



Laboratory Corporation of America™  
4500 Conaem Drive  
Louisville Kentucky 40213-1955

Telephone: 800-800-4700  
502-456-4700

August 4, 2008

Roberta Wagner  
Health and Human Resources  
William R. Sharpe Jr. Hospital  
Central Receiving  
936 Sharpe Hospital Road  
Weston, WV 26452

RECEIVED

2009 AUG 12 A 10:34

PURCHASING DIVISION  
STATE OF WV

Dear Ms. Wagner:

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 17, 2009, RFQ WSH10011**. 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
WSH10011

PAGE
1

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

RFQ COPY

TYPE NAME/ADDRESS HERE

Laboratory Corporation of America  
Holdings  
6370 Wilcox Road  
Dublin, Ohio 43016

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

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
07/15/2009				

BID OPENING DATE:

08/13/2009

BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
001	1	YR	193-88			
OPEN-END BLANKET						
CONTRACT FOR REFERENCE LABORATORY SERVICES						
CONTRACTOR TO PROVIDE ROUTINE DAILY SERVICE WITH ONE PICK UP BY 3:00 PM. LAB RESULTS WILL BE TRANSMITTED VIA COMPUTER NO LATER THAN 9:00 AM THE FOLLOWING DAY. VENDOR TO PROVIDE SIX-DAY SERVICE TO THE HOSPITAL (MONDAY THRU SATURDAY). VENDOR TO PROVIDE ALL SUPPLIES AND MATERIALS REQUIRED. VENDOR SHALL SUBMIT ITEMIZED AND MONTHLY BILLS IN ARREARS FOR SERVICES.						
SEE ATTACHED SPECIFICATIONS.						
EXHIBIT 3						
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 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.						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>[Signature]</i>	TELEPHONE 614-889-1061	DATE 8/4/09
TITLE Vice President, Controller 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 Alcohol 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

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2

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

RFQ COPY

TYPE NAME/ADDRESS HERE

Laboratory Corporation of America  
Holdings  
6370 Wilcox Road  
Dublin, Ohio 43016

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

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
07/15/2009				

BID OPENING DATE:

08/13/2009

BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.						
RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, 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.						
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.						
OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)						
QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.						
ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>[Signature]</i>	TELEPHONE 614-889-1061	DATE 8/4/09
TITLE Vice President Controller	FED 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  
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## Request for Quotation

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

### RFQ COPY

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6370 Wilcox Road  
Dublin, Ohio 43016

HEALTH AND HUMAN RESOURCES  
WILLIAM R. SHARPE JR HOSPITAL  
CENTRAL RECEIVING  
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DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
07/15/2009				

BID OPENING DATE: 08/13/2009 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>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 EXHIBIT 4</p> <p>LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL AND OTHER LOCAL GOVERNMENT BODIES, THE BID SHALL EXTEND TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO ALL POLITICAL SUBDIVISIONS OF THE STATE, THE VENDOR MUST CLEARLY INDICATE SUCH REFUSAL IN HIS BID. SUCH REFUSAL SHALL NOT PREJUDICE THE AWARD OF THIS CONTRACT IN ANY MANNER.</p> <p>REV. 3/88</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>L. Edward</i>	TELEPHONE 614-889-1081	DATE 8/4/09
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'



State of West Virginia  
Department of Administration  
Purchasing Division  
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## Request for Quotation

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ADDRESS CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER  
304-558-0067

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Laboratory Corporation of America  
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6370 Wilcox Road  
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07/15/2009				

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01:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 7/28/2009. 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:</p> <p>ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET EAST CHARLESTON, WV 25311</p> <p>FAX: 304-558-4115</p> <p>E-MAIL: ROBERTA.A.WAGNER@WV.GOV</p> <p>PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
	614-889-1061	8/4/09
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
Vice President Controller	13-3757370	

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  
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# Request for Quotation

RFQ NUMBER

WSH10011

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ADDRESS CORRESPONDENCE TO ATTENTION OF:

ROBERTA WAGNER  
304-558-0067

RFQ COPY

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DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
07/15/2009				

BID OPENING DATE:

08/13/2009

BID OPENING TIME

01:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
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						
A SIGNED BID MUST BE SUBMITTED TO:						
DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130						
PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED.						
THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:						
SEALED BID						
BUYER:-----RW/FILE 22-----						
RFQ NO.:-----WSH10011-----						
BID OPENING DATE:-----8/13/2009-----						
BID OPENING TIME:-----1:30 PM-----						
PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE

TELEPHONE

614-889-1061

DATE

8/4/09

TITLE

FAX

Vice President Controller

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  
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# Request for Quotation

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WSH10011

PAGE

6

ADDRESS CORRESPONDENCE TO ATTENTION OF:

ROBERTA WAGNER  
304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

Laboratory Corporation of America  
Holdings  
6370 Wilcox Road  
Dublin, Ohio 43016

HEALTH AND HUMAN RESOURCES  
WILLIAM R. SHARPE JR. HOSPITAL  
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DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS		
07/15/2009						
BID OPENING DATE: 08/13/2009		BID OPENING TIME 01:30PM				
LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
			FAX	614-761-0791		
CONTACT PERSON (PLEASE PRINT CLEARLY):						
Mary Mowry						
***** THIS IS THE END OF RFQ WSH10011 ***** TOTAL:						\$79,304.56

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE *[Signature]* TELEPHONE 614-889-1061 DATE 8/4/09  
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'



## *Reference Laboratory Services*

### 1.1 Scope of Work:

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

### 1.2 Specification Requirements:

- 1.2.1 The attached Bid Price Sheet represents only the most required tests needed by our physicians, but additional types of tests may be required of the successful vendor on an as needed basis. The vendor will provide routine daily service with one (1) pick-up by 3:00pm. Lab results will be transmitted via computer to the hospital no later than 9:00am the following day. Preliminary culture results will be returned to the hospital in 24 hours, after pick-up, with final results in 48 hours. The vendor will provide six-day service to the hospital (Monday through Saturday) with the vendor calling the hospital on Saturday and conversing with the Nurse Clinical Coordinator to determine if Saturday pick-up is needed.
- 1.2.2 The vendor will provide all supplies and materials required, such as tubes, needles, and urine containers.
- 1.2.3 The vendor will provide an itemized invoice monthly in arrears and statistical reports showing usage and volumes. State law forbids payment of invoices prior to receipt of services. Invoices shall include patient name, date of service, description of service, per unit cost and total cost.
- 1.2.4 The vendor must be certified by Clinical Laboratory Improvement Amendments (CLIA) and also must meet all Certificate of Accreditation (CAP) standards. The vendor will provide a copy of CLIA and CAP certificates from the Centers for Medicare & Medicaid Services before any services are rendered.
- 1.2.5 The vendor shall operate in accordance with the standards and recommendations of Joint Commission (JC) or other equivalent standards.
- 1.2.6 The vendor will provide the hospital with documentation of quality control measures being performed in the Laboratory upon request. Quality control data, quality assurance policies and results of proficiency testing surveys are available upon request.
- 1.3 Subcontracts Prohibited  
Vendor will be solely responsible for all work performed under the contract. Vendor will not enter into written subcontracts for performance of work under the contract without written permission of the agency.
- 1.4 Compliance with Law and Regulation  
The Vendor shall pay sales, use and personal property taxes arising out of this contract and the transactions contemplated thereby. Any other taxes levied upon this contract, the transactions or the equipment or services delivered pursuant thereto shall be borne by the vendor.

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

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

#### 1.5 Termination of the Contract

The Department of Administration, Purchasing Division may terminate a contract resulting from the RFQ at any time that the vendor fails to carry out its responsibilities under the terms of any contract to the satisfaction of the Department

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

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

Presently, the Department of Health and Human Resources is developing an "agencywide contract for laboratory services" that requires the successful vendor to communicate laboratory test results directly into VISTA (Veterans Health Information Systems and Technology Architecture) system being utilized by the state health care facilities.

The purpose of this RFQ# WSH10011 is to obtain Reference Laboratory Services until such time that an agencywide contract can be awarded and the successful vendor is able implement services.

#### 1.6 Record Retention and Confidentiality

The Vendor will maintain financial records pertaining to the contract for five (5) years following the end of the State Fiscal year during which the contract is terminated or State and Federal audits of the contract have been completed, whichever is later. If questions about accounting records arise during an audit, the accounting records pertaining to the contract shall be retained until resolution of all pending audit questions and for one (1) year following the termination of any litigation relating to the contract if the litigation has not terminated within the above five (5) year period. Accounting records and procedures shall be subject to State and Federal approval

#### 1.7 Changes Orders

The Department with the Vendor will negotiate formal contract amendments and change orders, whenever necessary, to address changes to the terms and conditions, costs of or scope of work included under the contract. An approved contract amendment means one approved by the WV Department of Health and Human Resources, the WV Purchasing

Division and all other applicable State agencies prior to the effective date of such amendment. An approved contract amendment is required whenever the change affects the payment provision and scope of work performed by the Vendor.

