



Collin County, TX

INVITATION FOR BID

2025-166

LAB SERVICES FOR COLLIN COUNTY HEALTH CARE SERVICES

RELEASE DATE: August 26, 2025

RESPONSE DEADLINE: September 18, 2025, 2:00 pm

Please refer to the project timeline in this document for all important deadlines.

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Attachments:

A - 2025-166 Lab Services - LEGAL NOTICE

B - CIQ Form

C - W9

D - Exhibit A Historical Usage

1. INTRODUCTION

1.1. SUMMARY

Collin County Health Care Services is looking to secure a certified medical laboratory provider for the provision of diagnostic, monitoring, and screening laboratory services. These services are essential for processing and analyzing various medical specimens, including blood and urine samples. The laboratory services must comply with CLIA, HIPAA, and all State of Texas regulations. Awarded vendor is expected to provide contract pricing to commence on award for a period of one (1) year with the option of three (3) additional one (1) year renewals.

1.2. TIMELINE

Release Project Date:	August 26, 2025
Question Submission Deadline:	September 8, 2025, 2:00pm
Response Submission Deadline:	September 18, 2025, 2:00pm

2. SCOPE OF WORK

2.1. Scope of Work

The vendor shall provide medical laboratory testing services that meet the following specifications:

1. Compliance with Regulations:

- All services must be in compliance with the Clinical Laboratory Improvement Amendments (CLIA) standards.
- Adherence to all Texas state regulations concerning medical laboratory operations.
- Compliance with the Health Insurance Portability and Accountability Act (HIPAA) to ensure the privacy and security of health information.

2. Testing Services:

- Provide a comprehensive menu of testing services, including but not limited to those on the pricing table. All testing methodologies must be FDA approved or cleared.

3. Quality Assurance:

- Implement a quality control program that demonstrates adherence to CLIA quality standards, including proficiency testing.
- Regular maintenance and calibration of laboratory equipment, ensuring accuracy and reliability of results.

4. Turnaround Time (TAT):

- Provide timely and efficient testing services with specified turnaround times for routine and STAT requests, typically:
 - Routine tests: 24-72 hours from receipt of specimen(s) from Collin County
 - STAT tests: within 1-4 hours
 - If Collin County requires expedited shipping, Collin County will cover the shipping costs.

5. Reporting of Results:

- Results must be provided electronically and securely via an online lab portal and/or through accessible integration with the County's Electronic Health Record System (EHR). Integration between systems will be at no additional cost to the County.
- Include clear and concise interpretation of results when appropriate.
- Provide a mechanism for secure access to results by authorized personnel only.

6. Specimen Collection:

- Collin County Health Care Services staff will collect most specimens in the health clinic including blood draws, urine collection, and swabbing techniques. Some patients may need to go to a lab draw station for the lab collections.
- Materials to be used for specimen collection are to be provided at no cost to the County by the awarded vendor at the County's request. All materials and equipment must be new and clean. Collin County Health Care Services will call or email Vendor with supply refill requests. Supply refills should be delivered to Collin County Health Care within seven (7) days of the request.
- Vendor shall provide at least one (1) lockbox to the location listed in section 4.7, with a key or combination code given to Collin County Health Care Services to store samples to be picked up.
- Vendor shall check the lockbox for samples every day Monday-Friday. Vendor shall pickup all samples left in the lockbox no earlier than 4:30 PM, Monday-Friday.
- Collin County maintains sample collection protocols in accordance with best practices and regulatory requirements.

7. Disposal:

- Vendor may destroy or dispose of the specimens after results have been sent to the County, except as required in Texas Administrative Code, Title 25 §97.3(a)(4).
- Vendor must follow all laws that require specimens to be maintained and/or forward to state or federal laboratories.

2.2. Service Requirements

The awarded vendor shall deliver the following services under this contract:

1. Staffing:

- Employ qualified laboratory personnel with appropriate licensure and certifications.
- Provide on-site technical support as necessary for staff training and special events.

2. Training and Support:

- Offer ongoing training sessions for health service staff to keep them current on laboratory procedures and laboratory safety practices.
- Provide timely updates and notifications regarding changes in lab pricing, testing procedures or new tests available.

3. Emergency Response:

- Have an established protocol for handling emergencies, including the timely processing of urgent tests and notification of critical results.

2.3. Delivery Requirements

The vendor shall adhere to the following delivery schedule and logistical requirements:

1. Sample Pickup:

- Establish a regular schedule for the pickup of specimens from the County's health services office (Monday-Friday no earlier than 4:30 pm).
- Provide an emergency pickup option for STAT requests, effective within 2 hours of request.

2. Equipment and Supplies:

- Provide new and clean equipment and supplies for specimen collection at no additional cost to the County, including but not limited to:
 - Blood collection tubes
 - Urine collection containers
 - Swabs for PCR testing
 - Needles
- Ensure all provided supplies are of the highest standards, sterile, and properly labeled.
- Supply and equipment refills should be delivered to Collin County Health Care within seven (7) days of request.

3. Quality Control Documentation:

- Maintain documentation of quality control measures, and provide quarterly reports detailing performance metrics, including turnaround times and error rates.

2.4. Panel Tests and Frequency

The number of laboratory panel tests listed on the pricing table is approximate and could increase or decrease dependent on regulatory modifications and operational needs. The Collin County Health Services laboratory may gain additional testing capability and the number of samples may increase or decrease during the contract period. The price of testing will be based on the unit costs provided regardless of the number of samples actually taken during the year.

2.5. Additional Testing

The tests listed on the pricing table are the most common tests that Collin County anticipates ordering over the lifetime of the contract. Evaluation for award will be based on these tests. In addition to the line items, Vendor shall provide a comprehensive list of all other tests that can be performed with a per test price valid for one (1) year starting on the date of award. The comprehensive list will not be considered or evaluated for award.

Collin County may add tests to this contract, using the comprehensive list and price indicated at any time during the contract term. A new comprehensive list shall be provided upon any contract renewal.

2.6. Invoicing

Vendor shall provide an invoice monthly, on or around the first (1st) of each month, for tracking clinics lab orders and charges. Invoices are to be received by Collin County no later than the fifteenth (15th) day of each month.

Invoices can be sent electronically to accountspayable@co.collin.tx.us or via mail to: Collin County Auditor's Office, 2300 Bloomdale Road, Suite 3100, McKinney, Texas 75071.

Vendor shall provide a monthly summary report to include utilization data, specimen counts, usage and any miscellaneous charges. Additional reports may be supplied if agreed on by both parties.

3. SPECIAL CONDITIONS AND SPECIFICATIONS

3.1. AUTHORIZATION

By order of the Health Care Foundation of Collin County, Texas sealed bids will be received for Lab Services for Collin County Health Care Services.

3.2. PURPOSE

The intended use/purpose for this Invitation For Bid:

Collin County Health Care Services is looking to secure a certified medical laboratory provider for the provision of diagnostic, monitoring, and screening laboratory services. These services are essential for processing and analyzing various medical specimens, including blood and urine samples. The laboratory services must comply with CLIA, HIPAA, and all State of Texas regulations. Awarded vendor is expected to provide contract pricing to commence on award for a period of one (1) year with the option of three (3) additional one (1) year renewals.

3.3. TERM

Provide firm and fixed pricing for a one (1) year contract commencing upon award with the option of three (3) additional one (1) year renewals.

3.4. TRANSITIONAL PERIOD

Upon normal completion of this contract, not to include termination for default, and in the event that no new contract has been awarded by the original expiration date of the existing contract including any extension thereof, it shall be incumbent upon the Contractor to continue the contract under the same terms and conditions until a new contract can be completely operational. At no time shall this transition period extend more than ninety (90) days beyond the original expiration date of the existing contract and any extension thereof.

3.5. FUNDING

Funds for payment for Collin County expenditures have been provided through the Collin County budget approved by the Commissioners Court for this fiscal year only. All other participating entities expenditures have been provided through their entity's governing body for this fiscal year only. State of Texas statutes prohibit any obligation of public funds beyond the fiscal year for which a budget has been approved. Therefore, anticipated orders or other obligations that arise past the end of the current fiscal year shall be subject to budget approval.

3.6. PRICE REDUCTION

If during the life of the contract, the vendor's net prices to its customers for the same product(s) and/or services shall be reduced below the contracted price, it is understood and agreed that Collin County shall receive such price reduction.

3.7. PRICE REDETERMINATION

A price redetermination may be considered by Collin County only at the twelve (12) month, twenty-four (24) month, and thirty-six (36) month anniversary date of the contract. All requests for price redetermination shall be in written form and shall include documents supporting price redetermination such as Manufacturer's direct cost, postage rates, Railroad Commission rates, Federal/State minimum wage law, Federal/State unemployment taxes, F.I.C.A, Insurance Coverage Rates, etc. The bidder's past experience of honoring contracts at the bid price will be an important consideration in the evaluation of the lowest and best bid. Collin County reserves the right to accept or reject any/all of the price redetermination as it deems to be in the best interest of the County.

