

COUNTY OF KANE

Christopher J. Lauzen
Kane County Board Chairman



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DOCUMENT VET SHEET

for
Christopher J. Lauzen
Chairman, Kane County Board

Name of Document: Drug Testing Service Contract Resolution No.: #13-181

Submitted by: Lisa Aust, Executive Director Dept. Head Signature: *Lisa Aust*

Date Submitted: 6/17/2013 Dept. Head Sign-off Date: _____

Examined by: Joseph Lulves
(Print name)

Joseph Lulves
(Signature)

6-21-13
(Date)



Post on the Web: YES NO Atty Initials: *CL*

Comments:

Chairman signed: YES NO 6/24/13
(Date)

Document returned to: LISA AUST
(Name/Department)

STATE OF ILLINOIS

COUNTY OF KANE

RESOLUTION NO. 13 - 181

**AUTHORIZING DRUG TESTING SERVICE CONTRACT
(Court Services)**

WHEREAS, the Kane County Court Services issued a Request for Proposal for contractual lab services for the testing of urine samples for drugs and alcohol; and

WHEREAS, four vendors responded to the RFP 04-013 for drug testing services; and

WHEREAS, Redwood Toxicology Laboratory in Santa Rosa, CA scored the highest of the four vendors based upon offering the best value per test and confirmation, the overall description of laboratory conditions and processes and Court Service's experience of working with this vendor to provide this service; and

WHEREAS, urine testing for drugs and alcohol is a tool for monitoring defendant compliance, and is statutorily required to occur with certain defendants; and

WHEREAS, adequate funds have been budgeted to allow purchase of these services from the vendor

NOW, THEREFORE, BE IT RESOLVED by the Kane County Board that the Chairman thereof be, and hereby is, authorized and directed to execute a contract with Redwood Toxicology Laboratory for a term of one year, with the mutual option to extend, subject to appropriation and the right of the county to terminate the contract in accordance with the provisions of the contract.

Line Item	Line Item Description	Was personnel/item/service approved in original budget or a subsequent budget revision?	Are funds currently available for this personnel/item/service in the specific line item?	If funds are not currently available in the specified line item, where are the funds available?
001-430-431-50500	Lab Services	Yes	Yes	N/A
001-430-432-50500	Lab Services	Yes	Yes	N/A
001-430-434-50500	Lab Services	Yes	Yes	N/A
270-430-460-50500	Lab Services	Yes	Yes	N/A
271-430-461-50500	Lab Services	Yes	Yes	N/A
273-430-464-50500	Lab Services	Yes	Yes	N/A
275-430-463-50500	Lab Services	Yes	Yes	N/A

Passed by the Kane County Board on June 11, 2013.

John A. Cunningham
Clerk, County Board
Kane County, Illinois

Christopher J. Lauzen
Chairman, County Board
Kane County, Illinois

Vote:

Yes 24

No 0

Voice 0

Abstentions 0

6DrugTesting

**CONTRACT FOR SERVICES
DRUG TESTING SERVICE**

PURCHASER: KANE COUNTY COURT SERVICES
Kane County Judicial Center
37W777 Route 38, Suite 100
St. Charles IL 60175-7532
630-232-5805

CONTRACTOR: REDWOOD TOXICOLOGY LABORATORY, INC.
3650 Westwind Boulevard
Santa Rosa CA 95403

This contract for professional services is by and between Redwood Toxicology Laboratory, Inc., hereafter referred to as the Contractor, and Kane County Court Services, hereafter referred to as the Purchaser.

1. **SERVICES RENDERED** – The Contractor agrees to provide comprehensive drug testing services for the Kane County Court Services Department. The drug testing services will include providing drug testing collection equipment, containers, pre-paid postage or courier mailers, packaging, labels and related materials, cost of shipping, drug testing results reporting and possible expert court testimony.
2. **PAYMENT FOR SERVICES** – The Contractor will submit monthly invoices to Purchaser. (See Attached Cost List).
3. **EFFECTIVE DATE** – This contract shall become effective June 1, 2013 and shall terminate May 31, 2014 with a mutual option to extend for up to two (2) additional one (1) year terms.
4. **GEOGRAPHIC AREA SERVED** – The contractor agrees to provide drug testing services through Kane County, IL.
5. **TERMINATION** – Each party reserves the right to terminate this contract at any time with thirty (30) days written notice to the other party. In the event of default or non-compliance with the terms of this Contract, it may be terminated immediately. Such termination shall be given in writing on the day of said occurrence. In the event of termination, the contractor will be paid for services rendered to the date of termination.
6. **NON-DISCRIMINATION** - The Contractor agrees to comply with Title VI of the Civil Rights Act of 1964, the Constitution of the United States, and the 1970 Constitution of the State of Illinois and any laws, regulations or orders, State or Federal, which prohibit discrimination on the grounds of race, sex, religion, national origin, or inability to speak or comprehend the English language.
7. **VOUCHERS** - The Purchaser agrees to pay all invoices within 30 days from receipt of invoice.

