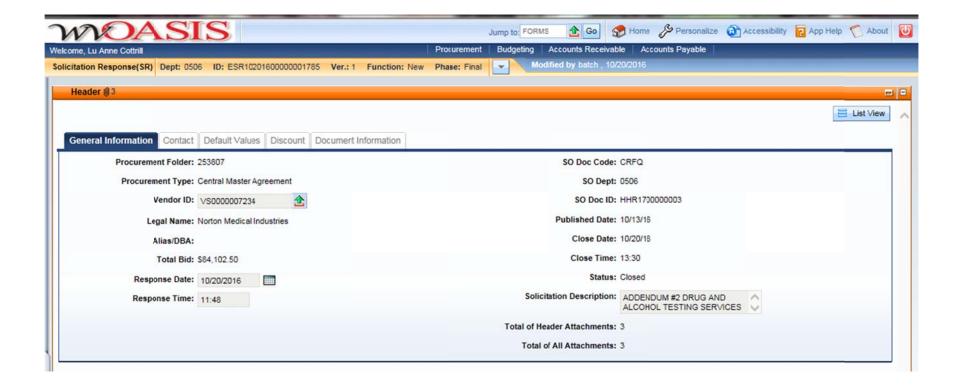
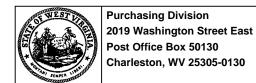


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

Bid Fax: 304-558-3970

The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at *wvOASIS.gov*. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at *WVPurchasing.gov* with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.





State of West Virginia Solicitation Response

Proc Folder: 253807

Solicitation Description: ADDENDUM #2 DRUG AND ALCOHOL TESTING SERVICES

Proc Type: Central Master Agreement

| Date issued Soli | licitation Closes | Solicitation Response | Version |
|------------------|----------------------|------------------------------|---------|
| | 916-10-20 9:30:00 | SR 0506 ESR10201600000001785 | 1 |

VENDOR

VS0000007234

Norton Medical Industries

Solicitation Number: CRFQ 0506 HHR1700000003

Total Bid : \$84,102.50 **Response Date:** 2016-10-20 **Response Time:** 11:48:22

Comments: Norton Medical Industries is one of the most experienced, respected drug testing and compliance

maintenance firms in the industry.

FOR INFORMATION CONTACT THE BUYER

April Battle (304) 558-0067 april.e.battle@wv.gov

Signature on File FEIN # DATE

All offers subject to all terms and conditions contained in this solicitation

Page: 1 FORM ID: WV-PRC-SR-001

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|-----------------------------|-----------|------------|-------------|-----------------------------|
| 1 | Pre-Employment Drug Testing | 765.00000 | TEST | \$49.950000 | \$38,211.75 |

| Comm Code | Manufacturer | Specification | Model # | |
|-----------|--------------|---------------|---------|--|
| 85121810 | | | | |

Extended Description:

Pre-Employment Drug Screening - Section 1.1 A - estimated 765 tests per year

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|-----------|------------|-------------|-----------------------------|
| 2 | Reasonable Suspicion Drug Screening | 185.00000 | TEST | \$49.950000 | \$9,240.75 |

| Comm Code | Manufacturer | Specification | Model # | |
|-----------|--------------|---------------|---------|--|
| 85121810 | | | | |
| | | | | |

Extended Description:

Reasonable Suspicion Drug Screening - Section 1.1 B - estimated 185 tests per year

Business hours, external collection site. For emergency after-hours service, add \$100. Comments:

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--------------------------------|-----------|------------|-------------|-----------------------------|
| 3 | Pre-Employment Alcohol testing | 765.00000 | TEST | \$35.000000 | \$26,775.00 |

| Comm Code | Manufacturer | Specification | Model # | |
|-----------|--------------|---------------|---------|--|
| 85121810 | | | | |

Extended Description:

Pre-Employment Alcohol Testing Section 1.2 A - estimated 765 tests per year

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--------------------------------------|-----------|------------|-------------|-----------------------------|
| 4 | Reasonable Suspicion Alcohol Testing | 185.00000 | TEST | \$35.000000 | \$6,475.00 |

| Comm Code | Manufacturer | Specification | Model # | |
|-----------|--------------|---------------|---------|--|
| 85121810 | | | | |

Extended Description:

Reasonable Suspicion Alcohol Testing - Section 1.2 B - estimated 185 tests per year.

