



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

Request for Quotation

RFP NUMBER	PAGE
BHS10009	1

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

RFQ COPY

ATLANTIC DIAGNOSTIC LAB
 3520 PROGRESS DRIVE
 SUITE C
 BENSALEM, PA 19020

HEALTH AND HUMAN RESOURCES
 BBH/HF
 ROOM 350
 350 CAPITOL STREET
 CHARLESTON, WV
 25301-3702 304-558-3672

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
08/04/2009				

BID OPENING DATE: 08/26/2009 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	GAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1 1. QUESTIONS AND ANSWERS ARE ATTACHED. 2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID. EXHIBIT 10 REQUISITION NO.: BHS10009 ADDENDUM ACKNOWLEDGEMENT I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC. ADDENDUM NO. S: NO. 1 NO. 2 NO. 3 NO. 4 NO. 5 I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.						

RECEIVED
 2009 AUG 26 A 9:32
 PURCHASING DIVISION
 STATE OF WV

SEE REVERSE SIDE FOR TERMS AND CONDITIONS		
SIGNATURE <i>Michael J. Williams</i>	TELEPHONE 267-525-2470 x225	DATE 8/24/09
TITLE Exec. VP	FERN 26-2151519	ADDRESS CHANGES TO BE NOTED ABOVE

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

**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 fee.
5. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, 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, the State may deem this contract null and void, and terminate such contract 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 Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
15. **WEST VIRGINIA ALCOHOL & DRUG-FREE WORKPLACE ACT:** If this Contract constitutes a public improvement construction contract as set forth in Article 1D, Chapter 21 of the West Virginia Code ("The West Virginia Alcohol and Drug-Free Workplace Act"), then the following language shall hereby become part of this Contract: "The contractor and its subcontractors shall implement and maintain a written drug-free workplace policy in compliance with the West Virginia Alcohol and Drug-Free Workplace Act, as set forth in Article 1D, Chapter 21 of the West Virginia Code. The contractor and its subcontractors shall provide a sworn statement in writing, under the penalties of perjury, that they maintain a valid drug-free work place policy in compliance with the West Virginia and Drug-Free Workplace Act. It is understood and agreed that this Contract shall be cancelled by the awarding authority if the Contractor: 1) Fails to implement its drug-free workplace policy; 2) Fails to provide information regarding implementation of the contractor's drug-free workplace policy at the request of the public authority; or 3) Provides to the public authority false information regarding the contractor's drug-free workplace policy."

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 case of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation
6. **BID SUBMISSION:** All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130



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 Department of Administration
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 ROBERTA WAGNER
 304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE


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RFQ COPY

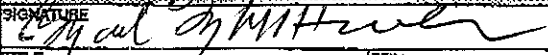
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<p>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p> <p style="text-align: center;">  SIGNATURE ATLANTIC DIAGNOSTIC LABORATORIES COMPANY 8/24/09 DATE </p> <p>REV. 11/96</p> <p style="text-align: center;">END OF ADDENDUM NO. 1</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE 	TELEPHONE 267-525-2470 x225	DATE 8/24/09
TITLE Exec. VP	FEDIN 262151519	ADDRESS CHANGES TO BE NOTED ABOVE

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



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LINE	QUANTITY	UOP	GA NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	YR		193-88		
OPEN END CONTRACT FOR REFERENCE LABORATORY SERVICES						
***** THIS IS THE END OF RFQ BHS10009 ***** TOTAL:						<u>668,597.00</u>

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *[Signature]* TELEPHONE: **267-525-2420 x225** DATE: **8/24/09**
 TITLE: **CEO VP** FEIN: **26-2151519** ADDRESS CHANGES TO BE NOTED ABOVE

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

RFQ BHS10009 Addendum #1

Billing Question

Will this be account bill for all patients at the long term care facilities or will we be billing Medicare if we are to bill Medicare, how will we receive all billing information

Response: Initially the long term care facilities will be billed instead of Medicare, but it is hoped that a remedy for this situation can be found so that Medicare can be billed for our Medicare patients in the future