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

#### 1.8 Invoices and Payment

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

Please See TAB 3 For Pricing

BID PRICE SHEET				
Item #	Item Description (Test)	Estimated Annual Volume	Unit Cost	Total Cost
1	7 Drug-Scr	503		
2	7 Blood-Scr (Only)	2		
3	ABO Grouping and Rho(D) Typing	1		
4	ACTH, Plasma	2		
5	Actin (Smooth Muscle) Antibody	3		
6	Aerobic Bacterial Culture	15		
7	AFP with AFP-L3%	1		
8	AFP, Serum, Tumor Marker	13		
9	Alpha-1-Antitrypsin Phenotyp	3		
10	Alpha-1-Antitrypsin, Serum	1		
11	Ambig Abbrev CBC/Diff Default	1		
12	Ammonia, Plasma	56		
13	Amylase, Serum	18		
14	ANCA Panel	1		
15	Antibody Screen	1		
16	Antinuclear Antibodies Direct	7		
17	Basic Metabolic Panel (8)	1		
18	Benzodiazepines (GC/MS), Blood	1		
19	Bilirubin, Total	1		
20	Bilirubin, Total/Direct, Serum	3		
21	Blood Culture, Routine	1		
22	Body Fluid Culture, Sterile	1		
23	B-Type Natriuretic Peptide	1		
24	BUN	19		
25	C difficile Toxins A+B, EIA	3		
26	Calcium, 24Hr Urine	4		
27	Calcium, Ionized, Serum	1		
28	Calcium, Serum	2		
29	Cancer Antigen (CA) 15-3	1		
30	Cannabinoid (GC/MS), Blood	1		
31	Carbamazepine(Tegretol), S	76		
32	Carbohydrate Antigen 19-9	1		
33	CBC With Differential/Platelet	1,744		
34	CCP IgG Antibodies	1		
35	CEA	2		
36	Ceruloplasmin	5		
37	Chlamydia trachomatis, NAA	1		
38	Chloride, Urine	1		
39	Citric Acid (Citrate), Urine	1		
40	Cl+K+Na	17		
41	Clozapine (Clozaril), Serum	72		
42	CMP12+LP+6AC	1,384		
43	Coombs', Direct	1		
44	Copper, Serum	1		
45	Cortisol	1		

Please See Tab 3 For Pricing

<b>BID PRICE SHEET</b>				
<b>Item #</b>	<b>Item Description (Test)</b>	<b>Estimated Annual Volume</b>	<b>Unit Cost</b>	<b>Total Cost</b>
46	Cortisol - AM	1		
47	C-Peptide, Serum	1		
48	C-Reactive Protein, Quant	2		
49	Creatine Kinase (CK), MB/Total	1		
50	Creatine Kinase, Total, Serum	18		
51	Creatinine, 24-Hour Urine	1		
52	Creatinine, Serum	15		
53	Cystine, Quantitative, Urine	1		
54	Digoxin, Serum	3		
55	Drawing Fee	1		
56	Drug Analysis, Unknown, Qual	1		
57	Drug Profile, Blood (7 Drugs)	1		
58	Electrolyte Panel	2		
59	Erythropoietin (EPO), Serum	1		
60	Ethanol, Blood	3		
61	Ferritin, Serum	22		
62	FSH and LH	3		
63	Glom Filt Rate, Estimated	1		
64	Glucose, Serum	18		
65	Glucose, Two-Hour Postprandial	1		
66	H. pylori IgG, Abs	18		
67	Haloperidol (Haldol), Serum	4		
68	Haptoglobin	1		
69	HBV/HCV (Profile VIII)	120		
70	hCG, Beta Subunit, Qual, Serum	167		
71	HCV Genotyping Non Reflex	9		
72	HCV RNA, PCR, Qualitative	2		
73	HCV RT-PCR, Quant (Non-Graph)	7		
74	Heavy Metals Profile I, Blood	2		
75	Heavy Metals Profile II, Blood	1		
76	Helper T-Lymph-CD4	4		
77	Hemoglobin A1c	157		
78	Hep A Ab, IgM	1		
79	Hep A Ab, Total	2		
80	Hep B Surface Ab	5		
81	Hep Be Ab	1		
82	Hep Be Ag	2		
83	Hepatitis A (Prof V)	8		
84	Hered. Hemochromatosis, DNA	1		
85	HFP7+3AC	44		
86	Immunoglobulin E, Total	1		
87	Iron and TIBC	19		
88	Iron, 24 Hour Urine	1		
89	Iron, Serum	3		
90	Lamotrigine (Lamictal), Serum	3		

Please See Tab 3 For Pricing

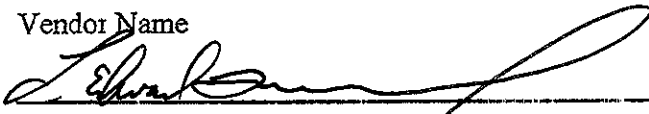
BID PRICE SHEET				
Item #	Item Description (Test)	Estimated Annual Volume	Unit Cost	Total Cost
91	Lipase, Serum	15		
92	Lipid Panel	30		
93	Lithium (Eskalith), Serum	426		
94	Lower Respiratory Culture	2		
95	M003 Aspergillus fumigatus	1		
96	Magnesium, Serum	25		
97	Microalbumin, Random Urine	17		
98	Mitochondrial (M2) Antibody	4		
99	Mono Qual W/Rflx Qn	1		
100	NGI HCV QuantaSure	1		
101	Non LCA Req	2		
102	NTI Tracking	1		
103	Organism ID	12		
104	Organism ID	7		
105	Organism ID	2		
106	Organism ID	1		
107	Osmolality, Serum	1		
108	Osmolality, Urine	1		
109	Ova + Parasite Exam	8		
110	Oxalate, Quant, 24-Hour Urine	1		
111	Parasite ID, Worm	1		
112	Phenobarbital, Serum	11		
113	Phenytoin (Dilantin), Serum	30		
114	Phosphorus, 24 hr Urine	1		
115	Phosphorus, Serum	2		
116	Potassium, Urine	1		
117	Pregnancy Test, Urine	1		
118	Presumptive ID	19		
119	Prolactin	20		
120	Prostate-Specific Ag, Serum	51		
121	Protein Total, Qn, 24-Hr Urine	2		
122	Prothrombin Time (PT)	1		
123	PT and PTT	138		
124	PTH, Intact	6		
125	Request Problem	3		
126	Resubmit Tracking	1		
127	Reticulocyte Count	3		
128	Rheumatoid Arthritis Factor	3		
129	RNA, Real Time PCR (Graph)	4		
130	RPR	466		
131	Rubella Antibodies, IgG	1		
132	Sedimentation Rate-Westergren	4		
133	Sensitivity Organism #1	25		
134	Sensitivity Organism #2	8		
135	Sent to Reference Lab	1		

Please See Tab 3 For Pricing

BID PRICE SHEET				
Item #	Item Description (Test)	Estimated Annual Volume	Unit Cost	Total Cost
136	Sodium, Serum	1		
137	Sodium, Urine	1		
138	Specimen Status Report	4		
139	Stool Culture	2		
140	T pallidum Ab (FTA-Ab)	3		
141	Test Code Change	1		
142	Testosterone, Serum	18		
143	Theophylline, Serum	12		
144	Thyroid Panel With TSH	867		
145	Thyroxine (T4) Free, Direct, S	1		
146	Thyroxine Binding Globulin	1		
147	Thyroxine Binding Globulin*	1		
148	Transferrin	3		
149	Troponin I	1		
150	TSH	31		
151	UA/M w/rfx Culture, Routine	13		
152	Upper Respiratory Culture	2		
153	UREA and Creatinine, 24-Hr Ur	2		
154	Uric Acid, 24 hr Urine	1		
155	Uric Acid, Serum	6		
156	Urinalysis, Complete	930		
157	Urinalysis, Routine	1		
158	Urine Culture, Routine	37		
159	Valproic Acid (Depakote),S	653		
160	Vitamin B12	6		
161	Vitamin B12 and Folate	112		
162	Vitamin D, 25-Hydroxy	7		
163	White Blood Cells (WBC), Stool	7		
			<b>Grand Total</b>	

In Section 1 21.1 of the specifications, the facility may have need of additional tests which are not indicated on the Bid Price Sheet (Please attach a Price List of Additional Tests with markup/markdown information for tests that your company can provide.)

