BACKUP-1

CLINICAL PATHOLOGY LABORATORIES
A Sonic Healthcare Company

Cameron County Bid

Category	Item	Test Code	Test Name	Monthly Count	Bid Price	Total Price
A	01	142	Basic Metabolic Panel	75	$3.00	$225.00
A	02	1000	CBC with Diff	100	$3.00	$300.00
A	03	9179	Comprehensive Metabolic Panel	75	$3.00	$225.00
A	04	2835	TSH	25	$4.00	$100.00
A	05	9175	Liver Function Panel	100	$3.00	$300.00
A	06	6049	Urine Culture	20	$8.00	$160.00
A	07	173	Lipid Panel	75	$3.00	$225.00
A	08	1425	Protime	30	$3.00	$90.00
A	09	2708	Hemoglobin A1C	50	$6.00	$300.00
A	10	1501	Complete Urinalysis	70	$3.00	$210.00
A	11	3540	HIV 1 & 2 Antibodies	75	$8.00	$600.00
A	12	2739	HEP B Surface Antigen	100	$8.00	$800.00
A	13	3500	RPR	100	$3.00	$300.00
A	14	1430	PTT	75	$3.00	$225.00
A	15	2823	T4, Free	50	$6.50	$325.00
A	16	1055	SED Rate Automated	50	$3.00	$150.00
A	17	2819	T4 Total	75	$4.00	$300.00
A	18	2606	Prostate Specific Antigen	75	$7.00	$525.00
A	19	3550	Antinuclear Antibody	10	$6.00	$60.00
A	20	5249	GC & Chlamydia DN/A Probe	150	$30.00	$4,500.00
A	21	6013	Blood Cultures	10	$10.00	$100.00
A	22	6042	Stool Culture	10	$10.00	$100.00
A	23	9324	Renal Function Panel	75	$3.00	$225.00
A	24	2840	Vitamin B 12	2	$5.00	$10.00
A	25	2118	Iron TIBC % SAT	5	$5.00	$25.00
A	26	2208	Urea Nitrogen, Blood	10	$3.00	$30.00
A	27	4565	H Pylori	15	$10.00	$150.00
A	28	3094	Valproic Acid (Depakene)	30	$6.00	$180.00
A	29	2020	Ammonia	50	$10.00	$500.00
A	30	7000	Ova and Parasite	2	$20.00	$40.00
A	31	2713	HCG Quantitative	300	$6.00	$1,800.00
A	32	3064	Dilantin	50	$6.00	$300.00
A	33	1035	HGB & HCT	150	$3.00	$450.00
A	34	3064	Dilantin	50	$6.00	$300.00
A	35	4675	Hepatitis C Antibodies	100	$10.00	$1,000.00
A	36	7015	Occult Blood	10	$5.00	$50.00
A	37	2818	Total T3	50	$5.00	$250.00
A	38	2233	Uric Acid	5	$3.00	$15.00
A	39	2218	SGOT (AST)	50	$3.00	$150.00
A	40	2210	Cholesterol	20	$3.00	$60.00
A	41	6046	Throat Culture	10	$10.00	$100.00
A	42	3034	Digoxin	50	$6.00	$300.00
A	43	2219	SGPT (ALT)	50	$3.00	$150.00