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07/22/2009				

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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	YR		193-88		
OPEN END CONTRACT FOR REFERENCE LABORATORY SERVICES VENDOR TO PROVIDE REFERENCE LABORATORY SERVICES TO THE WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES STATE-OWNED FACILITIES WHICH INCLUDE: WILLIAM R. SHARPE, JR. HOSPITAL MILDRED MITCHELL BATEMAN HOSPITAL PINECREST HOSPITAL LAKIN HOSPITAL WELCH COMMUNITY HOSPITAL HOPEMONT HOSPITAL JOHN MANCHIN SR. HEALTH CARE CENTER (SEE ATTACHED SPECIFICATIONS) QUESTIONS CONCERNING THE SPECIFICATIONS MUST BE SUBMITTED IN WRITING NO LATER THAT 4:30PM ON 7/31/09 TO THE FOLLOWING: ROBERTA WAGNER PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305 FAX: 304-558-4115 EMAIL: ROBERTA.A.WAGNER@WV.GOV 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						

* SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Robert A. Wagner</i>	TELEPHONE 267-525-2470 x225	DATE 8/24/09
TITLE Procurement VP	FEIN 26-2151519	ADDRESS CHANGES TO BE NOTED ABOVE

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<p>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.</p> <p>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.</p> <p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, 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</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Boyd J. Miller</i>	TELEPHONE 267-525-2470 x225	DATE 8/24/09
TITLE Exec. VP	FEIN 26-2151519	ADDRESS CHANGES TO BE NOTED ABOVE

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<p>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> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THE STATE MAY DEEM THE CONTRACT NULL AND VOID, AND TERMINATE SUCH CONTRACT 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. 05/26/2009</p> <p style="text-align: center;">NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p style="text-align: center;">DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *Edward J. M. Havel* TELEPHONE: 267-525-2470 x225 DATE: 8/24/09
 TITLE: Exec. VP FEIN: 26-2151519 ADDRESS CHANGES TO BE NOTED ABOVE

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<p>THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:</p> <p>SEALED BID</p> <p>BUYER: RW-22</p> <p>RFQ NO.: BHS10009</p> <p>BID OPENING DATE: 08/26/09</p> <p>BID OPENING TIME: 1:30PM</p> <p>PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:</p> <p>-----</p> <p>CONTACT PERSON (PLEASE PRINT CLEARLY):</p> <p>-----</p> <p style="text-align: right;"><i>SYED IQBAL HAIDER</i></p> <p style="text-align: right;"><i>Phone 267-525-2470 - X225</i></p> <p style="text-align: right;"><i>Fax 267-525-2488</i></p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Byrd M. Haider</i>	TELEPHONE 267-525-2470 x225	DATE 8/24/09
TITLE Exec. VP	FEIN 26-2151519	ADDRESS CHANGES TO BE NOTED ABOVE

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***** THIS IS THE END OF RFQ BHS10009 ***** TOTAL:						668,597.00

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SIGNATURE <i>Carol M. Howell</i>	TELEPHONE 267-525-2470 x225	DATE 8/24/09
TITLE Gen. VP	FEIN 26-2151519	ADDRESS CHANGES TO BE NOTED ABOVE

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**Open End Contract for Reference Laboratory Services
BHS10009**

1.1 Purpose:

To provide reference laboratory services to the West Virginia Department of Health and Human Resources (WVDHHR), State owned facilities which include: William R. Sharpe, Jr. Hospital, Mildred Mitchell Bateman Hospital, Pinecrest Hospital, Lakin Hospital, Welch Community Hospital, Hopemont Hospital, and John Manchin Sr. Health Care Center, hereafter referred to as "hospitals".

Location of Hospitals:

<p>Pinecrest Hospital <i>NH</i> 105 S. Eisenhower Drive Beckley, WV 25801 <i>304-256-6600</i></p>	<p>Hopemont Hospital <i>NH</i> Rt. 3, Box 330 Terra Alta, WV 26764 <i>304-789-2411</i></p>
<p>Lakin Hospital <i>NH</i> 1 Bateman Circle Lakin, WV 25287 <i>304-675-0860</i></p>	<p>John Manchin Sr. Health Care Center <i>all</i> 401 Guffey Street Fairmont, WV 26554 <i>304-363-2500</i></p>
<p>Welch Community Hospital 454 McDowell Street Welch, WV 24801 <i>304-436-8461</i></p>	<p>Mildred Mitchell-Bateman Hospital <i>Psych</i> 1530 Norway Ave. Huntington, WV 25709 <i>304-525-7801</i></p>
<p>William R. Sharpe, Jr. Hospital <i>Psych</i> 936 Sharpe Hospital Road Weston, WV 26452 <i>304-269-1210</i></p>	