8. **CONFIDENTIALITY** - The Contractor agrees that any information obtained concerning persons served by the Program shall remain confidential. The Contractor agrees not to disclose any information concerning said persons without prior approval of the Individual and the Purchaser.
9. **LIABILITY** - The Purchaser assumes no liability for actions of the Contractor under this contract. The Contractor agrees to hold harmless the Purchaser against any and all liability loss, damage, cost, or expense arising from wrongful or negligent acts of Contractor which the Purchaser may sustain, incur, or be required to pay as a result of Contractor's performance under this Contract.
10. **MONITORING AND EVALUATION** - The Contractor agrees to maintain such records as may be required by the Purchaser.

STATEMENT OF WORK FOR DRUG TESTING SERVICES

A. Drug Testing Services

- a. Contractor will provide all necessary urine specimen collection and shipping supplies to the Purchaser at no additional cost. For urine testing, these supplies include:
 - i. Preprinted Chain of Custody forms/labels & security seals
 - ii. Urine specimen collection containers, including 60 mL or 90 mL bottles with lids and built-in temperature strips
 - iii. Specimen baggies with absorbent material
 - iv. Pre-paid FedEx or UPS lab packs or pre-paid US mailer boxes – contractor provides specimen pick up through FedEx or UPS with overnight service delivery to the lab in Santa Rosa, CA. Next day air service of inbound specimens sent to Contractor for testing is provided at no charge when five (5) or more urine and/or oral fluids specimens are sent in each FedEx overnight shipment. Any combination of urine and/or oral fluids devices may be shipped together via FedEx overnight service. Fewer than five (5) specimens sent to the lab by next day air service will be assessed a seven dollar (\$7.00) charge per shipment.
- b. Contractor will ship supplies to the Purchaser via FedEx or UPS ground delivery service at no charge. Expedited delivery of these supplies will be provided on an "at cost" basis.
- c. Contractor will provide laboratory-based testing for five drug lab panel (Amp/Coc/Opi/THC/Alc) \$3.25 price per specimen, six drug lab panel (includes five panel plus PCP) \$3.25 price per specimen, seven drug lab panel (includes five panel plus Barbiturates and Benzodiazepine) \$3.40 price per panel, eight drug lab panel (includes seven panel plus PCP) \$3.60 price per specimen and ten drug lab panel (includes eight panel plus Propoxyphene and Methadone) \$4.25 price per specimen. Initial screening of Contractor's standard laboratory tests is performed by enzyme immunoassay (EIA). The price includes confirmation of presumptive positives by a secondary method including radio immunoassay (RIA), thin layer chromatography (TLC) or gas chromatography/flame ionization detection (GC/FID), depending on drug class, with the exception of PCP, which

will be confirmed by gas chromatography/mass spectrometry (GC/MS) at \$8.00 for GC/MS or LC/MS/MS confirmation per drug. Alcohol (ethanol) will be confirmed by GC/FIS at no additional cost.

B. Drug Test Results Reporting

- a. Contractor will provide confirmation testing on presumptive positive specimens, either automatically (via RIA, TLC or GC/FID) or upon request (via GC/MS or LC/MS/MS), depending on the needs of the Purchaser. Testing will take no longer than 24 hours to perform the initial screen and no longer than and additional 48 hours for confirmation for presumptive positives. The total turnaround time for positive specimens will be up to 72 hours from receipt of specimen at the RTL laboratory. Negative results will be provided within 24 hours of receipt of specimen at the laboratory, and confirmation of presumptive positives will be provided within 72 hours of receipt of specimen at the laboratory.
- b. Contractor agrees to provide results, reports and records to the Purchaser at no additional cost. Toxicology results will be reported to authorized Purchaser personnel only. The Contractor will notify the Purchaser of positive results directly following test completion. Results will be available immediately when notifications are sent through WebToxicology, the Contractor's secure web-based internet reporting website (www.webtoxicology.com). Results are available by mail or by fax as requested by Purchaser. Reports available through WebToxicology include results summary, monthly summary, statistical summary, donor test summary, pending specimens, and no-show report.
- c. The Contractor will offer training programs to include online training modules, webinar training and on-location training.
- d. The Contractor will provide expert witness services, including written affidavit, telephonically or in-court. Written affidavits and telephonic testimony are provided at no additional cost. Contractor will provide court representation/testimony at a cost of three hundred and fifty (\$350) dollars per day plus travel, a daily meal per-diem and hotel cost not to exceed the county and state rates, and any other related travel cost. When subpoenaed to testify, the toxicologist will produce the original specimen and container, chain of custody, laboratory results, quality control data, and GC/MS confirmation of the positive drug(s).

