



State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

# Request for Quotation

RFO NUMBER  
**BHS12112**

PAGE  
**1**

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

VENDOR

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

BUYER

**HEALTH AND HUMAN RESOURCES**  
**BBH/HF**  
**VARIOUS LOCALES AS INDICATED**  
**BY ORDER**

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
03/01/2012				

BID OPENING DATE: **04/10/2012** BID OPENING TIME: **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>THE STATE OF WEST VIRGINIA AND ITS AGENCY THE DEPARTMENT OF HEALTH AND HUMAN RESOURCES (DHHR), BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES (BHBF), AND THE SEVEN STATE OWNED AND OPERATED HOSPITALS LISTED BELOW REQUEST A QUOTE TO ENGAGE THE SERVICES OF A VENDOR TO PROVIDE DRUG AND ALCOHOL TESTING FOR NEW EMPLOYEE HIRES AS WELL AS 24 HR/7 DAY PER WEEK AVAILABLE TESTING FOR REASONABLE SUSPICION OR CAUSE.</p> <p>THE STATE OWNED AND OPERATED HOSPITALS ARE:</p> <p>HOPEMONT HOSPITAL, HOPEMONT, WV            LAKIN HOSPITAL, LAKIN, WV            JOHN MANCHIN SENIOR HEALTH CARE HOSPITAL, FAIRMONT, WV            JACKIE WITHROW HOSPITAL, BECKLEY, WV            MILDRED MITCHELL-BATEMAN HOSPITAL, HUNTINGTON, WV            WILLIAM R. SHARPE, JR. HOSPITAL, WESTON, WV            WELCH COMMUNITY HOSPITAL, WELCH, WV</p> <p>*****MANDATORY PRE-BID MEETING*****</p> <p>A MANDATORY PRE-BID MEETING WILL BE HELD ON MARCH 20, 2012 AT 1:00 PM IN ROOM 350 AT THE DIAMOND BUILDING, 350 CAPITOL STREET, CHARLESTON, WV</p> <p>*****BID OPENING: APRIL 10, 2012*****            AT 1:30 PM</p> <p>LOCATION: PURCHASING DIVISION, BUILDING #15            2019 WASHINGTON STREET, EAST            CHARLESTON, WV 25305</p>						

RECEIVED  
 2012 APR 10 PM 12:36  
 WV PURCHASING DIVISION

SEE REVERSE SIDE FOR TERMS AND CONDITIONS			
SIGNATURE <i>Julia A. Barker</i>	TELEPHONE 304-344-8378	DATE April 9, 2012	
TITLE VP of Operations	FEIN 27-1631236	ADDRESS CHANGES TO BE NOTED ABOVE	

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



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VENDOR

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

OFFICE

**HEALTH AND HUMAN RESOURCES  
 BBH/HF  
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LINE	QUANTITY	UOP	GAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	YR		680-24		
<p><b>CONTRACT FOR DRUG AND ALCOHOL TESTING SERVICES</b></p> <p><b>EXHIBIT 3</b></p> <p><b>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE UPON AWARD AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.</b></p> <p><b>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT BY THE STATE OF WEST VIRGINIA, ITS AGENCIES, OR POLITICAL SUBDIVISIONS, THE TERMS, CONDITIONS, AND PRICING SET FORTH HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.</b></p> <p><b>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.</b></p> <p><b>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</b></p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS			
SIGNATURE <i>Julia A. Baker</i>	TELEPHONE 304-344-8378	DATE April 9, 2012	
TITLE VP of Operations	FAX 27-1631236	ADDRESS CHANGES TO BE NOTED ABOVE	

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**DRUG TESTING CENTERS OF AMERIC  
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VENDOR

SHIP TO

**HEALTH AND HUMAN RESOURCES  
 BBH/HF  
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03/01/2012				

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<p>TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY 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</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Julia A. Baker</i>	TELEPHONE 304-344-8378	DATE April 9, 2012
TITLE VP of Operations	FEIN 27-1631236	ADDRESS CHANGES TO BE NOTED ABOVE

