



Promoting a
**Drug-Free
Workplace**

Can you *really*
tell just by looking?

**PROPOSAL FOR DRUG AND
ALCOHOL TESTING SERVICES
for
WEST VIRGINIA DEPARTMENT
OF TRANSPORTATION**

PREPARED BY: Paula Reilley, PhD, FNP-BC, MBA

SUBMITTED ON: January 18, 2011

100 Lee Street West
Charleston, WV 25302
1-304-344-8378

RECEIVED

2011 JAN 18 PM 12:09

WV PURCHASING
DIVISION



January 18, 2001

Re: Proposed Drug and Alcohol Testing Proposal RFQ Number 83111C0026

To Whom It May Concern:

It is with great pleasure and personal pride that I present the following proposal to provide drug and alcohol testing services to the West Virginia Department of Transportation (WVDOT).

The following pages represent the scope of work that Drug Testing Centers of America commits to provide to the West Virginia Department of Transportation.

The final page of this presentation represents the actual pricing for my firm to provide your agency with our drug and alcohol testing services.

MedTox, the laboratory my organization has chosen to partner with, is HHS/SAMHSA certified to assure laboratory proficiency and accuracy through its bi-annual inspection process. MedTox is a HHS/SAMHSA certified laboratory and undergoes both federal and state proficiencies further confirming the accuracy of laboratory protocols and safeguards.

As you will see, as you review this proposal, DTCA has affiliate clinics throughout West Virginia for those emergent situations as well as pre-employment and reasonable suspicion incidents. Otherwise, the excellent qualified staff of DTCA will be the technicians that will be traveling each quarter throughout the state of West Virginia to ensure that these collections are following all the necessary DOT guidelines and regulations.

I wish to thank you in advance for allowing me the opportunity to present my organization as a qualified partner in the ever growing concern of making your workplace safer.

Sincerely;

Sandra G. Dingus, RN, CEO
Drug Testing Centers of America
100 Lee Street West
Charleston, WV 25302
304.344.8378

Date: 01/18/2011

To: West Virginia Department of Transportation

From: Drug Testing Centers of America (DTCA)

Re: RFQ #8311C0026 Requirements

1. DTCA utilizes the Drug Pak software program as a method of random selection in compliance with Title 49 CFR Part 40.
2. DTCA will provide for mobile, on-site testing of urine in compliance with Title 49 CFR Part 40. This will include necessary collection and identification supplies and transportation costs from the collection site to a Substance Abuse and Mental Health Services Administration (SAMHSA) certified laboratory. The split sample method of collection, handling, and storage will be utilized. The U.S. Department of Transportation collections protocols will be followed unless specifically requested by the WVDOT. DTCA will provide a confirmatory test on all positive drug screens using gas chromatography/mass spectrometry technology via a SAMHSA certified laboratory. Drug test results will be reported to the WVDOT no later than 4:00 p.m. Eastern time on the third business day following the date of a test. If not reported by that time, the WVDOT will not be charged for the test, and DTCA will not reschedule a test for the purpose of meeting this required timeframe. For the purposes of this requirement, business days are Monday through Friday 7 a.m. to 5 p.m. **(Refer to Appendix A: DOT Urine Collection Process).**
3. DTCA will provide for mobile, on-site alcohol testing that will be conducted using equipment approved by the U.S. Department of Transportation and found on their Conforming Products List. U.S. Department of Transportation collection protocols, found in Title 49 CFR Part 40, will be followed unless specifically requested by the WVDOT. DTCA will provide for a

12. DTCA shall utilize *DrugPak* a random software program that includes random pool maintenance. *DrugPak* is capable of generating random lists of selected participants, alternate lists, notification letters, importing results from the Medical Review Officer, maintaining employee as well as result and statistical databases and generating any reports required. (refer to “**Sample Drug Pak Reports**” section). DTCA shall also provide secure internet based results at no cost to the WV DOT for tracking, management and record maintenance of the WVDOT program. The software or internet-based result reporting will contain all necessary components to permit the Medical Review Officer’s report to be submitted and contained in the database. DTCA will provide the WVDOT with inquiry access to the software or internet-based result reporting results. This information will be able to be accessed from the offices of the WVDOT Human Resources Division.

DTCA will demonstrate, at no cost to the WV DOT, all functions relative to program tracking, management and record maintenance to the WVDOT Human Resources Division. The WVDOT will reserve the right to determine acceptability and to approve or reject software or internet-based result reporting. Software or internet-based result reporting deemed acceptable shall be added by addendum.

The state shall not accept any exclusive provisions or arrangements that prohibit competition among vendors.

The WVDOT will have the capability to access the Nationwide Medical Review WVDOT databases for the purposes of tracking results and maintaining records.

13. DTCA will ensure that strict rules of confidentiality are maintained at all times. All test results and material acquired shall become the property of the WVDOT and the State of West Virginia. The custody and control form and the alcohol testing form will be attached to the MRO report for each employee when received by the WVDOT. Information shall not be released

without prior express written consent of the WVDOT (**refer to Appendix C**).

14. DTCA will identify any and all subcontractors and the portions of the program they intend to subcontract to the WVDOT for approval prior to subcontracting. (**refer to “Testing Locations” section**). If the WVDOT should determine that any of the subcontracted clinics that DTCA would utilize are unacceptable then DTCA shall provide an alternate subcontractor within 24 hours of notification.
15. DTCA will provide information and costs for any other services they provide relevant to drug and alcohol testing service, such as expert testimony (including MRO testimony), laboratory litigation packages, etc. (**refer to “Bid Cost” section**)
16. DTCA will provide the respective Agencies with a written recapitulation of the testing program on a monthly basis. (**refer to “Drug Pak sample report” section**).
17. The WVDOT will not be required to pay DTCA for waiting time. DTCA agrees that a collection will be considered complete only after every employee has met his/her testing obligations.
18. DTCA will not require the WVDOT to pay for an initial set-up fee or for any renewal fees if the contract is renewed.
19. DTCA does carry commercial general liability insurance at a minimum of \$1,000,000 (**refer to Appendix D: Certificate of Insurance**).
20. DTCA is providing information relating to its experience and reliability in regards to drug and alcohol testing programs with other companies (**refer to Appendix E: Letters of Reference, Appendix F: Introduction to Drug Testing Centers of America and Appendix G: DATIA Certificate of Membership**).

21. In the event that WVDOT requires clarifications on DTCA submissions DTCA will provide all requested documents in a timely manner. DTCA is aware that nothing may be submitted after the bid opening date and time and the proposal may not be altered.
22. DTCA understands that a vendor may be disqualified if all requirements are not met at the time of evaluation and the WVDOT reserves the right to reject any and/or all bids and to select the bid that is low bid meeting all terms and conditions of this Request for Quotations.



Drug Testing Centers
AMERICA
Full-Service Occupational Health
www.drugtestingcenters.com
245 Main Street | PO Box 477 | Paintsville, KY 41 240

Sandra G. Dingus
sandy@drugtestingcenters.com

Phone: 606.788.TEST (8378) Mobile: 606.793.3309
Toll Free: 1.888.788.9191 Fax: 606.788.0259

Can you really tell just by looking?

APPENDIXES

Appendix A: DOT Urine Collection Process

Appendix B: Alcohol Screening Process

Appendix C: DTCA Confidentiality Policy

Appendix D: Certificate of Insurance

Appendix E: Letters of Reference

Appendix F: Introduction to Drug Testing Centers of America

Appendix G: DATIA Certificate of Membership

Drug Testing Centers of America	DOT Urine Collection Process	
SOP Number	1	
Implementation Date		
Last Update		

Appendix A

Standard Operating Procedure

1. **Purpose:** To meet the DOT guidelines established in "Procedures for Transportation Workplace Drug and Alcohol Testing Programs: (49 CFR part 40).
2. **Prerequisites:** 1) privacy enclosure for urination; 2) a toilet; 3) suitable clean writing surface; 4) water source for hand-washing outside the enclosure; 5) collection site that is secured when not in use; 6) site must be visually inspected prior to specimen collection; 7) bluing agent; 8) single-use collection cups; 9) single-use specimen bottles; 10) single-use temperature measurement device; 11) urine CCF; 12) tamper-evident sealing system; 3) shipping containers.
3. **Responsibilities:** Specimen collection is the most critical aspect of the controlled substances testing program. There is a greater opportunity for human error or compromising a driver's privacy and dignity in the collection process than anywhere else in the controlled substances testing program.
4. **Procedure:**
 - a) collector ensures that the name and address of the drug testing laboratory appear on the top of the CCF and the specimen ID number on the top of the CCF matches the specimen ID number on the labels/seals.
 - b) collector provides the required information in step 1 on the CCF. The collector provides a remark in step 2 if the donor refuses to provide his/her SSN or employee ID number.
 - c) make sure that only DOT approved urine CFFs are used.
 - d) inspect the collection room before and after each specimen collection.
 - e) verify the identity of the driver through the use of an official photo identification card (CDL). If the driver cannot produce the CDL have the designated driver representative (DDR) verify the driver.
 - f) if identity cannot be verified, the collection should not proceed. The DER must be notified.
 - g) request that drivers check their belongings and remove any unnecessary outer garments, including purses, briefcases, and bulky outerwear. The collector must request that the driver empty his/her pockets and display any personal items. The collector must allow the driver to retain his/her wallet or allow driver to lock this

in a secure place and keep the lock during specimen collection.

h) have the driver wash and dry his/her hands.

g) select or allow the driver to select an individually wrapped or sealed container from the collection kit materials. Unwrap the collection cup or specimen bottle in front of the driver.

