



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
 MCH11056

PAGE
 1

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

*526124333 866-782-6246
 STANBIO LABORATORY
 1261 N MAIN ST
 BOERNE TX 78006

HEALTH AND HUMAN RESOURCES
 BPH - OMCFH
 MATERIALS MANAGEMENT
 900 BULLITT STREET
 CHARLESTON, WV
 25301 304-558-3417

PURCHASING

PURCHASING

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
08/05/2010				

BID OPENING DATE: 09/02/2010 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
OPEN-END BLANKET CONTRACT						
0001	100* 200	KT		193-88-00-001	\$27.00 (\$0.54/test)	\$2,700.00
<p>ONE STEP HCG URINE/SERUM PREGNANCY TEST KIT OR EQUAL True 20 Plus Urine/Serum Pregnancy Test 25 TEST/KIT, FORMAT: CASSETTE INFOLAB CATALOG # IT FHC-202-25 OR EQUAL *50 Test/Kit Format: Cassette Catalog Number 1440-050 Alternate brand meets all specifications</p>						
0002	1,500	KT		193-88-00-001	\$27.00 (\$0.54/test)	\$40,500.00
<p>ONE STEP HCG URINE/SERUM PREGNANCY TEST KIT OR EQUAL True 20 Plus Urine/Serum Pregnancy Test 50 TEST/KIT FORMAT: CASSETTE INFOLAB CATALOG # IT FHC-202-50 OR EQUAL PER THE ATTACHED SPECIFICATIONS. 50 Test/Kit Format: Cassette Catalog Number 1440-050 PACKAGING (BULK) 20 TO 40 OR 25 TO 50 TESTS/BOX. # TESTS/BOX:</p>						
<p>THE MODEL/BRAND/SPECIFICATIONS NAMED HEREIN ESTABLISH THE ACCEPTABLE LEVEL OF QUALITY ONLY AND ARE NOT INTENDED TO REFLECT A PREFERENCE OR FAVOR ANY PARTICULAR BRAND OR VENDOR. VENDORS WHO ARE BIDDING</p>						

ORIGINAL

RECEIVED
 2010 AUG 27 A 10:00
 PURCHASING DIVISION
 STATE OF WV

SIGNATURE <i>Juanita Rye</i>			TELEPHONE 866-782-6246	DATE 8/23/2010
TITLE Domestic Sales Manager	FEIN 74-1339774	ADDRESS CHANGES TO BE NOTED ABOVE		

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



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TO ORDER

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SHIP TO

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<p>ALTERNATES SHOULD SO STATE AND INCLUDE PERTINENT LITERATURE AND SPECIFICATIONS. FAILURE TO PROVIDE INFORMATION FOR ANY ALTERNATES MAY BE GROUNDS FOR REJECTION OF THE BID. THE STATE RESERVES THE RIGHT TO WAIVE MINOR IRREGULARITIES IN BIDS OR SPECIFICATIONS IN ACCORDANCE WITH SECTION 148-1-4(F) OF THE WEST VIRGINIA LEGISLATIVE RULES AND REGULATIONS. VENDORS MAY BE REQUIRED TO SUBMIT SAMPLES PRIOR TO BID AWARD. ALTERNATE PRODUCT SAMPLES TO BE APPROVED BY PROGRAM DIRECTOR, PRIOR TO AWARD.</p> <p>EXHIBIT 3</p> <p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON OCTOBER 1, 2010 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.</p> <p>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.</p> <p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Travis Rye</i>	TELEPHONE 866-782-6246	DATE 8/23/2010
TITLE Domestic Sales Manager	FEIN 74-1339774	ADDRESS CHANGES TO BE NOTED ABOVE

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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 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.

BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THIS CONTRACT IS AUTOMATICALLY NULL AND VOID, AND IS TERMINATED WITHOUT FURTHER ORDER.

THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>James Keys</i>	TELEPHONE 866-782-6246	DATE 8/23/2010
TITLE Domestic Sales Manager	FEIN 74-1339774	ADDRESS CHANGES TO BE NOTED ABOVE

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804-558-0067

VENDOR

*526124333 866-782-6246
STANBIO LABORATORY
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MATERIALS MANAGEMENT
900 BULLITT STREET
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DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
08/05/2010				

BID OPENING DATE: **09/02/2010** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>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. 04/11/2001</p> <p style="text-align: center;">NOTICE</p> <p>AN ORIGINAL, SIGNED BID MUST BE SUBMITTED TO:</p> <p style="text-align: center;">DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130</p> <p>PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED. BIDS MUST CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPES OR THE BID MAY NOT BE CONSIDERED:</p> <p>SEALED BID</p> <p>BUYER: RW-22 RFQ. NO.: MCH11056 BID OPENING DATE: 9/2/2010 BID OPENING TIME: 1:30 P.M.</p> <p>A CONVENIENCE COPY WOULD BE APPRECIATED.</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Janis Keys</i>	TELEPHONE 866-782-6246	DATE 8/23/2010
TITLE Domestic Sales Manager	FEIN 74-1339774	ADDRESS CHANGES TO BE NOTED ABOVE

