Drug Free Workplaces, Inc.
27 W Romana Street Pensacola, Florida 32502
Phone: (850) 434-3782 Fax: (850) 434-8244

TITLE PAGE

Part I A – Technical Proposal	
RFP Title:	Laboratory Alcohol and Drug Testing
RFP:	3268
Vendor Name:	Drug Free Workplaces, Inc.
Address:	27 W. Romana St. Pensacola, FL 32502
Proposal Opening Date:	August 26, 2016
Proposal Opening Time:	2:00 PM

TABLE OF CONTENTS

TAB I: TITLE PAGE…….. page 1
TAB II: TABLE OF CONTENTS…….….. page 2
TAB III: VENDOR INFORMATION SHEET…….……... page 3
TAB IV: STATE DOCUMENTS…….…….....pages 4-90
TAB V: ATTACHMENT B ……...……. page 91
TAB VI: SCOPE OF WORK……..……pages 93-114
TAB VII: COMPANY BACKGROUND AND REFERENCES……pages 115-138
TAB VIII: ATTACHMENT G/PROPOSED STAFF RESUMES…… pages 139-142
TAB IX: OTHER INFORMATIONAL MATERIAL…… pages 143-153

VENDOR INFORMATION SHEET FOR RFP 3268

V1	Company Name	Drug Free Workplaces, Inc.

V2	Street Address	27 W. Romana St.

V3	City, State, ZIP	Pensacola, FL 32502

V4	Telephone Number		
	Area Code: 850	Number: 434-3782	Extension:

V5	Facsimile Number		
	Area Code: 850	Number: 434-8244	Extension:

V6	Toll Free Number		
	Area Code: 800	Number: 430-3782	Extension:

V7	***Contact Person for Questions / Contract Negotiations, including address if different than above***
	Name: Dr. Carol Law
	Title: President
	Address:
	Email Address: law@drugfreeworkplaces.com

V8	Telephone Number for Contact Person		
	Area Code: 850	Number: 434-3782	Extension:

V9	Facsimile Number for Contact Person		
	Area Code: 850	Number: 434-8244	Extension:

V10	***Name of Individual Authorized to Bind the Organization***	
	Name: Dr. Carol Law	Title: President

V11	Signature ***(Individual must be legally authorized to bind the vendor per NRS 333.337)***	
	Signature:	Date: 8/22/16

State of Nevada
Department of Administration
Purchasing Division
515 E. Musser Street, Suite 300
Carson City, NV 89701

Brian Sandoval
Governor

Jeffrey Haag
Administrator

SUBJECT:	Amendment 1 to Request for Proposal 3268
RFP TITLE:	Laboratory Alcohol and Drug Testing
DATE OF AMENDMENT:	August 12, 2016
DATE OF RFP RELEASE:	July 22, 2016
OPENING DATE:	August 26, 2016
OPENING TIME:	2:00 PM
CONTACT:	Gail Burchett, Procurement Staff Member

The following shall be a part of RFP 3268. If a vendor has already returned a proposal and any of the information provided below changes that proposal, please submit the changes along with this amendment. You need not re-submit an entire proposal prior to the opening date and time.

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1. The RFP states that the Laboratory has to be a SAMHSA certified lab. There are no local labs in Nevada that are SAMHSA certified or perform SAMHSA testing within the State of Nevada. The specimens are all sent to out-of-state labs. This would exclude any Nevada licensed Clinical Reference Laboratory to be included in this bid. We follow the SAMHSA requirements and we are certified by COLA &licensed with the State of Nevada. We are presently contracted with Clark County Juvenile Justice & the North Las Vegas Police Department to perform forensic drug testing for their Drugs of Abuse testing and DUI's. We provide expert testimony to the Las Vegas area Court system. We should be considered as a valid vendor in this RFP.

   Per item 3.36 of the RFP, the testing of State employment candidates and employees must comply with Nevada Revised Statutes, see NRS 284.4067.
   "NRS 284.4067 Screening tests: Requirements for administration; use; results.
   1. A screening test:
   (a) To detect the general presence of a controlled substance or any other drug, must be conducted by an independent laboratory that is certified by the United States Department of Health and Human Services…"

2. In the project overview it indicates the RFP covers 18k employees in the NV executive branch and also alludes to individuals in the Higher Education System, Court System, Legislative branch, etc. When referring to these other branches, could this opportunity potentially include testing for those branches employees OR is it their employees AND individuals within those branches, such as individuals that are incarcerated, on probation, students, etc.?

   Per item 1 PROJECT OVERVIEW of the RFP regarding the Nevada System of Higher Education, the Court System, the Legislative Branch and political subdivisions, "These

agencies may use the contract(s) resulting from this Request; however, they are not required to do so." Please note that a cost for "Hair Testing – CLIENT ONLY" is requested on Attachment H – COST SCHEDULE.

3. How much volume of testing is currently being processed under this contract annually? Any breakdowns of that volume would be helpful (How much Pre Employment, How many FMCSA/DOT vs. Non Regulated testing, Break out of urine, hair, breath alcohol, etc.)

3,151 tests were reported between 7/1/15 and 6/30/16.
196 DOT alcohol tests were reported between 7/1/15 and 6/30/16.
711 DOT drug tests were reported between 7/1/15 and 6/30/16.
63 non-DOT alcohol tests were reported between 7/1/15 and 6/30/16.
2,181 non-DOT drug tests were reported between 7/1/15 and 6/30/16.
1,939 pre-employment tests were reported between 7/1/15 and 6/30/16.
429 post-accident tests were reported between 7/1/15 and 6/30/16.
77 random tests were reported between 7/1/15 and 6/30/16.
39 follow-up tests were reported between 7/1/15 and 6/30/16.
26 reasonable cause tests were reported between 7/1/15 and 6/30/16.
641 "other" tests were reported between 7/1/15 and 6/30/16.
Data was not reported by our current vendor regarding how many were urine, hair, breath or blood.

4. May we be provided an estimate of the number of annual samples and the number of drugs run on each sample?

Refer to the answer to question 3 regarding the number of annual samples. Item 3.8 of the RFP provides for a 5-panel test. Please note that item 3.9 of the RFP provides for agencies to request testing for additional controlled substances. Additionally, some accounts are currently set up as 9-panels, 9-panels plus Oxy, and Steroid. Data regarding how many panels were run on each sample was not reported by our current vendor.

5. May I request a copy of the current contract?

The current contract is available on Purchasing's website, see http://purchasing.nv.gov/Contracts/Documents/LaboratoryServicesEmployee/.

6. How many specimens were tested in the last year for:
   a. urine: Positivity rate:

      Data was not reported by our current vendor thus DHRM declines to respond.

   b. Breath Alcohol: Positivity rate:

      Data was not reported by our current vendor thus DHRM declines to respond.

   c. blood: Positivity rate:

      Data was not reported by our current vendor thus DHRM declines to respond.

   d. hair: Positivity rate:

Data was not reported by our current vendor thus DHRM declines to respond.

7. SECTION 3.17 - How many collection sites are currently being used in the state of Nevada for statewide employee testing? What are the names and current locations of these sites?

The list of collection sites currently published by DHRM:

- ***Battle Mountain General Hospital***
  535 S. Humboldt Rd.
  Battle Mountain, NV 89820
- ***Grover C. Dils Medical Center***
  700 N. Spring St.
  Caliente, NV 89008
- ***LabCorp***
  604 W. Washington St., Ste. D
  Carson City, NV 89701
- ***Arc Med Center***
  2874 N. Carson St., Ste. 135
  Carson City, NV 89706
- ***Nevada Occupational Health Center***
  3488 Goni Rd., Ste. 141
  Carson City, NV 89701
- ***Timely Testing***
  Mobile
- ***A+ Urgent Care***
  4126 Technology Way, Ste. 100
  Elko, NV 89801
- ***Pioneer Urgent Care***
  160 12th St.
  Elko, NV 89801
- ***William Bee Ririe Hospital***
  1500 Ave. H
  Ely, NV 85301
- ***Eureka Medical Center***
  250 S. Main St.
  Eureka, NV 89316
- ***Urgent Care***
  560 E. William Ave.
  Fallon, NV 89406
- ***Renown Occupational Health and Urgent Care***
  1343 W. Newlands Dr.
  Fernley, NV 89408
- ***Carson Valley Medical Center***
  1107 Hwy. 395
  Gardnerville, NV 89410
- ***Mt. Grant General Hospital***
  1st St. & A St.
  Hawthorne, NV 89415
- ***LabCorp***
  2865 Siena Heights Dr., Ste. 101
  Henderson, NV 89052

- ***LabCorp***
  601 Whitney Ranch Dr., Ste. C14
  Henderson, NV 89014
- ***Concentra***
  149 N. Gibson Rd., Ste. H
  Henderson, NV 89014
- ***American Mobile Drug Testing***
  Mobile
- ***D.A.T. Express Test Management***
  250 E. Horizon Dr.
  Henderson, NV 89015
- ***LabCorp***
  926 Incline Way, Ste. 105
  Incline Village, NV 89451
- ***LabCorp***
  2801 W. Charleston Blvd., Ste. 201
  Las Vegas, NV 89102
- ***LabCorp***
  2851 N. Tenaya Way, Ste. 202
  Las Vegas, NV 89128
- ***LabCorp***
  5380 S. Rainbow Blvd., #208
  Las Vegas, NV 89118
- ***LabCorp***
  653 N. Town Center Dr., Ste. 50
  Las Vegas, NV 89144
- ***Concentra***
  3900 Paradise, Ste. V
  Las Vegas, NV 89169
- ***Concentra***
  5850 S. Polaris Rd., Ste. 100
  Las Vegas, NV 89118
- ***American Toxicology***
  3340 Sunrise Ave., #104
  Las Vegas, NV 89101
- ***American Toxicology***
  3160 W. Sahara, Ste. A-15
  Las Vegas, NV 89102
- ***Arc Med Center***
  2500 W. Sahara Ave., Ste. 100
  Las Vegas, NV 89102
- ***D.A.T. Express Test Management***
  1601 E. Charleston
  Las Vegas, NV 89104
- ***Valley Hospital Medical Center***
  620 Shadow Ln.
  Las Vegas, NV 89106
- ***EMSI***
  3075 E. Flamingo Rd., Ste. 102
  Las Vegas, NV 89121

- ***Pershing General Hospital***
  885 6th St.
  Lovelock, NV 89419
- ***D.A.T. Express Test Management***
  561 W. Mesquite Blvd.
  Mesquite, NV 89027
- ***Carson Valley Occupational Health and Urgent Care***
  897 Ironwood Dr.
  Minden, NV 89423
- ***LabCorp***
  3440 W. Cheyenne Ave., A-400
  North Las Vegas, NV 89032
- ***Concentra***
  151 W. Brooks Ave.
  N. Las Vegas, NV 89030
- ***LabCorp***
  1420 E. Calvada Blvd., #200
  Pahrump, NV 89048
- ***LabCorp***
  890 Mill St., Ste. 105
  Reno, NV 89502
- ***LabCorp***
  15 McCabe Dr., Ste. 103
  Reno, NV 89511
- ***Concentra***
  6410 S. Virginia St.
  Reno, NV 89511
- ***Nevada Drug & Alcohol Testing***
  2470 Wrondrel Way
  Reno, NV 89502
- ***Renown Occupational Health and Urgent Care***
  975 Ryland St.
  Reno, NV 89502
- ***Urgent Care***
  3595 Hwy. 50 West
  Silver Springs, NV 89429
- ***LabCorp***
  1335 Baring Blvd.
  Sparks, NV 89434
- ***Concentra***
  255 Glendale Ave., Ste. 12
  Sparks, NV 89431
- ***Arc Med Center***
  82 E. Glendale Ave.
  Sparks, NV 89431
- ***Arc Med Center***
  2205 E. Glendale Ave., #131
  Sparks, NV 89431
- ***Nye Regional Medical Center***
  825 Erie Main St.

Tonopah, NV 89049

- ***Wells Rural Medical Clinic***
  197 Baker St.
  Wells, NV 89835
- ***Humboldt General Hospital***
  118 E. Haskell St.
  Winnemucca, NV 89445
- ***Yerington Paiute Tribal Clinic***
  171 Campbell Ln.
  Yerington, NV 89447

Additionally, there is a list posted on Purchasing's website, see http://purchasing.nv.gov/Contracts/Documents/LaboratoryServicesEmployee/

8. SECTION 3.17 - Do all collection sites need to be pre-approved by the State of Nevada?

3. SCOPE OF WORK in the RFP includes the requirements for collection sites. It shall be the responsibility of the awarded vendor(s) to screen collection sites based on the State's requirements.

9. SECTION 3.17 - Who is currently providing donor specimen collection?

Drug Free Workplaces, Inc. is our current vendor and collections are performed at multiple collection sites, refer to the answer to question 7.

10. How many after hours and holiday specimen collections were done in the last year?

The data was not reported by our current vendor and thus DHRM declines to respond.

11. Who is the current laboratory performing the drug screens and confirmations?

Drug Free Workplaces, Inc. is our current vendor and the laboratory being utilized is Laboratory Corporation of America.

12. SECTION 3.8 - What is the current pricing for 5panel lab screens?

The State's current contract including pricing is available on Purchasing's website, see http://purchasing.nv.gov/Contracts/Documents/LaboratoryServicesEmployee/

13. What is the current pricing for lab confirmation per drug?

The State's current contract including pricing is available on Purchasing's website, see http://purchasing.nv.gov/Contracts/Documents/LaboratoryServicesEmployee/

14. How can we get a copy of the current contract?

The State's current contract is available on Purchasing's website, see http://purchasing.nv.gov/Contracts/Documents/LaboratoryServicesEmployee/

15. How many DOT specimens were run in the last year?

907 were reported between 7/1/15 and 6/30/16.

16. How many NON DOT specimens were run in the last year?

2,244 were reported between 7/1/15 and 6/30/16.

17. SECTION 3.2 - Is an MRO required for DOT positive test results only or for all positive results including NON DOT testing?

An MRO will be required to confirm DOT and non-DOT positive results.

18. SECTION 3.12 - Is providing alcohol detection through a blood draw a requirement of this RFP?

Refer to item 3.12 of the RFP.

19. How many blood tests for alcohol were performed in the last year?

The data was not reported by our current vendor and thus DHRM declines to respond.

20. SECTION 3.32 & SECTION 3.33 - May we receive a copy of the current chain of custody forms (DOT & NonDOT)?

Drug Testing nonDOT.pdf Drug Testing DOT.pdf

21. SECTION 3.25 - How many expert witness testimonies required a court appearance in the last year?

The data was not reported by our current vendor and thus DHRM declines to respond.

22. SECTION 4.2 SUBCONTRACTOR INFORMATION & 4.3 BUSINESS REFERENCES: Other than the MRO, if the only other subcontractor(s) being used by the vendor for completion of this RFP will be collection sites (several as requested by RFP) does the same information need to be provided for each site? Although each site would be vetted, it will be extremely unrealistic and time consuming to provide so much information for so many collection sites. Please advise.

If the vendor in question meets the criteria of a subcontractor then the information will be required. Collection sites do not normally meet the criteria of a subcontractor.

23. SECTION 3.10 - Is a BAT test required for every donor?

No.

ALL ELSE REMAINS THE SAME FOR RFP 3268.

Vendor must sign and return this amendment with proposal submitted.

Vendor Name: Drug Free Workplaces USA LLC

Authorized Signature: Carol Lynn PhD

Title: President Date: 8/16/16

This document must be submitted in the "State Documents" section/tab of vendors' technical proposal.

PROPOSAL FOR RFP 3268/STATE OF NEVADA DRUG FREE WORKPLACES, INC.

ATTACHMENT A – CONFIDENTIALITY AND CERTIFICATION OF INDEMNIFICATION

Submitted proposals, which are marked "confidential" in their entirety, or those in which a significant portion of the submitted proposal is marked "confidential" **will not** be accepted by the State of Nevada. Pursuant to NRS 333.333, only specific parts of the proposal may be labeled a "trade secret" as defined in NRS 600A.030(5). All proposals are confidential until the contract is awarded; at which time, both successful and unsuccessful vendors' technical and cost proposals become public information.

In accordance with the Submittal Instructions of this RFP, vendors are requested to submit confidential information in separate binders marked "**Part I B Confidential Technical**" and "**Part III Confidential Financial**".

The State will not be responsible for any information contained within the proposal. Should vendors not comply with the labeling and packing requirements, proposals will be released as submitted. In the event a governing board acts as the final authority, there may be public discussion regarding the submitted proposals that will be in an open meeting format, the proposals will remain confidential.

By signing below, I understand it is my responsibility as the vendor to act in protection of the labeled information and agree to defend and indemnify the State of Nevada for honoring such designation. I duly realize failure to so act will constitute a complete waiver and all submitted information will become public information; additionally, failure to label any information that is released by the State shall constitute a complete waiver of any and all claims for damages caused by the release of the information.

This proposal contains Confidential Information, Trade Secrets and/or Proprietary information as defined in *Section 2 "ACRONYMS/DEFINITIONS."*

Please initial the appropriate response in the boxes below and provide the justification for confidential status.

Part IB – Confidential Technical Information			
YES		NO	X
Justification for Confidential Status			

A Public Records CD or Flash Drive has been included for the Technical and Cost Proposal			
YES	X	NO (See note below)	
Note: By marking "NO" for Public Record CD or Flash Drive included, you are authorizing the State to use the "Master CD or Flash Drive" for Public Records requests.			

Part III – Confidential Financial Information			
YES	X	NO	
Justification for Confidential Status			
As a privately owned company, Drug Free Workplaces, Inc.'s financial information is confidential.			

Drug Free Workplaces, Inc.
Company Name

Carol J Law PhD
Signature

Carol J. Law
Print Name

8/22/16
Date

This document must be submitted in Tab IV of vendor's technical proposal

PAGE 12 AUGUST 2016

PROPOSAL FOR RFP 3268/STATE OF NEVADA DRUG FREE WORKPLACES, INC.

ATTACHMENT C – VENDOR CERTIFICATIONS

Vendor agrees and will comply with the following:

(1) Any and all prices that may be charged under the terms of the contract do not and will not violate any existing federal, State or municipal laws or regulations concerning discrimination and/or price fixing. The vendor agrees to indemnify, exonerate and hold the State harmless from liability for any such violation now and throughout the term of the contract.

(2) All proposed capabilities can be demonstrated by the vendor.

(3) The price(s) and amount of this proposal have been arrived at independently and without consultation, communication, agreement or disclosure with or to any other contractor, vendor or potential vendor.

(4) All proposal terms, including prices, will remain in effect for a minimum of 180 days after the proposal due date. In the case of the awarded vendor, all proposal terms, including prices, will remain in effect throughout the contract negotiation process.

(5) No attempt has been made at any time to induce any firm or person to refrain from proposing or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal. All proposals must be made in good faith and without collusion.

(6) All conditions and provisions of this RFP are deemed to be accepted by the vendor and incorporated by reference in the proposal, except such conditions and provisions that the vendor expressly excludes in the proposal. Any exclusion must be in writing and included in the proposal at the time of submission.

(7) Each vendor must disclose any existing or potential conflict of interest relative to the performance of the contractual services resulting from this RFP. Any such relationship that might be perceived or represented as a conflict should be disclosed. By submitting a proposal in response to this RFP, vendors affirm that they have not given, nor intend to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of a vendor's proposal. An award will not be made where a conflict of interest exists. The State will determine whether a conflict of interest exists and whether it may reflect negatively on the State's selection of a vendor. The State reserves the right to disqualify any vendor on the grounds of actual or apparent conflict of interest.

(8) All employees assigned to the project are authorized to work in this country.

(9) The company has a written equal opportunity policy that does not discriminate in employment practices with regard to race, color, national origin, physical condition, creed, religion, age, sex, marital status, sexual orientation, developmental disability or handicap.

(10) The company has a written policy regarding compliance for maintaining a drug-free workplace.

(11) Vendor understands and acknowledges that the representations within their proposal are material and important, and will be relied on by the State in evaluation of the proposal. Any vendor misrepresentations shall be treated as fraudulent concealment from the State of the true facts relating to the proposal.

(12) Vendor must certify that any and all subcontractors comply with Sections 7, 8, 9, and 10, above.

(13) The proposal must be signed by the individual(s) legally authorized to bind the vendor per NRS 333.337.

Drug Free Workplaces, Inc.

Vendor Company Name

Carol J Law PhD

Vendor Signature

Carol J. Law — 8/22/16

Print Name — Date

This document must be submitted in Tab IV of vendor's technical proposal

PAGE 13 AUGUST 2016

SilverFlume
NEVADA'S BUSINESS PORTAL

DRUG FREE WORKPLACES, INC.

Business Entity Information			
Status:	Active	File Date:	06/17/2008
Type:	Foreign Corporation	Entity Number:	E0397602008-2
Qualifying State:	FL	List of Officers Due:	06/30/2017
Managed By:		Expiration Date:	
Foreign Name:		On Admin Hold:	No
NV Business ID:	NV20081180929	Business License Exp:	06/30/2017

Additional Information	
Central Index Key	

Registered Agent Information			
Name:	DUARD P SPRUCE	Address 1:	364 HANBURY MANOR DR
Address 2:		City:	LAS VEGAS
State:	NV	Zip Code:	89145
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	
Mailing Zip Code:			
Agent Type:	Noncommercial Registered Agent		

View all business entities under this registered agent ()

Financial Information			
No Par Share Count:	0	Capital Amount:	$ 10,000.00
Par Share Count:	10,000.00	Par Share Value:	$ 1.00

Officers			Include Inactive Officers
Treasurer - PERRY J KOLL			
Address 1:	390 CORTE MADERA	Address 2:	
City:	CORTE MADERA	State:	FL
Zip Code:	94925	Country:	USA
Status:	Active	Email:	
President - CAROL J LAW			
Address 1:	27 W ROMANA ST	Address 2:	
City:	PENSACOLA	State:	FL
Zip Code:	32502	Country:	USA
Status:	Active	Email:	
Secretary - CAROL J LAW			
Address 1:	27 W ROMANA ST	Address 2:	
City:	PENSACOLA	State:	FL
Zip Code:	32502	Country:	USA
Status:	Active	Email:	
Director - CAROL LAW			

Address 1:	27 W HUMANA STREET	Address 2:	
City:	PENSACOLA	State:	FL
Zip Code:	32502	Country:	USA
Status:	Active	Email:	

Actions\Amendments
Click here to view 12 actions\amendments associated with this company ()

Supported Internet Browser versions: Apple iOS 9, Internet Explorer 11, FireFox 45, Google Chrome 49 (available August 2016)

Disclaimer

DRUG FREE WORKPLACES INC

Active

Profile Commodity Codes

Name:	DRUG FREE WORKPLACES INC
Shortname:	
Business Designation:	corporation
Contact:	CAROL LAW
Address:	27 W ROMANA STREET FLORIDA, FL 32501
County:	Escambia
Phone:	850-434-3782
Fax:	
Email:	LAW@DRUGFREEWORKPLACES.COM
Url:	http://www.DRUGFREEWORKPLACES.COM

Designations

WOMAN OWNED: March 9, 2015 - March 9, 2017

Drug & Alcohol Testing Industry Association

proudly recognizes

Drug Free Workplaces, Inc.

as having successfully completed all requirements to become

Nationally Accredited for Administration of Drug and Alcohol Testing Programs

Valid Through: June 1, 2017

Kristina Queen
DATIA Program Director

Drug & Alcohol Testing Industry Association

recognizes

Drug Free Workplaces, Inc.

Pensacola, FL
as a Regular Member
in Good Standing

Membership Expires: 9/1/2016
Member # 45125

Laura Shelton
Executive Director
DATIA, Washington, DC

Certificate

This is to certify that *Carol J Law, Ph. D.* has successfully completed the

Five Year Breath Alcohol Technician Re-certification

Training Course on March 25th, 2013.

Instrtuctor Signature

Stephanie A. Fryson

Instructor Name

✓**Proficient in 49 CFR Part 40 Procedures**

✓**Successfully completed Seven consecutive error free collections**

Theodore F. Shults, MS, JD
Chairman
(919) 489-5407

American Association of Medical Review Officers

July 16, 2013July 16, 2013

Verification of Certification for:	Morris Simhachalam, D.O. Drug Free Workplaces, Inc. 27 W. Romana St. Pensacola FL 32502
Certification Number:	**080713209**
Current Certification Date:	July 15, 2013
Certification Expiration Date:	July 15, 2018

This notice serves as verification that the above-referenced physician has been certified as a Medical Review Officer (MRO) through the American Association of Medical Review Officers (AAMRO).

For all physicians certified or recertified by AAMRO after October 1, 2010 will have to attend an MRO training program and take the exam. Recertification is required every five years to remain in good standing.

The referenced physician is listed in the AAMRO registry of Certified Medical Review Officers (www.aamro.com).

Theodore F. Shults, J.D., M.S.
Chairman

P.O. Box 12873 • Research Triangle Park, NC 27709 • Phone: (919) 489-5407 Fax: (919) 490-1010

Theodore F. Shults, MS, JD
Chairman
(919) 489-5407

American Association of Medical Review Officers

April 4, 2013

Verification of Certification for:	Eric Hazbun, M.D. 6011 Otter Point Road Pensacola FL 32504
Certification Number:	130317124
Current Certification Date:	March 17, 2013
Certification Expiration Date:	March 17, 2018

This notice serves as verification that the above-referenced physician has been certified as a Medical Review Officer (MRO) through the American Association of Medical Review Officers (AAMRO).

For all physicians certified or recertified by AAMRO after October 1, 2010 will have to attend an MRO training program and take the exam. Recertification is required every five years to remain in good standing.

The referenced physician is listed in the AAMRO registry of Certified Medical Review Officers (www.aamro.com).