BACKUP-1

CLINICAL PATHOLOGY LABORATORIES
A Sonic Healthcare Company

Cameron County Bid

Category	Item	Test Code	Test Name	Monthly Count	Bid Price	Total Price
A	44	3025	Carbamazepine	70	$6.00	$420.00
A	45	2714	Pregnancy Test, Serum	300	$6.00	$1,800.00
A	46	4273	T3 Free Serum	20	$6.00	$120.00
A	47	4017	Troponini	5	$20.00	$100.00
A	48	2070	CK MB Fraction	2	$5.00	$10.00
TOTAL Category A				**2881**		**$18,655.00**
B	A1.	3800	ABO GRP AND RH TYPE	4	$5.00	$20.00
B	A2.	3813	86905 ANTIGEN TYPE X 1	2	$40.00	$80.00
B	A3.	5398	87491 CHLAMYDIA SDA	97	$10.00	$970.00
B	A4.	5399	11362 Chlamydia trachomatis (ct)	2	$10.00	$20.00
B	A5.	5399	11362 Chlamydia trachomatis (ct)	120	$10.00	$1,200.00
B	A6.	5399	11362 Chlamydia trachomatis (ct)	4	$10.00	$40.00
B	A7.	6069	CULT, HSV, RAPID	130	$10.00	$1,300.00
B	A8.	6079	5617 CULT, STREP GRP B	40	$5.00	$200.00
B	A9.	8146	CYTO, THINPREP PAP	10	$20.00	$200.00
B	A10.	8146	88175 CYTYC PAP & RVW	10	$20.00	$200.00
B	A11.	1485	DRVVT W/RFL PHOS NEU	50	$20.00	$1,000.00
B	A12.	2106	8477, 8396, 496, GLUC, FAST & POST 1 HR	5	$3.00	$15.00
B	A13.	2107	8477, 8396, 496, GLUC, FAST & POST 2 HR	70	$3.00	$210.00
B	A14.	2110	82950 GTT, 2 SPEC	2	$5.00	$10.00
B	A15.	2111	82951 GTT, 3 SPECIMENS	2	$6.00	$12.00
B	A16.	2111	6745, 82951, 82952 GTT, GESTATIONAL, 4	5	$6.00	$30.00
B	A17.	5073	HETEROPHILE, MONO	40	$30.00	$1,200.00
B	A18.	4592	HSV ½ HERPESELECT	60	$15.00	$900.00
B	A19.	4564	HSV 1 GM AB SCREEN	20	$10.00	$200.00
B	A20.	1485	85613, 85730 LUPUS ANTICOAG W/RFL	75	$10.00	$750.00
B	A21.	3605	LYME AB-WB CONFIRM	40	$25.00	$1,000.00
B	A22.	2618	MATERNAL SERUM 3 : TRIPLE SCREEN: AFP/ hcg/ Ue3	10	$20.00	$200.00
B	A23.	5375	30294 Quad Screen (afp, hcG, uE3, DIA)	50	$20.00	$1,000.00
B	A24.	5396	87591 NG SDA	130	$10.00	$1,300.00
B	A25.	5402	87591 NG, DNA, SDA, OTV	130	$10.00	$1,300.00
B	A26.	6237	ORG ID 1	120	$3.00	$360.00
B	A27.	5768	86747 PARVOVIRUS B19 IGG	120	$15.00	$1,800.00
B	A28.	4074	86747 PARVOVIRUS B19 IGM	5	$15.00	$75.00

