



6370 Wilcox Road
Dublin, Ohio 43016

Telephone: 614-889-1061

February 21, 2012

Roberta Wagner
Department of Administration
Purchasing Division
Building 15
2019 Washington Street, East
Charleston, WV 25305-0130

RECEIVED

2012 FEB 23 A 9:38

PURCHASING DIVISION
STATE OF WV

Dear Ms. Wagner:

As you may know, LabCorp is one of the largest and most innovative laboratory organizations in the country, capable of meeting the needs of virtually any provider. Our success was fostered by one primary objective: Provide a clinical laboratory services program that is responsive to clients' needs, wants and expectations. Our business strategy allows us to meet and anticipate the changing needs of our clients and prospects alike.

Convenience, quality, a comprehensive portfolio and excellent service describe LabCorp's network of strategically located patient service centers, local laboratories, a national esoteric laboratory and our Centers for Excellence. This network provides you with the individual attention and dependability of local personnel coupled with the support and strength of a national organization dedicated to researching, developing and implementing leading edge health care technology.

Attached for your examination is the LabCorp response to the January 26, 2012, Request for Quotation for Reference Laboratory Services BHS12088. Once you have reviewed this information, I hope that you will conclude that LabCorp is committed to and capable of providing you with the finest laboratory testing service available. Thank you for this opportunity to introduce LabCorp's advantages.

Sincerely,

A handwritten signature in black ink that reads "Sherry L. Thomas". The signature is written in a cursive, flowing style.

Sherry L. Thomas
Associate Vice President, Manager

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. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
4. 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.
5. Payment may only be made after the delivery and acceptance of goods or services.
6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
12. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and 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.
14. **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. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.
15. **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, and the West Virginia Insurance Commission. 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.
16. **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 material, 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.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. 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. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. 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
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).



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 |
| BHS12088 |

| |
|------|
| PAGE |
| 1 |

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

RFQ COPY

TYPE NAME/ADDRESS HERE
 Laboratory Corporation of America Holdings (LabCorp)
 6370 Wilcox Road
 Dublin, OH 43016

VENDOR

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

SHIP TO

| DATE PRINTED | TERMS OF SALE | SHIP VIA | F.O.B. | FREIGHT TERMS |
|--------------|---------------|----------|--------|---------------|
| 01/26/2012 | | | | |

BID OPENING DATE: 02/07/2012 BID OPENING TIME 01:30PM

| LINE | QUANTITY | UOP | CAT. NO. | ITEM NUMBER | UNIT PRICE | AMOUNT |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|----------|-------------|------------|--------|
| 0001 | 1 | YR | 193-88 | | | |
| <p>***** MANDATORY PRE-BID MEETING ON 2/7/2012 @ 1:00 PM IN CONF ROOM 354, AT 350 CAPITOL STREET, CHARLESTON, WV 25301 ***** OPEN-END BLANKET CONTRACT</p> | | | | | | |
| <p>OPEN END CONTRACT FOR REFERENCE LABORATORY SERVICES</p> <p>VENDOR TO PROVIDE REFERENCE LABORATORY SERVICES TO THE WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES STATE-OWNED FACILITIES WHICH INCLUDE: WILLIAM R SHARPE, JR. HOSPITAL MILDRED MITCHELL BATEMAN HOSPITAL PINECREST HOSPITAL LAKIN HOSPITAL WELCH COMMUNITY HOSPITAL HOPEMONT HOSPITAL JOHN MANCHIN SR. HEALTH CARE CENTER</p> <p>(SEE ATTACHED SPECIFICATIONS)</p> <p>EXHIBIT 3</p> <p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON AWARD.... AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS</p> | | | | | | |

| | | | | | | | |
|-----------------------------------------|--|-----------------|--|-----------------------------------|--|------------------------|--|
| SIGNATURE <i>Theresa R. Thomas</i> | | | | TELEPHONE 614-210-2860 | | DATE February 21, 2012 | |
| TITLE Associate Vice President, Manager | | FEIN 13-3757370 | | ADDRESS CHANGES TO BE NOTED ABOVE | | | |

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



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
 BHS12088

PAGE
 2

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

RFQ COPY

TYPE NAME/ADDRESS HERE

Laboratory Corporation of America Holdings (LabCorp)
 6370 Wilcox Road
 Dublin, OH 43016

HEALTH AND HUMAN RESOURCES

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

| DATE PRINTED | TERMS OF SALE | SHIP VIA | F.O.B. | FREIGHT TERMS |
|--------------|---------------|----------|--------|---------------|
| 01/26/2012 | | | | |

BID OPENING DATE: 02/07/2012 BID OPENING TIME 01:30PM

| LINE | QUANTITY | UOP | CAT NO. | ITEM NUMBER | UNIT PRICE | AMOUNT |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|---------|-------------|------------|--------|
| <p>NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.</p> <p>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT BY THE STATE OF WEST VIRGINIS, ITS AGENCIES, OR POLITICAL SUBDIVISIONS, THE TERMS, CONDITIONS AND PRICING SET FORTH HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.</p> <p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE</p> | | | | | | |

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

| | | |
|-----------|-----------|-----------------------------------|
| SIGNATURE | TELEPHONE | DATE |
| TITLE | FEIN | ADDRESS CHANGES TO BE NOTED ABOVE |

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



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
 BHS12088

PAGE
 3

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

RFQ COPY

TYPE NAME/ADDRESS HERE

Laboratory Corporation of America Holdings (LabCorp)
 6370 Wilcox Road
 Dublin, OH 43016

V
E
N
D
O
R

HEALTH AND HUMAN RESOURCES

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

S
H
I
P
T
O

| DATE PRINTED | TERMS OF SALE | SHIP VIA | F.O.B. | FREIGHT TERMS |
|--------------|---------------|----------|--------|---------------|
| 01/26/2012 | | | | |

BID OPENING DATE: 02/07/2012 BID OPENING TIME 01:30PM

| LINE | QUANTITY | UOP | CAT NO. | ITEM NUMBER | UNIT PRICE | AMOUNT |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|---------|-------------|------------|--------|
| <p>APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</p> <p>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THE STATE MAY DEEM THE CONTRACT NULL AND VOID, AND TERMINATE SUCH CONTRACT WITHOUT FURTHER ORDER.</p> <p>THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM.</p> <p>REV. 05/26/2009</p> <p>INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 2/8/2012. 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> | | | | | | |

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'



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 |
| BHS12088 |

| |
|------|
| PAGE |
| 5 |

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

RFQ COPY

VENDOR

TYPE NAME/ADDRESS HERE
 Laboratory Corporation of America Holdings (LabCorp)
 6370 Wilcox Road
 Dublin, OH 43016

SHIP TO

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

| DATE PRINTED | TERMS OF SALE | SHIP VIA | F.O.B. | FREIGHT TERMS |
|--------------|---------------|----------|--------|---------------|
| 01/26/2012 | | | | |

BID OPENING DATE: 02/07/2012 BID OPENING TIME 01:30PM

| LINE | QUANTITY | UOP | CAT. NO. | ITEM NUMBER | UNIT PRICE | AMOUNT |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|----------|-------------|------------|--------|
| MANDATORY PRE-BID | | | | | | |
| <p>A MANDATORY PRE-BID WILL BE HELD ON 2/7/2012 AT 1:00 PM IN ROOM 354 AT 350 CAPITOL ST., CHARLESTON, WV. INTERESTED PARTIES ARE REQUIRED TO ATTEND THIS MEETING. FAILURE TO ATTEND THE MANDATORY PRE-BID SHALL RESULT IN DISQUALIFICATION OF THE BID. NO ONE PERSON MAY REPRESENT MORE THAN ONE BIDDER.</p> <p>AN ATTENDANCE SHEET WILL BE MADE AVAILABLE FOR ALL POTENTIAL BIDDERS TO COMPLETE. THIS WILL SERVE AS THE OFFICIAL DOCUMENT VERIFYING ATTENDANCE AT THE MANDATORY PRE-BID. FAILURE TO PROVIDE YOUR COMPANY AND REPRESENTATIVE NAME ON THE ATTENDANCE SHEET WILL RESULT IN DISQUALIFICATION OF THE BID. THE STATE WILL NOT ACCEPT ANY OTHER DOCUMENTATION TO VERIFY ATTENDANCE. THE BIDDER IS RESPONSIBLE FOR ENSURING THEY HAVE COMPLETED THE INFORMATION REQUIRED ON THE ATTENDANCE SHEET. THE PURCHASING DIVISION AND THE STATE AGENCY WILL NOT ASSUME ANY RESPONSIBILITY FOR A BIDDER-S FAILURE TO COMPLETE THE PRE-BID ATTENDANCE SHEET. IN ADDITION, WE REQUEST THAT ALL POTENTIAL BIDDERS INCLUDE THEIR E-MAIL ADDRESS AND FAX NUMBER.</p> <p>ALL POTENTIAL BIDDERS ARE REQUESTED TO ARRIVE PRIOR TO THE STARTING TIME FOR THE PRE-BID. BIDDERS WHO ARRIVE LATE, BUT PRIOR TO THE DISMISSAL OF THE TECHNICAL PORTION OF THE PRE-BID WILL BE PERMITTED TO SIGN IN. BIDDERS WHO ARRIVE AFTER CONCLUSION OF THE TECHNICAL PORTION OF THE PRE-BID, BUT DURING ANY SUBSEQUENT PART OF THE PRE-BID WILL NOT BE PERMITTED TO SIGN THE ATTENDANCE SHEET.</p> <p>PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR MUST ACCEPT THE STATE OF WEST VIRGINIA VISA PURCHASING</p> | | | | | | |