Vendor Name


  
Signature of Vendor's Authorized Representative

 8/4/09  
Date

*Basis for Award: Award will be made to the responsible vendor providing the lowest total pricing for the services listed above.*

**VENDOR PREFERENCE CERTIFICATE**

N/A

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.**

N/A

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: 8/4/09



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
WSH10011

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	
	WILLIAM R. SHARPE JR. HOSPITAL	
	CENTRAL RECEIVING	
	936 SHARPE HOSPITAL ROAD	
WESTON, WV		
26452		304-269-1210

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
07/29/2009				
BID OPENING DATE: 08/13/2009		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.: WSH10011						
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 .X.....						
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 8/4/09
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'



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  
WSH10011

PAGE  
2

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

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

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

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
07/29/2009				
BID OPENING DATE		BID OPENING TIME		01:30PM
08/13/2009				
LINE	QUANTITY	UOM	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>..... SIGNATURE Laboratory Corporation of America Holdings ..... COMPANY August 4, 2009 ..... DATE</p> <p>REV. 11/96</p> <p>END OF ADDENDUM NO. 1</p>				
SEE REVERSE SIDE FOR TERMS AND CONDITIONS				
SIGNATURE		TELEPHONE	DATE	
[Signature]		614-889-1061	8/4/09	
TITLE		FAX		ADDRESS CHANGES TO BE NOTED ABOVE
Vice President Controller		13-3757370		

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
WSH10011

PAGE
2

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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
	WILLIAM R. SHARPE JR. HOSPITAL
	CENTRAL RECEIVING
936 SHARPE HOSPITAL ROAD	
WESTON, WV	
26452      304-269-1210	

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
07/29/2009				

BID OPENING DATE

08/13/2009

BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
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.						
.....						
SIGNATURE						
Laboratory Corporation of America Holdings						
.....						
COMPANY						
August 4, 2009						
.....						
DATE						
REV. 11/96						
END OF ADDENDUM NO. 1						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
<i>E. Howard</i>	614-889-1061	8/4/09
TITLE	FAX	ADDRESS CHANGES TO BE NOTED ABOVE
Vice President Controller	13-3757370	

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
WSH10011

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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
	WILLIAM R. SHARPE JR. HOSPITAL
	CENTRAL RECEIVING
	936 SHARPE HOSPITAL ROAD
	WESTON, WV 26452 , 304-269-1210

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
07/29/2009				

BID OPENING DATE:

08/13/2009

BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	YR		193-88		
CONTRACT FOR REFERENCE LABORATORY SERVICES						
***** THIS IS THE END OF RFQ WSH10011 ***** TOTAL:						\$79,304.56

SEE REVERSE SIDE FOR TERMS AND CONDITIONS		
SIGNATURE <i>[Signature]</i>	TELEPHONE 614-889-1061	DATE 8/4/09
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'

To response to vendor questions, as follows:

1. I need some clarification on test named below. Could you specify which Organism ID you need?

103	Organism ID - Urine
104	Organism ID - General
105	Organism ID - Lower Respiratory
106	Organism ID - Upper Respiratory

2. We are in the process of working on this RFQ WSH10011 for William R. Sharpe Jr. Hospital. We just received the RFQ BHS 10009 which also includes William R. Sharpe Jr. Hospital plus 6 other hospitals. Is the RFQ WSH10011 void or do we still need to reply to it as well as the BHS10009.

*The RFQ states on page 8 – "The purpose of this RFQ# WSH10011 is to obtain Reference Laboratory Services until such time that an agency wide contract can be awarded and the successful vendor is able to implement service."*

State of West Virginia  
Department of Administration  
Purchasing Division  
Health and Human Resources  
William R. Sharpe, Jr. Hospital  
Central Receiving  
936 Sharpe Hospital Road  
Weston, West Virginia

**Request for Quotation for Laboratory Services  
WSH10011**

**Laboratory Corporation of America Holdings Response**

**Page 3. 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.

**LabCorp Response**

*LabCorp prefers to work with each client on an individual basis to determine pricing, terms and conditions*

**1.1 Scope of Work:**

To provide laboratory services to William R. Sharpe, Jr. Hospital in Weston, WV per the following specifications:

**1.2 Requirements:**

**1.2.1** The Vendor will provide routine daily service with one (1) pick-up by 3:00 p.m. Lab results will be transmitted via computer to the hospital no later than 9:00 a.m. the following day. Preliminary culture results will be returned to the hospital in 24 hours, after pick-up, with final results in 48 hours. The vendor will provide six-day service to the hospital (Monday through Saturday) with the vendor calling the hospital on Saturday and conversing with the Nurse Clinical Coordinator to determine if Saturday pick-up is needed.

**LabCorp Response**

*LabCorp can provide six-day courier service to the hospital (Monday through Saturday)  
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*

*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*

**1.2.2** The vendor will provide all supplies and materials required, such as tubes, needles and urine containers

**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 can be found in **TAB 4***

**1.2.3** The vendor will provide an itemized invoice monthly in arrears and statistical reports showing usage and volumes. State law forbids payment of invoices prior to receipt of services. Invoices shall include patient name, date of service, description of service, per unit cost and total cost

**LabCorp Response**

*LabCorp will provide William J. Sharpe, Jr Hospital with a monthly invoice that reflects charges for testing performed and in final result status for the month prior (i.e. an invoice received in August would be for testing performed and in final result status by the end of July). A sample of the client invoice can be found in **TAB 5**.*

*As you may be aware, LabCorp maintains an array of utilization options, which may benefit William J. Sharpe, Jr Hospital. 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 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 aggregate reviews of test usage. To that end, grouping and summarizing of individual account totals are also available through the utilization packages offered at LabCorp. In addition to the individual account 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 utilization reports can be found in **TAB 6***

**1.2.4** The Vendor must be certified by Clinical Laboratory Improvement Amendments (CLIA) and also must meet all CAP (Certificate of Accreditation) Standards. The Vendor



will provide a copy of Clinical Laboratory Improvement Amendments (CLIA) certificate and CAP certificate (Certificate of Accreditation) from the Centers for Medicare & Medicaid Services upon award of contract.

**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 7*

**1.2.5** The 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.*

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

**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, and 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.

### **1.5 Termination of the Contract**

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

**LabCorp Response**

*The contract may be terminated by either party with thirty (30) days prior written notice*

**1.7 Change Orders**

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

**LabCorp Response**

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

**1.8 Invoices and Payment**

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

**LabCorp Response**

*Please see response on section 1.2.3.*

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William R. Sharpe, Jr. Hospital WSH10011