i) do not enter privacy enclosure with driver. Do not observe the specimen collection unless it is a return-to-duty. Instruct the driver that at least 45 ml of urine are required and that temperature will be taken to ensure specimen integrity.

j) if testing for controlled substances other than those specified by the FMCSA regulation, a completely separate urine collection with its own non-DOT custody-and-control form is required.

k) if the driver is unable to provide at least 45 ml, the collection site technician shall discard the insufficient specimen and instruct the driver to drink not more than 48 ounces of fluids during a period of up to 3 hours. The driver will then attempt to provide a complete sample using a fresh specimen container. If the driver is still unable to provide an adequate specimen, testing shall be discontinued and the employer shall be notified.

l) after the specimen is collected, the temperature of the specimen is monitored. If the specimen temperature is out of range, the collector must immediately collect a new specimen using direct observation procedures (40.67).

m) within 4 minutes of receiving the specimen, record the temperature. The temperature must be between 32 and 38 Centigrade (90 and 100 Fahrenheit). Any specimen temperature that is out of range requires the specimen temperature box to be checked "No" and enter in the "remarks" line the findings concerning the temperature.

n) the collector must inspect the specimen for unusual color, presence of foreign material, or other signs of tempering. If either of these is present the collector must immediately collect a new specimen using direct observation procedures (40.67). The collector will then send both specimens to the laboratory.

o) the collection site person pours the urine into two specimen bottles in the presence of the donor. Thirty (30) ml shall be poured into one bottle, to be used as the primary specimen. At least 15 ml shall be poured into the other bottle, to be used as the split specimen.

p) seal and label both bottles in the presence of the donor. The labels must be printed with the same specimen identification number as the CCF. The driver must initial and date both of these.

q) collector turns to copy 2 (MRO) copy and instructs the donor to read the certification statement in step 5 and to sign, print name, date, provide phone numbers, and date of birth after reading the certification statement. If the donor refuses to sign the certification statement, the collector provides a remark in step 2 on copy 1.

r) collector completes step 4 (provides signature, printed name, date, time of

Appendix B

Drug Testing Centers of America	Alcohol Screening Test Procedures
SOP Number	12
Implementation Date	
Last Update	

Appendix B

Standard Operating Procedure

- **Purpose:** To meet the DOT guidelines established in “Procedures for Transportation Workplace Drug and Alcohol Testing Programs: (49 CFR part 40).
- **Prerequisites:** 1) Intoxilyzer 400 Breath Alcohol Testing Instrument; 2) Calibration check of Intoxilyzer 400; 3) Preliminary donor questioning and identification.
- **Responsibilities:** Specimen collection is the most critical aspect of the controlled substances testing program. There is a greater opportunity for human error or compromising a driver's privacy and dignity in the collection process than anywhere else in the controlled substances testing program.
- **Procedure:**
 - a) When a specific time for an employee's test has been scheduled, or the collection site is at the employee's work site, and the employee does not appear at the collection site at the scheduled time, contact the DER to determine the appropriate interval within which the DER has determined the employee is authorized to arrive. If the employee's arrival is delayed beyond that time, the DER must be notified that the employee has not reported for testing. In a situation where a C/TPA has notified an owner/operator or other individual employee to report for testing and the employee does not appear, the C/TPA must notify the employee that he or she has refused to test.
 - b) When the employee enters the alcohol testing site, the alcohol testing process must begin without undue delay. For example, the tester must not wait because the employee says he or she is not ready or because an authorized employer or employee representative is delayed in arriving.
 - c) If the employee is also going to take a DOT drug test, ensure that the alcohol test is completed before the urine collection process begins.
 - d) If the employee needs medical attention (e.g., an injured employee in an emergency medical facility who is required to have a post-accident test), this treatment will not be delayed to conduct a test.
 - e) The employee are required to provide positive identification. This must be a photo ID issued by the employer (other than in the case of an owner-operator or other self-employer individual) or a Federal, state, or local government (e.g., a

driver's license). Faxes or photocopies of identification are not accepted. Positive identification by an employer representative (not a co-worker or another employee being tested) is also acceptable. If the employee cannot produce positive identification, a DER must be contacted to verify the identity of the employee.

f) If the employee asks, tester's identification are to be provided to him/her. This identification must include the tester's name and /employer's name but is not required to include the tester's picture, address, or telephone number.

g) The testing procedure must be explained to the employee, including showing the employee the instructions on the back of the ATF.

(h) Complete Step 1 of the ATF.

(i)The employee must be directed to complete Step 2 on the ATF and sign the certification. If the employee refuses to sign this certification, you must document this refusal on the "Remarks" line of the ATF and immediately notify the DER. This is a refusal to test

j) Select, or allow the employee to select, an individually wrapped or sealed mouthpiece from the testing materials.

k) Open the individually wrapped or sealed mouthpiece in view of the employee and insert it into the device in accordance with the manufacturer's instructions.

l) Instruct the employee to blow steadily and forcefully into the mouthpiece for at least six seconds or until the device indicates that an adequate amount of breath has been obtained.

m) Show the employee the displayed test result.

n) If the device is one that prints the test number, testing device name and serial number, time, and result directly onto the ATF, ensure that the information has been printed correctly onto the ATF.

o) If the device is one that prints the test number, testing device name and serial number, time and result, but on a separate printout rather than directly onto the ATF, the printout of the information must be affixed to the designated space on the ATF with tamper-evident tape or use a self-adhesive label that is tamper-evident.

p) If the device is one that does not print the test number, testing device name and serial number, time, and result, or it is a device not being used with a printer, this information must be recorded in Step 3 of the ATF.

q)If the test result is an alcohol concentration of less than 0.02, as the BAT or STT, the following steps must be completed:

1) Sign and date Step 3 of the ATF; and

2)Transmit the result to the DER in a confidential manner, as provided in §40.255

3) If the test result is an alcohol concentration of 0.02 or higher, as the BAT or STT, the employee must be directed to take a confirmation test.

- 4) If the tester is the BAT who will conduct the confirmation test, he/she must then conduct the test using the procedures beginning at §40.251 .
 - 5) If the tester is not the BAT who will conduct the confirmation test, the employee will be directed to take a confirmation test, sign and date Step 3 of the ATF, and the employee must be given Copy 2 of the ATF.
- r) If the confirmation test is to be performed at a different site from the screening test, the following additional steps must be taken:
- 1) The employee should be advised not to eat, drink, put anything (e.g., cigarette, chewing gum) into his or her mouth, or belch;
 - 2) The reason for the waiting period should be explained to the employee as required by §40.251(a) (i.e., to prevent an accumulation of mouth alcohol from leading to an artificially high reading);
 - 3) Explain that the waiting period is to the employee's benefit;
 - 4) Explain that the confirmation test will be conducted at the end of the waiting period, even if the instructions have not been followed;
 - 5) Note on the "Remarks" line of the ATF that the waiting period instructions were provided;
 - 6) Instruct the person accompanying the employee to carry a copy of the ATF to the BAT who will perform the confirmation test; and
 - 7) Ensure that the tester or employer representative observes the employee as he or she is transported to the confirmation testing site. The employee must be directed not to attempt to drive a motor vehicle to the confirmation testing site.
- s) If the screening test is invalid, tell the employee the test is canceled and note the problem on the "Remarks" line of the ATF. If practicable, repeat the testing process (see §40. 271).
- t) A waiting period is required before the confirmation test.
- u) The following steps must be completed to begin the confirmation test process:
- 1) Ensure that the waiting period lasts at least 15 minutes, starting with the completion of the screening test. After the waiting period has elapsed, the tester should begin the confirmation test as soon as possible, but not more than 30 minutes after the completion of the screening test.
 - 2) If the confirmation test is taking place at a different location from screening test the time of transit between sites counts toward the waiting period
 - 3) If you cannot verify, through review of the ATF, that waiting period instructions were provided, then the waiting period requirement must be carried out.
 - 4) BAT or STT, or an employer representative, must observe the employee during the waiting period.

- 5) Concerning the waiting period, you must tell the employee:
 - Not to eat, drink, put anything (e.g., cigarette, chewing gum) into his or her mouth, or belch;
 - 6)The reason for the waiting period (i.e., to prevent an accumulation of mouth alcohol from leading to an artificially high reading);
 - That following your instructions concerning the waiting period is to the employee's benefit; and that the confirmation test will be conducted at the end of the waiting period, even if the instructions have not been followed.
 - 7)If the employee has not followed the instructions, this must be noted on the "Remarks" line of the ATF.
 - 8)If the tester did not conduct the screening test for the employee, the tester must require positive identification of the employee, explain the confirmation procedures, and use a new ATF. It should be noted on the "Remarks" line of the ATF that a different BAT or STT conducted the screening test.
 - 9) Complete Step 1 of the ATF.
 - 10)The employee must be directed to complete Step 2 on the ATF and sign the certification. If the employee refuses to sign this certification, this must be documented as a refusal on the "Remarks" line of the ATF and immediately notified to the DER. This is considered a refusal to test.
 - 11)Even if more than 30 minutes have passed since the screening test result was obtained, the confirmation test procedures in §40.253, must be begun.
 - 12)On the "Remarks" line of the ATF the time that elapsed between the two events, and if the confirmation test could not begin within 30 minutes of the screening test, the reason why.
 - 13)Beginning the confirmation test procedures after the 30 minutes have elapsed does not invalidate the screening or confirmation tests, but it may constitute a regulatory violation subject to DOT agency sanction.
- v)As the BAT conducting an alcohol confirmation test, these steps in order to complete the confirmation test process must be followed.

