



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER
WEH70223

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
ROBERTA WAGNER 304-558-0067

VENDOR

Princeton Biomedical Laboratories
 2921 New Rodgers Rd.
 Bristol, PA 19007

SHIP TO

HEALTH AND HUMAN RESOURCES
 WELCH COMMUNITY HOSPITAL
 454 MCDOWELL STREET
 WELCH, WV 24801 304-436-8710

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
10/16/2006				

BID OPENING DATE: 11/14/2006 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	JB		948-55		
OPEN-END BLANKET CONTRACT THE WEST VIRGINIA DIVISION OF PURCHASING IS SOLICITING BIDS FOR WELCH COMMUNITY HOSPITAL TO PROVIDE LABORATORY REFERENCE SERVICES AS PER THE ATTACHED.						
TO PROVIDE REFERENCE LABORATORY SERVICES (ATTACHED IS A SAMPLE LISTING OF "REFERENCE" LAB TEST PROCEDURES THAT HAVE BEEN PROVIDED IN THE LAST YEAR. THIS IS NOT A COMPLETE LISTING. SUCCESSFUL BIDDER WILL BE REQUIRED TO PROVIDE ALL PROCEDURES NEEDED BY THE FACILITY WHETHER THEY ARE LISTED OR NOT. ALL BIDDERS MUST PROVIDE A LISTING WITH PRICES OF ALL THE "REFERENCE" LAB TEST PROCEDURES THEY PERFORM.						
EXHIBIT 3 LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

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**GENERAL TERMS & CONDITIONS
REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)**

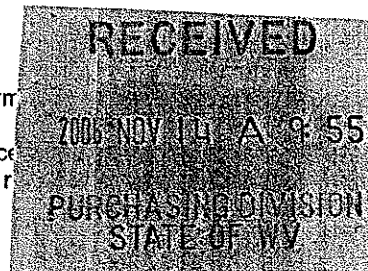
1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125.00 registration fee.
5. All services performed or goods delivered under State Purchase Orders/Contracts are to be continued for the term of the Purchase Order/Contract, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, this contract is automatically null and void, and is terminated without further order.
14. **HIPAA Business Associate Addendum -** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Covered Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division.
2. **SPECIFICATIONS:** Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Complete all sections of the quotation form.
4. Unit prices shall prevail in cases of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are specified.
6. **BID SUBMISSION:** All quotations must be delivered by the bidder to the office of the bid opening. Failure of the bidder to deliver the quotations on time will result in disqualification.

SIGNED BID TO:

Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130





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<p>WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</p> <p>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THIS CONTRACT IS AUTOMATICALLY NULL AND VOID, AND IS TERMINATED WITHOUT FURTHER ORDER.</p> <p>THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM.</p> <p>REV. 04/11/2001</p> <p>INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON OCT. 27, 2006. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER, OR EMAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO:</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

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<p>PREFERENCE IN ACCORDANCE WITH WEST VIRGINIA CODE, 5A-3-37 (DOES NOT APPLY TO CONSTRUCTION CONTRACTS).</p> <p>A. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:</p> <p>() BIDDER IS AN INDIVIDUAL RESIDENT VENDOR AND HAS RESIDED CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR</p> <p>() BIDDER IS A PARTNERSHIP, ASSOCIATION OR CORPORATION RESIDENT VENDOR AND HAS MAINTAINED ITS HEAD-QUARTERS OR PRINCIPAL PLACE OF BUSINESS CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR 80% OF THE OWNERSHIP INTEREST OF BIDDER IS HELD BY ANOTHER INDIVIDUAL, PARTNERSHIP, ASSOCIATION OR CORPORATION RESIDENT VENDOR WHO HAS MAINTAINED ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR</p> <p>() BIDDER IS A CORPORATION NONRESIDENT VENDOR WHICH HAS AN AFFILIATE OR SUBSIDIARY WHICH EMPLOYS A MINIMUM OF ONE HUNDRED STATE RESIDENTS AND WHICH HAS MAINTAINED ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS WITHIN WEST VIRGINIA CONTINUOUSLY FOR THE FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION.</p> <p>B. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:</p> <p>() BIDDER IS A RESIDENT VENDOR WHO CERTIFIES THAT, DURING THE LIFE OF THE CONTRACT, ON AVERAGE AT LEAST</p>						

