



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 4

List View

General Information

Contact

Default Values

Discount


Document Information

Procurement Folder: 699304

SO Doc Code: CRFQ

Procurement Type: Central Master Agreement

SO Dept: 0323

Vendor ID: 

SO Doc ID: WWW2000000014

Legal Name: HEALTH RESEARCH SYSTEMS INC

Published Date: 3/27/20

Alias/DBA:

Close Date: 4/9/20


Total Bid: \$39.50

Close Time: 13:30

Response Date: 

Status: Closed

Response Time:

Solicitation Description: 

Total of Header Attachments: 4

Total of All Attachments: 4



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

**State of West Virginia
 Solicitation Response**

Proc Folder : 699304
Solicitation Description : Addendum 3 --- Drug Screening/Testing
Proc Type : Central Master Agreement

Date issued	Solicitation Closes	Solicitation Response	Version
	2020-04-09 13:30:00	SR 0323 ESR04082000000005823	1

VENDOR
000000207186 HEALTH RESEARCH SYSTEMS INC

Solicitation Number: CRFQ 0323 WWV2000000014

Total Bid : \$39.50 **Response Date:** 2020-04-08 **Response Time:** 16:01:28

Comments:

FOR INFORMATION CONTACT THE BUYER
 Dusty J Smith
 (304) 558-2063
 dusty.j.smith@wv.gov

Signature on File	FEIN #	DATE
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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
1	Drug Screening/Testing per specifications attached herein	1.00000	EA	\$39.500000	\$39.50

Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description :	Drug Screening/Testing per specifications attached herein
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Health Research Systems, Inc. (HRS) is pleased to submit this proposal to Workforce West Virginia (WFWV) for **CRFQ 323 WWV200000014, Drug Screening/Testing.**

HRS is a vendor in good standing with the State of West Virginia and a long-time provider of services to various state agencies. HRS is also registered with the West Virginia Secretary of State's office and the State Purchasing Division.

At HRS we are aware of the requirement for WFWV to have a highly qualified provider that can ensure the delivery of all the required services in a timely and cost-effective manner. At HRS we have in place the systems and processes necessary to meet the state's requirement for an effective and efficient drug testing program.

Health Research Systems, Inc. (HRS) is a privately held West Virginia corporation based in Huntington, WV. The HRS Huntington and Columbus offices have expert personnel as well as the experience necessary to coordinate a program as intricate as the one proposed by WFWV. The Huntington, WV office will be responsible for the day-to-day operations of the program.

Mr. Michael Day, President and CEO of HRS, has twenty nine (29) years of experience coordinating specimen collection and laboratory services for health services testing. He is able to provide expert testimony on program administration that stands behind the specimens collected by HRS personnel. Mr. Day works to stay current on federal regulations relevant to the drug free workplace in order to provide collectors with the most up-to-date training possible, as well as keep our clients informed of any pertinent changes.

Mrs. Merilee Hutchinson, is HRS's current operations manager with 12 years of management experience and 5 years of experience in the health services industry. Mrs. Hutchinson previously help the Program Administrator position as well as a Collections Services Technician Trainer and Breath Alcohol Technician. HRS's professional staff currently oversees the operation of over 100 programs of this nature with approximately 10,000 covered employees involved in these programs. HRS collects over 30,000 drug and alcohol collections per year.

MANDATORY REQUIREMENTS

We would like to provide WFWV with brief descriptions of each mandatory requirement and how HRS can meet these requirements.

3.1.1.1 HRS has the networking capability to provide and be responsible for collecting urine samples to test for substance abuse of Amphetamines, Cannabinoids/THC, Cocaine, Opiates, Phencyclidine (PCP), Benzodiazepines, Propoxyphene, Methadone, Barbiturates, and Synthetic narcotics for the clients referred to us by WFWV.

3.1.1.2 HRS as well as HRS partner locations accept walk-in clients. No appointment is necessary.

3.1.1.3 HRS will perform the required testing at our collections sites and we have provided a list of our partner locations with this response as well as hours of operation.

3.1.1.4 HRS's hours of operations are 8:00 am-5:00 pm, Monday-Friday, as well as providing an emergency service number for after hour issues. HRS's partner locations for all WFWV locations are open from 8:00 am-5:00 pm, as well as collection facilities open until 8:00 pm.

3.1.1.5 HRS is keenly aware of the importance of having a valid Drug Test Authorization form prior to a participant being tested. HRS would ask that WFWV provide that Drug Test Authorization form directly to HRS and a participants test will be scheduled accordingly. This ensures that participants would have to have a valid Drug Test Authorization form before a test can be performed at any partner locations.