3.8. DELIVERY/COMPLETION/RESPONSE TIME

Delivery time is an important consideration in the evaluation of the lowest and best bid. Delivery will be FOB to Collin County location as specified on each purchase order. All charges for standard delivery/freight are to be included in the bid price. Collin County will not accept any fuel surcharges on invoices. Bidder shall state the number of calendar days required to place equipment at the County's designated location after receipt of order (ARO).

3.9. DELIVERY/PICKUP LOCATION

Unless otherwise indicated on the purchase order, equipment delivered to Collin County shall be delivered directly to Collin County Health Care, 825 N. McDonald St. #130, McKinney, TX 75069, Monday through Friday.

3.10. APPROXIMATE USAGE

Collin County Health Care anticipates a ten percent (10%) increase, year over year, due to an increase in population. Approximate usage does not constitute an order, but only implies the probable quantity the County will use. Commodities will be ordered on an as-needed basis.

3.11. APPROXIMATE VALUE

Estimated annual value of this contract is \$70,000.00 but varies per year based on usage.

3.12. EVALUATION AND AWARD

Award of this contract shall be made to the responsive bidder(s) who submits the lowest and best bid meeting specifications. Collin County reserves the right to award the bid, or reject, by line item, category, or as a whole as the County deems in its best interest. Collin County further reserves the right to make a primary, secondary and tertiary award of this contract.

3.13. REQUIREMENTS

Vendor shall be Clinical Laboratory Improvement Amendments (CLIA) certified and maintain certification through the duration of the contract.

4. INSURANCE REQUIREMENTS

1. Before commencing work, the vendor shall be required, at its own expense, to furnish the Collin County Purchasing Agent with certified copies of all insurance certificate(s) indicating the coverage to remain in force throughout the term of this contract.

1. **Commercial General Liability** insurance including but not limited to the coverage indicated below. Coverage shall not exclude or limit Products/Completed Operations, Contractual Liability, or Cross Liability. Coverage must be written on occurrence form.

Each Occurrence	\$1,000,000
Personal Injury &Adv Injury	\$1,000,000
Products/Completed Operation Aggregate	\$2,000,000
General Aggregate	\$2,000,000

2. **Workers Compensation** insurance as required by the laws of Texas, and Employers' Liability.

Employers Liability	
Liability, Each Accident	\$500,000
Disease - Each Employee	\$500,000
Disease - Policy Limit	\$500,000

- iii. **Commercial Automobile Liability** insurance which includes any automobile (owned, non-owned, and hired vehicles) used in connection with the contract.

Combined Single Limit - Each Accident	\$1,000,000
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- iv. **Professional/Errors & Omissions Liability** insurance with a two (2) year extended reporting period. If you choose to have project coverage endorsed onto your base policy, this would be acceptable.

Each Occurrence/Aggregate	\$1,000,000
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- v. **Umbrella/Excess Liability** insurance

Each Occurrence/Aggregate	\$1,000,000
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2. With reference to the foregoing insurance requirement, the vendor shall endorse applicable insurance policies as follows:
 - i. A waiver of subrogation in favor of Collin County, its officials, employees, volunteers and officers shall be provided for General Liability, Commercial Automobile Liability, and Workers' Compensation.
 - ii. The vendor's insurance coverage shall name Collin County as additional insured under the General Liability policy.

- iii. All insurance policies shall be endorsed to require the insurer to immediately notify Collin County of any decrease in the insurance coverage limits.
 - iv. All insurance policies shall be endorsed to the effect that Collin County will receive at least thirty (30) days notice prior to cancellation, non-renewal or termination of the policy.
 - v. All copies of Certificates of Insurance shall reference the project/contract number.
3. All insurance shall be purchased from an insurance company that meets the following requirements:
- i. A financial rating of A-VII or higher as assigned by the BEST Rating Company or equivalent.
4. Certificates of Insurance shall be prepared and executed by the insurance company or its authorized agent, and shall contain provisions representing and warranting the following:
- i. Sets forth all endorsements and insurance coverages according to requirements and instructions contained herein.
 - ii. Sets forth the notice of cancellation or termination to Collin County.

5. PRICING TABLE

GENERAL LAB TESTING

Provide unit cost and anticipated results turnaround time (TAT) for each test/service.

Line Item	Test	Estimated Annual Quantity Based On Past Usage	Unit of Measure	Unit Cost	Total	Results TAT in Days	No Bid
1	ABO BLOOD TYPING	1	EACH				
2	AEROBIC & ANAEROBIC CULT	3	EACH				
3	ALBUMIN	1	EACH				
4	ALBUMIN/CRT RATIO,RNDM UR	35	EACH				
5	ALDOSTERONE/RENIN RATIO	1	EACH				
6	ALKALINE PHOSPHATASE	1	EACH				
7	AMYLASE	5	EACH				
8	ANA AUTOIMMUNE PROFILE	1	EACH				
9	ANTI-NUCLEAR ANTIBODIES	10	EACH				
10	B. PERTUSSIS/PARAPERTUSSIS BY PCR	1	EACH				
11	BACTERIAL VAGINOSIS, NAAT	1	EACH				
12	BASIC METABOLIC + E-GFR	1	EACH				
13	BASIC METABOLIC PANEL	1	EACH				
14	BETA-2 GLYCOPROTEIN 1 IGG/IGM	1	EACH				
15	BETA-LACTAMASE	1	EACH				
16	BILIRUBIN, TOTAL	1	EACH				
17	BUN	1	EACH				
18	C. DIFFICILE GDH REFLEX TOXIN/PCR	1	EACH				

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Line Item	Test	Estimated Annual Quantity Based On Past Usage	Unit of Measure	Unit Cost	Total	Results TAT in Days	No Bid
19	CALC MICROALB/CREAT RND	1	EACH				
20	CALCIUM	1	EACH				
21	CALCULATED A/G RATIO	1	EACH				
22	CALCULATED BUN/CREAT	1	EACH				
23	CALCULATED GLOBULIN	1	EACH				
24	CALCULATED LDL CHOL	1	EACH				
25	CALCULUS ANALYSIS	1	EACH				
26	CANDIDA, NAAT	1	EACH				
27	CARBON DIOXIDE	1	EACH				
28	CARDIOLIPIN ANTIBODIES	1	EACH				
29	CBC W/AUTO DIFF	238	EACH				
30	CBC W/MANUAL DIFF	391	EACH				
31	CCP IGG	3	EACH				
32	CHARGE AUTOMATED HEMOGRAM	1	EACH				
33	CHARGE IDENTIFICATION, ANAEROBE	1	EACH				
34	CHARGE IDENTIFICATION, BACTERIAL	12	EACH				
35	CHARGE IDENTIFICATION, STAPH	1	EACH				
36	CHARGE IDENTIFICATION, STREP	3	EACH				
37	CHARGE MANUAL DIFFERENTIAL WITH WBC	1	EACH				
38	CHARGE NON-IMAGE PAP TEST, SUREPATH	1	EACH				

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Line Item	Test	Estimated Annual Quantity Based On Past Usage	Unit of Measure	Unit Cost	Total	Results TAT in Days	No Bid
39	CHARGE ONLY PAP WITH PATH REVIEW	3	EACH				
40	CHARGE ONLY PAP SMEAR THIN LAYER	11	EACH				
41	CHARGE ONLY RPR TITER	1	EACH				
42	CHLAMYDIA TRACHOMATIS, NAA	2	EACH				
43	CHLAMYDIA/GC AMPLIFICATION	46	EACH				
44	CHLORIDE	1	EACH				
45	CHOLESTEROL	1	EACH				
46	CHOLESTEROL	1	EACH				
47	CK, TOTAL	1	EACH				
48	COMP METABOLIC PANEL	885	EACH				
49	COVID-19 TESTING	1	EACH				
50	C-PEPTIDE	1	EACH				
51	C-REACTIVE PROTEIN	8	EACH				
52	CREATININE	1	EACH				
53	CREATININE, RANDOM URINE	1	EACH				
54	CT/NG RECTAL OR ORAL	3	EACH				
55	CT/NG,NAAT,URINE	46	EACH				
56	CT/NG,TMA,SIMPLESWAB	5	EACH				
57	CULTURE, ROUTINE	1	EACH				
58	CULTURE, ROUTINE SENSITIVITY ON ALL	2	EACH				