1)In the presence of the employee, an air blank will be conducted on the EBT before beginning the confirmation test and the reading will be shown to the employee.

2)If the reading is 0.00, the test may proceed. If the reading is greater than 0.00, another air blank must be conducted.

3)If the reading on the second air blank is 0.00, the test may proceed. If the reading is greater than 0.00, the EBT must be taken out of service.

4)If the EBT is taken out of service, no one may use it for testing until the EBT is found to be within tolerance limits on an external check of calibration.

5)The tester will proceed with the test of the employee using another EBT, if one is available.

6) A new individually wrapped or sealed mouthpiece must be opened in view of the employee and inserted into the device in accordance with the manufacturer's instructions.

w) Ensure that the tester and the employee read the unique test number displayed on the EBT.

The tester must instruct the employee to blow steadily and forcefully into the mouthpiece for at least six seconds or until the device indicates that an adequate amount of breath has been obtained.

x) The employee must be shown the result displayed on the EBT and unique test number that the EBT prints out either directly onto the ATF or onto a separate printout.

y) If the EBT provides a separate printout of the result, printout must be attached to the designated space on the ATF with tamper-evident tape, or a self-adhesive label that is tamper-evident will be used.

z) After the EBT has printed the result of an alcohol confirmation test, the BAT, the following additional steps:

1) Sign and date Step 3 of the ATF.

2) If the alcohol confirmation test result is lower than 0.02, nothing further is required of the employee. The BAT must sign and date Step 3 of the ATF.

3) If the alcohol confirmation test result is 0.02 or higher, the employee will be directed to sign and date Step 4 of the ATF. If the employee does not do so, this will be noted on the "Remarks" line of the ATF. However, this is not considered a refusal to test.

4) If the test is invalid, the employee will be told that the test is canceled and this will be noted on the "Remarks" line of the ATF. If practicable, a re-test will be conducted. (see §40.271).

5) The result will be immediately directly to the DER in a confidential manner.

6) The DER must be notified of any result of 0.02 or greater by any means (e.g., telephone or secure fax machine) that ensures the result is immediately received by the DER.

7) If you do not make the initial transmission in writing, you must follow up the initial transmission with Copy 1 of the ATF.

aa) The employer must take the following steps with respect to the receipt and storage of alcohol test result information.

1) If any test results are received that are not in writing (e.g., by telephone or electronic means), you must establish a mechanism must be established to the identity of the BAT sending the results.

2) All test result information must be stored in a way that protects confidentiality.

- **References:** DOT's final rule, 49 CFR part 40, "Procedures for Transportation Workplace Drug and Alcohol Testing Programs."

Drug Testing Centers of America Policy and Procedures

Confidentiality Policy

The Record System is a basic tool provided by the company for assisting the staff in providing, and accounting for, quality services in meeting certain administrative needs. Therefore, every file is the property of the company and is designed for specific service-related purposes (fiscal and legal) by sources outside Drug Testing Centers of America. Furthermore, each file is a confidential document symbolizing the trust of the client in his/her CPC or CPCT and in the company as a whole. For these reasons, every file is to be treated with the highest degree of professional responsibility and in such a manner as to maintain the client's confidence in our ability to protect confidentiality.

Staff members are to handle and/or read specific files only when they are directly related to the performance of his/her assigned responsibilities. Non-clinical staff should never read notes, reports, etc. Files are never to be removed from their assigned location except for necessary work related functions during company hours such as on-site collections. Confidentiality is guaranteed to anyone seeking service from Drug Testing Centers of America, be it via telephone inquiry or in any other manner. A person does not need to have an open file or a scheduled intake to be guaranteed confidentiality of services.

Any file removed from its assigned office must be returned the same day and cannot be kept out of the office overnight unless the file is needed in order to comply with the laws of state and federal agencies. If the file is to be removed from the assigned office overnight the recipient must be the designated representative appointed by the President-CEO. All files are to be in a designated file cabinet(s) at the end of the working day.

Any file transferred from one Certified Professional Collector to another should be done so through the supervisor, or by a designated representative of the President-CEO.

A request from a source outside the company for written or verbal information about any client demands the observance of the highest standards of professional ethics and judgment as well as compliance with laws governing such situations. The company policy has been designed to comply with both legal requirements and professional ethics. Any deviation from the following guidelines should receive prior approval from the immediate supervisor who is responsible for attaining further approval if it appears indicated:

B&T INS SVCS INC/CARROLLTON/PHS
PO BOX 29611
CHARLOTTE NC, 28229

Appendix D

WEST VIRGINIA
DEPARTMENT OF TRANSPORTATION
1900 KANAWHA BLVD E
CHARLESTON, WV 25305





CERTIFICATE OF LIABILITY INSURANCE

RRA
R054DATE (MM/DD/YYYY)
12-30-2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER BB&T INS SVCS INC/CARROLLTON/PHS 263477 P: (866) 467-8730 F: (877) 538-8295 PO BOX 29611 CHARLOTTE NC 28229	CONTACT NAME: PHONE (A/C, No, Ext): (866) 467-8730 FAX (A/C, No): (877) 538-8295 E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #:	
	INSURER(S) AFFORDING COVERAGE	
INSURED DRUG TESTING CENTERS OF AMERICA PAINTSVILLE CORPORATION PO BOX 477 PAINTSVILLE KY 41240	INSURER A: Hartford Casualty Ins Co 29424	
	INSURER B: Multiple Companies 000914	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES: CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			20 SBM NY1919	10/29/2010	10/29/2011	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> General Liab						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY			20 SBM NY1919	10/29/2010	10/29/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS			\$				
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE	<input type="checkbox"/> CLAIMS-MADE					\$
	<input type="checkbox"/> RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			20 WEC IO6029	02/08/2011	02/08/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$ 100,000
	<input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Those usual to the Insured's Operations.

CERTIFICATE HOLDER

WEST VIRGINIA
 DEPARTMENT OF TRANSPORTATION
 1900 KANAWHA BLVD E
 CHARLESTON, WV 25305

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Joe Taylor



WORLDWIDE EQUIPMENT ENTERPRISES, INC.
CORPORATE HEADQUARTERS

January 12, 2011

THE TRUCK PEOPLE

**WORLDWIDE EQUIPMENT
DIVISIONS
AND SUBSIDIARIES**

Kentucky

Lexington
(859) 281-5152
Middlesboro
(606) 248-5100
Prestonsburg
(606) 874-2172
Somerset
(606) 679-4321

West Virginia

Charleston
(304) 744-1321
Huntington
(304) 736-3401
Jane Lew
(304) 884-7815
Princeton
(304) 425-7511

Virginia

Abingdon
(276) 628-8103

Tennessee

Chattanooga
(423) 892-8524
Knoxville
(865) 688-4300

Ohio

Cincinnati
(513) 563-6363
Dayton
(937) 278-5775

**Worldwide Equipment
Leasing, Inc.**

Lexington, KY
(859) 233-3740

**Worldwide Fabricating
and Manufacturing, Inc.**

Lowmansville, KY
(606) 297-1200

Complete Truck & Trailer

Knoxville, TN
(865) 637-4333

State of West Virginia
Department of Transportation

This is written as a letter of recommendation for Drug Testing Centers of America. They have handled random drug testing and DOL drug testing for us for several years.

During our relationship with them they have performed efficiently, thoroughly, and professionally throughout. Accordingly, we highly recommend them with confidence they can provide the same fine job for you as they have for our company.

Sincerely,

**WORLDWIDE EQUIPMENT
ENTERPRISES, INC.**

J.R. Polk
Executive Vice President & CFO



January 3, 2011

To Whom It May Concern:

This is being written as a letter of reference for Drug Testing Centers of America (DTCA).

My company, International Coal Group, contracted for services with DTCA in 2010.

Currently they have provided the following services to us: 1) urine drug testing and 2) alcohol breathalyzer testing.

DTCA has provided the aforementioned services in both a dependable and professional manner. DTCA is a very customer-focused business and responds to any questions or concerns that we might have in a very timely manner. They have been able to take care of a multiple number of employees needing multiple services at one time in a very competent and efficient manner.

Should you have any questions, you may feel free to contact me.

Respectfully,

A handwritten signature in black ink that reads "Sharon Jackson". The signature is written in a cursive, flowing style.

Sharon Jackson
HR Manager



Headquarters:
300 North 5th Street • Martins Ferry, OH 43935
740-633-1451 • 800-252-1542

508 Roane Street • Charleston, WV 25302
304-344-2511 • 800-321-7941

47 West Craig Street • Unlontown, PA 15401
724-437-7931 • 800-968-6455

Appendix E

30 December 2010

To Whom It May Concern,

Our company has used the services of Drug Testing Centers of America / Charleston office in the capacity of pre-employment physical examinations, DOT physical examinations and DOT random drug screenings and have been very satisfied with their performance. I have found their team professional, conscientious, and friendly in the performance of their responsibilities.

Sincerely,

H.L. Bailey
United Dairy, Inc. / Charleston, WV Facility

KUREHA COMPANY

January 3, 2011

To Whom It May Concern;

This is being written as a letter of reference for Drug Testing Centers of America (DTCA).

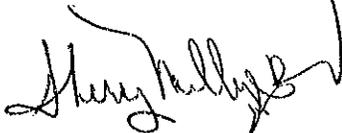
My company, Kureha, contracted for services with DTCA in 2010.

Currently they have provided the following services for us: 1) urine drug testing; 2) Reasonable Suspicion and drug use and testing educational seminars for our management; 3) physical exams; 4) respirator fit testing; 5) hearing testing; 6) pulmonary function testing; and 7) immunizations.

