



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

State of West Virginia
Master Agreement

Order Date: 11-22-2024

CORRECT ORDER NUMBER MUST
 APPEAR ON ALL PACKAGES, INVOICES,
 AND SHIPPING PAPERS. QUESTIONS
 CONCERNING THIS ORDER SHOULD BE
 DIRECTED TO THE DEPARTMENT
 CONTACT.

Order Number:	CMA 0506 0506 HHR2500000001 2	Procurement Folder:	1489293
Document Name:	DRUG AND ALCOHOL TESTING	Reason for Modification:	Change Order 1 To renew contract.
Document Description:	DRUG AND ALCOHOL TESTING		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2024-11-08
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2025-11-30

VENDOR		DEPARTMENT CONTACT	
Vendor Customer Code:	000000109512	Requestor Name:	Virginia L Fitzwater
PHYSICAL EXAMS INC 313 MACCORKLE AVE SW STE 201		Requestor Phone:	(304) 558-5625
SOUTH CHARLESTON WV 25303 US		Requestor Email:	ginny.l.fitzwater@wv.gov
Vendor Contact Phone:	304-346-8213 Extension:	<div style="font-size: 2em; font-weight: bold;">2025</div> <div style="font-weight: bold;">FILE LOCATION _____</div>	
Discount Details:			
	Discount Allowed Discount Percentage Discount Days		
#1	No 0.0000 0		
#2	No		
#3	No		
#4	No		

INVOICE TO	SHIP TO
BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV 25301 US	BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV 25301 US

CR 12-2-24

Total Order Amount:	Open End
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Purchasing Division's File Copy

CH 11/25/24
 PURCHASING DIVISION AUTHORIZATION
 DATE: *Tanya 11/26/24*
 ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM
 DATE: *John S. Gray 12/2/2024*
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
 DATE: *12-2-24*
 ELECTRONIC SIGNATURE ON FILE

Extended Description:

Change Order 1

Change Order No. 01 is issued to renew the original contract according to all terms, conditions, prices, and specifications contained in the original contract, including all authorized change orders.

Effective date of renewal 12/1/2024 through 11/30/2025.

Renewal Years Remaining: 1

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	85121810			TEST	150.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Pre-Employment Drug Testing - Laboratory Screen

Extended Description:

Pre-Employment Drug Testing - Laboratory Screening - Section 1.1 A

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	85121810			TEST	60.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Pre-Employment Alcohol Testing

Extended Description:

Pre-Employment Alcohol Testing Section 1.1 B

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
3	85121810			TEST	50.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Reasonable Suspicion Drug Testing - On-Site Screen

Extended Description:

Reasonable Suspicion Drug Testing - On-Site Screen - Section 1.2 A

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
4	85121810			TEST	200.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Reasonable Suspicion Drug Testing - Laboratory Screen

Extended Description:

Reasonable Suspicion Drug Testing -Laboratory Screen - Section 1.2 B

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
5	85121810			TEST	70.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Reasonable Suspicion Alcohol Testing

Extended Description:

Reasonable Suspicion Alcohol Testing - Section 1.2 C

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
6	85121810			TEST	50.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Post-Accident Drug Testing - On-Site Screen

Extended Description:

Post-Accident Drug Testing - On-Site Screen Section 1.3.A

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
7	85121810			TEST	200.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Post-Accident Drug Testing - Laboratory Screen

Extended Description:

Post-Accident Drug Testing - Laboratory Screen Section 1.3 B

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
8	85121810			TEST	70.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Post-Accident Alcohol Testing

Extended Description:

Post-Accident Alcohol Testing
Section 1.3 C

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
9	85121810			TEST	150.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Return to Work Drug Testing -Laboratory Screen

Extended Description:

Return to Work Drug Testing - Laboratory Screen Section 1.4 A

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
10	85121810			TEST	60.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Return to Work Alcohol Testing

Extended Description:

Return to Work Alcohol Testing
Section 1.4 B

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
11	85121810			HOUR	50.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Collection Expert Testimony

Extended Description:
Collection Expert Testimony
Section 4.1.1.17.1

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
12	85121810			HOUR	50.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Laboratory Expert Testimony

