

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
 BHS10038

PAGE
 1

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



Atlantic Diagnostic Laboratories
 3570 Progressive Drive
 Suite C
 Bensalem, PA 19020

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

DATE PRINTED 12/02/2009	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
BID OPENING DATE: 12/17/2009		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.: BHS10038						
ADDENDUM ACKNOWLEDGEMENT						
I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.						
ADDENDUM NO.'S:						
NO. 1 ✓						
NO. 2						
NO. 3						
NO. 4						
NO. 5						
I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.						

RECEIVED
 20 DEC 16 A 7:58
 PURCHASING DIVISION
 STATE OF WV

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *Byeal D. Hill* TELEPHONE: 267-525-2470 DATE: 12/11/09
 LET: *Decc. Vice President* FEIN: 26-2151519 ADDRESS CHANGES TO BE NOTED ABOVE
 WHEN RESPONDING TO RFO, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELLED 'VENDOR'



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PAGE 2

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RFQ COPY
 TYPE NAME/ADDRESS HERE

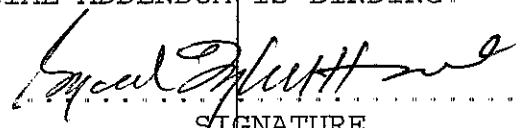
ROOM

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BID OPENING DATE: 12/17/2009 BID OPENING TIME 01:30PM

LINE	QUANTITY	UCP	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;">  SIGNATURE ATLANTIC DIAGNOSTIC LABORATORIES LLC COMPANY 12/11/09. DATE </p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.</p> <p>REV. 09/21/2009</p> <p style="text-align: center;">END OF ADDENDUM NO. 1</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE 	TELEPHONE 267-525-2470	DATE 12/11/09.
TITLE Exec. Vice President FEIN 28-2151519	ADDRESS CHANGES TO BE NOTED ABOVE	

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



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BID OPENING DATE: 12/17/2009 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 BHS10038 ***** TOTAL:						713,727.50

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *[Signature]* TELEPHONE: 267-525-2470 DATE: 12/11/09
 TITLE: *Exec. Vice President* 26-2151519 ADDRESS CHANGES TO BE NOTED ABOVE

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

Question: 1.

Line item 3. Drug of Abuse Screen (DAU) Blood. In the previous issue of this RFQ there were large quantities of **Drugs of Abuse Urine** that have been deleted and only DAU Blood has been left in RFQ. In our experience DAU Blood are not commonly used in mental health and drug and alcohol treatment programs. Please clarify if this is a mistake and wrong screens have been deleted

Answer: Line item 3 must be a vendor typo as it was the AFP Tetra in the current RFQ. Urine screen should not have been omitted it has been added to Exhibit B as number 26.

Question: 2.

Line item 69. Hep Panel A, B,C. Please clarify which Hepatitis tests are included in this panel, e.g Hepatitis A, Igg or Igm, Hepatitis Bs AB or Hep Bs Ag. +

Answer: Hepatitis A, B & C Screen (acute hepatitis panel) has been placed in Exhibit B, as number 25. Line 69 will now be HIV-1 Antibodies, which also should not have been omitted.

Questions 3.

Line item 113. RNA PCR Quant. Please clarify which RNA PCR test is required HIV, Hep C etc

Answer: Line 113 will be modified to reflect Hepatitis C Virus (HCV) in Exhibit A.

Note:

The above corrections or clarifications require changes in the original exhibits. Please discard the original Exhibits A, B & C.

Bidders are to use the attached Exhibits A, B, & C with (Addendum #1) in the upper right corner of each page.

