

THE STATE OF TEXAS §
 §
COUNTY OF HIDALGO §

SERVICE CONTRACT
C-13-040-03-20

THIS CONTRACT is made and entered into this 20th Day of March, 2013 by and between the County Of Hidalgo, Texas ("County"), and Quest Diagnostics Clinical Laboratories, Inc. ("Company").

WHEREAS, Company responded to advertised notices for bids for “**Additional Laboratory Services**” the (“Services”); and

WHEREAS, Company submitted a bid to provide services in accordance with the specifications as bid, a copy of such specifications and bid being attached hereto as Exhibits "A" and "B" (“Vendor’s Bid”) respectively, and incorporated herein for all purposes (the "RFB Packet"); 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/clinics at 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 Department Head or their designated agent. 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 effective **March 20, 2013** and ending on **November 29, 2013**. Hidalgo County at its sole discretion may elect the option to extend the contract for one (1) year at the same rates, terms and conditions and may further extend for an additional sixty (60) days grace period at the end of the contract term due to any unforeseen delay in the procurement process, unless this Contract is terminated pursuant to the provisions herein, whichever occurs first.

4. As a condition of this Contract, Company shall hold and maintain throughout the term of this Contract all licenses and permits, including but not limited to Clinical Laboratory Improvement Amendment (CLIA) 1988 certification or which may be required by any authority during the term hereof to provide the Services.

5. 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.

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

7. Company shall provide insurance in force on all its vehicles and all persons connected with providing 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.

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

9. Indemnification: 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.

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

11. 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.

12. 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
302 W. University Dr.
Edinburg, Texas 78539**

If to Company: **Quest Diagnostics Clinical Laboratories, Inc.
Attn. Michael Peat, Ph. D
4770 Regent Blvd.
Irving, Tx. 75063**

13. 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.

14. Any contract award to a successful bidder will be in effect until (a) the contract expires, (b) delivery and acceptance of products, and/or performance of services ordered, or (c) terminated without cause by County with thirty (30) day's written notice prior to cancellation.

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.

17. Commitment of Current Revenues Only. In the event that, during any term hereof, the Commissioners Court does not appropriate sufficient funds to meet the obligations of County under this Agreement, County may terminate this Agreement upon ninety (90) days written notice to Contractor. County agrees, however, to use reasonable efforts to secure funds necessary for the continuing right to terminate this Agreement at the expiration of each budget period of County pursuant to the provisions of Tex. Loc. Govt. Code Ann. § 271.903 (Vernon Supp. 1995).

18. This Agreement contains the entire contract between the parties hereto, and each party acknowledges that neither has made (either directly or through any agent or representative) any representation or agreement in connection with this Agreement not specifically set forth herein. This Agreement may be modified or amended only by agreement in writing executed by the parties hereto, and not otherwise.

Approved by Commissioner's Court of Hidalgo County on this the 20th day of March, 2013.

COUNTY OF HIDALGO

ATTEST:

Arturo Guajardo Jr.
Arturo Guajardo Jr., County Clerk

By: Ramon Garcia
Ramon Garcia, County Judge

Approved by Commissioners' Court
on 3/20/13 KW

COMPANY: Quest Diagnostics
Clinical Laboratories, Inc.

By: Michael Peat
Printed Name: Michael Peat
Title: Regional Vice President

APPROVED AS TO FORM:
Atlas & Hall K.L.P

By: Stephen L. Crain
Stephen L. Crain

EXHIBIT “A”

Specifications/Requirements

REQUEST FOR BIDS (RFB) PROCUREMENT PACKET

EXHIBIT "A"
SPECIFICATIONS/REQUIREMENTS
Hidalgo County Health and Human Services
"ADDITIONAL LABORATORY SERVICES"
BID NO.:2013-040-02-13-CGA

Hidalgo County is requesting bidder(s) from firms that can adequately demonstrate that they have the resources, experience and qualifications necessary to provide "**Laboratory Services**" in a timely manner; ensure that such services meet the County Health Department; ensure quality, yet be cost effective.

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:

SPECIFICATIONS/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 has the authority to utilize State Contracts from its membership with their existing or new cooperatives whenever 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 effective upon approval of contract by Commissioner's Court and ending on November 29, 2013, with the County's option to extend for an additional one (1) year term.
- 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 throughout 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 whichever 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 one (1) accessible lab location to refer patients for collection if specimen cannot 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) All certificates, licenses, etc. for laboratory to operate in the State of Texas are required and copies must be submitted with bid. *(Including but not limited to Clinical Laboratory Improvement Amendment (CLIA) 1988 certification)*
- 14) All supplies must be provided to Hidalgo County for all required testing and results must be available and provided within 24 hours.
- 15) 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.

