



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
CME90092

PAGE
2

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

VENDOR

*A01164640 317-243-3894
 AIT LABORATORIES
 2265 EXECUTIVE DR
 INDIANAPOLIS IN 46241

SHIP TO

HEALTH AND HUMAN RESOURCES
 BUREAU FOR PUBLIC HEALTH
 OFFICE CHIEF MEDICAL EXAMINER
 619 VIRGINIA STREET, WEST
 CHARLESTON, WV
 25302 304-558-4865

DATE PRINTED	TERMS OF SALE	SHIP VIA	P.O.B.	FREIGHT TERMS
12/18/2008				

BID OPENING DATE: 01/22/2009 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>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 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</p>						

RECEIVED
 2009 JAN 22 A 10:24
 PURCHASING DIVISION
 STATE OF WV

SIGNATURE		TELEPHONE		DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE		

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

**GENERAL TERMS & CONDITIONS
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3. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
5. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, this Contract may be deemed null and void, and terminated without further order.
14. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
15. **WEST VIRGINIA ALCOHOL & DRUG-FREE WORKPLACE ACT:** If this Contract constitutes a public improvement construction contract as set forth in Article 1D, Chapter 21 of the West Virginia Code ("The West Virginia Alcohol and Drug-Free Workplace Act"), then the following language shall hereby become part of this Contract: "The contractor and its subcontractors shall implement and maintain a written drug-free workplace policy in compliance with the West Virginia Alcohol and Drug-Free Workplace Act, as set forth in Article 1D, Chapter 21 of the West Virginia Code. The contractor and its subcontractors shall provide a sworn statement in writing, under the penalties of perjury, that they maintain a valid drug-free work place policy in compliance with the West Virginia and Drug-Free Workplace Act. It is understood and agreed that this Contract shall be cancelled by the awarding authority if the Contractor: 1) Fails to implement its drug-free workplace policy; 2) Fails to provide information regarding implementation of the contractor's drug-free workplace policy at the request of the public authority; or 3) Provides to the public authority false information regarding the contractor's drug-free workplace policy."

INSTRUCTIONS TO BIDDERS

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2. **SPECIFICATIONS:** Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as EQUAL to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Complete all sections of the quotation form.
4. Unit prices shall prevail in case of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
6. **BID SUBMISSION:** All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130



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DATE PRINTED 12/18/2008	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
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BID OPENING DATE: 01/22/2009 BID OPENING TIME: 01:30PM

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<p>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, THIS CONTRACT IS AUTOMATICALLY NULL AND VOID, AND IS TERMINATED 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. 04/11/2001</p> <p>INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 1/6/2009. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO:</p> <p>ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311</p> <p>FAX: 304-558-4115 E-MAIL: ROBERTA.A.WAGNER@WV.GOV</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS		
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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						
EXHIBIT 6						
PRICE ADJUSTMENT PROVISION: THE STATE OF WEST VIRGINIA WILL CONSIDER BIDS THAT CONTAIN PROVISIONS FOR PRICE ADJUSTMENTS PRIOR TO THE ORIGINAL EXPIRATION OF THE CONTRACT, PROVIDED THAT SUCH PRICE ADJUSTMENT COVERS BOTH UPWARD AND DOWNWARD MOVEMENT OF THE COMMODITY PRICE, AND THAT ADJUSTMENT IS BASED ON THE "PASS THROUGH" INCREASE OR DECREASE OF RAW MATERIALS AND/OR LABOR, WHICH MAKE UP ALL OR A SUBSTANTIAL PART OF A PRODUCT. ADJUSTMENTS ARE TO BE BASED UPON AN ACTUAL DOLLAR FIGURE, NOT A PERCENTAGE. ALL PRICE ADJUSTMENT REQUESTS MUST BE SUBSTANTIATED IN A MANNER ACCEPTABLE TO THE DIRECTOR PURCHASING, E.G. GOVERNMENTAL BENCH MARKS, GENERAL MARKET INCREASE, PUBLISHED PRICE LISTS. SUCH REQUESTS FOR AND INCREASE SHOULD BE RECEIVED IN WRITING BY THE DIRECTOR OF						
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<p>PURCHASING AT LEAST 30 DAYS IN ADVANCE OF THE EFFECTIVE DATE OF THE INCREASE. ANY TIME THE VENDOR REQUESTS A PRICE ADJUSTMENT, THE PURCHASING DIVISION MAY EITHER ACCEPT THE PRICE ADJUSTMENT AND AMEND THE CONTRACT ACCORDINGLY OR REJECT THE ADJUSTMENT IN ITS ENTIRETY AND CANCEL THE CONTRACT.</p> <p>PREFERRED TERMS: IT IS PREFERRED THAT THE PRICES ON THIS CONTRACT ARE FIRM FOR LIFE OF THE CONTRACT, AS INDICATED IN THE LIFE OF CONTRACT CLAUSE CONTAINED HEREIN, NOT TO EXCEED ONE (1) YEAR.</p> <p>IF THE VENDOR CANNOT GUARANTEE A FIRM PRICE FOR THE LIFE OF CONTRACT, HE MUST INDICATE ONE OF THE PARAGRAPHS LISTED BELOW. FAILURE TO QUALIFY THE PREFERRED TERMS WILL BIND THE VENDOR TO A FIRM PRICE FOR THE LIFE OF THE CONTRACT.</p> <p>ALTERNATE TERMS: () THE PRICES ON THIS CONTRACT WILL REMAIN FIRM FOR DAYS AFTER THE EFFECTIVE DATE OF THE CONTRACT. PRICES WILL REMAIN FIRM AFTER EACH PRICE ADJUSTMENT FOR A MINIMUM OF DAYS. () THE VENDOR DOES NOT AGREE TO MAINTAIN A FIRM PRICE FOR THE LENGTH OF THE CONTRACT BUT OFFERS AN ALTERNATE PROPOSAL AS FOLLOWS: </p> <p>THE MODEL/BRAND/SPECIFICATIONS NAMED HEREIN ESTABLISH</p>						

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<p>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 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.</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 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>						

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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:
 CME90092

PAGE:
 7

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

V
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*A01164640 317-243-3894
 AIT LABORATORIES
 2265 EXECUTIVE DR
 INDIANAPOLIS IN 46241

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HEALTH AND HUMAN RESOURCES
 BUREAU FOR PUBLIC HEALTH
 OFFICE CHIEF MEDICAL EXAMINER
 619 VIRGINIA STREET, WEST
 CHARLESTON, WV
 25302 304-558-4865

DATE PRINTED 12/18/2008	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
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BID OPENING DATE: 01/22/2009 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
SEALED BID						
BUYER: -----RW/FILE 22-----						
RFQ. NO.: -----CME90092-----						
BID OPENING DATE: -----1/22/2009-----						
BID OPENING TIME: -----1:30 PM-----						
PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID: -----317-243-2789-----						
CONTACT PERSON (PLEASE PRINT CLEARLY): -----Eric white-----						
***** THIS IS THE END OF RFQ CME90092 ***** TOTAL: _____						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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

**GENERAL TERMS & CONDITIONS
REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)**

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
5. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, this Contract may be deemed null and void, and terminated without further order.
14. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
15. **WEST VIRGINIA ALCOHOL & DRUG-FREE WORKPLACE ACT:** If this Contract constitutes a public improvement construction contract as set forth in Article 1D, Chapter 21 of the West Virginia Code ("The West Virginia Alcohol and Drug-Free Workplace Act"), then the following language shall hereby become part of this Contract: "The contractor and its subcontractors shall implement and maintain a written drug-free workplace policy in compliance with the West Virginia Alcohol and Drug-Free Workplace Act, as set forth in Article 1D, Chapter 21 of the West Virginia Code. The contractor and its subcontractors shall provide a sworn statement in writing, under the penalties of perjury, that they maintain a valid drug-free work place policy in compliance with the West Virginia and Drug-Free Workplace Act. It is understood and agreed that this Contract shall be cancelled by the awarding authority if the Contractor: 1) Fails to implement its drug-free workplace policy; 2) Fails to provide information regarding implementation of the contractor's drug-free workplace policy at the request of the public authority; or 3) Provides to the public authority false information regarding the contractor's drug-free workplace policy."

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CME90092

The West Virginia Chief Medical Examiners' Office (CME) is seeking qualified vendors to perform postmortem toxicology testing services to assist with the determination of whether drugs/chemicals played a part in someone's death.

Services Requested

Analytical toxicology testing shall be provided as requested for a broad array of drugs, environmental, and industrial chemicals/poisons. Preferred methods include mass spectrometry analysis, i.e. Gas Chromatograph/Mass Spectrometry and Liquid Chromatograph/Mass Spectrometry (GC/MS and LC/MS).

- The lab must be capable of furnishing documentation in the form of a litigation package that indicates the accuracy and reliability of the method used for a specific test from which the results can be defended in court.
- The lab must be able to provide paper documentation of who had custody of the sample at a given time and that the sample was kept in a secured area, only if requested due to court proceedings. Not on every case, only if a litigation package is requested.
- In accordance with the Health Insurance Portability and Accountability Act (HIPAA), the lab must maintain the confidentiality of all information provided on the submission form, the toxicology report and all other written and verbal communication pertaining to cases submitted for testing
- The lab must provide proof they are accredited by at least one of the following:
 - American Board of Forensic Toxicology
 - American Society of Crime Lab Directors (ASCLD/LAB)
 - College of American Pathologists
- Results must be provided in the form of a toxicology report transmitted by fax and must be reported within 10 days.
- The lab must have personnel available for court testimony in support of their analysis, if needed.
- The lab must show documentation of more than 10 years of experience performing postmortem toxicological drug analysis.
- The lab must provide shipping supplies and must pay shipping charges to and/or from their facility.

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Examples of tests the OCME lab is unable to perform, and would send to an outside lab:

Drug/Chemical Analysis on Postmortem Samples—

1. Carbon Monoxide on decomposed tissues
 2. Marijuana in blood and tissues
 3. Drugs in hair or nails
 4. Solvents in blood—typically deaths involving “huffing” abuse of volatile compounds such as glue, paint, pressurized gases.
 5. Infrequently needed therapeutic drugs,
 - a. Certain heart medications—digoxin
 - b. Newer antidepressants and seizure medications—aripiprazole, ziprasidone, ramelteon.
-

Purchases

The vendor shall submit invoices, in arrears, to the Agency at the address on the face of the purchase order labeled “Invoice To” and the Agency will prepare a WV-39 for dollar amount of \$2500.00 or greater.

Independent Contractor Status:

In the performance of the work, duties and obligations under this Contract, it is mutually understood and agreed upon that the Contractor is at all times acting and performing as an independent contractor and no principal-agent or employer-employee relationship is contemplated by the parties to this Agreement. All applicable provisions of law and other rules and regulations of any and all governmental authorities relating to licensure and regulatory of the providers lab facility shall be fully complied with and is the responsibility of the vendor. The provisions of this Agreement shall not be interpreted to conflict with the intent of the parties that the legal status of the Contractor shall at all times be that of an independent contractor.

Renewal:

This contract may be renewed upon the mutual written consent of the spending unit and vendor, submitted to the Director of Purchasing thirty days (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 year periods.

Method of Award:

This shall be a progressive award contract and will be made according to each qualifying vendor’s bid response and lowest costs. Low bid will be designated as CME90092A, next lowest bid will be CME90092B, and so on. Agency will contact vendor “A” first to provide their needs. If vendor “A” cannot provide services, agency will go to vendor “B” and so on.

