

THE STATE OF TEXAS §
 §
COUNTY OF HIDALGO §

SERVICE CONTRACT
C-08-196-09-30

THIS CONTRACT is made and entered into this 30th day of September, 2008, by and between the **County of Hidalgo, Texas** ("County"), and **Quest Diagnostics Incorporated**, a New Jersey Corporation ("Company").

WHEREAS, Company responded to request for bids for **"Laboratory Services"**; and

WHEREAS, Company submitted a bid response to provide services in accordance with the specifications as bid, a copy of such specifications and bid response being attached hereto as Exhibits "A" (the "Services") and "B" respectively, and incorporated herein for all purposes (the "Specifications"); and

WHEREAS, in recognition of and in consideration of Company's agreement to perform the Services in accordance with Specifications, the Commissioners Court of County awarded the bid to Company.

NOW, THEREFORE, in mutual consideration of the foregoing and the further consideration of the following, the parties hereto agree as follows:

1. County and Company hereby agree that this Contract is entered into in order to provide the Services to locations within Hidalgo County. This Contract does not extend to any third parties any duties or benefits conferred in any manner hereunder or otherwise.

2. Company hereby promises and agrees to render and provide, during the term of this Contract, and shall be obligated to render and provide the Services in accordance with the Specifications within Hidalgo County following a request for Services by the County.

Company agrees in performing the Services that it will use proper professional standards, comply with any and all appropriate laws and regulations in providing the Services, and devote such time as is necessary to safely and efficiently provide the Services.

3. This Contract shall be for a period beginning **September 30, 2008** and ending **September 29, 2009** and may be extended at the sole discretion of County for an additional two (2) one (1) year terms. Hidalgo County reserves the right to continue this bid for an additional sixty (60) day grace period, under the same rates, terms, and conditions at the end of the contract term for unforeseen delay in award of new bid for the next contract term.

4. County and Company agree that either party may terminate this contract upon thirty (30) days written notice at any time for any reason or no reason at all.

5. As a condition of this Contract, Company shall hold and maintain throughout the term of this Contract all licenses and permits required, or which may be required by any authority during the term hereof to provide the Services.

6. All trucks or vehicles operated by the Company to perform the Services shall contain all equipment required by any authority to operate on streets and roads and all persons in the employ of Company who operate such trucks or vehicles shall have the required licenses, qualifications, skill and expertise to perform such Services and shall comply with all laws, rules and regulations prescribed by any agency or authority having jurisdiction with regard to the operation of such trucks or vehicles in providing the Services.

7. As consideration for rendering the Service provided for in this Contract, the County agrees to pay Company the amounts specified in Exhibit "B" payable against written invoice submitted by Company.

8. Company shall provide insurance in force on all its vehicles and all persons connected with providing the services under this Contract naming County as an additional insured (with the coverages and in the amounts described on Exhibit "C" attached hereto and incorporated herein at this point for all purposes), and shall furnish to County certificates of such insurance coverage.

9. Company shall provide a sufficient number of trucks, vehicles, personnel and equipment available to safely and efficiently provide the Services.

10. Company shall indemnify and hold harmless County, its elected officials, employees and agents from any and all claims, damages, losses, and expenses including attorney's fees for the defense of any action against County arising out of, resulting from, or connected with the provision of the Service by Company under this Contract. Said indemnity shall cover any act or failure to act by the Company, its agents or employees.

11. This Contract shall not be assignable in whole or in part by either party without prior written consent of the other party.

12. It is expressly agreed that this Contract and the performance by the parties hereunder does not create any agency relationship or master-servant relationship, that County has no supervision of the performance of the Services provided by Company, and that Company is an independent contractor under this Contract.

