



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
 BHS12013

PAGE
 1

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

VENDOR

*201113956 267-525-2470
 ATLANTIC DIAGNOSTIC LABORATORI
 3520 PROGRESS DR STE C
 BENSALEM PA 19020

SHIP TO

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

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
07/22/2011				

BID OPENING DATE: 08/04/2011 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.: BHS12013						
ADDENDUM ACKNOWLEDGEMENT						
I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.						
ADDENDUM NO. S:						
NO. 1 ✓						
NO. 2						
NO. 3						
NO. 4						
NO. 5						

RECEIVED
 2011-08-02 A 9:15
 PURCHASING DIVISION
 STATE OF WV

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Carol D. Mitchell</i>	TELEPHONE 267-525-2470	DATE 7/31/11
TITLE Exec: Vice Pres	FEIN 26-2151519	ADDRESS CHANGES TO BE NOTED ABOVE

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



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<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: center;"> SIGNATURE ATLANTIC DIAGNOSTIC LABORATORIES, LLC. COMPANY 7/31/11 DATE </p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.</p> <p>REV. 09/21/2009</p> <p style="text-align: center;">END OF ADDENDUM NO. 1</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE 	TELEPHONE 267-525-2470	DATE 7/31/11
TITLE Exec. Vice Pres.	FEIN 26-2151579	ADDRESS CHANGES TO BE NOTED ABOVE

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DATE PRINTED 07/22/2011	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
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BID OPENING DATE: 08/04/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	YR	193-88	OPEN END CONTRACT FOR REFERENCE LABORATORY SERVICES		
***** THIS IS THE END OF RFQ BHS12013 ***** TOTAL:						250,921.06

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>[Signature]</i>	TELEPHONE 267-525-2470	DATE 7/31/11
TITLE Exec. Dir. Purchasing	FEIN 26-2151519	ADDRESS CHANGES TO BE NOTED ABOVE

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

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
OFFICE OF HEALTH FACILITIES ---- Reference Laboratory Services
BHS12013 ADDENDUM #1**

- 1) **Question:** Will the individual facilities have the authority to make adjustments in services provided by the successful vendor? For example, some homes may not require 7 day a week courier and or phlebotomy.

ANSWER: Each facility will follow all mandatory specifications, however all facilities may adapt these requirements in such a manner that best suites the needs of the facility and the clientele they serve.

- 2) **Question:** Could we be provided an estimated breakdown of the number of monthly tests by location of the following:
1. Hopemont Hospital
 2. John Manchin Sr. Health Care Center
 3. Welch Community Hospital
 4. William R. Sharpe Hospital

ANSWER: As stated in the RFQ, section 1.2.23, quantities listed are estimates only. Actual amounts and test types will vary depending on the needs of the facilities whether those needs are greater or less than the quantities listed. Unit price per test or procedure shall remain firm for the life of the contract.

- 3) **Question:** Mandatory Requirements does not list any information regarding "stat" service, would each individual facility use their local hospital for this service as necessary?

ANSWER: "Stat" services are not listed as a mandatory requirement; each individual facility will utilize the services of local hospitals as needed.

- 4) **Question:** Payment: Will the Vendor direct bill MCR B and MCD or does the Vendor bill the facility at the special contract rate?

ANSWER: At this time, the OpenVista software does not have the capability to transmit patient Medicare or Medicaid numbers with the outgoing lab orders thus precluding direct Medicare or Medicaid billing. All invoicing shall be billed to the facilities in the manner referenced in paragraph three (3) of the RFQ which refers to the Payment terms.