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|---------------------------------------|---|--|----------------------|---|---|
| 5 | Collection Expert Witness Testimony | 10.00000 | HOUR | \$20.000000 | \$200.00 |
| Comm Code | Manufacturer | Specification | | Model # | |
| 85121810 | | | | | |
| Extended Des | Scription: Collection Expert Witness T | estimony - Sec | tion 4.1.1.17. | 1 - estimated 10 h | ours per year |
| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
| 6 | Laboratory Expert Witness Testimony | 10.00000 | HOUR | \$100.000000 | \$1,000.00 |
| Comm Code | Manufacturer | Specification | | Model # | |
| 85121810 | | | | | |
| | | | | | |
| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
| Line 7 | Comm Ln Desc MRO Expert Witness Testimony | Qty 10.00000 | Unit Issue HOUR | Unit Price \$50.000000 | Ln Total Or Contract Amount \$500.00 |
| | | | | | |
| 7 | MRO Expert Witness Testimony | 10.00000 | | \$50.000000 | |
| 7 Comm Code | MRO Expert Witness Testimony Manufacturer | 10.00000 Specification | HOUR | \$50.000000 Model # | \$500.00 |
| 7 Comm Code 85121810 | MRO Expert Witness Testimony Manufacturer | 10.00000 Specification | HOUR | \$50.000000 Model # | \$500.00 |
| Comm Code 85121810 Extended Des | MRO Expert Witness Testimony Manufacturer scription : MRO Expert Witness Testin | Specification mony - Section 4 | HOUR | \$50.000000 Model # stimated 10 hours | \$500.00 per year |
| Comm Code 85121810 Extended Des | MRO Expert Witness Testimony Manufacturer scription: MRO Expert Witness Testin Comm Ln Desc Collection Expert Testimony at | Specification mony - Section 4 | HOUR 4.1.1.17.3 - e | \$50.000000 Model # stimated 10 hours Unit Price | \$500.00 per year Ln Total Or Contract Amount |
| Comm Code 85121810 Extended Des | MRO Expert Witness Testimony Manufacturer scription: MRO Expert Witness Testin Comm Ln Desc Collection Expert Testimony at Deposition | Specification The specification of the specific at the specif | HOUR 4.1.1.17.3 - e | \$50.000000 Model # stimated 10 hours Unit Price \$20.000000 | \$500.00 per year Ln Total Or Contract Amount |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|----------|------------|--------------|-----------------------------|
| 9 | Laboratory Expert Testimony at Deposition | 10.00000 | EA | \$100.000000 | \$1,000.00 |

| Comm Code | Manufacturer | Specification | Model # | |
|-----------|--------------|---------------|---------|--|
| 85121810 | | | | |

Extended Description:

Laboratory Expert Testimony at Deposition - Section 4.1.1.17.5 - estimated 10 depositions per year.

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|------------------------------------|----------|------------|-------------|-----------------------------|
| 10 | MRO Expert Testimony at Deposition | 10.00000 | EA | \$50.000000 | \$500.00 |

| Comm Code | Manufacturer | Specification | Model # | |
|-----------|--------------|---------------|---------|--|
| 85121810 | | | | |

Extended Description:

MRO Expert Testimony at Deposition - Section 4.1.1.17.6 - estimated 10 depositions per year.



WEST VIRGINIA

DEPARTMENT OF HEALTH AND HUMAN RESOURCES

DRUG AND ALCOHOL TESTING SERVICES CRFQ 0506 HHR1700000003

Bid Clerk
Department of Administration
Purchasing Division
2019 Washington St. E
Charleston, WV 25305

NORTON MEDICAL INDUSTRIES

Drug Programs to Comply with Federal Regulations
6265 SEPULVEDA BOULEVARD, SUITE 13
VAN NUYS, CALIFORNIA 91411

Table of Contents

| Transmittal Letter | 3 |
|--|----|
| About Norton | 5 |
| Small, Woman-Owned Business Certification | 5 |
| References | 6 |
| Sample non-Federal Custody Form with Multiple Test Options | 7 |
| Sample M.I.S. Report | |
| Sample Test Results | 9 |
| Sample Statistical Summary Report | 10 |
| Norton's Web Interface Video | |
| Website Screencaps | 11 |
| Additional Documents | |
| MRO Curriculum Vitae | 12 |
| MRO Certification | |
| Norton Medical DATIA Certification | 13 |
| Laboratory SAMHSA Certification | 14 |





Transmittal Letter West Virginia Department of Health and Human Resources

Norton Medical Industries has been providing comprehensive drug testing services for more than 25 years. We are a third-party administrator and a full-service, anti-drug and alcohol misuse prevention program management company. Norton has been assisting governmental entities, educational institutions and private companies to comply with drug and alcohol programs since 1989.

After carefully examining the specifications and requirements laid out by West Virginia, we are confident that we are a highly qualified and capable provider. We have read and understand all of the terms and conditions of doing business with the State and are prepared to deliver the program, in full, exactly as specified. In fact, we currently administer an identical statewide program for the New Mexico Department of Health, and we were recently awarded a contract to provide drug testing for the Kanawha County School District, so we have already established extensive operations in West Virginia. Norton Medical Industries can provide stationary collection sites throughout the state, establish agreements with the facilities currently being used by the Bureau for Behavioral Health and Health Facilities, provide on-site and post-accident coverage, and we can establish a new site in any location required by West Virginia.