Line Item	Test	Estimated Annual Quantity Based On Past Usage	Unit of Measure	Unit Cost	Total	Results TAT in Days	No Bid
59	CULTURE, STREP SCREEN	1	EACH				
60	CULTURE, THROAT	5	EACH				
61	CULTURE, URINE	34	EACH				
62	CULTURE,STOOL	1	EACH				
63	CYSTATIN-C	1	EACH				
64	DHEA SULFATE	1	EACH				
65	DNA DS ANTIBODY	2	EACH				
66	DNA DS ANTIBODY REFLEX	1	EACH				
67	ELECTROLYTES PANEL	1	EACH				
68	ESTRADIOL	2	EACH				
69	ESTRADIOL, ULTRASENS	1	EACH				
70	EXTRA CULTURE	1	EACH				
71	FERRITIN	6	EACH				
72	FOLATE, RBC	1	EACH				
73	FOLIC ACID	2	EACH				
74	FOLLICLE STIM HORMONE	1	EACH				
75	FREE T3	2	EACH				
76	FREE T4 (THYROXINE)	8	EACH				
77	FRUCTOSAMINE	1	EACH				
78	FSH + LH PROFILE	2	EACH				

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Line Item	Test	Estimated Annual Quantity Based On Past Usage	Unit of Measure	Unit Cost	Total	Results TAT in Days	No Bid
79	GGT	1	EACH				
80	GLUCOSE	1	EACH				
81	HCG, QUANTITATIVE	2	EACH				
82	HCV ANTIBODY	1	EACH				
83	HCV ANTIBODY RFX TO QUANT PCR	1	EACH				
84	HDL CHOLESTEROL	1	EACH				
85	HEMOGLOBIN A1C	406	EACH				
86	HEPATIC FUNCTION PANEL	3	EACH				
87	HEPATITIS A IGM	1	EACH				
88	HEPATITIS B SURF AG	1	EACH				
89	HEPATITIS B SURFACE AB	1	EACH				
90	HEPATITIS BS AB QUANT	3	EACH				
91	HEPATITIS C ANTIBODY	1	EACH				
92	HEPATITIS PANEL, DIAGNOSTIC WITH REFLEX	1	EACH				
93	HEPATITIS PANEL,ACUTE	17	EACH				
94	HEPATITIS PROFILE(A,B,C)	6	EACH				
95	HERPES SIMPLEX 1 & 2 IGG	2	EACH				
96	HIGH SENSITIVITY CRP	1	EACH				
97	HIV	1	EACH				
98	HIV 1/2 AB AG REFLEX CONF	1	EACH				

Line Item	Test	Estimated Annual Quantity Based On Past Usage	Unit of Measure	Unit Cost	Total	Results TAT in Days	No Bid
99	HIV AB/AG COMBO RFLX CONF	179	EACH				
100	HIV AB/P24 AG WITH REFLEX	50	EACH				
101	HIV-1/HIV-2 QUALITATIVE NAAT	1	EACH				
102	HIV-1/HIV-2 QUALITATIVE RNA	14	EACH				
103	HPV HIGH IF ABNORMAL SUREPATH	6	EACH				
104	HPV HIGH RISK	1	EACH				
105	HPV HIGH RISK WITH GENOTYPE, SP	1	EACH				
106	HSV	1	EACH				
107	HSV 1/2 AND VZV BY PCR	1	EACH				
108	HSV I AND II, VAGINAL SWAB, AMP	1	EACH				
109	HSV IGG & IGM	2	EACH				
110	IMMUNOFIXATION, SERUM	1	EACH				
111	INFLUENZA A+B AG. EIA	1	EACH				
112	INSULIN	1	EACH				
113	INTACT PTH	1	EACH				
114	INTERFERON-GAMMA RELEASE ASSAY (IGRA) TUBERCULOSIS (T-SPOT)	300	EACH				
115	IRON, SERUM	1	EACH				
116	IRON+IBC+SATURATION %	11	EACH				
117	KIRBY-BAUER SUSCEPTIBILITY	1	EACH				
118	LIPASE	7	EACH				

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Line Item	Test	Estimated Annual Quantity Based On Past Usage	Unit of Measure	Unit Cost	Total	Results TAT in Days	No Bid
119	LIPID PANEL	805	EACH				
120	LUPUS ANTICOAGULANT SCRIN	1	EACH				
121	MAGNESIUM	2	EACH				
122	MANUAL MICROSCOPIC REFLEX	6	EACH				
123	MEASLES BY PCR	1	EACH				
124	MICROALBUMIN, RANDOM	1	EACH				
125	MICROSCOPIC URINALYSIS	1	EACH				
126	MMR AND VARICELLA PANEL (IMMUNITY TITER)	1	EACH				
127	MMR PROFILE	5	EACH				
128	MUMPS VIRUS IGG	3	EACH				
129	NEISSERIA GONORRHOEAE, NAA	2	EACH				
130	OCCULT BLD,FECAL,GUAIAC,SCRN (1-3)	1	EACH				
131	OCCULT BLD,FECAL,IMMUNOASSAY DIAG	1	EACH				
132	OVA AND PARASITES	2	EACH				
133	PAP TEST, SUREPATH, IMAGED	7	EACH				
134	PAP,SP,IM RFLX HPV HI	1	EACH				
135	PAP,SP,IM,RFLX HPV	2	EACH				
136	PAP,SUREPATH IM, HPV HR	43	EACH				
137	PATHOLOGIST SMEAR REVIEW	1	EACH				
138	PHLEBOTOMY FEE - SINGLE	2	EACH				

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Line Item	Test	Estimated Annual Quantity Based On Past Usage	Unit of Measure	Unit Cost	Total	Results TAT in Days	No Bid
139	POTASSIUM	1	EACH				
140	PREGNANCY TEST, SERUM	2	EACH				
141	PROBNP	1	EACH				
142	PROGESTERONE	1	EACH				
143	PROLACTIN	1	EACH				
144	PROTEIN ELEC RFLX IEP	1	EACH				
145	PROTEIN, TOTAL	1	EACH				
146	PROTHROMBIN TIME (PT)	3	EACH				
147	PSA, FREE & TOTAL	7	EACH				
148	PSA, TOTAL	24	EACH				
149	PSA, TOTAL, MEDICARE SCREEN	4	EACH				
150	PT/INR	1	EACH				
151	PTT	1	EACH				
152	QUANTIFERON GOLD - TB	1	EACH				
153	RABIES ANTIBODY	1	EACH				
154	RANDOM UR PROTEIN/CREAT	1	EACH				
155	REFERRED CBC	1	EACH				
156	REFERRED COMP MET PANEL	1	EACH				
157	REQ/SPECIMEN NAME MISMATCH	1	EACH				
158	RETICULOCYTE WITH ABSOLUTE	1	EACH				

Line Item	Test	Estimated Annual Quantity Based On Past Usage	Unit of Measure	Unit Cost	Total	Results TAT in Days	No Bid
159	RH TYPING	1	EACH				
160	RHEUMATOID FACTOR, QUANT	5	EACH				
161	RISK RATIO LDL/HDL	1	EACH				
162	RPR	2	EACH				
163	RPR QN+TP ABS	1	EACH				
164	RPR REFLEX TO FTA-ABS	19	EACH				
165	RPR REFLEX TO MHA-TP	1	EACH				
166	RPR REFLEX TO T. PALLIDUM	1	EACH				
167	RPR, RFX QN RPR/CONFIRM TP	52	EACH				
168	RUBELLA IGG & IGM	7	EACH				
169	RUBEOLA IGG ANTIBODY	3	EACH				
170	SEDIMENTATION RATE	6	EACH				
171	SGOT (AST)	1	EACH				
172	SGPT (ALT)	1	EACH				
173	SICKLE CELL RFLX ELECT	1	EACH				
174	SICKLE CELL SCREEN	1	EACH				
175	SIQ ANALYTICAL CHEM CL	1	EACH				
176	SIQ ANALYTICAL CHEM MISC.	1	EACH				
177	SIQ CHEM CL	5	EACH				
178	SIQ CHEM MISC.	1	EACH				

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Line Item	Test	Estimated Annual Quantity Based On Past Usage	Unit of Measure	Unit Cost	Total	Results TAT in Days	No Bid
179	SIQ DAYCHEM CL	1	EACH				
180	SIQ HEME CLOT	1	EACH				
181	SIQ HEME MISC.	2	EACH				
182	SIQ PROCESSING	1	EACH				
183	SIQ SERUM	8	EACH				
184	SODIUM	1	EACH				
185	STI PROFILE	1	EACH				
186	STOOL CULTURE,NO SENS	1	EACH				
187	T PALLIDUM SCREENING CASCADE	1	EACH				
188	T. PALLADIUM – PA	1	EACH				
189	T3 TOTAL	1	EACH				
190	TESTOST BIOAVAIL,FR AND T	3	EACH				
191	THYROGLOBULIN AB	1	EACH				
192	THYROID PEROXIDASE AB	1	EACH				
193	TIQ DENTON	3	EACH				
194	TIQ FOR PAP SMEARS	1	EACH				
195	TIQ UNSPUN SST >2 HOURS DENTON	2	EACH				
196	TRANSFERRIN	1	EACH				
197	TREPONEMA PALLIDUM ANTIBODIES	21	EACH				
198	TREPONEMAL ANTIBODIES, TPPA	22	EACH				

