

FORSYTH COUNTY
BOARD OF COMMISSIONERS

MEETING DATE: NOVEMBER 11, 2013 AGENDA ITEM NUMBER: 6

SUBJECT: RESOLUTION AUTHORIZING EXECUTION OF A LABORATORY SERVICES AGREEMENT BETWEEN FORSYTH COUNTY AND LABORATORY CORPORATION OF AMERICA HOLDINGS FOR REFERENCE CLINICAL LABORATORY SERVICES (PUBLIC HEALTH DEPARTMENT)

COUNTY MANAGER'S RECOMMENDATION OR COMMENTS: Recommend Approval

SUMMARY OF INFORMATION:

See attached

ATTACHMENTS: YES NO

SIGNATURE: *J. Audrey Watts, Jr.* DATE: November 6, 2013
COUNTY MANAGER

**RESOLUTION AUTHORIZING EXECUTION OF
A LABORATORY SERVICES AGREEMENT BETWEEN
FORSYTH COUNTY AND LABORATORY CORPORATION
OF AMERICA HOLDINGS FOR REFERENCE
CLINICAL LABORATORY SERVICES
(PUBLIC HEALTH DEPARTMENT)**

BE IT RESOLVED by the Forsyth County Board of Commissioners that the Chairman or County Manager and Clerk to the Board are hereby authorized to execute, on behalf of Forsyth County, a Laboratory Services Agreement between Forsyth County, on behalf of its Public Health Department, and Laboratory Corporation of America Holdings to provide reference clinical laboratory services, in an amount not to exceed \$56,420.000 for the period July 1, 2013 through June 30, 2014, subject to a pre-audit certificate thereon by the Chief Financial Officer, if applicable, and approval as to form and legality by the County Attorney.

BE IT FURTHER RESOLVED by the Forsyth County Board of Commissioners that the County Manager is hereby authorized to execute, on behalf of Forsyth County, amendments to this agreement and subsequent agreements with this provider for these services, within budgeted appropriations, in the current and future fiscal years, if these services are deemed necessary, subject to a pre-audit certificate thereon by the Chief Financial Officer, if applicable, and approval as to form and legality by the County Attorney.

Adopted this the 11th day of November 2013.

LABORATORY SERVICES AGREEMENT

THIS AGREEMENT made this 5th day of July, 2013, by and between Forsyth County Health Department, ("CLIENT") and Laboratory Corporation of America Holdings ("LABORATORY").

WHEREAS, LABORATORY is engaged in the business of providing reference clinical laboratory services (the "Services"); and

WHEREAS, CLIENT desires to contract with LABORATORY to provide reference clinical laboratory services for CLIENT, and LABORATORY desires to provide the Services described herein.

IT IS THEREFORE AGREED AS FOLLOWS:

1. TERM AND TERMINATION

This Agreement shall become effective on the date set forth above and shall continue in effect until terminated by either party. This Agreement shall have an initial term of one (1) year ("Initial Term") and shall be automatically renewed for additional periods of one (1) year ("Renewal Term") at the end of the Initial Term or any Renewal Term, unless previously terminated by either party.

This Agreement may be terminated by either party, with or without cause, at any time, by giving the other party thirty (30) days prior written notice to the address set forth in Section 11.

2. Maximum Amount Payable

Subject to the terms and conditions hereinafter set forth, CLIENT agrees to pay LABORATORY for approved services provided, up to and not to exceed the maximum agreement amount of Fourteen Thousand and One Hundred dollars (\$14,100.00) for account number 32356145 POSSE and Forty Two Thousand and Three Hundred and Twenty dollars (\$42,320.00) to be allocated between 32399220, 32362330, 32372905 and 32397075 during the remainder of CLIENT's fiscal year 1st day of July through the 30th day of June. CLIENT remains solely responsible for monitoring usage of Services during its fiscal year so as not to exceed the maximum agreement amounts listed above. CLIENT assumes responsibility for payment to LABORATORY in the event that Services are requested in excess of the maximum agreement amounts.