1.2 Mandatory Requirements

- 1.2.1 The vendor shall provide reference laboratory services to the above listed hospitals.
- 1.2.2 The vendor must build, at no expense to the state, the reference laboratory side of a point-to-point interface between the Medsphere Open VistA software and the reference laboratory to facilitate transmission of the electronic laboratory orders from hospitals listed above to the laboratory service. The results of the reference lab specimen analysis will be electronically transmitted back to the Open VistA software for provider review. As a backup, the reference lab shall also print the results at a designated printer at each facility.
- 1.2.3 Standard HL-7 (Help Language 7) version 2.3 formatting rules shall be followed for batch and on-line import/export message segments. VistA provides functionality to print a manifest to accompany the specimen. This manifest provides a check and balance with the electronic order to ensure the order and the physical specimen are correctly matched to the patient.
- 1.2.4 Based upon hospital requirements embedded in the electronic lab orders, vendor must telephone positive results and panic or toxic values to hospital(s). Calling arrangements shall be established with each hospital.
- 1.2.5 The Vendor must be certified by Clinical Laboratory Improvement Amendments (CLIA) and also must meet all CAP (Certificate of Accreditation) Standards. The Vendor shall 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.
- 1.2.6 Vendor shall operate in accordance with the standards and recommendations of Joint Commission (JC) or other equivalent standards.
 - 1.2.7 Vendor must provide courier services seven (7) days per week for collection of specimens. Dependent upon hours of operation and specimen pickup requirements, pickup services would be provided at mutually agreeable times best suited to hospital(s) needs for optimal test result turnaround times.
 - 1.2.8 Vendor must provide phlebotomy services. Types of services available are to be entered into Exhibit C for information purposes. The need for services varies greatly by hospital and therefore each hospital will be responsible for requesting and scheduling services.
 - 1.2.9 Vendor must provide routine specimen collection and transport materials and all necessary supplies to hospital(s) 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.
 - 1.2.10 Vendor must provide microbiology culture results for the time period based on the standards for the specimen (i.e. blood cultures for seven days). Routine cultures shall have preliminary reports within 24 hours for positive results, then after 48 hours, and final reports within 72 hours of receipt of specimens at the reference laboratory site.
 - 1.2.11 Vendor must provide general routine chemistries results within 24 hours of receipt of specimens at the reference laboratory site.
 - 1.2.12 Vendor shall provide histology and cytology testing and bacteriology services (cultures and sensitivity) as needed.
 - 1.2.13 Vendor must have a CAP and CLIA certified Pathologist who must be available for questions and/or interpretation of positive test results
 - 1.2.14 Vendor must assume all responsibility and liability for reading and processing of all cytology and histology specimens.
 - 1.2.15 Vendor must retain negative and unsatisfactory PAP slides for five (5) years and positive slides for ten (10) years. Histology slides must be retained for ten (10) years.
 - 1.2.16 Vendor must examine, interpret and report results on all slides submitted. Vendor must have written criteria for rejection and for categorizing specimens as unsatisfactory.

- 1.2.17 Vendor must provide turnaround time for Histology and Cytology PAP results within three (3) days of 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.
Suspicious, abnormal, unusual specimens or those submitted with insufficient information usually take longer. Any abnormal results must be called to hospital (s).

Surgical Pathology Turnaround Time

Properly submitted specimens are usually processed the next working day. Turnaround time for results 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 computer printer and a final signed report will follow. All numerical abnormal results are to be clearly identified on the report form.

- 1.2.18 The Vendor shall provide the hospital(s) 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 must be made available upon request.
- 1.2.19 Vendor must have stored lab results available for Quality Assurance monitoring and assessment of laboratory services for at least three (3) years for regular test results and ten (10) years for pathology specimens.
- 1.2.20 Vendor must provide Hospital (s) with statistical reports including the total number of tests performed on a monthly and annual basis by individual testing category.
- 1.2.21 Vendor must provide Hospital(s), on an on-going basis, with the name, address and telephone number of their account representative
- 1.2.22 A list of the type and estimated quantity of tests required by the hospital(s) is attached as Exhibit A. A list of the type and estimated quantity of panels, profiles, screens and cultures is attached as Exhibit B. The lists only represent the most frequently required and/or requested tests needed for evaluation purposes only. Additional types of tests shall be provided by the successful vendor, as ordered by the facilities .