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Line Item	Test	Estimated Annual Quantity Based On Past Usage	Unit of Measure	Unit Cost	Total	Results TAT in Days	No Bid
199	TRICHOMONAS, MALE	1	EACH				
200	TRICHOMONAS, URINE, AMP	1	EACH				
201	TRICHOMONAS, VAG SWAB, AMP	1	EACH				
202	TRIGLYCERIDES	1	EACH				
203	TRYPTASE	1	EACH				
204	TSH	390	EACH				
205	TSH+FREE T4	33	EACH				
206	UA, MICROSCOPIC, REFLEX TO CULTURE	2	EACH				
207	UNLABELLED SPECIMEN	1	EACH				
208	URIC ACID	11	EACH				
209	URINALYSIS W/REFLEX MICRO	9	EACH				
210	URINALYSIS WITH MICROSCOPIC	48	EACH				
211	URINE CULTURE, NO SENS	1	EACH				
212	VARICELLA ZOSTER IGG	6	EACH				
213	VENIPUNCTURE	1	EACH				
214	VERBAL DIAGNOSIS	1	EACH				
215	VITAMIN B 12 AND FOLIC ACI	17	EACH				
216	VITAMIN B-12	4	EACH				
217	VITAMIN D, 25 OH	288	EACH				
TOTAL							

6. GENERAL INSTRUCTIONS

6.1. DEFINITIONS

1. Bidder: refers to submitter.
2. Vendor/Contractor/Provider: refers to a Successful Bidder/Contractor/Service Provider.
3. Submittal: refers to those documents required to be submitted to Collin County, by a Bidder.
4. IFB: refers to Invitation For Bid.

6.2. GENERAL INSTRUCTIONS

1. If Bidder does not wish to submit an offer at this time, please submit a No Bid.
2. Awards shall be made not more than ninety (90) days after the time set for opening of Submittals.
3. Collin County is always conscious and extremely appreciative of your time and effort in preparing your Submittal.
4. Collin County exclusively uses OpenGov eProcurement for the notification and dissemination of all solicitations. The receipt of solicitations through any other company may result in your receipt of incomplete specifications and/or addenda which could ultimately render your bid non-compliant. Collin County accepts no responsibility for the receipt and/or notification of solicitations through any other company.
5. A bid may not be withdrawn or canceled by the bidder prior to the ninety-first (91st) day following public opening of Submittals and only prior to award.
6. It is understood that Collin County, Texas reserves the right to accept or reject any and/or all Bids for any or all products and/or services covered in an Invitation For Bid (IFB), and to waive informalities or defects in Submittals or to accept such Submittals as it shall deem to be in the best interest of Collin County.
7. All IFBs submitted in hard copy paper form shall be submitted in a sealed envelope, plainly marked on the outside with the IFB number and name. A hard copy paper form Submittal shall be manually signed in ink by a person having the authority to bind the firm in a contract. Submittals shall be mailed or hand delivered to the Collin County Purchasing Department.
8. Submittals via email, oral, telegraphic or telephonic will not be accepted. IFBs may be submitted in electronic format via <https://procurement.opengov.com/portal/collincountytx/projects/148477>.
9. All IFBs submitted electronically via the eProcurement Portal shall remain locked until official date and time of opening as stated in the Special Terms and Conditions of the IFB.

10. Time/date stamp clock in Collin County Purchasing Department shall be the official time of receipt for all IFBs submitted in hard copy paper form only, no flash drives, CD-ROMs or any other form of “plug and play” portable storage device will be accepted as a Submittal. IFBs received in the Collin County Purchasing Department after submission deadline shall be considered void and unacceptable. Absolutely no late Submittals will be considered. Collin County accepts no responsibility for technical difficulties related to electronic Submittals.
11. For hard copy paper form Submittals, any alterations made prior to opening date and time must be initialed by the signer of the IFB guaranteeing authenticity. Submittals cannot be altered or amended after submission deadline.
12. Collin County is by statute exempt from the State Sales Tax and Federal Excise Tax; therefore, the prices submitted shall not include taxes.
13. Any interpretations, corrections and/or changes to an IFB, and related Specifications or extensions to the opening/receipt date will be made by addenda to the respective document by the Collin County Purchasing Department. Questions and/or clarification requests must be submitted no later than the date specified in the solicitation. Those received at a later date may not be addressed prior to the public opening. Sole authority to authorize addenda shall be vested in Collin County Purchasing Agent as entrusted by the Collin County Health Care Foundation. Addenda may be transmitted electronically via Collin County eProcurement Portal.
14. Addenda will be transmitted to all that are known to have received a copy of the IFB/RFP/RFI/CSP and related Specifications. However, it shall be the sole responsibility of the Bidder/Quoter/Offeror to verify issuance/non-issuance of addenda and to check all avenues of document availability (i.e. the eProcurement portal, telephoning Purchasing Department directly, etc.) prior to opening/receipt date and time to insure Bidder's/Quoter's/Offeror's receipt of any addenda issued. Bidder/Quoter/Offeror shall acknowledge receipt of all addenda.
15. All materials and services shall be subject to Collin County approval.
16. Collin County reserves the right to make award in whole or in part as it deems to be in the best interest of the County.
17. Any reference to model/make and/or manufacturer used in specifications is for descriptive purposes only. Products/materials of like quality will be considered.
18. Bidders offering substitutions to the specifications shall do so at their own risk. By offering substitutions, Bidder shall state these in the section provided in the IFB or by attachment. Substitution, if accepted, must meet or exceed specifications stated therein. Collin County reserves the right to accept or reject any and/or all of the substitution(s) deemed to be in the best interest of the County.

19. Minimum Standards for Responsible Prospective Bidders: A prospective Bidder must meet the following minimum requirements:
 - i. have adequate financial resources, or the ability to obtain such resources as required;
 - ii. be able to comply with the required or proposed delivery/completion schedule;
 - iii. have a satisfactory record of performance;
 - iv. have a satisfactory record of integrity and ethics;
 - v. be otherwise qualified and eligible to receive an award.
20. Collin County may request documentation and other information sufficient to determine Bidder's ability to meet these minimum standards listed above.
21. Vendor shall bear any/all costs associated with its preparation of an IFB.
22. Public Information Act: Collin County is governed by the Texas Public Information Act, Chapter 552 of the Texas Government Code. All information submitted by prospective Bidders during the bidding process is subject to release under the Act.
23. The Bidder shall comply with Commissioners Court Order No. 2004-167-03-11, County Logo Policy.
24. Interlocal Agreement: Successful Bidder agrees to extend prices and terms to all entities that has entered into or will enter into joint purchasing interlocal cooperation agreements with Collin County. Delivery to governmental entities located within Collin County will be at no additional charge or as otherwise provided for in the award document. Delivery charges, if any, for governmental entities located outside of Collin County shall be negotiated between the Vendor and each governmental entity.
25. Bid Openings: All bids submitted will be read at the County's regularly scheduled bid opening for the designated project. However, the reading of a bid at bid opening should be not construed as a comment on the responsiveness of such bid or as any indication that the County accepts such bid as responsive.
26. The County will make a determination as to the responsiveness of bids submitted based upon compliance with all applicable laws, Collin County Purchasing Guidelines, and project documents, including but not limited to the project specifications and contract documents. The County will notify the successful Bidder upon award of the contract and, according to state law; all bids received will be available for inspection at that time.
27. Bidder shall comply with all local, state and federal employment and discrimination laws and shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, national origin or any other class protected by law.

7. TERMS OF CONTRACT

7.1. TERMS OF CONTRACT

1. A bid, when properly accepted by Collin County, shall constitute a contract equally binding between the Vendor/Contractor/Provider and Collin County. No different or additional terms will become part of this contract with the exception of a Change Order.
2. No oral statement of any person shall modify or otherwise change, or affect the terms, conditions or specifications stated in the resulting contract. All Amendments and/or Change Orders to the contract will be made in writing by Collin County Purchasing Agent.
3. No public official shall have interest in the contract, in accordance with Local Government Code Title 5, Subtitle C, Chapter 171.
4. The Vendor/Contractor/Provider shall comply with Commissioners' Court Order No. 96-680-10-28, Establishment of Guidelines & Restrictions Regarding the Acceptance of Gifts by County Officials & County Employees.
5. Design, strength, quality of materials and workmanship must conform to the highest standards of manufacturing and engineering practice.
6. Bids must comply with all federal, state, county and local laws concerning the type(s) of product(s)/service(s)/equipment/project(s) contracted for, and the fulfillment of all ADA (Americans with Disabilities Act) requirements.
7. All products must be new and unused, unless otherwise specified, in first-class condition and of current manufacture. Obsolete products, including products or any parts not compatible with existing hardware/software configurations will not be accepted.
8. Vendor/Contractor/Provider shall provide any and all notices as may be required under the Drug-Free Work Place Act of 1988, 28 CFR Part 67, Subpart F, to its employees and all sub-contractors to insure that Collin County maintains a drug-free work place.
9. Vendor/Contractor/Provider shall defend, indemnify and save harmless Collin County and all its officers, agents and employees and all entities, their officers, agents and employees who are participating in this contract from all suits, claims, actions, damages (including personal injury and or property damages), or demands of any character, name and description, (including attorneys' fees, expenses and other defense costs of any nature) brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of Vendor/Contractor/Provider's breach of the contract arising from an award, and/or any negligent act, error, omission or fault of the Vendor/Contractor/Provider, or of any agent, employee, subcontractor or supplier of Vendor/Contractor/Provider in the execution of, or performance under, any contract which may result

from an award. Vendor/Contractor/Provider shall pay in full any judgment with costs, including attorneys' fees and expenses which are rendered against Collin County and/or participating entities arising out of such breach, act, error, omission and/or fault.