RFQ COST SHEET

BIDDERS: BIDDERS SHALL PROVIDE A COST FOR THE FOLLOWING:

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
1	6-Acetylmorphine @5	5011R6X5	1	241.00	241.00
2	6-Monoacetylmorphine	5011R6	1	241.00	241.00
3	6-Monoacetylmorphine	6011C10RX	1	52.00	52.00
4	ABBREVIATED DRUG PANEL	70515ST	1	125.00	125.00
5	Acetaminophen	10001	1	55.00	55.00
6	Acetaminophen	40600	1	55.00	55.00
7	Acetazolamide	43000	1	78.00	78.00
8	Acetone	45500	1	55.00	55.00
9	ACETONE QN2 *	ACTN-F	1	-	-
10	ACYLGLYCINES, QUANT URINE	30120	1	390.40	390.40
11	AFFIDAVIT - EXTENDED	5010	1	5.00	5.00
12	AFFIDAVIT - SHORT	5000	1	3.00	3.00
13	AIT CUPS - 11 PANEL, 25 C	AC11C25	1	350.00	350.00
14	AIT CUPS - 11 PANEL, 50 C	AC11C50	1	700.00	700.00
15	AIT CUPS: 11-PANEL, 100 C	AC11C100	1	1,400.00	1,400.00
16	Albumin	30000	1	25.31	25.31
17	Albuterol	44000	1	210.00	210.00
18	ALCOHOL PANEL	45650	1	55.00	55.00
19	Alcohol Panel	45620	1	55.00	55.00
20	Alfentanil	40580	1	168.33	168.33
21	Allopurinol	43500	1	74.00	74.00
22	Alprazolam	44500	1	100.00	100.00
23	Alprazolam/Metabolite	10030	1	50.00	50.00
24	Amakacin	44010	1	57.42	57.42
25	Amikacin (Peak)	44200	1	43.00	43.00
26	Amikacin (Trough)	44210	1	43.00	43.00
27	Aminocaproic Acid	44020	1	141.67	141.67
28	Amiodarone	43010	1	105.95	105.95
29	AMIODIPINE	40880	1	157.00	157.00
30	Amitriptyline & Metabolit	41500	1	55.00	55.00
31	Amitriptyline/Nortriptyl	10050	1	55.00	55.00
32	Ammonia, Vitreous	30100	1	79.00	79.00

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
33	Amobarbital	44510	1	160.00	160.00
34	AMOBARBITAL CONFIRMATION	4907RXA	1	125.00	125.00
35	Amoxapine	41510	1	191.00	191.00
36	AMPHETAMINE CONFIRMATION	45075	1	128.00	128.00
37	Amphetamine Confirmation	10085	1	127.00	127.00
38	Amphetamine Confirmation	10081	1	117.00	117.00
39	Amphetamine Panel IV, Qua	10086	1	175.00	175.00
40	Amphetamine Panel IV, Qua	10076	1	210.00	210.00
41	Amphetamine Panel V, Qual	10087	1	185.00	185.00
42	Amphetamine Panel V, Quan	10077	1	220.00	220.00
43	Amphetamines	10072	1	128.00	128.00
44	Amphetamines	4915RX	1	165.00	165.00
45	Amphetamines	6015RX	1	52.00	52.00
46	Amphetamines - Quant Conf	AMP-QUANT-P	1	-	-
47	Amphetamines Confirmation	5001RX	1	58.33	58.33
48	Amphetamines Confirmation	5006RX	1	58.33	58.33
49	Amphetamines Confirmation	5006RXQ150	1	58.33	58.33
50	Amphetamines Confirmation	5006RX250	1	58.33	58.33
51	Amphetamines Confirmation	5001RXQ	1	58.33	58.33
52	Amphetamines Confirmation	5006RXQ	1	58.33	58.33
53	Amphetamines Panel	45110	1	165.00	165.00
54	Amphetamines Panel II	45120	1	175.00	175.00
55	Amphetamines Panel II, Ur	10074	1	58.33	58.33
56	Amphetamines Panel III	45130	1	250.00	250.00
57	Amphetamines Panel, Urine	10073	1	50.00	50.00
58	Amphetamines Panel, Urine	10088	1	150.00	150.00
59	AMYLASE	34290	1	35.00	35.00
60	AMYLASE, URINE	18464	1	70.05	70.05
61	ANA Titer & Pattern	34287	1	-	-
62	Anabolic Steroids	44030	1	325.00	325.00
63	Antidepressants, Urine Co	11005	1	150.00	150.00
64	Antidepressants, Urine Qu	11008	1	150.00	150.00
65	Antinuclear Antibodies W/	34285	1	30.00	30.00
66	Aripiprazole	42400	1	147.00	147.00
67	Arsenic, Blood	47000	1	93.00	93.00
68	ARSENIC, FLUID	47005	1	255.00	255.00

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
69	Arsenic, Hair	47020	1	307.00	307.00
70	Arsenic, Nails	47030	1	307.00	307.00
71	ARSENIC_TISSUE	47010	1	307.00	307.00
72	Arsenic, Urine	12350	1	95.00	95.00
73	ASSAY OF BENZODIAZEPINES	80154	1	-	-
74	ASSAY OF BLOOD AMPHETAMIN	82145B	1	-	-
75	ASSAY OF METHADONE	83840	1	-	-
76	ASSAY OF OPIATES	83925	1	-	-
77	ASSAY OF OPIATES - BLOOD	83925B	1	-	-
78	Assay of Salicylate	80196QW	1	39.00	39.00
79	Assay of Urine Creatinine	82570	1	-	-
80	Atenolol	43020	1	124.00	124.00
81	Atomoxetine	45140	1	179.00	179.00
82	Atropine	43030	1	375.00	375.00
83	Autopsy Panel, Urine	70060	1	87.00	87.00
84	Autopsy Panel, Volatiles	70570	1	55.00	55.00
85	Azathioprine	43740	1	135.00	135.00
86	Baclofen	40000	1	199.36	199.36
87	Barbiturate Confirmation,	61000	1	166.00	166.00
88	Barbiturate Panel	44520	1	125.00	125.00
89	BARBITURATES	82205	1	-	-
90	Barbiturates Confirmation	5007RX	1	50.00	50.00
91	Barbiturates Confirmation	5007RXQ150	1	50.00	50.00
92	Barbiturates Confirmation	5007RX200	1	50.00	50.00
93	Barbiturates Confirmation	5007RXQ	1	50.00	50.00
94	Barbiturates, Urine Confi	11154	1	90.00	90.00
95	Barbiturates, Urine Quant	11153	1	50.00	50.00
96	Basic Metabolic Panel	34250	1	-	-
97	BELLADONNA ALKALOIDS PANE	42050	1	154.00	154.00
98	Benzalkonium Chloride Sol	22000	1	300.00	300.00
99	Benzalkonium Chloride Sol	22020	1	300.00	300.00
100	Benzalkonium Chloride w/	22030	1	400.00	400.00
101	BENZODIAZEPINE 7-DRUG CON	10225	1	50.00	50.00
102	Benzodiazepine Confirmati	5008RXNC	1	166.67	166.67
103	Benzodiazepine Confirmati	11205	1	166.67	166.67
104	Benzodiazepine Confirmati	5008RXC	1	166.67	166.67

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
105	Benzodiazepine Panel	44530	1	200.00	200.00
106	Benzodiazepine Panel, Uri	10203	1	58.33	58.33
107	Benzodiazepines Confirmat	5008RX	1	58.33	58.33
108	Benzodiazepines Confirmat	5008RX100	1	58.33	58.33
109	Benzodiazepines Confirmat	5008RXQ	1	58.33	58.33
110	Benzodiazepines Confirmat	5008RXQ150	1	67.66	67.66
111	Benzodiazepines Confirmat	5008RXQ75	1	50.00	50.00
112	Benzodiazepines, Urine	11204	1	151.00	151.00
113	Benzoylcegonine Confirmat	5003RX	1	50.00	50.00
114	Benzoylcegonine Confirmat	5003RX50	1	50.00	50.00
115	Benzoylcegonine Confirmat	5003RX100	1	50.00	50.00
116	Benzoylcegonine Confirmat	5003RXQ	1	50.00	50.00
117	Benzoylcegonine Confirmat	5003RXQ60	1	50.00	50.00
118	Benzotropine	44040	1	71.35	71.35
119	BETA BLOCKERS PANEL, URIN	10950	1	131.00	131.00
120	BILLABLE CONFIRMATION ALE	NEGCONF	1	-	-
121	Blood Barbiturate Confirm	4907RX	1	125.00	125.00
122	Blood Benzodiazepine Conf	4908RX	1	116.00	116.00
123	BLOOD PANEL: 2 DRUG	SCR62	1	48.00	48.00
124	Breath Scan .02:100	02BAT100	1	290.00	290.00
125	Breath Scan .02:200	02BAT200	1	500.00	500.00
126	Breath Scan .02:25	02BAT25	1	72.50	72.50
127	Breath Scan .02:50	02BAT50	1	145.00	145.00
128	Breath Scan .02:500	02BAT500	1	-	-
129	Bromide	44230	1	185.00	185.00
130	Brompheniramine	42200	1	136.00	136.00
131	Bupivacaine	40800	1	66.67	66.67
132	Buprenorphine & Metabolit	40810	1	208.00	208.00
133	BUPRENORPHINE CONFIRMATIO	5045RX	1	-	-
134	BUPRENORPHINE, URINE	11560	1	80.00	80.00
135	Bupropion	41520	1	66.67	66.67
136	Bupropion, Urine	10125	1	66.67	66.67
137	Buspiron	42800	1	109.50	109.50
138	Butabarbital	44540	1	66.67	66.67
139	Butalbital	44550	1	66.67	66.67
140	BUTALBITAL CONFIRMATION	4907FXB	1	125.00	125.00

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141	Butane & Isobutane	45510	1	144.00	144.00
142	Butophenol	40620	1	177.00	177.00
143	CA 125	34580	1	-	-
144	CADMIUM BIOUPTAKE	48205	1	225.00	225.00
145	CADMIUM, BLOOD	48330	1	58.00	58.00
146	CADMIUM, TISSUE	48290	1	278.00	278.00
147	Caffeine	45010	1	41.07	41.07
148	CAFFEINE AND METABOLITE	45015	1	80.00	80.00
149	Caffeine, Urine	10150	1	41.07	41.07
150	Calcium, Vitreous	32900	1	86.00	86.00
151	Cannabinoid Confirmation	5002RXR5	1	50.00	50.00
152	Cannabinoid Confirmation	5002RX2	1	-	-
153	Cannabinoid Confirmation	5002RXR	1	50.00	50.00
154	Cannabinoid Confirmation,	5002RXQ	1	50.00	50.00
155	Cannabinoids	44050	25	145.00	3625.00
156	Cannabinoids	4902RX	1	145.00	145.00
157	Cannabinoids	6002RX	1	52.00	52.00
158	Cannabinoids Confirmation	5002RX	1	50.00	50.00
159	Cannabinoids Confirmation	5002RX10	1	50.00	50.00
160	Cannabinoids Confirmation	5002RX5	1	50.00	50.00
161	Cannabinoids Confirmation	5002RX6	1	50.00	50.00
162	Cannabinoids Confirmation	5002RXQ5	1	50.00	50.00
163	Cannabinoids, Urine Confi	10162	1	50.00	50.00
164	Cannabinoids, Urine Confi	10163	1	50.00	50.00
165	Cannabinoids, Urine Confi	10164	1	64.00	64.00
166	Cannabinoids, Urine Confi	10166	1	64.00	64.00
167	Cannabinoids, Urine Confi	10161	1	50.00	50.00
168	Cannabinoids, Urine Quant	10160	1	81.00	81.00
169	Cannabinoids, Urine Refes	10165	1	108.33	108.33
170	CAP 10 Panel w/ SVT	CAP10	1	50.00	50.00
171	Carbamazepine & Metabolit	41030	1	58.33	58.33
172	Carbamazepine, Free & Tot	41010	1	75.00	75.00
173	Carbamazepine, Total	41000	1	25.00	25.00
174	CARBARYL	44925	1	125.00	125.00
175	Carbon Dioxide	30300	1	63.00	63.00
176	Carbon Monoxide	44060	15	55.00	825.00