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**4**

ADDRESS CORRESPONDENCE TO ATTENTION OF  
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POSTAGE

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

SHIP TO

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03/01/2012				

BID OPENING DATE: **04/10/2012**      BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>ELECTRONIC MEDIUM SUCH AS CD-ROM.</p> <p>REV. 01/17/2012</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>ANY INDIVIDUAL SIGNING THIS BID IS CERTIFYING THAT:            (1) HE OR SHE IS AUTHORIZED BY THE BIDDER TO EXECUTE THE BID OR ANY DOCUMENTS RELATED THERE TO ON BEHALF OF THE BIDDER, (2) THAT HE OR SHE IS AUTHORIZED TO BIND THE BIDDER IN A CONTRACTUAL RELATIONSHIP, AND (3) THAT THE BIDDER HAS PROPERLY REGISTERED WITH ANY STATE AGENCIES THAT MAY REQUIRE REGISTRATION.</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>THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Julia A. Barker</i>	TELEPHONE 304-344-8378	DATE April 9, 2012
TITLE VP of Operations	FEIN 27-1631236	ADDRESS CHANGES TO BE NOTED ABOVE

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**5**

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 304-558-0067**

PROPERTY

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

SHIP TO

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**BBH/HF**  
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03/01/2012						
BID OPENING DATE: 04/10/2012		BID OPENING TIME 01:30PM				
LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
	SEALING BID					
	BUYER: CONNIE HILL / 22					
	RFQ. NO.: BHS12112					
	BID OPENING DATE: APRIL 10, 2012					
	BID OPENING TIME: 1:30 PM					
	PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID: 304-344-0069					
	CONTACT PERSON (PLEASE PRINT CLEARLY): JULIA A. BARKER					
	** A CONVENIENCE COPY OF YOUR BID WOULD BE APPRECIATED					
	***** MANDATORY PRE-BID*****					
	A MANDATORY PRE-BID WILL BE HELD MARCH 20, 2012; 1:00PM THE DIAMOND BLDG. RM 350,350 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.					
	AN ATTENDANCE SHEET WILL BE MADE AVAILABLE FOR ALL POTENTIAL BIDDERS TO COMPLETE. THIS WILL SERVE AS THE OFFICIAL DOCUMENT VERIFYING ATTENDANCE AT THE MANDATOR					
SEE REVERSE SIDE FOR TERMS AND CONDITIONS						
SIGNATURE <i>Julia A. Barker</i>		TELEPHONE 304-344-8378		DATE April 9, 2012		
TITLE VP of Operations		FON 27-1631236		ADDRESS CHANGES TO BE NOTED ABOVE		

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 CHARLESTON WV 25302**

**HEALTH AND HUMAN RESOURCES  
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03/01/2012						
BID OPENING DATE: 04/10/2012		BID OPENING TIME 01:30PM				
LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>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>EXHIBIT 4</p> <p>LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL AND OTHER LOCAL GOVERNMENT BODIES, THE BID SHALL EXTEND TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO ALL POLITICAL SUBDIVISIONS OF THE STATE, THE VENDOR MUST CLEARLY INDICATE SUCH REFUSAL IN HIS BID. SUCH REFUSAL SHALL NOT PREJUDICE THE AWARD OF THIS CONTRACT IN ANY MANNER.</p> <p>REV. 3/88</p>						
SEE REVERSE SIDE FOR TERMS AND CONDITIONS						
SIGNATURE <i>Julia A. Barker</i>			TELEPHONE 304-344-8378		DATE April 9, 2012	
TITLE VP of Operations		FEN 27-1631236		ADDRESS CHANGES TO BE NOTED ABOVE		

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# **Drug Testing Centers AMERICA**

~~Full-Service-Occupational-Health~~  
www.drugtestingcenters.com

100 Lee Street West \* Charleston, WV 25302

Phone: 304-344-8378, Fax: 304-344-0069

## **QUOTATION FOR DRUG & ALCOHOL TESTING**

### **PROVIDED FOR:**

**WEST VIRGINIA DEPARTMENT OF HEALTH AND  
HUMAN RESOURCES (DHHR),  
BUREAU FOR BEHAVIORAL HEALTH & HEALTH  
FACILITIES (BHBF), AND  
THE SEVEN STATE OWNED AND OPERATED  
HOSPITALS NAMED IN THE RFQ.**

