



6370 Wilcox Road  
Dublin, Ohio 43016

Telephone: 614-889-1061

August 18, 2009

Department of Administration  
Purchasing Division  
Building 15  
2019 Washington Street, East  
Charleston, WV 25305-0130

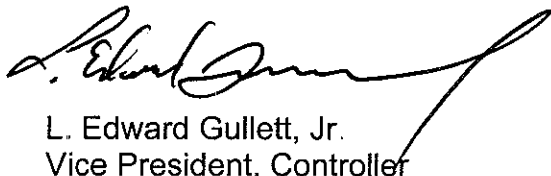
Dear Purchasing Department:

As you may know, LabCorp is one of the largest and most innovative laboratory organizations in the country, capable of meeting the needs of virtually any provider. Our success was fostered by one primary objective: Provide a clinical laboratory services program that is responsive to clients' needs, wants and expectations. Our business strategy allows us to meet and anticipate the changing needs of our clients and prospects alike.

Convenience, quality, a comprehensive portfolio and excellent service describe LabCorp's network of strategically located patient service centers, local laboratories, a national esoteric laboratory and our Centers for Excellence. This network provides you with the individual attention and dependability of local personnel coupled with the support and strength of a national organization dedicated to researching, developing and implementing leading edge health care technology.

Attached for your examination is the LabCorp response to the July 22, 2009, RFQ BHS10009. Once you have reviewed this information, I hope that you will conclude that LabCorp is committed to and capable of providing you with the finest laboratory testing service available. Thank you for this opportunity to introduce LabCorp's advantages.

Sincerely,



L. Edward Gullett, Jr.  
Vice President, Controller



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

# Request for Quotation

RFQ NUMBER  
 BHS10009

PAGE  
 1

ADDRESS CORRESPONDENCE TO ATTENTION OF:  
 ROBERTA WAGNER  
 804-558-0067

VENDOR

\*713133556      800-282-7300  
 LABORATORY CORPORATION OF AMER  
 6370 WILCOX ROAD  
 DUBLIN OH 43016-1296

SHIP TO

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

DATE PRINTED 07/22/2009	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
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BID OPENING DATE: 08/26/2009      BID OPENING TIME 01:30PM

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						

RECEIVED  
 2009 AUG 26 A 10:19  
 PURCHASING DIVISION  
 STATE OF WV

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE *[Signature]*      TELEPHONE 614-889-1061      DATE 8/20/09

TITLE Vice President Controller      FEIN 13-3757370      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."

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**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



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

# Request for Quotation

RFO NUMBER
BHS10009

PAGE
2

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

VENDOR

\*713133556      800-282-7300  
 LABORATORY CORPORATION OF AMER  
 6370 WILCOX ROAD  
 DUBLIN OH 43016-1296

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07/22/2009				

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

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<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>E. Edward...</i>	TELEPHONE 614-889-1061	DATE 8/20/09
-------------------------------	------------------------	--------------

TITLE Vice President Controller	FEIN 13-3757370	ADDRESS CHANGES TO BE NOTED ABOVE
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WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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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	TELEPHONE 614-889-1061	DATE 8/20/09
TITLE Vice President Controller 13-3757370	ADDRESS CHANGES TO BE NOTED ABOVE	

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*713133556      800-282-7300 LABORATORY CORPORATION OF AMER 6370 WILCOX ROAD DUBLIN OH 43016-1296

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LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<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: 614-761-0791</p> <p>-----</p> <p>CONTACT PERSON (PLEASE PRINT CLEARLY): Mary Mowry</p> <p>-----</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>L. Edward ...</i>	TELEPHONE 614-889-1061	DATE 8/20/09
TITLE Vice President Controller      FEIN 13-3757370	ADDRESS CHANGES TO BE NOTED ABOVE	

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 Department of Administration  
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VENDOR FOR

\*713133556      800-282-7300  
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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
***** THIS IS THE END OF RFQ BHS10009 ***** TOTAL:						\$526,739.90

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE *[Signature]*      TELEPHONE 614-889-1061      DATE 8/20/09  
 TITLE Vice President Controller      FEIN 13-3757370      ADDRESS CHANGES TO BE NOTED ABOVE

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

**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:**

Pinecrest Hospital  
105 S. Eisenhower Drive  
Beckley, WV 25801

Hopemont Hospital  
Rt. 3, Box 330  
Terra Alta, WV 26764

Lakin Hospital  
1 Bateman Circle  
Lakin, WV 25287

John Manchin Sr. Health Care Center  
401 Guffey Street  
Fairmont, WV 26554

Welch Community Hospital  
454 McDowell Street  
Welch, WV 24801

Mildred Mitchell-Bateman Hospital  
1530 Norway Ave.  
Huntington, WV 25709

William R. Sharpe, Jr. Hospital  
936 Sharpe Hospital Road  
Weston, WV 26452

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 (Health 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.

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

BHS10009

## Exhibit A

	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)
	Item Description (Test)				
1	Acetaminophen	-			
2	AFB cu	94			
3	AFP Tetra	120			
4	Amitriptyline (Elavil) serum	12			
5	Ammonia, Plasma	164			
6	Amylase, serum	63			
7	Anaerobic and aerobic culture	278			
8	Antinuclear antibodies (ANA)	238			
9	Beta-Hemolytic Strep A	114			
10	Bilirubin Total	42			
11	Bilirubin, Total/Direct, serum	24			
12	BUN	472			
13	C. diff. Toxin A	142			
14	C-Reactive Protein	33			
15	Calcium, serum	104			
16	Carbamazepine (Tegretol)	206			
17	Chlamydia/GC, DNA Probe	570			
18	CBC w/diff – platelet	5,339			
19	Chlorpromazine, (Thorazine)	14			
20	Clomipramine (Anafranil) s.	14			
21	Clozapine (clozaril) serum	76			
22	Cortisol serum/plasma	19			
23	Creatinine Kinase (CK) MB/Total	63			
24	Creatinine Kinase, serum	97			
25	Creatinine, Serum	475			
26	Desipramine, serum	8			
27	Digoxin (Lanoxin)	60			
28	Estrogen	4			
29	Ethanol serum/blood	10			
30	Ethosuximide (Zarontin) serum	12			
31	Environmental Culture	96			
32	Ferritin	57			
33	Fluoxetine (Prozac) serum	8			
34	Folates (Folic acid)	45			
35	Gabapentin (Neurotin) serum	22			
36	Gabrilil serum	-			
37	Glucose, 2hr P.P.	28			
38	Glucose serum	127			

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

BHS10009

<b>BHS10009</b>		<i>Column A</i>		<i>Column B</i>	<i>Column C</i>
<b>EXHIBIT A – Bid Sheet</b>					
		Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
39	Glucose plasma	63			
40	Gynecologic Mono-Layer PAP	18			
41	Haloperidol serum	16			
42	Hemoglobin A1C	1,144			
43	HCG Beta Subunit, Qual (s)	301			
44	Helicobacter Pylori, Igg	14			
45	Helper T-Lymph – CD4	23			
46	Hepatitis A AB Igm	28			
47	Hepatitis A AB, Total	118			
48	Hepatitis B Surface AB	520			
49	Hepatitis B Surface Ag	225			
50	Hepatitis Panel – A, B, C	168			
51	HPV	168			
52	Imipramine (tofranil) serum	24			
53	Insulin, Fasting	96			
54	Iron	56			
55	Iron/TIBC	66			
56	Lamotrigine (Lomictal) serum	30			
57	Lead (adult) blood	210			
58	Lead (pediatric) blood	112			
59	LH & LSH	95			
60	Lipase serum	130			
61	Lithium	784			
62	LP Lipo EI	26			
63	Magnesium, serum	328			
64	Microalbumin, 24 hour urine	17			
65	Microalbumin, Random urine	930			
66	Nortriptyline (Aventyl) serum	8			
67	Occult blood (stool)	30			
68	Osmolality serum	20			
69	Osmolality, urine	88			
70	Ova & Parasite	109			
71	Perphenazine (Trilafon)	10			
72	Phenobarbital serum	131			
73	Phenytoin (Dilantin)	483			
74	Phosphorus	135			
75	Potassium, Serum	129			
76	Pregnancy Serum	12			
77	Pregnancy Test (Urine)	105			
78	Primidone (Mysoline)	61			
79	Prolactin	191			
80	Prostate-specific AG. Serum	273			

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

BHS10009

	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			
82	Prothrombin time	2,207			
83	PT & PTT	568			
84	Reticulocyte count	34			
85	RNA – PCR - Quant.	27			
86	STS	1,202			
87	Sedimentation rate	262			
88	Sodium serum	379			
89	T3 - uptake	64			
90	T4	86			
91	T-Cell (T-Lymphocyte CD3 Cells)	16			
92	Testosterone serum	37			
93	Theophylline serum	39			
94	Topiramate (Topamax) serum	16			
95	T-Pallidum Ab (FTA-Ab)	10			
96	T-Pallidum Antibodies (TP-PA)	24			
97	Triglycerides	42			
98	Triiodothyronine, Free, Serum	88			
99	TSH	190			
100	TSH 3 <sup>rd</sup> Generation	1,302			
101	UA – Culture reflex	2,359			
102	Culture reflex @ additional cost	1,188			
103	Uric Acid	35			
104	Urinalysis, complete	3,952			
105	Valporic acid serum	2,599			
106	Varicella Zoster IGG	28			
107	Vitamin B-12	262			
108	Vitamin B-12 and Folates	556			
<i>Total of Exhibit A – Bid Sheet</i>					

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

BHS10009

12

## Exhibit B

		Column A		Column B	Column C
	<b>BHS10009</b>				
	<b>EXHIBIT B</b>				
	<b>Most frequently ordered panels profiles, screens and cultures.</b>	<b>Estimated Annual Volume of Tests</b>	<b>Turn Around Time</b>	<b>Cost Per Test</b>	<b>Total (A x B)</b>
1	<b>Diagnostic Multi-Chem (28 tests)</b>	1502			
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	<b>Thyroid Profiles includes (4 tests)</b>	1208			
18	TSH (High Sensitivity, T3 Uptake				
19	T4 Thyroxine, Free Thyroxine Index	297			
20	<b>Electrolyte Panel includes (3 tests)</b>	316			
21	Sodium				
22	Potassium				
23	Chloride				
24	<b>Drug Abuse Screen (seven) Urine, without confirmation</b>	1256			
25	Amphetamine, Cocaine				
26	Barbiturates, Opiates				
27	Bensodiazepines, Phencyclidine				
28	Cannabinoid				
29	<b>HFP7 &amp; 3AC</b>	455			
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

		Column A		Column B	Column C
	<b>BHS10009</b>				
	<b>EXHIBIT B</b>				
	<b>Most frequently ordered panels profiles, screens and cultures.</b>	<b>Estimated Annual Volume of Tests</b>	<b>Turn Around Time</b>	<b>Cost Per Test</b>	<b>Total (A x B)</b>
33	Cholesterol, Total				
34	Cholesterol, Total				
<b>35</b>	<b>Lipid Profile Four includes: (3 tests)</b>	5327			
36	Cholesterol, Total				
37	Triglycerides				
38	HDL Cholesterol				
<b>39</b>	<b>Drug Abuse Screen, Blood - without confirmation</b>	831			
40	Amphetamine, Cocaine				
41	Barbiturates, Opiates				
42	Benzodiazepines, Phencycline				
43	Cannabinoid				
	<b>Cultures:</b>				
44	Lower Respiratory Culture	107			
45	Upper Respiratory Culture	96			
46	General Bacterial Culture	137			
47	Blood Culture	842			
48	Stool Culture	55			
49	Urine Culture	1306			
50	Sputum Culture	98			
51	Sensitivity Organism	529			
<b>52</b>	<b>Heavy Metal Profile (Blood)</b>	21			
53	Arsenic				
54	Lead	1			
55	Mercury				
<b>56</b>	<b>Hepatitis Profile (Diagnostic follow-up)</b>	46			
57	HBc Ag; anti-HBc;				
58	anti-HBS; interpretation				
<b>59</b>	<b>Hepatitis Profile B &amp; C</b>	421			
60	HBs Ag; HBc Ag; Anti-HBC, total				
61	Anti-HBc; Igm; anti-HBc; anti-HBs				
62	anti-HCV; interpretation				
<b>63</b>	<b>Hepatitis Profile A&amp;B</b>	107			

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
	<b>BHS10009</b>				
	<b>EXHIBIT B</b>				
	<b>Most frequently ordered panels profiles, screens and cultures.</b>	<b>Estimated Annual Volume of Tests</b>	<b>Turn Around Time</b>	<b>Cost Per Test</b>	<b>Total (A x B)</b>
64	Anti-HAV; total; anti HAV, Igm; HBs Ag;				
65	HBc Ag; anti-HBC, total; anti-HBC, Igm;				
66	anti-HBc; anti-HBS; interpretation				
<b>67</b>	<b>Hepatitis A Profile</b>	<b>57</b>			
68	Anti-HAV, total; anti-HAV, Igm				
69	interpretation				
<b>70</b>	<b>Hepatitis B Profile</b>	<b>52</b>			
71	HBs Ag; HBc Ag; anti-HBc, total				
72	anti-HBC, Igm; anti-HBc				
73	anti-HBs; interpretation				
<b>74</b>	<b>Hepatitis C Virus Antibody</b>	<b>416</b>			
	<b>Additional Send Outs:</b>				
75	4 hr. GTT	6			
76	Albumin	129			
77	Alkaline phos panel	2			
78	ALT	112			
79	ALT - SGOT	29			
80	ALT - SGPT	23			
81	Amiodarone	4			
82	ANC	80			
83	AST	146			
84	Basic metabolic panel	70			
85	B-Type Natriuretic Peptide	96			
86	BMP	188			
87	CA125	4			
88	CBC	70			
89	Chloride	86			
90	Cholesterol, Total	6			
91	Comp metabolic panel 13	47			
92	Comp metabolic panel 14	214			
93	CPK	24			
94	Creatine	15			
95	Cystic Fibrosis Profile	80			
96	Depakote	60			
97	Dilantin	20			
98	Free T4	598			



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
	<b>BHS10009</b>				
	<b>EXHIBIT B</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			
100	FSH and LH	48			
101	Gentamycin	2			
102	GGT	3			
103	H&H	4			
104	Hematocrit	10			
105	Hemoglobin	10			
106	HSV culture	3			
107	INR	24			
108	Ldh	4			
109	LFT	45			
110	Mumps IgG	3			
111	PAP (Thin Prep)	478			
112	Pro BNP	20			
113	Progesterone	25			
114	PTH (intact)	119			
115	RA panel	56			
116	Renal panel	165			
117	Rheumatoid Arthritis Factor	60			
118	Rubeola 1Gg	4			
119	Teanetal level	2			
120	Tegetrol	2			
121	Vitamin B 12 and Folate	180			
122	Vit. D, 1-25 Dihydroxy	98			
123	Vit. D, -25- hydroxyl	2			
124	WBC	508			
		<i>Total of Exhibit B -- Bid Sheet</i>			

<i>Total of Exhibit A -- Bid Sheet</i>	
<i>Total of Exhibit B -- Bid Sheet</i>	
<i>Grand Total = Exhibit A + B</i>	

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

	Types & Description of Phlebotomy Services Offered
1	LabCorp will work with the current phlebotomy arrangement at each facility to maintain
2	the service level.
3	

# 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:**

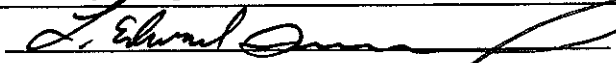
Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, 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: Laboratory Corporation of America Holdings

Authorized Signature:  Date: 8/20/09



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

# Request for Quotation

RFQ NUMBER
BHS10009

PAGE
1

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

VENDOR

\*713133556      800-282-7300  
 LABORATORY CORPORATION OF AMER  
 6370 WILCOX ROAD  
 DUBLIN OH 43016-1296

SHIP TO

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	F.O.B.	FREIGHT TERMS
08/04/2009				

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

LINE	QUANTITY	UOP	CAT 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 <input checked="" type="checkbox"/> ..... 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.						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS			
SIGNATURE <i>[Signature]</i>	TELEPHONE 614-889-1061	DATE 8/20/09	
TITLE Vice President Controller	PERN 133757370	ADDRESS CHANGES TO BE NOTED ABOVE	

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



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

# Request for Quotation

RFQ NUMBER  
 BHS10009

PAGE  
 2

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

VENDOR

\*713133556      800-282-7300  
 LABORATORY CORPORATION OF AMER  
 6370 WILCOX ROAD  
 DUBLIN OH 43016-1296

SHIP TO

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	F.O.B.	FREIGHT TERMS
08/04/2009				

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

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<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;"><i>L. Edward ...</i>            SIGNATURE</p> <p style="text-align: center;">Laboratory Corporation Of America Holdings            COMPANY</p> <p style="text-align: center;">August 20, 2009            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 <i>L. Edward ...</i>	TELEPHONE 614-889-1061	DATE 8/20/09
TITLE Vice President Controller	FAX 13-3757370	ADDRESS CHANGES TO BE NOTED ABOVE

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



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

# Request for Quotation

RFQ NUMBER
BHS10009

PAGE
3

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

VENDOR

\*713133556      800-282-7300  
 LABORATORY CORPORATION OF AMER  
 6370 WILCOX ROAD  
 DUBLIN OH 43016-1296

SHIP TO

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	F.O.B.	FREIGHT TERMS
08/04/2009				

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

LINE	QUANTITY	UOP	CAT 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:						\$526,739.90

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>[Signature]</i>	TELEPHONE 614-889-1061	DATE 8/20/09
TITLE Vice President Controller	FAX 13-3757370	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.