2. Method of Evaluation:

The contract will be awarded to the vendor with the lowest total cost for Exhibits A & B and has the ability to provide the Phlebotomy Services (Exhibit C) to the various state facilities.

Exhibit A

BHS10009		Column A		Column B	Column C
EXHIBIT A - Bid Sheet					
	Item Description (Test)	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
1	Acetaminophen	-			
2	AFB cu	94	30 days	32.00	3008.00
3	AFP Tetra	120	24 hrs	20.00	2400.00
4	Amitriptyline (Elavil) serum	12	24 hrs	20.00	240.00
5	Ammonia, Plasma	164	24 hrs	10.00	1640.00
6	Amylase, serum	63	24 hrs	8.00	504.00
7	Anaerobic and aerobic culture	278	48 hrs	13.00	3614.00
8	Antinuclear antibodies (ANA)	238	48 hrs	13.00	3094.00
9	Beta-Hemolytic Strep A	114	24 hrs	10.00	1140.00
10	Bilirubin Total	42	24 hrs	5.00	210.00
11	Bilirubin, Total/Direct, serum	24	24 hrs	5.00	120.00
12	BUN	472	24 hrs	4.00	1888.00
13	C. diff. Toxin A	142	48 hrs	15.00	2130.00
14	C-Reactive Protein	33	24 hrs	18.00	594.00
15	Calcium, serum	104	24 hrs	4.00	416.00
16	Carbamazepine (Tegretol)	206	24 hrs	25.00	5150.00
17	Chlamydia/GC, DNA Probe	570	72 hrs	35.00	19950.00
18	CBC w/diff - platelet	5,339	24 hrs	8.00	42712.00
19	Chlorpromazine, (Thorazine)	14	24 hrs	25.00	350.00
20	Clomipramine (Anafranil) s.	14	24 hrs	16.00	224.00
21	Clozapine (clozaril) serum	76	24 hrs	18.00	1368.00
22	Cortisol serum/plasma	19	24 hrs	18.00	342.00
23	Creatinine Kinase (CK) MB/Total	63	24 hrs	8.00	504.00
24	Creatinine Kinase, serum	97	24 hrs	4.00	388.00
25	Creatinine, Serum	475	24 hrs	4.00	1900.00
26	Desipramine, serum	8	48 hrs	18.00	144.00
27	Digoxin (Lanoxin)	60	24 hrs	12.00	720.00
28	Estrogen	4	48 hrs	18.00	72.00
29	Ethanol serum/blood	10	24 hrs	25.00	250.00
30	Ethosuximide (Zarontin) serum	12	48 hrs	18.00	216.00
31	Environmental Culture	96	72 hrs	15.00	1440.00
32	Ferritin	57	24 hrs	10.00	570.00
33	Fluoxetine (Prozac) serum	8	48 hrs	18.00	144.00
34	Folates (Folic acid)	45	24 hrs	13.00	585.00
35	Gabapentin (Neurotin) serum	22	48 hrs	18.00	396.00
36	Gabrilil serum	-	-	-	-
37	Glucose, 2hr P.P.	28	24 hrs	10	280.00
38	Glucose serum	127	24 hrs	6	762.00

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
 BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
 OFFICE OF HEALTH FACILITIES ---- Reference Laboratory Services