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
177	CARBON MONOXIDE - REANALY	CO_RPT	1	-	-
178	Carbon Monoxide, Conway D	44070	1	75.00	75.00
179	CARBON MONOXIDE-IRON RATIO	46600	1	337.00	337.00
180	Carisoprodo	40010	1	80.00	80.00
181	Carisoprodo, Urine Confi	5022RX	1	-	-
182	Carisoprodo/Metabolite	5043RX	1	67.00	67.00
183	Carisoprodo	10180	1	80.00	80.00
184	Catecholamines, Random Ur	33820	1	112.40	112.40
185	CBC (includes DIFF/PLT)	33900	1	40.00	40.00
186	CBC W/DIFFERENTIAL - FLUI	33930	1	66.20	66.20
187	Celecoxib	40200	1	129.00	129.00
188	Cetirizine	42210	1	212.00	212.00
189	CHLAMYDIA TRACHOMATIS RNA	34040	1	-	-
190	CHLAMYDIA/N. GONORRHOEAE	34035	1	110.00	110.00
191	CHLORAL HYDRATE	44710	1	108.19	108.19
192	Chlordiazepoxide & Metabo	44560	1	91.67	91.67
193	Chlordiazepoxide & Metabo	10220	1	91.67	91.67
194	Chlordiazepoxide Confirma	4908LX	1	-	-
195	Chlorpheniramine	42220	1	146.67	146.67
196	Chlorpromazine	42410	1	85.71	85.71
197	Chlorpropamide	43510	1	136.00	136.00
198	Chlorzoxazone	40020	1	194.00	194.00
199	CHOLESTEROL, TOTAL	34235	1	-	-
200	CHORIONIC GONADOTROPIN (H	34335	1	45.00	45.00
201	Chromates	50931	1	-	-
202	Cimetidine	42230	1	87.00	87.00
203	CIPROFLOXACIN	40230	1	131.50	131.50
204	Citalopram	41530	1	175.00	175.00
205	CITALOPRAM & METABOLITE	41535	1	107.00	107.00
206	CLIA WAIVED 6 PANEL 100 C	CW6P100	1	1,000.00	1,000.00
207	CLIA WAIVED 6 PANEL 200 C	CW6P200	1	2,000.00	2,000.00
208	CLIA WAIVED 6 PANEL 25 CU	CW6P25	1	250.00	250.00
209	CLIA WAIVED 6 PANEL 50 CU	CW6P50	1	500.00	500.00
210	CLIA WAIVED 6 PANEL 500 C	CW6P500	1	5,000.00	5,000.00
211	CLINDAMYCIN	44290	1	159.00	159.00
212	Clomipramine	41540	1	55.00	55.00

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
213	Clonazepam	10270	1	55.00	55.00
214	Clonazepam	41040	1	55.00	55.00
215	CLONIDINE	43350	1	45.00	45.00
216	Clonidine	43040	1	70.00	70.00
217	Clorazepate (as Nordiazep	44610	1	144.00	144.00
218	Clorzapine & Metabolite	42420	1	55.00	55.00
219	Cocaine	45020	1	155.00	155.00
220	Cocaine Confirmation, Bio	4903RX	1	155.00	155.00
221	Cocaine Metabolite, Quali	10291	1	86.00	86.00
222	Cocaine Metabolite, Urine	10292	1	50.00	50.00
223	Cocaine Metabolite, Urine	10295	1	108.33	108.33
224	Cocaine Metabolites	10294	1	108.33	108.33
225	Cocaine Metabolites	6003RX	1	52.00	52.00
226	COCAINE, Hair	70720	1	76.75	76.75
227	Collection Fee	COLFEE	1	-	-
228	Collection Fee - Hair	1000	1	20.00	20.00
229	Collection Fee - Urine	1100	1	20.00	20.00
230	COLLECTION FEE A	COLFEEA	1	10.00	10.00
231	COLLECTION FEE B	COLFEEB	1	15.00	15.00
232	COLLECTION FEE C	COLFEEC	1	18.00	18.00
233	COLLECTION FEE D	COLFEED	1	20.00	20.00
234	COLLECTION FEE E	COLFEEE	1	22.00	22.00
235	COLLECTION FEE F	COLFEEF	1	21.00	21.00
236	COLLECTION FEE G	COLFEEG	1	13.00	13.00
237	COMPREHENSIVE DRUG PANEL	70510T	1	225.00	225.00
238	Comprehensive Drug Panel	70510	1	145.00	145.00
239	Comprehensive Drug Panel	70015	1	93.00	93.00
240	Comprehensive Drug Panel	70030	1	90.00	90.00
241	Comprehensive Drug Panel	70035	1	93.00	93.00
242	Comprehensive Drug Panel	70540	1	125.00	125.00
243	Comprehensive Drug Panel	70525	1	93.00	93.00
244	COMPREHENSIVE DRUG PANEL-	70510ST	1	225.00	225.00
245	Comprehensive Drug Screen	10380	1	70.00	70.00
246	COMPREHENSIVE METABOLIC P	34200	1	-	-
247	Comprehensive Urine Panel	70010	1	125.00	125.00
248	Comprehensive Urine Panel	70020	1	90.00	90.00

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
249	Comprehensive Urine Panel	70040	1	90.00	90.00
250	Comprehensive Urine Panel	70045	1	93.00	93.00
251	Comprehensive Urine Panel	70120	1	130.00	130.00
252	Comprehensive Urine Panel	70130	1	205.00	205.00
253	Comprehensive Urine Panel	70125	1	133.00	133.00
254	Comprehensive Urine Panel	70140	1	145.00	145.00
255	Comprehensive Urine Panel	70145	1	148.00	148.00
256	Comprehensive Urine Panel	70150	1	135.00	135.00
257	Comprehensive Urine Panel	70155	1	138.00	138.00
258	CONFIRMATION	60102	1	-	-
259	COPPER, BLOOD	47205	1	64.00	64.00
260	CORTISOL, RANDOM	32660	1	75.00	75.00
261	Cotinine Confirmation, Ur	10925	1	75.00	75.00
262	Cotinine Renun	5009RR	1	-	-
263	Cotinine, Urine Screen	10924	1	30.00	30.00
264	C-Peptide	32700	1	83.25	83.25
265	C-Reactive Protein	31915	1	53.72	53.72
266	CREATININE	34365	1	15.30	15.30
267	Creatinine	16969	1	19.00	19.00
268	Creatinine, 2nd Aliquot	50904	1	-	-
269	Culture, Aerobic (Swab)	30500	1	41.00	41.00
270	Culture, Aerobic Bacteria	34000	1	41.00	41.00
271	Culture, Anaerobic	30600	1	51.00	51.00
272	Culture, Anaerobic w/ G1a	34020	1	191.00	191.00
273	Culture, Blood	30400	1	70.00	70.00
274	Culture, Cerebrospinal FI	30700	1	38.00	38.00
275	CULTURE, URINE, ROUTINE	34010	1	-	-
276	CYANIDE	44080	1	94.00	94.00
277	Cyclobenzaprime	40030	1	75.00	75.00
278	Cyclosporine	43700	1	133.33	133.33
279	DAB W/ CONFIRMATION	11111	1	50.00	50.00
280	d-Amphetamine	45000	1	128.00	128.00
281	Dantrolene	40040	1	94.00	94.00
282	Date Rape Panel	70500	1	225.00	225.00
283	Date Rape Panel I, Urine	70100	1	225.00	225.00
284	Date Rape Panel, Urine	70050	1	225.00	225.00

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
285	Desipramine	41560	1	55.00	55.00
286	DETECTED 10 DRUG PANEL	70200	1	75.00	75.00
287	DETECTED PANEL - CUSTOM	70205	1	150.00	150.00
288	DETECTED PANEL II, BLOOD	70620	1	105.00	105.00
289	DETECTED PANEL IV, URIN	70210	1	125.00	125.00
290	DETECTED PANEL W/O THC,	70195A	1	150.00	150.00
291	DETECTED PANEL, CUSTOM	70215	1	125.00	125.00
292	DETECTED PANEL, URINE	70195	1	150.00	150.00
293	DetectiMed Panel, Urine	70165	1	150.00	150.00
294	DetectiMed Panel, Urine w	70175	1	150.00	150.00
295	DETECTED W/O INTREPREAT	70185	1	150.00	150.00
296	Dexamethasone	32800	1	215.00	215.00
297	Dextromethorphan	42240	1	83.33	83.33
298	Diazepam & Metabolite	41050	1	666.67	666.67
299	Diazepam Metabolite	10360	1	666.67	666.67
300	DICHLOROMETHANE & CARBOXY	46595	1	114.00	114.00
301	Diclofenac	40210	1	125.00	125.00
302	DICYCLOMINE	42370	1	127.00	127.00
303	DIETHYL ETHER	16960	1	-	-
304	Diflunisal	40220	1	185.00	185.00
305	Difluoroethane	46590	1	498.00	498.00
306	Digitoxin	43060	1	73.00	73.00
307	DIGOXIN	34305	1	-	-
308	DIGOXIN, BLOOD	34315	1	236.00	236.00
309	Digoxin, Free	43070	1	73.00	73.00
310	Digoxin, Total	43080	1	70.00	70.00
311	Dimenhydramine	42000	1	52.00	52.00
312	Diphenhydramine	42250	1	58.33	58.33
313	Disintegration Test	21000	1	360.00	360.00
314	Disopyramine, Total	43100	1	53.00	53.00
315	Disopyramine, Total & Fre	43110	1	73.00	73.00
316	Diltiazem	43120	1	174.00	174.00
317	DNA Stain Card	43820	1	50.00	50.00
318	DONEPEZIL	44260	1	244.00	244.00
319	DOXAZOSIN	43050	1	254.00	254.00
320	Doxepin	41560	1	55.00	55.00

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321	Doxephin, Urine	10390	1	55.00	55.00
322	Doxylamine	42260	1	75.00	75.00
323	DRUG ABUSE PANEL-TISSUE	70530T	1	185.00	185.00
324	Drug Abuse Screen, 6 Pan	56020	1	34.00	34.00
325	Drug Abuse Screen, 1 Pane	51000	1	27.00	27.00
326	Drug Abuse Screen, 1 Pane	51010	1	23.00	23.00
327	Drug Abuse Screen, 1 Pane	51020	1	23.00	23.00
328	Drug Abuse Screen, 1 Pane	51030	1	23.00	23.00
329	Drug Abuse Screen, 1 Pane	51040	1	27.00	27.00
330	Drug Abuse Screen, 1 Pane	51500	1	38.00	38.00
331	Drug Abuse Screen, 10 Pan	50000	1	38.00	38.00
332	Drug Abuse Screen, 10 Pan	50010	1	38.00	38.00
333	Drug Abuse Screen, 10 Pan	50500	1	38.00	38.00
334	Drug Abuse Screen, 10 Pan	50020	1	38.00	38.00
335	Drug Abuse Screen, 10 Pan	50005	1	41.00	41.00
336	Drug Abuse Screen, 10 Pan	50025	1	41.00	41.00
337	Drug Abuse Screen, 11 Pan	51100	1	48.00	48.00
338	Drug Abuse Screen, 2 Pane	52000	1	28.50	28.50
339	Drug Abuse Screen, 2 Pane	52010	1	28.50	28.50
340	Drug Abuse Screen, 2 Pane	52500	1	28.50	28.50
341	Drug Abuse Screen, 3 Pane	53000	1	30.00	30.00
342	Drug Abuse Screen, 3 Pane	53010	1	30.00	30.00
343	Drug Abuse Screen, 3 Pane	53500	1	30.00	30.00
344	Drug Abuse Screen, 4 Pane	54000	1	31.50	31.50
345	Drug Abuse Screen, 4 Pane	54010	1	31.50	31.50
346	Drug Abuse Screen, 4 Pane	54020	1	31.50	31.50
347	Drug Abuse Screen, 4 Pane	54500	1	34.50	34.50
348	Drug Abuse Screen, 4 Pane	54005	1	39.50	39.50
349	Drug Abuse Screen, 4 Pane	54015	1	33.00	33.00
350	DRUG ABUSE SCREEN, 5 PANE	55090	1	35.00	35.00
351	DRUG ABUSE SCREEN, 5 PANE	55025	1	33.00	33.00
352	Drug Abuse Screen, 5 Pane	55000	1	33.00	33.00
353	Drug Abuse Screen, 5 Pane	55010	1	33.00	33.00
354	Drug Abuse Screen, 5 Pane	55020	1	33.00	33.00
355	Drug Abuse Screen, 5 Pane	55030	1	33.00	33.00
356	Drug Abuse Screen, 5 Pane	55050	1	33.00	33.00