Norton began providing federal compliance administration for Federal Transit Administration regulated transit authorities in the early 1990s. In 1994, Norton began performing drug testing for Golden Empire Transit, serving the City of Bakersfield, California, an agency that remains with Norton today. At the statewide level, we currently serve the Kentucky Department of Veterans Affairs and Wyoming Department of Corrections in addition to New Mexico DOH. Other FTA regulated clients include SunLine Transit Agency serving Riverside County, California and Sun Metro in El Paso, Texas.

Norton began drug testing for the City of Beverly Hills, the Los Angeles Department of Transportation's Taxi Administration Division, and Orange County's taxi administration in the 1990s. We now remotely test the police department of Mesa, Arizona and the Sheriff's Department of Harford County, Maryland. Our educational clients include the Santa Monica-Malibu School District, Inglewood School District, Pepperdine University, Santa Monica College and Charles Drew University, among many others. Our client base stretches from Malibu to Nantucket Island, just off the coast of Massachusetts.

Norton Medical features an in-house, certified Medical Review Officer and MRO team that responds promptly when non-negative results are received to deliver accurate, validated results, both negative and positive, usually the next day. Our inhouse MRO, Dr. Marshall Zablen, is among the most experienced in the industry.





Alongside Dr. Zablen, Norton Medical Industries employs staff of 15 trained drug testing administrators available to assist the State. Senior Administrator Paula Rojas, a 15-year Norton veteran, is another of the most experienced and prolific drug testing administrators and compliance officers available. Ms. Rojas will oversee West Virginia DHHR's program directly and remain available by phone and email daily.

Norton Medical features the best online drug testing administration and data management software available for FMCSA and FAA regulated clients, accessible through our secure web page. All employee information, random selections and test results are intuitively maintained on a web-accessible secure server.

Everything required for a federal audit can be retrieved online, including MIS reports and statistical summary reports as well as archived worker lists for each random period. Federal auditors have inspected Norton Medical Industries on many occasions over the years and offered suggestions we have incorporated into our software, as well as praise for our system's convenience, clarity and usability.

We have embraced technology to improve efficiency, but Norton has never abandoned its commitment to providing live, trained administrators based in our offices to answer phones and address client concerns promptly. Norton Medical Industries provides drug testing services characterized by personal customer service and reliable compliance at competitive prices.

Some Norton Medical Industries Clients

- Los Angeles Department of Transportation (20 years)
- Orange County Taxi Administration Program (15 years)
- Golden Empire Transit (Bakersfield Public Transit, 25 years)
- New Mexico Department of Health (1 year)
- Kentucky Department of Veterans Affairs (1 year)
- Wyoming Department of Corrections (2 years)
- El Paso, Texas, Public Transit (2 years)
- SunLine Transit Agency (Riverside County, 2 years)
- Mesa, Arizona Police Department (1 year)
- Harford County, Maryland Sheriff's Department (1 year)
- Spaceport America (1 year)
- Pepperdine University (15 years)
- City of Beverly Hills (20 years)
- Santa Monica-Malibu School District (12 years)







About Norton

We have subcontracted collection sites throughout West Virginia and can utilize the facilities currently utilized by the Bureau of Behavioral Health and Health Facilities.

Norton Medical Industries was recently awarded the contract to provide drug testing for the Kanawha County School District, so we have established collection sites throughout the County as well as arranging on-site and post-accident collection.

Should any West Virginia entity desire on-site collection for drug testing, Norton Medical Industries can provide this service at an additional cost.

For non-DOT entities such as healthcare providers, we can provide extended panels, such as an expanded opiates panel, for the same price as the DOT 5-Panel test. We can design customized Custody Forms such as the sample provided herein.

Small, Woman-Owned Business Certification

Norton Medical Industries is itself a small, woman-owned business certified by the California Public Utilities Commission







References

• Los Angeles Department of Transportation Taxi Regulation

100 S. Main St, 10th Floor, Los Angeles, California – Client since 2001 (15 years)

Contact: Jeannine Brands, jeannine.brands@lacity.org, (213) 972-8403

• Golden Empire Transit (Bakersfield City Bus System)

1830 Golden State Ave, Bakersfield, California – Client since 1994 (22 years)

Contact: Eileen Brush, ebrush@getbus.org, (661) 869-6311

• SunLine Transit Agency (Coachella Valley Public Transit)

32-505 Harry Oliver Trail, Thousand Palms, California – Client since 2014 (2 years)

Contact: David Manriquez, dmanriquez@sunline.org, (760) 343-3456 ext. 1606

• Santa Monica-Malibu School District

1899 Olympic Blvd, Santa Monica, California – Client since 1996 (20 years)

Contact: Neal Abramson, pabramson@smmusd.org, (310) 264-1856

• El Paso, Texas (police, fire, public transit)

300 N. Campbell Street, El Paso, Texas – Client since 2015 (1 year)

Contact: Antimo Carreon, CarreonAD@elpasotexas.gov, (915) 212-1251

• **Pepperdine University (CDL holders)**

24255 Pacific Coast Highway, Malibu, California – Client since 1997 (19 years)

Contact: Christine Hannick, christine.hannick@pepperdine.edu, (310) 506-4397

• Penn State Milton S. Hershey Medical Center (healthcare workers)