REDWOOD TOXICOLOGY LABORATORY, INC.
3650 Westwind Boulevard
Santa Rosa CA 95403

By: _____

Signature

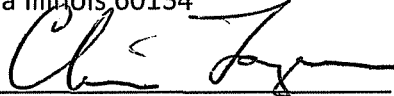
By: _____

Printed

Title: _____

Date: _____

County of Kane
719 S. Batavia Ave, Bldg A.
Geneva Illinois 60134

By:  _____

Signature

By: Christopher J. Lauzen

Printed

Title: County Board Chairman

Date: 6-24-13

**Additional/Optional Pricing Schedule
Kane County Courts
Bid No. 04-013**

Items highlighted in Green are included as part of this request for proposal

Section I: Laboratory Drug & Alcohol Testing Services

Urine Lab Tests

TEST CODE	DRUG(S)	DESCRIPTION	PRICE PER SPECIMEN
Varies	1	One Drug Standard Lab Panel (price per drug when added to a lab panel - *Pricing valid when an additional drug is requested in addition to a standard Lab Panel. This does not include GC/MS confirmation.	\$ 2.50
Varies	4	Four Drug Standard Lab Panel	\$ 3.25
H07	5	Five Drug Standard Lab Panel	\$ 3.25
R50	6	Six Drug Standard Lab Panel	\$ 3.25
P08	7	Seven Drug Standard Lab Panel	\$ 3.40
R44	8	Eight Drug Standard Lab Panel	\$ 3.60
Varies	9	Nine Drug Standard Lab Panel	\$ 4.15
R57	10	Ten Drug Standard Lab Panel	\$ 4.25
H58	11	Eleven Drug Standard Lab Panel with Oxycodone Alcohol/Amphetamines/Barbiturates/Benzodiazepines/Cocaine/Methadone/Opiates/Oxycodone/PCP/Propoxyphene/THC	\$ 6.00
H59	11	Eleven Drug Standard Lab Panel with Oxycodone Alcohol/Amphetamines/Barbiturates/Benzodiazepines/Cocaine/ Methadone/Methadone metabolite/Opiates/Oxycodone/Propoxyphene/THC	\$ 6.00
5XXX Code	1	GC/MS or LC/MS/MS Confirmation - cost per drug	\$ 8.00
6473	1	Synthetic Marijuana (K2/Spice)	\$ 30.00
P80	21	Designer Stimulants	\$ 40.00
P81	3	Designer Stimulants - MDPV, Mephedrone, Methylone	\$ 30.00
647	1	Ethyl Glucuronide/Ethyl Sulfate (EtG/EtS) - Screened and confirmed by LC/MS/MS	\$ 15.00
647	1	Ethyl Glucuronide/Ethyl Sulfate (EtG/EtS) - Screen Only	\$ 5.00
R34	1	THC Screen with Creatinine	\$ 2.75
098	1	Oxycodone (Screen Only) Note: The Standard Lab Test will pick up Oxycodone under the Opiates class.	\$ 3.50
291	1	Buprenorphine (BUP) (Screen Only)	\$ 5.00
5292	1	Buprenorphine (BUP) (GC/MS Confirmation)	\$ 30.00
5550	Multi	Steroid Testing	\$ 50.00
SP17	1	Nurse's Panel	\$ 26.00
P40	Multi	Comprehensive Panel (GC/MS Confirmation for additional fee of \$20.00 per drug)	\$ 50.00
271	1	SOMA	\$ 8.00
3243	1	Dextromethorphan (DXM)	\$ 8.00
5098	1	Oxycodone (LC/MS/MS Confirmation)	\$ 10.50
5845	1	Ecstasy (MDMA) Test (GC/MS Confirmation)	\$ 10.50
5102	1	PCP (GC/MS Confirmation)	\$ 10.50
5501	1	Ketamine (GC/MS Confirmed)	\$ 10.50
5504	1	Fentanyl (GC/MS Confirmed)	\$ 45.00
5503	1	GHB (GC/MS Confirmed)	\$ 45.00
163	1	LSD (ELISA Screen Only)	\$ 7.50
1273	1	Cotinine (Nicotine metabolite) (Screen Only)	\$ 6.75
P69	1	Adulteration	\$ 1.00
069	1	Creatinine Level	\$ -
330	1	pH - Adulterant Check	\$ 0.50
331	1	Specific Gravity - Adulterant Check	\$ 0.50

Initial screening of RTL's standard laboratory tests is performed by enzyme immunoassay (EIA). Confirmation is performed by a secondary method, including; radio immunoassay (RIA), thin layer chromatography (TLC), gas chromatography (GC), gas chromatography/mass spectrometry (GC/MS), and/or liquid chromatography/tandem mass spectrometry (LC/MS/MS), depending on drug class. GC/MS confirmation on all positives is available upon request for an additional fee.

**Additional/ Optional Pricing Schedule
Kane County Courts
Bid No. 04-013**

Section I: Laboratory Drug & Alcohol Testing Services

Oral Fluid Lab Tests

TEST CODE	DRUG(S)	DESCRIPTION	PRICE PER SPECIMEN
2101001	N/A	RTL-Oral Collection Device	\$ 2.20
Varies	1	RTL-Oral GC/MS Confirmation cost per drug	\$ 10.50
9512	6	RTL-Oral Methadone 6 (Screen Only) AMP/COC/MAMP (includes MDMA/Ecstasy)/MTD/OPI/PCP	\$ 7.00
9501	6	RTL-Oral Standard 6 Panel (GC/MS confirmed) AMP/COC/MAMP (includes MDMA/Ecstasy)/OPI/PCP/THC	\$ 8.00
9518	6	RTL-Oral Standard 6 with BZO (GC/MS Confirmed) AMP/BZO/COC/MAMP (includes MDMA/Ecstasy)/OPI/THC	\$ 8.00
9515	7	RTL-Oral Methadone 7 (Screen Only) AMP/BZO/COC/OPI/MAMP (includes MDMA/Ecstasy)/MTD/THC	\$ 7.00
9516	7	RTL-Oral Methadone 7 (Screen Only) AMP/BAR/BZO/COC/MAMP (includes MDMA/Ecstasy)/MTD/OPI	\$ 7.00
9520	8	RTL-Oral Standard 8 (GC/MS confirmed) AMP/BAR/BZO/COC/MAMP (includes MDMA/Ecstasy)/MTD/OPI/THC	\$ 8.00