DTCA has provided the aforementioned services in both a dependable and professional manner. DTCA is a very customer-focused business and responds to any questions or concerns that we might have in a very timely manner. They have been able to take care of a multiple number of employees needing multiple services at one time in a very competent and efficient manner.

Should you have any questions, you may feel free to contact me.

Respectfully,

A handwritten signature in black ink, appearing to read "Sherry Miller", with a large, sweeping flourish extending from the end of the signature.

Sherry Miller

Rowan County Schools



To Whom It May Concern:

It gives me great pleasure to recommend Drug Testing Centers of America to your school system and/or company. As a Drug Testing Coordinator for the Rowan County Board of Education, I have worked with this company for approximately a year. They had previously provided drug testing services for our school system for the 2009-2010 school years, and as a result of my positive experience with this company in that school year, I felt comfortable recommending to the Board of Education that we retain their services when the contract came up for renewal.

We primarily utilize lab based urine drug screens, but use the saliva screens as needed and have been pleased with the services provided by Drug Testing Centers of America. They provide efficient, well trained collection staff, as well as persons who are knowledgeable when questions arise concerning results and/or procedures. I myself have found their staff willing and available to respond to questions or concerns that I may have.

I recommend them with enthusiasm, and if given the opportunity, would contract them again for future work.

Sincerely,
Robin Pollitte, Student Drug Testing Coordinator

Rowan County Board of Education
121 East Second Street
Morehead, KY 40351
606-784-1350



Magoffin County Schools

109 Gardner Trail Salyersville KY

December 20, 2010

To Whom It May Concern:

Drug Testing Centers of America provided drug testing services to the Magoffin County School system for the school years of 2008-2009 and 2009-2010. Our program includes not only student testing, but staff as well, to include our teachers, service staff, and bus drivers. During these two terms we could always rely on this company's courteous and efficient service.

Prior to the 2008-2009 school year we had been provided drug testing services by two different companies but were not satisfied with the performance of either. We were pleased with the improvement when we contracted with Drug Testing Centers of America and once again would like to express my satisfaction with the quality of service consistently provided.

The only reason that the Board of Education chose to change from Drug Testing Centers of America for the current school year is that we now have a locally owned and operated drug testing facility in our area.

I appreciated the responsiveness of the staff at DTCA and the way that they conducted business for the duration of our agreements. I would recommend this company to others because of this satisfaction with their service.

Sincerely,
Ronald Gullett, Drug Testing Coordinator

Appendix F

Sandra Dingus, CEO

Drug Testing Centers of America

sandy.dingus@yahoo.com

Cellular 606-793-3309 Office 606-788-8378 Home 606-789-7076

Sandra Dingus is the owner, President and CEO of Drug Testing Centers of America. Sandra began her journey in the Occupational Health Field in April, 2007. It was at this time Drug Testing Centers of the Bluegrass was founded in Paintsville, Kentucky by Sandra and began as a drug and alcohol testing facility. DTCB has since evolved and is now in the Drug Testing Centers of America system and provides a full-range of occupational health services including physicals, pulmonary function tests, respirator fit tests, hearing programs, affordable blood work, training, education, wellness programs and other services added regularly.

In February 2009, Sandra opened a second occupational health clinic in Charleston, West Virginia called Drug Testing Center of Charleston. DTCC also underwent a name change when it also was brought into the Drug Testing Centers of America system. This clinic is also currently promoting a drug free work place for all West Virginians and provides the same array of services as is available in the Paintsville, Kentucky clinic.

Sandra was named the 2009 Business Person of the Year at the annual awards meeting of the Paintsville Johnson County Chamber of Commerce in Paintsville, Kentucky in October, 2009.

January 1, 2010 was yet another milestone for Sandra when she held a press conference announcing her business plan to develop franchising opportunities for other like minded entrepreneurs. This expansion allows the company to promote a drug-free workforce not only regionally, but nationally. This expansion is made possible by franchising additional locations throughout the United States.

On July 9, 2010 Sandy was nominated as a finalist by Eastern Kentucky University's College of Business and Technology, Kentucky Highlands Investment Corporation, and The Center for Rural Development for the 2010 Excellence in Entrepreneurship Award in the Start-up Business category for exemplifying the spirit of entrepreneurship and playing an important role in growing the economy of Southern and Eastern Kentucky.

Sandra holds a degree from Morehead State University as a Registered Nurse and has a Bachelor's Degree in Healthcare Administration from Midway College where she graduated Summa Cum Laude.

Sandra has a passion and desire to be a bridge to a drug free community. Drug Testing Centers of America continue to grow as Sandy tirelessly labors to bring a much needed service to Kentucky, West Virginia and beyond.

ABOUT US PAGE

Drug Testing Center of America is a specimen collection and testing center certified and accredited by the Drug and Alcohol Testing Industry Association (DATIA). DATIA is headquartered in Washington DC and is positioned to better represent our interests on Capitol Hill. They continually educate and inform members of new developments within the industry and have increased standards for professionalism and business practices. Being certified demonstrates **Drug Testing Center of America's** commitment to the profession. DATIA certification also enhances our professional image, reflects achievement, creates performance standards and ethics, establishes professional credentials as well as, represents greater professional recognition.

Drug Testing Center of America is proud that it employs collectors that have achieved the Certified Professional Collector designations through DATIA. This rigorous certification program requires experience in performing specimen collections, training of collection personnel to become proficient in urine specimen collections for drug testing in the work place, as well as a comprehensive examination to test the proficiency level of the individual collector. By employing Certified Professional Collectors, **Drug Testing Center of America** can ensure its clients that specimen collections are performed in a professional and consistent manner, maintaining confidentiality for the donor and security, integrity and control the specimen.

As an Accredited Collection Facility, **Drug Testing Center of America** is involved in upholding the highest professional standards. To obtain accredited status, collection facilities are required to adhere to strict standards in area such as regulatory compliance, company services standards, specimen handling, operational practices, business ethics, and facility equipment.

We are looking forward to serving the needs of business, industry, government, legal systems, school systems, and families while doing their part in making work, home and the community a safer and happier place.

Benefits of Selecting Drug Testing Center of America

We are all about:

- Customer Service
- Loyalty
- Relationships
- Partnerships

We are local and care deeply about our community!

CERTIFICATION

Drug Testing Center of America is proud that it employs collectors that have achieved the Certified Professional Collector (CPC) and/or Certified Professional Collector Trainer (CPCT) designations through the Drug and Alcohol Testing Industry Association (DATIA) Collector Certification Program. This rigorous certification program requires experience in performing specimen collections, training of collection personnel to become proficient in urine specimen collections for drug testing in the work place, as well as a comprehensive examination to test the proficiency level of the individual collector. By employing Certified Professional Collector (CPC) and Certified Professional Collector Trainers (CPCT), Drug Testing Center of America can ensure its clients that specimen collections are performed in a professional and consistent manner, maintaining confidentiality for the donor and security, integrity and control of the specimen.

ACCREDITATION

As an Accredited Collection Facility, Drug Testing Center of America is dedicated to providing its clients with superior collection services, which ensure the integrity of the specimen and the privacy of the donor. Drug Testing Center of America has successfully met the requirements of the Accredited Collection Facility Program, administered by the Drug & Alcohol Testing Industry Association (DATIA), which was created by quality-minded leaders in the drug and alcohol testing industry interested in raising the level of accuracy in urine specimen collections.

The Accredited Collection Facility Program involves upholding the highest professional standards in the following two main areas: 1) the collection facility and its operation and 2) the collection facility's personnel. To obtain accredited status, collection facilities are required to adhere to strict standards in areas such as regulatory compliance, company services standards, specimen handling, operational practices, business ethics, and facility equipment. All accredited collection facilities are also required to maintain a staff of Certified Professional Collectors (CPC) that are formally trained in DATIA's Collector Training Course, and a Certified Professional Collector Trainer (CPCT).

One of the most frustrating and costly aspects of workplace drug testing is the high incidence of rejected specimens due to errors at the collection site. As an Accredited Collection Facility staffed with well-trained collectors, we can assure our clients that Drug Testing Centers of America maintains a minimal number of rejected specimens, thereby saving everyone time and resources.

