



# West Virginia Purchasing Division

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.

## Header 1

List View

### General Information | Contact | Default Values | Discount | Document Information

Procurement Folder: 241632

SO Doc Code: CRFQ

Procurement Type: Central Master Agreement

SO Dept: 0511

Vendor ID:  

SO Doc ID: BCF1700000005

Legal Name: ANALABS INC

Published Date: 6/2/17

Alias/DBA:

Close Date: 6/7/17


Total Bid: \$2,266,700.00

Close Time: 13:30

Response Date:  

Status: Closed

Response Time:

Solicitation Description:  

Total of Header Attachments: 1

Total of All Attachments: 1



Purchasing Division  
2019 Washington Street East  
Post Office Box 50130  
Charleston, WV 25305-0130

State of West Virginia  
**Solicitation Response**

**Proc Folder :** 241632

**Solicitation Description :** Addendum #3 - Drug and Alcohol Testing Services

**Proc Type :** Central Master Agreement

Date issued	Solicitation Closes	Solicitation Response	Version
	2017-06-07 13:30:00	SR      0511    ESR06071700000006140	1

**VENDOR**

000000205838  
ANALABS INC

**Solicitation Number:**    CRFQ    0511      BCF1700000005

**Total Bid :**      \$2,266,700.00                      **Response Date:**    2017-06-07                      **Response Time:**    12:36:23

**Comments:**            Please note the comments about the pricing for Laboratory and MRO Testimony. Thank you!

**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**

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Collection Expert Witness Testimony	10.00000	HOUR	\$35.000000	\$350.00

Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description : 4.1.19.1 Collection Expert Witness Testimony

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Laboratory Expert Witness Testimony	10.00000	HOUR	\$300.000000	\$3,000.00

Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description : 4.1.19.2 Laboratory Expert Witness Testimony

**Comments:** Unit price given is for in-person testimony. If over the phone testimony is allowed, price will be \$150.00 per hour.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	MRO Expert Witness Testimony	10.00000	HOUR	\$600.000000	\$6,000.00

Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description : 4.1.19.3 MRO Expert Witness Testimony

**Comments:** Unit price given is for in-person testimony. If over the phone testimony is allowed, price will be \$275.00 per hour.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	Collection Expert Witness Testimony at Deposition	10.00000	HOUR	\$35.000000	\$350.00

Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description : 4.1.19.4 Collection Expert Witness Testimony at Deposition

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	Laboratory Expert Witness Testimony at Deposition	10.00000	HOUR	\$300.000000	\$3,000.00

Comm Code	Manufacturer	Specification	Model #
85121810			

<b>Extended Description :</b>	4.1.19.5 Laboratory Expert Witness Testimony at Deposition
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**Comments:** Unit price given is for in-person testimony. If over the phone testimony is allowed, price will be \$150.00 per hour.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	MRO Expert Witness Testimony at Deposition	10.00000	HOUR	\$600.000000	\$6,000.00

Comm Code	Manufacturer	Specification	Model #
85121810			

<b>Extended Description :</b>	4.1.19.6 MRO Expert Witness Testimony at Deposition
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**Comments:** Unit price given is for in-person testimony. If over the phone testimony is allowed, price will be \$275.00 per hour.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
9	Selected TANF Clients Drug Testing	5000.00000	TEST	\$52.000000	\$260,000.00

Comm Code	Manufacturer	Specification	Model #
85121810			

<b>Extended Description :</b>	Selected TANF Clients Drug Testing
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
10	Selected TANF Clients Alcohol Testing	1000.00000	TEST	\$28.000000	\$28,000.00

Comm Code	Manufacturer	Specification	Model #
85121810			

<b>Extended Description :</b>	Selected TANF Clients Alcohol Testing
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
11	Selected Other Clients Drug Testing	35000.00000	TEST	\$52.000000	\$1,820,000.00

