



Monterey County Board of Supervisors

168 West Alisal Street,
1st Floor
Salinas, CA 93901
831.755.5066

Board Order

Agreement No.: A-13599

Upon motion of Supervisor Salinas, seconded by Supervisor Parker and carried by those members present, the Board of Supervisors hereby:

Authorized the Deputy Purchasing Agent for Natividad Medical Center (NMC) or his designee to execute an agreement with Quest Diagnostics, Inc. for reference lab testing services at NMC for an amount not to exceed \$3,000,000 with an agreement term July 1, 2017 through June 30, 2021.

PASSED AND ADOPTED this 27th day of June 2017, by the following vote, to wit:

AYES: Supervisors Alejo, Phillips, Salinas Parker and Adams
NOES: None
ABSENT: None

I, Gail T. Borkowski, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 80 for the meeting June 27, 2017.

Dated: June 27, 2017
File ID: A 17-213

Gail T. Borkowski, Clerk of the Board of Supervisors
County of Monterey, State of California

By Denise Hancock
Deputy

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File #:	A 17-213	Name:	Quest Diagnostics Agreement
Type:	BoS Agreement	Status:	Consent Agenda
File created:	5/31/2017	In control:	Board of Supervisors
On agenda:	6/27/2017	Final action:	

Title: Authorize the Deputy Purchasing Agent for Natividad Medical Center (NMC) or his designee to execute an agreement with Quest Diagnostics, Inc. for reference lab testing services at NMC for an amount not to exceed \$3,000,000 with an agreement term July 1, 2017 through June 30, 2021.

Attachments: 1. [Board Report](#), 2. [Quest Diagnostics Agreement.pdf](#), 3. [Completed Board Order](#)

- History (0)
- Board Report

Title

Authorize the Deputy Purchasing Agent for Natividad Medical Center (NMC) or his designee to execute an agreement with Quest Diagnostics, Inc. for reference lab testing services at NMC for an amount not to exceed \$3,000,000 with an agreement term July 1, 2017 through June 30, 2021.

Report

RECOMMENDATION:

It is recommended the Board of Supervisors:

Authorize the Deputy Purchasing Agent for Natividad Medical Center (NMC) or his designee to execute an agreement with Quest Diagnostics, Inc. for reference lab testing services at NMC for an amount not to exceed \$3,000,000 with an agreement term July 1, 2017 through June 30, 2021.

Quest Diagnostics is the leading provider of diagnostic testing in the nation, and serves approximately 140 million patients each year. Quest Diagnostics is NMC Laboratory’s primary reference laboratory, although NMC will use Salinas Valley Memorial Hospital as a reference laboratory on occasion as well. Physicians at NMC and local clinics which send laboratory work to NMC may order such specific types of tests which the NMC Laboratory cannot perform on-site. Therefore, these specific tests must be sent to a reference laboratory. As laboratory technology advances, more and more esoteric tests become available for Physicians and clinics to order, however the NMC laboratory cannot justify bringing in instruments or additional staff for the low volume of every type individual test available. These esoteric tests are used for the diagnosis of disease or monitoring of disease processes and are critical for patient care.

NMC’s laboratory has an established interface with Quest diagnostics which allows results to be transferred securely and directly from the testing laboratory to the patient medical record at Natividad Medical Center. A Natividad clinical laboratory scientist verifies the validity of the results before they are finalized in the medical record.

NMC’s laboratory staff currently does monitor and shall continue to monitor test utilization to look for opportunities to in-source any test that has high volume and methodology which could be incorporated into the Natividad Laboratory.

Commercial General Liability Insurance Exception

Commercial General Liability Insurance Additional Insured Endorsement requirements were previously waived for this vendor under this Agreement and continue to be waived because Quest Diagnostics is Self-Insured for Commercial General Liability Insurance.

This agreement replaces an older agreement that has been in place since 2005 and which expires on June 30, 2017. The new agreement does include a tiered pricing schedule that NMC negotiated when it realized that it did not reap the cost savings which had previously been agreed to by both parties. The first tier is heavily discounted to allow NMC an opportunity to achieve approximately \$100,000 in savings. Once that savings has been reach it moves to another pricing tier equivalent to the MedAssets GPO pricing throughout the remainder of the term of the agreement.

For the past two years NMC has spent approximately \$1,000,000 annually with Quest Diagnostics. In prior years NMC spent approximately half that amount due to lower volumes. The cost increased significantly once NMC obtained designation as a Trauma Center. Although the total agreement amount appears to be increasing annually, NMC has negotiated the pricing in this new agreement to ensure that the cost for each lab reference service has decreased thereby yielding savings on each individual reference lab service item requested.

OTHER AGENCY INVOLVEMENT:

County Counsel has reviewed and approved this agreement as to legal form and risk provisions, and the Auditor-Controller has reviewed and approved as to payment provisions. The agreement has also been reviewed and approved by NMC's Finance Committee on March 23, 2017 and by its Board of Trustees on April 7, 2017.


FINANCING:

The cost for this new agreement is \$3,000,000 for a four year period, \$700,000 of which is included in the Fiscal Year 2017-18 Recommended Budget. Amounts for remaining years of the agreement will be included in those budgets as appropriate. There is no impact to the General Fund.

Prepared by: Heidi Riggenbach, Clinical Lab Manager, 783-7660
Approved by: Gary R. Gray, DO, Chief Executive Officer, 783-2504

Attachments:
Quest Diagnostics, Inc. Agreement

Attachments on file with the Clerk of the Board

 Natividad MEDICAL CENTER
COUNTY OF MONTEREY AGREEMENT FOR SERVICES
(MORE THAN \$100,000)

This Agreement for Services (hereinafter "Agreement") is made by and between the County of Monterey, a political subdivision of the State of California (hereinafter, "the County"), on behalf of Natividad Medical Center ("NMC"), a general acute care teaching hospital wholly owned and operated by the County, and Quest Diagnostics, Inc. (hereinafter "CONTRACTOR").

RECITALS

WHEREAS, NMC and CONTRACTOR entered into an agreement (hereinafter "2005 Agreement") with an effective date of July 1, 2005 for reference lab testing services and as per Amendment No. 10 the term of the 2005 Agreement was extended through June 30, 2017; and

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WHEREAS, NMC and CONTRACTOR agree to terminate the 2005 Agreement and replace it with this Agreement (hereinafter "Agreement") effective as of ~~June 14, 2017~~ July 1, 2017.

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AGREEMENT

In consideration of the mutual covenants and conditions set forth in this Agreement, the parties agree as follows:

1. **GENERAL DESCRIPTION OF SERVICES TO BE PROVIDED.** NMC hereby engages CONTRACTOR to perform, and CONTRACTOR hereby agrees to perform, the services described in Exhibit A in conformity with the terms of the Agreement. The services are generally described as follows: Provide reference lab testing services.
2. **PAYMENTS BY NMC.** NMC shall pay the CONTRACTOR in accordance with the payment provisions set forth in Exhibit A, subject to the limitations set forth in this Agreement. The total amount payable by NMC to CONTRACTOR under this Agreement shall not exceed the sum of \$3,000,000.
3. **TERM OF AGREEMENT.**

July 1, 2017 through June 30, 2021

 - 3.1. The term of this Agreement is from ~~June 14, 2017 through June 13, 2021~~ unless sooner terminated pursuant to the terms of this Agreement. This Agreement is of no force or effect until signed by both CONTRACTOR and NMC and with NMC signing last and CONTRACTOR may not commence work before NMC signs this Agreement.
 - 3.2. NMC reserves the right to cancel this Agreement, or an extension of this Agreement, without cause, with a thirty (30) day written notice, or with cause immediately.
4. **ADDITIONAL PROVISIONS/EXHIBITS.** The following attached exhibits are incorporated herein by reference and constitute a part of this Agreement:
 - Exhibit A:** Scope of Services/Payment Provisions (plus Attachments A and B to Exhibit A)
 - Exhibit B:** Addendum #1 (changes to Terms and Conditions of this Agreement)

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5. PERFORMANCE STANDARDS.

- 5.1. ~~CONTRACTOR warrants that CONTRACTOR and Contractor's agents, employees, and subcontractors performing services under this Agreement are specially trained, experienced, competent, and appropriately licensed to perform the work and deliver the services required under this Agreement and are not employees of NMC, or immediate family of an employee of NMC. See attached Addendum~~
- 5.2. CONTRACTOR, its agents, employees, and subcontractors shall perform all work in a safe and skillful manner and in compliance with all applicable laws and regulations. All work performed under this Agreement that is required by law to be performed or supervised by licensed personnel shall be performed in accordance with such licensing requirements.
- 5.3. CONTRACTOR shall furnish, at its own expense, all materials, equipment, and personnel necessary to carry out the terms of this Agreement, except as otherwise specified in this Agreement. CONTRACTOR shall not use NMC premises, property (including equipment, instruments, or supplies) or personnel for any purpose other than in the performance of its obligations under this Agreement.

6. PAYMENT CONDITIONS.

- 6.1. ~~Prices shall remain firm for the term of the Agreement as per the attached Exhibit A. initial term of the Agreement and, thereafter, may be adjusted annually as provide in this paragraph. NMC does not guarantee any minimum or maximum amount of dollars to be spent under this Agreement. See attached Addendum~~
- 6.2. Proposed negotiations for rate changes shall be commenced, by CONTRACTOR, a minimum of ninety (90) days prior to the expiration of the Agreement. Rate changes are not binding unless mutually agreed upon in writing by the County (NMC) and the CONTRACTOR.
- 6.3. CONTRACTOR shall not receive reimbursement for travel expenses unless set forth in this Agreement, and then only in accordance with any applicable County policies.
- 6.4. Invoice amounts shall be billed directly to the ordering department.
- 6.5. CONTRACTOR shall submit such invoice periodically or at the completion of services, but in any event, not later than 30 days after completion of services. The invoice shall set forth the amounts claimed by CONTRACTOR for the previous period, together with an itemized basis for the amounts claimed, and such other information pertinent to the invoice. NMC shall certify the invoice, either in the requested amount or in such other amount as NMC approves in conformity with this Agreement, and shall promptly submit such invoice to the County Auditor-Controller for payment. The County Auditor-Controller shall pay the amount certified within 30 days of receiving the certified invoice.

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7. TERMINATION.

- 7.1. ~~During the term of this Agreement, NMC may terminate the Agreement for any reason by giving written notice of termination to the CONTRACTOR at least thirty (30) days prior to the effective date of termination. Such notice shall set forth the effective date of termination. In the event of such termination, the amount payable under this Agreement shall be reduced in proportion to the services provided prior to the date of termination. See attached Addendum~~
- 7.2. ~~NMC may cancel and terminate this Agreement for good cause effective immediately upon written notice to Contractor. "Good cause" includes the failure of CONTRACTOR to perform the required services at the time and in the manner provided under this Agreement. If NMC terminates this Agreement for good cause, NMC may be relieved of the payment of any consideration to Contractor, and NMC may proceed with the work in any manner, which NMC deems proper. The cost to NMC shall be deducted from any sum due the CONTRACTOR under this Agreement. See attached Addendum~~
- 7.3 NMC's payments to CONTRACTOR under this Agreement are funded by local, state and federal governments. If funds from local, state and federal sources are not obtained and continued at a level sufficient to allow for NMC's purchase of the indicated quantity of services, then NMC may give written notice of this fact to CONTRACTOR, and the obligations of the parties under this Agreement shall terminate immediately, or on such date thereafter, as the County may specify in its notice, unless in the meanwhile the parties enter into a written amendment modifying this Agreement.

8. INDEMNIFICATION.

- 8.1 ~~CONTRACTOR shall indemnify, defend, and hold harmless the County of Monterey (hereinafter "County"), its officers, agents and employees from any and all claims, liability and losses whatsoever (including damages to property and injuries to or death of persons, court costs, and reasonable attorneys' fees) occurring or resulting to any and all persons, firms or corporations furnishing or supplying work, services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims, liabilities, and losses occurring or resulting to any person, firm, or corporation for damage, injury, or death arising out of or connected with the CONTRACTOR's performance of this Agreement, unless such claims, liabilities, or losses arise out of the sole negligence or willful misconduct of County. "CONTRACTOR's performance" includes CONTRACTOR's action or inaction and the action or inaction of CONTRACTOR's officers, employees, agents and subcontractors. See attached Addendum~~

9. INSURANCE.

- 9.1 Evidence of Coverage:
~~Prior to commencement of this Agreement, the CONTRACTOR shall provide a "Certificate of Insurance" certifying that coverage as required herein has been obtained. Individual endorsements executed by the insurance carrier shall accompany the certificate. In addition, the CONTRACTOR upon request shall provide a certified copy of the policy or policies.~~

~~This verification of coverage shall be sent to NMC's Contracts/Purchasing Department, unless otherwise directed. The CONTRACTOR shall not receive a "Notice to Proceed" with the work under this Agreement until it has obtained all insurance required and NMC has approved such insurance. This approval of insurance shall neither relieve nor decrease the liability of the Contractor. See attached Addendum~~

9.2 Qualifying Insurers: All coverage's, except surety, shall be issued by companies which hold a current policy holder's alphabetic and financial size category rating of not less than A-VII, according to the current Best's Key Rating Guide or a company of equal financial stability that is approved by NMC's Contracts/Purchasing Director.

9.3 Insurance Coverage Requirements: Without limiting Contractor's duty to indemnify, CONTRACTOR shall maintain in effect throughout the term of this Agreement a policy or policies of insurance with the following minimum limits of liability:

Commercial general liability insurance, including but not limited to premises and operations, including coverage for Bodily Injury and Property Damage, Personal Injury, Contractual Liability, Broad form Property Damage, Independent Contractors, Products and Completed Operations, with a combined single limit for Bodily Injury and Property Damage of not less than \$1,000,000 per occurrence.

Exemption/Modification (Justification attached; subject to approval).

Business automobile liability insurance, covering all motor vehicles, including owned, leased, non-owned, and hired vehicles, used in providing services under this Agreement, with a combined single limit for Bodily Injury and Property Damage of not less than \$1,000,000 per occurrence.

Exemption/Modification (Justification attached; subject to approval).

Workers' Compensation Insurance, If CONTRACTOR employs others in the performance of this Agreement, in accordance with California Labor Code section 3700 and with Employer's Liability limits not less than \$1,000,000 each person, \$1,000,000 each accident and \$1,000,000 each disease.

Exemption/Modification (Justification attached; subject to approval).

Professional liability insurance, if required for the professional services being provided, (e.g., those persons authorized by a license to engage in a business or profession regulated by the California Business and Professions Code), in the amount of not less than \$1,000,000 per claim and \$2,000,000 in the aggregate, to cover liability for malpractice or errors or omissions made in the course of rendering professional services. If professional liability insurance is written on a "claims-made" basis rather than an occurrence basis, the CONTRACTOR shall, upon the expiration or earlier termination of this Agreement, obtain extended reporting coverage ("tail coverage") with the same liability limits. Any such tail coverage shall continue for at least three years following the expiration or earlier termination of this Agreement.

Exemption/Modification (Justification attached; subject to approval).

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9.4 Other Requirements:

All insurance required by this Agreement shall be with a company acceptable to NMC and issued and executed by an admitted insurer authorized to transact insurance business in the State of California. Unless otherwise specified by this Agreement, all such insurance shall be written on an occurrence basis, or, if the policy is not written on an occurrence basis, such policy with the coverage required herein shall continue in effect for a period of three years following the date CONTRACTOR completes its performance of services under this Agreement.

~~Each liability policy shall provide that NMC shall be given notice in writing at least thirty days in advance of any endorsed reduction in coverage or limit, cancellation, or intended non-renewal thereof. Each policy shall provide coverage for CONTRACTOR and additional insured with respect to claims arising from each subcontractor, if any, performing work under this Agreement, or be accompanied by a certificate of insurance from each subcontractor showing each subcontractor has identical insurance coverage to the above requirements.~~

See attached Addendum

~~Commercial general liability and automobile liability policies shall provide an endorsement naming the County of Monterey, its officers, agents, and employees as Additional insureds with respect to liability arising out of the Contractor's work, including ongoing and completed operations, and shall further provide that such insurance is primary insurance to any insurance or self insurance maintained by the County and that the insurance of the Additional Insureds shall not be called upon to contribute to a loss covered by the Contractor's insurance. The required endorsement from for Commercial General Liability Additional Insured is ISO Form CG 20 10 11 85 or CG 20 10 10 01 in tandem with CG 20 37 10 01 (2000). The required endorsement from for Automobile Additional Insured Endorsement is ISO Form CA 20 48 02 99.~~

See attached Addendum

Prior to the execution of this Agreement by NMC, CONTRACTOR shall file certificates of insurance with NMC's Contracts/Purchasing Department, showing that the CONTRACTOR has in effect the insurance required by this Agreement. The CONTRACTOR shall file a new or amended certificate of insurance within five (5) fifteen (15) calendar days after any change is made in any insurance policy, which would alter the information on the certificate then on file. Acceptance or approval of insurance shall in no way modify or change the indemnification clause in this Agreement, which shall continue in full force and effect.

CONTRACTOR shall at all times during the term of this Agreement maintain in force the insurance coverage required under this Agreement and shall send, without demand by NMC, annual certificates to NMC's Contracts/Purchasing Department. If the certificate is not received by the expiration date, NMC shall notify CONTRACTOR and CONTRACTOR shall have five calendar days to send in the certificate, evidencing no lapse in coverage during the interim. Failure by CONTRACTOR to maintain such insurance is a default of this Agreement, which entitles NMC, at its sole discretion, to terminate the Agreement immediately.

10. RECORDS AND CONFIDENTIALITY.

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10.1 Confidentiality. CONTRACTOR and its officers, employees, agents and subcontractors shall comply with any and all federal, state, and local laws, which provide for the confidentiality of records and other information. CONTRACTOR shall not disclose any confidential records or other confidential information received from NMC or prepared in connection with the performance of this Agreement, unless NMC specifically permits CONTRACTOR to disclose such records or information. CONTRACTOR shall promptly transmit to NMC any and all requests for disclosure of any such confidential records or information. CONTRACTOR shall not use any confidential information gained by CONTRACTOR in the performance of this Agreement except for the sole purpose of carrying out Contractor's obligations under this Agreement.