Appendix G

Drug & Alcohol Testing Industry Association

Certificate of Membership

Drug Testing Centers of America - Charleston
Charleston, WV

is

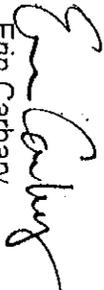
*Recognized as a Member in Good Standing of the
Drug & Alcohol Testing Industry Association*

Appendix G



Membership Expires:

Member # 63685


Erin Carbay
Membership Director
DATIA, Washington, DC

Testing Locations

TESTING LOCATIONS

District One - 1334 Smith Street, Charleston, WV 25301 (304) 558-3001

<u>Organization</u>	<u>County</u>	<u>Location</u>	<u>Telephone</u>	<u>Affiliate Clinic</u>
0127	Mason	Point Pleasant, WV	304-675-0853	Ohio Valley Physician 500 Burlington Rd. Jackson, OH 45640 740-395-8404
0140	Putnam	Red House, WV	304-586-2381	DTCA-Charleston 100 Lee Street Charleston, WV 25302 304-344-8378
0120	Kanawha	Elkview, WV	304-558-9155	DTCA
		N. Charleston, WV	304-744-3050	DTCA
		Chelyan, WV	304-558-3010	DTCA
		St. Albans, WV	304-722-0600	DTCA
0108	Clay	Clay, WV	304-587-4241	DTCA
0103	Boone	Danville, WV	304-369-7808	DTCA

District Two- 801 Madison Avenue, Huntington, WV 25712 304-528-5625

<u>Organization</u>	<u>County</u>	<u>Location</u>	<u>Telephone</u>	<u>Affiliate Clinic</u>
0206	Cabell	Barboursville, WV	304-736-3111	Ohio Valley Physicians 401 Camden Rd. Huntington, WV 25704 304-429-1088
0250	Wayne	Wayne, WV	304-272-5127	Ohio Valley Physicians
0222	Lincoln	West Hamlin, WV	304-824-3434	DTCA 100 Lee St. Charleston, WV 25302 304-344-8378
0223	Logan	Wilkinson, WV	304-792-7035	DTCA-Charleston
0230	Mingo	Williamson, WV	304-235-6003	DTCA 245 Main Street Paintsville, KY 41240 606-788-8378

District Three- 624 Depot Street, Parkersburg, WV 26101 304-420-4595

<u>Organization</u>	<u>County</u>	<u>Location</u>	<u>Telephone</u>	<u>Affiliate clinic</u>
0337	Pleasants	Belmont, WV	304-665-2466	DTCA 100 Lee St. Charleston, WV 25302 304-344-8378
0354	Wood	Parkersburg, WV	304-420-4700	Ohio Valley Physicians 420 Silver Bridge Plaza Gallipolis, OH 45631 740-446-4600
0343	Ritchie	Harrisville, WV	304-869-3331	DTCA 100 Lee St. Charleston, WV 25302 304-344-8378
0353	Wirt	Elizabeth, WV	304-275-4211	DTCA
0307	Calhoun	Millstone, WV	304-354-9227	DTCA
0318	Jackson	Ripley, WV	304-372-7857	DTCA
0344	Roane	Spencer, WV	304-927-0962	DTCA

District Four - Meadowbrook Rd. Clarksburg, WV 26302 304-842-1500

<u>Organization</u>	<u>County</u>	<u>Location</u>	<u>Telephone</u>	<u>Affiliate Clinic</u>
0431	Monongalia	Morgantown, WV	304-285-3207	Mobile Medical Corp. 2413 Lytle Rd. Bethel Park, PA 15102 412-835-8358
0439	Preston	Albright, WV	304-329-0192	MMC
0425	Marion	Fairmont, WV	304-367-2730	MMC
0417	Harrison	Clarksburg, WV	304-627-2140	MMC
0446	Taylor	Grafton, WV	304-265-6110	MMC
0409	Doddridge	West Union, WV	304-627-2412	DTCA 100 Lee St. Charleston, WV 25302 304-344-8378

District Five- US 50, Burlington, WV 26710 304-289-3521

<u>Organization</u>	<u>County</u>	<u>Location</u>	<u>Telephone</u>	<u>Affiliate Clinic</u>
0533	Morgan	Berkeley Springs, WV	304-258-2578	Chambersburg Hospital/ Lab Summit Health Chambersburg, PA 17201 717-262-4460
0502	Berkeley	Martinsburg, WV	304-267-0060	CHLSH
0519	Jefferson	Kearneysville, WV	304-725-5821	CHLSH
0529	Mineral	New Creek, WV	304-788-1221	CHLSH
0514	Hampshire	Romney, WV	304-822-4167	CHLSH
0512	Grant	Petersburg, WV	304-257-4455	CHLSH
0516	Hardy	Moorefield, WV	304-434-2525	CHLSH

District Six- IDOT Drive, Moundsville, WV 26041 304-843-4000

<u>Organization</u>	<u>County</u>	<u>Location</u>	<u>Telephone</u>	<u>Affiliate Clinic</u>
0615	Hancock	New Cumberland, WV	304-238-1200	Mobile Medical Corp. 2413 Lytle Rd. Bethel Park, PA 15102 412-835-8358
0605	Brooke	Wellsburg, WV	304-238-1199	MMC
0635	Ohio	Triadelphia, WV	304-238-1202	MMC
0626	Marshall	Glen Dale, WV	304-843-4055	MMC
0652	Wetzel	New Martinsville, WV	304-843-4058	MMC
0648	Tyler	Sistersville, WV	304-843-4057	MMC

District Seven – 255 Depot Street, Weston, WV 26452 304-269-0414

<u>Organization</u>	<u>County</u>	<u>Location</u>	<u>Telephone</u>	<u>Affiliate Clinic</u>
0701	Barbour	Philippi	304-457-1597	Mobile Medical Corp. 2413 Lytle Rd. Bethel Park, PA 15102 412-835-8358
0721	Lewis	Weston, WV	304-269-0470	DTCA 100 Lee St. Charleston, WV 25302 304-344-8378
0749	Upshur	Buckhannon, WV	304-473-4225	DTCA
0711	Gilmer	Glenville, WV	304-462-7325	DTCA
0704	Braxton	Gassaway, WV	304-364-5238	DTCA
0751	Webster	Webster Springs, WV	304-847-2114	DTCA

District Eight- US Route 219 North, Elkins, WV 26241

<u>Organization</u>	<u>County</u>	<u>Location</u>	<u>Telephone</u>	<u>Affiliate Clinic</u>
0847	Tucker	Parsons, WV	304-478-2304	Mobile Medical Corp. 2413 Lytle Rd. Bethel Park, PA 15102 412-835-8358
0842	Randolph	Elkins, WV	304-637-0265	MMC
0836	Pendleton	Franklin, WV	304-358-2702	MMC
0838	Pocahontas	Marlinton, WV	304-799-4867	DTCA 100 Lee St. Charleston, WV 25302 304-344-8378

District Nine- 103 1/2 Church Street, Lewisburg, WV 24901 304-647-7450

<u>Organization</u>	<u>County</u>	<u>Location</u>	<u>Telephone</u>	<u>Affiliate Clinic</u>
0934	Nicholas	Summersville, WV	304-872-0811	DTCA 100 Lee St. Charleston, WV 25302 304-344-8378
0910	Fayette	Oak Hill, WV	304-256-6940	DTCA
0913	Greenbrier	Lewisburg, WV	304-647-7465	Analabs, Inc. Crab Orchard, WV 25827 304-255-4821
0945	Summers	Hinton, WV	304-466-2802	Analabs, Inc.
0932	Monroe	Union, WV	304-772-3037	Analabs, Inc.

District Ten- 270 Hardwood Lane, Princeton, WV 24740 304-487-5228

<u>Organization</u>	<u>County</u>	<u>Location</u>	<u>Telephone</u>	<u>Affiliate Clinic</u>
1041	Raleigh	Beckley, WV	304-256-6746	Analabs, Inc. Crab Orchard, WV 25827 304-255-4821
1055	Wyoming	Pineville, WV	304-732-7563	Analabs, Inc.
1028	Mercer	Princeton, WV	304-425-2782	Analabs, Inc.
1024	McDowell	Welch, WV	304-436-8411	



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
8311C0026

PAGE
2

ADDRESS CORRESPONDENCE TO ATTENTION OF
BUYER 33
304-558-2402

VENDOR

*719125926 304-344-8378
 DRUG TESTING CENTERS OF AMERIC
 100 LEE STREET WEST
 CHARLESTON WV 25302

SHIP TO

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
12/08/2010				

BID OPENING DATE: **01/04/2011** **BID OPENING TIME 01:30PM**

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>ADDENDUM ACKNOWLEDGEMENT</p> <p>I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.</p> <p>ADDENDUM NO.'S:</p> <p>NO. 1</p> <p>NO. 2</p> <p>NO. 3</p> <p>NO. 4</p> <p>NO. 5</p> <p>I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.</p> <p>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p> <p style="text-align: right;"> <i>Sandra Fergus, RV</i> SIGNATURE <i>Drug Testing Centers of America</i> COMPANY </p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS			
SIGNATURE	TELEPHONE	DATE	
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE	

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

RFQ No. 8311C0026

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

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

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

EXCEPTION: The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

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.

WITNESS THE FOLLOWING SIGNATURE

Vendor's Name: Drug Testing Centers of America

Authorized Signature: [Signature] Date: 1-5-2011

State of West Virginia

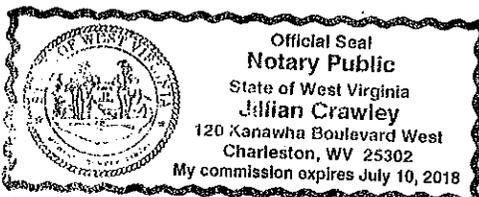
County of Kanawha, to-wit:

Taken, subscribed, and sworn to before me this 5 day of January, 2011.

My Commission expires July 10, 2018.

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]



VENDOR PREFERENCE CERTIFICATE

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

1. Application is made for 2.5% resident vendor preference for the reason checked:

Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,

Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,

Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,

2. Application is made for 2.5% resident vendor preference for the reason checked:

Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,

3. Application is made for 2.5% resident vendor preference for the reason checked:

Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,

4. Application is made for 5% resident vendor preference for the reason checked:

Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,

5. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:

Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,

6. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:

Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

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

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

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

Bidder: Drug Testing Centers of America Signed: Pandra August RW
Date: 1-10-11 Title: President + CEO

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

Notification of Selection for Controlled Substance Test

To: David Coheck, SSN 222-22-2222
Practice Demo Company
Altoona Branch
Commercial Drivers License

From: Program Administrator
Super Express Testing Services
555 Oakly Avenue
State College, PA 16801

Re: Instructions to Report for Required Testing

You are hereby notified that you have been selected to participate in your company's controlled substance and/or alcohol testing program. You must report to the location(s) as indicated below. Please be prompt for your appointment(s).