LOCATIONS/CLINICS	
HIDALGO COUNTY HEALTH & HUMAN SERVICES	
1)	Edinburg Clinic 3105 E Schunior Edinburg, TX 78539 Phone: (956) 318-2040 Supervisor: Lila De Leon, R.N.
2)	Elsa Clinic 708 Edinburg St. Elsa, Texas 78543 Phone: (956)262-1141 Supervisor: Laura Reyes, R.N.
3)	Hidalgo Clinic 702 E. Texano Hidalgo, Texas 78557 Phone: (956)843-7463 Supervisor: Cecilia Lopez, R.N.
4)	McAllen Clinic 300 E. Hackberry McAllen, Texas 785001 Phone: (956)682-6155 Supervisor Norma Garza, R.N.
5)	Mission Clinic 211 N. Schurebach Road Mission, Texas 78572 Phone: (956)585-2461 Supervisor: Victoria Garza, R.N.
6)	Pharr Clinic 300 W. Hall Acres Pharr, Tx. 78577 Phone: (956)787-1531 Supervisor: Lilia Velasco, R.N.
7)	Weslaco Clinic 1901 N. Bridge Weslaco, Texas 78596 Phone: (956)969-8332 Supervisor: Elva Murphy, R.N.
8)	Pulmonary Clinic (South Entrance) 1304 South 25 th Ave Edinburg, Texas 78542 Phone: (956)387-0118 Supervisor: Gloria Salinas, R.N., TB Program Manager

SERVICES REQUIRED:

The vendor shall provide qualified and trained personnel and certified licensed facilities for the laboratory services. Laboratory testing services shall; include, but is not limited to the following services:

1. ABO and Rh
2. Affirm (Trich, G. Vaginalis, Candida)
3. Antibody Screen RBC w/Reflex to identification, Titer and Antigen Typing; X# of panels performed; X# of titers performed; X# of antigens performed
4. AFB Smear and Culture w/ Susceptibilities
5. Aspergillosis Immunodiffusion
6. Acute Hepatitis Panel
7. B ₁₂ and Folate.
8. Bacterial Vaginosis/Vaginitis Panel
9. CBC w Diff w/ Platelets
10. CBC w Diff w/o Platelets
11. CD4 Count
12. Chlamydia/GC DNA, SDA Probe/Urine w/confirmation on positives
13. Chlamydia/GC DNA, SDA CX Male/Urethra Probe/Urine/ confirmation on positives
14. Chlamydia/GC (out of vial)
15. Cholesterol Total
16. Complete Metabolic Panel
17. Creatinine
18. 24hr. Creatinine Clearance
19. Culture (& Sensitivity)- Wound
20. Fecal Globin by Immunochemistry (FOB)
21. Ferritin
22. FSH and LH
23. Fungus Culture
24. Fungal CF Panel
25. Glucose Plasma
26. Glucose Serum
27. Glucose Gestational Screen 50 Gram
28. Glucose Tolerance Test (GTT), Gestational 4 specimens 100 grams
29. Group B Strep Colonization Culture/DNA Probe
30. HCG, Beta Subunit, qualitative
31. HCG, Beta Subunit, quantitative
32. Hdl-Cholesterol
33. Hemoglobin A1C w/MBG
34. Hepatitis B Surface Antibody
35. Hepatitis B Surface Antigen with confirmation
36. HIV-1 Antibodies (HIV Antibody, HIV-1/2m EIA w/Reflex)
37. HIV Western Blot, if HIV positive
38. HIV-2 Antibody EIA if Western Blot positive
39. HIV-2 Antibody Western Blot if HIV-2 Antibody EIA if positive
40. H. Pylori (serum)
41. HPV Genotypes 16, 18
42. HPV High Risk
43. HSV 1/2
44. Lead

