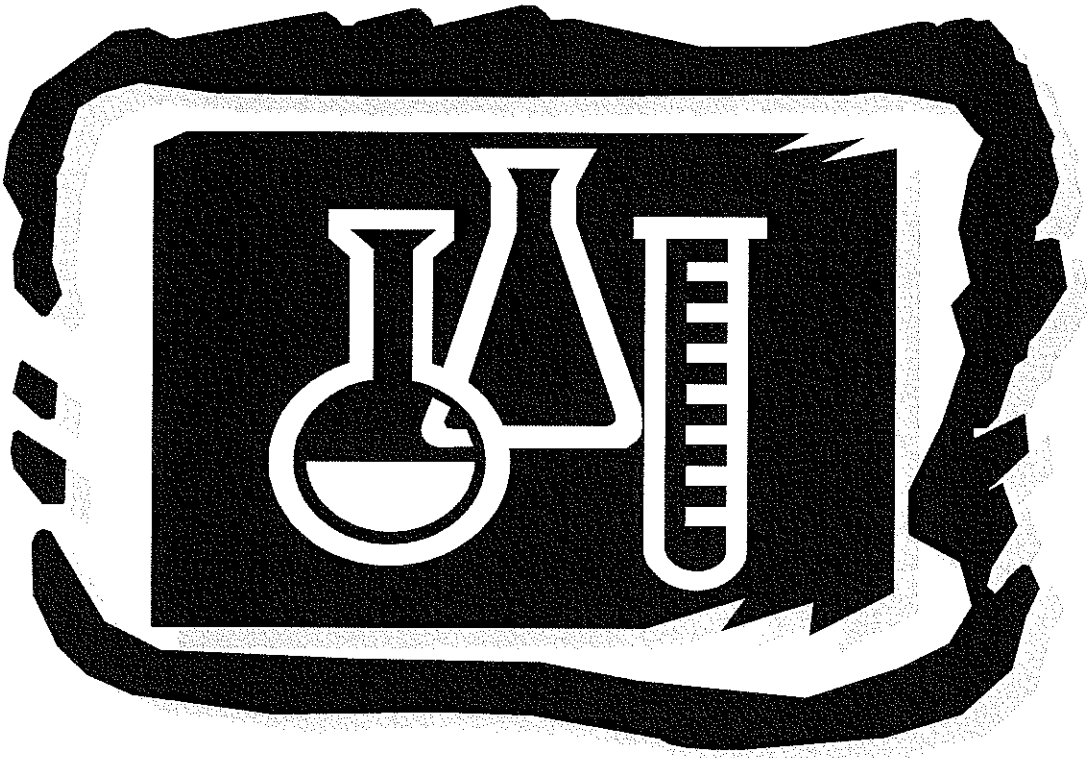


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**State Of West Virginia
Dept. of Administration
Purchasing Division
RFQ # WSH70316**



State of West Virginia
 Department of Administration
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Request for Quotation

RFQ NUMBER
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ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER
304-558-0067

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HEALTH AND HUMAN RESOURCES
 WILLIAM R. SHARPE JR. HOSPITAL
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 WESTON, WV
 26452 304-269-1210

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BID OPENING DATE: **05/29/2007** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	JB		956-70		
OPEN-END BLANKET ORDER						
OPEN END CONTRACT FOR LABORATORY SERVICES						
TO PROVIDE LABORATORY SERVICES TO WILLIAM R. SHARPE, JR. HOSPITAL IN WESTON, WV, PER THE ATTACHED SPECIFICATIONS.						
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 REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.						
UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.						
RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR,						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Carol M. Howe</i>	TELEPHONE (215) 785-5200	DATE 5/24/07
TITLE CEO	FEIN 22-2708019	ADDRESS CHANGES TO BE NOTED ABOVE

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<p>SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, 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>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *[Signature]* TELEPHONE: **(215) 205-5200** DATE: **5/24/07**