13. Any notice required or permitted to be given hereunder shall be in writing and shall be delivered personally or sent by certified mail, postage prepaid, as set forth below:

If to County: **The County of Hidalgo**
Attn: County Judge
100 E. Cano
Edinburg, Texas 78539

If to Company: **Quest Diagnostic Incorporated**
 Attn: C. Chris Hale
 4770 Regent Blvd
 Irving Texas 75063

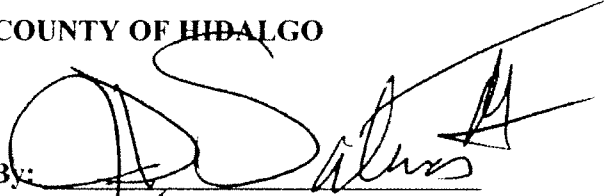
14. In case any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision thereof and this Agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.

15 This Agreement shall be binding upon and inure to the benefit of and be enforceable by the parties hereto and their respective heirs, executors, administrators, legal representatives, successors, and assigns where permitted by this Agreement.

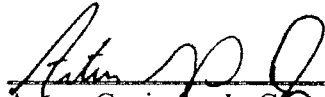
16. This Agreement shall be governed by and construed in accordance with the laws of the State of Texas and shall be performable in Hidalgo County.

WITNESS our hands in duplicate originals this ____ day of _____, 2008.

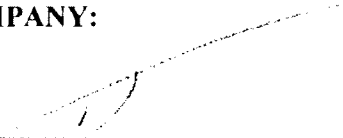
COUNTY OF HIDALGO

By: 
Juan D. Salinas, III, County Judge

ATTEST:


Arturo Guajardo, Jr. County Clerk

COMPANY:

By: 
Printed Name: MICHAEL A. PEAT
Title: MANAGING DIRECTOR

Approved by Commissioners Court on, _____

APPROVED AS TO FORM:

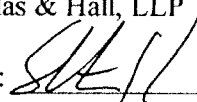
Atlas & Hall, LLP
By: 

EXHIBIT "A"
SPECIFICATIONS

Exhibit "A"

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

SPECIFICATIONS

1. Hidalgo County is seeking to contract with a qualified vendor(s) to furnish "Laboratory Services."
2. The following are the minimum requirements and/or specifications that will be acceptable to the Hidalgo County. These requirements and/or specifications must be **equal or better**, including, but not limited to, the following:

REQUIREMENTS, TERMS AND CONDITIONS

1. All costs and expenses associated with the preparation and submission of bids shall be the responsibility of the bidder and no reimbursement for such charges or expenses shall be passed onto Hidalgo County.
2. Hidalgo County Health Department has the authority to utilize State Contracts from its membership with their existing or new cooperatives when ever it is in the County's best interest to do so.
3. All services will be on an "**As Needed Basis**", there are no set quantities to be requested only approximations.
4. The initial contract term for this project will be for one (1) year with the County's option to extend for an additional two (2) one (1) year terms.
5. Hidalgo County reserves the right to continue this bid for an additional sixty (60) day grace period, under the same rates, terms and conditions at the end of the contract term for unforeseen delays in award of new bid for the next contract term.
6. Insurance requirements for this project to be maintained through out the contract term (Refer to limits on the Exhibit "C" for limits).
7. Hidalgo County reserves the right to award to one (1) or multiple vendors which ever is more valuable to the County.
8. All bid prices for items shall take into consideration shipping and handling costs and any other items mentioned on specifications as part of the fixed item price.

- 9 Hidalgo County reserves the right to add/delete items as it deems to be in the best interest of the County.
10. Specimens will be collected by Hidalgo County Staff.
- 11 Provide at least 1 (one) accessible lab location to refer patients for collection if specimen can not be collected by Hidalgo County staff (i.e Edinburg). Laboratory will be responsible for delivery/processing of such specimens when necessary.
- 12 Electronic Lab results are required.
- 13 Lab must schedule and provide pick up services for all specimens from each facility listed below. Hidalgo County reserves the right to add or delete locations as it deems in the best interest of the County.
Current locations are as follows:
 - Judge Mario E. Ramirez, Jr. Juvenile Justice Center
1001 N Doolittle, Edinburg, TX 78541
 - Hidalgo County Jail
701El Cibolo Rd. - Edinburg, TX 78539
14. All certificates, licenses, etc. for laboratory to operate in the State of Texas are required and copies must be submitted with bid.
15. **All supplies must be provided to Hidalgo County for all required testing and results must be available and provided within 24 hours.**

Services required:

16. VDRL.
17. CBC w/ diff and platlets.
18. Cultures (wound and urine)
19. H & H.
20. Lithium levels.
21. H-pylori.
22. Chem 24.
23. UA
24. Ocuult Blood.
25. Carbamazipine levels.
26. Valporic acid levels.