Appointment Date: _____

Appointment Time: Please proceed to collection site immediately upon receipt of this notice.

A controlled substance test is to be performed at:

Community General, Rt 28 And Rd. 220, Port Matilda, PA 19474-7238

Report for a controlled substance test at the above location on the indicated date and time.

Your cooperation in this matter is greatly appreciated.

Authorized Signature

Participant Signature

Date

Time

01/22/2002 9:16:42AM

Selection ID: 11,268 Random Selection Batch: R0001029

To: John Wasson
Practice Demo Company
123 Hoy St.
State College, PA 16801-2829

Certification of Enrollment in Random Selection **R0001028**
01/22/2002 9:11:16AM Generated on 01/22/2002

Number of your employees eligible for selection:	16
Number of your employees selected for Drug testing only:	6
Number of your employees selected for Alcohol testing only:	0
Number of your employees selected for dual Drug/Alcohol testing:	2
Total number of your employees selected for testing:	8
Number of your employees reserved as Alternates for Drug and/or Alcohol Testing:	8
Total number of participants in this random pool:	16
Total number of participants selected from this random pool:	8 %
Total percentage of eligible participants selected from this random pool:	50.00

This document certifies that your company's employees are subject to computer-generated random selections for alcohol and/or drug testing. You should store this document with your other permanent drug testing records.

Authorized Signature

Random Selection - Parameters

Profile Name: Practice Demo Company

Random Batch #: R0001747

Companies

Practice Demo Company (DEMO)

Participant Eligibility

Include All Active DOT Participants marked Include in Randoms

Selection Rates

Test For: Drugs and Alcohol

Select 50.00% of the eligible pool for Drug Testing.

Select 10.00% of the eligible pool for Alcohol Testing.

Pool Size: 12

1 Participants were selected for combined drug/alcohol testing.

1 Participants were selected for drug testing only.

Audit Trail Reports

Practice Demo Company Options

Random Selection - Selected Participants

Random Batch R0001747

Configuration Name: Practice Demo Company

Company: DEMO Practice Demo Company

Contact: John Wasson

Phone: (814) 238-5103

Fax: (814) 237-4193

Home Base:

Contact:

Phone:

Fax:

ID	SSN	Selection ID	Name	Occupation	Test For	Observation Required	Suggested Test Date	Notification Date/Time
36	XXX-XX-0012	7557	Johnson, Michael		Drugs and Alcohol	No		
46	XXX-XX-0022	16860	Milam, George Sr.		Drugs	No		

2 Participant(s) in Home Base: ()

2 Participant(s) in Company: Practice Demo Company (DEMO)

Report Totals: 1 Company
1 Home Base
2 Participant(s)

Random Selection - Alternates

Random Batch R0001747

No grouping

Configuration Name: Practice Demo Company

Selection ID SSN	Partic. ID Participant Name Company	Observe?	Test For	Occupation Pool Group Home Base
19945 XXX-XX-0023 DEMO	47 Milam, Sam Practice Demo Company	No	Drugs and/or Alcohol	1
26227 XXX-XX-0019 DEMO	43 Meyers, Travis Practice Demo Company	No	Drugs and/or Alcohol	2
28610 XXX-XX-0021 DEMO	45 Milam, George A. Practice Demo Company	No	Drugs and/or Alcohol	3
33830 XXX-XX-0020 DEMO	44 Midkiff, Lowell Practice Demo Company	No	Drugs and/or Alcohol	4
46415 XXX-XX-0018 DEMO	42 McNulty, Kenneth E. Practice Demo Company	No	Drugs and/or Alcohol	5

Random Selection - Selected Participants

Configuration Name: DEFAULT

Random Batch R0001002

Company: DEMO	Practice Demo Company		
Contact:	John Wasson	Phone: (814) 238-5103	Fax: (814) 237-4193
Home Base: PHL	Philadelphia Branch		
Contact:	Jane Hancock	Phone: (215)362-2844	Fax:

ID	SSN	Name	Other ID	Occupation	Test For	Optional Test Date	Notification Date/Time
1584	388-88-8888	Bill Beakin		CDL	Drugs and Alcohol		-----
4159	188-88-8888	Fred Hamlon		CDL	Drugs		-----

2 Participant(s) in Home Base: Philadelphia Branch (PHL)

Company: DEMO	Practice Demo Company		
Contact:	John Wasson	Phone: (814) 238-5103	Fax: (814) 237-4193
Home Base: STC	State College, PA		
Contact:	Keith Anderson	Phone: (814)238-5103	Fax: (814) 237-3423

ID	SSN	Name	Other ID	Occupation	Test For	Optional Test Date	Notification Date/Time
8402	555-55-5555	Roger Compton		CDL	Drugs		-----
12827	122-22-2222	Steve Moss		CDL	Drugs		-----

2 Participant(s) in Home Base: State College, PA (STC)**4 Participant(s) in Company: Practice Demo Company (DEMO)**

Report Totals:	1 Company
	2 Home Bases
	4 Participant(s)

Random Selection - Alternates

Random Batch R0001028

No grouping

Configuration Name: Demo Random

Selection ID	Partic. ID	Observe?	Test For	Occupation
SSN	Participant Name			Pool Group
	Company			Home Base
30,586 133-33-3333	1 Samatha Grey	No	Drugs and/or Alcohol 1	CDL Commercial Drivers License
DEMO	Practice Demo Company			STC State College, PA
34,380 244-44-4444	17 Brad Pitton	No	Drugs and/or Alcohol 2	CDL Commercial Drivers License
DEMO	Practice Demo Company			STC State College, PA
39,068 111-11-1111	3 Melinda Palmer	No	Drugs and/or Alcohol 3	CDL Commercial Drivers License
DEMO	Practice Demo Company			PIT Pittsburgh Office

Incomplete Random Tests

<u>Batch</u>	<u>Drugs/Alc.</u>	<u>Participant ID</u>	<u>Name</u>	<u>SSN</u>	<u>Other ID</u>
R0001032	Drugs	10	Arron Bower	199-98-9999	

Record Printed: 1



Your Company Logo Here
40 Anywhere Street
Anycity, Anystate, Zip
Phone: (800) 555-1212

ATTENTION:

John Wasson
Practice Demo Company
123 Hoy St.
State College, PA 16801-2829

Home Base: Philadelphia Branch (PHL)
Participant: Jack Handle
Other ID:
SSN: 388-88-8888

Results of DOT Controlled Substance Test

Record Status: Negative	Laboratory: Lab Testing Industries
Test Type: Pre-Employment	45 Polestar Pike
Collection Date/Time: 08/01/2003 09:00 AM	Pittsburgh, PA 15229-3686
Batch ID: 20030313	Collection Site: Community General
Specimen ID: 23425345	Rt 26 And Rd. 220
Date COC Received: 02/04/2003	Port Matilda, PA 19474-7238
Sample Type: Urine	Specimen Collector: Cindy Faulkner

<u>Substance Tested</u>	<u>Result</u>	<u>Substance Tested</u>	<u>Result</u>
Amphetamines	Negative	Cocaine	Negative
Marijuana	Negative	Phencyclidine	Negative
Opiates	Negative		

This test was performed, recorded, and reported in accordance with CFR 49 Part 40.

Melissa Hancock

Melissa Hancock, MRO

8/2/2003

Verification Date



Your Company Logo Here
40 Anywhere Street
Anycity, Anystate, Zip
Phone: (800) 555-1212

ATTENTION:

John Wasson
Practice Demo Company
123 Hoy St.
State College, PA 16801-2829

Home Base: Philadelphia Branch (PHL)
Participant: Jack Handle
Other ID:
SSN: 388-88-8888

Results of Controlled Substance Test

Record Status: Negative
Test Type: Pre-Employment
Collection Date/Time: 08/01/2003 09:00 AM
Batch ID: 20030313
Specimen ID: 23425345
Date COC Received: 02/04/2003
Medical Review Officer: Melissa Hancock, MRO
Sample Type: Urine

Laboratory: Lab Testing Industries
45 Polestar Pike
Pittsburgh, PA 15229-3686
Collection Site: Community General
Rt 26 And Rd. 220
Port Matilda, PA 19474-7238
Verification Date: 08/02/2003
Specimen Collector: Cindy Faulkner

<u>Substance Tested</u>	<u>Result</u>	<u>Substance Tested</u>	<u>Result</u>
Amphetamines	Negative	Cocaine	Negative
Marijuana	Negative	Phencyclidine	Negative
Opiates	Negative		

Letter to Prospective Employer

To: Bob Simmons
Trucking Limited
1400 South Bend Ave
State College, PA 16801

From: Super Express Testing Services
555 Oakland Ave
State College, PA 16801
800-555-1212

Date: 01/22/2002

Re: Controlled Substance and Alcohol Testing Results for
Melinda Palmer, SSN 111-11-1111, of Practice Demo Company

Our company records indicate the following results for the above named individual.

From: 01/01/1999 Through: 01/22/2002

Collection Date	Test Type	Results
03/16/2000	Alcohol	Negative
08/15/2000	Drugs	POSITIVE Last Rehab Completed on
01/16/2002	Drugs	Negative

Total records printed for this period: 3

If additional information is required in this matter, please contact us immediately.