TITLE: **CEO** FEIN: **22-290019** ADDRESS CHANGES TO BE NOTED ABOVE

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<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>EXHIBIT 4</p> <p>LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL AND OTHER LOCAL GOVERNMENT BODIES, THE BID SHALL EXTEND TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO ALL POLITICAL SUBDIVISIONS OF THE STATE, THE VENDOR MUST CLEARLY INDICATE SUCH REFUSAL IN HIS BID. SUCH REFUSAL SHALL NOT PREJUDICE THE AWARD OF THIS CONTRACT IN ANY MANNER.</p> <p>REV. 3/88</p> <p>INQUIRIES WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON MAY 8, 2007. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>[Signature]</i>	TELEPHONE (215) 785-5200	DATE 5/24/07
TITLE CEO	FEIN 22-2708019	ADDRESS CHANGES TO BE NOTED ABOVE

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ADDRESS CORRESPONDENCE TO ATTENTION OF:
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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO:</p> <p>ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311</p> <p>FAX: 304-558-4115 E-MAIL: RWAGNER@WVADMIN.GOV</p> <p>THE MODEL/BRAND/SPECIFICATIONS NAMED HEREIN ESTABLISH THE ACCEPTABLE LEVEL OF QUALITY ONLY AND ARE NOT INTENDED TO REFLECT A PREFERENCE OR FAVOR ANY PARTICULAR BRAND OR VENDOR. VENDORS WHO ARE BIDDING ALTERNATES SHOULD SO STATE AND INCLUDE PERTINENT LITERATURE AND SPECIFICATIONS. FAILURE TO PROVIDE INFORMATION FOR ANY ALTERNATES MAY BE GROUNDS FOR REJECTION OF THE BID. THE STATE RESERVES THE RIGHT TO WAIVE MINOR IRREGULARITIES IN BIDS OR SPECIFICATIONS IN ACCORDANCE WITH SECTION 148-1-4(F) OF THE WEST VIRGINIA LEGISLATIVE RULES AND REGULATIONS.</p> <p>PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR MUST ACCEPT THE STATE OF WEST VIRGINIA VISA PURCHASING CARD FOR PAYMENT OF ALL ORDERS PLACED BY ANY STATE AGENCY FOR ORDERS THAT ARE LESS THAN \$2,500 AS A CONDITION OF AWARD.</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Robert Wagner</i>	TELEPHONE 215-785-5200	DATE 5/24/07
TITLE CEO	FEIN 22-2708019	ADDRESS CHANGES TO BE NOTED ABOVE

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<p>VENDOR PREFERENCE CERTIFICATE</p> <p>CERTIFICATION AND APPLICATION* IS HEREBY MADE FOR 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>						

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SIGNATURE <i>Robert Wagner</i>	TELEPHONE (215) 785-5200	DATE 5/24/07
TITLE CEO	FEIN 22-2708019	ADDRESS CHANGES TO BE NOTED ABOVE

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<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 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;</p> <p>OR</p> <p>() 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</p>						

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SIGNATURE <i>[Signature]</i>	TELEPHONE (215) 785-5200	DATE 5/24/07
TITLE CEO	FAX 22-2708009	ADDRESS CHANGES TO BE NOTED ABOVE

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LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>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 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>5/24/07</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>A SIGNED BID MUST BE SUBMITTED TO:</p>						

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SIGNATURE	TELEPHONE	DATE	
<u>[Signature]</u>	<u>(215) 785-5200</u>	<u>5/24/07</u>	
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE	
<u>CEO</u>	<u>22-2700019</u>		

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BID OPENING DATE: 05/29/2007 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 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 ENVELOPE OR THE BID MAY NOT BE CONSIDERED: SEALED BID BUYER:-----ROBERTA WAGNER/FILE 22----- RFQ. NO.:-----WSH70316----- BID OPENING DATE:-----5/29/2007----- 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): -----IQ BAL HAIDER-----						

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SIGNATURE	TELEPHONE	DATE
<i>[Signature]</i>	215-785-5200	5/24/07
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
CEO	22-2708019	

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

**Open End Contract for Laboratory Services
WSH70316**

1.1 Purpose:

To provide Laboratory services to William R. Sharpe, Jr. Hospital in Weston, WV per the attached specifications.