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07/06/2011				

BID OPENING DATE: 08/04/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	YR		193-88		
OPEN-END BLANKET CONTRACT ***** MANDATORY PRE-BID MEETING ON 7/19/2011 AT 1:30 PM IN ROOM 350, LOCATED AT 350 CAPITOL ST., CHARLESTON, WV 25301 *****						
OPEN END CONTRACT FOR REFERENCE LABORATORY SERVICES VENDOR TO PROVIDE REFERENCE LABORATORY SERVICES TO THE WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES STATE-OWNED FACILITIES WHICH INCLUDE: WILLIAM R SHARPE, JR. HOSPITAL MILDRED MITCHELL BATEMAN HOSPITAL PINECREST HOSPITAL LAKIN HOSPITAL WELCH COMMUNITY HOSPITAL HOPEMONT HOSPITAL JOHN MANCHIN SR. HEALTH CARE CENTER (SEE ATTACHED SPECIFICATIONS) EXHIBIT 3 LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON AWARD.... AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Michael J. Smith</i>	TELEPHONE 267-525-2470	DATE 7/31/11
TITLE Exec. Vice President	FEIN 26-2151519	ADDRESS CHANGES TO BE NOTED ABOVE

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<p>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> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Michael Marshall</i>	TELEPHONE 267-525-2470	DATE 7/21/11
TITLE Exec. Vice Marshal	FEIN 26-215119	ADDRESS CHANGES TO BE NOTED ABOVE

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<p>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.</p> <p>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THE STATE MAY DEEM THE CONTRACT NULL AND VOID, AND TERMINATE SUCH CONTRACT WITHOUT FURTHER ORDER.</p> <p>THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM.</p> <p>REV. 05/26/2009</p> <p>INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 7/20/2011. 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>						

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SIGNATURE <i>[Signature]</i>	TELEPHONE 267-525-2470	DATE 7/31/11
TITLE Exec. Vice President	FEIN 26-2151519	ADDRESS CHANGES TO BE NOTED ABOVE

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ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311 FAX: 304-558-4115 E-MAIL: ROBERTA.A.WAGNER@WV.GOV EXHIBIT 4 LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL AND OTHER LOCAL GOVERNMENT BODIES, THE BID SHALL EXTEND TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO ALL POLITICAL SUBDIVISIONS OF THE STATE, THE VENDOR MUST CLEARLY INDICATE SUCH REFUSAL IN HIS BID. SUCH REFUSAL SHALL NOT PREJUDICE THE AWARD OF THIS CONTRACT IN ANY MANNER. REV. 3/88 MANDATORY PRE-BID A MANDATORY PRE-BID WILL BE HELD ON 7/19/2011 AT 1:30 PM IN ROOM 352 AT 350 CAPITOL ST., CHARLESTON, WV. INTERESTED PARTIES ARE REQUIRED TO ATTEND THIS MEETING. FAILURE TO ATTEND THE MANDATORY PRE-BID SHALL RESULT IN DISQUALIFICATION OF THE BID. NO ONE PERSON MAY REPRESENT MORE THAN ONE BIDDER.						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>[Signature]</i>	TELEPHONE 267-525-2470	DATE 7/31/11
TITLE Exec. Vice President	FEIN 26-215157-9	ADDRESS CHANGES TO BE NOTED ABOVE

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<p>AN ATTENDANCE SHEET WILL BE MADE AVAILABLE FOR ALL POTENTIAL BIDDERS TO COMPLETE. THIS WILL SERVE AS THE OFFICIAL DOCUMENT VERIFYING ATTENDANCE AT THE MANDATORY PRE-BID. FAILURE TO PROVIDE YOUR COMPANY AND REPRESENTATIVE NAME ON THE ATTENDANCE SHEET WILL RESULT IN DISQUALIFICATION OF THE BID. THE STATE WILL NOT ACCEPT ANY OTHER DOCUMENTATION TO VERIFY ATTENDANCE. THE BIDDER IS RESPONSIBLE FOR ENSURING THEY HAVE COMPLETED THE INFORMATION REQUIRED ON THE ATTENDANCE SHEET. THE PURCHASING DIVISION AND THE STATE AGENCY WILL NOT ASSUME ANY RESPONSIBILITY FOR A BIDDER'S FAILURE TO COMPLETE THE PRE-BID ATTENDANCE SHEET. IN ADDITION, WE REQUEST THAT ALL POTENTIAL BIDDERS INCLUDE THEIR E-MAIL ADDRESS AND FAX NUMBER.</p> <p>ALL POTENTIAL BIDDERS ARE REQUESTED TO ARRIVE PRIOR TO THE STARTING TIME FOR THE PRE-BID. BIDDERS WHO ARRIVE LATE, BUT PRIOR TO THE DISMISSAL OF THE TECHNICAL PORTION OF THE PRE-BID WILL BE PERMITTED TO SIGN IN. BIDDERS WHO ARRIVE AFTER CONCLUSION OF THE TECHNICAL PORTION OF THE PRE-BID, BUT DURING ANY SUBSEQUENT PART OF THE PRE-BID WILL NOT BE PERMITTED TO SIGN THE ATTENDANCE SHEET.</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> <p>REV 07/16/2007</p> <p>VENDOR PREFERENCE CERTIFICATE</p> <p>THIS TEAM EXHIBIT HAS BEEN REPLACED BY THE ONLINE</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Carol M. H. [Signature]</i>	TELEPHONE 267-525-2470	DATE 9/31/11
TITLE Exec. Vice President	26-215157 9	ADDRESS CHANGES TO BE NOTED ABOVE