Theodore F. Shults, J.D., M.S.
Chairman

P.O. Box 12873 • Research Triangle Park, NC 27709 ☎ (919) 489-5407 Fax: (919) 490-1010

Nationwide Product & Service Searchable Database

Result 1 of 1

Laboratory Corporation of America Holdings

500 Perimeter Park Dr
Morrisville, NC 27560

View Map

Contact: Kiah McIntyre

Telephone: 800-859-6046 x 13213

Fax: 858-391-7175

Personnel:

Email: mcintyk@labcorp.com

Website: http://www.labcorp.com

DATIA Member Type: Corporate

DATIA Member Since: 03/03/2003

Services Offered: Alternative Specimen Testing
Collection Services
Laboratory
Non-mandated Testing
On-Site Testing

Equipment Offered: Drug Testing Laboratory - Urine
Drug Testing Laboratory - Oral Fluids
Point of Collection Drug Testing Kits

Modes Tested: FAA FHA FRA FTA USCG DOD DOE NASA NRC FMCSA

LabCorp
Laboratory Corporation of America

OCCUPATIONAL TESTING SERVICE

CERTIFICATIONS / LICENSURES

JULY 2016

1904 ALEXANDER DRIVE
RTP, NC 27709

Responsible Person (RP) – Phyllis Chandler
Michael Bachmann

CERTIFICATIONS / LICENSURES

Certificate of Accreditation

The Substance Abuse and Mental Health Services Administration

certifies that

Laboratory Corporation of America Holdings

Research Triangle Park, NC

NLCP Laboratory Number: 0077

has successfully completed the requirements of the National Laboratory Certification Program for urine laboratories in accordance with the Mandatory Guidelines for Federal Workplace Drug Testing Programs.

Effective December 7, 1988

Pamela S. Hyde, J.D.
Administrator
Substance Abuse and Mental Health Services Administration

Frances M. Harding
Director
Center for Substance Abuse Prevention

COLLEGE of AMERICAN PATHOLOGISTS

cap ACCREDITED®

The College of American Pathologists certifies that the laboratory named below

Laboratory Corporation of America
Clinical Toxicology
Durham, North Carolina
Michael R. Fox, MD

CAP Number: 7191443
AU-ID: 1431904
CLIA Number: 34D0877242

has met all applicable standards for accreditation and is hereby accredited by the College of American Pathologists' Laboratory Accreditation Program. Reinspection should occur prior to November 17, 2017 to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.

Chair, Commission on Laboratory Accreditation

President, College of American Pathologists

CENTERS FOR MEDICARE & MEDICAID SERVICES

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

LABORATORY CORPORATION OF AMERICA HOLD
1904 T W ALEXANDER DRIVE
RESEARCH TRIANGLE PARK, NC 27709

CLIA ID NUMBER

34D0877242

EFFECTIVE DATE

01/03/2016

LABORATORY DIRECTOR

MICHAEL R FOX M.D.

EXPIRATION DATE

01/02/2018

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Karen W. Dyer, Acting Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

59 Certs2_120815

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE	LAB CERTIFICATION (CODE)	EFFECTIVE DATE
TOXICOLOGY (340)	01/03/2006		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

100165573 - 1/0005395

1:14:371/656

LABORATORY CORPORATION
SELINA IHEANACHOR, QC MANAGER
1904 ALEXANDER DRIVE
RESEARCH TRIAN PARK, NC 27709-0000

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0214510	03-31-2017	$244

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2, 3,3N,4,5,	ANALYTICAL LAB	03-02-2016

LABORATORY CORPORATION
OF AMERICA HOLDINGS
SELINA IHEANACHOR, QC MANAGER
1904 ALEXANDER DRIVE
RESEARCH TRIAN PARK, NC 27709-0000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0214510	03-31-2017	$244

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2, 3,3N,4,5,	ANALYTICAL LAB	03-02-2016

LABORATORY CORPORATION
OF AMERICA HOLDINGS
SELINA IHEANACHOR, QC MANAGER
1904 ALEXANDER DRIVE
RESEARCH TRIAN PARK, NC 27709-0000

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (4/07)

NORTH CAROLINA CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE

Department of Health and Human Services
Raleigh, North Carolina

THE N.C. Controlled Substances Act of 1971 reads in part as follows:

90-103(a): A registration under G.S. 90-102 to manufacture, distribute, or dispense a controlled substance, may be suspended or revoked by the Commission upon a finding that the registrant:

(1) has furnished false or fraudulent information in any application filed under this Article;

(2) has been convicted of a felony under any State or federal law relating to any controlled substance; or

(3) has had his federal registration suspended or revoked to manufacure, distribute or dispose controlled substances.

DHHS Registration Number	This Registration Expires
NC-PC 0000 0574	10/31/2016

Schedules	Business Activity	Date Issued
1, 2, 2N, 3, 3N, 4, 5, 6	Lab	12/3/2015

Form DHHS-223

Department of Health and Human Services

Laboratory Corporation of America Holdings
Attn: Selina Iheanachor
1904 Alexander Drive
RTP NC 27709

This registration is not transferable on change of ownership, control, location or business activity

CERTIFICATE #: 294

LICENSE #: 5

State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

Forensic Toxicology Laboratory

This is to confirm that LABORATORY CORPORATION OF AMERICA HOLDINGS has complied with the applicable portions of s. 112.0455, laws of the State of Florida and with 59A-24, Rules of the State of Florida and is authorized to operate the following:

LABORATORY CORPORATION OF AMERICA HOLDINGS
1904 Tw Alexander Dr
Rtp, NC 27709-0153

Using the following specimen types: Blood, Urine

EFFECTIVE DATE: 10/01/2015

EXPIRATION DATE: 09/30/2017

Molly McKinney

Deputy Secretary, Division of Health Quality Assurance

New York State Department of Health

Clinical Laboratory Permit

PFI: 3747 CLIA: 34D0877242

Laboratory Corporation of America Holdings
1904 I W Alexander Dr
Research Triangle Pk NC 27709

Director:
Ntei Abudu, Ph.D.

Owner:
Laboratory Corporation of America Holdings

is hereby authorized to perform laboratory procedures at the above location in the following categories in accordance with Article 5, Title V, Section 575 of the Public Health Law. This permit shall become void upon a change in the director, owner or location of the laboratory, and an application for a new permit shall be made to the Department.

Toxicology
Clinical Toxicology-Comprehensive
Forensic Toxicology-Comprehensive

Renewal
Effective Date: July 1, 2016
Expiration Date: June 30, 2017

Subject to Revocation
Permit Not Transferable

POST CONSPICUOUSLY

Serial: LAP 90897

DAVID Y. IGE
GOVERNOR OF HAWAII

VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LABORATORIES DIVISION
2725 WAIMANO HOME ROAD
PEARL CITY, HAWAII 96782-1496

In reply, please refer to:
File: SLD/EHASB-DUVSAT

June 29, 2016

Dr. Ntei Abudu
Laboratory Corporation of America Holdings
1904 T.W. Alexander Dr.
Research Triangle Park, N.C. 27709

Dear Dr. Abudu:

I am pleased to inform you that Laboratory Corporation of America Holdings, located at 1904 T.W. Alexander Dr., Research Triangle Park, N.C. 27709, is approved to do the following substance abuse testing of samples from the State of Hawaii:

1. Screening: Marijuana, Cocaine, Amphetamines, Opiates, Phencyclidine, Barbiturates, Methaqualone, Benzodiazepines, Propoxyphene, Methadone, and Alcohol.

2. Confirmation: Marijuana, Cocaine, Amphetamines, Opiates, Phencyclidine, Barbiturates, Methaqualone, Benzodiazepines, Propoxyphene, Methadone, and Alcohol.

The effective date is July 1, 2016, and the approval is valid until June 30, 2017, subject to the following stipulations:

1. Your laboratory remains certified by SAMHSA, U.S. Department of Health and Human Services;

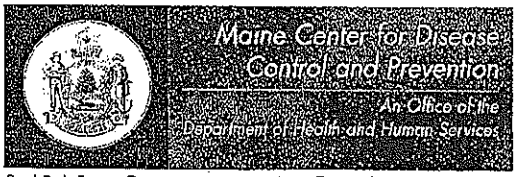
2. Your laboratory uses the same methodologies for samples from Hawaii, as used for SAMHSA samples; and,

3. Your laboratory follows Hawaii Administrative Rules 11-113, "Substance Abuse Testing by Laboratories" for testing samples from Hawaii, including the listed cut-off levels.

Sincerely,

A. Christian Whelen

A. Christian Whelen, Ph.D.
for Director of Health



Paul R. LePage, Governor Mary C. Mayhew, Commissioner

Department of Health and Human Services
Maine Center for Disease Control and Prevention
Health and Environmental Testing Laboratory
221 State Street
12 State House Station
Augusta, Maine 04333-0012
Tel. (207) 287-2727; Fax (207) 287-6832; TTY (800) 606-0215

January 6, 2016

Ntei Abuda, Ph.D.
Laboratory Corporation of America Holdings
1904 Alexander Drive
PO Box 12652
Research Triangle Park, North Carolina 27709

Dear Dr. Abuda:

I am pleased to report to you that, Laboratory Corporation of America Holdings, has been relicensed by the Maine Department of Human Services as a **Substance Abuse Testing Laboratory** effective 01/10/16. This license qualifies Laboratory Corporation of America Holdings to perform workplace substance of abuse testing under the provisions of Title 26, MRSA, sub-chapter III-A.

This license is subject to renewal annually, and is subject to satisfactory performance in proficiency testing as defined in regulations under the above mentioned law. Certified copies of the proficiency test reports must be filed with this office within ten days of receipt. This department must also be notified of any changes in personnel, particularly the Director and Certifying Officer(s).

Under such time as a license form is printed and issued to you, this letter will serve to demonstrate your status under Maine law.

Please feel free to contact this office should you have any questions.

Sincerely,

Kenneth G. Pote

Kenneth G. Pote, PhD
Chief, Lab Operations
Health & Environmental Testing Laboratory

License # SA002

Cc Christopher P. Montagna
Labor Standards

MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF HEALTH CARE QUALITY
SPRING GROVE CENTER
BLAND BRYANT BUILDING
55 WADE AVENUE
CATONSVILLE, MD 21228-4663

MEDICAL LABORATORY PERMIT

NUMBER: 444 EFFECTIVE PERIOD: 07/01/2014 - 06/30/2016

Pursuant to the provisions of TITLE 17, subtitle 2, Health-General Article § 17-201 et seq., Annotated Code of Maryland, this permit is issued to:

LABORATORY CORPORATION OF AMERICA
1904 T W ALEXANDER DRIVE
DURHAM, NC 27709

Director: MICHAEL FOX
Owner: LABORATORY CORPORATION OF AMERICA HOLDINGS

For the performance of Medical Laboratory Tests in the following disciplines:

Forensic Toxicology - Job Related Testi
Blood Drug Confirmation by GC/MS; GC/MS/MS; OR MS/MS, Blood Drug Screen - Single Use Test Device, Hair Drug Confirmation by GC/MS; GC/MS/MS; OR MS/MS, Hair Drug Screen - Single Use Test Device, Urine Drug Confirmation by GC/MS; GC/MS/MS; OR MS/MS, Urine Drug Screen - Single Use Test Device
Chemistry:
Toxicology - Drug of Abuse Level

CONTROL: 57259

Patricia Tomasko May MD
Director

Falsification of a license shall subject the perpetrator to criminal prosecution and the impostition of civil fines.

STATE OF OKLAHOMA

Oklahoma State Department of Health

This is to certify that

Laboratory Corporation of America Holdings

Is Hereby Licensed to Conduct and Maintain a

Workplace Drug and Alcohol Testing Facility

Under the Name of

Laboratory Corporation of America Holdings

Located At:

1904 Alexander Drive

Research Triangle Park, NC 27709

Effective Date: 05/01/2016 Expiration Date: 04/30/2017

☑ Initial Drug Screening

☑ Urine ☐ Hair ☐ Saliva ☐ Blood

☑ Confirmatory Drug Testing

☑ Initial Alcohol Screening

☐ Breath ☑ Blood ☐ Saliva

☑ Confirmatory Alcohol Testing

This license is issued pursuant to the provisions of the Oklahoma Statutes and of the rules and regulations adopted by the State Board of Health. It is issued only for the premises named above and is not transferable or assignable.

License No. 8031

Licensuer Official

Terry Cline, Ph.D.
Commissioner

CLINICAL LABORATORY PERMIT

pennsylvania
DEPARTMENT OF HEALTH

Pursuant to the act of September 26, 1951, P.L. 1539 as amended, a Permit to operate a Clinical Laboratory is hereby granted to:

Laboratory Identification Number: 020512A

Name and Director of Laboratory:

LABCORP OCCUPATIONAL TESTING SER
JAY M GEHLHAUSEN, PHD
1904 ALEXANDER DRIVE PO BOX 12652
RESEARCH TRIANGLE PARK, NC 27709

AUTHORIZED CATEGORIES:

CLINICAL CHEMISTRY
TOXICOLOGY - DRUGS URINE CONFIRMATORY
TOXICOLOGY - DRUGS URINE SCREENING

Owner:

LAB CORP OF AMERICA HOLDINGS

ISSUE DATE: August 15, 2015

DATE EXPIRES: August 15, 2016

Karen M. Murphy, Ph.D., RN

Karen M. Murphy Ph.D. RN
Secretary of Health

DISPLAY THIS CERTIFICATE PROMINENTLY

This permit is subject to revocation, suspension, or limitation for violation of the Act or the Regulations promulgated thereunder.

State of Rhode Island and Providence Plantations
DEPARTMENT OF HEALTH
OFFICE OF FACILITIES REGULATION

This is to certify that LABCORP OCCUPATIONAL TESTING SERVICES INC
1904 T.W. ALEXANDER DRIVE RESEARCH TRIANGLE PARK NC 27709
License Number: LCO00246

is hereby authorized to conduct and maintain an Out of State Clinical Laboratory in conformity with RIGL C23-16.2 and the standards, rules and regulations prescribed thereunder. This license is subject to biennial renewal unless sooner suspended or revoked for cause. The name on this license is the common name under which the licensee does business and may not reflect the legal license holder. Please call (401) 222-2566 for more information.

APPROVED SPECIALTY (IES)

CHEMISTRY, Toxicology,

Seema Dixit, MS, MPH
Chief, Center for Health Facilities Regulations

Expires: 12/30/2017

Nicole Alexander-Scott, MD, MPH
Director of Health

Issued: 07/01/1999

VERMONT
DEPARTMENT OF HEALTH

State of Vermont Department of Health

The Vermont Department of Health has designated

Laboratory Corporation of America Holdings
Research Triangle Park, NC

to analyze the body fluids or materials listed below for drugs, in accordance with 21 V.S.A. Chapter 5, Subchapter 11, §514-16, 518, 520, for a period of one year from the date shown below.

URINE

Commissioner of Health

Laboratory Director

January 1, 2016
Date of Approval

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Dear Laboratory Director:

Attached below is your clinical laboratory license.
Your license is void after the expiration date below.

Expiration Date: November 11, 2016

LABORATORY CORPORATION OF AMERICA
1904 ALEXANDER DRIVE
RESEARCH TRIANGLE PARK NC 27709

DISPLAY:
State law requires that the clinical laboratory license shall be conspicuously posted in the clinical laboratory.

CHANGE OF LABORATORY NAME, DIRECTOR, OWNER AND/OR ADDRESS:
State law requires that the laboratory owner and/or the director notify this office within 30 days of any change in ownership, name, location, or laboratory directors. **YOUR LICENSE ALSO WILL BE AUTOMATICALLY REVOKED 30 DAYS AFTER A MAJOR OWNER AND/OR DIRECTOR CHANGE.**
You must submit a completed application for a new clinical laboratory license or registration within those 30 days or cease engaging in clinical laboratory practice. Mail written notification and/or application to the address indicated below.

California Department of Public Health
Laboratory Field Services, Facility Licensing Section
850 Marina Bay Parkway, Building P, 1st Floor
Richmond, CA 94804-6403

Thank you for your cooperation.

Lab 142 Labclin (11-12)

Tear Here

Tear Here

State of California Department of Public Health

CLINICAL LABORATORY LICENSE

In accordance with the provisions of Chapter 3, Division 2 of the Business and Professions Code, the persons named below are hereby issued a license authorizing operation of a clinical laboratory at the indicated address or other site(s) on file with the department.

LABORATORY CORPORATION OF AMERICA
1904 ALEXANDER DRIVE
RESEARCH TRIANGLE PARK NC 27709

OWNER(S):
LABORATORY CORPORATION OF AMERICA

DIRECTOR(S):
MICHAEL R FOX MD

Lab ID Number: COS 00800256
Effective Date: November 13, 2015
Valid Until: November 11, 2016
CLIA Number: 34D0877242

Beatrice R. O'Keefe, Division Chief
Laboratory Field Services

Drugs of Abuse Certificate

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
LABORATORY IMPROVEMENT PROGRAM

This laboratory has been found to be in substantial compliance with all parts of KAR 28-33-12, and is approved to perform Drugs of Abuse testing in the State of Kansas.

LABORATORY CORPORATION OF AMERICA HOLDINGS, INC.
1904 Alexander Drive
Research Triangle Park, NC 27709

RODERICK L. BREMBY
Secretary
Department of Health and Environment

RICHARD HOWARD
Chief, Laboratory Improvement Program
Division of Health and Environmental Laboratories

© Goes 460

LITHO. IN U.S.A.

69 FIRST AVENUE (1 ROCHE DR) RARITAN, NJ 08869

Responsible Person (RP) - Ajai Saini

CERTIFICATIONS / LICENSURES

Certificate of Accreditation

The Substance Abuse and Mental Health
Services Administration
certifies that

Laboratory Corporation of America Holdings

Raritan, NJ
NLCP Laboratory Number: 0153

has successfully completed the requirements
of the National Laboratory Certification Program for urine laboratories in accordance
with the Mandatory Guidelines for Federal Workplace Drug Testing Programs.

Effective July 23, 1990

Pamela S. Hyde, J.D.
Administrator
Substance Abuse and Mental Health Services Administration

Frances M. Harding
Director
Center for Substance Abuse Prevention

Advancing Excellence

The College of American Pathologists

certifies that the laboratory named below

Laboratory Corporation of America
Laboratory
Raritan, New Jersey
Araceli O. Borbon-Reyes, MD

CAP Number: 1216801
AU-ID: 1177560
CLIA Number: 31D0125232

has met all applicable standards for accreditation and is hereby accredited by the College of American Pathologists' Laboratory Accreditation Program. Reinspection should occur prior to September 15, 2016 to maintain accreditation.

Accredited Laboratory

Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.

Chair, Commission on Laboratory Accreditation

President, College of American Pathologists

CENTERS FOR MEDICARE & MEDICAID SERVICES

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

LABORATORY CORPORATION OF AMERICA HOLD
69 FIRST AVE
RARITAN, NJ 08869-1810

CLIA ID NUMBER

31D0125232

EFFECTIVE DATE

02/28/2015

LABORATORY DIRECTOR

ARACELI B REYES M.D.

EXPIRATION DATE

02/27/2017

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

Karen W. Dyer, Acting Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

165 Certs2_020315

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE
BACTERIOLOGY (110)	07/27/1995
MYCOBACTERIOLOGY (115)	07/27/1995
MYCOLOGY (120)	07/27/1995
PARASITOLOGY (130)	07/27/1995
VIROLOGY (140)	07/27/1995
SYPHILIS SEROLOGY (210)	07/27/1995
GENERAL IMMUNOLOGY (220)	07/27/1995
ROUTINE CHEMISTRY (310)	07/27/1995
URINALYSIS (320)	07/27/1995
ENDOCRINOLOGY (330)	07/27/1995
TOXICOLOGY (340)	03/29/2003
HEMATOLOGY (400)	07/27/1995
ABO & RH GROUP (510)	07/27/1995

LAB CERTIFICATION (CODE)	EFFECTIVE DATE
ANTIBODY TRANSFUSION (520)	08/29/2008
ANTIBODY NON-TRANSFUSION (530)	07/27/1995
ANTIBODY IDENTIFICATION (540)	08/29/2008
HISTOPATHOLOGY (610)	11/16/1998
ORAL PATHOLOGY (620)	09/20/2011
CYTOLOGY (630)	11/16/1998

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

New York State Department of Health

PFI: 3208 — **Clinical Laboratory Permit** — CLIA: 31D0125232

Laboratory Corporation of America Holdings
69 First Avenue
Raritan NJ 08869

Director:
Araceli Borbon-Reyes, M.D.

Owner:
Laboratory Corporation of America Holdings

is hereby authorized to perform laboratory procedures at the above location in the following categories in accordance with Article 5, Title V, Section 575 of the Public Health Law. This permit shall become void upon a change in the director, owner or location of the laboratory, and an application for a new permit shall be made to the Department.

Andrology
(limited to semen analysis)
Bacteriology
Comprehensive
Cellular Immunology
Non-Malignant Leukocyte Immunophenotyping
Clinical Chemistry
Cytopathology
Gynecological Testing
Non-gynecological Testing
Diagnostic Immunology
Diagnostic Services Serology
Endocrinology
Hematology
Cellular Hematology
Coagulation
Cytohematology Diagnostic
Histopathology
General
Immunohematology
Mycobacteriology
Mycology
Oncology
Human Papillomavirus (HPV) Testing
Soluble Tumor Markers
Parasitology
Toxicology
Blood Lead-Comprehensive
Clinical Toxicology-Comprehensive
Forensic Toxicology-Comprehensive
Ther. Sub. Mon./Quant. Tox.
Virology

Renewal
Effective Date: July 1, 2016
Expiration Date: June 30, 2017

Subject to Revocation
Permit Not Transferable

POST CONSPICUOUSLY

Serial: LAP 90766

New Jersey Department of Health
DIVISION OF PUBLIC HEALTH AND ENVIRONMENTAL LABORATORIES

NJ Health
New Jersey Department of Health

CLINICAL LABORATORY LICENSE No. **00037905**

The following, pursuant to Chapter 166, P.L. of 1975, is hereby authorized to perform the below indicated services:

LABORATORY CORPORATION OF AMERICA -
69 FIRST AVE
RARITAN, NJ 08869

CLIS ID: **0000742**
Effective: 01/01/2016
To: 12/31/2016

AUTHORIZED SERVICES

- [x] Urinalysis
- [x] Bacteriology
  - [ ] Limited
- [x] Mycobacteriology
  - [ ] Class I
  - [ ] Class II
  - [x] Class III
  - [ ] Class IV
- [x] Parasitology
  - [ ] Limited
- [x] Mycology
  - [ ] Class I
  - [ ] Class II
  - [ ] Class III
  - [x] Class IV
- [x] Virology
- [x] Diagnostic Immunology
  - [x] Syphilis Serology
  - [x] General Immunology
- [x] Hematology
  - [ ] Limited
- [x] Immunohematology
  - [ ] Group and Type Only
- [x] Chemistry
  - [ ] Limited
- [x] Endocrinology
- [x] Toxicology
- [x] Cytology
- [ ] Collection Station Only
- [ ] Cytogenetics and/or Tissue Typing
- [ ] Collection Station Performing Waived Tests Only
- [ ] Other
  - [ ] Limited

TO BE CONSPICUOUSLY DISPLAYED AT LABORATORY

COMMISSIONER OF HEALTH

MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF HEALTH CARE QUALITY
SPRING GROVE CENTER
BLAND BRYANT BUILDING
55 WADE AVENUE
CATONSVILLE, MD 21228-4663

MEDICAL LABORATORY PERMIT

NUMBER: 474 EFFECTIVE PERIOD: 07/01/2014 - 06/30/2016

Pursuant to the provisions of TITLE 17, subtitle 2, Health-General Article § 17-201, et seq., Annotated Code of Maryland, this permit is issued to:

LABORATORY CORPORATION OF AMERICA
69 First Avenue
RARITAN, NJ 08869

Director: ARACELI BORBON-REYES
Owner: LABORATORY CORPORATION OF AMERICA HOLDINGS

For the performance of Medical Laboratory Tests in the following disciplines:

Microbiology:
AFB Smear, Bacteriology Test, Blood Cultures, Campylobacter Culture, Chlamydia Antigen, Antibody, Clostridium Toxin, Cryptosporidium/Cyclospora, Cyclosporidium Ag, Dermatophyte Screen, DNA Probe CGT, Fecal Fat, GBS screen, GC Culture, Genital Culture, Giardia Antigen, Gram Stain, Group A Strep Screen (culture), Group A Strep Screen (non-culture), Group B Strep Culture, H. pylori Ag, non-urease, Influenza Antigen (nasal or throat swab), KOH Preparation, Mycobacteriology Test, Mycology Test, Occult Blood, Occult blood, gastric, Ova And Parasite, Parasite Identification, Parasitology Test, Pinworm Prep, Rapid Chlamydia, Rapid screen for Bacterial Vaginosis, RSV, Salmonella/Shigella Screen, Sensitivity Testing, Stool Culture, Synovial Fluid Culture, TB Sensitivity, TB/AFB Culture, Throat Culture, Viral Cultures, Virology Test, Wet Mount, Wound Culture

Forensic Toxicology - Job Related Test:
Urine Drug Confirmation by GC/MS, GC/MS/MS OR MS/MS, Urine Drug Screen - Single Use Test Device

CONTROL: 57264

Director

Falsification of a license shall subject the perpetrator to criminal prosecution and the impostition of civil fines.

CLINICAL LABORATORY PERMIT

pennsylvania
DEPARTMENT OF HEALTH

Pursuant to the act of September 26, 1951, P.L. 1539 as amended, a Permit to operate a Clinical Laboratory is hereby granted to:

Laboratory Identification Number: 001088A

Name and Director of Laboratory:

LABCORP OF AMERICA HOLDINGS
ARACELI O BORBON REYES, MD
69 FIRST AVENUE PO BOX 500
RARITAN, NJ 08869

Owner:

LABCORP OF AMERICA HOLDINGS

ISSUE DATE: August 15, 2015

DATE EXPIRES: August 15, 2016

AUTHORIZED CATEGORIES:

BACTERIOLOGY
CLINICAL CHEMISTRY
EXFOLIATIVE CYTOLOGY
HEMATOLOGY
IMMUNOHEMATOLOGY
MYCOLOGY
NON-SYPHILIS SEROLOGY
PARASITOLOGY
SYPHILIS SEROLOGY
TISSUE PATHOLOGY
TOXICOLOGY - ALCOHOL BLOOD
TOXICOLOGY - ALCOHOL SERUM / PLASMA
TOXICOLOGY - BLOOD LEAD
TOXICOLOGY - DRUGS URINE CONFIRMATORY
TOXICOLOGY - DRUGS URINE SCREENING
TOXICOLOGY - ERYTHROCYTE PROTOPORPHYRIN
URINALYSIS

Karen M. Murphy, Ph.D., RN

Karen M. Murphy Ph.D. RN
Secretary of Health

DISPLAY THIS CERTIFICATE PROMINENTLY

This permit is subject to revocation, suspension, or limitation for violation of the Act or the Regulations promulgated thereunder.