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



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PROPERTY

*526124333 866-782-6246
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 1261 N MAIN ST
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08/05/2010				

BID OPENING DATE: 09/02/2010 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:</p> <p>FAX #830-249-0851.....</p> <p>CONTACT PERSON:.....Kathy Degner 866-782-6246 Ext.103</p> <p>INQUIRIES WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 8/17/2010. 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 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 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.</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE *James Keys* TELEPHONE 866-782-6246 DATE 8/23/2010

TITLE Domestic Sales Manager FEIN 74-1339774 ADDRESS CHANGES TO BE NOTED ABOVE

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BID OPENING DATE: **09/02/2010** BID OPENING TIME: **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>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>						
<p>***** THIS IS THE END OF RFQ MCH11056 ***** TOTAL:</p>						<p><u>\$43,200.00</u></p>

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>James Rupp</i>	TELEPHONE 866-782-6246	DATE 8/23/2010
TITLE Domestic Sales Manager	FEIN 74-1339774	ADDRESS CHANGES TO BE NOTED ABOVE

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**STATE OF WEST VIRGINIA
PURCHASE CONTINUATION SHEET**

Vendor: _____ P.O. Date: _____

Item No.	Quantity	Description	Unit Price	Amount						
		<p>SPECIFICATIONS FOR THE ONE STEP HCG URINE/SERUM PREGNANCY TEST KIT 25 TEST KIT AND 50 TEST KIT:</p> <p>MINIMUM SPECIFICATIONS THAT MUST BE MET:</p> <p>A MONOCLONAL/POLYCLONAL ANTIBODY ENZYME IMMUNOASSAY FOR THE QUALITATIVE DETERMINATION OF HUMAN CHORIONIC GONADOTROPHIN (HCG) 50mIU/ML OR LESS SENSITIVITY URINE OR SERUM.</p> <p>MUST BE FDA APPROVED COMBINATION KIT FOR TESTING EITHER URINE OR SERUM.</p> <p>TEST KIT MUST BE A ONE STEP ASSAY PROCEDURE; TEST KIT WILL REQUIRE NO PRETREATMENT OF SAMPLE OF REAGENTS OR RECONSTITUTION OF ANY KIT COMPONENT.</p> <p>PROCESSING ITEM SHALL NOT EXCEED 5 MINUTES.</p> <p>KIT MUST HAVE CONTROL/END OF ASSAY INDICATOR.</p> <p>SHELF LIFE MUST BE GUARANTEED FOR 12 MONTHS; ROOM TEMPERATURE STORAGE OPTIMAL.</p> <p>PACKAGING MUST BE (BULK) 20 TO 40 OR 25 TO 50.</p> <p>COMPACT KIT MUST CONTAIN ALL SUPPLIES NEEDED TO RUN TEST.</p> <p>EXTERNAL/QUALITY ASSURANCE CONTROLS WILL BE PROVIDED BY THE WEST VIRGINIA STATE OFFICE OF LABORATORY SERVICES.</p> <p>SHIPPING AND HANDLING MUST BE INCLUDED IN COST PER TEST.</p> <p>ALL ITEMS OF SPECIFICATIONS ARE MANDATORY. VENDORS BIDDING ON ALTERNATE PRODUCTS MUST SUBMIT PERTINENT LITERATURE PERTAINING TO PRODUCTS AND MAY BE REQUIRED TO SUBMIT SAMPLES PRIOR TO BID AWARD. ALTERNATE PRODUCT SAMPLES TO BE APPROVED BY PROGRAM DIRECTOR.</p> <p>PROGRAM DIRECTOR TO EVALUATE BIDS PRIOR TO BID AWARD.</p> <p>PRICES MUST BE FIRM 12 MONTHS FROM DATE OF CONTRACT AWARD WITH OPTION TO RENEW CONTRACT FOR TWO (2) ONE (1) YEAR PERIODS.</p> <p>QUANTITIES LISTED ARE APPROXIMATES ONLY. QUANTITIES ORDERED MAY BE MORE OR LESS DURING THE CONTRACT PERIOD.</p> <p>OMCFH/FAMILY PLANNING PROGRAM IS TITLE 10 PHS ELIGIBLE.</p> <p>CURRENT CONTRACT EXPIRES: SEPTEMBER 30, 2010.</p> <p>CONTRACT PERIOD: OCTOBER 1, 2010 - SEPTEMBER 30, 2011</p> <p>ACCOUNT NUMBERS:</p> <table border="0"> <tr> <td>5360-2011-0506-099-037</td> <td>5360-2011-3544-099-375</td> </tr> <tr> <td>0407-2011-0506-575-037</td> <td>0407-2011-3010-575-375</td> </tr> <tr> <td>8750-2011-0506-096-037-16621</td> <td>8750-2011-3010-096-375-16621</td> </tr> </table>	5360-2011-0506-099-037	5360-2011-3544-099-375	0407-2011-0506-575-037	0407-2011-3010-575-375	8750-2011-0506-096-037-16621	8750-2011-3010-096-375-16621		
5360-2011-0506-099-037	5360-2011-3544-099-375									
0407-2011-0506-575-037	0407-2011-3010-575-375									
8750-2011-0506-096-037-16621	8750-2011-3010-096-375-16621									