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

| | | |
|-----------|-----------|-----------------------------------|
| SIGNATURE | TELEPHONE | DATE |
| TITLE | FEIN | ADDRESS CHANGES TO BE NOTED ABOVE |

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



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 |
| BHS12088 |

| |
|------|
| PAGE |
| 6 |

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

RFQ COPY

TYPE NAME/ADDRESS HERE

Laboratory Corporation of America Holdings (LabCorp)
 6370 Wilcox Road
 Dublin, OH 43016

VENDOR

HEALTH AND HUMAN RESOURCES

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

SHIP TO

| DATE PRINTED | TERMS OF SALE | SHIP VIA | F.O.B. | FREIGHT TERMS |
|--------------|---------------|----------|--------|---------------|
| 01/26/2012 | | | | |

BID OPENING DATE: 02/07/2012 BID OPENING TIME 01:30PM

| LINE | QUANTITY | UOP | CAT. NO. | ITEM NUMBER | UNIT PRICE | AMOUNT |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|----------|-------------|------------|--------|
| <p>CARD FOR PAYMENT OF ALL ORDERS PLACED BY ANY STATE AGENCY AS A CONDITION OF AWARD.</p> <p>REV 07/16/2007</p> <p>VENDOR PREFERENCE CERTIFICATE</p> <p>THIS TEAM EXHIBIT HAS BEEN REPLACED BY THE ONLINE VERSION WHICH IS AVAILABLE HERE: HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE/VRC/VENPREF.PDF</p> <p>NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p>DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130</p> <p>PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED.</p> <p>THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:</p> <p>SEALED BID</p> <p>BUYER: RW-22</p> <p>RFQ. NO.: BHS12088</p> <p>BID OPENING DATE: 2/23/2012</p> <p>BID OPENING TIME: 1:30PM</p> | | | | | | |

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

| | | |
|-----------|-----------|-----------------------------------|
| SIGNATURE | TELEPHONE | DATE |
| TITLE | FEIN | ADDRESS CHANGES TO BE NOTED ABOVE |

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



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 |
| BHS12088 |

| |
|------|
| PAGE |
| 7 |

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

RFQ COPY

TYPE NAME/ADDRESS HERE

Laboratory Corporation of America Holdings (LabCorp)
 6370 Wilcox Road
 Dublin, OH 43016

HEALTH AND HUMAN RESOURCES

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

| | | | | |
|--------------|---------------|----------|--------|---------------|
| DATE PRINTED | TERMS OF SALE | SHIP VIA | F.O.B. | FREIGHT TERMS |
| 01/26/2012 | | | | |

BID OPENING DATE: 02/07/2012 BID OPENING TIME 01:30PM

| LINE | QUANTITY | UOP | CAT. NO. | ITEM NUMBER | UNIT PRICE | AMOUNT |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|----------|-------------|------------|--------------|
| PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID: ----- 614-761-0791 ----- CONTACT PERSON (PLEASE PRINT CLEARLY): ----- Lisa Thompson, Team Lead, Bids/Proposals Department ----- 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 THERETO 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. | | | | | | |
| ***** THIS IS THE END OF RFQ BHS12088 ***** TOTAL: | | | | | | \$289,934.50 |

| | | | |
|-------------------------------------------|--------------|-----------------------------------|--|
| SEE REVERSE SIDE FOR TERMS AND CONDITIONS | | | |
| SIGNATURE | TELEPHONE | DATE | |
| <i>Mary R. Thomas</i> | 614-210-2860 | February 21, 2012 | |
| TITLE | FEIN | ADDRESS CHANGES TO BE NOTED ABOVE | |
| Associate Vice President, Manager | 13-3757370 | | |

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

**Open End Contract for Reference Laboratory Services
BHS12088**

1.1 Purpose:

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

Location of Facilities:

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

Hopemont Hospital
150 Hopemont Drive
Terra Alta, WV 26764

Lakin Hospital
11522 Ohio River Rd
West Columbia, WV 25287

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

Welch Community Hospital
454 McDowell Street
Welch, WV 24801

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

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

1.2 Mandatory Requirements

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

-
- certificates. The vendor shall maintain on-going certification by (CLIA) and (CAP) and provide copies of certificates upon any renewals which occur during the contract period.
- 1.2.6 Vendor shall maintain compliance with (CLIA) regulations that address specimen rejection and the categorization of specimens as unsatisfactory.
- 1.2.7 Vendor shall ensure that all information provided in the laboratory reports complies with (CAP) standards.
- 1.2.8 Vendor shall maintain compliance with (CLIA) regulations regarding Quality Control and Quality Assurance, including documentation of the vendor's proficiency testing program. The vendor shall provide all such documentation to BHHF, or its individual facilities, upon request.
- 1.2.9 Vendor shall maintain stored lab results for Quality Assurance monitoring and assessment of laboratory services for the current time periods mandated by regulatory bodies (CAP and CLIA).
- 1.2.10 Vendor shall maintain all specimen and report data in electronic format, including the total number of tests performed on a daily, monthly and annual basis by individual testing category. Vendor shall provide all such comprehensive or individual facility statistical reports to BHHF, or each individual facility, upon request.
- 1.2.11 Vendor shall employ a Board Certified Pathologist who is to be made available seven days each week, during normal working hours, for questions and/or interpretation of test results.
- 1.2.12 Vendor shall provide the facilities, on an on-going basis, with the name, address, and telephone number of their account representatives. Vendor shall also provide the facilities with a telephone referral service (twenty four hours a day/seven days a week) (24/7) for the purpose of responding to facility inquires that require technical or professional support.
- 1.2.13 Vendor shall provide a set fee for phlebotomy services to be provided at the designated facilities. When, and/or if, a phlebotomist is needed, the facility will contact the vendor for the provision of services pursuant to the fee quoted. Please note: all travel expenses, if any, must be included in the fee as an all-inclusive rate.
- 1.2.14 Vendor shall provide dedicated laboratory collection (courier) services seven (7) days per week at each facility for pick-up and transport of specimens. Services shall be performed by individuals specifically trained in laboratory specimen transport including the rules and regulations (Department of Transportation 49 Code of Federal Regulations, Parts 171-178) related to the transport of clinical specimens. Collection times shall take into consideration the facilities' needs for optimal test result turnaround times.
- 1.2.15 Vendor shall assume responsibility and liability for examining, interpreting and reporting results of all specimens.

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

Exceptions to prescribed turnaround times are as follows:

Cytology results turnaround time:

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

Surgical pathology turnaround time:

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

- 1.2.21 Vendor shall not sub-contract more than 1% (one percent) of the types of tests to be processed. The Vendor will be the Subagent to the Bureau and will be wholly responsible for all reference lab activities.
- 1.2.22 A list of the type and estimated quantity of tests, profiles, screens and cultures required by the facilities are attached as Exhibit A. This exhibit represents the most commonly required and/or requested tests and will be utilized for evaluation purposes.

1.2.23 This will be an open end contract. Quantities listed in the exhibits are estimates only. Actual amounts will vary depending on the needs of the facilities whether those needs are greater or less than the quantities listed.

1.2.24 A mandatory pre-bid conference shall be conducted at 350 Capitol St., Rm. 354, Charleston, WV 25301 at 1:00 pm on 2/7/2012. All interested vendors are required to be present at this meeting. Any vendor failing to attend the mandatory pre-bid conference will not be considered for award. No one person can represent more than one vendor.

