longer met. COUNTY will make such documentation available to the Secretary of the Department of Health and Human Services, or an authorized representative, upon request.
- F. COUNTY does not discriminate against patients based upon their ability to pay or their payor source or status.
- G. COUNTY provides effective notification to patients of their freedom to choose any willing provider or supplier. COUNTY agrees to disclose the existence and nature of this Agreement to any patient who inquires. Such notification will be provided in a timely fashion and in a manner reasonably calculated to be effective and understood by the patient.
- H. In determining with which providers and suppliers it wants to do business, COUNTY employs a reasonable methodology, documents its determinations, and looks to the procurement standards for recipients of federal grants as set forth in 45 C.F.R § 75.326 through §74.335.
- I. The Donation by LABORATORY is not intended to benefit any physician affiliated with COUNTY. COUNTY does not and shall not provide aggregate compensation to any physician or his/her family member that varies with or takes into account the volume or value of referrals or other business generated by the referring physician for LABORATORY or any of its affiliates. No provider shall receive any compensation or remuneration for referrals, if any, to LABORATORY or any of its affiliates.
- J. COUNTY is an organization that has been determined to be exempt from federal income taxation pursuant to Section 501(c)(3) of the Internal Revenue Code, has not received notice of the revocation of such exempt status and has no knowledge of any circumstances that would result in the revocation of such exempt status.
- K. COUNTY is in material compliance with the requirements of its Section 330 grant and has no knowledge of any circumstances that would result in the termination of such grant.
- L. Before requesting that LABORATORY provide Services to an Indigent Patient under this Agreement, COUNTY shall ensure such Indigent Patient either has no third-party healthcare coverage or is otherwise unable to pay LABORATORY's customary fee without incurring substantial financial hardship, consistent with the most recent federal poverty guidelines.
- M. COUNTY understands and acknowledges that a patient shall not be classified as an Indigent Patient if such patient (a) is enrolled with any private insurance carrier, Medicare, Medicaid or any other responsible third party and (b) has an annual income above those set forth in the current federal poverty guidelines.
- N. COUNTY understands and acknowledges that a patient shall not be classified as an Indigent Patient if COUNTY receives per encounter or per service reimbursement, including any fee for service reimbursement, from Medicare, Medicaid or any other responsible third party.

- O. If COUNTY receives Ryan White funds for qualified Ryan White patients, COUNTY shall not designate such patients as Indigent Patients for the purposes of this Agreement.
- P. COUNTY shall file all cost reports, financial status reports and any other regulatory filings and satisfy all applicable disclosure requirements pertaining to the services to be provided.
- Q. COUNTY is responsible for the medical care of its patients and remains responsible for the continued tracking and provision of follow-up care to be provided subsequent to receipt of any testing results provided by LABORATORY.
- R. COUNTY staff will ensure the laboratory testing results are documented in the patient's EMR record and maintain the record in accordance with COUNTY's policies. COUNTY shall maintain logs and other documentation to verify LABORATORY's timely pickup of specimens from COUNTY and COUNTY's timely receipt of test results from LABORATORY. COUNTY shall be responsible for incorporating all test results received from LABORATORY, as well as any follow-up care provided by COUNTY, into the EMR developed and maintained by COUNTY, consistent with COUNTY's procedures for establishing and maintaining patient medical records. COUNTY will report to LABORATORY any identified deficiencies or concerns regarding the pickup of specimens and/or the receipt of reports in a timely manner in order to be addressed appropriately.
- S. COUNTY further acknowledges and agrees that COUNTY's representations and warranties shall continue throughout the term of this Agreement and COUNTY affirmatively agrees to notify LABORATORY immediately in the event there is any change in COUNTY's representations and warranties herein. COUNTY agrees that LABORATORY may perform random audits of this Agreement and receive reasonable documentation and support upon request in connection with the status of any Indigent Patient for the purpose of ensuring compliance with this Agreement and applicable laws, regulations, and LABORATORY policies. COUNTY shall have thirty (30) days to provide LABORATORY with proof of indigence status of any Indigent Patient. In the event COUNTY is unable to provide LABORATORY with such proof of indigence status, LABORATORY reserves the right to terminate COUNTY's access to LABORATORY's Services. Notwithstanding the foregoing, in the alternative, LABORATORY may bill COUNTY for those Services where COUNTY is unable to provide proof of indigent status to LABORATORY as to any Indigent Patient.