State of Rhode Island and Providence Plantations
DEPARTMENT OF HEALTH
OFFICE OF FACILITIES REGULATION

This is to certify that LABORATORY CORPORATION OF AMERICA 4
69 FIRST AVENUE ATTN: QA DEPT RARITAN NJ 08869
License Number: LCO00186

is hereby authorized to conduct and maintain an Out of State Clinical Laboratory in conformity with RIGL C23-16.2 and the standards, rules and regulations prescribed thereunder. This license is subject to biennial renewal unless sooner suspended or revoked for cause. The name on this license is the common name under which the licensee does business and may not reflect the legal license holder. Please call (401) 222-2566 for more information.

APPROVED SPECIALTY (IES)

MICROBIOLOGY, Bacteriology,Mycobacteriology, Mycology, Parasitology, Virology, DIAGNOSTIC IMMUNOLOGY, Syphilis Serology, General Immunology, CHEMISTRY, Routine Chemistry, Urinalysis, Endocrinology, Toxicology, HEMATOLOGY, IMMUNOHEMATOLOGY, ABO Group/Rh Type, Antibody Det. Non-Transfusion, Antibody Ident., PATHOLOGY, Histopathology, Oral Pathology, Cytology,

Seema Dixit, MS, MPH
Chief, Center for Health Facilities Regulations

Expires: 12/30/2017

Nicole Alexander-Scott, MD, MPH
Director of Health

Issued: 06/10/1999

VERMONT
DEPARTMENT OF HEALTH

State of Vermont Department of Health

The Vermont Department of Health has designated

Laboratory Corporation of America Holdings
Raritan, NJ

to analyze the body fluids or materials listed below for drugs, in accordance with 21 V.S.A. Chapter 5, Subchapter 11, §514-16, 518, 520, for a period of one year from the date shown below.

URINE

Commissioner of Health

Laboratory Director

January 1, 2016
Date of Approval

7207 N. GESSNER
HOUSTON, TX 77040

Responsible Person (RP) – Prabhakaran Koteel, Ph.D.

CERTIFICATIONS / LICENSURES

Certificate of Accreditation

The Substance Abuse and Mental Health Services Administration

certifies that

Laboratory Corporation of America Holdings

Houston, TX

NLCP Laboratory Number: 0355

has successfully completed the requirements of the National Laboratory Certification Program for urine laboratories in accordance with the Mandatory Guidelines for Federal Workplace Drug Testing Programs.

Effective August 31, 2000

Pamela S. Hyde, J.D.
Administrator
Substance Abuse and Mental Health Services Administration

Frances M. Harding
Director
Center for Substance Abuse Prevention

Advancing Excellence

The College of American Pathologists

certifies that the laboratory named below

Laboratory Corporation of America
Laboratory
Houston, Texas
Kyle L. Eskue, MD

CAP Number: 2106901
AU-ID: 1185960
CLIA Number: 45D0663318

has met all applicable standards for accreditation and is hereby accredited by the College of American Pathologists' Laboratory Accreditation Program. Reinspection should occur prior to September 24, 2016 to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.

Chair, Commission on Laboratory Accreditation

President, College of American Pathologists

Accredited Laboratory

CENTERS FOR MEDICARE & MEDICAID SERVICES

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

LABORATORY CORPORATION OF AMERICA
7207 NORTH GESSNER
HOUSTON, TX 77040

CLIA ID NUMBER

45D0663318

EFFECTIVE DATE

02/09/2015

EXPIRATION DATE

02/08/2017

LABORATORY DIRECTOR

KYLE L ESKUE

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

Karen W. Dyer, Acting Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

847 Certs2_011315

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE
BACTERIOLOGY (110)	07/27/1995
MYCOLOGY (120)	07/27/1995
PARASITOLOGY (130)	07/27/1995
VIROLOGY (140)	06/16/2003
SYPHILIS SEROLOGY (210)	06/01/2004
GENERAL IMMUNOLOGY (220)	06/04/2002
ROUTINE CHEMISTRY (310)	07/27/1995
URINALYSIS (320)	07/27/1995
ENDOCRINOLOGY (330)	07/27/1995
TOXICOLOGY (340)	03/29/2003
HEMATOLOGY (400)	07/27/1995
ABO & RH GROUP (510)	06/04/2002
ANTIBODY NON-TRANSFUSION (530)	06/04/2002

LAB CERTIFICATION (CODE)	EFFECTIVE DATE
ANTIBODY IDENTIFICATION (540)	02/23/2009
HISTOPATHOLOGY (610)	07/27/1995
ORAL PATHOLOGY (620)	07/27/1995
CYTOLOGY (630)	06/13/2003

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RR0162672	03-31-2017	$244

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
1,2,2N 3,3N,4,5	ANALYTICAL LAB	03-30-2016

LABORATORY CORPORATION OF
AMERICA HOLDINGS
7207 NORTH GESSNER
HOUSTON, TX 77040

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RR0162672	03-31-2017	$244

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
1,2,2N 3,3N,4,5	ANALYTICAL LAB	03-30-2016

LABORATORY CORPORATION OF
AMERICA HOLDINGS
7207 NORTH GESSNER
HOUSTON, TX 77040

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (05/04)

https://www.deadiversion.usdoj.gov/webforms/printCertImage.do 3/30/2016

TEXAS CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE

TEXAS DEPARTMENT OF PUBLIC SAFETY
REGULATORY SERVICES DIVISION, LICENSING AND REGISTRATION SERVICE
CONTROLLED SUBSTANCES REGISTRATION, PO BOX 4087, AUSTIN, TEXAS 78773

DPS REGISTRATION NUMBER	DATE EXPIRED	FEE PAID
C0062191	08/31/2016	YES

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
1, 2, 2N, 3, 3N, 4, 5	ANALYST OR ANALYTICAL LAB	06/01/2016

REGISTERED NAME AND ADDRESS

LABORATORY CORPORATION
OF AMERICAN HOLDINGS
7207 NORTH GESSNER
HOUSTON, TX 77040

THE TEXAS CONTROLLED SUBSTANCES ACT, CHAPTER 481 OF THE HEALTH AND SAFETY CODE, PROVIDES THAT THE TEXAS DEPARTMENT OF PUBLIC SAFETY MAY DENY A CONTROLLED SUBSTANCES REGISTRATION OR THAT A CONTROLLED SUBSTANCES REGISTRATION MAY BE SUSPENDED OR REVOKED.

THE STATE OF TEXAS

THIS REGISTRATION IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY AND NOT VALID AFTER THE EXPIRATION DATE.

NAR-79 (6-10) CERTIFICATE MUST BE READILY RETRIEVABLE AT ALL TIMES

TEXAS DEPARTMENT OF PUBLIC SAFETY

DPS REGISTRATION NUMBER
C0062191

DATE EXPIRED
08/31/2016

SCHEDULES
1, 2, 2N, 3, 3N, 4, 5

REGISTERED NAME AND ADDRESS
LABORATORY CORPORATION
OF AMERICAN HOLDINGS
7207 NORTH GESSNER
HOUSTON, TX 77040

STATE OF OKLAHOMA

Oklahoma State Department of Health

This is to certify that

Laboratory Corporation of America

Is Hereby Licensed to Conduct and Maintain a

Workplace Drug and Alcohol Testing Facility

Under the Name of

Laboratory Corporation of America

Located At:

7207 North Gessner

Houston, TX 77040

Effective Date: 01/01/2016 Expiration Date: 12/31/2016

☑ Initial Drug Screening
☑ Urine ☐ Hair ☐ Saliva

☑ Confirmatory Drug Testing

☑ Initial Alcohol Screening
☑ Breath ☐ Blood

☑ Confirmatory Alcohol Testing

This license is issued pursuant to the provisions of the Oklahoma Statutes and of the rules and regulations adopted by the State Board of Health. It is issued only for the premises named above and is not transferable or assignable.

License No. 8377

Licensuer Official

Terry Cline, Ph.D.
Commissioner

Drugs of Abuse Certificate

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
LABORATORY IMPROVEMENT PROGRAM

This laboratory has been found to be in substantial compliance with all parts of KAR 28-33-12, and is approved to perform Drugs of Abuse testing in the State of Kansas.

Laboratory Corporation of America
7207 North Gessner
Houston, TX 77040

RODERICK L. BREMBY
Secretary,
Department of Health and Environment

RICHARD HOWARD
Chief, Laboratory Improvement Program
Division of Health and Environment Laboratories

LITHO IN U.S.A.

1120 MAIN STREET
SOUTHAVEN, MS 38671

Responsible Person (RP) – Lance Presley Ph.D.

CERTIFICATIONS / LICENSURES

Certificate of Accreditation

SAMHSA

The Substance Abuse and Mental Health Services Administration

certifies that

Laboratory Corporation of America Holdings

Southaven, MS

NLCP Laboratory Number 0249

has successfully completed the requirements of the National Laboratory Certification Program for urine laboratories in accordance with the Mandatory Guidelines for Federal Workplace Drug Testing Programs.

Effective December 27, 1989

Pamela S. Hyde, J.D.
Administrator
Substance Abuse and Mental Health Services Administration

Francis M. Harding
Director
Center for Substance Abuse Prevention

Advancing Excellence

The College of American Pathologists

certifies that the laboratory named below

Laboratory Corporation of America Holdings
LabCorp OTS Southaven
Southaven, Mississippi
Lance Presley, PhD

CAP Number: 4185502
AU-ID: 1195389
CLIA Number: 25D0984103

Accredited Laboratory

has met all applicable standards for accreditation and is hereby accredited by the College of American Pathologists' Laboratory Accreditation Program. Reinspection should occur prior to July 22, 2017 to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.

Chair, Commission on Laboratory Accreditation

President, College of American Pathologists

CENTERS FOR MEDICARE & MEDICAID SERVICES

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

LABORATORY CORPORATION OF AMERICAN HOL
1120 MAIN STREET
SOUTHAVEN, MS 38671

CLIA ID NUMBER

25D0984103

EFFECTIVE DATE

05/08/2015

LABORATORY DIRECTOR

LANCE C PRESLEY Ph.D.

EXPIRATION DATE

05/07/2017

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Karen W. Dyer, Acting Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

164 Certs2_051215

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE	LAB CERTIFICATION (CODE)	EFFECTIVE DATE
TOXICOLOGY (340)	09/24/2003		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

CERTIFICATE #: 291

LICENSE #: 52

State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

Forensic Toxicology Laboratory

This is to confirm that LABORATORY CORPORATION OF AMERICA HOLDINGS has complied with the applicable portions of s. 112.0455, laws of the State of Florida and with 59A-24, Rules of the State of Florida and is authorized to operate the following:

LABORATORY CORPORATION OF AMERICA HOLDINGS
1120 Main St
Southaven, MS 38671

Using the following specimen types: Blood, Urine

EFFECTIVE DATE: 06/25/2015

EXPIRATION DATE: 06/24/2017

Molly McKinney

Deputy Secretary, Division of Health Quality Assurance

New York State Department of Health

PFI: 4125

Clinical Laboratory Permit

CLIA: 25D0984103

Lab Corp Southaven
1120 Main St
Southaven MS 38671

Director:
Lance C. Presley, Ph.D.

Owner:
Laboratory Corp of America Holdings Inc

is hereby authorized to perform laboratory procedures at the above location in the following categories in accordance with Article 5, Title V, Section 575 of the Public Health Law. This permit shall become void upon a change in the director, owner or location of the laboratory, and an application for a new permit shall be made to the Department.

Toxicology
Clinical Toxicology-Comprehensive
Forensic Toxicology-Comprehensive

Renewal
Effective Date: July 1, 2016
Expiration Date: June 30, 2017

Subject to Revocation
Permit Not Transferable

POST CONSPICUOUSLY

Serial: LAP 90916

CLINICAL LABORATORY PERMIT

pennsylvania
DEPARTMENT OF HEALTH

Pursuant to the act of September 26, 1951, P.L. 1539 as amended, a Permit to operate a Clinical Laboratory is hereby granted to:

Laboratory Identification Number: 021306A

Name and Director of Laboratory:

LAB CORP OCCUPATIONAL TEST SRVCS
LANCE C. PRESLEY, PHD
1120 STATELINE ROAD WEST
SOUTHAVEN, MS 38671

AUTHORIZED CATEGORIES:

CLINICAL CHEMISTRY
TOXICOLOGY - DRUGS URINE CONFIRMATORY
TOXICOLOGY - DRUGS URINE SCREENING

Owner:

LAB CORP OF AMERICA HOLDINGS INC

ISSUE DATE: August 15, 2015

DATE EXPIRES: August 15, 2016

Karen M. Murphy, PhD, RN

Karen M. Murphy Ph.D. RN
Secretary of Health

DISPLAY THIS CERTIFICATE PROMINENTLY

This permit is subject to revocation, suspension, or limitation for violation of the Act or the Regulations promulgated thereunder.

Drugs of Abuse Certificate

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
LABORATORY IMPROVEMENT PROGRAM

This laboratory has been found to be in substantial compliance with all parts of KAR 28-33-12, and is approved to perform Drugs of Abuse testing in the State of Kansas.

LABORATORY CORPORATION OF AMERICA HOLDINGS, INC.
1120 Main Street
Southaven, MS 38671

RODERICK L. BREMBY
Secretary
Department of Health and Environment

RICHARD HOWARD
Chief, Laboratory Improvement Program
Division of Health, Kansas Department of Health and Environment

Gates 460

LITHO. IN U.S.A.

402 WEST COUNTY ROAD D
SAINT PAUL, MN 55112

Responsible Person (RP) – Jennifer Collins, Ph.D.
Mitch Lebard

CERTIFICATIONS / LICENSURES

Certificate of Accreditation

The Substance Abuse and Mental Health Services Administration

certifies that

MedTox Laboratories, Inc.

St. Paul, MN

NLCP Laboratory Number: 0094

has successfully completed the requirements of the National Laboratory Certification Program for urine laboratories in accordance with the Mandatory Guidelines for Federal Workplace Drug Testing Programs.

Effective December 7, 1988

Pamela S. Hyde, J.D.
Administrator
Substance Abuse and Mental Health Services Administration

Frances M. Harding
Director
Center for Substance Abuse Prevention

Advancing Excellence

The College of American Pathologists

certifies that the laboratory named below

MedTox Laboratories Inc
Main Laboratory
Saint Paul, Minnesota
Mark G. Catlin, MD

CAP Number: 3039201
AU-ID: 1189554
CLIA Number: 24D0665278

has met all applicable standards for accreditation and is hereby accredited by the College of American Pathologists' Laboratory Accreditation Program. Reinspection should occur prior to February 4, 2017 to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.

Chair, Commission on Laboratory Accreditation

President, College of American Pathologists

Accredited Laboratory

Advancing Excellence

The College of American Pathologists

certifies that the laboratory named below

MEDTOX Laboratories, Inc
Saint Paul, Minnesota
Jennifer Collins, PhD
Mark G. Catlin, MD

CAP Number: 3039202
AU-ID: 1192042

Accredited Laboratory

has met all applicable standards for accreditation and is hereby accredited by the College of American Pathologists' Forensic Drug Testing Accreditation Program. Reinspection should occur prior to February 4, 2017 to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.

Chair, Commission on Laboratory Accreditation

President, College of American Pathologists

DEA Certificate

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
PM0235780	01-31-2017	$244

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
1,2,2N 3,3N,4,5	ANALYTICAL LAB	12-08-2015

MEDTOX LABORATORIES INC
LABCORP SPECIALTY TESTING GROUP
402 WEST COUNTY ROAD D
SAINT PAUL, MN 55112 3522

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C, 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C, 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
PM0235780	01-31-2017	$244

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
1,2,2N 3,3N,4,5	ANALYTICAL LAB	12-08-2015

MEDTOX LABORATORIES INC
LABCORP SPECIALTY TESTING GROUP
402 WEST COUNTY ROAD D
SAINT PAUL, MN 55112 3522

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

Form DEA-223 (05/04)

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

CENTERS FOR MEDICARE & MEDICAID SERVICES

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

MEDTOX LABORATORIES
402 W COUNTY RD D
SAINT PAUL, MN 55112-3522

CLIA ID NUMBER

24D0665278

EFFECTIVE DATE

08/03/2015

LABORATORY DIRECTOR

DR MARK CATLIN

EXPIRATION DATE

08/02/2017

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Karen W. Dyer, Acting Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

181 Certs2_070715

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE
BACTERIOLOGY (110)	06/13/2008
MYCOLOGY (120)	06/13/2008
PARASITOLOGY (130)	06/13/2008
VIROLOGY (140)	06/13/2008
SYPHILIS SEROLOGY (210)	08/03/1999
GENERAL IMMUNOLOGY (220)	10/13/2000
ROUTINE CHEMISTRY (310)	08/03/1999
URINALYSIS (320)	08/03/1999
ENDOCRINOLOGY (330)	08/03/1999
TOXICOLOGY (340)	04/03/2003
HEMATOLOGY (400)	08/03/1999
ABO & RH GROUP (510)	08/23/2010
ANTIBODY NON-TRANSFUSION (530)	08/23/2010

LAB CERTIFICATION (CODE)	EFFECTIVE DATE
HISTOPATHOLOGY (610)	06/13/2008
ORAL PATHOLOGY (620)	06/13/2008
CYTOLOGY (630)	06/13/2008

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

CERTIFICATE #: 295

LICENSE #: 19

State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

Forensic Toxicology Laboratory

This is to confirm that MEDTOX LABORATORIES INC has complied with the applicable portions of s. 112.0455, laws of the State of Florida and with 59A-24, Rules of the State of Florida and is authorized to operate the following:

MEDTOX LABORATORIES INC
402 County Road D W
Saint Paul, MN 55112-3522

Using the following specimen types: Blood, Urine

EFFECTIVE DATE: 10/01/2015

EXPIRATION DATE: 09/30/2017

Molly McKinty

Deputy Secretary, Division of Health Quality Assurance

CERTIFICATE #: 101070

LICENSE #: 800026142

State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

CLINICAL LABORATORY

Licensed

This is to confirm that MEDTOX LABORATORIES INC has complied with Chapter 483, Part I, Florida Statutes, and with Chapter 59A-7, Florida Administrative Code, and is authorized to operate the following laboratory in the specialties or subspecialties of:

ABO Rh, Bacteriology, Cytology, Endocrinology, General Immunology, Hematology, Mycology, Parasitology, Routine Chemistry, Syphilis Serology, Toxicology, Urinalysis, Virology

MEDTOX LABORATORIES INC
402 W County Rd D
Saint Paul, MN 55112-3522

EFFECTIVE DATE: 07/28/2015

EXPIRATION DATE: 07/27/2017

Molly McKinty

Deputy Secretary, Division of Health Quality Assurance

DAVID Y. IGE
GOVERNOR OF HAWAII

VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LABORATORIES DIVISION
2725 WAIMANO HOME ROAD
PEARL CITY, HAWAII 96782-1496

In reply, please refer to:
File: SLD/EHAS6-DUI/SAT

June 27, 2016

Dr. Jennifer Collins
MedTox Laboratories
402 West County Road D
St Paul, MN 55112

Dear Dr. Collins,

I am pleased to inform you that MedTox Laboratories, located at 402 West County Road D, St Paul, MN 55112 is approved to do the following substance abuse testing of samples from the State of Hawaii:

1. Screening: Marijuana, Cocaine, Amphetamines, Opiates, Phencyclidine, Barbiturates, Methaqualone, Benzodiazepines, Propoxyphene, Methadone, Alcohol, ETG/ETS, Tramadol, Buprenorphine, Meperidine and Oxycodone.

2. Confirmation: Marijuana, Cocaine, Amphetamines, Opiates, Phencyclidine, Barbiturates, Methaqualone, Benzodiazepines, Propoxyphene, Methadone, Alcohol, ETG/ETS, Tramadol, Buprenorphine, Meperidine and Oxycodone.

The effective date is July 1, 2016, and the approval is valid until June 30, 2017, subject to the following stipulations:

1. Your laboratory remains certified by SAMHSA, U.S. Department of Health and Human Services;

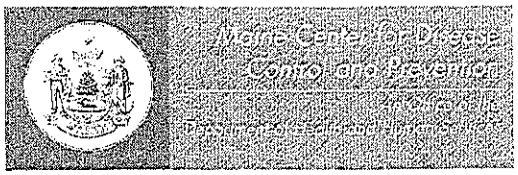
2. Your laboratory uses the same methodologies for samples from Hawaii, as used for SAMHSA samples; and,

3. Your laboratory follows Hawaii Administrative Rules 11-113, "Substance Abuse Testing by Laboratories" for testing samples from Hawaii, including the listed cut-off levels.

Sincerely,

A. Christian Whelen

A. Christian Whelen, Ph.D.
for Director of Health



Paul R. LePage, Governor Mary C. Mayhew, Commissioner

Department of Health and Human Services
Maine Center for Disease Control and Prevention
Health and Environmental Testing Laboratory
221 State Street
12 State House Station
Augusta, Maine 04333-0012
Tel. (207) 287-2727; Fax (207) 287-6832; TTY (800) 606-0215

February 26, 2016

Jennifer Collins, Ph.D
MEDTOX Laboratories, Inc.
402 West County Road D
Saint Paul, Minnesota 55112

Dear Dr. Collins:

I am pleased to report to you that MEDTOX Laboratories, Inc. has been relicensed by the Maine Department of Human Services as a **Substance Abuse Testing Laboratory** effective 03/01/16. This license qualifies MEDTOX Laboratories, Inc. to perform workplace substance of abuse testing under the provisions of Title 26, MRSA, sub-chapter III-A.

This license is subject to renewal annually, and is subject to satisfactory performance in proficiency testing as defined in regulations under the above mentioned law. Certified copies of the proficiency test reports must be filed with this office within ten days of receipt. This department must also be notified of any changes in personnel, particularly the Director and Certifying Officer(s).

Under such time as a license form is printed and issued to you, this letter will serve to demonstrate your status under Maine law.

Please feel free to contact this office should you have any questions.

Sincerely,

Kenneth G. Pote

Kenneth G. Pote, PhD
Chief, Lab Operations
Health & Environmental Testing Laboratory

License # SA121

Cc Christopher P. Montagna
Labor Standards

MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF HEALTH CARE QUALITY

SPRING GROVE CENTER
BLAND BRYANT BUILDING
55 WADE AVENUE
CATONSVILLE, MD 21228-4663

MEDICAL LABORATORY PERMIT

NUMBER: 486 EFFECTIVE PERIOD: 07/01/2014 - 06/30/2016

Pursuant to the provisions of TITLE 17, subtitle 2, Health-General Article § 17-201 et seq., Annotated Code of Maryland, this permit is issued to:

MEDTOX LABORATORIES, INC.
402 West County Road D
SAINT PAUL, MN 55112

Director: Dr MARK CATLIN
Owner: LABORATORY CORP OF AMERICA HOLDINGS

For the performance of Medical Laboratory Tests in the following disciplines:

Microbiology:
Blood Cultures, Campylobacter Culture, Clostridium Toxin, Dermatophyte Screen, GBS screen, GC Culture, Genital Culture, Giardia Antigen, Gram Stain, Group A Strep Screen (culture), Group A Strep Screen (non-culture), Influenza Antigen (nasal or throat swab), Ova And Parasite, Parasite Identification, Pinworm Prep, RSV, Sensitivity Testing, Stool Culture, Synovial Fluid Culture, Throat Culture, Urine Culture, Wound Culture

Forensic Toxicology - Job Related Testi
Blood Drug Confirmation by GC/MS; GC/MS/MS; OR MS/MS, Screening method other than Single Use Test Device, Urine Drug Screen - Single Use Test Device

Immunology:
ABO Grouping, Antibody Screen, AntiHAV, AntiHBc, Anti-nuclear Antibody, Apolipoprotein, ASO, Beta 2 Microglobulin, Complement, C-reactive Protein, Cystatin C, EBV, H.pylori,stool, HBeAb, HBeAg, HBsAb, HBsAg, HCV, Herpes Ab, Highly Sensitive CRP, HIV Antibody testing, Homocysteine, IgE, Immunoglobins, Lyme Antibody Test, Quantiferon TB, Rheumatoid Factor, RPR/Syphillis Serology, Rubella, Rubeola, Serum Pregnancy, Urine Pregnancy Test

CONTROL: **57129**

Patricia Tomko May, MD
Director

Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.

New York State Department of Health

Clinical Laboratory Permit

PFI: 3813 CLIA: 24D0665278

MEDTOX Laboratories Inc
402 West County Road D
Saint Paul MN 55112

Director:
Mark G. Catlin, M.D.

Owner:
Medtox Scientific Inc

is hereby authorized to perform laboratory procedures at the above location in the following categories in accordance with Article 5, Title V, Section 575 of the Public Health Law. This permit shall become void upon a change in the director, owner or location of the laboratory, and an application for a new permit shall be made to the Department.

Bacteriology
Comprehensive
Clinical Chemistry
Cytopathology
Gynecological Testing
Non-gynecological Testing
Diagnostic Immunology
Diagnostic Services Serology
Endocrinology

Hematology
Cellular Hematology
Coagulation
Cytohematology Diagnostic
Histopathology
General
Immunohematology
(limited to ABO/Rh)
Mycology
Oncology
Human Papillomavirus (HPV) Testing
Soluble Tumor Markers

Parasitology
Toxicology
Blood Lead-Comprehensive
Clinical Toxicology-Comprehensive
Forensic Toxicology-Comprehensive
Trace Elements
Ther. Sub. Mon./Quant. Tox.
Virology
(limited to antigen detection and molecular techniques)

Renewal
Effective Date: July 1, 2016
Expiration Date: June 30, 2017

Subject to Revocation
Permit Not Transferable

POST CONSPICUOUSLY

Serial: LAP 90906

OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich/Governor

Richard Hodges/Director of Health

AUG 19 2015

Kelli McClary, QA Manager-Region
MedTox Laboratories, Inc.
402 West County Road D
St. Paul, MN 55112

RE: Clinical Lead Laboratory Approval Number C10059

Dear Kelli McClary:

The Ohio Department of Health (ODH) Lead Poisoning Prevention Program has reviewed your Clinical Lead Laboratory application. Your laboratory has met all of the criteria for approval as specified in Chapter 3701-82 of the Ohio Administrative Code (O.A.C.). Your laboratory approval number is C10059. The approval will expire on 9/10/2016.