2. Method of Evaluation:

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

3. Payment:

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

4. Insurance Requirements:

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

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

PLEASE SEE PRICING PROPOSAL PAGES THAT FOLLOW
Exhibit A

| | BHS12088 | | Column A | Column B | Column C |
|----|----------------------------------------------|------------|----------------------------------|---------------|---------------|
| | EXHIBIT A – Bid Sheet | | | | |
| | Item Description (Test) | CPT Codes | Estimated Annual Volume of Tests | Cost Per Test | Total (A x B) |
| 1 | ADRENOCORTICOTROPIC HORMONE (ACTH) | 82024 | 120 | | |
| 2 | AEROBIC BACTERIAL CULTURE GEN. | 87070 | 210 | | |
| 3 | AEROBIC IDENTIFICATION | 87077 | 30 | | |
| 4 | a-FETOPROTEIN (AFP) | 82105 | 65 | | |
| 5 | ALANINE AMINOTRANSFERASE (ALT) | 84460 | 160 | | |
| 6 | ALBUMIN | 82040 | 250 | | |
| 7 | AMMONIA | 82140 | 70 | | |
| 8 | AMYLASE | 82150 | 65 | | |
| 9 | ANAEROBIC CULTURE | 87075 | 145 | | |
| 10 | ANTINUCLEAR ANTIBODIES (ANA) | 86038 | 80 | | |
| 11 | ANTISTREPTOLYSIN O ANTIBODIES (ASO) | 86060 | 20 | | |
| 12 | ASPARTATE AMINOTRANFERASE (AST) | 84450 | 100 | | |
| 13 | BASIC METABOLIC PANEL | 80048 | 435 | | |
| 14 | BILIRUBIN DIRECT | 82248 | 10 | | |
| 15 | BILIRUBIN TOTAL | 82247 | 10 | | |
| 16 | B-TYPE NATRIURETIC PEPTIDE (BNP) | 83880 | 15 | | |
| 17 | C4-BINDING PROTEIN | 83520 | 150 | | |
| 18 | CALCITROL (VITAMIN D 1,25 DIHYDROXY) | 82652 | 300 | | |
| 19 | CALCIUM | 82310 | 60 | | |
| 20 | CALCIUM IONIZED | 82230 | 10 | | |
| 21 | CARBAMAZEPINE | 80156 | 100 | | |
| 22 | CD 4 HELPER T-LYMPH | 86360 | 10 | | |
| 23 | CHLAMYDIA by GENPROBE | 87490 | 320 | | |
| 24 | CHOLESTEROL | 82465 | 10 | | |
| 25 | CLOSTRIDIUM DIFFICILE TOXINS | 87324 | 80 | | |
| 26 | CLOZAPINE | 80154 | 20 | | |
| 27 | COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL | 85025 | 2850 | | |
| 28 | C-PEPTIDE | 84681 | 25 | | |
| 29 | CREATINE | 82565 | 250 | | |
| 30 | CREATINE KINASE (CK) MB | 82553 | 10 | | |
| 31 | CREATINE KINASE (CK) TOTAL | 82550 | 110 | | |
| 32 | CULTURE, BLOOD | 87040 | 350 | | |
| 33 | CULTURE, STOOL | 87427 | 25 | | |
| 34 | CULTURE, URINE | 87086 | 650 | | |
| 35 | DIGOXIN | 80162 | 120 | | |
| 36 | DRUG SCREEN CONFIRMATION (INDIVIDUAL DRUGS) | 80102 | 950 | | |
| 37 | DRUG SCREEN URINE | 80101 X 10 | 1350 | | |

| BHS12088 | | | <i>Column A</i> | <i>Column B</i> | <i>Column C</i> |
|------------------------------|-----------------------------------------|------------------|-----------------------------------------|----------------------|----------------------|
| EXHIBIT A – Bid Sheet | | | | | |
| | Item Description (Test) | CPT Codes | Estimated Annual Volume of Tests | Cost Per Test | Total (A x B) |
| 38 | ELECTROLYTES | 80051 | 275 | | |
| 39 | ETHANOL, ALCOHOL | 82055 | 10 | | |
| 40 | FECAL FAT | 82710 | 10 | | |
| 41 | FERRITIN | 82728 | 65 | | |
| 42 | FOLATE | 82746 | 290 | | |
| 43 | FOLATE RBC | 82747 | 125 | | |
| 44 | FOLLICULAR STIMULATING HORMONE (FSH) | 83001 | 20 | | |
| 45 | GLUCOSE | 82947 | 170 | | |
| 46 | GLUCOSE TOLERANCE TEST | 82952 | 15 | | |
| 47 | GLUTAMYLTRANSFERASE, GAMMA (GGT) | 82977 | 1200 | | |
| 48 | GYNECOLOGIC PAP SMEAR | 88175 | 230 | | |
| 49 | GYNECOLOGIC PAP SMEAR THIN PREP | 88147 | 50 | | |
| 50 | HALOPERIDOL | 80173 | 15 | | |
| 51 | HDL CHOLESTEROL | 83718 | 30 | | |
| 52 | HELICOBACTER PYLORI ANTIBODIES | 86677 | 15 | | |
| 53 | HEMATOCRIT | 85014 | 25 | | |
| 54 | HEMOGLOBIN | 85018 | 25 | | |
| 55 | HEMOGLOBIN (HB) A1C | 83036 | 950 | | |
| 56 | HEPATIC PANEL (LIVER) | 80076 | 350 | | |
| 57 | HEPATITIS A IGM | 86709 | 250 | | |
| 58 | HEPATITIS B CORE AB IgG | 86704 | 710 | | |
| 59 | HEPATITIS B CORE AB IgM | 86705 | 250 | | |
| 60 | HEPATITIS B S AB | 86076 | 220 | | |
| 61 | HEPATITIS B S AG | 87340 | 1150 | | |
| 62 | HEPATITIS C AB | 86803 | 620 | | |
| 63 | HEPATITIS C BY PCR | 87521 | 10 | | |
| 64 | HEPATITIS C GENOTYPE | 87902 | 10 | | |
| 65 | HEPATITIS PROFILE, ACUTE | 80074 | 450 | | |
| 66 | HERPES CULTURE | 87255 | 10 | | |
| 67 | HERPES SIMPLEX VIRUS (HSV) | 87273 | 35 | | |
| 68 | HUMAN CHORIONIC GONADOTROPIN | 84703 | 100 | | |
| 69 | HUMAN CHORIONIC GONADOTROPIN, URINE | 81025 | 15 | | |
| 70 | HUMAN IMMUNODEFICIENCY VIRUS (HIV) | 86701 | 150 | | |
| 71 | HUMAN IMMUNODEFICIENCY VIRUS RNA BY PCR | 87536 | 30 | | |
| 72 | INSULIN | 83525 | 35 | | |
| 73 | IRON | 83540 | 1270 | | |
| 74 | IRON BINDING CAPACITY (IBC) | 83550 | 20 | | |
| 75 | LACTIC ACID DEHYDROGENASE (LD) | 83615 | 1200 | | |