COST SHEET FOR MCH11056

<u>Item #</u>	<u>Apprx. Annual Usage</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>TOTAL COST</u>
	<u>QUANTITY</u>			
1	100 EA	ONE STEP HCG URINE/SERUM PREGNANCY TEST 500 EA 50 TEST/KIT	\$27.00	\$2,700.00
2	1500 EA	ONE STEP HCG URINE/SERUM PREGNANCY TEST 50TEST/KIT	\$27.00	\$40,500.00
		TOTAL COST		\$43,200.00

*For Stanbio True 20 Plus Pregnancy, Catalog Number 1440-050

Award will be based on the lowest cost per line item who meets specifications.

Vendor must submit an original itemized invoice for order. Payment will be made in arrears after receipt of each completed order.



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DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
08/18/2010				

BID OPENING DATE: 09/02/2010 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.: MCH11056						
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>Quavis Kapp</i>	TELEPHONE 866-782-6246	DATE 8/25/2010	
TITLE Domestic Sales Manager	FEIN 74-1339774	ADDRESS CHANGES TO BE NOTED ABOVE	

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SHIP TO

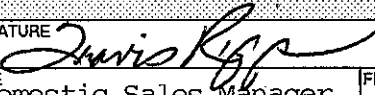
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<p>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p> <p style="text-align: center;">  SIGNATURE Stanbio Laboratory COMPANY 8/25/2010 DATE </p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.</p> <p>REV. 09/21/2009</p> <p style="text-align: center;">END OF ADDENDUM NO. 1</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE 	TELEPHONE 866-782-6246	DATE 8/25/2010
TITLE Domestic Sales Manager	FEIN 74-1339774	ADDRESS CHANGES TO BE NOTED ABOVE

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**STATE OF WEST VIRGINIA
PURCHASE CONTINUATION SHEET**

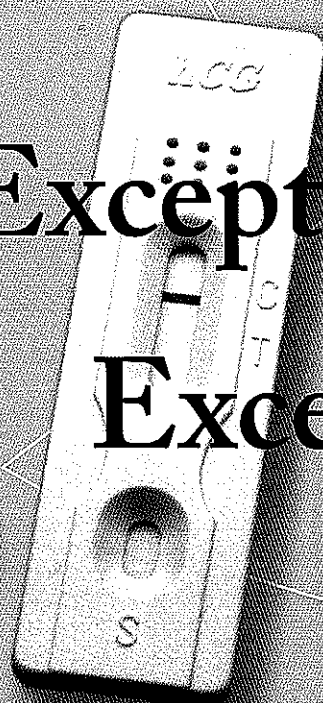
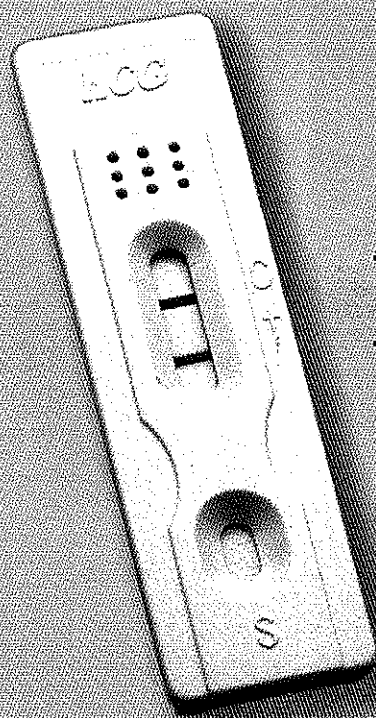
File: RW22	Acct. No.: MUL MUL MUL
Spending Unit: WVDHHR/BPH/OMCFH/FPP	