10.2 NMC Records. When this Agreement expires or terminates, CONTRACTOR shall return to NMC any NMC records which CONTRACTOR used or received from NMC to perform services under this Agreement.

10.3 Maintenance of Records. CONTRACTOR shall prepare, maintain, and preserve all reports and records that may be required by federal state, and County rules and regulations related to services performed under this Agreement. CONTRACTOR shall maintain such records for a period of at least three years after receipt of final payment under this Agreement. If any litigation, claim, negotiation, audit exception, or other action relating to this Agreement is pending at the end of the three year period, then CONTRACTOR shall retain said records until such action is resolved.

10.4 Access to and Audit of Records. NMC shall have the right to examine, monitor and audit all records, documents, conditions, and activities of the CONTRACTOR and its subcontractors related to services provided under this Agreement. Pursuant to Government Code section 8546.7, if this Agreement involves the expenditure of public funds in excess of \$10,000, the parties to this Agreement may be subject, at the request of NMC or as part of any audit of NMC, to the examination and audit of the State Auditor pertaining to matters connected with the performance of this Agreement for a period of three years after final payment under the Agreement.

10.5 Royalties and Inventions. ~~NMC shall have a royalty free, exclusive and irrevocable license to reproduce, publish, and use, and authorize other to do so, all original computer programs, writings, sound recordings, pictorial reproductions, drawings, and other works of similar nature produced in the course of or under this Agreement. CONTRACTOR shall not publish any such material without the prior written approval of NMC. See attached Addendum~~

11. **NON-DISCRIMINATION**. During the performance of this Agreement, Contractor, and its subcontractors, shall not unlawfully discriminate against any person because of race, religious creed, color, sex, national origin, ancestry, physical disability, mental disability, medical condition, marital status, age (over 40), or sexual orientation, either in Contractor's employment practices or in the furnishing of services to recipients. CONTRACTOR shall ensure that the evaluation and treatment of its employees and applicants for employment and all persons receiving and requesting services are free of such discrimination. CONTRACTOR and any subcontractor shall, in the performance of this Agreement, full comply with all federal, state, and local laws and regulations which prohibit discrimination. The provision of services primarily or exclusively to such target population as may be designated in this Agreement shall not be deemed to be prohibited discrimination.

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12. **COMPLIANCE WITH TERMS OF STATE OR FEDERAL GRANT.** If this Agreement has been or will be funded with monies received by NMC pursuant to a contract with the state or federal government in which NMC is the grantee, CONTRACTOR will comply with all the provisions of said contract, and said provisions shall be deemed a part of this Agreement, as though fully set forth herein. Upon request, NMC will deliver a copy of said contract to Contractor, at no cost to Contractor.

13. **INDEPENDENT CONTRACTOR.** In the performance of work, duties, and obligations under this Agreement, CONTRACTOR is at all times acting and performing as an independent CONTRACTOR and not as an employee of NMC. No offer or obligation of permanent employment with NMC or particular County department or agency is intended in any manner, and CONTRACTOR shall not become entitled by virtue of this Agreement to receive from NMC any form of employee benefits including but not limited to sick leave, vacation, retirement benefits, workers' compensation coverage, insurance or disability benefits. CONTRACTOR shall be solely liable for and obligated to pay directly all applicable taxes, including federal and state income taxes and social security, arising out of Contractor's performance of this Agreement. In connection therewith, CONTRACTOR shall defend, indemnify, and hold NMC and the County of Monterey harmless from any and all liability, which NMC may incur because of Contractor's failure to pay such taxes.

14. **NOTICES.** Notices required under this Agreement shall be delivered personally or by first-class, postage per-paid mail to NMC and Contractor's contract administrators at the addresses listed below

NATIVIDAD MEDICAL CENTER:

Natividad Medical Center
Attn: Contracts Division
Natividad Medical Center
1441 Constitution Blvd
Salinas, CA. 93906
FAX: 831-757-2592

CONTRACTOR:

Name: Quest Diagnostics Nichols, Chantilly
Attn: Hospital Sales Support
Address: 14225 Newbrook Drive
City, State, Zip: Chantilly, VA 20153
FAX: 610.271.4411
Email: Mailbox_hospssupp@questdiagnostics.com

15. MISCELLANEOUS PROVISIONS.

15.1 **Conflict of Interest:** CONTRACTOR represents that it presently has no interest and agrees not to acquire any interest during the term of this Agreement, which would directly, or indirectly conflict in any manner or to any degree with the full and complete performance of the professional services required to be rendered under this Agreement.

15.2 **Amendment:** This Agreement may be amended or modified only by an instrument in writing signed by NMC and the Contractor.

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- 15.3 Waiver: Any waiver of any terms and conditions of this Agreement must be in writing and signed by NMC and the Contractor. A waiver of any of the terms and conditions of this Agreement shall not be construed as a waiver of any other terms or conditions in this Agreement.
- 15.4 Contractor: The term "Contractor" as used in this Agreement includes Contractor's officers, agents, and employees acting on Contractor's behalf in the performance of this Agreement.
- 15.5 Disputes: CONTRACTOR shall continue to perform under this Agreement during any dispute.
- 15.6 Assignment and Subcontracting: The CONTRACTOR shall not assign, sell, or otherwise transfer its interest or obligations in this Agreement without the prior written consent of NMC. None of the services covered by this Agreement shall be subcontracted without the prior written approval of NMC. Notwithstanding any such subcontract, CONTRACTOR shall continue to be liable for the performance of all requirements of this Agreement.
- 15.7 Successors and Assigns: This Agreement and the rights, privileges, duties, and obligations of NMC and CONTRACTOR under this Agreement, to the extent assignable or delegable, shall be binding upon and inure to the benefit of the parties and their respective successors, permitted assigns, and heirs.
- 15.8 Compliance with Applicable Law: The parties shall comply with all applicable federal, state, and local laws and regulations in performing this Agreement.
- 15.9 Headings: The headings are for convenience only and shall not be used to interpret the terms of this Agreement.
- 15.10 Time is of the Essence: Time is of the essence in each and all of the provisions of this Agreement.
- 15.11 Governing Law: This Agreement shall be governed by and interpreted under the laws of the State of California.
- 15.12 Non-exclusive Agreement: This Agreement is non-exclusive and each of NMC and CONTRACTOR expressly reserves the right to contract with other entities for the same or similar services.
- 15.13 Construction of Agreement: NMC and CONTRACTOR agree that each party has fully participated in the review and revision of this Agreement and that any rule of construction to the effect that ambiguities are to be resolved against the drafting party shall not apply in the interpretation of this Agreement or any amendment to this Agreement.
- 15.14 Counterparts: This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same Agreement.

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15.15 Integration: This Agreement, including the exhibits, represents the entire Agreement between NMC and the CONTRACTOR with respect to the subject matter of this Agreement and shall supersede all prior negotiations representations, or agreements, either written or oral, between NMC and CONTRACTOR as of the effective date of this Agreement, which is the date that NMC signs the Agreement.

15.16 Interpretation of Conflicting Provisions: In the event of any conflict or inconsistency between the provisions of this Agreement and the Provisions of any exhibit or other attachment to this Agreement, the provisions of this Agreement shall prevail and control.

NATIVIDAD MEDICAL CENTER

By: _____
Gary R. Gray, DO, CEO

Date: _____

APPROVED AS TO LEGAL PROVISIONS

By: _____
Monterey County Deputy County Counsel

Date: May 24, 2017

APPROVED AS TO FISCAL PROVISIONS

By: _____
Monterey County Chief-Deputy Auditor/Controller

Date: 5/25/17

CONTRACTOR

Quest Diagnostics, Inc.
Contractor's Business Name*** (see instructions)

Signature of Chair, President, or Vice-President

Katie Bishar, Vice President Esoteric Operations
Name and Title

Date: 5/3/2017

By: _____
(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)

Julia Wang, Vice President Regional Finance and Enterprise Commercial
Name and Title

Date: 5/5/2017

*****Instructions:**

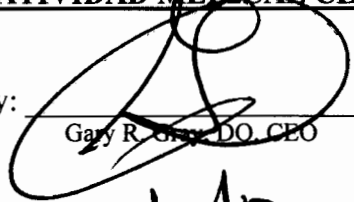
If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers (two signatures required). If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership (two signatures required). If CONTRACTOR is contracting in and individual capacity, the individual shall set forth the name of the business, if any and shall personally sign the Agreement (one signature required).

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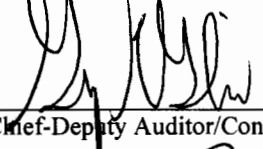
NATIVIDAD MEDICAL CENTER

By: 
Gary R. Gray, DO, CEO
Date: 6/2/17

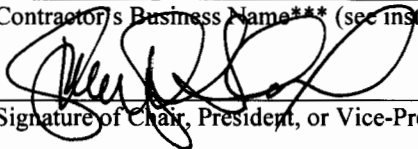
APPROVED AS TO LEGAL PROVISIONS

By: 
Monterey County Deputy County Counsel
Date: May 24, 2017


APPROVED AS TO FISCAL PROVISIONS

By: 
Monterey County Chief-Deputy Auditor/Controller
Date: 5/25/17

CONTRACTOR

Quest Diagnostics, Inc.
Contractor's Business Name*** (see instructions)

Signature of Chair, President, or Vice-President
Katie Bishar, Vice President Esoteric Operations
Name and Title

Date: 5/3/2017

By: 
(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)
Julia Wang, Vice President Regional Finance and Enterprise Commercial
Name and Title

Date: 5/5/2017

*****Instructions:**

If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers (two signatures required). If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership (two signatures required). If CONTRACTOR is contracting in and individual capacity, the individual shall set forth the name of the business, if any and shall personally sign the Agreement (one signature required).

EXHIBIT A – SCOPE OF SERVICES/PAYMENT PROVISIONS

- I. Description of All Services to be Rendered by CONTRACTOR:**
CONTRACTOR shall provide NMC with reference laboratory services. Specimens shall be collected at NMC by CONTRACTOR on a daily basis, excluding holidays. CONTRACTOR shall provide test results in a secure electronic manner via an already established system interface with NMC's MEDITECH system. CONTRACTOR shall provide monthly reports to NMC summarizing all activity for that previous month.
- II. CONTRACTOR Obligations:**
- a. CONTRACTOR shall comply with all state and federal laws, regulations and guidelines safety codes pertaining to working with lab specimens.
- III. NMC Obligations:**
- a. NMC shall comply with all state and federal laws, regulations and guidelines regarding packaging, labeling and reporting requirements of specimens.
- IV. Pricing/Fees:**
- a. **Pricing.** CONTRACTOR agrees to hold firm the attached pricing in Attachment A attached to this Exhibit A ("Attachment A"), which equals the MedAssets GPO pricing at the time this Agreement was established, effective throughout the full term of this Agreement and contingent upon the following:
- i. Throughout the Term of this Agreement, NMC agrees to ~~must~~ commit to using Quest as its primary reference laboratory, by purchasing a minimum of eighty percent (80%) of its total reference laboratory service purchases of NMC which are directly billed to NMC.
- ii. Pricing in Attachment A shall go into effect after an approximate \$100,000 cost savings has been obtained by NMC as described below in Section IV (b) below.
- b. **Temporary Fee Reduction.** CONTRACTOR agrees to reduce fees on selected tests as per Attachment B attached to this Exhibit A ("Attachment B") to facilitate a cost savings amount of approximately \$100,000 for NMC effective at the start of this Agreement.
- i. Savings amount shall be approximately \$100,000 or as close to that amount as the parties can reach by agreeing to do the following; once \$90,000 in savings has been reached via Attachment B billing, CONTRACTOR will promptly notify NMC which will initiate NMC to begin loading the new pricing in Attachment A into its systems for its billing purposes. Once NMC and CONTRACTOR have coordinated all tasks necessary to update their individual billing systems respectively with the Attachment A pricing, both parties shall select the soonest possible date to establish as the effective start date for the new pricing in Attachment A to go into effect for the remainder of the Agreement. Both parties

DS
KB (L)

- agree that the effective start date for the new pricing in Attachment A is not to exceed 60 days from CONTRACTOR notification of the \$90,000 threshold attainment.
- ii. Both parties agree that Attachment B pricing shall expire upon implementation of the new pricing in Attachment A as determined by both parties as per section IV (b) (i) above, at which point the pricing in Attachment A will become effective for the remainder of the four (4) year Agreement term.
 - i. CONTRACTOR will track attainment towards the \$100,000 cost savings amount and provide monthly updates to Natividad on the status.
 - iii. Both parties agree that Attachment B pricing is temporary and shall only remain in effect to extend a cost savings to NMC of as close to \$100,000 as timing and pending transactions allow for. Both parties agree that an exact \$100,000 savings is not likely to obtain due to the fact that it is not possible to predict how many lab requests will be pending at the time of transition between the pricing in Attachment B to the pricing in Attachment A.
 - iv. If NMC receives payment under Medicare, Medicaid or any other Federal health care program for any of the Laboratory Services under this Agreement, NMC agrees to disclose the discounts provided hereunder, to the extent applicable, in accordance with the requirements of the OIG Discount Safe Harbor (42 CFR 1001.952(h)).
- c. No payments in advance or in anticipation of services or supplies to be provided under this Agreement shall be made by County.
- d. Travel reimbursement is not permitted under this Agreement.

DS
KB

7/1/17 - 6/30/21



ATTACHMENT A TO EXHIBIT A

Quest Diagnostics Incorporated - SJC

Pricing Evaluation and Proposal for Natividad Medical Center, SALINAS, CA 93906 - Medassets - July, 2016

HBOT 61224251

Totals	10,812	\$840,128.88	\$590,110.36
Dollar Savings			(\$250,018.52)
Percent Savings			-29.76%

				12 Month Volume					
1	768	853X	Alpha-1-Antitrypsin (AAT) Phenotype	4	\$96.86	\$387.44	\$96.86	\$387.44	
2	454	683	Angiotensin Converting Enzyme (ACE)	16	\$13.85	\$221.60	\$13.85	\$221.60	
3	206v1		Acetylcholine Receptor Binding Antibody	4	\$57.21	\$228.84	\$43.65	\$174.60	
4	34459	34459	Acetylcholine Receptor Blocking Antibody	8	\$135.78	\$1,086.24	\$135.78	\$1,086.24	
5	26474	26474	Acetylcholine Receptor Modulating Antibody	4	\$141.00	\$564.00	\$84.00	\$336.00	
6	211v1		ACTH, Plasma	12	\$35.75	\$429.00	\$35.75	\$429.00	
7	15043v1		Actin (Smooth Muscle) Antibody (IgG)	8	\$15.00	\$120.00	\$15.00	\$120.00	
8	14531	14531	Acylcarnitine, Plasma	4	\$172.00	\$688.00	\$89.20	\$356.80	
9	17696	17696	Adenosine Deaminase, Pleural Fluid	20	\$150.00	\$3,000.00	\$150.00	\$3,000.00	
10	14532	14532	ADAMTS13 Activity with Reflex to Inhibitor	4	\$220.00	\$880.00	\$145.71	\$582.84	
11	782	224X	Albumin, CSF	4	\$6.78	\$27.12	\$6.78	\$27.12	
12	90418	90418	Alcohol Metabolites with Confirmation, Urine	4	\$60.00	\$240.00	\$60.00	\$240.00	
13	19938	19938X	Alcohol, Ethyl, Random Urine (19938)	4	\$67.58	\$270.32	\$29.62	\$118.48	
14	495	227	Aldolase	4	\$8.40	\$33.60	\$7.14	\$28.56	
15	4069	17181	Aldosterone, LC/MS/MS	20	\$32.93	\$658.60	\$32.93	\$658.60	
16	235L	235	Alpha-1-Antitrypsin Quantitation	4	\$20.75	\$83.00	\$20.75	\$83.00	
17	401	767X	Amino Acid Analysis, LC/MS, Plasma	8	\$80.00	\$640.00	\$80.00	\$640.00	
18	317	36183X	Amino Acid Analysis, LC/MS, Urine	4	\$447.34	\$1,789.36	\$250.00	\$1,000.00	
19	13075	241Z	Amphetamine by GC/MS, Urine (241Z)	4	\$19.00	\$76.00	\$19.00	\$76.00	
20	735	37521X	ANAchoice(R) Panel 1 with Reflexes	36	\$121.35	\$4,368.60	\$96.73	\$3,482.28	
21	735-2		ANA TITER & PATTERN	4	\$17.50	\$70.00	\$6.00	\$24.00	
22	249-2	249-2	ANA, Titer & Pattern	76	\$6.00	\$456.00	\$6.00	\$456.00	
23	249L	249	ANA IFA Screen with Reflex to Titer and Pattern, IFA	276	\$7.75	\$2,139.00	\$7.75	\$2,139.00	
24	19946	19946X	ANAchoice(R) Specific Antibodies Cascading Reflex	72	\$14.47	\$1,041.84	\$7.75	\$558.00	
25	4888	70171X	ANCA Screen with Reflex to ANCA Titer	44	\$59.35	\$2,611.40	\$25.00	\$1,100.00	
26	9638	70159X	ANCA Screen with MPO and PR3, with Reflex to ANCA Titer	12	\$259.35	\$3,112.20	\$100.00	\$1,200.00	
27	9426	14890X	Antiphospholipid Antibody Panel	20	\$180.00	\$3,600.00	\$180.00	\$3,600.00	
28	216v1		Antithrombin III Activity	20	\$33.00	\$660.00	\$33.00	\$660.00	
29	9519	17307X	Alpha-1 Antitrypsin (AAT) Quantitation and Mutation Analysis	4	\$295.75	\$1,183.00	\$295.75	\$1,183.00	
30	587	5224	Apolipoprotein B	4	\$12.39	\$49.56	\$12.39	\$49.56	
31	3106	265X	Antistreptolysin-B	8	\$8.00	\$64.00	\$8.00	\$64.00	
32	3107	20341X	Aspergillus Antibodies, Serum (40155)	8	\$21.75	\$174.00	\$21.75	\$174.00	
33	3637	37671X	Bartonella henselae Antibodies (IgG, IgM) with Reflex(es) to Titer (40771)	8	\$149.00	\$1,192.00	\$74.50	\$596.00	
34	13059	17825X	Bordetella pertussis IgG and IgA Antibodies, MAID (42255)	4	\$175.00	\$700.00	\$118.45	\$473.80	
35	740	852	Beta-2-Microglobulin, Serum	16	\$25.75	\$412.00	\$25.75	\$412.00	
36	3438	34251X	Bartonella Species Antibody (IgG, IgM) with Reflex(es) to Titer (40881)	4	\$149.00	\$596.00	\$43.79	\$175.16	
37	2240	3210X	Bicarbonate, Urine (0645U)	8	\$39.00	\$312.00	\$39.00	\$312.00	
38	4634	19546	Bile Acids, Fractionated and Total, Pregnancy	108	\$120.61	\$13,025.88	\$57.90	\$6,253.20	
39	4169	11274	BK Virus DNA, Quantitative Real-Time PCR, Plasma (47900)	4	\$234.40	\$937.60	\$125.00	\$500.00	
40	16581	16581X	BK Virus DNA, Quantitative Real-Time PCR, Urine (47901)	4	\$234.40	\$937.60	\$125.00	\$500.00	
41	91863	91863	BRCAvantage(TM), Comprehensive	8	\$2,150.00	\$17,200.00	\$2,150.00	\$17,200.00	
42	91068	91068	Bruceella Antibodies (IgG, IgM), EIA with Reflex to Agglutination	4	\$108.00	\$432.00	\$51.95	\$207.80	
43	11361v1		Chlamydia trachomatis RNA, TMA	8	\$35.00	\$280.00	\$30.00	\$240.00	
44	761	297	C1 Inhibitor, Fractional	4	\$59.62	\$238.48	\$21.79	\$87.16	
45	351v1		Complement Component C3	20	\$7.51	\$150.20	\$7.51	\$150.20	
46	353v1		Complement Component C4c	20	\$7.51	\$150.20	\$7.51	\$150.20	
47	409	29256	CA 125	52	\$31.36	\$1,630.72	\$12.60	\$655.20	
48	6304	5819X	CA 15-3	4	\$28.43	\$113.72	\$13.82	\$55.28	
49	475	4698	CA 19-9	40	\$14.15	\$566.00	\$11.62	\$464.80	
50	358	1635X	Calcium, 24-Hour Urine (w/ Creatinine)	20	\$21.52	\$430.40	\$8.16	\$163.20	
51	4262	1633X	Calcium, Random Urine (w/ Creatinine)	24	\$8.16	\$195.84	\$8.16	\$195.84	
52	16796		Calprotectin, Stool	4	\$140.00	\$560.00	\$98.76	\$395.04	
53	7352	7352	Cardiolipin Antibodies (IgG, IgA, IgM)	16	\$63.42	\$1,014.72	\$60.00	\$960.00	
54	989	70107X	Carnitine, LC/MS/MS	4	\$137.86	\$551.44	\$50.01	\$200.04	