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

BHS12088

14

Bid Sheet

| | BHS12088 | | Column A | Column B | Column C |
|-----|-------------------------------------------|-----------|----------------------------------|---------------|---------------|
| | EXHIBIT A – Bid Sheet | | | | |
| | Item Description (Test) | CPT Codes | Estimated Annual Volume of Tests | Cost Per Test | Total (A x B) |
| 76 | LAMOTRIGINE (LOMICTAL) | 82491 | 10 | | |
| 77 | LEAD | 83655 | 70 | | |
| 78 | LIPASE | 83690 | 20 | | |
| 79 | LIPID PANEL | 80061 | 1800 | | |
| 80 | LITHIUM | 80178 | 600 | | |
| 81 | LOW DENSITY LIPOPROTEIN (LDL) CHOLESTEROL | 83721 | 35 | | |
| 82 | LUTEINIZING HORMONE (LH) | 83002 | 15 | | |
| 83 | MAGNESIUM | 83735 | 150 | | |
| 84 | METABOLIC PANEL COMPREHENSIVE | 80053 | 1900 | | |
| 85 | MICROALBUMIN URINE | 82043 | 20 | | |
| 86 | MONONUCLEOUS | 86309 | 30 | | |
| 87 | MUMPS | 86735 | 30 | | |
| 88 | MYCOBACTERIUM (REFLEX @ ADD. COST) | 87186 | 10 | | |
| 89 | NEISSERIA GONORRHOEAE, GC by GENPROBE | 87590 | 310 | | |
| 90 | OVA & PARASITE | 87177 | 20 | | |
| 91 | PARATHYROID HORMINE, (PTH) INTACT | 83970 | 115 | | |
| 92 | PARTIAL THROMBOPLASTIN TIME (PTT) | 85730 | 150 | | |
| 93 | PHENOBARBITAL | 80184 | 100 | | |
| 94 | PHENYTOIN DILANTIN | 80185 | 350 | | |
| 95 | PHOSPHOROUS | 84100 | 1300 | | |
| 96 | POTASSIUM | 84132 | 50 | | |
| 97 | PREALBUMIN | 84134 | 150 | | |
| 98 | PRIMIDONE, MYSOLINE | 80188 | 10 | | |
| 99 | PROLACTIN | 84146 | 50 | | |
| 100 | PROSTATE SPECIFIC ANTIGEN (PSA) | 84153 | 100 | | |
| 101 | PROTEIN ELECTROPHORESIS | 84155 | 15 | | |
| 102 | PROTHROMBIN TIME (PT) | 85610 | 850 | | |
| 103 | RAPID PLASMA REAGIN (RPR) | 86592 | 330 | | |
| 104 | RENAL FUNCTION PANEL | 80069 | 100 | | |
| 105 | RETICULOCYTE | 85044 | 20 | | |
| 106 | RHEUMATOID FACTOR (RF) | 86430 | 15 | | |
| 107 | RUBELLA | 86762 | 30 | | |
| 108 | RUBEOLA | 86765 | 30 | | |
| 109 | SEDIMENTATION RATE (ESR) | 85651 | 30 | | |
| 110 | SODIUM | 84295 | 25 | | |
| 111 | TESTOSTERONE, TOTAL | 84403 | 50 | | |
| 112 | THEOPHYLLINE | 80198 | 60 | | |
| 113 | THYROID STIMULATING HORMONE (TSH) | 84443 | 400 | | |
| 114 | THYROXINE (T4) | 84436 | 830 | | |
| 115 | THYROXINE (T4), FREE | 84439 | 1300 | | |

| BHS12088 | | | Column A | Column B | Column C |
|-----------------------|----------------------------|-----------|---------------------------------------|---------------|---------------|
| EXHIBIT A – Bid Sheet | | | | | |
| | Item Description (Test) | CPT Codes | Estimated Annual Volume of Tests | Cost Per Test | Total (A x B) |
| 116 | TRIGLYCERIDES | 84478 | 15 | | |
| 117 | TRIIODOTHYRONINE (T3) | 84480 | 860 | | |
| 118 | TRIIODOTHYRONINE (T3) FREE | 84481 | 70 | | |
| 119 | TROPONIN | 84484 | 10 | | |
| 120 | UREA NITROGEN (BUN) | 84520 | 240 | | |
| 121 | URIC ACID | 84550 | 1250 | | |
| 122 | URINALYSIS | 81000 | 1250 | | |
| 123 | VALPROIC ACID | 80164 | 1000 | | |
| 124 | VARICELLA ZOSTER VIRUS | 86787 | 100 | | |
| 125 | VITAMIN B12 | 82607 | 400 | | |
| 126 | VITAMIN D 25-HYDROXY | 82306 | 75 | | |
| | | | <i>Total of Exhibit A – Bid Sheet</i> | | |

PLEASE SEE THE PRICING PROPOSAL PAGES THAT FOLLOW

PLEASE SEE THE PRICING PROPOSAL PAGES THAT FOLLOW

EXHIBIT B (Vendor's Attachment of Phlebotomy Services)

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

RFQ No. BHS12088

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: Laboratory Corporation of America Holdings (LabCorp)

Authorized Signature: *Merry L. Thomas* Date: February 21, 2012

State of Ohio

County of Franklin, to-wit:

Taken, subscribed, and sworn to before me this 21st day of February, 2012.

My Commission expires 9-10, 2012.

JOANNA EGLI, Notary Public

State of Ohio

NOTARY PUBLIC

My Commission Expires 9-10-12

AFFIX SEAL HERE



Joanna Egli

Rev. 09/08

State of West Virginia
VENDOR PREFERENCE CERTIFICATE

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

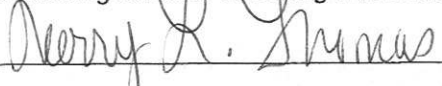
1. **Application is made for 2.5% resident vendor preference for the reason checked:**
 Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
 Bidder is a partnership, association or corporation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

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

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

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

Bidder: Laboratory Corporation of America Holdings
 (LabCorp)

Signed: 

Date: February 21, 2012

Title: Associate Vice President, Manager

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



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 |
| BHS12088 |

| |
|------|
| PAGE |
| 1 |

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

RFQ COPY

TYPE NAME/ADDRESS HERE

Laboratory Corporation of America Holdings (LabCorp)
 6370 Wilcox Road
 Dublin, OH 43016

HEALTH AND HUMAN RESOURCES

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

| | | | | |
|--------------|---------------|----------|--------|---------------|
| DATE PRINTED | TERMS OF SALE | SHIP VIA | F.O.B. | FREIGHT TERMS |
| 01/26/2012 | | | | |

BID OPENING DATE: 02/23/2012 BID OPENING TIME 01:30PM

| LINE | QUANTITY | UOP | CAT. NO. | ITEM NUMBER | UNIT PRICE | AMOUNT |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|----------|-------------|------------|--------|
| ADDENDUM NO. 1 | | | | | | |
| 1. TO MOVE THE BID OPENING DATE FROM 2/7/2012 TO 2/23/2012. THE INCORRECT DATE WAS ENTERED ON THE ORIGINAL RFQ. | | | | | | |
| 2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID. | | | | | | |
| EXHIBIT 10 | | | | | | |
| REQUISITION NO.: BHS12088 | | | | | | |
| ADDENDUM ACKNOWLEDGEMENT | | | | | | |
| I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC. | | | | | | |
| ADDENDUM NO.'S: | | | | | | |
| NO. 1 . . . X . . . | | | | | | |
| NO. 2 . . . X . . . | | | | | | |
| NO. 3 | | | | | | |

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

| | | |
|-----------------------------------------|------------------------|-----------------------------------|
| SIGNATURE <i>George J. Thomas</i> | TELEPHONE 614-210-2860 | DATE February 21, 2012 |
| TITLE Associate Vice President, Manager | FEIN 13-3757370 | 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. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
4. 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.
5. Payment may only be made after the delivery and acceptance of goods or services.
6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
12. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.html and 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.
14. **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. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.
15. **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, and the West Virginia Insurance Commission. 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.
16. **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 material, 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.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. 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. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. 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
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).



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 |
| BHS12088 |

| |
|------|
| PAGE |
| 2 |

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

RFQ COPY

TYPE NAME/ADDRESS HERE

Laboratory Corporation of America Holdings (LabCorp)
 6370 Wilcox Road
 Dublin, OH 43016

HEALTH AND HUMAN RESOURCES

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

| DATE PRINTED | TERMS OF SALE | SHIP VIA | F.O.B. | FREIGHT TERMS |
|--------------|---------------|----------|--------|---------------|
| 01/26/2012 | | | | |

BID OPENING DATE: 02/23/2012 BID OPENING TIME 01:30PM

| LINE | QUANTITY | UOP | CAT. NO. | ITEM NUMBER | UNIT PRICE | AMOUNT |
|------|----------|-----|----------|-------------|------------|--------|
|------|----------|-----|----------|-------------|------------|--------|

NO. 4

NO. 5

I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.

VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.

Merry L. Thomas

 SIGNATURE

Laboratory Corporation of America Holdings (LabCorp)

 COMPANY

February 21, 2012

 DATE

NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.