13. COUNTY further acknowledges that LABORATORY is relying on these representations as essential elements to this Agreement, representing as they do, material inducements, without which it would not have entered into this Agreement.

14. NONDISCRIMINATION

All Services provided by LABORATORY hereunder shall be in compliance with all applicable federal and State laws, regulations and ordinances prohibiting discrimination on the basis of race, color, religion, sex, national origin, handicap, veteran status or any other protected class.

15. HEADINGS

The headings 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.

16. ENFORCEABILITY/SEVERANCE CLAUSE

The invalidity or unenforceability of any term or provisions of this Agreement in any jurisdiction shall not 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. If any provision is held invalid by a court of competent jurisdiction, such shall be severed, and the Agreement shall be interpreted as though the severed provision had not existed.

17. MODIFICATION

This Agreement may only be modified in a writing signed by authorized representatives of each party.

18. USE OF NAME

Neither party shall use the other's name, trademark, logos, or otherwise refer to the other in any press release, marketing materials, advertisements or other broadcast or communication of any kind without first obtaining that party's advance written consent. Any unauthorized use under this Section shall be considered a material breach of this Agreement.

Laboratory Corporation of America
("LABORATORY")

By: Devin

Print Name: Devin Karuppur

Print Title: Vice President

Date: 10/29/2024

Clackamas County
("COUNTY")

By: _____

Print Name: _____

Print Title: _____

Date: _____

**EXHIBIT A
FACILITY LOCATIONS**

ACCOUNT NUMBER: 36802542
Clackamas CHC Beavercreek
Contract #9632
110 Beavercreek Road Suite 100
Oregon City, OR 97045

ACCOUNT NUMBER: 36810010
Clackamas CHC Sandy
Contract #9632
39740 Pleasant St
Sandy, OR 97055

ACCOUNT NUMBER: 36855250
Clackamas CHC Sunnyside
Contract #9632
9775 SE Sunnyside Rd Ste 200
Clackamas, OR 97015

ACCOUNT NUMBER: 36013060
Clackamas CHC A.C. Nelson H.S.
14897 SE Parklane Dr
Happy Valley, OR 97015

ACCOUNT NUMBER: 36013050
Clackamas CHC Clackamas H.S.
Wellness Center
14486 SE 122nd Ave
Clackamas, OR 97015

ACCOUNT NUMBER: 36007060
Clackamas CHC- Rex Putnam H.S.
4950 SE Roethe Rd
Milwaukie, OR 97267

ACCOUNT NUMBER: 36857130
Clackamas CHC Gladstone
Comm Dse - Contract #9632
18911 Portland Ave
Gladstone, OR 97027

EXHIBIT B
INDIGENT PATIENT RATE SCHEDULE

The fees paid by COUNTY to LABORATORY for its Indigent Patients under this Agreement shall be calculated as set forth herein. The fee incorporates a monthly Indigent Payment that is calculated by multiplying the number of COUNTY's Indigent Patients, as determined below, by the applicable rate ("Indigent Rate"), subject to volume adjustments as provided herein. The Indigent Rate is designed to provide a discounted payment for the Services that will result in the sharing of the burden of the lack of reimbursement for such Services. Exclusions Services shall be paid by COUNTY on a fee for service basis at the rates set forth in Exhibit B.