Exhibit A (with Addendum #1 Revisions)

BHS10038		Column A	Column B	Column C	
EXHIBIT A - Bid Sheet					
	Item Description (Test)	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
1	Acetaminophen	1	2 Days	98.00	98.00
2	AFB culture	94	42-56 days	25.00	2350.00
3	AFP Tetra	120	3 Days	40.00	4800.00
4	Albumin	129	1 Day	4.00	516.00
5	Alkaline phos panel	2	1 Day	4.00	8.00
6	ALT (SGPT)	135	1 Day	4.00	540.00
7	Amiodarone	4	1 Day	30.00	120.00
8	Amitriptyline (Elavil) serum	12	1 Day	30.00	360.00
9	Ammonia, Plasma	164	1 Day	18.00	2952.00
10	Amylase, serum	63	1 Day	5.00	315.00
11	Anaerobic and aerobic culture	278	4 Days	10.00	2780.00
12	ANC	80	1 DAY	10.00	800.00
13	Antinuclear antibodies (ANA)	238	1 Day	23.00	5474.00
14	AST (SGOT)	175	1 Day	4.00	700.00
15	Beta-Hemolytic Strep A	114	1-2 days	6.00	684.00
16	Bilirubin Total	42	1-2 Days	4.00	168.00
17	Bilirubin, Total/Direct, serum	24	1 Day	4.00	96.00
18	BUN	472	1 Day	4.00	1888.00
19	B-Type Natriuretic Peptide	96	1 Day	33.00	3168.00
20	CA125	4	1-2 days	15.00	60.00
21	C. diff. Toxin A	142	3 days	18.00	2556.00
22	C-Reactive Protein (CRP)	33	1 Day	35.00	1155.00
23	Calcium, serum	104	1 Day	2.75	286.00
24	Carbamazepine (Tegretol)	208	1 Day	13.00	2704.00
25	CBC w/diff - platelet	5,409	1 Day	8.00	43272.00
26	Chlamydia/GC, DNA Probe	570	2-3 Days	35.00	19950.00
27	Chloride	86	1 Day	4.00	344.00
28	Cholesterol, Total	6	1 Day	4.00	24.00
29	Chlorpromazine, (Thorazine)	14	1-2 days	26.00	364.00
30	Clomipramine (Anafranil) s.	14	1-2 days	26.00	364.00
31	Clozapine (clozaril) serum	76	1 Day	18.00	1386.00
32	Cortisol serum/plasma	19	1 Day	9.00	171.00
33	Creatinine Kinase (CK) MB/Total	63	1-2 Day	4.00	252.00
34	Creatinine Kinase (CK or CPK)), serum	121	1 Day	4.00	484.00
35	Creatinine, Serum	475	1 Day	4.00	1900.00
36	Cystic Fibrosis Profile	80	7 days	240.00	19200.00
37	Desipramine, serum	8	1 Day	30.00	240.00
38	Digoxin (Lanoxin)	60	1 Day	11.00	660.00
39	Estrogen	4	1 Day	25.00	100.00
40	Ethanol serum/blood	10	1 Day	26.00	260.00
41	Ethosuximide (Zarontin) serum	12	1 Day	30.00	360.00