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<p>75% OF THE EMPLOYEES WORKING ON THE PROJECT BEING BID ARE RESIDENTS OF WEST VIRGINIA WHO HAVE RESIDED IN THE STATE CONTINUOUSLY FOR THE TWO YEARS IMMEDIATELY PRECEDING SUBMISSION OF THIS BID; OR () BIDDER IS A NONRESIDENT VENDOR EMPLOYING A MINIMUM OF ONE HUNDRED STATE RESIDENTS OR IS A NONRESIDENT VENDOR WITH AN AFFILIATE OR SUBSIDIARY WHICH MAINTAINS ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS WITHIN WEST VIRGINIA EMPLOYING A MINIMUM OF ONE HUNDRED STATE RESIDENTS WHO CERTIFIES THAT, DURING THE LIFE OF THE CONTRACT, ON AVERAGE AT LEAST 75% OF THE EMPLOYEES OR BIDDERS' AFFILIATE'S OR SUBSIDIARY'S EMPLOYEES ARE RESIDENTS OF WEST VIRGINIA WHO HAVE RESIDED IN THE STATE CONTINUOUSLY FOR THE TWO YEARS IMMEDIATELY PRECEDING SUBMISSION OF THIS BID.</p> <p>BIDDER UNDERSTANDS IF THE SECRETARY OF TAX & REVENUE DETERMINES THAT A BIDDER RECEIVING PREFERENCE HAS FAILED TO CONTINUE TO MEET THE REQUIREMENTS FOR SUCH PREFERENCE, THE SECRETARY MAY ORDER THE DIRECTOR OF PURCHASING TO: (A) RESCIND THE CONTRACT OR PURCHASE ORDER ISSUED; OR (B) ASSESS A PENALTY AGAINST SUCH BIDDER IN AN AMOUNT NOT TO EXCEED 5% OF THE BID AMOUNT AND THAT SUCH PENALTY WILL BE PAID TO THE CONTRACTING AGENCY OR DEDUCTED FROM ANY UNPAID BALANCE ON THE CONTRACT OR PURCHASE ORDER.</p> <p>BY SUBMISSION OF THIS CERTIFICATE, BIDDER AGREES TO DISCLOSE ANY REASONABLY REQUESTED INFORMATION TO THE PURCHASING DIVISION AND AUTHORIZES THE DEPARTMENT OF TAX AND REVENUE TO DISCLOSE TO THE DIRECTOR OF PURCHASING APPROPRIATE INFORMATION VERIFYING THAT BIDDER HAS PAID THE REQUIRED BUSINESS TAXES, PROVIDED THAT SUCH INFORMATION DOES NOT CONTAIN THE AMOUNTS OF TAXES PAID NOR ANY OTHER INFORMATION DEEMED BY THE TAX</p>						

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<p>COMMISSIONER TO BE CONFIDENTIAL.</p> <p>UNDER PENALTY OF LAW FOR FALSE SWEARING (WEST VIRGINIA CODE 61-5-3), BIDDER HEREBY CERTIFIES THAT THIS CERTIFICATE IS TRUE AND ACCURATE IN ALL RESPECTS; AND THAT IF A CONTRACT IS ISSUED TO BIDDER AND IF ANYTHING CONTAINED WITHIN THIS CERTIFICATE CHANGES DURING THE TERM OF THE CONTRACT, BIDDER WILL NOTIFY THE PURCHASING DIVISION IN WRITING IMMEDIATELY.</p> <p>BIDDER: <u>PRINCETON BIOMEDICAL LABS</u></p> <p>DATE: <u>11/13/06</u></p> <p>SIGNED: <u>[Signature]</u></p> <p>TITLE: <u>CEO</u></p> <p>* CHECK ANY COMBINATION OF PREFERENCE CONSIDERATION(S) IN EITHER "A" OR "B", OR BOTH "A" AND "B" WHICH YOU ARE ENTITLED TO RECEIVE. YOU MAY REQUEST UP TO THE MAXIMUM 5% PREFERENCE FOR BOTH "A" AND "B". (REV. 12/00)</p> <p>NOTICE</p> <p>AN ORIGINAL, SIGNED BID MUST BE SUBMITTED TO:</p> <p>DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION</p>						

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	BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130					
	A CONVENIENCE COPY WOULD BE APPRECIATED. THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPES OR THE BIDS MAY NOT BE CONSIDERED: SEALED BID BUYER:-----ROBERTA WAGNER/FILE 22----- RFQ. NO.:-----WEH70223----- BID OPENING DATE:-----11/14/2006----- BID OPENING TIME:-----1:30 PM----- PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID: -----(215) 785-6400----- CONTACT PERSON (PLEASE PRINT CLEARLY): -----FIDAL HAIDER-----					

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***** THIS IS THE END OF RFQ WEH70223 ***** TOTAL:						

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GENERAL INFORMATION

Purpose:

To provide Reference Lab Services for Welch Community Hospital. (See Exhibit A for Background Information for the Hospital.)

General Requirements

- a. Vendor must have at least three (3) years of providing Reference Laboratory Services.
- b. Vendor shall provide references of at least three (3) clients from whom the vendor has provided Reference Laboratory Services.
- c. Vendor must meet all requirements of accreditation including CAP and CLIA certification. A certification of accreditation must be provided.

SCOPE OF WORK:

The vendor is to provide Reference Laboratory Services to Welch Community Hospital consistent with all applicable State and Federal Laws and Regulations, more specifically, vendor shall include, but not be limited to the following requirements:

1. Vendor must provide supplemental testing services for the following testing for the term of the contract period. The bid sheet contains a sample listing of tests with estimated annual volume for each.
2. Vendor must provide histology and cytology testing at such times when Pathologist of Welch Community Hospital is not available.
3. Vendor must provide Bacteriology Services (cultures and sensitivity) when the Bacteriology section of the Hospital's Lab is unavailable.
4. Vendor must have the availability of furnishing stored results to laboratory for QA – Quality Assurance monitoring and assessment by the laboratory. Results storage capability must be at least three (3) years for regular test and five (5) years for pathology specimens and results.
5. Vendor must have a CAP and CLIA certified Pathologist who must be available for questions regarding positive results and in case of result interpretation.
6. Vendor must provide routine specimen collection and transport materials and all necessary supplies to hospital's laboratory department for preparation of all specimens for testing. This includes but is not limited to vacutainer tubes, needles, request forms, preservatives, 24 hour urine containers, cytology and histology containers with preservatives, slides, fixatives, plastic transport bags, centrifuges and directory for all the services offered. Analyzer offers both open and closed sampling options.
7. Vendor must provide a computer system with printer to expedite results turnaround time and capability of retrieving stored results or backtracking

capability. Preventive maintenance and repairs of system/printer shall be the responsibility of the vendor.

