ATTACHMENT 14



RFP entitled "CLINICAL LABORATORY SERVICES" Price Quotation Form

The Test referenced below are based on the descriptions referenced in Section 3.1 of the RFP entitled "CLINICAL LABORATORY SERVICES".

Offeror Name:							
	Proposed Fees						
	Year 1	Year 2	Year 3	Year 4	Year 5		
1. a. Singular Panels							
i. Chemistry Screen Panel							
ii. Hematology Panel							
iii. Complete Urinalysis							
b. Grouped Laboratory Tests							
i. Profile 1							
ii. Profile 2							
C. Separate Tests							
Zinc Protoporphyrin							
Lead, Blood							
PSA, Total							
Hepatitis B surface AB							
Hepatitis B surface AG							
Hepatitis B core AB							
Cholinesterase, Plasma							
Cholinesterase, RBC							
HIV-1 Elisa Screen with confirmation							
VDRL							
B. Burgdorferi AB							
HCV AB							
Polychlorinated Biphenyls							
Heavy Metals, Urine							
Hemoglobin A1C							
Thyroid Profile							

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	Proposed Fees						
	Year 1	Year 2	Year 3	Year 4	Year 5		
2. Routine Drug Screening							
a. Substance Abuse Panel 1							
b. Substance Abuse Panel 2							
3. Blood Alcohol Testing							
Blood Alcohol Testing							
4. Phlebotomy and Other Specimen Collection Services							
a. Charge for retesting a drug specimen retained by the Offeror.							
 b. Cost for phlebotomy / specimen collection by the Offeror at one of the Offeror's facilities throughout New York State 							
5. Specimen Courier Services (fees to be included in the quoted prices)							
6. Testimony at Legal and Administrative Proceedings							
Hourly rate associated with providing medical and clinical testimony as needed at administrative and other legal proceedings.							