BHS10009

10

BHS10009		Column A		Column B	Column C
EXHIBIT A - Bid Sheet					
		Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
39	Glucose plasma	63	24 hrs	8.00	504.00
40	Gynecologic Mono-Layer PAP	18	5-7 DAYS	25.00	450.00
41	Haloperidol serum	16	48 hrs	18.00	288.00
42	Hemoglobin A1C	1,144	24 hrs	9.00	10296.00
43	HCG Beta Subunit, Qual (s)	301	24 hrs	5.00	1505.00
44	Helicobacter Pylori, Igg	14	24 hrs	18.00	252.00
45	Helper T-Lymph - CD4	23	48 hrs	45.00	1035.00
46	Hepatitis A AB Igm	28	24 hrs	15.00	420.00
47	Hepatitis A AB, Total	118	24 hrs	10.00	1180.00
48	Hepatitis B Surface AB	520	24 hrs	10.50	5460.00
49	Hepatitis B Surface Ag	225	24 hrs	10.00	2250.00
50	Hepatitis Panel - A, B, C	168	24 hrs	35.00	5880.00
51	HPV	168	72 hrs	95.00	15960.00 <i>SWA</i>
52	Imipramine (tofranil) serum	24	24 hrs	15.00	360.00
53	Insulin, Fasting	96	24 hrs	15.00	1440.00
54	Iron	56	24 hrs	4.00	224.00 <i>SWA</i>
55	Iron/TIBC	66	24 hrs	6.00	396.00
56	Lamotrigine (Lomictal) serum	30	48 hrs	15.00	450.00
57	Lead (adult) blood	210	48 hrs	10.00	2100.00
58	Lead (pediatric) blood	112	48 hrs	10.00	1120.00
59	LH & LSH	95	24 hrs	18.00	1710.00
60	Lipase serum	130	24 hrs	6.00	780.00
61	Lithium	784	24 hrs	10.00	7840.00 <i>SWA</i>
62	LP Lipo EI	26	48 hrs	23.00	598.00
63	Magnesium, serum	328	24 hrs	4.00	1312.00
64	Microalbumin, 24 hour urine	17	24 hrs	9.00	153.00
65	Microalbumin, Random urine	930	24 hrs	5.00	4650.00
66	Nortriptyline (Aventyl) serum	8	48 hrs	15.00	120.00
67	Occult blood (stool)	30	24 hrs	12.00	360.00
68	Osmolality serum	20	24 hrs	16.00	320.00
69	Osmolality, urine	88	24 hrs	12.00	1056.00
70	Ova & Parasite	109	48 hrs	18.00	1962.00
71	Perphenazine (Trilafon)	10	48 hrs	15.00	150.00
72	Phenobarbital serum	131	24 hrs	10.50	1375.50
73	Phenytoin (Dilantin)	483	24 hrs	10.50	5071.50
74	Phosphorus	135	24 hrs	8.00	1080.00
75	Potassium, Serum	129	24 hrs	8.00	1032.00
76	Pregnancy Serum	12	24 hrs	14.00	168.00
77	Pregnancy Test (Urine)	105	24 hrs	6.00	630.00
78	Primidone (Mysoline)	61	48 hrs	15.00	915.00
79	Prolactin	191	24 hrs	10.00	1910.00
80	Prostate-specific AG. Serum	273	24 hrs	12.00	3276.00

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
 BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
 OFFICE OF HEALTH FACILITIES ---- Reference Laboratory Services

BHS10009

Exhibit B

		Column A		Column B	Column C
	BHS10009				
	EXHIBIT B				
	Most frequently ordered panels profiles, screens and cultures.	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
1	Diagnostic Multi-Chem (28 tests)	1502	24 hrs.	16	24032.00
2	Albumin, Alkaline Phos,				
3	ALT-SGPT, AST-SGOT				
4	BUN, BUN/Creatine				
5	Calcium, Chloride				
6	Cholesterol, Total, Creatine				
7	GGT, Glucose, Iron, Total				
8	LDH, Phosphorous, Potassium,				
9	Sodium, Bilirubin, Total				
10	Protein, Total, Triglycerides,				
11	Uric Acid, HDL Cholesterol,				
12	VLDL Cholesterol, CAL, LDL Cholesterol, Calc,				
13	T. Cholestersterol.HDL Ratio				
14	Estimated CHD Risk, Globulin, Total,				
15	A/G Ratio				
16					
17	Thyroid Profiles includes (4 tests)	1208	24 hrs	35.00	42280.00
18	TSH (High Sensitivity, T3 Uptake				
19	T4 Thyroxine, Free Thyroxine Index	297	24 hrs	9.00	2673.00
20	Electrolyte Panel includes (3 tests)	316	24 hrs	6.00	1896.00
21	Sodium				
22	Potassium				
23	Chloride				
24	Drug Abuse Screen (seven) Urine, without confirmation	1256	24 hrs	8.50	10676.00
25	Amphetamine, Cocaine		24 hrs		
26	Barbiturates, Opiates		24 hrs		
27	Benzodiazepines, Phencyclidine		24 hrs		
28	Cannabinoid		24 hrs.		
29	HFP7 & 3AC	455	24 hrs	8.00	3640.00
30	Protein, Total (s), Alkaline Phosphatase(s)				
31	Albumin, (s), LDG, AST (SGOT), GGT				
32	Bilirubin, Total, Bilbrubin, Direct				

