

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

320A



FROM: Human Resources Department

SUBMITTAL DATE:
December 23, 2013

SUBJECT: Exclusive Care - Renewal EPO Medical Contractor Agreement with Quest Diagnostics Incorporated, on behalf of its wholly owned subsidiaries, Unilab Corporation, dba Quest Diagnostics (TIN: 71-0897031), Quest Diagnostics Nichols Institute (TIN: 95-2701802), and Quest Diagnostics Nichols Institute, Inc. (TIN: 54-0854787), from October 2013 - September 2018. [District-All] [Total Cost-\$0] [Premiums Paid by Members]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify and approve the attached Medical Contractor Agreement from October 1, 2013 until September 20, 2018, with Quest Diagnostics Incorporated, on behalf of its wholly owned subsidiaries, Unilab Corporation, dba Quest Diagnostics (TIN: 71-0897031), Quest Diagnostics Nichols Institute (TIN: 95-2701802), and Quest Diagnostics Nichols Institute, Inc. (TIN: 54-0854787), a clinical reference lab based in Pennsylvania.
2. Authorize the Chairperson to sign three (3) copies of the attached Agreement.
3. Retain one (1) copy of the signed Agreement and return two (2) copies to Human Resources for distribution.

Michael T. Stock
Asst. County Executive Officer/
Human Resources Director

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 0	\$ 0	\$ 0	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	
SOURCE OF FUNDS: Premiums paid by members				Budget Adjustment: No	
				For Fiscal Year: 2013/14	

C.E.O. RECOMMENDATION: APPROVE

BY: Samuel Wong 1/29/14
Samuel Wong

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

Prev. Agn. Ref.: 12/16/08; 3.32
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District: All

Agenda Number:

3-36

FORM APPROVED COUNTY COUNSEL BY: NEAL R. KIPNIS DATE: 1/2/14 Departmental Concurrence

- A-30
- 4/5 Vote
- Positions Added
- Change Order

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
FORM 11: Quest Diagnostics Incorporated, on behalf of its wholly owned subsidiaries, Unilab
Corporation, dba Quest Diagnostics (TIN: 71-0897031), Quest Diagnostics Nichols Institute (TIN:
95-2701802), and Quest Diagnostics Nichols Institute, Inc. (TIN: 54-0854787),**

DATE: December 23, 2013

PAGE: 2 of 2

BACKGROUND:

Summary

In 1999, the Board of Supervisors established the County's self-funded Exclusive Provider Option (EPO) health plan, Exclusive Care, to provide a value health plan option to the employees of Riverside County and their families. To provide services to its enrolled members, Exclusive Care has contracted with a variety of healthcare providers.

This Provider has completed the Exclusive Care credentialing process which includes all appropriate medical licensure, a current review of the Medical Board of California for actions relating to license or practices of physicians, public records, consumer complaints, business license, and lien verifications. The legal contracting entity has been verified with the W9 and/or the California Business Portal or Business License. This Agreement continues participation in the Exclusive Care Provider Network under the terms similar to other comparable providers under contract.

Impact on Residents and Businesses

There is no impact on residents or businesses. Premium costs are paid by members.

SUPPLEMENTAL:

Additional Fiscal Information

None.

Contract History and Price Reasonableness

Quest Diagnostics Incorporated has been serving the needs of Exclusive Care members since 1999. Reimbursement is in line with providers of the same specialty.

**RIVERSIDE COUNTY - EXCLUSIVE CARE
EXCLUSIVE PROVIDER ORGANIZATION
MEDICAL CONTRACTOR AGREEMENT**

This Agreement is made by and between the County of Riverside, State of California (hereafter "County"), a political subdivision of the State of California, and **Quest Diagnostics Incorporated**, on behalf of its wholly owned subsidiaries **Unilab Corporation dba Quest Diagnostics TIN# 71-0897031, Quest Diagnostics Nichols Institute (TIN: 95-2701802), and Quest Diagnostics Nichols Institute, Inc. (TIN: 54-0854787)** (hereafter, collectively, "Contractor"), with reference to the following facts:

WHEREAS, County has developed an Exclusive Provider Organization ("EPO") to provide health care services to the employees of Riverside County; and,

WHEREAS, Contractor is a clinical laboratory testing services provider capable of providing clinical laboratory testing services for the EPO; and,

WHEREAS, the parties wish to make a full statement of their respective rights and responsibilities in connection with the provision of Health Care Services as utilized by County during the term of this Agreement; now, therefore,

IN CONSIDERATION of their mutual promises and covenants, the parties agree as follows:

1.0 DEFINITIONS

As used in this Agreement, the following terms shall have the meaning described below:

1.1 Agreement means this Contractor Agreement for the provision of clinical laboratory testing services for the EPO of County, and all attachments, addenda and amendments hereto.

1.2 Co-payment or Deductible means any nominal fee, approved by EPO, that may be charged to Members at the time of service for designated Health Care Services.

1.3 Director means the Director of Human Resources for Riverside County, or his or her designee.

1.4 Clean Claim(s) means those claims submitted to EPO which are complete including but not limited to complete coding, itemization, dates of service and billed amounts.

1.5 Emergency Medical Conditions means a medical condition which is manifested by acute symptoms of sufficient severity (including severe pain) such that a prudent lay person, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in one or more of the following conditions: placing the health or the individual or unborn child in serious jeopardy; serious impairment to bodily function; or serious dysfunction of any bodily organ or part.

1.6 Emergency Services means those health services needed to evaluate or stabilize an Emergency Medical Condition.

1.7 Exclusive Provider Organization (EPO) means the health care plan developed, and implemented by the County for the provision of health care services to County employees their dependents and other public entity employees and their dependents - to be known as Exclusive Care.

1.8 Formulary means the list of medications reimbursable by the pharmacy benefit of the EPO.

1.9 Health Care Services means all Medically Necessary services to which Members are entitled under the EPO, including physician, medical, hospital, preventive, ancillary, emergency, and health education services.

1.10 IPA means Independent Physician Association.

1.11 Physician Service means those services rendered by a physician to an EPO member either as inpatient or an out patient.

1.12 Medically Necessary means all services which are reasonable and necessary to protect life, to prevent significant illness or significant disability or to alleviate severe pain and the diagnosis or treatment of disease, illness or injury.

1.13 Member means any eligible beneficiary who has enrolled in the County EPO for whom the County, by and through the EPO, provides Health Care Services.

1.14 Member Non-Physician Medical Practitioner means nurse practitioner, physician assistants, mental health licensed professionals or certified nurse midwives licensed to practice in the State of California and who are employees, subcontractors or who have written agreements with IPA or are directly contracted by the EPO to provide medical services to Members.

1.15 Member Physicians means physicians, surgeons, osteopaths and Doctors of Podiatric Medicine (DPM) licensed to practice medicine in the State of California and who have an ownership interest in, are employed by, or have written agreements with IPA or are directly contracted with the EPO to provide medical services to Members.

1.16 Non-contracted Providers mean licensed physicians, surgeons, osteopaths, and other licensed health care professionals which provide Health Care Services to Members eligible to receive benefits under the EPO. Non-Contracted Providers do not have written agreements with IPA or directly contracted with the EPO.

1.17 PCP means a physician who is the Primary Care Physician responsible for supervising, coordinating and providing initial, primary and preventive care to Members, for initiating referrals, maintaining continuity of Member care, and providing health counseling and education. This may include physicians who are in Family Practice, Pediatrics, Internal Medicine, Obstetrics, or General Practice.

1.18 Provider means licensed physicians, surgeons, osteopaths and other licensed health care professionals who provide Health Care Services to EPO members.

1.19 Quality Assessment and Improvement Program (QAIP) means a program established by the EPO to oversee quality assessment and quality improvement reviews of services provided to Members.

1.20 Referrals means recommended directions of non primary care services of Members to physicians, including Outside Providers, or providers of ancillary services such as but not limited to lab, x-ray and physical therapy, EKG, EEG, health education, medical

social service, home health care, mental health , for the purposes of obtaining Health Care Services.

1.21 Specialty Physician means a participating Physician whose area of practice and training is in a specialty other than Family Medicine, General Medicine, Internal Medicine or Pediatrics, who has agreed to provide services to Members upon referral by a Primary Care Physician, except for those services for which direct access by Members is required by law or allowed under Exclusive Care.

1.22 State means the State of California.

1.23 Surcharge means an additional fee which is charged to a Member for covered services of a health plan or the County or appropriate government agency and disclosed in the evidence of coverage or the disclosure form used as the evidence of coverage. Surcharges are not allowable charges.

2.0 DUTIES OF CONTRACTOR

2.1 CONTRACTOR RESPONSIBILITIES - Contractor shall provide to Members clinical laboratory testing services, which are Medically Necessary when such services are ordered by a Provider in accordance with this Agreement.

The services covered by this Agreement are services that include all clinical and anatomic laboratory testing payable by County on behalf of Members including but not limited to, analyses in the areas of clinical chemistry, hematology, serology, microbiology, cytogenetic, immunology, endocrinology, toxicology, histology, virology, and cytology. Laboratory testing performed by Contractor based upon receipt of a written or electronic request from the Member's Provider shall be deemed to be Medically Necessary under this Agreement.

2.2 ACCESSIBILITY OF SERVICES - Contractor shall provide timely access to clinical laboratory testing services, and provide for reasonable hours of operations.

2.3 PRIOR AUTHORIZATION – Non applicable

2.4 HOSPITAL TRANSFERS – Non applicable

2.5 PROTECTION OF MEMBERS - Contractor may not impose any limitations on the acceptance of Members for care or treatment that it does not impose on other patients of other plans. Contractor shall not request, demand, require or seek directly or indirectly the transfer, discharge or removal of any Member for reasons of the Member's need for Health Care Services or the Member's utilization of Health Care Services. Contractor may refuse to provide its services to any Member only if a reasonable cause is presented and accepted by the EPO.

2.6 STANDARDS - Contractor agrees to perform its duties under this Agreement in a manner consistent with the reasonable administrative guidelines developed by EPO and all applicable state and federal laws and regulations relating to the delivery of clinical laboratory testing services and in accordance with community standards. Laboratory testing services shall be rendered by qualified laboratory personnel. All laboratory testing services shall be provided in accordance with generally accepted industry standards. Contractor agrees to maintain and demonstrate to EPO, upon request, throughout the term of this Agreement, compliance with any and all of the applicable licensure, credentialing, and/or regulatory requirements for the provision of laboratory testing services by Contractor under this Agreement.

2.7 ASSURANCE OF MEMBER CARE – If applicable to Contractor's services, Health Care Services shall be rendered by qualified medical providers, unhindered by fiscal and administrative management. Contractors' fiscal and administrative concerns or any dispute with EPO and Contractor concerning their respective obligations under this Agreement or otherwise shall not influence nor cause any delay in services provided by Contractor to Members.

2.8 INSPECTION OF FACILITIES - In every instance where Contractor utilizes a facility to provide Health Care Services under this Agreement, such facilities shall comply with applicable state and/or federal law, and regulations. Contractor agrees that it shall cooperate with inspections of such facilities, which are required to assure compliance with required facility standards.

2.9 CITATIONS - Contractor shall notify EPO of any regulatory or licensing issue that would prohibit Contractor's performance of duties under this Agreement. The parties shall meet within thirty (30) days and shall, in good faith, attempt to negotiate a modification to this Agreement that minimizes the adverse effect. Notwithstanding the provisions herein, if the parties fail to reach a negotiated modification concerning the adverse action, then the affected party may terminate this Agreement by giving at least ninety (90) days notice or may terminate sooner if agreed to by both parties.

2.10 UTILIZATION REVIEW (UR) - see 2.13

2.11 QUALITY ASSURANCE (QA) PROGRAM – see 2.13

2.12 MEMBER GRIEVANCE RESOLUTION – Contractor shall participate in, and comply with Member Grievance Programs, Utilization Management, and Quality Assurance Programs established by County. All policies and procedures are outlined in the Provider Manual, a copy which has been provided to Contractor. All policies and procedures are consistent with the terms of this Agreement, do not increase or modify the obligations of the Contractor hereunder, and will not have an adverse impact on the amount of compensation received by Contractor under this Agreement.

2.13 SUBCONTRACTS - Contractor shall ensure that subcontracting providers used to provide laboratory testing services to Members meet the standards that are consistent with community standards.

Contractor shall ensure that all subcontractors have not been excluded from participation in any state or federal program.

2.14 OTHER CONTRACTUAL COMMITMENTS - Contractor represents and assures EPO and County that contractual commitments to other HMOs, competitive medical plans and/or other related entities do not restrict or impair Contractor from performing its duties under this Agreement and do not constitute a conflict of interest with the provision of Home Health and Hospice Services to Members.

2.15 NONDISCRIMINATION - Contractor represents and assures that laboratory testing services are provided to Members in the same manner and quality as such services are provided to Contractors' other patients. Members shall not be subject to any discrimination whatsoever by Contractor in regard to access to Health Care Services. Contractor agrees to comply with the provisions of Title 2, CCR, Section 8107 et. seq., as may be amended from time to time, as incorporated by reference herein. Contractor agrees to include this Nondiscrimination Clause in any and all subcontracts to perform services under this Agreement. The provisions of subsection (b) of Title 2, CCR, Section 8107 shall be applicable for this Agreement.

2.16 CONFORMANCE TO OTHER LAWS - Contractor certifies compliance with the Americans with Disabilities Act of 1990 (42 USC, Section 12100 et. seq.), AB2222 (the Prudence Kay Poppink Act) of 2000, the Drug Free Workplace Act of 1990 (Government Code Section 8355 et. seq.), and Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, enacted August 21, 1996.

Contractor certifies awareness of the Occupational Safety and Health Administration (OSHA) of the U.S. Department of Labor, the derivative Cal/OSHA standard and laws and regulations relating thereto and shall comply therewith as to all relative elements under this Agreement.

Contractor shall comply with The Genetic Information Nondiscrimination Act of 2008 (GINA). This act prohibits employers and other entities covered by GINA Title 11 from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law the Contractor is prohibited from providing any genetic information when responding to a request for medical information.

2.17 IDENTIFICATION OF OFFICERS, OWNERS, STOCKHOLDERS, CREDITORS - On an annual basis, EPO shall have access to Contractor's Annual Report via Contractor's website. Contractor shall identify the names of the following persons by listing them on Attachment 1 of this Agreement, attached hereto and incorporated herein by this reference.

- A. Contractor officers;
- B. Contractor owners, including parent corporation(s);
- C. Stockholders owning greater than 10% of any stock issued by Contractor;
- D. Major creditors holding more than 10% of any debts owed by Contractor.

In addition, Contractor shall notify EPO within thirty (30) days of any changes in the information in Attachment 1.

2.18 AVAILABILITY OF SERVICES - Contractor agrees to provide upon request EPO with current information regarding Contractor's services, programs and benefits on an annual basis, which shall include, but not be limited to, the identification of deletions and additions to Contractor's services.

2.19 PROVISION OF INFORMATION- Contractor shall provide EPO and/or governmental agencies with such data and other information regarding the rendition of services as may be reasonably requested or as may be otherwise required for compliance with applicable regulatory and disclosure requirements. Contractor shall execute such additional verifications or documents as may be required by law or regulation. Contractor shall not be obligated to provide aggregations of clinical data, utilization reports, clinical results (other than to the ordering physician in accordance with customary practices), patient-specific details, outcomes analysis, financial performance indicators, full HEDIS requirement tracking indicators, data tapes or electronic transmission containing all clinical and demographic information in any format, or professional services such as consulting for medical analysis and information technology ("Clinical Data"). The parties acknowledge and agree that the reimbursement rates set forth herein contemplate the provision of Clinical Data, provided, however; such Clinical Data shall be delivered to EPO pursuant to the terms

of a separate agreement setting forth the respective terms and conditions.

2.20 OTHER REPORTING - Contractor agrees to submit all information or reports, in a timely manner, as may be required to enable EPO to fulfill its reporting and other obligations under the Agreement. In addition, notwithstanding anything to the contrary contained herein, Contractor shall not be required to provide reports, any aggregation or compilation of data or results or an electronic feed of data, unless a separate mutually agreed upon Data Agreement is executed and shall only be required to provide laboratory reports to ordering physicians in accordance with its customary practices.