	BHS10038	Column A		Column B	Column C
	EXHIBIT A - Bid Sheet				
	Item Description (Test)	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
42	Environmental Culture	96	2 days	15.00	1440.00
43	Ferritin	57	1-day	12.00	684.00
44	Fluoxetine (Prozac) serum	8	1-day	65.00	520.00
45	Folates (Folic acid)	45	1-day	12.50	562.50
46	Free T4	598	1-day	9.00	5382.00
47	FSH	50	1-day	11.00	550.00
48	Gabapentin (Neurotin) serum	22	1-2 day	65.00	1430.00
49	Gabrilril serum	1	2-day	30.00	30.00
50	Glucose, 2hr P.P.	28	1-day	4.00	112.00
51	Glucose Tolerance 4 hr. (GTT)	6	1-day	16.00	96.00
52	Gentamycin	2	1-day	16.00	32.00
53	GGT	3	1-day	16.00	48.00
54	Glucose serum	127	1-day	10.00	1270.00
55	Glucose plasma	63	1-day	10.00	630.00
56	Gynecologic Mono-Layer PAP	18	7-9 day	20.00	360.00
57	Haloperidol serum	16	2-day	30.00	480.00
58	H&H	4	1-day	5.00	20.00
59	Hematocrit	10	1-day	4.00	40.00
60	Hemoglobin	10	1-day	4.00	40.00
61	Hemoglobin A1C	1,144	1-day	9.00	10296.00
62	HCG Beta Subunit, Quantitative	301	1-day	7.00	2107.00
63	Helicobacter Pylori, IgG	14	1-day	23.00	322.00
64	Helper T-Lymph - CD4	23	2-3 days	35.00	805.00
65	Hepatitis A AB IgM	28	1-day	11.50	322.00
66	Hepatitis A AB, Total	118	1-day	11.50	1357.00
67	Hepatitis B Surface AB	520	1-day	12.00	6240.00
68	Hepatitis B Surface Ag	225	1-day	9.00	2025.00
69	HIV-1 Antibodies Prelim. W/Conf.	500	1-day	12.00	6000.00
70	HPV	168	1-2 days	45.00	7560.00
71	HSV culture	3	3-days	45.00	135.00
72	Imipramine (Tofranil) serum	24	1-day	25.00	600.00
73	Insulin, Fasting	96	1-day	6.00	576.00
74	Iron (Fe)	56	1-day	4.00	224.00
75	Iron/TIBC	66	1-day	4.00	264.00
76	Lamotrigine (Lomictal) serum	30	1-day	30.00	900.00
77	LDH	4	1-day	4.00	16.00
78	Lead (adult) blood	210	1-day	10.00	2100.00
79	Lead (pediatric) blood	112	1-day	10.00	1120.00
80	LH & FSH	148	1-day	23.00	3404.00
81	Lipase, serum	130	1-day	8.00	1040.00
82	Lithium	784	1-day	9.00	7056.00
83	Lipoprotein Electrophoresis	26	2 days	18.00	468.00
84	Magnesium, serum	328	1-day	8.00	2624.00

5144

816

816

816

BHS10038		Column A		Column B	Column C
EXHIBIT A - Bid Sheet					
	Item Description (Test)	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
85	Microalbumin, 24 hour urine	17	1-day	8.00	136.00
86	Microalbumin, Random urine	930	1-day	8.00	7440.00
87	Mumps IgG	3	2-3 days	23.00	69.00
88	Nortriptyline (Aventyl) serum	8	1 box	30.00	240.00
89	Occult blood (stool)	30	1-day	8.00	240.00
90	Osmolality serum	20	1-day	8.00	160.00
91	Osmolality, urine	88	1-day	8.00	704.00
92	Ova & Parasite	109	2-3 days	15.00	1635.00
93	PAP (Thin Prep)	478	5-7 days	35.00	16730.00
94	Perphenazine (Trilafon)	10	2 days	30.00	300.00
95	Phenobarbital serum	131	1-day	9.00	1179.00
96	Phenytoin (Dilantin)	503	1-day	8.00	4024.00
97	Phosphorus	135	1-day	4.00	540.00
98	Potassium, Serum	129	1-day	8.00	1032.00
99	Pregnancy Serum	12	1-day	8.00	96.00
100	Pregnancy Test (Urine)	105	1-day	7.00	735.00
101	Primidone (Mysoline)	61	1-day	20.00	1220.00
102	Pro BNP	20	3-days	85.00	1700.00
103	Progesterone	25	1-day	16.00	400.00
104	Prolactin	191	1-day	12.00	2292.00
105	Prostate Specific Antigen (PSA), serum	273	1-day	15.00	4095.00
106	Protein serum	88	1-day	4.00	352.00
107	Prothrombin time / INR	2,231	1-day	6.00	13386.00
108	PT/INR & PTT	568	1-day	8.00	4544.00
109	PTH (intact)	119	1-day	36.00	4284.00
110	RA panel	56	2 days	4.00	224.00
111	Reticulocyte count	34	1-day	4.00	136.00
112	Rheumatoid Arthritis Factor	60	1-day	8.00	480.00
113	RNA - PCR - Quant. Hepatitis C virus	27	5-6 days	125.00	3375.00
114	Rubeola IgG	4	2-box	16.00	64.00
115	STS	1,202	1-day	4.00	4808.00
116	Sedimentation rate	262	1-day	4.00	1048.00
117	Sodium serum	379	1-day	4.00	1516.00
118	T3 - uptake	64	1-day	12.00	768.00
119	T4	86	1-day	12.00	1032.00
120	T-Cell (T-Lymphocyte CD3 Cells)	16	3-box	30.00	480.00
121	Testosterone, serum	37	1-day	12.00	444.00
122	Theophylline, serum	39	1-box	8.00	312.00
123	Topiramate (Topamax) serum	16	1-day	30.00	480.00
124	T-Pallidum Ab (FTA-Ab)	10	1-day	12.00	120.00
125	T-Pallidum Antibodies (TP-PA)	24	1-day	20.00	480.00
126	Triglycerides	42	1-day	4.00	168.00
127	Triiodothyronine, Free (FT3), Serum	88	1-day	13.00	1144.00