O.A.C. 3701-82-02 (G) requires you to notify ODH within twenty four hours if for any reason your Clinical Laboratory Improvement Amendment (CLIA) accreditation is denied, revoked, suspended or limited. Additionally, you shall notify ODH within five business days each time the laboratory's CLIA accreditation as a clinical laboratory is renewed or modified. O.A.C. 3701-32-14 (B) requires you to submit a copy of your tri-annual lead proficiency testing results to ODH within five business days of receiving the results.

Please submit the above required information by one of the following methods; first class mail to the address listed below, electronic mail at lead@odh.ohio.gov, or facsimile to 614-564-2479.

Ohio Department of Health
DQA, Lead Poisoning Prevention Program
246 North High Street
Columbus, OH 43215

In addition, you are required to comply with the electronic reporting requirements outlined in O.A.C. 3701-30-05. Questions regarding this reporting should be directed to the Surveillance Coordinator for the Childhood Lead Poisoning Prevention Program at (800) 532-3723.

In accordance with Chapter 119. of the Revised Code and O.A.C. 3701-82-02 (K). I may propose to refuse to issue or revoke the approval of any Clinical Lead Laboratory if at any time the laboratory does not meet the requirements of the O.A.C. or Chapter 3742. of the Revised Code.

If you have any questions about this approval letter, please contact Mark Needham at (877) 668-5323.

Sincerely,

Richard Hodges, MPA
Director of Health

HEA 6413 (Rev. 8/14)

An Equal Opportunity Employer/Provider

STATE OF OKLAHOMA

Oklahoma State Department of Health

This is to Certify that

MEDTOX Laboratories Inc.

Is Hereby Licensed to Conduct and Maintain a

Workplace Drug and Alcohol Testing Facility

Under the Name of

MEDTOX Laboratories, Inc.

Located at

402 County Road D West
St. Paul, MN 55112

Effective Date: 11/01/2015

Expiration Date: 10/31/2016

This license is issued pursuant to the provisions of the Oklahoma Statutes and of the rules and regulations adopted by the State Board of Health. It is issued only for the premises named above and is not transferable or assignable.

License No. 8057

Licensure Official

Terry Cline, Ph.D.
Commissioner

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE

CLINICAL LABORATORY PERMIT

pennsylvania
DEPARTMENT OF HEALTH

Pursuant to the act of September 26, 1951, P.L. 1539 as amended, a Permit to operate a Clinical Laboratory is hereby granted to:

Laboratory Identification Number: 005574A

Name and Director of Laboratory:

MEDTOX LABORATORIES INC
MARK G CATLIN, MD
402 COUNTY ROAD D WEST
ST PAUL, MN 55112

Owner:

LABORATORY CORPORATION OF AMERICA HOLDINGS

ISSUE DATE: August 15, 2015

DATE EXPIRES: August 15, 2016

AUTHORIZED CATEGORIES:

CLINICAL CHEMISTRY
TOXICOLOGY - ALCOHOL BLOOD
TOXICOLOGY - ALCOHOL SERUM / PLASMA
TOXICOLOGY - BLOOD LEAD
TOXICOLOGY - DRUGS BLOOD CONFIRMATORY
TOXICOLOGY - DRUGS BLOOD SCREENING
TOXICOLOGY - DRUGS SERUM CONFIRMATORY
TOXICOLOGY - DRUGS SERUM SCREENING
TOXICOLOGY - DRUGS URINE CONFIRMATORY
TOXICOLOGY - DRUGS URINE SCREENING
TOXICOLOGY - ERYTHROCYTE PROTOPORPHYRIN

Karen M. Murphy, PhD, RN

Karen M. Murphy Ph.D. RN
Secretary of Health

DISPLAY THIS CERTIFICATE PROMINENTLY

This permit is subject to revocation, suspension, or limitation for violation of the Act or the Regulations promulgated thereunder.

State of Rhode Island and Providence Plantations
DEPARTMENT OF HEALTH
OFFICE OF FACILITIES REGULATION

This is to certify that MEDTOX LABORATORIES INC
402 WEST COUNTY ROAD D SAINT PAUL MN 55112
License Number: LCO00716

is hereby authorized to conduct and maintain an Out of State Clinical Laboratory in conformity with RIGL C23-16.2 and the standards, rules and regulations prescribed thereunder. This license is subject to biennial renewal unless sooner suspended or revoked for cause. The name on this license is the common name under which the licensee does business and may not reflect the legal license holder. Please call (401) 222-2566 for more information.

APPROVED SPECIALTY (IES)

DIAGNOSTIC IMMUNOLOGY, Syphilis Serology, General Immunology,
CHEMISTRY, Routine Chemistry, Urinalysis, Endocrinology, Toxicology, HEMATOLOGY,
IMMUNOHEMATOLOGY, ABO Group/Rh Type, Antibody Det. Non-Transfusion,

Seema Dixit, MS, MPH
Chief, Center for Health Facilities Regulations

Expires: 12/30/2017

Nicole Alexander-Scott, MD, MPH
Director of Health

Issued: 09/14/2012

State of Minnesota

BOARD OF PHARMACY
2829 UNIVERSITY AVE SE #530
MINNEAPOLIS, MN 55414-3251

HAS ISSUED

WHOLESALE DISTRIBUTOR LICENSE NUMBER: 362768
(ACTIVE)

To:

LABCORP/MEDTOX LABORATORIES
402 WEST COUNTY ROAD D
ST PAUL MN 55112

EFFECTIVE DATE	EXPIRATION DATE
04/11/2016	05/31/2017

TEXAS DEPARTMENT OF PUBLIC SAFETY

STEVEN C. MCCRAW
DIRECTOR
DAVID G. BAKER
ROBERT J. BODISCH, Sr.
DEPUTY DIRECTORS

Crime Laboratory Service
5800 Guadalupe
Austin, Texas 78752
512-424-2105
Fax: 512-424-5645
e-mail: wil.young@dps.texas.gov

COMMISSION
A. CYNTHIA LEON, CHAIR
MANNY FLORES
FAITH JOHNSON
STEVEN P. MACH
RANDY WATSON

DPS ACCREDITATION

April 1, 2015

Dr. Jennifer A. Collins
MEDTOX Laboratories, Inc.
402 West County Road D
St. Paul, Minnesota 55112

RE: Application for DPS Accreditation under Title 37, Texas Administrative Code, Chapter 28, Subchapter I

Dear Dr. Jennifer A. Collins:

With some exceptions, Code of Criminal Procedure, Article 38.35, requires Department of Public Safety (DPS) accreditation as a predicate to the admission of the forensic analysis of physical evidence and expert testimony relating to the evidence in a criminal case.

As the designee of the Director of the Department of Public Safety, I have considered your application based on your national accreditation from CAP and grant Full DPS Accreditation to MEDTOX Laboratories, Inc. for the following disciplines:

Toxicology

There are no limitations imposed on these accredited disciplines.

The term of CAP accreditation is from 2/4/2015 to 2/4/2017 unless they have extended their accreditation as part of a routine renewal process.

The term of DPS accreditation is from 4/1/2015 until such time that the accreditation from CAP is no longer current.

DPS Accreditation is contingent upon compliance with Title 37, Texas Administrative Code, Chapter 28, Subchapter I, including requirements of reporting correspondence, reports or communication between the laboratory and the accrediting body. DPS accreditation will be automatically rescinded at the same date and time as CAP withdraws your laboratory accreditation.

Yours Truly,

Brady W. Mills
Deputy Assistant Director, Crime Laboratory Service

CC: CAP

COURTESY ❀ SERVICE ❀ PROTECTION

VERMONT
DEPARTMENT OF HEALTH

State of Vermont Department of Health

The Vermont Department of Health has designated

MedTox Laboratories, Inc.
St. Paul, MN

to analyze the body fluids or materials listed below for drugs, in accordance with 21 V.S.A. Chapter 5, Subchapter 11, §514-16, 518, 520, for a period of one year from the date shown below.

URINE

Commissioner of Health

Laboratory Director

January 1, 2016
Date of Approval

State of California Department of Public Health

CLINICAL LABORATORY LICENSE

In accordance with the provisions of Chapter 3, Division 2 of the Business and Professions Code, the persons named below are hereby issued a license authorizing operation of a clinical laboratory at the indicated address or other site(s) on file with the department.

MEDTOX LABORATORIES, INC
402 WEST COUNTY ROAD D W
ST PAUL MN 55112

OWNER(S):
LABORATORY CORPORATION OF AMERICA HOLDINGS

DIRECTOR(S):
CATLIN MARK G MD

Lab ID Number: COS 00800020
Effective Date: July 31, 2015
Valid Until: July 29, 2016
CLIA Number: 24D0665278

Beatrice O'Keefe

Beatrice R. O'Keefe, Division Chief
Laboratory Field Services

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

METHADONE DRUG ANALYSIS LABORATORY LICENSE

In accordance with the provisions of Sections 1160 through 1196 of the regulations contained in Title 17 of the California Code of Regulations, the laboratory named below is hereby licensed to operate as a Methadone Drug Analysis Laboratory at the indicated address.

MEDTOX LABORATORIES, INC.
402 West County Road D
St. Paul, MN 55112

License Number: 1713

Date License Issued: July 1, 2016

Expiration Date: June 30, 2017

Fee: $530.43

Owner or Administrator: Jeff Rowinski, Administrator

Person responsible for the operation of
this Methadone Drug Analysis Laboratory: Jennifer A. Collins, Ph.D.

This license expires June 30, 2017. Application for renewal shall be submitted by April 1 of that year to:
California Department of Public Health, Food And Drug Laboratory Branch,
850 Marina Bay Parkway, G-365, Richmond, CA 94804-6403

Time: 10:30 a.m. to 3:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Cancer Institute Shady Grove, 9609 Medical Center Drive, Room 7W602, Rockville, MD 20850, (Telephone Conference Call).

Contact Person: Delia Tang, MD, Scientific Review Officer, Research Programs Review Branch, Division of Extramural Activities, National Cancer Institute, NIH, 9609 Medical Center Drive, Room 7W602, Rockville, MD 20850 240–276–7684, *tangd@mail.nih.gov.*

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS)

Dated: June 24, 2016.

Melanie J. Gray,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2016–15447 Filed 6–29–16; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Current List of HHS-Certified Laboratories and Instrumented Initial Testing Facilities Which Meet Minimum Standards To Engage in Urine Drug Testing for Federal Agencies

AGENCY: Substance Abuse and Mental Health Services Administration, HHS

ACTION: Notice

SUMMARY: The Department of Health and Human Services (HHS) notifies federal agencies of the laboratories and Instrumented Initial Testing Facilities (IITF) currently certified to meet the standards of the Mandatory Guidelines for Federal Workplace Drug Testing Programs (Mandatory Guidelines). The Mandatory Guidelines were first published in the **Federal Register** on April 11, 1988 (53 FR 11970), and subsequently revised in the **Federal Register** on June 9, 1994 (59 FR 29908); September 30, 1997 (62 FR 51118); April 13, 2004 (69 FR 19644); November 25, 2008 (73 FR 71858); December 10, 2008 (73 FR 75122); and on April 30, 2010 (75 FR 22809).

A notice listing all currently HHS-certified laboratories and IITFs is published in the **Federal Register** during the first week of each month. If any laboratory or IITF certification is suspended or revoked, the laboratory or IITF will be omitted from subsequent lists until such time as it is restored to full certification under the Mandatory Guidelines.

If any laboratory or IITF has withdrawn from the HHS National Laboratory Certification Program (NLCP) during the past month, it will be listed at the end and will be omitted from the monthly listing thereafter.

This notice is also available on the Internet at *http://www.samhsa.gov/workplace.*

FOR FURTHER INFORMATION CONTACT: Giselle Hersh, Division of Workplace Programs, SAMHSA/CSAP, 5600 Fishers Lane, Room 16N03A, Rockville, Maryland 20857; 240–276–2600 (voice).

SUPPLEMENTARY INFORMATION: The Mandatory Guidelines were initially developed in accordance with Executive Order 12564 and section 503 of Public Law 100–71. The ''Mandatory Guidelines for Federal Workplace Drug Testing Programs,'' as amended in the revisions listed above, requires strict standards that laboratories and IITFs must meet in order to conduct drug and specimen validity tests on urine specimens for federal agencies.

To become certified, an applicant laboratory or IITF must undergo three rounds of performance testing plus an on-site inspection. To maintain that certification, a laboratory or IITF must participate in a quarterly performance testing program plus undergo periodic, on-site inspections.

Laboratories and IITFs in the applicant stage of certification are not to be considered as meeting the minimum requirements described in the HHS Mandatory Guidelines. A HHS-certified laboratory or IITF must have its letter of certification from HHS/SAMHSA (formerly: HHS/NIDA), which attests that it has met minimum standards.

In accordance with the Mandatory Guidelines dated November 25, 2008 (73 FR 71858), the following HHS-certified laboratories and IITFs meet the minimum standards to conduct drug and specimen validity tests on urine specimens:

HHS-Certified Instrumented Initial Testing Facilities

Dynacare, 6628 50th Street NW., Edmonton, AB Canada T6B 2N7, 780–784–1190, (Formerly: Gamma-Dynacare Medical Laboratories)

HHS-Certified Laboratories

ACM Medical Laboratory, Inc., 160 Elmgrove Park, Rochester, NY 14624, 585–429–2264

Aegis Analytical Laboratories, Inc., 345 Hill Ave., Nashville, TN 37210, 615–255–2400, (Formerly: Aegis Sciences Corporation, Aegis Analytical Laboratories, Inc., Aegis Analytical Laboratories)

Alere Toxicology Services, 1111 Newton St., Gretna, LA 70053, 504–361–8989/800–433–3823, (Formerly: Kroll Laboratory Specialists, Inc., Laboratory Specialists, Inc.)

Alere Toxicology Services, 450 Southlake Blvd., Richmond, VA 23236, 804–378–9130, (Formerly: Kroll Laboratory Specialists, Inc., Scientific Testing Laboratories, Inc.; Kroll Scientific Testing Laboratories, Inc.)

Baptist Medical Center—Toxicology Laboratory, 11401 I–30, Little Rock, AR 72209–7056, 501–202–2783, (Formerly: Forensic Toxicology Laboratory Baptist Medical Center)

Clinical Reference Lab, 8433 Quivira Road, Lenexa, KS 66215–2802, 800–445–6917

DrugScan, Inc., 200 Precision Road, Suite 200, Horsham, PA 19044, 800–235–4890

Dynacare*, 245 Pall Mall Street, London, ONT, Canada N6A 1P4, 519–679–1630, (Formerly: Gamma-Dynacare Medical Laboratories)

ElSohly Laboratories, Inc., 5 Industrial Park Drive, Oxford, MS 38655, 662–236–2609

Fortes Laboratories, Inc., 25749 SW Canyon Creek Road, Suite 600, Wilsonville, OR 97070, 503–486–1023

Laboratory Corporation of America Holdings, 7207 N. Gessner Road, Houston, TX 77040, 713–856–8288/800–800–2387

Laboratory Corporation of America Holdings, 69 First Ave., Raritan, NJ 08869, 908–526–2400/800–437–4986, (Formerly: Roche Biomedical Laboratories, Inc.)

Laboratory Corporation of America Holdings, 1904 Alexander Drive, Research Triangle Park, NC 27709, 919–572–6900/800–833–3984, (Formerly: LabCorp Occupational Testing Services, Inc., CompuChem Laboratories, Inc.; CompuChem Laboratories, Inc., A Subsidiary of Roche Biomedical Laboratory; Roche CompuChem Laboratories, Inc., A Member of the Roche Group)

Laboratory Corporation of America Holdings, 1120 Main Street, Southaven, MS 38671, 866–827–8042/800–233–6339, (Formerly: LabCorp Occupational Testing Services, Inc.;

MedExpress/National Laboratory Center)
LabOne, Inc. d/b/a Quest Diagnostics, 10101 Renner Blvd., Lenexa, KS 66219, 913–888–3927/800–873–8845, (Formerly: Quest Diagnostics Incorporated; LabOne, Inc.; Center for Laboratory Services, a Division of LabOne, Inc.)
MedTox Laboratories, Inc., 402 W. County Road D, St. Paul, MN 55112, 651–636–7466/800–832–3244
MetroLab-Legacy Laboratory Services, 1225 NE 2nd Ave., Portland, OR 97232, 503–413–5295/800–950–5295
Minneapolis Veterans Affairs Medical Center, Forensic Toxicology Laboratory, 1 Veterans Drive, Minneapolis, MN 55417, 612–725–2088, Testing for Veterans Affairs (VA) Employees Only
National Toxicology Laboratories, Inc., 1100 California Ave., Bakersfield, CA 93304, 661–322–4250/800–350–3515
One Source Toxicology Laboratory, Inc., 1213 Genoa-Red Bluff, Pasadena, TX 77504, 888–747–3774, (Formerly: University of Texas Medical Branch, Clinical Chemistry Division; UTMB Pathology-Toxicology Laboratory)
Pacific Toxicology Laboratories, 9348 DeSoto Ave., Chatsworth, CA 91311, 800–328–6942, (Formerly: Centinela Hospital Airport Toxicology Laboratory)
Pathology Associates Medical Laboratories, 110 West Cliff Dr., Spokane, WA 99204, 509–755–8991/800–541–7891x7
Phamatech, Inc., 15175 Innovation Drive, San Diego, CA 92128, 888–635–5840
Quest Diagnostics Incorporated, 1777 Montreal Circle, Tucker, GA 30084, 800–729–6432, (Formerly: SmithKline Beecham Clinical Laboratories; SmithKline Bio-Science Laboratories)
Quest Diagnostics Incorporated, 400 Egypt Road, Norristown, PA 19403, 610–631–4600/877–642–2216, (Formerly: SmithKline Beecham Clinical Laboratories; SmithKline Bio-Science Laboratories)
Quest Diagnostics Incorporated, 8401 Fallbrook Ave., West Hills, CA 91304, 818–737–6370, (Formerly: SmithKline Beecham Clinical Laboratories)
Redwood Toxicology Laboratory, 3700650 Westwind Blvd., Santa Rosa, CA 95403, 800–255–2159
Southwest Laboratories, 4625 E. Cotton Center Boulevard, Suite 177, Phoenix, AZ 85040, 602–438–8507/800–279–0027
STERLING Reference Laboratories, 2617 East L Street, Tacoma, Washington 98421, 800–442–0438
U.S. Army Forensic Toxicology Drug Testing Laboratory, 2490 Wilson St., Fort George G. Meade, MD 20755–5235, 301–677–7085, Testing for Department of Defense (DoD) Employees Only

* The Standards Council of Canada (SCC) voted to end its Laboratory Accreditation Program for Substance Abuse (LAPSA) effective May 12, 1998. Laboratories certified through that program were accredited to conduct forensic urine drug testing as required by U.S. Department of Transportation (DOT) regulations. As of that date, the certification of those accredited Canadian laboratories will continue under DOT authority. The responsibility for conducting quarterly performance testing plus periodic on-site inspections of those LAPSA-accredited laboratories was transferred to the U.S. HHS, with the HHS' NLCP contractor continuing to have an active role in the performance testing and laboratory inspection processes. Other Canadian laboratories wishing to be considered for the NLCP may apply directly to the NLCP contractor just as U.S. laboratories do.

Upon finding a Canadian laboratory to be qualified, HHS will recommend that DOT certify the laboratory (**Federal Register**, July 16, 1996) as meeting the minimum standards of the Mandatory Guidelines published in the **Federal Register** on April 30, 2010 (75 FR 22809). After receiving DOT certification, the laboratory will be included in the monthly list of HHS-certified laboratories and participate in the NLCP certification maintenance program.

Summer King,

Statistician.

[FR Doc. 2016–15523 Filed 6–29–16; 8:45 am]

BILLING CODE 4160–20–P

DEPARTMENT OF THE INTERIOR

Bureau of Indian Affairs

[167A2100DD/AAKC001030/A0A501010.99990 253G]

Proclaiming Certain Lands as Reservation for the Port Gamble S'Klallam Tribe of Washington

AGENCY: Bureau of Indian Affairs, Interior.

ACTION: Notice.

SUMMARY: This notice informs the public that the Acting Assistant Secretary—Indian Affairs proclaimed approximately 410.50 acres, more or less, an addition to the Reservation of the Port Gamble S'Klallam Tribe of Washington on June 22, 2016.

FOR FURTHER INFORMATION CONTACT: Ms. Sharlene M. Round Face, Bureau of Indian Affairs, Division of Real Estate Services, 1849 C Street NW., MS–4642–MIB, Washington, DC 20240; telephone: (202) 208–3615.

SUPPLEMENTARY INFORMATION: This notice is published in the exercise of authority delegated by the Secretary of the Interior to the Assistant Secretary—Indian Affairs by part 209 of the Departmental Manual.

A proclamation was issued according to the Act of June 18, 1934, (48 Stat. 984; 25 U.S.C. 467) for the land described below. The land was proclaimed to be part of the Port Gamble S'Klallam Indian Reservation of the Port Gamble S'Klallam Tribe in Kitsap County, Washington.

Port Gamble S'Klallam Indian Reservation

DNR Parcel

Legal Description Containing 390.26 Acres, More or Less

PARCEL A (Hansville Property North)—The North half of the Northeast quarter and North half of the Southwest quarter of the Northeast quarter, Section 16, Township 27 North, Range 2 East, W.M., Kitsap County, Washington, according to U.S. Government subdivision procedures, shown as Parcel A (North) on that survey recorded October 12, 2004 in Book 62 of Surveys at Pages 63 and 64, under Auditor's File Number 200410120005.

PARCEL B (Hansville Property South)—The South half of the Southwest quarter of the Northeast quarter, the South half of the Northeast quarter of the Southwest quarter; the Northwest quarter of the Southeast quarter; the Southeast quarter of the Southeast quarter; and the Northeast quarter of the Southeast quarter; except the east 495 feet of said Northeast quarter of the Southeast quarter of Section 16, Township 27 North, Range 2 East, W.M., Kitsap County, Washington, according to U.S. Government subdivision procedures, shown as Parcel B (South) on that survey recorded October 12, 2004, in Book 62 of Surveys at Pages 63 and 64, under Auditor's File Number 200410120005; Also excepting therefrom the West 26 feet of the East 521 feet of said Northeast quarter of the Southeast quarter of said Section 16.

PARCEL C (Hansville Property West)—East half of the Northwest quarter; the Southwest quarter of the Northwest quarter; the North half of the Northeast quarter of the Southwest quarter Section 16, Township 27 North, Range 2 East, W.M., Kitsap County,

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 11/02/2015

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
Aon Risk Services Northeast, Inc.
New York NY Office
199 Water Street
New York NY 10038-3551 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122
FAX (A/C. No.): (800) 363-0105
E-MAIL ADDRESS:

INSURED
Laboratory Corporation of America
Holdings & Subsidiaries
531 S Spring Street
Burlington NC 27215 USA

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	ACE American Insurance Company	22667
INSURER B:	ACE Fire Underwriters Insurance Co.	20702
INSURER C:	Indemnity Insurance Co of North America	43575
INSURER D:	Westchester Surplus Lines Ins Co	10172
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 570059981777 **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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT X LOC OTHER:			HDOG27402306	11/01/2015	11/01/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $1,000,000 $1,000,000 $2,000,000 $1,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS / SCHEDULED AUTOS X HIRED AUTOS / X NON-OWNED AUTOS			ISAH08860725	11/01/2015	11/01/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$2,000,000
D	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION			G27524485002 SIR applies per policy terms & conditions	11/01/2015	11/01/2016	EACH OCCURRENCE AGGREGATE	$3,000,000 $3,000,000
C A B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WLRC4859654A WLRC48596460 SCFC48596502	11/01/2015 11/01/2015 11/01/2015	11/01/2016 11/01/2016 11/01/2016	X PER STATUTE / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	 $1,000,000 $1,000,000 $1,000,000
A	E&O-PL-Primary			HDCG27402318 Claims Made	11/01/2015	11/01/2016	Each Incident Aggregate	$1,000,000 $3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Coverage.

CERTIFICATE HOLDER

Laboratory Corporation of America
Holdings & Subsidiaries
531 South Spring Street
Burlington NC 27215 USA

CANCELLATION

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

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570059981777

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ATTACHMENT B – TECHNICAL PROPOSAL CERTIFICATION OF COMPLIANCE WITH TERMS AND CONDITIONS OF RFP

I have read, understand and agree to comply with ***all*** the terms and conditions specified in this Request for Proposal.

YES X I agree to comply with the terms and conditions specified in this RFP.

NO _____ I do not agree to comply with the terms and conditions specified in this RFP.

If the exception and/or assumption require a change in the terms in any section of the RFP, the contract, or any incorporated documents, vendors ***must*** provide the specific language that is being proposed in the tables below. If vendors do not specify in detail any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Drug Free Workplaces, Inc.
Company Name

Signature

Carol J. Law
Print Name

8/22/16
Date

Vendors MUST use the following format. Attach additional sheets if necessary.

EXCEPTION SUMMARY FORM

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)

ASSUMPTION SUMMARY FORM

ASSUMPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)

This document must be submitted in Tab V of vendor's technical proposal

SCOPE OF WORK

3.1 The awarded vendor(s) shall be certified by the United States Department of Health and Human Resources Substance Abuse and Mental Health Services Administration (SAMHSA) and tests shall be conducted according to United States Department of Health and Human Services (DHHS) and SAMHSA standards. Provide certification document.
Drug Free Workplaces, Inc. utilizes LabCorp as its testing facility. LabCorp conducts all tests according to DHHS and SAMHSA standards and is a SAMHSA-certified testing laboratory. LabCorp is certified by DHHS under the National Laboratory Certification Program (NLCP) for all DOT drug testing requirements. Please see LabCorp certifications in Tab IV – State Documents, Section D – Certifications and Licenses.

3.2 The Medical Review Officer (MRO) shall conform to DHHS requirements. A MRO shall confirm positive tests.
Drug Free Workplaces, Inc.'s MROs conform to all DHHS requirements. MRO reviews are implemented to confirm all positive tests. Additionally, Drug Free Workplaces, Inc. conducts an MRO review process on both positive and negative tests.