2.21 ADMINISTRATIVE GUIDELINES - Contractor agrees to perform its duties under this Agreement in a manner consistent with the reasonable administrative guidelines provided by the EPO.

2.22 CREDENTIALING OF CONTRACTOR - Upon request Contractor agrees to provide all necessary information, and/or documents to EPO so that the EPO may credential Contractor, and verify that Contractor has obtained, and has maintained appropriate licensing, accreditation, or certification, and insurance coverage. Such information shall be provided within thirty (30) days and on an annual basis, or upon request by EPO. Failure of Contractor to become credentialed by EPO, and/or to remain credentialed by EPO shall be cause for immediate termination of this Agreement by EPO.

3.0 DUTIES OF COUNTY AND EPO

3.1 USE OF CONTRACTOR - Except upon the sole determination of County that the safety, health and/or welfare of the public or the medical needs of Member require otherwise, EPO agrees to use Contractor for the provision of clinical laboratory testing services as set forth herein and shall use and promote Contractor as preferred provider.

3.2 ADMINISTRATION - County agrees to perform all necessary administrative, accounting and reporting requirements and other functions to state and federal regulators consistent with the administration of EPO and this Agreement.

3.3 MEMBER SERVICES - EPO agrees to provide Member Services, including, but not limited to, processing Member complaints and grievances, informing Members of EPO policies and procedures, providing Members with information about EPO and its network of hospitals, IPAs, Specialists, and PCPs.

3.4 BENEFIT INFORMATION - EPO agrees to apprise all Members concerning the type, scope and duration of benefits and services to which such Members are entitled under the EPO. This includes, but is not limited to, written notification to Members of clinical laboratory testing services available, and changes in the availability or location of such services, being provided by Contractor, and issuance of an identification card to each Member upon enrollment.

3.5 CONTRACTOR ASSISTANCE - County agrees to assist and cooperate with Contractor in the development and implementation of procedures necessary to carry out the intent of this Agreement. EPO shall provide necessary training regarding EPO policies and procedures.

3.6 ADMINISTRATION OF PAYMENTS - County agrees to pay Contractor in accordance with the terms and procedures set forth in this Agreement.

4.0 BILLING AND COMPENSATION

**SECOND AMENDMENT
TO AGREEMENT BETWEEN
QUEST DIAGNOSTICS INCORPORATED AND
EXCLUSIVE CARE HEALTH PLAN OF THE COUNTY OF RIVERSIDE**

THIS SECOND AMENDMENT (the "Amendment") to the Data Agreement (Agreement) effective the 1st day of May, 2008, and subsequently amended on the 1st day of November, 2008, by and between Exclusive Care Health Plan of the County of Riverside ("Plan") and Quest Diagnostics Incorporated, a Delaware corporation, ("Quest Diagnostics") is entered into as of the 1st day of October, 2013 (the "Effective Date"). Plan and Quest Diagnostics are collectively referred to as the "Parties".

RECITALS

WHEREAS, the Parties have previously entered into the Agreement to permit Quest Diagnostics (as defined in the Agreement) to deliver certain laboratory data and other information to Plan and/or Authorized Third Parties; and

WHEREAS, the Parties now desire to amend the requirements in the Agreement as described below;

NOW THEREFORE, in consideration of the above recitals and good and valuable consideration, the receipt of which is hereby acknowledged, the Parties agree that the Agreement as referenced above shall be amended as follows:

AMENDMENT

Section 7 of the Agreement is hereby deleted in its entirety and replaced with the following provision:

7. **Term.** This Agreement shall be co-terminus with the current Laboratory Services Agreement between the parties dated October 1, 2013. Either party may terminate this Agreement at any time, with or without cause, upon thirty (30) days' written notice to the other party. This Agreement shall terminate automatically and concurrently without the need for a signature notice, with the termination of the related Laboratory Services Agreement(s) between Quest Diagnostics and Plan. Final data delivery will be made one month from effective date of termination, after which time there shall be no obligation to further deliver any Data, regardless of dates of service. For the avoidance of doubt, Plan's use of Data in compliance with applicable law to create medical information, disease management, or similar products solely for Plan's internal use shall be deemed "TPO purposes of Plan". However, to the extent that new products or programs are developed that are not specifically linked to data being delivered or other quality reporting measures or which are not related to specific disease management programs operated directly by the Plan such programs will not be deemed to be TPO purposes. For example, products or programs that are developed by the Plan and offered directly to a

consumer or employer group would be considered to be for commercialization purposes under the terms of this Agreement and are expressly prohibited.

All other terms of the Agreement shall remain in full force and effect, except as specifically set forth herein.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment to the Agreement on the dates specified below:

ATTEST:
Clerk to the Board
Kecia Harper-Ihem

COUNTY OF RIVERSIDE:

By: _____
Deputy

By: _____
Chairman, Board of Supervisors

Date: _____

Date: _____

Approved as to form and content:

Pamela J. Walls
County Counsel

By: _____
Deputy County Counsel

CONTRACTOR: Quest Diagnostics Incorporated

By: _____
DocuSigned by:
Scott Cartier
1616BCE349404DC...

Printed Name: Scott Cartier

Title: VP Health Plans & Key Accts

Date: 10/15/2013

4.1 **CLAIMS** - In order to receive payment for services rendered, Contractor shall bill EPO on the HCFA 1500 form, or their successor form, whichever is applicable, within one (1) year from the date of service for outpatient claims. Payments for laboratory testing services performed by Contractor hereunder are payable as provided in Section 4.7 after receipt of a Clean Claim. A claim submitted to County by Contractor shall be deemed to be a Clean Claim if it contains the following information:

- (a) Member's name
 - (b) Member's gender
 - (c) Member's insurance ID number
 - (d) Date of Service
 - (e) CPT Code
 - (f) ICD-9 Code, if provided by ordering Provider on the laboratory test requisition.
- Contractor may use V72.6 as the diagnosis code if a valid ICD-9 code has not been provided on the test requisition.

4.2 **COLLECTION OF CHARGES FROM MEMBERS** - Contractor agrees that the only charges for which a Member may be liable and be charged by Contractor shall be for Co-payments or Deductibles, as established by EPO, or for services not covered under the EPO Contractor's rights to collect charges from Members for non-covered services, except as provided herein, shall not be affected by this Agreement or its termination.

4.3 **SERVICE WAIVER** - Laboratory testing performed by Contractor based upon receipt of written or electronic test request from Member's Participating Provider shall be deemed to be a Covered Service and will be deemed Medically Necessary and payable.

4.4 **SURCHARGES** - Notwithstanding the provisions herein, Contractor shall in no event, including, without limitation, nonpayment by EPO, insolvency of EPO, or breach of the Agreement, bill, charge, collect and deposit, or attempt to bill, charge, collect or receive any form of payment from any Member for laboratory testing services provided pursuant to this Agreement. Contractor also agrees it shall not maintain any action at law or equity against a Member to collect sums owed by County to Contractor.

Upon notice of any such surcharge or action, County may terminate this Agreement consistent with the provisions contained herein and take all other appropriate action consistent with the terms of this Agreement to eliminate such activity. Contractor's obligations regarding the collection of surcharges from Members shall survive the termination of this Agreement.

Failure of Contractor to act in accordance with any of the provisions of this section shall constitute a material breach of the Agreement and the Agreement may be subject to termination by County pursuant to the provisions herein. In addition, County may take any other appropriate administrative or legal action to enjoin and otherwise restrain Contractor's violation of the provisions of this section, including offsetting the amount of said collections against any future payment, and/or reimbursement to Members or their representatives of any charges or surcharges collected by Contractor from Members.

4.5 **COLLECTION OF CHARGES FROM THIRD PARTIES** - Contractor shall cooperate with EPO coordination of benefits. In the case in which County is other than primary, County shall pay the lesser of the amounts which when added to the amounts received by Contractor from other sources equals one hundred percent (100%) of the amount required under this Agreement as specified in Attachment 2. Unless Member has other health insurance coverage, Contractor accepts payment from County for laboratory

testing services as provided herein as full payment for such services and shall at no time seek compensation from Members.

4.6 POTENTIAL TORT LIABILITY - Contractor shall make no claim for recovery of the value of laboratory testing services rendered to a Member, when such recovery would result from an action involving the tort liability of a third party or recovery from estates of deceased Members or casualty liability including Worker's Compensation awards and uninsured motorist coverage.

4.7 COMPENSATION – County shall pay Contractor, in accordance with the rates as outlined in Attachment 2, within sixty (60) working days of receipt from Contractor of an uncontested claim which is accurate, complete and otherwise in accordance with the provisions herein.

4.8 ADEQUACY OF COMPENSATION - Contractor shall accept the payments specified in this Agreement as payment in full for all laboratory testing services provided to Members and for all administrative costs incurred for providing such services. In the event County fails to make any payments to Contractor as provided herein, whether from EPO's insolvency or otherwise, Members shall not be liable to Contractor, under any circumstances, for laboratory testing services. Contractor's prohibition regarding the collection of payments from Members for services covered by EPO shall survive the termination of this Agreement.

5.0 RECORDS MAINTENANCE, AVAILABILITY, INSPECTION AND AUDIT

5.1 CONTRACTOR RESPONSIBILITY - Contractor shall maintain and provide adequate financial records and information as reasonably necessary to County so that County may properly administer the EPO and consistent with state and federal law. Such records shall be retained by Contractor for at least five (5) years from the close of County's fiscal year in which this Agreement is in effect. Medical Records must be maintained in accordance with industry standards including all HIPAA regulations. These obligations are not terminated upon a termination of the Agreement, whether by rescission or otherwise. Subject to all applicable privacy, security, and confidentiality laws and regulations, County reserves the right to audit both financial and medical records from time to time as deemed necessary. Any expense involved in such as audit shall be the Contractor's responsibility.

5.2 PROPRIETARY NATURE OF INFORMATION - County and Contractor agree to treat all Member patient information provided by Contractor or County as confidential in accordance with applicable law, including HIPAA regulations. County and Contractor shall maintain the confidentiality of all such information and shall make disclosures to third parties only upon the advance written consent of the Member, or when allowed by applicable law. Contractor shall safeguard the confidentiality of Member health records and treatment in accordance with all applicable state and federal laws, and regulations.

5.3 RECORDS OPEN FOR INSPECTION – All books, records and papers of Contractor or subcontractor of Contractor relating to the performance of this Agreement must be open to inspection and copying during normal business hours (Mon-Friday) by the EPO, or state and/or federal regulators. Records shall include, without limitation, Member patient records (subject to applicable state and federal law governing the confidentiality of medical records). Contractor shall maintain its books and records in accordance with general standards for books and record keeping.

5.4 PUBLIC RECORDS - Contractor acknowledges and agrees that information, communications, and documents given by or to County, and/or EPO and meetings involving County and/or EPO management may be subject to the public records and meetings laws and regulations of the State of California.

5.5 QUALITY ASSURANCE AND UTILIZATION REVIEW RECORDS
Contractor shall cooperate with EPO's QA and UR programs which have been provided in to the Contractor in the County's EPO Provider Manual or Policies and Procedures and upon reasonable request, shall provide EPO with summaries of, or access to records maintained by Contractor and required in connection with such programs, subject to applicable state and federal laws concerning the confidentiality of medical records.

6.0 INDEMNIFICATION, ACTS AND OMISSIONS, LIABILITY AND INSURANCE

6.1 INDEMNIFICATION - CONTRACTOR shall indemnify and hold harmless the County of Riverside, its Agencies, Districts, Special Districts and Departments, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives from any liability, claim, action or damage whatsoever, based or asserted upon any services or actions of CONTRACTOR, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Agreement, including but not limited to property damage, bodily injury, or death or any other element of any kind or nature whatsoever.. CONTRACTOR shall defend, at its sole expense, all costs and fees (including but not limited to attorney fees, cost of investigation, defense and including settlements or awards) the County of Riverside, its Agencies, Districts, Special Districts and Departments, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives in any claim or action based upon such alleged acts or omissions.

With respect to any action or claim subject to indemnification herein by CONTRACTOR shall, at its sole cost, have the right to use counsel of its own choice and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of COUNTY; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes CONTRACTOR indemnification to COUNTY as set forth herein.

CONTRACTOR obligation hereunder shall be satisfied when CONTRACTOR has provided to COUNTY the appropriate form of dismissal relieving COUNTY from any liability for the action or claim involved.

The specified insurance limits required in this Agreement shall in no way limit or circumscribe CONTRACTOR obligations to indemnify and hold harmless the COUNTY.

6.2 COUNTY ACTS OR OMISSIONS - County agrees to defend, indemnify, and hold harmless Contractor and its officers, directors, agents, and employees from and against any and all fines, claims, demands, suits, actions, and costs (including, without limitation, reasonable attorney's fees) of any kind and nature arising by reasons of the acts or omissions of County, EPO, or of its officers, directors, agents, and employees in

connection with the obligations imposed by this Agreement.

6.3 LIABILITY FOR OBLIGATIONS - Nothing contained in this Agreement shall cause either party to be liable or responsible for any debt, liability, or obligation of the other party, or any third party, unless such liability or responsibility is expressly assumed by the party sought to be charged therewith. Each party shall be solely responsible for and shall indemnify and hold the other party harmless against any obligation for the payment of wages, salaries or other compensation (including all state, federal and local taxes and mandatory employee benefits), insurance and voluntary employment related or other contractual or fringe benefits as may be due or payable by the party to or on behalf of such party's employees, agents and representatives.

6.4 INSURANCE

Without limiting or diminishing the CONTRACTOR'S obligation to indemnify or hold the COUNTY harmless, CONTRACTOR shall procure and maintain or cause to be maintained, at its sole cost and expense, the following insurance coverage's during the term of this Agreement. Contractor may comply with the insurance obligations provided herein through an adequate program of self-insurance.

A. Workers' Compensation:

If the CONTRACTOR has employees as defined by the State of California, the CONTRACTOR shall maintain statutory Workers' Compensation Insurance (Coverage A) as prescribed by the laws of the State of California. Policy shall include Employers' Liability (Coverage B) including Occupational Disease with limits not less than \$1,000,000 per person per accident. The policy shall be endorsed to waive subrogation in favor of The County of Riverside, and, if applicable, to provide a Borrowed Servant/Alternate Employer Endorsement.

B. Commercial General Liability

Commercial General Liability insurance coverage, including but not limited to, premises liability, contractual liability, products and completed operations liability, personal and advertising injury, cross liability coverage and employment practices liability, covering claims which may arise from or out of CONTRACTOR'S performance of its obligations hereunder. Policy shall name the County of Riverside, its Agencies, Districts, Special Districts, and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives as Additional Insureds. Policy's limit of liability shall not be less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two (2) times the occurrence limit.

C. Vehicle Liability:

If vehicles or mobile equipment are used in the performance of the obligations under this Agreement, then CONTRACTOR shall maintain liability insurance for all owned, non-owned or hired vehicles so used in an amount not less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two (2) times the occurrence limit. Policy shall name the County of Riverside,

its Agencies, Districts, Special Districts, and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives as Additional Insureds.

D. Professional Liability Insurance:

Contractor shall maintain Professional Liability Insurance providing coverage for the Contractor's performance of work included within this Agreement, with a limit of liability of not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate. If Contractor's Professional Liability Insurance is written on a claims made basis rather than an occurrence basis, such insurance shall continue through the term of this Agreement and CONTRACTOR shall purchase at his sole expense either 1) an Extended Reporting Endorsement (also known as Tail Coverage); or 2) Prior Dates Coverage from new insurer with a retroactive date back to the date of, or prior to, the inception of this Agreement; or 3) demonstrate through Certificates of Insurance that CONTRACTOR has maintained continuous coverage with the same or original insurer. Coverage provided under items; 1), 2) or 3) will continue for a period of four (4) years beyond the termination of this Agreement.