**The West Virginia Department of Health and Human Resources  
State-Owned Facilities**

*William R. Sharpe, Jr. Hospital  
Mildred Mitchell Bateman Hospital  
Pinecrest Hospital  
Lakin Hospital  
Welch Community Hospital  
Hopemont Hospital  
John Manchin Sr. Health Care Center*

**Reference Laboratory Services  
BHS10009**

**Laboratory Corporation of America Holdings (LabCorp) Response**

**Purpose:**

1.1 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".

**Mandatory Requirements:**

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 (Health Language 7) version 2.3 formatting rules shall be followed for batch and on-line import/export messages 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.

**LabCorp Response**

*LabCorp can comply to 1.2.2 and 1.2.3*

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.



**LabCorp Response**

*LabCorp notifies physicians of **panic results** as soon as possible via telephone, unless otherwise instructed by the client*

*LabCorp clients can customize how they want to be notified of **alert results**, called during normal business hours. Customers have the option of:*

- *getting all of the LabCorp Alert tests on the list called at the default values,*
- *indicating which specific tests and values the client is to be called,*
- *or, defaulting to getting no alert results called. With the advent of electronic and auto-fax reporting capabilities, many customers received their completed patient reports prior to the "normal business hours" alert call. Many clients wanted to reduce the time spent on unnecessary or redundant telephone calls.*

*All results that exceed the normal reference range are flagged as abnormal on the patient result report.*

*A copy of the Alert result call designation form can be found under **TAB 4**.*

**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 Center for Medicare and Medicaid Services upon award of contract.

**LabCorp Response**

*LabCorp facilities maintain CAP and CLIA accreditations. Copies of the facility licensures and accreditations for the Dublin, Ohio regional laboratory can be found in **TAB 5**.*

**1.2.6** Vendor shall operate in accordance with the standards and recommendations of Joint Commission (JC) or other equivalent standards.

**LabCorp Response**

*Although the Joint Committee on Accreditation of Healthcare Organizations ("JCAHO") requires similar proficiency testing as CAP, JCAHO no longer offers accreditation to independent reference laboratories. All LabCorp facilities performing under this contract maintain the necessary laboratory licensure/credentials as determined by their level of testing.*

**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.

**LabCorp Response**

*LabCorp's courier service is critical as the first point of contact in the turn-around time process. Our couriers provide direct specimen receipt, a controlled environment for specimen transport and delivery of necessary supplies. The courier personnel are generally employees of LabCorp, trained in the proper handling and transportation of various specimen types, such as frozen and room temperature samples. Dependent on*

hours of operation and specimen pickup requirements, mutually agreeable times could be scheduled to meet these specific needs, including multiple daily pick-ups consistent with LabCorp policies.

**1.2.8** Vendor must provide phlebotomy service. Types of services available are to be entered into Exhibit C for information purposes. The need for services varies greatly by hospital by hospital and therefore each hospital will be responsible for requesting and scheduling services.

***LabCorp Response***

*LabCorp will work with the current phlebotomy arrangement at each facility to maintain the service level*

**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 vacccutainer 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.

***LabCorp Response***

*As permitted by applicable law, LabCorp provides its clients with routine specimen collection and transport materials for specimens that are analyzed within our laboratory network. A sample supply requisition in **TAB 6** has been provided for your reference*

**1.2.10** Vendor must provide microbiology culture results for the time period based on the standards for specimen (i.e. blood cultures for seven days). Routine cultures shall have preliminary reports with 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 with 24 hours of receipt of specimens a the reference laboratory site.

**LabCorp Response to 1.2.10 & 1.2.11**

*Routine tests are typically reported within 24 hours of receipt of the specimen by the testing facility. Significant anomalies may require more time. Esoteric tests that cannot be processed at a regional laboratory will be transported to one of our esoteric laboratories*

**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.

**LabCorp Response**

*LabCorp can comply*

**1.2.15** Vendor must retain negative and unsatisfactory Pap slides for five (5) years and positive slides for (10) years. Histology slides must be retained for ten (10) years.

**LabCorp Response**

*LabCorp retains pap slides for 5 years, regardless of the diagnosis, as required by CAP and LabCorp company policy. Histology slides are retained for 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.

**LabCorp Response**

**Reporting Tests Not Performed (TNP)**

*LabCorp is responsible for communicating the result(s) of all tests ordered by LabCorp clients. This responsibility extends to those tests where LabCorp is not able to provide a result. There are three common scenarios where LabCorp must report a TNP (test not performed) to clients:*

- 1. Pre-analytical problems - such as receiving the incorrect specimen for a given test, or no test requested for a specimen.*
- 2. Specimen Rejection - Where the condition of the specimen is such that testing cannot be performed, such as: Insufficient quantity, Hemolysis or Wrong pH.*
- 3. Lab Identified Specimen Quality Issues - Where an accident occurred such that testing is no longer possible, such as: Lost sample, Thawed sample, or Broken sample.*

*LabCorp communicates this information to the client by adding the appropriate explanation to the patient's report. In some instances, this is followed up with a phone call to the client to alert them to the problem.*

**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:**

Normal PAP Smears 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).

**LabCorp Response**

*LabCorp normal turn around time for Cytology specimens is 5 Days and turn around time for Histology specimens is 2-4 days. Abnormal results notification can be customized by submitting the Alert Result Call Designation Form. A copy of the Alert result call designation form can be found under **TAB 4**.*

**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.

### **LabCorp Response**

At LabCorp, quality is never compromised. Test results from every section of the laboratory are routinely monitored for reliability, precision, and accuracy by both internal and external quality control programs. LabCorp voluntarily participates in more than 20 external quality control programs and is inspected regularly by state, federal, and private accrediting agencies.

- **Quality Assurance/Quality Control Programs** – Quality assurance (QA) and quality control (QC) are integral parts of LabCorp's daily operation. LabCorp uses both internal and external systems to monitor the accuracy and precision of patient runs for assays performed in LabCorp facilities
- **Organization** – LabCorp's QA and QC programs are overseen and administered by dedicated laboratory professionals, working full-time for the improvement of testing quality. A corporate quality group provides direction for the overall program in quality. Standardized QA programs are implemented and monitored by QA managers located in each of the operating divisions throughout the country. Also, each major laboratory has a full time QA coordinator who is responsible for quality activities at that laboratory site and reports to the divisional QA manager.
- **Corporate QA Mission Statement** – To facilitate the delivery of accurate testing and reporting to our customers by providing high quality programs, information, standardized policies, and training materials to our laboratories.
- **Quality Assurance (QA) Plans** – Personnel at each laboratory facility develop written QA plan documents that specify a systematic process for monitoring and evaluating testing quality and resolving identified concerns. Testing quality is monitored and evaluated through (1) the routine collection of information about various aspects of lab operations and testing and (2) periodic assessment of collected information in order to identify and address concerns about testing quality and opportunities for improvement.

A QA committee, consisting of laboratorians and service staff, meets regularly at each lab site to review performance monitors and to resolve issues that lead to a monitor's "threshold" level being exceeded. The committee also evaluates the effectiveness of remedial actions taken. The effectiveness of the overall plan and the appropriateness of each quality monitor are reviewed on an annual basis.

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

More than 200,000 individual QC values are reviewed to detect systematic (accuracy) and random (precision) errors each month by the Burlington, North Carolina, reference facility. In addition, more than 1.9 million QC values are generated for evaluation each month by LabCorp's facilities nationwide.

Retrospective on-line QC inquiry for any LabCorp test is available to lab technicians, technologists, and supervisors via the laboratory computer system. This valuable QC information provides up-to-date feedback to the technologist and lab directors on the performance of the assay. Quantitative QC data, including monthly lot-to-date and cumulative statistics, are summarized in graphic format each month for retrospective review by department personnel.

In order to compare testing quality throughout the LabCorp network of laboratories, LabCorp's individual laboratory computer systems are linked together. A national QC database, containing all quantitative QC results, has been compiled. A computer program checks this database for any bias between laboratories and identifies any significant exceptions. This system ensures that consistently high quality results are generated by every LabCorp facility.

- **Internal Proficiencies Testing** – LabCorp has an extensive, internally administered program of blind sample proficiency testing in which laboratories receive test samples from the quality assurance and corporate technical services departments for analysis. Results are graded and summarized by LabCorp's corporate QA group and distributed to the laboratory directors for evaluation and follow-up. This internal proficiency program serves to test LabCorp's complete testing service: specimen logistics, order entry and accessioning systems, accuracy and precision of its testing protocols, technologist/technician performance, quality assurance reporting checks, and turnaround time from specimen pick-up to final reporting. This monthly program serves to supplement the external proficiency programs supplied by the laboratory accrediting agencies.
- **External Proficiency Testing** – LabCorp participates in numerous externally administered blind quality surveillance programs, including the College of American Pathologists (CAP) program. Consistently acceptable performance on these surveys is a prerequisite for continued licensure and certification. LabCorp voluntarily participates in more than 15 external quality control programs.

Significant findings from the internal and the external proficiency programs are reviewed at the national level and summarized in a monthly report called a "watch list." Monthly summaries are submitted to senior LabCorp management. The internal and external proficiency programs supplement other QA procedures and provide LabCorp's management with monitors that can be used to review technical and service performance from the user's perspective.

These programs facilitate the evaluation of LabCorp's primary program for internal quality assurance, which emphasizes the use of controls during the testing process.

- **Internal Inspections** – The LabCorp divisional QA managers perform regular internal inspections at the laboratories within their division and audit compliance with federal and state regulations. Deficiencies are corrected with the help of laboratory managers and directors. This ensures that all laboratories within LabCorp perform at a high level of quality.
- **Quality Assessment Reporting** – The LabCorp quality assessment program is an ongoing process of comparing actual performance to the desired performance goals detailed in the quality plan. To our clients, laboratory quality is more than just accurate test results. It consists of all facets of our laboratory service, including turnaround time, client services, patient satisfaction, billing, etc. Our quality plan is the yardstick against which all of our daily activities are measured. Using quality assessment techniques, LabCorp locations have created a variety of programs to monitor critical aspects of providing results and

services to our customers. Knowing customers' needs, wants, and expectations and then evaluating our ability to meet them are a part of the LabCorp quality commitment

External measures of quality are taken continuously at all LabCorp locations and rolled-up monthly into national reports. These reports provide an overview of our performance on various aspects of patient care called for in our QA plans. These reports include:

- **Client Concerns** – This report provides an early indicator of laboratory concerns and details the number of client inquiries received by our laboratories. These reports include categories from all facets of LabCorp operations, including pre-analytic (phone response, courier pick-up), analytic (turnaround time, specimen handling, etc), and post-analytic (reporting, billing) client concerns.
- **Laboratory Corrected Reports** – Client reports that were modified, corrected, and then reissued are tracked. These errors are also categorized as pre-analytic (specimen identification errors, incorrect test numbers), analytic (technical errors), and post-analytic (result entry, transcription errors) types of errors.
- **Managed Care QA Monitors Reporting** – Large managed care groups now require that LabCorp provide them with summary reports on various aspects of patient care that they consider "quality monitors" of LabCorp's performance. These quality monitors include (1) licensure/accreditation, (2) client service response, (3) proficiency testing, and (4) turnaround time. The divisional QA managers produce the managed care reports that are required by groups in their division. Quality metrics are also converted to a six-sigma scale, so that they may be benchmarked against industry standards.
- **Standardization** – The QA department works with LabCorp's science and technology group to assure that standard analytical methods are used by LabCorp's various labs. Our standardization philosophy is unique in the industry in that it provides a uniform level of result quality throughout all laboratory facilities. This further ensures that quality is consistent from location to location.

Results from many of our locations that employ identical methodologies can be used interchangeably. Health care organizations and providers recognize the advantage of not having to adjust their practice parameters to geographic laboratory result and reference interval variations.

- **Corporate Quality Policies** – The corporate QA group, working with committees consisting of divisional QA managers and laboratorians, formulates and issues corporate policies that provide direction on key quality areas of concern in the laboratory. These policies, which allow LabCorp to standardize its approach to quality in various areas, address such issues as specimen identification, alert/panic value reporting, and corrected reports. In addition, a lab certification manual that details accepted laboratory protocols has been prepared to assist labs in maintaining acceptable levels of quality and in meeting all federal and state regulatory requirements.

**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.

**LabCorp Response**

LabCorp can comply.

**1.2.20** Vendor must provide Hospital(s) with statistical reports including the total number of test performed on a monthly and annual basis by individual testing category.