8. Vendor must provide courier services seven (7) days per week for collection of all specimens.
9. Vendor must provide turn around time of specimen in accordance to Reference Lab Specifications. Specifications for "each" test to be provided shall be listed in the vendors response to this RFQ for easy identification, results shall be available from the vendor via computer system and hard-copy to be delivered next day for all routine testing in accordance with specifications for special testing such as cytology and histology reports.
10. Vendor must provide blood culture results to be given for total of seven (7) days. Routine cultures shall have primary reports reported within 24 hours, 48 hours, and final report within 72 hours of receipt of specimens.
11. Vendor must provide general routine chemistries results within 24 hours of receipt of specimens.
12. Vendor must telephone all positive results and panic or toxic values to Hospital's Laboratory Department between the hours of 8:00 AM and 5:00 PM - prior to computer system printout.
13. Vendor must retain negative and unsatisfactory PAP slides for five (5) years and positive slides for twenty (20) years. Histology slides must be retained for ten (10) years.
14. Vendor must provide Histology and Cytology PAP's results turnaround time shall be within three (3) days upon receipt of slides/specimens unless further study or staining is required.

Exceptions:

Cytology Turnaround Time

Normal PAP Smear results reporting time – five to seven days. Any abnormal, suspicious, unusual specimens or those submitted with insufficient information usually take longer must be called-in within 14 days.

Surgical Pathology Turnaround Time

Properly submitted specimens are usually processed the next working day, turnaround time is dependent on the complexity of diagnosis and case load. When requested on the Request Form, a preliminary diagnosis must be available via telephone or teleprinter. A final signed report will follow, all numerical abnormal results to be clearly identified on the report form.

15. Vendor must examine, interpret and report results on all slides submitted. Vendor must have written criteria for rejection and for categorizing specimens as unsatisfactory.

16. Vendor must assume all responsibility and liability for reading and processing of all cytology and histology specimens.
17. Vendor must provide Hospital's Lab Department the total number of tests performed on a monthly and annual basis by individual testing category.
18. Vendor must agree to become a participating Reference Laboratory with managed care companies and HMO's currently contracted by Welch Community Hospital and those the hospital chooses to contract with in the future. Currently they are: Carelink, Prime One, WVAHP, Blue Cross, Health Source and United State Steel.
19. Vendor must provide Hospital with the name, address and telephone number of their account representative. Notification of changes to the above should be sent to the Director of Laboratory Services, Welch Community Hospital, 454 McDowell Street, Welch, WV 24801.
20. Vendor must provide all Reference Lab Services and other related services as required in this RFQ, items #1 through #18 above, for the quoted price per test.

Special Terms and Conditions:

Insurance Requirements:

Insurance certificates are required prior to award but are not required at the time of bid. The vendor shall present evidence of insurance at the time of award in the types and amounts required by the Agency and acceptable to the State. Included in the required insurance coverage shall be the following:

1. For bodily injury (including death): \$500,000 per person, minimum of \$1,000,000 per occurrence.
2. For property damage and professional liability: minimum of \$1,000,000 per occurrence.

Invoices and Progress Payments:

The Vendor shall submit invoices, in arrears, to the Agency at the address on the face of the purchase order labeled "Invoice To" pursuant to the terms of the contract. Invoices may not be submitted more than once monthly and State Law forbids payment of invoices prior to receipt of services.

BID SHEET

Price Each Per Lab Test Procedure Performed: Bidder must provide listing of test procedures with pricing for each.

Bid Sheet is a sample listing of lab test procedures that have been provided in the past year. This is not a complete listing. Successful vendor will be required to provide all procedures needed by the facility whether listed or not.

All Bidders must provide a listing with prices of all the "referenced" lab test procedures that they perform.