Authorized Signature

U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MISDATA COLLECTION FORM

Calendar Year Covered by this Report: 2000

I. Employer:

Company Name: Practice Demo Company DEMO
 Doing Business As (DBA) Name (if applicable): _____
 Address: 123 Hoy St., State College, PA 16801-2829 E-mail: 123456789
 Name of Certifying Official: _____ Signature: _____
 Telephone: (814) 238-5103 Date Certified: _____
 Prepared by (if different): Cindy Administrator Telephone: (800) 555-1212
 C/TPA Name and Telephone (if applicable): Third Party Administrator (800) 555-1212

Check the DOT agency for which you are reporting MIS data, and complete the information on that same line as appropriate:

- FMCSA - Motor Carrier: DOT#: _____ Owner-operator: (circle one) YES or NO Exempt (Circle one) YES or NO
- ___ FAA - Aviation: Certificate # (if applicable): _____ Plan / Registration # (if applicable): _____
- ___ RSPA - Pipeline (Check) Gas Gathering ___ Gas Transmission ___ Gas Distribution ___ Transport Hazardous Liquids ___ Transport Carbon Dioxide ___
- ___ FRA - Railroad: Total number of observed/Documented Part 219 "Rule G" Observations for covered employees: _____
- ___ USCG - Maritime: Vessel ID # (USCG or State Issued): _____ (If more than one vessel, list separately)
- ___ FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety Sensitive Employees in All Employee Categories: 16

(B) Enter Total Number of Employee Categories: 1

Employee Category	Total Number of Employees in this Category
Driver	16

If you have multiple employee categories, complete Sections I and II(A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II(C), III, and IV for each separate employee category.

III. Drug Testing Data: 1 2 3 4 5 6 7 8 9 10 11 12 13

Type of Test	Total Number of test Results (Should equal the sum of Columns 2, 3, 4, 10, 11 and 12)	Verified Negative Results	Verified Positive Results - For One Or More Drugs	Positive for Marijuana	Positive for Cocaine	Positive for PCP	Positive for Opiates	Positive for Amphetamines	Refusal Results					Canceled Results
									Adulterated	Substituted	"Shy Bladder" With No Medical Explanation	Other Refusals To Submit To Testing		
Pre-Employment	6	3	2	1	1	0	0	0	0	0	0	0	0	0
Random	4	0	2	0	1	0	0	1	0	0	0	0	2	0
Post-Accident	6	6	0	0	0	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Return-To-Duty	4	4	0	0	0	0	0	0	0	0	0	0	0	1
Follow-Up	2	2	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	20	14	4	1	2	0	0	1	0	0	0	0	2	1

IV. Alcohol Testing Data: 1 2 3 4 5 6 7 8 9

Type of Test	Total Number Of Screening Test Results (Should equal the sum of Columns 2, 3, 7 and 8)	Screening Tests With Results Below 0.02	Screening Tests With Results 0.02 Or Greater	Number Of Confirmation Test Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	Refusal Results		
							"Shy Lung" With No Medical Explanation	Other Refusals To Submit To Testing	Canceled Results
Pre-Employment	0	0	0	0	0	0	0	0	0
Random	3	2	1	1	0	1	0	0	0
Post-Accident	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0
Return-To-Duty	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0
TOTAL	3	2	1	1	0	1	0	0	0

Collection Sites by Site Name

From:

To: ZZZZZZZZ

Site Name Contact	Code	Address	Phone Fax
Altoona Area Hospital Barbara Hoffman Comments:	ALT	1555 Am arlliss Dr. Altoona, PA 16603	(814) 944-2252 (814) 944-2524
Center Medical Labs Robert Hengert Comments:	GRE	100 Furnace Run Greendale Furnace, PA 19389-2421	(717) 339-3922 (717) 133-3938
Community General Nate C. Emery Comments:	STC	Rt 26 And Rd. 220 Port Matilda, PA 19474-7238	(814) 236-4875 (814) 236-8457
Philadelphia Medical Center Dan Davidson Comments:	PHL	4838 Osage Ave. Philadelphia, PA 15240-2342	(215) 685-2342 (215) 685-8374
Pittsburgh Center For Health Brad King Comments:	PIT	23 10th St. Pittsburgh, PA 15243-2315	(412) 726-4567 (412) 726-3485

6 Records Printed

Collection Site Philadelphia Medical Center
Contact: Dan Davidson
 4838 Osage Ave.
 Philadelphia, PA 15240-2342

Code: PHL
Phone: (215) 685-2342
FAX: (215) 685-8374

Comments:

Test Type	Negatives	Positives	Unknown	Normal	Canceled	Not Tested	Refused	Test Type Total
RND Random Selection	0	1	0	1	0	0	0	1
PER Periodic	0	1	0	1	0	0	0	1
Philadelphia Medical Center Totals:	0	2	0	2	0	0	0	2

***No Collection Site Specified**

Collection Site Pittsburgh Center For Health
Contact: Brad King
 23 10th St.
 Pittsburgh, PA 15243-2315

Code: PIT
Phone: (412) 726-4567
FAX: (412) 726-3485

Comments:

Test Type	Negatives	Positives	Unknown	Normal	Canceled	Not Tested	Refused	Test Type Total
RND Random Selection	1	1	0	2	0	0	0	2
Pittsburgh Center For Health Totals:	1	1	0	2	0	0	0	2

Notification of Scheduled Follow-Up Test

To: Samatha Grey, SSN 133-33-3333
Practice Demo Company
State College, PA
Commercial Drivers License

Date: 01/22/2002

Re: Instructions to Report for Required Testing on **02/01/02**

You are hereby notified that you have been scheduled to appear for a mandatory Follow-Up Test as part of your company's controlled substance and/or alcohol testing program. You must report to the location(s) as indicated below. Please be prompt for your appointment(s).

A controlled substance test is to be performed at:

Community General, Rt 26 And Rd. 220, Port Matilda, PA 19474-7238

(Report for a controlled substance test at the above location on the indicated date and time.)

Your cooperation in this matter is greatly appreciated.

U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM

Calendar Year Covered by this Report: 2006

I. Employer:

Company Name: Practice Demo Company DEMO
 Doing Business As (DBA) Name (if applicable): _____
 Address: 123 Hoy St., State College, PA 16801-2829 E-mail: _____
 Name of Certifying Official: _____ Signature: _____
 Telephone: (814) 238-5103 Date Certified: _____
 Prepared by (if different): John Smith Telephone: 304-344-8378
 C/TPA Name and Telephone (if applicable): Drug Testing Centers of America 304-344-8378

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

FMCSA - Motor Carrier: DOT#: _____ Owner-operator: (circle one) YES or NO Exempt (Circle one) YES or NO
 FAA - Aviation: Certificate # (if applicable): _____ Plan / Registration # (if applicable): _____
 PHMSA- Pipeline (Check) Gas Gathering _____ Gas Transmission _____ Gas Distribution _____ Transport Hazardous Liquids _____ Transport Carbon Dioxide _____
 FRA - Railroad: Total number of observed/documentated Part 219 "Rule G" Observations for covered employees: _____
 USCG - Maritime: Vessel ID # (USCG- or State Issued): _____ (If more than one vessel, list separately)
 FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety Sensitive Employees in All Employee Categories:

16

(B) Enter Total Number of Employee Categories:

1

Employee Category	Total Number of Employees in this Category
Driver	16

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II(C), III, and IV for each separate employee category.

III. Drug Testing Data:

Type of Test	Total Number of test Results (Should equal the sum of Columns 2, 3, 9, 10, 11 and 12)	Verified Negative Results	Verified Positive Results - For One Or More Drugs	Positive for Marijuana	Positive for Cocaine	Positive for PCP	Positive for Opiates	Positive for Amphetamines	Refusal Results				Canceled Results
									Adulterated	Substituted	"Sly Bladder" With No Medical Explanation	Other Refusals To Submit To Testing	
Pre-Employment	2	1	0	0	0	0	0	0	0	0	0	1	0
Random	4	2	1	0	1	0	0	0	0	0	0	1	0
Post-Accident	3	3	0	0	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0	0	0	0	0
Return-To-Duty	1	1	0	0	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	10	7	1	0	1	0	0	0	0	0	0	2	0

IV. Alcohol Testing Data:

Type of Test	Total Number Of Screening Test Results (Should equal the sum of Columns 2, 3, 7 and 8)	Screening Tests With Results Below 0.02	Screening Tests With Results 0.02 Or Greater	Number Of Confirmation Test Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	Refusal Results		Canceled Results
							"Sly Lung" With No Medical Explanation	Other Refusals To Submit To Testing	
Pre-Employment	0	0	0	0	0	0	0	0	0
Random	2	1	1	1	0	1	0	0	0
Post-Accident	1	1	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0
Return-To-Duty	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0
TOTAL	3	2	1	1	0	1	0	0	0

Summary of Alcohol Testing (Grand Totals)

DEMO-Practice Demo Company

From: 01/01/2010

To: 12/31/2010

Include Canceled Tests
DOT Only

GRAND TOTALS - ALCOHOL

Specimens Collected by Test Type:	<u>Actual Tests</u>	<u>Canceled Tests</u>	<u>Other Tests</u>	<u>Total Tests</u>	<u>% of Total</u>
	0	0	0	0	0.000
Number of Refused tests by Test Type:				0	0.000
Confirmed Stage 1 Positives (0.02% BAC):				0	0.000
Confirmed Stage 2 Positives (0.04% BAC):				0	0.000
Disposition breakdown:				0	0.000
Initial Positives:	0				

**Summary of Drug Testing -
(Grand Totals)**

DEMO-Practice Demo Company

From: 01/01/2010

To: 12/31/2010

Include Canceled Tests
DOT Only

GRAND TOTALS - DRUGS

Test Type	<u>Collected</u>	<u>Canceled</u>	<u>Refused</u>	<u>Negative</u>	<u>Positive</u>	<u>Multiple Positives</u>
	0	0	0	0	0	0