Vendor: _____ P.O. Date: _____

Item No.	Quantity	Description	Unit Price	Amount
		<p>Q. IN THE DESCRIPTION OF MCH11056 THEY USE THE BRAND NAME OF INFALAB, WHICH IS NOT EITHER OF THE TWO VENDORS THAT GOT THE BID BACK IN 2008. A. INFALAB IS INFOLAB. THE PO MCH80446B IS ONE STEP HCG URINE/SERUM PREGNANCY TEST KIT OR EQUAL 50 TEST/KIT FORMAT: CASSETTE INFOLAB CATALOG # IT FHC-202-50 AND THE ONE STEP HCG URINE/SERUM PREGNANCY TEST KIT OR EQUAL 25 TEST/KIT FORMAT: CASSETTE INFOLAB CATALOG # IT FHC-202-25</p> <p>Q. I DON'T HAVE THE PRICE THEY USED TO GET THE BID. WOULD YOU PLEASE PROVIDE THE LAST BID PRICE? . A. PO FOR MCH80446A THE ONE STEP HCG URINE/SERUM PREGNANCY TEST KIT OR EQUAL 25 TEST/KIT FORMAT: CASSETTE INFOLAB CATALOG # IT FHC-202-25 \$10.00 PER KIT. THE PO MCH80446B IS ONE STEP HCG URINE/SERUM PREGNANCY TEST KIT OR EQUAL 50 TEST/KIT FORMAT: CASSETTE INFOLAB CATALOG # IT FHC-202-50 \$19.50 PER KIT.</p> <p>Q. ON THE LAST BID, WERE THERE ANY SHIPPING CHARGES? A. THE SHIPPING CHARGES WERE INCLUDED IN THE KIT COST.</p> <p>Q. WHO IS THE CURRENT VENDOR? A. THE CURRENT VENDOR FOR MCH80446A IS SCI INTERNATIONAL INC FOR THE ONE STEP HCG URINE/SERUM PREGNANCY TEST KIT OR EQUAL 25 TEST/KIT FORMAT: CASSETTE INFOLAB CATALOG # IT FHC-202-25. THE CURRENT VENDOR FOR THE PO MCH80446B IS STANBIO LABORATORY ONE STEP HCG URINE/SERUM PREGNANCY TEST KIT OR EQUAL 50 TEST/KIT FORMAT: CASSETTE INFOLAB CATALOG # IT FHC-202-50.</p> <p>Q. HOW MANY LOCATIONS WILL PRODUCT BE SHIPPED TO? A. PRODUCTS WILL BE SHIPPED TO ONE LOCATION, DHHR MATERIALS MANAGEMENT.</p> <p>Q. WILL PRODUCT BE SHIPPED ALL AT ONCE, INCREMENTALLY THROUGHOUT THE YEAR? A. PRODUCT WILL BE REQUESTED THROUGHOUT THE YEAR, AS SUPPLY IS USED.</p> <p>Q. IF SHIPPED INCREMENTALLY, HOW MANY TIMES? A. THE NUMBER OF SHIPMENTS DEPENDS ON THE USAGE/NEED BY CLINICS.</p> <p>Q. HOW MANY SAMPLES ARE TO BE SENT IN WITH THE QUOTATION? A. 2 samples of each. It is preferred with bid but not required.</p>		

PREGNANCY TEST

What makes
True[®] 20 & True[®] 20 Plus
Truly Exceptional?



Exceptional Quality
Exceptional Price

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True[®] 20 & True[®] 20 Plus

*Truly Accurate, Truly Economical,
Truly Exceptional*



STANBIO
LABORATORY

The World's Source for Clinical Diagnostics

Stanbio True® 20 Plus One-Step Pregnancy Test Procedure No. 1440

A Qualitative Immunoassay for the Detection of Human Chorionic Gonadotropin (hCG) in Serum or Urine.

Summary and Principle ^{1,2}

Human chorionic gonadotropin (hCG) is a glycoprotein hormone secreted by the developing placenta shortly after fertilization. During normal pregnancy, hCG can be detected as early as 6 days following conception, doubling every 1.3 to 2 days. This detection of hCG is an excellent marker for confirming pregnancy.

hCG consists of an alpha and a beta sub-unit. The alpha sub-unit is shared by other glycoprotein hormones, e.g., luteinizing hormone (LH), follicle stimulating hormone (FSH), and thyroid stimulating hormone (TSH). The beta sub-units of these molecules differ and confer biological specificity to each. The Stanbio True® 20 Plus test detects the intact hCG molecule in serum or urine.

The Stanbio True® 20 Plus test is a qualitative immunoassay for the detection of human chorionic gonadotropin (hCG) in serum or urine. The test utilizes a combination of monoclonal and polyclonal antibody reagents to selectively detect elevated levels of hCG. This assay is completed by the addition of specimen into the sample well and observing for the formation of colored lines in the result area. The specimen migrates via capillary action along the membrane and reacts with the antibody-ye conjugate. Positive hCG specimens react with the specific antibody-hCG-conjugate and form a colored line in the Test Zone (T) portion of the membrane. Absence of this colored line suggests a negative result. To serve as a positive procedural control, a colored line in the Control Zone (C) will always appear regardless of the presence or absence of hCG.

Reagents

True® 20 Plus Serum/Urine hCG (T) Test Device
Sealed foil pouch containing One (1) Test Device
dye coated with polyclonal antibodies specific for hCG, immobilized antibodies against hCG and monoclonal anti-mouse IgG antibodies.

Precautions: For *In Vitro Diagnostic Use*.
Do not use beyond the expiration date printed on the kit or foil pouch. Use appropriate precautions for collection, handling, and storage of specimens. Do not remove the Test Device from the pouch until needed.

Reagent Storage and Stability: Each True® 20 Plus test is stable until the expiration date on the foil pouch when stored at room temperature 59-85° F (15-30° C).

Do Not Freeze

Material Provided
True® 20 Plus Test Device; Disposable Specimen Dropper

Materials Required But Not Provided
Specimen collection container; Interval Timer

Specimen Collection and Preparation³
Urine: Specimens must be collected in a clean, dry container, either plastic or glass, without preservatives. Specimens collected at any time may be used, however, the first morning urine generally contains the highest concentration of hCG and is therefore the most suitable. If testing is to be delayed more than a few hours, the urine can be stored at 2-8° C for up to 72 hours or frozen (-20° C) for 3 months, but must be brought to room temperature prior to testing.