**BID PRICE SHEET**

ITEM	ITEM DESCRIPTION (TEST)	LABCORP TEST CODE	LABCORP ITEM DESCRIPTION	Estimated Annual Volume	UNIT COST	TOTAL COST
1	7 Drug-Scr	071910	Drug Screen (7)	503	\$15.00	\$7,545.00
2	7 Blood-Scr (Only)	767558	767558 7 Blood-Scr (Only)	2	\$151.88	\$303.76
3	ABO Grouping and Rho(D) Typing	006049	ABO Grouping and Rho(D) Typing	1	\$14.00	\$14.00
4	ACTH, Plasma	004440	ACTH, Plasma	2	\$25.00	\$50.00
5	Actin (Smooth Muscle) Antibody	006643	Antismooth Muscle Ab, Quant	3	\$49.25	\$147.75
6	Aerobic Bacterial Culture	008649	Aerobic Bacterial Culture	15	\$10.00	\$150.00
7	AFP with AFP-L3%	141300	Alpha-Fetoprotein (AFP) with AFP L3%, Serum	1	\$257.25	\$257.25
8	AFP, Serum, Tumor Marker	002253	AFP, Serum, Tumor Marker	13	\$10.00	\$130.00
9	Alpha-1-Antitrypsin Phenotyp	095653	Alpha-1-Antitrypsin Phenotyp	3	\$87.50	\$262.50
10	Alpha-1-Antitrypsin, Serum	001982	Alpha-1-Antitrypsin, Serum	1	\$36.25	\$36.25
11	Ambig Abbrev CBC/Diff Default		NOT PRICED	1		
12	Ammonia, Plasma	007054	Ammonia, Plasma	56	\$12.00	\$672.00
13	Amylase, Serum	001396	Amylase, Serum	18	\$3.75	\$67.50
14	ANCA Panel	163873	ANCA PANEL	1	\$477.25	\$477.25
15	Antibody Screen	006015	Antibody Screen	1	\$15.25	\$15.25
16	Antinuclear Antibodies Direct	164855	ANA Qualitative	7	\$6.00	\$42.00
17	Basic Metabolic Panel (8)	322758	Basic Metabolic Panel (8)	1	\$3.45	\$3.45
18	Benzodiazepines (GC/MS), Blood	767624	BENZODIAZEPINES, BLOOD	1	\$314.50	\$314.50
19	Bilirubin, Total	001099	Bilirubin, Total	1	\$2.75	\$2.75
20	Bilirubin, Total/Direct, Serum	001214	Bilirubin, Total/Direct, Serum	3	\$2.85	\$8.55
21	Blood Culture, Routine	008300	Blood Culture, Routine	1	\$8.00	\$8.00
22	Body Fluid Culture, Sterile	180802	Body Fluid Culture, Sterile	1	\$44.88	\$44.88
23	B-Type Natriuretic Peptide	140889	B-Type Natriuretic Peptide	1	\$35.00	\$35.00
24	BUN	001040	BUN	19	\$2.75	\$52.25
25	C Difficile Toxins A+B, EIA	086207	C difficile Toxins A+B, EIA	3	\$11.00	\$33.00
26	Calcium, 24HR Urine	003269	Calcium, 24hr Urine	4	\$14.25	\$57.00
27	Calcium, Ionized, Serum	004804	Calcium, Ionized, Serum	1	\$37.63	\$37.63
28	Calcium, Serum	001016	Calcium, Serum	2	\$2.75	\$5.50
29	Cancer Antigen (CA) 15-3	143404	Cancer Antigen (CA) 15-3	1	\$55.38	\$55.38
30	Cannabinoid (GC/MS), Blood	767665	CANNABINOID, BLOOD	1	\$314.50	\$314.50
31	Carbamazepine (Tegretol), S	007419	Carbamazepine(Tegretol), Serum	76	\$10.00	\$760.00
32	Carbohydrate Antigen 19-9	002261	Carbohydrate Antigen 19-9	1	\$119.50	\$119.50
33	CBC With Differential/Platelet	005009	CBC With Differential/Platelet	1744	\$3.00	\$5,232.00
34	CCP IgG Antibodies	164871	CCP IgG Antibodies	1	\$41.75	\$41.75
35	CEA	002139	CEA	2	\$10.00	\$20.00
36	Ceruloplasmin	001560	Ceruloplasmin	5	\$28.25	\$141.25
37	Chlamydia Trachomatis, NAA	188078	Chlamydia trachomatis, NAA	1	\$16.00	\$16.00
38	Chloride, Urine	013656	Chloride, Urine	1	\$14.25	\$14.25
39	Citric Acid (Citrate), Urine	016865	Citric Acid (Citrate), Urine	1	\$83.88	\$83.88
40	Cl+K+Na	000604	Cl+K+Na	17	\$2.95	\$50.15
41	Clozapine (Clozaril), Serum	706440	CLOZAPINE (CLOZARIL), SERUM	72	\$35.00	\$2,520.00
42	CMP12+LP+6AC	027623	CMP12+LP+6AC	1384	\$8.45	\$11,694.80
43	Coombs', Direct	006270	Coombs', Direct	1	\$17.63	\$17.63
44	Copper, Serum	001586	Copper, Serum	1	\$81.25	\$81.25
45	Cortisol	004051	Cortisol	1	\$8.00	\$8.00
46	Cortisol - AM	104018	Cortisol - AM	1	\$8.00	\$8.00
47	C-Peptide, Serum	010108	C-Peptide, Serum	1	\$12.00	\$12.00
48	C-Reactive Protein, Quant	006627	C-Reactive Protein, Quant	2	\$5.50	\$11.00

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William R. Sharpe, Jr. Hospital WSH10011

**BID PRICE SHEET**

ITEM	ITEM DESCRIPTION (TEST)	LABCORP TEST CODE	LABCORP ITEM DESCRIPTION	Estimated Annual Volume	UNIT COST	TOTAL COST
49	Creatine Kinase (CK), MB/Total	002311	Creatine Kinase (CK), MB/Total	1	\$25.00	\$25.00
50	Creatine Kinase, Total, Serum	001362	Creatine Kinase, Total, Serum	18	\$2.75	\$49.50
51	Creatine, 24-Hour Urine	003012	Creatinine, 24-Hour Urine	1	\$4.00	\$4.00
52	Creatine, Serum	002402	Creatine, Serum	15	\$20.13	\$301.95
53	Cystine, Quantitative, Urine	003350	Cystine, Quantitative, Urine	1	\$32.63	\$32.63
54	Digoxin, Serum	007385	Digoxin (Lanoxin), Serum	3	\$6.00	\$18.00
55	Drawing Fee	996660	Drawing Fee	1	\$5.00	\$5.00
56	Drug Analysis, Unknown, Qual	757526	DRUG ANALYSIS, UNKNOWN, QL/QN	1	\$245.25	\$245.25
57	Drug Profile, Blood (7 Drugs)	766477	Drug Profile, Blood (7 Drugs)	1	\$151.88	\$151.88
58	Electrolyte Panel	303754	Electrolyte Panel	2	\$3.05	\$6.10
59	Erythropoietin (EPO), Serum	140277	Erythropoietin (EPO), Serum	1	\$111.75	\$111.75
60	Ethanol, Blood	017996	Ethanol, Blood	3	\$44.25	\$132.75
61	Ferritin, Serum	004598	Ferritin, Serum	22	\$5.00	\$110.00
62	FSH and LH	028480	FSH and LH	3	\$18.00	\$54.00
63	Glom Filtr Rate, Estimated	100768	Glom Filtr Rate, Estimated	1	\$13.50	\$13.50
64	Glucose, Serum	001032	Glucose, Serum	18	\$2.75	\$49.50
65	Glucose, Two-Hour Postprandial	002022	Glucose, Two-Hour Postprandial	1	\$2.75	\$2.75
66	H. pylori IgG, Abs	162289	H. Pylori IgG, ABS	18	\$48.63	\$875.34
67	Haloperidol (Haldol), Serum	070482	Haloperidol (Haldol), Serum	4	\$73.75	\$295.00
68	Haptoglobin	001628	Haptoglobin	1	\$41.50	\$41.50
69	HBV/HCV (Profile VIII)	255505	HBV/HCV (Profile VIII)	120	\$46.00	\$5,520.00
70	hCG, Beta Subunit, Qual, Serum	004556	hCG, Beta Subunit, Qual, Serum	167	\$8.00	\$1,336.00
71	HCV Genotyping Non Reflex	550475	Hepatitis C Virus Genotyping	9	\$200.00	\$1,800.00
72	HCV RNA, PCR, Qualitative	550400	HCV RNA, PCR, Qualitative	2	\$347.25	\$694.50
73	HCV RT-PCR, Quant (Non-Graph)	550080	Hepatitis C Virus (HCV), Real Time PCR, Quantitative	7	\$386.00	\$2,702.00
74	Heavy Metals Profile I, Blood	042580	Heavy Metals Profile I, Blood	2	\$53.00	\$106.00
75	Heavy Metals Profile II, Blood	706200	Heavy Metals Profile II, Blood	1	\$88.00	\$88.00
76	Helper T-Lymph-CD4	505008	Helper T-Lymph-CD4	4	\$30.00	\$120.00
77	Hemoglobin A1c	001453	Hemoglobin A1c	157	\$5.00	\$785.00
78	Hep A Ab, IgM	006734	Hep A Ab, IgM	1	\$8.50	\$8.50
79	Hep A Ab, Total	006726	Hep A Ab, Total	2	\$6.00	\$12.00
80	Hep B Surface Ab	006395	Hep B Surface Ab	5	\$7.00	\$35.00
81	Hep Be Ab	006635	Hep Be Ab	1	\$7.00	\$7.00
82	Hep Be Ag	006619	Hep Be Ag	2	\$6.00	\$12.00
83	Hepatitis A (Prof V)	028928	Hepatitis A (Prof V)	8	\$14.50	\$116.00
84	Hered.Hemochromatosis, DNA	511345	Hered.Hemochromatosis, DNA	1	\$260.50	\$260.50
85	HFP7+3AC	000505	HFP7+3AC	44	\$3.65	\$160.60
86	Immunoglobulin E, Total	002170	Immunoglobulin E, Total	1	\$40.63	\$40.63
87	Iron and TIBC	001321	Iron and TIBC	19	\$6.00	\$114.00
88	Iron, 24 Hour Urine	087238	Iron, 24 Hour Urine	1	\$70.00	\$70.00
89	Iron, Serum	001339	Iron, Serum	3	\$2.75	\$8.25
90	Lamotrigine (Lamictal), Serum	716944	LAMOTRIGINE (LAMICTAL), SERUM	3	\$35.00	\$105.00
91	Lipase, Serum	001404	Lipase, Serum	15	\$3.75	\$56.25
92	Lipid Panel	303756	Lipid Panel	30	\$3.50	\$105.00
93	Lithium (Eskalith), Serum	007708	Lithium (Eskalith), Serum	426	\$6.00	\$2,556.00
94	Lower Respiratory Culture	180810	Lower Respiratory Culture	2	\$10.00	\$20.00
95	M003 Aspergillus fumigatus	069260	M003 Aspergillus fumigatus	1	\$19.75	\$19.75
96	Magnesium, Serum	001537	Magnesium, Serum	25	\$4.50	\$112.50