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
 BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
 OFFICE OF HEALTH FACILITIES ---- Reference Laboratory Services

BHS10009

11

BHS10009		Column A		Column B	Column C
EXHIBIT A - Bid Sheet					
		Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
81	Protein serum	88	24 hrs	4.50	352.50
82	Prothrombin time	2,207	24 hrs	5.50	12138.50
83	PT & PTT	568	24 hrs	6.50	3408.50
84	Reticulocyte count	34	24 hrs	6.50	204.50
85	RNA - PCR - Quant.	27	3-5 DAY	175.00	4725.50
86	STS	1,202	24 hrs	6.00	7212.50
87	Sedimentation rate	262	24 hrs	5.00	1310.50
88	Sodium serum	379	24 hrs	5.00	1895.50
89	T3 - uptake	64	24 hrs	9.00	576.50
90	T4	86	24 hrs	8.00	688.50
91	T-Cell (T-Lymphocyte CD3 Cells)	16	24 hrs	35.00	560.50
92	Testosterone serum	37	24 hrs	15.00	555.50
93	Theophylline serum	39	24 hrs	10.00	390.50
94	Topiramate (Topamax) serum	16	48 hrs	15.00	240.50
95	T-Pallidum Ab (FTA-Ab)	10	48 hrs	22.00	220.50
96	T-Pallidum Antibodies (TP-PA)	24	48 hrs	15.00	360.50
97	Triglycerides	42	24 hrs	8.00	336.50
98	Triiodothyronine, Free, Serum	88	24 hrs	12.00	1056.50
99	TSH	190	24 hrs	10.00	1900.50
100	TSH 3 rd Generation	1,302	24 hrs	15.00	19530.50
101	UA - Culture reflex	2,359	48 hrs	12.50	28308.50 <i>SW</i>
102	Culture reflex @ additional cost	1,188	48 hrs	12.50	14256.50
103	Uric Acid	35	24 hrs	4.00	140.50
104	Urinalysis, complete	3,952	24 hrs	4.50	17784.50
105	Valporic acid serum	2,599	24 hrs	8.00	20792.50
106	Varicella Zoster IGG	28	24 hrs	22.00	616.50
107	Vitamin B-12	262	24 hrs	12.00	3144.50
108	Vitamin B-12 and Foliates	556	24 hrs	19.00	10564.50
Total of Exhibit A - Bid Sheet					340,765.50

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
 BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
 OFFICE OF HEALTH FACILITIES ---- Reference Laboratory Services

BHS10009

		Column A		Column B	Column C
	BHS10009				
	EXHIBIT B				
	Most frequently ordered panels profiles, screens and cultures.	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
33	Cholesterol, Total				
34	Cholesterol, Total				
35	Lipid Profile Four includes: (3 tests)	5327	24 hrs	9.00	47943.00
36	Cholesterol, Total				
37	Triglycerides				
38	HDL Cholesterol				
39	Drug Abuse Screen, Blood - without confirmation	831	48 hrs	20.00	16620.00
40	Amphetamine, Cocaine				
41	Barbiturates, Opiates				
42	Benzodiazepines, Phencycline				
43	Cannabinoid				
	Cultures:				
44	Lower Respiratory Culture	107	48 hrs	12.00	1284.00
45	Upper Respiratory Culture	96	48 hrs	12.00	1152.00
46	General Bacterial Culture	137	48 hrs	12.00	1644.00
47	Blood Culture	842	42 hrs	18.00	15156.00
48	Stool Culture	55	48 hrs	15.00	825.00
49	Urine Culture	1306	48 hrs	10.00	13060.00
50	Sputum Culture	98	48 hrs	12.00	1176.00
51	Sensitivity Organism	529	48 hrs	23.00	12167.00
52	Heavy Metal Profile (Blood)	21	3-5 days	150.00	3150.00
53	Arsenic				
54	Lead	1	72 hrs	—	—
55	Mercury				
56	Hepatitis Profile (Diagnostic follow-up)	46	24 hrs	85.00	3910.00
57	HBc Ag; anti-HBc;				
58	anti-HBS; interpretation				
59	Hepatitis Profile B & C	421	24 hrs	65.00	27635.00
60	HBs Ag; HBc Ag; Anti-HBC, total				
61	Anti-HBc; Igm; anti-HBc; anti-HBs				
62	anti-HCV; interpretation				
63	Hepatitis Profile A&B	107	24 hrs	65.00	6955.00