Serum: Specimens should be collected under standard laboratory conditions; avoid hemolysis. Specimens should be tested within 48 hours after collection and kept refrigerated (35-46° F (2-8° C)) until ready to assay. Specimens can be kept frozen (-20° C) if testing is delayed for more than 48 hours. Bring to room temperature (15-30° C) and mix well prior to testing. Do not re-freeze!

Interfering Substances: High urine hCG levels may occur in patients suffering from chorionic epithelioma or hydatid mole. In these cases a false positive may occur. Excretion of hCG is often decreased in extra uterine pregnancy, toxemia of pregnancy or threatened abortion. Such circumstances can yield false negative results.

Potentially interfering substances were added to urine which had hCG levels of 0 and 20 mIU/mL. In all cases, no interference with the expected results were observed.

Acetaminophen.....	20 mg/dL
Acetylsalicylic Acid.....	20 mg/dL
Ampicillin.....	20 mg/dL
Aspirin.....	20 mg/dL
Atropine.....	20 mg/dL
Benzocaine.....	10 mg/dL
Caffeine.....	20 mg/dL
Cannabidiol.....	10 mg/dL
Cocaine.....	20 mg/dL
Genistein Acid.....	20 mg/dL
Glucose.....	2 gm/dL
Hemoglobin.....	2 mg/dL
Tetraacetyline.....	20 mg/dL
Uric Acid.....	20 mg/dL

Homologous Hormones:

hTSH.....	1000 µIU/mL	• WHO 68/38
hLH.....	500 mIU/mL	• WHO 2nd IRP hMG
hFSH.....	1000 mIU/mL	• WHO 2nd IRP hMG

Test Procedure

Note: Several tests may be run at a time. A new disposable dropper must be used for each specimen.

1. Bring specimen to room temperature before use.
2. Remove the test device from the protective pouch and place it on a flat surface. Label the device with patient or control identifications.
3. Holding the disposable dropper vertically, dispense 2 DROPS (approximately 0.12 mL) of serum or urine into the round sample well (see illustration).
4. Read at 3 MINUTES for urine.

Quality Control

A positive procedural control (Control Zone 'C') is built into the True® 20 Plus test device. This control line will always appear if the tests performed correctly and if the device is working properly. An absence of this control line indicates incorrect procedure or deterioration of reagents. The absence of interfering background is a negative procedural control. If background color appears in the result area which interferes with the ability to read the test results, the result may be invalid.

If the control line fails to appear with a repeat assay, do not report patient result. Contact Stanbio Technical Service: 1-800-531-5535, (830) 249-0772 or Fax (830) 249-0851.

External Quality Control

External controls should be tested with each new lot or shipment of test materials and as otherwise required by your laboratory's standard GUP quality control procedures. For this purpose, we recommend the Stanbio True-Level hCG Serum Controls, Ref. No. 1235-305 or Stanbio BL-Level hCG Urine Controls, Ref. No. 1225-205. CAUTION: Water (deionized, distilled or tap) should NOT be used as a negative control. Normal physiological specimens contain the proper amounts of electrolytes and proteins needed to produce the correct result.

Process the controls as you would a patient specimen. A positive result is indicated by the appearance of a colored line in the Test Zone (T), along with a colored line at the Control Zone (C) in the result area. A negative result is indicated by the appearance of only a colored line at the Control Zone (C) in the result area.

Negative Results

The test is negative if only a line appears at the Control Zone (C) in the result area.

Negative Result

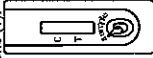


Positive Results: The test is positive if two (2) colored lines appear. One (1) colored line will appear at the Test Zone (T) and one (1) at the Control Zone (C). Weak positive results may show a lighter colored line in the Test Zone than the Control Zone.

Positive Result



Invalid Results: The test is invalid if no line appears at the Control Zone (C) even if a colored line appears at the Test Zone (T).



In this case, the test should be repeated.

Invalid Results

Limitations^{4,5,6,7}
A specimen with a low level hCG may show color development over time. The contents of this kit are for use in the qualitative detection of hCG. A number of conditions (see Interfering Substances section) other than pregnancy, including trophoblastic disease and certain non-trophoblastic neoplasms, cause elevated levels of hCG. These diagnoses should be considered if appropriate to clinical evidence.
Normal pregnancy cannot be distinguished from an ectopic pregnancy based on hCG levels alone. Spontaneous miscarriage may also cause confusion in interpreting assay results.

Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMA). These specimens may demonstrate either false positive or false negative results when tested with assays which employ mouse monoclonal antibodies. hCG levels may remain detectable for several weeks after normal delivery, delivery by caesarean section, spontaneous abortion, therapeutic abortion or hCG injections.

Do not use test devices which have become wet or which have been left out of the foil pouch for more than 24 hours.