Item No.	Annual Estimated Usage	Procedure	Turn Around Time	Price	Extended Price
1	8	17-alpha-Hydroxyprogesterone	48 HRS	35.00	280.00
2	800	7+Crp-Bund	24 HRS.	8.00	6400.00
3	64	9+Oxycodone - Bund	"	6.00	384.00
4	8	ACTH, Plasma	48 HRS	50.00	400.00
5	36	Aerobic Bacterial Culture	48 HRS	20.00	720.00
6	16	AFB Culture and Smear, Broth	2 WEEKS	25.00	100.00
7	64	AFP Tetra	24 HRS	35.00	2,240.00
8	4	AFP X-tra Profile	"	25.00	100.00
9	16	AFP, Serum, Tumor Marker	"	30.00	480.00
10	8	Aldolase	"	25.00	200.00
11	4	Aldosterone, Serum	48 HRS.	45.00	180.00
12	4	Allergen Profile, Food-Citrus	48 HRS.	20.00	80.00
13	4	Allergen Profile, Food-Grain	24 HRS.	20.00	80.00
14	4	Allergen Profile, Food-Milk	"	20.00	80.00
15	8	Allergens, Zone 3	48 HRS.	25.00	200.00
16	4	Alpha-1-Antitrypsin, Serum	24 HRS	25.00	100.00
17	4	Amitripyline (Elavil), Serum	48 HRS	40.00	160.00
18	4	Amphetamine Confirmation, Ur	24 HRS.	20.00	80.00
19	88	ANA Qualitative	"	20.00	1,760.00
20	4	ANA w/Reflex	48 HRS.	65.00	260.00
21	24	Anaerobic and Aerobic Culture	3 DAYS	45.00	1,080.00
22	8	Anti-DNA (SS)IgG, Ab, Qn	24 HRS	25.00	200.00
23	20	Anti-dxDNA Antibodies	"	25.00	500.00
24	4	Antiextractable Nuclear Ag	"	26.00	104.00
25	4	Anti-Neuronal Nuclear Ab. Serum	"	50.00	200.00
26	4	Antineutrophil Cytoplasmic Ab	"	35.00	140.00
27	68	Antinuclear Antibodies Direct	48 HRS.	20.00	1,360.00
28	4	Antiphospholipid Syndrome Prof	24 HRS	150.00	600.00
29	56	Antistreptolysin O Antibodies	"	10.00	560.00
30	4	Aspergillus Flavus Antibodies	"	35.00	140.00
31	4	Aspergillus Niger Antibodies	"	35.00	140.00
32	32	B Strep Culture Group B Only	"	15.00	480.00
33	16	Barbiturates Confirmation, Ur	"	15.00	240.00
34	20	Barbiturates Conf (GC/MS)	3 DAYS	40.00	800.00
35	44	Benzodiazepine Confirmation, Ur	24 HRS.	15.00	660.00
36	184	Benzodiazepines Conf (GC/MS)	3 DAYS	40.00	7,360.00
37	20	Benzodiazepines GC/MS Retest	3 DAYS	40.00	800.00
38	84	Beta Strep Culture, Gp A Only	24 HRS.	12.00	1,008.00
39	632	Blood Culture, Routine	"	40.00	25,280.00
40	84	B-Type Natriuretic Peptide	"	55.00	4,620.00
41	52	C difficile Toxins A+B, EIA	"	20.00	1,040.00
42	40	Calcium, Ionized, Serum	48 HRS.	18.00	720.00
43	4	Calcium, Random Urine	24 HRS	15.00	60.00
44	20	Cancer Antigen (CA) 125	"	50.00	1,000.00

BID SHEET

Item No.	Annual Estimated Usage	Procedure	Turn Around Time	Price	Extended Price
45	120	Cannabinoid Conf (GC/MS)	48HRS	40.00	4800.-
46	12	Cannabinoid Confirmation, Ur	24HRS	25.00	300.-
47	12	Cannabinoid GC/MS Retest	"	40.00	480.-
48	4	Catecholamine/VMA, 24-hr Urine	"	40.00	160.-
49	12	CMC With Differential/Platelet	"	15.00	180.-
50	8	CEA	"	45.00	360.-
51	4	Cell Count, Body Fluid	"	40.00	160.-
52	64	Chain-Of-Custody Protocol	"	0.0	0.0
53	4	Chlamydia, Nucleic Acid Amp	"	45.00	180.-
54	4	Chlamydia, Swab/Urine, PCR	"	65.00	260.-
55	60	Chlamydia/GC Amplification	"	45.00	2700.-
56	4	Chlamydia/GC, DNA Probe w/Rflx	"	60.00	240.-
57	248	Chlamydia/Gonococcus DNA Probe	48HRS.	45.00	11,160.-
58	4	Chromosome, Blood, Routine	24HRS	450.00	1800.-
59	4	Cocaine GC/MS Retest	48HRS.	40.00	160.-
60	16	Cocaine Metabolite Confirm, Ur	24HRS	40.00	640.-
61	4	Complement C3, Serum	"	20.00	80.-
62	4	Complement C4, Serum	"	20.00	80.-
63	8	Cortisol	"	25.00	200.-
64	24	Cortisol - AM	"	25.00	600.-
65	24	Cortisol - PM	24HRS.	25.00	600.-
66	8	Cortisol, Urinary Free by HPLC	24HRS	38.00	304.00
67	44	C-Peptide, Serum	"	25.00	1100.00
68	8	Creatine Kinase (CK), MB	"	35.00	280.-
69	12	Creatinine Clearance	"	12.00	144.00
70	8	Creatinine, Urine	"	12.00	96.00
71	16	Cyclosporine, Blood	"	45.00	720.00
72	52	Cystic Fibrosis Profile	5 DAYS	160.00	8,320.-
73	4	D/L Methamphetamine	24HRS.	15.00	60.-
74	8	Dehydroepiandrosterone (DHEA)	"	40.00	160.-
75	8	Dehydroepiandrosterone Sulfate	"	40.00	160.-
76	4	Drug Coma/Overdose I, Blood	"	100.00	400.-
77	4	Drug Profile 799015	"	30.00	120.-
78	4	Drug Profile 799031	"	30.00	120.00
79	80	Drug Profile 799056	"	20.00	1600.-
80	8	Drug Profile 799076	"	30.00	240.-
81	4	Drug Profile, Blood (7 drugs)	"	45.00	180.-
82	4	dRVVT Mix	48HRS.	35.00	140.-
83	4	EBV Acute Infection Antibodies	24HRS.	30.00	120.-
84	4	EBV Early Antigen Ab, IgG	"	30.00	120.-
85	4	Escitalopram (Lexapro), Serum	"	50.00	200.-
86	8	Estradiol	"	25.00	200.-
87	4	Estrogens, Total	"	30.00	120.-
88	4	Factor VIII Activity	48HRS.	45.00	180.-