E. General Insurance Provisions - All lines:

- 1) Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A M BEST rating of not less than A: VIII (A:8) unless such requirements are waived, in writing, by the County Risk Manager. If the County's Risk Manager waives a requirement for a particular insurer such waiver is only valid for that specific insurer and only for one policy term.
- 2) The CONTRACTOR'S insurance carrier(s) must declare its insurance self-insured retentions. If such deductibles or self-insured retentions exceed \$500,000 per occurrence such deductibles and/or retentions shall have the prior written consent of the County Risk Manager before the commencement of operations under this Agreement. Upon notification of deductibles or self insured retention's unacceptable to the COUNTY, and at the election of the Country's Risk Manager, CONTRACTOR'S carriers shall either; 1) reduce or eliminate such deductibles or self-insured retention's as respects this Agreement with the COUNTY, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, and defense costs and expenses.
- 3) CONTRACTOR shall cause CONTRACTOR'S insurance carrier(s) to furnish the County of Riverside with either 1) a properly executed original Certificate(s) of Insurance and certified original copies of Endorsements effecting coverage as required herein, and 2) if requested to do so orally or in writing by the County Risk Manager, provide original Certified copies of policies including all Endorsements and all attachments thereto, showing such insurance is in full force and effect. Further, said Certificate(s) and policies of insurance shall contain the covenant of the insurance carrier(s)

that thirty (30) days written notice shall be given to the County of Riverside prior to any material modification, cancellation, expiration or reduction in coverage of such insurance. In the event of a material modification, cancellation, expiration, or reduction in coverage, this Agreement shall terminate forthwith, unless the County of Riverside receives, prior to such effective date, another properly executed original Certificate of Insurance and original copies of endorsements or certified original policies, including all endorsements and attachments thereto evidencing coverage's set forth herein and the insurance required herein is in full force and effect. CONTRACTOR shall not commence operations until the COUNTY has been furnished original Certificate (s) of Insurance and certified original copies of endorsements and if requested, certified original policies of insurance including all endorsements and any and all other attachments as required in this Section. An individual authorized by the insurance carrier to do so on its behalf shall sign the original endorsements for each policy and the Certificate of Insurance.

- 4) It is understood and agreed to by the parties hereto and the insurance company(s), that the Certificate(s) of Insurance and policies shall so covenant and shall be construed as primary insurance, and the COUNTY'S insurance and/or deductibles and/or self-insured retention's or self-insured programs shall not be construed as contributory.
- 5) The COUNTY'S Reserved Rights--Insurance. If, during the term of this Agreement or any extension thereof, there is a material change in the scope of services; or, there is a material change in the equipment to be used in the performance of the scope of work which will add to additional exposures (such as the use of aircraft, watercraft, cranes, etc.) the COUNTY reserves the right to adjust the types of insurance required under this Agreement and the monetary limits of liability for the insurance coverage's currently required herein, if, in the County Risk Manager's reasonable judgment, the amount or type of insurance carried by the CONTRACTOR has become inadequate.
- 6) CONTRACTOR shall pass down the insurance obligations contained herein to all tiers of subcontractors working under this Agreement.
- 7) The insurance requirements contained in this Agreement may be met with a program(s) of self-insurance acceptable to the COUNTY.

7.0 DISPUTE RESOLUTION

7.1 DISPUTES - EPO and Contractor agree to meet and confer in good faith to resolve any problems or disputes that may arise under this Agreement, prior to the filing of a claim under the Government Claims Act (Government Code Section 900 et. seq.), and prior to the initiation of any litigation by either party.

7.2 CURE PERIOD PROVISIONS - In the event that either party defaults in the performance of any duties or obligations under this Agreement, the non-breaching party shall serve written notice of breach of contract on the breaching party. The breaching party shall have thirty (30) days from receipt of the notice of breach to cure said breach. If the breach is not cured within this time frame, the non-breaching party has sole discretion to extend such cure period. If the breach is not cured within this time frame, as may be extended at non-breaching party's sole discretion, this Agreement may thereafter be terminated as provided herein.

These cure period provisions shall not be applicable when the breach is of a nature where Contractor has failed to provide services, or the safety, health and/or welfare of Members is at risk, at the sole determination of the Director.

7.3 ADVERSE GOVERNMENT ACTION - In the event any action of any department, branch or bureau of the federal, state, or local government has a material adverse effect on either party in the performance of their obligations hereunder, then that party shall notify the other of the nature of this action, including in the notice a copy of the adverse action. The parties shall meet within thirty (30) days and shall, in good faith, attempt to negotiate a modification to this Agreement that minimizes the adverse effect. Notwithstanding the provisions herein, if the parties fail to reach a negotiated modification concerning the adverse action, then the affected party may terminate this Agreement by giving at least ninety (90) days notice or may terminate sooner if agreed to by both parties.

8.0 TERM

8.1 TERM - The term of this Agreement shall become effective as of October 1, 2013 and shall continue in effect for five (5) years, until September 30, 2018

9.0 TERMINATION

9.1 TERMINATION FOR MATERIAL CAUSE - Either party, as appropriate, may terminate this Agreement immediately for cause as set forth herein upon written notice of termination stating the actions of the other party constituting cause for termination.

9.2 CAUSE FOR IMMEDIATE TERMINATION OF AGREEMENT BY CONTRACTOR - The following shall constitute cause for immediate termination of this Agreement by Contractor:

- A. Breach of Material Term and Failure to Cure – County's breach of any material term, covenant, or condition and subsequent failure to cure such breach within thirty (30) days following written notice of such breach.
- B. Insolvency of EPO - including the filing of bankruptcy by EPO.
- C. Dissolution of EPO - dissolution of EPO by an act of the Board of Supervisors for Riverside County.

9.3 CAUSE FOR IMMEDIATE TERMINATION OF AGREEMENT BY COUNTY - The following shall constitute cause for immediate termination of this Agreement by County:

- A. Breach of Material Term and Failure to Cure – Contractor's breach of any material term, covenant, or condition and subsequent failure to cure such breach within thirty (30) days following written notice of such breach.
- B. Failure to Provide Services - Failure of Contractor to provide laboratory testing services to Members as authorized herein.

C. Preservation of the Safety, Health and/or Welfare of Members - Determination by County that the safety, health and/or welfare of Members are placed in danger by Contractor.

D. Credentialing – Failure of Contractor to become credentialed by EPO, and/or remain credentialed by the EPO.

E. Loss of Licensing - Failure by Contractor to secure and maintain the necessary governmental licenses, accreditation or certification required for the performance of duties hereunder.

F. Loss of Insurance Coverage - Failure by Contractor to maintain adequate general and professional liability insurance coverage, as provided herein.

G. Insolvency of Contractor - including the filing of bankruptcy of Contractor.

H. Dissolution of EPO - dissolution of EPO by an act of the Board of Supervisors for Riverside County.

I. Discontinuance of EPO Services by County - discontinuance of the offering of EPO as a health care benefits plan option for Riverside County employees.

9.4 TERMINATION WITHOUT CAUSE - After the end of the first year of this Agreement, either party may terminate this Agreement without cause. In the event either party desires to terminate this Agreement without cause, the terminating party shall give the other party at least sixty (60) days written notice of termination.

10.0 CONTINUING CARE RESPONSIBILITIES

10.1 CARE OF MEMBERS - In the event of termination of this Agreement, Contractor shall not be released of its obligation to continue to provide services to Members, and shall continue to provide and be compensated for laboratory testing services under the terms of this Agreement to Members who are hospitalized on an inpatient basis, or who are receiving treatment on an outpatient basis on the date of termination until the effective date of discharge or the site transfer of such Members to another health care facility.

10.2 NON-PAYMENT POLICY - Notwithstanding the above, or any other provisions to the contrary, Contractor agrees that in the event EPO ceases operations for any reason, including insolvency, Contractor shall continue to provide laboratory testing services for those Members who are hospitalized on an inpatient basis. Contractor shall not bill, charge, collect or receive any form of payment from any such Member or have any recourse against Member for Hospital Services, or laboratory testing services provided after EPO ceases operation. This continuation of services obligation shall continue until Member is discharged from Hospital, or complete the course of outpatient treatment. Contractor's prohibition regarding the collection of payments from Members for services covered by EPO shall survive the termination of this Agreement.

11.0 CONFIDENTIAL AND PROPRIETARY INFORMATION

11.1 INFORMATION CONFIDENTIAL AND PROPRIETARY TO COUNTY - Contractor acknowledges that all Members participating in the EPO receiving Health Care Services or Contractor Services shall be Members of EPO. Member information shall include, without limitation, the names, addresses and telephone numbers of all Members, administrative service manuals and all forms related thereto, and records, files (other than patient medical files) and lists contained in Contractor and EPO files. Contractor

acknowledges that County believes that all such information is confidential under HIPAA and proprietary to County and that such Member information contains valuable trade secrets of County.

11.2 CONTRACTOR USE OF INFORMATION - Contractor shall maintain all Member information as confidential. Contractor shall not disclose or use any confidential and proprietary information for its own benefit or gain either during the term of this Agreement or after the date of termination of this Agreement, provided, however that Contractor may use the name, address and telephone number or other medical information of a Member if medically necessary for the proper treatment of such Member or upon express prior written permission of EPO or the Member. Nothing contained herein abrogates the right of the Member to disenroll from EPO.

11.3 TERMINATION AGREEMENT - Upon the effective date of termination of this Agreement, Contractor shall provide and return to County all confidential and proprietary information and trade secrets in its possession in a reasonable manner to specified by County.

11.4 NON-SOLICITATION OF MEMBERS - Contractor shall not directly or indirectly engage in the solicitation of Members without County's prior written consent. Solicitation shall mean conduct by an officer, agent, employee or subcontractor of Contractor or its assignee or successor during the term of this Agreement and continuing for a period of one (1) year after the effective date of termination of this Agreement, which may be reasonably interpreted as designed to persuade Members to discontinue their enrollments with EPO or to encourage Members to participate in another health services plan.

11.5 DISSEMINATION OF INFORMATION - Contractor agrees that County may use Contractor's name, address, and telephone number in any informational material routinely distributed to Members and for other purposes related to the administration and marketing of EPO as an indication of Contractor's willingness to provide Contractor Services to Members.

11.6 CONTRACTOR ADVERTISING - Prior to listing or otherwise referencing EPO or County in any promotional or advertising brochures, media announcements or other advertising or marketing material, Contractor shall first obtain the prior written consent of the Director, except that Contractor does not need approval to list EPO or County in any informational material distributed, displayed or advertised, listing EPO and/or County as a participating health plan.

11.7 USE OF NAMES AND TRADEMARKS - County, EPO and Contractor each reserve the right to control the use of its name, symbols, trademarks, or other marks currently existing or later established. However, either party may use the other party's symbol, trademarks, or other marks with the prior written approval of the other party. County shall be allowed to use the name of Contractor in its promotional activities and marketing campaign as described in section 11.5 herein.

12.0 GENERAL PROVISIONS

12.1 NOTICES - Any notice required to be given hereunder shall be in writing either delivered personally or sent by registered or certified mail, return receipt requested, to either County or Contractor at the addresses listed below, or at such other address as either County or Contractor may hereafter designate to the other:

COUNTY:

HUMAN RESOURCES DEPARTMENT

4080 Lemon St., 7th Floor
Riverside, CA 92501-1569
Attn: Barbara A. Olivier
Asst. County Executive Director/
Human Resources Director

CONTRACTOR:

QUEST DIAGNOSTICS INCORPORATED

On behalf of its wholly owned subsidiaries
Unilab Corporation dba Quest Diagnostics
TIN: 71-0897031, Quest Diagnostics
Nichols Institute (TIN: 95-2701802), and
Quest Diagnostics Nichols Institute, Inc.
(TI: 54-0854787)
Health Plan Operations
1201 S. Collegeville Road
Collegeville, PA 19426

All notices shall be deemed given on the date of delivery if delivered personally or on the third business day after such notice is deposited in the United States mail, addressed and sent as provided above.

12.2 ASSIGNMENT AND DELEGATION - This Agreement and the rights, interests, and benefits hereunder shall not be assigned, transferred, pledged, or hypothecated in any way by Contractor or County, and shall not be subject to execution, attachment or similar process. Notwithstanding anything to the contrary herein, Contractor may subcontract any part of the services it has an obligation to provide hereunder to a subcontractor without the County's prior consent.

12.3 INVALIDITY AND SEVERABILITY - If any provision of this Agreement is found to be invalid or unenforceable by any court, such provision shall be in effect only to the extent that it is in contravention of applicable laws without invalidating the remaining provisions hereof.

12.4 LIMITATIONS OF SEVERABILITY - In the event the removal of a provision rendered invalid or unenforceable or declared null and void had the effect of materially altering the obligations of either party in such manner as to cause serious financial hardship to such party, the party so affected shall have the right to terminate this Agreement upon providing thirty (30) days prior written notice to the other party.

12.5 CAPTIONS - Captions in this Agreement are descriptive only and do not affect the intent or interpretation of the Agreement.

12.6 HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)- The Contractor in this Agreement is subject to all relevant requirements contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, enacted August 21, 1996, and the laws and regulations promulgated subsequent thereto. The Contractor hereto agrees to cooperate in accordance with the terms and intent of this Agreement for implementation of relevant law(s) and/or regulation(s) promulgated under this Law. The Contractor further agrees that it shall be in compliance, and shall remain in compliance with the requirement of HIPAA, and the laws and regulations promulgated subsequent hereto, as may be amended from time to time.

12.7 ENTIRE AGREEMENT - This Agreement (together with all attachments hereto), and any requirements promulgated by EPO or the Director, shall constitute the

entire agreement between the parties related to the rights herein granted and the obligations herein assumed. It is the express intention of Contractor and County that any and all prior or contemporaneous agreements, promises, negotiations or representations, either oral or written, relating to the subject matter and period governed by this Agreement which are not expressly set forth herein, or are not promulgated by EPO or the Director, shall be of no further force, effect or legal consequence after the effective date hereunder

12.8 AMENDMENT - This Agreement may be amended or modified only by mutual written consent of the parties.

12.9 ATTORNEYS FEES - If any action at law or in equity is necessary to enforce the terms of this Agreement, the prevailing party shall be entitled to reasonable attorney's fees and reasonable costs, in addition to any other relief to which such party may be entitled.

12.10 TIME IS OF THE ESSENCE - Time shall be of the essence of each and every term, obligation, and condition of this Agreement.

12.11 GOVERNING LAW - County, Contractor and this Agreement are subject to the laws of the State of California and the United States of America, and regulations promulgated thereto. Any provision required to be in this Agreement by any of applicable federal or state law, and regulations thereto shall bind County and Contractor, whether or not expressly provided in this Agreement.

12.12 VENUE - All actions and proceedings arising in connection with this Agreement shall be tried and litigated exclusively in the state and federal (if permitted by law and a party elects to file an action in federal court) courts located in the County of Riverside, State of California.

12.13 GOVERNMENT CLAIMS ACT - The provisions of the Government Claims Act (Government Code section 900 et. seq.) must be followed first for any disputes arising under this Agreement.

12.14 INDEPENDENT CONTRACTOR - The relationship between County and Contractor is an independent contractor relationship. Neither Contractor nor its employee(s) and/or agent(s) are or shall be considered to be an employee(s), and/or agent(s) of County, and neither County nor any employee(s) and/or agent(s) of County are or shall be considered to be an employee(s) and/or agent(s) of Contractor. Contractor is solely responsible for all Health Care Services provided to Members by Contractor, its employees, agents or assigns. None of the provisions of this Agreement shall be construed to create a relationship of agency, representation, joint venture, ownership, control or employment between the parties other than that of independent parties contracting for the purposes of effectuating this Agreement.

12.15 CONFLICT OF INTEREST - The parties hereto and their respective employees or agents shall have no interest, and shall not acquire any interest, direct or indirect, which shall conflict in any manner or degree with the performance of services required under this Agreement.

12.16 EXHIBITS - All exhibits attached to this Agreement, and referenced herein, are incorporated into and made part of this Agreement.

12.17 CERTIFICATION OF AUTHORITY TO EXECUTE THIS AGREEMENT - Contractor certifies that the individual signing herein has authority to execute this

Agreement on behalf of Contractor, and may legally bind Contractor to the terms and conditions of this Agreement, and any attachments hereto.