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357	Drug Abuse Screen, 5 Pane	55060	1	33.00	33.00
358	Drug Abuse Screen, 5 Pane	55070	1	33.00	33.00
359	Drug Abuse Screen, 5 Pane	55080	1	33.00	33.00
360	Drug Abuse Screen, 5 Pane	55085	1	34.00	34.00
361	Drug Abuse Screen, 5 Pane	55500	1	33.00	33.00
362	Drug Abuse Screen, 5 Pane	55040	1	34.00	34.00
363	Drug Abuse Screen, 5 Pane	55045	1	41.00	41.00
364	Drug Abuse Screen, 5 Pane	55005	1	41.00	41.00
365	Drug Abuse Screen, 5 Pane	55015	1	41.00	41.00
366	Drug Abuse Screen, 5 Pane	55035	1	24.00	24.00
367	Drug Abuse Screen, 5 Pane	55065	1	24.00	24.00
368	Drug Abuse Screen, 5 Pane	55075	1	24.00	24.00
369	DRUG ABUSE SCREEN, 6 PANE	56015	1	37.50	37.50
370	Drug Abuse Screen, 6 Pane	56000	1	24.00	24.00
371	Drug Abuse Screen, 6 Pane	56010	1	24.00	24.00
372	Drug Abuse Screen, 6 Pane	56030	1	24.00	24.00
373	Drug Abuse Screen, 6 Pane	56040	1	24.00	24.00
374	Drug Abuse Screen, 6 Pane	56050	1	24.00	24.00
375	Drug Abuse Screen, 6 Pane	56500	1	37.00	37.00
376	Drug Abuse Screen, 6 Pane	56025	1	37.00	37.00
377	Drug Abuse Screen, 6 Pane	56035	1	37.00	37.00
378	Drug Abuse Screen, 6 Pane	56045	1	37.00	37.00
379	Drug Abuse Screen, 6 Pane	56055	1	40.00	40.00
380	Drug Abuse Screen, 6 Pane	56505	1	37.00	37.00
381	Drug Abuse Screen, 7 Pane	57000	1	35.00	35.00
382	Drug Abuse Screen, 7 Pane	57010	1	35.00	35.00
383	Drug Abuse Screen, 7 Pane	57500	1	35.00	35.00
384	Drug Abuse Screen, 7 Pane	57510	1	35.00	35.00
385	Drug Abuse Screen, 7 Pane	57005	1	43.00	43.00
386	Drug Abuse Screen, 7 Pane	57015	1	38.00	38.00
387	DRUG ABUSE SCREEN, 8 PANE	58530	1	34.00	34.00
388	Drug Abuse Screen, 8 Pane	58000	1	34.00	34.00
389	Drug Abuse Screen, 8 Pane	58010	1	34.00	34.00
390	Drug Abuse Screen, 8 Pane	58020	1	34.00	34.00
391	Drug Abuse Screen, 8 Pane	58030	1	34.00	34.00
392	Drug Abuse Screen, 8 Pane	58040	1	34.00	34.00

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
393	Drug Abuse Screen, 8 Pane	58050	1	36.00	36.00
394	Drug Abuse Screen, 8 Pane	58060	1	36.00	36.00
395	Drug Abuse Screen, 8 Pane	58070	1	36.00	36.00
396	Drug Abuse Screen, 8 Pane	58080	1	36.00	36.00
397	Drug Abuse Screen, 8 Pane	58090	1	46.00	46.00
398	Drug Abuse Screen, 8 Pane	58500	1	36.00	36.00
399	Drug Abuse Screen, 8 Pane	58510	1	36.00	36.00
400	Drug Abuse Screen, 8 Pane	58520	1	36.00	36.00
401	Drug Abuse Screen, 8 Pane	58100	1	36.00	36.00
402	Drug Abuse Screen, 8 Pane	58005	1	44.00	44.00
403	Drug Abuse Screen, 8 Pane	58015	1	44.00	44.00
404	Drug Abuse Screen, 8 Pane	58025	1	44.00	44.00
405	Drug Abuse Screen, 8 Pane	58055	1	44.00	44.00
406	Drug Abuse Screen, 8 Pane	58065	1	44.00	44.00
407	Drug Abuse Screen, 8 Pane	58075	1	44.00	44.00
408	Drug Abuse Screen, 8 Pane	58105	1	39.00	39.00
409	Drug Abuse Screen, 9 Pane	59000	1	37.00	37.00
410	Drug Abuse Screen, 9 Pane	59010	1	37.00	37.00
411	Drug Abuse Screen, 9 Pane	59020	1	37.00	37.00
412	Drug Abuse Screen, 9 Pane	59030	1	37.00	37.00
413	Drug Abuse Screen, 9 Pane	59040	1	37.00	37.00
414	Drug Abuse Screen, 9 Pane	59050	1	37.00	37.00
415	Drug Abuse Screen, 9 Pane	59060	1	37.00	37.00
416	Drug Abuse Screen, 9 Pane	59065	1	40.00	40.00
417	Drug Abuse Screen, 9 Pane	59500	1	37.00	37.00
418	Drug Abuse Screen, 9 Pane	59510	1	37.00	37.00
419	Drug Abuse Screen, 9 Pane	59520	1	37.00	37.00
420	Drug Abuse Screen, 9 Pane	59530	1	37.00	37.00
421	Drug Abuse Screen, 9 Pane	59025	1	45.00	45.00
422	Drug Abuse Screen, 9 Pane	59045	1	45.00	45.00
423	Drug Abuse Screen, 9 Pane	59055	1	40.00	40.00
424	Drug Abuse Screen, 9 Pane	59035	1	45.00	45.00
425	DRUG SCREEN PANEL - 6 DRU	56070	1	102.00	102.00
426	DRUG SCREEN, HAIR	70730	1	420.00	420.00
427	DRUGS OF ABUSE (DAB) SCRE	70610	1	90.00	90.00
428	DRUGS OF ABUSE PANEL	70535	1	125.00	125.00

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
429	Drugs of Abuse Panel	70080	1	87.00	87.00
430	Drugs of Abuse Panel	70530	1	125.00	125.00
431	Drugs of Abuse Panel II.	70520	1	130.00	130.00
432	Drugs of Abuse Panel II.	70590	1	130.00	130.00
433	Drugs of Abuse Panel III	70600	1	115.00	115.00
434	Drugs of Abuse Panel w/Op	70090	1	58.00	58.00
435	DRUGS OF ABUSE PANEL, PIM	70615	1	87.00	87.00
436	Drugs of Abuse Panel, Uri	70070	1	87.00	87.00
437	Drugs of Abuse Screen	70560	1	105.00	105.00
438	DRUGS OF ABUSE, 5 PANEL -	70750	1	110.00	110.00
439	Drugs of Abuse, 5 Panel -	70710	1	85.00	85.00
440	Drugs of Abuse, 5 Panel -	70700	1	85.00	85.00
441	Drugs of Abuse, Blood - 6	70550	1	144.00	144.00
442	DUIRETICS PANEL, URINE	13940	1	-	-
443	Duloxetine	41720	1	135.00	135.00
444	Duloxetine, Urine	11720	1	135.00	135.00
445	Electrolyte Panel	34275	1	-	-
446	Electrolytes Panel	32400	1	75.00	75.00
447	ENVIRONMENTAL EXPOSURE PR	45210	1	501.00	501.00
448	Ephedrine	43130	1	70.00	70.00
449	Ephedrine Confirmation, U	10420	1	70.00	70.00
450	Escitalopram	41570	1	104.00	104.00
451	ESTRADIOL	34320	1	-	-
452	ESZOPICLONE (LUNESTA)	44700	1	210.00	210.00
453	ETHANOL	45640	1	55.00	55.00
454	Ethanol	10000	1	27.00	27.00
455	Ethanol	5014RX2	1	55.00	55.00
456	Ethanol Confirmation	5014RXE	1	55.00	55.00
457	ETHANOL QN2	ETOH-F	1	55.00	55.00
458	Ethanol, Legal	45520	1	55.00	55.00
459	Ethanol, Legal	ETOHIL	1	-	-
460	Ethosuximide	41060	1	26.00	26.00
461	ETHYL GLUCURONIDE, URINE	11570	1	105.00	105.00
462	Ethylene Glycol	45530	1	128.00	128.00
463	Etodolac	40240	1	125.00	125.00
464	Extended Storage - 1 Year	99401	1	-	-

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
465	Extended Storage - 1 Year	99301	1	180.00	180.00
466	Extended Storage - 2 Year	99402	1	-	-
467	Extended Storage - 2 Year	99302	1	310.00	310.00
468	Extended Storage - 3 Year	99403	1	-	-
469	Extended Storage - 3 Year	99303	1	540.00	540.00
470	FACTOR V LEIDEN MUTATION	35000	1	407.40	407.40
471	FAMOTIDINE	42350	1	287.00	287.00
472	Felbamate	41080	1	55.00	55.00
473	Fenoprofen	40250	1	125.00	125.00
474	Fentanyl	40410	1	166.67	166.67
475	Fentanyl	4917RX	1	166.67	166.67
476	FENTANYL CONFIRM - NO CHA	5017NC1	1	-	-
477	Fentanyl Confirmation	5017RX	1	50.00	50.00
478	Fentanyl Confirmation	5017RX1	1	50.00	50.00
479	Fentanyl Confirmation	5017RXQ	1	50.00	50.00
480	FENTANYL Confirmation, Ur	10480	1	166.67	166.67
481	Fentanyl Confirmation, Ur	5017C	1	192.00	192.00
482	FENTANYL, MECONIUM	60170	1	300.00	300.00
483	Fentanyl, Non Biological	20100	1	180.00	180.00
484	Fentanyl, Vitreous	40420	1	192.00	192.00
485	Flecainide	43140	1	55.00	55.00
486	Flunitrazepam	44570	1	108.33	108.33
487	Flunitrazepam (Rohypnol)	11256	1	108.33	108.33
488	Fluoxetine	41580	1	55.00	55.00
489	Fluphenazine	42430	1	94.00	94.00
490	Flurazepam	44580	1	75.00	75.00
491	FLURBIPROFEN	40370	1	125.00	125.00
492	Fluvoxamine	41590	1	91.00	91.00
493	FOLIC ACID	34300	1	-	-
494	FOLLICLE STIMULATING HORM	34325	1	-	-
495	FORENSIC SUBMITTER INFO	99310	1	-	-
496	Formic Acid	44090	1	85.00	85.00
497	Fosphenytoin (as Phenytoi	41215	1	166.67	166.67
498	FREE T3	32405	1	109.50	109.50
499	FTA-ABS, Serum	31550	1	162.45	162.45
500	FUNGUS CULTURE	34130	1	83.00	83.00