10. Expenses for Enforcement. In the event either Party hereto is required to employ an attorney to enforce the provisions of this Agreement or is required to commence legal proceedings to enforce the provisions hereof, the prevailing Party shall be entitled to recover from the other, reasonable attorney's fees and court costs incurred in connection with such enforcement, including collection.
11. If a contract, resulting from a Collin County IFB is for the execution of a public work, the following shall apply:
12. In accordance with V.T.C.A. 2253.021, a governmental agency that makes a public work contract with a prime contractor shall require the contractor, before beginning work, to execute to the governmental entity a Payment Bond if the contract is in excess of \$25,000.00. Such bond shall be in the amount of the contract payable to the governmental entity and must be executed by a corporate surety in accordance with Section 1, Chapter 87, Acts of the 56th Legislature, Regular Session, 1959 (Article 7.19-1 Vernon's Texas Insurance Code).
13. In accordance with V.T.C.A. 2253.021, a governmental agency that makes a public work contract with a prime contractor shall require the contractor, before beginning work, to execute to the governmental entity a Performance Bond if the contract is in excess of \$100,000.00. Such bond shall be in the amount of the contract payable to the governmental entity and must be executed by a corporate surety in accordance with Section 1, Chapter 87, Acts of the 56th Legislature, Regular Session, 1959 (Article 7.19-1 Vernon's Texas Insurance Code).
14. Purchase Order(s) shall be generated by Collin County to the vendor. Collin County will not be responsible for any orders placed/delivered without a valid purchase order number.
15. The contract shall remain in effect until any of the following occurs: delivery of product(s) and/or completion and acceptance by Collin County of product(s) and/or service(s), contract expires or is terminated by either party with thirty (30) days written notice prior to cancellation and notice must state therein the reasons for such cancellation. Collin County reserves the right to terminate the contract immediately in the event the Vendor/Contractor/Provider fails to meet delivery or completion schedules, or otherwise perform in accordance with the specifications. Breach of contract or default authorizes the County to purchase elsewhere and charge the full increase in cost and handling to the defaulting Vendor/Contractor/Provider.
16. Collin County Purchasing Department shall serve as Contract Administrator or shall supervise agents designated by Collin County.

17. All delivery and freight charges (FOB Inside delivery at Collin County designated locations) are to be included as part of the bid price. All components required to render the item complete, installed and operational shall be included in the total bid price. Collin County will pay no additional freight/delivery/installation/setup fees.
18. Vendor/Contractor/Provider shall notify the Purchasing Department immediately if delivery/completion schedule cannot be met. If delay is foreseen, the Vendor/Contractor/Provider shall give written notice to the Purchasing Agent. The County has the right to extend delivery/completion time if reason appears valid.
19. The title and risk of loss of the product(s) shall not pass to Collin County until Collin County actually receives and takes possession of the product(s) at the point or points of delivery. Collin County shall generate a purchase order(s) to the Vendor/Contractor/Provider and the purchase order number must appear on all itemized invoices.
20. Invoices shall be mailed directly to the Collin County Auditor's Office, 2300 Bloomdale Road, Suite 3100, McKinney, Texas 75071. All invoices shall show:
 - i. Collin County Purchase Order Number;
 - ii. Vendor's/Contractor's/Provider's Name, Address and Tax Identification Number;
 - iii. Detailed breakdown of all charges for the product(s) and/or service(s) including applicable time frames.
 - iv. Payment will be made in accordance with Government Code, Title 10, Subtitle F, Chapter 2251.
21. All warranties shall be stated as required in the Uniform Commercial Code.
22. The Vendor/Contractor/Provider and Collin County agree that both parties have all rights, duties, and remedies available as stated in the Uniform Commercial Code.
23. The Vendor/Contractor/Provider agree to protect Collin County from any claims involving infringements of patents and/or copyrights.
24. The contract will be governed by the laws of the State of Texas. Should any portion of the contract be in conflict with the laws of the State of Texas, the State laws shall invalidate only that portion. The remaining portion of the contract shall remain in effect. The contract is performable in Collin County, Texas.
25. The Vendor/Contractor/Provider shall not sell, assign, transfer or convey the contract, in whole or in part, without the prior written approval from Collin County.
26. The apparent silence of any part of the specification as to any detail or to the apparent omission from it of a detailed description concerning any point, shall be regarded as meaning that only the best

commercial practices are to prevail. All interpretations of the specification shall be made on the basis of this statement.

27. Vendor/Contractor/Provider shall not fraudulently advertise, publish or otherwise make reference to the existence of a contract between Collin County and Vendor/Contractor/Provider for purposes of solicitation. As exception, Vendor/Contractor/Provider may refer to Collin County as an evaluating reference for purposes of establishing a contract with other entities.
28. The Vendor/Contractor/Provider understands, acknowledges and agrees that if the Vendor/Contractor/Provider subcontracts with a third party for services and/or material, the primary Vendor/Contractor/Provider (awardee) accepts responsibility for full and prompt payment to the third party. Any dispute between the primary Vendor/Contractor/Provider and the third party, including any payment dispute, will be promptly remedied by the primary vendor. Failure to promptly render a remedy or to make prompt payment to the third party (subcontractor) may result in the withholding of funds from the primary Vendor/Contractor/Provider by Collin County for any payments owed to the third party.
29. Vendor/Contractor/Provider shall provide Collin County with diagnostic access tools at no additional cost to Collin County, for all Electrical and Mechanical systems, components, etc., procured through this contract.
30. Criminal History Background Check: If required, ALL individuals may be subject to a criminal history background check performed by Collin County prior to access being granted to Collin County facilities. Upon request, Vendor/Contractor/Provider shall provide list of individuals to the Collin County Purchasing Department within five (5) working days.
31. Non-Disclosure Agreement: Where applicable, vendor shall be required to sign a non-disclosure agreement acknowledging that all information to be furnished is in all respects confidential in nature, other than information which is in the public domain through other means and that any disclosure or use of same by vendor, except as provided in the contract/agreement, may cause serious harm or damage to Collin County. Therefore, Vendor agrees that Vendor will not use the information furnished for any purpose other than that stated in contract/agreement, and agrees that Vendor will not either directly or indirectly by agent, employee, or representative disclose this information, either in whole or in part, to any third party, except on a need to know basis for the purpose of evaluating any possible transaction. This agreement shall be binding upon Collin County and Vendor, and upon the directors, officers, employees and agents of each.
32. Vendors/Contractors/Providers must be in compliance with the Immigration and Reform Act of 1986 and all employees specific to this solicitation must be legally eligible to work in the United States of America.