1.2 Specifications Requirements

Software and Hardware

1. Successful Vendor will purchase, install and maintain at its expense the Laboratory Data Management software (LDM System).

The LDM System shall communicate exclusively with Vendor, shall relate directly to Vendor services being provided by Vendor to Sharpe Hospital. Sharpe Hospital will be provided the LDM System for the sole purpose of receiving, storing and recalling laboratory test results and use of Sharpe Hospital patient demographics for test ordering via the LDM System.

2. Following installation of the LDM System, Vendor shall be responsible for all maintenance, support and service fees required by the software developer which are related to Sharpe Hospital's system and the LDM System Software. Vendor shall also be responsible for all upgrade costs related to Sharpe Hospital's system that may be required.
3. Successful Vendor shall retain its ownership interest to the LDM System and all related documents and materials. The LDM System shall be installed and used at Sharpe Hospital
4. The Vendor will provide routine daily service with one (1) pick-up by 3:00 p.m. Lab results will be transmitted via computer to the hospital no later than 9:00 a.m. the following day. Preliminary culture results will be returned to the hospital in 24 hours, after pick-up, with final results in 48 hours. The vendor will provide six-day service to the hospital (Monday through Saturday) with the vendor calling the hospital on Saturday and conversing with the Nurse Clinical Coordinator to determine if Saturday pick-up is needed.

STAT testing will be provided 24 hours a day, six days per week (Monday through Saturday) and the results will be available within two (2) hours of pick-up. Pick-up will be made within one (1) hour of the call of a STAT.

The Vendor will provide all supplies and materials required, such as tubes, needles, urine containers, etc.

In order to provide online test results the vendor will install and maintain at its expense, in the hospital the following:

Personal Computer; Monitor; Modem
Printer, Printer ribbons or laser printer cartridge;
Laboratory Requisition forms;
Laboratory Report paper and labels

The vendor will provide telephone line and toll free dial up services for the purpose of laboratory test result reception, storage, scanning inquiry and ordering. All software and hardware, provided by the vendor, remains the property of the vendor.

The vendor agrees to bear all costs associated with the repair and service to the computer and all equipment installed by the vendor.

The Vendor will provide an itemized invoice monthly in arrears and statistical reports showing usage and volumes. (see Section 1.8)

The Vendor must be certified by Clinical Laboratory Improvement Amendments (CLIA) and also must meet all CAP (Certificate of Accreditation) Standards. The Vendor will provide a copy of Clinical Laboratory Improvement Amendments (CLIA) certificate and CAP certificate (Certificate of Accreditation) from the Centers for Medicare & Medicaid Services upon award of contract.

The Vendor shall operate in accordance with the standards and recommendations of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or other Equivalent standards.

The Vendor will provide the Hospital with documentation of quality control measures being performed in the Laboratory upon request. Quality control data, quality assurance policies and results of proficiency testing surveys are available upon request.

The Vendor will provide the Hospital the above services and all testing services required by the Hospital for the life of the contract. Price per test quoted by the Vendor will not change during the life of the contract.

The list is only a listing representing the most required and/or requested tests needed for evaluation purposes only. Additional type of tests will be provided by the successful vendor, as ordered by the physician. A list of the type and estimated quantity of tests required by the Hospital is attached as Exhibit A.

1.3 Subcontracts prohibited

The Vendor will be solely responsible for all work performed under the contract. The Vendor will not enter into written subcontracts for performance of work under the contract without written permission of the agency.

1.4 Compliance with Law and Regulation

The Vendor shall pay sales, use and personal property taxes arising out of this contract and the transactions contemplated thereby. Any other taxes levied upon this contract, the transaction or the equipment or services delivered pursuant thereto shall be borne by the vendor.

The Vendor shall comply with all applicable laws, rules and regulations including, but not limited to those relating to hospital licensure, state and federal labor laws, and laws, rules and policies related to the WV Department of Health and Human Resources.