**BUYER: Connie Hill**  
**RFQ. No. : BHS12112**  
**BID OPENING DATE: April 10, 2012**  
**BID OPENING TIME: 1:30 PM**  
**LOCATION: Purchasing Division, Building # 15**  
**2019 Washington Street, East**  
**Charleston, WV 25305**

**DRUG TESTING CENTERS OF AMERICA-CHARLESTON  
100 LEE STREET WEST  
CHARLESTON, WV 25302  
PHONE: 304-344-8378, FAX: 304-344-0069**

**RE: BHS12112**

**If awarded the contract associated with RFQ BHS12112 Drug Testing Centers of America agrees to comply with all specifications of said RFQ.**

**Record Retention and Confidentiality:**

Drug Testing Centers of America shall maintain records pertaining to the contract for five (5) years following the end of the contract period. Should there be any litigation or issues related to the contract we shall also maintain the records for five (5) years following the termination of any litigation that has not terminated within the above five (5) year period.

**Invoices and Payments:**

Drug Testing Centers of America shall submit monthly invoices, in arrears, to the BBHFF for all services provided pursuant to the terms of the contract. Each invoice will contain employee name, identifying number, date of service, type of service, and cost of each test conducted.



**DRUG TESTING CENTERS OF AMERICA-CHARLESTON  
100 LEE STREET WEST  
CHARLESTON, WV 25302  
PHONE: 304-344-8378, FAX: 304-344-0069**

**Procurement Specifications**

**Required Experience/Qualifications:**

Drug Testing Centers of America is a qualified drug and alcohol testing company that has demonstrated its' expertise and experience in drug and alcohol testing for the required five (5) years and is an active member of Drug and Alcohol Testing Industry Association (DATIA). Drug Testing Centers of America follows all DOT collection protocols as mandated in 49 CFR Part 40.

There have no successful claims against our professional liability insurance within the last two (2) years.

Professional references:

United Dairy  
Doug Longenette  
300 North 5<sup>th</sup> Street  
Martins Ferry, OH 43935  
740-633-1451 Ext. 2250

Arch Coal- Eastern  
Pam Tucker  
P.O. Box 1019  
Cowan, WV 26202  
304-226-2110

City of Charleston  
Karen Thaxton  
501 Virginia St. East  
Charleston, WV 25330  
304-348-8015

Essar Minerals  
Danny Adkins  
4978 Teays Valley Rd.  
Scott Depot, WV 25560  
304-204-1455

**DRUG TESTING CENTERS OF AMERICA-CHARLESTON  
100 LEE STREET WEST  
CHARLESTON, WV 25302  
PHONE: 304-344-8378, FAX: 304-344-0069**

**Mandatory Requirements:**

1. Drug Testing Centers of America will provide all forms, collections kits and miscellaneous supplies necessary for the collection, transportation, and analyses of specimens.
2. Drug Testing Centers of America will also ensure that the collection of specimens meets the requirements in 49 CFR Part 40. We may use a mobile collection vehicle, off-site or on-site collection facilities and agree that all conditions required by Part 40 will be met.
3. Drug Testing Centers of America will provide scheduled service Monday through Friday, between 7:00 a.m. and 5:00 p.m. We shall also provide 24-hour service for reasonable suspicion testing on an as-needed basis and will supply an emergency telephone number for each collection facility to provide specimen collection services after regular office hours.
4. We will ensure that all collection site personnel are trained in compliance with 49 CFR Part 40. All specimens will be processed and shipped, in accordance with applicable Federal regulations to the appropriate testing laboratory, utilizing the split sample method.
5. We shall utilize Medtox Laboratories as the DHHS/SAMHSA (Department of Health and Human Services) approved laboratory. Medtox Laboratories shall perform chemical analyses of urine specimens to include the following ten drug classifications:
  - A. Amphetamines
  - B. Cannabinoids (THC)
  - C. Cocaine
  - D. Opiates
  - E. Phencyclidines (PCP)
  - F. Barbiturates
  - G. Benzodiazepines
  - H. Methadone
  - I. Propoxyphene
  - J. Methaqualone