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
 BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
 OFFICE OF HEALTH FACILITIES ---- Reference Laboratory Services

BHS10009

		Column A		Column B	Column C
	BHS10009				
	EXHIBIT B				
	Most frequently ordered panels profiles, screens and cultures.	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
64	Anti-HAV; total; anti HAV, lgm; HBs Ag;				
65	HBc Ag; anti-HBC, total; anti-HBC, lgm;				
66	anti-HBc; anti-HBS; interpretation				
67	Hepatitis A Profile	57	24 hrs	22.00	1254.00
68	Anti-HAV, total; anti-HAV, lgm				
69	interpretation				
70	Hepatitis B Profile	52	24 hrs	65.00	3380.00
71	HBs Ag; HBc Ag; anti-HBc, total				
72	anti-HBC, lgm; anti-HBc				
73	anti-HBs; interpretation				
74	Hepatitis C Virus Antibody	416	24 hrs	15.00	6240.00
	Additional Send Outs:				
75	4 hr. GTT	6	24 hrs	6.00	36.00
76	Albumin	129	24 hrs	4.00	516.00
77	Alkaline phos panel	2	24 hrs	4.00	8.00
78	ALT	112	24 hrs	4.00	448.00
79	ALT - SGOT	29	24 hrs	6.00	174.00
80	ALT - SGPT	23	24 hrs	6.00	138.00
81	Amiodarone	4	48 hrs	15.00	60.00
82	ANC	80	24 hrs	12.00	960.00
83	AST	146	24 hrs	6.00	876.00
84	Basic metabolic panel	70	24 hrs	10.00	700.00
85	B-Type Natriuretic Peptide	96	48 hrs	36.00	3456.00
86	BMP	188	48 hrs	12.00	2256.00
87	CA125	4	48 hrs	18.00	72.00
88	CBC	70	24 hrs	18.00	1260.00
89	Chloride	86	24 hrs	4.00	344.00
90	Cholesterol, Total	6	24 hrs	15.00	90.00
91	Comp metabolic panel 13	47	24 hrs	12.00	564.00
92	Comp metabolic panel 14	214	24 hrs	12.50	2675.00
93	CPK	24	24 hrs	6.00	144.00
94	Creatine	15	24 hrs	15.00	225.00
95	Cystic Fibrosis Profile	80	24 hrs	200.00	16,000.00
96	Depakote	60	24 hrs	13.00	780.00
97	Dilantin	20	24 hrs	10.00	200.00
98	Free T4	598	24 hrs	8.00	4784.00

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
 BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
 OFFICE OF HEALTH FACILITIES ---- Reference Laboratory Services

BHS10009

		Column A		Column B	Column C
BHS10009					
EXHIBIT B					
	Most frequently ordered panels profiles, screens and cultures.	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
99	FSH	50	24Hrs	15.00	750.00
100	FSH and LH	48	24Hrs	28.00	1344.00
101	Gentamycin	2	48Hrs	15.00	30.00
102	GGT	3	24Hrs	15.00	45.00
103	H&H	4	24Hrs	20.00	80.00
104	Hematocrit	10	24Hrs	20.00	200.00
105	Hemoglobin	10	24Hrs	20.00	200.00
106	HSV culture	3	3-5 days	30.00	90.00
107	INR	24	24Hrs	4.00	96.00
108	Ldh	4	24Hrs	8.00	32.00
109	LFT	45	24Hrs	8.00	360.00
110	Mumps IgG	3	24Hrs	13.50	40.50
111	PAP (Thin Prep)	478	5-7 days	36.00	17208.00
112	Pro BNP	20	2 days	85.00	1700.00
113	Progesterone	25	24Hrs	15.00	375.00
114	PTH (intact)	119	48Hrs	13.00	1547.00
115	RA panel	56	24Hrs	45.00	2520.00
116	Renal panel	165	24Hrs	8.00	1320.00
117	Rheumatoid Arthritis Factor	60	24Hrs	16.00	960.00
118	Rubeola 1Gg	4	48Hrs	18.00	72.00
119	Teanetal level	2	48Hrs	15.00	30.00
120	Tegetrol	2	24Hrs	25.00	30.00
121	Vitamin B 12 and Folate	180	24Hrs	22.00	3960.00
122	Vit. D, 1-125 Dihydroxy	98	3 days	45.00	4410.00
123	Vit. D, -25- hydroxyl	2	3 days	45.00	90.00
124	WBC	508	24Hrs	10.00	5080.00
Total of Exhibit B - Bid Sheet					327,833.50

Total of Exhibit A - Bid Sheet				340,763.50
Total of Exhibit B - Bid Sheet				327,833.50
Grand Total = Exhibit A + B				668,597.00

EXHIBIT C (Vendor's Attachment of Phlebotomy Services Offered.)