The Vendor shall be responsible for compliance with all workplace safety requirements, including, but not limited to compliance with applicable OSHA and all other applicable environmental agency requirements for storage, labeling, handling and disposal of all items used in the performance of duties associated with laboratory (phlebotomy) services. The Vendor shall appropriately train its employees in proper workplace safety requirements.

1.5 Termination of the Contract

The Department of Health and Human Resources (Department) may terminate a contract resulting from the RFQ at any time that the vendor fails to carry out its responsibilities under the terms of any contract to the satisfaction of the Department only with the approval of the Purchasing Division.

The Department shall provide the Vendor with notice of conditions endangering contract performance. If after such notice the vendor fails to remedy the conditions contained in the Notice, within the time period contained in the notice, the Department shall issue the vendor an order to stop all work immediately (only with approval of the Purchasing Division). The Department shall be obligated only for services rendered and accepted prior to the date of the notice of termination.

The contract may also be terminated upon mutual agreement of the parties with thirty (30) days prior notice.

1.6 Record Retention and Confidentiality

The Vendor will maintain financial records pertaining to the contract for five (5) years following the end of the State Fiscal year during which the contract is terminated or State and Federal audits of the contract have been completed, whichever is later. If questions about accounting records arise during an audit, the accounting records pertaining to the

contract shall be retained until resolution of all pending audit questions and for one (1) year following the termination of any litigation relating to the contract if the litigation has not terminated within the above five (5) year period. Accounting records and procedures shall be subject to State and Federal approval.

1.7 Changes in Scope

The Department with the Vendor will negotiate formal contract amendments and change orders, whenever necessary, to address changes to the terms and conditions, costs of or scope of work included under the contract. An approved contract amendment means one approved by the WV Department of Health and Human Resources, the WV Purchasing Division and all other applicable State agencies prior to the effective date of such amendment. An approved contract amendment is required whenever the change affects the payment provision and scope of work performed by the Vendor.

Vendor shall not change the scope of services to be conducted without the approval of the State. As soon as possible after receipt of a written change request, but in no event more than thirty (30) days thereafter, the Vendor shall provide the State a written statement that the change has no price impact on the contract or if there is a price impact a description of the price increase or decrease involved in implementing the change.

The Vendor will implement no changes in scope of the project until such time as an approved change order is received and approved.

1.8 Invoices and Payments

The Vendor shall provide an itemized invoice to the Department monthly in arrears for actual usage. State law forbids payment of invoices prior to receipt of services. Invoice shall include patient name, date of service, description of service, per unit cost and total cost.

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 reason upon giving the Director of Purchasing 30 days written notice.

Unless specific provision are stipulated elsewhere in this contract document, the terms, conditions and pricing set herein are firm for the life of the contract.

RENEWAL: This contract may be renewed upon the mutual written consent of the spending unit and vendor, submitted to the Director of Purchasing 30 days prior to the expiration date. Such renewal shall be in accordance with the terms and conditions of the original contract and shall be limited to two (2) one (1) year periods.

CANCELLATION: The Director or Purchasing reserves the right to cancel this contract immediately upon written notice to the vendor if the commodities and/or services supplied are of an inferior quality or do not conform to the specifications of the bid and contract herein.

OPEN MARKET CLAUSE: The Director of Purchasing may authorize a spending unit to purchase on the open market, without the filing of a requisition or cost estimate, items specified on this contract for immediate delivery in emergencies due to unforeseen causes (including but not limited to delays in transportation or an unanticipated increase in the volume of work).

QUANTITIES: Quantities listed in the requisition are approximations only, based on estimates supplied by the State spending unit. It is understood and agreed that the contract shall cover the quantities actually ordered for delivery during the term of the contract, whether more or less than the quantities shown.

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 2nd copy mailed to the Purchasing Division and a 3rd copy retained by the spending unit.

BANKRUPTCY: In the event the vendor/contractor files for bankruptcy protection, this contract is automatically null and void, and is terminated without further order.

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.