33. Certification of Eligibility: This provision applies if the anticipated Contract exceeds \$100,000.00 and as it relates to the expenditure of federal grant funds. By submitting a bid or proposal in response to this solicitation, the Bidder certifies that at the time of submission, he/she is not on the Federal Government's list of suspended, ineligible, or debarred contractors. In the event of placement on the list between the time of bid/proposal submission and time of award, the Bidder will notify the Collin County Purchasing Agent. Failure to do so may result in terminating this contract for default.
34. Notice to Vendors/Contractors/Providers delivering goods or performing services within the Collin County Detention Facility: The Collin County Detention Facility houses persons who have been charged with and/or convicted of serious criminal offenses. When entering the Detention Facility, you could: (1) hear obscene or graphic language; (2) view partially clothed male inmates; (3) be subjected to verbal abuse or taunting; (4) risk physical altercations or physical contact, which could be minimal or possibly serious; (5) be exposed to communicable or infectious diseases; (6) be temporarily detained or prevented from immediately leaving the Detention Facility in the case of an emergency or "lockdown"; and (7) subjected to a search of your person or property. While the Collin County Sheriff's Office takes every reasonable precaution to protect the safety of visitors to the Detention Facility, because of the inherently dangerous nature of a Detention Facility and the type of the persons incarcerated therein, please be advised of the possibility of such situations exist and you should carefully consider such risks when entering the Detention Facility. By entering the Collin County Detention Facility, you acknowledge that you are aware of such potential risks and willingly and knowingly choose to enter the Collin County Detention Facility.
35. Delays and Extensions of Time when applicable:
- i. If the Vendor/Contractor/Provider is delayed at any time in the commence or progress of the Work by an act or neglect of the Owner or Architect/Engineer, or of an employee of either, or of a separate contractor employed by the Owner, or by changes ordered in the Work, or by labor disputes, fire, unusual delay in deliveries, unavoidable casualties or other causes beyond the Vendor/Contractor/Provider's control, or by delay authorized by the Owner pending mediation and arbitration, or by other causes which the Owner or Architect/Engineer determines may justify delay, then the Contract Time shall be extended by Change Order for such reasonable time as the Owner/Architect may determine.
 - ii. If adverse weather conditions are the basis for a Claim for additional time, such Claim shall be documented by data substantiating that weather conditions were abnormal for the period of time and could not have been reasonably anticipated, and that the weather conditions had an adverse effect on the scheduled construction.
36. Disclosure of Certain Relationships: Chapter 176 of the Texas Local Government Code requires that any vendor considering doing business with a local government entity disclose the vendor's affiliation or

business relationship that might cause a conflict of interest with a local government entity. Subchapter 6 of the code requires a vendor to file a conflict of interest questionnaire (CIQ) if a conflict exists. By law this questionnaire must be filed with the records administrator of Collin County no later than the 7th business day after the date the vendor becomes aware of an event that requires the statement to be filed. A vendor commits an offense if the vendor knowingly violates the code. An offense under this section is a misdemeanor. By submitting a response to this request, the vendor represents that it is in compliance with the requirements of Chapter 176 of the Texas Local Government Code. Please send completed forms to the Collin County, County Clerk's Office located at 2300 Bloomdale Rd., Suite 2104, McKinney, TX 75071.

37. Disclosure of Interested Parties: Section 2252.908 of the Texas Government Code requires a business entity entering into certain contracts with a governmental entity to file with the governmental entity a disclosure of interested parties at the time the business entity submits the signed contract to the governmental entity. Section 2252.908 requires the disclosure form (Form 1295) to be signed by the authorized agent of the contracting business entity, acknowledging that the disclosure is made under oath and under penalty of perjury. Section 2252.908 applies only to a contract that requires an action or vote by the governing body of the governmental entity before the contract may be signed or has a value of at least \$1 million. Section 2252.908 provides definitions of certain terms occurring in the section. Section 2252.908 applies only to a contract entered into on or after January 1, 2016.
38. Vendors/Contractors/Providers must be in compliance with the provisions of Section 2252.152 and Section 2252.153 of the Texas Government Code which states, in part, contracts with companies engaged in business with Iran, Sudan, or Foreign Terrorist Organizations are prohibited. A governmental entity may not enter into a contract with a company that is listed on the Comptroller of the State of Texas website identified under Section 806.051, Section 807.051 or Section 2253.253 which do business with Iran, Sudan or any Foreign Terrorist Organization. This Act is effective September 1, 2017.
39. Force Majeure: No party shall be liable or responsible to the other party, nor be deemed to have defaulted under or breached this Agreement, for any failure or delay in fulfilling or performing any term of this Agreement, when and to the extent such failure or delay is caused by or results from acts beyond the affected party's reasonable control, including, without limitation: acts of God; flood, fire or explosion; war, invasion, riot or other civil unrest; actions, embargoes or blockades in effect on or after the date of this Agreement; or national or regional emergency (each of the foregoing, a "Force Majeure Event"). A party whose performance is affected by a Force Majeure Event shall give notice to the other party, stating the period of time the occurrence is expected to continue and shall use diligent efforts to end the failure or delay and minimize the effects of such Force Majeure Event.

NOTE: All other terms and conditions (i.e. Insurance Requirements, Bond Requirements, etc.) shall be stated in the individual IFB Solicitation documents as Special Terms, Conditions and Specifications.

8. VENDOR RESPONSE

The County of Collin, as a governmental agency of the State of Texas, may not award a contract to a nonresident bidder unless the nonresident's bid is lower than the lowest bid submitted by a responsible Texas resident bidder by the same amount that a Texas resident bidder would be required to underbid a nonresident bidder to obtain a comparable contract in the state in which the nonresident's principal place of business is located (Government Code, Title 10, Subtitle F, Chapter 2252, Subchapter A). Bidder shall make answer to the following questions by encircling the appropriate response or completing the blank provided:

1. Company Profile

1.1. *Is your firm?**

Choose One:

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Corporation

*Response required

1.2. *List Legal Names in Company**

*Response required

2. Bid Forms

3. Vendor Responses

3.1. *Exceptions**

Please download the exceptions attachment, complete, and upload.

*Response required

3.2. *Notice**

Collin County exclusively uses OpenGov eProcurement Portal for the notification and dissemination of all solicitations. The receipt of solicitations through any other means may result in your receipt of incomplete specifications and/or addendums which could ultimately render your bid/proposal non-compliant. Collin County accepts no responsibility for the receipt and/or notification of solicitations through any other means.

- ☐ Please confirm

*Response required

3.3. *Contact Information**

List the contact name, email address and phone number of the main person(s) Collin County should contact in reference to this solicitation. Contact(s) shall be duly authorized List authorized by the company, corporation, firm, partnership or individual to respond to any questions, clarification, and/or offers in response to this solicitation.

*Response required

3.4. *Insurance Acknowledgement**

I understand that the insurance requirements of this solicitation are required and are included in the submitted pricing. A certificate of insurance shall be submitted to the Purchasing department if I am awarded all or a portion of the resulting contract.

☐ Please confirm

*Response required

3.5. *Reference No. 1**

List a company or governmental agency, other than Collin County, where these same/like products/services, as stated herein, have been provided. Texas references are preferred.

Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail.

It is the responsibility of the Bidder/Proposer to ensure submitted references will be responsive to the County's requests. The County reserves the right to contact references other than those listed, and to consider any information acquired from all references during the evaluation process.

*Response required

3.6. *Reference No. 2**

List a company or governmental agency, other than Collin County, where these same/like products/services, as stated herein, have been provided. Texas references are preferred.

Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail.

It is the responsibility of the Bidder/Proposer to ensure submitted references will be responsive to the County's requests. The County reserves the right to contact references other than those listed, and to consider any information acquired from all references during the evaluation process.

*Response required

3.7. *Reference No. 3**

List a company or governmental agency, other than Collin County, where these same/like products/services, as stated herein, have been provided. Texas references are preferred.

Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail.

It is the responsibility of the Bidder/Proposer to ensure submitted references will be responsive to the County's requests. The County reserves the right to contact references other than those listed, and to consider any information acquired from all references during the evaluation process.

*Response required

3.8. *Cooperative Contracts**

As permitted under Title 8, Chapter 271, Subchapter F, Section 271.101 and 271.102 V.T.C.A. and Title 7, Chapter 791, Subchapter C, Section 791.025, V.T.C.A., other local governmental entities may wish to also participate under the same terms and conditions contained in this contract. Each entity wishing to participate must enter into an inter- local agreement with Collin County and have prior authorization from vendor. If such participation is authorized, all purchase orders will be issued directly from and shipped directly to the local governmental entity requiring supplies/services. Collin County shall not be held responsible for any orders placed, deliveries made or payment for supplies/services ordered by these entities. Each entity reserves the right to determine their participation in this contract. Would bidder be willing to allow other local governmental entities to participate in this contract, if awarded, under the same terms and conditions?

- ☐ Yes
☐ No

*Response required

3.9. *Preferential Treatment**

The County of Collin, as a governmental agency of the State of Texas, may not award a contract to a nonresident bidder unless the nonresident's bid is lower than the lowest bid submitted by a responsible Texas resident bidder by the same amount that a Texas resident bidder would be required to underbid a nonresident bidder to obtain a comparable contract in the state in which the nonresident's principal place of business is located or a state in which the nonresident is a resident manufacturer.(Government Code, Title 10, V.T.C.A., Chapter 2252, Subchapter A).

1. Is your principal place of business in the State of Texas?
2. If your principal place of business is not in Texas, in which State is your principal place of business?
3. If your principal place of business is not in Texas, does your state favor resident bidders (bidders in your state) by some dollar increment or percentage?
4. If your state favors resident bidders, state by what dollar amount or percentage.

*Response required

3.10. *Debarment Certifications**

I certify that neither my company nor an owner or principal of my company has been debarred, suspended or otherwise made ineligible for participation in Federal Assistance programs under Executive Order 12549, "Debarment and Suspension," as described in the Federal Register and Rules and Regulations.