Positive results from early pregnancy may later prove negative due to natural termination of the pregnancy. This is estimated to occur in 22% of clinically unrecognized pregnancies and 3-1% of pregnancies overall. It is therefore recommended when using a sensitive hCG assay such as the True® 20 Plus, that weak positive results be re-tested 48-72 hours later. If a urine specimen is too dilute (i.e. low specific gravity) it may not contain representative levels of hCG. If pregnancy is still suspected, a first morning urine should be obtained 48-72 hours later and retested.

As with all pregnancy tests, the final diagnosis should be based on a correlation of test results with typical clinical signs and symptoms.

Expected Values⁸

Healthy men and non-pregnant women do not have hCG levels detectable by the Stanbio True® 20 Plus Test. In normal pregnancy levels of 20 mIU/mL hCG can be reached 2 to 3 days before the first missed menstrual period. hCG levels peak about 8 weeks after the last menstrual period and then decline to lower values during the remainder of the pregnancy. Following delivery, hCG levels rapidly decrease and usually return to normal within days after parturition.

Performance Characteristics

Accuracy by Comparison: A study was performed using a total of (150) positive and (150) negative urine specimens. These specimens were assayed with the True® 20 Plus hCG Test and the Abbott TestPack™ Plus urine test according to their package inserts. Abbott TestPack™ Plus results:

Stanbio True® 20 Plus	(+)	(-)
	(4)	(1)
	(0)	(150)

An evaluation was performed comparing the True® 20 Plus and the Abbott TestPack™ Plus. The study was performed using a total of 72 positive and negative serum specimens: Abbott TestPack™ Plus results:

Stanbio True® 20 Plus	(+)	(-)
	(2)	(0)
	(0)	(51)

The accuracy study was also performed by determining the qualitative recovery of known amounts of hCG added to a negative urine and serum pools.

Urine Pool and Serum Pool	Conc. hCG		Expected	Observed
	Added (mIU/mL)	0		
	20	20	Positive	Positive
	100	100	Positive	Positive

Specificity: A study was performed using positive and negative urine and serum specimens spiked with 500 mIU/mL hLH, 1000 µIU/mL hTSH, and 1000 mIU/mL hFSH. No cross-reactivity was observed.

Standardization: The True® 20 Plus hCG Test is standardized in accordance with the WHO 3rd I.U. for human chorionic gonadotropin.

Clinical Studies: An evaluation of the True® 20 Plus test was conducted at four clinics using patient samples for both urine and serum. Testing was performed by clinic personnel with diverse educational backgrounds and work experience. The results obtained at each site had 100% agreement with the expected results.

Precision: Within run precision was determined by using 12 replicates of four specimens containing 0, 20, 50, and 100 mIU/mL of hCG for both urine and serum. The negative and positive values were correctly identified 100% of the time. Between run precision was determined by using the same four specimens (urine and serum) containing 0, 20, 50, and 100 mIU/mL of hCG in 11 different assays, using three different lots of test devices. Again, the negative and positive values were correctly identified 100% of the time.

Sensitivity: The Stanbio True® 20 Plus Test for Pregnancy detects hCG concentrations of 20 mIU/mL and greater in serum and urine specimens in accordance with the WHO 3rd I.U. Specimens containing high levels of hCG (1,000,000 mIU/mL), when tested, specifically gave positive results.

References

1. Braunstein, G.D., Rasor, J., Alder, D., Danover, H., Woods, M.E. Am. J. Obstet. Gynecol. Vol. 126, 675-681, 1976
2. Braunstein, G.D., Valtikakis, J.L., Carlone, P.P., and Ross, G.T., Ann. Inter. Med. 78, 39-45 (1973).
3. Morgan, F., Campbell, R.E., Valtikakis, J.L., and Ross, G.T., Endocrinology, 94, 1001-1006 (1974).
4. Thompson, R.J., Jackson, A.P., and Langlois, N., Clin. Chem., 32, 476-481 (1982)
5. Engvall, E., Methods in Enzymology, 70, 419-439 (1980)
6. Rasor, J.L., and Braunstein, G.D., Obstet. Gynecol., 50, 555-558 (1977).
7. Linton, E.A., Neal, L.M., and Suliman, R., fertility and sterility, 37, 773-778 (1982).

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STANBIO LABORATORY, LP MAINTAINS THAT THIS PRODUCT CONFORMS TO THE INFORMATION CONTAINED THEREIN. PURCHASER MUST DETERMINE THE SUITABILITY OF THE PRODUCT FOR THEIR PARTICULAR USE. USE ONLY IN ACCORDANCE WITH LABELING INSTRUCTIONS.