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10,812

\$840,128.88

\$590,110.36

(\$250,018.52)

-29.76%

					12 Month Volume					
55	584	314X	Catecholamines, Fractionated, Plasma		12	\$47.55	\$570.60		\$47.55	\$570.60
56	5244v1		Catecholamines, Fractionated, Random Urine		8	\$56.25	\$450.00	*	\$25.00	\$200.00
57	6546	11173	Cyclic Citrullinated Peptide (CCP) Antibody (IgG)		36	\$58.50	\$2,106.00	*	\$58.50	\$2,106.00
58	4480	978	CEA		48	\$24.72	\$1,186.56	*	\$14.00	\$672.00
59	17421	17421	CEA, Peritoneal Fluid		4	\$29.66	\$118.64	*	\$29.66	\$118.64
60	19955	19955	Celiac Disease Comprehensive Panel		76	\$103.51	\$7,866.76	*	\$39.88	\$3,015.68
61	15981	15981	Celiac Disease Comprehensive Panel, Infant		8	\$175.51	\$1,404.08	*	\$55.28	\$442.24
62	326v1		Ceruloplasmin		12	\$14.12	\$169.44	*	\$14.12	\$169.44
63	92068	92068	CFVantage(R) Cystic Fibrosis Expanded Screen		48	\$550.00	\$26,400.00	*	\$251.07	\$12,051.36
64	5064v1		Childhood Allergy (Food and Environmental) Profile		12	\$171.37	\$2,056.44	*	\$107.05	\$1,284.60
65	16506v1		Chlamydia trachomatis/Neisseria gonorrhoeae RNA, TMA, Rectal		28	\$120.00	\$3,360.00	*	\$60.00	\$1,680.00
66	70051v1		Chlamydia trachomatis/Neisseria gonorrhoeae RNA, TMA, Throat		12	\$102.00	\$1,224.00	*	\$60.00	\$720.00
67	14520	14520X	Chloride without Creatinine, Random Urine (5303UR)		12	\$10.76	\$129.12	*	\$10.76	\$129.12
68	17586	17586X	Cholesterol, Pleural Fluid		28	\$4.48	\$125.44	*	\$4.48	\$125.44
69	3966-1		Chromatin (Nucleosomal) Antibody		12	\$55.00	\$660.00	*	\$55.00	\$660.00
70	5022	14600X	Chromosome Analysis, Hematologic Malignancy		8	\$744.71	\$5,957.68	*	\$744.71	\$5,957.68
71	5010	14596	Chromosome Analysis, Blood		12	\$225.00	\$2,700.00	*	\$225.00	\$2,700.00
72	5011	14595X	Chromosome Analysis, High Resolution		8	\$781.00	\$6,248.00	*	\$730.00	\$5,840.00
73	16478	16478	Chromosomal Microarray, Postnatal, ClariSure(R) Oligo-SNP		28	\$1,100.00	\$30,800.00	*	\$878.15	\$24,588.20
74	1769v1		Clozapine		8	\$75.00	\$600.00	*	\$75.00	\$600.00
75	403v2		Cytomegalovirus Antibody (IgG)		8	\$21.70	\$173.60	*	\$8.93	\$71.44
76	6732v2		Cytomegalovirus Antibodies (IgG, IgM)		12	\$44.50	\$534.00	*	\$20.26	\$243.12
77	2627v1		Cytomegalovirus, Conventional and Rapid, Culture		4	\$79.00	\$316.00	*	\$52.49	\$209.96
78	3243	10600X	Cytomegalovirus DNA, Quantitative Real-Time PCR (45050)		20	\$260.10	\$5,202.00	*	\$92.40	\$1,848.00
79	3223	10601X	Cytomegalovirus DNA, Qualitative Real-Time PCR (45000)		4	\$216.75	\$867.00	*	\$80.00	\$320.00
80	11741F	17788X	Coccidioides Ab, ID (CSF) (60290)		4	\$153.00	\$612.00	*	\$58.00	\$232.00
81	3117	906	Coccidioides Antibody, Complement Fixation, Serum (40280)		20	\$12.00	\$240.00	*	\$12.00	\$240.00
82	3123	908X	Coccidioides Antibody, Immunodiffusion, Serum (40290)		32	\$15.00	\$480.00	*	\$15.00	\$480.00
83	19963	19963	Coccidioides Antibodies to TP and F Antigens, ID		4	\$47.00	\$188.00	*	\$47.00	\$188.00
84	618v1		Complement, Total (CH50)		4	\$21.75	\$87.00	*	\$21.75	\$87.00
85	363v2		Copper		104	\$15.76	\$1,639.04	*	\$15.00	\$1,560.00
86	365v1		Copper, 24-Hour Urine		12	\$19.90	\$238.80	*	\$19.90	\$238.80
87	372L	372	C-Peptide		24	\$22.25	\$534.00	*	\$22.25	\$534.00
88	3984	36562	Cryoglobulin (% Cryocrit), Serum		12	\$13.21	\$158.52	*	\$13.21	\$158.52
89	37358	37358	Cryoglobulin Screen with Reflex to Cryoglobulin Profile, Serum		12	\$9.20	\$110.40	*	\$9.20	\$110.40
90	11196v1		Cryptococcal Antigen, Latex Screen with Reflex to Titer		56	\$27.84	\$1,559.04	*	\$27.84	\$1,559.04
91	689v1		Culture, Viral, Body Fluids, Tissues		8	\$36.60	\$292.80	*	\$36.60	\$292.80
92	8812v1		Cyclosporine A, Trough, Blood		12	\$18.78	\$225.36	*	\$18.78	\$225.36
93	10490	10490	Cytochrome P450 2D6 Genotype		4	\$345.00	\$1,380.00	*	\$226.85	\$907.40
94	11661F	34279X	Cysticercus IgG Antibody, Western Blot (Serum) (40352)		8	\$65.30	\$522.40	*	\$65.30	\$522.40
95	532	402	DHEA Sulfate		16	\$15.75	\$252.00	*	\$15.75	\$252.00
96	418	19894	DHEA (Dehydroepiandrosterone), Unconjugated, LC/MS/MS		4	\$30.00	\$120.00	*	\$18.30	\$73.20
97	4102	8293	Direct LDL		16	\$8.96	\$143.36	*	\$8.96	\$143.36
98	833	255	DNA (ds) Antibody		32	\$11.50	\$368.00	*	\$11.50	\$368.00
99	833-1		DNA (ds) Antibody		12	\$55.00	\$660.00	*	\$11.50	\$138.00
100	12903	454X	Drug Screen Panel 5, Meconium (45489)		80	\$55.00	\$4,400.00	*	\$55.00	\$4,400.00
101	12673	38088X	Drugs of Abuse Screen, Serum (3720)		4	\$80.02	\$320.08	*	\$60.64	\$242.56
102	3586-4	3586-4	dRVVT Confirm		8	\$42.04	\$336.32	*	\$37.59	\$300.72
103	11719F	34964X	Entamoeba histolytica Antigen, EIA (50105)		4	\$44.00	\$176.00	*	\$36.78	\$147.12
104	6421v2		Epstein-Barr Virus Antibody Panel		8	\$81.74	\$653.92	*	\$81.74	\$653.92
105	3057	10188X	Epstein Barr Virus DNA, Quantitative Real-Time PCR (48453)		48	\$218.40	\$10,483.20	*	\$91.68	\$4,400.64
106	1005F	38015X	Epstein-Barr Virus Viral Capsid Antigen (VCA) Antibody (IgA) (40480)		8	\$44.00	\$352.00	*	\$44.00	\$352.00
107	91307	91307	Echinococcus Antibody (IgG), EIA with Reflex to Western Blot		4	\$113.83	\$455.32	*	\$42.12	\$168.48
108	6986	31595X	Electrolytes, Feces (4945)		4	\$111.00	\$444.00	*	\$111.00	\$444.00



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					12 Month Volume					
109	9163	92689	Protein Electrophoresis Panel 2		32	\$138.59	\$4,434.88	*	\$99.09	\$3,170.88
110	3677	15064	Endomysial Antibody Screen (IgA) with Reflex to Titer		20	\$21.50	\$430.00	*	\$21.50	\$430.00
111	1035	34278X	Entamoeba Histolytica IgG, ELISA (40105)		8	\$26.45	\$211.60	*	\$26.45	\$211.60
112	6166	15082	Enterovirus RNA, Qualitative Real-Time PCR (47300)		20	\$341.00	\$6,820.00	*	\$141.05	\$2,821.00
113	13326	70189X	Enterovirus/Parechovirus RNA, Qualitative Real-Time PCR (47440)		4	\$360.00	\$1,440.00	*	\$276.60	\$1,106.40
114	427L	427	Erythropoietin (EPO)		12	\$50.00	\$600.00	*	\$50.00	\$600.00
115	36169	36169	Estradiol, Free, LC/MS/MS		28	\$173.00	\$4,844.00	*	\$95.93	\$2,686.04
116	17900	17900	Factor V (Leiden) Mutation Analysis		20	\$80.00	\$1,600.00	*	\$92.40	\$1,848.00
117	11327-2	11327-2	Factor V (Leiden) Mutation Analysis		4	\$192.18	\$768.72	*	\$92.40	\$369.60
118	3698	344	Factor V Activity, Clotting		4	\$116.30	\$465.20	*	\$116.30	\$465.20
119	3600	347	Factor VIII Activity, Clotting		4	\$74.00	\$296.00	*	\$74.00	\$296.00
120	12405	11254X	Fatty Acid Profile, Essential (C12-C22), Serum (FAPEP)	Mayo Clinic Laboratories-	4	\$410.52	\$1,642.08	*	\$410.52	\$1,642.08
121	3746	3967	Fecal Fat, Qualitative		12	\$20.70	\$248.40	*	\$20.70	\$248.40
122	92497	92497	FISH, Myeloma, 17p-, rea 14q32 with Reflexes		4	\$2,278.84	\$9,115.36	*	\$2,278.84	\$9,115.36
123	92496-1	92496-1	FISH, Myeloma, IGH Panel (MAFB, MAF, FGFR3, CCND1)		4	\$1,470.84	\$5,883.36	*	\$1,470.84	\$5,883.36
124	6058	14605X	FISH, Prader Willi		4	\$360.00	\$1,440.00	*	\$234.06	\$936.24
125	6059	12070X	FISH, CML/ALL, bcr/abl Translocation 9,22		4	\$360.00	\$1,440.00	*	\$275.00	\$1,100.00
126	5066v1		Food Allergy Profile		12	\$120.84	\$1,450.08	*	\$90.00	\$1,080.00
127	90394	90394	Free Thyroxine Index (FTI)		4	\$14.12	\$56.48	*	\$13.75	\$55.00
128	36176	36176	FSH and LH, Pediatrics		8	\$115.33	\$922.64	*	\$17.60	\$140.80
129	470v1		FSH (Follicle Stimulating Hormone)		72	\$22.22	\$1,599.84	*	\$8.80	\$633.60
130	4112v1		FTA-ABS		8	\$11.00	\$88.00	*	\$11.00	\$88.00
131	500L	500	Glucose-6-Phosphate Dehydrogenase, (G-6-PD), Quantitative		48	\$19.00	\$912.00	*	\$8.00	\$384.00
132	3557L	3557X	Gabapentin		4	\$84.85	\$339.40	*	\$36.70	\$146.80
133	34878		Glutamic Acid Decarboxylase-65 Antibody		4	\$48.95	\$195.80	*	\$48.95	\$195.80
134	9088		GAD65, IA-2, and Insulin Autoantibody		12	\$450.00	\$5,400.00	*	\$334.80	\$4,017.60
135	9088v1		GAD65, IA-2, and Insulin Autoantibody		12	\$450.00	\$5,400.00	*	\$334.80	\$4,017.60
136	478L	478	Gastrin		100	\$15.10	\$1,510.00	*	\$12.52	\$1,252.00
137	724	257X	Glomerular Basement Membrane Antibody (IgG)		8	\$135.78	\$1,086.24	*	\$135.78	\$1,086.24
138	11290v1		Fecal Globin by Immunochemistry		100	\$60.00	\$6,000.00	*	\$30.00	\$3,000.00
139	521v1		Growth Hormone (GH)		8	\$21.10	\$168.80	*	\$21.10	\$168.80
140	34838v1		Helicobacter pylori Antigen, EIA, Stool		104	\$86.96	\$9,043.84	*	\$46.54	\$4,840.16
141	14839v1		Helicobacter pylori, Urea Breath Test		348	\$160.00	\$55,680.00	*	\$70.00	\$24,360.00
142	92491v1		Helicobacter pylori, Urea Breath Test, Pediatric		84	\$160.00	\$13,440.00	*	\$70.00	\$5,880.00
143	502v1		Haptoglobin		48	\$10.30	\$494.40	*	\$10.30	\$494.40
144	8475v3		Hepatitis B Surface Antibody Immunity, Quantitative		72	\$10.88	\$783.36	*	\$10.00	\$720.00
145	498v1		Hepatitis B Surface Antigen with Reflex to Confirmation		8	\$11.30	\$90.40	*	\$11.30	\$90.40
146	EP10624		Hepatitis B Surface Antigen		4	\$11.30	\$45.20	*	\$11.30	\$45.20
147	8369v1		Hepatitis B Virus DNA, Quantitative, Real-Time PCR		12	\$220.00	\$2,640.00	*	\$220.00	\$2,640.00
148	472	8396	hCG, Total, Quantitative		16	\$23.26	\$372.16	*	\$23.26	\$372.16
149	10051v1		Hepatitis C Viral RNA, Quantitative Real-Time PCR w/rfl to Qualitative TMA		16	\$261.12	\$4,177.92	*	\$92.40	\$1,478.40
150	37811v1		Hepatitis C Viral RNA Genotype, LiPA(R)		24	\$173.00	\$4,152.00	*	\$173.00	\$4,152.00
151	35645v1		Hepatitis C Viral RNA, Quantitative, Real-Time PCR		256	\$99.00	\$25,344.00	*	\$92.40	\$23,654.40
152	EP10734		Hepatitis C Viral RNA, Quantitative Real-Time PCR		4	\$289.52	\$1,158.08	*	\$92.40	\$369.60
153	37273v1		Hepatitis C Viral RNA, Qualitative TMA		8	\$221.00	\$1,768.00	*	\$221.00	\$1,768.00
154	7655	7655	Heavy Metals Panel, Blood		4	\$80.28	\$321.12	*	\$40.82	\$163.28
155	6595	35489	Hemoglobinopathy Evaluation		20	\$15.62	\$312.40	*	\$15.62	\$312.40
156	4848v2		Hepatitis B Core Antibody (IgM)		12	\$13.00	\$156.00	*	\$13.00	\$156.00
157	499v3		Hepatitis B Surface Antibody, Qualitative		8	\$8.00	\$64.00	*	\$8.00	\$64.00
158	EP10719		Hepatitis B Surface Antibody Immunity (Quant) w/ Reflex to Surface Antigen		296	\$10.88	\$3,220.48	*	\$10.88	\$3,220.48
159	414v1		Heparin-Induced Platelet Antibody		8	\$124.00	\$992.00	*	\$124.00	\$992.00
160	508v1		Hepatitis A Antibody, Total		28	\$11.00	\$308.00	*	\$11.00	\$308.00
161	512v1		Hepatitis A IgM		4	\$15.93	\$63.72	*	\$15.93	\$63.72
162	556v1		Hepatitis Be Antibody		4	\$7.88	\$31.52	*	\$7.88	\$31.52