Comm Code	Manufacturer	Specification	Model #
85121810			

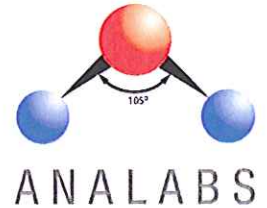
Extended Description : Selected Other Clients Drug Testing

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
12	Selected Other Clients Alcohol Testing	5000.00000	TEST	\$28.000000	\$140,000.00

Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description : Selected Other Clients Alcohol Testing

## ABOUT OUR COMPANY



Analabs provides drug and alcohol testing for corporations and government entities of all sizes since **1998**. Our clients include waste and drinking water plants, coal companies, engineering firms, public school systems, grocery stores, natural gas companies, local, state, and federal government agencies, and many more.

Analabs has multiple teams of DOT trained collectors allowing us to service large collection events in a vast geographic area. We work within a wide network of clinics and laboratories and schedule collections all across the United States.

Analabs uses Medtox Laboratories who is SAMHSA certified. We have worked with Medtox for over 16 years and have a very good relationship with them.

We use a large national MRO company to service our clients. The firm has several certified MROs which enables them to handle our larger accounts as well as be available 24/7 to answer calls from donors.

Many of our clients have a need for pre-employment drug screening, reasonable suspicion, on-site testing and after-hours service. Analabs controls each step of the drug testing process, minimizing possible delays and errors. We closely monitor each specimen throughout the testing lifecycle until results are reviewed and reported to the requesting company. Analabs offers companies the security of knowing all their results are legally defensible.

Analabs offers an array of testing for a variety of substances. While other companies may offer the same, Analabs' people and their experience make the difference. Our qualified staff works with companies on an individualized basis, taking the time to fully develop policies and assist in implementing them.





Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

State of West Virginia  
 Request for Quotation  
 27 - Miscellaneous

Proc Folder: 241632

Doc Description: Addendum #3 - Drug and Alcohol Testing Services

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2017-06-02	2017-06-07 13:30:00	CRFQ 0511 BCF1700000005	4

**BID RECEIVING LOCATION**

BID CLERK  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON ST E  
 CHARLESTON WV 25305  
 US

**VENDOR**

Vendor Name, Address and Telephone Number:

Analabs, Inc.  
 PO Box 1235  
 Crab Orchard, WV 25827

**FOR INFORMATION CONTACT THE BUYER**

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

Signature X *Kelli Harrison*

FEIN # 55-0670153

DATE 6-6-17

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



**ADDITIONAL INFORMATION:**

Addendum #3 is issued to respond to vendor questions.

No other changes.

INVOICE TO		SHIP TO	
ADMINISTRATIVE SERVICES ASSISTANT - 304-356-4528 HEALTH AND HUMAN RESOURCES BCF - COMMISSIONER'S OFFICE 350 CAPITOL ST, RM 730  CHARLESTON WV25301-3711  US		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER  No City WV 99999  US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	This line item has been removed from the CRFQ.	0.00000	TEST		

Comm Code	Manufacturer	Specification	Model #
85121810			

**Extended Description :**

4.1 Selected TANF clients Drug and Alcohol Testing

INVOICE TO		SHIP TO	
ADMINISTRATIVE SERVICES ASSISTANT - 304-356-4528 HEALTH AND HUMAN RESOURCES BCF - COMMISSIONER'S OFFICE 350 CAPITOL ST, RM 730  CHARLESTON WV25301-3711  US		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER  No City WV 99999  US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	This line item has been removed from the CRFQ.	0.00000	TEST		

Comm Code	Manufacturer	Specification	Model #
85121810			

**Extended Description :**

4.1 Selected Other clients Drug and Alcohol Testing

INVOICE TO		SHIP TO	
ADMINISTRATIVE SERVICES ASSISTANT - 304-356-4528 HEALTH AND HUMAN RESOURCES BCF - COMMISSIONER'S OFFICE 350 CAPITOL ST, RM 730  CHARLESTON WV25301-3711  US		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER  No City WV 99999  US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Collection Expert Witness Testimony	10.00000	HOUR	35.00	350.00

Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description :

4.1.19.1 Collection Expert Witness Testimony

INVOICE TO		SHIP TO	
ADMINISTRATIVE SERVICES ASSISTANT - 304-356-4528 HEALTH AND HUMAN RESOURCES BCF - COMMISSIONER'S OFFICE 350 CAPITOL ST, RM 730 CHARLESTON WV25301-3711 US		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER No City WV 99999 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Laboratory Expert Witness Testimony	10.00000	HOUR	300.00	3000.00

Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description :

4.1.19.2 Laboratory Expert Witness Testimony

INVOICE TO		SHIP TO	
ADMINISTRATIVE SERVICES ASSISTANT - 304-356-4528 HEALTH AND HUMAN RESOURCES BCF - COMMISSIONER'S OFFICE 350 CAPITOL ST, RM 730 CHARLESTON WV25301-3711 US		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER No City WV 99999 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	MRO Expert Witness Testimony	10.00000	HOUR	600.00	6000.00

Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description :

4.1.19.3 MRO Expert Witness Testimony

INVOICE TO		SHIP TO	
ADMINISTRATIVE SERVICES ASSISTANT - 304-356-4528 HEALTH AND HUMAN RESOURCES BCF - COMMISSIONER'S OFFICE 350 CAPITOL ST, RM 730  CHARLESTON WV25301-3711  US		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER  No City WV 99999  US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	Collection Expert Witness Testimony at Deposition	10.00000	HOUR	35.00	350.00

Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description :  
4.1.19.4 Collection Expert Witness Testimony at Deposition

INVOICE TO		SHIP TO	
ADMINISTRATIVE SERVICES ASSISTANT - 304-356-4528 HEALTH AND HUMAN RESOURCES BCF - COMMISSIONER'S OFFICE 350 CAPITOL ST, RM 730  CHARLESTON WV25301-3711  US		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER  No City WV 99999  US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
7	Laboratory Expert Witness Testimony at Deposition	10.00000	HOUR	400.00	4000.00

Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description :  
4.1.19.5 Laboratory Expert Witness Testimony at Deposition

INVOICE TO		SHIP TO	
ADMINISTRATIVE SERVICES ASSISTANT - 304-356-4528 HEALTH AND HUMAN RESOURCES BCF - COMMISSIONER'S OFFICE 350 CAPITOL ST, RM 730  CHARLESTON WV25301-3711  US		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER  No City WV 99999  US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
8	MRO Expert Witness Testimony at Deposition	10.00000	HOUR	600.00	6000.00

Comm Code	Manufacturer	Specification	Model #
85121810			

**Extended Description :**

4.1.19.6 MRO Expert Witness Testimony at Deposition

INVOICE TO	SHIP TO
ADMINISTRATIVE SERVICES ASSISTANT - 304-356-4528 HEALTH AND HUMAN RESOURCES BCF - COMMISSIONER'S OFFICE 350 CAPITOL ST, RM 730 CHARLESTON WV25301-3711 US	STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER No City WV 99999 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
9	Selected TANF Clients Drug Testing	5000.00000	TEST	52.00	260,000

Comm Code	Manufacturer	Specification	Model #
85121810			

**Extended Description :**

Selected TANF Clients Drug Testing

INVOICE TO	SHIP TO
ADMINISTRATIVE SERVICES ASSISTANT - 304-356-4528 HEALTH AND HUMAN RESOURCES BCF - COMMISSIONER'S OFFICE 350 CAPITOL ST, RM 730 CHARLESTON WV25301-3711 US	STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER No City WV 99999 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
10	Selected TANF Clients Alcohol Testing	1000.00000	TEST	28.00	28,000