Our two MROs are certified through the American Association of Medical Review Officers. Copies of MRO certifications are included with this proposal, Tab IV – State Documents, Section D – Certifications and Licenses. Resumes for the MROs are included in Tab VIII – Attachment G/Proposed Staff Resumes.

3.3 When not otherwise regulated by the United States Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA), collectors, collection sites, custody and control forms and specimen collection containers shall conform to DHHS requirements.
Drug Free Workplaces, Inc. utilizes collectors, collection sites, custody and control forms and specimen collection containers that conform to DHHS requirements unless otherwise regulated by the United States Department of Transportation, FMCSA.

3.4 When not otherwise regulated by FMCSA, the awarded vendor(s) shall ensure that over the term of the contract(s) awarded from this RFP that its policies and procedures including, but not limited to, handling, chain of custody, storing, testing and disposing of specimens, disseminating results and retaining specimens, ensure confidentiality and adhere to DHHS and SAMHSA standards.
Drug Free Workplaces, Inc. ensures that its policies and procedures, including but not limited to, handling, chain of custody, storing, testing and disposing of specimens, disseminating results and retaining specimens is in a manner that ensures confidentiality and meets or exceeds DHHS and SAMHSA standards.

3.5 Do you obtain primary source documentation for licenses, board certifications, insurance coverage, etc.?
Drug Free Workplaces, Inc. maintains applicable documentation of licenses, board certifications, insurance coverage, etc.

3.6 Testing under FMCSA regulated programs shall be conducted according to the standards and procedures specified for FMCSA testing.
Drug Free Workplaces, Inc. ensures that testing under FMCSA regulated programs is conducted according to the standards and procedures specified for FMCSA testing.

3.7 The awarded vendor(s) shall be able to provide substance abuse training for supervisors and employees to comply with FMCSA regulations. Outline how this requirement would be accomplished and, if requested, be prepared to demonstrate the training.
Drug Free Workplaces offers numerous training options for both employees and supervisors to not only improve the workplace but also meet State and Federally mandated guidelines. Dr. Carol Law is available to present onsite training programs or clients may take advantage of our certified distance learning classes, which are offered online. Topics include DOT Drug and Alcohol Compliance, Violence in the Workplace, Sexual Harassment, DOT Updates on Rules and Regulations, DOT Mandatory Supervisor Training on Signs and Symptoms of Alcohol and Drugs, and a significant list of other titles. Drug Free Workplaces is pleased to demonstrate our training program at any time.

Our online-based Drug Free Workplace interactive training for employees and supervisors meets the requirements in the most current federal government rules and regulations regarding drugs and alcohol. There are specific modules for supervisors as well as employees for Drug Free Workplace training requirements.

The State of Nevada and its entities designate a training administrator who accesses training documentation and detailed instructions. Certificates of Completion can be printed with the employee's name. Assigned administrators can check the status of who has been trained, what modules they have completed, and when the training occurred. The modules can be completed to accommodate the time management of the employee.

3.8 When not otherwise regulated by FMCSA, drug tests shall comply with DHHS standards. Drug testing shall include testing for the following:

- 3.8.1 Marijuana (THC)
- 3.8.2 Cocaine
- 3.8.3 Opiates
  - 3.8.3.1 Codeine
  - 3.8.3.2 Morphine
  - 3.8.3.3 6-AM (heroin)
- 3.8.4 Amphetamines
  - 3.8.4.1 Amphetamine
  - 3.8.4.2 Methamphetamine
  - 3.8.4.3 MDMA
  - 3.8.4.4 MDA
  - 3.8.4.5 MDEA
- 3.8.5 Phencyclidine (PCP)

All drug testing through Drug Free Workplaces, Inc. is conducted according to the standards specified by FMCSA, DOT and comply with DHHS standards. The 5-panel tests include the following:

- ***Marijuana (THC)***
- ***Cocaine***
- ***Opiates (Codeine, Morphine, 6-AM (heroin)***
- ***Amphetamines (Amphetamine, Methamphetamine, MDMA, MDA, MDEA)***
- ***Phencyclidine (PCP)***

3.9 List and outline costs for any available testing for additional controlled substances (e.g., methadone, oxycodone, barbiturates, benzodiazepines). Costs for additional panels must be provided separately from the required panels outlined in ***Section 3.8***. Provide cutoffs and clinical basis (documentation) for cutoffs and validity of additional panels.
Costs for testing of additional controlled substances are outlined in Part II – Cost Proposal of this response. Cutoffs and clinical basis for cutoffs and validity of additional panels appears below:

MODE:F ACTION: LABCORP - OCCUPATIONAL TESTING 08/05/2016
AST0900Q 768051 Test Number Lookup 16:53

Ord		Procedure	Screen	Confirm	SD	Ord		Procedure	Screen	Confirm	SD
01	SS	AMP	500.00	250.00	2	16		GLU			
02	SS	BAR	200.00	200.00	5	17	SS	6AM	10.00	10.00	
03	SS	COC	150.00	100.00		18		TRA			
04	SS	THC	50.00	15.00		19		ISO			
05		MQU				20		FEN			
06	SS	OPI	2000.00	2000.00	2	21		BUP			
07		OPM				22		COT			
08	SS	PCP	25.00	25.00		23		BAL			
09	SS	BZP	200.00	200.00	3	24		UAL			
10	SS	MTD	300.00	300.00		25		EDDP			
11	SS	MDM	500.00	250.00	3	26		MEB			
12	SS	PPX	300.00	300.00		27		GL			
13		ETG				28	OO	CR	20.00		
14		MEP				29		SG			
15	SS	OXC	300.00	300.00	2	30	OO	PH	9.00		

92 Type: non-DOT
94 Matrix: Urine

3.9.1 Specific requests for the testing of other drugs may be made at the time of testing or after the initial screening. Describe process for requesting testing for additional drug(s).
When an approved contact requests at the time of testing or after initial screening for other drugs, edits can be made by phone or email for contracted additional drugs. New or additional results will be transmitted directly upon completion. The State of Nevada may request further tests for other controlled substances beyond those listed in item 3.8. Specific requests for testing of other controlled substances may be made at the time of testing or after the initial screening. Pricing will be given and agreed to before testing on any additional drugs or protocol changes not specified in the RFP.

3.10 A positive test result for alcohol would be a concentration of alcohol in the person's blood or breath greater than .02 gram by weight of alcohol per 100 milliliters of his or her blood or per 210 liters of his or her breath.

Drug Free Workplaces confirms positive test results for alcohol with a concentration of alcohol in the person's blood or breath greater than .02 gram by weight of alcohol per 100 milliliters of his or her blood or per 210 liters of his or her breath.

3.11 Testing an individual's breath for alcohol shall be conducted using a breath-testing device certified in accordance with the "Conforming Products List of Evidential Breath Alcohol Measurement Devices" published by the United State Department of Transportation, National Highway Traffic Safety Administration.

3.11.1 A positive result on a screening test of a person's breath shall be confirmed by a second screening test. The second screening test shall be conducted immediately after receipt of the positive result of the first screening test.

Drug Free Workplaces, Inc. tests for alcohol using breath-testing devices that are certified in accordance with the "Conforming Products List of Evidential Breath Alcohol Measurement Devices" published by the DOT, National Highway Traffic Safety Administration. Positive results on breath screening tests are confirmed by a second screening test, which is conducted immediately after receipt of the positive result of the first screening test.

3.12 Provide, as an alternative to breath alcohol testing, testing to detect alcohol through a blood draw.

Drug Free Workplaces, Inc.'s collection facilities are prepared to conduct a blood draw and laboratories to test for alcohol when required.

3.13 Ability to provide priority service to employees brought in for reasonable suspicion testing. Describe process.

In the event that an employee must be brought to a collection facility for reasonable suspicion testing, Drug Free Workplaces, Inc. will work with the department to provide assistance in locating the most efficient site for the required testing. Additional phone numbers will be provided to accommodate the State of Nevada. The collection site will be notified prior to the State of Nevada transporting the employee, and the supervisor will alert the collection site upon arrival to ensure prompt attention.

3.14 Return to work testing may be at an employee's expense. The awarded vendor(s) shall have the ability to allow employees to purchase testing services directly.

Employees may purchase return to work testing services by contacting Drug Free Workplaces. An online registration will be completed for a LabCorp collection site or a chain of custody form mailed to an employee with credit card payment to Drug Free Workplaces.

3.15 Pursuant to NRS 284.4067, if the result of a screening test indicates the presence of any drug which could impair the ability of the individual to perform the duties of employment safely and efficiently:

3.15.1 The laboratory shall conduct another test of the same sample of urine to determine the specific substances and concentration of those substances in the sample.

3.15.2 The individual tested shall be provided with an opportunity to have the same sample tested at his or her expense by a laboratory of his or her choice certified by DHHS. Explain how an employee or potential employee would avail himself or herself of this opportunity.

If the result of a screening test indicates the presence of any drug which could impair the ability of the individual to perform their employment duties safely and efficiently, the laboratory will conduct another test of the same sample of urine to determine the specific substances and concentration of those substances in the sample. Additionally, the MRO will notify the employee of the positive result and provide them with an opportunity to have the same sample tested at his/her expense by a laboratory of his/her choice, certified by DHHS. The MRO will explain how the employee can avail him/herself of this right and provide a list of certified laboratories from which the employee may select.

3.16 Vendors shall submit with their proposals service area(s) and hours of operation. The awarded vendor(s) shall provide collection services on a 24/7/365 basis for the State entities using the contract. This service may be subcontracted out. Subcontractors must be named in **Section 4.2** of this solicitation.

Drug Free Workplaces' normal hours of operation are Monday through Friday between 8:00 a.m. and 5:00 p.m. Drug Free Workplaces, Inc. Drug Free Workplaces provides collection services which are available 24/7/365. Please reference Item 3.17 specific collection sites.

3.17 Collection sites shall be available in or in close proximity to the following Nevada locations:

- Austin;
  Battle Mountain General Hospital
  535 South Humboldt Rd; Battle Mountain, NV 89820
  775-635-2550
  M-F 8am-4:30pm
  Approximately 88 miles to Austin, NV

  Eureka Medical Center
  250 South Main St.; Eureka, NV 89316
  775-237-5313
  M-F 8am-5pm
  Approximately 69 miles to Austin, NV

- Battle Mountain;
  Battle Mountain General Hospital
  535 South Humboldt Rd; Battle Mountain, NV 89820
  775-635-2550
  M-F 8am-4:30pm

- Boulder City;
  Center for Occupational Health & Wellness
  9005 S Pecos Rd. Suite 2600; Henderson, NV 89074
  702-474-0472
  M-Th 8am-5pm
  Approximately 11 miles to Boulder City, NV

  Concentra – Henderson
  149 North Gibson Road Ste. H; Henderson, NV 89014
  702-559-6275
  M-F 8am-6pm
  Approximately 14 miles to Boulder City, NV

  DAT Express Test Management
  319 South Water St. #A; Henderson, NV 89015
  888-656-1122
  M-F 8am-5pm; Lunch Break 12pm-2pm
  Approximately 11 miles to Boulder City, NV

  LabCorp
  601 Whitney Ranch Rd C14; Henderson, NV 89014
  702-450-4853
  M-F 9am-3pm; Lunch Break 11:30am-1pm
  Approximately 16 miles to Boulder City, NV

LabCorp
2865 Sienna Heights, Ste. #101; Henderson, NV 89052
702-982-6043
M-F 9am-3pm; Sat. 7am-11am
Approximately 19 miles to Boulder City, NV

- Carlin;
  A1 Alcohol & Drug Testing, LLC
  1098 Lamoille Highway; Elko, NV 89801
  775-738-6973
  M-F 7:30am-5pm; Emergency After Hours
  Approximately 22 miles to Carlin, NV

  Northeastern Nevada Regional Hospital
  2001 Errecart Blvd; Elko, NV 89801
  775-748-2110
  Post-Accident 24/7
  Approximately 22 miles to Carlin, NV

  Pioneer Urgent Care
  160 12th St; Elko, NV 89801
  775-738-2034
  M-Th 10am-6pm; F 11am-6pm; Sat. 11am-5pm
  Approximately 22 miles to Carlin, NV

- Carson City;
  Arc Med Center
  2874 North Carson St. Ste. 135; Carson City, NV 89705
  775-883-7855
  M-F 7am-5pm

  LabCorp
  604 West Washington St. Ste. D; Carson City, NV 89701
  775-885-6777
  M-F 10am-4pm

  LabCorp
  926 Incline Way Ste. 105; Incline Village, NV 89461
  775-831-0165
  M-F 10am-3:30pm; Lunch Break 12:30pm-2pm
  Approximately 25 miles to Carson City, NV

  Nevada Occupational Health Center
  3488 Goni Road, Suite 141; Carson City, NV 98701
  775-887-5030
  M-F 8am-5pm; Post-Accident 24/7

- Elko;
  A1 Alcohol & Drug Testing, LLC
  1098 Lamoille Highway; Elko, NV 89801
  775-738-6973
  M-F 7:30am-5pm; Emergency After Hours

  Northeastern Nevada Regional Hospital
  2001 Errecart Blvd; Elko, NV 89801
  775-748-2110
  Post-Accident 24/7

  Pioneer Urgent Care
  160 12th St; Elko, NV 89801
  775-738-2034
  M-Th 10am-6pm; F 11am-6pm; Sat. 11am-5pm

- Ely;
  William B. Ririe Hospital
  15 Ave. H; Ely, NV 85301
  775-289-3001
  M-F 7am-5pm; Post-Accident 24/7

  Ely Drug Testing
  1665 Ave. F Suite A; Ely, WA 89301
  775-318-0118
  M-F 8am-5pm

- Eureka
  Eureka Medical Center
  250 South Main St.; Eureka, NV 89316
  775-237-5313
  M-F 8am-5pm

- Fallon;
  Renown Health Urgent Care
  560 E Williams Ave.; Fallon, NV 89406
  775-982-5000
  M-F 9am-6pm; Sat 9am-3pm

- Fernley;
  Renown Health Urgent Care
  560 E Williams Ave.; Fallon, NV 89406
  775-982-5000
  M-F 9am-6pm; Sat 9am-3pm
  Approximately 25 miles to Fernley, NV

- Gardnerville/Minden;
  Carson Valley Medical Center
  1107 Highway 395; Gardnerville, NV 89410
  775-782-1615
  M-F 8am-5pm

- Hawthorne;
  Mt. Grant General Hospital
  1st & A Streets; Hawthorne, NV 89415
  775-945-2461
  M-F 9am-4:30pm; Lunch Break 11:30am-1pm

- Henderson;
  Center for Occupational Health & Wellness
  9005 S Pecos Rd. Suite 2600; Henderson, NV 89074
  702-474-0472
  M-Th 8am-5pm

  Concentra – Henderson
  149 North Gibson Road Ste. H; Henderson, NV 89014
  702-559-6275
  M-F 8am-6pm

  DAT Express Test Management
  319 South Water St. #A; Henderson, NV 89015
  888-656-1122
  M-F 8am-5pm; Lunch Break 12pm-2pm

  LabCorp
  601 Whitney Ranch Rd C14; Henderson, NV 89014
  702-450-4853
  M-F 9am-3pm; Lunch Break 11:30am-1pm

  LabCorp
  2865 Sienna Heights, Ste. #101; Henderson, NV 89052
  702-982-6043
  M-F 9am-3pm; Sat. 7am-11am
  Approximately 19 miles to Boulder City, NV

- Incline Village;
  LabCorp
  926 Incline Way Ste. 105; Incline Village, NV 89461
  775-831-0165
  M-F 10am-3:30pm; Lunch Break 12:30pm-2pm

- Indian Springs;
  Concentra-Brooks
  151 West Brooks Ave.; North Las Vegas, NV 89030
  702-399-6545
  M-F 8am-6pm
  Approximately 41 miles to Indian Springs, NV

  LabCorp
  3440 West Cheyenne, A-400; North Las Vegas, NV 89032
  702-645-9067
  M-F 9am-3pm; Lunch Break 11am-1pm
  Approximately 40 miles to Indian Springs, NV

- Jean;
  Center for Occupational Health & Wellness
  9005 S Pecos Rd. Suite 2600; Henderson, NV 89074
  702-474-0472
  M-Th 8am-5pm
  Approximately 26 miles to Jean, NV

  Concentra – Henderson
  149 North Gibson Road Ste. H; Henderson, NV 89014
  702-559-6275
  M-F 8am-6pm
  Approximately 26 miles to Jean, NV

  DAT Express Test Management
  319 South Water St. #A; Henderson, NV 89015
  888-656-1122
  M-F 8am-5pm; Lunch Break 12pm-2pm
  Approximately 26 miles to Jean, NV

  LabCorp
  601 Whitney Ranch Rd C14; Henderson, NV 89014
  702-450-4853
  M-F 9am-3pm; Lunch Break 11:30am-1pm
  Approximately 26 miles to Jean, NV

  LabCorp
  2865 Sienna Heights, Ste. #101; Henderson, NV 89052
  702-982-6043
  M-F 9am-3pm; Sat. 7am-11am
  Approximately 26 miles to Jean, NV

- Las Vegas;
  AMDT – American Mobile Drug Testing
  2820 W. Charleston Blvd., Ste 16; Las Vegas, NV 89102
  702-248-4464
  9am-4pm; Post-Accident 24/7

  American Toxicology
  3340 Sunrise Ave., #104; Las Vegas, NV 89101
  702-482-4999
  M-F 9am-5pm

  American Toxicology
  3160 West Sahara, Ste. A-15; Las Vegas, NV 89102
  702-248-2800
  M-Sat 7:30am-9pm

  Arc Med Center
  2500 W. Sahara Ave., Ste. 100; Las Vegas, NV 89102
  702-221-0190
  M-F 7am-5pm

  Center for Occupational Health & Wellness
  801 South Rancho, Ste. F1; Las Vegas, NV 89106
  702-474-4454
  M-T 7am-6pm; W-Th 7am-8pm; F 7am-4pm

  Concentra – Paradise
  3900 Paradise Ste. V; Las Vegas, NV 89169
  702-369-0560
  M-F 7am-6pm

  Concentra – Polaris
  5850 S. Polaris Rd Ste. 100; Las Vegas, NV 89118
  702-239-9957
  Open 24/7

  DAT Express Test Management
  1601 East Charleston; Las Vegas, NV 89104
  888-656-1122
  M-F 9am-4:30pm; Lunch Break 12pm-1pm

  EMSI – Las Vegas
  3075 East Flamingo Rd Ste. 102; Las Vegas, NV 89121
  702-898-8777
  M-F 9am-5pm

LabCorp
2801 W. Charleston, Ste. 201; Las Vegas, NV 89102
702-878-4217
M-F 9am-3:30pm; Lunch Break 11:30am-12:30pm

LabCorp
8551 West Lake Mead, #200; Las Vegas, NV 89128
702-383-6309
M-F 8am-4pm; Sat 7am-12pm

LabCorp
380 S. Rainbow Blvd. #208; Las Vegas, NV 89118
702-247-4166
M-F 9am-4pm

LabCorp
2851 N Tenaya Way Ste 202; Las Vegas, NV 89128
702-243-6244
M-F 9am-3pm

LabCorp
653 N Town Center Dr. Ste 50; Las Vegas, NV 89114
702-233-4366
M-F 10am-4pm

- Laughlin;
  AMDT – American Mobile Drug Testing
  2820 W. Charleston Blvd., Ste 16; Las Vegas, NV 89102
  702-248-4464
  9am-4pm; Post-Accident 24/7
  Approximately 96 miles to Laughlin, NV

  American Toxicology
  3340 Sunrise Ave., #104; Las Vegas, NV 89101
  702-482-4999
  M-F 9am-5pm
  Approximately 96 miles to Laughlin, NV

  American Toxicology
  3160 West Sahara, Ste. A-15; Las Vegas, NV 89102
  702-248-2800
  M-Sat 7:30am-9pm
  Approximately 96 miles to Laughlin, NV

Arc Med Center
2500 W. Sahara Ave., Ste. 100; Las Vegas, NV 89102
702-221-0190
M-F 7am-5pm
Approximately 96 miles to Laughlin, NV

Center for Occupational Health & Wellness
801 South Rancho, Ste. F1; Las Vegas, NV 89106
702-474-4454
M-T 7am-6pm; W-Th 7am-8pm; F 7am-4pm
Approximately 96 miles to Laughlin, NV

Concentra – Paradise
3900 Paradise Ste. V; Las Vegas, NV 89169
702-369-0560
M-F 7am-6pm
Approximately 96 miles to Laughlin, NV

Concentra – Polaris
5850 S. Polaris Rd Ste. 100; Las Vegas, NV 89118
702-239-9957
Open 24/7
Approximately 96 miles to Laughlin, NV

DAT Express Test Management
1601 East Charleston; Las Vegas, NV 89104
888-656-1122
M-F 9am-4:30pm; Lunch Break 12pm-1pm
Approximately 96 miles to Laughlin, NV

EMSI – Las Vegas
3075 East Flamingo Rd Ste. 102; Las Vegas, NV 89121
702-898-8777
M-F 9am-5pm
Approximately 96 miles to Laughlin, NV

LabCorp
2801 W. Charleston, Ste. 201; Las Vegas, NV 89102
702-878-4217
M-F 9am-3:30pm; Lunch Break 11:30am-12:30pm
Approximately 96 miles to Laughlin, NV

LabCorp
8551 West Lake Mead, #200; Las Vegas, NV 89128
702-383-6309
M-F 8am-4pm; Sat 7am-12pm
Approximately 96 miles to Laughlin, NV

LabCorp
380 S. Rainbow Blvd. #208; Las Vegas, NV 89118
702-247-4166
M-F 9am-4pm
Approximately 96 miles to Laughlin, NV

LabCorp
2851 N Tenaya Way Ste 202; Las Vegas, NV 89128
702-243-6244
M-F 9am-3pm
Approximately 96 miles to Laughlin, NV

LabCorp
653 N Town Center Dr. Ste 50; Las Vegas, NV 89114
702-233-4366
M-F 10am-4pm
Approximately 96 miles to Laughlin, NV

- Lovelock;
  Pershing General Hospital
  885 6th St; Lovelock, NV 89419
  775-273-2621
  M-F 8am-4pm; Post-Accident 24/7

- Mesquite;
  DAT Express Test Management
  561 West Mesquite Blvd; Mesquite, NV 89027
  888-656-1122
  M-F 8am-4pm; Lunch Break 12pm-1pm

- North Las Vegas;
  Concentra-Brooks
  151 West Brooks Ave.; North Las Vegas, NV 89030
  702-399-6545
  M-F 8am-6pm

  LabCorp
  3440 West Cheyenne, A-400; North Las Vegas, NV 89032
  702-645-9067
  M-F 9am-3pm; Lunch Break 11am-1pm

- Overton;
  DAT Express Test Management
  561 West Mesquite Blvd; Mesquite, NV 89027
  888-656-1122
  M-F 8am-4pm; Lunch Break 12pm-1pm
  Approximately 39 miles to Overton, NV

Concentra-Brooks
151 West Brooks Ave.; North Las Vegas, NV 89030
702-399-6545
M-F 8am-6pm
Approximately 63 miles to Overton, NV

LabCorp
3440 West Cheyenne, A-400; North Las Vegas, NV 89032
702-645-9067
M-F 9am-3pm; Lunch Break 11am-1pm
Approximately 62 miles to Overton, NV

- Pahrump;
  LabCorp
  1420 E. Calvada Blvd #200; Pahrump, NV 89048
  775-751-9229
  M-F 7am-3pm; Lunch Break 11:30am-1pm

- Pioche/Panaca/Caliente;
  Grover C. Dil Medical Center
  700 N. Spring Street; Caliente, NV 89008
  775-726-3171
  Post-Accident 24/7

- Reno;
  Concentra-Reno
  6410 South Virginia St.; Reno, NV 89511
  775-322-5757
  M-F 7am-7pm; Sat. 8am-4pm

  LabCorp
  890 Mill St. Suite #105; Reno, NV 89502
  775-334-3562
  M-F 10am-4:30pm; Sat. 9am-12:30pm

  LabCorp
  15 McCabe Dr. Ste. #103; Reno, NV 89511
  775-850-3611
  M-F 7am-4pm; Sat. 7am-12pm; Lunch 12:30-2pm

  Nevada Drug and Alcohol Testing
  2470 Wrondrel Way; Reno, NV 89502
  775-356-5554
  M-F 7am-5pm

Timely Testing LTD
18124 Wedge Parkway; Reno, NV 89511
775-800-1616
24/7 Mobile Service for all Nevada Locations

- Sparks;
  Arc Med Center
  2205 East Glendale Ave. #131; Sparks, NV 89431
  775-331-3361
  M-F 7am-5pm

  Arc Med Center
  82 E. Glendale Ave.; Sparks, NV 89431
  775-825-0707
  M-F 7am-5pm

  Concentra-Sparks
  255 Glendale Ave. Ste. 12; Sparks, NV 89431
  775-356-8181
  M-F 7am-6pm

  LabCorp
  1335 Baring Blvd.; Sparks, NV 89434
  775-331-9297
  M-F 10am-4pm

- Silver Springs;
  Renown Health Urgent Care
  560 E Williams Ave.; Fallon, NV 89406
  775-982-5000
  M-F 9am-6pm; Sat 9am-3pm
  Approximately 26 miles to Silver Springs, NV

- Tonopah;
  Nye Regional Medical Center
  825 Erie Main St.; Tonopah, NV 89049
  775-482-2418
  M-F 8am-5pm; Post-Accident 24/7

- Virginia City;
  Concentra-Reno
  6410 South Virginia St.; Reno, NV 89511
  775-322-5757
  M-F 7am-7pm; Sat. 8am-4pm
  Approximately 18 miles to Virginia City, NV

LabCorp
890 Mill St. Suite #105; Reno, NV 89502
775-334-3562
M-F 10am-4:30pm; Sat. 9am-12:30pm
Approximately 18 miles to Virginia City, NV

LabCorp
15 McCabe Dr. Ste. #103; Reno, NV 89511
775-850-3611
M-F 7am-4pm; Sat. 7am-12pm; Lunch 12:30-2pm
Approximately 18 miles to Virginia City, NV

Nevada Drug and Alcohol Testing
2470 Wrondrel Way; Reno, NV 89502
775-356-5554
M-F 7am-5pm
Approximately 18 miles to Virginia City, NV

Timely Testing LTD
18124 Wedge Parkway; Reno, NV 89511
775-800-1616
24/7 Mobile Service for all Nevada Locations
Approximately 18 miles to Virginia City, NV

- Wendover;
  A1 Alcohol & Drug Testing, LLC
  1098 Lamoille Highway; Elko, NV 89801
  775-738-6973
  M-F 7:30am-5pm; Emergency After Hours
  Approximately 100 miles to Wendover, NV

  Northeastern Nevada Regional Hospital
  2001 Errecart Blvd; Elko, NV 89801
  775-748-2110
  Post-Accident 24/7
  Approximately 100 miles to Wendover, NV

  Pioneer Urgent Care
  160 12th St; Elko, NV 89801
  775-738-2034
  M-Th 10am-6pm; F 11am-6pm; Sat. 11am-5pm
  Approximately 100 miles to Wendover, NV

- Wells;
  A1 Alcohol & Drug Testing, LLC
  1098 Lamoille Highway; Elko, NV 89801
  775-738-6973
  M-F 7:30am-5pm; Emergency After Hours
  Approximately 50 miles to Wells, NV

  Northeastern Nevada Regional Hospital
  2001 Errecart Blvd; Elko, NV 89801
  775-748-2110
  Post-Accident 24/7
  Approximately 50 miles to Wells, NV

  Pioneer Urgent Care
  160 12th St; Elko, NV 89801
  775-738-2034
  M-Th 10am-6pm; F 11am-6pm; Sat. 11am-5pm
  Approximately 50 miles to Wells, NV

- Winnemucca;
  Humboldt General Hospital
  118 East Haskell St.; Winnemucca, NV 89445
  775-623-5222
  Post-Accident 24/7

- Yerington
  Yerington Paiute Tribal Clinic
  171 Campbell Lane; Yerington, NV 89447
  775-463-3335
  M-F 10am-4pm

3.18 If a collections site(s) is not available at any of the locations listed in *Item 3.17*, provide the closest location for each location that does not have a collection site available. Provide city, state (if applicable) and miles between location and closest collection site.