45. Lipid Panel
46. Maternal Serum Screen 4 (Quad) (age, hcG, UE3, DIA, ITA)
47. Maternal Serum Screen 5 (Penta)
48. Ova and Parasites
49. Prenatal (OB) Panel Total of 11 tests which include Hept. B, HIV, RPR, & Rubella
50. Prolactin
51. Prothrombin Time (PT)
52. PSA
53. PTT Activated
54. RPR Titer
55. RPR with reflex to titer & confirmatory testing
56. RPR (Monitor) with Reflex to Titer (without confirmations)
57. RPR (DX) Reflex FTA-ABS
58. Rubella Antibodies, IgG
59. Surpath (liquid pap smear)
60. Surpath Pathology if pap smear abnormal
61. Surpath with CT/GC (out of the vial)
62. Testosterone
63. Total Iron and TIBC
64. Triglycerides
65. TSH
66. TSH with Reflex to Free T4
67. Urine, complete
68. Urine Culture (& Sensitivity), Routine
69. Uric Acid

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 Martha L. Salazar. CPPB, 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 (956)292-7612 or via e-mail to: cris.villarreal@co.hidalgo.tx.us by no LATER THAN, Wednesday, February 6, 2013 by 5:00 p.m. Responses to said inquiries will be sent to all applicants via facsimile by no later than Friday, February 8, 2013 by 5:00 p.m. TELEPHONE INQUIRIES WILL NOT BE ACCEPTED.

EXHIBIT “B”
VENDOR’S BID PAGE



Exhibit B

Pricing Terms

Client: HIDALGO COUNTY-EDINBURG
Address: 3105 E RICHARDSON RD
City: EDINBURG **State:** TX **Zip Code:** 78542
Effective Date of Pricing: 3/15/2013 **Client Number:** 52327
Client Telephone Number: (956) 318-2040 **Group Bill Number:** 19844
Quest Diagnostics Sales Representative: OLICIA HINOJOSA

Service Bill Code	Test Name	Client Price
Special Quotes		
0000795	AB SCR RFX ID TITER	4.10
0007788	ABO GRP AND RH TYPE	4.05
0037429	ANTIGEN TYPE X I	15.00
0020341	ASPERGILLUS ABS	23.00
0014577	BV AND VAG SCR. DNA	54.00
0001759	CBC(H/H.RBC.WBC.PLT)	2.70
0000334	CHOLESTEROL. TOTAL	1.80
0007943	CREATININE CLEARANCE	10.20
0017613	CT DNA. SDA. OTV	17.50
0017305	CT/NG SDA	35.00
0000395	CULT. (U) ROUTINE	8.00
0014547	CULT. GBS AND PROBE	42.00
0005617	CULT. STREP GRP B	7.25
0003021	CULT.(U), SPECIAL	8.00
0039515	CULTURE FUNGUS S/H/N	22.00
0004021	ESTRADIOL	15.00
0011290	FECAL IMMUNOCHEM	15.50
0000457	FERRITIN	6.25
0000470	FSH	7.90
0007137	FSH & LH (S)	15.80
0015965	FUNGAL DISEASE PANEL	130.00
0001430	GLUC GEST & FAST 130	8.80
0019834	GLUC GEST & FAST-140	8.80
0008477	GLUCOSE, GEST. SCR.	4.40
0000484	GLUCOSE, PLASMA	4.40
0008476	GLUCOSE, PP/1 HR	4.40
0006745	GTT, GESTATIONAL, 4	17.60
0029408	H. PYLORI IGG, QN	18.00
0036204	HBSAG CONFIRMATION	11.00
0008396	HCG. TOTAL. QN	8.00
0000608	HDL-CHOLESTEROL	1.80
0000509	HEMATOCRIT	2.50
0000510	HEMOGLOBIN (B)	2.50
0007008	HEMOGRAM	2.65
0000499	HEP B SURF AB QL	6.25
0008472	HEP C AB	10.00
0037694	HIV 1/2 REFL WB	10.00
0034313	HIV 2 AB. WB	20.00
0005233	HIV-1 AB BY WBA	45.00
0037363	HIV-2 AB,EIA	18.00
0019865	HPV GENO 16 AND 18	19.00
0031532	HPV HR	30.50
0006417	HSV 1/2 HERPESELECT	21.50