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William R. Sharpe, Jr. Hospital WSH10011

**BID PRICE SHEET**

ITEM	ITEM DESCRIPTION (TEST)	LABCORP TEST CODE	LABCORP ITEM DESCRIPTION	Estimated Annual Volume	UNIT COST	TOTAL COST
97	Microalbumin, Random Urine	149997	Microalbumin, Random Urine	17	\$4.25	\$72.25
98	Mitochondrial (M2) Antibody	006650	Antimitochondrial Ab (AMA), Qn	4	\$49.25	\$197.00
99	Mono Qual W/Rflx Qn	006536	Mono Qual W/Rflx Qn	1	\$25.38	\$25.38
100	NGI HCV QuantaSure	140639	NGI HCV QuantaSure	1	\$647.75	\$647.75
101	Non LCA Req		NOT PRICED	2		
102	NTI Tracking		NOT PRICED	1		
103	Organism ID--per adend 1: Urine		INCLUDED IN CULTURE	12		
104	Organism ID--per adend 1: General		INCLUDED IN CULTURE	7		
105	Organism ID--per adend 1: Low Resp		INCLUDED IN CULTURE	2		
106	Organism ID--per adend 1: Up Resp		INCLUDED IN CULTURE	1		
107	Osmolality, Serum	002071	Osmolality, Serum	1	\$5.00	\$5.00
108	Osmolality, Urine	003442	Osmolality, Urine	1	\$5.00	\$5.00
109	Ova + Parasite Exam	008623	Ova + Parasite Exam	8	\$10.00	\$80.00
110	Oxalate, Quant, 24-Hour Urine	003970	Oxalate, Quant, 24-Hour Urine	1	\$37.00	\$37.00
111	Parasite ID, Worm	008219	Parasite Identification	1	\$23.88	\$23.88
112	Phenobarbital, Serum	007823	Phenobarbital, Serum	11	\$12.00	\$132.00
113	Phenytoin (Dilantin), Serum	007401	Phenytoin (Dilantin), Serum	30	\$10.00	\$300.00
114	Phosphorus, 24 hr Urine	003251	Phosphorus, Urine	1	\$14.63	\$14.63
115	Phosphorus, Serum	001024	Phosphorus, Serum	2	\$2.75	\$5.50
116	Potassium, Urine	013334	Potassium, Urine	1	\$14.25	\$14.25
117	Pregnancy Test, Urine	004036	Pregnancy Test, Urine	1	\$7.00	\$7.00
118	Presumptive ID		NOT PRICED	19		
119	Prolactin	004465	Prolactin	20	\$9.00	\$180.00
120	Prostate-Specific Ag, Serum	010322	Prostate-Specific Ag, Serum	51	\$7.00	\$357.00
121	Protein Total, Qn, 24-Hr Urine	003277	Prot, 24hr calculated	2	\$14.63	\$29.26
122	Prothrombin Time (PT)	005199	Prothrombin Time (PT)	1	\$3.00	\$3.00
123	PT and PTT	020321	PT AND PTT	138	\$6.00	\$828.00
124	PTH, Intact	015610	PTH, Intact	6	\$10.00	\$60.00
125	Request Problem		NOT PRICED	3		
126	Resubmit Tracking		NOT PRICED	1		
127	Reticulocyte Count	005280	Reticulocyte Count	3	\$4.00	\$12.00
128	Rheumatoid Arthritis Factor	006502	Rheumatoid Arthritis Factor	3	\$4.50	\$13.50
129	RNA, Real Time PCR (Graph)	550420	RNA, Real Time PCR (Graph)	4	\$120.00	\$480.00
130	RPR	006072	RPR	466	\$4.00	\$1,864.00
131	Rubella Antibodies, IgG	006197	Rubella Antibodies, IgG	1	\$7.00	\$7.00
132	Sedimentation Rate-Westergren	005215	Sedimentation Rate-Westergren	4	\$3.50	\$14.00
133	Sensitivity Organism #1	S00001	Sensitivity Organism #1	25	\$5.00	\$125.00
134	Sensitivity Organism #2	S00002	Sensitivity Organism #2	8	\$5.00	\$40.00
135	Sent to Reference Lab		NOT PRICED	1		
136	Sodium, Serum	001198	Sodium, Serum	1	\$2.75	\$2.75
137	Sodium, Urine	013326	Sodium, Urine	1	\$14.25	\$14.25
138	Specimen Status Report		NOT PRICED	4		
139	Stool Culture	008144	Stool Culture	2	\$30.00	\$60.00
140	T pallidum Ab (FTA-Ab)	006379	T pallidum Ab (FTA-Ab)	3	\$39.88	\$119.64
141	Test Code Change		NOT PRICED	1		
142	Testosterone, Serum	004226	Testosterone, Serum	18	\$9.00	\$162.00
143	Theophylline, Serum	007336	Theophylline, Serum	12	\$10.00	\$120.00
144	Thyroid Panel with TSH	000620	Thyroid Panel With TSH	867	\$11.50	\$9,970.50



William R. Sharpe, Jr. Hospital WSH10011

**BID PRICE SHEET**

ITEM	ITEM DESCRIPTION (TEST)	LABCORP TEST CODE	LABCORP ITEM DESCRIPTION	Estimated Annual Volume	UNIT COST	TOTAL COST
145	Thyroxine (T4) Free, Direct, S	001974	Thyroxine (T4) Free, Direct, S	1	\$5.00	\$5.00
146	Thyroxine Binding Globulin	001735	Thyroxine Binding Globulin	1	\$49.25	\$49.25
147	Thyroxine Binding Globulin*	001735	Thyroxine Binding Globulin	1	\$49.25	\$49.25
148	Transferrin	004937	Transferrin	3	\$33.63	\$100.89
149	Troponin I	120832	Troponin I	1	\$132.75	\$132.75
150	TSH	004259	TSH	31	\$5.00	\$155.00
151	UA/M w/rflx Culture, Routine	377036	UA/M with Culture Reflex	13	\$4.00	\$52.00
152	Upper Respiratory Culture	008342	Upper Respiratory Culture	2	\$8.00	\$16.00
153	UREA and Creatinine, 24-HR Ur	317222	UREA AND CREATININE, 24-HR UR	2	\$33.38	\$66.76
154	Uric Acid, 24 hr Urine	003418	Uric Acid, Urine	1	\$14.63	\$14.63
155	Uric Acid, Serum	001057	Uric Acid, Serum	6	\$2.75	\$16.50
156	Urinalysis, Complete	003772	Urinalysis, Complete	930	\$3.00	\$2,790.00
157	Urinalysis, Routine	003038	Urinalysis, Routine	1	\$10.75	\$10.75
158	Urine Culture, Routine	008847	Urine Culture, Routine	37	\$7.00	\$259.00
159	Valproic Acid (Depakote), S	007260	Valproic Acid (Depakote),S	653	\$10.00	\$6,530.00
160	Vitamin B12	001503	Vitamin B12	6	\$6.50	\$39.00
161	Vitamin B12 and Folate	000810	Vitamin B12 and Folate	112	\$12.00	\$1,344.00
162	Vitamin D, 25-Hydroxy	081950	Vitamin D, 25-Hydroxy	7	\$18.00	\$126.00
163	White Blood Cells (WBC), Stool	008656	White Blood Cells (WBC), Stool	7	\$7.00	\$49.00

\$79,304.56

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.

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.