- 27 Dilantin levels.
- 28 TSH.
- 29 Hgal c
- 30 Liver enzyme panel.
- 31 Drug screens (serum and urine).
- 32 Acute Hepatitis Panel.
33. Basic Metabolic Panel.
34. Comp Metabolic Panel
35. Electrolyte Panel.
36. Hepatic Function Panel.
37. Lipid Panel.
38. Renal Function Panel.
39. CBC w Diff w Plt.
40. CBC w Diff w/o Plt.
41. CBC w/o Diff w Plt.
42. CBC w/o Diff w/o Plt.
43. Hematocrit.
44. Hemoglobin.
45. Platelet Count.
46. RBC Count.
47. WBC Count.
48. WBC Differential.
49. ABO and Rh.
50. Amylase.
51. Antinuclear Antibodies. *Results*
52. B₁₂ and Folate.

53. BUN.
54. CEA.
55. Cholesterol, Total.
56. Creatinine.
57. Digoxin.
58. FSH and LH.
59. Glucose, Plasma
60. hCG, Beta Subunit, Qual
61. hCG, Beta Subunit, Quant.
62. Helicobacter pylori IgG.
63. Hemoglobin A1c w/MBG.
64. Hep B Surface Antibody.
65. Hep B Surface Antigen.
66. Hep C Antibody.
67. HIV-1 Antibodies.
68. Iron and IBC.
69. Magnesium.
70. Phenytoin.
71. Potassium.
72. PreGen-Plus.
73. Prolactin.
74. PSA.
75. Prothrombin Time (PT).
76. PTT Activated.
77. Rheumatoid Arthritis Factor
78. RPR.

79. Rubella Antibodies, IgG
80. Sed Rate, Westergren
81. T₃ Uptake.
82. Thyroid Cascade Profile.
83. Thyroxine (T₄).
84. Testosterone.
85. TSH, 3rd generation.
86. Urinalysis (Microscopic on Positives).
87. Aerobic Bacterial Culture.
88. Chlamydia/GC DNA Probe w/confirmation on positives.
89. Chlamydia/GC DNA Probe w/out confirmation.
90. Genital Culture, Routine.
91. Group B Strep Colonization Detection Cult/DNA Probe.
92. Herpes Culture.
93. Ova & Parasites.
94. Stool Culture.
95. Throat, Beta-Hemolytic Strep Cult, Group A.
96. Upper Respiratory Culture, Routine
97. Urine Culture, Routine.

ADDITIONAL INFORMATION:

Hidalgo County is requesting that any and all questions, inquiries and clarifications regarding quotes, bids, proposals or statements of qualifications be addressed to, Olga Montero, Buyer or Yvette Islas, Buyer, Physical: 2802 S. Business Hwy. 281 Postal/Mailing: 2812 S. Business Hwy. 281, New Administration Building, Edinburg, Texas 78539. **TELEPHONE INQUIRIES WILL NOT BE ACCEPTED.**

ALL WRITTEN INQUIRIES WILL BE ACCEPTED VIA FACSIMILE NO LATER THAN, Wednesday, August 20 2008 by 5:00 PM. Responses to said inquiries will be sent to all applicants via facsimile by no later than, Friday, August 22, 2008 by 5:00 p.m.