3. TESTING SERVICES

LABORATORY agrees to perform such Services for CLIENT as may be requested by CLIENT, if available, during the term of this Agreement. The Services shall include those tests listed in LABORATORY's current Directory of Services, as the same may be modified from time to time by LABORATORY and such additional services as the parties may agree to in writing.

The service area under this Agreement shall be the state of North Carolina ("Service Area").

4. ADDITIONAL SERVICES

A. SPECIMEN PICK UP AND REPORT DELIVERY

LABORATORY will provide a reference specimen pick up and report delivery service to CLIENT on a daily basis Monday through Friday of each week, except on holidays. For the purposes of this Agreement, holidays shall include New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and Christmas Day. LABORATORY shall make reasonable efforts to deliver or transmit results of a routine nature (general routine chemistries) to CLIENT within 24 hours of the time the specimen is received by LABORATORY's testing facility. LABORATORY shall make reasonable efforts to deliver or transmit results of tests performed on specimens of a special nature (special chemistries, tissues, etc.) to CLIENT within the times set forth in LABORATORY's then current turn-around-time schedule. LABORATORY shall report panic or critical values performed at LABORATORY facilities in a manner consistent with LABORATORY's standard policies and procedures.

B. SUPPLIES

LABORATORY will provide, as part of its charges for the Services, such items, devices or supplies that are used solely to collect, transport, process or store specimens to be submitted to LABORATORY for testing.

C. CONSULTATION

LABORATORY staff shall be available to consult with CLIENT by telephone during normal LABORATORY working hours to discuss LABORATORY's procedures and to provide the status of test results.

D. STAT TESTING

LABORATORY agrees to provide stat laboratory testing for CLIENT through LABORATORY's facility in Winston Salem, North Carolina. There will be no additional charge for this service except for reimbursement of any additional amounts paid to third parties for transporting the specimen. LABORATORY shall be held harmless for any stat laboratory testing services provided by a local third-party laboratory. In the event LABORATORY agrees to bill a third party for these stat testing services, CLIENT agrees to reimburse LABORATORY for any amount which may be denied or disallowed by such third party.

5. FEES

CLIENT agrees to pay, to the extent responsible for payment, for the Services provided under this Agreement the fees set forth in Exhibit A. For services sent to another reference laboratory for testing, CLIENT shall pay the greater of (a) the fees listed in Exhibit A and (b) the charges to LABORATORY for reference testing performed by the laboratory not owned by or affiliated with LABORATORY. After the Initial Term of this Agreement, CLIENT and LABORATORY agree that fees shall either increase on the renewal date hereof or with LABORATORY's general annual fee increase of which CLIENT shall receive thirty (30) days written notice. CLIENT and LABORATORY acknowledge and agree that fees shall not be adjusted more frequently than once a year.

Notwithstanding the foregoing, CLIENT acknowledges that LABORATORY may develop and/or provide new technologies and/or new methodologies during the term of this Agreement. LABORATORY shall notify CLIENT when such technologies and/or methodologies are available and the fee associated with such technologies and/or methodologies. If, during the term of this Agreement, any nationally recognized professional medical association makes recommendations that establish or change a standard of care for testing, the parties will work in good faith to agree on an appropriate rate of payment for testing affected by the now or modified standard of care on a fee for service basis. If the parties cannot reach agreement, LABORATORY shall have the right to terminate this Agreement by giving thirty (30) days written notice to CLIENT.

6. BILLING

LABORATORY will submit to CLIENT a monthly itemized statement of Services rendered to CLIENT by LABORATORY for the prior month. Payment for Services is due thirty (30) days after the date of invoice. Failure to remit payment within said time may result, among other remedies available to LABORATORY, in the loss or reduction of CLIENT's discount and/or special prices on future Services or discontinuation of Service. If, as a result of such non-payment, LABORATORY reduces or removes any discount and/or special prices, the terms and prices contained in LABORATORY's current Fee Schedule shall become the Fees payable by CLIENT. LABORATORY may, at its option, reinstate any discount and/or special prices after CLIENT brings its balance current. Nothing in the foregoing shall waive any rights or remedies available to LABORATORY with respect to late payment by CLIENT. If LABORATORY is compelled to bring suit to collect amounts due hereunder, it shall be entitled to recover interest on amounts due, reasonable attorneys' fees and costs incurred in connection with the action.