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163	555v1		Hepatitis Be Antigen	12	\$7.88	\$94.56	*	\$7.88	\$94.56
164	8472v1		Hepatitis C Antibody with Reflex to HCV RNA, Quantitative Real-Time PCR	24	\$11.50	\$276.00	*	\$11.50	\$276.00
165	34290	34290	Herpes Simplex Virus Antigen Detection, DFA	4	\$59.00	\$236.00	*	\$49.97	\$199.88
166	3586-2	3586-2	Hexagonal Phase Confirm	8	\$42.04	\$336.32	*	\$42.04	\$336.32
167	91212	91212	Histoplasma Galactomannan Antigen, Urine	8	\$95.00	\$760.00	*	\$95.00	\$760.00
168	9424	14874	Heparin-Induced Thrombocytopenia Panel	12	\$384.00	\$4,608.00	*	\$384.00	\$4,608.00
169	34949v1		HIV-1 Genotype	4	\$400.00	\$1,600.00	*	\$273.50	\$1,094.00
170	91692v1		HIV-1 Genotype (RTI, PI, Integrase Inhibitors)	52	\$880.00	\$45,760.00	*	\$547.00	\$28,444.00
171	40085v1		HIV-1 RNA, Quantitative, Real-Time PCR	484	\$205.00	\$99,220.00	*	\$105.60	\$51,110.40
172	16185v1		HIV-1 RNA, Qualitative TMA	16	\$250.00	\$4,000.00	*	\$227.27	\$3,636.32
173	93170	93170	HIV 1/2 Ab Differentiation (Supplemental Use Only) with Reflex	56	\$30.00	\$1,680.00	*	\$25.00	\$1,400.00
174	19774	19774	HLA-B*5701 Typing (19774)	8	\$180.00	\$1,440.00	*	\$180.00	\$1,440.00
175	528v1		HLA-B27 Antigen	16	\$17.00	\$272.00	*	\$17.00	\$272.00
176	31789	31789	Homocysteine	32	\$32.00	\$1,024.00	*	\$32.00	\$1,024.00
177	6292	10707X	Human Platelet Antigen 1 Genotype	8	\$255.00	\$2,040.00	*	\$255.00	\$2,040.00
178	10124v2		hs-CRP	8	\$28.50	\$228.00	*	\$28.50	\$228.00
179	34257	34257	Herpes Simplex Virus, Type 1 & 2 DNA, Real-Time PCR (43200)	36	\$241.00	\$8,676.00	*	\$100.00	\$3,600.00
180	8542v1		Herpes Simplex Virus 1/2 (IgG) Type-Specific Antibodies, CSF (80555)	4	\$62.52	\$250.08	*	\$56.84	\$227.36
181	90851	90851	Herpes Simplex Virus 1/2 Antibody (IgM), IFA with Reflex to Titer, CSF	8	\$50.25	\$402.00	*	\$10.25	\$82.00
182	90849	90849	Herpes Simplex Virus 1/2 Antibody (IgM), IFA with Reflex to Titer, Serum	4	\$10.25	\$41.00	*	\$10.25	\$41.00
183	19502	19502	Herpes Simplex Virus, Type 1 & 2 DNA, Quantitative Real-Time PCR (43220)	20	\$325.00	\$6,500.00	*	\$213.82	\$4,276.40
184	6447v1		Herpes Simplex Virus 1/2 (IgG), Type-Specific Antibodies (HerpeSelect(R))	16	\$25.00	\$400.00	*	\$25.00	\$400.00
185	2692v1		Herpes Simplex Virus Culture	16	\$26.71	\$427.36	*	\$26.71	\$427.36
186	2649v1		Herpes Simplex Virus Culture with Reflex to Typing	4	\$26.71	\$106.84	*	\$26.71	\$106.84
187	17495v1		Herpes Simplex Virus/Varicella Zoster Virus Rapid Culture	8	\$128.80	\$1,030.40	*	\$87.83	\$702.64
188	36175	36175	HTLV-III Antibody w/Reflex to Confirmation Assay	16	\$88.52	\$1,416.32	*	\$88.52	\$1,416.32
189	37053	37053	Hu Antibody Screen with Reflex to Titer and Western Blot	4	\$150.00	\$600.00	*	\$76.87	\$307.48
190	3488	14978X	Hypersensitivity Pneumonitis Screen	4	\$156.60	\$626.40	*	\$57.33	\$229.32
191	539L	539	IgA	4	\$9.35	\$37.40	*	\$9.35	\$37.40
192	34458	34458	IGF Binding Protein-3 (IGFBP-3)	20	\$26.25	\$525.00	*	\$26.25	\$525.00
193	16293v1		IGF-1, LC/MS	28	\$25.60	\$716.80	*	\$25.60	\$716.80
194	771	7903	IgG Subclasses Panel	4	\$196.75	\$787.00	*	\$89.35	\$357.40
195	780	4448X	IgG, CSF	4	\$14.62	\$58.48	*	\$10.62	\$42.48
196	543L	543	IgG, Serum	4	\$9.35	\$37.40	*	\$9.35	\$37.40
197	3952	549	Immunofixation, Serum	32	\$38.59	\$1,234.88	*	\$38.59	\$1,234.88
198	3647-2	3647-2	Immunofixation, Serum	12	\$38.59	\$463.08	*	\$38.59	\$463.08
199	213v1		Immunofixation, Urine	12	\$38.59	\$463.08	*	\$38.59	\$463.08
200	542v1		Immunoglobulin E	12	\$11.05	\$132.60	*	\$11.05	\$132.60
201	7083	7083	Immunoglobulins Panel, Serum	32	\$28.05	\$897.60	*	\$28.05	\$897.60
202	16503	16503X	Inflammatory Bowel Disease Differentiation Panel	4	\$459.35	\$1,837.40	*	\$150.00	\$600.00
203	561v1		Insulin	80	\$12.40	\$992.00	*	\$12.05	\$964.00
204	36741	36741	Islet Cell Antibody Screen with Reflex to Titer	8	\$29.40	\$235.20	*	\$29.40	\$235.20
205	34973	34973	Itraconazole, HPLC	4	\$78.50	\$314.00	*	\$72.43	\$289.72
206	723	5810X	Jo-1 Antibody	4	\$86.16	\$344.64	*	\$55.00	\$220.00
207	723-3		Jo-1 Antibody	4	\$91.00	\$364.00	*	\$55.00	\$220.00
208	3767	11234	Kappa/Lambda Light Chains, Free with Ratio, Serum	12	\$240.00	\$2,880.00	*	\$240.00	\$2,880.00
209	16262	16262	Lacosamide, LC/MS/MS	4	\$95.00	\$380.00	*	\$85.00	\$340.00
210	10156L	10156	Lactoferrin, Qualitative, Stool	4	\$68.50	\$274.00	*	\$63.00	\$252.00
211	22060	22060	Lamotrigine	32	\$19.47	\$623.04	*	\$19.47	\$623.04
212	5793	8927	Latex (k82) IgE	4	\$10.07	\$40.28	*	\$6.00	\$24.00
213	599v1		Lead, Blood	712	\$5.82	\$4,143.84	*	\$5.82	\$4,143.84
214	11673F	8856	Legionella Antigen, EIA, Urine	240	\$21.90	\$5,256.00	*	\$20.00	\$4,800.00
215	35080-2		Leukemia/Lymphoma Evaluation - 1 Additional Marker	4	\$37.95	\$151.80	*	\$37.95	\$151.80
216	35080-4		Leukemia/Lymphoma Evaluation - 3 Additional Markers	4	\$113.85	\$455.40	*	\$113.85	\$455.40



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217	35080-1		Leukemia/Lymphoma Evaluation	12	\$700.00	\$8,400.00	*	\$408.94	\$4,907.28
218	15142v1		Levetiracetam	24	\$65.25	\$1,566.00	*	\$65.25	\$1,566.00
219	615v1		LH	60	\$24.72	\$1,483.20	*	\$8.80	\$528.00
220	445	35436X	Lipoprotein Electrophoresis	4	\$68.00	\$272.00	*	\$40.99	\$163.96
221	10527	10527	Liver Cytosol (LC-1) Autoantibodies (5922)	4	\$138.00	\$552.00	*	\$138.00	\$552.00
222	92688	92688	Liver Fibrosis, FibroTest-ActiTest Panel	72	\$288.75	\$20,790.00	*	\$275.00	\$19,800.00
223	3592	15038	Liver Kidney Microsome (LKM-1) Antibody (IgG)	4	\$60.00	\$240.00	*	\$16.09	\$64.36
224	14530v1		Lp-PLA2 (Lipoprotein-Associated Phospholipase A2)	4	\$50.00	\$200.00	*	\$50.00	\$200.00
225	9328	10716	Lupus (12) Panel	12	\$126.57	\$1,518.84	*	\$130.50	\$1,566.00
226	7079	7079	Lupus Anticoagulant Evaluation with Reflex	40	\$42.04	\$1,681.60	*	\$42.04	\$1,681.60
227	8593v1		Lyme Disease Antibodies (IgG, IgM) Immunoblot	4	\$52.05	\$208.20	*	\$32.60	\$130.40
228	6646v1		Lyme Disease Antibody with Reflex to Blot (IgG, IgM)	8	\$6.10	\$48.80	*	\$6.10	\$48.80
229	15777	15777	Lyme Disease (Borrelia spp) DNA Qualitative Real-Time PCR, Blood	8	\$235.00	\$1,880.00	*	\$213.64	\$1,709.12
230	933	7924X	Lymphocyte Subset Panel 4	52	\$148.18	\$7,705.36	*	\$45.36	\$2,358.72
231	781	8360X	Lymphocyte Subset Panel 5	348	\$24.00	\$8,352.00	*	\$24.00	\$8,352.00
232	21130v1		Mycoplasma pneumoniae Antibody (IgM)	4	\$38.38	\$153.52	*	\$16.16	\$64.64
233	10063	10063	Myelin Assoc. Glycoprotein (MAG) Antibody w/Reflex to MAG-SGPG & MAG, EIA	4	\$105.00	\$420.00	*	\$105.00	\$420.00
234	394	625X	Magnesium, 24-Hour Urine (with Creatinine)	4	\$15.64	\$62.56	*	\$15.64	\$62.56
235	951v1		Manganese	4	\$62.64	\$250.56	*	\$37.18	\$148.72
236	13076	4846Z	Marijuana by GC/MS, Urine (131077)	4	\$26.71	\$106.84	*	\$19.53	\$78.12
237	3584	14962X	Metanephrines, Fractionated, LC/MS/MS, 24-Hour Urine	4	\$17.00	\$68.00	*	\$17.00	\$68.00
238	3587	14961X	Metanephrines, Fractionated, LC/MS/MS, Random Urine	4	\$27.05	\$108.20	*	\$27.05	\$108.20
239	13078	8418Z	Methadone by GC/MS, Urine (2087)	4	\$100.00	\$400.00	*	\$64.83	\$258.32
240	34879v1		Methylmalonic Acid	20	\$61.60	\$1,232.00	*	\$61.60	\$1,232.00
241	15281v1		Microalbumin, 24-Hour Urine (with Creatinine)	28	\$9.00	\$252.00	*	\$7.16	\$200.48
242	259v1		Mitochondrial Antibody with Reflex to Titer	16	\$12.25	\$196.00	*	\$12.25	\$196.00
243	8624v1		Mumps Virus Antibody (IgG)	180	\$23.85	\$4,293.00	*	\$10.00	\$1,800.00
244	36564	36564	Mumps Virus Antibodies (IgG, IgM)	8	\$58.87	\$470.96	*	\$38.87	\$310.96
245	10662v1		Mycophenolic Acid	12	\$92.55	\$1,110.60	*	\$92.55	\$1,110.60
246	660v1		Myoglobin, Serum	8	\$31.36	\$250.88	*	\$31.36	\$250.88
247	661v2		Myoglobin, Urine	4	\$26.25	\$105.00	*	\$15.06	\$60.24
248	11362L	11362X	Neisseria gonorrhoeae RNA, TMA	12	\$30.00	\$360.00	*	\$30.00	\$360.00
249	13130F	19098	Norovirus RNA, Qualitative Real-Time PCR (19098)	4	\$215.00	\$860.00	*	\$164.22	\$656.88
250	681L	681X	Ova and Parasites, Concentrate and Permanent Smear	148	\$8.37	\$1,238.76	*	\$8.37	\$1,238.76
251	790	674	Oligoclonal Bands (IgG), CSF	8	\$28.69	\$229.52	*	\$28.69	\$229.52
252	13246	15475X	Opiates, Expanded by GC/MS (U) (15475)	8	\$96.45	\$771.60	*	\$96.45	\$771.60
253	90561	90561	Organic Acids, Full Panel, Quantitative, Urine	4	\$389.76	\$1,559.04	*	\$389.76	\$1,559.04
254	90406	90406	Organic Acids, Qualitative, Urine	4	\$320.76	\$1,283.04	*	\$320.76	\$1,283.04
255	12992	36637	Oxcarbazepine Metabolite, Serum/Plasma (36637)	12	\$71.00	\$852.00	*	\$71.00	\$852.00
256	4191	14693Z	Pancreatic Elastase-1	4	\$224.00	\$896.00	*	\$97.38	\$389.52
257	8946v1		Parvovirus B19 Antibodies (IgG, IgM)	16	\$32.30	\$516.80	*	\$32.30	\$516.80
258	3927	34296X	Parvovirus B19 DNA, Qualitative Real-Time PCR (43010)	8	\$125.33	\$1,002.64	*	\$125.33	\$1,002.64
259	94335	700X	Phenobarbital (9852)	12	\$60.29	\$723.48	*	\$60.29	\$723.48
260	23692	3189	Phenytoin, Free (23692)	12	\$18.00	\$216.00	*	\$18.00	\$216.00
261	4055	719X	Phosphate, 24-Hour Urine (with Creatinine)	4	\$10.51	\$42.04	*	\$10.51	\$42.04
262	6054	6329	Porphobilinogen, Quantitative, Random Urine	4	\$34.45	\$137.80	*	\$34.45	\$137.80
263	4224	10290	Porphyrins, Total, Plasma	4	\$78.00	\$312.00	*	\$64.00	\$256.00
264	14521	14521X	Potassium without Creatinine, Random Urine (5311UR)	4	\$10.76	\$43.04	*	\$7.36	\$29.44
265	16846	16846	Plasma Renin Activity, LC/MS/MS	20	\$34.63	\$692.60	*	\$34.63	\$692.60
266	3647R	10269	Protein Electrophoresis, with Total Protein and Reflex to IFE, Serum	16	\$27.10	\$433.60	*	\$10.50	\$168.00
267	17183	17183	Progesterone, LC/MS/MS	12	\$22.22	\$266.64	*	\$22.22	\$266.64
268	1777v1		Protein C Activity	16	\$35.00	\$560.00	*	\$35.00	\$560.00
269	8645	39457X	PROTEIN C & PROTEIN S, FUNCTIONAL	20	\$84.00	\$1,680.00	*	\$77.00	\$1,540.00
270	3921	747	Protein, Total and Protein Electrophoresis	52	\$10.50	\$546.00	*	\$10.50	\$546.00