Oral Fluid Lab Tests with Synthetic Cannabinoids

F25	N/A	Synthetic Cannabinoids	\$ 30.00
9711	7	RTL-Oral with Synthetic Cannabinoid (Screen Only) AMP/CANN/COC/MAMP/OPI/PCP/THC	\$ 35.00
9703	7	RTL-Oral with Synthetic Cannabinoid (GC/MS confirmed) AMP/CANN/COC/MAMP/OPI/PCP/THC	\$ 40.00
9718	7	RTL-Oral with Synthetic Cannabinoid (GC/MS confirmed) AMP/BZO/CANN/COC/MAMP/OPI/THC	\$ 40.00
9715	8	RTL-Oral with Synthetic Cannabinoid (Screen Only) AMP/BZO/CANN/COC/MAMP/MTD/OPI/THC	\$ 35.00
9716	8	RTL-Oral with Synthetic Cannabinoid (Screen Only) AMP/BAR/BZO/CANN/COC/MAMP/MTD/OPI	\$ 35.00
9707	8	RTL-Oral with Synthetic Cannabinoid (GC/MS confirmed) AMP/BZO/CANN/COC/MAMP/OPI/PCP/THC	\$ 40.00
9717	8	RTL-Oral with Synthetic Cannabinoid (GC/MS confirmed) AMP/BZO/CANN/COC/MAMP/OPI/MTD/THC	\$ 40.00
9722	9	RTL-Oral with Synthetic Cannabinoid (Screen Only) AMP/BAR/BZO/CANN/COC/MAMP/MTD/OPI/THC	\$ 35.00
9720	9	RTL-Oral with Synthetic Cannabinoid (GC/MS confirmed) AMP/BAR/BZO/CANN/COC/MAMP/MTD/OPI/THC	\$ 40.00
9723	9	RTL-Oral with Synthetic Cannabinoid (GC/MS confirmed on all but MTD) AMP/BAR/BZO/CANN/COC/MAMP/MTD/OPI/THC	\$ 40.00

Collection & Shipping Supplies

RTL provides all necessary urine specimen collection and shipping supplies to its clients at no additional cost. For urine testing, these supplies include:

- Urine specimen collection containers: Depending on the agency's needs, RTL can supply any of the following collection containers: 60 mL or 90mL bottles with lids and built-in temperature strips.
- Specimen baggies with absorbent material
- Preprinted Chain of Custody forms/labels & security seals
- Pre-paid FedEx or UPS lab packs or pre-paid U.S. mailer boxes.

Lab Supply Shipping and Handling: Outbound lab supply orders will be shipped at no charge for ground service delivery. Expedited shipping of supplies will be charged on an 'at cost' basis. FOB Destination Point.

Specimen Shipment to RTL: Next day air service of inbound specimens sent to RTL for testing is provided at no charge when five (5) or more urine and/or oral fluids specimens are sent in each FedEx overnight shipment. Any combination of urine and/or oral fluids devices may be shipped together via FedEx overnight service. Less than five (5) specimens sent to the lab by next day air service will be assessed a seven dollar (\$7.00) charge per shipment.