7. ACCREDITATION OF TESTING SITES

The Services performed hereunder shall be performed at testing facilities to be selected by LABORATORY.

LABORATORY's facilities are and shall remain duly licensed clinical laboratories under applicable federal, state and local law. Reasonable documentation of such credentials shall be provided upon written request.

8. PREVENTION OF FRAUD, WASTE AND ABUSE

The terms of this Agreement are intended to be in compliance with all federal, state and local statutes, regulations and ordinances applicable on the date the Agreement takes effect including but not limited to, the Health Insurance Portability and Accountability Act of 1996, as amended, and its accompanying regulations ("HIPAA"), the Program Fraud Civil Remedies Act of 1986, the Deficit Reduction Act of 2005, the related Federal Civil False Claims Act and State False Claims Acts, and associated whistleblower protections. LABORATORY has written policies and procedures for detecting and preventing fraud, waste, and abuse and expects that test orders, services, supplies or materials provided to LABORATORY are in accordance with the requirements of the applicable federal and state laws.

9. CHANGE IN LAW OR REGULATION

Should either party reasonably conclude that any portion of this Agreement is or may be in violation of such requirements or any other legal requirements or subsequent modifications by federal, state or local authorities, or if any such change or proposed change would materially alter the amount or method of compensating LABORATORY for Services performed for CLIENT or for any other party under this Agreement, or would materially increase the cost of LABORATORY's performance hereunder, the parties agree to negotiate written modifications to this Agreement as may be necessary to establish compliance with such authorities and/or to reflect applicable changes in compensation necessitated by such legal requirements.

10. NON-ASSIGNABILITY

This Agreement may not be assigned by either party without the written consent of the other party which consent shall not be unreasonably withheld or delayed.

11. NOTICES

Any notice required to be given pursuant to the terms and provisions hereof shall be in writing and shall be sent by certified or registered mail to LABORATORY at:

Laboratory Corporation of America Holdings
430 South Spring Street
Burlington, North Carolina 27215
Attention: Contracts Administrator

with a copy to:

Laboratory Corporation of America Holdings
531 South Spring Street
Burlington, North Carolina 27215
Attention: Law Department

and to CLIENT at:

Forsyth County Health Department
799 North Highland Avenue
Winston Salem, NC 27101

12. INDEPENDENT RELATIONSHIP

None of the provisions of this Agreement are intended to create, nor shall be deemed or construed to create, any relationship between CLIENT and LABORATORY other than that of independent entities contracting with each other solely for the purpose of effecting the provisions of this Agreement. Neither of the parties hereto, nor any of their respective employees shall be construed to be the agent, employer or representative of the other.

13. FORCE MAJEURE

LABORATORY shall not be liable for any claims or damages and shall be excused for such claims, damages, failures and delays in the performance of its obligations under this Agreement due to any act or cause beyond the reasonable control and without the fault of LABORATORY including, without limitation, acts of God such as fire, flood, tornado, earthquake; acts of government (i.e., civil injunctions or enacted statutes and regulations); or acts or events caused by third parties such as riot, strike, power outage or explosion; or the inability due to any of the aforementioned causes to obtain necessary labor or materials.