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<p>VERSION WHICH IS AVAILABLE HERE: HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE/VRC/VENPREF.PDF</p> <p style="text-align: center;">NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p style="text-align: center;">DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130</p> <p>PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED.</p> <p>THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:</p> <p>SEALED BID</p> <p>BUYER: RW-22</p> <p>RFQ. NO.: BHS12013</p> <p>BID OPENING DATE: 08/04/2011</p> <p>BID OPENING TIME: 1:30PM</p> <p>PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Carolyn Havel</i>	TELEPHONE 267-525-2470	DATE 7/31/11
TITLE <i>Exec Vice President</i>	FEIN 26-2157519	ADDRESS CHANGES TO BE NOTED ABOVE

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CONTACT PERSON (PLEASE PRINT CLEARLY): <i>SYED IQBAL HAIDER</i>						
***** THIS IS THE END OF RFQ BHS12013 ***** TOTAL:						<i>\$ 250,921.00</i>

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Syed Iqbal Haider</i>	TELEPHONE 267-525-2470	DATE 7/31/11
TITLE <i>Exec. Vice President</i>	FEIN 26-2151519	ADDRESS CHANGES TO BE NOTED ABOVE

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Open End Contract for Reference Laboratory Services BHS12013

1.1 Purpose:

To provide reference laboratory services to the West Virginia Department of Health and Human Resources (WVDHHR), Bureau for Behavioral Health and Health Facilities (BHFF), State owned facilities which include: William R. Sharpe, Jr. Hospital, Mildred Mitchell Bateman Hospital, Jackie Withrow Hospital, Lakin Hospital, Welch Community Hospital, Hopemont Hospital, and John Manchin Sr. Health Care Center, hereafter referred to as "facilities".

Location of Facilities:

Jackie Withrow Hospital
105 S. Eisenhower Drive
Beckley, WV 25801

Hopemont Hospital
150 Hopemont Drive
Terra Alta, WV 26764

Lakin Hospital
11522 Ohio River Rd
West Columbia, WV 25287

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

Welch Community Hospital
454 McDowell Street
Welch, WV 24801

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

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

1.2 Mandatory Requirements

- 1.2.1 Vendor shall provide reference laboratory services to the above listed State owned facilities.
- 1.2.2 Vendor must establish connectivity with the Data Innovations server, and compatibility with the Instrument Manager software used by the state facilities within ninety (90) days of the start of the contract. This will create an HL7 format, bidirectional interface between the vendor and the Electronic Patient Record System for the flow of facility laboratory orders to the vendor and lab results from the vendor.
- 1.2.3 Vendor shall develop and maintain a process to supply printed laboratory results to a designated printer at each facility in the event of any issues inhibiting the transfer of data through Medsphere Open Vista.
- 1.2.4 Vendor shall ensure that all laboratory policies and procedures comply with the regulations of the Health Insurance Portability and Accountability Act (HIPAA).
- 1.2.5 Vendor shall provide current copies of Clinical Laboratory Improvement Amendments (CLIA) and College of American Pathologists (CAP)