500 University Drive, Hershey, Pennsylvania – Client since 2005 (11 years)

Contact: Scott Christensen, schristensen@hmc.psu.edu, (717) 531-5879

• Alhambra School District

1515 West Mission Road, Alhambra, California – Client since 1996 (20 years)

Contact: Patricia Brambila, brambila patricia@ausd.us, (626) 943-3060





Sample non-Federal Custody Form with Multiple Test Options

All non-federal participating West Virginia entities can design their own unique Chain-of-Custody forms and customized testing panel.

| J11 4 11 | FRANCISCO CON CERTIFICA | | | SPECIMEN ID N | NO. |
|----------------------------|--|--|--|---|--|
| • | 5 PART NON-FEDER | AL CUSTODY AND CO | I IIII IIII IIII IIII IIII III | m 7321 | 38059 |
| STEP | MEDIOX St. Paul, MN 55112 (551) 867-746 (600) 832-3244 To be completed by COLLECTOR or EMPLOYER REPRESENTATIVE | | # IIINI IRIII BAINI DIME IAJI 14 | m zozi | 55057 |
| HAI AT 10: BEI | Employer Name, Address, I.D. No. RFORD DETENTION CENTER TN: SGT RANDALL KILGORE 30 ROCKSPRING RD L AIR, MD 21040 410-638-3035 F: 410-879-2 Account # 5 0 2 6 3 4 8 8 | 1 1 Don | B. MRO Name, Address DR MARSHALL ZA NORTON MEDICAL 6265 SEPULVEDA VAN NUYS, CA 9 PH 818-779-190 or SSN or loyee I.D. | BLEN INDUSTRIES BLVD, #13 1411 | LAB ACCESSION NO. |
| C. F | Reason for Test Pre-employment Promotion Return To Duty | | asonable Suspicion | ☐ For Cause ☐ Other (Specify) | |
| 462 HAI | Collection Site Name 208 RFORD DETENTION CENTER | Collector # 1 m | 6 3 8 3 0 3 5 | Collector Fax No. 4 1 0 E | 3792782 |
| | Test(s) 89446 Cordered 3074 METHADONE | 11402 BUPRENGRPHIN 688 GXYCODGNE | E K2/SPICE K2/SPICE | | 07 |
| | | | | | POXYPHENE |
| bet | ead specimen temperature within 4 minutes tween 90° and 100° F? Yes No, Ent EMARKS | er Remark | nen Collection: ☐ Single ☐ None Provi | ded (Enter Remark) | Observed (Enter Remark) |
| STEF / cer | P 4: CHAIN OF CUSTODY - INITIATED BY COL trifly that the specimen given to me by the donor identific ordance with applicable requirements. | LECTOR AND COMPLETE | | labeled, sealed and released SPECIMEN BOTTLE | |
| STEF I cer acco X | P 4: CHAIN OF CUSTODY - INITIATED BY COL ritify that the specimen given to me by the donor identified ordance with applicable requirements. Signature of Collector | LECTOR AND COMPLETE ad in the certification section on Collection Date | O BY LABORATORY opy 2 of this form was collected, | SPECIMEN BOTTLE Name of Delivery Servic FedEx Other | to the Delivery Service noted in E(S) RELEASED TO: e Transferring Specimen to Lab Local Courier Primary Specimen |
| STEF | P 4: CHAIN OF CUSTODY - INITIATED BY COL ritify that the specimen given to me by the donor identific ordance with applicable requirements. Signature of Collector (PRINT) Collector's Name (First, MI, Last) | LECTOR AND COMPLETE ad in the certification section on C Time of Collection Date (Mo/Day/Yr.) | D BY LABORATORY Opy 2 of this form was collected, PM | SPECIMEN BOTTLE Name of Delivery Servic FedEx Other | to the Delivery Service noted in E(S) RELEASED TO: Transferring Specimen to Lab Local Courier |
| STEF I cer acco X | P 4: CHAIN OF CUSTODY - INITIATED BY COL rtify that the specimen given to me by the donor identific ordance with applicable requirements. Signature of Collector (PRINT) Collector's Name (First, MI, Last) CEIVED AT LAB: Signature of Accessioner | LECTOR AND COMPLETE ad in the certification section on (Time of Collection Date (Mo./Day/Yr.) | D BY LABORATORY opy 2 of this form was collected, PM PM SPECIMEN BOTTLE(S) | SPECIMEN BOTTLE Name of Delivery Servic FedEx Other | Io the Delivery Service noted in E(S) RELEASED TO: Transferring Specimen to Lab Local Courier Primary Specimen Bottle Seal Intact |