3.1.1.6 HRS is aware the WFWV is not regulated by the DOT standards set forth by the United States Government. HRS can test, record, submit for review, and legally support confirmations of test specimens in conformity within the concentration cutoff levels set forth in this CRFQ.

3.1.1.7 HRS has the ability to change screening cutoffs within thirty (30) days of a written request from WFWV.

3.1.1.8 HRS will determine the appropriate nanogram cut-off levels for drugs that have no threshold listed in this CRFQ.

3.1.1.9 HRS utilizes the services of Dr. Stephen Kracht for our Medical Review Officer. Included with this response is Dr. Krachts' qualifications.

3.1.1.10 HRS utilizes Alere laboratories for their testing needs. Alere follows all regulations regarding positive specimens and stores them for 365 calendar days.

3.1.1.11 HRS will provide any and all follow-up testing or analysis required to either confirm a positive result or to eliminate a false positive.

3.1.1.12 HRS will inform the participant of drug screen results via United States Postal Service within forty-eight (48) hours after collection of specimen for negative tests. For positive results, HRS will inform the participant within forty-eight (48) hours after review of the results by the Medical Review Officer.

3.1.1.13 HRS will utilize a green PASS stamp and a RED failed stamp to identify the results of the drug screen.

3.1.1.14 HRS utilizes RedArrow for its internet-based database along with myescreen.com to maintain client names, unique identifiers, address, and test results.

3.1.1.14.1 HRS will provide designated WFWV employees with username and passwords to the database referenced in 3.1.1.14. Our database can be searched utilizing the donors' unique identifier, client name, address, and the test results.

3.1.1.15 HRS agrees to maintain client records for six (6) years following the expiration/cancellation of any contract resulting from this requires for quotation.

3.1.1.16 HRS will provide, at no additional cost to the agency and support for WFWV and the State of West Virginia with respect to all legal, or otherwise related to its product, processes, confirmations, including providing an expert witness or witnesses to testify in person at court in West Virginia and other witnesses if needed to support its chain of custody and efficacy of its product and laboratory confirmation services.

3.1.1.17 HRS, as part of this proposal, has provided WFWV with a list of collection sites within 20 miles of WFWV local offices, as well as providing their location addresses and hours of operation. HRS is proud to be able to provide collection facilities to all locations within the designated hours of operations and within a 20 miles radius of all WFWV local offices.

3.1.1.18 HRS utilizes chain-of-custodies that mirror what is currently used by the Department of Transportation however, are NON-DOT chains. These chains contain tamper evident seals with specimen ID numbers that are placed on each of the split bottles that correspond with the specimen ID on the chain of custody. Also included on these chains is a place for the collector to sign, print, date, and document time of collection as well as marking if the temperature of the specimen was within the standard 90-100 degrees. For the donors part of the documentation process, they are required to print, sign, date, and provide contact information so that they can be reached if the MRO would need to conduct and interview on the chain of custody. The donor must also initial the split specimen bottles on the tamper evident seal that was placed on them.

3.1.1.19 Response is the same as 3.1.1.18. Also submitted with proposal is a copy of the chain-of-custody that we will use.

3.1.1.20 HRS ensures that all of our subcontracted collection sites or services meet the mandatory requirement of this request for quotation.

3.1.1.21 HRS can provide services at all locations specified within this request for quotation within fifteen (15) days of issuance of award of contract.

3.1.1.22 HRS agrees to abide within the rules of confidentiality issued by or through the United States Department of Transportation during this contract and/or after termination/cancellation of any contract award.

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.

Merilee Hutchinson, Operations Manager

(Name, Title)

Merilee Hutchinson, Operations Manager

(Printed Name and Title)

821 6th Avenue Huntington, WV 25701 P. O. Box 524 Huntington, WV 25710

(Address)

304-529-4453 866-945-9153

(Phone Number) / (Fax Number)

mhutchinson@healthresearchsystems.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.

Health Research Systems, Inc

(Company)

Merilee R. Hutchinson Operations Manager

(Authorized Signature) (Representative Name, Title)

Merilee Hutchinson, Operations Manager

(Printed Name and Title of Authorized Representative)

3/30/2020

(Date)

304-529-4453 866-945-9153

(Phone Number) (Fax Number)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.:

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.