REV. 09/21/2009

END OF ADDENDUM NO. 1

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'



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 |
| BHS12088 |

| |
|------|
| PAGE |
| 3 |

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

RFQ COPY

TYPE NAME/ADDRESS HERE

Laboratory Corporation of America Holdings (LabCorp)
 6370 Wilcox Road
 Dublin, OH 43016

VENDOR

HEALTH AND HUMAN RESOURCES

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

SHIP TO

| | | | | |
|--------------|---------------|----------|--------|---------------|
| DATE PRINTED | TERMS OF SALE | SHIP VIA | F.O.B. | FREIGHT TERMS |
| 01/26/2012 | | | | |

BID OPENING DATE: 02/23/2012 BID OPENING TIME 01:30PM

| LINE | QUANTITY | UOP | CAT. NO. | ITEM NUMBER | UNIT PRICE | AMOUNT |
|-----------------------------------------------------|----------|-----|----------|-------------|------------|--------------|
| 001 | 1 | YR | | 193-88 | | |
| OPEN END CONTRACT FOR REFERENCE LABORATORY SERVICES | | | | | | |
| ***** THIS IS THE END OF RFQ BHS12088 ***** TOTAL: | | | | | | \$289,934.50 |

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

| | | |
|-----------------------------------|--------------|-----------------------------------|
| SIGNATURE | TELEPHONE | DATE |
| <i>Jerry H. Thomas</i> | 614-210-2860 | February 21, 2012 |
| TITLE | FEIN | ADDRESS CHANGES TO BE NOTED ABOVE |
| Associate Vice President, Manager | 13-3757370 | |

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



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 |
| BHS12088 |

| |
|------|
| PAGE |
| 1 |

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

RFQ COPY

TYPE NAME/ADDRESS HERE

Laboratory Corporation of America Holdings (LabCorp)
 6370 Wilcox Road
 Dublin, OH 43016

VENDOR ROOM

HEALTH AND HUMAN RESOURCES

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

SHIP TO

| | | | | |
|--------------|---------------|----------|--------|---------------|
| DATE PRINTED | TERMS OF SALE | SHIP VIA | F.O.B. | FREIGHT TERMS |
| 02/10/2012 | | | | |

BID OPENING DATE: 02/23/2012 BID OPENING TIME 01:30PM

| LINE | QUANTITY | UOP | CAT. NO. | ITEM NUMBER | UNIT PRICE | AMOUNT |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|----------|-------------|------------|--------|
| ADDENDUM NO. 2 | | | | | | |
| 1. QUESTIONS AND ANSWERS ARE ATTACHED. 2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID. | | | | | | |
| EXHIBIT 10 | | | | | | |
| REQUISITION NO.: BHS12088 | | | | | | |
| ADDENDUM ACKNOWLEDGEMENT | | | | | | |
| I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC. | | | | | | |
| ADDENDUM NO.'S: | | | | | | |
| NO. 1 ... X ... | | | | | | |
| NO. 2 ... X ... | | | | | | |
| NO. 3 | | | | | | |
| NO. 4 | | | | | | |

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

| | | |
|-----------------------------------|--------------|-----------------------------------|
| SIGNATURE | TELEPHONE | DATE |
| <i>Mary R. Thomas</i> | 614-210-2860 | February 21, 2012 |
| TITLE | FEIN | ADDRESS CHANGES TO BE NOTED ABOVE |
| Associate Vice President, Manager | 13-3757370 | |

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



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 |
| BHS12088 |

| |
|------|
| PAGE |
| 2 |

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

RFQ COPY

TYPE NAME/ADDRESS HERE

VENDOR

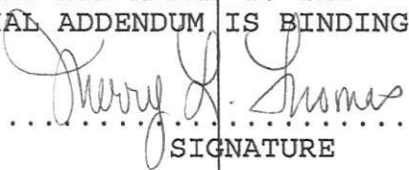
Laboratory Corporation of America Holdings (LabCorp)
 6370 Wilcox Road
 Dublin, OH 43016

SHIP TO

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

| DATE PRINTED | TERMS OF SALE | SHIP VIA | F.O.B. | FREIGHT TERMS |
|--------------|---------------|----------|--------|---------------|
| 02/10/2012 | | | | |

BID OPENING DATE: 02/23/2012 BID OPENING TIME 01:30PM

| LINE | QUANTITY | UOP | CAT. NO. | ITEM NUMBER | UNIT PRICE | AMOUNT |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|----------|-------------|------------|--------|
| NO. 5 | | | | | | |
| <p>I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.</p> <p>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p> <p style="text-align: center;">  SIGNATURE Laboratory Corporation of America Holdings (LabCorp) COMPANY .. February 21, 2012 DATE </p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.</p> <p>REV. 09/21/2009</p> <p style="text-align: center;">END OF ADDENDUM NO. 2</p> | | | | | | |

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

| | | |
|-----------|-----------|-----------------------------------|
| SIGNATURE | TELEPHONE | DATE |
| TITLE | FEIN | ADDRESS CHANGES TO BE NOTED ABOVE |

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



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 |
| BHS12088 |

| |
|------|
| PAGE |
| 3 |

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

RFQ COPY

TYPE NAME/ADDRESS HERE

Laboratory Corporation of America Holdings (LabCorp)
 6370 Wilcox Road
 Dublin, OH 43016

VENDOR

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

SHIP TO

| DATE PRINTED | TERMS OF SALE | SHIP VIA | F.O.B. | FREIGHT TERMS |
|--------------|---------------|----------|--------|---------------|
| 02/10/2012 | | | | |

BID OPENING DATE: 02/23/2012 BID OPENING TIME 01:30PM

| LINE | QUANTITY | UOP | CAT. NO. | ITEM NUMBER | UNIT PRICE | AMOUNT |
|-----------------------------------------------------|----------|-----|----------|-------------|------------|--------------|
| 0001 | 1 | YR | | 193-88 | | |
| OPEN END CONTRACT FOR REFERENCE LABORATORY SERVICES | | | | | | |
| ***** THIS IS THE END OF RFQ BHS12088 ***** TOTAL: | | | | | | \$289,934.50 |

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

| | | |
|--------------------------------------------|---------------------------|-----------------------------------|
| SIGNATURE <i>Mary D. Thomas</i> | TELEPHONE 614-210-2860 | DATE February 21, 2012 |
| TITLE Associate Vice President, Manager | FEIN 13-3757370 | ADDRESS CHANGES TO BE NOTED ABOVE |

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

000004

BHS12088

ADDENDUM #2

QUESTION: When will the winning bidder be able to start work on the contract?

ANSWER: The contract term will be established once the bids have been evaluated and the contract awarded. The approved Purchase Order will be issued, signed and put in the US mail to the successful bidder. Because this is an open end contract, the facilities must first request the services of the vendor. The ordering instructions are found in the terms and conditions of the contract and the vendor can start work once they've received a request from any of the facilities listed on the contract.

SIGN IN SHEET

Request for Proposal No. BHS12058

PLEASE PRINT

Date: 2/7/12

* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD

| FIRM & REPRESENTATIVE NAME | MAILING ADDRESS | TELEPHONE & FAX NUMBERS |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| Company: <u>Labcorp</u> Rep: <u>Ian Dryburgh</u> Email Address: <u>dryburio@labcorp.com</u> | | PHONE <u>412-304-8668</u> TOLL FREE FAX |
| Company: <u>LatCoEP</u> Rep: <u>Bob VanHoese</u> Email Address: <u>VanHoese@LatCoEP.com</u> | <u>120 Hrus Plaza</u> <u>Charleston, WV</u> | PHONE <u>(304) 308-1330</u> TOLL FREE FAX |
| Company: <u>ATMATIC DISTRIBUTIVE LMB</u> Rep: <u>SYED IHAIDER</u> Email Address: <u>ihaidero@atlab.net</u> | | PHONE <u>267 525 2470</u> TOLL FREE FAX <u>267 525 2488</u> |
| Company: <u>ATMATIC DISTRIBUTIVE LMB</u> Rep: <u>Dr. Gulam Nabi VATHORA</u> Email Address: <u>VATHORA@ATMATIC.COM</u> | | PHONE <u>267 525 2470</u> TOLL FREE FAX <u>267 525 2488</u> |
| Company: <u>DAVE ELYARD</u> Rep: <u>BETH</u> Email Address: | | PHONE TOLL FREE FAX |

SIGN IN SHEET

Request for Proposal No. BHS121288

PLEASE PRINT

Page 2 of 2
Date: 2/7/12

* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD

FIRM & REPRESENTATIVE NAME

MAILING ADDRESS

TELEPHONE & FAX NUMBERS

| | |
|--------------------------------|-----------|
| Company: <u>Kim Jobe</u> | PHONE |
| Rep: <u>BHHS</u> | TOLL FREE |
| Email Address: _____ | FAX |
| Company: <u>DANNY TACCISSI</u> | PHONE |
| Rep: <u>BHHS</u> | TOLL FREE |
| Email Address: _____ | FAX |
| Company: _____ | PHONE |
| Rep: _____ | TOLL FREE |
| Email Address: _____ | FAX |
| Company: _____ | PHONE |
| Rep: _____ | TOLL FREE |
| Email Address: _____ | FAX |

****CONFIDENTIAL****

West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
Office of Health Facilities ---- Reference Laboratory Services