CLINICAL PATHOLOGY LABORATORIES
A Sonic Healthcare Company

Cameron County Bid

Category	Item	Test Code	Test Name	Monthly Count	Bid Price	Total Price
B	A29.	881410	PATHOLOGY REVIEW OF PAP TESTING	5	$5.00	$25.00
B	A30.	8972, 881410	SURE PATH PAP TEST/ PATHOLOGY REVIEW, LIQ PAP	10	$25.00	$250.00
B	A31.	8146,8972, 881410	LIQUID BASE PAP PATHOLOGY EITHER THIN PREP OR SURE PATH REVIEW, LIQ PAP	10	$25.00	$250.00
B	A32.	8157, 881410	PATH REVIEW, PAP MCR	5	$15.00	$75.00
B	A33.	3064	80185, 80186 PHENYTON	5	$6.00	$30.00
B	A34.	6237	PRESUMPTIVE ID 1	5	$3.00	$15.00
B	A35.	2229	PROTEIN, TOT, W/O CREAT	100	$3.00	$300.00
B	A36.	8972	SUREPATH (REEL)	5	$20.00	$100.00
B	A37.	8972	SUREPATH PAP	5	$20.00	$100.00
B	A38.	8972, 9990	SUREPATH RFL HPV	5	$44.00	$220.00
B	A39.	4581	T PALLIDUM AB BY PA	130	$18.00	$2,340.00
B	A40.	8146, 9988	THIN PREP TESTING WITH REFLEX HPV	40	$40.00	$1,600.00
TOTAL Category B, GROUP A				**1678**		**$20,897.00**
B	B1.	2201	82040 ALBUMIN	50	$3.00	$150.00
B	B2.	2204	84075 ALKALINE PHOSPHAATASE	60	$3.00	$180.00
B	B3.	2219	84460 ALT	5	$3.00	$15.00
B	B4.	2218	84450 AST	80	$3.00	$240.00
B	B5.	142	80048 BASIC METAB PNL	5	$3.00	$15.00
B	B6.	142	82947, 84520, 82565, 80051 BASIC METAB PNL W/O CA	5	$3.00	$15.00
B	B7.	142	BASIC METAB PNL, PLASMA	5	$3.00	$15.00
B	B8.	2207	82247 BILIRUBIN, TOTAL	50	$3.00	$150.00
B	B9.	2036	82248 BILIRUBIN, DIRECT	50	$3.00	$150.00
B	B10.	210	82247, 82248 BILIRUBIN, FRAC.	20	$6.00	$120.00
B	B11.	9319	82565, 84520 BUN/CREATININE RATIO	80	$6.00	$480.00
B	B12.	2209	82310 CALCIUM	40	$3.00	$120.00
B	B13.	2206	82374 CARBON DIOXIDE	5	$3.00	$15.00
B	B14.	142	CHEM TEST 08 INCLUDES: SODIUM/ POTASSIUM/ CHLORIDE/ BICARBONATE/ BUN/ CREATININE/ GLUCOSE/ CALCIUM	2	$3.00	$6.00

CLINICAL PATHOLOGY LABORATORIES
A Sonic Healthcare Company

Cameron County Bid

Category	Item	Test Code	Test Name	Monthly Count	Bid Price	Total Price
B	B15.	9179	CHEM TEST 14 INCLUDES: ALBUMIN/ ALP/ AST/ BUN/ CALCIUM/ CARBON DIOXIDE/ CHLORIDE/ CREATININE/ GLUCOSE/ POTASSIUM/ SODIUM/ TOTAL BILIRUBIN/ TOTAL PROTEIN	2	$3.00	$6.00
B	B16.	115	ELECTROLYTE PNL, PLASMA	5	$3.00	$15.00
B	B17.	2217	82947 GLUCOSE, SERUM	5	$3.00	$15.00
B	B18.	9175	10256 HEPATIC FUNC PNL	45	$3.00	$135.00
B	B19.	9175	82040, 82247, 82248, 84075, 84450, 84460 HEPATIC FUNC PNL W/O TP	60	$3.00	$180.00
B	B20.	9175	HEPATIC FUNC PNL, PLASMA	20	$3.00	$60.00
B	B21.	2227	84100 PHOSPHATE (AS PHOS)	80	$3.00	$240.00
B	B22.	2228	84132 POTASSIUM	40	$3.00	$120.00
B	B23.	2228	84132 POTASSIUM, PLASMA	2	$3.00	$6.00
B	B24.	2229, 2201	PROTEIN, TOT & ALB PLASMA	2	$6.00	$12.00
B	B25.	2229, 2201	84155, 82040 PROTEIN, TOT & ALB	130	$6.00	$780.00
B	B26.	2229	84155 PROTEIN, TOTAL	130	$3.00	$390.00
B	B27.	2229	PROTEIN, TOTAL PLASMA	120	$3.00	$360.00
B	B28.	9324	80069 RENAL FUNC PNL	120	$3.00	$360.00
B	B29.	2231	84295 SODIUM	2	$3.00	$6.00
B	B30.	2208	84520 UREA NITROGEN (BUN)	5	$3.00	$15.00
TOTAL Category B, GROUP B				**1225**		**$4,371.00**
B	C1.	514	20210 OBSTETRIC PANEL	40	$10.00	$400.00
B	C2.	3550, 355001	86950 AB SCR RFX ID/TITER	5	$10.00	$50.00
B	C3.	3800	7748 ABO GRP AND RH TYPE	100	$3.00	$300.00
B	C4.	1000	1759, 6399, 8847, 763 CBC (DIFF/PLT)	2	$3.00	$6.00
B	C5.	2739	498, 799 HEP B SURF AG W/CONF	2	$10.00	$20.00
B	C6.	3500, 350000	86592 RPR(DX)REFL FTA	5	$3.00	$15.00
B	C7.	4600	86763 RUBELLA IMMUNE	140	$5.00	$700.00
B	C8.	8146,8972, 881410	88175 AUTOMATED PAP & RVW	40	$40.00	$1,600.00
B	C9.	5404	87491, 87591 CT/NG DNA, SDA, OTV	20	$20.00	$400.00
B	C10.	8972, 8037	*SUREPATH W/REEL HPV	60	$38.00	$2,280.00
B	C11.	5397, 5399	87491, 87591 CT/NG DNA, SDA, OTV	5	$20.00	$100.00
B	C12.	8972, 9990	14471 SUREPATH RFL HPV	80	$42.00	$3,360.00
B	C13.	8052	15095 *SUREPATH WITH HPV	80	$22.00	$1,760.00