-
- certificates. The vendor shall maintain on-going certification by (CLIA) and (CAP) and provide copies of certificates upon any renewals which occur during the contract period.
- 1.2.6 Vendor shall maintain compliance with (CLIA) regulations that address specimen rejection and the categorization of specimens as unsatisfactory.
- 1.2.7 Vendor shall ensure that all information provided in the laboratory reports complies with (CAP) standards.
- 1.2.8 Vendor shall maintain compliance with (CLIA) regulations regarding Quality Control and Quality Assurance, including documentation of the vendor's proficiency testing program. The vendor shall provide all such documentation to BHHF, or its individual facilities, upon request.
- 1.2.9 Vendor shall maintain stored lab results for Quality Assurance monitoring and assessment of laboratory services for the current time periods mandated by regulatory bodies (CAP and CLIA).
- 1.2.10 Vendor shall maintain all specimen and report data in electronic format, including the total number of tests performed on a daily, monthly and annual basis by individual testing category. Vendor shall provide all such comprehensive or individual facility statistical reports to BHHF, or each individual facility, upon request.
- 1.2.11 Vendor shall employ a Board Certified Pathologist who is to be made available seven days each week, during normal working hours, for questions and/or interpretation of test results.
- 1.2.12 Vendor shall provide the facilities, on an on-going basis, with the name, address, and telephone number of their account representatives. Vendor shall also provide the facilities with a telephone referral service (twenty four hours a day/seven days a week) (24/7) for the purpose of responding to facility inquires that require technical or professional support.
- 1.2.13 Vendor shall provide a set fee for phlebotomy services to be provided at the designated facilities. When, and/or if, a phlebotomist is needed, the facility will contact the vendor for the provision of services pursuant to the fee quoted. Please note: all travel expenses, if any, must be included in the fee as an all inclusive rate.
- 1.2.14 Vendor shall provide dedicated laboratory collection (courier) services seven (7) days per week at each facility for pick-up and transport of specimens. Collection times shall take into consideration the facilities' needs for optimal test result turnaround times.
- 1.2.15 Vendor shall assume responsibility and liability for examining, interpreting and reporting results of all specimens.
- 1.2.16 Vendor shall provide the facilities with written instructions regarding patient preparation, proper specimen collection, specimen identification,

specimen preservation, and specimen transport. Vendor will supply on-site training of facility staff as needed.

- 1.2.17 Vendor shall provide the facilities with all supplies and materials necessary for collection and transport of specimen for testing. This includes, but is not limited to, vaccutainers, tubes, needles, preservatives, 24 hour urine containers, cytology and histology containers with preservatives, slides, fixatives, plastic transport bags, centrifuges and a directory for all services offered.
- 1.2.18 Vendor shall provide microbiology culture results in accordance with the applicable standards for the specimen. Routine cultures with positive results shall have preliminary reports prepared within 24 hours, followed by a report within 48 hours, and a final report within 72 hours of collection of the specimen at the facility.
- 1.2.19 Vendor shall provide general routine chemistries results no later than 24 hours after collection of specimens at the facilities.
- 1.2.20 After collection of specimens, vendor shall provide turnaround time for Cytology results within five (5) days and Histology within four days (4) unless further study or staining is required.

Exceptions to prescribed turnaround times are as follows:

Cytology results turnaround time:

Suspicious, abnormal, unusual specimens or those submitted with insufficient information may require a longer turnaround time; however, in the case of such occurrences the facility must be notified.

Surgical pathology turnaround time:

Depending on the complexity of diagnosis and case load, surgical pathology results may require a longer turnaround time; however, in the case of such occurrences the facility must be notified. A preliminary diagnosis shall be made available by the vendor via telephone or computer printer, with a final signed report to follow.

- 1.2.21 Vendor shall not sub-contract more than 1% (one per cent) of the types of tests to be processed. The Vendor will be the Subagent to the Bureau and will be wholly responsible for all reference lab activities.
- 1.2.22 A broad list of the type and estimated quantity of tests, profiles, screens and cultures required by the facilities are attached as Exhibit A. These exhibits only represent commonly required and/or requested tests to be utilized for evaluation purposes. Additional tests, including tests not listed within the exhibits, shall be provided by the vendor as necessary and as ordered by the facilities.
- 1.2.23 This will be an open end contract. Quantities listed are estimates only. Actual amounts and test types will vary depending on the needs of the

facilities whether those needs are greater or less than the quantities listed. Unit price per test or procedure shall remain firm for the life of the contract.