Item Number	Item Description (Test)	Estimated 12 month usage	Unit cost	Total Cost
1	Acetaminophen	0	45.00	0.00
2	AFB cu	0	45.00	0.00
3	Amitriptyline (Elavil) serum	6	30.00	180.00
4	Ammonia, Plasma	24	15.00	360.00
5	Amylase, serum	30	5.00	150.00
6	Antinuclear antibodies (ANA)	12	12.00	144.00
7	Beta-Hemolytic Strep A	0	20.00	0.00
8	Bilirubin Total	6	8.00	48.00
9	Bilirubin, Total/Direct, serum	12	10.00	120.00
10	BUN	24	6.00	144.00
11	C. diff. Toxin A	6	12.00	72.00
12	C-Reactive Protein	10	15.00	150.00
13	Calcium, serum	6	5.00	30.00
14	Carbamazepine (Tegretol)	36	12.00	432.00
15	CBC w/diff - platelet	2000	3.00	6000.00
16	Chlorpromazine, (Thorazine)	5	55.00	275.00
17	Clomipramine (Anafranil) s.	6	55.00	330.00
18	Clozapine (clozaril) serum	36	28.00	1008.00
19	Cortisol serum/plasma	6	16.00	96.00
20	Creatinine Kinase (CK) MB/Total	20	35.00	700.00
21	Creatinine Kinase, serum	24	5.00	120.00
22	Creatinine, Serum	24	4.00	96.00
23	Desipramine, serum	4	21.00	84.00
24	Digoxin (Lanoxin)	12	18.00	216.00
25	Estrogen	1	45.00	45.00
26	Ethanol serum/blood	5	30.00	150.00
27	Ethosuximide (Zarontin) serum	6	60.00	360.00
28	Ferritin	6	18.00	108.00
29	Fluoxetine (Prozac) serum	4	32.00	128.00
30	Folates (Folic acid)	5	15.00	75.00
31	Gabapentin (Neurotin) serum	10	45.00	450.00
32	Gabitril serum	0	45.00	0.00
33	Glucose, 2hr P.P.	12	12.00	144.00
			Grand Total:	\$ 12215.00
		Estimated 12 month usage	Unit Cost	Total Cost
34	Glucose serum	12	12.00	144.00
35	Glucose plasma	12	12.00	144.00
36	Gynecologic Mono-Layer PAP	7	55.00	385.00
37	Haloperidol serum	8	55.00	440.00
38	Hemoglobin A1C	80	9.00	720.00
39	HCG Beta Subunit, Qual (s)	150	5.00	750.00
40	Helicobacter Pylori, Igg	5	15.00	75.00
41	Helper T-Lymph - CD4	8	45.00	360.00
42	Hepatitis A AB Igm	10	15.00	150.00
43	Hepatitis A AB, Total	10	15.00	150.00
44	Hepatitis B Surface AB	150	10.00	1500.00
45	Hepatitis B Surface Ag	50	7.00	350.00
46	Hepatitis Panel - A, B, C		125.00	0
47	Imipramine (tofranil) serum	12	25.00	300.00
48	Iron	12	10.00	120.00
49	Iron/TIBC	12	10.00	120.00
50	Lamotrigine (Lomictal) serum	15	30.00	450.00
51	Lead (adult) blood	6	25.00	150.00
52	LH & LSH	8	25.00	200.00