Item No.	Annual Estimated Usage	Procedure	Turn Around Time	Price	Extended Price
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89	4	Fetal Fibronectin	24 HRS	100.00	400.00
90	12	Folates (Folic Acid), Serum	"	25.00	300.00
91	64	FSH and LH	"	30.00	1920.00
92	64	FSH, Serum	"	20.00	1280.00
93	12	Fungus (Mycology) Culture	3 DAYS	35.00	420.00
94	4	GAD-65 Autoantibody	24 HRS.	75.00	300.00
95	28	Genital Culture, Routine	3 DAYS	15.00	420.00
96	4	Giardia lamblia Ag, EIA	24 HRS.	25.00	100.00
97	4	Giardia, EIA; Ova/Parasites	"	25.00	100.00
98	8	Gram's Stain	"	15.00	120.00
99	4	H. Pylori IgG, Abs	"	25.00	100.00
100	8	HBsAg Screen	"	35.00	280.00
101	4	HBV Core Ab, IgG/IgM Diff	"	35.00	140.00
102	4	HBV DNA, Qualitative PCR	48 HRS.	150.00	600.00
103	4	HBV/HCV (Profile VIII)	24 HRS.	35.00	140.00
104	148	HCV Ab w/Rfx to RIBA	"	35.00	5180.00
105	12	HCV QuantaSure Plus (Non-Graph)	3 DAYS	100.00	1200.00
106	4	HCV RNA by PCR, Qn Rfx Geno	3 DAYS	250.00	1000.00
107	8	Hemoglobin (Hgb) Solubility	24 HRS.	15.00	120.00
108	4	Hemoglobinopathy Profile	"	35.00	140.00
109	4	Hep A Ab, IgM	"	35.00	140.00
110	4	Hep B Core Ab, Tot	"	35.00	140.00
111	8	Hepatitis B Virus (Profile VI)	"	35.00	280.00
112	4	Hepatitis C Genotype	3 DAYS	200.00	800.00
113	4	Hepatitis C Virus Ab, Riba 3.0	3 DAYS	150.00	600.00
114	4	Hepatitis C Virus Genotyping	2 DAYS	200.00	800.00
115	120	Hepatitis, Diagnostic (Prof I)	24 HRS.	50.00	6000.00
116	28	HIV-1 Abs, Prelim Test w/Confirm	3 DAYS	8.00	224.00
117	4	HLA B 27 Disease Association	24 HRS	20.00	80.00
118	6	Homocyst(e)ine, Plasma	3 DAYS	35.00	210.00
119	40	HPV HC, High Risk	3 DAYS	70.00	2800.00
120	8	HPV Hybrid Capture II	3 DAYS	80.00	640.00
121	24	HPV, High Risk	4 DAYS	70.00	1680.00
122	12	HSV Culture and Typing	24 HRS.	60.00	720.00
123	8	IFE and PE, Serum	48 HRS.	100.00	800.00
124	8	Immunofixation, Serum	24 HRS.	100.00	400.00
125	8	Insulin and C-Peptide, Serum	"	60.00	480.00
126	4	Insulin, Fasting	48 HRS.	35.00	140.00
127	4	Kleihauer-Betke	24 HRS.	350.00	1400.00
128	8	Lactic Acid, Plasma	"	15.00	120.00
129	100	Lead, Blood (Pediatric)	"	15.00	1500.00
130	4	Lead, Blood (Venipuncture)	"	10.00	0.00
131	4	Levetiracetam, S	"	150.00	600.00
132	52	Liquid Pap w/HPV Rfx on ASC-U	3 DAYS	45.00	2340.00

Item No.	Annual Estimated Usage	Procedure	Turn Around Time	Price	Extended Price
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133	20	Lower Respiratory Culture	2 DAYS	15.00	300.-
134	424	LQD Pap w/HPV Rfx on ASCUS-SIL	3 DAYS	35.00	14840.-
135	4	Lyme IgG/IgM Ab	48HRS	35.00	140.-
136	4	Metanephrines, Frac, Qn, 24-Hr	24HRS.	35.00	140.-
137	4	Methadone	"	25.00	100.-
138	52	Methadone Confirmation Urine	"	15.00	780.-
139	4	Methadone Screen, Urine	"	25.00	100.-
140	4	Methylmalonic Acid, Serum	48 HRS.	40.00	160.-
141	12	Microalb/Creat Ratio, Randm Ur	24HRS.	20.00	240.-
142	24	Microalbumin, 24 Hr Urine	"	18.00	432.-
143	52	Microalbumin, Random Urine	"	15.00	780.-
144	8	Mitochondrial (M2) Antibody	48HRS.	15.00	120.-
145	4	Myoglobin, Quantitative, Serum	24HRS.	25.00	100.-
146	16	Na U+CI U+K U	"	20.00	320.-
147	8	Nifedipine (Procardia)	"	60.00	480.-
148	16	Opiates GC/MS Retest	3 DAYS	40.00	640.-
149	292	Opiates Conf (GC/MS)	3 DAYS	40.00	11,680.-
150	56	Opiates GC/MS Conf	3 DAYS	40.00	2,240.-
151	28	Osmolality, Serum	24HRS.	15.00	420.-
152	24	Osmolality, Urine	"	15.00	360.-
153	40	Ova/Parasites Exam, Routine	"	15.00	600.-
154	4	Oxycodone (GC/MS)	3 DAYS	35.00	140.-
155	152	Pap LB, rfx HPV all pth	3 DAYS	25.00	3800.-
156	40	Pap Lb, w Mat Indx	3 DAYS	15.00	600.-
157	4	Phencyclidine Conf (GC/MS)	3 DAYS	40.00	160.-
158	4	Phencyclidine, Confirm, Urine	24HRS.	25.00	100.-
159	40	Physician Read Pap	2 DAYS	15.00	600.-
160	16	Potassium, Urine	24HRS.	10.00	160.-
161	4	Primidone (Mysoline), Serum	48HRS.	25.00	100.-
162	24	Progesterone	24HRS	10.00	240.-
163	24	Prolactin	"	15.00	360.-
164	8	Prot+CreatU	"	25.00	200.00
165	8	Protein Electro, Random Urine	"	45.00	360.-
166	12	Protein Electro., S	"	45.00	540.-
167	8	Protein Total, Qn, 24-Hr Urine	"	25.00	200.-
168	8	Protein, Total, Urine	"	25.00	200.-
169	8	PSA, Free +%	"	45.00	360.-
170	52	PTH, Intact	"	25.00	1300.-
171	4	PTT-LA Mix	"	36.00	144.-
172	4	Renin, Plasma	24HRS.	40.00	160.-
173	148	Rheumatoid Arthritis Factor	24HRS.	10.00	1480.-
174	4	RIVA (HCV Confirmation)	3 DAYS	150.-	600.-
175	8	Rotavirus Ag, EIA	24HRS.	18.00	144.00
176	12	Rubella Antibodies, IgG	24HRS.	15.00	180.-