14. WARRANTY

- A. CLIENT WARRANTS TO LABORATORY THAT NEITHER CLIENT NOR ANY OF ITS EMPLOYEES OR OWNERS HAVE BEEN DEBARRED, SUSPENDED, DECLARED INELIGIBLE OR EXCLUDED FROM MEDICARE, MEDICAID OR ANY OTHER FEDERAL OR STATE GOVERNMENT HEALTHCARE PROGRAM.
- B. LABORATORY WARRANTS TO CLIENT THAT NEITHER LABORATORY NOR ANY OF ITS EMPLOYEES OR OWNERS HAVE BEEN DEBARRED, SUSPENDED, DECLARED INELIGIBLE OR EXCLUDED FROM MEDICARE, MEDICAID OR ANY OTHER FEDERAL OR STATE GOVERNMENT HEALTHCARE PROGRAM.
- C. LABORATORY WARRANTS TO CLIENT THAT ALL SERVICES PROVIDED HEREUNDER SHALL BE IN ACCORDANCE WITH ESTABLISHED AND RECOGNIZED CLINICAL LABORATORY TESTING PROCEDURES AND WITH REASONABLE CARE IN ACCORDANCE WITH APPLICABLE FEDERAL, STATE AND LOCAL LAWS.
- D. NO OTHER WARRANTIES ARE MADE BY LABORATORY.
- E. IN NO EVENT SHALL LABORATORY BE RESPONSIBLE FOR ANY PUNITIVE DAMAGES OR ANY CONSEQUENTIAL, INCIDENTAL, INDIRECT, OR SPECIAL DAMAGES OF CLIENT OR OF ANY THIRD PARTY.

15. BENEFIT

This Agreement is intended to inure only to the benefit of LABORATORY and CLIENT. This Agreement is not intended to create, nor shall be deemed or construed to create, any rights in any third parties.

16. NONDISCRIMINATION

All Services provided by LABORATORY hereunder shall be in compliance with all applicable Federal and State laws, regulations and ordinances prohibiting discrimination on the basis of race, color, religion, sex, national origin, handicap, veteran status or any other protected class.

17. HEADINGS

The headings in this Agreement are for convenience and reference only and are not intended to, and shall not, define or limit the scope of the provisions to which they relate.

18. ENFORCEABILITY/SEVERANCE CLAUSE

The invalidity or unenforceability of any term or provisions of this Agreement in any jurisdiction shall not affect the validity or enforceability of any of the other terms or provisions in that jurisdiction or of the entire Agreement in any other jurisdiction. If any provision is held invalid by a court of competent jurisdiction, such shall be severed and the Agreement shall be interpreted as though the severed provision had not existed.

19. WAIVER

No course of dealing between the parties or any delay on the part of either party in exercising any rights they may have under this Agreement shall operate as a waiver of any of the rights of the other party. No express waiver shall affect any condition, covenant, rule, regulation, right or remedy other than the one specified in such waiver and only for the time and in the manner specifically stated.

20. ACCESS TO BOOKS AND RECORDS

If the Services to be provided by LABORATORY hereunder are subject to the disclosure requirements of 42 U.S.C. 1395x (v) (1) (I), LABORATORY shall until expiration of four (4) years make available, upon written request of the Secretary of Health and Human Services, or upon request to the Comptroller General, or any of their duly authorized representatives, a copy of this Agreement and the books, documents and records of LABORATORY that are necessary to certify the nature and extent of the costs incurred under this Agreement through a subcontractor with a value or cost of \$10,000.00 or more over a twelve (12) month period. In addition, with respect to any applicable subcontract, such subcontract shall contain a clause to the effect that, should the subcontractor be deemed a related organization, until the expiration of four (4) years after the furnishing of services pursuant to such subcontract, the subcontractor shall make available upon written request of the Secretary of Health and Human Services, or upon request to the Comptroller General, or any of their duly authorized representatives, a copy of the subcontract, and the books, documents and records of such third party that are necessary to verify the nature and extent of the costs incurred under this Agreement.

During the term of this Agreement, upon reasonable prior written request and during normal business hours, LABORATORY shall allow CLIENT reasonable access to LABORATORY records concerning the Services provided hereunder. CLIENT warrants and represents that it has obtained any necessary written consent from CLIENT patients for the release of such records. Such consent shall satisfy all applicable laws and regulations including but not limited to the privacy regulations of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

21. MODIFICATION

This Agreement may only be modified in a writing signed by authorized representatives of each party.