Health Research Systems, Inc

Company

Merilee R. Hutchinson

Authorized Signature

3/30/2020

Date

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

REQUEST FOR QUOTATION
Drug Screening/Testing Services

11. MISCELLANEOUS:

11.1 Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be 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: Merilee Hutchinson
Telephone Number: 304-521-1422
Fax Number: 866-945-9153
Email Address: mhutchinson@healthresearchsystems.com

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL CONTRACTS: 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: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, 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: Health Research Systems, Inc

Authorized Signature: Merilee Hutchinson Date: 4/8/2020

State of West Virginia

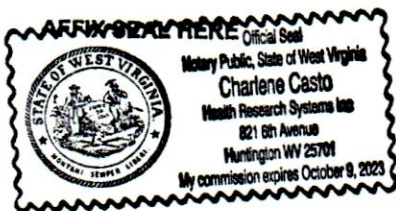
County of Cabell to-wit:

Taken, subscribed, and sworn to before me this 8th day of April, 2019

My Commission expires October 9, 2023

NOTARY PUBLIC Charlene Casto

Purchasing Affidavit (Revised 01/19/2018)



West Virginia Ethics Commission
Disclosure of Interested Parties to Contracts

(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: Health Research Systems, Inc Address: 821 6th Ave. Huntington, WV 25701

Name of Authorized Agent: Merilee Hutchinson Address: 821 6th Ave. Huntington, WV 25701

Contract Number: WWW20000000014 Contract Description: Drug Screening/Testing

Governmental agency awarding contract: Workforce WV

Check here if this is a Supplemental Disclosure

List the Names of Interested Parties to the contract which are known or reasonably anticipated by the contracting business entity for each category below (attach additional pages if necessary):

1. Subcontractors or other entities performing work or service under the Contract

Check here if none, otherwise list entity/individual names below.

Alere Laboratory, Dr. Stephen Kracht, MedExpress, Welch Community Hospital, Grant Memorial Hospital

2. Any person or entity who owns 25% or more of contracting entity (not applicable to publicly traded entities)

Check here if none, otherwise list entity/individual names below.

3. Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legal services related to the negotiation or drafting of the applicable contract)

Check here if none, otherwise list entity/individual names below.

Signature: Merilee Hutchinson Date Signed: 4/8/2020

Notary Verification

State of West Virginia, County of Cabell:

I, Charlene Casto, the authorized agent of the contracting business entity listed above, being duly sworn, acknowledge that the Disclosure herein is being made under oath and under the penalty of perjury.

Taken, sworn to and subscribed before me this 8th day of April, 2019
Charlene Casto
Notary Public's Signature

To be completed by State Agency:
Date Received by State Agency: _____
Date submitted to Ethics Commission: _____
Governmental agency submitting Disclosure: _____



WorkForce West Virginia Field Operations Division

www.workforcewv.org

Office	Physical Address	Vendor Testing Location	Operation Opening Time	Operation Closing Time
Beckley	200 New River Town Center, Suite 300 Beckley, 25801-3709	MedExpress-Beckley 1709 Harper Rd. MedExpress-Beckley Crossing 520 Beckley Crossing Shopping Center	8:00 am	8:00 pm
Charleston	1321 Plaza East, Suite 118 Charleston 25301-1400	MedExpress-Patrick St. 1416 MacCorkle Ave. SW MedExpress-Charleston 5430 MacCorkle Ave. SE	8:00 am	8:00 pm
Clarksburg	153 W Main St, Suite B Clarksburg, 26301	MedExpress-Clarksburg 101 Emily Drive.	8:00 am	8:00 pm
Elkins	1023 North Randolph Avenue Elkins, 26241-4610	MedExpress-Elkins 613 Randolph Ave.	8:00 am	8:00 pm
Fairmont	416 Adams Street, Ste 220 Fairmont, 26554-3174	MedExpress-Fairmont 630 Fairmont Ave.	8:00 am	8:00 pm
Greenbrier Valley	330 Red Oaks Shopping Ctr., Suite 1 Fairlea, 24902	MedExpress-Lewisburg 1560 Jefferson St. North	8:00 am	8:00 pm
Huntington	2699 Park Ave., Ste. 240 Huntington, 25704-2057	Health Research Systems, Inc 821 6th Ave. MedExpress-Huntington 10 Adams Ave.	8:00 am 8:00 am	5:00 pm 8:00 pm
Logan	130 Stratton Street Logan, 25601-3626	MedExpress-Logan 123 Enterprise Dr.	8:00 am	8:00 pm
Martinsburg	200 Viking Way Martinsburg, 25401	MedExpress-Martinsburg 1355 Edwin Miller Blvd MedExpress-Martinsburg Commons 83 Retail Commons Pkwy	8:00 am	8:00 pm
Mercer County	195 Davis St., Ste. 102 Princeton, 24740-7416	MedExpress-Princeton 277 Greasy Ridge Rd.	8:00 am	8:00 pm
Morgantown	304 Scott Ave. Morgantown, 26508-8804	MedExpress-Morgantown 215 Don Knotts Blvd	8:00 am	8:00 pm
Parkersburg	300 Lakeview Center Parkersburg, 26101-1050	MedExpress-Parkersburg 800 Grand Central Mall MedExpress-Parkersburg 1500 Grand Central Ave.	8:00 am	8:00 pm
Putnam	3554 Teays Valley Road Suite 117 Hurricane, 25526-8711	MedExpress-Teays Valley 563 State Rt. 34	8:00 am	8:00 pm
South Branch	151 Robert C. Byrd Indus Pk Rd. Suite 1 Moorefield, 26836-8936	EZ Care 747 N. Main Street Grant Memorial Hospital	9:00 am 8:00 am	5:00 pm 5:00 pm
Summersville	830 Northside Dr., Ste 123 Summersville, 26651-2032	MedExpress-Summersville 5870 Webster Rd.	8:00 am	8:00 pm
Weirton	100 Municipal Plaza, Ste. 300 Weirton, 26062-4573	MedExpress-Weirton 218 Three Springs Dr.	8:00 am	8:00 pm
Welch	110 Park Ave. Ste 100 Welch, 24801-2557	Welch Community Hospital 454 McDowell St. MedExpress-Bluefield VA 4003 College Ave.	8:00 am 8:00 am	5:00 pm 8:00 pm
Wheeling	1275 Warwood Ave. Wheeling, 26003-7129	MedExpress-Wheeling 620 National Rd. MedExpress-10 Elm Grove Crossing Mall	8:00 am	8:00 pm

