

Exhibit "B"
Hidalgo County
"LABORATORY SERVICES"
Bid No.: 2008-196-08-27-otm/ysi

1.	VDRL	\$ _____
2.	CBC w/diff and platlets	\$ _____
3.	Cultures (wound and urine)	\$ _____
4.	H & H	\$ _____
5.	Lithium Levels	\$ _____
6.	H-pylori	\$ _____
7.	Chem 24	\$ _____
8.	UA	\$ _____
9.	Occult Blood	\$ _____
10.	Carbamazipine levels	\$ _____
11.	Valporic acid levels	\$ _____
12.	Dilantin levels	\$ _____
13.	TSH	\$ _____
14.	Hgal c	\$ _____
15.	Liver enzyme panel	\$ _____
16.	Drug screens (serum and urine)	\$ _____
17.	Acute Hepatitis Panel	\$ _____
18.	Basic Metabolic Panel	\$ _____
19.	Comp Metabolic Panel	\$ _____
20.	Electrolyte Panel	\$ _____

Note:
Refer to Special Pricing List

- 21. Hepatic Function Panel \$ _____
- 22. Lipid Panel \$ _____
- 23. Renal Function Panel \$ _____
- 24. CBC w Diff w Plt \$ _____
- 25. CBC w Diff w/o Plt \$ _____
- 26. CBC w/o Diff w Plt \$ _____
- 27. CBC w/o Diff w/o Plt \$ _____
- 28. Hematocrit \$ _____
- 29. Hemoglobin \$ _____
- 30. Platelet Count \$ _____
- 31. RBC Count \$ _____
- 32. WBC Count \$ _____
- 33. WBC Differential \$ _____
- 34. ABO and Rh \$ _____
- 35. Amylase \$ _____
- 36. Antinuclear Antibodies. *Results* \$ _____
- 37. B12 and Folate \$ _____
- 38. BUN \$ _____
- 39. CEA \$ _____
- 40. Cholesterol, Total \$ _____
- 41. Creatinine \$ _____
- 42. Digoxin \$ _____
- 43. FSH and LH \$ _____
- 44. Glucose, Plasma \$ _____

- 45. hCG, Beta Subunit, Qual \$ _____
- 46. hCG, Beta Subunit, Quant \$ _____
- 47. Helicobacter pylori 1gG \$ _____
- 48. Hemoglobin A1c w/MBG \$ _____
- 49. Hep B Surface Antibody \$ _____
- 50. Hep B Surface Antigen \$ _____
- 51. Hep C Antibody \$ _____
- 52. HIV-1 Antibodies \$ _____
- 53. Iron and IBC \$ _____
- 54. Magnesium \$ _____
- 55. Phenytoin \$ _____
- 56. Potassium \$ _____
- 57. PreGen-Plus \$ _____
- 58. Prolactin \$ _____
- 59. PSA \$ _____
- 60. Prothrombin Time (PT) \$ _____
- 61. PTT Activated \$ _____
- 62. Rheumatoid Arthritis Factor \$ _____
- 63. RPR \$ _____
- 64. Rubella Antibodies, IgG \$ _____
- 65. Sed Rate, Westergren \$ _____
- 66. T3 Uptake \$ _____
- 67. Thyroid Cascade Profile \$ _____
- 68. Throxine (T4) \$ _____

- 69. Testosterone \$ _____
- 70. TSH, 3rd generation \$ _____
- 71. Urinalysis
(Microscopic on Positives) \$ _____
- 72. Aerobic Bacterial Culture \$ _____
- 73. Chlamydia/GC DNA Probe
w/confirmation on positives \$ _____
- 74. Chlamydia/GC DNA Probe
w/out confirmation \$ _____
- 75. Genital Culture, Routine \$ _____
- 76. Group B Strep Colonization
Detection Cult/DNA Probe \$ _____
- 77. Herpes Culture \$ _____
- 78. Ova & Parasites \$ _____
- 79. Stool Culture \$ _____
- 80. Throat, Beta-Hemolytic Strep Cult,
Group A \$ _____
- 81. Upper Respiratory Culture, Routine \$ _____
- 82. Urine Culture, Routine \$ _____

BIDDER/COMPANY NAME: Quest Diagnostics Incorporated
 ADDRESS: 4770 Regent Blvd
 CITY/STATE/ZIP: Irving, TX 76054
 PHONE NO/FAX NO: 972-916-3200/972-692-7843
 E-MAIL ADDRESS: _____
 AUTHORIZED SIGNATURE: _____
 PRINT NAME: Michael Peat Ph.D.
 TITLE: Managing Director

Special Pricing

● Fees set forth in **Attachment 1** shall increase on the date of each anniversary of the Effective Date of this Agreement, but no such increase shall exceed the annual increase in the Federal Bureau of Labor Statistics' Consumer Price Index for All Urban Consumers (CPI-U), U.S. City Average, Medical Care expenditure group, or five per cent (5%), whichever is lower.