- 1.2.24 A mandatory pre-bid conference shall be conducted at 350 Capitol St., Rm. 350, Charleston, WV 25301 at 1:30 pm on 7/19/2011. All interested vendors are required to be present at this meeting. Any vendor failing to attend the mandatory pre-bid conference will not be considered for award. No one person can represent more than one vendor.

2. Method of Evaluation:

The contract will be awarded to a single vendor with the lowest grand total cost for providing the services listed in Exhibits A & B and that meets all mandatory requirements. All bids should be all inclusive.

3. Payment:

The Vendor shall submit invoices, in arrears, on a monthly basis, to each Facility at the address on the face of the purchase order labeled "Invoice To" pursuant to the terms of the contract. Payment will be made in arrears, upon completion of delivery, installation and in-service training. State law forbids payment of invoices prior to receipt of goods or services.

4. Insurance Requirements:

The vendor, as an independent contractor, is solely liable for the acts and omissions of its employees and agents. The vendor shall maintain and furnish proof of coverage of liability insurance for loss, damage, or injury (including death) of third parties arising from acts and omissions on the part of the vendor, its agents and employees in the following amounts:

- 1) For Bodily Injury (including death): Minimum amount of \$1,000,000 per occurrence.
- 2) For property damage and professional liability: Minimum amount of \$1,000,000 per occurrence.

Exhibit A

BHS12013		Column A	Column B	Column C	
EXHIBIT A – Bid Sheet					
	Item Description (Test)	CPT Codes	Estimated Annual Volume of Tests	Cost Per Test	Total (A x B)
1	ADRENOCORTICOTROPIC HORMONE (ACTH)	82024	120	10.00	1200.00
2	AEROBIC BACTERIAL CULTURE GEN.	87070	210	7.00	1470.00
3	AEROBIC IDENTIFICATION	87077	30	30.00	900.00
4	a-FETOPROTEIN (AFP)	82105	65	4.00	260.00
5	ALANINE AMINOTRANSFERASE (ALT)	84460	160	1.00	160.00
6	ALBUMIN	82040	250	1.00	250.00
7	AMMONIA	82140	70	6.00	420.00
8	AMYLASE	82150	65	5.00	325.00
9	ANAEROBIC CULTURE	87075	145	5.00	725.00
10	ANTINUCLEAR ANTIBODIES (ANA)	86038	80	12.00	960.00
11	ANTISTREPTOLYSIN O ANTIBODIES (ASO)	86060	20	1.00	20.00
12	ASPARTATE AMINOTRANSFERASE (AST)	84450	100	1.00	100.00
13	BASIC METABOLIC PANEL	80048	435	6.00	2610.00
14	BILIRUBIN DIRECT	82248	10	1.00	10.00
15	BILIRUBIN TOTAL	82247	10	1.00	10.00
16	B-TYPE NATRIURETIC PEPTIDE (BNP)	83880	15	37.00	555.00
17	C4-BINDING PROTEIN	83520	150	8.00	1200.00
18	CALCITROL (VITAMIN D 1,25 DIHYDROXY)	82652	300	10.00	3000.00
19	CALCIUM	82310	60	1.00	60.00
20	CALCIUM IONIZED	82230	10	4.00	40.00
21	CARBAMAZEPINE	80156	100	6.00	600.00
22	CD 4 HELPER T-LYMPH	86360	10	25.00	250.00
23	CHLAMYDIA by GENPROBE	87490	320	13.00	4160.00
24	CHOLESTEROL	82465	10	1.00	10.00
25	CLOSTRIDIUM DIFFICILE TOXINS	87324	80	10.00	800.00
26	CLOZAPINE	80154	20	10.00	200.00
27	COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL	85025	2850	4.00	11,400.00
28	C-PEPTIDE	84681	25	25.00	625.00
29	CREATINE	82565	250	1.00	250.00
30	CREATINE KINASE (CK) MB	82553	10	2.00	20.00
31	CREATINE KINASE (CK) TOTAL	82550	110	1.50	165.00
32	CULTURE, BLOOD	87040	350	20.00	7000.00
33	CULTURE, STOOL	87427	25	15.00	375.00
34	CULTURE, URINE	87086	650	10.00	6500.00
35	DIGOXIN	80162	120	6.00	720.00
36	DRUG SCREEN CONFIRMATION (INDIVIDUAL DRUGS)	80102	950	15.00	14,250.00
37	DRUG SCREEN URINE	80101 X 10	1350	6.00	8100.00