Merilee R. Hutchinson Operations Manager 3/30/2020

 Signature/Title/Date

Please Sign confirmation that the Testing collection site is within 20 miles of WFWV local offices as listed above and show the hours operation is 8am-5pm

Alere 1111 Newton St., Gretna, LA 70053
450 Southlake Blvd., Richmond, VA 23236
Phone: 800.433.3823 | Fax: 504.361.8298

Airbill / Courier Tracking Number



212510974

Specimen ID 212510974

STEP 1: TO BE COMPLETED by Collector or Employer/Client Representative

A. Employer/Client Name, Address, Phone, & Fax:

Facility Number

B. MRO Name, Address, Phone, & Fax:

DR. STEPHEN KRACHT
8240 WARD PKWY SUITE 275
KANSAS CITY, MO 64114
866-355-7058 913-498-8028

C. Name/ID:

PRINT ALL IN CAPS for Donor Name (Last Name, First Name MI); leave space between names/ID/Auxiliary Data.

Sub Acct: (optional)

D. Donor SSN or Employee ID No.:

Donor SSN or Employee ID No.

E. Daytime Phone No.:

F. Evening Phone No.:

G. Reason for Test: Pre-Employment Random Reasonable Suspicion/Cause Post Accident Return to Duty Follow-up Other

H. Panel: If a panel is not selected below, Alere will use the default for the Facility listed above. See back of copy 4 for additional panel instructions.

A Primary Default Panel B 1732 DRUG C D E Other: (write in panel number)

I. Collection Site Name & Address:

Collector Phone No.:

Collector Phone No. () () ()

Collector Number

STEP 2: TO BE COMPLETED by Collector - Within 4 minutes, read temperature of specimen.

Within range? Yes 90°-100°F / 32°-38°C No Below 90°F / 32°C Above 100°F / 38°C

Oral Fluid, temperature not applicable

Split Specimen No Yes

Observed

Remarks:

STEP 3: TO BE COMPLETED by Collector and Donor - Collector affixes bottle seals(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: TO BE COMPLETED by Donor

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen container used was sealed with tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen container is correct.

Signature of Donor
Date: / /

Donor Date of Birth (Mo./Day/Yr.)
/ /

STEP 5: CHAIN OF CUSTODY - Initiated by Collector and completed by Laboratory

I certify that the specimen given to me by the donor identified above was collected, labeled, sealed, and released in accordance with applicable requirements.

PRINT Collector Name (First, MI, Last)

Date Collected (Mo./Day/Yr.)