Comm Code	Manufacturer	Specification	Model #
85121810			

**Extended Description :**

Selected TANF Clients Alcohol Testing

INVOICE TO		SHIP TO	
ADMINISTRATIVE SERVICES ASSISTANT - 304-356-4528 HEALTH AND HUMAN RESOURCES BCF - COMMISSIONER'S OFFICE 350 CAPITOL ST, RM 730 CHARLESTON WV25301-3711 US		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER No City WV 99999 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
11	Selected Other Clients Drug Testing	35000.00000	TEST	52.00	1,820,000

Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description :  
Selected Other Clients Drug Testing

INVOICE TO		SHIP TO	
ADMINISTRATIVE SERVICES ASSISTANT - 304-356-4528 HEALTH AND HUMAN RESOURCES BCF - COMMISSIONER'S OFFICE 350 CAPITOL ST, RM 730 CHARLESTON WV25301-3711 US		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER No City WV 99999 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
12	Selected Other Clients Alcohol Testing	5000.00000	TEST	28.00	140,000

Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description :  
Selected Other Clients Alcohol Testing

**SCHEDULE OF EVENTS**

Line	Event	Event Date
1	Questions Due by 3:00 PM	2017-05-15

BCF1700000005	<b>Document Phase</b> Final	<b>Document Description</b> Addendum #3 - Drug and Alcohol Testing Services	<b>Page 7 of 7</b>
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**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions

Service	Estimated Qty	Unit	Cost	Extension
4.1 Selected TANF clients Drug Testing	5000	tests	<u>52.00</u>	<u>260,000.00</u>
4.1 Selected TANF clients Alcohol Testing	1000	tests	<u>28.00</u>	<u>28,000.00</u>
4.1 Selected Other clients Drug Testing	35000	tests	<u>52.00</u>	<u>1,820,000.00</u>
4.1 Selected Other clients Alcohol Testing	5000	tests	<u>28.00</u>	<u>140,000.00</u>
4.1.19.1 Collection Expert Witness Testimony	10	hours	<u>35.00</u>	<u>350.00</u>
4.1.19.2 Laboratory Expert Witness Testimony	10	hours	<u>400.00</u>	<u>4000.00</u>
4.1.19.3 MRO Expert Witness Testimony	10	hours	<u>600.00</u>	<u>6000.00</u>
4.1.19.4 Collection Expert Testimony at Deposition	10	hours	<u>35.00</u>	<u>350.00</u>
4.1.19.5 Laboratory Expert Testimony at Deposition	10	hours	<u>400.00</u>	<u>4000.00</u>
4.1.19.6 MRO Expert Testimony at Deposition	10	hours	<u>600.00</u>	<u>6000.00</u>
				<u>2,268,700.00</u>

Total Bid 2,268,700.00

CONTACT INFORMATION

Vendor Name: Analabs, Inc.  
Vendor Address: P.O. Box 1235  
Crab Orchard, WV 25827  
Vendor Contact Name: Kelli Harrison  
Vendor Phone Number: 304-255-4821  
Vendor Fax Number: 304-255-2410  
Vendor Email Address: kharrison@analabsinc.com

Signature of Authorized Vendor Agent:

Kelli Harrison

Date: 6-6-17

**DESIGNATED CONTACT:** Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Lori Isom , Drug Program Coordinator  
(Name, Title)  
Lori Isom, Drug Program Coordinator  
(Printed Name and Title)  
P0 Box 1235 Crab Orchard, WV 25827  
(Address)  
304-255-4821 / 304-255-2410  
(Phone Number) / (Fax Number)  
lisom@analabsinc.com  
(email address)

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Analabs, Inc.  
(Company)

Kelli Harrison, Kelli Harrison, Vice President  
(Authorized Signature) (Representative Name, Title)

Kelli Harrison, Vice President  
(Printed Name and Title of Authorized Representative)

6/6/17  
(Date)

304-255-4821 / 304-255-2410  
(Phone Number) (Fax Number)



ADDENDUM ACKNOWLEDGEMENT FORM  
SOLICITATION NO.: CRFQ 0511 BCF1700000005

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)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7  |
| <input checked="" type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> 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 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.