BHS10038		Column A		Column B	Column C
EXHIBIT A - Bid Sheet					
	Item Description (Test)	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
128	TSH	190	1-DAY	8.00	1520.00
129	TSH 3 rd Generation	1,302	1-DAY	12.00	15624.00
130	UA - Culture reflex	2,359	2-DAY	10.00	23590.00
131	Uric Acid	35	1-DAY	4.00	140.00
132	Urinalysis, complete	3,952	1-DAY	6.00	23712.00
133	Valporic acid (Depakote), serum	2,605	1-DAY	9.00	23445.00
134	Varicella Zoster IgG	28	1-2 DAYS	14.00	392.00
135	Vitamin B-12	262	1-DAY	13.00	3406.00
136	Vitamin B-12 and Folates	736	1-DAY	22.00	16192.00
137	Vit. D, 1-25 Dihydroxy	98	2-DAYS	32.00	3136.00
138	Vit. D, -25- hydroxyl	2	2-DAYS	70.00	140.00
139	WBC	508	1-DAY	4.00	2032.00
Total of Exhibit A - Bid Sheet					393,119.50

Exhibit B (with Addendum #1 Revisions)

		Column A		Column B	Column C
	BHS10038				
	EXHIBIT B (with Addendum #1 Revisions)				
	Most frequently ordered panels, profiles, screens and cultures.	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
1	Diagnostic Multi-Chem (28 tests) Albumin, Alkaline Phos, ALT(SGPT), AST(SGOT), BUN, BUN/Creatinine, Calcium, Chloride, Total Cholesterol, Creatinine, GGT, Glucose, Total Iron, LDH, Phosphorous, Potassium, Sodium, Total Bilirubin, Total Protein, Triglycerides, Uric Acid, HDL Cholesterol, VLDL Cholesterol (calc.), LDL Cholesterol (calc.), Total Chol./HDL Ratio CHD Risk, Globulinl, A/G Ratio	1502	1-day	13.00	19526.00
2	Comprehensive Metabolic Panel (CMP) includes (14 tests) Albumin, Alkaline Phos, ALT(SGPT), AST(SGOT), BUN, BUN/Creatinine Calcium, Chloride, CO ₂ , Creatinine, Glucose, Potassium, Sodium, Total Bilirubin, Total Protein, A/G Ratio	261	1-day	10.00	2610.00
3	Basic Metabolic Panel (BMP) includes (8 tests) Sodium, Potassium, Chloride, CO ₂ , Glucose, BUN, Creatinine, Calcium	278	1-day	10.00	2780.00
4	Hepatic Function Panel includes (8 tests) Total Protein, Alkaline Phosphatase Albumin, ALT(SGPT), AST (SGOT), GGT Total Bilirubin, Direct Bilirubin,	500	1-day	6.00	3000.00
5	Renal Panel includes (8 tests) Sodium, Potassium, Chloride, CO ₂ , Glucose, BUN, Creatinine, Phosphorous	165	1-day	5.00	825.00
6	Electrolyte Panel includes (4 tests) Sodium Potassium Chloride CO ₂	316	1-day	5.00	1580.00