3.18.1 State of Nevada, Department of Administration, Division of Human Resource Management (DHRM) has no distance radius requirement.

3.18.2 DHRM is looking for the best possible coverage.

3.18.3 Mobile collection services are acceptable if all required services can be provided.

Drug Free Workplaces, Inc.'s collection sites that are in or nearest to the cities named in the RFP are noted in Item 3.17 above. Cities without a collection site have the closest collection site(s) noted with the city, state, and the approximate mileage between the collection site and the applicable city.

3.19 Occasionally, a State entity may need to use services outside of the State of Nevada. Provide information on out-of-state services and explain how these would be accessed.
Should a State entity require services outside of the State of Nevada, they may utilize one of Drug Free Workplaces' network of over 2000 collection sites. Services and locations will be provided upon request.

3.20 The awarded vendor(s) shall provide a contact name and number for questions, available Monday through Friday from 8:00 a.m. to 5:00 p.m. Pacific Time.
Dr. Carol Law and Rhonda Yancey are the contact people for questions and are available Monday through Friday between 8:00 a.m. and 5:00 p.m., Pacific Time. They may be reached at 850-434-3782.

3.21 Test results shall be provided to the appropriate entity using confidential protocol (i.e., secure web based program, e-mail or fax). Provide available methods and explain how confidentiality is assured in each method.
DFW maintains the highest level of quality in our testing and reporting procedures, utilizing the most secure and scientifically accurate manner in regards to securing Web-based programming, email or faxed results. We have established a secure comprehensive communication system which allows the fastest exchange of data via email and fax as well as real-time information exchange over secure internet servers. Our confidential protocol meets or exceeds standards required by the federal DOT.

3.22 The awarded vendor(s) shall maintain a listing of State entities that may use the contract. Each State entity shall be assigned a unique code for purposes of testing, billing and tracking, even those State entities that do not consistently use the contract.
Drug Free Workplaces, Inc. will maintain a listing of State entities authorized to use our contracted services. Each State entity will be assigned a unique code for all testing, billing, and tracking purposes.

3.23 The awarded vendor(s) will render an invoice on a monthly basis to each individual department, agency, board or commission that used the contracted services during the previous month. The invoice shall list dates of collection, tests performed and dates the results were transmitted to the entity.
Drug Free Workplaces, Inc. will render an invoice on a monthly basis to each individual entity that used the contracted services during the previous month. The invoice will list dates of collection, tests performed and dates the results were transmitted to the entity.

3.24 Workers' compensation related testing has one recipient for billing (i.e., the State's third party administrator); however, test results are sent to each specific agency's contact. (e.g., the test result for an employee from the Department of Administration is sent to the Department of Administration's contact, the test result for an employee from the Department of Business & Industry is sent to the Department of Business and Industry's contact).

3.24.1 Workers' compensation related invoicing shall be per each employee. Each workers' compensation related invoice shall not include information relating to more than one employee.

For workers' compensation testing DFW will send billing to the state's third party administrator. Test results for this account will be sent to each specific agency's contact. Workers' compensation related invoicing will be per each individual employee. Each related invoice will not include information relating to more than one employee.

3.25 The awarded vendor(s) shall be able to provide a qualified expert to testify in court or an administrative hearing to substantiate the test results and preservation of "Chain of Custody."

Drug Free Workplaces, Inc. will provide a qualified expert to testify in court to substantiate test results and preservation of the "Chain of Custody."

3.26 The awarded vendor(s) shall provide timely (i.e., on or before the 20th of the month following the end of the quarter) quarterly reports to DHRM at no additional cost to the State, detailing the number, cost and type of tests performed, including the total of positive and negative results by entity. Provide a sample report.

Drug Free Workplaces, Inc. will provide quarterly reports to Nevada DHRM on or before the 20 of the month following the end of the quarter at no additional cost to the State. Quarterly reports will detail the number, cost, and type of tests performed, including the total of positive and negative results by entity. A sample quarterly report is included in Tab IX – Other Informational Material of this response. Please note that Drug Free Workplaces, Inc. will tailor the quarterly report to meet the State of Nevada's needs.

3.27 If applicable, describe your implementation plan to meet a start date of January 1, 2017.

As this is a continuation of our current relationship, Drug Free Workplaces, Inc. is prepared to continue providing the high quality implementation, collection, and testing services we have offered the State of Nevada since 2008.

3.28 Describe your quality assurance/control program(s).

Drug Free Workplace's standard operating procedures for quality assure and control meet or exceed the DHHS standards. Our experienced staff maintains records with confidentiality, ensuring security and integrity during the process. We are Nationally Accredited for the Administration of Drug and Alcohol Testing Programs through the Drug and Alcohol Testing Industry Association (DATIA). Our standards have also passed peer review.

3.29 Do you currently have the following in Nevada?

3.29.1 A local representative?

Drug Free Workplaces, Inc. offers an extensive network of collection facilities in the State of Nevada. Our Third Party Administrator services are performed from our headquarters in Pensacola, Florida, and we are available for immediate assistance 24 hours a day.

3.29.2 An established network of providers (i.e., collection sites)?

3.29.2.1 Submit a list of current Nevada providers; this can be included as an attachment to your proposal.

Drug Free Workplaces, Inc.'s established network of providers throughout the State of Nevada provide collection site services. A list is included in Item 3.17 in this Scope of Work.

3.30 Confirm that your organization certifies that it is in full compliance with the Health Insurance Portability Accountability Act (HIPAA) regulations protecting the privacy and security of individually identifiable health information and the Americans with Disabilities Act (ADA).

Drug Free Workplaces certifies that it is in full compliance with HIPPA regulations and the ADA. Transmission and receipt of individually identifiable health information is handled securely. LabCorp provides collection site services as a subcontractor and serves patients of all abilities by providing convenient access to laboratory testing services at locations nationwide.

3.31 All data is the property of the State. Data cannot be shared, distributed, or used outside contract specification without permission from DHRM.

Drug Free Workplaces, Inc. will not share, distribute or use data outside the contract specifications without permission from DHRM.

3.32 Provide pre-printed chain of custody forms for United States Department of Transportation (DOT) regulated drug testing.

A pre-printed chain of custody form for DOT regulated drug testing is provided in Tab IX – Other Informational Material of this response.

3.33 Provide pre-printed chain of custody forms for non-DOT drug testing and/or provide electronic chain of custody format. If providing electronic chain of custody format for non-regulated drug testing, explain in detail the system and process that will be used.

A pre-printed chain of custody form for non-DOT regulated drug testing is provided in Tab IX – Other Informational Material of this response. Non-DOT regulated electronic chain of custody forms are provided through LabCorp Web Tools, a suite-based application that enables authorized users to securely and confidentially view specimen status, re-transmit specimen results, view laboratory scanned chain of custody (COC) images and register donors for drug screen specimen collection at a COC capable website. Web COC guides specimen collectors through each step of the collection process to produce a non-regulated COC form on-site. Collection site addresses are provided to the registrar and the donor through a zip code field.

3.34 The Scope of Work, as defined herein, is subject to changes as promulgated by the federal, State and local agencies governing drug and alcohol testing to include the State of Nevada Personnel Commission.

Drug Free Workplaces, Inc. is willing to make mutually agreed open changes to this Scope of Work as promulgated by the federal, State, and local agencies governing drug and alcohol testing following the awarding of the contract.

3.35 The awarded vendor(s) shall advise the designated DHRM contact of any changes in federal drug testing regulations or guidelines and shall act as subject matter expert on related issues.

Because the drug testing and regulation industry is constantly evolving, Drug Free Workplaces, Inc. has a research staff that focuses on regulatory and legal subjects and assists in the resolution of compliance issues. Our staff also provides updates on Federal and State guidelines relative to drug testing and DOT compliance. Drug Free Workplaces, Inc. serves as subject matter experts on related issues for our clients and the industry at large.

3.36 State of Nevada statute and administrative code regulate State of Nevada candidate and employee testing including NRS 284.406 – 284.407 and NAC 284.880 – 284.894. DHRM shall attempt to timely apprise vendor(s) of any upcoming changes in NRS or NAC. Any change mandated by an addition, deletion or amendment to NRS or NAC shall be implemented no later than the effective date of the related NRS or NAC addition, deletion or amendment.

Drug Free Workplaces, Inc. will work with DHRM to implement changes required by NRS or NAC that are not addressed in this RFP. Changes will be implemented in a timely manner by the required effective date per NRS or NAC.

3.37 Any change mandated by an addition, deletion or amendment to federal law or regulation shall be implemented no later than the effective date of the related federal law or regulation addition, deletion or amendment.

As an industry leader, Drug Free Workplaces, Inc. utilizes a research team to stay apprised of additions, deletions, and amendments to federal law or regulation that impact our clients. Changes required by federal law or regulation will be conveyed to DHRM and implemented by their effective date as required by the related federal law or regulation.

COMPANY BACKGROUND AND REFERENCES

4.1 VENDOR INFORMATION

4.1.1 Vendors must provide a company profile in the table format below.

Question	Response
Company name:	***Drug Free Workplaces, Inc.***
Ownership (sole proprietor, partnership, etc.):	***Corporation***
State of incorporation:	***Florida***
Date of incorporation:	***October 16, 1992***
# of years in business:	***24***
List of top officers:	***Dr. Carol Law, President***
Location of company headquarters:	***Pensacola, Florida***
Location(s) of the company offices:	***Drug Free Workplaces, Inc.'s offices are located in Pensacola, Florida. Our network of collection sites and laboratories are located throughout the United States.***
Location(s) of the office that will provide the services described in this RFP:	***Pensacola, Florida for Third Party Administrator services. Collection sites are located throughout the State of Nevada.***
Number of employees locally with the expertise to support the requirements identified in this RFP:	***Drug Free Workplaces' network of collection sites employs their own staff to serve the State of Nevada.***
Number of employees nationally with the expertise to support the requirements in this RFP:	***Drug Free Workplaces, Inc. has a staff of five industry experts to serve the State of Nevada.***
Location(s) from which employees will be assigned for this project:	***Pensacola, Florida***

4.1.2 **Please be advised**, pursuant to NRS 80.010, a corporation organized pursuant to the laws of another state must register with the State of Nevada, Secretary of State's Office as a foreign corporation before a contract can be executed between the State of Nevada and the awarded vendor, unless specifically exempted by NRS 80.015.
Drug Free Workplaces' Nevada business registrations are included in Tab IV – State Documents, Section D – Certifications and Licenses.

4.1.3 The selected vendor, prior to doing business in the State of Nevada, must be appropriately licensed by the State of Nevada, Secretary of State's Office pursuant to NRS76. Information regarding the Nevada Business License can be located at http://nvsos.gov.

Question	Response
Nevada Business License Number:	***NV20081180929***
Legal Entity Name:	***Drug Free Workplaces, Inc.***

Is "Legal Entity Name" the same name as vendor is doing business as?

Yes	X	No	

4.1.4 Vendors are cautioned that some services may contain licensing requirement(s). Vendors shall be proactive in verification of these requirements prior to proposal submittal. Proposals that do not contain the requisite licensure may be deemed non-responsive.
Drug Free Workplaces, Inc. meets and exceeds all licensing requirements. Copies of applicable licenses and certificates are included in Tab IV – State Documents, Section D – Certifications and Licenses.

4.1.5 Has the vendor ever been engaged under contract by any State of Nevada agency?

Yes	X	No	

If "Yes", complete the following table for each State agency for whom the work was performed. Table can be duplicated for each contract being identified.

Question	Response
Name of State agency:	***Through our contract with the State of Nevada, Drug Free Workplaces, Inc. provides services to 65 State of Nevada agencies. A complete list of agencies and their contact information is included in Tab IX –***

Question	Response
	Other Information Material of this response.
State agency contact name:	***Carrie Hughes***
Dates when services were performed:	***2008 - present***
Type of duties performed:	***Third party administration of drug testing program, sample and testing of samples.***
Total dollar value of the contract:	***Current contract is not to exceed $500,000 over a three year period.***

4.1.6 Are you now or have you been within the last two (2) years an employee of the State of Nevada, or any of its agencies, departments, or divisions?

Yes		No	X

If "Yes", please explain when the employee is planning to render services, while on annual leave, compensatory time, or on their own time?

If you employ (a) any person who is a current employee of an agency of the State of Nevada, or (b) any person who has been an employee of an agency of the State of Nevada within the past two (2) years, and if such person will be performing or producing the services which you will be contracted to provide under this contract, you must disclose the identity of each such person in your response to this RFP, and specify the services that each person will be expected to perform.
Drug Free Workplaces, Inc. does not employ any employees of the State of Nevada or any person who has been an employee of an agency of the State of Nevada within the past two years.

4.1.7 Disclosure of any significant prior or ongoing contract failures, contract breaches, civil or criminal litigation in which the vendor has been alleged to be liable or held liable in a matter involving a contract with the State of Nevada or any other governmental entity. Any pending claim or litigation occurring within the past six (6) years which may adversely affect the vendor's ability to perform or fulfill its obligations if a contract is awarded as a result of this RFP must also be disclosed.

Does any of the above apply to your company?

Yes		No	X	

If "Yes", please provide the following information. Table can be duplicated for each issue being identified.

Question	Response	
Date of alleged contract failure or breach:		
Parties involved:		
Description of the contract failure, contract breach, or litigation, including the products or services involved:		
Amount in controversy:		
Resolution or current status of the dispute:		
If the matter has resulted in a court case:	Court	Case Number
Status of the litigation:		

4.1.8 Vendors must review the insurance requirements specified in ***Attachment E, Insurance Schedule for RFP 3268.*** Does your organization currently have or will your organization be able to provide the insurance requirements as specified in ***Attachment E.***

Yes	X	No	

Any exceptions and/or assumptions to the insurance requirements ***must*** be identified on ***Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions of RFP.*** Exceptions and/or assumptions will be taken into consideration as part of the evaluation process; however, vendors must be specific. If vendors do not specify any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Upon contract award, the successful vendor ***must*** provide the Certificate of Insurance identifying the coverages as specified in ***Attachment E, Insurance Schedule for RFP 3268.***
Drug Free Workplaces, Inc.'s insurance coverage meets the requirements outlined in Attachment E of the RFP. We require no exceptions or assumptions to the insurance requirements. Insurance certificates are included in Tab IX – Other Informational Material of this response.

4.1.9 Company background/history and why vendor is qualified to provide the services described in this RFP. Limit response to no more than five (5) pages.

Drug Free Workplaces, Inc.: Company Background

Drug Free Workplaces, Inc. has provided drug testing services to companies across the United States since 1992. Over that 24 year time period, Drug Free Workplaces has administered and managed drug testing services to large companies as well as government entities across wide geographic regions (spanning the United States for a single customer) and to large populations (in excess of 10,000 employees), including the State of Nevada.

Dr. Carol J. Law, Drug Free Workplaces, Inc.'s president and founder, is a Nationally Certified Substance Abuse Program Administrator with over 30 years of experience in the mental health and substance abuse fields. Programs implemented by Dr. Law have been recognized by the President's Drug Advisory Council and other government agencies.

We offer employee drug testing, drug free workplace policy development, and training services and place a special emphasis on working with clients regulated by the Department of Transportation and the particular needs they face.

Drug Free Workplaces, Inc. has specialized expertise in working with government entities, including the U.S. Congress, State of Florida, State of Nevada, Florida Legislature, the Florida Boxing Commission, the Nevada Department of Transportation, Santa Rosa County, and the City of Pensacola as well as large companies, including British Aerospace, Metrocall, Lamar Outdoor Advertising, Windsor Door, and the Coring and Cutting Group.

We focus on providing our clients with a combination of personal interaction and state-of-the-art resources. We offer the fastest reporting in the industry as well as numerous other conveniences for our clients.

In addition to drug testing services, evaluation, and policy development, Drug Free Workplaces, Inc. combines a variety of special resources to better serve our clients' needs. We utilize the most current technology to bring real time, 24-hour access to data on secure servers to our clients. We use the latest in vertical software, the DrugPak Software Suite, to run random sample selections and compile and report test results in a secure, confidential format. This automated drug and alcohol test reporting system allows fast and efficient transmission of test result data as well as employee information tracking and can be used as a supplement to other reporting methods (such as email or fax transmission) the client selects.

Drug Free Workplaces also offers numerous training options for both employees and supervisors to not only improve the workplace but also meet State and Federally mandated guidelines. Dr. Carol J. Law is available to present onsite training programs, or clients may take advantage of our certified distance learning classes, which are offered online. Topics include DOT Drug and Alcohol Compliance, Violence in the Workplace,

Sexual Harassment, DOT Updates on Rules and Regulations, DOT Mandatory Supervisor Training on Signs and Symptoms of Alcohol and Drugs, and other subjects selected by our clients.

Because the drug testing and regulation industry is constantly evolving, Drug Free Workplaces, Inc. has a staff that focuses on regulatory and legal subjects and assists in the resolution of compliance issues. Our staff also provides updates on Federal and State guidelines relative to drug testing and Department of Transportation compliances.

We utilize email communication to routinely update our clients regarding changing legislation and technological advances which affect the drug testing industry. Our Internet servers combine functionality with the highest level of security.

4.1.1.0 Length of time vendor has been providing services described in this RFP to the public and/or private sector. Please provide a brief description.

Drug Free Workplaces, Inc.: Length of Service

With over 24 years of experience and a distinguished as well as satisfied client list, Drug Free Workplaces brings the resources necessary to provide and manage the services outlined in the Scope of Work attached to the State of Nevada's RFP.

Since 1992, Drug Free Workplaces, Inc. has been providing certified collectors/collection sites and drug testing services by a certified laboratory in accordance with standards as set forth by SAMHSA under the United States Department of Health and Human Services. We have successful and enduring relationship with our clients, collection sites, and laboratory partners.

From Drug Free Workplaces' inception, the company has administered and managed drug testing services to large companies and government entities as well as organizations that span wide geographical areas and include large populations, fulfilling the Scope of Work services noted in the State of Nevada RFP that corresponds with this response to each of clients. Those services include monitored/observed specimen collection, chain of custody, evaluation, reporting, record administration, expert witness testimony, drug free workplace policy development, and training.

Our list of clients is distinguished and varied, including:

- State of Nevada Department of Transportation
- State of Nevada Department of Corrections
- Community Corrections
- Volunteers of America – Alabama and Georgia
- Community Drug and Alcohol Council
- Okaloosa County, Florida
- Bay County, Florida

4.2 SUBCONTRACTOR INFORMATION

4.2.1 Does this proposal include the use of subcontractors?

Yes	X	No	

If "Yes", vendor must:

4.2.1.1 Identify specific subcontractors and the specific requirements of this RFP for which each proposed subcontractor will perform services.
Drug Free Workplaces, Inc. utilizes LabCorp as a subcontractor to provide collection sites and specimen testing services.

4.2.1.2 If any tasks are to be completed by subcontractor(s), vendors must:

A. Describe the relevant contractual arrangements;
LabCorp is a SAMHSA Certified Laboratory that Drug Free Workplaces, Inc. contracts with to provide specimen testing services, including emit, GC/MS, 6AM, and d/l isomer testing confirmed by a certified scientist.

B. Describe how the work of any subcontractor(s) will be supervised, channels of communication will be maintained and compliance with contract terms assured; and
Drug Free Workplaces' Medical Review Officers maintain an open dialogue with LabCorp's certifying scientists. LabCorp complies with required blind samples and review by Federal auditors as required. Drug Free Workplaces, Inc. has an enduring and successful relationship with LabCorp as our subcontractor.

C. Describe your previous experience with subcontractor(s).
Drug Free Workplaces, Inc. maintains positive relationships with our subcontractors through frequent and ongoing communication and reporting procedures. Our positive relationship with LabCorp is further evidenced in LabCorp's testing data, every requested re-test has been re-confirmed.

4.2.1.3 Vendors must describe the methodology, processes and tools utilized for:

A. Selecting and qualifying appropriate subcontractors for the project/contract;
Drug Free Workplaces, Inc. requires that its subcontractors meet or exceed the certification requirement for their duties. We review all credentials as well as perform ongoing checks of the Federal Register and peer review for all of our subcontractors.

B. Ensuring subcontractor compliance with the overall performance objectives for the project;

Drug Free Workplaces, Inc. reviews every chain of custody form and sends blind specimens when necessary to ensure LabCorp, our subcontractor, complies with the overall performance objectives and accuracy levels of this project.

C. Ensuring that subcontractor deliverables meet the quality objectives of the project/contract; and

Drug Free Workplaces, Inc. reviews timeliness of emit GC/MS resolutions and the response times of certifying scientists to questions posed by Medical Review Officers to ensure that LabCorp is meeting the quality objectives of contracts.

D. Providing proof of payment to any subcontractor(s) used for this project/contract, if requested by the State. Proposal should include a plan by which, at the State's request, the State will be notified of such payments.

The State of Nevada may request proof of payment to a Drug Free Workplaces, Inc. subcontractor at any time, and a report will be provided to show a zero balance.

4.2.1.4 Provide the same information for any proposed subcontractors as requested in ***Section 4.1, Vendor Information***.

4.1 SUBCONTRACTOR: VENDOR INFORMATION

4.1.1 Vendors must provide a company profile in the table format below.

Question	Response
Company name:	***LabCorp***
Ownership (sole proprietor, partnership, etc.):	***Corporation***
State of incorporation:	***Delaware***
Date of incorporation:	***1995***
# of years in business:	***45 years (formed from predecessor companies)***
List of top officers:	***David P. King, Chairman and Chief Executive Officer*** ***Glenn A. Eisenberg, Executive Vice President and Chief Financial Officer***
Location of company headquarters:	***North Carolina***
Location(s) of the company offices:	***LabCorp's laboratories and collection facilities are located throughout the United States.***
Location(s) of the office that will provide the services described in this RFP:	***LabCorp collection facilities are located throughout Nevada, see Tab VI – Scope of Work of this response for a listing. Laboratory testing services will be performed at the company's laboratory in Texas.***
Number of employees locally with the expertise to support the requirements identified in this RFP:	***LabCorp employs approximately 200 staff at collection sites in Nevada.***
Number of employees nationally with the expertise to support the requirements in this RFP:	***LabCorp employs a staff of over 34,000 worldwide.***
Location(s) from which employees will be assigned for this project:	***LabCorp employees for this project will primarily be assigned from collection sites in Nevada,***

Question	Response
	laboratory in Texas, and headquarters in North Carolina

4.1.2 Please be advised, pursuant to NRS 80.010, a corporation organized pursuant to the laws of another state must register with the State of Nevada, Secretary of State's Office as a foreign corporation before a contract can be executed between the State of Nevada and the awarded vendor, unless specifically exempted by NRS 80.015.

4.1.3 The selected vendor, prior to doing business in the State of Nevada, must be appropriately licensed by the State of Nevada, Secretary of State's Office pursuant to NRS76. Information regarding the Nevada Business License can be located at http://nvsos.gov.

LabCorp maintains all necessary licenses to do business in the State of Nevada.

Question	Response
Nevada Business License Number:	***NV19761002182/ NV19951102974***
Legal Entity Name:	***Laboratory Corporation of America/Laboratory Corporation of America Holdings***

Is "Legal Entity Name" the same name as vendor is doing business as?

Yes		No	X

If "No", provide explanation.
"Laboratory Corporation of America" is commonly referred to and does business as "LabCorp".

4.1.4 Vendors are cautioned that some services may contain licensing requirement(s). Vendors shall be proactive in verification of these requirements prior to proposal submittal. Proposals that do not contain the requisite licensure may be deemed non-responsive.
LabCorp meets all necessary licensing requirements. Drug Free Workplaces, Inc. conducts regular audits of licensing requirements to confirm subcontractors are in compliance. LabCorp is in compliance with all requirements currently. LabCorp's licenses are included in Tab IV – State Documents, Section D – Certifications and Licenses.

4.1.5 Has the vendor ever been engaged under contract by any State of Nevada agency?

Yes	X	No	

If "Yes", complete the following table for each State agency for whom the work was performed. Table can be duplicated for each contract being identified.

Question	Response
Name of State agency:	***As one of the nation's largest clinical testing laboratories with multiple facilities within the State of Nevada, LabCorp has at some time held contracts with the State of Nevada. The dates and specific agencies are not available, although LabCorp has provided collection sites and specimen testing services for the State of Nevada through its contract with Drug Free Workplaces, Inc. since 2008.***
State agency contact name:	
Dates when services were performed:	
Type of duties performed:	
Total dollar value of the contract:	

4.1.6 Are you now or have you been within the last two (2) years an employee of the State of Nevada, or any of its agencies, departments, or divisions?