CLINICAL PATHOLOGY LABORATORIES

Cameron County Bid

Category	Item	Test Code	Test Name	Monthly Count	Bid Price	Total Price
B	C14.	7890	87621 HPV HR	2	$20.00	$40.00
B	C15.	8039	15095 SUREPATH, HPV, CT/GC	50	$40.00	$2,000.00
B	C16.	5404	87491, 87591 CT/NG DNA, SDA, OTV	60	$20.00	$1,200.00
B	C17.	7890	87621 HPV HR	20	$20.00	$400.00
B	C18.	8051	*THINPREP W/HPV	40	$34.50	$1,380.00
B	C19.	8281	CYTYC PAP	2	$20.00	$40.00
B	C20.	7890	87621 HPV HR	2	$20.00	$40.00
B	C21.	8058	*THIN PREP W/REFLEX HPV	130	$20.00	$2,600.00
B	C22.	5397	11362 Neiseria gonorrhoeae (NG)	130	$10.00	$1,300.00
B	C23.	8281	16722 PAP	120	$20.00	$2,400.00
B	C24.	8055	58317 , THINPREP, HPV, CT/GC	120	$55.00	$6,600.00
B	C25.	4123	87491, 87591 CT/NG DNA, SDA, OTV	5	$20.00	$100.00
B	C26.	8281	58315 PAP	120	$20.00	$2,400.00
B	C27.	8055	16770 Pap HPV, CT/GC	120	$55.00	$6,600.00
B	C28.	155	*TORCH PANEL, ACUTE	120	$45.00	$5,400.00
B	C29.	4546	CMV IGM AB	120	$10.00	$1,200.00
B	C30.	4564	HSV-IGM AB SCREEN	120	$10.00	$1,200.00
B	C31.	4602	RUBELLA IGM AB	5	$8.00	$40.00
B	C32.	4659	TOXO IGG AB	5	$10.00	$50.00
B	C33.	4658	TOXO IGM EIA	110	$10.00	$1,100.00
B	C34.	155	*TORCH PANEL, CONVALESCEN	2	$45.00	$90.00
B	C35.	4544	CMV IGG AB	2	$10.00	$20.00
B	C36.	4592	HSV ½ HERPESELECT	4	$15.00	$60.00
B	C37.	4600	86762 RUBELLA IMMUNE	140	$3.00	$420.00
B	C38.	4659	TOXO IGG AB	50	$10.00	$500.00
TOTAL Category B, GROUP C				**2178**		**$48,171.00**
TOTAL Category B				**5081**		**$73,439.00**
Other		6079	Group B: Strep	90	$5.00	$450.00
Other		2713	HCG Total QN	30	$6.00	$180.00
Other		4597	Rabies TITER	5	$84.50	$422.50
Other		3720	Varicella Titer	100	$18.00	$1,800.00
Other		7505	T-spot	20	$40.00	$800.00
Other		7505	TB- gold	2	$40.00	$80.00
TOTAL Other				**247**		**$3,732.50**
GRAND TOTAL				**8209**		**$95,826.50**