53	Lipase serum	30	7.00	210.00
54	Lithium	250	8.00	2000.00
55	LP Lipo El	8	22.00	176.00
56	Magnesium, serum	150	5.00	750.00
57	Microalbumin, 24 hour urine	5	12.00	60.00
58	Microalbumin, Random urine	10	12.00	120.00
59	Nortriptyline (Aventyl) serum	4	58.00	232.00
60	Occult blood (stool)	6	10.00	60.00
61	Osmolality serum	2	25.00	0
62	Osmolality, urine	2	25.00	50.00
63	Ova & Parasite	2	15.00	30.00
64	Perphenazine (Trilafon)	5	55.00	275.00
65	Phenobarbital serum	10	12.00	120.00
66	Phenytoin (Dilantin)	75	8.50	637.50
			Grand Total:	\$ 11,228.50
		Estimated 12	Unit Cost	Total Cost
		month usage		
67	Phosphorus	20	4.00	80.00
68	Potassium, Serum	20	4.00	80.00
69	Pregnancy Serum	0	15.00	0
70	Pregnancy Test (Urine)	50	4	200.00
71	Primidone (Mysoline)	5	45.00	225.00
72	Prolactin	50	8.00	400.00
73	Prostate-specific AG. Serum	50	12.00	600.00
74	Protein serum	20	5.00	100.00
75	Prothrombin time	12	10.00	120.00
76	PT & PTT	250	12.00	3000.00
77	Reticulocyte count	10	10.00	100.00
78	RNA - PCR - Quant.	8	135.00	1080.00
79	STS	600	3.80	2280.00
80	Sedimentation rate	20	5.00	100.00
81	Sodium serum	20	4.00	80.00
82	T3 - uptake	6	15.00	90.00
83	T4	6	15.00	90.00
84	T-Cell (T-Lymphocyte CD3 Cells)	8	55.00	440.00
85	Testosterone serum	2	35.00	70.00
86	Theophylline serum	10	12.00	120.00
87	Topiramate (Topamax) serum	6	35.00	210.00
88	T-Pallidum Ab (FTA-Ab)	5	20.00	100.00
89	T-Pallidum Antibodies (TP-PA)	5	20.00	100.00
90	Triglycerides	10	5.00	50.00
91	TSH	4	15.00	60.00
92	TSH 3rd Generation		17.00	0.00
93	UA - Culture reflex	75	6.50	487.50
94	Culture reflex @ additional cost		15.00	0.
95	Uric Acid	10	6.00	60.00
96	Urinalysis, complete	750	4.50	3375.00
97	Valproic acid serum	900	7.50	6750.00
98	Varicella Zoster IGG	4	16.00	64.00
99	Vitamin B-12	20	12.00	240.00
100	Vitamin B-12 and Folates	72	20.00	1440.00
			Grand Total:	\$ 22,191.50

017

113	Urine Culture			50	10.00	50.00
114	Sputum Culture			5	25.00	250.00
115	Sensitivity Organism			0	4500	0.00
116	Heavy Metal Profile (Blood)			20	40.00	800.00
	Arsenic					
	Lead					
	Mercury					
					Grand Total:	\$ 4085.00
Item Number				Estimated 12 month usage	Unit Price per panel	Total cost
117	Hepatitis Profile (Diagnostic follow-up)			25	28.00	700.00
	HBc Ag; anti-HBc;					
	anti-HBS; interpretation					
118	Hepatitis Profile B & C			50	47.00	2350.00
	HBs Ag; HBc Ag; Anti-HBC, total					
	Anti-HBc; Igm; anti-HBc; anti-HBs					
	anti-HCV; interpretation					
119	Hepatitis Profile A&B			20	51.00	1020.00
	Anti-HAV; total; anti HAV, Igm; HBs Ag;					
	HBc Ag; anti-HBC, total; anti-HBC, Igm;					
	anti-HBc; anti-HBS; interpretation					
120	Hepatitis A Profile			50	25.00	1250.00
	Anti-HAV, total; anti-HAV, Igm					
	interpretation					
121	Hepatitis B Profile			50	25.00	1250.00
	HBs Ag; HBc Ag; anti-HBc, total					
	anti-HBC, Igm; anti-HBc					
	anti-HBS; interpretation					
122	Hepatitis C Virus Antibody			40	13.00	520.00
					Grand Total:	\$ 7890.00
				SUM of all GRAND Totals		\$ 78,897.50

6/24/17

A F F I D A V I T

018

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:

Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or any other state agencies or political subdivision. Furthermore, the vendor must provide all necessary releases to obtain information to enable the Director or spending unit to verify that the vendor is licensed and in good standing with the above entities.