BHS12088

EXHIBIT A

| | BHS10038 | | | | COLUMN A | COLUMN B | COLUMN C |
|----|----------------------------------------------|-----------|--------|--------------------------------|----------------------------------|---------------|---------------|
| | EXHIBIT - A- Bid Sheet | | | | | | |
| | Item Description (Test) | CPT codes | Test # | LabCorp Description | Estimated Annual Volume of Tests | Cost Per Test | Total (A x B) |
| 1 | Adrenocorticotrophic Hormone (ACTH) | 82024 | 004440 | ACTH, Plasma | 120 | \$35.00 | \$4,200.00 |
| 2 | Aerobic Bacterial Culture General | 87070 | 008649 | Aerobic Bacterial Culture | 210 | \$10.00 | \$2,100.00 |
| 3 | Aerobic Identification | 87077 | 008664 | Organism ID, Bacteria | 30 | \$15.00 | \$450.00 |
| 4 | a-Fetoprotein (AFP) | 82105 | 010801 | AFP,Serum, Open Spina Bifida | 65 | \$17.00 | \$1,105.00 |
| 5 | Alanine Aminotransferase (ALT | 84460 | 001545 | ALT (SGPT) | 160 | \$2.75 | \$440.00 |
| 6 | Albumin | 82040 | 001081 | Albumin, Serum | 250 | \$2.75 | \$687.50 |
| 7 | Ammonia | 82140 | 007054 | Ammonia, Plasma | 70 | \$10.00 | \$700.00 |
| 8 | Amylase | 82150 | 001396 | Amylase, Serum | 65 | \$3.75 | \$243.75 |
| 9 | Anaerobic Culture | 87075 | 008904 | Anaerobic Culture | 145 | \$19.00 | \$2,755.00 |
| 10 | Antinuclear antibodies (ANA) | 86037 | 164855 | ANA Qualitative | 80 | \$6.00 | \$480.00 |
| 11 | Antistreptolysin O Antibodies | 86060 | 006031 | Antistreptolysin O Antibodies | 20 | \$6.00 | \$120.00 |
| 12 | Aspartate Aminotransferase (AST) | 84450 | 001123 | AST (SGOT) | 100 | \$2.75 | \$275.00 |
| 13 | Basic Metabolic Panel | 80048 | 322758 | Basic Metabolic Panel (8) | 435 | \$3.45 | \$1,500.75 |
| 14 | Bilirubin, Direct | 82248 | 001222 | Bilirubin, Direct | 10 | \$2.75 | \$27.50 |
| 15 | Bilirubin, Total | 82247 | 001099 | Bilirubin, Total | 10 | \$2.75 | \$27.50 |
| 16 | B-Type Natriuretic Peptide | 83880 | 140889 | B-Type Natriuretic Peptide | 15 | \$35.00 | \$525.00 |
| 17 | C4-Binding Protein | 83520 | 500452 | Esoterix C4 Binding Protein | 150 | \$120.00 | \$18,000.00 |
| 18 | Calcitriol (Vitamin D 1,25 Dihydroxy) | 82652 | 081091 | Vitamin D, 1,25 Dihydroxy | 300 | \$32.00 | \$9,600.00 |
| 19 | Calcium | 82310 | 001016 | Calcium, Serum | 60 | \$2.75 | \$165.00 |
| 20 | Calcium, Ionized | 82230 | 004804 | Calcium, Ionized, Serum | 10 | \$15.00 | \$150.00 |
| 21 | Carbamazepine | 80156 | 007419 | Carbamazepine(Tegretol), Serum | 100 | \$10.00 | \$1,000.00 |
| 22 | CD4 Helper T-Lymph | 86360 | 505008 | Helper T-Lymph-CD4 | 10 | \$30.00 | \$300.00 |
| 23 | Chlamydia by GenProbe | 87490 | 098012 | Chlamydia, DNA Probe | 320 | \$7.00 | \$2,240.00 |
| 24 | Cholesterol | 82465 | 001065 | Cholesterol, Total | 10 | \$2.75 | \$27.50 |
| 25 | Clostridium Difficile Toxins | 87324 | 086207 | C difficile Toxins A+B, EIA | 80 | \$11.00 | \$880.00 |
| 26 | Clozapine | 80154 | 706440 | CLOZAPINE (CLOZARIL), SERUM | 20 | \$35.00 | \$700.00 |
| 27 | Complete Blood Count (CBC) with differential | 85025 | 005009 | CBC With Differential/Platelet | 2,850 | \$3.00 | \$8,550.00 |
| 28 | C-Peptide | 84681 | 010108 | C-Peptide, Serum | 25 | \$17.00 | \$425.00 |
| 29 | Creatine | 82565 | 001362 | Creatine Kinase, Total, Serum | 250 | \$2.75 | \$687.50 |
| 30 | Creatine Kinase (CK) MB | 82553 | 120816 | Creatine Kinase (CK), MB | 10 | \$35.00 | \$350.00 |
| 31 | Creatine Kinase (CK) Total | 82550 | 001362 | Creatine Kinase, Total, Serum | 110 | \$2.75 | \$302.50 |
| 32 | Culture, Blood | 87040 | 008300 | Blood Culture, Routine | 350 | \$8.00 | \$2,800.00 |
| 33 | Culture, Stool | 87427 | 008144 | Stool Culture | 25 | \$30.00 | \$750.00 |
| 34 | Culture, Urine | 87086 | 008847 | Urine Culture, Routine | 650 | \$7.00 | \$4,550.00 |
| 35 | Digoxin | 80162 | 007385 | Digoxin (Lanoxin), Serum | 120 | \$6.00 | \$720.00 |

****CONFIDENTIAL****

West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
Office of Health Facilities ---- Reference Laboratory Services

BHS12088

EXHIBIT A

| BHS10038 | | | | COLUMN A | COLUMN B | COLUMN C | |
|------------------------|---------------------------------------------|------------|--------|------------------------------------------------------|----------------------------------|---------------|---------------|
| EXHIBIT - A- Bid Sheet | | | | | | | |
| | Item Description (Test) | CPT codes | Test # | LabCorp Description | Estimated Annual Volume of Tests | Cost Per Test | Total (A x B) |
| 36 | Drug Screen Confirmation (Individual Drugs) | 80102 | | <i>See individual tests listed below</i> | 950 | \$25.00 | \$23,750.00 |
| | | | 071282 | Amphetamine Confirmation, Ur | | | |
| | | | 071290 | Barbiturate Confirmation, Ur | | | |
| | | | 071308 | Benzodiazepine Confirmation,Ur | | | |
| | | | 071316 | Cannabinoid Confirmation, Ur | | | |
| | | | 071324 | Cocaine Metabolite Confirm,Ur | | | |
| | | | 071332 | Methaqualone Conf (GC/MS) | | | |
| | | | 071456 | Opiate Confirmation, Urine | | | |
| | | | 071464 | Phencyclidine, Confirm, Urine | | | |
| | | | 074567 | Propoxyphene Confirmation, Ur | | | |
| | | | 700070 | METHADONE CONFIRMATION, URINE | | | |
| 37 | Drug Screen Urine | 80101 x 10 | 733688 | 733688 10 Drug-Scr | 1,350 | \$13.00 | \$17,550.00 |
| 38 | Electrolytes | 80051 | 303754 | Electrolyte Panel | 275 | \$3.05 | \$838.75 |
| 39 | Ethanol, Alcohol | 82055 | 017996 | Ethanol, Blood | 10 | \$23.00 | \$230.00 |
| 40 | Fecal Fat | 82710 | 001677 | Fecal Fat, Qualitative | 10 | \$20.00 | \$200.00 |
| 41 | Ferritin | 82728 | 004598 | Ferritin, Serum | 65 | \$5.00 | \$325.00 |
| 42 | Folate | 82746 | 002014 | Folates (Folic Acid), Serum | 290 | \$5.50 | \$1,595.00 |
| 43 | Folate RBC | 82747 | 266015 | Folate, RBC | 125 | \$20.00 | \$2,500.00 |
| 44 | Follicular Stimulating Hormone (FSH) | 83001 | 004309 | FSH, Serum | 20 | \$9.00 | \$180.00 |
| 45 | Glucose | 82947 | 001032 | Glucose, Serum | 170 | \$2.75 | \$467.50 |
| 46 | Glucose Tolerance Test | 82952 | 102004 | Gestational Glucose Tolerance | 15 | \$20.00 | \$300.00 |
| 47 | Glutamyltransferase, Gamma (GGT) | 82977 | 001958 | GGT | 1,200 | \$2.75 | \$3,300.00 |
| 48 | Gynecologic Pap Smear | 88175 | 193000 | Image Guided Pap Test | 230 | \$30.00 | \$6,900.00 |
| 49 | Gynecologic Pap Smear Thin Prep | 88147 | 192005 | Gynecologic Mono-layer Pap | 50 | \$24.00 | \$1,200.00 |
| 50 | Haloperidol | 80173 | 070482 | Haloperidol (Haldol), Serum | 15 | \$16.00 | \$240.00 |
| 51 | HDL Cholesterol | 83718 | 001925 | HDL Cholesterol | 30 | \$7.00 | \$210.00 |
| 52 | Helicobacter Pylori Antibodies | 86677 | 162289 | H. Pylori IgG, ABS | 15 | \$16.00 | \$240.00 |
| 53 | Hematocrit | 85014 | 005058 | Hematocrit | 25 | \$2.85 | \$71.25 |
| 54 | Hemoglobin | 85018 | 005041 | Hemoglobin | 25 | \$2.85 | \$71.25 |
| 55 | Hemoglobin (HB) A1C | 83036 | 001453 | Hemoglobin A1c | 950 | \$5.00 | \$4,750.00 |
| 56 | Hepatic Panel (Liver) | 80076 | 322755 | Hepatic Function Panel (7) | 350 | \$3.35 | \$1,172.50 |
| 57 | Hepatitis A IGM | 86709 | 006734 | Hep A Ab, IgM | 250 | \$8.50 | \$2,125.00 |
| 58 | Hepatitis B Core AB IgG | 86704 | 006718 | Hep B Core Ab, Tot | 710 | \$6.00 | \$4,260.00 |
| 59 | Hepatitis B Core AB IGM | 86705 | 016881 | Hep B Core Ab, IgM | 250 | \$8.00 | \$2,000.00 |
| 60 | Hepatitis B S AB | 86076 | 006395 | Hep B Surface Ab | 220 | \$7.00 | \$1,540.00 |
| 61 | Hepatitis B S AG | 87340 | 006510 | Hep B Surface Ag | 1,150 | \$5.00 | \$5,750.00 |
| 62 | Hepatitis C AB | 86803 | 140659 | Hep C Virus Ab | 620 | \$7.00 | \$4,340.00 |
| 63 | Hepatitis C by PCR | 87521 | 550080 | Hepatitis C Virus (HCV), Real Time PCR, Quantitative | 10 | \$129.00 | \$1,290.00 |
| 64 | Hepatitis C Genotype | 87902 | 550475 | Hepatitis C Virus Genotyping | 10 | \$300.00 | \$3,000.00 |
| 65 | Hepatitis Profile, Acute | 80074 | 322744 | Hepatitis Panel (4) | 450 | \$28.50 | \$12,825.00 |