**Additional/ Optional Pricing Schedule
Kane County Courts
Bid No. 04-013**

Section II: On-Site Drug & Alcohol Screening Devices

PANEL-DIP SUBSTANCE ABUSE TEST DEVICE

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/BOX)
01 102 0018	1	PANEL DIP 01 AMPHETAMINES 1000 (AMP 1000)	\$0.33	\$8.25
01 102 0019	1	PANEL DIP 01 BARBITURATES 300 (BAR)	\$0.33	\$8.25
01 102 0022	1	PANEL DIP 01 BENZODIAZEPINES 300 (BZO)	\$0.33	\$8.25
01 102 0189	1	PANEL DIP 01 COCAINE 150 (COC 150)	\$0.33	\$8.25
01 102 0001	1	PANEL DIP 01 COCAINE 300 (COC 300)	\$0.33	\$8.25
01 102 0036	1	PANEL DIP 01 ECSTASY 500 (MDMA)	\$0.33	\$8.25
01 102 0004	1	PANEL DIP 01 MARIJUANA 50 (THC)	\$0.33	\$8.25
01 102 0020	1	PANEL DIP 01 METHADONE 300 (MTD)	\$0.33	\$8.25
01 102 0190	1	PANEL DIP 01 METHAMPHETAMINES 500 (MAMP 500)	\$0.33	\$8.25
01 102 0002	1	PANEL DIP 01 METHAMPHETAMINES 1000 (MAMP 1000)	\$0.33	\$8.25
01 102 0003	1	PANEL DIP 01 OPIATES 300 (MOP 300)	\$0.33	\$8.25
01 102 1977	1	PANEL DIP 01 OPIATES 2000 (OPI 2000)	\$0.33	\$8.25
01 102 0037	1	PANEL DIP 01 OXYCODONE 100 (OXY)	\$0.33	\$8.25
01 102 0021	1	PANEL DIP 01 PHENCYCLIDINE 20 (PCP)	\$0.33	\$8.25
01 102 1971	1	PANEL DIP 01 PROPOXYPHENE 300 (PPX)	\$0.33	\$8.25
01 102 0023	1	PANEL DIP 01 TRICYCLIC ANTIDEPRESSANTS 1000 (TCA)	\$0.33	\$8.25
01 102 0173	1	PANEL DIP 01 BUPRENORPHINE 10 (BUP)	\$0.80	\$20.00
01 102 0005	2	PANEL DIP 02 COC300/MOP300	\$0.67	\$16.75
01 102 0006	2	PANEL DIP 02 COC300/THC	\$0.67	\$16.75
01 102 0007	2	PANEL DIP 02 COC300/MAMP1000	\$0.67	\$16.75
01 102 0008	2	PANEL DIP 02 MAMP1000/THC	\$0.67	\$16.75
01 102 0030	2	PANEL DIP 02 MAMP1000/MOP300	\$0.67	\$16.75
01 102 0191	2	PANEL DIP 02 COC150/THC	\$0.67	\$16.75
01 102 0192	2	PANEL DIP 02 MAMP500/THC	\$0.67	\$16.75
01 102 0009	3	PANEL DIP 03 COC300/MAMP1000/THC	\$0.86	\$21.50
01 102 0010	3	PANEL DIP 03 COC300/MOP300/THC	\$0.86	\$21.50
01 102 0011	3	PANEL DIP 03 MAMP1000/MOP300/THC	\$0.86	\$21.50
01 102 0014	3	PANEL DIP 03 COC300/MAMP1000/MOP300	\$0.86	\$21.50
01 102 0193	3	PANEL DIP 03 COC150/MAMP500/THC	\$0.86	\$21.50
01 102 0194	3	PANEL DIP 03 COC150/MOP300/THC	\$0.86	\$21.50
01 102 0012	4	PANEL DIP 04 COC300/MAMP1000/MOP300/THC	\$1.13	\$28.25
01 102 0032	4	PANEL DIP 04 AMP1000/COC300/MOP300/THC	\$1.13	\$28.25
01 102 0195	4	PANEL DIP 04 COC150/MAMP500/MOP300/THC	\$1.13	\$28.25
01 102 0199	4	PANEL DIP 04 AMP1000/COC150/MOP300/THC	\$1.13	\$28.25
01 102 0013	5	PANEL DIP 05 COC300/MAMP1000/MOP300/PCP/THC	\$1.39	\$34.75
01 102 0015	5	PANEL DIP 05 BZO/COC300/MAMP1000/MOP300/THC	\$1.39	\$34.75
01 102 0033	5	PANEL DIP 05 AMP1000/COC300/MOP300/PCP/THC	\$1.39	\$34.75
01 102 0034	5	PANEL DIP 05 AMP1000/COC300/MAMP1000/MOP300/THC	\$1.39	\$34.75
01 102 0047	5	PANEL DIP 05 AMP1000/COC300/OPI2000/PCP/THC	\$1.39	\$34.75
01 102 0201	5	PANEL DIP 05 AMP1000/COC150/MAMP500/MOP300/THC	\$1.39	\$34.75
01 102 0196	5	PANEL DIP 05 COC150/MAMP500/MOP300/PCP/THC	\$1.39	\$34.75
01 102 0200	5	PANEL DIP 05 AMP1000/COC150/MOP300/PCP/THC	\$1.39	\$34.75
01 102 0016	6	PANEL DIP 06 BZO/COC300/MAMP1000/MOP300/PCP/THC	\$1.62	\$40.50
01 102 0017	6	PANEL DIP 06 BZO/COC300/MAMP1000/MTD/MOP300/THC	\$1.62	\$40.50
01 102 0024	6	PANEL DIP 06 BAR/BZO/COC300/MAMP1000/MOP300/THC	\$1.62	\$40.50
01 102 0119	6	PANEL DIP 06 BZO/COC300/MAMP1000/MOP300/OXY/THC	\$1.62	\$40.50
01 102 0174	6	PANEL DIP 06 AMP300/COC150/MAMP500/MDMA/MOP300/THC	\$1.62	\$40.50
01 102 0175	6	PANEL DIP 06 BZO/COC150/MAMP500/MDMA/MOP300/THC	\$1.62	\$40.50
01 102 0202	6	PANEL DIP 06 BZO/COC150/MAMP500/MOP300/OXY/THC	\$1.62	\$40.50
01 102 0203	6	PANEL DIP 06 AMP1000/BZO/COC150/MAMP500/MOP300/THC	\$1.62	\$40.50

**Additional/ Optional Pricing Schedule
Kane County Courts
Bid No. 04-013**

Section II: On-Site Drug & Alcohol Screening Devices

PANEL-DIP SUBSTANCE ABUSE TEST DEVICE (CONTINUED)