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
501	Furosemide	43150	1	136.00	136.00
502	Furosemide (Lasix)	11514	1	136.00	136.00
503	Gabapentin	41090	1	646.07	646.07
504	Gabapentin, Urine	10528	1	646.07	646.07
505	Gamma Hydroxybutyrate	44590	1	121.67	121.67
506	Gamma-Hydroxybutyrate (GH)	10175	1	121.67	121.67
507	Glipizide	43520	1	103.00	103.00
508	Glipizide Quantitation	43835	1	120.00	120.00
509	Glucose, Blood	30800	1	18.00	18.00
510	GLUCOSE, FLUID	30830	1	30.25	30.25
511	Glucose, Urine	10532	1	18.00	18.00
512	Glucose, Vitreous	30810	1	18.00	18.00
513	GRAM STAIN	34050	1	32.25	32.25
514	Guaifenesin	42270	1	239.00	239.00
515	Haloperidol	42440	1	150.00	150.00
516	HDL-CHOLESTEROL	34240	1	-	-
517	Heavy Metals Panel II, BI	47100	1	225.00	225.00
518	Heavy Metals Panel II, Na	48100	1	298.00	298.00
519	Heavy Metals Panel, Hair	47190	1	381.00	381.00
520	Heavy Metals Panel, Nails	48000	1	304.00	304.00
521	Heavy Metals Panel, Urine	10706	1	305.00	305.00
522	Hematocrit	32600	1	29.00	29.00
523	HEMOGLOBIN	33905	1	39.00	39.00
524	Hemoglobin A1c	30900	1	23.10	23.10
525	HEMOGLOBIN S (QUANT)	32650	1	92.25	92.25
526	HEMOGRAM	33915	1	-	-
527	HEMOGRAM/PII	33910	1	-	-
528	Heparin Level	32640	1	114.75	114.75
529	Hepatic Function Panel	34260	1	-	-
530	Hepatitis A Igm Antibody	31000	1	50.00	50.00
531	HEPATITIS B SURFACE ANTIB	31320	1	98.80	98.80
532	Hepatitis B Surface Antifg	31100	1	138.00	138.00
533	Hepatitis C Antibody	31200	1	110.00	110.00
534	Heroin Metabolite	10025	1	58.33	58.33
535	Heroin Metabolites	10020	1	241.07	241.07
536	Heroin Metabolites	40400	1	241.07	241.07

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
537	HETEROPHILE, MONO SCREEN	33100	1	35.00	35.00
538	HIV-1 Antibody Screen w/	31300	1	50.00	50.00
539	Hpv Dna (High Risk)	34570	1	-	-
540	HSV 1/2 Igg, Herpesect	34100	1	116.00	116.00
541	Human Choric Gonadoiro	31400	1	45.00	45.00
542	Hydrochlorothiazide	43160	1	109.50	109.50
543	Hydrocodone	40430	1	140.00	140.00
544	Hydrocortisone	43530	1	146.00	146.00
545	Hydromorphone	40440	1	140.00	140.00
546	Hydromorphone, Non-Biolog	20400	1	180.00	180.00
547	HYDROXYCHLOROQUINE(PLAQUE	40355	1	182.00	182.00
548	Hydroxyzine	42280	1	109.50	109.50
549	Hyoscamine sulfate, Coatc	22080	1	220.00	220.00
550	Hyoscyamine Sulfate, Blen	22040	1	50.00	50.00
551	Hyoscyamine Sulfate, Coat	22060	1	110.00	110.00
552	Hyoscyamine Sulfate, Cont	22100	1	500.00	500.00
553	Hyoscyamine Sulfate, Cont	22120	1	500.00	500.00
554	Hyoscyamine Sulfate, Core	22140	1	110.00	110.00
555	Hyoscyamine Sulfate, Gran	22160	1	85.00	85.00
556	Ibuprofen	40260	1	41.00	41.00
557	Ibuprofen, Urine	10590	1	41.00	41.00
558	ICUP-10: 100	ICUP10P100	1	-	-
559	ICUP-10: 200	ICUP10P200	1	-	-
560	ICUP-10: 25	ICUP10P25	1	350.00	350.00
561	ICUP-10: 50	ICUP10P50	1	300.00	300.00
562	ICUP-10: 500	ICUP10P500	1	-	-
563	ICUP-5: 100	ICUP5P100	1	900.00	900.00
564	ICUP-5: 200	ICUP5P200	1	-	-
565	ICUP-5: 25	ICUP5P25	1	225.00	225.00
566	ICUP-5: 50	ICUP5P50	1	450.00	450.00
567	ICUP-5: 500	ICUP5P500	1	4500.00	4500.00
568	ICUP-6: 100	ICUP6P100	1	-	-
569	ICUP-6: 200	ICUP6P200	1	-	-
570	ICUP-6: 25	ICUP6P25	1	250.00	250.00
571	ICUP-6: 50	ICUP6P50	1	500.00	500.00
572	ICUP-6: 500	ICUP6P500	1	-	-

AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
573 ICUP-9: 100	ICUP9P100	1	-	-
574 ICUP-9: 200	ICUP9P200	1	-	-
575 ICUP-9: 25	ICUP9P25	1	325.00	325.00
576 ICUP-9: 50	ICUP9P50	1	650.00	650.00
577 ICUP-9: 500	ICUP9P500	1	-	-
578 IGNITABLE LIQUID RESIDUES	45670	1	105.00	105.00
579 IMAGE ASSISTED PAP SMEAR,	34500	1	-	-
580 IMAGE ASSISTED PAP w/ HPV	34510	1	-	-
581 IMAGE ASSISTED PAP w/rfix	34520	1	-	-
582 Imipramine	41600	1	55.00	55.00
583 Immunoglobulin E.	31500	1	50.00	50.00
584 INDOMETHACIN	40270	1	125.00	125.00
585 INHALANTS INTOXICANTS PRO	45595	1	147.00	147.00
586 INHALANTS PANEL, BLOOD	45710	1	285.00	285.00
587 Insulin	43540	1	85.00	85.00
588 Insulin, Tissue	43545	1	315.00	315.00
589 Intraconazole	44100	1	277.00	277.00
590 IRON, BLOOD	47210	1	75.00	75.00
591 ISCREEN 9:400	ISC9P400	1	3000.00	3000.00
592 i-Screen AMP:100	IS1 AMP100	1	105.00	105.00
593 i-Screen AMP:200	IS1 AMP200	1	210.00	210.00
594 i-Screen AMP:25	IS1 AMP25	1	216.25	216.25
595 i-Screen AMP:50	IS1 AMP50	1	52.50	52.50
596 i-Screen AMP:500	IS1 AMP500	1	525.00	525.00
597 i-Screen BARB:200	IS1 BAR200	1	210.00	210.00
598 i-Screen BARB:100	IS1 BAR100	1	105.00	105.00
599 i-Screen BARB:25	IS1 BAR25	1	216.25	216.25
600 i-Screen BARB:50	IS1 BAR50	1	52.50	52.50
601 i-Screen BARB:500	IS1 BAR500	1	525.00	525.00
602 i-Screen Benzo:100	IS1 BZO100	1	105.00	105.00
603 i-Screen Benzo:200	IS1 BZO200	1	210.00	210.00
604 i-Screen Benzo:25	IS1 BZO25	1	216.25	216.25
605 i-Screen Benzo:50	IS1 BZO50	1	52.50	52.50
606 i-Screen Benzo:500	IS1 BZO500	1	525.00	525.00
607 i-Screen Cocaine:100	IS1 COC100	1	105.00	105.00
608 i-Screen Cocaine:200	IS1 COC200	1	210.00	210.00

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
609	i-Screen Cocaine:25	IS1 COC25	1	26.25	26.25
610	i-Screen Cocaine:50	IS1 COC50	1	52.50	52.50
611	i-Screen Cocaine:500	IS1 COC500	1	525.00	525.00
612	i-Screen Methadone:100	IS1 MTD100	1	105.00	105.00
613	i-Screen Methadone:200	IS1 MTD200	1	210.00	210.00
614	i-Screen Methadone:25	IS1 MTD25	1	26.25	26.25
615	i-Screen Methadone:50	IS1 MTD50	1	52.50	52.50
616	i-Screen Methadone:500	IS1 MTD500	1	525.00	525.00
617	i-Screen Methamp:100	IS1 MET100	1	105.00	105.00
618	i-Screen Methamp:200	IS1 MET200	1	210.00	210.00
619	i-Screen Methamp:25	IS1 MET25	1	26.25	26.25
620	i-Screen Methamp:50	IS1 MET50	1	52.50	52.50
621	i-Screen Methamp:500	IS1 MET500	1	525.00	525.00
622	i-Screen Morphine:100	IS1 MOR100	1	105.00	105.00
623	i-Screen Morphine:200	IS1 MOR200	1	210.00	210.00
624	i-Screen Morphine:25	IS1 MOR25	1	26.25	26.25
625	i-Screen Morphine:50	IS1 MOR50	1	52.50	52.50
626	i-Screen Morphine:500	IS1 MOR500	1	525.00	525.00
627	i-Screen Opiate2K:100	IS1 OPI100	1	105.00	105.00
628	i-Screen Opiate2K:200	IS1 OPI200	1	210.00	210.00
629	i-Screen Opiate2K:25	IS1 OPI25	1	26.25	26.25
630	i-Screen Opiate2K:50	IS1 OPI50	1	52.50	52.50
631	i-Screen Opiate2K:500	IS1 OPI500	1	525.00	525.00
632	i-Screen Oral 6P:500	OS6P500	1	-	-
633	i-Screen Oral6P:100	OS6P100	1	-	-
634	i-Screen Oral6P:200	OS6P200	1	-	-
635	i-Screen Oral6P:25	OS6P25	1	300.00	300.00
636	i-Screen Oral6P:50	OS6P50	1	600.00	600.00
637	i-Screen Oxycodone:100	IS1 OXY100	1	105.00	105.00
638	i-Screen Oxycodone:200	IS1 OXY200	1	210.00	210.00
639	i-Screen Oxycodone:25	IS1 OXY25	1	26.25	26.25
640	i-Screen Oxycodone:50	IS1 OXY50	1	52.50	52.50
641	i-Screen Oxycodone:500	IS1 OXY500	1	525.00	525.00
642	i-Screen THC:100	IS1 THC100	1	105.00	105.00
643	i-Screen THC:200	IS1 THC200	1	210.00	210.00
644	i-Screen THC:25	IS1 THC25	1	26.25	26.25

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
645	iScreen THC:50	IS1 THC50	1	50.50	50.50
646	iScreen THC:500	IS1 THC500	1	52.50	52.50
647	ISCRN-2: 100	ISC2P100	1	155.00	155.00
648	ISCRN-2: 1000	ISC2P1000	1	-	-
649	ISCRN-2: 200	ISC2P200	1	310.00	310.00
650	ISCRN-2: 25	ISC2P25	1	38.75	38.75
651	ISCRN-2: 50	ISC2P50	1	37.50	37.50
652	ISCRN-2: 500	ISC2P500	1	775.00	775.00
653	ISCRN-5: 100	ISC5P100	1	525.00	525.00
654	ISCRN-5: 1000	ISC5P1000	1	-	-
655	ISCRN-5: 200	ISC5P200	1	-	-
656	ISCRN-5: 25	ISC5P25	1	131.25	131.25
657	ISCRN-5: 50	ISC5P50	1	262.50	262.50
658	ISCRN-5: 500	ISC5P500	1	-	-
659	ISCRN-8: 100	ISC8P100	1	660.00	660.00
660	ISCRN-8: 200	ISC8P200	1	-	-
661	ISCRN-8: 25	ISC8P25	1	165.00	165.00
662	ISCRN-8: 50	ISC8P50	1	330.00	330.00
663	ISCRN-8: 500	ISC8P500	1	-	-
664	ISCRN-9: 100	ISC9P100	1	750.00	750.00
665	ISCRN-9: 200	ISC9P200	1	1500.00	1500.00
666	ISCRN-9: 25	ISC9P25	1	187.50	187.50
667	ISCRN-9: 50	ISC9P50	1	375.00	375.00
668	ISCRN-9: 500	ISC9P500	1	3750.00	3750.00
669	ISOFLURANE	46530	1	138.00	138.00
670	Isopropatrol	45540	1	55.00	55.00
671	ISOPROPANOL QN2	IPA-F	3	-	-
672	Ketamine	10526	1	141.67	141.67
673	Ketamine	40810	1	141.67	141.67
674	KETONE PANEL, FLUID	17070	1	193.00	193.00
675	KETONE, Urine	32510	1	29.40	29.40
676	Ketoprofen	40280	1	12.50	12.50
677	KETOROLAC	43340	1	125.00	125.00
678	Key Cup: 100	KCUP100	1	69.50	69.50
679	Key Cup: 200	KCUP200	1	-	-
680	Key Cup: 25	KCUP25	1	173.75	173.75