IN WITNESS WHEREOF, the parties hereto have caused their duly appointed representatives to execute this Medical Contractor Agreement for EPO Services for Riverside County.

ATTEST:
Clerk to the Board
Kecia Harper-Ihem

COUNTY OF RIVERSIDE:

By _____
Deputy

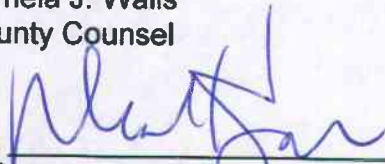
By _____
Chairman, Board of Supervisors

Date _____


Date _____

Approved as to form and content:

Pamela J. Walls
County Counsel

By: 
Deputy County Counsel

CONTRACTOR: Quest Diagnostics Incorporated

By: _____


Printed Name: _____
Scott Cartier

Title: _____
VP Health Plans & Key Accts

Date: _____
10/15/2013

Attachment 1

Officers, Owners, Stockholders, and Creditors Listing

Quest Diagnostics Incorporated and its subsidiaries are providers of diagnostics information services, duly licensed in accordance with applicable state and federal regulations. The following individuals, each of whom is an executive officer of Quest Diagnostics Incorporated, have principal management responsibility for the applicant.

Chief Executive Officer: Stephen H. Rusckowski
Senior Vice President & Chief Medical Officer: Jon R. Cohen, M.D.
Senior Vice President, Operations: John B. Haydon
Senior Vice President, Commercial: Everett V. Cunningham
Senior Vice President, Clinical Franchises: Catherine T. Doherty
Senior Vice President, Chief Financial Officer: Mark J. Guinan
Senior Vice President, General Counsel: Michael E. Prevoznik

The following individuals are members of the Board Directors of Quest Diagnostics Incorporated:

John C. Baldwin, M.D.
Jenne R. Brittell
William F. Buehler
Gary M. Pfeiffer
Timothy M. Ring
Stephen H. Rusckowski
Daniel C. Stanzione
Gail R. Wilensky
John B. Ziegler

**Attachment 2
Compensation**

Reimbursement by Exclusive Care for authorized covered services, shall be payable by County at the agreed upon fee schedule attached and those laboratory tests not listed will be reimbursed at 80% (eighty percent) of billed charges. Contractor is responsible for collecting deductibles, co-payments, and coinsurance amount from Members receiving Covered Services.

Proc Code	Procedure Description	Exclusive Care Rate
99001	Handling Fee	\$10.00
36415	Venipuncture Fee	\$3.90
80048	BASIC METABOLIC PANEL	\$9.36
80051	ELECTROLYTE PANEL	\$7.75
80053	*00 COMPREHENSIVE METABOLIC PANEL	\$11.69
80050	GENERAL HEALTH PANEL	\$38.85
80055	OBSTETRIC PANEL	\$37.99
80061	LIPID PROFILE	\$13.88
80069	RENAL FUNCTION PANEL	\$9.60
80074	ACUTE HEPATITIS PANEL	\$52.66
80076	HEPATIC FUNCTION PANEL	\$9.03
80100	DRUG SCREEN, QUALITATE/MULTI	\$15.79
80101	DRUG SCREEN, SINGLE	\$15.22
80102	DRUG, CONFIRMATION, EACH PROCEDURE	\$14.65
80150	ASSAY, AMIKACIN	\$14.17
80152	ASSAY, AMITRYPTYLINE	\$19.79
80154	ASSAY, BENZODIAZEPINES	\$20.45
80156	ASSAY, CARBAMAZEPINE, TOTAL	\$16.10
80157	ASSAY, CARBAMAZEPINE, FREE	\$10.99
80158	ASSAY, CYCLOSPORINE	\$19.09
80160	ASSAY, DESIPRAMINE	\$9.78
80162	ASSAY OF DIGOXIN	\$14.68
80164	ASSAY, DIPROPYLACETIC ACID	\$14.98
80166	ASSAY, DOXEPIN	\$17.14
80168	ASSAY, ETHOSUXIMIDE	\$18.06
80170	ASSAY OF GENTAMICIN	\$18.12
80172	ASSAY OF GOLD	\$18.02

80173	ASSAY OF HALOPERIDOL	\$16.10
80174	ASSAY, IMIPRAMINE	\$19.03
80176	ASSAY OF LIDOCAINE	\$16.24
80178	ASSAY OF LITHIUM	\$7.30
80182	ASSAY OF NORTRIPTYLINE	\$14.98
80184	ASSAY OF PHENOBARBITAL	\$12.66
80185	ASSAY OF PHENYTOIN, TOTAL	\$14.66
80186	ASSAY OF PHENYTOIN, FREE	\$15.22
80188	ASSAY OF PRIMIDONE	\$18.34
80190	ASSAY OF PROCAINAMIDE	\$18.52
80192	ASSAY OF PROCAINAMIDE	\$18.52
80194	ASSAY OF QUINIDINE	\$15.20
80195	ASSAY OF SIROLIMUS	\$15.34
80196	ASSAY OF SALICYLATE	\$7.85
80197	ASSAY OF TACROLIMUS	\$15.18
80198	ASSAY OF THEOPHYLLINE	\$15.65
80200	ASSAY OF TOBRAMYCIN	\$17.82
80201	ASSAY OF TOPIRAMATE	\$13.18
80202	ASSAY OF VANCOMYCIN	\$14.98
80299	QUANTITATIVE ASSAY, DRUG	\$15.14
81000	URINALYSIS, NONAUTO W/SCOPE	\$3.50
81001	URINALYSIS, AUTO W/SCOPE	\$3.50
81002	URINALYSIS, NONAUTO W/O SCOPE	\$2.83
81003	URINALYSIS, AUTO, W/O SCOPE	\$2.48
81005	URINALYSIS; QUAL OR SEMI- QUAN	\$2.40
81007	URINE SCREEN FOR BACTERIA	\$2.84
81015	MICROSCOPIC EXAM OF URINE	\$3.36
81025	URINE PREGNANCY TEST	\$4.34

81050	URINALYSIS, VOLUME MEASURE	\$3.31
81099	URINALYSIS TEST PROCEDURE	\$0.00
82000	ASSAY OF BLOOD ACETALDEHYDE	\$13.70
82003	ASSAY OF ACETAMINOPHEN	\$22.37
82009	TEST FOR ACETONE	\$5.00
82010	ACETONE ASSAY	\$9.03
82013	ACETYLCHOLINESTERASE ASSAY	\$12.35
82016	ACYLCARNITINES, QUAL	\$15.33
82017	ACYLCARNITINES, QUANT	\$18.65
82024	ASSAY OF ACTH	\$42.70
82030	ASSAY OF ADP & AMP	\$28.52
82040	ASSAY OF SERUM ALBUMIN	\$5.32
82042	ASSAY OF URINE ALBUMIN	\$2.83
82043	MICROALBUMIN, QUANTITATIVE	\$6.40
82044	MICROALBUMIN, SEMIQUANT	\$5.06
82045	ALBUMIN, ISCHEMIA MODIFIED	\$37.94
82055	ASSAY OF ETHANOL	\$11.94
82085	ASSAY OF BLOOD ALDOLASE	\$10.74
82088	ASSAY OF ALDOSTERONE	\$45.06
82101	ASSAY OF URINE ALKALOIDS	\$33.18
82103	ALPHA - 1 - ANTITRYPSIN, TOTAL	\$14.85
82104	ALPHA - 1 - ANTITRYPSIN, PHENO	\$15.98
82105	ALPHA-FETOPROTEIN, SERUM	\$12.03
82106	ALPHA-FETOPROTEIN, AMNIOTIC	\$12.03
82107	ALPHA-FETOPROTEIN L3	\$71.99
82108	ASSAY OF ALUMINUM	\$28.18
82120	AMINES, VAGINAL FLUID QUAL	\$4.15
82127	AMINO ACID, SINGLE QUAL	\$15.33

82128	AMINO ACIDS, MULT QUAL	\$15.20
82131	AMINO ACIDS, SINGLE QUANT	\$18.65
82135	ASSAY, AMINOLEVULINIC ACID	\$18.20
82136	AMINO ACIDS, QUANT, 2-5	\$18.65
82139	AMINO ACIDS, QUAN, 6 OR MORE	\$18.65
82140	ASSAY OF BLOOD AMMONIA	\$15.20
82143	AMNIOTIC FLUID SCAN	\$7.60
82145	ASSAY OF AMPHETAMINES	\$17.18
82150	ASSAY OF SERUM AMYLASE	\$7.17
82154	ANDROSTANEDIOL GLUCURONIDE	\$31.88
82157	RIA ASSAY OF ANDROSTENEDIONE	\$32.37
82160	ASSAY OF ANDROSTERONE	\$23.10
82163	RIA ASSAY OF ANGIOTENSIN II	\$22.70
82164	ANGIOTENSIN ENZYME TEST	\$16.14
82172	ASSAY OF APOLIPOPROTEIN	\$15.34
82175	ASSAY OF ARSENIC	\$20.98
82180	ASSAY OF ASCORBIC ACID	\$10.93
82205	ASSAY OF BARBITURATES	\$12.66
82232	ASSAY OF BETA-2 PROTEIN	\$17.71
82239	ASSAY, BILE ACIDS, TOTAL	\$18.94
82240	ASSAY BILE ACIDS IN BLOOD	\$29.38
82247	BILIRUBIN, TOTAL	\$5.55
82248	BILIRUBIN, DIRECT	\$5.55
82252	FECAL BILIRUBIN TEST	\$5.02
82261	ASSAY OF BIOTINIDASE	\$18.65
82270	OCCULT BLOOD, FECES	\$3.47
82271	OCCULT BLOOD, OTHER SOURCES	\$3.63

82272	OCCULT BLOOD, FECES, SINGLE	\$3.63
82274	ASSAY TEST FOR BLOOD, FECAL	\$4.49
82286	ASSAY OF BRADYKININ	\$7.62
82300	ASSAY OF CADMIUM	\$25.58
82306	ASSAY OF VITAMIN D	\$24.79
82307	RIA ASSAY OF VITAMIN D	\$35.42
82308	RIA ASSAY OF CALCITONIN	\$29.61
82310	ASSAY OF CALCIUM	\$5.70
82330	ASSAY OF CALCIUM	\$15.10
82331	CALCIUM INFUSION TEST	\$5.72
82340	ASSAY OF CALCIUM IN URINE	\$6.67
82355	CALCULUS ANALYSIS, QUAL	\$12.79
82360	CALCULUS ASSAY, QUANT	\$14.24
82365	CALCULUS SPECTROSCOPY	\$14.26
82370	X-RAY ASSAY, CALCULUS	\$13.86
82373	ASSAY, C-D TRANSFER MEASURE	\$9.32
82374	ASSAY, BLOOD CARBON DIOXIDE	\$5.32
82375	ASSAY, BLOOD CARBON MONOXIDE	\$13.62
82376	TEST FOR CARBON MONOXIDE	\$5.32
82378	CARCINOEMBRYONIC ANTIGEN	\$20.98
82379	ASSAY OF CARNITINE	\$18.65
82380	ASSAY OF CAROTENE	\$10.20
82382	ASSAY, URINE CATECHOLAMINES	\$19.01
82383	ASSAY, BLOOD CATECHOLAMINES	\$27.70
82384	ASSAY, THREE CATECHOLAMINES	\$27.92
82387	ASSAY OF CATHEPSIN-D	\$23.00
82390	ASSAY OF CERULOPLASMIN	\$11.87
82397	CHEMILUMINESCENT ASSAY	\$15.62
82415	ASSAY OF CHLORAMPHENICOL	\$14.01

82435	ASSAY OF BLOOD CHLORIDE	\$5.08
82436	ASSAY OF URINE CHLORIDE	\$5.32
82438	ASSAY, OTHER FLUID CHLORIDES	\$5.32
82441	TEST FOR CHLOROHYDROCARBONS	\$6.64
82465	ASSAY, BLD/SERUM CHOLESTEROL	\$4.03
82480	ASSAY, SERUM CHOLINESTERASE	\$8.71
82482	ASSAY, RBC CHOLINESTERASE	\$8.50
82485	ASSAY, CHONDROITIN SULFATE	\$22.83
82486	GAS/LIQUID CHROMATOGRAPHY	\$19.97
82487	CHROMATOGRAPHY, QUALITATIVE; PAPER, 1-DI	\$17.65
82488	PAPER CHROMATOGRAPHY	\$23.62
82489	THIN LAYER CHROMATOGRAPHY	\$20.45
82491	CHROMOTOGRAPHY, QUANT, SING	\$19.97
82492	CHROMOTOGRAPHY, QUANT, MULT	\$19.97
82495	ASSAY OF CHROMIUM	\$22.42
82507	ASSAY OF CITRATE	\$30.74
82520	ASSAY OF COCAINE	\$16.75
82523	COLLAGEN CROSSLINKS	\$20.50
82525	ASSAY OF COPPER	\$13.72
82528	ASSAY OF CORTICOSTERONE	\$24.89
82530	ASSAY, FREE CORTISOL	\$18.48
82533	RIA ASSAY PLASMA CORTISOL	\$18.02
82540	ASSAY OF CREATINE	\$5.12
82541	COLUMN CHROMOTOGRAPHY, QUAL	\$19.97
82542	COLUMN CHROMOTOGRAPHY, QUANT	\$19.97
82543	COLUMN CHROMOTOGRAPHY/ISOTOPE	\$19.97

82544	COLUMN CHROMOTOGRAPH/ISOTOPE	\$19.97
82550	ASSAY OF CK (CPK)	\$7.21
82552	ASSAY OF CPK IN BLOOD	\$14.81
82553	CREATINE, MB FRACTION	\$12.76
82554	CREATINE, ISOFORMS	\$13.12
82565	ASSAY OF CREATININE	\$5.32
82570	ASSAY OF URINE CREATININE	\$5.32
82575	CREATININE CLEARANCE TEST	\$10.45
82585	ASSAY OF CRYOFIBRINOGEN	\$9.48
82595	ASSAY OF CRYOGLOBULIN	\$5.32
82600	ASSAY OF CYANIDE	\$21.45
82607	RIA ASSAY FOR VITAMIN B-12	\$16.66
82608	B-12 BINDING CAPACITY	\$15.84
82615	TEST FOR URINE CYSTINES	\$9.03
82626	DEHYDROEPIANDROSTERONE, RIA	\$27.94
82627	DEHYDROEPIANDROSTERONE	\$24.58
82633	DESOXYCORTICOSTERONE, RIA	\$34.25
82634	DEOXYCORTISOL, RIA	\$32.37
82638	ASSAY OF DIBUCAINE NUMBER	\$13.54
82646	ASSAY OF DIHYDROCODINONE	\$22.83
82649	ASSAY OF DIHYDROMORPHINONE	\$28.42
82651	ASSAY OF DIHYDROTESTOSTERONE	\$28.54
82652	ASSAY OF DIHYDROXYVITAMIN D	\$36.24
82654	ASSAY OF DIMETHADIONE	\$15.31
82656	*04 *05 PANCREATIC ELASTASE, FECAL	\$10.38
82657	ENZYME CELL ACTIVITY	\$19.97

82658	ENZYME CELL ACTIVITY, RA	\$19.97
82664	ELECTROPHORETIC TEST	\$24.01
82666	ASSAY OF EPIANDROSTERONE	\$23.75
82668	ASSAY OF ERYTHROPOIETIN	\$20.78
82670	ASSAY OF ESTRADIOL	\$30.90
82671	ASSAY OF ESTROGENS	\$35.71
82672	ASSAY OF ESTROGEN	\$23.98
82677	ASSAY OF ESTRIOL	\$26.74
82679	ASSAY OF ESTRONE	\$27.60
82690	ASSAY OF ETHCHLORVYNOL	\$19.11
82693	ASSAY OF ETHYLENE GLYCOL	\$16.47
82696	ASSAY OF ETIOCHOLANOLONE	\$26.08
82705	FATS/LIPIDS, FECES, QUAL	\$5.63
82710	FATS/LIPIDS, FECES, QUANT	\$18.57
82715	ASSAY OF FECAL FAT	\$19.03
82725	ASSAY OF BLOOD FATTY ACIDS	\$14.72
82726	LONG CHAIN FATTY ACIDS	\$19.97
82728	ASSAY OF FERRITIN	\$15.06
82731	ASSAY OF FETAL FIBRONECTIN	\$71.21
82735	ASSAY OF FLUORIDE	\$20.50
82742	ASSAY OF FLURAZEPAM	\$21.89
82746	BLOOD FOLIC ACID RIA	\$16.26
82747	ASSAY OF FOLIC ACID, RBC	\$19.14
82759	ASSAY OF RBC GALACTOKINASE	\$23.75
82760	ASSAY OF GALACTOSE	\$10.64
82775	ASSAY GALACTOSE TRANSFERASE	\$23.29
82776	GALACTOSE TRANSFERASE TEST	\$9.12
82784	ASSAY OF GAMMAGLOBULIN IGM	\$6.08
82785	ASSAY OF GAMMAGLOBULIN IGE	\$18.21