Specimen Bottle(s) Released to: **COURIER**

Signature of Collector

Time Collected: : AM PM

Service Transferring Specimen to Lab

STEP 6: TO BE COMPLETED by Lab

RECEIVED AT LAB:

Signature of Accessioner PRINT Accessioner Name (First MI Last)

LAB NUMBER

Date (Mo/Dy/Yr) Primary Specimen Seal Intact? Yes No, Enter Remark Specimen(s) Released to: **TEMPORARY STORAGE**

Remarks:

SPECIMEN ID NO. 212510974

A



Date (Mo./Day/Yr.) 212510974
SPECIMEN BOTTLE SEAL

SPECIMEN ID NO. 212510974

B (SPLIT)



Date (Mo./Day/Yr.) 212510974
SPECIMEN BOTTLE SEAL

Exhibit A-Pricing Page for Drug Screening Services

Description	Unit of Measure	Unit Cost	Estimated Number of Test	Extended Cost
Drug Screening/Testing	Each	\$0.00	1000	\$0.00
		\$39.50		\$39,500.00
Total Bid Amount				\$0.00

Estimated quantity is for bidding purposes only



Theodore F. Shults, MS, JD
Chairman
(919) 489-5407

American Association of Medical Review Officers

April 21, 2017

Verification of Certification for: Stephen J. Kracht, D.O.
Cynergy P.A.
8140 Ward Parkway
Kansas City MO 64114

Certification Number: 20508284

Current Certification Date: April 20, 2017

Certification Expiration Date: April 20, 2022

This notice serves as verification that the above-referenced physician has been certified as a Medical Review Officer (MRO) through the American Association of Medical Review Officers (AAMRO).

For all physicians certified or recertified by AAMRO after October 1, 2010 will have to attend an MRO training program and take the exam. Recertification is required every five years to remain in good standing.

The referenced physician is listed in the AAMRO registry of Certified Medical Review Officers (www.aamro.com).

Theodore F. Shults, J.D., M.S.
Chairman

Medical Review Officer Certification Council

3231 S Helsted St, #167, Chicago, IL 60608 • 847-631-0599 • FAX 847-483-1282 Email: mrocc@mrocc.org



July 30, 2018

BOARD OF DIRECTORS

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Benjamin Gerson, MD

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Chairman
Mark J. Upfal, MD

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Clinical Toxicology

American College of
Medical Toxicology

American College of
Occupational and
Environmental Medicine

American Medical Association

American Society of
Addiction Medicine

College of American Pathologists

STAFF

Kristine Pasdak
Executive Director

Katy Geiner
Program Manager

Stephanie Rodriguez
Program Manager

Stephen J. Kracht, D.O.
Cynergy, P.A.
8140 Ward Parkway Suite 275
Kansas City, MO 64114

Certification Number: 18-12524

Valid from July 30, 2018 to July 30, 2023

Dr. Kracht:

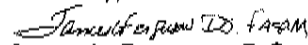
I am very pleased to confirm that you have successfully passed the MROCC certification examination. Your CME training plus the passing of this examination qualifies you for certification by the Medical Review Officer Certification Council as a Certified MRO.

An official verification of certification is available by logging into the MROCC website at <https://www.mrocc.org/login.cfm> and clicking on the Print Verification button. Once you are logged in, there is also an option to purchase a professionally-printed MROCC certificate, if you wish to do so.

Your listing is now available on the MROCC website. You may view your listing and make changes to it at the MROCC website at <https://www.mrocc.org/login.cfm>. It is important to keep your contact information updated by logging into your record on our website so that you receive any necessary updates and reminders during your certification cycle.

Again, my warmest congratulations!

Sincerely,


James L. Ferguson, D.O.
Chairman, MROCC Board of Directors

MROCC

Promoting and Preserving The Highest Quality of Standards Among MROs
www.mrocc.org



Currently Certified as a Medical Review Officer by MROCC

Name:	Stephen J. Kracht, D.O.
Certification Number:	18-12524
Certification Cycle:	July 30, 2018 to July 30, 2023
Company:	Cynergy, P.A.
Address Line 1:	8140 Ward Parkway Suite 275
Address Line 2:	
City:	Kansas City
State:	MO
Country:	
Email:	stephen.kracht@cynergymro.com
Date Printed:	May 04, 2018
Source:	MROCC website. The verification of certification using this web site meets primary source requirements as defined by JCAHO and NCQA.

This notice serves as verification that the above referenced physician is a certified Medical Review Officer (MRO) through the Medical Review Officer Certification Council (MROCC). MROCC certifies, through an eligibility process and written examination, licensed physicians who have had appropriate CME training and experience in performing the essential duties of the MRO. Certification is intended to ensure the public of quality services and the maintenance of ethical conduct by qualified physicians involved in drug and alcohol testing review.

MROCC's certification examination is annually reviewed and approved by the Department of Health and Human Services, and fulfills the requirement for certification of Medical Review Officers as established by the Department of Transportation in its Procedures for Transportation Workplace Drug and Alcohol Testing Programs 49 CFR Part 40 of the Federal Register.