| STEF I cer acco X | P 4: CHAIN OF CUSTODY - INITIATED BY COL rtify that the specimen given to me by the donor identific ordance with applicable requirements. Signature of Collector (PRINT) Collector's Name (First, MI, Last) CEIVED AT LAB: | LECTOR AND COMPLETE ad in the certification section on C Time of Collection Date (Mo/Day/Yr.) | D BY LABORATORY opy 2 of this form was collected, PM PM SPECIMEN BOTTLE(S) | SPECIMEN BOTTLE Name of Delivery Servic FedEx Other | to the Delivery Service noted in E(S) RELEASED TO: e Transferring Specimen to Lab Local Courier Primary Specimen Bottle Seal Intact |
| STEF I cer acco X | P 4: CHAIN OF CUSTODY - INITIATED BY COL rtify that the specimen given to me by the donor identific ordance with applicable requirements. Signature of Collector (PRINT) Collector's Name (First, MI, Last) CEIVED AT LAB: Signature of Accessioner | LECTOR AND COMPLETE ad in the certification section on (Time of Collection Date (Mo./Day/Yr.) | D BY LABORATORY opy 2 of this form was collected, PM PM SPECIMEN BOTTLE(S) | SPECIMEN BOTTLE Name of Delivery Servic FedEx Other | Io the Delivery Service noted in E(S) RELEASED TO: Transferring Specimen to Lab Local Courier Primary Specimen Bottle Seal Intact |
| STEF I cell acco | P 4: CHAIN OF CUSTODY - INITIATED BY COL rtify that the specimen given to me by the donor identific ordance with applicable requirements. Signature of Collector (PRINT) Collector's Name (First, MI, Last) CEIVED AT LAB: Signature of Accessioner | LECTOR AND COMPLETE ad in the certification section on (Time of Collection Date (Mo./Day/Yr.) | D BY LABORATORY opy 2 of this form was collected, PM PM SPECIMEN BOTTLE(S) | SPECIMEN BOTTLE Name of Delivery Servic FedEx Other | Io the Delivery Service noted in E(S) RELEASED TO: Transferring Specimen to Lab Local Courier Primary Specimen Bottle Seal Intact |
| REC X | P 4: CHAIN OF CUSTODY - INITIATED BY COL rtify that the specimen given to me by the donor identific ordance with applicable requirements. Signature of Collector (PRINT) Collector's Name (First, MI, Last) CEIVED AT LAB: Signature of Accessioner | LECTOR AND COMPLETE ad in the certification section on C Time of Collection Date (Mo./Day/Yr.) Date (Mo./Day/Yr.) A - SPECIMEN PL O | D BY LABORATORY opy 2 of this form was collected, PM PM SPECIMEN BOTTLE(S) | labeled, sealed and released SPECIMEN BOTTLE Name of Delivery Service FedEx Other Other | Io the Delivery Service noted in E(S) RELEASED TO: Transferring Specimen to Lab Local Courier Primary Specimen Bottle Seal Intact |
| STEF I cel acco | P 4: CHAIN OF CUSTODY - INITIATED BY COL rtify that the specimen given to me by the donor identific rordance with applicable requirements. Signature of Collector (PRINT) Collector's Name (First, MI, Last) ZEIVED AT LAB: Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) | A - SPECIMEN 30 ML B SPLIT SPECIMEN OCOMPLETE A I SPECIMEN OCOMPLETE A - SPECIMEN OCOMPLETE B SPLIT SPECIMEN OCOMPLETE OCOMPLETE SPECIMEN OC | D BY LABORATORY OPY 2 of this form was collected, PM PM SPECIMEN BOTTLE(S) ACCE MEDIOX | SPECIMEN BOTTLE | io the Delivery Service noted in E(S) RELEASED TO: e Transferring Specimen to Lab Local Courier Primary Specimen Bottle Seal Intact Yes No, Enter Remark Below |