		Column A		Column B	Column C
	BHS10038				
	EXHIBIT B (with Addendum #1 Revisions)				
	Most frequently ordered panels, profiles, screens and cultures.	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
7	Lipid Profile Four includes: (3 tests)	5327	1-Day	9.00	47943.00
	Total Cholesterol,				
	Triglycerides				
	HDL Cholesterol				
	VLDL Cholesterol (calc.)				
	LDL Cholesterol (calc.),				
	Total Chol./HDL Ratio Estimated				
8	Thyroid Profiles includes (3 tests)	1208	1-Day	15.00	18120.00
	TSH (High Sensitivity, T3 Uptake				
	T4 (Thyroxine), Free Thyroxine Index				
9	Drug Abuse Screen, Blood - without confirmation	2087	1-2 days	30.00	62610.00
	Amphetamine, Cocaine				
	Barbiturates, Opiates				
	Benzodiazepines, Phencycline				
	Cannabinoid				
	Cultures:				
10	Lower Respiratory Culture	107	2-days	15.00	1605.00
11	Upper Respiratory Culture	96	1-2 days	15.00	1440.00
12	General Bacterial Culture	137	2-3 days	15.00	2055.00
13	Blood Culture	842	5 days	15.00	12630.00
14	Stool Culture	55	3 days	15.00	825.00
15	Urine Culture	1306	1-2 days	10.00	13060.00
16	Sputum Culture	98	1-2 days	10.00	980.00
17	Culture reflex @ additional cost	1,188	1-2 days	10.00	11880.00
18	Heavy Metal Profile (Blood)	21	3-days	45.00	945.00
	Arsenic				
	Lead				
	Mercury				
19	Hepatitis B Profile (Diagnostic follow-up)	46	1-Day	35.00	1610.00
	HBc Ag; anti-HBc;				
	anti-HBS; interpretation				
20	Hepatitis Profile B & C	421	1-Day	65.00	27365.00
	HBs Ag; HBc Ag; anti-HBc (total)				
	anti-HBc (IgM); anti-HBs Ag				
	anti-HCV; interpretation				

		Column A		Column B	Column C
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	EXHIBIT B (with Addendum #1 Revisions)				
	Most frequently ordered panels, profiles, screens and cultures.	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
21	Hepatitis Profile A&B anti-HAVI (total); anti-HAV (IgM); HBs Ag; HBc Ag; anti-HBc (total); anti-HBC (IgM); anti-HBs Ag; interpretation	107	1-2 day	65.00	6955.00
22	Hepatitis A Profile anti-HAV (total); anti-HAV (IgM) interpretation	57	1-day	21.00	1197.00
23	Hepatitis B Profile HBs Ag; HBc Ag; anti-HBc (total) anti-HBc (IgM); anti-HBs; interpretation	52	1-day	46.00	2392.00
24	Hepatitis C Virus Antibody	416	1-day	15.00	6240.00
25	Hepatitis A, B & C Screen (Acute Hep. Panel) Hepatitis A Antibody IgM Hepatitis B Core Antibody, IgM Hepatitis B Surface Antigen Hepatitis C virus Antibody	168	1-2 days	45.00	7560.00
26	Drug Abuse Screen, Urine with confirmation Cocaine (COC) Phencyclidine (PCP) Propoxyphene (PPX) Cannabinoids (THC) Benzodiazepines (BZO) Amphetamine (AMP) Barbiturates (BAR) Methamphetamine (mAMP) Methadone (MTD) Opiates (OPI) Tricyclic Antidepressants (TCA) With volatiles	2000	1 Day	20.00	40,000.00
Total of Exhibit B - Bid Sheet					297737.00

EXHIBIT C (Vendor's Attachment of Phlebotomy Services)