82787	IGG 1, 2, 3 OR 4, EACH	\$8.87
82800	BLOOD PH	\$9.21
82803	BLOOD GASES: PH, PO2 & PCO2	\$21.39
82805	GASES,BLOOD,ANY COMB PH,PCO2,PO2,CO2,HC0	\$31.37
82810	GASES,BLOOD,02 SATURATION ONLY,BY DIRECT	\$9.65
82820	HEMOGLOBIN - OXYGEN AFFIN	\$11.06
82926	ASSAY OF GASTRIC ACID	\$5.70
82928	ASSAY OF GASTRIC ACID	\$4.56
82938	SERUM GASTRIN TEST	\$19.57
82941	RIA ASSAY OF GASTRIN	\$19.50
82943	RIA ASSAY OF GLUCAGON	\$15.80
82945	GLUCOSE OTHER FLUID	\$4.34
82946	GLUCAGON TOLERANCE TEST	\$16.66
82947	ASSAY, GLUCOSE, BLOOD QUANT	\$4.34
82948	STICK ASSAY OF BLOOD GLUCOSE	\$3.50
82950	GLUCOSE TEST	\$5.06
82951	GLUCOSE TOLERANCE TEST (GTT)	\$14.24
82952	GTT-ADDED SAMPLES	\$4.14
82953	GLUCOSE-TOLBUTAMIDE TEST	\$16.74
82955	ASSAY OF G6PD ENZYME	\$10.72
82960	TEST FOR G6PD ENZYME	\$6.70
82962	GLUCOSE BLOOD TEST	\$2.58
82963	ASSAY OF GLUCOSIDASE	\$23.75
82965	ASSAY OF GDH ENZYME	\$8.54
82975	ASSAY OF GLUTAMINE	\$17.50
82977	ASSAY OF GGT ENZYME	\$7.96

82978	ASSAY OF GLUTATHIONE	\$15.76
82979	ASSAY, RBC GLUTATHIONE	\$7.60
82980	ASSAY OF GLUTETHIMIDE	\$20.26
82985	GLYCOPROTEIN ELECTROPHORESIS	\$16.66
83001	PITUITARY GONADOTROPIN RIA	\$20.55
83002	PITUITARY GONADOTROPINS RIA	\$20.48
83003	ASSAY, GROWTH HORMONE (HGH)	\$18.43
83008	ASSAY OF GUANOSINE	\$18.56
83009	H PYLORI (C-13), BLOOD	\$75.29
83010	ASSAY OF HAPTOGLOBIN, QUANT	\$13.90
83012	ASSAY OF HAPTOGLOBINS	\$19.01
83013	H PYLORI (C-13), BREATH	\$74.47
83014	H PYLORI DRUG ADMIN	\$8.69
83015	HEAVY METAL SCREENING	\$12.16
83018	CHROMATOGRAPH SCREEN, METALS	\$22.37
83020	HEMOGLOBIN ELECTROPHORESIS	\$17.17
83021	HEMOGLOBIN CHROMOTOGRAPHY	\$19.97
83026	HEMOGLOBIN, COPPER SULFATE	\$2.61
83030	FETAL HEMOGLOBIN, CHEMICAL	\$9.14
83033	FETAL HEMOGLOBIN ASSAY, QUAL	\$6.59
83036	GLYCOSYLATED HEMOGLOBIN TEST	\$10.74
83045	BLOOD METHEMOGLOBIN TEST	\$5.48
83050	BLOOD METHEMOGLOBIN ASSAY	\$8.10
83051	ASSAY OF PLASMA HEMOGLOBIN	\$8.08

83055	BLOOD SULFHEMOGLOBIN TEST	\$5.44
83060	BLOOD SULFHEMOGLOBIN ASSAY	\$9.14
83065	ASSAY OF HEMOGLOBIN HEAT	\$7.62
83068	HEMOGLOBIN STABILITY SCREEN	\$9.37
83069	ASSAY OF URINE HEMOGLOBIN	\$4.36
83070	ASSAY OF HEMOSIDERIN, QUAL	\$5.25
83071	ASSAY OF HEMOSIDERIN, QUANT	\$7.60
83080	ASSAY OF B HEXOSAMINIDASE	\$18.65
83088	ASSAY OF HISTAMINE	\$32.65
83090	ASSAY OF HOMOCYSTINE	\$18.65
83150	ASSAY OF FOR HVA	\$11.40
83491	RIA ASSAY OF CORTICOSTEROIDS	\$19.37
83497	ASSAY OF 5-HIAA	\$14.26
83498	RIA ASSAY OF PROGESTERONE	\$30.03
83499	ASSAY OF PROGESTERONE	\$27.86
83500	ASSAY, FREE HYDROXYPROLINE	\$25.04
83505	ASSAY, TOTAL HYDROXYPROLINE	\$26.87
83516	IMMUNOASSAY, NONANTIBODY	\$10.27
83518	IMMUNOASSAY FOR ANALYTE OTH ANTIBOD/INFE	\$6.03
83519	IMMUNOASSAY, NONANTIBODY	\$14.94
83520	IMMUNOASSAY	\$14.31
83525	RIA ASSAY OF INSULIN	\$12.65
83527	INSULIN	\$14.32
83528	ASSAY OF INTRINSIC FACTOR	\$17.58
83540	ASSAY OF IRON	\$7.16
83550	SERUM IRON BINDING TEST	\$7.96
83570	ASSAY OF IDH ENZYME	\$9.78

83582	ASSAY OF KETOGENIC STEROIDS	\$15.67
83586	ASSAY 17- KETOSTEROIDS	\$14.15
83593	FRACTIONATION, KETOSTEROIDS	\$29.08
83605	ASSAY OF LACTIC ACID	\$11.81
83615	UV-ASSAY BLOOD LDH ENZYME	\$6.68
83625	ASSAY OF LDH ENZYMES	\$14.15
83630	LACTOFERRIN, FECAL (QUAL)	\$21.94
83631	*04 *06 LACTOFERRIN, FECAL (QUANT)	\$21.94
83632	RIA PLACENTAL LACTOGEN	\$22.34
83633	TEST URINE FOR LACTOSE	\$6.09
83634	ASSAY OF URINE FOR LACTOSE	\$12.74
83655	ASSAY OF LEAD	\$13.38
83661	L/S RATIO, FETAL LUNG	\$24.30
83662	FOAM STABILITY, FETAL LUNG	\$20.91
83663	FLURO POLARIZE, FETAL LUNG	\$10.46
83664	LAMELLAR BDY, FETAL LUNG	\$5.22
83670	ASSAY OF LAP ENZYME	\$10.13
83690	ASSAY OF LIPASE	\$7.62
83695	ASSAY OF LIPOPROTEIN(A)	\$14.47
83698	ASSAY LIPOPROTEIN PLA2	\$37.94
83700	*04 *06 LIOPRO BLD, ELECTROPHORETIC	\$12.58
83701	LIPOPROTEIN BLD, HR FRACTION	\$27.74
83704	LIPOPROTEIN, BLD, BY NMR	\$35.26
83718	ASSAY OF LIPOPROTEIN	\$9.05
83719	ASSAY OF BLOOD LIPOPROTEIN	\$12.19
83721	ASSAY OF BLOOD LIPOPROTEIN	\$10.54

83727	ASSAY OF LRH HORMONE	\$19.01
83735	ASSAY OF MAGNESIUM	\$7.41
83775	UV-ASSAY OF MD ENZYME	\$8.15
83785	ASSAY OF MANGANESE	\$27.18
83788	MASS SPECTROMETRY QUAL	\$19.97
83789	MASS SPECTROMETRY QUANT	\$19.97
83805	ASSAY OF MeproBamate	\$19.49
83825	ASSAY OF MERCURY	\$14.12
83835	ASSAY OF METANEPHRINES	\$18.73
83840	ASSAY OF METHADONE	\$18.05
83857	ASSAY OF METHEMALBUMIN	\$11.87
83858	ASSAY OF METHSUXIMIDE	\$16.38
83864	BLOOD MUCOPOLYSACCHARIDES	\$15.94
83866	MUCOPOLYSACCHARIDES SCREEN	\$10.64
83872	ASSAY SYNOVIAL FLUID MUCIN	\$5.32
83873	ASSAY OF CSF PROTEIN	\$19.02
83874	ASSAY OF MYOGLOBIN	\$14.27
83880	*03 NATRIURETIC PEPTIDE	\$37.94
83883	ASSAY, NEPHELOMETRY NOT SPEC	\$15.03
83885	ASSAY OF NICKEL	\$27.09
83887	ASSAY OF NICOTINE	\$26.18
83890	MOLECULE ISOLATE	\$4.43
83891	MOLECULE ISOLATE NUCLEIC	\$4.43
83892	MOLECULAR DIAGNOSTICS	\$4.43
83893	MOLECULE DOT/SLOT/BLOT	\$4.43
83894	MOLECULE GEL ELECTROPHOR	\$4.43

83896	MOLECULAR DIAGNOSTICS	\$4.43
83897	MOLECULE NUCLEIC TRANSFER	\$4.43
83898	MOLECULE NUCLEIC AMPLI, EACH	\$18.54
83900	*04 *06 MOLECULE NUCLEIC AMPLI 2 SEQ	\$37.47
83901	MOLECULE NUCLEIC AMPLI ADDON	\$18.54
83902	MOLECULAR DIAGNOSTICS	\$15.69
83903	MOLECULE MUTATION SCAN	\$18.54
83904	MOLECULE MUTATION IDENTIFY	\$18.54
83905	MOLECULE MUTATION IDENTIFY	\$18.54
83906	MOLECULE MUTATION IDENTIFY	\$18.54
83907	LYSE CELLS FOR NUCLEIC EXT	\$14.93
83908	NUCLEIC ACID, SIGNAL AMPLI	\$18.74
83909	NUCLEIC ACID, HIGH RESOLUTE	\$18.74
83912	GENETIC EXAMINATION	\$4.43
83913	*07MOLECULAR, RNA STABILIZATION	\$14.93
83914	MUTATION IDENT OLA/SBCE/ASPE	\$18.74
83915	ASSAY OF NUCLEOTIDASE	\$12.33
83916	OLIGOCLONAL BANDS	\$22.23
83918	ORGANIC ACIDS, TOTAL, QUANT	\$18.20
83919	ORGANIC ACIDS, QUAL, EACH	\$18.20
83921	ORGANIC ACID, SINGLE, QUANT	\$18.20
83925	ASSAY OF OPIATES	\$21.51
83930	ASSAY OF BLOOD OSMOLALITY	\$7.30
83935	ASSAY OF URINE OSMOLALITY	\$7.54
83945	ASSAY OF OXALATE	\$14.24
83970	RIA ASSAY OF PARATHORMONE	\$45.63

83986	ASSAY OF BODY FLUID ACIDITY	\$3.96
83992	ASSAY FOR PHENCYCLIDINE	\$15.84
84022	ASSAY URINE PHENOTHIAZINE	\$13.04
84030	ASSAY OF BLOOD PKU	\$5.32
84035	ASSAY OF PHENYLKETONES	\$4.04
84060	ASSAY BLOOD ACID PHOSPHATASE	\$7.60
84066	ASSAY PROSTATE PHOSPHATASE	\$10.68
84075	ASSAY ALKALINE PHOSPHATASE	\$5.72
84078	ASSAY ALKALINE PHOSPHATASE	\$6.08
84080	ASSAY ALKALINE PHOSPHATASES	\$16.35
84081	AMNIOTIC FLUID ENZYME TEST	\$18.27
84085	ASSAY OF RBC PG6D ENZYME	\$7.46
84087	ASSAY PHOSPHOHEXOSE ENZYMES	\$11.42
84100	ASSAY OF PHOSPHORUS	\$5.25
84105	ASSAY OF URINE PHOSPHORUS	\$5.72
84106	TEST FOR PORPHOBILINOGEN	\$4.74
84110	ASSAY OF PORPHOBILINOGEN	\$9.12
84119	TEST URINE FOR PORPHYRINS	\$9.52
84120	ASSAY OF URINE PORPHYRINS	\$16.26
84126	ASSAY OF FECES PORPHYRINS	\$28.16
84127	ASSAY OF FECES PORPHYRINS	\$12.88
84132	ASSAY OF SERUM POTASSIUM	\$5.08
84133	ASSAY OF URINE POTASSIUM	\$4.75
84134	ASSAY OF PREALBUMIN	\$16.13
84135	ASSAY OF PREGNANEDIOL	\$21.15

84138	ASSAY OF PREGNANETRIOL	\$20.93
84140	ASSAY OF PREGNENOLONE	\$22.86
84143	ASSAY OF 17-HYDROXYPREGNENO	\$25.23
84144	ASSAY OF PROGESTERONE	\$23.06
84146	ASSAY OF PROLACTIN	\$21.42
84150	RIA ASSAY OF PROSTAGLANDIN	\$27.60
84152	ASSAY OF PSA, COMPLEXED	\$20.34
84153	ASSAY OF PSA, TOTAL	\$20.34
84154	ASSAY OF PSA, FREE	\$20.34
84155	ASSAY OF PROTEIN, SERUM	\$4.05
84156	ASSAY OF PROTEIN, URINE	\$4.10
84157	ASSAY OF PROTEIN, OTHER	\$4.10
84160	ASSAY OF PROTEIN, ANY SOURCE	\$5.32
84163	PAPPA, SERUM	\$16.82
84165	PROTEIN E-PHORESIS, SERUM	\$11.87
84166	PROTEIN E-PHORESIS/URINE/CSF	\$19.94
84181	WESTERN BLOT TEST	\$18.83
84182	WESTERN BLOT TEST	\$19.90
84202	ASSAY RBC PROTOPORPHYRIN	\$15.86
84203	TEST RBC PROTOPORPHYRIN	\$9.12
84206	RIA ASSAY OF PROINSULIN	\$19.70
84207	ASSAY OF VITAMIN B-6	\$31.06
84210	ASSAY OF PYRUVATE	\$12.01
84220	ASSAY OF PYRUVATE KINASE	\$10.43
84228	ASSAY OF QUININE	\$12.86
84233	ASSAY OF ESTROGEN	\$61.99
84234	ASSAY OF PROGESTERONE	\$53.13
84235	ASSAY OF ENDOCRINE HORMONE	\$57.85
84238	ASSAY, NONENDOCRINE RECEPTOR	\$40.42