**DRUG TESTING CENTERS OF AMERICA-CHARLESTON  
100 LEE STREET WEST  
CHARLESTON, WV 25302  
PHONE: 304-344-8378, FAX: 304-344-0069**

6. Drug Testing Centers of America shall utilize a Certified Medical Review Officer (MRO). Dr. Daniel Drew of Nationwide Medical Review is certified in accordance with 49 CFR Part 40.
7. We will provide confirmed test results to the facility administrator or designee, via confidential means, immediately upon confirmation by the MRO, but not later than 72 hours after receipt of the specimen by the laboratory. All laboratory records will be maintained as mandated by 49 CFR Part 40, and will be supplied to the BBHMF upon written request.
8. The account manager, Julia Barker, will be available to the facilities during normal business hours, (Monday through Friday, between 7:00 AM and 5:00 PM) to answer questions and resolve problems. Emergency contact numbers for the account manager will be supplied in addition to the office number of 304-344-8378.
9. A written recapitulation of the testing program activity will be supplied to each facility on a monthly basis as well as a comprehensive listing to the BBHMF Human Resources Director.
10. Drug Testing Centers of America shall, upon request, prepare a litigation package and/or provide expert witness testimony regarding the accuracy of specific employee test results should the results and subsequent actions be challenged by the employee.
11. Drug Testing Centers of America, as an independent contractor, shall be solely liable for the omissions of its employees and agents. As required, we shall maintain liability insurance for loss, damage, or injury of parties arising from acts and omissions on the part of Drug Testing Centers of America, and its' employees.

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
 BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES  
 350 CAPITOL STREET, ROOM 350  
 CHARLESTON, WEST VIRGINIA 25301-3702  
 BHS12112**

**Bid Schedule**

Any anticipated travel must be incorporated into the vendor's fee. No travel will be reimbursed by the State and is the sole responsibility of the vendor.

Vendor must include the cost of a certified Medical Review Officer (MRO) in their per test cost.

The vendor's quotation must include bids for the following information as outlined:

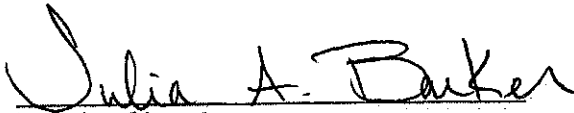
	Usage	Cost	Extension
1. Drug Screening	765 tests	<u>73.00</u>	<u>\$55,845</u>
	After Hours 35 tests	<u>80.00</u>	<u>\$ 2,800</u>
2. Alcohol Testing	765 tests	<u>30.00</u>	<u>\$22,950</u>
	After Hours 35 tests	<u>32.00</u>	<u>\$ 1,120</u>
3. Expert Witness Testimony	5 hrs.	<u>175.00</u>	<u>\$ 875</u>
4. Collector Testimony	5 hrs.	<u>80.00</u>	<u>\$ 400</u>
5. Deposition	5 hrs.	<u>175.00</u>	<u>\$ 875</u>
Total			<u>\$84,865</u>

If applicable, sign and submit the attached Resident Vendor Preference Certificate with the Quotation.

The State does reserve the right to accept or reject any or all of the Quotations, in whole or in part, without prejudice if to do so is felt to be in the best interest of the State. Vendor's failure to provide complete and accurate information may be considered grounds for disqualification. The State reserves the right if necessary to ask vendors for additional information to clarify their Quotations. Nothing may be added to alter the written solution or method contained in the original Quotation after the bid opening.

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES  
350 CAPITOL STREET, ROOM 350  
CHARLESTON, WEST VIRGINIA 25301-3702  
BHS12112

Drug Testing Centers of America- Charleston  
Vendor Name

  
Vendor Signature

304-344-8378  
Vendor Phone number

304-344-0069  
Vendor Fax number

julia.barker@drugtestingcenters.com  
Vendor Email address

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

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

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

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

Bidder: Drug Testing Centers of America-Charleston Signed: Julia A. Baker
Date: April 9, 2012 Title: VP of Operations

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

STATE OF WEST VIRGINIA  
Purchasing Division

**PURCHASING AFFIDAVIT**

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

**DEFINITIONS:**

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

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

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

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

**WITNESS THE FOLLOWING SIGNATURE**

Vendor's Name: Drug Testing Centers of America- Charleston

Authorized Signature: Julia Barker Date: April 9, 2012

State of West Virginia

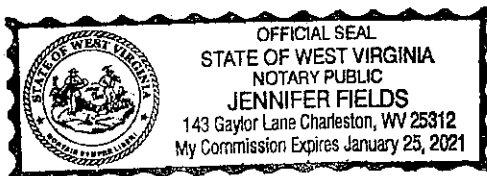
County of Kanawha, to-wit:

Taken, subscribed, and sworn to before me this 10 day of April, 2012.