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
681	Key Cup: 50	KCUP50	1	347.50	347.50
682	Key Cup: 500	KCUP500	1	-	-
683	Lamotrigine	41100	1	55.00	55.00
684	Lead, Serum/Plasma	48120	1	57.85	57.85
685	Levetiracetam	41110	1	1010.00	1010.00
686	Lidocaine	40840	1	125.00	125.00
687	Lidocaine w/Metabolite	40820	1	83.00	83.00
688	Lidocaine, Free	40850	1	48.00	48.00
689	Lidocaine-Total	40830	1	55.00	55.00
690	LIPASE	34310	1	-	-
691	Lipid Panel	34280	1	72.00	72.00
692	LIQUID BASED PAP	34530	1	-	-
693	LIQUID BASED PAP w/Expand	34550	1	-	-
694	LIQUID BASED PAP w/Rifx H	34540	1	-	-
695	Lithium	42450	1	104.00	104.00
696	Lorazadine	42050	1	154.00	154.00
697	Lorazepam	10650	1	83.33	83.33
698	Lorazepam	41120	1	83.33	83.33
699	Lorazepam, Non Biological	20150	1	180.00	180.00
700	Loxepine	42460	1	104.00	104.00
701	LUTEINIZING HORMONE (LH)	34330	1	-	-
702	Lysergic Acid Diethylamid	44110	1	210.00	210.00
703	Lysergic Acid Diethylamid	10671	1	178.33	178.33
704	MANGANESE, BLOOD	47215	1	89.00	89.00
705	Maprotiline	41610	1	1010.00	1010.00
706	MDMA	45050	1	141.00	141.00
707	MDMA (Ecstasy)	10690	1	135.00	135.00
708	MDMA ALERT - IMR	MDMA_ALERT	1	-	-
709	MDMA CONFIRMATION	4916RXMD	1	158.00	158.00
710	Mecizine	42010	1	95.00	95.00
711	MECONIUM BENZODIAZEPINE C	60080	1	200.00	200.00
712	MECONIUM DRUG SCREEN	62000	1	80.00	80.00
713	Meconium Drug Screen	60000	1	80.00	80.00
714	Meconium Shipping Fee	6000	1	30.00	30.00
715	Medications List	99250	1	-	-
716	Meperidine	10700	1	1010.00	1010.00

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
717	Meperidine	40450	1	146.00	146.00
718	Meperidine, Non Biologica	20050	1	180.00	180.00
719	Mephenytoin	41130	1	48.00	48.00
720	MEPHOBARBITAL	41225	1	83.00	83.00
721	Mepivacaine	40860	1	94.00	94.00
722	Meprobamate	44600	1	146.00	146.00
723	Meprobamate Urine Confirm	10740	1	146.00	146.00
724	Mercury	47040	1	141.00	141.00
725	Mercury, Hair	47050	1	262.00	262.00
726	Mercury, Urine	13800	1	71.00	71.00
727	MESCALINE	44245	1	120.00	120.00
728	Mesordazine	42470	1	98.00	98.00
729	METALS PANEL (AS,CD,CR,HG	10705	1	305.00	305.00
730	METALS/METALLOIDS ACUTE PO	48345	1	332.00	332.00
731	METAXALONE	40080	1	319.00	319.00
732	Metformin	43550	1	128.00	128.00
733	Methadone	40460	1	90.00	90.00
734	Methadone	4910RX	1	90.00	90.00
735	Methadone Confirmation	5010RX	1	145.00	145.00
736	Methadone Confirmation	5010RX150Q	1	145.00	145.00
737	METHADONE CONFIRMATION 10	5010RXE100	1	58.00	58.00
738	Methadone Confirmation w/	10761	1	122.00	122.00
739	Methadone Confirmation, L	10763	1	91.00	91.00
740	Methadone Confirmation, Q	5010RXQ	1	145.00	145.00
741	Methadone Metabolite (EDD	40475	1	145.00	145.00
742	Methadone w/EDDP	40470	1	145.00	145.00
743	Methadone, Meconium	40560	1	300.00	300.00
744	Methadone, Urine Confirma	10762	1	50.00	50.00
745	METHADONE/EDDP CONFIRM W/	10765	1	58.00	58.00
746	Methadone/EDDP Confirma	4910RXE	1	90.00	90.00
747	METHAMPHETAMINE CONFIRMAT	4915RXM	1	143.00	143.00
748	Methamphetamine, D/L Isom	10083	1	294.00	294.00
749	Methane	45550	1	55.00	55.00
750	Methanol	45560	1	55.00	55.00
751	METHANOL QN2	MEOH-F	1	55.00	55.00
752	Methanol, Urine Confirma	10780	1	55.00	55.00

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
753	Methaqualone Confirmation	10792	1	83.33	83.33
754	Methamphetamine, Blend Unifor	22180	1	95.00	95.00
755	Methamphetamine, Coated Table	22200	1	95.00	95.00
756	Methamphetamine, Coated Table	22220	1	190.00	190.00
757	Methamphetamine, Content Unif	22240	1	450.00	450.00
758	Methamphetamine, Content Unif	22260	1	450.00	450.00
759	Methamphetamine, Core Tablet	22280	1	95.00	95.00
760	Methamphetamine, Granulation	22300	1	75.00	75.00
761	Methocarbamol	40050	1	84.00	84.00
762	Methotrexate	40630	1	121.00	121.00
763	Methylene Blue, Coated Ta	22320	1	95.00	95.00
764	Methylene Chloride	45570	1	70.00	70.00
765	Methyphenidate	10820	1	150.00	150.00
766	Methyphenidate	45060	1	150.00	150.00
767	Metoclopramide	42020	1	343.00	343.00
768	METOLAZONE (ZAROXOLYN)	43390	1	111.00	111.00
769	Metoprolol	43170	1	109.50	109.50
770	Mexiletine	43180	1	55.00	55.00
771	Midazolam	40870	1	93.33	93.33
772	Midazolam Confirmation, U	10870	1	93.33	93.33
773	Midazolam, Non Biological	20200	1	180.00	180.00
774	Mirtazapine	41620	1	80.00	80.00
775	MISC TESTING CANCELLED	99900	1	-	-
776	MODAFINIL	42560	1	114.00	114.00
777	Moricizine	43320	1	200.00	200.00
778	Morphine	10749	1	58.33	58.33
779	Morphine	40480	1	140.00	140.00
780	Morphine w/ Codeine	40490	1	108.33	108.33
781	Morphine, Non Biological	20250	1	180.00	180.00
782	Morphine-3-Glucuronide	23040	1	300.00	300.00
783	Morphine-6-Glucuronide	23060	1	300.00	300.00
784	MRO FEE	MROFEE0	1	-	-
785	MRO Fee	MROFEE	1	-	-
786	MRO FEE A	MROFEEA	1	8.00	8.00
787	MRO FEE B	MROFEEB	1	12.00	12.00
788	MRO FEE C	MROFEEC	1	17.00	17.00

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Test: Per Year	Cost Per Test	Estimated Yearly Total Cost
789	MRO FEE D	MROFEED	1	3.00	3.00
790	MTD/EDDP Confirmation	5010RXE	1	58.00	58.00
791	MTHR MUTATION DETECTION	35005	1	220.00	220.00
792	MYCOBACTERIUM CULTURE	24060	1	105.20	105.20
793	MYCOBACTERIUM CULTURE	34060	1	105.20	105.20
794	Mycophenolate Mofetil	43710	1	141.07	141.07
795	MYOGLOBIN, URINE	33890	1	121.20	121.20
796	Nabumetone	40290	1	125.00	125.00
797	Nadolol	43190	1	97.50	97.50
798	Naibuphine	40640	1	209.00	209.00
799	Naibuphine, Non Biologica	20300	1	180.00	180.00
800	Naloxone	40650	1	1146.00	1146.00
801	Naltrexone	44120	1	200.00	200.00
802	Naproxen	40300	1	75.00	75.00
803	Nefazodone	41640	1	60.00	60.00
804	Neisseria Gonorrhoeae RNA	34030	1	-	-
805	Nickel	47070	1	72.00	72.00
806	Nickel, Urine	13950	1	89.00	89.00
807	Nicotine	45070	1	75.00	75.00
808	NICOTINE & METABOLITE, TI	45070T	1	299.00	299.00
809	Nicotine Metabolite	10922	1	75.00	75.00
810	Nicotine Metabolite Confi	5009RX	1	75.00	75.00
811	Nicotine Metabolite Confi	5009RXQ	1	666.00	666.00
812	Nifedipine	43200	1	125.00	125.00
813	NITRITE/NITRATE, URINE	33585	1	111.00	111.00
814	Nitrites	50921	1	-	-
815	NITROUS OXIDE	45680	1	324.00	324.00
816	Nizatidine	42290	1	184.00	184.00
817	N-METHYLHISTAMINE	34380	1	181.00	181.00
818	NO REFLEX TO CONFIRMS	NORFLX	1	-	-
819	NOBLE CUPS - QUANTITY 100	NC10VT100	1	1400.00	1400.00
820	NOBLE CUPS - QUANTITY 25	NC10VT25	1	350.00	350.00
821	NOBLE CUPS - QUANTITY 50	NC10VT50	1	700.00	700.00
822	Nonsteroidal Anti-inflamm	40360	1	125.00	125.00
823	Nortriptyline	41630	1	55.00	55.00
824	Not Tested	49900	1	-	-

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
825	OF AMPHETAMINE CONFIRMATI	8006RX	1	80.00	80.00
826	OF BARBITURATE CONFIRMATI	8007RX	1	82.00	82.00
827	OF BENZODIAZEPINE CONFIRM	8008RX	1	125.00	125.00
828	OF CANNABINOIDS CONFIRMAT	8002RX	1	54.00	54.00
829	OF CARISOPRODOL CONFIRMAT	8043RX	1	80.00	80.00
830	OF COCAINE CONFIRMATION	8003RX	1	58.00	58.00
831	OF FENTANYL CONFIRMATION	8017RX	1	129.00	129.00
832	OF METHADONE CONFIRMATION	8010RX	1	82.00	82.00
833	OF OPIATE CONFIRMATION	8011RX	1	123.00	123.00
834	OF PHENCYCLIDINE CONFIRMA	8005RX	1	59.00	59.00
835	OF PROPOXYPHENE CONFIRMAT	8013RX	1	84.00	84.00
836	Olanzapine	42480	1	115.00	115.00
837	OMEPRAZOLE	42360	1	244.00	244.00
838	Opiate 2K Panel w/Quantit	10757	1	138.00	138.00
839	Opiate 2K Panel, Qualitat	10756	1	138.00	138.00
840	Opiate 2K Panel, Qualitat	10759	1	165.00	165.00
841	Opiate 322 Confirmation	5011RX720	1	58.33	58.33
842	Opiate Confirmation	5011RX50	1	58.33	58.33
843	Opiate Confirmation	5011RX650	1	58.33	58.33
844	Opiate Confirmation	5018RX	1	58.33	58.33
845	Opiate Confirmation	5018RXQ	1	58.00	58.00
846	OPIATE CONFIRMATION (4 Pa	10580	1	55.00	55.00
847	Opiate Confirmation (4),	10745	1	50.00	50.00
848	Opiate Confirmation 5 W/	5011RX6A5	1	300.00	300.00
849	OPIATE CONFIRMATION, MECO	60110	1	58.33	58.33
850	Opiate Confirmation, Quan	5004RXQ	1	138.00	138.00
851	Opiate Panel (DOT Like),	10755	1	50.00	50.00
852	Opiate Panel II, Urine Co	10751	1	310.00	310.00
853	OPIATE PANEL, HAIR	70740	1	200.00	200.00
854	Opiates	4911RX	1	52.00	52.00
855	Opiates	6011RX	1	58.33	58.33
856	Opiates 300 Confirmation	5011RXQ	1	58.33	58.33
857	Opiates Confirmation	5004RX	1	58.33	58.33
858	Opiates Confirmation	5011RX	1	58.33	58.33
859	Opiates Confirmation	5011RX10	1	58.33	58.33
860	Opiates Confirmation	5011RX20	1	58.33	58.33