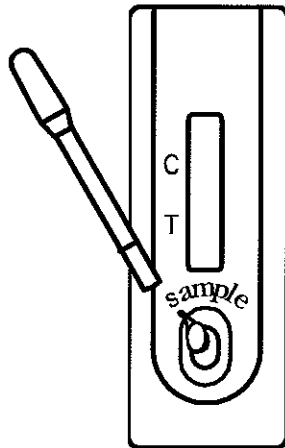
For Technical Service call
(830) 249-0772 • Fax (830) 249-0651
e-mail: stanbio@stanbio.com
http://www.stanbio.com

Stanbio Laboratory
1261 North Main Street
Boerne, Texas 78006 U.S.A.
DNX RBR-1440-02
Last revision: 07/10
Procedure: 1440



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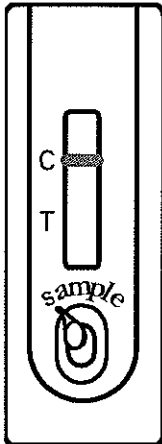
True[®] 20 PLUS hCG REFERENCE CHART



Directions

1. Remove True[®] 20 Plus hCG test device from foil pouch and identify as patient or control.
2. Holding the dropper vertically, add 2 drops of specimen to round sample well.
3. Read result at 3 minutes (urine) or 5 minutes (serum).

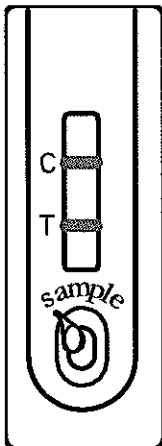
IMPORTANT! Do NOT interpret result after the stated time.



Negative Result

Control line visible in control area and NO TEST line appears.

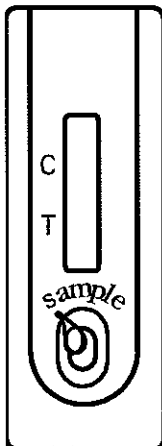
Any colored line is valid.
(Color intensity is not important.)



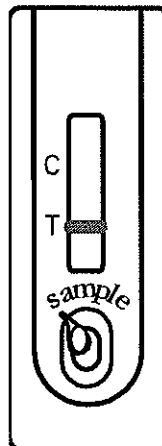
Positive Result

Control line visible in control area and TEST line visible in TEST area.

Any colored line is valid.
(Color intensity is not important.)



A)



B)

Invalid Result

either:

A) No lines appear.

Or

B) Only TEST line appears.
(No Control line appears)

Repeat the test.

For questions call Stanbio's Technical Service Department: 1-800-531-5535

True[®] 20 Plus

METHOD: Immunoassay

SPECIMEN: Urine and Serum

ASSAY TEMPERATURE: Room Temperature

QUALITY Control : A positive procedural control (Control Zone "C") is built in the Urine/Serum test device. This control line will always appear if the test is performed correctly and if the device is working properly. An absence of this control line indicates incorrect procedure or deterioration of reagents. The absence of interfering background is a negative procedural control.

EXTERNAL: QUALITY CONTROL Good Laboratory Practice recommends the use of external controls to assure the reagents and assay are performing correctly. External controls should be tested with each new lot or shipment of test materials once for each test kit, and as otherwise required by the individual's laboratory standard GLP quality control procedures.

LIMITATIONS:

- A) A number of conditions other than pregnancy, including trophoblastic disease and certain non-trophoblastic neoplasms, cause elevated levels of hCG. These diagnoses should be considered if appropriate to clinical evidence.
- B) Normal pregnancy cannot be distinguished from an ectopic pregnancy based on HCG levels alone. Spontaneous miscarriage may also cause confusion in interpreting assay results.
- C) Specimens from patients who have received preparations of mouse antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMA). These specimens may demonstrate either false positive or false negative results when tested with assays which employ mouse monoclonal antibodies.
- D) hCG levels may remain detectable for several weeks after normal delivery, delivery by caesarian section, spontaneous abortion, therapeutic abortion or hCG injections.
- E) Positive results from early pregnancy may later prove negative due to natural termination of the pregnancy. This is estimated to occur in 22% of clinically unrecognized pregnancies and 31% of pregnancies overall. It is therefore recommended, that weak positive results be retested 48-72 hours later.

True[®] 20 Plus
cont'd page 2 of 3

- F) If a urine specimen is too dilute (i.e. low specific gravity) it may not contain representative levels of hCG. If pregnancy is still suspected, a first morning urine should be obtained 48-72 hours later
- G) High urine hCG levels may occur in patients suffering from chorionic epithelioma or hydatid mole. In these cases a false positive may occur.
- H) Excretion of hCG is often decreased in extra uterine pregnancy, toxemia of pregnancy or threatened abortion. Such circumstances can yield false negative results.
- I) The Stanbio Urine/Serum Pregnancy Test is a qualitative test for the detection of hCG in urine and serum. As with all pregnancy test, the final diagnosis should be based on a correlation of test results with typical clinical signs and symptoms.

PRINCIPLE: The Stanbio True[®] 20 Plus test is a qualitative immunoassay for the detection of human chorionic gonadotropin (hCG) in urine and serum. The test utilizes a combination of monoclonal and polyclonal antibody reagents to selectively detect elevated levels of hCG in urine and serum. The assay is conducted by the addition of urine specimen into the sample well and observing for the formation of colored lines in the result area. The urine specimen migrates by capillary action along the membrane and reacts with the antibody dye-conjugate. Positive hCG specimens react with the specific antibody-hCG colored conjugate and form a colored line in the Test zone (T) portion of the membrane. Absence of this colored line suggests a negative result.