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271	1779v1		Protein S Activity		12	\$42.00	\$504.00	*	\$42.00	\$504.00
272	10170v1		Protein S Antigen, Free		4	\$150.00	\$600.00		\$150.00	\$600.00
273	9010	8525	Protein Electrophoresis and Total Protein, Random Urine		36	\$26.00	\$936.00	*	\$26.00	\$936.00
274	8958	38940	Protein Electrophoresis Panel 1		20	\$127.14	\$2,542.80	*	\$127.14	\$2,542.80
275	17909	17909	Prothrombin (Factor II) 20210G>A Mutation Analysis		16	\$135.00	\$2,160.00	*	\$135.00	\$2,160.00
276	11327-4	11327-4	Prothrombin (Factor II) 20210G>A Mutation Analysis		4	\$158.56	\$634.24	*	\$135.00	\$540.00
277	6783	5363	PSA, Total		4	\$25.58	\$102.32		\$25.58	\$102.32
278	6894	31348	PSA, Free and Total		36	\$32.73	\$1,178.28		\$32.73	\$1,178.28
279	36736v1		PTH, Intact (ICMA) and Ionized Calcium		28	\$92.97	\$2,603.16	*	\$68.49	\$1,917.72
280	8837v1		PTH, Intact and Calcium		240	\$70.75	\$16,980.00	*	\$46.27	\$11,104.80
281	4866	34478Z	PTH-Related Protein (PTH-RP)		4	\$172.33	\$689.32	*	\$33.60	\$134.40
282	11728	38953X	Pyruvate Kinase, Erythrocytes (PK)	Mayo Clinic Laboratories-	4	\$127.65	\$510.60		\$127.65	\$510.60
283	37071v1		Q Fever (Coxiella burnetii) Antibodies (IgG, IgM) with Reflex to Titers		4	\$93.00	\$372.00	*	\$48.36	\$193.44
284	16603v2		QuantiferON(R)-TB Gold, (Draw Site Incubated)		1072	\$40.00	\$42,880.00	*	\$40.00	\$42,880.00
285	35299	35299	Quetiapine, Serum/Plasma		8	\$73.00	\$584.00		\$73.00	\$584.00
286	19878	19878X	Rheumatoid Arthritis Diagnostic Panel, Comprehensive		16	\$216.79	\$3,468.64	*	\$113.83	\$1,821.28
287	3834	15384	Rheumatoid Factor Screen with Reflex to Titer, Synovial Fluid		4	\$27.96	\$111.84		\$27.96	\$111.84
288	19887-1		RNP Antibody		12	\$30.00	\$360.00		\$30.00	\$360.00
289	37673v1		Rubella Antibodies (IgG, IgM) Diagnostic		52	\$50.56	\$2,629.12		\$50.56	\$2,629.12
290	4422L	4422X	Rubella Antibody (IgM)		8	\$38.59	\$308.72		\$38.59	\$308.72
291	3097	10582	Salmonella, Total Antibody, EIA (40450)		8	\$93.00	\$744.00		\$93.00	\$744.00
292	4942	4942	Scl-70 Antibody		4	\$12.00	\$48.00	*	\$12.00	\$48.00
293	729-1		Scl-70 Antibody		4	\$55.00	\$220.00	*	\$12.00	\$48.00
294	6528	825	Sickle Cell Screen		4	\$8.18	\$32.72		\$8.18	\$32.72
295	36712v1		Sirolimus LC/MS/MS		24	\$123.00	\$2,952.00		\$123.00	\$2,952.00
296	7832	7832	Siogren's Antibodies (SS-A, SS-B)		8	\$17.50	\$140.00	*	\$18.88	\$151.04
297	3282	38568	Siogren's Antibody (SS-A)		4	\$45.17	\$180.68	*	\$9.44	\$37.76
298	3262-1		Siogren's Antibody (SS-A)		4	\$54.00	\$216.00	*	\$9.44	\$37.76
299	3241	38569	Siogren's Antibody (SS-B)		4	\$45.17	\$180.68	*	\$9.44	\$37.76
300	3241-1		Siogren's Antibody (SS-B)		4	\$54.00	\$216.00	*	\$9.44	\$37.76
301	765	7448	Sm and Sm/RNP Antibodies		12	\$18.00	\$216.00	*	\$30.50	\$366.00
302	3218	37923	Sm Antibody		20	\$9.00	\$180.00	*	\$9.00	\$180.00
303	3218-1		Sm Antibody		12	\$52.00	\$624.00	*	\$9.00	\$108.00
304	3222-1		Sm/RNP Antibody		12	\$54.00	\$648.00	*	\$21.50	\$258.00
305	14627v1		Serotonin Release Assay, Unfractionated Heparin		8	\$260.00	\$2,080.00		\$260.00	\$2,080.00
306	12920	14857	ssDNA (Single Stranded DNA) IgG Antibody (45972)		4	\$130.25	\$521.00	*	\$77.63	\$310.52
307	13360	30260X	Stone Analysis (4161)		4	\$56.39	\$225.56	*	\$17.23	\$68.92
308	30175v1		Sulfatide Autoantibody Test (210)	Athena Diagnostics, Inc.	4	\$500.00	\$2,000.00		\$500.00	\$2,000.00
309	653v2		Treponema pallidum Ab, Particle Agglutination		60	\$17.30	\$1,038.00		\$17.30	\$1,038.00
310	90827	90827	Trypanosoma cruzi Antibody, Total		8	\$90.95	\$727.60		\$90.95	\$727.60
311	859v1		T3, Total		40	\$12.15	\$486.00	*	\$9.45	\$378.00
312	17733	17733	T4, Total (Thyroxine)		148	\$7.06	\$1,044.88	*	\$6.69	\$990.12
313	70007v1		Tacrolimus, Highly Sensitive, LC/MS/MS		120	\$45.00	\$5,400.00	*	\$40.00	\$4,800.00
314	516	870X	TBG (Thyroxine Binding Globulin)		24	\$30.93	\$742.32		\$30.93	\$742.32
315	36170v1		Testosterone, Free (Dialysis) and Total (LC/MS/MS)		68	\$60.00	\$4,080.00	*	\$45.00	\$3,060.00
316	15983v1		Testosterone, Total, LC/MS/MS		36	\$43.01	\$1,548.36		\$43.01	\$1,548.36
317	404	267	Thyroglobulin Antibodies		4	\$9.40	\$37.60	*	\$9.40	\$37.60
318	406	30278	Thyroglobulin Panel		8	\$22.75	\$182.00	*	\$22.75	\$182.00
319	15102	15102	Thyroid Cascading Reflex		16	\$24.20	\$387.20		\$24.20	\$387.20
320	295	5081	Thyroid Peroxidase Antibodies		28	\$11.75	\$329.00	*	\$11.75	\$329.00
321	120	7260	Thyroid Peroxidase and Thyroglobulin Antibodies		8	\$21.00	\$168.00	*	\$21.15	\$169.20
322	6813	8821	Tissue Transglutaminase Antibody (IgA)		40	\$75.00	\$3,000.00	*	\$30.33	\$1,213.20
323	30965v1		Topiramate		8	\$27.00	\$216.00	*	\$27.00	\$216.00
324	6444v1		Torch Panel, Acute		4	\$167.69	\$670.76	*	\$89.14	\$356.56



ATTACHMENT A TO EXHIBIT A

Quest Diagnostics Incorporated - SJC

Pricing Evaluation and Proposal for Natividad Medical Center, SALINAS, CA 93906 - Medassets - July, 2016

HBOT 61224251

Confidential

Totals	10,812	\$840,128.88	\$590,110.36
Dollar Savings			(\$250,018.52)
Percent Savings			-29.76%

				12 Month Volume					
325	8636v2		Toxoplasma Antibodies (IgG, IgM)	48	\$17.50	\$840.00	*	\$17.50	\$840.00
326	891v2		Transferrin	56	\$10.50	\$588.00	*	\$10.00	\$560.00
327	11681F	17088X	Treponema pallidum Antibody, IFA (CSF) (63486)	4	\$20.76	\$83.04		\$20.76	\$83.04
328	34484v1		Tryptase	4	\$69.97	\$279.88		\$69.97	\$279.88
329	36577	36577	TSH Antibody	8	\$118.00	\$944.00		\$118.00	\$944.00
330	19537	19537	TSH with HAMA Treatment	36	\$48.40	\$1,742.40		\$48.40	\$1,742.40
331	30551	30551	TSI (Thyroid Stimulating Immunoglobulin)	24	\$57.20	\$1,372.80	*	\$57.20	\$1,372.80
332	11073v1		Tissue Transglutaminase Antibody (IgG, IgA)	12	\$182.24	\$2,186.88	*	\$60.66	\$727.92
333	19955-5	19955-5	Tissue Transglutaminase Antibody (IgG)	4	\$68.00	\$272.00	*	\$62.82	\$251.28
334	1737L	1737X	Urea Nitrogen, Random Urine	4	\$10.76	\$43.04		\$10.76	\$43.04
335	4705	1744X	Uric Acid, Random Urine (w/ Creatinine)	4	\$15.90	\$63.60		\$10.51	\$42.04
336	4128v1		VDRL, CSF	12	\$9.00	\$108.00	*	\$9.00	\$108.00
337	30509v1		VDRL, Serum	4	\$10.50	\$42.00	*	\$10.50	\$42.00
338	921L	921	Vitamin A (Retinol)	4	\$26.00	\$104.00	*	\$14.68	\$58.72
339	5042v1		Vitamin B1 (Thiamine), Blood LC/MS/MS	112	\$30.93	\$3,464.16	*	\$25.00	\$2,800.00
340	926L	926	Vitamin B6, Plasma	8	\$167.11	\$1,336.88		\$167.11	\$1,336.88
341	929v1		Vitamin C, LC/MS/MS	4	\$41.85	\$167.40		\$41.85	\$167.40
342	16558v1		Vitamin D, 1,25-Dihydroxy, LC/MS/MS	264	\$26.50	\$6,996.00	*	\$20.00	\$5,280.00
343	931L	931	Vitamin E (Tocopherol)	4	\$22.22	\$88.88		\$22.22	\$88.88
344	9601	19790X	von Willebrand Comprehensive Panel	12	\$596.83	\$7,161.96	*	\$301.00	\$3,612.00
345	19574	19574	Voriconazole, HPLC	4	\$178.00	\$712.00	*	\$126.00	\$504.00
346	9457	15540X	von Willebrand Comprehensive Panel 2	4	\$816.83	\$3,267.32	*	\$521.00	\$2,084.00
347	34128	34128	Varicella-Zoster Virus Antibodies (IgG, IgM)	124	\$30.00	\$3,720.00	*	\$30.00	\$3,720.00
348	3888	34052X	Varicella Zoster Virus (VZV) DNA, Qualitative Real-Time PCR (45020)	8	\$221.42	\$1,771.36		\$221.42	\$1,771.36
349	36597v1		West Nile Virus Antibodies (IgG, IgM), CSF	4	\$112.00	\$448.00		\$112.00	\$448.00
350	36596v1		West Nile Virus Antibodies (IgG, IgM), Serum	4	\$112.00	\$448.00	*	\$44.16	\$176.64
351	16326	16326	XSense(R), Fragile X with Reflex and Chromosome Analysis, Blood	8	\$904.00	\$7,232.00	*	\$347.21	\$2,777.68
352	16313	16313	XSense(R), Fragile X with Reflex	8	\$269.00	\$2,152.00	*	\$122.21	\$977.68
353	945v1		Zinc	4	\$15.76	\$63.04	*	\$10.88	\$43.52
354	37852	37852	Zonisamide	8	\$99.00	\$792.00		\$99.00	\$792.00

Tests marked with " * " denotes a special priced test. All other discountable tests are discounted at ___% off of Quest Diagnostics' List Fee Schedule.

Certain high cost of performance assays and tests referred to other laboratories are non-discountable.

Tests in this bid are converted to the best of our ability; however, some prices may need to be adjusted upon receipt of additional test utilization, information, test components or other data.

In the event any reference laboratory, to which Quest Diagnostics refers testing, increases its charges to Quest Diagnostics at any time during the Initial Term or any Renewal Term of this Agreement, Quest Diagnostics shall have the right to increase its charges to Client for any such tests in an amount that is commensurate with the increase by the reference laboratory. Handling fee will be added for tests sent to other reference laboratories.

The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

Reflex testing, if performed, is an additional charge.

Signed Pricing received five business days before the last day of current invoice period is implemented the first day of the invoice period in which it is received, otherwise the pricing will be implemented the first day of the next invoice period.

Account Information: Enter all account numbers here with their BU

I agree with all pricing and terms listed above.



ATTACHMENT A TO EXHIBIT A

Quest Diagnostics Incorporated - SJC
Pricing Evaluation and Proposal for Natividad Medical Center, SALINAS, CA 93906 - Medassets - July, 2016

HBOT 61224251

~~Confidential~~

Totals	10,812	\$840,128.88	\$590,110.36
Dollar Savings			(\$250,018.52)
Percent Savings			-29.76%

12 Month
Volume

Enter Client name here (Representative) - Print Name

Enter Client name here (Representative) - Signature

Date

Please send completed forms with signature and all pages to:

Email: Mailbox_hospisiasupp@questdiagnostics.com
Fax: 610.271.4411

Prepared by XX for XX:

Add-on to ATTACHMENT A



Pricing Terms

Client: NATIVIDAD MEDICAL CENTER
Address: 1441 CONSTITUTION BLVD
City: SALINAS State: CA Zip Code: 93906-3100
Effective Date of Pricing: 11/1/2019 Client Number: 30090365
Client Telephone Number: (831) 755-4340 Group Bill Number: 30090365
Quest Diagnostics Sales Representative: AMANDA CLIBY

Table with 3 columns: Service Bill Code, Test Name, Client Price. Includes rows for T-SPOT(R).TB, CBC(H/H,RBC,WBC,PLT), HEMATOCRIT, HEMOGLOBIN (B), HEMOGRAM, HEMOGRAM & DIFF, HGB & HCT, HGB INDICES, PLATELET COUNT, RED BLOOD CELL COUNT, WBC, WBC & DIFF.

Tests will be priced as published from the current Quest Diagnostics Fee Schedule, except as noted above.

All Pricing is subject to change upon thirty days prior written notice sent to the address set forth above.

Please indicate your acknowledgement and acceptance of these Pricing Terms by signing where indicated below within 15 business days from the Effective Date above; otherwise these terms are subject to change and a new agreement may be required.

Accepted on behalf of NATIVIDAD MEDICAL CENTER (30090365):

By: Andrea Rosenberg Date: 11/25/19



ATTACHMENT B TO EXHIBIT A (discounted pricing)

HBOT 61224251

Quest Diagnostics Incorporated - SJC
Pricing Evaluation and Proposal for Natividad Medical Center, SALINAS, CA 93906 - Medassets - July, 2016

Totals	10,812	\$840,128.88	\$390,126.20
Dollar Savings			(\$450,002.68)
Percent Savings			-53.56%

					12 Month Volume					
1	768	853X	Alpha-1-Antitrypsin (AAT) Phenotype		4	\$96.86	\$387.44	*	\$70.00	\$280.00
2	454	683	Angiotensin Converting Enzyme (ACE)		16	\$13.85	\$221.60	*	\$3.00	\$48.00
3	206v1		Acetylcholine Receptor Binding Antibody		4	\$57.21	\$228.84	*	\$30.00	\$120.00
4	34459	34459	Acetylcholine Receptor Blocking Antibody		8	\$135.78	\$1,086.24	*	\$46.32	\$370.56
5	26474	26474	Acetylcholine Receptor Modulating Antibody		4	\$141.00	\$564.00	*	\$56.94	\$227.76
6	211v1		ACTH, Plasma		12	\$35.75	\$429.00	*	\$10.00	\$120.00
7	15043v1		Actin (Smooth Muscle) Antibody (IgG)		8	\$15.00	\$120.00	*	\$7.20	\$57.60
8	14531	14531	Acylcarnitine, Plasma		4	\$172.00	\$688.00	*	\$48.16	\$192.64
9	17696	17696	Adenosine Deaminase, Pleural Fluid		20	\$150.00	\$3,000.00	*	\$20.00	\$400.00
10	14532	14532	ADAMTS13 Activity with Reflex to Inhibitor		4	\$220.00	\$880.00	*	\$123.85	\$495.40
11	782	224X	Albumin, CSF		4	\$6.78	\$27.12	*	\$6.78	\$27.12
12	90418	90418	Alcohol Metabolites with Confirmation, Urine		4	\$60.00	\$240.00	*	\$50.00	\$200.00
13	19938	19938X	Alcohol, Ethyl, Random Urine (19938)		4	\$67.58	\$270.32	*	\$19.30	\$77.20
14	495	227	Aldolase		4	\$8.40	\$33.60	*	\$5.79	\$23.16
15	4069	17181	Aldosterone, LC/MS/MS		20	\$32.93	\$658.60	*	\$16.00	\$320.00
16	235L	235	Alpha-1-Antitrypsin Quantitation		4	\$20.75	\$83.00	*	\$20.75	\$83.00
17	401	767X	Amino Acid Analysis, LC/MS, Plasma		8	\$80.00	\$640.00	*	\$72.38	\$579.04
18	317	36183X	Amino Acid Analysis, LC/MS, Urine		4	\$447.34	\$1,789.36	*	\$81.00	\$324.00
19	13075	241Z	Amphetamine by GC/MS, Urine (241Z)		4	\$19.00	\$76.00	*	\$19.00	\$76.00
20	735	37521X	ANAchoice(R) Panel 1 with Reflexes		36	\$121.35	\$4,368.60	*	\$62.90	\$2,264.40
21	735-2		ANA TITER & PATTERN		4	\$17.50	\$70.00	*	\$6.00	\$24.00
22	249-2	249-2	ANA, Titer & Pattern		76	\$6.00	\$456.00	*	\$6.00	\$456.00
23	249L	249	ANA IFA Screen with Reflex to Titer and Pattern, IFA		276	\$7.75	\$2,139.00	*	\$6.50	\$1,794.00
24	19946	19946X	ANAchoice(R) Specific Antibodies Cascading Reflex		72	\$14.47	\$1,041.84	*	\$6.50	\$468.00
25	4888	70171X	ANCA Screen with Reflex to ANCA Titer		44	\$59.35	\$2,611.40	*	\$15.00	\$660.00
26	9638	70159X	ANCA Screen with MPO and PR3, with Reflex to ANCA Titer		12	\$259.35	\$3,112.20	*	\$38.00	\$456.00
27	9426	14890X	Antiphospholipid Antibody Panel		20	\$180.00	\$3,600.00	*	\$79.00	\$1,580.00
28	216v1		Antithrombin III Activity		20	\$33.00	\$660.00	*	\$9.00	\$180.00
29	9519	17307X	Alpha-1 Antitrypsin (AAT) Quantitation and Mutation Analysis		4	\$295.75	\$1,183.00	*	\$295.75	\$1,183.00
30	587	5224	Apolipoprotein B		4	\$12.39	\$49.56	*	\$12.39	\$49.56
31	3106	265X	Antistreptolysin-O		8	\$8.00	\$64.00	*	\$8.00	\$64.00
32	3107	20341X	Aspergillus Antibodies, Serum (40155)		8	\$21.75	\$174.00	*	\$15.98	\$127.84
33	3637	37671X	Bartonella henselae Antibodies (IgG, IgM) with Reflex(es) to Titer (40771)		8	\$149.00	\$1,192.00	*	\$20.81	\$166.48
34	13059	17825X	Bordetella pertussis IgG and IgA Antibodies, MAID (42255)		4	\$175.00	\$700.00	*	\$56.28	\$225.12
35	740	852	Beta-2-Microglobulin, Serum		16	\$25.75	\$412.00	*	\$7.00	\$112.00
36	3438	34251X	Bartonella Species Antibody (IgG, IgM) with Reflex(es) to Titer (40881)		4	\$149.00	\$596.00	*	\$24.13	\$96.52
37	2240	3210X	Bicarbonate, Urine (0645U)	NMS Labs	8	\$39.00	\$312.00	*	\$39.00	\$312.00
38	4634	19546	Bile Acids, Fractionated and Total, Pregnancy		108	\$120.61	\$13,025.88	*	\$20.00	\$2,160.00
39	4169	11274	BK Virus DNA, Quantitative Real-Time PCR, Plasma (47900)		4	\$234.40	\$937.60	*	\$82.03	\$328.12
40	16581	16581X	BK Virus DNA, Quantitative Real-Time PCR, Urine (47901)		4	\$234.40	\$937.60	*	\$82.03	\$328.12
41	91863	91863	BRCAVantage(TM), Comprehensive		8	\$2,150.00	\$17,200.00	*	\$2,150.00	\$17,200.00
42	91068	91068	Brucella Antibodies (IgG, IgM), EIA with Reflex to Agglutination		4	\$108.00	\$432.00	*	\$18.84	\$75.36
43	11361v1		Chlamydia trachomatis RNA, TMA		8	\$35.00	\$280.00	*	\$15.00	\$120.00
44	761	297	C1 Inhibitor, Functional		4	\$59.62	\$238.48	*	\$18.52	\$74.08
45	351v1		Complement Component C3		20	\$7.51	\$150.20	*	\$5.00	\$100.00
46	353v1		Complement Component C4c		20	\$7.51	\$150.20	*	\$5.00	\$100.00
47	409	29256	CA 125		52	\$31.36	\$1,630.72	*	\$10.00	\$520.00
48	6304	5819X	CA 15-3		4	\$28.43	\$113.72	*	\$9.90	\$39.60
49	475	4698	CA 19-9		40	\$14.15	\$566.00	*	\$9.00	\$360.00
50	358	1635X	Calcium, 24-Hour Urine (w/ Creatinine)		20	\$21.52	\$430.40	*	\$7.00	\$140.00
51	4262	1633X	Calcium, Random Urine (w/ Creatinine)		24	\$8.16	\$195.84	*	\$7.00	\$168.00
52	16796		Calprotectin, Stool		4	\$140.00	\$560.00	*	\$62.73	\$250.92
53	7352	7352	Cardiolipin Antibodies (IgG, IgA, IgM)		16	\$63.42	\$1,014.72	*	\$27.00	\$432.00
54	989	70107X	Carnitine, LC/MS/MS		4	\$137.86	\$551.44	*	\$29.92	\$119.68