QUEST DIAGNOSTICS
HIDALGO COUNTY PRICE PROPOSAL
39680

Service Name	Quest Service Code	Quest Service Name	Proposed Fee
VDRL	30509	VDRL, SERUM	\$12.00
CBC w/diff and platlets	6399	CBC (INCLUDES DIFF/PLT)	\$2.75
Cultures (urine)	395	CULTURE, URINE, ROUTINE	\$5.50
Cultures (wound)	4550	CULTURE, AEROBIC BACTERIA	\$15.00
H & H	7998	HEMOGLOBIN & HEMATOCRIT	\$4.14
Lithium Levels	613	LITHIUM	\$7.00
H-pylori	29407	HELICOBACTER PYLORI IGG ANTIBODY	\$12.00
Chem 24	10231	COMPREHENSIVE METABOLIC PANEL W/EGFR	\$2.67
UA	3020	URINALYSIS, COMPLETE W/REFLEX TO CULTURE	\$3.00
Occult Blood	35301	OCCULT BLOOD, STOOL - ONE SAMPLE	\$3.00
Carbamazepine levels	329	CARBAMAZEPINE, TOTAL	\$8.00
Valporic acid levels	916	VALPROIC ACID	\$10.50
Dilantin levels	713	PHENYTOIN	\$8.00
Dilantin levels	3189	PHENYTOIN, FREE	\$26.00
TSH	899	TSH	\$3.00
Hgal c	496	HEMOGLOBIN A1c	\$7.00
Liver enzyme panel	10256	HEPATIC FUNCTION PANEL	\$2.05
Drug screens (serum)	5229	DRUG SCREEN, COMPREHENSIVE (SERUM/PLASMA)	\$52.00
Drug screens (urine)	2126	DRUG ABUSE PANEL 10-50	\$15.00
Acute Hepatitis Panel	10306	HEPATITIS PANEL, ACUTE W/REFLEX	\$30.00
Basic Metabolic Panel	10165	BASIC METABOLIC PANEL W/EGFR	\$2.14
Comp Metabolic Panel	10231	COMPREHENSIVE METABOLIC PANEL W/EGFR	\$2.67
Electrolyte Panel	34392	ELECTROLYTE PANEL	\$1.78
Hepatic Function Panel	10256	HEPATIC FUNCTION PANEL	\$2.05
Lipid Panel	7600	LIPID PANEL	\$3.00
Renal Function Panel	10314	RENAL FUNCTION PANEL W/EGFR	\$2.32
CBC w Diff w Plt	6399	CBC (INCLUDES DIFF/PLT)	\$2.75
CBC w Diff w/o Plt	7210	HEMOGRAM & DIFF	\$7.50
CBC w/o Diff w Plt	1759	CBC (H/H, RBC, INDICES, WBC, PLT)	\$2.37
CBC w/o Diff w/o Plt	7008	HEMOGRAM	\$2.13
Hematocrit	509	HEMATOCRIT	\$2.06
Hemoglobin	510	HEMOGLOBIN	\$2.06
Platelet Count	723	PLATELET COUNT	\$1.45
RBC Count	795	ANTIBODY SCREEN, RBC W/REFL ID, TITER AND AG	\$1.00
WBC Count	937	WHITE BLOOD CELL COUNT	\$2.06
WBC Differential	7064	WHITE CELL COUNT & DIFF	\$7.50
ABO and Rh	7788	ABO GROUP & RH TYPE	\$1.75
Amylase	243	AMYLASE	\$6.00
Antinuclear Antibodies. <i>Results</i>	249	ANA SCREEN EIA W/REFL TITER IFA	\$3.00
B12 and Folate	7065	VITAMIN B12/FOLATE, SERUM PANEL	\$18.00
BUN	294	UREA NITROGEN (BUN)	\$1.56
CEA	978	CEA	\$9.00
Cholesterol, Total	334	CHOLESTEROL, TOTAL	\$1.00
Creatinine	375	CREATININE W/EGFR	\$1.56
Digoxin	418	DIGOXIN	\$6.00
FSH and LH	7137	FSH AND LH	\$32.00
Glucose, Plasma	484	GLUCOSE, FASTING (P)	\$3.00
hCG, Beta Subunit, Qual	8435	CHORIONIC GONADOTROPIN, QUALITATIVE	\$4.50
hCG, Beta Subunit, Quant	8396	CHORIONIC GONADOTROPIN	\$5.00
Helicobacter phylori IgG	29407	HELICOBACTER PYLORI IGG ANTIBODY	\$12.00
Hemoglobin A1c w/MBG	8181	HEMOGLOBIN A1C WITH MPG	\$7.00
Hep B Surface Antibody	4848	HEPATITIS B CORE IGM ANTIBODY	\$5.00
Hep B Surface Antigen	498	HEPATITIS B SURFACE ANTIGEN W/ CONFIRMATION	\$4.00
Hep C Antibody	8472	HEPATITIS C ANTIBODY	\$8.00
HIV-1 Antibodies	19728	HIV 1/2 EIA ANTIBODY SCREEN W/REFLEXES	\$12.00
Iron and IBC	7573	IRON AND TOTAL IRON BINDING CAPACITY	\$4.37
Magnesium	622	MAGNESIUM	\$6.00
Phenytoin	713	PHENYTOIN	\$8.00
Potassium	733	POTASSIUM	\$1.56