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 Biomedical Laboratories IncAuthorized Signature: [Signature]Date: 5/24/07

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

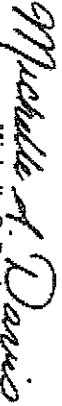
Issued this 15 day of AUGUST 2006


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

Deputy Secretary for Health Planning and Assessment


Michelle S. Davis


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

CLIA ID NUMBER
39D0196814

EFFECTIVE DATE
09/25/2005

LABORATORY DIRECTOR
LEONARD J FEINBERG PHD

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

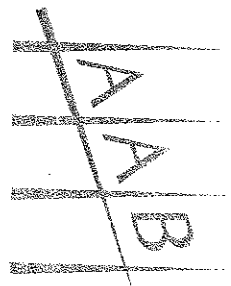
54 59851005

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 we that:

Syed I. Haider

Is an

Owner

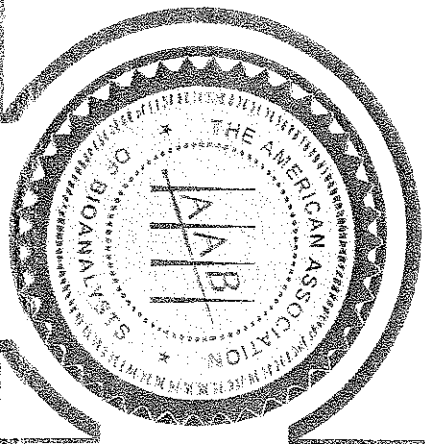
*member in good standing of the American Association of Bioanalysts
for the year ending December 31, 2006.*

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

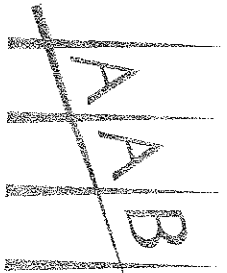
Pat Lanza
President

Mark S. Birenbaum, Ph.D.
Administrator

Member ID#: 2060532



2006



AMERICAN ASSOCIATION OF BIOANALYSTS

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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

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Owner

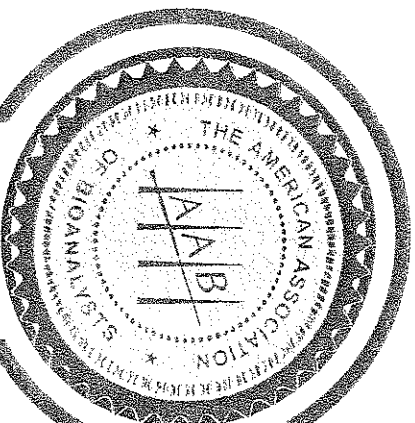
*member in good standing of the American Association of Bioanalysts
for the year ending December 31, 2006.*

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

Member ID#: 2060532

Pat Lanza
President

Mark S. Brenbaum, Ph.D.
Administrator



AMERICAN ASSOCIATION OF BIOANALYSTS
PROFICIENCY TESTING SERVICE

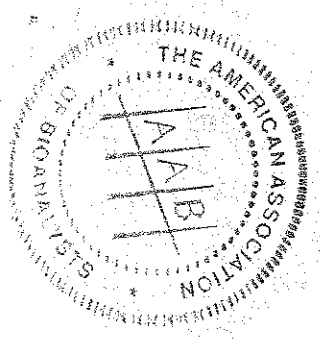
2006

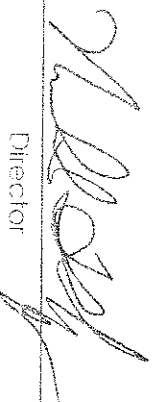
CERTIFICATE OF
PARTICIPATION

This certifies that

Princeton Biomedical Laboratory, Inc.