Extended Description:
Laboratory Expert Testimony
Section 4.1.1.17.2

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
13	85121810			HOUR	50.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: MRO Expert Testimony

Extended Description:
MRO Expert Testimony
Section 4.1.1.17.3

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
14	85121810			HOUR	50.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Collection Expert Testimony at Deposition

Extended Description:
Collection Expert Testimony at Deposition Section 4.1.1.17.4

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
15	85121810			HOUR	50.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Laboratory Expert Testimony at Deposition

Extended Description:
Laboratory Expert Testimony at Deposition - Section 4.1.1.17.5

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
16	85121810			HOUR	50.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: MRO Expert Testimony at Deposition

Extended Description:
MRO Expert Testimony at Deposition Section 4.1.1.17.6

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
17	85121810			TEST	0.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Blind Performance Tests (One per Quarter)

Extended Description:
Blind Performance Tests (One per Quarter) Section 4.1.2.8



Physical Exams dba Drug Testing Centers of America
100 Lee Street West
Charleston, WV 25302
Phone: (304) 344-8378 Fax: (304) 344-0069

Ginny L. Fitzwater, MHRM
Director-Human Resources and Workforce Development
Office of Health Facilities
100 Dee Drive
Charleston, WV 25311
P: 304-352-5638

Agree to
renew
All
Greenh

November 19, 2024

Reference Contract CMA HHR25*1

As our current drug and alcohol contract is set to expire soon, we would like to request that the contract be renewed for one year under the current fees and terms of agreement. We request that the agreement cover the dates of service to run from 12/1/24 through 11/30/25.

It has been a pleasure working with you and the organization, and would like the opportunity to continue to provide services with the same quality and degree of professionalism that you have come to expect.

If the renewal is agreeable to all parties involved, please have the required renewal documents sent to me for completion.

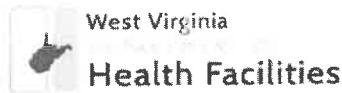
We look forward to renewing our partnership, and if you have any questions, please do not hesitate to contact us.

Sincerely, *Julia A. Barker*
Julia A. Barker
VP of Operations

Physical Exams dba Drug Testing Centers of America



Sherri A. Young, D.O., MBA, FAAFP
DH Cabinet Secretary



Michael J. Caruso
DHF Cabinet Secretary



Cynthia A. Persily, Ph.D.
DoHS Cabinet Secretary

STATE OF WEST VIRGINIA
DEPARTMENTS OF HEALTH, HEALTH FACILITIES, AND HUMAN SERVICES
OFFICE OF SHARED ADMINISTRATION

DATE: November 22, 2024

TO: Crystal Hustead, Senior Buyer
DOA Purchasing

FROM: *Althea Greenhowe*
Althea Greenhowe, Procurement Specialist, Senior
Office of Shared Administration Purchasing

RE: CMA 0506 HHR25*1

Please accept this justification memo for submitting this Change Order to renew the above referenced CMA. These services are still required for our departments.

If you have any questions, please feel free to contact me.

Thanks.



COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Crystal Husted</u> Date: <u>11/25/22</u> Solicitation No. <u>CMA HHR25*01</u>	Agency: OSA Procurement Officer Submitting Requisition: Althea Greenhowe Requisition No. CMA 0506 HHR25*1 PF No.: 1489293
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This checklist **MUST** be completed by a state agency's designated procurement officer and submitted with the Purchase Requisition to the Purchasing Division. The purpose of the checklist is to verify that an agency procurement officer has obtained and included required documentation necessary for the Purchasing Division to process the requisition without future processing disruptions. At the agency's preference, the agency **MUST** either submit the checklist by attaching it to the requisition's Header **OR** by placing it in the requisition's Procurement Folder.