CLINICAL PATHOLOGY LABORATORIES
A Sonic Healthcare Company

Cameron County Bid

Category	Item	Test Code	Test Name	Monthly Count	Bid Price	Total Price
Other		3271	COC Panel 10/ETOH		$18.00	
Other		3310	Drug Sreen Urine w/ETOH no conf		$16.00	

BACKUP-1

ANNUAL RFP #1475
CATEGORY A - INFIRMARY

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

ITEM #	DIAGNOSTIC PROCEDURE	ESTIMATED NUMBER OF REQUESTS		SPECIFY PRICE PER TEST REQUEST		TOTAL PRICE
01	Basic Metabolic Panel	75 per month	x	3.00	=	225.00
02	CBC with Diff	100 per month	x	3.00	=	300.00
03	Comprehensive Metabolic Panel	75 per month	x	3.00	=	225.00
04	TSH	25 per month	x	4.00	=	100.00
05	Liver Function Panel	100 per month	x	3.00	=	300.00
06	Urine Culture	20 per month	x	8.00	=	160.00
07	Lipid Panel	75 per month	x	3.00	=	225.00
08	Protime	30 per month	x	3.00	=	90.00
09	Hemoglobin A1C	50 per month	x	6.00	=	300.00
10	Complete Urinalysis	70 per month	x	3.00	=	210.00
11	HIV 1 & 2 Antibodies	75 per month	x	8.00	=	600.00
12	HEP B Surface Antigen	100 per month	x	8.00	=	800.00
13	RPR	100 per month	x	3.00	=	300.00
14	PTT	75 per month	x	3.00	=	225.00
15	T4, Free	50 per month	x	6.50	=	325.00
16	SED Rate Automated	50 per month	x	3.00	=	150.00
17	T4 Total	75 per month	x	4.00	=	300.00
18	Prostate Specific Antigen	75 per month	x	7.00	=	525.00

BACKUP-1

ANNUAL RFP #1475

CATEGORY A - INFIRMARY (Continued)

ITEM #	DIAGNOSTIC PROCEDURE	NUMBER OF REQUESTS		ESTIMATED SPECIFY PRICE PER TEST REQUEST		TOTAL PRICE
19	Antinuclear Antibody	10 per month	x	6.00	=	60.00
20	GC & Chlamydia DN/A Probe	150 per month	x	30.00	=	4,500.00
21	Blood Cultures	10 per month	x	10.00	=	100.00
22	Stool Culture	10 per month	x	10.00	=	100.00
23	Renal Function Panel	75 per month	x	3.00	=	225.00
24	Vitamin B 12	2 per month	x	5.00	=	10.00
25	Iron TIBC % SAT	5 per month	x	5.00	=	25.00
26	Urea Nitrogen, Blood	10 per month	x	3.00	=	30.00
27	H Pylori	15 per month	x	10.00	=	150.00
28	Valproic Acid (Depakene)	30 per month	x	6.00	=	180.00
29	Ammonia	50 per month	x	10.00	=	500.00
30	Ova and Parasite	2 per month	x	20.00	=	40.00
31	HCG Quantitative	300 per month	x	6.00	=	1,800.00
32	Dilantin	50 per month	x	6.00	=	300.00
33	HGB & HCT	150 per month	x	3.00	=	450.00
34	Dilantin	50 per month	x	6.00	=	300.00
35	Hepatitis C Antibodies	100 per month	x	10.00	=	1,000.00

BACKUP-1

ANNUAL RFP #1475
CATEGORY A - INFIRMARY (Continued)