ATTACHMENT B TO EXHIBIT A (discounted pricing)

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Pricing Evaluation and Proposal for Natividad Medical Center, SALINAS, CA 93906 - Medassets - July, 2016

Totals	10,812	\$840,128.88	\$390,126.20
Dollar Savings			(\$450,002.68)
Percent Savings			-53.56%

					12 Month Volume					
55	584	314X	Catecholamines, Fractionated, Plasma		12	\$47.55	\$570.60	*	\$24.59	\$295.08
56	5244v1		Catecholamines, Fractionated, Random Urine		8	\$56.25	\$450.00	*	\$16.82	\$134.56
57	6546	11173	Cyclic Citrullinated Peptide (CCP) Antibody (IgG)		36	\$58.50	\$2,106.00	*	\$8.00	\$288.00
58	4480	978	CEA		48	\$24.72	\$1,186.56	*	\$7.00	\$336.00
59	17421	17421	CEA, Peritoneal Fluid		4	\$29.66	\$118.64	*	\$8.26	\$33.04
60	19955	19955	Celiac Disease Comprehensive Panel		76	\$103.51	\$7,866.76	*	\$15.35	\$1,166.60
61	15981	15981	Celiac Disease Comprehensive Panel, Infant		8	\$175.51	\$1,404.08	*	\$24.35	\$194.80
62	326v1		Ceruloplasmin		12	\$14.12	\$169.44	*	\$10.00	\$120.00
63	92068	92068	CFVantage(R) Cystic Fibrosis Expanded Screen		48	\$550.00	\$26,400.00	*	\$150.00	\$7,200.00
64	5064v1		Childhood Allergy (Food and Environmental) Profile		12	\$171.37	\$2,056.44	*	\$107.05	\$1,284.60
65	16506v1		Chlamydia trachomatis/Neisseria gonorrhoeae RNA, TMA, Rectal		25	\$120.00	\$3,360.00	*	\$50.00	\$840.00
66	70051v1		Chlamydia trachomatis/Neisseria gonorrhoeae RNA, TMA, Throat		12	\$102.00	\$1,224.00	*	\$30.00	\$360.00
67	14520	14520X	Chloride without Creatinine, Random Urine (5303UR)		12	\$10.76	\$129.12	*	\$5.00	\$60.00
68	17586	17586X	Cholesterol, Pleural Fluid		28	\$4.48	\$125.44	*	\$4.00	\$112.00
69	3966-1		Chromatin (Nucleosomal) Antibody		12	\$55.00	\$660.00	*	\$10.00	\$120.00
70	5022	14600X	Chromosome Analysis, Hematologic Malignancy		8	\$744.71	\$5,957.68	*	\$313.95	\$2,511.60
71	5010	14596	Chromosome Analysis, Blood		12	\$225.00	\$2,700.00	*	\$225.00	\$2,700.00
72	5011	14595X	Chromosome Analysis, High Resolution		8	\$781.00	\$6,248.00	*	\$300.00	\$2,400.00
73	16478	16478	Chromosomal Microarray, Postnatal, ClariSure(R) Oligo-SNP		28	\$1,100.00	\$30,800.00	*	\$878.15	\$24,588.20
74	1769v1		Clozapine		8	\$75.00	\$600.00	*	\$28.09	\$224.72
75	403v2		Cytomegalovirus Antibody (IgG)		8	\$21.70	\$173.60	*	\$7.00	\$56.00
76	6732v2		Cytomegalovirus Antibodies (IgG, IgM)		12	\$44.50	\$534.00	*	\$17.22	\$206.64
77	2627v1		Cytomegalovirus, Conventional and Rapid, Culture		4	\$78.00	\$316.00	*	\$38.60	\$154.40
78	3243	10900X	Cytomegalovirus DNA, Quantitative Real-Time PCR (45050)		20	\$260.10	\$5,202.00	*	\$67.55	\$1,351.00
79	3223	10601X	Cytomegalovirus DNA, Qualitative Real-Time PCR (45000)		4	\$216.75	\$867.00	*	\$63.00	\$252.00
80	11741F	17788X	Coccidioides Ab, ID (CSF) (60290)		4	\$153.00	\$612.00	*	\$21.63	\$86.52
81	3117	906	Coccidioides Antibody, Complement Fixation, Serum (40280)		20	\$12.00	\$240.00	*	\$12.00	\$240.00
82	3123	908X	Coccidioides Antibody, Immunodiffusion, Serum (40290)		32	\$15.00	\$480.00	*	\$10.00	\$320.00
83	19963	19963	Coccidioides Antibodies to TP and F Antigens, ID		4	\$47.00	\$188.00	*	\$42.73	\$170.92
84	618v1		Complement, Total (CH50)		4	\$21.75	\$87.00	*	\$9.00	\$36.00
85	363v2		Copper		104	\$15.76	\$1,639.04	*	\$10.00	\$1,040.00
86	365v1		Copper, 24-Hour Urine		12	\$19.90	\$238.80	*	\$19.90	\$238.80
87	372L	372	C-Peptide		24	\$22.25	\$534.00	*	\$9.00	\$216.00
88	3984	36562	Cryoglobulin (% Cryocrit), Serum		12	\$13.21	\$158.52	*	\$7.00	\$84.00
89	37358	37358	Cryoglobulin Screen with Reflex to Cryoglobulin Profile, Serum		12	\$9.20	\$110.40	*	\$9.20	\$110.40
90	11196v1		Cryptococcal Antigen, Latex Screen with Reflex to Titer		56	\$27.84	\$1,559.04	*	\$27.84	\$1,559.04
91	689v1		Culture, Viral, Body Fluids, Tissues		8	\$36.60	\$292.80	*	\$36.60	\$292.80
92	8812v1		Cyclosporine A, Trough, Blood		12	\$18.78	\$225.36	*	\$18.78	\$225.36
93	10490	10490	Cytochrome P450 2D6 Genotype		4	\$345.00	\$1,380.00	*	\$199.76	\$799.04
94	11661F	34279X	Cysticercus IgG Antibody, Western Blot (Serum) (40352)		8	\$65.30	\$522.40	*	\$53.36	\$426.88
95	532	402	DHEA Sulfate		16	\$15.75	\$252.00	*	\$5.00	\$80.00
96	418	19894	DHEA (Dehydroepiandrosterone), Unconjugated, LC/MS/MS		4	\$30.00	\$120.00	*	\$14.40	\$57.60
97	4102	8293	Direct LDL		16	\$8.96	\$143.36	*	\$8.96	\$143.36
98	833	255	DNA (ds) Antibody		32	\$11.50	\$368.00	*	\$4.00	\$128.00
99	833-1		DNA (ds) Antibody		12	\$55.00	\$660.00	*	\$4.00	\$48.00
100	12903	454X	Drug Screen Panel 5, Meconium (45489)		80	\$55.00	\$4,400.00	*	\$35.00	\$2,800.00
101	12673	38088X	Drugs of Abuse Screen, Serum (3720)		4	\$80.02	\$320.08	*	\$48.25	\$193.00
102	3586-4	3586-4	dRVVT Confirm		8	\$42.04	\$336.32	*	\$12.00	\$96.00
103	11719F	34964X	Entamoeba histolytica Antigen, EIA (50105)		4	\$44.00	\$176.00	*	\$32.81	\$131.24
104	6421v2		Epstein-Barr Virus Antibody Panel		8	\$81.74	\$653.92	*	\$27.84	\$222.72
105	3057	10186X	Epstein-Barr Virus DNA, Quantitative Real-Time PCR (48453)		48	\$218.40	\$10,483.20	*	\$78.50	\$3,672.00
106	1005F	38015X	Epstein-Barr Virus Viral Capsid Antigen (VCA) Antibody (IgA) (40480)		8	\$44.00	\$352.00	*	\$32.81	\$262.48
107	91307	91307	Echinococcus Antibody (IgG), EIA with Reflex to Western Blot		4	\$113.83	\$455.32	*	\$35.00	\$140.00
108	6996	31595X	Electrolytes, Feces (4945)		4	\$111.00	\$444.00	*	\$51.77	\$207.08



ATTACHMENT B TO EXHIBIT A (discounted pricing)

HBOT 61224251

Confidential

Quest Diagnostics Incorporated - SJC
Pricing Evaluation and Proposal for Natividad Medical Center, SALINAS, CA 93906 - Medassets - July, 2016

Totals	10,812	\$840,128.88	\$390,126.20
Dollar Savings			(\$450,002.68)
Percent Savings			-53.56%

					12 Month Volume					
109	9163	92689	Protein Electrophoresis Panel 2		32	\$138.59	\$4,434.88	*	\$45.00	\$1,440.00
110	3677	15064	Endomysial Antibody Screen (IgA) with Reflex to Titer		20	\$21.50	\$430.00	*	\$8.00	\$160.00
111	1035	34278X	Entamoeba Histolytica IgG, ELISA (40105)		8	\$26.45	\$211.60	*	\$18.34	\$146.72
112	6166	15082	Enterovirus RNA, Qualitative Real-Time PCR (47300)		20	\$341.00	\$6,820.00	*	\$86.85	\$1,737.00
113	13326	70189X	Enterovirus/Parechovirus RNA, Qualitative Real-Time PCR (47440)		4	\$360.00	\$1,440.00	*	\$87.82	\$351.28
114	427L	427	Erythropoietin (EPO)		12	\$50.00	\$600.00	*	\$15.20	\$182.40
115	36169	36169	Estradiol, Free, LC/MS/MS		28	\$173.00	\$4,844.00	*	\$30.00	\$840.00
116	17900	17900	Factor V (Leiden) Mutation Analysis		20	\$80.00	\$1,600.00	*	\$38.60	\$772.00
117	11327-2	11327-2	Factor V (Leiden) Mutation Analysis		4	\$192.18	\$768.72	*	\$38.60	\$154.40
118	3698	344	Factor V Activity, Clotting		4	\$116.30	\$465.20	*	\$68.92	\$275.68
119	3600	347	Factor VIII Activity, Clotting		4	\$74.00	\$296.00	*	\$27.02	\$108.08
120	12405	11254X	Fatty Acid Profile, Essential (C12-C22), Serum (FAPEP)	Mayo Clinic Laboratories-	4	\$410.52	\$1,642.08	*	\$410.52	\$1,642.08
121	3746	3967	Fecal Fat, Qualitative		12	\$20.70	\$248.40	*	\$15.00	\$180.00
122	92497	92497	FISH, Myeloma, 17p-, rea 14q32 with Reflexes		4	\$2,278.84	\$9,115.36	*	\$1,819.35	\$7,277.40
123	92496-1	92496-1	FISH, Myeloma, IGH Panel (MAFB, MAF, FGFR3, CCND1)		4	\$1,470.84	\$5,883.36	*	\$1,470.84	\$5,883.36
124	6058	14605X	FISH, Prader Willi		4	\$360.00	\$1,440.00	*	\$222.95	\$891.80
125	6059	12070X	FISH, CML/ALL, bcr/abl Translocation 9,22		4	\$360.00	\$1,440.00	*	\$255.00	\$1,020.00
126	5066v1		Food Allergy Profile		12	\$120.84	\$1,450.08	*	\$90.00	\$1,080.00
127	90394	90394	Free Thyroxine Index (FTI)		4	\$14.12	\$56.48	*	\$12.06	\$48.24
128	36176	36176	FSH and LH, Pediatrics		8	\$115.33	\$922.64	*	\$14.90	\$119.20
129	470v1		FSH (Follicle Stimulating Hormone)		72	\$22.22	\$1,599.84	*	\$7.45	\$536.40
130	4112v1		FTA-ABS		8	\$11.00	\$88.00	*	\$10.00	\$80.00
131	500L	500	Glucose-6-Phosphate Dehydrogenase, (G-6-PD), Quantitative		48	\$19.00	\$912.00	*	\$5.81	\$278.88
132	3557L	3557X	Gabapentin		4	\$84.85	\$339.40	*	\$24.13	\$96.52
133	34878		Glutamic Acid Decarboxylase-65 Antibody		4	\$48.95	\$195.80	*	\$24.13	\$96.52
134	9088		GAD65, IA-2, and Insulin Autoantibody		12	\$450.00	\$5,400.00	*	\$91.68	\$1,100.16
135	9088v1		GAD65, IA-2, and Insulin Autoantibody		12	\$450.00	\$5,400.00	*	\$91.68	\$1,100.16
136	478L	478	Gastrin		100	\$15.10	\$1,510.00	*	\$7.00	\$700.00
137	724	257X	Glomerular Basement Membrane Antibody (IgG)		8	\$135.78	\$1,086.24	*	\$24.13	\$193.04
138	11290v1		Fecal Globin by Immunochemistry		100	\$60.00	\$6,000.00	*	\$10.00	\$1,000.00
139	521v1		Growth Hormone (GH)		8	\$21.10	\$168.80	*	\$11.00	\$88.00
140	34838v1		Helicobacter pylori Antigen, EIA, Stool		104	\$86.96	\$9,043.84	*	\$46.54	\$4,840.16
141	14839v1		Helicobacter pylori, Urea Breath Test		348	\$160.00	\$55,680.00	*	\$55.00	\$19,140.00
142	92491v1		Helicobacter pylori, Urea Breath Test, Pediatric		84	\$160.00	\$13,440.00	*	\$55.00	\$4,620.00
143	502v1		Haptoglobin		48	\$10.30	\$494.40	*	\$7.20	\$345.60
144	8475v3		Hepatitis B Surface Antibody Immunity, Quantitative		72	\$10.88	\$783.36	*	\$5.00	\$360.00
145	498v1		Hepatitis B Surface Antigen with Reflex to Confirmation		8	\$11.30	\$90.40	*	\$6.42	\$51.36
146	EP10624		Hepatitis B Surface Antigen		4	\$11.30	\$45.20	*	\$6.42	\$25.68
147	8369v1		Hepatitis B Virus DNA, Quantitative, Real-Time PCR		12	\$220.00	\$2,640.00	*	\$88.00	\$1,056.00
148	472	8396	hCG, Total, Quantitative		16	\$23.26	\$372.16	*	\$14.00	\$224.00
149	10051v1		Hepatitis C Viral RNA, Quantitative Real-Time PCR w/refl to Qualitative TMA		16	\$261.12	\$4,177.92	*	\$57.90	\$926.40
150	37811v1		Hepatitis C Viral RNA Genotype, LiPA(R)		24	\$173.00	\$4,152.00	*	\$105.00	\$2,520.00
151	35645v1		Hepatitis C Viral RNA, Quantitative, Real-Time PCR		256	\$99.00	\$25,344.00	*	\$57.90	\$14,822.40
152	EP10734		Hepatitis C Viral RNA, Quantitative Real-Time PCR		4	\$289.52	\$1,158.08	*	\$57.90	\$231.60
153	37273v1		Hepatitis C Viral RNA, Qualitative TMA		8	\$221.00	\$1,768.00	*	\$70.00	\$560.00
154	7655	7655	Heavy Metals Panel, Blood		4	\$80.28	\$321.12	*	\$30.18	\$120.72
155	6595	35489	Hemoglobinopathy Evaluation		20	\$15.62	\$312.40	*	\$15.62	\$312.40
156	4848v2		Hepatitis B Core Antibody (IgM)		12	\$13.00	\$156.00	*	\$7.72	\$92.64
157	499v3		Hepatitis B Surface Antibody, Qualitative		8	\$8.00	\$64.00	*	\$4.00	\$32.00
158	EP10719		Hepatitis B Surface Antibody Immunity (Quant) w/ Reflex to Surface Antigen		296	\$10.88	\$3,220.48	*	\$5.00	\$1,480.00
159	414v1		Heparin-Induced Platelet Antibody		8	\$124.00	\$992.00	*	\$20.00	\$160.00
160	508v1		Hepatitis A Antibody, Total		28	\$11.00	\$308.00	*	\$6.00	\$168.00
161	512v1		Hepatitis A IgM		4	\$15.93	\$63.72	*	\$8.00	\$32.00
162	556v1		Hepatitis Be Antibody		4	\$7.88	\$31.52	*	\$7.72	\$30.88



