



NO-CONFLICT DISCLOSURE FORM

Project No.: 26-0043-05-22-05-Rebid

Project Name: Laboratory Services

Type of Service: Testing & Diagnostics Services

Evaluator's Name: _____

Title/Position: _____

Evaluated Firms:

1. Clinical Pathology Laboratories
2. Quest Diagnostics Clinical Laboratories Inc.

Through my evaluation of the above-identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family, or gifts exceeding \$100) in connection with the aforementioned potential vendor(s), as required by Section 176 of the Texas Local Government Code.



Signature

_____ Date



NO-CONFLICT DISCLOSURE FORM

Project No.: 26-0043-05-22-05-Rebid

Project Name: Laboratory Services

Type of Service: Testing & Diagnostics Services

Evaluator's Name: Veronica Cuate

Title/Position: Lab Manager III

Evaluated Firms:

1. Clinical Pathology Laboratories
2. Quest Diagnostics Clinical Laboratories Inc.

Through my evaluation of the above-identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family, or gifts exceeding \$100) in connection with the aforementioned potential vendor(s), as required by Section 176 of the Texas Local Government Code.

Veronica Cuate

Signature

6.26.26

Date



NO-CONFLICT DISCLOSURE FORM

Project No.: 26-0043-05-22-05-Rebid

Project Name: Laboratory Services

Type of Service: Testing & Diagnostics Services

Evaluator's Name: Laura Martinez, RN

Title/Position: Clinic Program Manager

Evaluated Firms:

1. Clinical Pathology Laboratories
2. Quest Diagnostics Clinical Laboratories Inc.

Through my evaluation of the above-identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family, or gifts exceeding \$100) in connection with the aforementioned potential vendor(s), as required by Section 176 of the Texas Local Government Code.

Laura Martinez, RN
Signature

06-29-2026
Date