Sample M.I.S. Report

This report, most requested by federal auditors, is generated automatically through Norton Medical's website.

| Class: I. Employer: Circ | | MENT OF TRA | Cale | ndar Yea | r Covered l | by this | Report: 1/ | 1/201512 | 2/31/201 | 5 | FOF | | B No. 2 | 2105-0529 |
|--|---|---|---|---------------------------|--|---|--|---|---|---------------------------|--------------------------|--------------------------------|---|-------------------|
| Doing Business As (| | | | | | | | | | | | | | |
| Address: 455 N. R | exford | d Drive, Hui | nan Res | source | s, Bever | ly Hill | ls, CA 90 | 210 | E-r | nail: | | | | |
| Name of Certifying (| Official: | Narek Kata | byan | | | _ Sign | nature: | | | | | | | |
| Telephone: ()_ | | | | | Date | e Certif | | | | | | | | |
| Prepared by (if differ | | | | | | | | Telep | | | | | | |
| C/TPA Name and Te Check the DOT agency FMCSA – Motor C. FAA – Aviation: Cc PHMSA – Pipeline: FRA – Railroad: Tc USCG – Maritime: FTA – Transit II. Covered Employees | for wh arrier: I ertificate (Check otal Num Vessel I | ich you are re DOT #: e # (if applicab c) Gas Gatherin nber of observe ID # (USCG- c) | le): lg Gas T ld/docume r State-Iss | ransmissinted Partued): | and comp Owner- sion Gas : 219 "Rule | olete the operate P Distrib G" Ob | ne informa or: (circle of lan / Regist bution To bservations | one) YES or tration # (if a ransport Haz for covered | same line NO I pplicable ardous Lie employee (If me | Exempt (): quids | opri: Circle Frans | ate: e One) port Car | rbon D | Dioxide_ |
| (B) Enter Total Number | ` ′ | | | ety-sens | The Emp | ioyees . | III AII EIII] | ployee Categ | ories. | | | | | |
| (C) Employee | Catego | ry | Т | | ber of Emp s Category | loyees | an for | you have mult d II (A) & (B) r each employ d IV for each | . Take the | at filled-ir y and con | i forn | n and ma Section | ake one | е сору |
| III. Drug Testing Data | : 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 11 | 12 | 13 |
| | al al | 2, | į. | | | | | | | Refusa | l Resi | ults | | |
| Type of Test | Total Number Of Test Results [Should equal | the sum of Columns 2, 3, 9, 10, 11, and 12] Verified Negative Results | Verified Positive Results ~ For One Or More Drugs | Positive For Marijuana | Positive For Cocaine | Positive For PCP | Positive For Opiates | Positive For Amphetamines | Adulterated | Substituted | "Shy Bladder" ~ | With No Medical Explanation | Other Refusals To Submit To Testing | Cancelled Results |
| Pre-Employment | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 |
| Random | 40 | 40 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | | 0 | 0 |
| Post-Accident | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | C | , | 0 | 0 |
| Reasonable Susp./Cause | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 |
| Return-to-Duty | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | C | , | 0 | 0 |
| Follow-Up | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | , | 0 | 0 |
| TOTAL | 44 | 44 | 0 | 0 | 0 | 0 | _ | 0 | 0 | 0 | 0 | , | 0 | 0 |
| IV. Alcohol Testing Da | ıta: | 1 | 2 | | 3 | | 4 | 5 | 6 | | 7 | 8 | | 9 |
| Type of Test | | Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8] | Screening Tests With | Results Delow 0.02 | Screening Tests With Results 0.02 Or Greater | Grater | Number Of Confirmation Tests Results | Confirmation Tests With Results 0.02 Through 0.039 | Confirmation Tests With Results 0.04 Or | "Shy Lung" ~ | | Other Refusals To Submit To | Testing Cancelled Results | |
| Pre-Employment | | 0 | | 0 | 0 | | 0 | 0 | 0 | C |) | 0 | |) |
| Random | Random 0 | | (|) | 0 | | 0 | 0 | 0 | C |) | 0 | 1 | 5 |
| Post-Accident | | 0 | |) | 0 | | 0 | 0 | 0 | C |) | 0 | | 5 |
| Reasonable Susp./ | Cause | 0 | |) | 0 | | 0 | 0 | 0 | C |) | 0 | 1 | 5 |
| Return-to-Duty | | 0 | (|) | 0 | | 0 | 0 | 0 | C |) | 0 | 1 | 5 |
| Follow-Up | | 0 | |) | 0 | \neg | 0 | 0 | 0 | C |) | 0 | | 5 |
| TOTAL | | 0 | |) | 0 | | 0 | 0 | 0 | 0 |) | 0 | (| 5 |





Sample Test Results



NORTON MEDICAL INDUSTRIES

6265 Sepulveda Blvd Van Nuys, CA 91411 800 243 7669 • 818 779 1900 • Fax 818 779 1908

CONTROLLED SUBSTANCE TEST RESULTS

| | Client #: | | | |
|---|--|-----------|--|--|
| | Test Collection Date: | 2/18/2015 | | |
| | Test Collection Time: | 12:06 | | |
| Gardena CA 90248 | Received MRO 2/18/20 Copy of CCF: 2/18/20 | | | |
| | Lab Report Date: | 2/19/2015 | | |
| Name: | MRO Verified Date: | 2/19/2015 | | |
| ID#: | Specimen ID #: | | | |
| Delivere Lie # | Test #: | 381752 | | |
| Drivers Lic. #: Location/ 1923 | - | | | |
| Division: Drivers | | | | |
| | | | | |
| Test Type: Pre Employment | Laboratory: | | | |
| Drug | MEDTOX LABORATORIES | INC. | | |
| Outcome: Negative | 402 West County Road D St. Paul MN 55112 | | | |
| Dilute Status: Normal Range | St. 1 au 1 m 1 35 1 12 | | | |
| | Collection Site: | | | |
| Comments: | LAMC | | | |
| | 1250 Pacific Ave. | | | |
| | Long Beach Ca 90813 | | | |
| Test Cutoff Levels | | | | |
| Drugs tested: Initial Test Level Confirm Test Level | | | | |
| Amphetamines 500 ng/mL 250 ng/mL | | | | |
| Methamphetamine 500 ng/mL 250 ng/mL | | | | |
| MDMA 500 ng/mL 250 ng/mL Cocaine 150 ng/mL 100 ng/mL | | | | |
| Marijuana 50 ng/mL 15 ng/mL | | | | |
| Opiates 2000 ng/mL 2000 ng/mL 6-Acetylmorphine 10 ng/mL 10 ng/mL | | | | |
| PCP 25 ng/mL 25 ng/mL | | | | |
| Urine Concentration Acceptable | | | | |

This test was collected in accordance with Part 40 of Title 49 of the Code of Federal Regulations (CFR). Specimen received and processed in a DHHS certified laboratory.