**LabCorp Response**

*LabCorp maintains an array of utilization options, which may benefit the facilities. LabCorp maintains flexibility with respect to reporting options and can provide certain customized reports. Available fields for report customization includes, test number, test name, client price, current price, current month and year to date test quantity, and current month and year-to-date net revenues.*

*LabCorp recognizes that various levels of summary reporting may be required for aggregated reviews of test usage. To that end, grouping and summarizing of individual accounts totals are also available through the utilization packages offered at LabCorp. In addition to the individual accounts totals, groups of accounts may be established for facility, and/or association totals. These reporting options may be provided in hard-copy or electronic format. Copies of sample reports can be found under **TAB 7**.*

**Standard Utilization Report (Order #RCMB015 - A)**

*This report provides clients with account data for book keeping purposes. LabCorp Test Code Number and Test Name, Test Price, Current Month Quantity (how many of the test were ordered that month), Current Month Dollars (test quantity times test price), and Year-To-Date Quantity, and Year-To-Date Dollars.*

**Standard Utilization Report Without Pricing (Order #RCMB015 - B)**

*The same report as above without the pricing information: LabCorp Test Code Number and Test Name, Current Month Quantity, and Year-To-Date Quantity.*

**Physician Level Utilization Report with Formularies (RCMB015 - D)**

*This report was created to help our clients monitor their individual physicians' ordering patterns. It provides clients with account data sorted by account number, ordering physician, and then by ordered tests. Each test is categorized as either a "Formulary Test" or a "Non-Formulary Test." The "Formulary" is a group of tests put together and recommended for use by the client's Corporate Medical Director. Formulary and Non-Formulary Sub Totals will only be provided if an account supplies LabCorp with the list of tests they want to monitor. The report also exhibits account pricing.*

**Physician Level Utilization Report without Formularies (RCMB015-E)**

*This report is identical to the previous report without categorizing tests as "Formulary" or "Non-Formulary."*

**Year-To-Date Utilization Report (RCMB015-G)**

*This report supplies the volume of tests ordered and the **adjusted** (e.g., includes any credits issued) dollars cumulatively from January to the last month that has been through an end of the month production cycle. The report is sorted by quantity in descending order and shows the account quantity and dollar totals at the bottom of the report.*

**Standard Utilization Report by Line of Business (RCMB015-H)**

*This summary report shows tests ordered sorted by account number and then sorted again by the line of business within the account. The line of business codes are CM = Commercial, MC = Medicare, PI = Private Insurance, PT = Patient, MD = Medicaid. This report is sorted in alphabetical order by test name.*

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West Virginia Department of Health and Human Resources  
 Bureau for Behavioral Health and Health Facilities  
 Office of Health Facilities --- Reference Laboratory Services

BHS10009

**EXHIBIT A**

	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)
	Item Description (Test)	Test #	LabCorp Description				
1	Acetaminophen	007740	Acetaminophen (Tylenol), Serum	-	2 Days	\$98.25	\$0.00
2	AFB cu	182402	AFB Culture and Smear, Broth	94	42-56 Days	\$35.00	\$3,290.00
3	AFP Tetra	017319	AFP Tetra	120	3 days	\$50.00	\$6,000.00
4	Amitriptyline (Elavil) serum	007476	Amitriptyline (Elavil), Serum	12	1 Day	\$63.63	\$763.56
5	Ammonia, Plasma	007054	Ammonia, Plasma	164	1 Day	\$12.00	\$1,968.00
6	Amylase, serum	001396	Amylase, Serum	63	1 Day	\$3.75	\$236.25
7	Anaerobic and aerobic culture	008003	Anaerobic and Aerobic Culture	278	4 Days	\$29.00	\$8,062.00
8	Antinuclear antibodies (ANA)	164855	ANA Qualitative	238	1 Day	\$6.00	\$1,428.00
9	Beta-Hemolytic Strep A	008169	Beta Strep GP A Culture	114	1-2 Days	\$5.50	\$627.00
10	Bilirubin Total	001099	Bilirubin, Total	42	1 Day	\$2.75	\$115.50
11	Bilirubin, Total /Direct, serum	001214	Bilirubin, Total/Direct, Serum	24	1 Day	\$2.85	\$68.40
12	BUN	001040	BUN	472	1 Day	\$2.75	\$1,298.00
13	C. diff. Toxin A	086207	C difficile Toxins A+B, EIA	142	1 Day	\$11.00	\$1,562.00
14	C-Reactive Protein	006627	C-Reactive Protein, Quant	33	1 Day	\$5.50	\$181.50
15	Calcium, serum	001016	Calcium, Serum	104	1 Day	\$2.75	\$286.00
16	Carbamazepine (Tegretol)	007419	Carbamazepine(Tegretol), Serum	206	1 Day	\$10.00	\$2,060.00
17	Chlamydia/GC, DNA Probe	096479	Chlamydia/Gonococcus DNA Probe	570	2 Days	\$14.00	\$7,980.00
18	CBC w/diff - platelet	005009	CBC With Differential/Platelet	5,339	1 Day	\$3.00	\$16,017.00
19	Chlorpromazine, (Thorazine)	072132	Chlorpromazine, Serum	14	1 Day	\$66.88	\$936.32
20	Clozapine (Anafranil) s.	706465	CLOMIPRAMINE, SERUM	14	1 Day	\$58.38	\$817.32
21	Clozapine (clozaril) serum	706440	CLOZAPINE (CLOZARIL), SERUM	76	1 Day	\$35.00	\$2,660.00
22	Cortisol serum/plasma	004051	Cortisol	19	1 Day	\$8.00	\$152.00
23	Creatinine Kinase (CK) MB/Total	002311	Creatine Kinase (CK), MB/Total	63	1 Day	\$25.00	\$1,575.00
24	Creatinine Kinase, serum	001362	Creatine Kinase, Total, Serum	97	1 Day	\$2.75	\$266.75
25	Creatinine, serum	001370	Creatinine, Serum	475	1 Day	\$2.75	\$1,306.25
26	Desipramine, serum	007765	Desipramine, Serum	8	1 Day	\$65.00	\$520.00
27	Digoxin (Lanoxin)	007385	Digoxin (Lanoxin), Serum	60	1 Day	\$6.00	\$360.00
28	Estrogen	004549	Estrogens, Total	4	1 Day	\$61.38	\$245.52
29	Ethanol serum / blood	017996	Ethanol, Blood	10	1 Day	\$44.25	\$442.50
30	Ethosuximide (Zarontin) serum	007443	Ethosuximide (Zarontin), Serum	12	1 Day	\$49.13	\$589.56
31	Environmental Culture	008557	Environmental Culture	96	2 Days	\$8.50	\$816.00
32	Ferritin	004598	Ferritin, Serum	57	1 Day	\$5.00	\$285.00
33	Fluoxetine (Prozac) serum	706838	FLUOXETINE (PROZAC), SERUM	8	1 Day	\$70.50	\$564.00
34	Folates (Folic acid)	002014	Folates (Folic Acid), Serum	45	1 Day	\$5.50	\$247.50
35	Gabapentin (neurontin) serum	716811	GABAPENTIN (NEURONTIN), SERUM	22	1 Day	\$133.25	\$2,931.50
36	Gabrilil serum	842104	Tiagabine (Gabrilil)	-	SEND-OUT TEST	\$101.75	\$0.00
37	Glucose, 2 hr P.P.	002022	Glucose, Two-Hour Postprandial	28	1 Day	\$2.75	\$77.00
38	Glucose serum	001032	Glucose, Serum	127	1 Day	\$2.75	\$349.25
39	Glucose plasma	001818	Glucose, Plasma	63	1 Day	\$2.75	\$173.25
40	Gynecologic Mono-Layer PAP	192005	Gynecologic Mono-layer Pap	18	5 Days	\$24.00	\$432.00



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West Virginia Department of Health and Human Resources  
 Bureau for Behavioral Health and Health Facilities  
 Office of Health Facilities ---- Reference Laboratory Services

BHS10009

**EXHIBIT A**

BHS10009			COLUMN A		COLUMN B	COLUMN C	
EXHIBIT - A- Bid Sheet							
Item Description (Test)	Test #	LabCorp Description	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)	
41	Haloperidol serum	070482	Haloperidol (Haldol), Serum	16	1 Day	\$73.75	\$1,180.00
42	Hemoglobin A1C	001453	Hemoglobin A1c	1,144	1 Day	\$5.00	\$5,720.00
43	HCG Beta Subunit, Qual (s)	004556	hCG, Beta Subunit, Qual, Serum	301	1 Day	\$8.00	\$2,408.00
44	Helicobacter Pylori, Igg	162289	H. Pylori IgG, ABS	14	1 Day	\$48.63	\$680.82
45	Helper T-Lymph - CD4	505008	Helper T-Lymph-CD4	23	2 Days	\$30.00	\$690.00
46	Hepatitis A AB Igm	006734	Hep A Ab, IgM	28	1 Day	\$8.50	\$238.00
47	Hepatitis A AB, Total	006726	Hep A Ab, Total	118	1 Day	\$6.00	\$708.00
48	Hepatitis B Surface AB	006395	Hep B Surface Ab	520	1 Day	\$7.00	\$3,640.00
49	Hepatitis B Surface Ag	006510	Hep B Surface Ag	225	1 Day	\$5.00	\$1,125.00
50	Hepatitis Panel - A,B,C	322744	Hepatitis Panel (4)	168	1 Day	\$28.50	\$4,788.00
51	HPV	507301	HPV Hybrid Capture High Risk	168	2 Days	\$42.00	\$7,056.00
52	Imipramine (tofranil)serum	007468	Imipramine (Tofranil), Serum	24	1 Day	\$18.00	\$432.00
53	Insulin, Fasting	004333	Insulin, Fasting	96	1 Day	\$6.00	\$576.00
54	Iron	001339	Iron, Serum	56	1 Day	\$2.75	\$154.00
55	Iron / TIBC	001321	Iron and TIBC	66	1 Day	\$6.00	\$396.00
56	Lamotrigine (Lomictal) serum	716944	LAMOTRIGINE (LAMICTAL), SERUM	30	1 Day	\$35.00	\$1,050.00
57	Lead (adult) blood	007625	Lead, Blood (Adult)	210	1 Day	\$8.00	\$1,680.00
58	Lead (pediatric) blood	717009	Lead, Blood (Pediatric)	112	1 Day	\$8.00	\$896.00
59	LH & LSH	028480	FSH and LH	95	1 Day	\$18.00	\$1,710.00
60	Lipase serum	001404	Lipase, Serum	130	1 Day	\$3.75	\$487.50
61	Lithium	007708	Lithium (Eskalith), Serum	784	1 Day	\$6.00	\$4,704.00
62	LP Lipo EI	235036	LP+LipoEI	26	4 Days	\$12.00	\$312.00
63	Magnesium, serum	001537	Magnesium, Serum	328	1 Day	\$4.50	\$1,476.00
64	Microalbumin, 24 hour urine	140050	Microalbumin, 24 hr Urine	17	1 Day	\$4.25	\$72.25
65	Microalbumin, Random urine	149997	Microalbumin, Random Urine	930	1 Day	\$4.25	\$3,952.50
66	Nortriptyline (Aventyl) serum	007393	Nortriptyline (Aventyl), Serum	8	1 Day	\$64.50	\$516.00
67	Occult blood (stool)	008607	Occult Blood, Stool	30	1 Day	\$6.00	\$180.00
68	Osmolality serum	002071	Osmolality, Serum	20	1 Day	\$5.00	\$100.00
69	Osmolality, urine	003442	Osmolality, Urine	88	1 Day	\$5.00	\$440.00
70	Ova & Parasite	008623	Ova + Parasite Exam	109	2 Days	\$10.00	\$1,090.00
71	Perphenazine (Trilafon)	811349	Perphenazine (Trilafon)	10	SEND-OUT TEST	\$98.25	\$982.50
72	Phenobarbital serum	007823	Phenobarbital, Serum	131	1 Day	\$12.00	\$1,572.00
73	Phenytoin (Dilantin)	007401	Phenytoin (Dilantin), Serum	483	1 Day	\$10.00	\$4,830.00
74	Phosphorus	001024	Phosphorus, Serum	135	1 Day	\$2.75	\$371.25
75	Potassium, Serum	001180	Potassium, Serum	129	1 Day	\$2.75	\$354.75
76	Pregnancy Serum	004416	hCG, Beta Subunit, Qnt, Serum	12	1 Day	\$9.00	\$108.00
77	Pregnancy Test (Urine)	004036	Pregnancy Test, Urine	105	1 Day	\$7.00	\$735.00
78	Primidone (Mysoline)	007856	Primidone (Mysoline), Serum	61	1 Day	\$20.00	\$1,220.00
79	Prolactin	004465	Prolactin	191	1 Day	\$9.00	\$1,719.00
80	Prostate-specific AG. Serum	010322	Prostate-Specific Ag, Serum	273	1 Day	\$7.00	\$1,911.00

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West Virginia Department of Health and Human Resources  
 Bureau for Behavioral Health and Health Facilities  
 Office of Health Facilities --- Reference Laboratory Services

BHS10009

**EXHIBIT A**

	BHS10009			COLUMN A		COLUMN B	COLUMN C
	EXHIBIT - A- Bid Sheet						
	Item Description (Test)	Test #	LabCorp Description	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
81	Protein serum	001073	Protein, Total, Serum	88	1 Day	\$2.75	\$242.00
82	Prothrombin time	005199	Prothrombin Time (PT)	2,207	1 Day	\$3.00	\$6,621.00
83	PT & PTT	020321	PT AND PTT	568	1 Day	\$6.00	\$3,408.00
84	Reticulocyte count	005280	Reticulocyte Count	34	1 Day	\$4.00	\$136.00
85	RNA - PCR - Quant.	550430	RNA, Real Time PCR (Non-Graph)	27	5-6 Days	\$90.00	\$2,430.00
86	STS	006460	Rapid Plasma Reagin, Quant	1,202	1 Day	\$4.50	\$5,409.00
87	Sedimentation Rate	005215	Sedimentation Rate-Westergren	262	1 Day	\$3.50	\$917.00
88	Sodium serum	001198	Sodium, Serum	379	1 Day	\$2.75	\$1,042.25
89	T3 - uptake	001156	T3 Uptake	64	1 Day	\$3.25	\$208.00
90	T4	001149	Thyroxine (T4)	86	1 Day	\$3.25	\$279.50
91	T-Cell (T-Lymphocyte CD3 Cells)	096834	T-Lymphocyte CD3 Cells	16	1 Day	\$130.75	\$2,092.00
92	Testosterone serum	004226	Testosterone, Serum	37	1 Day	\$9.00	\$333.00
93	Theophylline serum	007336	Theophylline, Serum	39	1 Day	\$10.00	\$390.00
94	Topiramate (Topamax) serum	716285	TOPIRAMATE (TOPAMAX), SERUM	16	1 Day	\$135.25	\$2,164.00
95	T-Pallidum Ab (FTA-Ab)	006379	T pallidum Ab (FTA-Ab)	10	1/2 IF REPEAT-ED	\$39.88	\$398.80
96	T-Pallidum Antibodies (TP-PA)	082339	T pallidum Antibodies (TP-PA)	24	1-2 Days	\$11.00	\$264.00
97	Triglycerides	001172	Triglycerides	42	1 Day	\$2.75	\$115.50
98	Triiodothyronine, Free, Serum	010389	Triiodothyronine, Free, Serum	88	1 Day	\$16.00	\$1,408.00
99	TSH	004259	TSH	190	1 Day	\$5.00	\$950.00
100	TSH 3rd Generation	004259	TSH	1,302	1 Day	\$5.00	\$6,510.00
101	UA - Culture reflex	377036	UA/M with Culture Reflex	2,359	1 Day	\$4.00	\$9,436.00
102	Culture reflex @ additional cost	008848	Urine Culture, Routine **non-ord-- REFLEX TEST**	1,188	3 days	\$7.00	\$8,316.00
103	Uric Acid	001057	Uric Acid, Serum	35	1 Day	\$2.75	\$96.25
104	Urinalysis, complete	003772	Urinalysis, Complete	3,952	1 Day	\$3.00	\$11,856.00
105	Valproic acid serum	007260	Valproic Acid (Depakote),S	2,599	1 Day	\$10.00	\$25,990.00
106	Varicella-Zoster IGG	096206	Varicella-Zoster V Ab, IgG	28	1 Day	\$12.00	\$336.00
107	Vitamin B-12	001503	Vitamin B12	262	1 Day	\$6.50	\$1,703.00
108	Vitamin B-12 and Folate	000810	Vitamin B12 and Folate	556	1 Day	\$12.00	\$6,672.00

\$229,674 80

LabCorp has attempted to match a test code to each test or profile identified in this bid based on the written test descriptions provided. If the specific test code is used in ordering the test, the price quoted will be in effect. If LabCorp has assigned an inaccurate test code due to its misunderstanding of your test description, or if the test configurations do not meet your needs for any reason, please contact your LabCorp sales representative or account manager immediately. We will review the test requirements and, if necessary, assign a more appropriate test code at a mutually agreeable price.

For the performance of tests not set forth above, LabCorp will offer the fees set forth in the price list current at the time the test is performed less an across-the-board discount of 50%, except for the tests listed in LabCorp's "Non-Discountable List", which will be performed at book price. LabCorp shall have the right to remove any test from the set price list and place it on the Non-Discountable List, in the event of a material change which affects the difficulty or cost of providing any test. Any other change in the fees reflected herein shall be effective following a 30-day written notice.