Pricing Terms

0000571	IRON, TOTAL	2.50
0007573	IRON, TOTAL. & IBC	4.85
0008360	LYMPH SUBSET PNL 5	31.00
0030294	MATERNAL SERUM 4	35.00
0017617	NG, DNA, SDA, OTV	17.50
0000681	OVA AND PARASITE	11.25
PRV1	PATH REVIEW	10.50
RI.B1	PATH REVIEW, LIQ PAP	10.50
PRL1	PATH REVIEW, LIQ PAP	10.50
0000723	PLATELET COUNT	2.50
0008847	PRO TIME WITH INR	4.85
0000746	PROTHACTIN	8.50
00078.2	PROTEIN, TRC. W/SCAL	11.00
0005363	PSA, TOTAL	8.50
0000763	PIT. ACTIVATED	4.50
0000783	RED BLOOD CELL COUNT	2.50
0000799	RPR MONITOR W REFL	4.10
0036126	RPR(DX)REFL FTA	4.10
0023031	RPR. PREMARITAL.REFL.	4.10
0004120	RPR.PM W/REFL	4.10
0023070	RUBELLA IGG AB	5.00
0010268	RUBELLA IGG AB W RFL	5.00
0037673	RUBELLA IGG&IGM AB	43.00
0000802	RUBELLA IMMUNE	5.00
0000809	SED RATE BY MOD WEST	7.00
PMS1	SP. MANUAL SCREEN	24.50
0014471	SUREPATH PAP	24.50
0000866	T-4, FREE	4.60
0000873	TESTOSTERONE, TOTAL	19.31
0015983	TESTOSTERONE.T.LC MS	19.50
0000896	TRIGLYCERIDES	1.80
0000899	TSH	5.20
0036127	TSH W/REFL FT4	5.20
0000905	URIC ACID	2.20
0000937	WBC	2.50

Service Bill Code	Test Name	Client Price
Panels		
0010306	*HEP PNL ACUTE W REF	47.00
0000512	HEP A IGM AB	15.00
0004848	HEP B CORE IGM AB	16.00
0000498	HEP B SURF AG W CONF	6.00
0008472	HEP C AB	10.00
0007600	*LIPID PANEL	5.40
0000334	CHOLESTEROL, TOTAL	1.80
0000608	HDL-CHOLESTEROL	1.80
0000896	TRIGLYCERIDES	1.80
0020210	*OBSTETRIC PANEL	26.00
0000795	AB SCR RFX ID/TITER	4.10
0007788	ABO GRP AND RH TYPE	4.05
0006399	CBC (DIFF/PLT)	2.75
0000498	HEP B SURF AG W CONF	6.00
0036126	RPR(DX)REFL FTA	4.10
0000802	RUBELLA IMMUNE	5.00
0017257	*SUREPATH & CHLAMYDIA	59.50
0017618	CT NG DNA, SDA, OTV	35.00
PMS1	SP. MANUAL SCREEN	24.50
0007065	*VIT B12/FOLATE, SERUM	15.00
0000466	FOLATE.SERUM	8.00
0000927	VITAMIN B12	7.00



Pricing Terms

Tests will be priced as published from the current Quest Diagnostics Fee Schedule, except as noted above.

All Pricing is subject to change upon thirty days prior written notice sent to the address set forth above.

Please indicate your acknowledgement and acceptance of these Pricing Terms by signing where indicated below within 15 business days from the Effective Date above; otherwise these terms are subject to change and a new agreement may be required.

Accepted on behalf of HIDALGO COUNTY-EDINBURG (52327):

By: _____ Date: _____

OPENED
 9/10
 9/20/13
Witnessed

EXHIBIT "B" Bid Page Hidalgo County Health and Human Services "Additional Laboratory Services" RFB No. 2013-040-020-13-CGA-Exhibit B				
QUEST			QUEST	
Item #	Diagnostic Procedure	Test Description	Test Code	Price
1	ABO and RH	ABO Group & Rh Type	7788	\$4.05
2	Affirm (Trich, G. Vaginalis, Candida)	Bacterial Vaginosis/Vaginits Panel	14577	\$54.00
3	Antibody Screen RFC w/Reflex to identification, Titer and Antigen Typing; X# of panels performed; X# of titers performed; X# of antigens performed	Antibody Screen, RBC with Reflex to Identification, Titer and Antigen Typing - If Antibody Screen is positive, the 3 items (*) below will be performed at an additional charge	795	\$4.10
	REFLEX TO ABOVE ITEM #3	*Antibody Identification (price multiplied by # performed)	5149	\$41.00
	REFLEX TO ABOVE ITEM #3	*Titer (price multiplied by # performed)	36203	\$3.75
	REFLEX TO ABOVE ITEM #3	*Antigen Typing (price multiplied by # performed)	37429	\$15.00
4	AFB Smear and Culture w/Susceptibilities	AFB Primary Susc Mic	1138	\$50.00
5	Aspergillosis Immunodiffusion	Aspergillus Antibodies, Immunodiffusion	20341	\$23.00
6	Acute Hepatitis Panel	Hepatitis Panel, Acute with Reflex Confirmation at an addit'l charge* -This panel Includes: Hep A IGM AB, Hep B Core IGM AB, Hep B Surf AG w/Conf, Hep C AB	10306	\$47.00
	REFLEX TO ABOVE ITEM #6	*If Hep B Surface Antigen is positive, then Reflex Confirmation will be performed at addit'l charge	36204	\$11.00
7	B12 and Folate	Serum	7065	\$15.00
8	Bacterial Vaginosis/Vaginits Panel	Bacterial Vaginosis/Vaginits Panel	14577	\$54.00
9	CBC w Diff w/Platelets	CBC(incl. Differential and Platelets)	6399	\$2.75
10	CBC w Diff w/o Platelets	N/A, but we do offer the one listed below**	N/A	N/A