- ☐ Please confirm

*Response required

3.11. *Immigration and Reform Act**

I declare and affirm that my company is in compliance with the Immigration and Reform Act of 1986 and all employees are legally eligible to work in the United States of America. I further understand and acknowledge that any non-compliance with the Immigration and Reform Act of 1986 at any time during the term of this contract will render the contract voidable by Collin County.

☐ Please confirm

*Response required

3.12. *Disclosure of Certain Relationships**

Chapter 176 of the Texas Local Government Code requires that any vendor considering doing business with a local government entity disclose the vendor's affiliation or business relationship that might cause a conflict of interest with a local government entity. Subchapter 6 of the code requires a vendor to file a conflict of interest questionnaire (CIQ) if a conflict exists. By law this questionnaire must be filed with the records administrator of Collin County no later than the 7th business day after the date the vendor becomes aware of an event that requires the statement to be filed. A vendor commits an offense if the vendor knowingly violates the code. An offense under this section is a misdemeanor. By submitting a response to this request, the vendor represents that it is in compliance with the requirements of Chapter 176 of the Texas Local Government Code. Please send completed forms to the Collin County County Clerk's Office located at 2300 Bloomdale Rd., Suite 2104, McKinney, TX 75071.

☐ Please confirm

*Response required

3.13. *Anti-Collusion Statement**

Bidder certifies that its Bid/Proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a Bid/Proposal for the same materials, services, supplies, or equipment and is in all respects fair and without collusion or fraud. No premiums, rebates or gratuities permitted; either with, prior to, or after any delivery of material or provision of services. Any such violation may result in Agreement cancellation, return of materials or discontinuation of services and the possible removal from bidders list.

☐ Please confirm

*Response required

3.14. *Disclosure of Interested Parties**

Section 2252.908 of the Texas Government Code requires a business entity entering into certain contracts with a governmental entity to file with the governmental entity a disclosure of interested parties at the time the business entity submits the signed contract to the governmental entity. Section 2252.908 requires the disclosure form (Form 1295) to be signed by the authorized agent of the contracting business entity, acknowledging that the disclosure is made under oath and under penalty of perjury. Section 2252.908 applies only to a contract that requires an action or vote by the governing body of the governmental entity before the

contract may be signed or has a value of at least \$1 million. Section 2252.908 provides definitions of certain terms occurring in the section. Section 2252.908 applies only to a contract entered into on or after January 1, 2016.

☐ Please confirm

*Response required

3.15. Notification Survey*

In order to better serve our offerors, the Collin County Purchasing Department is conducting the following survey. We appreciate your time and effort expended to submit your bid. Should you have any questions or require more information please call (972) 548-4165. How did you receive notice of this request?

*Response required

3.16. Critical Infrastructure Affirmation*

Pursuant to section 2274.0102 of the Texas Government Code, Respondent certifies that neither it nor its parent company, nor any affiliate of Respondent or its parent company, is: (1) majority owned or controlled by citizens or governmental entities of China, Iran, North Korea, Russia, or any other country designated by the Governor under Government Code Section 2274.0103, or (2) headquartered in any of those countries.

☐ Please confirm

*Response required

3.17. Energy Company Boycotts*

Pursuant to Section 2274.002 of the Texas Government Code, should the contract have a value of \$100,000 or more and the company employs 10 or more full-time employees, Respondent represents and warrants that: (1) it does not, and will not for the duration of the contract, boycott energy companies, and (2) will not boycott energy companies during the term of the contract. If circumstances relevant to this provision change during the course of the contract, Respondent shall promptly notify Agency.

☐ Please confirm

*Response required

3.18. W-9*

Please download the W-9 attachment, complete, and upload.

*Response required

3.19. Information Regarding Conflict of Interest

During the 79th Legislative Session, House Bill 914 was signed into law effective September 1, 2015, which added Chapter 176 to the Texas Local Government Code. Recent changes have been made to Chapter 176 pursuant to HB23, which passed the

84th Legislative Session. Chapter 176 mandates the public disclosure of certain information concerning persons doing business or seeking to do business with Collin County, including family, business, and financial relationships such persons may have with Collin County officers or employees involved in the planning, recommending, selecting and contracting of a vendor for this procurement.

For a copy of Form CIQ and CIS: <https://www.ethics.state.tx.us/forms/conflict/>

The vendor acknowledges by doing business or seeking to do business with Collin County that they have been notified of the requirements under Chapter 176 of the Texas Local Government Code and that they are solely responsible for complying with the terms and conditions therein. Furthermore, any individual or business entity seeking to do business with Collin County who does not comply with this practice may risk award consideration of any County contract.

For a listing of current Collin County Officers: <https://www.collincountytx.gov/Contact/county-officials>

At the time of this solicitation being released, the following are known to be involved in the planning, recommending, selecting, and/or contracting for the attached procurement:

Department:

Candy Blair, Director of Public Health

Taylor Burton, Assistant Director I

Purchasing:

Michelle Charnoski, NIGP-CPP, CPPB – Purchasing Agent

Marci Chrismon, CPPB – Assistant Purchasing Agent

Lera Miller, Buyer II

Commissioners Court:

Chris Hill – County Judge

Susan Fletcher – Commissioner Precinct No. 1

Cheryl Williams – Commissioner Precinct No. 2

Darrell Hale – Commissioner Precinct No. 3

Duncan Webb – Commissioner Precinct No. 4

Download the CIQ attachment, complete, and upload if applicable.

3.20. *Conflict of Interest Confirmation**

I have read the conflict of interest information above and will file the CIQ form if a conflict exists.

☐ Please confirm

*Response required

3.21. *Bidder Acknowledgement**

Bidder acknowledges, understands the specifications, any and all addenda, and agrees to the bid terms and conditions and can provide the minimum requirements stated herein. Bidder acknowledges they have read the document in its entirety, visited the site, performed investigations and verifications as deemed necessary, is familiar with local conditions under which work is to be performed and will be responsible for any and all errors in Bid submittal resulting from Bidder's failure to do so. Bidder acknowledges the prices submitted in this Bid have been carefully reviewed and are submitted as correct and final. If Bid is accepted, vendor further certifies and agrees to furnish any and all products upon which prices are extended at the price submitted, and upon conditions in the specifications of the Invitation for Bid.

☐ Please confirm

*Response required

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

2 ☐ **Check this box if you are filing an update to a previously filed questionnaire.** (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐ Yes ☐ No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 ☐ Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

Signature of vendor doing business with the governmental entity

Date

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

- (a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

- (2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed;
or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

- (a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

- (a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

- (1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

- (2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
2. Certify that you are not subject to backup withholding; or
3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.–China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.–China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the instructions for Part II for details);
3. The IRS tells the requester that you furnished an incorrect TIN;
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under “*By signing the filled-out form*” above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note for ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For

example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or • Sole proprietorship	Individual/sole proprietor.
• LLC classified as a partnership for U.S. federal tax purposes or • LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	Limited liability company and enter the appropriate tax classification: P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

- 2—The United States or any of its agencies or instrumentalities.
- 3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.
- 5—A corporation.
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission.
- 8—A real estate investment trust.
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940.
- 10—A common trust fund operated by a bank under section 584(a).
- 11—A financial institution as defined under section 581.
- 12—A middleman known in the investment community as a nominee or custodian.
- 13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5. ²
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

¹ See Form 1099-MISC, Miscellaneous Information, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/EIN. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Go to www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

Exhibit A Historical Usage

Panel Name	2023 Panel Count	2024 Panel Count	To Date 2025 Panel Count
ABO BLOOD TYPING		2	
AEROBIC & ANAEROBIC CULT	4	6	
ALBUMIN	3		
ALBUMIN/CRT RATIO,RNDM UR	40	42	24
ALDOSTERONE/RENIN RATIO	2	2	
ALKALINE PHOSPHATASE	3		
AMYLASE		10	5
ANA AUTOIMMUNE PROFILE		2	
ANTI-NUCLEAR ANTIBODIES	10	10	10
B. PERTUSSIS/PARAPERTUSSIS BY PCR			1
BACTERIAL VAGINOSIS, NAAT			
BASIC METABOLIC + E-GFR	2	2	
BASIC METABOLIC PANEL	2		2
BETA-2 GLYCOPROTEIN 1 IGG/IGM		1	
BETA-LACTAMASE		1	
BILIRUBIN, TOTAL	3		
BUN	3		
C. DIFFICILE GDH REFLEX TOXIN/PCR		1	
CALC MICROALB/CREAT RND	2		
CALCIUM	3		
CALCULATED A/G RATIO	3		
CALCULATED BUN/CREAT	3		
CALCULATED GLOBULIN	3		
CALCULATED LDL CHOL	3		
CALCULUS ANALYSIS	1		
CANDIDA, NAAT			
CARBON DIOXIDE	3		
CARDIOLIPIN ANTIBODIES		2	
CBC W/AUTO DIFF	559	132	24
CBC W/MANUAL DIFF		866	306
CCP IGG	4	2	3
CHARGE AUTOMATED HEMOGRAM	1		
CHARGE IDENTIFICATION, ANAEROBE		3	
CHARGE IDENTIFICATION, BACTERIAL	13	18	6
CHARGE IDENTIFICATION, STAPH	1	3	
CHARGE IDENTIFICATION, STREP	2	5	3
CHARGE MANUAL DIFFERENTIAL WITH WBC		1	
CHARGE NON-IMAGE PAP TEST, SUREPATH	1	1	1
CHARGE ONLY PAP WITH PATH REVIEW	4	3	1
CHARGE ONLY PAPSMEAR THIN LAYER	13	19	2