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				12 Month Volume					
163	555v1		Hepatitis Be Antigen	12	\$7.88	\$94.56	*	\$7.72	\$92.64
164	8472v1		Hepatitis C Antibody with Reflex to HCV RNA, Quantitative Real-Time PCR	24	\$11.50	\$276.00	*	\$5.00	\$120.00
165	34290	34290	Herpes Simplex Virus Antigen Detection, DFA	4	\$59.00	\$236.00	*	\$48.48	\$193.92
166	3586-2	3586-2	Hexagonal Phase Confirm	8	\$42.04	\$336.32	*	\$12.00	\$96.00
167	91212	91212	Histoplasma Galactomannan Antigen, Urine	8	\$95.00	\$760.00	*	\$47.29	\$378.32
168	9424	14874	Heparin-Induced Thrombocytopenia Panel	12	\$384.00	\$4,608.00	*	\$68.25	\$819.00
169	34949v1		HIV-1 Genotype	4	\$400.00	\$1,600.00	*	\$178.00	\$704.00
170	91692v1		HIV-1 Genotype (RTI, PI, Integrase Inhibitors)	52	\$880.00	\$45,760.00	*	\$352.00	\$18,304.00
171	40085v1		HIV-1 RNA, Quantitative, Real-Time PCR	484	\$205.00	\$99,220.00	*	\$65.00	\$31,460.00
172	16185v1		HIV-1 RNA, Qualitative TMA	16	\$250.00	\$4,000.00	*	\$77.20	\$1,235.20
173	93170	93170	HIV 1/2 Ab Differentiation (Supplemental Use Only) with Reflex	56	\$30.00	\$1,680.00	*	\$17.00	\$952.00
174	19774	19774	HLA-B*5701 Typing (19774)	8	\$180.00	\$1,440.00	*	\$163.65	\$1,309.20
175	528v1		HLA-B27 Antigen	16	\$12.00	\$272.00	*	\$17.00	\$272.00
176	31789	31789	Homocysteine	32	\$37.00	\$1,024.00	*	\$32.00	\$1,024.00
177	6292	10707X	Human Platelet Antigen 1 Genotype	8	\$255.00	\$2,040.00	*	\$123.04	\$984.32
178	10124v2		hs-CRP	8	\$28.50	\$228.00	*	\$10.00	\$80.00
179	34257	34257	Herpes Simplex Virus, Type 1 & 2 DNA, Real-Time PCR (43200)	36	\$241.00	\$8,676.00	*	\$60.00	\$2,160.00
180	8542v1		Herpes Simplex Virus 1/2 (IgG) Type-Specific Antibodies, CSF (60555)	4	\$62.52	\$250.08	*	\$36.98	\$147.92
181	90851	90851	Herpes Simplex Virus 1/2 Antibody (IgM), IFA with Reflex to Titer, CSF	8	\$50.25	\$402.00	*	\$10.25	\$82.00
182	90849	90849	Herpes Simplex Virus 1/2 Antibody (IgM), IFA with Reflex to Titer, Serum	4	\$10.25	\$41.00	*	\$10.25	\$41.00
183	19502	19502	Herpes Simplex Virus, Type 1 & 2 DNA, Quantitative Real-Time PCR (43220)	20	\$325.00	\$6,500.00	*	\$60.00	\$1,200.00
184	6447v1		Herpes Simplex Virus 1/2 (IgG), Type-Specific Antibodies (HerpeSelect(R))	16	\$25.00	\$400.00	*	\$11.00	\$176.00
185	2692v1		Herpes Simplex Virus Culture	16	\$26.71	\$427.36	*	\$22.00	\$352.00
186	2649v1		Herpes Simplex Virus Culture with Reflex to Typing	4	\$26.71	\$106.84	*	\$22.00	\$88.00
187	17495v1		Herpes Simplex Virus/Varicella Zoster Virus Rapid Culture	8	\$128.80	\$1,030.40	*	\$51.21	\$409.68
188	36175	36175	HTLV-III Antibody w/Reflex to Confirmation Assay	16	\$88.52	\$1,416.32	*	\$12.00	\$192.00
189	37053	37053	Hu Antibody Screen with Reflex to Titer and Western Blot	4	\$150.00	\$600.00	*	\$28.95	\$115.80
190	3488	14978X	Hypersensitivity Pneumonitis Screen	4	\$156.60	\$626.40	*	\$40.53	\$162.12
191	539L	539	IgA	4	\$9.35	\$37.40	*	\$9.35	\$37.40
192	34458	34458	IGF Binding Protein-3 (IGFBP-3)	20	\$26.25	\$525.00	*	\$5.00	\$100.00
193	16293v1		IGF-I, LC/MS	28	\$25.60	\$716.80	*	\$10.00	\$280.00
194	771	7903	IgG Subclasses Panel	4	\$196.75	\$787.00	*	\$57.95	\$231.80
195	780	4448X	IgG, CSF	4	\$14.62	\$58.48	*	\$8.45	\$33.80
196	543L	543	IgG, Serum	4	\$9.35	\$37.40	*	\$9.35	\$37.40
197	3952	549	Immunofixation, Serum	32	\$38.59	\$1,234.88	*	\$19.00	\$608.00
198	3647-2	3647-2	Immunofixation, Serum	12	\$38.59	\$463.08	*	\$19.00	\$228.00
199	213v1		Immunofixation, Urine	12	\$38.59	\$463.08	*	\$26.00	\$312.00
200	542v1		Immunoglobulin E	12	\$11.05	\$132.60	*	\$11.05	\$132.60
201	7083	7083	Immunoglobulins Panel, Serum	32	\$28.05	\$897.60	*	\$28.05	\$897.60
202	16503	16503X	Inflammatory Bowel Disease Differentiation Panel	4	\$459.35	\$1,837.40	*	\$113.00	\$452.00
203	561v1		Insulin	80	\$12.40	\$992.00	*	\$8.80	\$704.00
204	36741	36741	Islet Cell Antibody Screen with Reflex to Titer	8	\$29.40	\$235.20	*	\$15.20	\$121.60
205	34973	34973	Itraconazole, HPLC	4	\$78.50	\$314.00	*	\$57.66	\$230.64
206	723	5810X	Jo-1 Antibody	4	\$86.16	\$344.64	*	\$14.96	\$59.84
207	723-3		Jo-1 Antibody	4	\$91.00	\$364.00	*	\$14.96	\$59.84
208	3787	11234	Kappa/Lambda Light Chains, Free with Ratio, Serum	12	\$240.00	\$2,880.00	*	\$40.00	\$480.00
209	16262	16262	Lacosamide, LC/MS/MS	4	\$95.00	\$380.00	*	\$82.03	\$328.12
210	10156L	10156	Lactoferrin, Qualitative, Stool	4	\$68.50	\$274.00	*	\$58.50	\$234.00
211	22060	22060	Lamotrigine	32	\$19.47	\$623.04	*	\$10.00	\$320.00
212	5793	8927	Latex (k82) IgE	4	\$10.07	\$40.28	*	\$6.00	\$24.00
213	599v1		Lead, Blood	712	\$5.82	\$4,143.84	*	\$5.82	\$4,143.84
214	11673F	8856	Legionella Antigen, EIA, Urine	240	\$21.90	\$5,256.00	*	\$18.00	\$4,320.00
215	35080-2		Leukemia/Lymphoma Evaluation - 1 Additional Marker	4	\$37.95	\$151.80	*	\$37.95	\$151.80
216	35080-4		Leukemia/Lymphoma Evaluation - 3 Additional Markers	4	\$113.85	\$455.40	*	\$113.85	\$455.40



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Totals
Dollar Savings
Percent Savings

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\$840,128.88

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Code	Test Code	NTC	Description	12 Month Volume	Current Price	Proposed Price	Dollar Savings	Percent Savings	Total Savings
217	35080-1		Leukemia/Lymphoma Evaluation	12	\$700.00	\$8,400.00	*	\$179.96	\$2,159.52
218	15142v1		Levetiracetam	24	\$65.25	\$1,566.00	*	\$10.00	\$240.00
219	615v1		LH	60	\$24.72	\$1,483.20	*	\$7.45	\$447.00
220	445	35436X	Lipoprotein Electrophoresis	4	\$68.00	\$272.00	*	\$24.13	\$96.52
221	10527	10527	Liver Cytosol (LC-1) Autoantibodies (5922)	4	\$138.00	\$552.00	*	\$100.36	\$401.44
222	92688	92688	Liver Fibrosis, FibroTest-ActiTest Panel	72	\$288.75	\$20,790.00	*	\$275.00	\$19,800.00
223	3592	15038	Liver Kidney Microsome (LKM-1) Antibody (IgG)	4	\$60.00	\$240.00	*	\$14.67	\$58.68
224	14530v1		Lp-PLA2 (Lipoprotein-Associated Phospholipase A2)	4	\$50.00	\$200.00	*	\$50.00	\$200.00
225	9328	10716	Lupus (12) Panel	12	\$126.57	\$1,518.84	*	\$96.74	\$1,160.88
226	7079	7079	Lupus Anticoagulant Evaluation with Reflex	40	\$42.04	\$1,681.60	*	\$24.17	\$966.80
227	8593v1		Lyme Disease Antibodies (IgG, IgM) Immunoblot	4	\$52.05	\$208.20	*	\$19.06	\$76.24
228	6646v1		Lyme Disease Antibody with Reflex to Blot (IgG, IgM)	8	\$6.10	\$48.80	*	\$7.00	\$56.00
229	15777	15777	Lyme Disease (Borrelia spp) DNA Qualitative Real-Time PCR, Blood	8	\$235.00	\$1,880.00	*	\$158.45	\$1,267.60
230	933	7924X	Lymphocyte Subset Panel 4	52	\$148.18	\$7,705.36	*	\$45.36	\$2,358.72
231	781	8360X	Lymphocyte Subset Panel 5	348	\$24.00	\$8,352.00	*	\$24.00	\$8,352.00
232	21130v1		Mycoplasma pneumoniae Antibody (IgM)	4	\$38.38	\$153.52	*	\$9.22	\$36.88
233	10063	10063	Myelin Assoc. Glycoprotein (MAG) Antibody w/Reflex to MAG-SGPG & MAG, EIA	4	\$105.00	\$420.00	*	\$43.43	\$173.72
234	394	625X	Magnesium, 24-Hour Urine (with Creatinine)	4	\$15.64	\$62.56	*	\$15.64	\$62.56
235	951v1		Manganese	4	\$62.64	\$250.56	*	\$27.02	\$108.08
236	13076	4846Z	Marijuana by GC/MS, Urine (131077)	4	\$26.71	\$106.84	*	\$12.35	\$49.40
237	3584	14962X	Metanephrines, Fractionated, LC/MS/MS, 24-Hour Urine	4	\$17.00	\$68.00	*	\$16.41	\$65.64
238	3587	14961X	Metanephrines, Fractionated, LC/MS/MS, Random Urine	4	\$27.05	\$108.20	*	\$19.38	\$77.52
239	13078	8418Z	Methadone by GC/MS, Urine (2087)	4	\$100.00	\$400.00	*	\$21.23	\$84.92
240	34879v1		Methylmalonic Acid	20	\$61.60	\$1,232.00	*	\$11.00	\$220.00
241	15281v1		Microalbumin, 24-Hour Urine (with Creatinine)	28	\$9.00	\$252.00	*	\$7.00	\$196.00
242	259v1		Mitochondrial Antibody with Reflex to Titer	16	\$12.25	\$196.00	*	\$5.00	\$80.00
243	8624v1		Mumps Virus Antibody (IgG)	180	\$23.85	\$4,293.00	*	\$4.00	\$720.00
244	36564	36564	Mumps Virus Antibodies (IgG, IgM)	8	\$58.87	\$470.96	*	\$22.29	\$178.32
245	10662v1		Mycophenolic Acid	12	\$92.55	\$1,110.60	*	\$40.00	\$480.00
246	660v1		Myoglobin, Serum	8	\$31.36	\$250.88	*	\$13.60	\$108.80
247	661v2		Myoglobin, Urine	4	\$26.25	\$105.00	*	\$9.72	\$38.88
248	11362L	11362X	Neisseria gonorrhoeae RNA, TMA	12	\$30.00	\$360.00	*	\$15.00	\$180.00
249	13130F	19098	Norovirus RNA, Qualitative Real-Time PCR (19098)	4	\$215.00	\$860.00	*	\$86.85	\$347.40
250	681L	681X	Ova and Parasites, Concentrate and Permanent Smear	148	\$8.37	\$1,238.76	*	\$8.37	\$1,238.76
251	790	674	Oligoclonal Bands (IgG), CSF	8	\$28.69	\$229.52	*	\$28.69	\$229.52
252	13246	15475X	Opiates, Expanded by GC/MS (U) (15475)	8	\$96.45	\$771.60	*	\$38.60	\$308.80
253	90561	90561	Organic Acids, Full Panel, Quantitative, Urine	4	\$389.76	\$1,559.04	*	\$261.89	\$1,047.56
254	90406	90406	Organic Acids, Qualitative, Urine	4	\$320.76	\$1,283.04	*	\$110.01	\$440.04
255	12992	36637	Oxcarbazepine Metabolite, Serum/Plasma (36637)	12	\$71.00	\$852.00	*	\$27.00	\$324.00
256	4191	14693Z	Pancreatic Elastase-1	4	\$224.00	\$896.00	*	\$48.25	\$193.00
257	8946v1		Parvovirus B19 Antibodies (IgG, IgM)	16	\$32.30	\$516.80	*	\$24.50	\$392.00
258	3927	34296X	Parvovirus B19 DNA, Qualitative Real-Time PCR (43010)	8	\$125.33	\$1,002.64	*	\$82.03	\$656.24
259	94335	700X	Pentobarbital (9852)	12	\$60.29	\$723.48	*	\$60.29	\$723.48
260	23692	3189	Phenytoin, Free (23692)	12	\$18.00	\$216.00	*	\$18.00	\$216.00
261	4055	719X	Phosphate, 24-Hour Urine (with Creatinine)	4	\$10.51	\$42.04	*	\$9.19	\$36.76
262	6054	6329	Phosphobilinogen, Quantitative, Random Urine	4	\$34.45	\$137.80	*	\$34.45	\$137.80
263	4224	10290	Porphyryns, Total, Plasma	4	\$78.00	\$312.00	*	\$48.25	\$193.00
264	14521	14521X	Potassium without Creatinine, Random Urine (5311UR)	4	\$10.76	\$43.04	*	\$5.24	\$20.96
265	16846	16846	Plasma Renin Activity, LC/MS/MS	20	\$34.63	\$692.60	*	\$11.58	\$231.60
266	3647R	10269	Protein Electrophoresis, with Total Protein and Reflex to IFE, Serum	12	\$27.10	\$433.60	*	\$6.00	\$96.00
267	17183	17183	Progesterone, LC/MS/MS	16	\$22.22	\$355.52	*	\$8.00	\$96.00
268	1777v1		Protein C Activity	16	\$35.00	\$560.00	*	\$12.00	\$192.00
269	8645	39457X	PROTEIN C & PROTEIN S, FUNCTIONAL	20	\$84.00	\$1,680.00	*	\$27.00	\$540.00
270	3921	747	Protein, Total and Protein Electrophoresis	52	\$10.50	\$546.00	*	\$6.00	\$312.00



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271	1779v1		Protein S Activity	12	\$42.00	\$504.00	*	\$15.00	\$180.00
272	10170v1		Protein S Antigen, Free	4	\$150.00	\$600.00	*	\$21.23	\$84.92
273	9010	8525	Protein Electrophoresis and Total Protein, Random Urine	36	\$26.00	\$936.00	*	\$26.00	\$936.00
274	8958	38940	Protein Electrophoresis Panel 1	20	\$127.14	\$2,542.80	*	\$73.05	\$1,461.00
275	17909	17909	Prothrombin (Factor II) 20210G>A Mutation Analysis	16	\$135.00	\$2,160.00	*	\$22.68	\$362.88
276	11327-4	11327-4	Prothrombin (Factor II) 20210G>A Mutation Analysis	4	\$158.56	\$634.24	*	\$22.68	\$90.72
277	6783	5363	PSA, Total	4	\$25.58	\$102.32	*	\$8.00	\$32.00
278	6894	31348	PSA, Free and Total	36	\$32.73	\$1,178.28	*	\$9.00	\$324.00
279	36736v1		PTH, Intact (ICMA) and Ionized Calcium	28	\$92.97	\$2,603.16	*	\$20.00	\$560.00
280	8837v1		PTH, Intact and Calcium	240	\$70.75	\$16,980.00	*	\$12.50	\$3,000.00
281	4866	34478Z	PTH-Related Protein (PTH-RP)	4	\$172.33	\$689.32	*	\$28.95	\$115.80
282	11728	38953X	Pyruvate Kinase, Erythrocytes (PK)	4	\$127.65	\$510.60	*	\$127.65	\$510.60
283	37071v1		Q Fever (Coxiella burnetii) Antibodies (IgG, IgM) with Reflex to Titers	4	\$93.00	\$372.00	*	\$35.96	\$143.84
284	16603v2		QuantIFERON(R)-TB Gold, (Draw Site Incubated)	1072	\$40.00	\$42,880.00	*	\$40.00	\$42,880.00
285	35299	35299	Quetiapine, Serum/Plasma	8	\$73.00	\$584.00	*	\$55.50	\$444.00
286	19878	19878X	Rheumatoid Arthritis Diagnostic Panel, Comprehensive	16	\$216.79	\$3,468.64	*	\$56.45	\$903.20
287	3834	15384	Rheumatoid Factor Screen with Reflex to Titer, Synovial Fluid	4	\$27.96	\$111.84	*	\$27.96	\$111.84
288	19887-1		RNP Antibody	12	\$30.00	\$360.00	*	\$19.30	\$231.60
289	37673v1		Rubella Antibodies (IgG, IgM) Diagnostic	52	\$50.56	\$2,629.12	*	\$16.50	\$858.00
290	4422L	4422X	Rubella Antibody (IgM)	8	\$38.59	\$308.72	*	\$8.30	\$66.40
291	3097	10582	Salmonella, Total Antibody, EIA (40450)	8	\$93.00	\$744.00	*	\$34.98	\$279.84
292	4942	4942	Scl-70 Antibody	4	\$12.00	\$48.00	*	\$12.00	\$48.00
293	729-1		Scl-70 Antibody	4	\$55.00	\$220.00	*	\$12.00	\$48.00
294	6528	825	Sickle Cell Screen	4	\$8.18	\$32.72	*	\$8.18	\$32.72
295	36712v1		Sirolimus LC/MS/MS	24	\$123.00	\$2,952.00	*	\$19.00	\$456.00
296	7832	7832	Sjogren's Antibodies (SS-A, SS-B)	8	\$17.50	\$140.00	*	\$12.00	\$96.00
297	3262	38568	Sjogren's Antibody (SS-A)	4	\$45.17	\$180.68	*	\$6.00	\$24.00
298	3262-1		Sjogren's Antibody (SS-A)	4	\$54.00	\$216.00	*	\$6.00	\$24.00
299	3241	38569	Sjogren's Antibody (SS-B)	4	\$45.17	\$180.68	*	\$6.00	\$24.00
300	3241-1		Sjogren's Antibody (SS-B)	4	\$54.00	\$216.00	*	\$6.00	\$24.00
301	765	7448	Sm and Sm/RNP Antibodies	12	\$18.00	\$216.00	*	\$12.21	\$146.52
302	3218	37923	Sm Antibody	20	\$9.00	\$180.00	*	\$5.00	\$100.00
303	3218-1		Sm Antibody	12	\$52.00	\$624.00	*	\$5.00	\$60.00
304	3222-1		Sm/RNP Antibody	12	\$54.00	\$648.00	*	\$7.21	\$86.52
305	14627v1		Serotonin Release Assay, Unfractionated Heparin	8	\$260.00	\$2,080.00	*	\$48.25	\$386.00
306	12920	14857	ssDNA (Single Stranded DNA) IgG Antibody (45972)	4	\$130.25	\$521.00	*	\$26.25	\$105.00
307	13360	30260X	Stone Analysis (4161)	4	\$56.39	\$225.56	*	\$11.58	\$46.32
308	30175v1		Sulfatide Autoantibody Test (210)	4	\$500.00	\$2,000.00	*	\$495.00	\$1,980.00
309	653v2		Treponema pallidum Ab, Particle Agglutination	60	\$17.30	\$1,038.00	*	\$17.30	\$1,038.00
310	90827	90827	Trypanosoma cruzi Antibody, Total	8	\$90.95	\$727.60	*	\$80.25	\$642.00
311	859v1		T3, Total	40	\$12.15	\$486.00	*	\$6.00	\$240.00
312	17733	17733	T4, Total (Thyroxine)	148	\$7.06	\$1,044.88	*	\$5.00	\$740.00
313	70007v1		Tacrolimus, Highly Sensitive, LC/MS/MS	120	\$45.00	\$5,400.00	*	\$11.00	\$1,320.00
314	516	870X	TBG (Thyroxine Binding Globulin)	24	\$30.93	\$742.32	*	\$15.00	\$360.00
315	36170v1		Testosterone, Free (Dialysis) and Total (LC/MS/MS)	68	\$60.00	\$4,080.00	*	\$15.44	\$1,049.92
316	15983v1		Testosterone, Total, LC/MS/MS	36	\$43.01	\$1,548.36	*	\$8.00	\$288.00
317	404	267	Thyroglobulin Antibodies	4	\$9.40	\$37.60	*	\$9.40	\$37.60
318	406	30278	Thyroglobulin Panel	8	\$22.75	\$182.00	*	\$17.82	\$142.56
319	15102	15102	Thyroid Cascading Reflex	16	\$24.20	\$387.20	*	\$7.72	\$123.52
320	295	5081	Thyroid Peroxidase Antibodies	28	\$11.75	\$329.00	*	\$5.00	\$140.00
321	120	7260	Thyroid Peroxidase and Thyroglobulin Antibodies	8	\$21.00	\$168.00	*	\$14.40	\$115.20
322	6813	8821	Tissue Transglutaminase Antibody (IgA)	40	\$75.00	\$3,000.00	*	\$6.00	\$240.00
323	30965v1		Topiramate	8	\$27.00	\$216.00	*	\$20.00	\$160.00
324	6444v1		Torch Panel, Acute	4	\$167.69	\$670.76	*	\$46.27	\$185.08