84244	RIA ASSAY OF RENIN	\$24.32
84252	ASSAY OF VITAMIN B-2	\$22.37
84255	ASSAY OF SELENIUM	\$28.22
84260	ASSAY OF SEROTONIN	\$34.25
84270	ASSAY OF SEX HORMONE GLOBUL	\$24.02
84275	ASSAY OF SIALIC ACID	\$14.85
84285	ASSAY OF SILICA	\$26.04
84295	ASSAY OF SERUM SODIUM	\$5.32
84300	ASSAY OF URINE SODIUM	\$5.32
84302	ASSAY OF SWEAT SODIUM	\$5.43
84305	ASSAY OF SOMATOMEDIN	\$21.92
84307	ASSAY OF SOMATOSTATIN	\$20.22
84311	SPECTROPHOTOMETRY	\$7.60
84315	BODY FLUID SPECIFIC GRAVITY	\$2.77
84375	CHROMATOGRAM ASSAY, SUGARS	\$21.67
84376	SUGARS, SINGLE, QUAL	\$6.09
84377	SUGARS, MULTIPLE, QUAL	\$6.09
84378	SUGARS, SINGLE, QUANT	\$12.74
84379	SUGARS MULTIPLE QUANT	\$12.74
84392	ASSAY OF URINE SULFATE	\$5.25
84402	ASSAY OF TESTOSTERONE	\$28.15
84403	ASSAY OF TOTAL TESTOSTERONE	\$28.54
84425	ASSAY OF VITAMIN B-1	\$23.48
84430	ASSAY OF THIOCYANATE	\$12.86
84432	ASSAY OF THYROGLOBULIN	\$17.76
84436	ASSAY OF TOTAL THYROXINE	\$7.60
84437	ASSAY OF NEONATAL THYROXINE	\$7.16
84439	ASSAY OF FREE THYROXINE	\$9.97
84442	ASSAY OF THYROID ACTIVITY	\$16.35

84443	ASSAY THYROID STIM HORMONE	\$18.57
84445	ASSAY OF TSI	\$56.22
84446	ASSAY OF VITAMIN E	\$15.68
84450	UV-ASSAY TRANSAMINASE (SGOT)	\$5.71
84460	UV-ASSAY TRANSAMINASE (SGPT)	\$5.86
84466	ASSAY OF TRANSFERRIN	\$14.12
84478	ASSAY OF TRIGLYCERIDES	\$6.36
84479	ASSAY OF THYROID (T3 OR T4)	\$7.16
84480	ASSAY, TRIIODOTHYRONINE (T3)	\$15.68
84481	RIA ASSAY (FT-3)	\$17.71
84482	REVERSE ASSAY (T3)	\$17.42
84484	ASSAY OF TROPONIN, QUANT	\$10.88
84485	ASSAY DUODENAL FLUID TRYPSIN	\$8.30
84488	TEST FECES FOR TRYPSIN	\$7.60
84490	ASSAY OF FECES FOR TRYPSIN	\$8.42
84510	ASSAY OF TYROSINE	\$11.40
84512	ASSAY OF TROPONIN, QUAL	\$8.51
84520	ASSAY OF UREA NITROGEN	\$4.36
84525	STICK-ASSAY BUN	\$4.15
84540	ASSAY OF URINE/UREA-N	\$5.25
84545	UREA-N CLEARANCE TEST	\$7.30
84550	ASSAY OF BLOOD/URIC ACID	\$5.00
84560	ASSAY OF URINE/URIC ACID	\$5.25
84577	ASSAY OF FECES/UROBILINOGEN	\$13.79
84578	TEST URINE UROBILINOGEN	\$3.54
84580	ASSAY OF URINE UROBILINOGEN	\$7.85
84583	ASSAY OF URINE UROBILINOGEN	\$5.56

84585	ASSAY OF URINE VMA	\$17.14
84588	ASSAY OF VASOPRESSIN	\$37.53
84590	ASSAY OF VITAMIN A	\$12.82
84591	ASSAY OF NOS VITAMIN	\$12.82
84597	ASSAY OF VITAMIN K	\$15.15
84600	ASSAY OF VOLATILES	\$17.77
84620	XYLOSE TOLERANCE TEST	\$13.10
84630	ASSAY OF ZINC	\$12.59
84681	ASSAY OF C-PEPTIDE	\$21.64
84702	CHORIONIC GONADOTROPIN TEST	\$14.07
84703	CHORIONIC GONADOTROPIN ASSAY	\$8.30
84830	OVULATION TESTS	\$9.86
84999	CLINICAL CHEMISTRY TEST	\$0.00
85002	BLEEDING TIME TEST	\$4.98
85004	AUTOMATED DIFF WBC COUNT	\$7.23
85007	DIFFERENTIAL WBC COUNT	\$3.81
85008	NONDIFFERENTIAL WBC COUNT	\$3.81
85009	DIFFERENTIAL WBC COUNT	\$4.11
85013	SPUN, MICROHEMATOCRIT	\$2.62
85014	HEMATOCRIT	\$2.62
85018	HEMOGLOBIN, COLORIMETRIC	\$2.62
85025	AUTOMATED HEMOGRAM	\$8.59
85027	AUTOMATED HEMOGRAM	\$7.16
85032	MANUAL CELL COUNT, EACH	\$4.81
85041	RED BLOOD CELL (RBC) COUNT	\$3.33
85044	RETICULOCYTE COUNT	\$4.75
85045	RETICULOCYTE COUNT	\$4.43
85046	RETICULOCYTE/HGB CONCENTRATE	\$6.18
85048	WHITE BLOOD CELL (WBC) COUNT	\$2.82

85049	AUTOMATED PLATELET COUNT	\$5.00
85055	RETICULATED PLATELET ASSAY	\$29.93
85060	BLOOD SMEAR INTERPRETATION	\$12.89
85097	BONE MARROW INTERPRETATION	\$35.25
85130	CHROMOGENIC SUBSTATE ASSAY	\$13.15
85170	BLOOD CLOT RETRACTION SCREEN	\$4.00
85175	BLOOD CLOT LYSIS TIME	\$5.02
85210	BLOOD CLOT FACTOR II TEST	\$14.36
85220	BLOOD CLOT FACTOR V TEST	\$19.51
85230	BLOOD CLOT FACTOR VII TEST	\$19.80
85240	BLOOD CLOT FACTOR VIII TEST	\$19.80
85244	BLOOD CLOT FACTOR VIII TEST	\$22.58
85245	BLOOD CLOT FACTOR VIII TEST	\$25.38
85246	BLOOD CLOT FACTOR VIII TEST	\$25.38
85247	BLOOD CLOT FACTOR VIII TEST	\$25.38
85250	BLOOD CLOT FACTOR IX TEST	\$21.05
85260	BLOOD CLOT FACTOR X TEST	\$19.80
85270	BLOOD CLOT FACTOR XI TEST	\$19.80
85280	BLOOD CLOT FACTOR XII TEST	\$21.39
85290	BLOOD CLOT FACTOR XIII TEST	\$18.06
85291	BLOOD CLOT FACTOR XIII TEST	\$9.82
85292	BLOOD CLOT FACTOR ASSAY	\$20.94
85293	BLOOD CLOT FACTOR ASSAY	\$20.94
85300	ANTITHROMBIN III TEST	\$13.10
85301	ANTITHROMBIN III TEST	\$11.96

85302	BLOOD CLOT INHIBITOR ASSAY	\$13.29
85303	BLOOD CLOT INHIBITOR TEST	\$15.29
85305	BLOOD CLOT INHIBITOR ASSA	\$12.82
85306	BLOOD CLOT INHIBITOR TEST	\$16.94
85307	ASSAY ACTIVATED PROTEIN C	\$16.94
85335	FACTOR INHIBITOR TEST	\$14.24
85337	THROMBOMODULIN	\$11.53
85345	COAGULATION TIME	\$4.75
85347	COAGULATION TIME	\$4.70
85348	COAGULATION TIME	\$4.11
85360	EUGLOBULIN LYSIS	\$9.29
85362	FIBRIN DEGRADATION PRODUCTS	\$6.08
85366	FIBRINOGEN TEST	\$8.57
85370	FIBRINOGEN TEST	\$12.56
85378	FIBRIN DEGRADATION	\$7.89
85379	FIBRIN DEGRADATION	\$11.25
85380	FIBRIN DEGRADATION, ULTRASENSATIVE	\$11.38
85384	FIBRINOGEN	\$9.39
85385	FIBRINOGEN	\$9.39
85390	FIBRINOLYSINS SCREEN	\$5.70
85396	CLOTTING ASSAY, WHOLE BLOOD	\$0.00
85400	FIBRINOLYTIC PLASMIN	\$9.78
85410	FIBRINOLYTIC ANTIPLASMIN	\$8.53
85415	FIBRINOLYTIC PLASMINOGEN	\$19.01
85420	FIBRINOLYTIC PLASMINOGEN	\$6.12
85421	FIBRINOLYTIC PLASMINOGEN	\$6.12
85441	HEINZ BODIES, DIRECT	\$4.56
85445	HEINZ BODIES, INDUCED	\$7.54
85460	HEMOGLOB / RBCS, FETAL, F/FETOMATER HEMO	\$8.55

85461	HEMOGLOBIN OR RBCS FETAL FOR FETOHEMAGE	\$7.34
85475	HEMOLYSIN ACID	\$9.81
85520	HEPARIN ASSAY	\$14.47
85525	NEUTRALIZE HEPARIN	\$10.27
85530	HEPARIN-PROTAMINE TOLERANCE	\$15.68
85536	IRON STAIN PERIPHERAL BLOOD	\$7.16
85540	WBC ALKALINE PHOSPHATASE	\$9.50
85547	RBC MECHANICAL FRAGILITY	\$9.50
85549	SERUM MURAMIDASE	\$20.74
85555	RBC OSMOTIC FRAGILITY	\$7.39
85557	RBC OSMOTIC FRAGILITY	\$14.77
85576	BLOOD PLATELET AGGREGATION	\$15.20
85597	PLATELET NEUTRALIZATION	\$19.87
85610	PROTHROMBIN TIME	\$4.34
85611	PROTHROMBIN TEST	\$4.36
85612	VIPER VENOM PROTHROMBIN TIME	\$10.58
85613	RUSSELL VIPER VENOM, DILUTED	\$10.58
85635	REPTILASE TEST	\$10.89
85651	RBC SED RATE, NONAUTOMATED	\$3.93
85652	RBC SED RATE, AUTOMATED	\$2.98
85660	RBC SICKLE CELL TEST	\$5.80
85670	THROMBIN TIME; PLASMA	\$6.38
85675	THROMBIN TIME; TITER	\$7.58
85705	THROMBOPLASTIN INHIBITION	\$10.65
85730	THROMBOPLASTIN TIME, PARTIAL	\$6.64
85732	THROMBOPLASTIN TIME, PARTIAL	\$7.16
85810	BLOOD VISCOSITY EXAMINATION	\$12.91
85999	HEMATOLOGY PROCEDURE	\$0.00

86000	AGGLUTININS, FEBRILE	\$5.32
86001	ALLERGEN SPECIFIC IGG	\$5.78
86003	ALLERGEN SPEC IGE; QUANTIT/SEMIQ EACH	\$5.78
86021	WBC ANTIBODY IDENTIFICATION	\$15.88
86022	PLATELET ANTIBODIES	\$20.30
86023	IMMUNOGLOBULIN ASSAY	\$13.77
86038	ANTINUCLEAR ANTIBODIES, RIA	\$13.36
86039	ANTINUCLEAR ANTIBODIES TITER	\$12.34
86060	ANTISTREPTOLYSIN O, TITER	\$8.07
86063	ANTISTREPTOLYSIN O, SCREEN	\$6.38
86077	PHYSICIAN BLOOD BANK SERVICE	\$44.58
86078	PHYSICIAN BLOOD BANK SERVICE	\$45.08
86079	PHYSICIAN BLOOD BANK SERVICE	\$45.08
86140	C-REACTIVE PROTEIN	\$5.72
86141	C-REACTIVE PROTEIN, HS	\$14.31
86146	GLYCOPROTEIN ANTIBODY	\$24.23
86147	CARDIOLIPIN ANTIBODY	\$24.23
86148	ANTI-PHOSPHATIDYLSERINE ANTIBODY	\$17.76
86155	CHEMOTAXIS ASSAY	\$15.67
86156	COLD AGGLUTININ, SCREEN	\$7.41
86157	COLD AGGLUTININ, TITER	\$8.91
86160	COMPLEMENT, ANTIGEN	\$13.27
86161	COMPLEMENT/FUNCTION ACTIVITY	\$13.27
86162	COMPLEMENT; TOTAL (CH 50)	\$22.46
86171	COMPLEMENT FIXATION, EACH	\$11.08
86185	COUNTERELECTROPHORESIS, EACH	\$9.90
86200	CCP ANTIBODY	\$7.10

86215	DEOXYRIBONUCLEASE, ANTIBODY	\$14.66
86225	DNA ANTIBODY	\$15.19
86226	DNA ANTIBODY	\$13.38
86235	NUCLEAR ANTIGEN ANTIBODY	\$15.20
86243	FC RECEPTOR ASSAY	\$22.69
86255	FLUORESCENT ANTIBODY, SCREEN	\$12.16
86256	FLUORESCENT ANTIBODY, TITER	\$13.33
86277	GROWTH HORMONE ANTIBODY, RIA	\$17.40
86280	HEMAGGLUTINATION INHIBITION	\$9.05
86294	IMMUNOASSAY, TUMOR, QUAL	\$21.69
86300	IMMUNOASSAY, TUMOR, CA 15- 3	\$23.01
86301	IMMUNOASSAY, TUMOR, CA 19- 9	\$23.01
86304	IMMUNOASSAY, TUMOR, CA 125	\$23.01
86308	HETEROPHILE ANTIBODIES SCREEN	\$5.72
86309	HETEROPHILE ANTIBODIES TITER	\$7.08
86310	HETEROPHILE ANTIBODIES	\$8.15
86316	IMMUNOASSAY, TUMOR OTHER	\$23.01
86317	IMMUNOASSAY, INFECTIOUS AGENT	\$16.58
86318	IMMUNOASSAY F/INFECT AGENT ANTIBODY QUAL	\$14.31
86320	SERUM IMMUNOELECTROPHORESIS	\$24.78
86325	OTHER IMMUNOELECTROPHORESIS	\$24.72
86327	IMMUNOELECTROPHORESIS ASSAY	\$25.08
86329	IMMUNODIFFUSION, EACH	\$15.15
86331	IMMUNODIFFUSION OUCHTERLONY	\$13.25
86332	ASSAY, CIQ PRECIPITIN	\$26.94
86334	IMMUNOFIX E-PHORESIS, SERUM	\$20.73

86335	*04 *05 IMMUNIFIX E-PHORSIS/URINE/CSF	\$32.80
86336	INHIBIN A	\$0.00
86337	INSULIN ANTIBODIES, RIA	\$23.67
86340	INTRINSIC FACTOR ANTIBODY	\$16.66
86341	ISLET CELL ANTIBODY	\$18.38
86343	LEUKOCYTE HISTAMINE RELEASE	\$13.78
86344	LEUKOCYTE PHAGOCYTOSIS	\$8.83
86353	LYMPHOCYTE TRANSFORMATION	\$54.20
86355	B CELLS, TOTAL COUNT	\$54.79
86357	*04 *06 NK CELLS, TOTAL COUNT	\$42.16
86359	T CELLS	\$41.70
86360	T CELL, ABSOLUTE COUNT/RATIO	\$51.94
86361	T CELL, ABSOLUTE COUNT	\$29.60
86367	STEM CELLS, TOTAL COUNT	\$42.16
86376	MICROSOMAL ANTIBODY, RIA	\$15.20
86378	MIGRATION INHIBITORY FACTOR	\$21.78
86382	NEUTRALIZATION TEST, VIRAL	\$18.69
86384	NITROBLUE TETRAZOLIUM DYE	\$12.59
86403	PARTICLE AGGLUTINATION	\$11.26
86406	PARTICLE AGGLUTINATION	\$11.76
86430	RHEUMATOID FACTOR TEST	\$6.28
86431	RHEUMATOID FATOR, QUANT	\$6.28
86480	TB TEST, CELL IMMUN MEASURE	\$69.27
86485	SKIN TEST, CANDIDA	\$0.00
86490	COCCIDIOIDOMYCOSIS SKIN TEST	\$8.60
86510	HISTOPLASMOSIS SKIN TEST	\$8.14
86580	TB INTRADERMAL TEST	\$8.08
86586	SKIN TEST, UNLISTED	\$0.00