If "Yes", please explain when the employee is planning to render services, while on annual leave, compensatory time, or on their own time?

If you employ (a) any person who is a current employee of an agency of the State of Nevada, or (b) any person who has been an employee of an agency of the State of Nevada within the past two (2) years, and if such person will be performing or producing the services which you will be contracted to provide under this contract, you must disclose the identity of each such person in your response to this RFP, and specify the services that each person will be expected to perform.
LabCorp does not require its employees to disclose information regarding any additional employment they may undertake. Additionally, with a staff of 34,000

worldwide, it is not possible for LabCorp to state if one of its staff members was an employee of the State of Nevada within the past two years.

4.1.7 Disclosure of any significant prior or ongoing contract failures, contract breaches, civil or criminal litigation in which the vendor has been alleged to be liable or held liable in a matter involving a contract with the State of Nevada or any other governmental entity. Any pending claim or litigation occurring within the past six (6) years which may adversely affect the vendor's ability to perform or fulfill its obligations if a contract is awarded as a result of this RFP must also be disclosed.

Does any of the above apply to your company?

Yes		No	

If "Yes", please provide the following information. Table can be duplicated for each issue being identified.

Question	Response	
Date of alleged contract failure or breach:		
Parties involved:		
Description of the contract failure, contract breach, or litigation, including the products or services involved:		
Amount in controversy:		
Resolution or current status of the dispute:		
If the matter has resulted in a court case:	Court	Case Number
Status of the litigation:		

As one of the largest clinical reference laboratories in the United States, LabCorp is involved in litigation that arises in the ordinary course of its business. Such litigation may involve claims for damages allegedly resulting from laboratory services provided by LabCorp. However, to the best of LabCorp's knowledge, such litigation would not have any material effect on LabCorp's ability to perform the services being requested by the State of Nevada. LabCorp holds the details of any pending or past litigations as proprietary and confidential information that will not be disclosed to any third-party.

4.1.8 Vendors must review the insurance requirements specified in ***Attachment E, Insurance Schedule for RFP 3268***. Does your organization currently have or will your organization be able to provide the insurance requirements as specified in ***Attachment E***.

Yes	X	No	

Any exceptions and/or assumptions to the insurance requirements must be identified on Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions of RFP. Exceptions and/or assumptions will be taken into consideration as part of the evaluation process; however, vendors must be specific. If vendors do not specify any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Upon contract award, the successful vendor must provide the Certificate of Insurance identifying the coverages as specified in Attachment E, Insurance Schedule for RFP 3268. ***LabCorp meets or exceeds the insurance requirements outlined in the State of Nevada's RFP with no exceptions or assumptions.***

4.1.9 Company background/history and why vendor is qualified to provide the services described in this RFP. Limit response to no more than five (5) pages.

Subcontracor: LabCorp – Company Background

Founded in 1971 by predecessor companies, Laboratory Corporation of America Holdings (LabCorp) is much more than a routine clinical laboratory. As a pioneer in genomic testing and the commercialization of new diagnostic technologies, LabCorp is one of the world's largest clinical laboratories. Headquartered in North Carolina, LabCorp has approximately 37,000 employees and offers a broad range of genomic/esoteric tests. Listed under the ticker symbol LH on the New York Stock Exchange, LabCorp tests more than 370,000 specimens daily for over 220,000 clients nationwide.

LabCorp operates a nationwide network of testing locations and patient service centers, and routine testing is the cornerstone of the company's industry-leading national network. That delivery and service network makes it possible for LabCorp to easily offer an extensive esoteric testing portfolio and groundbreaking technologies to a broader audience, including medically important genomic tests. LabCorp's reputation and proven record in the area of advanced genomic testing continues to attract the leading minds and technological pioneers in the field. Its laboratories participated in the development of genomic applications using Polymerase Chain Reaction (PCR) technology, and LabCorp was the first commercial laboratory to provide this innovative technology to health care providers. LabCorp laboratories have been at the forefront of new molecular tests to diagnose, treat, and manage disease, particularly in the areas of infectious disease, oncology and genetics. LabCorp's molecular genetics testing center was involved with the original research and subsequent standardization of Her-2Neu testing for breast cancer.

LabCorp's Occupational Testing Services
LabCorp Corporate Solutions is LabCorp's occupational testing services division. LabCorp Corporate Solutions was formed specifically to offer easily accessible, cost-effective drug-free workplace and employee wellness testing services. LabCorp has developed innovative technologies that increase testing program management efficiencies, allowing our clients to focus on their core competencies and grow their bottom line.

Substance abuse testing services at LabCorp began in 1982 and, in 1988, the organization became one of the first ten laboratories in the United States to be certified by the National Institute on Drug Abuse (NDIA), now the National Laboratory Certification Program. For timely result turnaround, LabCorp maintains a national network of SAMHSA-certified laboratories. As a part of standard operating procedures, LabCorp monitors and complies with various state licensing and/or certification requirements, including the Florida Agency for Health Care Administration (AHCA). The over 500 employees of the occupational testing services division test over 30,000 samples each day. All occupational testing service laboratories operate on the same platform for result reporting and invoicing.

4.1.10 Length of time vendor has been providing services described in this RFP to the public and/or private sector. Please provide a brief description.
LabCorp has been providing services to the public and private sector for over 45 years. The company was formed in 1971 by predecessor companies. In 1981, LabCorp began offering

substance abuse testing services to offer easily accessible, cost effective drug-free workplace and employee wellness testing services. Since its formation, LabCorp has grown to serve over 220,000 clients nationwide, testing over 30,000 samples each day.

4.2.1.5 Business references as specified in Section 4.3, Business References must be provided for any proposed subcontractors.
Please see Section 4.3 of this proposal for Business References for Drug Free Workplaces, Inc. and LabCorp, the project subcontractor.

4.2.1.6 Vendor shall not allow any subcontractor to commence work until all insurance required of Subcontractor is provided to the vendor.
LabCorp, the project subcontractor, carries all required insurance coverage. Certificates are included in Tab IX – Other Informational Material of this response.

4.2.1.7 Vendor must notify the using agency of the intended use of any subcontractors not identified within their original proposal and provide the information originally requested in the RFP in Section 4.2, Subcontractor Information. The vendor must receive agency approval prior to subcontractor commencing work.
Drug Free Workplaces will notify the State of Nevada prior to utilizing the services of any subcontractors not identified within this proposal and will provide information from Section 4.2, Subcontractor Information of RFP 3268. Drug Free Workplaces, Inc. will not commence work with new subcontractors until the State of Nevada has approved the relationship.

4.3 BUSINESS REFERENCES

4.3.1 Vendors should provide a minimum of three (3) business references from similar projects performed for private, state and/or large local government clients within the last five (5) years.

4.3.2 Vendors must provide the following information for every business reference provided by the vendor and/or subcontractor:

The "Company Name" must be the name of the proposing vendor or the vendor's proposed subcontractor.

DRUG FREE WORKPLACES, INC. – VENDOR BUSINESS REFERENCES

Reference #:	1		
Company Name:	Escambia County Board of County Commissioners		
Identify role company will have for this RFP project (Check appropriate role below):			
	VENDOR X		***SUBCONTRACTOR***
Project Name:	Third Party Administrator for drug and alcohol program		
Primary Contact Information			
Name:	Paulette S. Stallworth		
Street Address:	221 Palafox Place, Suite 200		
City, State, Zip	Pensacola, FL 32502		
Phone, including area code:	850-595-4926		
Facsimile, including area code:	850-595-4966		
Email address:	psstallw@co.escambia.fl.us		
Alternate Contact Information			
Name:	Judy Battle		
Street Address:	Same as above		
City, State, Zip	Same as above		
Phone, including area code:	Same as above		
Facsimile, including area code:	Same as above		
Email address:	jabattle@co.escambia.fl.us		
Project Information			

Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	Collection services, DOT & Non-DOT Drug & Alcohol testing with medical review, random pool administration, monthly invoices, pre-printed coc forms, maintain client records, DOT Supervisor/Employee training & provide requested reports.
Original Project/Contract Start Date:	1/1/2012
Original Project/Contract End Date:	Ongoing
Original Project/Contract Value:	Confidential
Final Project/Contract Date:	N/A
Was project/contract completed in time originally allotted, and if not, why not?	Ongoing contract
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	Yes

Reference #:	2		
Company Name:	Santa Rosa County		
Identify role company will have for this RFP project (Check appropriate role below):			
	VENDOR X		***SUBCONTRACTOR***
Project Name:	Third Party Administrator for drug and alcohol program		
Primary Contact Information			
Name:	DeVann Cook		
Street Address:	6495 Caroline St. Suite H		
City, State, Zip	Milton, FL 32570		
Phone, including area code:	850-983-1948		
Facsimile, including area code:	850-981-2003		
Email address:	devannc@santarosa.fl.gov		
Alternate Contact Information			
Name:	Cindy Williams		

Street Address:	Same as above
City, State, Zip	Same as above
Phone, including area code:	Same as above
Facsimile, including area code:	Same as above
Email address:	cindyw@santarosa.fl.gov
Project Information	
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	Collection services, DOT & Non-DOT Drug & Alcohol testing with medical review, random pool administration, monthly invoices, pre-printed coc forms, maintain client records, DOT Supervisor/Employee training & provide requested reports.
Original Project/Contract Start Date:	10/1/2001
Original Project/Contract End Date:	Ongoing
Original Project/Contract Value:	Confidential
Final Project/Contract Date:	N/A
Was project/contract completed in time originally allotted, and if not, why not?	Ongoing contract
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	Yes

Reference #:	3		
Company Name:	Bay County Board of Commissioners		
Identify role company will have for this RFP project (Check appropriate role below):			
	VENDOR X		***SUBCONTRACTOR***
Project Name:	Third Party Administrator for drug and alcohol program		
Primary Contact Information			
Name:		Eve Tooley	
Street Address:		840 W. 11th St.	

City, State, Zip	Panama City, FL 32401
Phone, including area code:	850-248-8231
Facsimile, including area code:	850-248-8218
Email address:	etooley@baycountyfl.gov
Alternate Contact Information	
Name:	Cheryl Faulk
Street Address:	Same as above
City, State, Zip	Same as above
Phone, including area code:	Same as above
Facsimile, including area code:	Same as above
Email address:	cfaulk@baycountyfl.gov
Project Information	
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	Collection services, DOT & Non-DOT Drug & Alcohol testing with medical review, random pool administration, monthly invoices, pre-printed coc forms, maintain client records, DOT Supervisor/Employee training & provide requested reports.
Original Project/Contract Start Date:	10/17/1997
Original Project/Contract End Date:	Ongoing
Original Project/Contract Value:	Confidential
Final Project/Contract Date:	N/A
Was project/contract completed in time originally allotted, and if not, why not?	Ongoing contract
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	Yes

4.3 SUBCONTRACTOR/LABCORP. – SUBCONTACTOR BUSINESS REFERENCES

Reference #:	1		
Company Name:	Escambia County Board of County Commissioners		
Identify role company will have for this RFP project (Check appropriate role below):			
	VENDOR	***X***	***SUBCONTRACTOR***
Project Name:	Collection sites and testing services		
Primary Contact Information			
Name:	Paulette S. Stallworth		
Street Address:	221 Palafox Place, Suite 200		
City, State, Zip	Pensacola, FL 32502		
Phone, including area code:	850-595-4926		
Facsimile, including area code:	850-595-4966		
Email address:	psstallw@co.escambia.fl.us		
Alternate Contact Information			
Name:	Judy Battle		
Street Address:	Same as above		
City, State, Zip	Same as above		
Phone, including area code:	Same as above		
Facsimile, including area code:	Same as above		
Email address:	jabattle@co.escambia.fl.us		
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	Collection services, DOT & Non-DOT Drug & Alcohol testing		
Original Project/Contract Start Date:	1/1/2012		
Original Project/Contract End Date:	Ongoing		
Original Project/Contract Value:	Confidential		

Final Project/Contract Date:	N/A
Was project/contract completed in time originally allotted, and if not, why not?	Ongoing contract
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	Yes

Reference #:	2		
Company Name:	Santa Rosa County		
Identify role company will have for this RFP project (Check appropriate role below):			
	VENDOR	***X***	***SUBCONTRACTOR***
Project Name:	Third Party Administrator for drug and alcohol program		
Primary Contact Information			
Name:	DeVann Cook		
Street Address:	6495 Caroline St. Suite H		
City, State, Zip	Milton, FL 32570		
Phone, including area code:	850-983-1948		
Facsimile, including area code:	850-981-2003		
Email address:	devannc@santarosa.fl.gov		
Alternate Contact Information			
Name:	Cindy Williams		
Street Address:	Same as above		
City, State, Zip	Same as above		
Phone, including area code:	Same as above		
Facsimile, including area code:	Same as above		
Email address:	cindyw@santarosa.fl.gov		
Project Information			
Brief description of the project/contract and description of	Collection services, DOT & Non-DOT Drug & Alcohol testing		

services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	
Original Project/Contract Start Date:	10/1/2001
Original Project/Contract End Date:	Ongoing
Original Project/Contract Value:	Confidential
Final Project/Contract Date:	N/A
Was project/contract completed in time originally allotted, and if not, why not?	Ongoing contract
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	Yes

Reference #:	3		
Company Name:	Bay County Board of Commissioners		
Identify role company will have for this RFP project (Check appropriate role below):			
	VENDOR	***X***	***SUBCONTRACTOR***
Project Name:	Third Party Administrator for drug and alcohol program		
Primary Contact Information			
Name:	Eve Tooley		
Street Address:	840 W. 11th St.		
City, State, Zip	Panama City, FL 32401		
Phone, including area code:	850-248-8231		
Facsimile, including area code:	850-248-8218		
Email address:	etooley@baycountyfl.gov		
Alternate Contact Information			
Name:	Cheryl Faulk		
Street Address:	Same as above		

City, State, Zip	Same as above
Phone, including area code:	Same as above
Facsimile, including area code:	Same as above
Email address:	cfaulk@baycountyfl.gov
Project Information	
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	Collection services, DOT & Non-DOT Drug & Alcohol testing
Original Project/Contract Start Date:	10/17/1997
Original Project/Contract End Date:	Ongoing
Original Project/Contract Value:	Confidential
Final Project/Contract Date:	N/A
Was project/contract completed in time originally allotted, and if not, why not?	Ongoing contract
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	Yes

4.3.3 Vendors must also submit ***Attachment F, Reference Questionnaire*** to the business references that are identified in Section 4.3.2.

4.3.4 The company identified as the business references must submit the Reference Questionnaire directly to the Purchasing Division.

4.3.5 It is the vendor's responsibility to ensure that completed forms are received by the Purchasing Division on or before the deadline as specified in ***Section 8, RFP Timeline*** for inclusion in the evaluation process. Reference Questionnaires not received, or not complete, may adversely affect the vendor's score in the evaluation process.

4.3.6 The State reserves the right to contact and verify any and all references listed regarding the quality and degree of satisfaction for such performance.

Attachment F, Reference Questionnaire has been submitted to the business references named above on behalf of Drug Free Workplaces, Inc. (Vendor) and LabCorp (Subcontractor)b to be returned directly to the Purchasing Division by the references.

VIII - STAFF RESUMES

4.4 As the primary contact for the State of Nevada, Attachment G is included following this section for Dr. Carol J. Law, president of Drug Free Workplaces. Biographical information for other key personnel is included below.

Dr. Carol J. Law, President of Drug Free Workplaces, Inc.

Dr. Carol J. Law is the president of Drug Free Workplace, Inc., which she founded in 1992. The company provides quality drug testing, policy, and education services to businesses throughout the United States. As president, her areas of expertise include client management, government regulations, training, and drug testing advances. She is a speaker at major industry events, including the Federal Transit Administration's National Conference.

Dr. Law was a part of the child welfare/justice system for over 15 years as a supervisor of protective children services and was ultimately responsible for all of the social welfare programs in Escambia and Santa Rosa Counties in Florida, including a residential treatment center for boys and the District Juvenile Justice Detention Center.

Dr. Law is a Nationally Certified Substance Abuse Program Administrator with over 25 years of experience in the mental health and substance abuse fields. She serves on the Florida Drug Free Workplace Advisory Panel, an appointment by Governor Jeb Bush. Programs implemented by Dr. Law have been recognized by the President's Drug Advisory Council and other government agencies.

She is a member of the Board of Directors of the Community Drug and Alcohol Council and was appointed by Governor Jeb Bush to serve on his Ex-Offender Task Force. Dr. Law also served on the committee that wrote the certifying exam for Third Party Administrators, given by the Substance Abuse Program Administrators Association. She is a consultant to corporations, organizations, and communities and is listed in "Who's Who Among Human Service Professionals"" and "Who's Who Among American Women."

Dr. Law acquired a Bachelor of Arts Degree in Psychology, a Master of Arts Degree in Gerontology, and a Doctoral Degree in Counseling Psychology. She attended Upsala College, Rutgers Graduate School, and Columbia Pacific University. Dr. Law has also completed continuing education programs at Florida University, UCLA, and Harvard Medical School.

Rhonda Yancey, Vice President of Operations

Rhonda Yancey is Drug Free Workplaces, Inc.'s Vice President of Operations and assists the Medical Review Officer in the review and reporting of drug and alcohol test results for both mandated and non-mandated testing. In this role, she also maintains DOT and Non-DOT client records with confidentiality, ensuring security and integrity during the process.

Rhonda Yancey has over 10 years of experience as a pharmacy technician, working in hospital and clinic environments and brings an additional seven years of experience as a Nursing Assistant, Medical/Surgical Assistant and Manager of a Pain Management Clinic. She is also a certified Third Party Administrator.

Dr. Morris Simhachalam, D.O., AAMRO, Medical Research Officer

Dr. Morris N. Simhachalam is a Certified Medical Review Officer through the American Association of Medical Review Officers. He earned a Doctor of Osteopathic Medicine Degree at the University of Health Sciences and his Family Practice Internship and Residency Program at Florida Hospital. He received a Bachelor of Arts Degree in Medical Technology at Union College. He has been a family practice physician at Sacred Heart Medical Group in Pensacola since 1997.

As a licensed physician and Medical Review Officer, he is responsible for receiving and reviewing laboratory results generated by Drug Free Workplaces, Inc.'s drug testing program and evaluating medical explanations for certain drug results.

Terri Wade, Medical Research Officer Assistant

Terri Wade assists the Medical Review Officer in the review and reporting of drug and alcohol test results for both mandated and non-mandated testing. She also maintains DOT and Non-DOT client records with confidentiality, ensuring security and integrity in the process.

She brings extensive administrative experience to Drug Free Workplaces, Inc., with positions held in administration at a state college financial aid department, scanning medical records for a local hospital, and tracking currencies and qualifications records for Navy Flight Training Officers. Wade received an Associate of Arts Degree from Lane Community College in Eugene, Oregon.

Alexa Bauer, Accounts/Random Administrator

Alexa Bauer is responsible for accounts payable and receivable, follow-up testing programs, DOT and Non-DOT random programs, special projects and client reporting of quarterly, semi-annual and annual activity summaries to include DOT MIS reports. She assists clients with DOT audit preparation, information and records.

Her previous experience brings over 18 years with related accounting positons, assisting in large detailed projects, including reconciliation of multi-million dollar accounts for a national insurance underwriter. She is highly skilled in computer software and is a certified expert in Excel spreadsheets.

She graduated with a Bachelor's Degree in Applied Science Accounting and Applied Science Bookkeeping and holds a Certificate of Expert in Microsoft Excel.

David P. King, Chief Executive Office, LabCorp (Vendor Subcontractor)

David King has served as Chairman of the Board, President, and Chief Executive Officer of LabCorp since May 6, 2009. He began his tenure with LabCorp in 2001 as Senior Vice President, General Counsel and Chief Compliance Officer. Prior to joining the Company, he was a partner with Hogan & Hartson LLP (now Hogan Lovells US LLP) in Baltimore, Maryland from 1992 to 2001. King was appointed to the board of directors of Cardinal Health, Inc. in 2011 and chairs its Human Resources and Compensation Committee. He also sits on the boards of directors of the Seattle Science Foundation, PATH, Inc., and the American Clinical Laboratory Association. He is also on the board of trustees of Elon University and Durham Academy. King has a deep understanding of the clinical laboratory industry, business strategy, sales and marketing and executive management of LabCorp and its operations.

PROPOSED STAFF RESUME FOR RFP 3268

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Drug Free Workplaces, Inc.***

Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.

Name:	***Dr. Carol J. Law***	**Key Personnel: (Yes/No)**	***Y***
Individual's Title:	***President***		
# of Years in Classification:	***24***	**# of Years with Firm: 24**	

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Dr. Carol J. Law has extensive experience administering drug testing programs for corporate and government entities.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

1992- Present
Drug Free Workplaces, Inc.
Founder and President

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

Dr. Law earned a Bachelor of Arts Degree in Psychology, a Master of Arts Degree in Gerontology, and a Doctoral Degree in Counseling Psychology. She attended Upsala College, Rutgers Graduate School, and Columbia Pacific University. Dr. Law has also completed continuing education programs at Florida University, UCLA, and Harvard Medical School.

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

Insert here any certifications proposed individual has received.

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

1. Rebecca Lester
Confidential Assistant
Emerald Coast Utilities Authority
850-929-3349
Fax: 850-969-3377
Rebeccalester@ecua.fl.gov

2. Patricia Hutcheson, PHR, SHRM-CP
Senior Human Resource Generalist
Volunteers of America Southeast, Inc.
251-338-1281
phutch@voase.org

3. Tara Hazelden
Human Resources Manager
Southeast Milk, Inc.
352-347-4956
Fax: 352-307-0499
thazelden@southeastmilk.org

IX – OTHER INFORMATIONAL MATERIAL

NON-DOT CHAIN OF CUSTODY FORM

LabCorp

Laboratory Corporation of America Holdings
1904 Alexander Dr., Research Triangle Park, NC 27709
69 First Ave., Raritan, NJ 08869
7207 North Gessner, Houston, TX 77040
1120 Main St., Southaven, MS 38671

URINE CHAIN OF CUSTODY FORM

COPY 1 – LABORATORY
590 P Revised 1/2008

Specimen Id No. 1234567890

1234567890

A. Employer Name, Address, Phone, Fax, I.D.No.:
DRUG FREE WORKPLACES, INC.
ATTN: CAROL J. LAW, PH.D.
27 WEST ROMANA STREET
PENSACOLA, FL 32502
Phone: (000)000-0085 x0434378 Fax: (850)434-8244
Location: 791842

B. MRO Name, Address, Phone, Fax:
DRUG FREE WORKPLACES, INC
ATTN: MORRIS SIMHACHALAM, D.O.
27 W. ROMANA STREET
FAX #850-434-8244
PENSACOLA, FL 32502
Phone: (850)434-3782 Fax: (850)434-8244

791842

C. Donor SSN: 123456789 Donor I.D.: DONORID
D. Reason for Test: EXAMPLE COC FORM - DO NOT USE - DO NOT SUBMIT!

E. Collection Site Address.:
1515 Main St
MYSORE, TX 12345

Collector Phone No. (123)555-9999
Collector Fax No. (123)555-9999

F. Donor Identification Verified By: PHOTO ID

Read specimen temperature within 4 minutes. Is temperature between 90 & 100 F? YES Split Specimen Collection? NO Collection Observed? NO
REMARKS: EXAMPLE COC FORM - DO NOT USE - DO NOT SUBMIT! EXAMPLE COC FORM - DO NOT USE - DO NOT SUBMIT!

Collector affixes bottle seal(s) to container(s). Collector dates seal(s). Donor initials seal(s)

G. Daytime Phone: (919)123-4567 Evening Phone: (919)123-4567 Date of Birth (Mo/Day/Yr): 11/01/0068
Donor Sex : m

H. TEST(S) REQUESTED BY EMPLOYER: 302446.0001

I authorize the collection of this specimen for the purpose of a drug screen. I acknowledge that the specimen container(s) was/were sealed with tamper-proof seal(s) in my presence; and that the information provided on this form and on the label(s) affixed to the specimen container(s) is correct. I authorize the laboratory to release the results of the test to the company identified on this form or its designated agents.

Joe Donor
Donor's Name (First MI Last)
Signature of Donor
Initial
07/18/2013
Month Day Year

I certify that the specimen given to me by the donor identified on this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X
Signature of Collector
Joe Collector
Collector's Name (First Last)

Collection Time: 12:22 PM EDT
Collection Date: 07/18/2013

SPECIMEN BOTTLE(S) RELEASED TO:
LabCorp Courier
Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:
X
Signature of Accessioner
(Print) Accessioner's Name (First, MI, Last)
Date (Mo/Day/Yr)

Primary Specimen Bottle Seal Intact
[ ] Yes
[ ] No, enter remark below

SPECIMEN BOTTLE(S) RELEASED TO:

CONTAINER SEAL
WEB
1234567890

1234567890
1234567890
1234567890
1234567890

+ A Date Donor's Initials
+ B SPLIT Date Donor's Initials

Align the + with the center of top to seal both sides.