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
861	OPIATES CONFIRMATION AT 1	5011RX7	1	61.33	61.33
862	Opiates Confirmation@150	5011RX150	1	58.33	58.33
863	Opiates Confirmation@150	5011RXQ150	1	50.00	50.00
864	Opiates I, Urine Confirma	10750	1	58.33	58.33
865	Opiates Panel 1	40500	1	178.00	178.00
866	Opiates Panel 2	40510	1	200.00	200.00
867	Opiates Panel II, Limit o	10753	1	205.00	205.00
868	Opiates Panel II, Urine,	10752	1	58.33	58.33
869	Opiates, Urine Confirma	10768	1	145.00	145.00
870	Opiates: Hydrocodone Conf	10570	1	133.33	133.33
871	Opiates: Hydromorphone Co	10582	1	133.33	133.33
872	ORAL FLUID: 6 DRUG PANEL	86000	1	31.00	31.00
873	ORAL FLUIDS: 9 DRUG PANEL	89000	1	50.00	50.00
874	ORAL FLUIDS: COMPREHENSIV	80000	1	165.00	165.00
875	ORAL FLUIDS: VOLATILES CO	8014RX	1	55.00	55.00
876	ORGANIC ACIDS SCREEN	15240	1	241.50	241.50
877	Organophosphate Pesticide	44130	1	134.00	134.00
878	Orphenadrine	40060	1	52.00	52.00
879	Osmolality	31600	1	28.40	28.40
880	OXAPROZIN	40340	1	125.00	125.00
881	Oxazepam	44620	1	60.00	60.00
882	Oxcarbazepine (Trileptal)	41150	1	83.33	83.33
883	OXCARBAZEPINE, URINE	12265	1	79.50	79.50
884	OXYBUTYNYN	44270	1	193.00	193.00
885	Oxycodone	40520	1	118.00	118.00
886	Oxycodone	4912RX	1	66.67	66.67
887	Oxycodone Confirmation	5012RX	1	58.33	58.33
888	Oxycodone Confirmation	5012RX10	1	58.33	58.33
889	Oxycodone Confirmation	5012RX150	1	58.33	58.33
890	Oxycodone Confirmation	5012RX20	1	58.33	58.33
891	Oxycodone Confirmation	5012RX50	1	58.33	58.33
892	Oxycodone Confirmation	5019RX	1	50.00	50.00
893	Oxycodone Confirmation	5019RXQ	1	50.00	50.00
894	Oxycodone Confirmation, Q	5012RXQ	1	58.33	58.33
895	Oxycodone, Urine Confirma	10972	1	58.33	58.33
896	Oxymorphone	40530	1	66.67	66.67

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
897	Oxymorphone, Urine Confir	10975	1	58.33	58.33
898	Papaverine	43330	1	116.00	116.00
899	PARALDEHYDE and METABOLIT	45630	1	94.00	94.00
900	para-Methoxyamphetamine	45090	1	103.33	103.33
901	Paroxetine	41650	1	66.67	66.67
902	Paroxetine, Urine	10984	1	66.67	66.67
903	Partial Thromboplastin Ti	32620	1	-	-
904	PATHOLOGY	34585	1	-	-
905	PCB (POLYCHLORINATED BIPH	46500	1	150.00	150.00
906	Pentazocine	40670	1	113.33	113.33
907	Pentobarbital	44630	1	66.67	66.67
908	PENTOBARBITAL CONFIRMATIO	4907RXPE	1	125.00	125.00
909	Perphenazine	42490	1	94.00	94.00
910	PESTICIDES/INSECTICIDES S	45200	1	184.00	184.00
911	pH by Meter	50911	1	-	-
912	pH, Urine	11925	1	35.00	35.00
913	PHARMA REVIEW	4500	1	-	-
914	Phencyclidine	4905RX	1	100.00	100.00
915	PHENCYCLIDINE CONFIRM, ME	60050	1	300.00	300.00
916	PHENCYCLIDINE CONFIRMATIO	40570	1	100.00	100.00
917	Phencyclidine Confirmatio	11043	1	78.00	78.00
918	Phencyclidine Confirmatio	5005RX	1	50.00	50.00
919	Phencyclidine Confirmatio	5005RXQ10	1	50.00	50.00
920	Phencyclidine Confirmatio	5005RXQ	1	50.00	50.00
921	Phencyclidine, Urine Quan	11042	1	66.67	66.67
922	Phenobarbital (Luminal)	41160	1	125.00	125.00
923	PHENOBARBITAL CONFIRMATIO	4907RXP	1	66.67	66.67
924	Phenobarbital, Urine	11060	1	110.00	110.00
925	Phenolphthalein	44140	1	56.00	56.00
926	Phensuximide	41170	1	93.00	93.00
927	Phentermine	45080	1	45.00	45.00
928	Phenyl Salicylate, Blend	22340	1	90.00	90.00
929	Phenyl Salicylate, Blend	22360	1	95.00	95.00
930	Phenyl Salicylate, Coated	22380	1	190.00	190.00
931	Phenyl Salicylate, Coated	22400	1	480.00	480.00
932	Phenyl Salicylate, Conten	22420	1	-	-

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
933	Phenyl Salicylate, Contem	22440	1	450.00	450.00
934	Phenyl Salicylate, Core T	22460	1	95.00	95.00
935	Phenyl Salicylate, Granul	22480	1	75.00	75.00
936	PHENYLEPHRINE	16240	1	170.00	170.00
937	Phenylpropanolamine	42300	1	64.00	64.00
938	Phenylethanolamine	41210	1	101.67	101.67
939	Phenylethanolamine, Free	41200	1	75.00	75.00
940	Phenylethanolamine, Total	41180	1	26.00	26.00
941	Phenylethanolamine, Total & Free	41190	1	101.67	101.67
942	Pindolol	43210	1	92.50	92.50
943	Piroxicam	40310	1	125.00	125.00
944	PLATELET COUNT	33925	1	-	-
945	Potassium	33215	1	25.50	25.50
946	Potassium, Vitreous	33210	1	25.50	25.50
947	PRAZOSIN	43400	1	257.00	257.00
948	Prednisone	43560	1	175.00	175.00
949	Pregabalin (Lyrica)	41300	1	92.00	92.00
950	Pregabalin, Urine	11300	1	80.00	80.00
951	Primidone	41220	1	117.00	117.00
952	Procainamide	43220	1	65.00	65.00
953	Prochlorperazine	42030	1	110.00	110.00
954	Promethazine	42310	1	75.00	75.00
955	Promethazine, Urine Conf	11200	1	75.00	75.00
956	Propafenone	43230	1	87.00	87.00
957	PROPANE, BLOOD	48570	1	287.00	287.00
958	PROPOFOL	42150	1	164.00	164.00
959	Propofol	40890	1	164.00	164.00
960	Propoxyphene	40540	1	164.00	164.00
961	Propoxyphene	4913RX	1	164.00	164.00
962	Propoxyphene Confirmation	5013RX100	1	125.00	125.00
963	Propoxyphene Confirmation	5013RX	1	125.00	125.00
964	Propoxyphene Confirmation	5013RXQ	1	125.00	125.00
965	Propoxyphene, Urine	11212	1	125.00	125.00
966	Propoxyphene, Urine Quant	11213	1	125.00	125.00
967	Propranolol	43240	1	58.33	58.33
968	Protein, Total	31700	1	25.31	25.31

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
969	Prothrombin Time With Inr	32630	1	-	-
970	Protriptyline	41660	1	510.00	510.00
971	PSA, Free and Total	34355	1	154.95	154.95
972	PSA, Total, Diagnostic	34350	1	-	-
973	Pseudoephedrine	42320	1	165.00	165.00
974	Pseudoephedrine	4916RXP	1	64.00	64.00
975	PSEUDOSHOLINESTERASE	33860	1	125.85	125.85
976	Psilocybin	44240	1	25.00	25.00
977	Pyridostigmine	44220	1	247.00	247.00
978	QR AMPHETAMINE	QR10000	1	-	-
979	QR BARBITURATE	QR10010	1	-	-
980	QR BENZODIAZEPINE	QR10020	1	-	-
981	QR BUPRENORPHINE	QR10030	1	-	-
982	QR CARBOXY-THC	QR10040	1	-	-
983	QR CARISOPRODOL	QR10050	1	-	-
984	QR COCAINE	QR10060	1	-	-
985	QR ETHANOL	QR10120	1	-	-
986	QR FENTANYL	QR10070	1	-	-
987	QR METHADONE	QR10080	1	-	-
988	QR OPIATES	QR10090	1	-	-
989	QR PHENCYCLIDINE	QR10100	1	-	-
990	QR PROPOXYPHENE	QR10110	1	-	-
991	QUALITATIVE DRUG ASSAY	80299	1	121.00	121.00
992	QUATERNARY AMMONIUM NEURO	33865	1	1780.00	1780.00
993	Quetiapine	42500	1	90.00	90.00
994	Quinidine	43250	1	46.67	46.67
995	Quinidine	43260	1	120.00	120.00
996	QUININE	43380	1	87.00	87.00
997	Ranitidine	42330	1	343.00	343.00
998	Rapid Plasma Reagin (Rpr)	34110	1	40.00	40.00
999	REFLEXED BENZODIAZEPINE C	BC_BZZ	1	66.67	66.67
1000	REFLEXED CHLORDIAZEPOXIDE	BC_CHLZX	1	25.00	25.00
1001	REFLEXED DIAZEPAM CONFIRM	BC_DIAZ	1	-	-
1002	REFLEXED TRICYCLIC CONFIR	4921RX6	1	-	-
1003	Remifentanyl, Quantitative	40590	1	300.00	300.00
1004	Renal Function Panel	34270	1	-	-

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
1005	Respiratory Syncytial Vir	31800	1	46.00	46.00
1006	Review	4000	1	-	-
1007	RHEUMATOID FACTOR	34340	1	-	-
1008	Risperidone	42510	1	110.00	110.00
1009	Risperidone & Metabolite	11253	1	110.00	110.00
1010	Ropivacaine, Non-biologic	20450	1	450.00	450.00
1011	RYTHROPOIETIN	33880	1	38.00	38.00
1012	Salicylates	40320	1	40.00	40.00
1013	Salicylates	4920RX	1	40.00	40.00
1014	Salicylates, Urine	70000	1	40.00	40.00
1015	Scopolamine	42040	1	345.00	345.00
1016	Secobarbital	44640	1	140.00	140.00
1017	SECOBARBITAL CONFIRMATION	4907RXS	1	125.00	125.00
1018	SED RATE	32635	1	-	-
1019	Selenium	47120	1	78.00	78.00
1020	Selenium, Urine	14150	1	88.00	88.00
1021	Serological Test for Syph	31900	1	31.00	31.00
1022	Sertraline	41670	1	80.00	80.00
1023	Sertraline, Urine	11257	1	80.00	80.00
1024	SEVOFLURANE	45690	1	517.00	517.00
1025	Sildenafil	44150	1	303.00	303.00
1026	Silver	47110	1	85.00	85.00
1027	SODIUM	34360	1	15.30	15.30
1028	Sodium Phosphate, Coated	22500	1	45.00	45.00
1029	Solvent/Inhalants Panel	16650	1	335.00	335.00
1030	Solvent/Inhalants Panel,	16660	1	335.00	335.00
1031	Sotalol	43270	1	98.50	98.50
1032	Specific Gravity	19761	1	35.00	35.00
1033	Specific Gravity	50907	1	-	-
1034	Specific Gravity	50908	1	-	-
1035	Specimen on HOLD	99200	1	-	-
1036	SPECIMEN RETRIEVAL FEE	9100	1	20.00	20.00
1037	Specimen Return Fee	9000	1	25.00	25.00
1038	Specimen Validity Testing	19992	1	35.00	35.00
1039	Spirolactone	43280	1	115.00	115.00
1040	STAT BILLING FEE	STAT	1	80.00	80.00