22. ENTIRE AGREEMENT

This Agreement constitutes the entire understanding between the parties hereto concerning the subject matter herein and is a complete statement of the terms thereof and shall supersede all previous understandings between the parties, whether oral or written with respect to the subject matter herein. The parties shall not be bound by any representation made by either party or agent of either party that is not set forth in this Agreement. Any applicable provisions required by federal, state, or local law are hereby incorporated by reference.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed in their names as their official acts by their respective representatives, each of whom is duly authorized to execute the same.

LABORATORY:

Laboratory Corporation of America Holdings

By: *Brian Wilcox*

Print Name: ~~Christina Johnston~~ Brian Wilcox

Date: 9/11/13

CLIENT:

Forsyth County Health Department

By: *Marion Hunter*

Print Name: Marion Hunter

Date: 9.16.13

FORSYTH COUNTY

BY: _____
County Manager

EXHIBIT A

Test Number	Test Name	Test Fee
480970	5T Allele Genotyping	\$175.00
725788	725788 7 Drug-Unbund	\$10.50
726778	726778 7+Alc-Unbund	\$13.00
883051	88305 Surg Path-1st Site	\$55.00
883052	88305 Surg Path-2nd Site	\$55.00
883053	88305 Surg Path-3rd Site	\$55.00
883054	88305 Surg Path-4th Site	\$55.00
883055	88305 Surg Path-5th Site	\$55.00
883056	88305 Surg Path-6th Site	\$55.00
883057	88305 Surg Path-7th Site	\$55.00
883058	88305 Surg Path-8th Site	\$55.00
883059	88305 Surg Path-9th Site	\$55.00
114041	Ab Scr+Antibody ID	\$57.60
006056	ABO Grouping	\$5.00
006049	ABO Grouping and Rho(D) Typing	\$10.00
008649	Aerobic Bacterial Culture	\$12.00
017319	AFP Tetra	\$116.50
017335	AFP X-tra Profile	\$64.70
001081	Albumin, Serum	\$2.00
001107	Alkaline Phosphatase, S	\$2.00
001545	ALT (SGPT)	\$2.00
007054	Ammonia, Plasma	\$28.00
071282	Amphetamine Confirmation, Ur	\$84.90
001396	Amylase, Serum	\$6.00
164962	ANA w/Reflex	\$5.00
008904	Anaerobic Culture	\$97.55
006015	Antibody Screen	\$6.80
164855	Antinuclear Antibodies Direct	\$5.00
001123	AST (SGOT)	\$2.00
	AST+BUN+Creat+LD+Uric	
304375	A+Hgb...	\$10.40
138677	B.pertussisB.parapertussis PCR	\$140.00
071290	Barbiturate Confirmation, Ur	\$84.90
322758	Basic Metabolic Panel (8)	\$3.75
071308	Benzodiazepine Confirmation,Ur	\$84.90
008169	Beta Strep Gp A Culture	\$5.50
010330	Bile Acids	\$50.25
205500	Bilirubin Fraction, Neonatal	\$5.00
140889	B-Type Natriuretic Peptide	\$48.00
001040	BUN	\$2.00