****CONFIDENTIAL****

West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
Office of Health Facilities ---- Reference Laboratory Services

BHS12088

EXHIBIT A

| BHS10038 | | | | COLUMN A | COLUMN B | COLUMN C | |
|-------------------------|-------------------------------------------|--------|---------------------|-------------------------------------------|---------------|---------------|------------|
| EXHIBIT - A- Bid Sheet | | | | | | | |
| Item Description (Test) | CPT codes | Test # | LabCorp Description | Estimated Annual Volume of Tests | Cost Per Test | Total (A x B) | |
| 66 | Herpes Culture | 87255 | 186072 | HSV Culture Without Typing | 10 | \$20.00 | \$200.00 |
| 67 | Herpes Simplex Virus (HSV) | 87273 | 164905 | HSV 1 and 2-Specific Ab, IgG | 35 | \$42.00 | \$1,470.00 |
| 68 | Human Chorionic Gonadotropin | 84703 | 004556 | hCG, Beta Subunit, Qual, Serum | 100 | \$12.00 | \$1,200.00 |
| 69 | Human Chorionic Gonadotropin, Urine | 81025 | 004036 | Pregnancy Test, Urine | 15 | \$7.00 | \$105.00 |
| 70 | Human Immunodeficiency Virus (HIV) | 86701 | 083824 | HIV 1/O/2 Antibodies, Prelim Test/Confirm | 150 | \$14.00 | \$2,100.00 |
| 71 | Human Immunodeficiency Virus RNA by PCR | 87536 | 550430 | RNA, Real Time PCR (Non-Graph) | 30 | \$125.00 | \$3,750.00 |
| 72 | Insulin | 83525 | 004333 | Insulin, Fasting | 35 | \$6.00 | \$210.00 |
| 73 | Iron | 83540 | 001339 | Iron, Serum | 1,270 | \$2.75 | \$3,492.50 |
| 74 | Iron Binding Capacity | 83550 | 001321 | Iron and TIBC | 20 | \$6.00 | \$120.00 |
| 75 | Lactic Acid Dehydrogenase (LD) | 83615 | 001115 | LDH | 1,200 | \$2.75 | \$3,300.00 |
| 76 | Lamotrigine (Lomictal) | 82491 | 716944 | LAMOTRIGINE (LAMICTAL), SERUM | 10 | \$35.00 | \$350.00 |
| 77 | Lead | 83655 | 007625 | Lead, Blood (Adult) | 70 | \$8.00 | \$560.00 |
| 78 | Lipase | 83690 | 001404 | Lipase, Serum | 20 | \$3.75 | \$75.00 |
| 79 | Lipid Panel | 80061 | 303756 | Lipid Panel | 1,800 | \$3.50 | \$6,300.00 |
| 80 | Lithium | 80178 | 007708 | Lithium (Eskalith), Serum | 600 | \$5.00 | \$3,000.00 |
| 81 | Low Density Lipoprotein (LDL) Cholesterol | 83721 | 120295 | LDL Cholesterol (Direct) | 35 | \$20.00 | \$700.00 |
| 82 | Luteinizing Hormone (LH) | 83002 | 004283 | Luteinizing Hormone, Serum | 15 | \$9.00 | \$135.00 |
| 83 | Magnesium | 83735 | 001537 | Magnesium, Serum | 150 | \$4.50 | \$675.00 |
| 84 | Metabolic Panel Comprehensive | 80053 | 322000 | Comp. Metabolic Panel (14) | 1,900 | \$4.05 | \$7,695.00 |
| 85 | Microalbumin urine | 82043 | 140050 | Microalbumin, 24 hr Urine | 20 | \$4.25 | \$85.00 |
| 86 | Mononucleosis | 86309 | 006189 | Mononucleosis Test, Qual | 30 | \$15.00 | \$450.00 |
| 87 | Mumps | 86735 | 096552 | Mumps Antibodies, IgG | 30 | \$15.00 | \$450.00 |
| 88 | Mycobacterium (reflex @ add. Cost) | 87186 | 182923 | Slow Grower Broth Suscep | 10 | \$173.25 | \$1,732.50 |
| | | | 182915 | Rapid Grower Broth Suscep | | \$173.25 | |
| 89 | Neisseria Gonorrhoeae, GC by GenProbe | 87590 | 098004 | N gonorrhoeae by DNA Probe | 310 | \$7.00 | \$2,170.00 |
| 90 | Ova & Parasite | 87177 | 008623 | Ova + Parasite Exam | 20 | \$10.00 | \$200.00 |
| 91 | Parathyroid Hormone, (PTH) Intact | 83970 | 015610 | PTH, Intact | 115 | \$10.00 | \$1,150.00 |
| 92 | Partial Thromboplastin Time (PTT) | 85730 | 005207 | PTT, Activated | 150 | \$3.00 | \$450.00 |
| 93 | Phenobarbital | 80184 | 007823 | Phenobarbital, Serum | 100 | \$12.00 | \$1,200.00 |
| 94 | Phenytoin Dilantin | 80185 | 007401 | Phenytoin (Dilantin), Serum | 350 | \$10.00 | \$3,500.00 |
| 95 | Phosphorus | 84100 | 001024 | Phosphorus, Serum | 1,300 | \$2.75 | \$3,575.00 |
| 96 | Potassium | 84132 | 001180 | Potassium, Serum | 50 | \$2.75 | \$137.50 |
| 97 | Prealbumin | 84134 | 016931 | Prealbumin | 150 | \$20.00 | \$3,000.00 |
| 98 | Primidone, Mysoline | 80188 | 007856 | Primidone (Mysoline), Serum | 10 | \$20.00 | \$200.00 |
| 99 | Prolactin | 84146 | 004465 | Prolactin | 50 | \$9.00 | \$450.00 |
| 100 | Prostate Specific Antigen (PSA) | 84153 | 010322 | Prostate-Specific Ag, Serum | 100 | \$7.00 | \$700.00 |
| 101 | Protein Electrophoresis | 84155 | 001487 | Protein Electro.,S | 15 | \$67.75 | \$1,016.25 |
| 102 | Prothrombin Time (PT) | 85610 | 005199 | Prothrombin Time (PT) | 850 | \$3.00 | \$2,550.00 |

****CONFIDENTIAL****

West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
Office of Health Facilities ---- Reference Laboratory Services