CA/MB

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

BHS12013

Bid Sheet

BHS12013		Column A	Column B	Column C	
EXHIBIT A - Bid Sheet					
	Item Description (Test)	CPT Codes	Estimated Annual Volume of Tests	Cost Per Test	Total (A x B)
38	ELECTROLYTES	80051	275	3.00	825.00
39	ETHANOL, ALCOHOL	82055	10	1.00	10.00
40	FECAL FAT	82710	10	8.00	80.00
41	FERRITIN	82728	65	12.00	780.00
42	FOLATE	82746	290	6.00	1740.00
43	FOLATE RBC	82747	125	6.00	750.00
44	FOLLICULAR STIMULATING HORMONE (FSH)	83001	20	8.00	160.00
45	GLUCOSE	82947	170	1.00	170.00
46	GLUCOSE TOLERANCE TEST	82952	15	1.00	15.00
47	GLUTAMYLTRANSFERASE, GAMMA (GGT)	82977	1200	1.00	1200.00
48	GYNECOLOGIC PAP SMEAR	88175	230	7.00	1610.00
49	GYNECOLOGIC PAP SMEAR THIN PREP	88147	50	40.00	2000.00
50	HALOPERIDOL	80173	15	10.00	150.00
51	HDL CHOLESTEROL	83718	30	1.00	30.00
52	HELICOBACTER PYLORI ANTIBODIES	86677	15	7.00	105.00
53	HEMATOCRIT	85014	25	1.00	25.00
54	HEMOGLOBIN	85018	25	1.00	25.00
55	HEMOGLOBIN (HB) A1C	83036	950	6.00	5700.00
56	HEPATIC PANEL (LIVER)	80076	350	4.00	1400.00
57	HEPATITIS A IGM	86709	250	9.00	2250.00
58	HEPATITIS B CORE AB IgG	86704	710	9.00	6390.00
59	HEPATITIS B CORE AB IgM	86705	250	9.00	2250.00
60	HEPATITIS B S AB	86076	220	9.00	1980.00
61	HEPATITIS B S AG	87340	1150	8.00	9200.00
62	HEPATITIS C AB	86803	620	12.00	7440.00
63	HEPATITIS C BY PCR	87521	10	165.00	1650.00
64	HEPATITIS C GENOTYPE	87902	10	500.00	5000.00
65	HEPATITIS PROFILE, ACUTE	80074	450	32.00	14,400.00
66	HERPES CULTURE	87255	10	45.00	450.00
67	HERPES SIMPLEX VIRUS (HSV)	87273	35	25.00	875.00
68	HUMAN CHORIONIC GONADOTROPIN	84703	100	8.00	800.00
69	HUMAN CHORIONIC GONADOTROPIN, URINE	81025	15	6.00	90.00
70	HUMAN IMMUNODEFICIENCY VIRUS (HIV)	86701	150	7.00	1050.00
71	HUMAN IMMUNODEFICIENCY VIRUS RNA BY PCR	87536	30	125.00	3750.00
72	INSULIN	83525	35	9.00	315.00
73	IRON	83540	1270	0.80	1016.00
74	IRON BINDING CAPACITY (IBC)	83550	20	2.00	40.00
75	LACTIC ACID DEHYDROGENASE (LD)	83615	1200	2.75	3300.00