1. Indigent Patient Population. The indigent patient population is defined based on the Universal Data System ("UDS") annual summary report category of Indigent Patients as published by HRSA and as reasonably acceptable to LABORATORY. As used in this Agreement, "Indigent Patients" shall mean (1) patients who do not have insurance, and/or (2) patients with an annual income that is at or below Two Hundred Percent (200%) of the federal poverty level (or as otherwise required by the current federal poverty guidelines) and are unable to pay standard fees for applicable services without incurring substantial financial hardship, regardless of insurance. As of the Effective Date, the number of Indigent Patients is 1,519 ("Indigent Patient Population"). The Indigent Patient Populations shall be updated annually as set forth below.
2. Indigent Rate. The initial Indigent Rate One Dollar and 50/100 Cents (\$1.50 USD). The Indigent Rate shall be updated as set forth below.
3. Indigent Payment. On or before the 15th day of each month, COUNTY shall make an Indigent Payment to LABORATORY equal to the Indigent Rate set forth above multiplied by the Indigent Patient Population.
4. Adjustment to Indigent Rate.

A. Annual Utilization Review

During the Initial Term or any Renewal Term, COUNTY and LABORATORY agree to meet on an annual basis (every twelve (12) months) to review utilization of Services by Indigent Patients based on actual accessions, by Indigent Patients only, for the previous twelve (12) months. The Indigent Rate shall be adjusted accordingly, effective as of each anniversary of the Effective Date.

Upon determination of the new Indigent Rate LABORATORY shall provide COUNTY with written notice of such determination and adjustment to the Indigent Rate no later than the 15th day of the month preceding the anniversary of the Effective Date. In the event the new Indigent Rate is not determined in time for COUNTY to pay the adjusted amount, the parties will make any retroactive adjustment (i.e. credit or refund to COUNTY, or additional monies due to LABORATORY) if COUNTY has already paid the monthly Indigent Payment for the month to which the adjustment applies.

B. Cost of Living Adjustment

On each anniversary of the Effective Date, the Indigent Rate shall increase at the same rate as the Medicare Economic Index (MEI) with an annual maximum increase of 3%.

5. Adjustment to Indigent Patient Population. Every year on the anniversary of the Effective Date, the Indigent Patient Population shall be adjusted based on updated UDS data.

EXHIBIT C
SERVICES EXCLUDED IN INDIGENT RATE

Test Code	Test Name:	Fee
481220	VistaSeq Hered. Cancer Panel	\$1,800.00
481240	VistaSeq Hered Cancer w/o BRCA	\$1,800.00
481319	VistaSeq Breast Cancer Panel	\$1,800.00
481330	VistaSeq GYN Cancer Panel	\$1,800.00
481341	VistaSeq Breast and GYN Cancer	\$1,800.00
481452	VistaSeq HR/MR Breast Cancer	\$1,800.00
485030	BRCAssure Comprehensive Panel	\$1,800.00
485066	BRCAssure BRCA1 Targeted	\$500.00
485081	BRCAssure BRCA2 Targeted	\$500.00
485097	BRCAssure Ashkenazi Ancestry	\$500.00

EXHIBIT D
BUSINESS ASSOCIATE AGREEMENT

QUALIFIED SERVICE ORGANIZATION BUSINESS ASSOCIATE AGREEMENT
Contract #9114 H3S #

This Qualified Service Organization Business Associate Agreement (“Agreement”) is entered into by and between **Clackamas County, on behalf of its Department of Health, Housing and Human Services, Public Health Division** (“Covered Entity”) and **Laboratory Corporation of America** (“Business Associate”) in conformance with the Health Insurance Portability and Accountability Act of 1996 and its regulations (“HIPAA”), and Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2 (“Confidentiality Rule”).

RECITALS

Whereas, the Covered Entity has engaged the services of the Business Associate as defined under 45 CFR §160.103 for or on behalf of the Covered Entity;

Whereas, the Covered Entity may wish to disclose Individually Identifiable Health Information to the Business Associate in the performance of services for or on behalf of the Covered Entity as described in a Services Agreement (“Services Agreement”);

Whereas, such information may be Protected Health Information (“PHI”) as defined by the HIPAA Rules promulgated in accordance with the Administrative Simplification provisions of HIPAA;

Whereas, the Parties agree to establish safeguards for the protection of such information;

Whereas, the Covered Entity and Business Associate desire to enter into this Agreement to address certain requirements under the HIPAA Rules **and** the Confidentiality Rule;