BID SHEET

Item No.	Annual Estimated Usage	Procedure	Turn Around Time	Price	Extended Price
177	420	Sensitivity Organism #1	3 DAYS	30.00	12,600.-
178	168	Sensitivity Organism #2	3 DAYS	25.00	4200.-
179	24	Sensitivity Organism #3	3 DAYS	20.00	480.-
180	4	Sex Horm Binding Glob, Serum	24 HRS.	25.00	100.-
181	4	Sirolimus (Rapamune), Blood	48 HRS.	80.00	320.-
182	4	Sjogren's Ab, Anti-SS-A/-SS-B	48 HRS	40.00	160.-
183	12	Sodium, Urine	24 HRS.	10.00	120.-
184	12	Soluble Liver Ag (IgG Ab)	3 DAYS	50.00	600.-
185	24	Specific Gravity	24 HRS	5.00	120.00
186	64	Split Receipt	5 DAYS	4.00	256.-
187	4	Sputum Cytology	3 DAYS	50.00	200.-
188	36	Stool Culture	24 HRS.	10.00	360.-
189	20	Strep Gp B Cult/DNA Probe	48 HRS.	180.00	3600.-
190	28	Tacrolimus (FK506), Blood	24 HRS.	38.00	1064.-
191	36	Testosterone, Serum	"	20.00	720.00
192	20	Testosterone, Free and Total	"	45.00	900.00
193	12	Thyroid Antithyroglobulin Ab	"	15.00	180.00
194	4	Thyroid Panel with TSH	"	45.00	180.00
195	16	Thyroid Peroxidase (TPO) Ab	"	20.00	320.00
196	4	Thyroid Profile II	"	45.00	180.-
197	228	Thyroxine (T4) Free, Direct, S	"	15.00	3420.-
198	8	Topiramate (Topamax), Serum	48 HRS	50.00	400.-
199	80	Tricyclics By TLC	48 HRS	6.00	480.-
200	12	Triiodothyronine, Free, Serum	48 HRS.	20.00	240.-
201	20	Troponin I	24 HRS.	35.00	700.-
202	4	TSH + Free T4	"	45.00	180.-
203	92	Upper Respiratory Culture	3 DAYS	15.00	1380.-
204	936	Urine Culture, Routine	2 DAYS	12.50	11,700.-
205	4	Vitamin B1 (Thiamine), Blood	24 HRS.	30.00	120.-
206	124	Vitamin B12	48 HRS.	10.00	1,240.-
207	296	Vitamin V12 and Folate	24 HRS.	20.00	5,920.-
208	16	Vitamin D, 1.25 Dihydroxy	"	40.00	640.-
209	44	Vitamin D, 25-Hydroxy	"	40.00	1,760.-
210	24	Von Willebrand Profile	"	200.00	4800.-
211	20	White Blood Cels (WBC), Stool	"	10.00	200.00
Grand Total					248,334.00

Please provide documentation that bidder meets the General Requirements a) b) and c).

Please attach your listing of lab test procedures and the pricing. Pricing for the above items and your listing of lab test procedures must have the same pricing.

Welch Community Hospital Exhibit A – Background for the Hospital

Background:

Welch Community Hospital is a 124 bed hospital, 59 of which are Long Term care beds. Acute care beds include: 8 Intensive care beds; 2 pediatric beds; 10 obstetrical beds and 45 medical/surgical beds. The hospital serves the counties of McDowell, Wyoming and Mingo with a total market population of about 83,000.