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/BOX)
01 102 0035	7	PANEL DIP 07 AMP1000/BZO/COC150/MOP300/PCP/TCA/THC	\$1.89	\$47.25
01 102 0176	7	PANEL DIP 07 BZO/COC150/MAMP500/MDMA/MOP300/OXY/THC	\$1.89	\$47.25
01 102 0177	7	PANEL DIP 07 AMP1000/COC150/MAMP500/MDMA/MOP300/OXY/THC	\$1.89	\$47.25
01 102 0178	7	PANEL DIP 07 AMP1000/COC150//MAMP500/MDMA/MOP300/PCP/THC	\$1.89	\$47.25
01 102 0169	8	PANEL DIP 08 AMP1000/BZO/COC300/MAMP1000/MDMA/MOP300/OXY/THC	\$2.14	\$53.50
01 102 0179	8	PANEL DIP 08 AMP1000/BZO/COC300/MAMP1000/MOP300/OXY/PCP/THC	\$2.14	\$53.50
01 102 1989	8	PANEL DIP 08 AMP300/COC150/MAMP500/MOP300/PCP/PPX/OXY/THC	\$2.14	\$53.50
01 102 1970	9	PANEL DIP 09 AMP1000/BAR/BZO/COC300/MAMP1000/MTD/OPI2000/PCP/THC	\$2.40	\$60.00
01 102 0180	9	PANEL DIP 09 AMP1000/BUP/BZO/COC300/MAMP1000/MOP300/OXY/PCP/THC	\$2.40	\$60.00
01 102 0181	9	PANEL DIP 09 AMP300/BZO/COC150/MAMP500/MDMA/MOP300/OXY/PCP/THC	\$2.40	\$60.00
01 102 0025	10	PANEL DIP 10 AMP1000/BAR/BZO/COC300/MAMP1000/MTD/MOP300/PCP/TCA/ THC	\$2.66	\$66.50
01 102 0138	10	PANEL DIP 10 COC300/BAR/BZO/MAMP1000/MDMA/MOP300/MTD/OXY/PCP/THC	\$2.66	\$66.50
01 102 0182	10	PANEL DIP 10 AMP1000/BAR/BUP/BZO/COC300/MAMP1000/MOP300/MTD/OXY/ THC	\$2.66	\$66.50
01 102 0183	10	PANEL DIP 10 BAR/BZO/COC150/MAMP500/MDMA/MOP300/MTD/OXY/PCP/THC	\$2.66	\$66.50
01 102 1943	10	PANEL DIP 10 AMP1000/BAR/BZO/COC300/MAMP1000/OPI2000/PCP/MTD/MDMA/ THC	\$2.66	\$66.50
01 102 0184	11	PANEL DIP 11 AMP1000/BAR/BUP/BZO/COC300/MAMP1000/MOP300/MTD/PCP/OXY/THC	\$3.19	\$79.75
01 102 0185	11	PANEL DIP 11 AMP1000/BAR/BUP/BZO/COC300/OPI2000/MAMP1000/MTD/OXY/PCP/THC	\$3.19	\$79.75
01 102 0186	11	PANEL DIP 11 AMP1000/BAR/BUP/BZO/COC300/MAMP1000/MOP300/MTD/PPX/OXY/THC	\$3.19	\$79.75
01 102 0187	11	PANEL DIP 11 AMP300/BAR/BZO/COC150/MAMP500/MDMA/MOP300/MTD/OXY/PCP/THC	\$3.19	\$79.75
01 102 0141	12	PANEL DIP 12 AMP1000/BAR/BZO/COC300/MAMP1000/MDMA/MOP300/MTD/OXY/PCP/PPXTHC	\$3.72	\$93.00
01 102 0188	12	PANEL DIP 12 AMP1000/BAR/BUP/BZO/COC300/MAMP1000/MDMA/MOP300/MTD/OXY/PCP/THC	\$3.72	\$93.00
01 102 1957	12	PANEL DIP 12 AMP1000/BAR/BZO/COC300/MAMP1000/MDMA/OPI2000/MTD/OXY/PCP/PPX/THC	\$3.72	\$93.00

CASSETTE SUBSTANCE ABUSE TEST DEVICE (40 PER BOX)

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/BOX)
01 102 2042	5	CASSETTE 05 AMP/COC/MAMP/OPI/THC	\$1.39	\$34.75
01 102 0166	6	CASSETTE 06 AMP/COC/MAMP/OPI/PCP/THC	\$1.62	\$40.50
01 102 1979	10	CASSETTE 10 AMP/BAR/BZO/COC/MAMP/MDMA/MTD/OPI/PCP/THC	\$2.66	\$66.50
01 102 2041	10	CASSETTE 10 AMP/BAR/BZO/COC/MAMP/MTD/OPI/OXY/PCP/THC	\$2.66	\$66.50
01 102 1938	11	CASSETTE 11 AMP/BAR/BZO/COC/MDMA/MOP/OXY/PCP/PPX/TCA/THC	\$6.50	\$162.50

**Additional/ Optional Pricing Schedule
Kane County Courts
Bid No. 04-013**

Section II: On-Site Drug & Alcohol Screening Devices

iCUP SUBSTANCE ABUSE TEST DEVICE – without adulteration

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/BOX)
01 102 2020	10	iCup 10 AMP1000/BAR/BZO/COC300/MAMP1000/MDMA/OPI2000/OXY/PPX/THC	\$3.20	\$80.00
01 102 2055	10	iCup 10 AMP1000/BAR/BZO/COC300/MAMP/MTD/OPI2000/PCP/TCA/THC	\$3.20	\$80.00
01 102 2028	13	iCup 13 AMP1000/BAR/BUF/BZO/COC300/MAMP/MTD/OPI2000/OXY/PCP/PPX/ TCA/THC	\$5.00	\$125.00