OPENED
 940
 2-20-13
Witnessed
 [Signature]

		**CBC (H/H, RBC, Indices, WBC, Plt) which incl. WBC, RBC, Hemoglobin, Hematocrit, MCV, MCH, MCHC, RDW, & Platelet Count	1759	\$2.70
11	CD4 Count	CD4 Count is only found in Lymph Subsets, smallest Subset that includes CD4 Count is noted below***	N/A	N/A
	Substitute for Item #11	***Lymphocyte Subset Panel 5 - Includes Absolute Lymphocytes, Percentage CD4 & Absolute CD4	8360	\$31.00
12	Chlamydia/GC DNA Probe, SDA Probe/Urine w/confirmation on positives	Chlamydia Trachomatis/Neisseria gonorrhoeae DNA, SDA (Urine/Endocervical/Urethra I/Vaginal Swab)	17305	\$35.00
13	Chlamydia/GC DNA, SDA CX Male/Urethra Probe w/confirmation on positives	Chlamydia Trachomatis/Neisseria gonorrhoeae DNA, SDA (Urine/Endocervical/Urethra I/Vaginal Swab)	17305	\$35.00
14	Chlamydia/GC out of vial	Offered in 2 test codes listed below*	N/A	N/A
	Substitute for Item #14	*Chlamydia trachomatis DNA, SDA, Pap vial	17615	\$17.50
	Substitute for Item #14	*Neisseria gonorrhoeae, DNA, SDA, Pap Vial	17617	\$17.50
15	Cholesterol Total	Cholesterol, Total	334	\$1.80
16	Complete Metabolic Panel	Comprehensive Metabolic Panel	10231	\$2.95
17	Creatinine	Creatinine	375	\$1.72
18	24hr. Creatinine Clearance	Creatinine Clearance	7943	\$10.20
19	Culture (& Sensitivity)-Wound	Culture, Aerobic Bacteria (for superficial wounds, abscess, aspirates, animal bites) - Reflexes are at an additional charge to isolate and identify)	4550	\$15.00
	REFLEX to Item #19	Susc-1	1AC1	\$6.73
	REFLEX to Item #19	Org ID 1	1AE	\$12.50
	REFLEX to Item #19	Org ID 2	2AC	\$22.90
	REFLEX to Item #19	Susc-2	1AE2	\$24.50
	REFLEX to Item #19	Org ID 2	2AE	\$22.90
	REFLEX to Item #19	Susc-1	1AE1	\$10.22