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. | Ocuult 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. | \$ _____ |

| | | |
|----|--|----------|
| 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. <i>Results</i> | \$ _____ |
| 37 | B ₁₂ 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 IgG | \$ _____ |
| 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. | T ₃ Uptake. | \$ _____ |
| 67. | Thyroid Cascade Profile. | \$ _____ |
| 68. | Thyroxine (T ₄). | \$ _____ |

- 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: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NO/FAX NO: _____

E-MAIL ADDRESS: _____

AUTHORIZED SIGNATURE: _____

PRINT NAME: _____

TITLE: _____

EXHIBIT "B"

BID PAGE

QUEST DIAGNOSTICS
HIDALGO COUNTY PRICE PROPOSAL
39680

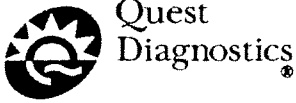
| Service Name | Quest Service Code | Quest Service Name | Proposed Fee |
|---------------------------------|--------------------|--|--------------|
| VDRL | 30509 | VDRL, SERUM | \$12.00 |
| CBC w/diff and platlets | 6399 | CBC (INCLUDES DIFF/PLT) | \$2.75 |
| Cultures (urine) | 395 | CULTURE, URINE, 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. Results | 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 pylori 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 UI | \$12.00 |
| Chlamydia/GC DNA Probe w/out confirmation | 6919 | CHLAM/N.GONO PROBE W/REFL ENDOCX OR MALE UI | \$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 _____



Consultative Services

Quest Diagnostics has on staff Board Certified Anatomic and Clinical Pathologists and or Technical Scientific Staff to provide telephone consultation service at no additional fee, 24 hours and 7 days per week. Clients can call 1-800-824-6152.

GENE-INFO is a national call center dedicated to client service for genetic testing. It is staffed by three (3) genetics client services specialists from 8:30 AM to 7:30 PM EST. Clients can call **1-866-GENE-INFO (1-866-436-3463)** to obtain test codes, sample requirements, TATs, results, Maternal Serum Screen recalculations, or to reach a **Genetic Counselor**. We encourage clients and staff to use this resource for genetics-related questions or to inform us when sensitive samples are being shipped.



EXHIBIT "C"

CERTIFICATE OF INSURANCE

MARSH

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
NYC-002877343-01

PRODUCER
MARSH USA, INC.
ATTN: JANET T. NORMAN
1166 AVENUE OF THE AMERICAS, 8TH FL.
(P) 212/345-5029
(F) 212/345-7616
NEW YORK, NY 10036

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

- COMPANY
A QUEST DIAGNOSTICS INCORPORATED
- COMPANY
B Travelers Property Casualty Company Of America
- COMPANY
C N/A
- COMPANY
D Lexington Insurance Company

INSURED
QUEST DIAGNOSTICS INCORPORATED AND ITS WHOLLY OWNED SUBSIDIARIES
RISK MANAGEMENT DEPT.
3 GIRALDA FARMS
MADISON, NJ 07940

COVERAGES: This certificate supersedes and replaces any previously issued certificate for the policy period noted below.
THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|--------|--|--|----------------------------------|-----------------------------------|--|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT | "\$2,000,000 SELF INSURED RETENTION" | 12/31/07 | 12/31/08 | GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ 2,000,000 FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | TC2JCAP-266T3603-TIL-07 | 12/31/07 | 12/31/08 | COMBINED SINGLE LIMIT \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$ |
| D | EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM | 8122778 | 12/31/07 | 12/31/08 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL | TC2JUB-266T3523-07 (AOS) TRJUB-266T3535-07 (AZ, MA, OR, WI) | 12/31/07 | 12/31/08 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 2,000,000 EL DISEASE-POLICY LIMIT \$ 2,000,000 EL DISEASE-EACH EMPLOYEE \$ 2,000,000 |
| A | PROFESSIONAL LIAB. CLAIMS MADE | SELF-INSURED RETENTION | 12/31/07 | 12/31/08 | \$5,000,000 (SIR) |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
HIDALGO COUNTY IS INCLUDED AS AN ADDITIONAL INSURED.

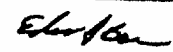
CERTIFICATE HOLDER

HIDALGO COUNTY
ATTN: MARY
100 E. CANO
EDINBURG, TX 78539

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES OR THE ISSUER OF THIS CERTIFICATE.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.
BY: Edward J. Basso



MM 11/3/02

VALID AS OF: 06/20/08