# CLIENT SUPPLY REQUISITION (COLUMBUS BRANCH)

PHONE: 614-889-1061 ext. 3310

FAX: 614-889-0870

DATE REQUESTED:

Account Number:

Account Name:

REQUESTED BY:

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) 6 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>CYTOLOGY/HISTOLOGY SUPPLIES</b>			
<b>BLOOD COLLECTION NEEDLES</b>				Pap Pack w/Brush <input type="checkbox"/>		Box	
Needles (Multisample) 21G 1.25" <input type="checkbox"/>		Each		Spray Fixative		Bottle	
22G 1.25" <input type="checkbox"/>		Each		Histology Michelis 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>				Cyto- Spatulas <input type="checkbox"/> Brushes <input type="checkbox"/> Brooms <input type="checkbox"/>		Each	
Urinalysis Tube - Speckled Top		Each		AutoCyte		Each	
C&S Urine Tube - Grey Top		Each		Tripath Collection w/Rovers Blue Brooms		Each	
Urine Transfer Straw		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 MEDIA</b>			
				DNA Gen-Probe Male <input type="checkbox"/> Female <input type="checkbox"/>		Each	
				Vira Pap HPV Digene		Each	
<b>TRANSPORT MATERIAL</b>				OVA and Parasite Kit		Each	
Transfer Tubes and Caps		Each		Stool C&S Vials		Each	
LabCorp Specimen Bags 14 x 22 in.		Each		Para-Pak Clean Vials		Each	
LabCorp Transport Bags/with Pouch 6 x 9 in.		Each		Viral Multitransport		Each	
Frozen Specimen Bags		Each		Blood Culture Bottles Adult <input type="checkbox"/> Ped <input type="checkbox"/>		Each	
Frozen Transport Tubes & Caps		Each		Swab, Transport - Pink/Red - Bacterial		Each	
Sterile Container		Each		ProbeTec Swab		Each	
				<b>LABELS</b>			
<b>DRUG SCREEN SUPPLIES</b>				Frozen Labels Small Red <input type="checkbox"/> Large Blue <input type="checkbox"/>		Roll	
Drug Screen Cups, Lids (Single)		Each		Specimen I.D. Labels		Roll	
NIDA/D.O.T. (Drug Screen Kits) (Double)		Each		AOE		Roll	
				<b>MISCELLANEOUS SUPPLIES</b>			
<b>TRANSPORT KITS</b>				Glucola (Orange Flavor) 50g <input type="checkbox"/> 100g <input type="checkbox"/>		Each	
Frozen Trans-Pak Bottles		Each		Glucola (Lemon-Lime Flavor) 50g <input type="checkbox"/> 100g <input type="checkbox"/>		Each	
Fluid Transport Kit Amniotic		Each		Tourniquet		Each	
General Transport Kit		Each					
Taysachs Disease Kit		Each					
Bone Marrow Transport Kit		Each		<b>OTHER</b>			
Histology Special Studies		Each		Lockbox		Each	
Cytology Special Studies		Each					

Time and Date Completed: \_\_\_\_\_ Route #: \_\_\_\_\_ Initials: \_\_\_\_\_

Date and Time of Delivery: \_\_\_\_\_ Verified Order: \_\_\_\_\_

# Client Invoice Cover Page

## 1. Account Number

This is the number assigned to each client account. Please refer to this number when discussing your bill with a LabCorp representative

## 2. Date

The date the invoice was generated. This date signifies month end.

## 3. Purchase Order No.

This information is voluntarily supplied by clients for various reasons. This field is not required by LabCorp

## 4. Report To

This address is where test results are reported

## Invoice To

This address is where the client statement is sent.

## 6. Message Center

Important messages about your account will be posted here. LabCorp's phone number, fax number, and address are also located in this area.

## 7. Total Amount Due

This amount includes the current amount due and any amounts not yet received by LabCorp.

## 8. Payment Stub

Please complete and return this stub with your payment.



### INVOICE

Burlington, North Carolina  
(800) 343-4407

ACCOUNT NUMBER	NUMBER	DATE	PURCHASE ORDER NO.	PAGE
34300000	SUMMARY	7/31/03		1

R02-NRB

REPORT TO

JOHN M SMITH MD  
101 ANYWHERE STREET  
MANSFIELD, OH 43522

JOHN M SMITH MD  
101 ANYWHERE STREET  
MANSFIELD OH 43522

INVOICE TO

### \*\*\* FOR YOUR INFORMATION \*\*\*

The attached itemized bill represents charges for the current month. PAYMENT IN FULL is expected upon receipt of this invoice. Please return your check and the remittance stub in the enclosed envelope.

Should you have questions, you may call our toll free number on your invoice or fax us at (877-867-8266). Written correspondence should be sent to: Laboratory Corporation of America, Attn.: Client Billing Customer Service, P.O. Box 2250, Burlington, NC 27216-2250.

OFFICE HOURS ARE 8:00 A.M. UNTIL 5:00 P.M. EASTERN STANDARD TIME

(800) 343-4407

PAYMENTS RECEIVED AFTER THE 30<sup>TH</sup> MAY BE REFLECTED ON NEXT MONTH'S STATEMENT

### TERMS: PAYABLE UPON RECEIPT

TAX ID: 13-3757370

TO ASSURE PROPER CREDIT TO YOUR ACCOUNT PLEASE INCLUDE THE INVOICE NUMBER ON YOUR CHECK.  
PLEASE DIRECT ALL INQUIRIES TO OUR ACCOUNTS RECEIVABLE DEPARTMENT WITHIN 30 DAYS OF INVOICE

3 MONTHS OR MORE PAST DUE	2 MONTHS PAST DUE	1 MONTH PAST DUE	CURRENT AMOUNT DUE	TOTAL AMOUNT DUE
.00	.00	.00	305.50	305.50

DETACH HERE AND RETURN THIS STUB WITH YOUR PAYMENT

PLEASE INDICATE BREAKDOWN OF PAYMENT BELOW

6316224 305 50

TOTAL AMOUNT DUE 305.50

CHECK #

AMOUNT \$

(800) 343-4407

Account Number 34300000  
JOHN M. SMITH, MD  
CONTACT: JANE

(419) 555-1234

MAKE CHECK  
PAYABLE AND  
MAIL TO:

Laboratory Corporation of America Holdings  
PO BOX 12140 BURLINGTON NC 27216-2140



TERMS: ALL CHARGES ARE DUE AND PAYABLE UPON RECEIPT. ANY DISCREPANCY MUST BE BROUGHT TO OUR ATTENTION WITHIN 30 DAYS OF RECEIPT OF STATEMENT. IT IS MUTUALLY AGREED WITH THE CUSTOMER THAT LABCORP MAY EXERCISE THE RIGHT TO CHARGE COLLECTIONS AND ATTORNEY'S FEES OF 20% AS WELL AS INTEREST OF 1% PER MONTH ON PAST DUE ACCOUNTS OR WHICH FEES AND INTEREST ARE PERMITTED BY LAW.

# Client Invoice Detail Page

## 1. Invoice Number

This is the bill number for the month of activity. This number can also be used to access your account when speaking with a LabCorp representative.

## 2. Date

The date of service for each specimen.

## 3. Item/Patient

The patient name is listed. Also listed are the patient ID, the physician ID, and the control number from the test request form. Except for patient name, these fields are optional.

## 4. Number

This is the specimen number. This is the unique number assigned to each specimen that enters the lab. It is the same number as on the result. It was previously referred to as the accession number.

## 5. Description

LabCorp test number for the test performed. Also listed is the description of the tests performed.

## 6. Codes

The lab where the tests were performed.

## 7. Amount

The price of the test or panel.



1

Burlington, North Carolina  
(800) 343-4407

ACCOUNT NUMBER	INVOICE NUMBER	DATE	PURCHASE ORDER NO.	PAGE
34300000	6316224	7/31/02		2

R02-NRB

1

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JOHN M. SMITH MD  
101 ANYWHERE STREET  
MANSFIELD OH 43522

JOHN M. SMITH, MD  
101 ANYWHERE STREET  
MANSFIELD OH 43522

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DATE	ITEM/PATIENT	NUMBER	DESCRIPTION	CODES	AMOUNT
	***	CURRENT PERIOD	ACTIVITY ***		
07/08/02	PARKER, KERR 26896 SMITH 51282093842	218967822150	005199 PROTROMBIN TIME	SV	16 50
07/08/02	HALE, STORM 26896 SMITH 95086077438	218986513260	001818 Glucose, Plasma	SV	15 75
07/08/02	BANKS ROBBIN 22870 SMITH	218965344150	070466 CHAIN-OF-CUSTODY	SV	3 50
07/08/02	JOLLEY, HOLLY 424063023	218954655630	798330 DRUG PROFILE	SV	68 00
07/08/02	LYNN, VIOLA 22870 SMITH	218996802300	008300 BLOOD CULTURE ROUT	SV	50 00
07/09/02	YEA, PERRY	219096810230	005199 PROTROMBIN TIME	SV	16 50
07/10/02	CAWLIN, BEN 22870 SMITH	219154600230	001339 Iron, Serum	SV	18 75
07/11/02	DOUGH, JON	219296832300	008300 BLOOD CULTURE, ROUT	SV	50 00
			005009 CBC WITH DIFFERENT	SV	15 75
			001818 Glucose, Plasma	SV	15 75
			005199 PROTROMBIN TIME	SV	16 50
			006189 Mononucleosis Test	SV	18 50
			CURRENT PERIOD TOTAL		• • 245 50