iCUP A.D. SUBSTANCE ABUSE TEST DEVICE – with adulteration

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/BOX)
01 102 2032	4	iCup A.D. 04 COC300/MAMP1000/OPI2000/THC w/adulteration (OX, SG, PH)	\$2.25	\$56.25
01 102 2033	4	iCup A.D. 04 AMP1000/COC150/MAMP500/THC w/adulteration (OX, CR, PH)	\$2.25	\$56.25
01 102 2021	5	iCup A.D. 5 AMP1000/COC300/MAMP1000/MOP300/THC w/adulteration (OX, SG, PH)	\$2.25	\$56.25
01 102 2034	5	iCup A.D. 5 AMP1000/COC300/MAMP1000/OPI2000/THC w/adulteration (OX, SG, PH)	\$2.25	\$56.25
01 102 2035	5	iCup A.D. 5 AMP1000/COC300/OPI2000/PCP/THC w/adulteration (OX, SG, PH)	\$2.25	\$56.25
01 102 2036	5	iCup A.D. 5 COC300/MAMP1000/OPI2000/PCP/THC w/adulteration (OX, SG, PH)	\$2.25	\$56.25
01 102 2022	6	iCup A.D. 6 AMP1000/BZO/COC300/MAMP1000/OPI2000/THC w/adulteration (OX, SG, PH)	\$2.48	\$62.00
01 102 2023	6	iCup A.D. 6 AMP1000/COC/MAMP1000/OPI2000/PCP/THC w/adulteration (OX, SG, PH)	\$2.48	\$62.00
01 102 2037	6	iCup A.D. 06 AMP300/COC300/MDMA/OPI2000/OXY/THC w/adulteration (OX, SG, PH)	\$2.48	\$62.00
01 102 2038	8	iCup A.D. 08 AMP1000/BAR/BZO/COC300/MAMP1000/OPI2000/PCP/THC w/adulteration (OX, SG, PH)	\$2.88	\$72.00
01 102 2069	8	iCup A.D. 08 AMP1000/BZO/COC300/MAMP1000/MOP300/OXY/PCP/THC w/adulteration (OX,CR,PH)	\$2.88	\$72.00
01 102 2039	9	iCup A.D. 09 AMP1000/BAR/BZO/COC300/MAMP1000/MTD/OPI2000/PCP/THC w/adulteration (OX, SG, PH)	\$3.11	\$77.75
01 102 2074	10	iCup A.D. 10 AMP1000/BAR/BZO/COC300/MAMP1000/MTD/OPI2000/OXY/ PPX/THC w/adulteration (OX, CR, PH)	\$3.20	\$80.00
01 102 2129	10	iCup A.D. 10 AMP1000/BAR/BZO/COC300/MAMP1000/MTD/OPI2000/PCP/TCA/THC w/adulteration (OS, SG, PH, NI, GL, CR)	\$3.20	\$80.00
01 102 2027	12	iCup A.D. AMP1000/BAR/BZO/COC300/MAMP1000/MTD/OPI2000/OXY/PCP/PPX/ TCA/THC w/adulteration (OX, SG, PH)	\$4.50	\$112.50

REDICUP SUBSTANCE ABUSE TEST DEVICE

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/BOX)
01 102 0026	4	RC 04 COC300/MAMP1000/MOP300/THC	\$2.25	\$56.25
01 102 0027	5	RC 05 BZO/COC300/MAMP1000/MOP300/THC	\$2.25	\$56.25
01 102 0028	5	RC 05 COC300/MAMP1000/MOP300/PCP/THC	\$2.25	\$56.25
01 102 0121	5	RC 05 AMP1000/COC300/MAMP1000/MOP300/THC	\$2.25	\$56.25
01 102 0029	6	RC 06 BZO/COC300/MAMP1000/MOP300/PCP/THC	\$2.48	\$62.00
01 102 0135	6	RC 06 AMP1000/BZO/COC300/MAMP1000/OPI2000/THC	\$2.48	\$62.00
01 102 0058	10	RC 10 AMP1000/BAR/BZO/COC300/MAMP1000/MTD/OPI2000/PCP/TCA/THC	\$3.20	\$80.00
01 102 0059	10	RC 10 AMP1000/BAR/BZO/COC300/MAMP1000/MOP300/MTD/PCP/TCA/THC	\$3.20	\$80.00
01 102 0137	10	RC 10 COC300/BAR/BZO/MAMP1000/MDMA/MOP300/MTD/OXY/PCP/THC	\$3.20	\$80.00