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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**

	BHS10009			COLUMN A		COLUMN B	COLUMN C
	<b>EXHIBIT - B</b>						
	<b>Most frequently ordred panels, profiles, screens and cultures.</b>						
	Item Description (Test)	Test #	LabCorp Description	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A + B)
1	<b>Diagnostic Multi Chem (28 Tests)</b>	306265	CMP12+LP+6AC	1,502	1 Day	\$8.45	\$12,691.90
2	Albumin, Alkaline Phos						
3	ALT-SGPT, AST-SGOT						
4	BUN, BUN/Creatine						
5	Calcium, Choride						
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	Estimate CHD Risk, Globulin, Total,						
15	A/G Ratio						
16							
17	<b>Thyroid Profile includes (4 tests)</b>	000620	Thyroid Panel With TSH	1,208	1 Day	\$11.50	\$13,892.00
18	TSH (High Sensitivity, T3 Uptake)						
19	T4 Thyroxine, Free Thyroxine Index			297			
20	<b>Electrolyte Panel inclues (3 tests)</b>	000604	Cl+K+Na	316	1 Day	\$2.95	\$932.20
21	Sodium						
22	Potassium						
23	Chloride						
24	<b>Drug Abuse Screen (seven) Urine, without confirmation</b>	071910	Drug Screen (7)	1,256	24-48 Hours	\$15.00	\$18,840.00
25	Amphetamine, Cocaine						
26	Barbiturates, Opiates						
27	Bensodiazepines, Phencyclidine						
28	Cannabinoid						
29	<b>HFP7 &amp; 3AC</b>	000505	HFP7+3AC	455	1 Day	\$3.65	\$1,660.75
30	Protein, Total(s), Alkaline Phosphatase (s)						
31	Albumin, (s), LDG, AST (SGOT), GTT						
32	Bilirubin, Total, Bilirubin, Direct						
33	Cholesterol, Total						
34	Cholesterol, Total						

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**EXHIBIT B**

	BHS10009			COLUMN A		COLUMN B	COLUMN C
	<b>EXHIBIT - B</b>						
	<b>Most frequently ordred panels, profiles, screens and cultures.</b>						
	Item Description (Test)	Test #	LabCorp Description	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A + B)
35	<b>Lipid Profile Four includes: (3 test)</b>	025254	LP without LDL,VLDL	5,327	1 Day	\$3.25	\$17,312.75
36	Cholesterol, Total						
37	Triglycerides						
38	HDL Cholesterol						
39	<b>Drug Abuse Screen, Blood - without confirmation</b>	767558	767558 7 Blood-Scr (Only)	831	24-48 Hours	\$151.88	\$126,212.28
40	Amphetamine, Cocaine						
41	Barbiturates, Opiates						
42	Benzodiazepines, Phencycline						
43	Cannabinoid						
	<b>Cultures:</b>						
44	Lower Respiratory Culture	180810	Lower Respiratory Culture	107	2 Days	\$10.00	\$1,070.00
45	Upper Respiratory Culture	008342	Upper Respiratory Culture	96	1-2 Days	\$8.00	\$768.00
46	General Bacterial Culture	008649	Aerobic Bacterial Culture	137	2-3 Days	\$10.00	\$1,370.00
47	Blood Culture	008300	Blood Culture, Routine	842	5 Days	\$8.00	\$6,736.00
48	Stool Culture	008144	Stool Culture	55	3 Days	\$30.00	\$1,650.00
49	Urine Culture	008847	Urine Culture, Routine	1,306	1-2 Days	\$7.00	\$9,142.00
50	Sputum Culture	180810	Lower Respiratory Culture	98	2 Days	\$10.00	\$980.00
51	Sensitivity Organism	S00001	Sensitivity Organism #1	529	1 Day	\$5.00	\$2,645.00
52	<b>Heavy Metal Profile (Blood)</b>	042580	Heavy Metals Profile I, Blood	21	1 Day	\$53.00	\$1,113.00
53	Arsenic						
54	Lead			1			
55	Mercury						
56	<b>Hepatitis Profile (Diagnostic follow-up)</b>	046938	Hepatitis Follow-Up (Prof II)	46	4 Days	\$20.00	\$920.00
57	HBc Ag; anti-HBc;						
58	anti-HBS; Interpretation						
59	<b>Hepatitis Profile B &amp; C</b>	336408	HBcAb+HBcIgM+HBeAb+HBeAg+HB...	421	4 Days	\$46.00	\$19,366.00
60	HBs Ag; Hbc AG; Anti-HBC, total						
61	Anti-HBc; Igm; anti-HBc; anti-HBs						
62	anti-HCV; interpretation						
63	<b>Hepatitis Profile A&amp;B</b>	058552	HAV/HBV (Profile VII)	107	1 Day	\$53.50	\$5,724.50
64	Anti-HAV; total; anti HAV, Igm; HBs Ag;						
65	HBc Ag; anti-HBC, total; anti-HBC, Igm;						

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BHS10009

**EXHIBIT B**

	BHS10009			COLUMN A		COLUMN B	COLUMN C
	<b>EXHIBIT - B</b>						
	<b>Most frequently ordred panels, profiles, screens and cultures.</b>						
	Item Description (Test)	Test #	LabCorp Description	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A + B)
66	anti-HBc; anti-HBS; interpretation						
67	<b>Hepatitis A Profile</b>	028928	Hepatitis A (Prof V)	57	1-2 Days	\$14.50	\$826.50
68	Anti-HAV, total; anti-Hav, Igm						
69	Interpretation						
70	<b>Hepatitis B Profile</b>	058545	Hepatitis B Virus (Profile VI)	52	1 Day	\$39.00	\$2,028.00
71	HBs Ag; Hbc Ag; anti-Hbc, total						
72	anti-HBC, Igm: anti-HBc						
73	anti-HBs, Interpretation						
74	<b>Hepatitis C Virus Antibody</b>	140659	Hep C Virus Ab	416	1 Day	\$7.00	\$2,912.00
	<b>Additional Send Outs:</b>						
75	4 hr. GTT	102004	Gestational Glucose Tolerance	6	1 Day	\$54.00	\$324.00
76	Albumin	001081	Albumin, Serum	129	1 Day	\$2.75	\$354.75
77	Alkaline phos panel	001107	Alkaline Phosphatase, Serum	2	1 Day	\$2.75	\$5.50
78	ALT	001545	ALT (SGPT)	112	1 Day	\$2.75	\$308.00
79	ALT - SGOT	001123	AST (SGOT)	29	1 Day	\$2.75	\$79.75
80	ALT - SGPT	001545	ALT (SGPT)	23	1 Day	\$2.75	\$63.25
81	Amiodarone	706705	AMIODARONE (CORDARONE), SERUM	4	1 Day	\$70.50	\$282.00
82	ANC	162388	Antineutrophil Cytoplasmic Ab	80	1-2 Days	\$18.00	\$1,440.00
83	AST	001123	AST (SGOT)	146	1 Day	\$2.75	\$401.50
84	Basic Metabolic Panel	322758	Basic Metabolic Panel (8)	70	1 Day	\$3.45	\$241.50
85	B-Type Natriuretic Peptide	140889	B-Type Natriuretic Peptide	96	5 Days	\$35.00	\$3,360.00
86	BMP	322758	Basic Metabolic Panel (8)	188	1 Day	\$3.45	\$648.60
87	CA125	002303	Cancer Antigen (CA) 125	4	5 Days	\$10.00	\$40.00
88	CBC	005009	CBC With Differential/Platelet	70	1 Day	\$3.00	\$210.00
89	Chloride	001206	Chloride, Serum	86	1 Day	\$2.75	\$236.50
90	Cholesterol, Total	001065	Cholesterol, Total	6	1 Day	\$2.75	\$16.50
91	Comp Metabolic Panel 13	310900	Comp. Metabolic Panel (13)	47	1 Day	\$3.95	\$185.65
92	Comp Metabolic Panel 14	322000	Comp. Metabolic Panel (14)	214	1 Day	\$4.05	\$866.70
93	CPK	001362	Creatine Kinase, Total, Serum	24	1 Day	\$2.75	\$66.00
94	Creatine	002402	Creatine, Serum	15	1 Day	\$20.13	\$301.95
95	Cystic Fibrosis Profile	480533	Cystic Fibrosis Profile	80	7 Days	\$125.00	\$10,000.00
96	Depakote	007260	Valproic Acid (Depakote),S	60	1 Day	\$10.00	\$600.00
97	Dilantin	007401	Phenytoin (Dilantin), Serum	20	1 Day	\$10.00	\$200.00
98	Free T4	001974	Thyroxine (T4) Free, Direct, S	598	1 Day	\$5.00	\$2,990.00
99	FSH	004309	FSH, Serum	50	1 Day	\$9.00	\$450.00

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BHS10009

**EXHIBIT B**

	BHS10009			COLUMN A		COLUMN B	COLUMN C
	<b>EXHIBIT - B</b>						
	<b>Most frequently ordred panels, profiles, screens and cultures.</b>						
	Item Description (Test)	Test #	LabCorp Description	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A + B)
100	FSH and LH	028480	FSH and LH	48	1 Day	\$18.00	\$864.00
101	Gentamycin	007161	Gentamicin Random, Serum	2	1 Day	\$45.00	\$90.00
102	GGT	001958	GGT	3	1 Day	\$2.75	\$8.25
103	H&H	031088	HGB+HCT	4	1 Day	\$12.38	\$49.52
104	Hematocrit	005058	Hematocrit	10	1 Day	\$2.85	\$28.50
105	Hemoglobin	005041	Hemoglobin	10	1 Day	\$2.85	\$28.50
106	HSV culture	186072	HSV Culture Without Typing	3	3 Days	\$112.50	\$337.50
107	INR	005199	Prothrombin Time (PT)	24	1 Day	\$3.00	\$72.00
108	Ldh	001115	LDH	4	1 Day	\$2.75	\$11.00
109	LFT	322755	Hepatic Function Panel (7)	45	1 Day	\$3.35	\$150.75
110	Mumps IgG	096552	Mumps Antibodies, IgG	3	2-3 Days	\$15.00	\$45.00
111	PAP (Thin Prep)	192005	Gynecologic Mono-layer Pap	478	5 Days	\$24.00	\$11,472.00
112	Pro BNP	143000	proBNP	20	3 Days	\$136.50	\$2,730.00
113	Progesterone	004317	Progesterone	25	1 Day	\$9.00	\$225.00
114	PTH (intact)	015610	PTH, Intact	119	1 Day	\$10.00	\$1,190.00
115	RA Panel	006502	Rheumatoid Arthritis Factor	56	1 Day	\$4.50	\$252.00
116	Renal Panel	322777	Renal Panel (10)	165	1 Day	\$3.65	\$602.25
117	Rheumatoid Arthritis Factor	006502	Rheumatoid Arthritis Factor	60	1 Day	\$4.50	\$270.00
118	Rubeola 1Gg	096560	Rubeola Antibodies, IgG	4	1 Day	\$15.00	\$60.00
119	Teaenetal level	NMI	#N/A	2			
120	Tegetrol	007419	Carbamazepine(Tegretol), Serum	2	1 Day	\$10.00	\$20.00
121	Vitamin B12 and Folate	000810	Vitamin B12 and Folate	180	1 Day	\$12.00	\$2,160.00
122	Vit. D, 1-125 Dihydroxy	081091	Vitamin D, 1,25 Dihydroxy	98	2 Days	\$25.00	\$2,450.00
123	Vit. D, -25- hydroxyl	081950	Vitamin D, 25-Hydroxy	2	1 Day	\$18.00	\$36.00
124	WBC	005025	White Blood Cell (WBC) Count	508	1 Day	\$2.85	\$1,447.80

Total of Exhibit B - Bid Sheet **\$297,065.10**

Total of Exhibit A - Bid Sheet **\$229,674.80**

Total of Exhibit B - Bid Sheet **\$297,065.10**

Grand Total = Exhibit A + B **\$526,739.90**

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BHS10009

**EXHIBIT B**

	BHS10009			COLUMN A		COLUMN B	COLUMN C
	EXHIBIT - B						
	Most frequently ordred panels, profiles, screens and cultures.						
				Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A + B)
	<b>Item Description (Test)</b>	<b>Test #</b>	<b>LabCorp Description</b>				

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

Types & Descriptions of Phlebotomy Services Offered

1	LabCorp will work with the current phlebotomy arrangement at each facility to maintain the service level.
2	
3	

# **ALERT result call designation form**

**Please complete this form,  
Fold, insert into the  
Business reply envelope,  
And mail to LabCorp**

**Thank you!**





**ALERT result call designation form 2 of 9**

**ALERT result call designation form 1 of 5**

After you have reviewed this information, please sign and return the completed ALERT result call designation form verifying your selected ALERT results tests and values to LabCorp in the return envelope

**Note: LabCorp will only call ALERT tests and values if indicated below by the client.** Notification of ALERT results will occur on weekdays, Monday through Friday, during normal business hours

Please check the appropriate box:

- Call all of the following default ALERT results
- Call only the selected ALERT results with the indicated values.  
(Also enter new values for each test chosen if you desire notification at levels different than the default values)

Call as Alert (X)	Test	Units	Reference Interval	Default call Low ≤:	Default call High ≥:	Call at Default Level	Change LOW to:	Change HIGH to:
	ACE	U/L	12 - 68		100			
	ACTH Plasma	pg/ml	6 - 48		1000			
	Albumin CSF	mg/dL	11 - 48		1000			
	Albumin Serum	g/dL	3.5 - 5.5	2	6			
	Aldolase	U/L	1.2 - 7.6		67			
	ALT (SGPT)	IU/L	0 - 40		500			
	AST (SGOT)	IU/L	0 - 40		500			
	Alkaline Phosphatase	IU/L	(M) 25-160 (F) 25-165		1000			
	Alpha-1- Antitrypsin Serum	mg/dL	90 - 200		500			
	Ammonia	ug/dL	19 - 102		120			
	Amylase	U/L	0 - 99	5	400			
	Bile Acid Total	umol/L	4.5 - 24.6		10000			
	Bilirubin Direct	mg/dL	0.0 - 0.4		10			
	Bilirubin, Total	mg/dL	0.1 - 1.2	0	12			
	Carnitine, Free	umol/L	16 - 60	10	200			
	Carnitine, Total	umol/L	25 - 69	10	200			
	Cholesterol, Total	mg/dL	100 - 199		600			
	Chloride Serum	mmol/L	96 - 109	75	115			
	CO <sub>2</sub> Total Content	mmol/L	20 - 32	10	40			
	Complement C3 Serum Adult	mg/dL	90 - 180	40	300			
	Complement C4 Serum Adult	mg/dL	9 - 36		500			
	Complement, Total (CH50) Adult	mg/dL	22 - 60	10	500			
	Creatinine, Serum	mg/dL	0.5 - 1.5		15			
	Creatine Kinase, MB	ng/mL	0.0 - 3.3		3.4			

ALERT result call designation form 3 of 9

Call as Alert (v)	Test	Units	Reference Interval	Default call Low ≤:	Default call High ≥:	Call at Default Level	Change LOW to:	Change HIGH to:
	Creatine Kinase, Total Serum	U/L	24 - 204		500			
	Cystathionine, Serum	nmol/L	44 - 342		2500			
	Factors II Activity	%	75 - 130	5	500			
	Factors V Activity	%	60 - 140	5	500			
	Factors VII Activity	%	50 - 150	5	500			
	Factors VIII Activity	%	50 - 150	5	500			
	Factors IX Activity	%	55 - 150	5	500			
	Factors X Activity	%	65 - 140	5	500			
	Factors XI Activity	%	60-135	5	500			
	Factors XII Activity	%	50 - 150	5	500			
	Fibrinogen Activity	mg/dL	193- 423	100	800			
	Glucose, CSF	mg/dL	30 -70	30	400			
	Glucose, Gestational:1st Trimester FBS	mg/dL	65 - 95	40	96			
	Glucose, Gestational:1st Trimester 1-hour	mg/dL	65-180	40	181			
	Glucose, Gestational:1st Trimester 2-hour	mg/dL	65-155	40	156			
	Glucose, Gestational:1st Trimester 3-hour	mg/dL	65-140	40	141			
	Gamma-glutamylTranspeptidase	IU/L	(M) 0 - 65 (F) 0 - 60		650			
	Haptoglobin	m/dL	34 - 200		450			
	Hemoglobin	g/dL	(M) 12.5 - 17.0	7	20			
			(F) 11.5 - 15.0					
	Histamine Determination Urine	ug/24 Hours	13 - 62	13	63			
	(LD) Fraction 1	%	16 - 35		100			
	(LD) Fraction 2	%	24 - 41		100			
	(LD) Fraction 3	%	16 - 27		100			
	(LD) Fraction 4	%	5 - 14		100			
	(LD) Fraction 5	%	5 -24		100			
	Iron-binding Capacity	ug/dL	250 - 450	125	550			
	Iron, Serum	ug/dL	(M) 40 - 155	10	260			
			(F) 35 - 155					