Now, Therefore, the parties hereby agree as follows:

SECTION I – DEFINITIONS

- 1.1 “Breach” is any unauthorized acquisition, access, use or disclosure of Unsecured PHI, unless the Covered Entity demonstrates that there is a low probability that the PHI has been compromised. The definition of Breach excludes the following uses and disclosures:
 - 1.1.1 Unintentional access by a Covered Entity or Business Associate in good faith and within a Workforce member’s course and scope of employment or placement;
 - 1.1.2 Inadvertent one time disclosure between Covered Entity or Business Associate Workforce members; and
 - 1.1.3 The Covered Entity or Business Associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain the information.
- 1.2 “Covered Entity” shall have the meaning given to such term under the HIPAA Rules, including, but not limited to, 45 CFR §160.103.
- 1.3 “Designated Record Set” shall have the meaning given to such term under the HIPAA Rules, including, but not limited to 45 CFR §164.501.
- 1.4 “Disclose” or “disclosure” shall have the meaning given to such terms under the Confidentiality Rule, 42 CFR §2.11.
- 1.5 “Effective Date” shall be the Effective Date of this Agreement.
- 1.6 “Electronic Protected Health Information” or “Electronic PHI” shall have the meaning given to such term at 45 CFR §160.103, limited to information of the Covered Entity that the Business Associate creates, receives, accesses, maintains or transmits in electronic media on behalf of the Covered Entity under the terms and conditions of this Agreement.
- 1.7 “Health Care Operations” shall have the meaning given to such term under the HIPAA Rules, including, but not limited to, 45 CFR §164.501.
- 1.8 “HIPAA Rules” shall mean the Privacy, Security, Breach Notification, and Enforcement Rules codified at 45 CFR Part 160 and Part 164.
- 1.9 “Individual” shall have the meaning given to such term in 45 CFR §160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR §164.502(g).
- 1.10 “Individually Identifiable Health Information” shall have the meaning given to such term under the HIPAA Rules, including, but not limited to 45 CFR §160.103.

- 1.11 “Program” shall have the meaning given to such term under the Confidentiality Rule, 42 CFR §2.11.
- 1.12 “Protected Health Information” or “PHI” means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an Individual; the provision of health care to an Individual; or the past, present or future payment for the provision of health care to an Individual; and (ii) that identifies the Individual or with respect to which there is a reasonable basis to believe the information can be used to identify the Individual, and shall have the meaning given to such term under the HIPAA Rules, 45 CFR §160.103 and §164.501.
- 1.13 “Protected Information” shall mean PHI provided by the Covered Entity to Business Associate or created, maintained, transmitted or received by Business Associate on Covered Entity’s behalf.
- 1.14 “Qualified Service Organization” shall have the meaning defined under the Confidentiality Rule, 42 CFR §2.11.
- 1.15 “Required by Law” shall have the meaning given to such phrase in 45 CFR §164.103.
- 1.16 “Secretary” shall mean the Secretary of the Department of Health and Human Services or his or her designee.
- 1.17 “Security Incident” shall have the meaning given to such phrase in 45 CFR §164.304.
- 1.18 “Unsecured Protected Health Information” shall mean protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in accordance with 45 CFR §164.402.
- 1.19 Workforce means employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a Covered Entity or Business Associate, is under the direct control of such Covered Entity or Business Associate, whether or not they are paid by the Covered Entity or Business Associate.

SECTION II – OBLIGATIONS AND ACTIVITIES OF THE BUSINESS ASSOCIATE

The Business Associate agrees to the following:

- 2.1 Not to use or further disclose PHI other than as permitted or required by this Agreement or as Required by Law;
- 2.2 To use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to Electronic PHI, to prevent use or disclosure of PHI other than as provided for by this Agreement;
- 2.3 To mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of a use or disclosure of PHI by the Business Associate in violation of the requirements of this Agreement;
- 2.4 To immediately report to the Covered Entity any use or disclosure of PHI not provided for by this Agreement of which it becomes aware, including any Security Incident of which it becomes aware;
- 2.5 In accordance with 45 CFR §§164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any agent, including a subcontractor, that creates, receives, maintains, or transmits PHI on behalf of the Business Associate agrees in writing to the same restrictions, conditions and requirements that apply to the Business Associate with respect to such PHI. Notwithstanding the preceding language of this subsection, Business Associate acknowledges that PHI obtained by the Business Associate relating to individuals who may have been diagnosed as needing, or who have received, substance use disorder treatment services, diagnosis or referral for treatment shall be maintained and used only for the purposes intended under this Agreement and in conformity with all applicable provisions of the Confidentiality Rule. This information received from the Covered Entity, is protected by the Confidentiality Rule and therefore the Business Associate is specifically prohibited from re-disclosing such information to agents or subcontractors without specific written consent of the subject Individual;
- 2.6 To provide access, at the request of the Covered Entity, and in the time and manner designated by the Covered Entity, to PHI in a Designated Record Set, to the Covered Entity or, as directed by the Covered Entity, to the Individual or the Individual’s designee as necessary to meet the Covered Entity’s obligations under 45 CFR §164.524; provided, however, that this Section is applicable only to the extent the Designated Record Set is maintained by the Business Associate for the Covered Entity;
- 2.7 To make any amendment(s) to PHI in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR §164.526 at the request of the Covered Entity or an Individual, and in the time and manner designated by the Covered Entity; provided, however, that this Section is applicable only to the extent the Designated Record Set is maintained by the Business Associate for the Covered Entity;
- 2.8 To make internal practices, books and records, including policies and procedures on PHI, relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of, the Covered Entity

available to the Covered Entity, or at the request of the Covered Entity to the Secretary, in a time and manner designated by the Covered Entity or the Secretary, for purposes of the Secretary's determining the Covered Entity's and the Business Associate's compliance with the HIPAA Rules;

- 2.9 To document such disclosures of PHI and information related to such disclosures as would be required for the Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR §164.528;
- 2.10 To comply with the confidentiality, disclosure and re-disclosure requirements of the Confidentiality Rule as applicable;
- 2.11 To resist any efforts in judicial proceedings any efforts to obtain access to the PHI protected by the Confidentiality Rule except as expressly provided for in the Confidentiality Rule;
- 2.12 To provide to the Covered Entity or an Individual, in a time and manner designated by the Covered Entity, information collected in accordance with Section 2.9 of this Agreement, to permit the Covered Entity to respond to a request by an accounting of disclosures of PHI in accordance with 45 CFR §164.528;
- 2.13 That if it creates, receives, maintains, or transmits any Electronic PHI on behalf of the Covered Entity, it will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the Electronic PHI, and it will ensure that any agents (including subcontractors) to whom it provides such electronic PHI agrees to implement reasonable and appropriate security measures to protect the PHI. The Business Associate will report to the Covered Entity any Security Incident of which it becomes aware;
- 2.14 To retain records related to the PHI hereunder for a period of six (6) years unless this Agreement is terminated prior thereto. In the event of termination of this Agreement, the provisions of Section V of this Agreement shall govern record retention, return or destruction;
- 2.15 To promptly notify the Covered Entity of a Breach of Unsecured PHI as soon as practicable, but in no case later than 10 calendar days, after the discovery of such Breach. A Breach shall be treated as discovered as of the first day on which such Breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the Breach, who is an employee, officer, or agent of Business Associate. The notification shall include, to the extent possible, the identification of each Individual whose Unsecured PHI has been, or is reasonably believed by Business Associate to have been, accessed, acquired, used, or disclosed during the Breach in addition to the information required in Section V. In addition, Business Associate shall provide the Covered Entity with any other available information that the Covered Entity is required to include in the notification to the individual under 45 CFR §164.404(c); and
- 2.16 To the extent Business Associate is to carry out one or more of the Covered Entity's obligations under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Covered Entity in the performance of such obligations.