Analabs, Inc.  
Company

Kelli Harrison  
Authorized Signature

6-6-17  
Date

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

REQUEST FOR QUOTATION  
CRFQ 0511 BCF170000005  
Drug and Alcohol Testing Services

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available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: Lori Isom  
Telephone Number: 304-255-4821  
Fax Number: 304-255-2410  
Email Address: lisom@analabsinc.com

AGREED:

WV Department of Health  
and Human Resources

Name of Agency: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_


Name of Associate: Analabs, Inc.

Signature: Kelli Sturson

Title: Vice President

Date: 6-6-17

Form - WVBAA-012004  
Amended 06.26.2013

APPROVED AS TO FORM THIS 21<sup>st</sup>  
DAY OF JULY 2017  
BY  Patrick Morrissey  
Attorney General

Appendix A

(To be completed by the Agency's Procurement Officer prior to the execution of the Addendum, and shall be made a part of the Addendum. PHI not identified prior to execution of the Addendum may only be added by amending Appendix A and the Addendum, via Change Order.)

Name of Associate: Analabs, Inc.

WV Department of Health and Human Resources  
Name of Agency: \_\_\_\_\_

Describe the PHI (do not include any actual PHI). If not applicable, please indicate the same.

All types of PHI in electronic, verbal, or any other form, including but not limited to:

- Names
- Geographic data
- All elements of dates
- Telephone numbers
- FAX numbers
- Email addresses
- Social Security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers including license plates
- Device identifiers and serial numbers
- Web URLs
- Internet protocol addresses
- Biometric identifiers (i.e. retinal scan, fingerprints)
- Full face photos and comparable images
- Any unique identifying number, characteristic or code

To the minimum extent necessary, the services contained within this agreement involve the transmission of protected health information required for the appropriate oversight and administration of health care services and may include, but is not limited to, data and information related to: treatment data, beneficiary eligibility, medical records, and/or billing information, in paper, electronic, or any other form.

# 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 Vendor Preference, if applicable.

1.  **Application is made for 2.5% 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;  
 Bidder is a resident vendor partnership, association, or corporation with at least eighty percent of ownership interest of bidder held by another entity that meets the applicable four year residency requirement; **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% 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% vendor preference for the reason checked:**  
Bidder is a nonresident vendor that employs a minimum of one hundred state residents, or a nonresident vendor which has an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia and employs a minimum of one hundred state residents, and for purposes of producing or distributing the commodities or completing the project which is the subject of the bidder's bid and continuously over the entire term of the project, on average at least seventy-five percent of the bidder's employees or the bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years and the vendor's bid; **or**,
4.  **Application is made for 5% 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% 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% 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.
7.  **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with *West Virginia Code* §5A-3-59 and *West Virginia Code of State Rules*.**  
Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

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) rescind the contract or purchase order; 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.

**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: Analabs, Inc.

Signed: Kelli Harris

Date: 6-6-17

Title: Vice President

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

STATE OF WEST VIRGINIA  
Purchasing Division

# PURCHASING AFFIDAVIT

**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:**

**"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 exceeds 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.

**WITNESS THE FOLLOWING SIGNATURE:**

Vendor's Name: Analabs, Inc.

Authorized Signature: Kelli Harris Date: 6-6-17

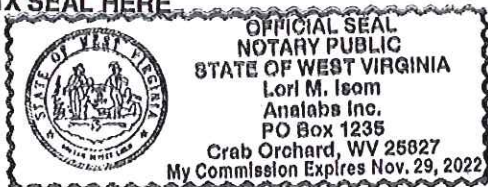
State of West Virginia

County of Raleigh, to-wit:

Taken, subscribed, and sworn to before me this 6<sup>th</sup> day of June, 2017.

My Commission expires November 29, 2022, 20  .

AFFIX SEAL HERE



NOTARY PUBLIC

Lori M. Isom

Purchasing Affidavit (Revised 08/01/2015)