002261	CA 19-9	\$18.00
140293	CA 27.29	\$25.00
054601	Ca+PTH Intact	\$28.00
001016	Calcium, Serum	\$2.00
002303	Cancer Antigen (CA) 125	\$18.00
143404	Cancer Antigen (CA) 15-3	\$25.00
712562	Cannabinoid Confirmation, Ur	\$35.00
007419	Carbamazepine(Tegretol), S	\$12.00
005009	CBC With Differential/Platelet	\$3.00
028142	CBC, Platelet; No Differential	\$2.90
237305	CBC/D/Plt+RPR+Rh+ABO+Ab Scr...	\$32.80
282020	CBC/D/Plt+RPR+Rh+ABO+Rub Ab...	\$56.35
977709	CBC/Diff Ambiguous Default	\$3.00
480555	CF Sen+5T	\$266.60
192555	Change IG Pap to LB Pap	\$19.00
188078	Chlamydia trachomatis, NAA	\$11.00
188080	Chlamydia, Conjunctiva, NAA	\$11.00
180098	Chlamydia/GC Amplification	\$22.00
183194	Chlamydia/GC Amplification	\$22.00
096479	Chlamydia/GC, DNA Probe	\$13.95
001065	Cholesterol, Total	\$2.00
071324	Cocaine Metabolite Confirm,Ur	\$84.90
322000	Comp. Metabolic Panel (14)	\$5.25
001362	Creatine Kinase,Total,Serum	\$2.00
003004	Creatinine Clearance	\$5.00
001370	Creatinine, Serum	\$2.00
013672	Creatinine, Urine	\$5.50
188698	Ct/GC NAA, Pharyngeal	\$22.00
188672	Ct/GC NAA, Rectal	\$22.00
480533	Cystic Fibrosis Profile	\$133.30
115188	D-Dimer	\$45.00
004020	DHEA-Sulfate	\$28.00
996660	Drawing Fee	\$4.00
017996	Ethanol, Blood	\$25.25
226902	Fe+CBC/D/Plt+TIBC+Fer+Retic	\$27.60
004598	Ferritin, Serum	\$4.00
002014	Folate (Folic Acid), Serum	\$18.00
266015	Folate, RBC	\$20.25
004309	FSH, Serum	\$13.00
140080	Galectin-3 with BNP	\$298.00
142005	Galectin-3 with proBNP	\$318.00
008128	GC Culture Only	\$10.00

102277	Gest. Diabetes 1-Hr Screen	\$2.00
001958	GGT	\$2.00
090365	Glucose Tolerance (4 Sp Blood)	\$8.00
001818	Glucose, Plasma	\$2.00
001032	Glucose, Serum	\$2.00
162289	H. pylori IgG, Abs	\$10.00
006510	HBsAg Screen	\$9.70
551610	HBV Real-Time PCR, Quant	\$182.35
004416	hCG,Beta Subunit, Qnt, Serum	\$9.75
004556	hCG,Beta Subunit,Qual,Serum	\$9.00
144065	HCV Ab w/Rfx to Verification	\$9.00
140659	HCV Antibody	\$9.00
144028	HCV reflex to Quant RT PCR	\$9.00
550296	HCV RT-PCR, Quant	\$129.00
550515	HCV RT-PCR, Quant	\$129.00
001453	Hemoglobin A1c	\$5.50
006395	Hep B Surface Ab	\$12.00
322755	Hepatic Function Panel (7)	\$3.50
322744	Hepatitis Panel (4)	\$42.00
121679	Hgb Frac. Profile	\$25.00
083940	HIV 1/2 Supplemental Ab Test	\$84.00
507328	HPV ASR	\$35.00
507315	HPV, 16/18	\$35.00
507385	HPV, cobas high-risk/16/18	\$100.00
500306	HPV, high+low-risk	\$70.00
507301	HPV, high-risk	\$35.00
507310	HPV, high-risk	\$35.00
507405	HPV, low volume rfx	\$35.00
165180	HSV 1 and 2 IgM Abs, Indirect	\$35.05
164905	HSV 1 and 2-Specific Ab, IgG	\$37.85
138651	HSV 1/2 PCR	\$165.00
163147	HSV Type 2-Specific Ab, IgG	\$38.00
196210	IGP, cobasHPV16/18	\$122.00
196215	IGP, CtNg, cobasHPV16/18	\$144.00
194535	IGP, Invader HPV, 16/18	\$57.00
194515	IGP,CtNg,Invader HPV, rfx16/18	\$79.00
004333	Insulin	\$10.00
001321	Iron and TIBC	\$10.00
001115	LDH	\$2.00
007625	Lead, Blood (Adult)	\$12.40
717009	Lead, Blood (Pediatric)	\$12.40
001404	Lipase, Serum	\$6.00
361946	Lipid Cascade	\$12.00