SECTION III – THE PARTIES AGREE TO THE FOLLOWING PERMITTED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE:

- 3.1 The Covered Entity and the Business Associate agree that this Agreement constitutes a Qualified Service Organization Agreement as required by the Confidentiality Rule. Accordingly, information obtained by the Business Associate relating to Individuals who may have been diagnosed as needing, or who have received, substance use disorder treatment services, diagnosis or referral for treatment shall be maintained and used only for the purposes intended under this Agreement and in conformity with all applicable provisions of the Confidentiality Rule.
- 3.2 Business Associate agrees to make uses and disclosures and requests for PHI consistent with the Covered Entity's minimum necessary policies and procedures.
- 3.3 Except as otherwise limited in this Agreement, the Business Associate may use or disclose PHI to perform functions, activities or services for, or on behalf of, the Covered Entity as specified in the Services Agreement, provided that such use or disclosure would not violate the Confidentiality or HIPAA Rules if done by the Covered Entity; and,
- 3.4 Except as otherwise limited in this Agreement, the Business Associate may:

- a. **Use for management and administration.** Use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate so long as such use is also permitted by the Confidentiality Rule; and,
- b. **Disclose for management and administration.** Disclose PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate, provided that disclosures are Required by Law, or the Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and will be used or further disclosed only as Required by Law or for the purposes for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached. PHI that is also subject to the Confidentiality Rule cannot be disclosed to a third party except as permitted under the Confidentiality Rule.

SECTION IV – NOTICE OF PRIVACY PRACTICES

- 4.1 If requested, the Covered Entity shall provide the Business Associate with the notice of privacy practices that the Covered Entity produces in accordance with 45 CFR §164.520, as well as any changes to such notice. The Covered Entity shall (a) provide the Business Associate with any changes in, or revocation of, permission by an Individual to use or disclose PHI, if such changes affect the Business Associate's permitted or required uses and disclosures; (b) notify the Business Associate of any restriction to the use or disclosure of PHI that the Covered Entity has agreed to in accordance with 45 CFR §164.522, to the extent that such restrictions may affect the Business Associate's use or disclosure of PHI; and (c) not request the Business Associate to use or disclose PHI in any manner that would not be permissible under the HIPAA Rules if done by the Covered Entity, except as set forth in Section 3.3 above.

SECTION V – BREACH NOTIFICATION REQUIREMENTS

- 5.1 With respect to any Breach, the Covered Entity shall notify each individual whose Unsecured PHI has been, or is reasonably believed by the Covered Entity to have been, accessed, acquired, used, or disclosed as a result of such Breach, except when law enforcement requires a delay pursuant to 45 CFR §164.412. This notice shall be:
 - a. Without unreasonable delay and in no case later than 60 calendar days after discovery of a Breach.
 - b. By notice in plain language including and to the extent possible:
 - 1) A brief description of what happened, including the date of the Breach and the date of the discovery of the Breach, if known;
 - 2) A description of the types of Unsecured PHI that were involved in the Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);
 - 3) Any steps Individuals should take to protect themselves from potential harm resulting from the Breach;
 - 4) A brief description of what the Covered Entity and/or Business Associate involved is doing to investigate the Breach, to mitigate harm to Individuals, and to protect against any further Breaches; and,
 - 5) Contact procedures for Individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, web site, or postal address.
 - c. By a method of notification that meets the requirements of 45 CFR §164.404(d).
 - d. Provided notice to the media when required under 45 CFR §164.406 and to the Secretary pursuant to 45 CFR §164.408.
- 5.2 Business Associate shall promptly provide any information requested by Covered Entity to provide the information described in Section 5.1.
- 5.3 Covered Entity may, in its sole discretion, require Business Associate to provide the notice of Breach to any individual or entity required by applicable law to receive such notice.

SECTION VI – TERM AND TERMINATION

- 6.1 **Term.** The term of this Agreement shall be effective as of the date set forth above in the first paragraph and shall terminate when all of the PHI provided by the Covered Entity to the Business Associate, or created, maintained, transmitted or received by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the

Covered Entity, or, if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section.