ALERT result call designation form 4 of 9

Call as Alert (Y)	Test	Units	Reference Interval	Default call Low ≤:	Default call High >:	Call at Default Level	Change LOW to:	Change HIGH to:
	Iron, Saturation	%	15 - 55	10	75			
	Ionized Calcium	mg/dL	4.5 - 5.6	3	6.5			
	Lactic Acid Plasma	mg/dL	4.5 - 19.8		30			
	Lead Blood, Adult	ug/dL	0 - 19		29			
	Lead, Blood, Pediatric	ug/dL	0 - 9		19			
	LDH	IU/L	100 - 250	35	1000			
	Magnesium	mg/dL	1.6 - 2.6	1	3.5			
	Neutrophil (Absolute)	x10 <sup>3</sup> /uL	1.8-7.8	1	10			
	Osmolality Serum	mOsmol/kg	275 - 301	230	375			
	pH Urine		4.5 - 8.0	4	10			
	Phosphorus	mg/dL	2.5 - 4.5	1	9			
	Platelet Count	x10 <sup>3</sup> /uL	140 - 415	100	800			
	Partial Thromboplastin Time (PTT), Activated	seconds	22 - 36		60			
	Phospholipids, Serum	mg/dL	150 - 250		4000			
	Protein Total, CSF	mg/dL	13.0 - 40.0		150			
	Protein Total Serum	g/dL	6.0 - 8.5	4.5	10			
	RBC	x10 <sup>9</sup> /uL	(M) 4.10 - 5.60 (F) 3.80 - 5.10	2.75	7			
	Serotonin, Serum	ng/mL	0 - 420		500			
	Triiodothyronine, Free, Serum	pg/mL	2.3 - 4.2		20			
	Thyroxine (T4)	ug/dL	4.5 - 12.0	2	18			
	Total Bilirubin	mg/dL	0.1 - 1.2	0	12			
	Urea Nitrogen Serum (BUN)	mg/dL	5 - 26	2	75			
	Uric Acid, Serum	mg/dL	2.4 - 8.2		15			
	Vitamin C	mg/dL	0.4 - 2.0	0.1	5			
	WBC	x10 <sup>3</sup> /uL	4.0 - 10.5	2.5	20			
<b>Toxicology</b>								
	Acetaminophen Serum	ug/mL	10 - 25		200			
	Aluminum, Plasma/Serum	ug/L	0 - 9		60			
	Amikacin, Trough Serum	ug/mL	1.0 - 8.0		8			
	Amikacin, Peak, Serum	ug/mL	20.0 - 30.0		30			
	Amiodarone	ug/mL	1.0 - 2.5		10			
	Noramiodarone (Desethyl <sup>®</sup> )	ug/mL	1.0 - 2.5		10			
	Amitriptyline + Nortriptyline	ng/mL	120-250		500			

ALERT result call designation form 5 of 9

Call as Alert (✓)	Test	Units	Reference Interval	Default call Low ≤:	Default call High ≥:	Call at Default Level	Change LOW to:	Change HIGH to:
	Amobarbital (Amytal <sup>®</sup> )	ug/mL	5 – 15		15			
	Antimony, Urine	ug/L	0 – 9		1000			
	Arsenic Blood	ug/L	2 - 23		100			
	Arsenic (Total) Urine	ug/L	0 – 50		1000			
	Arsenic (Inorganic) Urine	ug/L	0 – 19		250			
	Butalbital	ug/mL	1 – 10		15			
	Cadmium Blood	ug/L	0.0 – 1.2		15			
	Caffeine	ug/mL	3.0 – 15.0		50			
	Carbamazepine	ug/mL	4.0 – 12.0		12.1			
	Carbamazepine, Free, Serum	Ug/mL	0.6 – 4.2		4.2			
	Chlordiazepoxide	ug/mL	0.1 – 0.9		5			
	Norchlordiazepoxide	ug/mL	0.1 – 0.6		5			
	Nordiazepam	ug/mL	0.1 – 1.4		5			
	Chlorpromazine	ng/mL	30 – 300		750			
	Clomipramine	ng/mL	70 – 200		400			
	Norclomipramine (Desmethyl <sup>®</sup> )	ng/mL	150 – 300		600			
	Clonazepam	ng/mL	15 – 60		80			
	Clorazepate (Tranxene) Serum	ug/mL	0.5 – 2.0		5			
	Copper, Serum	ug/dl	70 – 155		500			
	Cyclosporine, Blood	ng/mL	100 – 400		450			
	Desipramine	ng/mL	150 – 250		500			
	Diazepam + Nordiazepam	ng/mL	0.1 – 2.5		5			
	Disopyramide (Norpace <sup>®</sup> )	ug/mL	2.0 – 5.0		5			
	Doxepin + Desmethyldoxepin	ng/mL	150-250		500			
	Ethchlorvynol	ug/mL	2 – 8		13			
	Ethosuximide	ug/mL	40-100		100			
	Ethylene Glycol Serum	mg/dL	None detected		100			
	Flecainide, Serum	ug/mL	0.20 – 1.00		1			
	Fluoxetine(Prozac <sup>®</sup> )	ng/mL	91 – 302		1000			
	Fluphenazine (Prolixin <sup>®</sup> )	ng/mL	0.3 – 4.0		25			
	Gabapentin	ug/mL	4.0 – 16.0		24			
	Gentamicin, Trough, Serum	ug/mL	0.5 – 1.5		2			
	Gentamicin, Peak Serum	ug/mL	6.0 – 10.0		12			

ALERT result call designation form 6 of 9

Call as Alert (✓)	Test	Units	Reference Interval	Default call Low ≤:	Default call High >:	Call at Default Level	Change LOW to:	Change HIGH to:
	Gentamicin Random	ug/mL	0.5 – 10.0		12			
	Haloperidol Serum	ng/mL	4 – 26		50			
	Glutethimide	ug/mL	2.0 – 6.0		50			
	Imipramine + Desipramine	ng/mL	150-250		500			
	Lamotrigine Serum	ug/mL	2.0 – 20.0		20			
	Levetiracetam, Serum	ug/mL	5.0 – 63.0	4.9	63.1			
	Lidocaine	ug/mL	1.5 – 5.0		5			
	Lithium (Eskalith) Serum	mmol/L	0.6 – 1.4		1.5			
	Magnesium, Urine 24 hr	mg/24 hours	12 - 293		1833			
	Mandelic Acid Urine	mg/L	0 – 5		800			
	Mandelic Acid/Creatinine Ratio	mg/g Creatinine	0 – 800		800			
	Meperidine	ng/mL	70-500		1000			
	Mephobarbital, Serum	ug/mL	8 – 15		40			
	Meprobamate	ug/mL	6.0 – 12.0		60			
	Mercury, Blood	ug/L	0.0 – 14.9		50			
	Mercury/Creatinine Ratio	ug/g Creatinine	0 – 5		100			
	Mercury Urine 24-hour	ug/24-hour	0 - 20		100			
	Methadone	ng/mL	100 – 400		2000			
	Methotrexate	umol/L	0.02 – 5.00		5			
	Methylmalonic Acid, Serum	nmol/L	73-376		5000			
	Mexiletine (Mexitol <sup>®</sup> ), Serum	ug/mL	0.75 – 2.00		2			
	Mycophenolic Acid	ug/mL	1.0 – 3.5		4.1			
	Nortriptyline	ng/mL	50 – 150		500			
	Pentobarbital, Serum	ug/mL	1 – 5		8			
	Phenobarbital	ug/mL	15 – 40		40			
	Phenol (Total)	mg/L	0.0 – 19.9		49.9			
	Phenol/Creatinine Ratio	mg/g Creatinine	0 – 49.9		49.9			
	Phenytoin	ug/mL	10.0 – 20.0		20			
	Phenytoin Free Serum	ug/mL	1.0 – 2.0		2			
	Prazepam	ug/mL	0.1 – 0.3		5			
	Primidone serum	ug/mL	5.0-12.0		12			
	Procainamide	ug/mL	4.0 – 10.0		10			
	Procainamide + NAPA	ug/mL	10.0 – 30.0		30			

**ALERT result call designation form 7 of 9**

Call as Alert (✓)	Test	Units	Reference Interval	Default call Low ≤:	Default call High ≥:	Call at Default Level	Change LOW to:	Change HIGH to:
	Propoxyphene, Serum	ng/mL	100-400		500			
	Protoporphyrin (FEP), Adult & Pediatric	ug/L	0 - 34		200			
	Zinc Protoporphyrin Adult & Pediatric	ug/dL	0 - 38		200			
	Quinidine	ug/mL	2.0 - 5.0		5			
	Risperidone + 9-OH	ng/mL	10 - 120		150			
	Salicylate, Serum	ug/mL	30 - 250		300			
	Secobarbital, Serum	ug/mL	1 - 5		10			
	Selenium, Blood	ug/L	100 - 340	20	600			
	Sirolimus	ng/mL	3.0 - 20.0		40			
	Tacrolimus, Blood	ng/mL	2.0 - 20.0		20.1			
	Theophylline Adult	ug/mL	10.0-20.0		20			
	Theophylline, Neonatal	ug/mL	5.0 - 10.0		10			
	Tobramycin, Trough Serum	ug/mL	0.5 - 1.5		2			
	Tobramycin, Peak, Serum	ug/mL	6.0 - 10.0		12			
	Trazodone (Desyrel®)	ug/mL	0.8 - 1.6		5			
	Valproic Acid (Depakote®)	ug/mL	50 - 120		120			
	Valproic Acid, Free Serum	ug/mL	4.0 - 12.0		12			
	Vancomycin, Trough Serum	ug/mL	5.0 - 10.0		20			
	Vancomycin, Peak, Serum	ug/mL	25.0 - 40.0		41			
	Warfarin (Coumadin®)	ug/mL	1.0 - 10.0		10			

## ALERT result call designation form 8 of 9

### Alpha or Qualitative ALERT Results (results that are not numbers)

LabCorp will continue to call qualitative ALERT results as soon as they are resultd and verified, Monday through Friday, 8:00 AM to 5:00 PM; however, for cytology and histology, you can request calls for low-grade lesions and/or suspicious results

Call as Alert	Test	Abnormal Result	Call at Default Level
	<b>Cytology and Histology Tests</b>	<b>Abnormal Results</b>	<b>Special Request(s)</b>
X	Pap Smear	High-grade squamous intraepithelial lesions (HSIL) or malignant	
X	Nongynecological Specimens	All positive and highly suspicious specimens or specially requested call reports	
X	Tissue Analysis	Malignancy	
	<b>Microbiology Test</b>	<b>Abnormal Results</b>	
X	Acid-fast Bacilli Stains and Cultures	Positive smear and/or culture	Unavailable for Change
X	Stool Cultures	Positive For: Salmonella, Shigella, Campylobacter, Yersinia (special culture) Vibro (special culture) and enterohemorrhagic <i>E. coli</i>	Unavailable for Change
X	Cryptococcal Antigen, Serum and CSF	Positive	Unavailable for Change
X	<i>Strep pneumoniae</i> Antigen	Positive	Unavailable for Change
X	<i>Haemophilus influenzae</i> , B Antigen	Positive	Unavailable for Change
X	<i>Neisseria meningitidis</i> Antigen	Positive	Unavailable for Change
	<b>Other Test</b>	<b>Abnormal Results</b>	
X	Blood Smear	Presence of malarial parasites	Unavailable for Change
X	L/S Ratio (Amniotic Fluid)	All results	Unavailable for Change
X	Amniotic Scan for Bilirubin	All results	Unavailable for Change

**ALERT result call designation form 9 of 9**  
**Special physician or client-specific ALERT limits**

I, \_\_\_\_\_, have been advised of the LabCorp policy concerning notification of **ALERT results**. Based on my medical judgment, I request that I be called for the following additional results that I deem to be **ALERT results**.

Other specific ALERT results to call:

Individual Test	Test Number	Low Limit	High Limit

I hereby assume all responsibility for the election of the specific tests, the ALERT results listed above and/or changes in calling instructions and hereby agree to indemnify LabCorp and its employees and representatives from any and all claims or lawsuits resulting from LabCorp's compliance with my request(s) relating to the listed ALERT results and contact procedures.

**Physician's Signature:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Date:** \_\_\_\_\_

Must be signed by the physician(s)

**Account Numbers**

**Contact/Phone Number(s):**

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

LABORATORY NAME AND ADDRESS

LABORATORY CORPORATION OF AMERICA  
 6370 WILCOX ROAD  
 DUBLIN, OH 43016

CLIA ID NUMBER

36D0327333

EFFECTIVE DATE

06/14/2009

LABORATORY DIRECTOR

MODINA THRASHER MD

EXPIRATION DATE

06/13/2011

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*

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

160 cert2\_051609

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:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE	LAB CERTIFICATION (CODE)	EFFECTIVE DATE
BACTERIOLOGY (110)	06/14/1995	ANTIBODY TRANSFUSION (520)	06/14/1995
MYCOBACTERIOLOGY (115)	06/14/1995	ANTIBODY NON-TRANSFUSION (530)	06/14/1995
MYCOLOGY (120)	06/14/1995	ANTIBODY IDENTIFICATION (540)	06/14/1995
PARASITOLOGY (130)	06/14/1995		
VIROLOGY (140)	06/14/1995		
SYPHILIS SEROLOGY (210)	06/14/1995		
GENERAL IMMUNOLOGY (220)	06/14/1995		
ROUTINE CHEMISTRY (310)	06/14/1995		
URINALYSIS (320)	06/14/1995		
ENDOCRINOLOGY (330)	06/14/1995		
TOXICOLOGY (340)	06/14/1995		
HEMATOLOGY (400)	06/14/1995		
ABO & RH GROUP (510)	06/14/1995		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.HHS.GOV/CLIA](http://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.



*Advancing Excellence*

**Accredited  
Laboratory**



# The College of American Pathologists

*certifies that the laboratory named below*

**Laboratory Corporation of America  
Dublin, Ohio  
Modina R. Thrasher, MD**

LAP Number: 1635001

AU-ID: 1182090

CLIA Number: 36D0327333

*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 September 20, 2009 to maintain accreditation.*

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

*Robert Williams, MD*

Chair, Commission on Laboratory Accreditation

*Thomas Soderman MD FCAP*

President, College of American Pathologists



## CLIENT SUPPLY REQUISITION (COLUMBUS BRANCH)

PHONE: 614-889-1061 ext. 3310

FAX: 614-889-0870

DATE REQUESTED:

Account Number:

REQUESTED BY:

Account Name:

Account Address:

Phone Number:

DESCRIPTION	QUANTITY ORDERED	UNIT	QUANTITY ISSUED	DESCRIPTION	QUANTITY ORDERED	UNIT	QUANTITY ISSUED
<b>EVACUATED BLOOD COLLECTION TUBES</b>				<b>FORMS</b>			
Serum Separator Tube      3.5 ml <input type="checkbox"/> 8.5 ml <input type="checkbox"/>		Each		Clinical Requisition		Each	
Lavender Top (EDTA)      3 ml <input type="checkbox"/> 4 ml <input type="checkbox"/>		Each		Cytology/Histology Requisition		Each	
Grey Top (Sodium Fluoride/Potassium Oxalate)      4 ml <input type="checkbox"/> 6 ml <input type="checkbox"/>		Each		Chain of Custody (non NIDA)		Each	
Grey Top, Glass (For Drug Screens & Volatiles)      5 ml <input type="checkbox"/>		Each		LCM Requisition      8 Label 3x)      8 Label 2x)		Pack	
Blue Top (Sodium Citrate)      2.7 ml <input type="checkbox"/> (For PT/PTT) 4.5 ml <input type="checkbox"/>		Each		LCM Laser Report Paper		Pack	
Yellow Top (ACD)      6 ml <input type="checkbox"/> 8.5 ml <input type="checkbox"/>		Each		Supply Requisition Form		Each	
Red Top (Plain)      3 ml <input type="checkbox"/> 5 ml <input type="checkbox"/> 10 ml <input type="checkbox"/>		Each		Universal Report Paper      1 ply <input type="checkbox"/> 2 ply <input type="checkbox"/> 3 ply <input type="checkbox"/>		Box	
Dark Blue      Sodium Heparin <input type="checkbox"/>		Each		Printer Ribbon/Toner Cartridge		Each	
Green Top (Sodium Heparin)      5 ml <input type="checkbox"/> 10 ml <input type="checkbox"/>		Each		Cartridge #			
Green Top (Lithium Heparin)      7 ml <input type="checkbox"/>		Each		Specimen Log Book		Each	
Microtainer Specify Type      Lav. <input type="checkbox"/> Plain <input type="checkbox"/> Amber <input type="checkbox"/> SST <input type="checkbox"/>		Each		ABN Forms		Each	
PPT      5 ml <input type="checkbox"/>		Each					
<b>BLOOD COLLECTION NEEDLES</b>				<b>CYTOLOGY/HISTOLOGY SUPPLIES</b>			
Needles (Multisample)      21G 1.25" <input type="checkbox"/>		Each		Pap Pack      w/Brush <input type="checkbox"/>		Box	
				Spray Fixative		Bottle	
				Histology Micheles Media		Each	
Needle Holder      Regular <input type="checkbox"/> Pediatric <input type="checkbox"/>		Each		Biopsy Bottle w/Formalin      40 ml <input type="checkbox"/> 120 ml <input type="checkbox"/>		Each	
				ThinPrep Collectors		Pack	
				ThinPrep Vials		Pack	
<b>URINE COLLECTION</b>				<b>TRANSPORT MEDIA</b>			
Urinalysis Tube - Speckled Top		Each		Cyto-      Spatulas <input type="checkbox"/> Brushes <input type="checkbox"/> Brooms <input type="checkbox"/>		Each	
C&S Urine Tube - Grey Top		Each		AutoCyte		Each	
Urine Transfer Straw		Each		Tripath Collection w/Rovers Blue Brooms		Each	
Cup, Paper "Urine Collection"		Each					
24 Hr. Urine Jug      Boric <input type="checkbox"/> Plain <input type="checkbox"/> HCL <input type="checkbox"/> Other <input type="checkbox"/>		Each					
<b>TRANSPORT MATERIAL</b>				<b>TRANSPORT MEDIA</b>			
Transfer Tubes and Caps		Each		DNA Gen-Probe      Male <input type="checkbox"/> Female <input type="checkbox"/>		Each	
LabCorp Specimen Bags 14 x 22 in.		Each		Vira Pap HPV Digene		Each	
LabCorp Transport Bags/with Pouch 6 x 9 in.		Each		OVA and Parasite Kit		Each	
Frozen Specimen Bags		Each		Stool C&S Vials		Each	
Frozen Transport Tubes & Caps		Each		Para-Pak Clean Vials		Each	
Sterile Container		Each		Viral Multitransport		Each	
				Blood Culture Bottles      Adult <input type="checkbox"/> Ped <input type="checkbox"/>		Each	
				Swab, Transport - Pink/Red - Bacterial		Each	
				ProbeTec Swab		Each	
<b>DRUG SCREEN SUPPLIES</b>				<b>LABELS</b>			
Drug Screen Cups, Lids (Single)		Each		Frozen Labels      Small Red <input type="checkbox"/> Large Blue <input type="checkbox"/>		Roll	
NIDA/D.O.T. (Drug Screen Kits) (Double)		Each		Specimen I.D. Labels		Roll	
				AOE		Roll	
<b>TRANSPORT KITS</b>				<b>MISCELLANEOUS SUPPLIES</b>			
Frozen Trans-Pak Bottles		Each		Glucola (Orange Flavor)      50g <input type="checkbox"/> 100g <input type="checkbox"/>		Each	
Fluid Transport Kit Amniotic		Each		Glucola (Lemon-Lime Flavor)      50g <input type="checkbox"/> 100g <input type="checkbox"/>		Each	
General Transport Kit		Each		Tourniquet		Each	
Taysachs Disease Kit		Each					
Bone Marrow Transport Kit		Each					
Histology Special Studies		Each		<b>OTHER</b>			
Cytology Special Studies		Each		Lockbox		Each	

Time and Date Completed: \_\_\_\_\_ Route #: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Date and Time of Delivery: \_\_\_\_\_ Verified Order: \_\_\_\_\_

STANDARD UTILIZATION REPORT  
 FINANCIAL DIV: XXXXX  
 REGIONAL LAB: XXXXXXXXXXXX  
 INANCIAL REGION: XXXXXXXXXXXX

GROUP: 9999 ACCOUNT: 99999999 SUB ACCT:

FOR AUGUST 2000 QUANTITIES OF TESTS ORDERED BY 99999999 XXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

TEST NUMBER AND NAME	PRICE	CURRENT MONTH		YEAR-TO-DATE
		QTY	DOLLARS	
006072 RPR	3.55	29	102.95	125 439.65
083824 PANEL 083824	12.88	23	296.24	91 1,160.30
058867 CMP12+8AC	5.15	19	97.85	342 1,192.30
005009 CBC WITH DIFFERENTIAL/PLATELET	3.50	13	45.50	102 349.10
303756 LIPID PANEL	6.18	2	12.36	7 42.72
883051 88305 SURGICAL PATHOLOGY	85.75	2	171.50	7 600.25
303758 BASIC METABOLIC PANEL (7)	4.67	1	4.67	5 32.67
339010 BUN+CA+CREAT+K+NA+P+HGB+HCT	10.51	1	10.51	1 10.51
007419 CARBAMAZEPINE, SERUM	12.36	1	12.36	8 93.36
717348 GENTAMICIN, SERUM, PEAK/TROUGH	56.00	1	56.00	1 56.00
333328 MICROSCOPIC EXAMINATION	4.50	1	4.50	14 0.00
007401 PHENYTOIN (DIANTIN), SERUM	9.27	1	9.27	10 90.81
010322 PROSTATE-SPECIFIC AG, SERUM	9.27	1	9.27	6 54.54
004259 TSH, HIGH SENSITIVITY, SERUM	8.50	1	8.50	3 38.50
003772 URINALYSIS, COMPLETE	3.61	1	3.61	4 21.91
007260 VALPROIC ACID, SERUM	16.48	1	16.48	11 176.96
008649 AEROBIC BACTERIAL CULTURE	10.04	0	0.00	2 19.79
002253 AFP, SERUM, TUMOR MARKER	22.70	0	0.00	1 22.70
001396 ANYLASE, SERUM	5.15	0	0.00	1 5.00
006254 ANTINUCLEAR ANTIBODIES (ANA)	12.36	0	0.00	1 12.00
001123 AST (SGOT)	1.03	0	0.00	2 2.03
005017 CBC, NO DIFFERENTIAL/PLATELET	4.10	0	0.00	6 24.60
002139 CEA	31.70	0	0.00	3 95.10
008565 CHLAMYDIA TRACHOMATIS CULTURE	33.40	0	0.00	1 33.40
164160 CHLAMYDIA/GC (CONFIRMATION)	13.39	0	0.00	2 26.00
310900 COMP. METABOLIC PANEL (13)	5.30	0	0.00	1 3.35
104018 CORTISOL - AM	18.00	0	0.00	1 18.00
002311 CREATINE KINASE (CK) . MB/TOTAL	60.30	0	0.00	1 17.40
003012 CREATININE, 24-HOUR URINE	9.00	0	0.00	1 9.00
007385 DIGOXIN (LANOXIN), SERUM	9.27	0	0.00	2 18.00
001032 GLUCOSE, SERUM	3.09	0	0.00	1 3.00
255505 HBV/HCV (PROFILE VIII)	36.05	0	0.00	1 35.00
162289 HELICOBACTER PYLORI, ICG	38.80	0	0.00	2 77.60
001453 HEMOGLOBIN A1C	9.27	0	0.00	42 378.00
001511 HEMOGLOBIN FRACTIONATION	22.20	0	0.00	1 22.20
006395 HEP B SURFACE AB	10.82	0	0.00	2 21.32
006510 HEP B SURFACE AG	16.40	0	0.00	1 16.40
140608 HEP C VIRUS AB	20.60	0	0.00	3 60.60
257113 HEP VII+HEP C	120.40	0	0.00	1 120.40

REGIONAL LAB: XXXXXXXXXXXX GROUP: 9999 ACCOUNT: 99999999 SUB ACCT:

INANCIAL REGION: XXXXXXXXXXXX QUANTITIES OF TESTS ORDERED BY 99999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

FOR AUGUST 2000

TEST NUMBER AND NAME	PRICE	CURRENT MONTH		YEAR-TO-DATE	
		QTY	DOLLARS	QTY	ADJ DOLLARS
007336 THEOPHYLLINE, SERUM	12.36	0	0.00	4	48.00
000620 THYROID PANEL WITH TSH	10.30	0	0.00	5	50.00
001057 URIC ACID, SERUM	2.06	0	0.00	2	4.06
003038 URINALYSIS, ROUTINE	3.09	0	0.00	34	102.09
008847 URINE CULTURE, ROUTINE	10.30	0	0.00	2	20.60
717314 VANCOMYCIN, SERUM, PEAK/TROUGH	63.20	0	0.00	1	63.20
005025 WHITE BLOOD CELL (WBC) COUNT	4.10	0	0.00	2	8.20

\*INDICATES PRICE COULD NOT BE DETERMINED

\*\*\* ACCOUNT TOTAL 98 861.57 914 6,301.94

LABORATORY CORPORATION OF AMERICA HOLDINGS  
MANAGEMENT REPORTING SYSTEM

RPT# RCME015-B  
STANDARD UTILIZATION WITHOUT PRICING  
FINANCIAL DIV: XXXXXX

REGIONAL LAB: XXXXX  
FINANCIAL REGION: XXXXX  
FOR SEPTEMBER 2000

GROUP: 9999 ACCOUNT: 999999999 SUB ACCT: 999999999

QUANTITIES OF TESTS ORDERED BY . 999999999 XXXX XXXX XXXXX/XXXXXX XXXX

TEST NUMBER AND NAME	CURRENT MONTH QTY	YEAR-TO-DATE QTY
005009 CBC WITH DIFFERENTIAL/PLATELET	1	4
058867 CMP12+8AC	1	5
005199 PROTHROMBIN TIME (PT)	1	1
001149 THYROXINE (T4)	1	2
004259 TSH, HIGH SENSITIVITY, SERUM	1	2
998085 VENIPUNCTURE	1	4
162289 HELICOBACTER PYLORI, IGG	0	1
303756 LIPID PANEL	0	1

\*\*\* ACCOUNT TOTAL

6 20

TEST NUMBER AND NAME	PRICE	CURRENT MONTH		YEAR-TO-DATE	
		QTY	DOLLARS	QTY	ADJ DOLLARS
005009 CBC WITH DIFFERENTIAL/PLATELET	3.50	15	52.50	76	262.40
322758 BASIC METABOLIC PANEL (8)	7.30	7	51.10	19	138.70
303756 LIPID PANEL	6.18	5	30.90	30	183.24
322755 HEPATIC FUNCTION PANEL (7)	5.15	4	20.60	11	56.65
322000 COMP. METABOLIC PANEL (14)	5.25	3	15.75	16	93.45
333328 MICROSCOPIC EXAMINATION	4.50	3	13.50	14	0.00
008557 ENVIRONMENTAL CULTURE	9.79	2	19.58	34	325.90
008482 FUNGUS (MYCOLOGY) CULTURE	12.62	2	25.24	6	74.61
001032 GLUCOSE, SERUM	3.09	2	6.18	4	12.27
235010 LIPID PANEL WITH LDL/HDL RATIO	15.30	2	30.60	19	196.90
005199 PROTHROMBIN TIME (PT)	5.15	2	10.30	5	25.30
003772 URINALYSIS, COMPLETE	3.61	2	7.22	7	24.83
001396 AMYLASE, SERUM	5.15	1	5.15	9	45.75
008169 BETA-HEMOLYTIC STREP, A ONLY	12.36	1	12.36	1	12.36
008136 FUNGUS STAIN	22.00	1	22.00	1	22.00
162289 HELICOBACTER PYLORI, IGG	38.80	1	38.80	1	38.80
322744 HEPATITIS PANEL (4)	89.90	1	89.90	1	89.90
005249 PLATELET COUNT	2.06	1	2.06	2	4.06
001180 POTASSIUM, SERUM	2.06	1	2.06	5	10.06
010322 PROSTATE-SPECIFIC AG, SERUM	9.27	1	9.27	2	18.54
162545 QUANT, RNA PCR	95.00	1	95.00	27	2,565.00
006072 RPR	3.55	1	3.55	1	3.55
006197 RUBELLA ANTIBODIES, IGG	6.64	1	6.64	1	6.64
160218 RUBEOLO ANTIBODIES, IGM	17.50	1	17.50	1	17.50
005215 SEDIMENTATION RATE-WESTERGRN	3.09	1	3.09	2	6.09
050013 SKIN LESION 1ST	56.75	1	56.75	4	227.00
998823 STAT CHARGE	35.00	1	35.00	1	35.00
003038 URINALYSIS, ROUTINE	3.09	1	3.09	8	24.36
008649 AEROBIC BACTERIAL CULTURE	10.04	0	0.00	12	118.16
303758 BASIC METABOLIC PANEL (7)	4.67	0	0.00	11	49.97
001040 BUN	2.06	0	0.00	1	2.00
115907 CBC/DIFFERENTIAL (NO PLATELET)	6.30	0	0.00	1	6.30
005017 CBC, NO DIFFERENTIAL/PLATELET	4.10	0	0.00	3	12.30
001065 CHOLESTEROL, TOTAL	2.06	0	0.00	1	2.00
027623 CMP12+LP+6AC	18.50	0	0.00	27	232.20
058867 CMP12+8AC	5.15	0	0.00	13	65.30
310900 COMP. METABOLIC PANEL (13)	5.30	0	0.00	42	212.40
003004 CREATININE CLEARANCE	13.70	0	0.00	1	13.70
001370 CREATININE, SERUM	2.88	0	0.00	2	5.60
303754 ELECTROLYTE PANEL	4.12	0	0.00	1	4.00
001917 G-6-PD, QUANT, BLOOD AND RBC	22.90	0	0.00	3	68.70
001958 GGT	8.30	0	0.00	1	8.30

RPT# RCMB015-C1  
 NATIONAL CMS UTILIZATION REPORT  
 FINANCIAL DIV: XXXXXXXX  
 REGIONAL LAB: XXXX  
 FINANCIAL REGION: XXXX  
 FOR SEPTEMBER 2000

LABORATORY CORPORATION OF AMERICA HOLDINGS  
 MANAGEMENT REPORTING SYSTEM

DATE 10/10/2000 PAGE: 2

GROUP: 9999 ACCOUNT: XX9999999 SUB ACCT:  
 QUANTITIES OF TESTS ORDERED BY XX9999999 XX XXXXXXXXXX

TEST NUMBER AND NAME	PRICE	CURRENT MONTH		YEAR-TO-DATE
		QTY	DOLLARS	
1276 CORONARY RISK II	18.47	160	1,824.00	703 12,981.50
5020 COMPLETE BLOOD COUNT	3.51	123	418.20	1,088 3,823.10
2700 HEMOGLOBIN A1C (GLYCOHEMOGLOBI	9.15	105	945.00	647 5,920.50
4027 ULTRA-SENSITIVE TSH	15.62	100	1,500.00	791 12,355.00
4106 PROSTATE SPECIFIC ANTIGEN	9.68	96	864.00	841 8,138.25
2000 CHEMISTRY PANEL	5.36	51	255.00	659 3,529.50
5150 URINALYSIS COMPLETE	4.26	42	172.20	233 992.20
5100 PROTHROMBIN TIME	5.05	23	115.00	162 817.50
4046 HEPATITIS C ANTIBODY	20.00	11	220.00	12 240.00
99006 LIPID PANEL	15.14	8	120.80	288 4,360.60
4020 DIGOXIN	9.87	6	54.00	44 434.25
90729 HEPATIC FUNCTION PANEL (7)	9.89	6	57.60	49 484.80
6034 HELICOBACTER PYLORI IGG ANTIBO	14.00	5	70.00	23 322.00
3030 THEOPHYLLINE (AMINOPHYLLINE)	14.71	5	60.00	13 191.25
90730 HEPATITIS PANEL (4)	77.60	4	310.40	10 776.00
620 THYROID + TSH PANEL	26.30	4	105.20	103 2,708.90
99005 HEPATITIS PANEL	89.23	3	274.50	33 2,944.68
90445 PSA TOTAL + % FREE (WITHOUT SM)	100.00	3	300.00	14 1,400.00
4062 TESTOSTERONE	15.00	3	45.00	28 420.00
2576 VALPROIC ACID	16.00	3	48.00	8 128.00
3075 CARBAMAZEPINE (TEGRETOL)	12.00	2	24.00	9 108.00
60000 PAP SMEAR-1 SLIDE (LC_MILL)	11.00	2	22.00	6 66.00
7014 STOOL CULTURE (LC_MILL)	12.10	2	24.20	8 96.80
2120 AMYLASE	5.00	1	5.00	6 30.00
1017 ARTHRITIS PANEL W/O URINE	73.25	1	73.25	1 73.25
90115 ARTHRITIS PNL W/O URINE	63.50	1	63.50	1 63.50
2080 CALCIUM	4.20	1	4.20	4 16.80
45095 CARBOHYDRATE AG 19-9 (LC_BUR)	103.00	1	103.00	3 309.00
4042 CORTISOL	18.50	1	18.50	2 37.00
90630 FERRITIN, SERUM (LC_SAN DIEGO)	9.18	1	5.00	14 128.50
4023 FREE T4	5.50	1	5.50	2 11.00
1628 HAPTOGLOBIN (LC_BU)	33.60	1	33.60	2 67.20
99002 HEPATIC FUNCTION PANEL	9.35	1	9.30	252 2,356.50
2111 IRON AND IRON BINDING CAPACITY	8.75	1	8.75	24 210.00
2231 LIPASE	3.00	1	3.00	4 12.00
45843 MICROALBUMIN-RANDOM URIN (LC_BU	12.80	1	12.80	3 38.40