MRO: Marshall Zatler mb Marshall A. Zablen M.D.

□ Please check here if person is not hired and fax back to (818)779-1908 or Log onto www.nortonmedical.com to view your Company data and access Employee data to make corrections and/or terminations, view and print Test Results, and view and print Random notices. If you do not have a password yet, please e-mail your confidential password to admin@nortonmedical.com. Your client# is your Login ID#.

Retain this form in the Employee Qualification File.





Sample Statistical Summary Report

| | | MXLNI16200 15104 18 09 0 |
|---|--|---|
| | BORATORIES orp Specialty Testing Group | 402 West County Road D St. Paul, Minnesota 5511: (651) 636-7466 |
| BEV HLS HUMAN SV DR MARSHALL ZABL 6265 SEPULVEDA BI VAN NUYS, CA 9141 | LEN LVD, #13 | Account: 5026479 |
| ME | EDTOX SAMHSA BIANNUAL ST 1/1/2016 to 6/30/2 | |
| | | |
| | | 10 |
| NUMBER OF SPECIMEN RESUL | LTS REPORTED | 19 0 |
| Pre-Employment Post-Accident | LTS REPORTED | 0 0 19 |
| Pre-Employment Post-Accident Random Reasonable Suspicion/Caus | | 0 0 19 0 0 |
| Pre-Employment Post-Accident Random | | 0 0 19 0 0 |
| Pre-Employment Post-Accident Random Reasonable Suspicion/Caus Other | | 0 0 19 0 0 |
| Pre-Employment Post-Accident Random Reasonable Suspicion/Caus Other Follow Up Return to Duty | se | 0 0 19 0 0 0 |
| Pre-Employment Post-Accident Random Reasonable Suspicion/Caus Other Follow Up Return to Duty Not indicated NUMBER OF SPECIMENS REP | PORTED AS NEGATIVE | 0 0 19 0 0 0 0 |
| Pre-Employment Post-Accident Random Reasonable Suspicion/Caus Other Follow Up Return to Duty Not indicated NUMBER OF SPECIMENS REPINEGATIVE DILUTE NUMBER OF SPECIMENS REPIFATAL FLAW | PORTED AS NEGATIVE | 0 0 19 0 0 0 0 0 |
| Pre-Employment Post-Accident Random Reasonable Suspicion/Caus Other Follow Up Return to Duty Not indicated NUMBER OF SPECIMENS REPONEGATIVE DILUTE NUMBER OF SPECIMENS REPONEMATAL FLAW UNCORRECTED FLAW | PORTED AS NEGATIVE PORTED AS REJECTED PORTED AS POSITIVE | 0 0 19 0 0 0 0 0 |
| Pre-Employment Post-Accident Random Reasonable Suspicion/Caus Other Follow Up Return to Duty Not indicated NUMBER OF SPECIMENS REP NEGATIVE DILUTE NUMBER OF SPECIMENS REP FATAL FLAW UNCORRECTED FLAW NUMBER OF SPECIMENS REP | PORTED AS NEGATIVE PORTED AS REJECTED PORTED AS POSITIVE PORTED AS ADULTERATED | 0 0 19 0 0 0 0 0 |