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




Director



Dear Laboratory Director:

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

Expiration Date: SEPTEMBER 14, 2008

PRINCETON BIOMEDICAL LABORATORIES, INC.
2821 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 94804-6408
(510) 623-8800

Thank you for your cooperation

Label# 06/17/05
Test Here

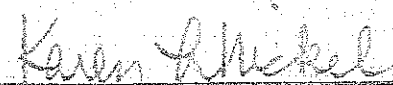
Test Here

State of California Department of Health Services
Clinical Laboratory License

In accordance with the provisions of Chapter 2, Division 2 of the Business and Professions Code, this person 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.
2821 NEW RODGERS ROAD
BRISTOL, PA 19007

<p>OWNER(S):</p> <p>PRINCETON BIOMEDICAL LABORATORIES, INC. SYEDIQBAL HAIDER FATIMA HAIDER</p>	<p>DIRECTOR(S):</p> <p>LEONARD J. PENBERG MD</p>
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<p>CLIA Number: 28D0798874 Lab ID Number: GOS 800126 Effective Date: SEPTEMBER 15, 2005 Valid Until: SEPTEMBER 14, 2008</p>	 <hr/> <p>Karen L. Nickel, Chief Laboratory Field Services</p>
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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 subspecialties 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



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

WIPEP Participant


in the:

MODEL PERFORMANCE EVALUATION PROGRAM


HIV-1 Antibody

Presented to:

Princeton Biomedical Laboratories


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




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

INSURED
PRINCETON BIOMEDICAL LAB, INC.
2921 NEW RODGERS ROAD

BRISTOL PA 19007

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.

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	ADPL	LTIS	MSRR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A				GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	HPC9022838 01	10/24/05	10/24/06	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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	
				AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
				GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$	
				EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$	
				WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER 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

CANCELLATION

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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



MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF HEALTH CARE QUALITY

SPRING GROVE CENTER
BLAND BRYANT BUILDING
55 WADE AVENUE
CATONSVILLE, MD 21228-4663

MEDICAL LABORATORY PERMIT

NUMBER: 989 EFFECTIVE PERIOD: 01/01/2007 - 06/30/2008

*Pursuant to the provisions of TITLE 17, subtitle 2, Health-General Article § 17-201 et seq.,
Annotated Code of Maryland, this permit is issued to:*

Princeton Biomedical Laboratories INC
2921 NEW RODGERS ROAD
BRISTOL, PA 19007

Director: Dr LEONARD FIENBERG
Owner: SYED HAIDER, FATEMA HAIDER

For the performance of Medical Laboratory Tests in the following disciplines:

Microbiology:

Gram Stain, Occult Blood, Ova And Parasite, Sensitivity Testing, Stool Culture, Throat Culture, Urine Colony Count (no ID), Urine Culture, Virology Test, Wound Culture

Immunology:

Anti-nuclear Antibody, ASO, C-reactive Protein, H.pylori (whole blood), HBsAg, HIV Antibody testing, Mono Slide Test, Rh Typing, RPR/Syphillis Serology, Rubella, Serum Pregnancy, Urine Pregnancy Test

Chemistry:

AFP - Neural Tube Defect, Albumin, Alkaline Phosphatase, ALT (SGPT), Amylase, AST (SGOT), Bilirubin, Blood Gases, BUN, Calcium, Carbamezepine, Carbon Dioxide, Chloride, Cholesterol, CK (CPK), Cortisol, Creatinine, Digoxin, Dipstick Urinalysis, GGT, Glucose, HDL Cholesterol, Hemoglobin A1c (Glycohemoglobin), Iron, LD (LDH), Magnesium, Microscopic Urinalysis, Phenytoin, Phosphorus, Potassium, Prostate Specific Antigen (PSA), Sodium, T3, T4, Theophylline, Total Protein, Toxicology - Drug of Abuse Level, Toxicology - Therapeutic Drug Level, Triglycerides, TSH, T-uptake, Uric Acid

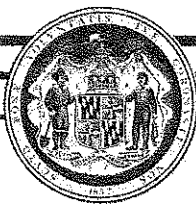
Hematology:

APTT, Bleeding Time, Differential, Hematocrit, Hemoglobin, Platelet Count, Prothrombin time, Red Cell Count, Reticulocyte Count, Sedimentation Rate, Sickle Cell Testing, White Cell Count

CONTROL: 21283

Director

Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.



Molecular Biology:

Chlamydia Amplified DNA Probe, GC Amplified DNA Probe

CONTROL: 21283



Director

Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.