		Column A	Column B	Column C
	Facility	Estimated Annual Hours	Hourly rate for phlebotomy services (including travel)	Total (A x B)
1	Hopemont Hospital	1	25.00	25.00
2	Lakin Hospital	520	25.00	13,000.00
3	Pinecrest Hospital	390	25.00	9,750.00
4	John Manchin Sr. HCC	1	25.00	25.00
5	M.M. Bateman Hospital	1	25.00	25.00
6	W. R. Sharpe Jr. Hospital	1	25.00	25.00
7	Welch Community Hospital	1	25.00	25.00
			Total of Exhibit C - Bid Sheet	22,875.00
			Total of Exhibit A - Bid Sheet	39319.50
			Total of Exhibit B - Bid Sheet	297733.00
			Total of Exhibit C - Bid Sheet.	22,875.00
			Grand Total = Exhibit A + B + C	713,727.50



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 Department of Administration
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ROBERTA WAGNER 304-558-0067

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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	YR		193-88		
<p>OPEN END CONTRACT FOR REFERENCE LABORATORY SERVICES</p> <p>VENDOR TO PROVIDE REFERENCE LABORATORY SERVICES TO THE WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES STATE-OWNED FACILITIES WHICH INCLUDE:</p> <p>WILLIAM R SHARPE, JR. HOSPITAL MILDRED MITCHELL BATEMAN HOSPITAL PINECREST HOSPITAL LAKIN HOSPITAL WELCH COMMUNITY HOSPITAL HOPEMONT HOSPITAL JOHN MANCHIN SR. HEALTH CARE CENTER</p> <p>(SEE ATTACHED SPECIFICATIONS)</p> <p>QUESTIONS CONCERNING THE SPECIFICATIONS MUST BE SUBMITTED IN WRITING NO LATER THAT 4:30PM ON 12/1/09 TO THE FOLLOWING:</p> <p>ROBERTA WAGNER PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305 FAX: 304-558-4115 EMAIL: ROBERTA.A.WAGNER@WV.GOV</p> <p>EXHIBIT 3</p> <p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON AWARD..... 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</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Robert Wagner</i>	TELEPHONE 267-525-2470	DATE 12/11/09
-----------------------------------	---------------------------	------------------

TITLE Exec. Vice President	EIN 26-2151519	ADDRESS CHANGES TO BE NOTED ABOVE
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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
BHS10038

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

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VENDOR

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
11/18/2009				

BID OPENING DATE: 12/17/2009 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>Carol M. Haul</i>	TELEPHONE 267-525-2470	DATE 12/11/09
TITLE Exec. Vice President	FAX 26-2151519	ADDRESS CHANGES TO BE NOTED ABOVE

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ADDRESS CORRESPONDENCE TO ATTENTION OF:
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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>INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 12/1/2009. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO: ROBERTA WAGNER</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Robert Wagner</i>	TELEPHONE 267-525-2470	DATE 12/11/09
TITLE Exec. Vice President	FEIN 26-2151519	ADDRESS CHANGES TO BE NOTED ABOVE

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LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311 FAX: 304-558-4115 E-MAIL: ROBERTA.A.WAGNER@WV.GOV EXHIBIT 4 LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL AND OTHER LOCAL GOVERNMENT BODIES, THE BID SHALL EXTEND TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO ALL POLITICAL SUBDIVISIONS OF THE STATE, THE VENDOR MUST CLEARLY INDICATE SUCH REFUSAL IN HIS BID. SUCH REFUSAL SHALL NOT PREJUDICE THE AWARD OF THIS CONTRACT IN ANY MANNER. REV. 3/88 PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR MUST ACCEPT THE STATE OF WEST VIRGINIA VISA PURCHASING CARD FOR PAYMENT OF ALL ORDERS PLACED BY ANY STATE AGENCY AS A CONDITION OF AWARD. NOTICE						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Eric Vice</i>	TELEPHONE 267-525-2470	DATE 12/11/09
TITLE Exec. Vice President	FEIN 26-2151579	ADDRESS CHANGES TO BE NOTED ABOVE