303756	Lipid Panel	\$12.00
221010	Lipid Panel w/ Chol/HDL Ratio	\$12.00
235010	Lipid Panel With LDL/HDL Ratio	\$12.00
235002	LP	\$12.00
004283	Luteinizing Hormone(LH), S	\$5.00
001537	Magnesium, Serum	\$6.00
058495	Measles/Mumps/Rubella Immunity	\$30.10
140285	Micronlb/Creat Ratio, Randm Ur	\$6.00
006189	Mononucleosis Test, Qual	\$8.00
096552	Mumps Antibodies, IgG	\$10.10
188086	Neisseria gonorrhoeae, NAA	\$11.00
712570	Opiates Conf (GC/MS)	\$84.90
008623	Ova + Parasite Exam	\$55.15
005465	Panel 005465	\$114.50
083824	Panel 083824	\$10.00
083850	Panel 083850	\$10.00
083935	Panel 083935	\$20.00
193000	Pap IG (Image Guided)	\$22.00
197676	Pap IG, Ct	\$33.00
193960	Pap IG, Ct, HPV-hr	\$68.00
198888	Pap IG, Ct, rfx HPV all pth	\$33.00
195677	Pap IG, Ct, rfx HPV ASCU	\$33.00
196402	Pap IG, Ct-Ng	\$44.00
198310	Pap IG, Ct-Ng HSV 1/2 NAA	\$124.00
192153	Pap IG, Ct-Ng, HPV-hr	\$79.00
196565	Pap IG, Ct-Ng, rfx HPV all	\$44.00
194027	Pap IG, Ct-Ng, rfx HPV ASCU	\$44.00
197117	Pap IG, CtNg, rfx HPV ASCU, 16/18	\$44.00
198345	Pap IG, CtNgHSV, rfx HPV ASCU	\$124.00
198320	Pap IG, CtNgHSV, HPV, rfx 16/18	\$159.00
199123	Pap IG, HPV-hr	\$67.00
198300	Pap IG, HSV 1/2 NAA	\$102.00
198325	Pap IG, HSV, HPV, rfx 16/18	\$137.00
198355	Pap IG, HSV, rfx HPV ASCU	\$102.00
196250	Pap IG, rfx HPV all pth	\$22.00
194074	Pap IG, rfx HPV ASCU	\$22.00
197132	Pap IG, rfx HPV ASCU, 16/18	\$22.00
192005	Pap Lb (Liquid-based)	\$19.00
192138	Pap Lb, Ct	\$30.00
193148	Pap Lb, Ct, rfx HPV all pth	\$30.00
193130	Pap Lb, Ct, rfx HPV ASCU	\$30.00
192120	Pap Lb, Ct-Ng	\$41.00
192146	Pap Lb, Ct-Ng, HPV-hr	\$76.00