FOR ALL SOLICITATION TYPES:

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
1	Specifications and Pricing Page included	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Use of correct requisition type [CRQS → CCT or CPO] or [CRQM → CMA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Use of most current terms and conditions www.state.wv.us/admin/purchase/TCP.pdf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Suggested vendors in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Capitol Building Commission pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Financing (Governor's Office) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Fleet Management Division pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
10	Insurance requirements				
	<i>Commercial General Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Automobile Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Workers' Compensation/Employer's Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Cyber Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Builder's Risk/Installation Floater</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Professional Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Other (specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR CHANGE ORDERS/RENEWALS:

1	Two-party agreement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Standard change order language	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Office of Technology CIO approval	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Justification for price increases/backdating/other	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Secretary of State Verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	State debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Federal debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**The items pre-checked are required before a Purchase Requisition may be submitted to the Purchasing Division. Failure to complete and verify this documentation may result in rejection of the requisition back to the agency. It is up to the agency procurement officer to determine if pre-approvals, insurance, or other documentation is needed for the purchase. The referenced information below may be used to make this determination.*

For Purchasing Division Use Only:

I have reviewed the requisition identified above and find that it is sufficient to advertise publicly to the vendor community. My review does not preclude the possibility that the vendor community, or some other entity, will identify an area of concern; however, should such issues or concerns arise, they will be reviewed and addressed as may be appropriate.

Signature: *Cristal Husted*

Simple Search

Search Editor

- Any Words *i*
- All Words *i*
- Exact Phrase *i*

e.g. 123456789, Smith Corp

"PHYSICAL EXAMS INC" ×

- Classification ∨
- Excluded Individual ∨
- Excluded Entity ∨
- Federal Organizations ∨
- Exclusion Type ∨
- Exclusion Program ∨
- Location ∨
- Dates ∨

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Business and Licensing

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Business Organization Detail

NOTICE: The West Virginia Secretary of State's Office makes every reasonable effort to ensure the accuracy of information. However, we make no representation or warranty as to the correctness or completeness of the information. If information is missing from this page, it is not in the The West Virginia Secretary of State's database.

PHYSICAL EXAMS, INC

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C Corporation	12/15/2003		12/15/2003	Domestic	Profit			

Organization Information			
Business Purpose	6213 - Health Care and Social Assistance - Ambulatory Health Care Services - Offices of Other Health Practitioners (chiropractors, optometrist, mental health practitioners, physical, occupational, speech, audiology, podiatrist)		Capital Stock 10000.0000
Charter County	Kanawha	Control Number	62159
Charter State	WV	Excess Acres	
At Will Term		Member Managed	

2013
2012
2011
2010
2009
2008
2007
2006
2005
Date filed

For more information, please contact the Secretary of State's Office at 304-558-8000.

Friday, November 22, 2024 — 2:50 PM

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At Will Term Years		Par Value	10.000000
Authorized Shares	1000	Young Entrepreneur	Not Specified

Addresses

Type	Address
Local Office Address	313 MACCORKLE AVE SW SUITE 201 SOUTH CHARLESTON, WV, 25303
Mailing Address	P.O. BOX 1157 WEXFORD, PA, 15090 USA
Notice of Process Address	MICHAEL S. FERGUSON 1130 CASTLETOWN CT. SEWICKLEY, PA, 15143
Principal Office Address	313 MACCORKLE AVE SW SUITE 201 SOUTH CHARLESTON, WV, 25303 USA
Type	Address

Officers

Type	Name/Address
Director	MICHAEL S FERGUSON 1130 CASTLETOWN COURT SEWICKLEY, PA, 15143
Incorporator	MARSHALL STRAWTHER #4 HAMPTON ROAD WINFIELD, WV, 25213 USA
President	MICHAEL S. FERGUSON 1130 CASTLETOWN CT. SEWICKLEY, PA, 15143

Secretary	MICHAEL S. FERGUSON 1130 CASTLETOWN CT. SEWICKLEY, PA, 15143
Treasurer	MMOTSA M. MAKHENE, JR. 198 BENT TREE ESTS SCOTT DEPOT, WV, 25560
Type	Name/Address

DBA			
DBA Name	Description	Effective Date	Termination Date
DRUG TESTING CENTERS OF AMERICA	TRADENAME	11/12/2024	
DBA Name	Description	Effective Date	Termination Date

Date	Amendment
1/12/2018	AMENDMENDED AND RESTATED ARTICLES FILED
Date	Amendment

Annual Reports
Filed For
2024
2023
2022
2021
2020
2019
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2017x
2017
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2014