My Commission expires January 25, 2011.

AFFIX SEAL HERE

NOTARY PUBLIC Jennifer Fields





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/08/12

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

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

<b>PRODUCER</b> J Ryan Insurance Group, Inc 508 16th Street Ashland, KY 41101 Phone (606) 325-0607 Fax (606) 325-0670		<b>CONTACT NAME:</b> Mark Hanni <b>PHONE (A/C, No, Ext):</b> (606) 325-0607 <b>FAX (A/C, No):</b> (606) 325-0670 <b>E-MAIL ADDRESS:</b> mark@jryangroup.com	
<b>INSURED</b> Drug Testing Centers of America, Inc. 100 Lee Street Charleston, WV 25302		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> CNA Insurance Company	
		<b>INSURER B:</b> The Hartford	
		<b>INSURER C:</b> Evanston Insurance Company	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			B4031025802	09/25/2011	09/25/2012	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>			B4031025802	09/25/2011	09/25/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yep, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A		20 WEC IO 6029	02/08/2012	02/08/2013
C	Professional Liability			SM-882208	09/25/2011	09/25/2012	\$1,000,000.00/\$3,000,000.00

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

**CERTIFICATE HOLDER****CANCELLATION**

State of West Virginia PO Box 20530 Charleston, West Virginia 25305	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Mark Hanni



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

**LABORATORY NAME AND ADDRESS**

**MEDTOX LABORATORIES  
402 W COUNTY RD D  
SAINT PAUL, MN 55112-3522**

**CLIA ID NUMBER**

**24D0665278**

**EFFECTIVE DATE**

**08/03/2011**

**EXPIRATION DATE**

**08/02/2013**

**LABORATORY DIRECTOR**

**DR MARK CATLIN**

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

178 cms2\_070911

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

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
BACTERIOLOGY (110)	06/13/2008	HISTOPATHOLOGY (610)	06/13/2008
MYCOLOGY (120)	06/13/2008	ORAL PATHOLOGY (620)	06/13/2008
PARASITOLOGY (130)	06/13/2008	CYTOLOGY (630)	06/13/2008
VIROLOGY (140)	06/13/2008	CYTOGENETICS (900)	06/13/2008
SYPHILIS SEROLOGY (210)	08/03/1999		
GENERAL IMMUNOLOGY (220)	10/13/2000		
ROUTINE CHEMISTRY (310)	08/03/1999		
URINALYSIS (320)	08/03/1999		
ENDOCRINOLOGY (330)	06/03/1999		
TOXICOLOGY (340)	04/03/2003		
HEMATOLOGY (400)	08/03/1999		
ABO & RH GROUP (510)	08/23/2010		
ANTIBODY NON-TRANSFUSION (530)	08/23/2010		

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



## Medical Review Officer Certification Council

836 Arlington Heights Road, #327, Elk Grove Village, IL 60007\*847-631-0599\*FAX 847-483-1262\*mrocc@mrocc.org

Date: April 4, 2011

Verification of Certification for: Daniel C. Drew, M.D.

Certification Number: 11-09085

Expiration Date: 4/1/2016

This notice serves as verification that the above referenced physician is a certified Medical Review Officer (MRO) through the Medical Review Officer Certification Council (MROCC). MROCC Certification is valid for a five-year period.

MROCC certifies, through an eligibility process and written examination, licensed physicians who have had appropriate training and experience in performing the essential duties of the MRO. Certification is intended to ensure the public of quality services and the maintenance of ethical conduct by qualified physicians involved in drug and alcohol testing review.