ITEM #	DIAGNOSTIC PROCEDURE	NUMBER OF REQUESTS		ESTIMATED SPECIFY PRICE PER TEST REQUEST		TOTAL PRICE
36	Occult Blood	10 per month	x	5.00	=	50.00
37	Total T3	50 per month	x	5.00	=	250.00
38	Uric Acid	5 per month	x	3.00	=	15.00
39	SGOT (AST)	50 per month	x	3.00	=	150.00
40	Cholesterol	20 per month	x	3.00	=	60.00
41	Throat Culture	10 per month	x	10.00	=	100.00
42	Digoxin	50 per month	x	6.00	=	300.00
43	SGPT (ALT)	50 per month	x	3.00	=	150.00
44	Carbamazepine	70 per month	x	6.00	=	420.00
45	Pregnancy Test, Serum	300 per month	x	6.00	=	1,800.00
46	T3 Free Serum	20 per month	x	6.00	=	120.00
47	Troponini	5 per month	x	20.00	=	100.00
48	CK MB Fraction	2 per month	x	5.00	=	10.00

MONTHLY GRAND TOTAL CATEGORY A ALL _____

BACKUP-1

HEALTH DEPARTMENT – LAB SERVICES
Clinical Services Program
CATEGORY B

Service	Monthly Average	Estimated Price per test	Total Price
A1. ABO-GRP AND RH TYPE	4	5.00	20.00
A2. 86905 ANTIGEN TYPE X 1	2	40.00	80.00
A3. 87491 CHLAMYDIA SDA	97	10.00	970.00
A4. 11362 Chlamydia trachomatis (ct)	2	10.00	20.00
A5. 11362 Chlamydia trachomatis (ct)	120	10.00	1,200.00
A6. 11362 Chlamydia trachomatis (ct)	4	10.00	40.00
A7. CULT, HSV, RAPID	130	10.00	1,300.00
A8. 5617 CULT, STREP GRP B	40	5.00	200.00
A9. CYTO, THINPREP PAP	10	20.00	200.00
A10. 88175 CYTYC PAP & RVW	10	20.00	200.00
A11 DRVVT W/RFL PHOS NEU	50	20.00	1,000.00
A12 8477, 8396, 496, GLUC, FAST & POST 1 HR	5	3.00	15.00
A13. 8477, 8396, 496, GLUC, FAST & POST 2 HR	70	3.00	210.00
A14. 82950 GTT, 2 SPEC	2	5.00	10.00
A15. 82951 GTT, 3 SPECIMENS	2	6.00	12.00
A16. 6745, 82951, 82952 GTT, GESTATIONAL, 4	5	6.00	30.00
A17. HETEROPHILE, MONO	40	30.00	1,200.00
A18. HSV ½ HERPESELECT	60	15.00	900.00
A19. HSV 1 GM AB SCREEN	20	10.00	200.00
A20. 85613, 85730 LUPUS ANTICOAG W/RFL	75	10.00	750.00
A21. LYME AB-WB CONFIRM	40	25.00	1,000.00
A22. MATERNAL SERUM 3 : TRIPLE SCREEN: AFP/ hCG/ uE3	10	20.00	200.00
A23. 30294 Quad Screen (afp, hcG, uE3, DIA)	50	20.00	1,000.00
A24. 87591 NG SDA	130	10.00	1,300.00
A25. 87591 NG, DNA, SDA, OTV	130	10.00	1,300.00
A26. ORG ID 1	120	3.00	360.00
A27. 86747 PARVOVIRUS B19 IGG	120	15.00	1,800.00
A28. 86747 PARVOVIRUS B19 IGM	5	15.00	75.00
A29. PATHOLOGY REVIEW OF PAP TESTING	5	5.00	25.00
A30. SURE PATH PAP TEST/ PATHOLOGY REVIEW, LIQ PAP	10	25.00	250.00
A31. LIQUID BASE PAP PATHOLOGY EITHER THIN PREP OR SURE PATH REVIEW, LIQ PAP	10	25.00	250.00