The following numbers represent the typical utilization encountered by the outpatient service area of Welch Community Hospital for the 2005 fiscal year:

- Emergency Room Patients – 9,956
- Observation Visits – 1,725
- Clinic Patients – 26,713
- Surgeries – 454
- Deliveries – 80
- Laboratory Tests – 723,764
- Radiology – 15,763
- CAT Scans – 2,909
- Ultrasound – 1,802
- Mammographies – 564
- Respiratory Tests – 29,293
- Electrocardiograms – 4,818
- Admissions – 1,276
- Long Term Card ADC (56 Patients per day) – 94%
- Overall ADC (71 Patients per day) – 66%
- Total Patient Days (20,296 Long Term Care and 5,445 Acute Care Days) – 25,741

Outpatient Services Provided Are:

- Primary Care and Family Practice in a Certified Rural Health Setting
- Pediatric Clinic
- Newborn Care
- Internal Medicine
- Surgery
- Emergency Room Services
- Radiology Services Including:
 - Diagnostic
 - CAT Scan
 - Ultrasound
 - Mammography
 - MRI
 - EKG, Cardiac Doppler Studies, Stress Testing and Respiratory Therapy Services
- Laboratory Services

AFFIDAVIT

West Virginia Code §5A-3-10a states:

No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owned is an amount greater than one thousand dollars in the aggregate.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions.

"Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

EXCEPTION:

The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

LICENSING:

The vendor must be licensed in accordance with any and all state requirements to do business with the state of West Virginia.

CONFIDENTIALITY:

The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures and rules. Vendors should visit www.state.wv.us/admin/purchase/privacy for the Notice of Agency Confidentiality Policies.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), it is hereby certified that the vendor acknowledges the information in this said affidavit and are in compliance with the requirements as stated.

Vendor's Name: PRINCETON BIO MEDICAL LABS, INC.

Authorized Signature: *Paul C. [Signature]* Date: 11/13/06

CLINICAL LABORATORY PERMIT

DEPARTMENT OF HEALTH

Pursuant to the act of September 26, 1951, P.L. 1539 as amended, a Permit to operate a Clinical Laboratory is hereby granted to:

Laboratory Identification Number: 000516

Name and Director of Laboratory

PRINCETON BIOMEDICAL LABS INC
LEONARD J FEINBERG PHD
2921 NEW RODGERS ROAD
BRISTOL PA 19007

Owner

NMH INC

Issued this 15 day of AUGUST 2006

This permit is subject to revocation, suspension, or limitation for violation of the Act or the Regulations promulgated thereunder.

DATE EXPIRES: 15 AUGUST 2007

AUTHORIZED CATEGORIES CLINICAL CHEMISTRY INCLUDING TOXICOLOGY

DRUGS URINE

DRUGS URINE SCREENING

URINALYSIS

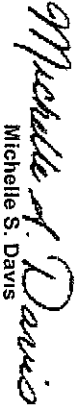
BACTERIOLOGY

PARASITOLOGY

SYPHILIS SEROLOGY

NON-SYPHILIS SEROLOGY

HEMATOLOGY



Michelle S. Davis

Deputy Secretary for Health Planning and Assessment



Calvin B. Johnson M.D., M.P.H.
Secretary of Health

DISPLAY THIS CERTIFICATE PROMINENTLY

CENTERS FOR MEDICARE & MEDICAID SERVICES
 CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
 CERTIFICATE OF COMPLIANCE

LABORATORY NAME AND ADDRESS
 PRINCETON BIOMEDICAL LABORATORIES INC
 2921 NEW RODGERS ROAD
 BRISTOL, PA 19007

LABORATORY DIRECTOR
 LEONARD J FEINBERG PHD

CLIA ID NUMBER
 39D0196814

EFFECTIVE DATE
 09/25/2005

EXPIRATION DATE
 09/24/2007

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures. This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Judith A. Yost

Judith A. Yost, Director
 Division of Laboratory Services
 Survey and Certification Group
 Center for Medicaid and State Operations

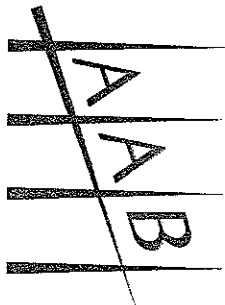
54 CS051095

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
BACTERIOLOGY (110)	09/25/1993		
PARASITOLOGY (130)	09/25/1993		
SYPHILIS SEROLOGY (210)	09/25/1993		
GENERAL IMMUNOLOGY (220)	09/25/1993		
ROUTINE CHEMISTRY (310)	09/25/1993		
URINALYSIS (320)	09/25/1993		
ENDOCRINOLOGY (330)	09/25/1993		
TOXICOLOGY (340)	09/25/1993		
HEMATOLOGY (400)	09/25/1993		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.HHS.GOV/CLIA
 OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
 YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
 PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

2006



AMERICAN ASSOCIATION OF BIOANALYSTS

The American Association of Bioanalysts
and its membership subscribe freely and without reservation

to the premise that, in their capacity as competent and responsible bioanalysts, they shall...

Be aware of their responsibility for the health and welfare of the patient who depends upon their skills as bioanalysts;

Maintain the confidential nature of their reports, and release patient information only to those legally authorized to receive it;
Support and participate in the scientific and academic programs of the association in their continuing effort to enhance the profession; and

Uphold the welfare of their community and support its laws and institutions.

Know ye that:

Syed I. Haider

Is an

Owner

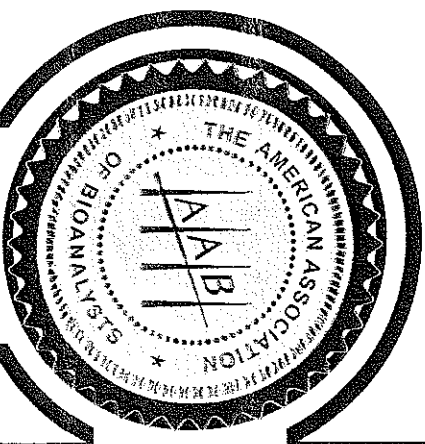
*member in good standing of the American Association of Bioanalysts
for the year ending December 31, 2006.*

Member ID#: 2060532

IN TESTIMONY WHEREOF, the President and Administrator,
being duly authorized, have hereunto set their hands.