OPENED

9:40

2-20-13

Witnessed



20	Fecal Globin by Immunochemistry (FOB)	Fecal Globin by Immunochemistry (InSure)	11290	\$15.50
21	Ferritin	Ferritin	457	\$6.25
22	FSH and LH	FSH and LH, Serum Culture, Fungus (Skin/Hair/Nails)	7137	\$15.80
23	Fungus Culture	Fungal Disease Panel	39515	\$22.00
24	Fungal CF Panel	Glucose, Plasma	15965	\$130.00
25	Glucose Plasma	Glucose, Serum	484	\$4.40
26	Glucose Serum	Glucose, Gestational Screen (50g)	483	\$1.72
27	Glucose Gestational Screen 50 gram	Glucose Tolerance Test, Gestational, 4 specimens (100g)	8477	\$4.40
28	Glucose Tolerance Test (GTT), Gestational 4 specimens 100 gram	Streptococcus Group B with DNA Probe Culture - for prenatal cultures	6745	\$17.60
29	Group B Strep Colonization Culture/DNA Probe	Streptococcus Group B Culture - for prepartum or non pregnant	14547	\$42.00
30	HCG, Beta Subunit, qualitative	hCG, Total, Qualitative	5617	\$7.25
31	HCG, Beta Subunit, quantitative	hCG, Total, Quantitative	8435	\$8.00
32	Hdl-Cholesterol	HDL Cholesterol	8396	\$8.00
33	Hemoglobin A1C w/MBG	Hemoglobin A1C w/MPG	608	\$1.80
34	Hepatitis B Surface Antibody	Hepatitis B Surface Antibody, Qualitative	8181	\$5.25
35	Hepatitis B Surface Antigen with confirmation	Hepatitis B Surface Antigen with Reflex Confirmation	499	\$6.25
	REFLEX to Item #35	HBS Ag Confirmation	498	\$6.00
36	HIV-1 Antibodies (HIV Antibody, HIV-1/2m EIA w/Reflex)	HIV Antibody, HIV 1/2, EIA with Reflexes	36204	\$11.00
37	HIV Western Blot, if HIV positive	HIV Antibody, HIV-1, Western Blot (Reflex to Item#36)	19728	\$10.00
38	HIV-2 Antibody EIA if Western Blot positive	HIV-2 AB EIA (Reflex to Item #36)	5233	\$45.00
39	HIV-2 Antibody Western Blot if HIV-2 Antibody EIA is positive	HIV-2 Antibody Immunoblot (Reflex if Item#36)	37363	\$18.00
40	H. Pylori (serum)	Helicobacter Pylori AB (IgG), Quantitative - Serum	34313	\$20.00
41	HPV Genotypes 16, 18	HPV Genotypes 16, 18 (Surepath container)	29408	\$18.00
42	HPV High Risk	HPV DNA High Risk, (Surepath container)	19865	\$19.00
43	HSV 1/2	Herpes Simplex Virus 1/2 (IgG) Type Specific Antibodies	31532	\$30.50
44	Lead	Lead, Blood	6447	\$21.50
			599	\$9.50

OPENED

9.40

9.20.13

Witnessed

[Signature]

45	Lipid Panel	Lipid Panel (incl. Cholesterol Total, HDL Cholesterol & Triglycerides)	7600	\$5.40
46	Maternal Serum Screen 4 (Quad) (age, hcG, UE3, DIA, ITA)	Quad Screen	30294	\$35.00
47	Maternal Serum Screen 5 (Penta)	Penta Screen	15934	\$99.00
48	Ova and Parasites	Ova and Parasites, Stool, Cononcentrate & Permanent Smear	681	\$11.25
49	Prenatal (OB) Panel Total of 11 tests which include Hept. B, HIV, RPR, & Rubella	QUEST OB PANEL Includes: CBC, AB Screen, RBC, ABO Group, RH Type, RPR, Hep B Ag. & Rubella. QUEST Obstetric Panel does Not include HIV, so added in separate line item below**	20210	\$26.00
	ADD-On to ITEM #49	EIA with Reflexes - Additional Charges apply if reflexes are run	19728	\$10.00
50	Prolactin	Prolactin	746	\$8.50
51	Prothrombin Time (PT)	Prothrombin Time with INR	8847	\$4.85
52	PSA	PSA, Total	5363	\$8.50
53	PTT Activated	PTT, Activated	763	\$4.50
54	RPR Titer	RPR Titer	36203	\$3.75
55	RPR with reflex to titer & confirmatory testing	RPR (Monitor) with Reflex to Titer	36126	\$4.10
56	RPR (Monitor) with Reflex to Titer (without confirmations)	RPR (Diagnosis) with Reflex to Titer and Confirmatory Testing^^	799	\$4.10
57	RPR (DX) Reflex FTA-ABS	RPR (Diagnosis) with Reflex to Titer and Confirmatory Testing^^	36126	\$4.10
	REFLEX to Item #55, #56, #57	^^Reflex to Titer	36203	\$3.75
58	REFLEX to Item #55, #56, #57 Rubella Antibodies, IgG	^^Reflex Confirmation Rubella IGG AB	4112 23030	\$10.00 \$5.00
59	Surpath (liquid pap smear)	Surepath Pap	14471 or PMS1	\$24.50
60	Surpath Pathology if pap smear abnormal	Path Review	RLB1 or PRL1 or PRV1	\$10.50
61	Surepath with CT/GC (out of the vial)	Surepath Pap and CT/NG	17257	\$59.50
62	Testosterone	Testosterone, Total, LC/MS/MS	15983	\$19.50

