

ANNUAL RFP #1475 (Continued)

ITEM #	DIAGNOSTIC PROCEDURE	NUMBER OF REQUESTS		ESTIMATED SPECIFY PRICE PER TEST REQUEST	TOTAL PRICE
19	RPR	10 per month	x	8.00	80.00
20	SGOT	20 per month	x	5.00	100.00
21	SGPT	20 per month	x	5.00	100.00
22	SMA ● - <u>Emp</u> + <u>Lipid</u>	30 per month	x	15.00	450.00
23	Sedimentation Rate	3 per month	x	5.00	15.00
24	Thyroid Profile - 177	5 per month	x	15.00	75.00
25	Uric Acid	5 per month	x	5.00	25.00
26	Urinalysis	50 per month	x	8.00	400.00
27	Urine Culture	30 per month	x	15.00	450.00
MONTHLY GRAND TOTAL PRICE ALL					6,156.00

Alternate pricing for Drug Test: a) include drawing and test at lab \$ ~~25.00~~ (ea) b) test only sent to lab \$ 25.00
 On all other miscellaneous (currently in your catalog) lab test, not listed, Cameron County will receive 40 % off our catalog list price.
 On all new (not in the catalog as yet) miscellaneous lab tests, not listed, Cameron County will receive 10 % over your cost price.

All prices and %'s must include all laboratory services and related fees, as well as all pick-up fees.

Bidder Clinical Pathology Laboratories, Inc.
 Address 9200 Wall Street
Austin TX 78754
 (City/State/Zip)
 Signature [Handwritten Signature]
 Telephone 512/339-1275 Date February 23, 2007

MINIMUM REQUIREMENTS - LABORATORY DIAGNOSTIC SERVICES (Prices must include all Laboratory Diagnostic Services and Fees)

ITEM #	DIAGNOSTIC PROCEDURE	ESTIMATED NUMBER OF REQUESTS	SPCIFY PRICE PER TEST REQUEST	TOTAL PRICE
01	Blood levels for Dilantin, Tegretol, Phenobarbital	30 per month	19.50	585.00
02	CBC	30 per month	8.00	240.00
03	Chem 6	15 per month	8.00	120.00
04	Chem 12	10 per month	12.00	120.00
05	Chem 18	10 per month	15.00	150.00
06	Chlamydia/Gonorrhea (Gyn-Probe)	15 per month	20.00	300.00
07	Rebrite Agglutinin	1 per month	100.00	100.00
08	Hemoglobin A & C - <u>HSA1C</u>	80 per month	15.00	1,200.00
09	Hepatitis A, B, C	5 per month	40.00	200.00
10	Hepatitis Titer	5 per month	20.00	100.00
11	Herpes Simplex	1 per month	40.00	40.00
12	HIV testing	10 per month	15.00	150.00
13	Lithium	10 per month	20.00	200.00
14	Liver Profile	20 per month	12.00	240.00
15	Maternal Serum Triple Marker (Alpha-Fetoprotein)	5 per month	50.00	250.00
16	Occult Blood	20 per month	15.00	300.00
17	Ova and Parasites	10 per month	15.00	150.00
18	Prothrombin time	2 per month	8.00	16.00

8