192104	Pap Lb, Ct-Ng, rfx HPV all	\$41.00
192112	Pap Lb, Ct-Ng, rfx HPV ASCU	\$41.00
195050	Pap Lb, HPV-hr	\$54.00
193970	Pap Lb, Ng	\$30.00
192630	Pap Lb, rfx HPV all pth	\$19.00
192047	Pap Lb, rfx HPV ASCU	\$19.00
197124	PapIG, CtNg, HPV, rfx 16/18	\$79.00
197102	PapIG, CtNg, rfxHPVall, 16/18	\$44.00
198340	PapIG, CtNgHSV, rfxHPVall	\$352.00
197146	PapIG, HPV, rfx 16/18	\$57.00
198350	PapIG, HSV rfxHPVall	\$102.00
197116	PapIG, rfxHPVall, 16/18	\$22.00
197017	PapLb, CtNg, HPV, rfx16/18	\$76.00
197014	PapLb, CtNg, rfxHPVall, 16/18	\$41.00
192197	PapLb, HPV, rfx16/18	\$54.00
197012	PapLb,CtNg,rfxHPV ASCU, 16/18	\$41.00
163303	Parvovirus B19, Human, IgG/IgM	\$95.00
712588	Phencyclidine Confirmation, Ur	\$84.90
007823	Phenobarbital, Serum	\$12.00
007401	Phenytoin (Dilantin), Serum	\$12.00
001024	Phosphorus, Serum	\$2.00
881411	Physician Read Pap	\$10.00
001180	Potassium, Serum	\$2.00
202945	Prenatal Profile I	\$30.00
143000	proBNP	\$68.00
004317	Progesterone	\$15.00
004465	Prolactin	\$10.00
010322	Prostate-Specific Ag, Serum	\$6.50
003129	Prot+CrentU (Random)	\$22.70
003368	Protein Electro, 24-Hour Urine	\$20.00
354928	Protein Electro, Random Urin	\$19.50
003277	Protein Total, Qn, 24-Hr Urine	\$12.00
001073	Protein, Total, Serum	\$2.00
013664	Protein,Total,Urine	\$9.70
005199	Prothrombin Time (PT)	\$6.00
480947	PSA Total+% Free	\$15.00
005207	PTT, Activated	\$8.00
182877	QuantiFERON In Tube	\$55.00
005280	Reticulocyte Count	\$12.00
006064	Rh Factor	\$5.00
006502	Rheumatoid Arthritis Factor	\$6.00
083950	RNA Qualitative	\$300.00
006866	Rotavirus Ag, EIA	\$12.50

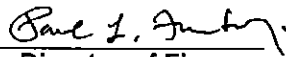
006072	RPR	\$4.00
012005	RPR, Rfx Qn RPR/Confirm TP	\$4.00
006197	Rubella Antibodies, IgG	\$10.00
096560	Rubcola Antibodies, IgG	\$10.00
005215	Sedimentation Rate-Westergren	\$5.00
S00001	Sensitivity Organism #1	\$8.00
S00002	Sensitivity Organism #2	\$8.00
S00003	Sensitivity Organism #3	\$8.00
S00004	Sensitivity Organism #4	\$8.00
S00005	Sensitivity Organism #5	\$8.00
001198	Sodium, Serum	\$2.00
008144	Stool Culture	\$25.00
180786	Strep Gp A Direct, DNA Probe	\$16.00
188128	Strep Gp B Cult/DNA Probe	\$10.00
008680	Susceptibility, Aer + Anaerob	\$60.30
001156	T3 Uptake	\$4.50
004226	Testosterone, Serum	\$10.00
140103	Testosterone,Free and Total	\$43.50
000455	Thyroid Panel	\$9.00
000620	Thyroid Panel With TSH	\$14.50
001149	Thyroxine (T4)	\$2.60
001974	Thyroxine (T4) Free, Direct, S	\$8.00
004937	Transferrin	\$15.25
002188	Trilodothyronine (T3)	\$7.00
010389	Trilodothyronine,Free,Serum	\$10.00
004259	TSH	\$5.50
008342	Upper Respiratory Culture	\$7.50
001057	Uric Acid, Serum	\$2.00
008847	Urine Culture, Routine	\$8.50
008086	Urine Culture,Comprehensive	\$15.00
007260	Valproic Acid (Depakote),S	\$12.00
096776	Varicella-Zoster Ab, IgM	\$18.00
096206	Varicella-Zoster V Ab, IgG	\$10.55
998205	Vendor Phlebotomy Fee	\$4.00
121186	Vitamin B1 (Thiamine), Blood	\$17.00
001503	Vitamin B12	\$12.85
081950	Vitamin D, 25-Hydroxy	\$32.00

For the Services ordered by CLIENT and performed by LABORATORY that are not set forth above, CLIENT agrees to pay the fees set forth in LABORATORY's current Professional Fee Schedule, as modified from time to time by LABORATORY, less a twenty five percent (25%) discount on all discountable items. LABORATORY reserves the right to add any Service to the non-discountable list.

This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.

10/22/2013

Date


Director of Finance