Quest Diagnostics Incorporated

		Testosterone, Total		
	Additional Offerring to Item #62	MALES	873	\$19.31
63	Total Iron and TIBC	Iron, Total & IBC	7573	\$4.85
64	Triglycerides	Triglycerides	896	\$1.80
65	TSH	TSH	899	\$5.20
		TSH with Reflex to Free T4* Reflex run when TSH result exceeds age/gender specific reference range		
66	TSH with Reflex to Free T4	*Reflex to Free T4	36127	\$5.20
		Urinalysis, Complete	866	\$4.60
67	Urine, complete	Culture, Urine, Routine	5463	\$5.50
		(Reflexes run at additional charge to isolate and identify)		
68	Urine Culture (& Sensitivity), Routine	Presumptive ID	395	\$8.00
	REFLEX for Item #68	Org ID 1	UR1P	\$11.47
	REFLEX for Item #68	Susc-1	1UR	\$11.47
	REFLEX for Item #68	Uric Acid	1UR1	\$12.25
69	Uric Acid	Uric Acid	905	\$2.20
	The following services are quoted should there be a need for STAT services			
		Stat Assay 1	3820	\$10.00
		Stat Assay 2	3821	\$20.00
		Stat Assay 3	3822	\$10.00

OPENED

9:40

2-20-13

Witnessed


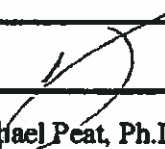
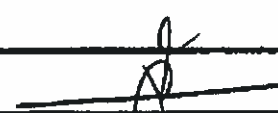


EXHIBIT "B"
Bid Page
HIDALGO COUNTY HEALTH AND HUMAN SERVICES
"ADDITIONAL LABORATORY SERVICES"

BIDDER'S INFORMATION:

I/We the undersigned hereby certify that I/We am/are a duly authorized official of the company and have the authority to sign on behalf of the company and assure that all statements made in the bid are true. I/We agree to furnish and deliver the specified items/services at the prices stated herein, and have read, understand, and agree to the terms and conditions contained herein and on all of the attachments.

BIDDER/COMPANY NAME: Quest Diagnostics Clinical Laboratory, Inc.
ADDRESS: 4770 Regent Blvd.
CITY/STATE/ZIP CODE: Irving, TX 75063
PHONE & FAX NO'S: 972-916-3200/972-692-7843
CELLULAR NO: _____
E-MAIL ADDRESS: _____
AUTHORIZED SIGNATURE:  **OPENED**
9:40
2-20-13
Witnessed
PRINTED NAME: Michael Peat, Ph.D
TITLE: Managing Director 

(NIGP Commodity Codes: 948-55-50-Medical Services; Physical Examination;
948-55-83-Tests, Clinical Laboratory, Non-Drug Screenings;
948-55-84-Tests, Clinical Laboratory, Drug Screenings)

EXHIBIT "C"
INSURANCE REQUIREMENTS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/16/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH & MCLENNAN COMPANIES 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036 37986 -MAIN-ALL-12-13 Inct Address Rtrnd	CONTACT NAME: PHONE (A/C, No. Ext):		FAX (A/C, No):
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: Travelers Prop. Casualty Co. Of America			25674
INSURER B: The Travelers Indemnity Company			25658
INSURER C: Illinois Union Insurance Co			27960
INSURER D: The Charter Oak Fire Insurance Company			25615
INSURER E:			
INSURER F:			

COVERAGES CERTIFICATE NUMBER: NYC-005373714-26 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$ \$
A	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-12	12/31/2012	12/31/2013	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 3,000,000 \$ \$ \$
C	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 2,000,000			XFL G21820611 005 GL-Self Insured Retention	12/31/2012	12/31/2013	EACH OCCURRENCE AGGREGATE	\$ 10,000,000 \$ 10,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	TC2JUB-266T3523-12 (AOS)	12/31/2012	12/31/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
B				TRKUB-266T3535-12 (AZ,MA,WI)	12/31/2012	12/31/2013	E.L. EACH ACCIDENT	\$ 2,000,000
A				TC2JUB-1003A044-12 (CA)	12/31/2012	12/31/2013	E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
D				TC2OUB-1008A25A-12 (NV)	12/31/2012	12/31/2013	E.L. DISEASE - POLICY LIMIT	\$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 (Professional Liability / Claims Made - Self Insured Retention - \$10,000,000 - 12/31/12 - 12/31/13)

HIDALGO COUNTY, IS INCLUDED AS ADDITIONAL INSURED WHERE REQUIRED BY CONTRACT.