QUEST DIAGNOSTICS
HIDALGO COUNTY PRICE PROPOSAL
39680

Service Name	Quest Service Code	Quest Service Name	Proposed Fee
PreGen-Plus	16020	MATERNAL SCREEN 1ST TRIMESTER	\$65.00
Prolactin	746	PROLACTIN	\$6.00
PSA	5363	PSA, TOTAL	\$5.25
Prothrombin Time (PT)	8847	PROTHROMBIN TIME WITH INR	\$2.50
PTT Activated	763	PARTIAL THROMBOPLASTIN TIME, ACTIVATED	\$3.00
Rheumatoid Arthritis Factor	4418	RHEUMATOID FACTOR	\$4.50
RPR	799	RPR (MONITOR) W/REFL TITER	\$2.50
Rubella Antibodies, IgG	802	RUBELLA IMMUNE STATUS	\$1.00
Sed Rate, Westergren	809	SED RATE BY MODIFIED WESTERGREN	\$3.25
T ₃ Uptake	861	T-3 UPTAKE	\$2.00
Thyroid Cascade Profile	7020	THYROID PANEL	\$4.00
Throxine (T ₄)	866	T-4, FREE	\$5.00
Testosterone	873	TESTOSTERONE, TOTAL	\$9.00
TSH, 3 rd generation	899	TSH	\$3.00
Urinalysis (Microscopic on Positives)	7909	URINALYSIS, REFLEX	\$2.75
Aerobic Bacterial Culture	4550	CULTURE, AEROBIC BACTERIA	\$15.00
Chlamydia/GC DNA Probe w/confirmation on positives	6919	CHLAM/N.GONO PROBE W/REFL ENDOCX OR MALE U	\$12.00
Chlamydia/GC DNA Probe w/out confirmation	6919	CHLAM/N.GONO PROBE W/REFL ENDOCX OR MALE U	\$12.00
Genitla Culture, Routine	4558	CULTURE, GENITAL	\$7.00
Group B Strep Colonization Detection Cult/DNA Probe	5617	STREPTOCOCCUS, GROUP B CULTURE	\$6.00
Herpes Culture	2692	CULTURE, HERPES SIMPLEX VIRUS, RAPID METHOD	\$16.00
Ova & Parasites	681	OVA AND PARASITES	\$11.00
Stool Culture	10045	CULTURE, STOOL (CAMPYLOBACTER, SALMONELLA/S	\$25.00
Throat, Beta-Hemolytic Strep Cult, Group A	4485	STREPTOCOCCUS, GROUP A CULTURE	\$6.00
Upper Respiratory Culture, Routine	4482	CULTURE, NP/NASAL	\$6.00
Urine Culture, Routine	395	CULTURE, URINE, ROUTINE	\$5.50

Client Signature _____

Date _____