BHS12013			Column A	Column B	Column C
EXHIBIT A - Bid Sheet					
	Item Description (Test)	CPT Codes	Estimated Annual Volume of Tests	Cost Per Test	Total (A x B)
76	LAMOTRIGINE (LOMICTAL)	82491	10	10.00	100.00
77	LEAD	83655	70	6.00	420.00
78	LIPASE	83690	20	9.00	180.00
79	LIPID PANEL	80061	1800	4.50	8100.00
80	LITHIUM	80178	600	6.00	3600.00
81	LOW DENSITY LIPOPROTEIN (LDL) CHOLESTEROL	83721	35	1.00	35.00
82	LUTEINIZING HORMONE (LH)	83002	15	8.00	120.00
83	MAGNESIUM	83735	150	2.00	300.00
84	METABOLIC PANEL COMPREHENSIVE	80053	1900	8.00	15,200.00
85	MICROALBUMIN URINE	82043	20	6.00	120.00
86	MONONUCLEOUS	86309	30	10.00	300.00
87	MUMPS	86735	30	23.00	690.00
88	MYCOBACTERIUM (REFLEX @ ADD. COST)	87186	10	15.00	150.00
89	NEISSERIA GONORRHOEA, GC by GENPROBE	87590	310	14.00	4340.00
90	OVA & PARASITE	87177	20	12.00	240.00
91	PARATHYROID HORMONE, (PTH) INTACT	83970	115	8.00	920.00
92	PARTIAL THROMBOPLASTIN TIME (PTT)	85730	150	6.00	900.00
93	PHENOBARBITAL	80184	100	9.00	900.00
94	PHENYTOIN DILANTIN	80185	350	6.00	2100.00
95	PHOSPHOROUS	84100	1300	1.00	1300.00
96	POTASSIUM	84132	50	1.00	50.00
97	PREALBUMIN	84134	150	1.00	150.00
98	PRIMIDONE, MYSOLINE	80188	10	15.00	150.00
99	PROLACTIN	84146	50	12.00	600.00
100	PROSTATE SPECIFIC ANTIGEN (PSA)	84153	100	10.00	1000.00
101	PROTEIN ELECTROPHORESIS	84155	15	5.00	75.00
102	PROTHROMBIN TIME (PT)	85610	850	3.00	2550.00
103	RAPID PLASMA REAGIN (RPR)	86592	330	4.00	1320.00
104	RENAL FUNCTION PANEL	80069	100	3.65	365.00
105	RETICULOCYTE	85044	20	4.00	80.00
106	RHEUMATOID FACTOR (RF)	86430	15	6.00	90.00
107	RUBELLA	86762	30	15.00	450.00
108	RUBEOLA	86765	30	15.00	450.00
109	SEDIMENTATION RATE (ESR)	85651	30	4.00	120.00
110	SODIUM	84295	25	1.00	25.00
111	TESTOSTERONE, TOTAL	84403	50	12.00	600.00
112	THEOPHYLLINE	80198	60	8.00	480.00
113	THYROID STIMULATING HORMONE (TSH)	84443	400	6.50	2600.00
114	THYROXINE (T4)	84436	830	8.00	6640.00
115	THYROXINE (T4), FREE	84439	1300	5.00	6500.00

	BHS12013		Column A	Column B	Column C
	EXHIBIT A – Bid Sheet				
	Item Description (Test)	CPT Codes	Estimated Annual Volume of Tests	Cost Per Test	Total (A x B)
116	TRIGLYCERIDES	84478	15	2.00	30.00
117	TRIIODOTHYRONINE (T3)	84480	860	6.00	5160.00
118	TRIIODOTHYRONINE (T3) FREE	84481	70	6.00	420.00
119	TROPONIN	84484	10	10.00	100.00
120	UREA NITROGEN (BUN)	84520	240	1.00	240.00
121	URIC ACID	84550	1250	0.5	625.00
122	URINALYSIS	81000	1250	4.00	5000.00
123	VALPROIC ACID	80164	1000	10.00	10,000.00
124	VARICELLA ZOSTER VIRUS	86787	100	10.00	1,000.00
125	VITAMIN B12	82607	400	6.00	2400.00
126	VITAMIN D 25-HYDROXY	82306	75	60.00	4500.00
Total of Exhibit A – Bid Sheet					242,506.00