	Types & Description of Phlebotomy Services Offered
1	ADL will provide a phlebotomist for 3hrs at each hospital in the morning
2	for a fee of \$125/day. Timing and schedule will be according to each site
3	ADL will provide STAT Phlebotomy @ \$150/trip.

VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with **West Virginia Code, §5A-3-37**. (Does not apply to construction contracts). **West Virginia Code, §5A-3-37**, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the **West Virginia Code**. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

- 1. **Application is made for 2.5% resident vendor preference for the reason checked:**
 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,
 Bidder is a partnership, association or corporation resident vendor and 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 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,
 Bidder is a 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; or,
- 2. **Application is made for 2.5% resident vendor preference for the reason checked:**
 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; or,
- 3. **Application is made for 2.5% resident vendor preference for the reason checked:**
 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 Bidder's 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; or,
- 4. **Application is made for 5% resident vendor preference for the reason checked:**
 Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
- 5. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**
 Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
- 6. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**
 Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

Bidder understands if the Secretary of 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) reject the bid; 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.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of 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.

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.

Bidder: _____ Signed: _____

Date: _____ Title: _____

*Check any combination of preference consideration(s) indicated above which you are entitled to receive

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

VENDOR OWING A DEBT TO THE STATE:

West Virginia Code §5A-3-10a provides that: 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 owed is an amount greater than one thousand dollars in the aggregate.

PUBLIC IMPROVEMENT CONTRACTS & DRUG-FREE WORKPLACE ACT:

If this is a solicitation for a public improvement construction contract, the vendor, by its signature below, affirms that it has a written plan for a drug-free workplace policy in compliance with Article 1D, Chapter 21 of the *West Virginia Code*. The vendor must make said affirmation with its bid submission. Further, public improvement construction contract may not be awarded to a vendor who does not have a written plan for a drug-free workplace policy in compliance with Article 1D, Chapter 21 of the *West Virginia Code* and who has not submitted that plan to the appropriate contracting authority in timely fashion. For a vendor who is a subcontractor, compliance with Section 5, Article 1D, Chapter 21 of the *West Virginia Code* may take place before their work on the public improvement is begun.

ANTITRUST:

In submitting a bid to any agency for the state of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the state of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the state of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the state of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership or person or entity submitting a bid for the same materials, supplies, equipment or services and is in all respects fair and without collusion or fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

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. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.

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

Vendor's Name: ATLANTIC DIAGNOSTIC LABORATORIES LLC

Authorized Signature: [Signature] Date: 8/24/09

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

LABORATORY NAME AND ADDRESS

ATLANTIC DIAGNOSTIC LABORATORIES LLC
3520 PROGRESS DRIVE UNIT C
BENSALEM, PA 19020

CLIA ID NUMBER

39D0927666

EFFECTIVE DATE

06/19/2009

LABORATORY DIRECTOR

HARVEY J BELLIN MD

EXPIRATION DATE

06/18/2011

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, Director
Division of Laboratory Services
Survey and Certification Group
Center for Medicaid and State Operations

219 certs1_052309

- If this is a Certificate of Registration, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
- If this is a Certificate for Provider-Performed Microscopy Procedures, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
- If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.



Advancing Excellence

**Accredited
Laboratory**



The College of American Pathologists

certifies that the laboratory named below

***Atlantic Diagnostic Laboratories LLC
Bensalem, Pennsylvania
Harvey J. Bellin, MD***

LAP Number: 1317801

AU-ID: 1007557

CLIA Number: 39D0927666

has met all applicable standards for accreditation and is hereby fully accredited by the College of American Pathologists' Laboratory Accreditation Program. Reinspection should occur prior to October 7, 2010 to maintain accreditation.

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

R. Bruce Wilkins, MD

Chair, Commission on Laboratory Accreditation

David R. Schwartz MD PhD FCAP

President, College of American Pathologists