ATTACHMENT B TO EXHIBIT A (discounted pricing)

HBOT 61224251

Confidential

Quest Diagnostics Incorporated - SJC
Pricing Evaluation and Proposal for Natividad Medical Center, SALINAS, CA 93906 - Medassets - July, 2016

Totals
Dollar Savings
Percent Savings

10,812 \$840,128.88

\$390,126.20
(\$450,002.68)
-53.56%

				12 Month Volume					
325	8636v2		Toxoplasma Antibodies (IgG, IgM)	48	\$17.50	\$840.00	*	\$17.50	\$840.00
326	891v2		Transferrin	56	\$10.50	\$588.00	*	\$7.00	\$392.00
327	11681F	17088X	Treponema pallidum Antibody, IFA (CSF) (63486)	4	\$20.76	\$83.04		\$20.76	\$83.04
328	34484v1		Tryptase	4	\$69.97	\$279.88	*	\$47.29	\$189.16
329	36577	36577	TSH Antibody	8	\$118.00	\$944.00	*	\$102.48	\$819.84
330	19537	19537	TSH with HAMA Treatment	36	\$48.40	\$1,742.40	*	\$9.66	\$347.76
331	30551	30551	TSI (Thyroid Stimulating Immunoglobulin)	24	\$57.20	\$1,372.80	*	\$36.00	\$864.00
332	11073v1		Tissue Transglutaminase Antibody (IgG, IgA)	12	\$182.24	\$2,186.88	*	\$19.82	\$237.84
333	19955-5	19955-5	Tissue Transglutaminase Antibody (IgG)	4	\$68.00	\$272.00	*	\$9.91	\$39.64
334	1737L	1737X	Urea Nitrogen, Random Urine	4	\$10.76	\$43.04	*	\$5.00	\$20.00
335	4705	1744X	Uric Acid, Random Urine (w/ Creatinine)	4	\$15.90	\$63.60	*	\$7.26	\$29.04
336	4128v1		VDRL, CSF	12	\$9.00	\$108.00	*	\$8.98	\$107.76
337	30509v1		VDRL, Serum	4	\$10.50	\$42.00	*	\$7.61	\$30.44
338	921L	921	Vitamin A (Retinol)	4	\$26.00	\$104.00	*	\$14.00	\$56.00
339	5042v1		Vitamin B1 (Thiamine), Blood LC/MS/MS	112	\$30.93	\$3,464.16	*	\$20.00	\$2,240.00
340	926L	926	Vitamin B6, Plasma	8	\$167.11	\$1,336.88	*	\$25.00	\$200.00
341	929v1		Vitamin C, LC/MS/MS	4	\$41.85	\$167.40	*	\$23.97	\$95.88
342	16558v1		Vitamin D, 1,25-Dihydroxy, LC/MS/MS	264	\$26.50	\$6,996.00	*	\$15.44	\$4,076.16
343	931L	931	Vitamin E (Tocopherol)	4	\$22.22	\$88.88	*	\$14.00	\$56.00
344	9601	19790X	von Willebrand Comprehensive Panel	12	\$596.83	\$7,161.96	*	\$136.22	\$1,634.64
345	19574	19574	Voriconazole, HPLC	4	\$178.00	\$712.00	*	\$72.38	\$289.52
346	9457	15540X	von Willebrand Comprehensive Panel 2	4	\$816.83	\$3,267.32	*	\$191.22	\$764.88
347	34128	34128	Varicella-Zoster Virus Antibodies (IgG, IgM)	124	\$30.00	\$3,720.00	*	\$14.00	\$1,736.00
348	3888	34052X	Varicella Zoster Virus (VZV) DNA, Qualitative Real-Time PCR (45020)	8	\$221.42	\$1,771.36	*	\$96.50	\$772.00
349	36597v1		West Nile Virus Antibodies (IgG, IgM), CSF	4	\$112.00	\$448.00	*	\$50.91	\$203.64
350	36596v1		West Nile Virus Antibodies (IgG, IgM), Serum	4	\$112.00	\$448.00	*	\$33.78	\$135.12
351	16326	16326	XSense(R), Fragile X with Reflex and Chromosome Analysis, Blood	8	\$904.00	\$7,232.00	*	\$321.50	\$2,572.00
352	16313	16313	XSense(R), Fragile X with Reflex	8	\$269.00	\$2,152.00	*	\$96.50	\$772.00
353	945v1		Zinc	4	\$15.76	\$63.04	*	\$9.24	\$36.96
354	37852	37852	Zonisamide	8	\$89.00	\$792.00	*	\$35.69	\$285.52

Tests marked with "*" denotes a special priced test. All other discountable tests are discounted at ___% off of Quest Diagnostics' List Fee Schedule.

Certain high cost of performance assays and tests referred to other laboratories are non-discountable.

Tests in this bid are converted to the best of our ability; however, some prices may need to be adjusted upon receipt of additional test utilization, information, test components or other data.

In the event any reference laboratory, to which Quest Diagnostics refers testing, increases its charges to Quest Diagnostics at any time during the Initial Term or any Renewal Term of this Agreement, Quest Diagnostics shall have the right to increase its charges to Client for any such tests in an amount that is commensurate with the increase by the reference laboratory. Handling fee will be added for tests sent to other reference laboratories.

The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

Reflex testing, if performed, is an additional charge.

Signed Pricing received five business days before the last day of current invoice period is implemented the first day of the invoice period in which it is received, otherwise the pricing will be implemented the first day of the next invoice period.

Account Information: Enter all account numbers here with their BU

I agree with all pricing and terms listed above.



ATTACHMENT B TO EXHIBIT A (discounted pricing)

HBOT 61224251

Quest Diagnostics Incorporated - SJC
Pricing Evaluation and Proposal for Natividad Medical Center, SALINAS, CA 93906 - Medassets - July, 2016

Confidential

Totals	10,812	\$840,128.88	\$390,126.20
Dollar Savings			(\$450,002.68)
Percent Savings			-53.56%

12 Month
Volume

Enter Client name here (Representative) - Print Name

Enter Client name here (Representative) - Signature

Date

Please send completed forms with signature and all pages to:

Email: Mailbox_hospis1supp@questdiagnostics.com
Fax: 610.271.4411

Prepared by XX for XX:

ADDENDUM NO. 1

**TO AGREEMENT BY AND BETWEEN QUEST DIAGNOSTICS, INC AND
THE COUNTY OF MONTEREY ON BEHALF OF NATIVIDAD MEDICAL CENTER
FOR REFERENCE LABORATORY TESTING SERVICES**

This Addendum No. 1 amends, modifies, and supplements the County of Monterey Agreement for Services (hereinafter "Agreement") by and between Quest Diagnostics, Inc. (hereinafter "CONTRACTOR") and the County of Monterey, on behalf of Natividad Medical Center (hereinafter "NMC"). This Addendum #1 has the full force and effect as if set forth within the Terms. To the extent that any of the terms or conditions contained in this Addendum #1 may contradict or conflict with any of the terms and conditions of the Agreement, it is expressly understood and agreed that the terms and conditions of this Addendum #1 shall take precedence and supersede the attached Agreement.

NOW, THEREFORE, NMC and CONTRACTOR agree that the Agreement terms and conditions shall be amended, modified, and supplemented as follows:

1. **Agreement paragraph 5.1 under Section for "Performance Standards", shall be amended to:**
 5.1 CONTRACTOR warrants that CONTRACTOR and Contractor's agents, employees, and subcontractors performing services under this Agreement are specially trained, experienced, competent, and appropriately licensed to perform the work and deliver the services required under this Agreement.
2. **Agreement paragraph 6.1 under Section "Payment Terms" shall be amended to:**
 6.1 Prices shall remain firm for the term of the Agreement as per the attached Exhibit A.
3. **Agreement paragraph 7.1 under Section for "Termination", shall be omitted in its entirety.**
4. **Agreement paragraph 7.2 under Section for "Termination", shall be amended to:**
Mutual Good Cause Termination
 7.2 Either party may cancel and terminate this Agreement for good cause effective immediately upon written notice to Contractor. "Good cause" includes the failure of a party to perform the required services at the time and in the manner provided under this Agreement. Upon termination of this Agreement for good cause, neither party shall have any further obligation with the exception of obligations accruing prior to the date of termination, such as payment for Laboratory Services rendered prior to the termination of this Agreement at the rates set forth in this Agreement; payment of Laboratory Services rendered after the termination of the Agreement shall be at Quest Diagnostics' billed charges; and obligations, promises,

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covenants contained in this Agreement that expressly survive the termination of this Agreement.

5. Agreement paragraph 8.1 under Section for "INDEMNIFICATION", shall be amended to:

8.1 Mutual Indemnification

CONTRACTOR shall indemnify, defend, and hold harmless NMC, its officers, agents and employees from any claim, liability, loss, injury or damage rising out of, or in connection with, performance of this Agreement by CONTRACTOR and/or its agents, members, employees or sub-contractors, excepting only loss, injury or damage caused by the negligence or willful misconduct of personnel employed by NMC. It is the intent of the Parties to this Agreement to provide the broadest possible indemnification for NMC. CONTRACTOR shall reimburse NMC for all costs, attorneys' fees, expenses and liabilities incurred by NMC with respect to any litigation in which CONTRACTOR is obligated to indemnify, defend and hold harmless NMC under this Agreement.

NMC shall indemnify, defend, and hold harmless CONTRACTOR, its officers, agents and employees from any claim, liability, loss, injury or damage arising out of, or in connection with, performance of this Agreement by NMC and/or its agents, members, employees or sub-contractors, excepting only loss, injury or damage caused by the negligence or willful misconduct of personnel employed by CONTRACTOR. It is the intent of the Parties to this Agreement to provide the broadest possible coverage for CONTRACTOR.

6. Paragraphs 9.1 and 9.4 under Section for "INSURANCE", shall be amended to:

Paragraph 9.1 Evidence of Coverage shall be amended to:

Prior to the Commencement of this Agreement, the CONTRACTOR shall provide a "Certificate of Insurance" evidencing that coverage as required herein has been obtained. Blanket additional insured endorsements for the General Liability and Automobile shall accompany the certificate. This evidence of coverage shall be sent to NMC's Contracts/Purchasing Department unless otherwise directed. The CONTRACTOR shall not receive a "Notice to Proceed" with the work under this Agreement until it has obtained all insurance required and NMC has approved such insurance. The approval of insurance shall neither relieve nor decrease the liability of the Contractor.

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7/1/17 - 4/30/21

Section 9.4 , Paragraph 2 shall be amended to:

Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with policy provisions. Quest Diagnostics will endeavor to provide NMC thirty day advance notice of any cancellation or non-renewal of each policy. Each policy shall provide coverage for CONTRACTOR and additional insured with respect to claims arising from each subcontractor, if any, performing work under this Agreement.

Section 9.4, Paragraph 3 shall be amended to:

Commercial general liability and automobile liability policies shall include on the "Certificate of Insurance" the County of Monterey, its officers, agents, and employees as Additional insureds with respect to liability arising out of the Contractor's work, including ongoing and completed operations, and shall further provide that such insurance is primary to any insurance or self-insurance maintained by the County and that the insurance of the Additional Insureds shall not be called upon to contribute to a loss covered by the Contractor's insurance. Contractor will provide NMC with blanket additional insured endorsements for the general liability and automobile liability policies.

Section 9.4, Paragraph 4 shall be amended to:

Change "five (5) calendar days" to "fifteen (15) calendar days."

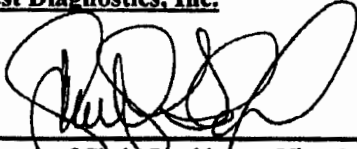

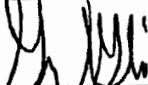
7. Paragraph 10.5 under Section for "RECORDS AND CONFIDENTIALITY", shall be amended to:

10.5 Royalties and Inventions. NMC shall have a license to all original computer programs, writings, sound recordings, pictorial reproductions, drawings, and other works of similar nature produced in the course of or under this Agreement. CONTRACTOR shall not publish any such material without the prior written approval of NMC.

Signature page to follow.

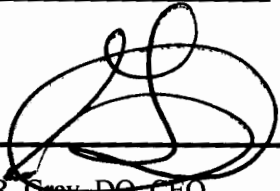
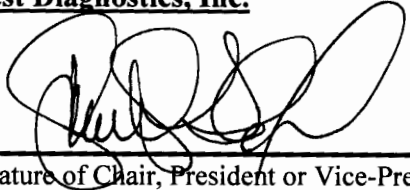

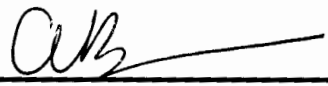
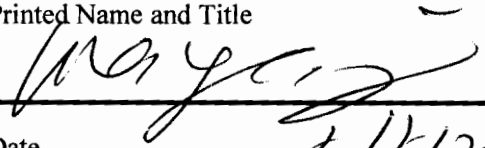
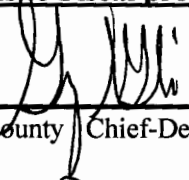
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IN WITNESS WHEREOF, the Parties hereto are in agreement with this Addendum No.1 on the basis set forth in this document and have executed this Addendum No. 1 the day and year set forth herein.

<p><u>Natividad Medical Center</u></p>	<p><u>Quest Diagnostics, Inc.</u></p>
<p>Gary R. Gray, DO, CEO</p>	<p> Signature of Chair, President or Vice-President</p> <p>Katie Bishar, Vice President Esoteric Operations</p>
<p>Date <u>May 24, 2017</u></p>	<p>Printed Name and Title <u>5/3/2017</u></p>
<p><u>Approved as to Legal Provisions:</u></p> <p> Monterey County Deputy County Counsel</p>	<p>Date</p> <p>Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer</p>
<p>Date</p>	<p>Julia Wang, Vice President Regional Finance and Enterprise Commercial</p>
<p><u>Approved as to Fiscal provisions:</u></p> <p></p>	<p>Printed Name and Title <u>5/5/2017</u></p>
<p>Monterey County Chief-Deputy Auditor-Controller <u>5-25-17</u></p>	<p>Date</p> <p><u>Signature Instructions</u></p>
<p>Date</p>	<p>For a corporation; including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers (two signatures required).</p>

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IN WITNESS WHEREOF, the Parties hereto are in agreement with this Addendum No.1 on the basis set forth in this document and have executed this Addendum No. 1 the day and year set forth herein.

<u>Natividad Medical Center</u>	<u>Quest Diagnostics, Inc.</u>
	
Gary R. Gray, DO, CEO	Signature of Chair, President or Vice-President
	Katie Bishar, Vice President Esoteric Operations
Date	Printed Name and Title
May 24, 2017	5/3/2017
Date	Date
<u>Approved as to Legal Provisions:</u>	
	
Monterey County Deputy County Counsel	Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer
Date	Julia Wang, Vice President Regional Finance and Enterprise Commercial
	Printed Name and Title
<u>Approved as to Fiscal provisions:</u>	
	Date
Monterey County Chief-Deputy Auditor-Controller	5/5/2017
5-25-17	<u>Signature Instructions</u>
Date	For a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers (two signatures required).