BHS12088

EXHIBIT A

| BHS10038 | | | | COLUMN A | COLUMN B | COLUMN C | |
|------------------------|-----------------------------|-----------|--------|--------------------------------|----------------------------------|---------------|---------------|
| EXHIBIT - A- Bid Sheet | | | | | | | |
| | Item Description (Test) | CPT codes | Test # | LabCorp Description | Estimated Annual Volume of Tests | Cost Per Test | Total (A x B) |
| 103 | Rapid Plasma Reagin (RPR) | 86592 | 006072 | RPR | 330 | \$5.00 | \$1,650.00 |
| 104 | Renal Function Panel | 80069 | 322777 | Renal Panel (10) | 100 | \$3.65 | \$365.00 |
| 105 | Reticulocyte | 85044 | 005280 | Reticulocyte Count | 20 | \$4.00 | \$80.00 |
| 106 | Rheumatoid Factor (RF) | 86430 | 006502 | Rheumatoid Arthritis Factor | 115 | \$4.50 | \$517.50 |
| 107 | Rubella | 86762 | 006197 | Rubella Antibodies, IgG | 30 | \$15.00 | \$450.00 |
| 108 | Rubeola | 86765 | 096560 | Rubeola Antibodies, IgG | 30 | \$15.00 | \$450.00 |
| 109 | Sedimentation Rate (ESR) | 85651 | 005215 | Sedimentation Rate-Westergren | 30 | \$3.50 | \$105.00 |
| 110 | Sodium | 84295 | 001198 | Sodium, Serum | 25 | \$2.75 | \$68.75 |
| 111 | Testosterone, Total | 84403 | 004226 | Testosterone, Serum | 50 | \$9.00 | \$450.00 |
| 112 | Theophylline | 80198 | 007336 | Theophylline, Serum | 60 | \$10.00 | \$600.00 |
| 113 | Thyroid Stimulating Hormone | 84443 | 004259 | TSH | 400 | \$5.00 | \$2,000.00 |
| 114 | Thyroxine (T4) | 84436 | 001149 | Thyroxine (T4) | 830 | \$3.25 | \$2,697.50 |
| 115 | Thyroxine (T4), Free | 84439 | 001974 | Thyroxine (T4) Free, Direct, S | 1,300 | \$5.00 | \$6,500.00 |
| 116 | Triglycerides | 84478 | 001172 | Triglycerides | 15 | \$2.75 | \$41.25 |
| 117 | Triiodothyronine (T3) | 84480 | 002188 | Triiodothyronine (T3) | 860 | \$20.00 | \$17,200.00 |
| 118 | Triiodothyronine (T3) Free | 84481 | 010389 | Triiodothyronine, Free, Serum | 70 | \$16.00 | \$1,120.00 |
| 119 | Toponin | 84484 | 120832 | Troponin I | 10 | \$132.75 | \$1,327.50 |
| 120 | Urea Nitrogen (BUN) | 84520 | 001040 | BUN | 240 | \$2.75 | \$660.00 |
| 121 | Uric Acid | 84550 | 001057 | Uric Acid, Serum | 1,250 | \$2.75 | \$3,437.50 |
| 122 | Urinalysis | 81000 | 003038 | Urinalysis, Routine | 1,250 | \$3.00 | \$3,750.00 |
| 123 | Valproic Acid | 80164 | 007260 | Valproic Acid (Depakote),S | 1,000 | \$9.00 | \$9,000.00 |
| 124 | Varicella-Zoster Virus | 86787 | 096206 | Varicella-Zoster V Ab, IgG | 100 | \$12.00 | \$1,200.00 |
| 125 | Vitamin B12 | 82607 | 001503 | Vitamin B12 | 400 | \$6.50 | \$2,600.00 |
| 126 | Vitamin D 25-Hydroxy | 82306 | 081950 | Vitamin D, 25-Hydroxy | 75 | \$18.00 | \$1,350.00 |

Total of Exhibit A - Bid Sheet \$287,129.50



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
11/02/2011

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

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

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--|---------------|
| PRODUCER Aon Risk Services Northeast, Inc. New York NY Office 199 Water Street New York NY 10038-3551 USA | CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (847) 953-5390 | | |
| | E-MAIL ADDRESS: | | |
| INSURED Laboratory Corporation of America Holdings & Subsidiaries 531 S Spring Street Burlington NC 27215 USA | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: ACE American Insurance Company | | 22667 |
| | INSURER B: Indemnity Insurance Co of North America | | 43575 |
| | INSURER C: Westchester Fire Insurance Co | | 10030 |
| | INSURER D: | | |
| | INSURER E: | | |

Holder Identifier : Sample 1A

Certificate No : 570044305116

COVERAGES **CERTIFICATE NUMBER:** 570044305116 **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. Limits shown are as requested

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------------------------------------------------------|----------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------|-------------|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | HOOG25533975 | 11/01/2011 | 11/01/2012 | EACH OCCURRENCE | \$1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000 |
| | | | | | | | MED EXP (Any one person) | Excluded |
| | | | | | | | PERSONAL & ADV INJURY | \$1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$1,000,000 |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | ISA H08691848 | 11/01/2011 | 11/01/2012 | COMBINED SINGLE LIMIT (Ea accident) | \$2,000,000 |
| | | | | | | | BODILY INJURY (Per person) | |
| | | | | | | | BODILY INJURY (Per accident) | |
| | | | | | | | PROPERTY DAMAGE (Per accident) | |
| C | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION | | | G2197934A007 SIR applies per policy terms & conditions | 11/01/2011 | 11/01/2012 | EACH OCCURRENCE | \$3,000,000 |
| | | | | | | | AGGREGATE | \$3,000,000 |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | | WLRC46773007 WLRC46772982 SCFC46772994 | 11/01/2011 11/01/2011 11/01/2011 | 11/01/2012 11/01/2012 11/01/2012 | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER | |
| A | | N | N/A | | | | E.L. EACH ACCIDENT | \$1,000,000 |
| A | | | | | | | E.L. DISEASE-EA EMPLOYEE | \$1,000,000 |
| A | | | | | | | E.L. DISEASE-POLICY LIMIT | \$1,000,000 |
| A | E&O-ProfLiabPri | | | HDCG25533987 Claims Made | 11/01/2011 | 11/01/2012 | Each Incident | \$1,000,000 |
| | | | | | | | Aggregate | \$3,000,000 |

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

CERTIFICATE HOLDER**CANCELLATION**

| | |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Laboratory Corporation of America Holdings & Subsidiaries 531 South Spring Street Burlington NC 27215 USA | 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 <i>Aon Risk Services Northeast, Inc.</i> |



Advancing Excellence

**Accredited
Laboratory**



The College of American Pathologists

certifies that the laboratory named below

**Laboratory Corporation of America
Dublin, Ohio**

Patricia A. Miller-Canfield, MD

LAP Number: 1635001

AU-ID: 1182090

CLIA Number: 36D0327333

*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 September 20, 2013 to maintain accreditation.*

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

Frank R Rudy

Chair, Commission on Laboratory Accreditation

John A. Bean MD FCAP

President, College of American Pathologists

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

LABORATORY NAME AND ADDRESS

LABORATORY CORPORATION OF AMERICA
6370 WILCOX ROAD
DUBLIN, OH 43016

CLIA ID NUMBER
36D0327333

EFFECTIVE DATE
06/14/2011

LABORATORY DIRECTOR
PATRICIA A MILLER CANFIELD

EXPIRATION DATE
06/13/2013

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

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



Judith A. Yost

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

157 certs2_052111

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> |
|---------------------------------|-----------------------|
| BACTERIOLOGY (110) | 06/14/1995 |
| MYCOBACTERIOLOGY (115) | 06/14/1995 |
| MYCOLOGY (120) | 06/14/1995 |
| PARASITOLOGY (130) | 06/14/1995 |
| VIROLOGY (140) | 06/14/1995 |
| SYPHILIS SEROLOGY (210) | 06/14/1995 |
| GENERAL IMMUNOLOGY (220) | 06/14/1995 |
| ROUTINE CHEMISTRY (310) | 06/14/1995 |
| URINALYSIS (320) | 06/14/1995 |
| ENDOCRINOLOGY (330) | 06/14/1995 |
| TOXICOLOGY (340) | 06/14/1995 |
| HEMATOLOGY (400) | 06/14/1995 |
| ABO & RH GROUP (510) | 06/14/1995 |

| <u>LAB CERTIFICATION (CODE)</u> | <u>EFFECTIVE DATE</u> |
|---------------------------------|-----------------------|
| ANTIBODY TRANSFUSION (520) | 06/14/1995 |
| ANTIBODY NON-TRANSFUSION (530) | 06/14/1995 |
| ANTIBODY IDENTIFICATION (540) | 06/14/1995 |



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