86590	STREPTOKINASE, ANTIBODY	\$12.19
86592	BLOOD SEROLOGY, QUALITATIVE	\$4.56
86593	BLOOD SEROLOGY, QUANTITATIVE	\$4.87
86602	ANTIBODY, ACTINOMYCES	\$11.25
86603	ADENOVIRUS ANTIBODY	\$14.23
86606	ANTIBODY, ASPERGILLUS	\$16.64
86609	BACTERIUM ANTIBODY	\$14.25
86611	BARTONELLA ANTIBODY	\$11.25
86612	BLASTOMYCES ANTIBODY	\$14.26
86615	ANTIBODY, BORDETELLA	\$14.58
86617	ANTIBODY	\$17.12
86618	ANTIBODY, LYME DISEASE	\$18.83
86619	BORRELIA ANTIBODY	\$14.79
86622	BRUCELLA ANTIBODY	\$9.76
86625	CAMPYLOBACTER ANTIBODY	\$14.50
86628	CANDIDA ANTIBODY	\$13.28
86631	CHLAMYDIA ANTIBODY	\$13.08
86632	CHLAMYDIA IGM ANTIBODY	\$14.04
86635	COCCIDIODES ANTIBODY	\$12.68
86638	ANTIBODY, Q FEVER	\$13.40
86641	ANTIBODY, CRYPTOCOCCUS	\$15.32
86644	ANTIBODY, CMV	\$15.36
86645	ANTIBODY, CVM, 1GM	\$18.62
86648	ANTIBODY, DIPHTHERIA	\$15.48
86651	ANTIBODY, ENCEPHALITIS	\$14.58
86652	ENCEPHALITIS ANTIBODY	\$14.58
86653	ENCEPHALITIS ANTIBODY	\$14.58
86654	ENCEPHALITIS ANTIBODY	\$14.58
86658	ENTEROVIRUS ANTIBODY	\$14.41

86663	ANTIBODY, EPSTEIN - BARR	\$14.50
86664	ANTIBODY, EPSTEIN - BARR	\$16.91
86665	EPSTEIN-BARR ANTIBODY	\$19.66
86666	EHRlichia ANTIBODY	\$11.25
86668	FRANCISELLA TULARENSIS	\$11.50
86671	FUNGUS ANTIBODY	\$13.56
86674	GIARDIA LAMBLIA ANTIBODY	\$16.27
86677	ANTIBODY, HELICOBACTER PYLORI	\$16.04
86682	HELMINTH ANTIBODY	\$14.38
86684	ANTIBODY, HEMOPHILUS INFLUENZA	\$17.52
86687	HTLV-I ANTIBODY	\$9.28
86688	HTLV-II ANTIBODY	\$15.50
86689	HTLVI CONFIRM TEST	\$21.40
86692	HEPATITIS, DELTA AGENT	\$18.98
86694	ANTIBODY, HERPES SIMPLEX	\$15.36
86695	ANTIBODY, HERPES SIMPLEX	\$14.58
86696	HERPES SIMPLEX TYPE 2	\$21.40
86698	ANTIBODY HISTOPLASMA	\$13.82
86701	ANTIBODY, HIV - 1	\$9.82
86702	ANTIBODY, HIV - 2	\$12.65
86703	HIV-1/HIV-2, SINGLE ASSAY	\$12.65
86704	HEP B CORE ANTIBODY, TOTAL	\$13.33
86705	HEP B CORE ANTIBODY, IGM	\$13.02
86706	HEP B SURFACE ANTIBODY	\$11.87
86707	HEP BE ANTIBODY	\$12.78
86708	HEP A ANTIBODY, TOTAL	\$13.70
86709	HEP A ANTIBODY, IGM	\$12.44
86710	INFLUENZA VIRUS ANTIBODY	\$14.99
86713	LEGIONELLA ANTIBODY	\$16.92

86717	LEISHMANIA ANTIBODY	\$13.54
86720	LEPTOSPIRA ANTIBODY	\$12.43
86723	LISTERIA MONOCYTOGENES AB	\$14.58
86727	LYMPH CHORIOMENINGITIS AB	\$14.23
86729	LYMPHO VENEREUM ANTIBODY	\$13.21
86732	MUCORMYCOSIS ANTIBODY	\$14.58
86735	MUMPS ANTIBODY	\$14.42
86738	MYCOPLASMA ANTIBODY	\$14.65
86741	NEISSERIA MENINGITIDIS	\$14.58
86744	NOCARDIA ANTIBODY	\$14.58
86747	PARVOVIRUS ANTIBODY	\$16.62
86750	MALARIA ANTIBODY	\$14.58
86753	PROTOZOA ANTIBODY NOS	\$13.70
86756	RESPIRATORY VIRUS ANTIBODY	\$14.25
86757	RICKETTSIA ANTIBODY	\$21.40
86759	ROTAVIRUS ANTIBODY	\$14.58
86762	RUBELLA ANTIBODY	\$15.36
86765	RUBEOLA ANTIBODY	\$14.25
86768	SALMONELLA ANTIBODY	\$14.58
86771	SHIGELLA ANTIBODY	\$14.58
86774	TETANUS ANTIBODY	\$16.36
86777	TOXOPLASMA ANTIBODY	\$15.36
86778	TOXOPLASMA ANTIBODY, IGM	\$15.36
86781	TREPONEMA PALLIDUM, CONFIRM	\$14.64
86784	TRICHINELLA ANTIBODY	\$13.89
86787	VARICELLA-ZOSTER ANTIBODY	\$14.25
86788	WEST NILE VIRUS AB, IGM	\$18.83
86789	WEST NILE VIRUS ANTIBODY	\$16.09
86790	VIRUS ANTIBODY NOS	\$14.25

86793	YERSINIA ANTIBODY	\$14.58
86800	THYROGLOBULIN ANTIBODY, RIA	\$14.97
86803	HEPATITIS C ANTIBODY	\$15.78
86804	HEPATITIS C ANTIBODY;CONFIRM TST EG,IMMU	\$17.12
86805	LYMPHOCYTOTOXICITY ASSAY	\$49.27
86806	LYMPHOCYTHOTOXICITY ASSAY	\$37.30
86807	CYTOTOXIC ANTIBODY SCREENING	\$43.75
86808	CYTOTOXIC ANTIBODY SCREENING	\$28.37
86812	HLA TYPING, A, B, OR C	\$28.53
86813	HLA TYPING, A, B, AND/OR C	\$54.69
86816	HLA TYPING, DR	\$30.79
86817	HLA TYPING, DR	\$57.81
86821	LYMPHOCYTE CULTURE, MIXED	\$19.49
86822	LYMPHOCYTE CULTURE, PRIMED	\$19.49
86849	IMMUNOLOGY PROCEDURE	\$0.00
86850	RBC ANTIBODY SCREEN	\$7.93
86860	RBC ANTIBODY SCREEN	\$19.83
86870	RBC ANTIBODY IDENTIFICATION	\$16.52
86880	COOMBS TEST	\$5.94
86885	COOMBS TEST	\$6.32
86886	COOMBS TEST	\$5.72
86900	BLOOD TYPING, ABO ONLY	\$3.30
86901	BLOOD TYPING, RH(D)	\$5.32
86903	BLOOD TYPING, ANTIGEN SCREEN	\$6.84
86904	BLOOD TYPING, ANTIGEN SCREEN	\$6.84
86905	BLOOD TYPING, RBC ANTIGENS	\$4.22
86906	BLOOD TYPING, RH PHENOTYPE	\$8.57

86920	COMPATIBILITY TEST, SPIN	\$0.00
86921	COMPATIBILITY TEST, INCUBATE	\$0.00
86922	COMPATIBILITY TEST, ANTIGLOB	\$0.00
86923	COMPATIBILITY TEST, ELECTRIC	\$0.00
86927	PLASMA, FRESH FROZEN	\$0.00
86930	FROZEN BLOOD PREP	\$0.00
86931	FROZEN BLOOD THAW	\$0.00
86932	FROZEN BLOOD FREEZE/THAW	\$0.00
86940	HEMOLYSINS/AGGLUTININS, AUTO	\$9.06
86941	HEMOLYSINS AND AGGLUTININS	\$13.38
86945	BLOOD PRODUCT/IRRADIATION	\$25.16
86960	VOL REDUCTION OF BLOOD/PROD	\$0.00
86970	PRETREATMENT RBC, DRUGS	\$17.28
86971	PRETREATMENT RBC, DILUTION	\$17.28
86972	PRETREATMENT RBC, SEPARATION	\$16.65
86975	PRETREATMENT SERUM, DRUGS	\$16.65
86976	RBC PRETREATMENT, SERUM	\$16.65
86977	RBC PRETREATMENT, SERUM	\$16.65
86978	RBC PRETREATMENT, SERUM	\$19.97
86999	IMMUNOLOGY PROCEDURE	\$0.00
87001	SMALL ANIMAL INOCULATION	\$14.62
87003	SMALL ANIMAL INOCULATION	\$18.61
87015	SPECIMEN CONCENTRATION	\$7.38
87040	BLOOD CULTURE FOR BACTERIA	\$11.42
87045	FECES CULTURE, BACTERIA	\$10.43

87046	STOOL CULTR, BACTERIA, EACH	\$2.61
87070	CULTURE, BACTERIA, OTHER	\$9.52
87071	CULTURE BACTERI AEROBIC OTHR	\$5.22
87073	CULTURE BACTERIA ANAEROBIC	\$5.22
87075	CULTR BACTERIA, EXCEPT BLOOD	\$10.46
87076	CULTURE ANAEROBE IDENT, EACH	\$8.93
87077	CULTURE AEROBIC IDENTIFY	\$8.93
87081	CULTURE SCREEN ONLY	\$7.33
87084	CULTURE OF SPECIMEN BY KIT	\$9.52
87086	URINE CULTURE/COLONY COUNT	\$7.60
87088	URINE BACTERIA CULTURE	\$6.08
87101	SKIN FUNGI CULTURE	\$7.60
87102	FUNGUS ISOLATION CULTURE	\$9.12
87103	BLOOD FUNGUS CULTURE	\$9.97
87106	FUNGI IDENTIFICATION, YEAST	\$11.42
87107	FUNGI IDENTIFICATION, MOLD	\$11.42
87109	MYCOPLASMA	\$17.01
87110	CHLAMYDIA CULTURE	\$19.26
87116	MYCOBACTERIA CULTURE	\$9.12
87118	MYCOBACTERIC IDENTIFICATION	\$12.10
87140	CULTUR TYPE IMMUNOFLUORESC	\$6.08
87143	CULTURE TYPING, GLC/HPLC	\$13.86
87147	CULTURE TYPE, IMMUNOLOGIC	\$4.56
87149	CULTURE TYPE, NUCLEIC ACID	\$22.17
87152	CULTURE TYPE PULSE FIELD GEL	\$5.78

87158	CULTURE TYPING, ADDED METHOD	\$5.78
87164	DARK FIELD EXAMINATION	\$11.87
87166	DARK FIELD EXAMINATION	\$12.49
87168	MACROSCOPIC EXAM ARTHROPOD	\$4.72
87169	MACACROSCOPIC EXAM PARASITE	\$4.72
87172	PINWORM EXAM	\$4.72
87176	TISSUE HOMOGENIZATION, CULTUR	\$6.50
87177	OVA AND PARASITES SMEARS	\$9.84
87181	MICROBE SUSCEPTIBLE, DIFFUSE	\$1.52
87184	MICROBE SUSCEPTIBLE, DISK	\$7.62
87185	MICROBE SUSCEPTIBLE, ENZYME	\$2.49
87186	MICROBE SUSCEPTIBLE, MIC	\$9.55
87187	MICROBE SUSCEPTIBLE, MLC	\$11.46
87188	MICROBE SUSCEPT, MACROBROTH	\$7.34
87190	MICROBE SUSCEPT, MYCOBACTERI	\$4.56
87197	BACTERICIDAL LEVEL, SERUM	\$16.54
87205	SMEAR, GRAM STAIN	\$4.72
87206	SMEAR, FLUORESCENT/ACID STAI	\$5.94
87207	SMEAR, SPECIAL STAIN	\$6.62
87209	SMEAR, COMPLEX STAIN	\$20.09
87210	SMEAR, WET MOUNT, SALINE/INK	\$4.72
87220	TISSUE EXAM FOR FUNGI	\$4.72
87230	ASSAY, TOXIN OR ANTITOXIN	\$21.82
87250	VIRUS INOCULATE, EGGS/ANIMAL	\$21.62
87252	VIRUS INOCULATION, TISSUE	\$22.80

87253	VIRUS INOCULATE TISSUE, ADDL	\$16.24
87254	VIRUS INOCULATION, SHELL VIA	\$5.41
87255	VIRUS ISOLATE, NON- IMMUN/CYTOPATH	\$37.85
87260	ADENOVIRUS AG, IF	\$10.27
87265	PERTUSSIS AG, IF	\$10.27
87267	ENTEROVIRUS ANTIBODY, DFA	\$10.38
87269	GIARDIA AG, IF	\$10.38
87270	CHLAMYDIA TRACHOMATIS AG, IF	\$10.27
87271	CRYPTOSPORIDIUM/GARDIA AG, IF	\$10.38
87272	CRYPTOSPORIDIUM AG, IF	\$10.27
87273	HERPES SIMPLEX 2, AG, IF	\$10.27
87274	HERPES SIMPLEX 1, AG, IF	\$10.27
87275	INFLUENZA B, AG, IF	\$10.27
87276	INFLUENZA A, AG, IF	\$10.27
87277	LEGIONELLA MICDADEI, AG, IF	\$10.27
87278	LEGION PNEUMOPHILIA AG, IF	\$10.27
87279	PARAINFLUENZA, AG, IF	\$10.27
87280	RESPIRATORY SYNCYTIAL AG, IF	\$10.27
87281	PNEUMOCYSTIS CARINII, AG, IF	\$10.27
87283	RUBEOLA, AG, IF	\$10.27
87285	TREPONEMA PALLIDUM, AG, IF	\$10.27
87290	VARICELLA ZOSTER, AG, IF	\$10.27
87299	ANTIBODY DETECTION, NOS, IF	\$10.27
87300	AG DETECTION, POLYVAL, IF	\$5.14
87301	INFECT AGT ANTIG DETEC BY ENZYME IMM TEC	\$10.27
87305	ASPERGILLUS AG, EIA	\$10.38
87320	INFEC AGT DETEC BY ENZYME IMMUN TEC	\$10.27
87324	CLOSTRIDIUM AG, EIA	\$10.27
87327	CRYPTOCOCCUS NEOFORM AG, EIA	\$10.27

87328	CRYPTOSPORIDIUM AG, EIA	\$10.27
87329	GIARDIA AG, EIA	\$10.38
87332	INFECT AGT ANTIGEN DET BY ENZYME IMMUN	\$10.27
87335	INFECT AGT ANTIGEN DET BY ENZYME IMMUN	\$10.27
87336	ENTAMOEB HIST DISPR, AG, EIA	\$10.27
87337	ENTAMOEB HIST GROUP, AG, EIA	\$10.27
87338	HPYLORI, STOOL, EIA	\$15.90
87339	H PYLORI AG, EIA	\$10.27
87340	INFECT AGT ANTIGEN DETEC BY ENZYME IMMUN	\$11.42
87341	HEPATITIS B SURFACE, AG, EIA	\$11.42
87350	HEPATITIS BE AG, EIA	\$12.74
87380	INFECT AGT ANTIG DET BY ENZYME IMMUN TEC	\$18.15
87385	INFECT AGT ANT DET BY ENZYME IMMUNO TEC	\$10.27
87390	INFECT AGT ANT DET BY ENZYME IMMUNO TEC	\$19.50
87391	INFECT AGT ANT DET BY ENZYME IMMUNO TEC	\$19.50
87400	INFLUENZA A/B, AG, EIA	\$5.79
87420	INFECT AGT ANT DET BY ENZYME IMMUNO TEC	\$10.27
87425	INFEDT AGT ANT DET BGY ENZYME IMMUNO TEC	\$10.27
87427	SHIGA-LIKE TOXIN AG, EIA	\$10.27
87430	INFECT AGT ANT DET BY ENZYME IMMUNO TEC	\$10.27
87449	AG DETECT NOS, EIA, MULT	\$10.27
87450	AG DETECT NOS, EIA, SINGLE	\$4.60
87451	AG DETECT POLYVAL, EIA, MULT	\$6.03

