



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: 12-10-2025

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 2937 CME2500000002 2	Procurement Folder:	1517260
Document Name:	POSTMORTEM TOXICOLOGY TESTING	Reason for Modification:	CO1 TO RENEW THE CONTRACT
Document Description:	POSTMORTEM TOXICOLOGY TESTING		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2025-01-15
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2027-01-14

VENDOR		DEPARTMENT CONTACT		
Vendor Customer Code:	VS0000018726	Requestor Name:	Courtney M Buskirk	
AXIS FORENSIC TOXICOLOGY INC PO BOX 681513		Requestor Phone:	304-352-4853	
INDIANAPOLIS IN 46268-7513 US		Requestor Email:	courtney.m.buskirk@wv.gov	
Vendor Contact Phone:	3177594869 Extension: 1	<h1>2026</h1> <p>FILE LOCATION _____</p>		
Discount Details:				
Discount Allowed	Discount Percentage			Discount Days
#1 No	0.0000			0
#2 No				
#3 No				
#4 No				

INVOICE TO	SHIP TO
PURCHASING DIRECTOR 304-356-4116 HEALTH AND HUMAN RESOURCES BUREAU FOR PUBLIC HEALTH OFFICE CHIEF MEDICAL EXAMINER 619 VIRGINIA ST WEST CHARLESTON WV 25302 US	PURCHASING DIRECTOR 304-356-4116 HEALTH AND HUMAN RESOURCES BUREAU FOR PUBLIC HEALTH OFFICE CHIEF MEDICAL EXAMINER 619 VIRGINIA ST W CHARLESTON WV 25302 US

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

CH 12/10/25
 PURCHASING DIVISION AUTHORIZATION
 DATE: *12/11/25*
 ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM
 DATE: *12/15/2025*
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
Cody Reed
 DATE: *12-15-25*
 ELECTRONIC SIGNATURE ON FILE

Extended Description:

CHANGE ORDER 1

TO RENEW THE ORIGINAL CONTRACT ACCORDING TO ALL TERMS, CONDITIONS, PRICES AND SPECIFICATIONS CONTAINED IN THE ORIGINAL CONTRACT INCLUDING ALL AUTHORIZED CHANGE ORDERS.

ALL PROVISIONS OF THE ORIGINAL CONTRACT AND SUBSEQUENT CHANGE ORDERS NOT MODIFIED HEREIN SHALL REMAIN IN FULL FORCE AND EFFECT.

EFFECTIVE DATE OF RENEWAL: 1/15/2026 THROUGH 1/14/2027

RENEWAL YEARS REMAINING: 2

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	41116146				0.000000
	Service From	Service To		Service Contract Amount	
	2025-01-15	2027-01-14		0.00	

Commodity Line Description: Toxicology test kits or supplies

Extended Description:

PRICING INCLUDED ON ATTACHED EXHIBIT A PRICING PAGE

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	80121903				0.000000
	Service From	Service To		Service Contract Amount	
	2025-01-15	2027-01-14		0.00	

Commodity Line Description: Expert Witness Testimony

Extended Description:

PRICING INCLUDED ON ATTACHED EXHIBIT A PRICING PAGE



Renewal Letter

Attn: Andrew Johnson

Contracting Agency:
Office of the Chief Medical Examiner
619 Virginia Street Way
Charleston, WV 25302

This letter is in regard to CME250000002 Postmortem Toxicology Testing.

It is the desire of Axis Forensic Toxicology to renew the existing contract with the Office of the Chief Medical Examiner for postmortem toxicology testing services, under the same terms and conditions as the current agreement. Axis intends to hold to the catalog pricing for the contract renewal of CME250000002 Effective 1-15-2026 - 1-14-2027

Pricing is referenced in associated Quote document provided.

Thank you,

A handwritten signature in black ink, appearing to read "Phil Roberts".

Phil Roberts
CEO

Agreed

A handwritten signature in black ink, appearing to read "Heather White".

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Revolutionary FAR Overhaul Impacts to SAM.gov Show Details
Aug 15, 2025



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May 21, 2025



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- All Words ⁱ
- Exact Phrase ⁱ

e.g. 123456789, Smith Corp

"AXIS FORENSIC TOXICOLOGY, INC." ×

Classification ∨

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Excluded Entity ∨

Federal Organizations ∨

Exclusion Type ∨

Exclusion Program ∨

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Business Organization Detail

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AXIS FORENSIC TOXICOLOGY, INC.

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
EC Exempt Corporation	12/18/2024		12/18/2024	Foreign	Profit			

Organization Information		
Business Purpose	Capital Stock	
Charter County	Control Number	9BAEX
Charter State	IN	Excess Acres
At Will Term	Member Managed	
At Will Term Years	Par Value	
Authorized Shares	Young Entrepreneur	Not Specified

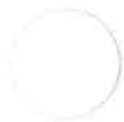
Addresses	
Type	Address
Notice of Process Address	AXIS FORENSIC TOXICOLOGY PO BOX 681513 INDIANAPOLIS, IN, 46268
Principal Office Address	5780 WEST 71ST ST INDIANAPOLIS, IN, 46278
Type	Address

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

Tuesday, November 18, 2025 — 8:51 AM

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COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Crystal Husted</u> Date: <u>12/10/25</u>	Agency: WV DOH OCME
Solicitation No. <u>CMA CME25#02</u>	Procurement Officer Submitting Requisition: Courtney Buskirk
	Requisition No. CMA CME2500000002 CO1
	PF No.: 1517260

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				
	Commercial General Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Automobile Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Workers' Compensation/Employer's Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Builder's Risk/Installation Floater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (specify)	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input 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: _____

Crystal Husted