- 6.2 **Termination for Cause.** Upon the Covered Entity's knowledge of a material breach of this Agreement by the Business Associate, the Covered Entity shall provide an opportunity for the Business Associate to cure the breach or end the violation. The Covered Entity shall terminate this Agreement and the Services Agreement if the Business Associate does not cure the breach or end the violation within the time specified by the Covered Entity, or immediately terminate this Agreement if cure is not reasonably possible.
- If the Business Associate fails to cure a breach for which cure is reasonably possible, the Covered Entity may take action to cure the breach, including but not limited to obtaining an injunction that will prevent further improper use or disclosure of PHI. Should such action be taken, the Business Associate agrees to indemnify the Covered Entity for any costs, including court costs and attorneys' fees, associated with curing the breach.
- Upon the Business Associate's knowledge of a material breach of this Agreement by the Covered Entity, the Business Associate shall provide an opportunity for the Covered Entity to cure the breach or end the violation. The Business Associate shall terminate this Agreement and Services Agreement if the Covered Entity does not cure the breach or end the violation within the time specified by the Business Associate, or immediately terminate this Agreement if the Covered Entity has breached a material term of this Agreement if cure is not reasonably possible.
- 6.3 **Effect of Termination.**
- a. **Return or Destruction of PHI.** Except as provided in Section 6.3(b), upon termination of this Agreement, for any reason, the Business Associate shall return, or if agreed to by the Covered Entity, destroy all PHI received from the Covered Entity, or created, maintained or received by the Business Associate on behalf of the Covered Entity and retain no copies. This provision shall apply to PHI that is in the possession of subcontractors or agents of the Business Associate.
- b. **Return or Destruction of PHI Infeasible.** In the event that the Business Associate determines that returning or destroying PHI is infeasible, the Business Associate shall provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the parties that return or destruction of the PHI is infeasible, the Business Associate shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as the Business Associate maintains such PHI. In addition, the Business Associate shall continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to Electronic PHI to prevent use or disclosure of the PHI, for as long as the Business Associate retains the PHI.

SECTION VII – GENERAL PROVISIONS


- 7.1 **Regulatory references.** A reference in this Agreement to the Confidentiality Rule, HIPAA Rules or a section in the HIPAA Rules means that Rule or Section as in effect or as amended from time to time.
- 7.2 **Compliance with law.** In connection with its performance under this Agreement, Business Associate shall comply with all applicable laws, including but not limited to laws protecting the privacy of personal information about Individuals.
- 7.3 **Amendment.** The Parties agree to take such action as is necessary to amend this Agreement from time to time. All amendments must be in writing and signed by both Parties.
- 7.4 **Indemnification by Business Associate.** Business Associate agrees to indemnify, defend and hold harmless the Covered Entity and its commissioners, employees, directors, officers, subcontractors, agents or other members of its workforce, each of the foregoing hereinafter referred to as "Indemnified Party," against all actual and direct losses suffered by the Indemnified Party and all liability to third parties arising from or in connection with Business Associate's breach of Section II and III of this Agreement. Accordingly, on demand, Business Associate shall reimburse any Indemnified Party for any and all actual and direct losses, liabilities, fines, penalties, costs or expenses (including reasonable attorneys' fees) which may for any reason be imposed upon any Indemnified Party by reason of any suit, claim, action, proceeding or demand by any third party which results for Business Associate's breach hereunder. The obligation to indemnify any Indemnified Party shall survive the expiration or termination of this Agreement for any reason.

- 7.5 **Survival.** The respective rights and obligations of Business Associate under Section II of this Agreement shall survive the termination of the Services Agreement and this Agreement.
- 7.6 **Interpretation.** Any ambiguity in this Agreement shall be resolved to permit Covered Entity to first comply with the Confidentiality Rule and second to comply with the HIPAA Rules.

The Parties hereto have duly executed this Agreement as of the Effective Date as defined here above.

Business Associate
Laboratory Corporation Of America

Covered Entity
Clackamas County

By: 
Signature Authority
VP/GM
Title: _____

By: _____
Chair

Date: 10/29/24

Date: _____