EXHIBIT B (Vendor's Attachment of Phlebotomy Services)

		Column A	Column B	Column C
	Facility	Estimated Annual Draws	Rates per Draw for Phlebotomy services (all inclusive)	Total (A x B)
1	Hopemont Hospital	5	9.00	45.00
2	Lakin Hospital	520	9.00	4680.00
3	Pinecrest Hospital	390	9.00	3510.00
4	John Manchin Sr. HCC	5	9.00	45.00
5	M.M. Bateman Hospital	5	9.00	45.00
6	W. R. Sharpe Jr. Hospital	5	9.00	45.00
7	Welch Community Hospital	5	9.00	45.00
			<i>Total of Exhibit B - Bid Sheet</i>	<i>8415.00</i>
			<i>Total of Exhibit A - Bid Sheet</i>	<i>242,506.00</i>
			<i>Total of Exhibit B - Bid Sheet</i>	<i>8415.00</i>
			Grand Total = Exhibit A + B	<i>250921.00</i>

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: MULTI-MIC DIAGNOSTIC LABORATORIES LLC Signed: [Signature]
Date: 7/29/11 Title: Exec. Vice President

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

RFQ No. BHS12013

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: ATLANTIC DIAGNOSTIC LABORATORIES, LLC

Authorized Signature: [Signature] Date: 7-29-11

State of PA

County of Bucks, to-wit:

Taken, subscribed, and sworn to before me this 29th day of July, 2011.

My Commission expires 8-23, 2012.

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Juan A. Gamez, Notary Public
Bristol Twp., Bucks County
My Commission Expires Aug. 23, 2012
Member, Pennsylvania Association of Notaries

CLINICAL LABORATORY PERMIT



pennsylvania
DEPARTMENT OF HEALTH

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

Laboratory Identification Number: 024997A



Name and Director of Laboratory:

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

Owner:

ATLANTIC DIAGNOSTIC LABORATORIES LLC

Issued: June 10, 2011

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

DATE EXPIRES: August 15, 2012

AUTHORIZED CATEGORIES:

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

Eli N. Avila, MD, JD, MPH, FCLM
Secretary of Health

DISPLAY THIS CERTIFICATE PROMINENTLY



Advancing Excellence

**Accredited
Laboratory**



The College of American Pathologists

certifies that the laboratory named below

***Atlantic Diagnostic Laboratories LLC
Bensalem, Pennsylvania
Harvey J. Bellin, MD***

LAP Number: 1317801
AU-ID: 1007557
CLIA Number: 39D0927666

*has met all applicable standards for accreditation and
is hereby fully accredited by the College of American Pathologists'
Laboratory Accreditation Program. Reinspection should occur prior
to October 7, 2012 to maintain accreditation.*

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

Frank R Rudy

Chair, Commission on Laboratory Accreditation

Stephen H Baum MD FCAP

President, College of American Pathologists

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

LABORATORY NAME AND ADDRESS
 ATLANTIC DIAGNOSTIC LABORATORIES LLC
 3520 PROGRESS DRIVE UNIT C
 BENSALEM, PA 19020

CLIA ID NUMBER
 39D0927666

EFFECTIVE DATE
 07/23/2011

LABORATORY DIRECTOR
 HARVEY J BELLIN MD

EXPIRATION DATE
 07/22/2013

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Judith A. Yost

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

44 certs2_062511

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

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
BACTERIOLOGY (110)	07/23/2009		
MYCOLOGY (120)	07/23/2009		
PARASITOLOGY (130)	06/15/2010		
VIROLOGY (140)	12/23/2009		
SYPHILIS SEROLOGY (210)	07/23/2009		
GENERAL IMMUNOLOGY (220)	07/23/2009		
ROUTINE CHEMISTRY (310)	07/23/2009		
URINALYSIS (320)	07/23/2009		
ENDOCRINOLOGY (330)	07/23/2009		
TOXICOLOGY (340)	07/23/2009		
HEMATOLOGY (400)	07/23/2009		
ABO & RH GROUP (510)	07/23/2009		

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