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



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LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p>DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130</p> <p>PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED.</p> <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.: BHS10038</p> <p>BID OPENING DATE: 12/17/2009</p> <p>BID OPENING TIME: 1:30PM</p> <p>PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:</p> <p style="text-align: center;">----- 267-525-2488 -----</p> <p>CONTACT PERSON (PLEASE PRINT CLEARLY):</p> <p style="text-align: center;">----- SYED IQBAL HAIDER -----</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Syed Iqbal Haider</i>	TELEPHONE 267-525-2470	DATE 12/11/09
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TITLE Exec. Vice President	FEIN 26-2151519	ADDRESS CHANGES TO BE NOTED ABOVE
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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

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11/18/2009				

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LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
***** THIS IS THE END OF RFQ BHS10038 ***** TOTAL:						
<i>See addendum #1</i>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

SIGNATURE <i>[Signature]</i>	TELEPHONE 267-525-2470	DATE 12/17/09
TITLE Exec. Vice President	FEIN 26-2151519	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
BHS10038**

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 (Help Language 7) version 2.3 formatting rules shall be followed for batch and on-line import/export message segments. VistA provides functionality to print a manifest to accompany the specimen. This manifest provides a check and balance with the electronic order to ensure the order and the physical specimen are correctly matched to the patient.
- 1.2.4 Based upon hospital requirements embedded in the electronic lab orders, vendor must telephone positive results and panic/alert 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 College of American Pathologists (CAP). The Vendor should provide copies of CLIA and CAP certificates with the bid response.

-
- 1.2.6 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.
 - 1.2.7 Vendor must provide a cost for phlebotomy services to the facilities. While these services are not required by every facility, at this time, the vendor will provide evidence of their ability to provide the services. When and/or if a phlebotomist is needed, the facility will contact the vendor for the provision of services pursuant to the rate(s) quoted. Please note: all travel expenses, if any, must be included in the cost bid as an all inclusive rate. Hourly costs of services available are to be entered into Exhibit C. Currently, only Lakin Hospital (Est. 2 Hrs./Day, 5 Days/Week) and Pinecrest Hospital (Est. 2-3 Hrs./Day, 3 Days/Week) are in need of morning phlebotomy services.
 - 1.2.8 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, preservatives, 24 hour urine containers, cytology and histology containers with preservatives, slides, fixatives, plastic transport bags, centrifuges and directory for all the services offered.
 - 1.2.9 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.
 - 1.2.10 Vendor must provide general routine chemistries results within 24 hours of receipt of specimens at the reference laboratory site.
 - 1.2.11 Vendor shall provide histology and cytology testing and bacteriology services (cultures and sensitivity) as needed.
 - 1.2.12 Vendor must have a board certified Pathologist who must be available for questions and/or interpretation of positive test results.
 - 1.2.13 Vendor must assume all responsibility and liability for reading and processing of all cytology and histology specimens.
 - 1.2.14 Vendor must retain positive, negative and/or unsatisfactory PAP slides and Histology slides for the current time periods mandated by regulatory bodies (CAP and CLIA).
 - 1.2.15 Vendor must examine, interpret and report results on all slides submitted. Vendor must have written criteria for rejection and for categorizing specimens as unsatisfactory.

- 1.2.16 After receipt of slides/specimens, vendor must provide turnaround time for Cytology results within five (5) days and Histology within four days (4) unless further study or staining is required.

Exceptions:

Cytology Turnaround Time

Normal PAP Smear results reporting time is 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.

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.

- 1.2.17 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.
- 1.2.18 Vendor must have stored lab results available for Quality Assurance monitoring and assessment of laboratory services for the current time periods mandated by regulatory bodies (CAP and CLIA) for regular test results and for pathology specimens.
- 1.2.19 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.
- 1.2.20 Vendor must provide Hospital(s), on an on-going basis, with the name, address and telephone number of their account representative.
- 1.2.21 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. 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 a single vendor with the lowest total cost for providing the specified services in Exhibits A, B & C.