\* INDICATES PRICE COULD NOT BE DETERMINED

787 8,225.30 7,150 76,814.80  
 CONSOLIDATED GROUP TOTAL



LABORATORY CORPORATION OF AMERICA HOLDINGS  
 MANAGEMENT REPORTING SYSTEM  
 FINANCIAL DIV: XXXXXXXX  
 REGIONAL LAB: XXXXXX XXXX  
 FINANCIAL REGION: XXXXXX XXXX  
 FOR SEPTEMBER 2000

GROUP: 9999 ACCOUNT: 999999999 SUB ACCT:

QUANTITIES OF TESTS ORDERED BY : 999999999 XXXXXXXXXXXX XXX 9999

TEST NUMBER AND NAME	CURRENT MONTH		YEAR-TO-DATE QTY
	QTY	DOLLARS	
081950 Vitamin D, 25-Hydroxy	0	0.00	3
070789 VALPROIC ACID, FREE, SERUM	0	0.00	4
004143 VANILLYLMANDelic ACID, 24-HR U	0	0.00	2
235945 VARICELLA ZOSTER ABS, IGG/IGM	0	0.00	24
008243 VARICELLA-ZOSTER VIRUS CULTURE	0	0.00	1
998085 VENIPUNCTURE	0	0.00	9
008573 VIRAL CULTURE, GENERAL	0	0.00	5
008102 VIRAL CULTURE, INFLUENZA VIRUS	0	0.00	12
028910 VIRAL HEPATITIS PROFILE-IMUNE	0	0.00	1
227492 VIRAL PANEL	0	0.00	2
81091 VIT D 1, 25 DIHYDROXY (LC_BU)	0	0.00	1
144006 VITAMIN A & E	0	0.00	1
121186 VITAMIN B1 (THIAMINE), BLOOD	0	0.00	2
4051 VITAMIN B12 (TRUE COBALAMIN)	0	0.00	1
004655 VITAMIN B6	0	0.00	3
081091 VITAMIN D, 1, 25 DIHYDROXY	0	0.00	1
081000 VITAMIN E, SERUM	0	0.00	3
81000 VITAMIN E1, SERUM (LC_BU)	0	0.00	1
808535 VITAMIN K1	0	0.00	2
007062 VOLATILES, BLOOD	0	0.00	3
008599 WET MOUNT FOR PARASITES	0	0.00	2
54072 WET PREP (LC VEGAS)	0	0.00	1
7013 WOUND CULTURE (LC_MICRO)	0	0.00	2
001800 ZINC, SERUM	0	0.00	3
003434 ZINC, URINE	0	0.00	1
099101 ZONE 1 TRANSPORT FEE	0	0.00	6
071175 071175 7 DRUG-UNB	0	0.00	14
074021 074021 9 DRUG-SCR	0	0.00	8
004010 17-KETOGENIC STEROIDS, 24-H UR	0	0.00	1
4069 5-HIAA, UR-QUANT (LC BUR)	0	0.00	1
004069 5-HIAA, QUANT., 24 HR URINE	0	0.00	1
001701 5' NUCLEOTIDASE	0	0.00	2
770628 770628 7 DRUG-SCR	0	0.00	4
788281 788281 7 DRUG-BUND	0	0.00	1
788471 788471 9+ALC-BUND	0	0.00	3
883021 88302 SURGICAL PATHOLOGY	0	0.00	7
883042 88304 SURGICAL PATHOLOGY	0	0.00	3
883053 88305 SURGICAL PATHOLOGY	0	0.00	6

\* INDICATES PRICE COULD NOT BE DETERMINED

CONSOLIDATED GROUP TOTAL 25,592 322,088.31 245,597

RPT# RCMB015-C1  
NATIONAL CMS UTILIZATION REPORT  
FINANCIAL DIV: XXXXXXXX  
REGIONAL LAB: XXXXXX XXXX  
FINANCIAL REGION: XXXXXX XXXX  
FOR SEPTEMBER 2000

LABORATORY CORPORATION OF AMERICA HOLDINGS  
MANAGEMENT REPORTING SYSTEM

GROUP: 9999 ACCOUNT: 99999999 SUB ACCT:

QUANTITIES OF TESTS ORDERED BY : 99999999 XXXXXXXXXXXX XXX 9999

DATE 10/10/2000 PAGE: 4

TEST NUMBER AND NAME	CURRENT MONTH		YEAR-TO-DATE	
	QTY	DOLLARS	QTY	DOLLARS
CONSOLIDATED GROUP GRAND TOTAL	25,592	322,088.31	245,597	2,868,619.18

PHYSICIAN LEVEL UTILIZATION REPORT      MANAGEMENT REPORTING SYSTEM  
 FINANCIAL DIV:      XXXXX  
 REGIONAL LAB:      XXXXXXXXXXXX      GROUP:      9999      ACCOUNT:      999999999      SUB ACCT:  
 FINANCIAL REGION:      XXXXXXXXXXXX      QUANTITIES OF TESTS ORDERED BY :      999999999      XXXXX XXXXXXXXXXXXXXX XXXXXXXX  
 FOR SEPTEMBER 2000

DATE	ORDERING PHYSICIAN	TEST NUMBER AND NAME	PRICE	QTY	DOLLARS	CURRENT MONTH	YEAR-TO-
DOLLARS							QTY ADJ
0.00		333328 MICROSCOPIC EXAMINATION	4.50	113	508.50		905
0.00	NON-FORMULARY TOTAL			113	508.50		905
0.00	PHYSICIAN TOTAL			113	508.50		905
2,235.20		058867 CMP12+8AC	5.15	118	607.70		505
1,317.20		005009 CBC WITH DIFFERENTIAL/PLATELET	3.50	59	206.50		382
535.49		008649 AEROBIC BACTERIAL CULTURE	10.04	14	140.56		54
149.10		007708 LITHIUM (ESKALITH) , SERUM	7.21	2	14.42		21
243.00		008847 URINE CULTURE, ROUTINE	10.30	2	20.60		24
48.30		006072 RPR	3.55	0	0.00		14
4,528.29	FORMULARY TOTAL			195	989.78		1,000
123.12		008300 BLOOD CULTURE, ROUTINE	8.24	8	65.92		15
178.40		S00001 SENSITIVITY ORGANISM #1	5.20	8	41.60		45
185.50		070466 CHAIN-OF-CUSTODY PROTOCOL	3.50	7	24.50		53
76.60		001859 CK+LDH ISO	38.30	1	38.30		2

16.00	003442	OSMOLALITY, URINE	16.00	1	16.00	1
10.40	S00003	SENSITIVITY ORGANISM #3	5.20	1	5.20	2
8.60	301110	BUN+CA+CO2+CREAT+K+NA+P+URI...	8.60	0	0.00	1
6.00	001115	LDH	6.30	0	0.00	1
79.25	480640	PSA TOTAL (REFLEX TO FREE)	79.25	0	0.00	1
5.15	003541	UREA NITROGEN, 24-HOUR URINE	5.15	0	0.00	1

NON-FORMULARY TOTAL  
689.02

PHYSICIAN TOTAL  
5,217.31

BATES  
7,558.08

FORMULARY TOTAL  
7,558.08

PHYSICIAN TOTAL  
7,558.08

BELL  
159.60

NON-FORMULARY TOTAL  
159.60

PHYSICIAN TOTAL  
159.60

26 191.52 122

221 1,181.30 1,122

47 12.88 605.36 592

47 605.36 592

47 605.36 592

0 8.40 0.00 19

0 0.00 19

0 0.00 19

PHYSICIAN LEVEL UTILIZATION REPORT  
 FINANCIAL DIV: XXXXX  
 REGIONAL LAB: XXXXXXXXXXXX  
 FINANCIAL REGION: XXXXXXXXXXXX  
 FOR SEPTEMBER 2000

MANAGEMENT REPORTING SYSTEM  
 GROUP: 9999 ACCOUNT: 99999999 SUB ACCT:  
 QUANTITIES OF TESTS ORDERED BY . 999999999 XXXXX XXXXXXXXXXXXXXX XXXXXXX

DATE	ORDERING PHYSICIAN	TEST NUMBER AND NAME	PRICE	QTY	DOLLARS	QTY ADJ	YEAR-TO-
	TINGLEY	163550 PANEL 163550	82.50	1	82.50	22	
		NON-FORMULARY TOTAL		1	82.50	22	
		1,815.00					
		PHYSICIAN TOTAL		1	82.50	22	
		1,815.00					
	WEST	883121 SPEC-STAIN;GRP I-MICRO 1ST	39.00	0	0.00	2	
		NON-FORMULARY TOTAL		0	0.00	2	
		60.25					
		PHYSICIAN TOTAL		0	0.00	2	
		60.25					

\* INDICATES PRICE COULD NOT BE DETERMINED

\*\*\* ACCOUNT TOTAL  
 36,920.25

FORMULARY ACCOUNT TOTAL  
 15,441.67

PERCENTAGES

NON-FORMULARY ACCOUNT TOTAL  
 21,478.58

718 5,874.66 5,010  
 281 2,134.45 1,886  
 39% 38%

437 3,740.21 3,124

PERCENTAGES

61%

62%

RPT# RCMB015-E  
 PHYSICIAN LEVEL UTILIZATION REPORT  
 FINANCIAL DIV: XXXXXXXXX  
 REGIONAL LAB: XXXXXXXX  
 FINANCIAL REGION: XXXXXXXX XXXXXX  
 FOR SEPTEMBER 2000  
 CURRENT MONTH  
 ORDERING PHYSICIAN

LABORATORY CORPORATION OF AMERICA HOLDINGS  
 MANAGEMENT REPORTING SYSTEM

DATE 10/18/2000 PAGE: 1

GROUP: ACCOUNT: 99999999 SUB ACCT:  
 QUANTITIES OF TESTS ORDERED BY : 99999999 XXXXXXXXX XXXXXXXXX XXX X

TEST NUMBER AND NAME	YEAR-TO-DATE	PRICE	QTY	DOLLARS	QTY ADJ DOLLARS
998085 VENIPUNCTURE			42	0.00	918.51
998096 TRAVEL			18	0.00	388.32
004259 TSH, HIGH SENSITIVITY, SERUM		16.50	9	148.50	1,044.71
322000 COMP. METABOLIC PANEL (14)		5.25	8	42.00	547.42
005017 CBC, NO DIFFERENTIAL/PLATELET		3.25	7	22.75	123.30
007401 PHENYTOIN (DILANTIN), SERUM		16.50	7	115.50	1,500.44
008847 URINE CULTURE, ROUTINE		8.07	7	56.49	343.55
303756 LIPID PANEL		11.07	6	66.42	191.58
333328 MICROSCOPIC EXAMINATION		2.82	6	16.92	0.00
998074 STAT			6	0.00	224.27
S00001 SENSITIVITY ORGANISM #1		3.63	4	14.52	65.87
003772 URINALYSIS, COMPLETE		6.69	3	20.07	37.24
003038 URINALYSIS, ROUTINE		3.07	3	9.21	7.44
007419 CARBAMAZEPINE, SERUM		21.69	2	43.38	340.68
115907 CBC/DIFFERENTIAL (NO PLATELET)		4.19	2	8.38	90.63
004598 FERRITIN, SERUM		5.63	2	11.26	80.97
001321 IRON AND TIBC		12.57	2	25.14	89.11
005280 RETICULOCYTE COUNT		4.07	2	8.14	1.87CR
303754 ELECTROLYTE PANEL		5.30	1	5.30	145.45
001453 HEMOGLOBIN A1C		10.88	1	10.88	250.93
007708 LITHIUM (ESKALITH), SERUM		6.69	1	6.69	65.16
020321 PT AND PTT		6.50	1	6.50	32.61
008649 AEROBIC BACTERIAL CULTURE		8.07	0	0.00	65.44CR
182402 AFB CULTURE AND SMEAR, BROTH		121.50	0	0.00	31.58
001081 ALBUMIN, SERUM		4.38	0	0.00	18.68
303758 BASIC METABOLIC PANEL (7)		5.66	0	0.00	290.35
008300 BLOOD CULTURE, ROUTINE		13.94	0	0.00	80.69
086181 C DIFFICILE TOXIN A		21.50	0	0.00	52.21
310900 COMP. METABOLIC PANEL (13)		6.50	0	0.00	333.98
008334 GENITAL CULTURE, ROUTINE		8.07	0	0.00	39.10
001032 GLUCOSE, SERUM		3.00	0	0.00	42.80

PHYSICIAN TOTAL

140 638.05

1,391 8,253.99

ORDERING PHYSICIAN: WAKSTEIN  
 WAKSTEIN  
 WAKSTEIN  
 WAKSTEIN  
 PHYSICIAN TOTAL

TEST NUMBER AND NAME  
 676536 ALLERGENS, ZONE 3  
 068122 F025 TOMATO  
 061507 F081 CHEESE, CHEDDAR  
 660423 RAST FOOD PROFILE  
 PHYSICIAN TOTAL

WILLS/HEID  
 PHYSICIAN TOTAL

ZHOU  
 ZHOU  
 PHYSICIAN TOTAL

ZHOU/NEWT  
 PHYSICIAN TOTAL

1000  
 PHYSICIAN TOTAL

\*\*\* INDICATES PRICE COULD NOT BE DETERMINED  
 \*\*\* ACCOUNT TOTAL

ACCOUNT: 99999999 SUB ACCT:

QUANTITIES OF TESTS ORDERED BY : 99999999 XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX

TEST NUMBER AND NAME	PRICE	QTY	DOLLARS	QTY ADJ	DOLLARS
676536 ALLERGENS, ZONE 3	195.75	1	195.75	1	195.75
068122 F025 TOMATO	11.50	0	0.00	1	11.50
061507 F081 CHEESE, CHEDDAR	11.50	0	0.00	1	11.50
660423 RAST FOOD PROFILE	72.50	0	0.00	2	145.00
PHYSICIAN TOTAL		1	195.75	5	363.75
160184 STRIATIONAL ANTIBODIES	8.10	1	8.10	1	8.10
PHYSICIAN TOTAL		1	8.10	1	8.10
224512 LORAZEPAM (ATIVAN)	61.50	1	61.50	1	61.50
071688 TRAZODONE, SERUM	17.10	1	17.10	1	17.10
PHYSICIAN TOTAL		2	78.60	2	78.60
016881 HEP B CORE AB, IGM	11.48	0	0.00	1	11.48
PHYSICIAN TOTAL		0	0.00	1	11.48
006890 BACTERIAL ANTIGENS	29.70	0	0.00	2	59.40
PHYSICIAN TOTAL		0	0.00	2	59.40
554	12,289.24	4,954	114,942.57		



QUANTITIES OF TESTS ORDERED BY: 99999999 XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX

TEST NUMBER AND NAME	AVERAGED PRICE	QTY	CURRENT MONTH DOLLARS	YEAR-TO-DATE QTY	YEAR-TO-DATE ADJ DOLLARS
058867 CMP12+8AC	5.15	130	669.50	247	1,272.05
005009 CBC WITH DIFFERENTIAL/PLATELET	3.50	69	241.50	187	654.50
107177 EP+15AC+PREBUN+PSTBUN	51.50	32	1,648.00	63	3,244.50
004598 FERRITIN, SERUM	5.15	32	164.80	62	319.30
339010 IRON AND TIBC	9.01	32	288.32	63	567.63
001321 BUN+CA+CREAT+K+NA+P+HGB+HCT	10.51	30	315.30	61	641.11
006072 RPR	3.55	23	81.65	110	390.50
505008 HELPER T-LYMPH-CD4	40.00	17	680.00	26	1,040.00
001065 CHOLESTEROL, TOTAL	2.06	16	32.96	32	65.92
505271 CD4/CD8 RATIO PROFILE	49.50	13	643.50	13	643.50
311779 CMP12+8AC+CBC/D/PLT	15.45	12	185.40	14	216.30
012005 RPR, RFX QN RPR/CONFIRM TP-PA	3.55	12	42.60	12	42.60
322758 BASIC METABOLIC PANEL (8)	7.30	11	80.30	23	167.90
007401 PHENYTOIN (DILANTIN), SERUM	9.27	8	74.16	14	129.78
S00001 SENSITIVITY ORGANISM #1	5.20	8	41.60	18	93.60
004259 TSH, HOGH SENSITIVITY, SERUM	8.50	7	59.50	7	59.50
005199 PROTHROMBIN TIME (PT)	5.15	6	30.90	20	103.00
001453 HEMOGLOBIN A1C	9.27	5	46.35	9	83.43
098004 N GONORRHOEAE BY DNA PROBE	8.24	5	41.20	7	57.68
S00002 SENSITIVITY ORGANISM #2	5.20	5	26.00	5	26.00
008649 AEROBIC BACTERIAL CULTURE	10.04	4	40.16	8	80.32
180810 LOWER RESPIRATORY CULTURE	12.50	4	50.00	6	75.00
000620 THYROID APNEL WITH TSH	10.30	4	41.20	6	61.80
003038 URINALYSIS, ROUTINE	3.09	4	12.36	10	30.90
038737 CMP12+LP+6AC+CBC/D/PLT	6.44	3	19.32	3	19.32
333328 MICROSCOPIC EXAMINAION	4.50	3	13.50	6	0.00
010322 PROSTATE-SPECIFIC AG, SERUM	9.27	3	27.81	6	55.62
003368 PROTEIN ELECTRO, 24 HOUR URINE	53.20	3	159.60	4	212.80
005215 SEDIMENTATION RATE-WESTERGREEN	3.09	3	9.27	7	21.63
008847 URINE CULTURE, ROUTINE	10.30	3	30.90	1	8185.40
883051 88305 SURGICAL PATHOLOGY	85.75	3	257.25	7	600.25
001396 AMYLASE, SERUM	5.15	2	10.30	3	15.45
303758 BASIC METABOLIC PANEL (7)	4.67	2	9.34	3	14.01
005017 CBC, NO DIFFERENTIAL/PLATELET	4.10	2	8.20	2	8.20
028142 CBC, PLATELET; NO DIFFERENTIAL	5.40	2	10.80	3	16.20
221739 CMP14+6AC	9.70	2	19.40	2	19.40
003004 CREATININE CLEARANCE	13.70	2	27.40	4	54.80
303756 LIPID PANEL	6.18	2	12.36	3	18.54
012021 PANEL 12021	18.00	2	36.00	2	36.00
007823 PHENOBARBITAL, SERUM	11.33	2	22.66	4	45.32
883121 SPEC-STAIN; GRP I-MICRO 1 <sup>ST</sup>	18.00	2	78.00	3	117.00
007336 THEOPHYLLINE, SERUM	12.36	2	24.72	2	24.72
007260 VALPROIC ACID, SERUM	16.48	2	32.96	3	49.44
071548 ALUMINUM, SERUM	38.00	1	38.00	31	1,178.00

\*INDICATES PRICE COULD NOT BE DETERMINED

\*\*\* CONSOLIDATED GROUP TOTAL

1139 12,758.92

535 6385.05

APR 8 08:05:15-G  
 STANDARD UTILISATION REPORT YTD ONLY  
 FINANCIAL DIV: CENTRAL  
 REGIONAL LAB: LOUISVILLE  
 FINANCIAL REGION: LOUISVILLE  
 FOR APRIL 2002

LABORATORY CORPORATION OF AMERICA HOLDINGS  
 MANAGEMENT REPORTING SYSTEM

DATE 05/03/2002 PAGE:

1

GROUP: ACCOUNT: 12053552 SUB ACCT:

QUANTITIES OF TESTS ORDERED BY : 12053552 MARSHALL BROWNING HOSPITAL

TEST NUMBER AND NAME	YEAR-TO-DATE	
	QTY	DOLLARS
004598 FERRITIN, SERUM	20	397.45
550382 HCV RNA, QUANT (QUAL REFLX)	20	4,057.78
001321 IRON AND TIBC	16	211.86
002253 AFP, SERUM, TUMOR MARKER	12	388.52
006254 ANTIMUCLEAR ANTIBODIES (AMA)	12	348.75
006642 ANTIMUCOSIN MUCICIN AB, QUANT	12	302.27
550405 HCV RNA BY PCR	11	1,170.80
550475 HEPATITIS C VIRUS GENOTYPING	11	3,240.69
005653 ALPHA-1-ANTITRYPSIN PHENOTYP	9	383.85
006850 ANTIMITOCHONDRIAL AB (AMA), QM	9	189.83
006726 HEP A AB, IGTAL	9	225.78
006510 HEP B SURFACE AG	9	141.78
140602 HEP C VIRUS AB	8	180.52
550111 HCV RNA, PCR, QUANTITATIVE	6	1,004.99
004937 TRANSFERRIN	6	128.67
006385 HEP B SURFACE AB	5	150.16
000210 VITAMIN B12 AND FOLATE	4	141.60
164111 CELIAC DISEASE AB PROFILE	3	237.27
001404 LIPASE, SERUM	3	22.41
140277 BRYXINOPOLYMER (BPO), SERUM	2	51.94
006619 HEP EE AG	2	31.84
002030 ALDOLASE	1	13.42
001982 ALPHA-1-ANTITRYPSIN, SERUM	1	8.45
004895 CALCIUMIN, SERUM	1	34.28
002261 CARBOHYDRATE AMYLGEM 19-5	1	28.76
001529 CAROTENE, BETA	1	17.75
001560 CERULOPLASMIN	1	72.62
706556 CYCLOSPORINE, BLOOD	1	162.00
002014 FOLATE (FOLIC ACID), SERUM	1	15.38
004380 GASTRIN, SERUM	1	17.25
001958 GGT	1	7.50
550023 HCV QUANTASURE PLUS (SERIAL)	1	121.72
550400 HCV RNA, PCR, QUANTITATIVE	1	-116.41
001452 HEMOGLOBIN A1C	1	13.42
006718 HEP E CORE AB, IOT	1	23.72
006435 HEP EE AB	1	15.98
163980 LIVER-KIDNEY MICROSOXIAL AB	1	-62.25
010322 PROSTATE-SPECIFIC AG, SERUM	1	25.42
012005 RPR, RPK QM RPR/CONFIRM TP-PA	1	12.60
706242 IACROLINE (PK506), BLOOD	1	18.97
001974 INYROLIME (I4) FREE, DIRECT, S	1	12.46
010389 TRIIODOTHYRONINE, FREE, SERUM	1	23.41

RPT# ACM5013-C  
STANDARD UTILISATION REPORT YTD ONLY  
FINANCIAL DIV: CENTRAL  
REGIONAL LAB: LOUISVILLE  
FINANCIAL REGION: LOUISVILLE  
FOR APRIL 2002

LABORATORY CORPORATION OF AMERICA HOLDINGS  
MANAGEMENT REPORTING SYSTEM

DATE 05/03/2002 PAGE:

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GROUP: ACCOUNT: 12053552 SUB ACCT:

QUANTITIES OF TESTS ORDERED BY : 12053552 MARSHALL BROWNING HOSPITAL

TEST NUMBER AND NAME	YEAR-TO-DATE	
	QTY	DOLLARS
151822 H PYLORI, IGM, IGG, IGA AB	0	-141 00
006734 HEP A AB, IGM	0	7 53
322755 HEPATIC FUNCTION PANEL (7)	0	-20 83
001503 VITAMIN B12	0	-0 57
*** ACCOUNT TOTAL	210	13.366 25

RPT# RCMB015-H  
 STANDARD UTILIZATION LINE OF BUSINESS  
 FINANCIAL DIV : NORTHEAST  
 REGIONAL LAB : HANITAN  
 FINANCIAL REGION: DELAWARE REGION  
 ACCOUNT: 07102990 MIDDLETOWN PUBLIC HEALTH

LABORATORY CORPORATION OF AMERICA HOLDINGS  
 MANAGEMENT REPORTING SYSTEM  
 APRIL 2002

DATE 05/03/2002 PAGE: 1

TEST NUMBER AND NAME	COMPANY CODE	CURRENT MONTH		YEAR-TO-DATE	
		QTY	DOLLARS	QTY	ADJ DOLLARS
002592 ALB+ALP+ALT+AST+BUW+CA+CHOL	ND	0	0 00	0	36 70
	PI	0	0 00	0	-14 00
	TOTAL	0	0 00	0	22 70
161202 AMYICARDIOLIPIN AB, IGG/IGM	CM	0	0 00	2	240 00
	TOTAL	0	0 00	2	240 00
162322 AMYINEUTROPHIL CYTOPLASMIC AB	CM	0	0 00	2	302 00
	TOTAL	0	0 00	2	302 00
006214 AMYINUCLEAR ANTIBODIES (ANA)	CM	0	0 00	4	120 00
	TOTAL	0	0 00	4	120 00
007127 CARBON MONOXIDE, BLOOD	PI	2	60 00	2	23 84
	TOTAL	2	60 00	2	23 84
005009 CBC WITH DIFFERENTIAL/PLATELET	CM	2	9 60	16	67 96
	ND	0	0 00	0	17 16
	PI	2	9 60	2	-12 52
	TOTAL	4	19 20	18	72 60
310990 COMP METABOLIC PANEL (13)	CM	0	0 00	4	36 00
	ND	0	0 00	0	10 70
	PI	0	0 00	0	-14 94
	TOTAL	0	0 00	4	31 76
322000 COMP METABOLIC PANEL (14)	PI	0	0 00	0	-9 36
	TOTAL	0	0 00	0	-9 36
028480 FSH AND LH	PI	4	237 52	4	169 98
	TOTAL	4	237 52	4	169 98
001033 GLUCOSE, SERUM	CM	6	24 60	24	98 40
	PI	2	8 20	4	17 46
	TOTAL	8	32 80	28	115 86
192005 GYNECOLOGIC MONO-LAYER PAP	CM	0	0 00	2	77 50
	TOTAL	0	0 00	2	77 50
004416 HCG, BETA SUBUNIT, QNT, SERUM	CM	0	0 00	2	80 00
	TOTAL	0	0 00	2	80 00

RPT# RCMBD15-H  
 STANDARD UTILIZATION LINE OF BUSINESS  
 FINANCIAL DIV : NORTHEAST  
 REGIONAL LAB : MARIETTA  
 FINANCIAL REGION: DELAWARE REGION  
 ACCOUNT: 07108990 MIDDLETOWN PUBLIC HEALTH

LABORATORY CORPORATION OF AMERICA HOLDINGS  
 MANAGEMENT REPORTING SYSTEM  
 APRIL 2002

DATE 05/03/2002 PAGE: 3

TEST NUMBER AND NAME	COMPANY CODE	CURRENT MONTH		YEAR-TO-DATE	
		QTY	DOLLARS	QTY	NET DOLLARS
000620 THYROID PANEL WITH TSH	CM	8	148.00	24	411.10
	PI	4	74.00	6	122.40
	TOTAL	12	222.00	30	533.50
004259 TSH	PI	0	0.00	0	-17.16
	TOTAL	0	0.00	0	-17.16
003038 URINALYSIS, ROUTINE	CM	0	0.00	6	25.20
	TOTAL	0	0.00	6	25.20
888025 VENTRICULOGRAPHY	PI	0	0.00	0	-1.46
	TOTAL	0	0.00	0	-1.46
883031 88305 SURG PATH-1ST SITE	CM	2	122.00	4	376.00
	TOTAL	2	122.00	4	376.00
TOTAL ACCOUNT	MO	8	152.00	12	77.60
	PI	32	839.42	94	1,262.36
	CM	160	2,909.04	666	11,476.46
	PI	0	0.00	0	116.00
	TOTAL	200	3,900.46	772	12,632.02

RPT# RCMB015-H  
 STANDARD UTILIZATION LINE OF BUSINESS  
 FINANCIAL DIV : WESTERN  
 REGIONAL IAB : PHOENIX  
 FINANCIAL REGION: PHOENIX  
 ACCOUNT: 02252322 ARIZONA MEDICAL CLINIC -

LABORATORY CORPORATION OF AMERICA HOLDINGS  
 MANAGEMENT REPORTING SYSTEM  
 JULY 2002

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TEST NUMBER AND NAME	COMPANY CODE	QTY	CURRENT MONTH	QTY	YEAR-TO-DATE
			DOLLARS		ADJ DOLLARS
883054 88305 SURG PATH-4TH SITE	CM	3	181.50	14	71.27
	PI	1	60.50	1	41.60
	TOTAL	4	242.00	15	112.87
883055 88305 SURG PATH-5TH SITE	CM	2	121.00	4	19.93
	PI	1	60.50	1	41.60
	TOTAL	3	181.50	5	61.53
883056 88305 SURG PATH-6TH SITE	CM	1	60.50	1	6.38
	PI	1	60.50	1	41.60
	TOTAL	2	121.00	2	47.98
883057 88305 SURG PATH-7TH SITE	PI	1	60.50	1	41.60
	TOTAL	1	60.50	1	41.60
883071 88307 SURGICAL PATHOLOGY	CM	0	0.00	3	23.98
	PI	0	0.00	1	137.60
	TOTAL	0	0.00	4	161.58
T83311 88331 TECH COMP-1ST SITE	PT	1	43.25	1	23.85
	TOTAL	1	43.25	1	23.85
T83321 88332 TECH COMP-1ST SITE	PT	1	21.50	1	12.24
	TOTAL	1	21.50	1	12.24
T83322 88332 TECH COMP-2ND SITE	PT	1	21.50	1	12.24
	TOTAL	1	21.50	1	12.24
T83323 88332 TECH COMP-3RD SITE	PT	1	21.50	1	12.24
	TOTAL	1	21.50	1	12.24
T83324 88332 TECH COMP-4TH SITE	PT	1	21.50	1	12.24
	TOTAL	1	21.50	1	12.24
T83325 88332 TECH COMP-5TH SITE	PT	1	21.50	1	12.24
	TOTAL	1	21.50	1	12.24
TOTAL ACCOUNT	CM	4,136	110,375.48	17,063	43,033.47
	MC	310	17,236.30	1,548	34,253.33
	PI	577	20,276.22	2,414	27,811.52
	PT	20	2,478.75	58	5,452.40
	MD	3	48.14	3	22.89
	TOTAL	5,046	150,414.89	21,086	109,773.61
T83321 88332 TECH COMP-1ST SITE	PT	1	21.50	1	12.24
	TOTAL	1	21.50	1	12.24
T83322 88332 TECH COMP-2ND SITE	PT	1	21.50	1	12.24
	TOTAL	1	21.50	1	12.24
T83323 88332 TECH COMP-3RD SITE	PT	1	21.50	1	12.24
	TOTAL	1	21.50	1	12.24
T83324 88332 TECH COMP-4TH SITE	PT	1	21.50	1	12.24
	TOTAL	1	21.50	1	12.24
T83325 88332 TECH COMP-5TH SITE	PT	1	21.50	1	12.24
	TOTAL	1	21.50	1	12.24