HEALTH DEPARTMENT – LAB SERVICES
CATEGORY B (Continued)

Service	Monthly Average	Estimated Price per test	Total Price
A32. PATH REVIEW, PAP MCR	5	15.00	75.00
A33. 80185, 80186 PHENYTON	5	6.00	30.00
A34. PRESUMPTIVE ID I	5	3.00	15.00
A35. PROTEIN, TOT, W/O CREAT	100	3.00	300.00
A36. SUREPATH (REEL)	5	20.00	100.00
A37. SUREPATH PAP	5	20.00	100.00
A38. SUREPATH RFL HPV	5	44.00	220.00
A39. T PALLIDUM AB BY PA	130	18.00	2,340.00
A40. THIN PREP TESTING WITH REFLEX HPV	40	40.00	1,600.00
TOTAL GROUP A			
CHEMISTRIES:			
B1. 82040 ALBUMIN	50	3.00	150.00
B2. 84075 ALKALINE PHOSPHAATASE	60	3.00	180.00
B3. 84460 ALT	5	3.00	15.00
B4. 84450 AST	80	3.00	240.00
B5. 80048 BASIC METAB PNL	5	3.00	15.00
B6. 82947, 84520, 82565, 80051 BASIC METAB PNL W/O CA	5	3.00	15.00
B7. BASIC METAB PNL, PLASMA	5	3.00	15.00
B8. 82247 BILIRUBIN, TOTAL	50	3.00	150.00
B9. 82248 BILIRUBIN, DIRECT	50	3.00	150.00
B10. 82247, 82248 BILIRUBIN, FRAC.	20	6.00	120.00
B11. 82565, 84520 BUN/CREATININE RATIO	80	6.00	480.00
B12. 82310 CALCIUM	40	3.00	120.00
B13. 82374 CARBON DIOXIDE	5	3.00	15.00
B14. CHEM TEST 08 INCLUDES: SODIUM/POTASSIUM/CHLORIDE/ BICARBONATE/ BUN/ CREATININE/ GLUCOSE/ CALCIUM	2	3.00	6.00

HEALTH DEPARTMENT – LAB SERVICES
CATEGORY B (Continued)

Service	Monthly Average	Estimated Price per test	Total Price
B15. CHEM TEST 14 INCLUDES: ALBUMIN/ ALP/AST/BUN/ CALCIUM/ CARBON DIOXIDE/ CHLORIDE/ CREATININE/ GLUCOSE/ POTASSIUM/ SODIUM/ TOTAL BILIRUBIN/ TOTAL PROTEIN	2	3.00	6.00
B16. ELECTROLYTE PNL, PLASMA	5	3.00	15.00
B17. 82947 GLUCOSE, SERUM	5	3.00	15.00
B18. 10256 HEPATIC FUNC PNL	45	3.00	135.00
B19. 82040, 82247, 82248, 84075, 84450, 84460 HEPATIC FUNC PNL W/O TP	60	3.00	180.00
B20. HEPATIC FUNC PNL, PLASMA	20	3.00	60.00
B21. 84100 PHOSPHATE (AS PHOS)	80	3.00	240.00
B22. 84132 POTASSIUM	40	3.00	120.00
B23. 84132 POTASSIUM, PLASMA	2	3.00	6.00
B24. PROTEIN, TOT & ALB PLASMA	2	6.00	12.00
B25. 84155, 82040 PROTEIN, TOT & ALB	130	6.00	780.00
B26. 84155 PROTEIN, TOTAL	130	3.00	390.00
B27. PROTEIN, TOTAL PLASMA	120	3.00	360.00
B28. 80069 RENAL FUNC PNL	120	3.00	360.00
B29. 84295 SODIUM	2	3.00	6.00
B30. 84520 UREA NITROGEN (BUN)	5	3.00	15.00
TOTAL GROUP B			

BACKUP-1

HEALTH DEPARTMENT – LAB SERVICES
CATEGORY B (Continued)