MROCC's certification examination is based upon the federal requirements developed by the Department of Health and Human Services for federal drug testing programs, and fulfills the requirement for certification of Medical Review Officers as established by the Department of Transportation in its Procedures for Transportation Workplace Drug and Alcohol Testing Programs 49 CFR Part 40 of the Federal Register.

The referenced physician is listed in the MROCC registry of Certified MROs located on the MROCC website on the Internet. A listing of all currently-certified MROs may be viewed and their verification letters printed from the web site.

Brian Compney  
Executive Director

Elizabeth E. Gresch, M.D.  
Chairman of the Board

**MROCC**

<http://www.mrocc.org>

# Drug & Alcohol Testing Industry Association

## Certificate of Membership

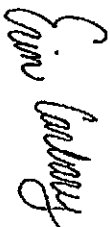
**Drug Testing Centers of America**  
Charleston, WV

is

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

Membership Expires:

Member # 63685



Erin Carbarry  
Membership Director  
DATIA, Washington, DC



# **Drug Testing Centers**



# **AMERICA**

**Full-Service-Occupational-Health**

[www.drugtestingcenters.com](http://www.drugtestingcenters.com)

## **\* DTCA - Paintsville**

245 Main St. • Paintsville, KY 41240

606-788-8378 • 866-788-9191 • 606-788-0259

## **\* DTCA - Charleston**

100 Lee St. West • Charleston, WV 25302

304-344-8378 • 888-838-3787 • 304-344-0069

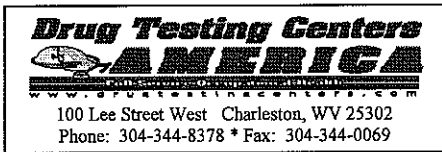
## **\* DTCA - Pennsdale**

21 Kristi Rd. • Pennsdale, PA 17756

570-935-0342 • 570-935-0328

Full Service Occupational Health Clinics  
offering services such as:

- ❖ Drug & Alcohol Testing
  - DOT and Non-DOT
  - Random Programs
  - Alternative Testing
  - Reasonable Suspicion Training
- ❖ Occupational Medicine
  - Physical Exams
  - Pulmonary Function
  - Functional Capacity
  - Respiratory Fit
  - Chest X-ray
  - Hearing Conservation
  - Vision
- ❖ DNA Testing
- ❖ Blood Work
- ❖ Vaccination Clinics
- ❖ Background Checks



## ACCOUNT SET-UP FORM

Company Name: \_\_\_\_\_ Federal Tax Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

NON DOT Employees    NON DOT RANDOMS:  MONTHLY     QUARTERLY     DOT Employees

	1 <sup>st</sup> CONTACT	2 <sup>nd</sup> CONTACT	BILLING CONTACT
NAME			
PHONE NUMBER			
FAX NUMBER			
EMAIL ADDRESS			
MAILING ADDRESS			
CITY / STATE / ZIP			

CIRCLE which DOT agencies apply: FMCSA, FAA, FRA, FTA, PHMSA, USCG

If applicable, specify additional testing authority. HHS, NRC

**\*\* For RESULTS / RANDOM NOTIFICATION choose all that apply:**

Send **Drug Screen** Results to: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State / Zip: \_\_\_\_\_

RESULT NOTIFICATION	
<input type="checkbox"/> PHONE	
<input type="checkbox"/> FAX	SECURE <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> EMAIL	
<input type="checkbox"/> MAIL	

Send **Breath Alcohol** Results to: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State / Zip: \_\_\_\_\_

<input type="checkbox"/> PHONE	
<input type="checkbox"/> FAX	SECURE <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> EMAIL	
<input type="checkbox"/> MAIL	

Send **Physical Exam** Results to: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State / Zip: \_\_\_\_\_

<input type="checkbox"/> PHONE	
<input type="checkbox"/> FAX	SECURE <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> EMAIL	
<input type="checkbox"/> MAIL	

Additional Instructions: \_\_\_\_\_

PREFERRED LOCATION FOR TESTING	
<input type="checkbox"/> CLINIC	<input type="checkbox"/> ONSITE

RANDOM NOTIFICATION	
<input type="checkbox"/> PHONE	
<input type="checkbox"/> FAX	SECURE <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> EMAIL	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Date