CHARGE ONLY RPR TITER			1
CHLAMYDIA TRACHOMATIS, NAA	3	1	
CHLAMYDIA/GC AMPLIFICATION			1
CHLORIDE	3		
CHOLESTEROL	3	1	
CHOLESTEROL		1	1
CK, TOTAL		1	
COMP METABOLIC PANEL	1138	1156	360
COVID-19 TESTING			
C-PEPTIDE	1		
C-REACTIVE PROTEIN	6	8	9
CREATININE	3		
CREATININE, RANDOM URINE	2		
CT/NG RECTAL OR ORAL	6		2
CT/NG,NAAT,URINE	60	52	26
CT/NG,TMA,SIMPLESWAB	10	4	2
CULTURE, ROUTINE		1	
CULTURE, ROUTINE SENSITIVITY ON ALL	2	3	1
CULTURE, STREP SCREEN	1		1
CULTURE, THROAT	5	6	4
CULTURE, URINE	33	47	23
CULTURE,STOOL	2		2
CYSTATIN-C	2		
DHEA SULFATE		1	
DNA DS ANTIBODY	2	1	2
DNA DS ANTIBODY REFLEX		1	
ELECTROLYTES PANEL	2		
ESTRADIOL	3	2	
ESTRADIOL, ULTRASENS	1		
EXTRA CULTURE		1	
FERRITIN	4	11	4
FOLATE, RBC	2		
FOLIC ACID	3	1	1
FOLLICLE STIM HORMONE	1		
FREE T3	4	1	
FREE T4 (THYROXINE)	14	6	3
FRUCTOSAMINE		1	
FSH + LH PROFILE	6		
GGT	2	2	
GLUCOSE	3		
HCG, QUANTITATIVE	5	1	
HCV ANTIBODY			
HCV ANTIBODY RFX TO QUANT PCR			
HDL CHOLESTEROL	3		
HEMOGLOBIN A1C	537	521	159
HEPATIC FUNCTION PANEL	2	8	
HEPATITIS A IGM		3	1

HEPATITIS B SURF AG	3	1	
HEPATITIS B SURFACE AB	3	1	
HEPATITIS BS AB QUANT			10
HEPATITIS C ANTIBODY	1		
HEPATITIS PANEL, DIAGNOSTIC WITH REFLEX			2
HEPATITIS PANEL,ACUTE	22	24	6
HEPATITIS PROFILE(A,B,C)	4	14	
HERPES SIMPLEX 1 & 2 IGG		2	4
HIGH SENSITIVITY CRP		1	
HIV			
HIV 1/2 AB AG REFLEX CONF			
HIV AB/AG COMBO RFLX CONF	249	226	61
HIV AB/P24 AG WITH REFLEX	34	65	51
HIV-1/HIV-2 QUALITATIVE NAAT			
HIV-1/HIV-2 QUALITATIVE RNA	3	17	22
HPV HIGH IF ABNORMAL SUREPATH	17		
HPV HIGH RISK			
HPV HIGH RISK WITH GENOTYPE, SP		1	
HSV			
HSV 1/2 AND VZV BY PCR			2
HSV I AND II, VAGINAL SWAB, AMP		1	
HSV IGG & IGM	2	4	
IMMUNOFIXATION, SERUM			1
INFLUENZA A+B AG. EIA			
INSULIN	1		
INTACT PTH			1
INTERFERON-GAMMA RELEASE ASSAY (IGRA) TUBERCULOSIS (T-SPOT)			
IRON, SERUM		3	
IRON+IBC+SATURATION %	8	18	6
KIRBY-BAUER SUSCEPTIBILITY		2	
LIPASE	5	10	5
LIPID PANEL	1074	1046	296
LUPUS ANTICOAGULANT SCRIN		2	
MAGNESIUM	1	4	
MANUAL MICROSCOPIC REFLEX	6	8	3
MEASLES BY PCR			1
MICROALBUMIN, RANDOM	4		
MICROSCOPIC URINALYSIS		1	
MMR AND VARICELLA PANEL (IMMUNITY TITER)			
MMR PROFILE			14
MUMPS VIRUS IGG			10
NEISSERIA GONORRHOEAE, NAA	3	1	
OCCULT BLD,FECAL,GUAIAC,SCRN (1-3)		1	
OCCULT BLD,FECAL,IMMUNOASSAY DIAG		1	
OVA AND PARASITES	2	2	2
PAP TEST, SUREPATH, IMAGED	16	6	
PAP,SP,IM RFLX HPV HI		2	

PAP,SP,IM,RFLX HPV	2	4	
PAP,SUREPATH IM, HPV HR	44	72	12
PATHOLOGIST SMEAR REVIEW		2	
PHLEBOTOMY FEE - SINGLE	3	4	
POTASSIUM	3		
PREGNANCY TEST, SERUM	1	3	1
PROBNP	1		
PROGESTERONE		2	
PROLACTIN	3		
PROTEIN ELEC RFLX IEP			2
PROTEIN, TOTAL	3		
PROTHROMBIN TIME (PT)	4	4	
PSA, FREE & TOTAL	4	8	10
PSA, TOTAL	32	30	9
PSA, TOTAL, MEDICARE SCREEN	9	3	
PT/INR			
PTT	1	2	
QUANTIFERON GOLD - TB			
RABIES ANTIBODY			1
RANDOM UR PROTEIN/CREAT	2	2	
REFERRED CBC			1
REFERRED COMP MET PANEL			2
REQ/SPECIMEN NAME MISMATCH			1
RETICULOCYTE WITH ABSOLUTE		1	
RH TYPING			2
RHEUMATOID FACTOR, QUANT	4	6	4
RISK RATIO LDL/HDL	3		
RPR	3	4	2
RPR QN+TP ABS			
RPR REFLEX TO FTA-ABS	30	17	10
RPR REFLEX TO MHA-TP		1	
RPR REFLEX TO T. PALLIDUM			
RPR, RFX QN RPR/CONFIRM TP	35	66	57
RUBELLA IGG & IGM			20
RUBEOLA IGG ANTIBODY			10
SEDIMENTATION RATE	4	8	7
SGOT (AST)	3		
SGPT (ALT)	3		
SICKLE CELL RFLX ELECT	2	2	
SICKLE CELL SCREEN		1	
SIQ ANALYTICAL CHEM CL	3		1
SIQ ANALYTICAL CHEM MISC.	1		
SIQ CHEM CL	7	8	1
SIQ CHEM MISC.		1	
SIQ DAYCHEM CL			1
SIQ HEME CLOT	1	1	1
SIQ HEME MISC.	1	4	

SIQ PROCESSING	1	1	1
SIQ SERUM	13	7	5
SODIUM	3		
STI PROFILE			
STOOL CULTURE,NO SENS		2	
T PALLIDUM SCREENING CASCADE	1		
T. PALLADIUM – PA			
T3 TOTAL	1	3	
TESTOST BIOAVAIL,FR AND T	4	6	
THYROGLOBULIN AB	1		
THYROID PEROXIDASE AB	1		1
TIQ DENTON	7	2	1
TIQ FOR PAP SMEARS		1	
TIQ UNSPUN SST >2 HOURS DENTON	2	2	1
TRANSFERRIN	1	1	
TREPONEMA PALLIDUM ANTIBODIES	35	22	7
TREPONEMAL ANTIBODIES, TPPA		29	33
TRICHOMONAS, MALE	1		2
TRICHOMONAS, URINE, AMP		1	1
TRICHOMONAS, VAG SWAB, AMP		1	
TRIGLYCERIDES	3		
TRYPTASE			
TSH	519	502	148
TSH+FREE T4	40	42	16
UA, MICROSCOPIC, REFLEX TO CULTURE		1	4
UNLABELLED SPECIMEN			1
URIC ACID	9	15	9
URINALYSIS W/REFLEX MICRO	10	14	4
URINALYSIS WITH MICROSCOPIC	71	64	8
URINE CULTURE, NO SENS	2	1	
VARICELLA ZOSTER IGG			17
VENIPUNCTURE			1
VERBAL DIAGNOSIS		1	
VITAMIN B 12 AND FOLIC ACI	8	26	16
VITAMIN B-12	5	7	1
VITAMIN D, 25 OH	318	421	126