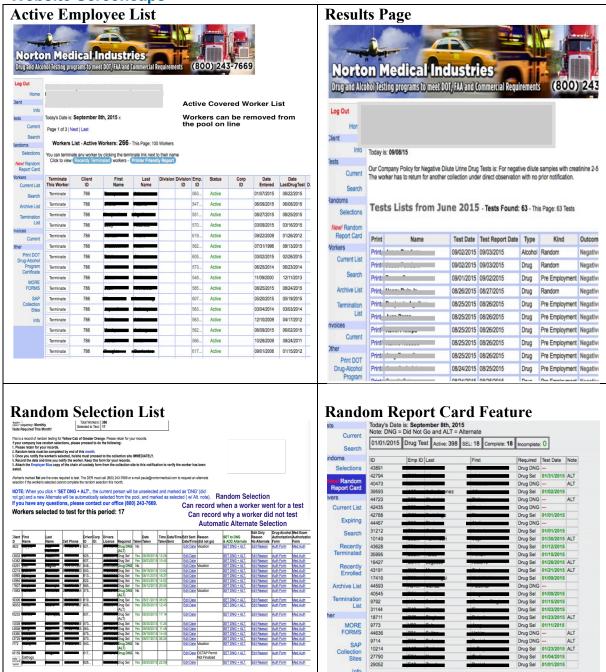




Norton's Web Interface Video

https://www.youtube.com/watch?v=si8Z4H-TZWA

Website Screencaps







Additional Documents

MRO Curriculum Vitae

Marshall A. Zablen, M.D. Medical Director – Medical Review Officer

- Van Nuys High School, Van Nuys, CA 1962
- University of California, Los Angeles, B.A., Zoology, LA, CA 1962-66
- University of Cincinnati College of Medicine, M.D., Cincinnati, OH 1966-70
- Los Angeles County USC Medical Center, Internship, LA, CA 1970-72
- Established HEW sponsored Migrant Health Center, General Practice, Lamont, CA, 1971-72
- Sepulveda VA Hospital, Internal Medicine Residency, North Hills, CA, 1972-74
- Certification, American Board of Internal Medicine 1974
- UCLA Center for the Health Sciences, Pathology Residency, Los Angeles, CA, 1974-75
- Harbor General Hospital, Pathology Residency, Torrance, CA, 1975-78
- Harbor General Hospital, Chief Resident, Pathology, Torrance, CA, 1978
- Internal Medicine Practice, Panorama City, CA, 1978-83
- Internal Medicine Practice, Sherman Oaks, CA, 1983-90
- Norton Medical Industries, Medical Director, Van Nuys, CA, 1989 to present

ASSOCIATIONS:

Certified, American Board of Internal Medicine, American Association of Medical Review Officers, SAMHSA, DATIA

Publications:

- **Zablen, M., Nieberg R.** Aspergillosis of the Human Female Genital Tract Demonstrated by Endometrial Jet Washings and Pap Smear. Acta Cytol 21:367-8. 1977
- **Sarti D, Zablen, M.A.** "The Ultrasonic Findings In Intussuception of the Blind Loop In A Jejunal-Ileal Bypass For Obesity". *Journal Clinical Ultrasound* 7 (1):50-2, Feb. 1979
- Binder M.K., Zablen, M.A., Fleisher E., Sue D.Y., Dwyer R.M., Hanelin L. "Colon Polyps, Sebaceous Cysts, Gastric Polyps and Malignant Brain Tumor in a Family". *American Journal Digestive Disorder* 23:460-6, May 1978
- **Zablen M., Brand N.** "Cleft Lip and Palate with the Anticonvulsant Ethotoin". (Letter) *New England Journal of Medicine* 297:1404,1977
- Piken E., Dwyer R., Zablen, M.A. Gastric Candidiasis. A Report of Two Cases. JAMA 240 (20):2L8L-2, 10 November 1978.
- **Zablen M., Brand N.** Abstract Cleft Lip and Palate with the Anticonvulsant Ethotoin. May, I.R.L. (c) 1978.





MRO Certification

Medical Review Officer Certification Council Certifies that

MARSHALL ZABLEN, M.D.

has successfully met all eligibility and examination criteria and is hereby designated a

Certified Medical Review Officer



12-09520

Effective this 14th day of MARCH 20 12 Expires on 14th day of MARCH 20 17

Elizabeth General Senjamin Genton MD Chairman, Board of Directors Secretary, Board of Directors

Norton Medical DATIA Certification

Drug & Alcohol Testing Industry Association

recognizes

Norton Medical Industries

Van Nuys, CA as a Regular Member in Good Standing

Membership Expires: 9/1/2016 Member # 19567







Laboratory SAMHSA Certification







STATE OF WEST VIRGINIA Purchasing Division

PURCHASING AFFIDAV

MANDATE: Under W. Va. Code §5A-3-10a, 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: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. 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.

DEFINITIONS:

WITNESS THE FOLLOWING SIGNATURE:

LUCIE DEROHANNESSIAN Notary Public - California Los Angeles County Commission # 2150681 Comm. Expires Apr 26, 2020

"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.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

Vendor's Name: Norton Medical Industries Authorized Signature: State of California County of Los Angeles Taken, subscribed, and sworn to before me this 19th day of October Lucie Derohannessian (NOTARY PUBLIC) My Commission expires NOTARY PUBLIC AFFIX SEAL HERE Purchasing Affidavit (Revised 08/01/2015)

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.:

CRFQ 0506 HHR1700000003

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below.
Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

| [< |] | Addendum No. 1 | [|] | Addendum No. 6 |
|-----|---|----------------|---|---|-----------------|
| [< |] | Addendum No. 2 |] | 1 | Addendum No. 7 |
| [|] | Addendum No. 3 |] |] | Addendum No. 8 |
|] |] | Addendum No. 4 |] |] | Addendum No. 9 |
|] |] | Addendum No. 5 | 1 |] | Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that 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.

Norton Medical Industries
Company
Authorized Signature

10-19-16
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.