87470	INFECT AGT DET BY NUCL ACID DNA,RNA; BAR	\$22.17
87471	INFECT AGT DET BY NUCL ACID DNA,RNA; BAR	\$38.80
87472	INFECT AGT DET BY NUCL ACID DNA, RNA; BA	\$47.36
87475	INFECT AGT DET BY NUCL ACID DNA, RNA; BO	\$22.17
87476	INFECT AGT DET BY NUCL ACID DNA/RNA; BOR	\$38.80
87477	INFECT AGT DET BY NUCL ACID DNA/RNA; BOR	\$47.36
87480	INFECT AGT DET BY NUCL ACID DNA/RNA; CAN	\$22.17
87481	INFECT AGT DET BY NUCL ACID DNA/RNA; CAN	\$38.80
87482	INFECT AGT DET BY NUCL ACID DNA/RNA; CAN	\$46.15
87485	INFECT AGT DET BY NUCL ACID DNA/RNA; CHL	\$22.17
87486	INFECT AGT DET BY NUCL ACID DNA/RNA; CHL	\$38.80
87487	INFECT AGT DET BY NUCL ACID DNA/RNA; CHL	\$47.36
87490	INFECT AGT DET BY NUCL ACID DNA/RNA; CHL	\$22.17
87491	INFECT AGT DET BY NUCL ACID DNA/RNA; CHL	\$38.80
87492	INFECT AGT DET BY NUCL ACID DNA/RNA; CHL	\$38.65
87495	INFECT AGT DET BY NUCL ACID DNA/RNA; CYT	\$22.17
87496	INFECT AGT DET BY NUCL ACID DNA/RNA; CYT	\$38.80

87497	INFECT AGT DET BY NUCL ACID DNA/RNA;CYT	\$47.36
87498	ENTEROVIRUS, DNA, AMP PROBE	\$39.23
87510	INFECT AGT DET BY NUCL ACID DNA/RNA; GAR	\$22.17
87511	INFECT AGT DET BY NUCL ACID DNA/RNA; GAR	\$38.80
87512	INFECT AGT DET BY NUCL ACID DNA/RNA; GAR	\$46.15
87515	INFECT AGT DET BY NUCL ACID DNA/RNA; HEP	\$22.17
87516	HEPATITIS B, DNA, AMP PROBE	\$38.80
87517	HEPATITIS B, DNA, QUANT	\$47.36
87520	HEPATITIS C, RNA, DIR PROBE	\$22.17
87521	HEPATITIS C, RNA, AMP PROBE	\$38.80
87522	INFECT AGT DET BY NUCL ACID DNA/RNA; HEP	\$47.36
87525	HEPATITIS G, DNA, DIR PROBE	\$22.17
87526	INFECT AGT DET BY NUCL ACID DNA/RNA; HEP	\$38.80
87527	INFECT AGT DET BY NUCL ACID DNA/RNA; HEP	\$46.15
87528	INFECT AGT DET BY NUCL ACID DNA/RNA; HER	\$22.17
87529	INFECT AGT DET BY NUCL ACID DNA/RNA; HER	\$38.80
87530	INFECT AGT DET BY NUCL ACID DNA;RNA HER	\$47.36
87531	INFECT AGY DET BY NUCL ACID DNA,RNA; HER	\$22.17
87532	INFECT AGT DET BY NUCL ACID DNA,RNA;HER	\$38.80

87533	INFECT AGT DET BY NUCL ACID DNA, RNA; HE	\$46.15
87534	HIV-1, DNA, DIR PROBE	\$22.17
87535	HIV-1, DNA, AMP PROBE	\$38.80
87536	HIV-1, DNA, QUANT	\$94.07
87537	HIV-2, DNA, DIR PROBE	\$22.17
87538	HIV-2, DNA, AMP PROBE	\$38.80
87539	HIV-2, DNA, QUANT	\$47.36
87540	INFECT AGT DET BY NUCL ACID DNA, RNA; LE	\$22.17
87541	INFECT AGT DET BY NUCL ACID DNA;RNA; LEG	\$38.80
87542	INFECT AGT DET BY NUCL ACID DNA, RNA; LE	\$46.15
87550	INFECT AGT DET BY NUCL ACID DNA, RNA; MY	\$22.17
87551	INFECT AGT DET BY NUCL ACID DNA, RNA; MYC	\$38.80
87552	INFECT AGT DET BY NUCL ACID DNA, RNA; MYC	\$47.36
87555	INFECT AGT DET BY NUCL ACID DNA, RNA; MYC	\$22.17
87556	INFECT AGT DET BY NUCL ACID DNA, RNA; MYC	\$38.80
87557	INFECT AGT DET BY NUCL ACID DNA, RNA; MY	\$47.36
87560	INFECT AGT DET BY NUCL ACID DNA, RNA; MYC	\$22.17
87561	INFECT AGT DET BY NUCL ACID DNA, RNA; MYC	\$38.80
87562	INFECT AGT DET BY NUCL ACID DNA, RNA; MY	\$47.36
87580	INFECT AGT DET BY NUCL ACID DNA, RNA; MY	\$22.17

87581	INFECT AGT DET BY NUCL ACID DNA,RNA; MYC	\$38.80
87582	INFECT AGT DET BY NUCL ACID DNA,RNA; MYC	\$46.15
87590	INFECT AGT DET BY NUCL ACID DNA,RNA; NEI	\$22.17
87591	INFECT AGT DET BY NUCL ACID DNA,RNA; NEI	\$38.80
87592	INFECT AGT DET BY NUCL ACID DNA,RNA; NEI	\$47.36
87621	INFECT AGT DET BY NUCL ACID DNA,RNA PAP	\$38.80
87640	STAPH A, DNA, AMP PROBE	\$39.23
87641	MR-STAPH, DNA, AMP PROBE	\$39.23
87650	INFECT AGT DET BY NUCL ACID DNA,RNA STR	\$22.17
87651	INFECT AGT DET BY NUCL ACID DNA,RNA STR	\$38.80
87652	INFECT AGT DET BY NUCL ACID DNA, RNA STR	\$46.15
87653	STREP B, DNA, AMP PROBE	\$39.23
87660	TRICHOMONAS VAGIN, DIR PROBE	\$22.42
87797	DETECT AGENT NOS, DNA, DIR	\$22.17
87798	DETECT AGENT NOS, DNA, AMP	\$38.80
87799	DETECT AGENT NOS, DNA, QUANT	\$47.36
87800	DETECT AGNT MULT, DNA, DIREC	\$22.17
87801	DETECT AGNT MULT, DNA, AMPLI	\$38.80
87802	STREP B ASSAY W/OPTIC	\$10.27
87803	CLOSTRIDIUM TOXIN A W/OPTIC	\$10.27
87804	INFLUENZA ASSAY W/OPTIC	\$10.27
87807	RSV ASSAY W/OPTIC	\$10.38

87808	TRICHOMONAS ASSAY W/OPTIC	\$10.38
87810	INFECT AGT DET BY IMMUNO WITH DIR OPTICA	\$10.27
87850	INFECT AGT DET BY IMMUNA WITH DIR OPTICA	\$10.27
87880	INFECT AGT DET BY IMMUNO WITH DIR OPTICA	\$10.27
87899	INFECT AGT DET BY IMMUNO WITH DIR OPTICA	\$10.27
87900	PHENOTYPE, INFECT AGENT DRUG	\$145.69
87901	GENOTYPE, DNA, HIV REVERSE T	\$284.62
87902	GENOTYPE, DNA, HEPATITIS C	\$284.62
87903	PHENOTYPE, DNA HIV W/CULTURE	\$540.23
87904	PHENOTYPE, DNA HIV W/CLT ADD	\$29.14
87999	MICROBIOLOGY PROCEDURE	\$0.00
88104	CYTOPATH FL NONGYN, SMEARS	\$25.82
88106	CYTOPATH FL NONGYN, FILTER	\$25.82
88107	CYTOPATH FL NONGYN, SM/FLTR	\$34.43
88108	CYTOPATH, CONCENTRATE TECH	\$49.24
88112	CYTOPATH, CELL ENHANCE TECH	\$0.00
88130	SEX CHROMATIN IDENTIFICATION	\$16.63
88140	SEX CHROMATIN IDENTIFICATION	\$7.60
88141	CYTOPATH, C/V, INTERPRET	\$10.53
88142	CYTOPATH, C/V, THIN LAYER	\$22.40
88143	CYTOPATH C/V THIN LAYER REDO	\$19.60
88147	CYTOPATH, C/V, AUTOMATED	\$12.58
88148	CYTOPATH, C/V, AUTO RESCREEN	\$16.80
88150	CYTOPATH, C/V, MANUAL	\$11.68

88152	CYTOPATH, C/V, AUTO REDO	\$11.68
88153	CYTOPATH, C/V, REDO	\$11.68
88154	CYTOPATH, C/V, SELECT	\$11.68
88155	CYTOPATH, C/V, INDEX ADD-ON	\$6.62
88160	CYTOPATH SMEAR, OTHER SOURCE	\$31.95
88161	CYTOPATH SMEAR, OTHER SOURCE	\$20.66
88162	CYTOPATH SMEAR, OTHER SOURCE	\$48.70
88164	CYTOPATH TBS, C/V, MANUAL	\$11.68
88165	CYTOPATH TBS, C/V, REDO	\$11.68
88166	CYTOPATH TBS, C/V, AUTO REDO	\$11.68
88167	CYOPATH TBS, C/V, SELECT	\$11.68
88172	CYTOPATHOLOGY EVAL OF FNA	\$33.69
88173	CYTOPATH EVAL, FNA, REPORT	\$51.98
88174	CYTOPATH, C/V AUTO, IN FLUID	\$23.88
88175	CYTOPATH C/V AUTO FLUID REDO	\$29.61
88182	CELL MARKER STUDY	\$88.27
88184	FLOWCYTOMETRY/ TC, 1 MARKER	\$42.18
88185	FLOWCYTOMETRY/TC, ADD-ON	\$20.68
88187	FLOWCYTOMETRY/READ, 2-8	\$55.98
88188	FLOWCYTOMETRY/READ, 9-15	\$69.84
88189	FLOWCYTOMETRY/READ, 16 & >	\$92.02
88199	CYTOPATHOLOGY PROCEDURE	\$0.00
88230	TISSUE CULTURE, LYMPHOCYTE	\$128.80
88233	TISSUE CULTURE, SKIN/BIOPSY	\$155.59
88235	TISSUE CULTURE, PLACENTA	\$138.67
88237	TISSUE CULTURE, BONE MARROW	\$139.64

88239	TISSUE CULTURE, TUMOR	\$163.10
88240	CELL CRYOPRESERVE/STORAGE	\$8.12
88241	FROZEN CELL PREPARATION	\$8.12
88245	CHROMOSOME ANALYSIS, 20-25	\$154.08
88248	CHROMOSOME ANALYSIS, 50- 100	\$191.46
88249	CHROMOSOME ANALYSIS, 100	\$191.46
88261	CHROMOSOME ANALYSIS, 5	\$190.00
88262	CHROMOSOME ANALYSIS, 15-20	\$137.80
88263	CHROMOSOME ANALYSIS, 45	\$140.50
88264	CHROMOSOME ANALYSIS, 20-25	\$137.80
88267	CHROMOSOME ANALYS, PLACENTA	\$198.75
88269	CHROMOSOME ANALYS, AMNIOTIC	\$183.88
88271	CYTOGENETICS, DNA PROBE	\$23.68
88272	CYTOGENETICS, 3-5	\$29.60
88273	CYTOGENETICS, 10-30	\$35.52
88274	CYTOGENETICS, 25-99	\$38.48
88275	CYTOGENETICS, 100-300	\$44.40
88280	CHROMOSOME COUNT: ADDITIONAL	\$27.74
88283	CHROMOSOME BANDING STUDY	\$9.86
88285	CHROMOSOME COUNT, ADDITIONAL	\$7.60
88289	CHROMOSOME STUDY, ADDITIONAL	\$12.25
88291	CYTO/MOLECULAR REPORT	\$23.62
88299	CYTOGENETIC STUDY	\$0.00
88300	SURGICAL PATH, GROSS	\$12.91
88302	TISSUE EXAM BY PATHOLOGIST	\$28.89
88304	TISSUE EXAM BY PATHOLOGIST	\$38.00

88305	TISSUE EXAM BY PATHOLOGIST	\$60.25
88307	TISSUE EXAM BY PATHOLOGIST	\$87.64
88309	TISSUE EXAM BY PATHOLOGIST	\$185.47
88311	DECALCIFY TISSUE	\$7.90
88312	SPECIAL STAINS	\$32.83
88313	SPECIAL STAINS	\$40.84
88314	HISTOCHEMICAL STAIN	\$43.23
88318	CHEMICAL HISTOCHEMISTRY	\$32.86
88319	ENZYME HISTOCHEMISTRY	\$98.13
88321	MICROSLIDE CONSULTATION	\$60.98
88323	MICROSLIDE CONSULTATION	\$88.41
88325	COMPREHENSIVE REVIEW OF DATA	\$101.51
88329	PATH CONSULT INTROP	\$32.58
88331	PATH CONSULT INTRAOP, 1 BLOC	\$51.65
88332	PATH CONSULT INTRAOP, ADDL	\$19.39
88333	INTRAOP CYTO PATH CONSULT, 1	\$0.00
88334	INTRAOP CYTO PATH CONSULT, 2	\$0.00
88342	IMMUNOHISTOCHEMISTRY	\$74.54
88346	IMMUNOFLUORESCENT STUDY	\$67.26
88347	IMMUNOFLUORESCENT STUDY	\$35.42
88348	ELECTRON MICROSCOPY	\$237.71
88349	SCANNING ELECTRON MICROSCOPY	\$163.29
88355	ANALYSIS, SKELETAL MUSCLE	\$139.38
88356	ANALYSIS, NERVE	\$260.38
88358	ANALYSIS, TUMOR	\$148.72
88360	TUMOR IMMUNOHISTOCHEM/MANUAL	\$90.06
88361	TUMOR IMMUNOHISTOCHEM/COMPUT	\$136.67

88362	NERVE TEASING PREPARATIONS	\$180.51
88367	INSITU HYBRIDIZATION, AUTO	\$169.79
88368	INSITU HYBRIDIZATION, MANUAL	\$120.09
88371	PROTEIN ANALYSIS/WESTERN	\$24.57
88372	PROTEIN ANALYSIS W/PROBE	\$25.15
88380	MICRODISSECTION	\$0.00
88399	SURGICAL PATHOLOGY PROCEDURE	\$0.00
88400	BILIRUBIN TOTAL TRANSCUT	\$2.78
89049	CHCT FOR MAL HYPERTHERMIA	\$0.00
89050	BODY FLUID CELL COUNT	\$5.22
89050	BODY FLUID CELL COUNT	\$5.22
89051	BODY FLUID CELL COUNT	\$6.09
89055	LEUKOCYTE ASSESSMENT, FECAL	\$4.77
89060	EXAM, SYNOVIAL FLUID CRYSTALS	\$7.90
89100	SAMPLE INTESTINAL CONTENTS	\$43.74
89105	SAMPLE INTESTINAL CONTENTS	\$55.92
89125	SPECIMEN FAT STAIN	\$4.77
89130	SAMPLE STOMACH CONTENTS	\$38.35
89132	SAMPLE STOMACH CONTENTS	\$25.88
89135	SAMPLE STOMACH CONTENTS	\$47.41
89136	SAMPLE STOMACH CONTENTS	\$35.76
89140	SAMPLE STOMACH CONTENTS	\$60.25
89141	SAMPLE STOMACH CONTENTS	\$85.20
89160	EXAM FECES FOR MEAT FIBERS	\$4.07
89190	NASAL SMEAR FOR EOSINOPHILS	\$5.25
89220	SPUTUM SPECIMEN COLLECTION	\$10.33

89225	STARCH GRANULES, FECES	\$3.68
89230	COLLECT SWEAT FOR TEST	\$14.74
89235	WATER LOAD TEST	\$6.09
89240	PATHOLOGY LAB PROCEDURE	\$0.00

*Any test that does not appear on the fee schedule will be reimbursed 80% of billed charges.