**Additional/Optional Pricing Schedule
Kane County Courts
Bid No. 04-013**

Section II: On-Site Drug & Alcohol Screening Devices

INTEGRATED CUPS II SUBSTANCE ABUSE TEST DEVICE

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/BOX)
01 102 2001	4	EZ CUP II 04 COC300/MAMP1000/OPI2000/THC	\$2.25	\$56.25
01 102 1974	5	EZ CUP II 05 AMP1000/COC300/OPI2000/PCP/THC w/adulteration (OX/SG/PH/NI/GL,CR)	\$2.25	\$56.25
01 102 2005	5	EZ CUP II 05 COC300/MAMP1000/OPI2000/PCP/THC	\$2.25	\$56.25
01 102 2018	5	EZ CUP II 05 AMP1000/COC300/MAMP1000/OPI2000/THC	\$2.25	\$56.25
01 102 2048	5	EZ CUP II 05 AMP1000/COC300/OPI2000/PCP/THC	\$2.25	\$56.25
01 102 2051	5	EZ CUP II 05 AMP1000/COC300/MAMP1000/OPI2000/THC w/adulteration (OX, SG, PH, NI, GL, CR)	\$2.25	\$56.25
01 102 2141	5	EZ CUP II 05 AMP1000/COC300/MAMP1000/OPI2000/THC w/adulteration (OX, SG, PH)	\$2.25	\$56.25
01 102 1984	6	EZ CUP II 06 AMP1000/BZO/COC300/MAMP1000/OPI2000/THC	\$2.48	\$62.00
01 102 2007	6	EZ CUP II 06 COC300/MAMP1000/MDMA/OPI2000/OXY/THC	\$2.48	\$62.00
01 102 2008	8	EZ CUP II 08 AMP1000/BAR/BZO/COC300/MAMP1000/OPI2000/PCP/THC	\$2.88	\$72.00
01 102 2140	9	EZ CUP II 09 BAR/BZO/COC300/MAMP1000/MTD/OPI2000/OXY/PPX/THC w/adulteration (OX, SG, PH)	\$3.11	\$77.75
01 102 1985	10	EZ CUP II 10 AMP1000/BAR/BZO/COC300/MAMP1000/MDMA/MTD/OPI2000/ PCP/THC	\$3.20	\$80.00
01 102 2096	12	EZ CUP II 12 AMP1000/BAR/BUP/BZO/COC150/MAMP1000/MDMA/MOP300/MTD/OXY/PPX/THC	\$4.50	\$112.50

ORAL FLUID DRUGS OF ABUSE

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/BOX)
01 102 2024	5	iScreen Oral Fluid Device AMP50/COC20/MAMP50/OPI40/THC12	\$5.60	\$140.00
01 102 2025	6	iScreen Oral Fluid Device AMP50/COC20/MAMP50/OPI40/PCP10/THC12	\$5.93	\$148.25
01 102 0127	6	RediTest Oral Fluids Device AMP50/COC20/MAMP50/OPI40/PCP10/THC12	\$5.20	\$130.00
01 102 1960	6	OrAlert 6 Oral Fluid Device AMP50/COC20/MAMP50/OPI40/PCP10/THC100	\$5.00	\$125.00
01 102 2083	6	OrAlert 6 Oral Fluid Device AMP50/BZO10/COC20/MAMP50/OPI40/THC100	\$5.00	\$125.00

SALIVA/BREATH ALCOHOL PRODUCTS

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/BOX)
01 362 0001	N/A	Instant Alcohol Saliva Test Strip	\$0.80	\$20.00
01 532 0020	N/A	ACON Breath Alcohol Device .02	\$2.30	\$57.50
01 094 0055	N/A	Alco-Screen Test (24/box)	\$1.35	\$32.40
01 094 0056	N/A	Alco-Screen .02 DOT Approved Alcohol Saliva (24/box)	\$1.35	\$32.40

REDISMOKE, PREGNANCY & ADULTERATION

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/BOX)
01 102 0140	1	Urine Cotinine (Nicotine Metabolite) Cassette Device	\$0.85	\$21.25
01 102 1950	N/A	Urine Pregnancy Cassette (40/Box)	\$1.00	\$40.00
01 102 1910	7	One Step Validity Test (Seven Parameter)	\$0.68	\$17.00

COLLECTION SUPPLIES

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/BOX)
031224	N/A	90 ml Urine Collection Bottle with Built-in Temp Strip	\$0.00	\$0.00
031380	N/A	6.5 oz/ Graduated Beaker	\$0.00	\$0.00
031258	N/A	Temperature Strip	\$0.00	\$0.00

Device orders will be shipped at no charge for ground service delivery. Expedited shipping of device orders will be charged on an 'at cost' basis. FOB Destination Point.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/30/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER THE WEINER COMPANY, INC. ONE MCKINLEY SQUARE BOSTON, MA 02109 (617) 742-2444 (617) 742-7744 FAX	CONTACT NAME	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED REDWOOD TOXICOLOGY LABORATORIES INC. 3650 WESTWIND BOULEVARD SANTA ROSA, CA 95403	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: FEDERAL INSURANCE COMPANY (CHUBB)	NAIC # 20281
	INSURER B: HARTFORD FIRE INSURANCE CO.	19682
	INSURER C: HARTFORD INSURANCE CO. OF THE MIDWEST	37478
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR INSR	WVVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y		3596-72-81	9/30/2012	9/30/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ INCLUDED MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ EXCLUDED
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y	Y		08 AB R23202 (ALL OTHER STATES) 08 AB R23203 (MASSACHUSETTS)	9/30/2012	9/30/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ NIL	Y	Y		7955-54-62	9/30/2012	9/30/2013	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A		08 WN R23200	9/30/2012	9/30/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	PRODUCTS LIABILITY	Y	N		3596-72-82	9/30/2012	9/30/2013	\$10,000,000 EACH CLAIM \$10,000,000 POLICY LIMIT "CLAIMS MADE" COVERAGE FORM. DEFENSE IS WITHIN THE LIMIT OF INSURANCE.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INSURED AND WAIVER OF SUBROGATION APPLY ONLY IF REQUIRED BY WRITTEN CONTRACT WITH THE INSURED.

CERTIFICATE HOLDER

CANCELLATION

EVIDENCE OF INSURANCE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE OF THE WEINER COMPANY, INC. <i>Steph Weiner</i>

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