LabCorp

Laboratory Corporation of America Holdings
1904 Alexander Dr., Research Triangle Park, NC 27709
69 First Ave., Raritan, NJ 08869
7207 North Gessner, Houston, TX 77040
1120 Main St., Southaven, MS 38671

URINE CHAIN OF CUSTODY FORM

COPY 2 – COLLECTOR
590 P Revised 1/2008

Specimen Id No. 1234567890

1234567890

A. Employer Name, Address, Phone, Fax, I.D.No.:
DRUG FREE WORKPLACES, INC.
ATTN: CAROL J. LAW, PH.D.
27 WEST ROMANA STREET
PENSACOLA, FL 32502
Phone: **(000)000-0085 x0434378** Fax: **(850)434-8244**
Location: **791842**

B. MRO Name, Address, Phone, Fax:
DRUG FREE WORKPLACES, INC
ATTN: MORRIS SIMHACHALAM, D.O.
27 W. ROMANA STREET
FAX #850-434-8244
PENSACOLA, FL 32502
Phone: **(850)434-3782** Fax: **(850)434-8244**

791842

C. Donor SSN: **123456789** Donor I.D.: **DONORID**

D. Reason for Test: **EXAMPLE COC FORM - DO NOT USE - DO NOT SUBMIT!**

E. Collection Site Address.:
1515 Main St
MYSORE, TX 12345

Collector Phone No. **(123)555-9999**

Collector Fax No. **(123)555-9999**

F. Donor Identification Verified By: **PHOTO ID**

Read specimen temperature within 4 minutes. Is temperature between 90 & 100 F? **YES** Split Specimen Collection? **NO** Collection Observed? **NO**

REMARKS: **EXAMPLE COC FORM - DO NOT USE - DO NOT SUBMIT! EXAMPLE COC FORM - DO NOT USE - DO NOT SUBMIT!**

Collector affixes bottle seal(s) to container(s). Collector dates seal(s). Donor initials seal(s)

G. Daytime Phone: **(919)123-4567** Evening Phone: **(919)123-4567** Date of Birth (Mo/Day/Yr): **11/01/0068**

Donor Sex : m

H. TEST(S) REQUESTED BY EMPLOYER: **302446.0001**

I authorize the collection of this specimen for the purpose of a drug screen. I acknowledge that the specimen container(s) was/were sealed with tamper-proof seal(s) in my presence; and that the information provided on this form and on the label(s) affixed to the specimen container(s) is correct. I authorize the laboratory to release the results of the test to the company identified on this form or its designated agents.

Joe Donor
Donor's Name (First MI Last)

_____ / _____
Signature of Donor Initial

07/18/2013
Month Day Year

I certify that the specimen given to me by the donor identified on this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X_____
Signature of Collector
Joe Collector
Collector's Name (First Last)

Collection Time: **12:22 PM EDT**

Collection Date: **07/18/2013**

SPECIMEN BOTTLE(S) RELEASED TO:
LabCorp Courier
Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:
X_____
Signature of Accessioner

_____
(Print) Accessioner's Name (First, MI, Last)

___/___/___
Date (Mo/Day/Yr)

Primary Specimen Bottle Seal Intact
[ ] Yes
[ ] No, enter remark below

SPECIMEN BOTTLE(S) RELEASED TO:

LabCorp

Laboratory Corporation of America Holdings
1904 Alexander Dr., Research Triangle Park, NC 27709
69 First Ave., Raritan, NJ 08869

7207 North Gessner, Houston, TX 77040
1120 Main St., Southaven, MS 38671

URINE CHAIN OF CUSTODY FORM

COPY 3 – DONOR (green)
590 P Revised 1/2008

Specimen Id No. 1234567890

1234567890

791842

A. Employer Name, Address, Phone, Fax, I.D.No.:
DRUG FREE WORKPLACES, INC.
ATTN: CAROL J. LAW, PH.D.
27 WEST ROMANA STREET
PENSACOLA, FL 32502
Phone: **(000)000-0085 x0434378** Fax: **(850)434-8244**
Location: **791842**

B. MRO Name, Address, Phone, Fax:
DRUG FREE WORKPLACES, INC
ATTN: MORRIS SIMHACHALAM, D.O.
27 W. ROMANA STREET
FAX #850-434-8244
PENSACOLA, FL 32502
Phone: **(850)434-3782** Fax: **(850)434-8244**

C. Donor SSN: **123456789** Donor I.D.: **DONORID**

D. Reason for Test: **EXAMPLE COC FORM - DO NOT USE - DO NOT SUBMIT!**

E. Collection Site Address.:
1515 Main St
MYSORE, TX 12345

Collector Phone No. **(123)555-9999**

Collector Fax No. **(123)555-9999**

F. Donor Identification Verified By: **PHOTO ID**

Read specimen temperature within 4 minutes. Is temperature between 90 & 100 F? **YES** Split Specimen Collection? **NO** Collection Observed? **NO**
REMARKS: **EXAMPLE COC FORM - DO NOT USE - DO NOT SUBMIT! EXAMPLE COC FORM - DO NOT USE - DO NOT SUBMIT!**

Collector affixes bottle seal(s) to container(s). Collector dates seal(s). Donor initials seal(s)

G. Daytime Phone: **(919)123-4567** Evening Phone: **(919)123-4567** Date of Birth (Mo/Day/Yr): **11/01/0068**
Donor Sex : m

H. TEST(S) REQUESTED BY EMPLOYER: **302446.0001**

I authorize the collection of this specimen for the purpose of a drug screen. I acknowledge that the specimen container(s) was/were sealed with tamper-proof seal(s) in my presence; and that the information provided on this form and on the label(s) affixed to the specimen container(s) is correct. I authorize the laboratory to release the results of the test to the company identified on this form or its designated agents.

Joe Donor
Donor's Name (First MI Last)

_____ / _____
Signature of Donor Initial

07/18/2013
Month Day Year

I certify that the specimen given to me by the donor identified on this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X_____
Signature of Collector
Joe Collector
Collector's Name (First Last)

Collection Time: **12:22 PM EDT**

Collection Date: **07/18/2013**

SPECIMEN BOTTLE(S) RELEASED TO:
LabCorp Courier
Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:
X_____
Signature of Accessioner

_____
(Print) Accessioner's Name (First, MI, Last)

___/___/___
Date (Mo/Day/Yr)

Primary Specimen Bottle Seal Intact
[ ] Yes
[ ] No, enter remark below

SPECIMEN BOTTLE(S) RELEASED TO:

DOT CHAIN OF CUSTODY FORM

1904 Alexander Dr., Research Triangle Park, NC 27709
1120 Main Street, Southaven, MS 38671
7207 North Gessner, Houston, TX 77040

Printed: 02/11
3000
Customer Svc: 800-833-3984

SPECIMEN ID NO. 0507235746

0507235746
ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.
DRUG FREE WORKPLACES
DOT WALK-IN
ATTN: DR CAROL J. LAW
27 WEST ROMANA STREET
PENSACOLA FL 32502
850-434-3782 Fx: 850-434-8244

B. MRO Name, Address, Phone No. and Fax No. 791841
DRUG FREE WORKPLACES, INC.
ATTN: D.P. SPRUCE, M.D.-MRO
27 W. ROMANA STREET
FAX #8504348244
PENSACOLA FL 32502
850-434-3782 FAX: 850-434-8244

C. Donor SSN or Employee I.D. No.

LOCATION CODE:

D. Specify Testing Authority: ☐ HHS ☐ NRC ☐ DOT – Specify DOT Agency: ☐ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

E. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify)

F. Drug Tests to be Performed: ☒ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify) _____

G. Collection Site Address:

Collector Phone No.

Collector Fax No.

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F? ☐ Yes ☐ No, Enter Remark | Collection: ☐ Split ☐ Single ☐ None Provided, Enter Remark | ☐ Observed, Enter Rem

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

X _____
Signature of Collector

(PRINT) Collector's Name (First, MI, Last) | Date (Mo/Day/Yr) | Time of Collection AM PM

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service

RECEIVED AT LAB OR IITF:

X _____
Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last) | Date (Mo/Day/Yr)

Primary Specimen Bottle Seal Intact ☐ YES ☐ NO
If NO, Enter remark in Step 5A.

SPECIMEN BOTTLE(S) RELEASED T

STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY

☐ NEGATIVE ☐ DILUTE ☐ POSITIVE for: ☐ Marijuana Metabolite (Δ9-THCA) ☐ Cocaine Metabolite (BZE) ☐ PCP ☐ 6-Acetylmorphine ☐ Morphine ☐ Codeine ☐ Methamphetamine ☐ Amphetamine ☐ MDMA ☐ MDA ☐ MDEA

☐ REJECTED FOR TESTING ☐ ADULTERATED ☐ SUBSTITUTED ☐ INVALID RESULT

REMARKS: _____

Test Facility (if different from above) : _____

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requiremen

X _____
Signature of Certifying Technician/Scientist | (PRINT) Certifying Technician/Scientist's Name (First, MI, Last) | Date (Mo/Day/Yr)

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

Laboratory Name

Laboratory Address

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON _____

I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed and reported in accordance with applicable Federal requirements.

X _____
Signature of Certifying Scientist | (PRINT) Certifying Scientist's Name (First, MI, Last) | Date (Mo./Day/Yr.)

CONTAINER SEAL

3000

0507235746

Bottle A

0507235746

Bottle B (SPLIT)

0507235746

A ___/___/___ DATE DONOR'S INITIALS

B SPLIT ___/___/___ DATE DONOR'S INITIALS

COPY 1 - TEST FACILITY COPY

SAMPLE REPORTS

27 W. Romana St. Pensacola, FL 32502
(850) 434-3782 - FAX: (850) 434-8244
www.drugfreeworkplaces.com

My Practice Demo Company
Rhonda Yancey
123 Hoy Street
State College, PA 16801-2829

Summary of Drug Testing - (Grand Totals)

DEMO-My Practice Demo Company

From: 01/01/2007 **To:** 06/30/2012

Include Canceled Tests
Ignore DOT Status

GRAND TOTALS - DRUGS

	Actual Tests	Canceled Tests	Other Tests	Total Tests	% of Total
Specimens Collected by Test Type:					
(HR) *Hair Test	1	0	0	1	100.000
	1	0	0	1	100.000
Number of Refused tests by Test Type:					
(HR) *Hair Test				0	0.000
				0	0.000
Confirmed positives by Test Type:					
(HR) *Hair Test				0	0.000
				0	0.000
Confirmed positives by Substance:					
(AMP) Amphetamines				0	0.000
(COC) Cocaine				0	0.000
(MAR) Marijuana				0	0.000
(OP) Opiates				0	0.000
(PCP) Phencyclidine				0	0.000
				0	0.000
Number of confirmed positives for more than one substance:				0	0.000
Disposition breakdown:					
(FT) Fatal Flaw				1	100.000
				1	100.000

Initial Positives: 0

See following page(s) for additional Test-Type/Substance statistics

27 W. Romana St. Pensacola, FL 32502
(850) 434-3782 - FAX: (850) 434-8244
www.drugfreeworkplaces.com

ATTENTION:

Dr. Carol J. Law
Drug Free Workplaces, Inc./Walk-In (9)
27 West Romana Street
Pensacola, FL 32502

Participant: Sample
Participant ID: 000-00-0000
SSN: 000-00-0000

Results of Controlled Substance Test

Record Status: Negative
Test Type: Pre-Employment
Collection Date/Time: 07/15/2013 09:00 AM
Batch ID: 20130718
Specimen ID: 123456789
Date COC Received: 07/18/2013
Sample Type: Urine
Test Panel: 9-Substances

Laboratory: Lab Corp
1904 Alexander Drive
Research Triangle Park, NC 27709
Collection Site: LabCorp Pensacola FL
3437 12Th Ave
Pensacola, FL 32503

Test Performed	Result	Test Performed	Result
Amphetamines	Negative	Cocaine	Negative
Marijuana	Negative	Phencyclidine	Negative
Opiates	Negative	Barbiturates	Negative
Benzodiazepines	Negative	Methadone	Negative
Propoxyphene	Negative		

M. Simhachalam

Morris Simhachalam, DO, MRO

7/16/2013
Verification Date

Results for Sample, Participant ID: 000-00-0000 (SSN: 000-00-0000)

Printed on 7/18/2013 at 11:13:11AM

INSURANCE CERTIFICATES

ACORD

DRUGFRE-01 LMILES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/8/2016

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 License # L089059
Dawson of Florida, Tampa
202 S. Rome Ave, Suite 175
Tampa, FL 33606

CONTACT NAME: Libby Miles
PHONE (A/C, No, Ext): (813) 424-3290 FAX (A/C, No): (813) 983-2958
E-MAIL ADDRESS: lmiles@dawsoncompanies.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Penn America Insurance	32859
INSURER B : Guarantee Insurance Company	11398
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Drug Free Workplaces USA LLC
27 West Romana Street
Pensacola, FL 32501

COVERAGES CERTIFICATE NUMBER: 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			PAV0058619	01/01/2016	01/01/2017	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			DRWC660458	01/01/2016	01/01/2017	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

State of Nevada, Purchasing Division
515 E Musser Ste 300
Carson City, NV 89701

CANCELLATION

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

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Client#: 1006889 63DRUGFRE3

ACORD **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 8/08/2016

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
BB&T Insurance Services, Inc.
110 Dixie Street
Carrollton, GA 30117
770 214-1991

CONTACT NAME:
PHONE (A/C, No, Ext): 770 214-1991 FAX (A/C, No): 888-751-2997
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Evanston Ins (Genesee General)	35378
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Drug Free Workplaces USA LLC
27 West Romana Street
Pensacola, FL 32502

COVERAGES CERTIFICATE NUMBER: 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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Professional			3DX0628	12/08/2015	12/08/2016	$1,000,000 $3,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Professional Liability-Diagnostic Testing Laboratory, Training or Consulting, Ordering Reports & Performing Background Checks; (Outside Company used to provide service for Ordering Reports and Performing Background Checks.) Claims Made; Retro Date: 12/08/05; Deductible: $2,500 Each Claim

CERTIFICATE HOLDER

State of Nevada
Purchasing Division
515 East Musser Street Suite 300
Carson, NV 89701

CANCELLATION

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

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#S16637793/M15074971 PDW

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 11/02/2015

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
Aon Risk Services Northeast, Inc.
New York NY Office
199 Water Street
New York NY 10038-3551 USA

CONTACT NAME:
PHONE (AIC. No. Ext): (866) 283-7122 FAX (AIC. No.): (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	ACE American Insurance Company	22667
INSURER B:	ACE Fire Underwriters Insurance Co.	20702
INSURER C:	Indemnity Insurance Co of North America	43575
INSURER D:	Westchester Surplus Lines Ins Co	10172
INSURER E:		
INSURER F:		

INSURED
Laboratory Corporation of America
Holdings & Subsidiaries
531 S Spring Street
Burlington NC 27215 USA

COVERAGES CERTIFICATE NUMBER: 570059981777 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. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT X LOC OTHER:			HDOG27402306	11/01/2015	11/01/2016	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$2,000,000
							PRODUCTS - COMP/OP AGG	$1,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS / SCHEDULED AUTOS X HIRED AUTOS / X NON-OWNED AUTOS			ISAH08860725	11/01/2015	11/01/2016	COMBINED SINGLE LIMIT (Ea accident)	$2,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
D	X UMBRELLA LIAB / X OCCUR EXCESS LIAB / CLAIMS-MADE DED X RETENTION			G27524485002 SIR applies per policy terms & conditions	11/01/2015	11/01/2016	EACH OCCURRENCE	$3,000,000
							AGGREGATE	$3,000,000
C A B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WLRC48596654A WLRC48596460 SCFC48596502	11/01/2015 11/01/2015 11/01/2015	11/01/2016 11/01/2016 11/01/2016	X PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE-EA EMPLOYEE	$1,000,000
							E.L. DISEASE-POLICY LIMIT	$1,000,000
A	E&O-PL-Primary			HDOG27402318 Claims Made	11/01/2015	11/01/2016	Each Incident Aggregate	$1,000,000 $3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Coverage.

CERTIFICATE HOLDER

Laboratory Corporation of America
Holdings & Subsidiaries
531 South Spring Street
Burlington NC 27215 USA

CANCELLATION

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

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570059981777

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NEVADA AGENCIES DRUG FREE WORKPLACES, INC. HAS DONE BUSINESS WITH

Active Companies by Company Name

Company ID	Account #	Company Name	Contact / Address
438287	438287	City Of Henderson/FMCSA	Mimi Merhi & Courtney Lancaster / Henderson, NV
438289	438289	City Of Henderson/Non-DOT	Mimi Merhi & Jennifer Fennema / Henderson, NV
096311	096311	Nevada Dept. Of Transp./FMCSA	Oscar Fuentes, Barbara Foster & Rose Stone / Cars
197037	197037	Nevada Dept. Of Transportation	Oscar Fuentes, Barbara Foster & Rose Stone / Cars
955405	955405	Nevada Non-DOT-In House Acct # Only	Oscar Fuentes & Melody Duley / Carson City, NV
909969	909969	Nevada Rural Housing Authority	Norma Santoyo & Stacey Sept / Carson City, NV
445087	445087	NV 9P + Oxy DOT Match	Rhonda Yancey / Pensacola, FL
902909	902909	NV Aging & Disability Services 9Panel	Sherri Vondrak & Dottie Martin / Carson City, NV
229030	229030	NV Attorney General's Office	Gloria Navarro & Nicholas Trutanich / Carson City, N
980300	980300	NV Business & Industry	Katie Ortiz & Kendra Martin / Carson City, NV
208495	208495	NV College Of Southern Nevada/5 Panel	John Scarborough & Eric Gilliland / Las Vegas, NV
208496	208496	NV College Of Southern Nevada/9 Panel	John Scarborough & Eric Gilliland / Las Vegas, NV
208466	208466	NV Colorado River Commission	Douglas Beatty / Las Vegas, NV
197023	197023	NV Comm On Economic Development	Michelle Schierholt & Steve Woodbury / Carson City, N
197036	197036	NV Commission On Tourism	Deborah A Harris & Kathleen Kirkland / Carson City, N
197021	197021	NV Controller Office	Ron Knecht & James Smack / Carson City, NV
197047	197047	NV DCA - Director's Office	Katie Ortiz & Kendra Martin / Carson City, NV
208458	208458	NV DCA - DM & H	Katie Ortiz & Kendra Martin / Carson City, NV
208459	208459	NV DCA - L & A	Katie Ortiz & Kendra Martin / Carson City, NV
208460	208460	NV DCA - NAC	Katie Ortiz & Kendra Martin / Carson City, NV
208461	208461	NV DCA - SHPO	Sallí Hebert / Carson City, NV
356623	356623	NV Dept Of Administration/FMCSA	Kathleen Kirkland & Kendra Martin / Carson City, NV
197048	197048	NV Dept. Of Administration	Katie Ortiz & Kendra Martin / Carson City, NV
197018	197018	NV Dept. Of Agriculture	Katie Ortiz & Kendra Martin / Carson City, NV
197017	197017	NV Dept. Of Agriculture/FMCSA	Brenda Harkleroad / Sparks, NV
197049	197049	NV Dept. Of Conservation & Natural Reso	Kay Scherer & Leo Drozdoff / Carson City, NV
197022	197022	NV Dept. Of Corrections 5P	David Wright & Paula Miles / Carson City, NV
208456	208456	NV Dept. Of Corrections 9 Panel	David Wright & Paula Miles / Carson City, NV
208449	208449	NV Dept. Of Corrections/FMCSA	David Wright & Paula Miles / Carson City, NV
229034	229034	NV Dept. Of Education	Katie Ortiz & Kendra Martin / Carson City, NV
197024	197024	NV Dept. Of Employment Training And R	Brian Boughter / Las Vegas, NV
197029	197029	NV Dept. Of Health & Human Services 5P	Kathleen Lucier / Carson City, NV
197041	197041	NV Dept. Of Health & Human Services 9P	Deborah A. Harris & Kathleen Lucier / Carson City, N
259303	259303	NV Dept. Of HHS/9Panel + Oxy	Deborah A. Harris & Kathleen Lucier / Carson City, N
197028	197028	NV Dept. Of Information Technology	Katie Ortiz & Kendra Martin / Carson City, NV
197031	197031	NV Dept. Of Motor Vehicles	Gayle Jonte & David Badger / Carson City, NV
459581	459581	NV Dept. Of Motor Vehicles/FMCSA	Gayle Jonte & David Badger / Carson City, FL
208451	208451	NV Dept. Of Public Safety	Mavis Affo & Tamara Shelton / Carson City, NV
197035	197035	NV Dept. Of Taxation	Katie Ortiz & Kendra Martin / Carson City, NV
197039	197039	NV Dept. Of Wildlife HR	Vicky M Martinez / Reno, NV
516515	516515	NV Dept. Of Wildlife/FMCSA	Vicky M. Martinez / Reno, NV
197025	197025	NV Div. Of Forestry	Teri Hack & Carol Nelson / Carson City, NV
525362	525362	NV Div. Of Minerals	Linda Wells / Carson City, NV
902862	902862	NV Division Child & Family Services 5Pan	Logan Kuhlman / Carson City, NV
902859	902859	NV Division Child & Family Services 9Pan	Logan Kuhlman / Carson City, FL
927409	927409	NV Division Of Public & Behavioral Health	Jackie Arellano & Michelle Barnes / Carson City, NV
927411	927411	NV Division Of Public & Behavioral Health	Jackie Arellano & Michelle Barnes / Carson City, NV
197016	197016	NV Divison Of Human Resource Manageme	Katie Ortiz & Kendra Martin / Carson City, NV
197026	197026	NV Gaming Control Board	Keith P. Henry / Carson City, NV
197040	197040	NV Gaming Control Board Clients CC	Richaun Presley / Carson City, NV
197027	197027	NV Gaming Control Board Clients LV	Marian Vince & Susan Grube / Las Vegas, NV
27306965	27306965	NV Gaming Control Board Clients LV Hair	Susan Grube & Marian Vince / Las Vegas, NV
208477	208477	NV Gaming Control Board Clients/Reno	Kimberly Freed / Reno, NV

8/9/2016 10:46:48AM Active Companies by Company Name Page 1 of 2

Active Companies by Company Name

Company ID	Account #	Company Name	Contact / Address
27369875	27369875	NV Gaming Control Board Inv./Hair	Bob Grozenski & Julie Damavandi / Las Vegas, NV
27369905	27369905	NV Gaming Control Board Inv./Steroid	Bob Grozenski & Julie Damavandi / Las Vegas, NV
253113	253113	NV Gaming Control Board. Inv./Exp. Pnl.	Bob Grozenski & Julie Damavandi / Las Vegas, NV
27730750	27730750	NV Gaming Control Brd. Clients - Reno/	Richaun Presley, Karl Bennison, Lexine Thompson / C
640892	640892	NV Gaming CTRL BRD/Club Venue	Diane Presson, Crystal Keel & Michael Epling / Las V
27323370	27323370	NV Gaming CTRL BRD/Club Venue Hair	Diane Presson, Crystal Keel & Michael Epling / Las V
208475	208475	NV General Account/5 Panel	Carrie Hughes & Michelle Garton / Carson City, NV
208476	208476	NV General Account/9 Panel	Mark Evans & Carrie Hughes / Carson City, NV
902585	902585	NV Health Care Finance & Policy 5Panel	Renee Depaoli / Carson City, FL
902584	902584	NV Health Care Finance & Policy 9Panel	Renee Depaoli / Carson City, NV
087869	087869	NV Legislative Counsel Bureau	Richard S. Combs / Carson City, NV
604773	604773	NV Office Of Risk Management	Cannon Cochran Management Services, Inc. / Cars
197030	197030	NV Office Of The Military	Diana Miller / Carson City, NV
197032	197032	NV Parole Board	Becky Mabray / Carson City, NV
197033	197033	NV Post - Peace Officers Standards & Tr	Tim Bunting / Carson City, NV
208452	208452	NV Public Employees Benefits Program	Katie Ortiz & Kendra Martin / Carson City, NV
229044	229044	NV Public Employees Retirement System	Lynnette Jones & Tina Leiss / Carson City, NV
229033	229033	NV Public Utilities Commission	Ann Scott & Breanne Potter / Carson City, NV
208453	208453	NV Secretary Of State	Wayne Thorley / Carson City, NV
208454	208454	NV State Parks	Dale Conner / Carson City, NV
074397	074397	NV State Treasurer	Tara Hagan & Tiffany Hudder / Carson City, NV
197038	197038	NV State Veterans Home 9P	Karen Judson, Vanessa Blair & Shelly Green / Boulde
208455	208455	NV State Veterans Home Services Office 5	Karen Judson, Vanessa Blair & Shelly Green / Boulde
567195	567195	NV State Veterans Home/5Panel	Karen Judson, Vanessa Blair & Shelly Green / Boulde
208462	208462	NV State Veterans Home/FMCSA	Karen Judson,Vanessa Blair & Shelly Green / Boulde
197034	197034	NV Supreme Court Admin Office Of The C	Debra D Norvell & Cynthia Sampson / Carson City, N
208480	208480	NV Taxicab Authority	Ruben Aquino / Las Vegas, NV
208472	208472	NV Transportation Authority	Michael Bradford / Las Vegas, NV
229053	229053	NV Univ. Of NVLV Recruitment	Valerie Holsinger, Pete Reyes & Barbara Henderson /
422466	422466	NV Vocational Rehabilitation/Carson City	Kathy Etchegoyhen / Carson City, NV
422467	422467	NV Vocational Rehabilitation/Charleston	Kim Cantiero / Las Vegas, NV
458559	458559	NV Vocational Rehabilitation/Corporate E	Kelleen Preston & Bill Boster / Reno, NV
456087	456087	NV Vocational Rehabilitation/Elko Clients	Paulette Cummins & Leah Wilkinson / Elko, NV
456092	456092	NV Vocational Rehabilitation/Ely Clients	Sheena Kaufman & Beth Rose / Ely, NV
456090	456090	NV Vocational Rehabilitation/Fallon Clie	Alan Christensen & Jeana S. Webb / Fallon, NV
422463	422463	NV Vocational Rehabilitation/Henderson	Brenda Graske / Henderson, NV
422460	422460	NV Vocational Rehabilitation/Maryland Pa	Sheena Kaufman / Las Vegas, NV
422464	422464	NV Vocational Rehabilitation/N Las Vegas	Sheena Kaufman / North Las Vegas, NV
422468	422468	NV Vocational Rehabilitation/OTM	Kathy Etchegoyhen & Tom Cruz / Reno, NV
422462	422462	NV Vocational Rehabilitation/Sparks	Claire Canton & Debra Hobbs / Sparks, NV
422461	422461	NV Vocational Rehabilitation/West Bay	Tracey Cook / Las Vegas, NV
456099	456099	NV Vocational Rehabilitation/Winnemucca	Lynda Scott & Meghan Hammargren / Winnemucca, N
902549	902549	NV Welfare & Supportive Services 5Panel	Renee Depaoli & Brenda Meads / Carson City, NV
902548	902548	NV Welfare & Supportive Services 9Panel	Renee Depaoli & Brenda Meads / Carson City, NV
379485	379485	NV/UNLV Employee Relations	Kelly Scherado & Larry Hamilton / Las Vegas, NV

Total Records Printed: 98

8/9/2016 10:46:48AM Active Companies by Company Name Page 2 of 2