Service	Monthly Average	Estimated Price per test	Total Price
PANELS			
C1. 20210 OBSTETRIC PANEL	40	10.00	400.00
C2. 86950 AB SCR RFX ID/TITER	5	10.00	50.00
C3. 7748 ABO GRP AND RH TYPE	100	3.00	300.00
C4. 1759, 6399, 8847, 763 CBC (DIFF/PLT)	2	3.00	6.00
C5. 498, 799 HEP B SURF AG W/CONF	2	10.00	20.00
C6. 86592 RPR(DX)REFL FTA	5	3.00	15.00
C7. 86763 RUBELLA IMMUNE	140	5.00	700.00
C8. 88175 AUTOMATED PAP & RVW	40	40.00	1,600.00
C9. 87491, 87591 CT/NG DNA, SDA, OTV	20	20.00	400.00
C10. *SUREPATH W/REEL HPV	60	38.00	2,280.00
C11. 87491, 87591 CT/NG DNA, SDA, OTV	5	20.00	100.00
C12. 14471 SUREPATH RFL HPV	80	42.00	3,360.00
C13. 15095 *SUREPATH WITH HPV	80	22.00	1,760.00
C14. 87621 HPV HR	2	20.00	40.00
C15. 15095 SUREPATH, HPV, CT/GC	50	40.00	2,000.00
C16. 87491, 87591 CT/NG DNA, SDA, OTV	60	20.00	1,200.00
C17. 87621 HPV HR	20	20.00	400.00
C18. *THINPREP W/HPV	40	34.50	1,380.00
C19. CYTYC PAP	2	20.00	40.00
C20. 87621 HPV HR	2	20.00	40.00
C21. *THIN PREP W/REFLEX HPV	130	20.00	2,600.00
C22. 11362 Neiseria gonorrhoeae (NG)	130	10.00	1,300.00
C23. 16722 PAP	120	20.00	2,400.00
C24. 58317 . THINPREP, HPV, CT/GC	120	55.00	6,600.00
C25. 87491, 87591 CT/NG DNA, SDA, OTV	5	20.00	100.00
C26. 58315 PAP	120	20.00	2,400.00
C27. 16770 Pap HPV	120	55.00	6,600.00
C28. *TORCH PANEL, ACUTE	120	45.00	5,400.00
C29. CMV IGM AB	120	10.00	1,200.00
C30. HSV IGM AB SCREEN	120	10.00	1,200.00

HEALTH DEPARTMENT – LAB SERVICES
CATEGORY B (Continued)

Service	Monthly Average	Estimated Price per test	Total Price
PANELS			
C31. RUBELLA IGM AB	5	8.00	40.00
C32. TOXO IGG AB	5	10.00	50.00
C33. TOXO IGM EIA	110	10.00	1,100.00
C34. *TORCH PANEL, CONVALESCEN	2	45.00	90.00
C35. CMV IGG AB	2	10.00	20.00
C36. HSV ½ HERPESELECT	4	15.00	60.00
C37. 86762 RUBELLA IMMUNE	140	3.00	420.00
C38. TOXO IGG AB	50	10.00	500.00
TOTAL GROUP C			
MONTHLY TOTAL FOR ALL COMBINED CAT. B			
OTHER:			
Group B: Strep	90	5.00	450.00
HGC Total QN	30	6.00	180.00
Rabies TITER	5	84.50	422.50
Varicella Titer	100	18.00	1,800.00
T-spot	20	40.00	800.00
TB- gold	2	40.00	80.00

MISCELLANEOUS

Alternate pricing for Drug Test: a) include drawing and test at lab $ **18.00** (ea) b) test only sent to lab **$16.00**

On all other miscellaneous (currently in your catalog) lab test, **not listed**, Cameron County will receive **55%** off our catalog list price.

On all new (not in the catalog as yet) miscellaneous lab tests, **not listed,** Cameron County will receive **55%** 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, Texas 78754

Signature: [illegible]

Telephone: **800-595-1275** Date: 5/30/19