REAGENT: True[®] 20 Plus

STORAGE: Store True[®] 20 Plus at Room Temperature. Do not remove from protective pouch until ready to use.

- PROCEDURE:**
- 1) Bring specimen(s) to room temperature.
 - 2) Remove a test device and disposable dropper from foil wrapper by tearing along perforation.
 - 3) Place device on a flat surface and label the test device with patient or control identification.
 - 4) Holding the disposable dropper vertically, dispense 2 full drops of specimen into the round sample well.
 - 5) Read results at three (3) minutes for urine specimens.
Read results at five (5) minutes for serum specimens.


True® 20 Plus
cont'd page 3 of 3

- RESULTS:**
- A) The test is positive if two (2) colored lines appear. One colored line will appear at the Test zone (T) and one at the Control zone (C). Any colored line at the Test zone (T) should be considered positive. Weak positive results may show a lighter colored line than the control line.
 - B) The test line is negative if only one(1) line appears at the Control zone (C).
 - C) The test is considered invalid if no line appears at the Control zone (C), even if a colored line appears at the Test zone (T). In this case, the test should be repeated.

REFERENCE: Stanbio True® 20 Plus Instructions For Use, RBR.1440

Date of Review/Revision

Reviewed by _____
Lab Director/Supervisor


Stanbio Laboratory STANBIO
1261 North Main Street
Boerne, TX 78006
(830) 249-0772 (800) 531-5535
<http://www.stanbio.com>

True 20 Plus (Urine/Serum) hCG Pregnancy

Cat. No. 1440, 1441-001, 1440-050, etc.

PRECAUTION

For In-Vitro Diagnostic Use Only

HAZARDOUS INGREDIENTS

In compliance with OSHA's Hazard Communication Standard (29CFR 1910.1200), a chemical mixture is considered hazardous if it contains 1.0% or more of a hazardous compound or 0.1% or more of a carcinogen. The product does NOT contain hazardous material(s) in excess of these amounts, therefore, no MSDS is required under the standard.

Principle Hazardous Component(s) of True 20 Plus (Urine/Serum) hCG Pregnancy Device, 1441

Chemical Name

CAS No.

Concentration

None determined to be hazardous

PHYSICAL CHARACTERISTICS (Physical/Fire/Explosive Data)

Not applicable

REACTIVITY DATA

Reagents do not contain hazardous materials according to the standard.

STABILITY: Stable

INCOMPATIBILITY: None

HAZARDOUS POLYMERIZATION: Will not occur

HEALTH HAZARD DATA

Device alone is not considered a health hazard. Once the test is performed using urine or serum, the device should be handled as though capable of transmitting disease.

Although no MSDS is required by the standard, the following general guidelines are given should reagents be inhaled, ingested, or exposed to eyes or skin.

EMERGENCY AND FIRST AID PROCEDURES

INHALATION:	Provide fresh air. Restore or support breathing. Keep victim warm and quiet. Get medical attention.
EYES:	Flush eyes including under the eyelids with water for 15 minutes. Get medical attention.
SKIN:	Flush skin with water for 15 minutes. Wash affected area thoroughly with soap and water. Remove contaminated clothing and shoes. Get medical attention if irritation develops or persists.

True 20 Plus (Urine/Serum) hCG Pregnancy

Cat. No. 1440, 1441-001, 1440-050, etc.

INGESTION: Wash out mouth with generous amounts of water. Do not give anything by mouth to an unconscious person. Get medical attention.

SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION:	None required unless product is misted
VENTILATION:	Good ventilation
GLOVES:	Yes
LAB COAT:	Yes
EYE PROTECTION:	Yes
LABORATORY PRECAUTIONS:	Normal laboratory precautions are recommended.

SPILL/LEAK PROCEDURES

Spill Response: Disposal should be made in accordance with existing disposal practices employed for infectious waste.

Waste Response: Dispose of in a manner consistent with federal, state and local regulation.

The information contained in this MSDS is believed to be accurate and represents the best information currently available. Stanbio Laboratory makes no warranty, express or implied, with respect to such information, and we assume no liability resulting from its use. Users should determine suitability of the information contained in MSDS for their particular purpose. In no way shall Stanbio Laboratory be liable for any claims, losses or damages resulting from using information contained in MSDS.

Stanbio Laboratory
1261 North Main Street
Boerne, TX 78006
(830) 249-0772 (800) 531-5535
<http://www.stanbio.com>

State of West Virginia

VENDOR PREFERENCE CERTIFICATE

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

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

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

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

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

Bidder: _____ Signed: _____

Date: _____ Title: _____

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

RFQ No. MCH 11056

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 exceed 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: Stanbio Laboratory

Authorized Signature: *[Signature]* Date: 8/23/2010

State of Texas

County of Bexar, to-wit:

Taken, subscribed, and sworn to before me this 23rd day of AUGUST, 2010.

My Commission expires September 7, 2012.

AFFIX SEAL HERE

NOTARY PUBLIC *[Signature]*