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
1041	Stimulant Panel, Blood	70580	1	175.00	175.00
1042	Stimulants Panel, Non-Bio	20500	1	175.00	175.00
1043	Strychnine	45100	1	95.00	95.00
1044	Succinylcholine & Metabol	33810	1	-	-
1045	Sufentanil, Non Biologica	20350	1	180.00	180.00
1046	Sulfonyleurea Screen	43580	1	160.00	160.00
1047	Sulfonyleurea Screen, Urin	10370	1	160.00	160.00
1048	Sulindac	40330	1	136.00	136.00
1049	Sumatriptan	40750	1	160.00	160.00
1050	Sumatriptan, Urine	11750	1	160.00	160.00
1051	SVT - 2nd Creat & Spec Gr	59110	1	-	-
1052	SVT Add-on	19990	1	3.00	3.00
1053	SVT: Chromate	59400	1	8.00	8.00
1054	SVT: Creat/SpGr	59100	1	-	-
1055	SVT: Nitrite	59300	1	8.00	8.00
1056	SVT: pH	59200	1	8.00	8.00
1057	SVT: SPECIFIC GRAVITY	59105	1	-	-
1058	SYNTHETIC GLUCOCORTICOID	43860	1	175.80	175.80
1059	T3, Total	32050	1	165.00	165.00
1060	Tacrolimus	43730	1	120.00	120.00
1061	TACROLIMUS, BLOOD	43735	1	142.00	142.00
1062	Temazepam	44650	1	160.00	160.00
1063	TERAZOSIN	43370	1	407.00	407.00
1064	Testing Cancelled	99100	1	-	-
1065	TESTOSTERONE	32820	1	101.35	101.35
1066	TESTOSTERONE, FREE & TOTA	32850	1	248.50	248.50
1067	TESTOSTERONE, URINE	44035	1	115.00	115.00
1068	TETRAFLUOROETHANE	45660	1	-	-
1069	TETRAFLUOROETHANE	45700	1	490.00	490.00
1070	Thallium	47150	1	78.00	78.00
1071	Thallium, Hair	47160	1	279.00	279.00
1072	Thallium, Urine	14400	1	75.00	75.00
1073	THC NOT REFLEXED TO CONFIRM	NOTHCREFLX	1	-	-
1074	THEBAINE SCREEN & CONFIRM	10760	1	372.00	372.00
1075	THEOBROMINE	45005	1	87.00	87.00
1076	Theophylline	44160	1	58.00	58.00

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
1077	THINPREP and HPV	34560	1	-	-
1078	THIOCYANATE	44170	1	74.00	74.00
1079	Thiopental	44660	1	666.67	666.67
1080	Thiondiazine	42520	1	93.00	93.00
1081	Thiothixene	42530	1	91.00	91.00
1082	Thyroid Autoantibodies	32320	1	108.70	108.70
1083	Thyroid Stimulating Hormo	32000	1	40.00	40.00
1084	Thyroid Stimulating Hormo	32010	1	-	-
1085	Thyroxine, Free	32100	1	84.75	84.75
1086	Thyroxine, Total	32200	1	15.25	15.25
1087	Tiagabine	41230	1	90.00	90.00
1088	TILMICOSIN	44250	1	340.00	340.00
1089	TIN, BLOOD	47200	1	114.00	114.00
1090	Tizanidine	40070	1	168.00	168.00
1091	TKU DRUG SCREEN, 6-PANEL	56060	1	35.00	35.00
1092	Tocainide	43290	1	110.00	110.00
1093	Tolbutamide	43570	1	42.00	42.00
1094	TOLMECTIN	40350	1	125.00	125.00
1095	Toluene	45590	1	105.00	105.00
1096	Topiramate	41240	1	55.00	55.00
1097	Trace Substance Analysis	20000	1	200.00	200.00
1098	Tramadol & Metabolite-Bio	40680	1	166.67	166.67
1099	TRAMADOL & METABOLITE-URI	11365	1	166.67	166.67
1100	Trazadone, Urine	11360	1	55.00	55.00
1101	Trazodone	41680	1	55.00	55.00
1102	Triazolam	44670	1	130.00	130.00
1103	Trichloroethane (as Trich	45600	1	144.00	144.00
1104	Trichloroethylene	45610	1	143.00	143.00
1105	Tricyclic Antidepressant	41710	1	150.00	150.00
1106	Tricyclic Antidepressants	4921RX	1	-	-
1107	Trifluoperazine	42540	1	96.00	96.00
1108	TRIGLYCERIDES	34245	1	-	-
1109	TRIGLYCERIDES/CHOLESTEROL	34230	1	73.00	73.00
1110	Trihexyphenidyl	44180	1	106.00	106.00
1111	Trimipramine	41690	1	150.00	150.00
1112	Tripelennamine	42340	1	136.00	136.00

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
1113	TROPONIN	33850	1	85.00	85.00
1114	Tryptase Post (Enzyme)	32300	1	90.00	90.00
1115	UREA NITROGEN	34370	1	15.30	15.30
1116	UREA NITROGEN, VITREOUS	33410	1	45.00	45.00
1117	Uric Acid	33560	1	-	-
1118	URINALYSIS - PH, SPEC. GR	81005	1	5.00	5.00
1119	Urinalysis, Macroscopic	32500	1	37.00	37.00
1120	Urine Drug Screen - GCMS	70110	1	105.00	105.00
1121	Urine Glucose - Dipstick	5014G	1	-	-
1122	Valproic Acid, Blood	41280	1	106.107	106.107
1123	Valproic Acid, Free	41270	1	58.33	58.33
1124	Valproic Acid, Total & Fr	41260	10	83.33	833.30
1125	Valproic Acid, Total	41250	1	25.00	25.00
1126	VANCOMYCIN	44280	1	140.00	140.00
1127	Venlafaxine	41700	1	120.00	120.00
1128	Venlafaxine, Urine Confir	10691	1	120.00	120.00
1129	Verapamil	43300	1	80.00	80.00
1130	Verapamil w/Metabolite	43310	1	90.00	90.00
1131	Verapamil, Urine	11450	1	80.00	80.00
1132	VIRAL CULTURE	34120	1	84.00	84.00
1133	Vitamin B12 (Cyanocobalam	34298	1	-	-
1134	Vitamin B12/Folic Acid Pa	34295	1	-	-
1135	Volatiles	10432	1	55.00	55.00
1136	Volatiles Confirmation	10451	1	55.00	55.00
1137	Volatiles Confirmation, Q	5014RX	1	55.00	55.00
1138	Volatiles Confirmation, Q	5014RXQ	1	55.00	55.00
1139	VOLATILES PANEL	45715	1	131.00	131.00
1140	VOLATILES PANEL W/O ETHAN	10455	1	55.00	55.00
1141	VOLATILES: HYDROCARBONS A	17010	1	96.00	96.00
1142	Warfarin	44190	1	125.00	125.00
1143	Western Blot	31515	1	120.00	120.00
1144	White Blood Cell Count	33920	1	-	-
1145	Xylenes	45580	1	105.00	105.00
1146	ZALEPLON	44690	1	114.00	114.00
1147	ZINC, BLOOD	47220	1	108.00	108.00
1148	Ziprasidone	42550	1	110.00	110.00

Item #	AIT Product Description	AIT Product # or Equal to	Expected # Tests Per Year	Cost Per Test	Estimated Yearly Total Cost
1149	Zolpidem	44680	1	125.00	125.00
1150	Zolpidem, Urine Confirmat	11462	1	125.00	125.00
1151	Zonisamide	41290		60.00	60.00
1152	Zonisamide, Urine	11550		60.00	60.00
1153	ZPP (ZINC PROTOPORPHYRIN)	48315		56.00	56.00
ANNUAL GRAND TOTAL					157,371.27

**Pricing for indicated tests has not been defined or is subject to change. Please contact Client Service Representative for pricing questions on tests not priced.*

At the anniversary of renewal, new tests that have become available during the year, may be added to the contract.

This shall be a progressive award contract and will be made according to each qualifying vendor's bid response and lowest costs. Low bid will be designated as CME90092A, next lowest bid will be CME90092B, and so on. Agency will contact vendor "A" first to provide their needs. If vendor "A" cannot provide services, agency will go to vendor "B" and so on.

Vendor Signature

1/21/09
Date

STATE OF WEST VIRGINIA
Purchasing Division**PURCHASING AFFIDAVIT****VENDOR OWING A DEBT TO THE STATE:**

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

PUBLIC IMPROVEMENT CONTRACTS & DRUG-FREE WORKPLACE ACT:

West Virginia Code §21-1D-5 provides that: Any solicitation for a public improvement construction contract shall require each vendor that submits a bid for the work to submit at the same time an affidavit that the vendor has a written plan for a drug-free workplace policy in compliance with Article 1D, Chapter 21 of the West Virginia Code. A public improvement construction contract may not be awarded to a vendor who does not have a written plan for a drug-free workplace policy in compliance with Article 1D, Chapter 21 of the West Virginia Code and who has not submitted that plan to the appropriate contracting authority in timely fashion. For a vendor who is a subcontractor, compliance with Section 5, Article 1D, Chapter 21 of the West Virginia Code may take place before their work on the public improvement is begun.

ANTITRUST:

In submitting a bid to any agency for the state of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the state of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the state of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the state of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership or person or entity submitting a bid for the same materials, supplies, equipment or services and is in all respects fair and without collusion or fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

LICENSING:

Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or any other state agencies or political subdivision. Furthermore, the vendor must provide all necessary releases to obtain information to enable the Director or spending unit to verify that the vendor is licensed and in good standing with the above entities.

CONFIDENTIALITY:

The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures and rules. Vendors should visit www.state.wv.us/admin/purchase/privacy for the Notice of Agency Confidentiality Policies.

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

Vendor's Name: AIT
Authorized Signature: [Signature] Date: 1/21/09

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.

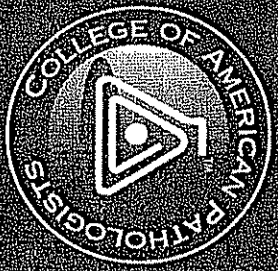
By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided 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.



Advancing Excellence

**Accredited
Laboratory**



The College of American Pathologists
certifies that the laboratory named below

***American Inst of Toxicology Labs
Indianapolis, Indiana
John E. Pless, MD***

LAP Number: 6948901
AU-ID: 1195687
CLIA Number: 15D0647225

*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 December 7, 2009 to maintain accreditation.*

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

Robert Williams, MD *Thomas Salzman MD FACP*
Chair, Commission on Laboratory Accreditation President, College of American Pathologists

**STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

AMERICAN INSTITUTE OF TOXICOLOGY, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on March 01, 1990, and was in existence or authorized to transact business in the State of Indiana on April 27, 2007.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Seventh Day of April, 2007.

A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA, Secretary of State

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