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

QUANTITIES OF TESTS ORDERED BY : 99999999 XXXXXXXXXXXXXXXXXXXXXXXX XXXX

SUB ACCT:

ACCOUNT: 99999999

GROUP: 9999

RPT# RCMB015-A  
 STANDARD UTILIZATION REPORT  
 FINANCIAL DIV: XXXXX  
 REGIONAL LAB: XXXXXXXXXXXX  
 FINANCIAL REGION: XXXXXXXXXXXX  
 FOR AUGUST 2000

LABORATORY CORPORATION OF AMERICA HOLDINGS  
 MANAGEMENT REPORTING SYSTEM

Date 09/07/2000 PAGE: 2

GROUP: 9999 ACCOUNT: 99999999 SUB ACCT:

QUANTITIES OF TESTS ORDERED BY 99999999 XXXXXXXXXXXXXXXXXXXXXXXX XXXX

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

RPT# RCMB015-B  
 STANDARD UTILIZATION WITHOUT PRICING  
 FINANCIAL DIV: XXXXXX  
 REGIONAL LAB: XXXX  
 FINANCIAL REGION: XXXXX  
 FOR SEPTEMBER 2000

LABORATORY CORPORATION OF AMERICA HOLDINGS  
 MANAGEMENT REPORTING SYSTEM

GROUP: 9999      ACCOUNT: 99999999      SUB ACCT: 99999999  
 QUANTITIES OF TESTS ORDERED BY    99999999    XXXX XXXX    XXXXX/XXXXXX XXXX

DATE 10/04/2000    PAGE: 1

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

20

6

GROUP: 9999 ACCOUNT: 99999999 SUB ACCT:

QUANTITIES OF TESTS ORDERED BY 999999999 XXXXXXXXXX XXX 9999

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 RUBELLA ANTIBODIES, IGM	17.50	1	17.50	1	17.50
005215 SEDIMENTATION RATE-WESTERGREN	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: XXXXXXX  
 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: XX999999 SUB ACCT:  
 QUANTITIES OF TESTS ORDERED BY XX999999 XX XXXXXXXXXX

TEST NUMBER AND NAME	PRICE	CURRENT MONTH		YEAR-TO-DATE	
		QTY	DOLLARS	QTY	GROSS 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

CONSOLIDATED GROUP TOTAL

787 8,225.30 7,150 76,814.80

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

\* INDICATES PRICE COULD NOT BE DETERMINED

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

RPT# RCM015-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

DATE 10/10/2000 PAGE: 4

GROUP: 9999 ACCOUNT: 99999999 SUB ACCT:

QUANTITIES OF TESTS ORDERED BY . 99999999 XXXXXXXXXX XXX 9999

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

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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 : 99999999 XXXXX XXXXXXXXXXXX XXXXXXX

DATE	ORDERING PHYSICIAN	TEST NUMBER AND NAME	PRICE	QTY	DOLLARS	QTY ADJ	YEAR-TO-
DOLLARS							
0.00		333328 MICROSCOPIC EXAMINATION	4.50	113	508.50	905	
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	
FORMULARY TOTAL				195	989.78	1,000	
4,528.29							
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

221 1,181.30 1,122

47 605.36 592

47 605.36 592

47 605.36 592

0 0.00 19

0 0.00 19

0 0.00 19

13

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 : 99999999 XXXXX XXXXXXXXXXXX XXXXXXXX

DATE	ORDERING PHYSICIAN	TEST NUMBER AND NAME	PRICE	QTY	DOLLARS	QTY ADJ	YEAR-TO-
	DOLLARS						
	TINGLEY	163550 PANEL 163550	82.50	1	82.50	22	
	1,815.00						
	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	
	60.25						
	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			718	5,874.66	5,010	
	36,920.25						
	FORMULARY ACCOUNT TOTAL			281	2,134.45	1,886	
	15,441.67						
	PERCENTAGES			39%		38%	
	NON-FORMULARY ACCOUNT TOTAL			437	3,740.21	3,124	
	21,478.58						

## PERCENTAGES

61%

62%

RPT# RCMB015-E

PHYSICIAN LEVEL UTILIZATION REPORT

FINANCIAL DIV: XXXXXXXXX

REGIONAL LAB: XXXXXX

FINANCIAL REGION: XXXXXXXX XXXXX

FOR SEPTEMBER 2000

CURRENT MONTH

ORDERING PHYSICIAN

LABORATORY CORPORATION OF AMERICA HOLDINGS  
MANAGEMENT REPORTING SYSTEM

GROUP:

ACCOUNT: 99999999

SUB ACCT:

DATE 10/18/2000

PAGE: 1

QUANTITIES OF TESTS ORDERED BY : 99999999 XXXXXXXX XXX X

YEAR-TO-DATE

TEST NUMBER AND NAME	PRICE	QTY	DOLLARS	QTY ADJ	DOLLARS
998085 VENIPUNCTURE		42	0.00	462	918.51
998096 TRAVEL		18	0.00	120	388.32
004259 TSH, HIGH SENSITIVITY, SERUM	16.50	9	148.50	71	1,044.71
322000 COMP. METABOLIC PANEL (14)	5.25	8	42.00	46	547.42
005017 CBC, NO DIFFERENTIAL/PLATELET	3.25	7	22.75	58	123.30
007401 PHENYTOIN (DILANTIN), SERUM	16.50	7	115.50	111	1,500.44
008847 URINE CULTURE, ROUTINE	8.07	7	56.49	33	343.55
303756 LIPID PANEL	11.07	6	66.42	14	191.58
333328 MICROSCOPIC EXAMINATION	2.82	6	16.92	19	0.00
998074 STAT		6	0.00	89	224.27
S00001 SENSITIVITY ORGANISM #1	3.63	4	14.52	12	65.87
003772 URINALYSIS, COMPLETE	6.69	3	20.07	9	37.24
003038 URINALYSIS, ROUTINE	3.07	3	9.21	21	7.44
007419 CARBAMAZEPINE, SERUM	21.69	2	43.38	23	340.68
115907 CBC/DIFFERENTIAL (NO PLATELET)	4.19	2	8.38	27	90.63
004598 FERRITIN, SERUM	5.63	2	11.26	9	80.97
001321 IRON AND TIBC	12.57	2	25.14	9	89.11
005280 RETICULOCYTE COUNT	4.07	2	8.14	11	1.87CR
303754 ELECTROLYTE PANEL	5.30	1	5.30	15	145.45
001453 HEMOGLOBIN A1C	10.88	1	10.88	24	250.93
007708 LITHIUM (ESKALITH), SERUM	6.69	1	6.69	3	65.16
020321 PT AND PTT	6.50	1	6.50	5	32.61
008649 AEROBIC BACTERIAL CULTURE	8.07	0	0.00	3	65.44CR
182402 AFB CULTURE AND SMEAR, BROTH	121.50	0	0.00	1	31.58
001081 ALBUMIN, SERUM	4.38	0	0.00	13	18.68
303758 BASIC METABOLIC PANEL (7)	5.66	0	0.00	65	290.35
008300 BLOOD CULTURE, ROUTINE	13.94	0	0.00	8	80.69
086181 C DIFFICILE TOXIN A	21.50	0	0.00	12	52.21
310900 COMP. METABOLIC PANEL (13)	6.50	0	0.00	49	333.98
008334 GENITAL CULTURE, ROUTINE	8.07	0	0.00	2	39.10
001032 GLUCOSE, SERUM	3.00	0	0.00	13	42.80

PHYSICIAN TOTAL

140

638.05

1,391

8,253.99



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

LABORATORY CORPORATION OF AMERICA HOLDINGS  
MANAGEMENT REPORTING SYSTEM  
GROUP:

DATE 10/18/2000  
PAGE: 1

ACCOUNT: 99999999  
SUB ACCT:

QUANTITIES OF TESTS ORDERED BY : 99999999  
XXXXXXXXXX XXXXXXXX XXXXXXXX

ORDERING PHYSICIAN	TEST NUMBER AND NAME	PRICE	QTY	DOLLARS	QTY ADJ DOLLARS
WAKSTEIN	676536 ALLERGENS, ZONE 3	195.75	1	195.75	1 195.75
WAKSTEIN	068122 F025 TOMATO	11.50	0	0.00	1 11.50
WAKSTEIN	061507 F081 CHEESE, CHEDDAR	11.50	0	0.00	1 11.50
WAKSTEIN	660423 RAST FOOD PROFILE	72.50	0	0.00	2 145.00
PHYSICIAN TOTAL			1	195.75	5 363.75
WILLS/HEID	160184 STRIATIONAL ANTIBODIES	8.10	1	8.10	1 8.10
PHYSICIAN TOTAL			1	8.10	1 8.10
ZHOU	224512 LORAZEPAM (ATIVAN)	61.50	1	61.50	1 61.50
ZHOU	071688 TRAZODONE, SERUM	17.10	1	17.10	1 17.10
PHYSICIAN TOTAL			2	78.60	2 78.60
ZHOU/NEWT	016881 HEP B CORE AB, IGM	11.48	0	0.00	1 11.48
PHYSICIAN TOTAL			0	0.00	1 11.48
1000	006890 BACTERIAL ANTIGENS	29.70	0	0.00	2 59.40
PHYSICIAN TOTAL			0	0.00	2 59.40
* INDICATES PRICE COULD NOT BE DETERMINED					
*** ACCOUNT TOTAL					554 12,289.24 4,954 114,942.57

QUANTITIES OF TESTS ORDERED BY: 99999999 XXXXXXXXXXXX XXX XXXXXXXXXXXX

TEST NUMBER AND NAME	AVERAGED PRICE	CURRENT MONTH		YEAR-TO-DATE	
		QTY	DOLLARS	QTY	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+L5AC+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
050008 HELPER T-LYMPH-CD4	40.00	17	680.00	26	1,040.00
001065 CHOLESTEROL, TOTAL	2.06	16	32.96	32	65.92
050271 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-WESTERGREN	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

6385.05

535

APT# ACM0015-G  
 STANDARD UTILISATION REPORT YTD ONLY  
 FINANCIAL DIV: CENTRAL  
 REGIONAL IAB: 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
004598 FERRITIN, SERUM	20	397	45
550392 HCV RNA, QUANT (QUAL REFLEX)	20	4,057	70
001321 IRON AND TIBC	16	211	86
002232 AFP, SERUM, TUMOR MARKER	12	388	52
006254 ANTIHCCLEAR ANTIBODIES (AMA)	12	348	75
006642 ANTIHCCOH MUSCLE AB, QUANT	12	302	27
550405 HCV RNA BY PCR	11	1,170	80
550475 HEPATITIS C VIRUS GENOTYPING	11	3,240	69
025653 ALPHA-1-ANTITRYPSIN PHENOTYPE	9	383	85
006650 ANTIMITOCHONDRIAL AB (AMA), QM	9	199	83
006726 HEP A AB, TOTAL	9	225	72
006510 HEP E SURFACE AG	9	141	78
140602 HEP C VIRUS AB	8	190	53
550111 HCV RNA, PCR, QUANTITATIVE	6	1,804	99
004937 TRANSFERRIN	6	158	67
006395 HEP E SURFACE AB	5	150	16
000310 VITAMIN B12 AND FOLATE	4	141	80
164111 CELIAC DISEASE AB PROFILE	3	237	27
001404 LIPASE, SERUM	3	22	41
140277 ERYTHROPOIETIN (EPO), SERUM	2	51	94
006619 HEP EE AG	2	31	84
002030 ALDOOLASE	1	13	42
001982 ALPHA-1-ANTITRYPSIN, SERUM	1	9	45
004885 CALCITONIN, SERUM	1	34	26
002261 CARBOHYDRATE ANTIGEN 19-9	1	28	76
001529 CAROTENE, BETA	1	12	75
001560 CERULOPLASMIN	1	72	62
706556 CYCLOSPORINE, BLOOD	1	162	00
002014 FOLATES (FOLIC ACID), SERUM	1	15	38
004390 GASTRIN, SERUM	1	17	25
001958 GGT	1	7	50
550033 HCV QUANTISURE PLUS (SERIAL)	1	121	72
550400 HCV RNA, PCR, QUALITATIVE	1	-116	41
001453 HEMOGLOBIN A1C	1	13	62
006718 HEP E CORE AB, TOT	1	23	72
006633 HEP EE AB	1	15	98
163980 LIVER-KIDNEY MICROSOomal AB	1	-62	25
010322 PROSTATE-SPECIFIC AG, SERUM	1	25	42
012005 RPR, RPK QM RPR/CONFIRM TP-PA	1	12	60
706242 TACROLIMUS (FK506), BLOOD	1	18	97
001974 THYRONINE (T4) FREE, DIRECT, S	1	12	46
010389 TRIIODOTHYRONINE, FREE, SERUM	1	23	41

API# ACM0015-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:

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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
163623 H PYLORI, IGM. IGG. IGA AB	0	-141.00
006734 HEP A AB, IGM	0	7.53
321755 HEPATIC FUNCTION PANEL (7)	0	-20.83
001503 VITAMIN B12	0	-0.57
*** ACCOUNT TOTAL	210	13.366 25

RTF# MCMB015-H  
 STANDARD UTILISATION LINE OF BUSINESS  
 FINANCIAL DIV : NORTHEAST  
 REGIONAL LAB : RARITAN  
 FINANCIAL REGION: DELAWARE REGION  
 ACCOUNT: 07100000 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	QTY	CURRENT MONTH DOLLARS	QTY	YEAR-TO-DATE ADJ DOLLARS
002592 ALB+ALP+ALT+AST+BUN+CA+CHOL	MO	0	0 00	0	36 70
	PI	0	0 00	0	-14 00
	TOTAL	0	0 00	0	22 70
161202 ANTICARDIOLIPIN AB, ICC/ICM	CM	0	0 00	2	240 00
	TOTAL	0	0 00	2	240 00
162322 ANTIHEUTROPHIL CYTOPLASMIC AB	CM	0	0 00	2	302 00
	TOTAL	0	0 00	2	302 00
006254 ANTIHUMAN ANTIBODIES (HNA)	CM	0	0 00	4	120 00
	TOTAL	0	0 00	4	120 00
007127 CARBON MONOXIDE, BLOOD	PI	2	60 00	2	23 24
	TOTAL	2	60 00	2	23 24
005009 CBC WITH DIFFERENTIAL/PLATELET	CM	2	9 60	16	67 96
	MO	0	0 00	0	17 16
	PI	2	9 60	2	-12 52
	TOTAL	4	19 20	18	72 60
310900 COMP METABOLIC PANEL (13)	CM	0	0 00	4	36 00
	MO	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
001032 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

API# ACM0015-H  
 STANDARD UTILISATION LINE OF BUSINESS  
 FINANCIAL DIV : NORTHEAST  
 REGIONAL LAB : MARIANA  
 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	QTY	CURRENT MONTH DOLLARS	QTY	YEAR-TO-DATE ADJ DOLLARS
000620 THYROID PANEL WITH TSH	CM	2	142.00	24	411.10
	PI	4	74.00	6	122.40
	TOTAL	12	222.00	30	533.50
004258 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
993035 VENIPUNCTURE	PI	0	0.00	0	-1.46
	TOTAL	0	0.00	0	-1.46
223051 22305 SURG PATH-1ST SITE	CM	2	122.00	4	376.00
	TOTAL	2	122.00	4	376.00
TOTAL ACCOUNT	NO	2	152.00	12	77.60
	PI	38	239.42	94	1,268.96
	CM	160	2,909.04	666	11,476.46
	PI	0	0.00	0	116.00
	TOTAL	200	3,900.46	772	12,939.02

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

LABORATORY CORPORATION OF AMERICA HOLDINGS  
 MANAGEMENT REPORTING SYSTEM  
 JULY 2002

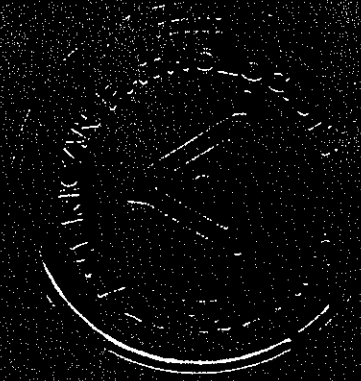
DATE 08/08/2002 PAGE: 31

TEST NUMBER AND NAME		COMPANY CODE	QTY	CURRENT MONTH DOLLARS	QTY	YEAR-TO-DATE 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	27,011 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	



*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.

*Patricia Williams, MD*

Chair, Commission on Laboratory Accreditation

*Thomas Spelman MD FACP*

President, College of American Pathologists



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 cert52\_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:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
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