Practice Demo Company
John Wasson
123 Hoy St.
State College, PA 16801-2829

DEMO-Practice Demo Company

Summary of Drug Testing - (Grand Totals)

From: 01/01/2010

To: 12/31/2010

Include Canceled Tests
DOT Only

GRAND TOTALS - DRUGS

Specimens Collected by Test Type:	<u>Actual Tests</u>	<u>Canceled Tests</u>	<u>Other Tests</u>	<u>Total Tests</u>	<u>% of Total</u>
	0	0	0	0	0.000
Number of Refused tests by Test Type:				0	0.000
Confirmed positives by Test Type:				0	0.000
Confirmed positives by Substance:				0	0.000
Number of confirmed positives for more than one substance:				0	0.000
Disposition breakdown:					
Initial Positives: 0				0	0.000

See following page(s) for additional Test-Type/Substance statistics

Activity Summary by Company

Exclude Inactive Companies

DOT Only

Sum canceled tests with original Test Type

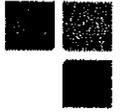
Drug and Alcohol Tests

From: 01/01/2010 To: 12/31/2010

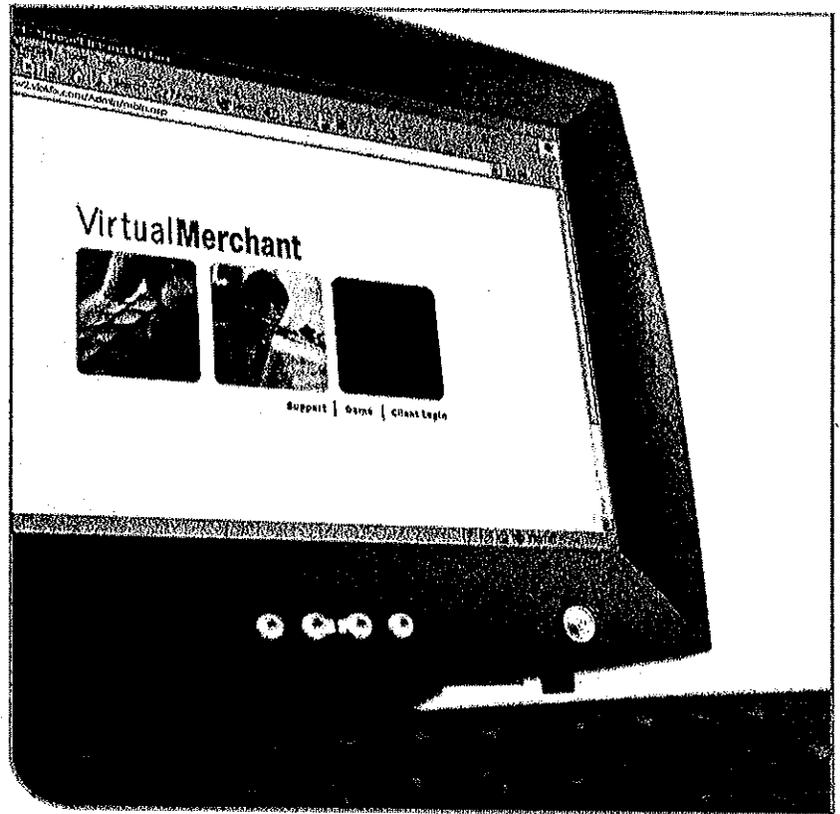
Company	Participants		PRE - Pre-Employment		PER - Periodic		RND - Random Selection		REA - Reasonable Suspicion		RTD - Return to duty		Other		TOTAL	
	Active	Term	Pos	Total	Pos	Total	Pos	Total	Pos	Total	Pos	Total	Pos	Total	Pos	Total
DEMO/Practice Demo Company	0	19	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Totals:	0	19	0	0	0	0	0	0	0	0	0	0	0	0	0	0

VirtualMerchant

Complete Hosted Payment Solution



Turns Any Web-enabled PC
Into a Cost-effective Payment
Terminal



Benefits at a Glance

- Turns any web-enabled PC into a payment terminal
- Supports all payment environments including retail face-to-face, mail order, telephone order and e-commerce
- Accommodates an unlimited number of users and merchant numbers to grow with you as your business grows

Now, if you have a PC, you can take payments – quickly and securely, anywhere, any time – without a major investment of money or effort.

Elavon's VirtualMerchant is a complete hosted payment solution that instantly transforms your PCs into "virtual" payment terminals. Accept a full range of payment types – from credit and debit cards to electronic checks and gift cards. Process transactions in physical face-to-face, mail order/telephone order, or e-commerce environments. Easily handle recurring and installment payments. And reduce your risk and compliance headaches by letting Elavon protect your financial data and ensure you're in compliance with the latest industry security standards and regulations.

Best of all, VirtualMerchant is designed to accommodate organizations of any size in any business segment. Plus, all transactions are powered by Elavon – your single source for payment processing. Elavon is responsible for front-end authorizations, back-end settlement, and all customer support functions.

Elavon

VirtualMerchant

Versatile & Flexible

- Turns any PC into a virtual payment solution in both physical (face-to-face) and mail order/telephone order (MO/TO) environments
- Integrates "Buy Button" functionality easily and affordably with your shopping cart to securely process e-commerce transactions
- Processes a full array of payment types – credit, PIN-based debit, electronic benefits transfer (EBT), electronic check and gift card
- Supports dynamic currency conversion (DCC) in both physical and e-commerce environments – enabling customers to make purchases in U.S. dollars or their home currency, and providing your business a new source of revenue
- Supports real-time processing and also features a highly efficient multiple-entry mode for key entering a series of non-real-time transactions
- Accommodates an unlimited number of users, departments, and Merchant IDs and easily scales over time, making VirtualMerchant ideal for any size business and any number of locations
- Allows smaller businesses to leverage existing PCs to handle all their accounting, inventory management, and payment processing needs
- Eliminates fees for software upgrades, new releases, and technical support -- all of which are provided as part of the hosted service – greatly reducing the total cost of ownership

Powerful, Secure Data Management

- Fully-hosted solution by Elavon minimizes your security liability and ensures card association regulations and standards are met – without the need for expensive compliance audits
- Allows you to establish business rules for e-commerce transactions that fall outside your normal business patterns – flagging transactions by type, value, or other criteria – to process most transactions automatically, but "pend" those that need further review

- Exports comma separated value (CSV) data into other applications for further analysis or tracking
- Maintains a detailed, 12-month history and supplies powerful, easy-to-use tools to identify trends and analyze transactions over time
- Employs the latest SSL certificate encryption technologies to ensure transactions are processed in a safe and secure manner
- Can be easily configured to ensure users only view and have access to appropriate data and reports

Efficient & Cost-Effective

- Leverages your existing PCs and Internet connections, eliminating the expense of investing in dedicated payment terminals and telephone lines
- Processes transactions in as little as three seconds over an always on, high-speed Internet connection
- Enables you to process authorizations at the time of sale, but submit transactions for settlement at a later date, without re-keying the transaction data – ideal for MO/TO or delayed delivery environments

Reliable & Easy to Use

- Can be quickly and easily accessed from any PC with an Internet connection, using a secure login; no hardware specifications, network infrastructure, or software installation required
- Relies on a familiar browser-based interface, making screens very easy to navigate
- Offers instant assistance when needed using screen-sensitive "help"
- Supports widely used eXtensible Markup Language (XML) as well as http post integration, for easy integration into most web-based environments
- Supports a variety of peripherals, including mag-stripe readers, PIN pads and receipt printers



BID COST

All per test costs are to be based upon an all-inclusive collection as seen through the entire process of analysis, culminating with the certification of results and proper reporting of such results to the Human Resource Division or the appropriate Agency Program Manager. Alcohol and drug screening requires separate pricing. Regular testing (Monday-Friday, 7:00 a.m.-5:00 p.m.) and after hours testing (Saturday & Sunday, 5:01 p.m. - 6:59 a.m.) requires separate pricing.

The West Virginia Department of Transportation requests your bid based on the following estimated quantities:

	Usage	Total Cost	Extension
1. Drug Screening	<u>2000</u>	<u>60.00</u>	<u>120,000</u>
After Hours	<u>30</u>	<u>50.00</u>	<u>1,500</u>
2. Alcohol Testing	<u>800</u>	<u>35.00</u>	<u>28,000</u>
After Hours	<u>20</u>	<u>50.00/hr</u>	<u>1,000</u>
3. Expert Witness Testimony			
Collector Testimony	<u>10</u>	<u>75.00/hr</u>	<u>750</u>
Deposition	<u>10</u>	<u>250.00/hr</u>	<u>2,500.00</u>
Expert Witness Testimony	<u>10</u>	<u>250.00/hr</u>	<u>2,500.00</u>
4. Laboratory Litigation Packages	<u>2</u>	<u>125.00</u>	<u>250.00</u>
5. Clinics(total cost, i.e. charge	<u>100</u>	<u>60.00</u>	<u>6,000.00</u>
6. Blind Specimens	<u>54</u>	<u>25.00</u>	<u>1,350.00</u>
7. No-show Charges	<u>20</u>	<u>25.00(Call outs only)</u> <u>(No Fees for no show at clinic)</u>	<u>500.00</u>
8. Emergency Service Rates	<u>12</u>	<u>50.00/hr</u>	<u>600.00</u>
		Total	<u>\$164,950.00</u>

Include the name of the software or internet-based result reporting:

WebTox Quick Results- Non-Federal Testing. *** Lotus Notes- Federal Testing.

The vendor shall be required to perform all of the services named above. Failure to provide the services and bid prices result in disqualification of the bid.