CERTIFICATE HOLDER CANCELLATION

HIDALGO COUNTY ATTN: ROCIO VILLARREAL 2012 SOUTH BUSINESS HWY 281 EDINBURG, TX 78539	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Marla Nicholson <i>Marla Nicholson</i>

© 1988-2010 ACORD CORPORATION. All rights reserved.

Zimbra

cris.ayala@co.hidalgo.tx.us

Fwd: Quest Insurance Certificate is not sufficient for client HIDALGO COUNTY

From : Martha Salazar <martha.salazar@co.hidalgo.tx.us> Tue, Mar 19, 2013 02:14 PM
Subject : Fwd: Quest Insurance Certificate is not sufficient for client HIDALGO COUNTY
To : Cris Ayala <cris.ayala@co.hidalgo.tx.us>

HOOOOOORRRRRRAAAAYYYYD!!!!!!!!!!!!!!!!!!!!!!

From: "Steve Crain" <scrain@atlashall.com>
To: "Martha Salazar" <martha.salazar@co.hidalgo.tx.us>
Sent: Tuesday, March 19, 2013 2:10:56 PM
Subject: RE: Quest Insurance Certificate is not sufficient for client HIDALGO COUNTY

The certificate will work.

From: Martha Salazar [mailto:martha.salazar@co.hidalgo.tx.us]
Sent: Tuesday, March 19, 2013 1:37 PM
To: Steve Crain
Cc: Cris Ayala
Subject: Fwd: Quest Insurance Certificate is not sufficient for client HIDALGO COUNTY

Mr. Crain:
Please see response from vendor "Quest" regarding GL. Proceed to review and comment as to form and acceptability for compliance with Exhibit C (insurance requirements).
Thanks,
Marty S.

From: "Cris Ayala" <cris.ayala@co.hidalgo.tx.us>
To: "Martha Salazar" <martha.salazar@co.hidalgo.tx.us>
Sent: Tuesday, March 19, 2013 11:02:18 AM
Subject: Fwd: Quest Insurance Certificate is not sufficient for client HIDALGO COUNTY

Ms. Marty,
Below is the response I received from Quest. I have advised Ms. Hinojosa that legal has already reviewed the same certificate as attached.
Please advise.

Thank you,
Cris

From: "Olicia V Hinojosa" <Olicia.V.Hinojosa@questdiagnostics.com>

To: "cris.villarreal" <cris.villarreal@co.hidalgo.tx.us>
Sent: Tuesday, March 19, 2013 10:20:49 AM
Subject: FW: Quest Insurance Certificate is not sufficient for client HIDALGO COUNTY

-----Original Message-----

From: Smith, Sharon (Marsh) [Sharon.E.Smith@marsh.com]
Sent: Tuesday, March 19, 2013 11:07 AM Eastern Standard Time
To: Hinojosa, Olicia V; Sibley, Cheryl A
Cc: cris.villarreal@co.hidalgo; Maloney, Paul
Subject: RE: Quest Insurance Certificate is not sufficient for client HIDALGO COUNTY

Quest is Self Insured for General Liability it is referenced in the Excess Liab. Section of the Cert i.e. "GL Self Insured Retention".

If you have any questions, please speak with Cheryl Sibley copied above. Thank you

Sharon Smith
Casualty Advisory Representative
1166 Avenue of the Americas, 41st Flr.
New York, NY 10036
Tel: 212-345-3522 / Fax: 212-948-8912
Email: sharon.e.smith@marsh.com

From: Hinojosa, Olicia V [<mailto:Olicia.V.Hinojosa@questdiagnostics.com>]
Sent: Tuesday, March 19, 2013 10:51 AM
To: Smith, Sharon (Marsh)
Cc: cris.villarreal@co.hidalgo; Maloney, Paul
Subject: Quest Insurance Certificate is not sufficient for client HIDALGO COUNTY

Sharon,

I just received a phone call from our client's purchasing department representative, Cris Villarreal of Hidalgo County. She said that their legal counsel, Mr. Steve Crane, states that the attached certificate of insurance that was provided to them, does not specify General Liability Insurance, so we will not be granted a new contract until said document is provided to them.

Can you please send a more thorough explanation of where the General Liability is listed on this certificate of insurance, or a new certificate that states such requirement for general liability.