State of West Virginia

VENDOR PREFERENCE CERTIFICATE

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

- 1. Application is made for 2.5% resident vendor preference for the reason checked: Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or, Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or, Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,
2. Application is made for 2.5% resident vendor preference for the reason checked: Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
3. Application is made for 2.5% resident vendor preference for the reason checked: Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
4. Application is made for 5% resident vendor preference for the reason checked: Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
5. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked: Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
6. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked: Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: _____ Signed: _____

Date: _____ Title: _____

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

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

VENDOR OWING A DEBT TO THE STATE:

West Virginia Code §5A-3-10a provides that: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owed is an amount greater than one thousand dollars in the aggregate.

PUBLIC IMPROVEMENT CONTRACTS & DRUG-FREE WORKPLACE ACT:

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

ANTITRUST:

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

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

LICENSING:

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

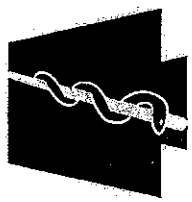
CONFIDENTIALITY:

The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.

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

Vendor's Name: ATLANTIC DIAGNOSTIC LABORATORIES, LLC
Authorized Signature: [Signature] Date: 12/11/09

CLINICAL LABORATORY PERMIT



pennsylvania
DEPARTMENT OF HEALTH

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

Laboratory Identification Number: 024997A

Name and Director of Laboratory:

ATLANTIC DIAGNOSTIC LABORATORIES LLC
HARVEY J BELIN, MD
3520 PROGRESS DRIVE UNIT C
BENSALEM, PA 19020

Owner:

ATLANTIC DIAGNOSTIC LABORATORIES LLC

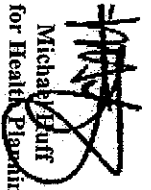
Issued: August 15, 2009

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

DATE EXPIRES: August 15, 2010

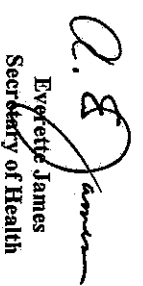
AUTHORIZED CATEGORIES:

- BACTERIOLOGY
- CLINICAL CHEMISTRY
- HEMATOLOGY
- IMMUNOHEMATOLOGY
- NON-TRANSFUSION
- NON-SYPHILIS SEROLOGY
- SYPHILIS SEROLOGY
- TOXICOLOGY - ALCOHOL BLOOD
- TOXICOLOGY - ALCOHOL SERUM / PLASMA
- TOXICOLOGY - BLOOD LEAD
- TOXICOLOGY - DRUGS BLOOD CONFIRMATORY
- TOXICOLOGY - DRUGS BLOOD SCREENING
- TOXICOLOGY - DRUGS SERUM CONFIRMATORY
- TOXICOLOGY - DRUGS SERUM SCREENING
- TOXICOLOGY - DRUGS URINE CONFIRMATORY
- TOXICOLOGY - DRUGS URINE SCREENING
- TOXICOLOGY - ERYTHROCYTE PROTOPORPHYRIN URINALYSIS
- VIROLOGY



Michael Huff

Deputy Secretary for Health Planning and Assessment



Everette James
Secretary of Health

DISPLAY THIS CERTIFICATE PROMINENTLY

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

LABORATORY NAME AND ADDRESS

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

CLIA ID NUMBER

39D0927666

EFFECTIVE DATE

07/23/2009

EXPIRATION DATE

07/22/2011

LABORATORY DIRECTOR

HARVEY J BELLIN MD

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

51 cert2_081509

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

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
BACTERIOLOGY (110)	07/23/2009
MYCOLOGY (120)	07/23/2009
SYPHILIS SEROLOGY (210)	07/23/2009
GENERAL IMMUNOLOGY (220)	07/23/2009
ROUTINE CHEMISTRY (310)	07/23/2009
URINALYSIS (320)	07/23/2009
ENDOCRINOLOGY (330)	07/23/2009
TOXICOLOGY (340)	07/23/2009
HEMATOLOGY (400)	07/23/2009
ABO & RH GROUP (510)	07/23/2009



LAB CERTIFICATION (CODE) EFFECTIVE DATE



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