Pat Lanza
President

Mark S. Birenbaum, Ph.D.
Administrator



AMERICAN ASSOCIATION OF BIOANALYSTS
PROFICIENCY TESTING SERVICE

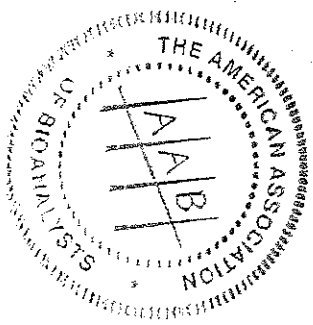
2006

CERTIFICATE OF
PARTICIPATION

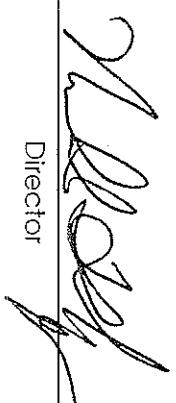
This certifies that

Princeton Biomedical Laboratory, Inc.

is a participant in a continuous program
of quality control for laboratory testing.



APR 10 2006



Director



Dear Laboratory Director:

Attached below is your clinical laboratory license.
Your license is void after the expiration date below.

Expiration Date: SEPTEMBER 14, 2006

PRINCETON BIOMEDICAL LABORATORIES, INC.
2921 NEW RODGERS ROAD
BRISTOL, PA 19007

DISPLAY:

State law requires that the clinical laboratory license shall be conspicuously posted in the clinical laboratory.

**CHANGE OF LABORATORY NAME,
DIRECTOR, OWNER AND/OR ADDRESS:**

State law requires that you notify this office **WITHIN 30 DAYS** of any change in ownership, name, location or laboratory directors. **YOUR LICENSE ALSO WILL BE AUTOMATICALLY REVOKED 30 DAYS AFTER A MAJOR OWNER AND/OR DIRECTOR CHANGE OCCURS.** Mail written notification of the above changes to the address indicated below:

Laboratory Field Services
850 Marina Bay Parkway
Richmond, CA 94804-6403
(510) 620-3800

Thank you for your cooperation.

Labclin 08/17/05
Tear Here

Tear Here

State of California Department of Health Services
Clinical Laboratory License

In accordance with the provisions of Chapter 3, Division 2, of the Business and Professions Code, the persons named below are hereby issued a license authorizing operation of a clinical laboratory at the indicated address or other site(s) on file with the department.

PRINCETON BIOMEDICAL LABORATORIES, INC.
2921 NEW RODGERS ROAD
BRISTOL, PA 19007

OWNER(S):

PRINCETON BIOMEDICAL LABORATORIES, INC.
SYEDIOBAL HAIDER
FATIMA HAIDER

DIRECTOR(S):

LEONARD J FEINBERG PHD

CLIA Number: 39D0196874
Lab ID Number: COS 800126
Effective Date: SEPTEMBER 15, 2005
Valid Until: SEPTEMBER 14, 2006

Karen L. Nickel

Karen L. Nickel, Chief
Laboratory Field Services

CERTIFICATE #: 62866

LICENSE #: 800012263

State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

CLINICAL LABORATORY

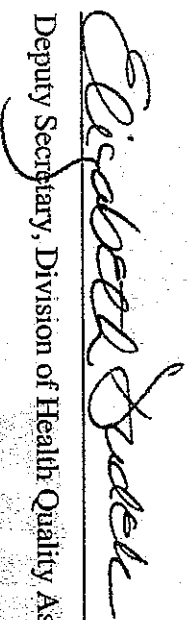
This is to confirm that PRINCETON BIOMEDICAL LABORATORIES, INC. has complied with Chapter 483, Part I, Florida Statutes, and with 59A-7, Florida Administrative Code, and is authorized to operate the following laboratory in the specialties or specialties of:

Antibody Detection (Nontransfusion), Bacteriology, Chemistry, Diagnostic Immunology, Hematology, Parasitology, Virology

PRINCETON BIOMEDICAL LABORATORIES INC
2921 NEW RODGERS ROAD
BRISTOL, PA 19007

EFFECTIVE DATE: 12/28/2005

EXPIRATION DATE: 12/27/2007


Deputy Secretary, Division of Health Quality Assurance



2005

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

QMPERP Participant

in the:

MODEL PERFORMANCE EVALUATION PROGRAM

HIV-1 Antibody

presented to:

Princeton Biomedical Laboratories

G. David Cross
G. David Cross, M.S.
Co-manager



Laurina O. Williams
Laurina O. Williams, Ph.D., M.P.H.
Co-manager

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/1/05

PRODUCER

Pinkham Agency, Inc.
40 Commerce Place
Suite 100
Hicksville NY 11801

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

PRINCETON BIOMEDICAL LAB, INC.
2921 NEW RODGERS ROAD

BRISTOL PA 19007

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: STEADFAST INSURANCE CO.

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR NSRR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	HPC9022838 01	10/24/05	10/24/06	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 1,000,000
					PRODUCTS - COMP/OP AGG	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
						\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				OTH-ER	
	OTHER				E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
A	PROFESSIONAL LIABILITY	HPC9022838 01	10/25/05	10/25/06	CLAIMS MADE	
					\$1,000,000	INCIDENT
					\$3,000,000	AGGREGATE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE