



County of Santa Clara
Office of the County Executive
Procurement Department
2310 N. First St., Suite 201
San Jose, CA 95131-1040
Telephone 408-491-7400 • Fax 408-491-7496

AGREEMENT NO. 5500002908 BETWEEN THE COUNTY OF SANTA CLARA AND STANFORD HEALTH CARE FOR PATHOLOGY REFERENCE LABORATORY TESTING SERVICES

This agreement is entered into by and between the County of Santa Clara (County) and Stanford Health Care (Stanford) (collectively, "Contractor" or "Stanford") (the "Agreement").

The parties intended to be bound, mutually agree as follows:

KEY PROVISIONS

AGREEMENT TITLE: Pathology Reference Laboratory Testing Services

AGREEMENT NUMBER: 5500002908

INITIAL AWARD DATE: October 1, 2017

AGREEMENT TERM: October 17, 2017 through October 16, 2022

COMMODITY NAME: Laboratory Testing Services

COMMODITY NO: 94855

AUTHORIZED USER: Santa Clara Valley Health and Hospital System

COUNTY DEPARTMENT CONTACT: Stephen Mascovich
Phone: 408.885.6558
Email: stephen.mascovich@hhs.sccgov.org

Stefanie Wong
Phone: 408.885.6564
Email: stefanie.wong@hhs.sccgov.org

SUPPLIER: Stanford Health Care
300 Pasteur Drive
Stanford, CA 94305

SUPPLIER CONTACT: Pam Hares
Phone: 650.725.0486
Email: phares@stanfordhealthcare.org

SUPPLIER NUMBER: 1009905

PURPOSE: Establish contract with Stanford for the purchase of the pathology reference laboratory testing services.

Board of Supervisors: Mike Wasserman, Cindy Chavez, Dave Cortese, Ken Yeager, S. Joseph Simitian
County Executive: Jeffrey V. Smith

Agreement 5500002908 between
County of Santa Clara and Stanford

Approved: 10/17/2017

TAX STATUS: Taxable, Products
Non-Taxable, Service

TOTAL AGREEMENT VALUE: Not-to- Exceed \$8,500,000

COUNTY CONTRACT ADMINISTRATOR: Mike Pfister
Phone: 408.491.7423
Email: mike.pfister@prc.sccgov.org

REFERENCE: The following exhibits are incorporated and constitute a material part of the Agreement:

- Exhibit A: Scope of Work
- Exhibit B: Pricing Summary
- Exhibit C: County of Santa Clara Terms and Conditions
- Exhibit D: Insurance Requirements
- Exhibit E: New Test Code/Test Change Form

By signing below, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity, that he/she has the authority to bind the entity listed below to contractual obligations and that by his/her signature on this Agreement, the entity on behalf of which he/she acted, executed this Agreement.

COUNTY OF SANTA CLARA



 Dave Cortese Date
 President, Board of Supervisors

OCT 17 2017

STANFORD

DocuSigned by:

 By: _____
 Dennis Kang
 Print: _____

Director, Lab Finance & Business Ops

Title: _____

Date: 10/5/2017

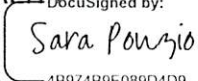
ATTEST:



 Megan Doyle Date
 Clerk of the Board of Supervisors

OCT 17 2017

APPROVED AS TO FORM AND LEGALITY

DocuSigned by:


 Sara Ponzio Date
 Deputy County Counsel

10/5/2017

EXHIBIT A SCOPE OF WORK

1 Quality Systems

- 1.1 Stanford Health Care (Stanford) shall follow the written quality control procedures (POL-LADM-0103V6.0A) for monitoring and evaluating the quality of the analytical testing process for each method to assure the accuracy and reliability of patient test results and reports. These procedures shall be in conformance with the requirements of good laboratory practice and of all regulatory agencies governing the operation of the laboratory. (Environmental conditions, Test Methods and Instrumentation, Reagents and Supplies, Establishment and Verification of Method, Performance Equipment Maintenance and Function, Checks Calibration and Calibration, Verification Procedures, Instrument/Method Procedures, Quality Control Procedures, Remedial Actions)
- 1.2 It is the policy of Stanford (SHC) (POL-LADM-0029V7.0) that lab tests not performed at Stanford Anatomic Pathology and Clinical Labs will sent by the AP and Clinical Labs to an approved reference laboratory. Stanford documents the selection process of reference laboratories and other service providers for clinical test referral. Referral may include the entire test process, or in some cases only a part of the test process.
- 1.3 The Santa Clara Valley Medical Center (SCVMC) Department of Pathology and Laboratory Medicine (Laboratory) Medical Director and SCVMC Laboratory Administrative Director in consultation with the Laboratory personnel, medical staff and clients are responsible for selecting reference Laboratories. However, consistent with CAP requirements, the medical director of the referring laboratory bears the final responsibility for qualifying and recommending or selecting the referral laboratory and for evaluating its ongoing performance after the selection process. Results from the reference laboratory will be reported with no substantial changes. All reference laboratories shall meet criteria established by the laboratory as approved by the Medical Director and Administration, thereby ensuring compliance to applicable federal and state standards for clinical laboratories.
- 1.4 Should the County wish to view Stanford laboratory, the County will contact the Stanford laboratory service agent to schedule an appointment with the Medical Director and Quality Assurance Director.

2 Proficiency Testing Results

- 2.1 If requested by SCVMC, Stanford shall provide within 72 hours of request from the County, all proficiency test results, quality control data, methodologies, and test validation data on tests ordered. Email a written request to the Director of Quality Management. MDanaye-Elm@stanfordhealthcare.org and notify the account manager.

3 New Test Codes and Test Changes

- 3.1 Stanford shall communicate any new test, test changes, and methodology changes with the County. Stanford's policy (POL-LADM-0211V5.0) to communicate to the laboratory manager and/or SCVMC Laboratory Medical Director via email communication, U.S. mailed letter or fax. The content of the announcement will be

focused on a single topic if possible. Stanford shall make every effort to provide a notification of at least 30 days.

- 3.1.1 All new test code(s) and test changes, shall be formally documented using Exhibit E, New Test Code/Test Change Form.

4 CPT Codes

- 4.1 If patient result is questionable by Stanford or SCVMC Laboratory, Stanford shall perform repeat testing on the sample in question at no additional cost.

5 Mis-Directed Laboratories

- 5.1 Any SCVMC lab specimen that is referred to the incorrect reference lab not outlined in this contract or approved by the SCVMC Director, Stanford will take full responsibility.

6 Test Referred to Another Reference Lab

- 6.1 Exhibit B identifies the Reference Lab utilized by Stanford Clinical Lab For test not currently being performed onsite at Stanford.

- 6.2 If Stanford referred to the incorrect testing facility, Stanford shall take full financial responsibility for that error.

- 6.3 In the event Stanford requires additional testing to assist in final diagnosis, Stanford shall use a qualified external reference laboratory (“Referral Lab”) that can perform such testing services, and shall arrange for transportation and delivery of specimens to the Referral Lab upon approval of the SCVMC Laboratory Director

- 6.3.1 Stanford shall bill the County for fees charged to Stanford by Referral Laboratory. Stanford shall provide proof of charges to the County.

- 6.4 Stanford requires all verbal requests be followed-up with a written authorization, signed and dated by the ordering physician. The Stanford customer service staff is responsible to initiate and make reasonable efforts to acquire the ordering physician’s signature on a verbal order.

6.5 Stanford Performing Laboratories and related Locations:

| | |
|----------|---|
| SHC | STANFORD HOSPITAL LABORATORY, 300 Pasteur Drive, STANFORD CA 94305 |
| Hillview | HILLVIEW LABORATORY, 3375 Hillview Ave, PALO ALTO CA 94304 |
| Mayo | MAYO MEDICAL LABORATORIES, 3050 Superior Drive NW, ROCHESTER MN 55901 |

- 6.6 Stanford shall have the capability regarding pediatric testing, genetic testing, and other esoteric tests e.g. sample size, detection limits, and availability of pediatric reference ranges, especially for endocrine testing. Please reference Exhibit B.

- 6.7 In the event Stanford cannot perform the requested Testing Services on site, Stanford shall use a qualified external reference laboratory (“Referral Lab”) that can perform such Testing Services, and shall arrange for transportation and delivery of specimens

to the Referral Lab. Stanford shall bill the County for fees charged to Stanford by Referral Lab.

7 Regulatory Compliance

7.1 For the duration of this Agreement Stanford and the reference laboratories utilized by Stanford where SCVMC specimens may be sent to shall meet or exceed all requirements and regulations which govern clinical laboratories, as promulgated by Local, State and Federal government. Stanford accomplishes this through compliance with the most recently published guidelines, checklist or regulatory requirements.

7.1.1 These include, but not limited to the Clinical Laboratory Improvement Amendments 011988, (CLIA '88) published in the February 28, 1992 Federal Register, and Laws and Regulations Relating to Clinical Laboratories, published January 1, 1991 by Laboratory Field Services, State of California Department of Health Services, and by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and the College of American Pathologists (CAP), AABB, FDA, State, HCFA.

7.2 Stanford's laboratory, subsidiaries, and/or third party laboratory shall all the requirements of the following regulatory agencies:

- 7.2.1 Center for Medicare and Medicaid Services (CMS)
- 7.2.2 Clinical Laboratories Improvement Amendment (CLIA)
- 7.2.3 California Department of Public Health (CAPHD)
- 7.2.4 Food and Drug Administration (FDA)
- 7.2.5 Division of Occupational Safety and Health (CAL/OSHA)
- 7.2.6 Department of Transportation (DOT)
- 7.2.7 The Joint Commission (TJC)
- 7.2.8 College of American Pathologists (CAP)

7.3 Stanford shall have and maintain throughout the duration of the agreement all required licensing documents, including Medicare and Medi-Cal provider numbers, National Provider Identification (NPI) number, CLIA Certificates, and California State license numbers.

8 LIS (Laboratory Information Systems) and Support

8.1 Stanford shall have and make available a test catalogue in hard copy and on-line format which is on-line at <http://stanfordlab.com> and in an excel file can be provided.

8.2 Stanford shall provide specifics on the web-based two-way interface for order entry, result reporting, and on-line test information, when readily available.

8.3 Stanford and County will take equal responsibility for implementation and successful outcome of the LIS/Reference Laboratory interface. SCVMC will allow adequate access to the LIS and provide the information for the set-up. File set up and database build capability will be the joint responsibility of qualified Offeror personnel and SCVMC Lab personnel. Offeror personnel may work remotely and are not necessarily required to be on-site. SCVMC Lab will be responsible for functionality testing and be accountable for acceptance of the validation. Offeror shall provide all necessary training for County staff. Initiation of the interface project will be at the discretion of SCVMC Lab and per project timeline.

9 Support

- 9.1 Stanford's regular business hours and/or hours of operation, including a list of observed holidays. Laboratory customer services and the main hospital operate 24/7. Main hospital laboratory is open to accept patient samples and will appropriately store until laboratory department opens, or if a STAT is required, will call in CLS on-call if appropriate for diagnosis, resident reviewed.

| | |
|------------------------|-----------------------------|
| New Year's Day | Monday, January 2, 2017 |
| Martin Luther King Day | Monday, January 16, 2017 |
| Memorial Day | Monday, May 29, 2017 |
| Independence Day | Tuesday, July 4, 2017 |
| Labor Day | Monday, September 4, 2017 |
| Thanksgiving | Thursday, November 23, 2017 |
| Christmas | Monday, December 25, 2017 |
| 2018 New Year's Day | Monday, January 1, 2018 |

- 9.2 Stanford Laboratory customer services operates 24/7, technical calls will be managed by the Resident on-call. Shall also direct the call to the appropriate laboratory staff for technical concerns. Laboratory department's medical director may be consulted based on concern. Technical concerns can typically be address within a 24 hour period. Resolution within a stated time may vary, if repeat testing is required of an assay with a turnaround time greater than 24 hrs.

9.2.1 Laboratory customer services can be reached at 1-877-717-3733.

- 9.3 Stanford's website/online network protocol and connectivity requirements for supplying test menu, test support, case studies, utilization, ordering and results, specimen management, etc.

- 9.3.1 (6) Employees on day shift
- 9.3.2 (3) Employees on second shift
- 9.3.3 (3) Employees on third shift

- 9.4 Stanfordlab.com website contains test directory/menu (<http://www.stanfordlab.com/LabTestGuide/search.aspx>) with the following fields. [Test Name , Order Code , SYN, Specimen Type, Container Type, Required Volume, Minimum Volume (Pediatric), Methodology, Standard Run Times, Turnaround Time, Special Handling, CPT Codes and Causes For Rejection.] Those defined as esoteric tests, <http://stanfordlab.com/pages/esoteric.html>, have a dedicated web page to describe the assay in more detail. Study references are only made on more complex molecular pathology assays.

- 9.5 Stanford's process to request and provide priority (STAT) analysis for SCVMC Lab specimens and indicate which tests have the option to be ordered as "STAT" and indicate turnaround time as indicated in Exhibit " " for test that are available as STAT.
- 9.5.1 STAT should be indicated on the test requisition form accompany the patient sample. Please reference Exhibit B, Pricing Summary.
- 9.5.2 Stanford can offer RUSH service on the following assays.
- 9.5.2.1 AT3
- 9.5.2.2 Factors
- 9.5.2.3 ADAMTS13
- 9.5.2.4 HITAB
- 9.5.2.5 HITIA can be rushed; cut off time is received before Noon PST.
- 9.5.3 PLTAGG, PLTMAP, TEGCP, and Antiplatelet therapy monitoring is by appointment only. Details of scheduling are found in the test directory. (<http://www.stanfordlab.com/LabTestGuide/search.aspx>)
- 9.5.4 Example: Platelet Mapping Assay
<http://www.stanfordlab.com/LabTestGuide/OverView.aspx?ID=PLTMAP>
Daily draw cut off time: 3pm Notifiy Special Coag lab 650 723 4813 before drawing blood. Lab operation hours: 7am to 5:30pm weekday, 7:30am to 4pm weekends
Lab operation hours: 7am to 5:30pm weekday, 7:30am to 4pm weekends
Specimen must be received within 1 hour after draw. Transport at room temp and keep specimen in an upright position.
- 9.6 Stanford capabilities in providing technical consultation services:
For immediate needs, customer service will page on-call staff.
Direct Hotlines will provide an immediate response for specific departments.
Laboratory supervisors will respond within a 24 hour period once contacted by customer service.
- 9.6.1 24/7 Customer Service 1 (877) 717-3733 or (650) 724-4750
- 9.6.2 Surgical Pathology: 7 AM – 6 PM (650) 723-7211
- 9.6.3 Direct Hotline Phone Numbers (8 AM- 5 PM)
- 9.6.4 Dermatopathology: (650) 796-9100
- 9.6.5 Hematopathology: (650) 739-5852
- 9.6.6 Medical renal pathology: (650) 391-5338
- 9.6.7 Neuropathology: (650) 723-6041
- 9.6.8 Surgical pathology: (650) 739-5859
- 9.7 Any dispute, controversy or claim concerning or relating to a dispute, shall be resolved in the following manner:
- 9.7.1 The parties shall use all reasonable efforts to resolve the dispute through direct discussions between persons associated with each party who have the authority to resolve the dispute. A party may give the other party notice of any dispute not resolved in the normal course of business. Within ten (10) days after such notice is given, the receiving party shall submit to the other party a written response. The notice and response shall include (i) a statement of that party's position and a summary of arguments in support of that position and (ii) the name and title of the person who will represent that party in any negotiations to resolve the dispute.
- 9.7.2 Within twenty (20) days of written notice that there is a dispute, employees of each party with authority to settle such dispute shall meet in mutually agreeable location

or confer by telephone in an effort to reach an amicable settlement and to explore alternative means to resolve the dispute expeditiously (e.g., mediation).

- 9.7.3 If the dispute, has not been resolved as a result of the procedure in Section 8.7 above or otherwise within forty-five (45) days, it shall be resolved per the terms described in Exhibit C, County of Santa Clara Terms and Conditions.

ADMINISTRATOR ON-CALL: (PHN) 415-607-0621, (PAGER) 15323**SUPERVISOR ON-CALL: (PHN) 415-607-0674, (PAGER) 17189**

| Administration | Pager (650) 723-8222 | All Phone Begin with (650) | Special Chemistry - Hillview Rm 2601-2607 | MC5561 Pager (650) 723-8222 | All Phone Begin with (650) |
|---|-----------------------------|-----------------------------------|---|---|-----------------------------------|
| Shirley Weber, VP Executive Director | 415-607-0267 | 498-6954 | Dr. Jim Faix, Section Med Dir | 25366 | 736-1857 |
| Dr. Christina Kong, Section Med Dir | 16000 | 723-9016 | Dr. Run Shi, Assoc Section | 13244 | 725-2080 |
| John Christopher, Administrative Director | 15544 | 724-3234 | Hematopathology Dr. Yaso Natkunam, Section | 13900 | 725-9354 |
| Cynthia Samson, Director Technical Ops | 16226 | 725-9571 | | Histology Dr. Steven Long, Section Med | 13695 |
| Manijeh Danaye-Elmi, Director Quality Management | 15311 | 723-6122 | Immunohistochemistry | | |
| Anatomic Pathology Dr. Steven Long, Anatomic Pathology Medical Director | Pager 13695 | Phone 723-5252 | Dr. Steven Long, Section Med | 13695 | 723-5252 |
| April Young, Anatomic Pathology Manager | 16358 | 736-2745 | Neuropathology Dr. Hannes Vogel, Section | | 723-9672 |
| Autopsy Dr. Donald Regula, Section Med Dir | 13451 | 725-5898 | Bioc hemical Genetics Dr. Tina Cowan, Section Med | 13113 | 724-7858 |
| Dr. Andrew Connolly, Associate Director | 13273 | 736-1550 | | Chemistry Main Lab Dr. Raffick Bowen, Assoc | 11310 |
| Cytopathology General # 736-9861 Fax # 725-0900 Dr. Christina Kong, Section Med Dir | 16000 | 723-9016 | Microbiology Dr. Niaz Banaei, Section Med | | 23010 |
| Dermatopathology - Pasteur Dr, H2116 MC5243 Dr. Jinah Kim, Sectors Med Director | 23327 | 736-1068 | Molecular Pathology Dr. Jim Zehnder, Section Med | 13788 | 723-9232 |
| Electron Microscopy Dr. John Higgins, Section Med Co-Dir | 13695 | 724-4340 | RBC Special Studies - Hillview Rm 2601 MC5564 Dr. Bert Glader, Section Med Dir 723-5152 | | |
| Dr. Neeraja Kambham, Section Med Co-Dir | 13698 | 725-5193 | Special Coag & Flow Cytometry Dr. Jim Zehnder, Sp Coag Section Med Dir 13788 723-9232 | | |
| Coagulation Dr. Jim Zehnder, Section Med Dir | 13788 | 723-9232 | Transfusion Dr. Neil Shah, Director of Infomatics, TS 725-1981 | | |
| Cytogenetics Dr. Tena Cherry, Section Med Dir | 15500 | 723-4923 | Virology Dr. Benjamin Pinsky, Section | 13118 | 498-5575 |
| Dr. Melanie Manning, Section Med Dir 13539 | | 724-2865 | | | |
| Flow Cytometry Dr. Susan Atwater, Section Med Dir | 23054 | 736-8146 | | | |
| Hematology - Pasteur Dr, Rm H1524 MC5627 Dr. Susan Atwater, Section Med Dir | 23054 | 736-8146 | | | |
| Dr. Brent Tan, Assoc Section Dir | 14286 | 736-8364 | | | |
| Lab Systems & Services / IT (IT Page: 723-3333) Thomas Bruynell, Director LS&S 725-2546 | | | | | |

10 Order Entry/Delivery/Receiving

- 10.1 SCVMC Lab will supply appropriate specimen types and quantities for each ordered test and label all specimens with appropriate identification including the patient's name, medical record number, SCVMC Lab accession number, and accession or tracking numbers required by the Offeror. Offeror will accept responsibility for the specimen when picked up at SCVMC and will ensure that specimens are maintained under appropriate conditions until analyzed.
 - 10.1.1 If a daily medical courier service is provided at the Main Hospital Laboratory located at 751 S. Bascom Ave, San Jose, CA 95128 the courier will be responsible for filling out required log sheet for SCVMC including the date, time, number of frozen, room-temp and refrigerated samples. Courier will then maintain the specimen in the appropriate temperature cooler for delivery to the appropriate lab department at the Stanford Health Care.
- 10.2 Process for tracking specimens.
If using a Stanford courier, courier signs out specimens from Main Hospital Laboratory on their log sheet. No PHI is maintained by courier, samples are then signed in at Stanford Laboratory by laboratory staff.
- 10.3 The County shall utilize its contracted courier to deliver specimens to Stanford Clinical Lab, unless otherwise specified.

11 After Hours/Weekends/Stat Ordering

11.1 Special Coagulation

- Weekends: Frozen samples, same as weekday. Whole blood, call SPCG lab before sending the specimen
- Evenings: Frozen samples, same as weekday. Whole blood, call SPCG lab before sending the specimen
- After-Hours, Call SPCG lab before sending the specimen
- STAT basis. Call SPCG lab before sending the specimen

11.2 Flow Cytometry

- Weekends: same as weekday
- Evenings: same as weekday
- After-Hours, Call Customer Service for Flow lab before sending the specimen
- STAT basis. Call Customer Service for Flow lab before sending the specimen

11.3 Molecular Pathology

- Weekends: same as weekday
- Evenings: same as weekday
- After-Hours: same as weekday
- STAT basis. Test is not available for STAT services

11.4 Pathology

- Saturday: same as weekday
- Sunday: Notify the Stanford Pathology Staff. For general AP cases, please call the AP Resident On-call phone (650.721.2642) and they will start the protocol for after-

hours processing. For Renal Biopsies, please call the Renal Pathologist On- Call cell phone (650.391.5338).

Evenings: Notify the Stanford Pathology Staff. For general AP cases, please call the AP Resident On-call phone (650.721.2642) and they will start the protocol for after-hours processing. For Renal Biopsies, please call the Renal Pathologist On- Call cell phone (650.391.5338).

After-Hours: Notify the Stanford Pathology Staff. For general AP cases, please call the AP Resident On-call phone (650.721.2642) and they will start the protocol for after-hours processing. For Renal Biopsies, please call the Renal Pathologist On-Call cell phone (650.391.5338).

STAT basis. Notify the Stanford Pathology Staff. Call the AP Resident On-call phone (650.721.2642) For Renal Biopsies, please call the Renal Pathologist On- Call cell phone (650.391.5338).

11.5 Stanford shall offer test requisitions forms, and specimen bags that can be delivered to the Main Hospital laboratory at 751 S. Bascom Ave., San Jose CA.

11.6 Stanford shall ship supplies via FedEx or hand delivery to the SCVMC laboratory department.

12 Billing and Invoicing

12.1 For insurance providers where Stanford is not an in-network laboratory; preauthorization would need to be provided for all services. Client bill is the preferred method of billing services performed for SCVMC if available.

12.2 Patients of Stanford that are indigent are to be referred to Patient Billing program or offer financial assistance. The County shall not be billed or balanced billed for patients that are covered under the Stanford indigent program.

Patient Financial Services Customer Service Phone: 1-800-549-3720

<https://stanfordhealthcare.org/for-patients-visitors/billing/financial-assistance.html>

12.3 For tests/patients that must be billed to SCVMC Lab, Offeror shall provide a monthly itemized invoice. Each invoice, and monthly statement, must contain a listing of each patient's name, date of service, test description, CPT code, quantity, price, and date of birth. Invoice must also include account number, billing period, Tax ID, and any other relevant information that may be required by SCVMC Laboratory.

12.4 Third party insurance billing: for patients whom insurance covers Stanford in-network lab services, Stanford shall bill those insurances directly. SCVMC will not be responsible for any balance billing if third party insurance was directly billed.

13 Price Changes

13.1 Prices shall be fixed for the first two (2) years of the contract, with the exception of those sent to the Referral Lab.

13.2 Stanford shall notify SCVMC thirty (30) days in advance of modifications of any price changes, which shall be effective on the anniversary date of the initial term, of each year

(following the initial two (2) year firm pricing). Any such price increase shall not exceed 5%.

- 13.3 All new test(s) and price change(s) shall be formally documented per Exhibit E, New Test Code/Test Change Form, and shall become part of the agreement once fully executed. Pricing shall be effective per the "Effective Date and Expiration Date" documented in executed Exhibit E. A copy of such documented shall be given to both parties.
- 13.4 If the American Medical Association (AMA) has updated CPT coding on an already defined test, the Stanford shall update the CPT and extend the same price per pricing exhibit "C" There is an exception, Cal. Code Regs. tit. 22, § 51480. If SCVHHS pricing is below Medi-Cal reimbursement on the new CPT code, pricing will be adjusted based on reagent cost/methodology and labor.

14 Patient Reports

- 14.1 Patient Reports: Stanford shall return the successfully completed test results via hard copy report, fax, interface, or remote printing. Epic Beaker for CP tests auto faxes final verified reports and/or preliminary reports. Pathology reports are faxed. A hard copy may also be mailed if SCVMC desires an additional copy.
- 14.2 Patient reports shall include patient name, gender, date of birth, SCVMC medical record number, SCVMC accession number, collection date and time, receipt date and time, result, reference ranges or interpretive criteria, date and time of report, address and Medical Director of performing laboratory and any other data element required by law or accreditation standards.
- 14.3 Patient reports must be available to the County immediately upon result verification and meet turnaround times as published in Exhibit B.
- 14.4 Stanford shall (beyond normal reporting mechanisms) for communicating discovery of significant findings, critical values to the County. Stanford's critical values are defined as laboratory results that are outside the normal range to a degree that may constitute an immediate health risk to the individual or require immediate action on the part of the ordering physician. It is the policy of the Anatomic Pathology and Clinical Laboratory to call all critical values obtained by testing performed at any SHC laboratory promptly to ensure that a responsible caregiver is notified within 15 minutes of the verification of critical value results. SOP-LADM-0158V24.0
 - 14.4.1 Critical values are maintained on the public website at the link below.
<https://stanfordhealthcare.org/health-care-professionals/laboratory-critical-value-list.html> Critical values obtained by testing performed at any SHC laboratory are called within 15 minutes of the verification of critical value results. SOP-LADM-0158V24.0.

14.5 Stanford shall maintain patient results for at least 36 months after reporting. For data older than 36 months, Stanford Customer service has the ability to pull archived patient reports greater than 36 months from our retired lab system.

14.5.1 Usage Report (test name, test code number, CPT, test volume, test price) provided monthly.

14.5.2 Customer Repots: If SCVMC desires custom reports, Stanford will work with SCVMC Laboratory in creating customized Epic/Beaker reports or other flow cytometry reports at no additional cost to the County.

15 Business Interruption Plan

15.1 In the event that the Laboratory becomes incapacitated due to a major emergency or disaster, which renders some analyzers inoperable, and/or there is damage or depletion of reagents/supplies, the Medical Director (in collaboration with the Hospital Leadership will determine which tests can be performed until the Laboratory is back to its normal operations. Level of Laboratory Services: The ability of the Laboratory to provide services may likely be limited depending on the extent of the damage incurred during a major disaster. The Laboratory department may depend on the services that can be performed at our offsite laboratories at Hillview and Redwood City (RWC). When all the testing locations are non-operational, i.e., main Laboratory, Bass Lab, RWC and Hillview. Stat testing will be performed using POCT.

15.2 In the event of a business interruption or breakdown in standard communications, Stanford will reach out to SCVMC Lab immediately either by phone, fax, email, or in person. The County will also have the option to call Stanford Emergency Hotline at 650-498-8888, or local account manager at anytime

15.3 Stanford will have contracted courier has 95% of its support functions in the field or at customer locations. It is expected to be fully operational within a twenty-four hour period of most disaster scenarios. Patient samples will be redirected to closest operating Stanford laboratory location.

16 On-Going Service and Support

16.1 Primary Account Representatives

Pamela Hares, Esoteric Specialist/Account Manager
Crystal Brownlee, Patient Account Rep III, Billing Services

16.2 An alternate Account Representative (include individual's title) who is designated to act on behalf of the Account Representative while that person is absent or otherwise unavailable.

Kathleen Cederlof, Marketing Specialist, Anatomic Pathology
O: 650.724.3356 C: 650.740.3905

16.3 Escalation procedure for SCVMC if SCVMC determines the Primary Account Representative to be non-responsive.

Dennis Kang Director, Laboratory Finance & Business Operations
Stanford Health Care 3375 Hillview Avenue, M/C 5563 • Palo Alto, CA 94304
O: 650.736.4377 C: 310.938.2179 F: 650.736.9856
dkang@stanfordhealthcare.org

16.4 Additional Stanford Contacts.

Contract: Dennis Kang Director, Laboratory Finance & Business Operations
O: 650.736.4377 C: 310.938.2179 F: 650.736.9856
dkang@stanfordhealthcare.org

16.4.1 Data Reporting:

Lisa M Wilson Manager, IT Clinical Applications | Digital Solutions, Laboratory Systems & Services
O: 650-498-2547 C: 650-656-5413
lwilson@stanfordhealthcare.org

16.4.2 Invoice: Freda Cayabyab, Laboratory Billing Manager

O: 650-736-7918 F: 650-723-2378
cayabyab@stanfordhealthcare.org

16.5 Customer Service Department.

16.5.1 SCVMC Lab's access points (e.g., telephone, e-mail, etc.)

Toll Free 877-717-3733 or Direct 650.724.4750

16.5.2 After hours emergency options

24/7 Customer Service-1(877) 717-3733 or direct (650) 724-4750
SUPERVISOR ON-CALL: (PHN) 415-607-0674
ADMINISTRATOR ON-CALL: (PHN) 415-607-0621

17 Reporting

17.1 Contractor shall be required to provide and conduct quarterly business reviews with the County. This shall be required to occur within 30-days of the quarter's closing date. Stanford agrees to meet with Procurement and the Designated SCVHHS personnel at least on a quarterly basis, or as requested, to ensure that the price, terms and conditions of the distribution agreement are market competitive. If it is determined that prices, terms, and conditions are not market competitive, Stanford shall present to SCVMC Lab various means by which prices, terms, and conditions offered under the distribution agreement may become market competitive by the following quarter.

17.1.1 Reports to review lab test turnaround time (TAT) services provided to SCVMC.

Monthly review of those tests deemed STAT and insures that we are meeting the designated TAT time.

- 17.2 Stanford Primary Account Representative shall meet with SCVMC at least quarterly.
- 17.3 Management Reports: At no cost to the County, the following reports available in both hard copy and electronic/exportable formats (e.g., Excel).
- 17.4 Upon request, Stanford shall provide County with additional reports on items that are not contained in the annual or quarterly reports. For these requests Contact the primary representative:
Pamela Hares, Esoteric Specialist, Clinical Pathology
O: 650.725.0486 C: 650.529.5839 F: 650.736.9856
phares@stanfordhealthcare.org
- 17.5 Spend Reporting Requirements
- 11.4.1 On a quarterly basis, the County will require cumulative contract activity in dollars with itemized labor, transportation, material, equipment, and any additional analytical data that may be beneficial to the ongoing management of the awarded contract. Contractor reporting system must have the capability to report dollar amount spent by County and associated department, date/year, and services performed. Contractor shall have the ability to report dollar amount spend by County department, year, and history of services performed.

18 Value Added Services

- 18.1 Personalized Service:
For most cases, the submitting pathologist or physician will received a call from either a Stanford faculty member or a fellow to discuss the case results at no additional cost. This personal interaction allows SCVMC physicians to ask any questions and better understand the nuances of each case.
- 18.2 Continuity of Care
- 18.2.1 Because Stanford offers deep expertise across all areas of Pathology and Clinical Lab within our organization, cases are much less likely to be sent out to an outside institution for additional review. Difficult cases will be reviewed collaboratively rather than as separate cases from separate institutions, saving SCVMC both time and expense.
- 18.2.2 SCVMC patients who require specialized care maybe referred to Stanford's services. Because the diagnosis of a disease is the heart of a patient's treatment plan, it is critical that diagnosis is correct. Stanford Health Care has a standing policy that prior to providing any type of treatment, a referred patient must have their diagnosis confirmed by a Stanford pathologists. If a Stanford pathologist completes the initial diagnosis SCVMC referred patients won't have to undergo a second review, saving costs as well as critical treatment time.
- 18.3 Option to present cases at Stanford's Tumor Boards
Patients who are submitted for pathology review at Stanford have the option of being reviewed by Stanford's Tumor Board. Tumor boards are meetings where specialists from surgery, medical oncology, radiation oncology, radiology, genetics, and pathology collaboratively review a patient's condition and determine the best treatment plan. Through this multidisciplinary approach, patients have access to a diverse team of Stanford cancer experts instead of relying on a single opinion.

**EXHIBIT B
PRICING SUMMARY**

Pricing shall be firm for the initial two year period.

Stanford shall notify SCVMC thirty (30) days in advance of modifications of any price changes, which shall be effective on September 1st of each year (following the initial two (2) year firm pricing. Any such price increase shall not exceed 5%.

The County does not guarantee any maximum/minimum amount of services and reserves the right to acquire services at the stated pricing.

(Pricing Details Below)

PRICING DETAILS:

1. Pathology

| Line | Test Code Number | Test Description | | Associated Test Codes | CPT Code | Estimated Annual Usage | U/M | Turn Around Time (Calendar Days) | STAT Turn Around Time (Hours, Calendar Days) | Price Each |
|------|------------------|------------------------------------|----------------------|------------------------------|----------|------------------------|------|----------------------------------|--|------------|
| 1 | 31101295 | 1 HR PT BUFFER PTT | PTT Inhibitor Screen | PTTINH | 85732 | 11 | Each | 24 hours/next day | <12 hrs | \$15.00 |
| 2 | 31101288 | 5 MIN PT BUFFER INHTR | PT Inhibitor Screen | PTINH | 85611 | 6 | Each | 24 hours/next day | <12 hrs | \$10.00 |
| 3 | 51493682 | FLOW CYTOMETRY | Flow Cytometry | FCPATH | 88184 | 392 | Each | 24-48 hours | 24-48 hours | \$178.00 |
| 4 | 51493690 | FLOW CYTOMETRY SECOND MARKER | Flow Cytometry | FCPATH | 88185 | 7040 | Each | 24-48 hours | 24-48 hours | \$108.00 |
| 5 | 62110796 | CONSULTATION & REPORT ON REF SLIDE | Pathology | PATH | 88323 | 11 | Each | Varies per Diagnosis | Varies per Diagnosis | \$117.00 |
| 6 | 62110804 | IMMUNOCYTOCHEMISTRY | Pathology | PATH | 88342 | 12 | Each | Varies per Diagnosis | Varies per Diagnosis | \$146.00 |
| 7 | 51424794 | CELL COUNT | Flow Cytometry | FCPATH | 89050 | 295 | Each | 24-48 hours | 24-48 hours | \$10.00 |
| 8 | 52100138 | CYTOLOGY SPECIAL STAIN | Pathology | PATH | 88313 | 2 | Each | Varies per Diagnosis | Varies per Diagnosis | \$111.00 |
| 9 | 62110846 | ELECTRON MICROSCOPY THICK SECTION | Pathology | PATH | 88348 | 1 | Each | Varies per Diagnosis | Varies per Diagnosis | \$541.00 |
| 10 | 62110788 | HISTOCHEMICAL STAIN | Pathology | PATH | 88319 | 12 | Each | Varies per Diagnosis | Varies per Diagnosis | \$120.00 |
| 11 | 62110770 | HISTOCHEMICAL STAIN FROZEN | Pathology | PATH | 88314 | 4 | Each | Varies per Diagnosis | Varies per Diagnosis | \$117.00 |
| 12 | 62110812 | IMMUNOFLUORESCENCE DIRECT | Pathology | PATH | 88346 | 216 | Each | Varies per Diagnosis | Varies per Diagnosis | \$135.00 |
| 13 | 50672518 | INTPH ISH 7QS 100-300 CELL | FISH Analysis | CGFi 7Q | 88275 | 1 | Each | 12-14 days | 12-14 days | \$92.00 |
| 14 | 50641810 | INTPH ISH BCR 100-300 CELL | FISH Analysis | CGFi BCR | 88275 | 4 | Each | 12-14 days | 12-14 days | \$92.00 |
| 15 | 50672484 | INTPH ISH CBFB 100-300 CELL | FISH Analysis | CGFi inv(16) | 88275 | 1 | Each | 12-14 days | 12-14 days | \$92.00 |
| 16 | 50672468 | INTPH ISH CLL 100-300 CELL | FISH Analysis | CGFi CLL | 88275 | 1 | Each | 12-14 days | 12-14 days | \$92.00 |
| 17 | 50672773 | INTPH ISH ENUM 100 TO 300 CELL | FISH Analysis | CGFi ENUM/FISH Myeloma Panel | 88275 | 2 | Each | 12-14 days | 12-14 days | \$92.00 |

1. Pathology

| Line | Test Code Number | Test Description | | Associated Test Codes | CPT Code | Est. Annual Usage | U/M | TAT (Calendar Days) | STAT TAT (Calendar Days) | Price Each |
|------|------------------|--------------------------------|-------------------------|--|----------|-------------------|------|-------------------------|--------------------------|------------|
| 18 | 50641869 | INTPH ISH ENUM 100-300 CELL | FISH Analysis | CGFi ENUM/FISH CLL Panel/FISH Myeloma Panel/FISH MDS Panel | 88275 | 8 | Each | 12-14 days | 12-14 days | \$92.00 |
| 19 | 50672492 | INTPH ISH ETO 100-300 CELL | FISH Analysis | FISH t(8;21) | 88275 | 2 | Each | 12-14 days | 12-14 days | \$92.00 |
| 20 | 50641844 | INTPH ISH MLL 100-300 CELL | FISH Analysis | FISH MLL | 88275 | 3 | Each | 12-14 days | 12-14 days | \$92.00 |
| 21 | 50641828 | INTPH ISH PML 100-300 CELL | FISH Analysis | FISH t(15;17) | 88275 | 5 | Each | 12-14 days | 12-14 days | \$92.00 |
| 22 | 50641836 | INTPH ISH TEL 100-300 CELL | FISH Analysis | FISH TEL/AML1 | 88275 | 1 | Each | 12-14 days | 12-14 days | \$92.00 |
| 23 | 50641893 | PROBE MOL CYTOG EA | FISH Analysis | ALL FISH PANELS | 88271 | 57 | Each | 12-14 days | 12-14 days | \$71.00 |
| 24 | 62110762 | SPECIAL STAIN | Pathology | PATH | 88313 | 65 | Each | Varies per Diagnosis | Varies per Diagnosis | \$111.00 |
| 25 | 62110721 | SURGICAL PATHOLOGY LEVEL IV | Pathology | PATH | 88305 | 34 | Each | Varies per Diagnosis | Varies per Diagnosis | \$66.00 |
| 26 | 62110838 | ELECTRON MICROSCOPY | Pathology | PATH | 88348 | 37 | Each | Varies per Diagnosis | Varies per Diagnosis | \$541.00 |
| 27 | 62111026 | IN SITU HYBRIDIZATION | Pathology | PATH | 88365 | 10 | Each | Varies per Diagnosis | Varies per Diagnosis | \$227.00 |
| 28 | 31101297 | 1 HR NORM BUFFER PTT | PTT Inhibitor Screen | PTTINH | 85732 | 11 | Each | 24 hours/next day | <12 hrs | \$15.00 |
| 29 | 31101294 | 1 HR PT BUFFER PTT | PTT Inhibitor Screen | PTTINH | 85732 | 11 | Each | 24 hours/next day | <12 hrs | \$15.00 |
| 30 | 31101290 | 5 MIN NORMBUFFER PT | PT Inhibitor Screen | PTINH | 85611 | 6 | Each | 24 hours/next day | <12 hrs | \$10.00 |
| 31 | 31101293 | 5 MIN NORMBUFFER PTT | PTT Inhibitor Screen | PTTINH | 85732 | 11 | Each | 24 hours/next day | <12 hrs | \$15.00 |
| 32 | 31101292 | 5 MIN PT BUFFER PTT | PTT Inhibitor Screen | PTTINH | 85732 | 11 | Each | 24 hours/next day | <12 hrs | \$15.00 |

1. Pathology

| Line | Test Code Number | Test Description | | Associated Test Codes | CPT Code | Est. Annual Usage | U/M | TAT (Calendar Days) | STAT TAT (Calendar Days) | Price Each |
|------|------------------|------------------------------|---|-----------------------|----------|-------------------|------|---------------------|--------------------------|------------|
| 33 | 31101289 | 5 MIN PT NORM PRO | PT Inhibitor Screen | PTINH | 85611 | 6 | Each | 24 hours/next day | <12 hrs | \$10.00 |
| 34 | 31100009 | ADA | Adenosine Deaminase | ADAQ | 82657 | 2 | Each | 7-14 days | 7-14 days | \$80.00 |
| 35 | 31101343 | ADAMTS 13 ACT EA ANALYTE | ADAMTS-13 Profile | ADAMTS | 85397 | 9 | Each | 7 days | 5-7 days | \$47.00 |
| 36 | 31101342 | ADAMTS FACTOR INHIBITOR | ADAMTS-13 Profile | ADAMTS | 85335 | 9 | Each | 7 days | 5-7 days | \$26.00 |
| 37 | 31102124 | AFB ID FROM ISOLATE APT | AFB ID by PCR and sequencing from isolate | AFBPC | 87551 | 9 | Each | 1-4 days | 1-4 days | \$75.00 |
| 38 | 31101676 | AFB ID RRNA SEQUENCE | AFB ID by PCR and sequencing from isolate | AFBPC | 87153 | 1 | Each | 1-4 days | 1-4 days | \$236.00 |
| 39 | 31101546 | AMIKACIN | Amikacin Peak Level | AMIPOL | 80150 | 32 | Each | 24 hours/next day | <4 hrs | \$32.00 |
| 40 | 31101263 | ANTITHROBIN III | Antithrombin III | AT3 | 85300 | 247 | Each | 24 hours/next day | <12 hrs | \$25.00 |
| 41 | 31101449 | ASPERGILLUS IGE | Bronchopulmonary Aspergillosis Screen | BRASP | 86606 | 151 | Each | 5-7 days | 5-7 days | \$32.00 |
| 42 | 31101450 | ASPERGILLUS IGG | Bronchopulmonary Aspergillosis Screen | BRASP | 86606 | 151 | Each | 5-7 days | 5-7 days | \$32.00 |
| 43 | 31101344 | B2GP1 BETA2 GLYPRTN I AB EA | Beta-2-Glycoprotein 1 | B2GP1 | 86146 | 2 | Each | 7 days | 5-7 days | \$53.00 |
| 44 | 31101685 | BACTERIA ID BY SEQ SPEC | Bacteria ID by sequencing from specimen | BACIDS | 87153 | 24 | Each | 2-7 days | 2-7 days | \$236.00 |
| 45 | 31101639 | BACTERIAL ID METHDS | Bacteria ID by sequencing from specimen | BACIDS | 87077 | 7 | Each | 2-7 days | 2-7 days | \$17.00 |
| 46 | 31101169 | BCFDS2 CFTR 2 GENESQ KNOWN | CFTR Diagnostic Sequencing, Blood | CFDS | 81221 | 1 | Each | 28 days | 28 days | \$168.00 |
| 47 | 31101171 | BCRABL T922 MAJ BRKPN T QUAL | BCR-ABL, Blood | BCRQT | 81206 | 6 | Each | 7-14 days | 7-14 days | \$336.00 |

1. Pathology

| Line | Test Code Number | Test Description | Associated Test Codes | CPT Code | Est. Annual Usage | U/M | TAT (Calendar Days) | STAT TAT (Calendar Days) | Price Each | Line |
|------|------------------|-----------------------------|---------------------------------------|----------|-------------------|-----|---------------------|--------------------------|----------------------|----------|
| 48 | 31101172 | BCRABL T922 MIN BRKPNT QUAL | BCR-ABL, Blood | BCRQT | 81207 | 6 | Each | 7-14 days | 7-14 days | \$297.00 |
| 49 | 31101347 | BDRVMX RUS VPR VNM DLT MIX | Dilute Russell Viper Venom Panel | DRVVTP | 85613 | 3 | Each | 24 hours/next day | <12 hrs | \$21.00 |
| 50 | 31101175 | BIGKH BCLON IGH AMP PCR | B-Cell Clonality | BMCLON | 81261 | 1 | Each | 21 Days | 21 Days | \$306.00 |
| 51 | 31101176 | BIGKH BCLON IGK EVAL ABN CL | B-Cell Clonality | BMCLON | 81264 | 1 | Each | 21 Days | 21 Days | \$405.00 |
| 52 | 31101179 | BM1517 T1517 CMN BRK QN BM | PML/RARa, Quantitative, Non-Blood | BM1517 | 81315 | 1 | Each | 7-14 days | 7-14 days | \$424.00 |
| 53 | 31101228 | BMAJOR BCRQT MAJ BRKPNT QNT | BCR-ABL, Blood | BCRQT | 81206 | 1 | Each | 7-14 days | 7-14 days | \$336.00 |
| 54 | 31101229 | BMINOR BCRQT MIN BRKPNT QNT | BCR-ABL, Blood | BCRQT | 81207 | 2 | Each | 7-14 days | 7-14 days | \$297.00 |
| 55 | 31101348 | BPF4IG PF4 ID PLATLT AB IGG | Heparin (HIT) Ab | HITAB | 86022 | 276 | Each | 24 hours/next day | <12 hrs | \$39.00 |
| 56 | 31101184 | BTCRG TCLON TRG EVL ABNL | T-Cell Clonality, Non-Blood | BMTCLO | 81342 | 4 | Each | 21 days | 21 days | \$412.00 |
| 57 | 31101185 | BTCRGB TCLON TRB EVAL PCR | T-Cell Clonality, Non-Blood | BMTCLO | 81340 | 2 | Each | 21 days | 21 days | \$428.00 |
| 58 | 31101186 | BTCRGB TCLON TRG EVL ABNL | T-Cell Clonality, Non-Blood | BMTCLO | 81342 | 2 | Each | 21 days | 21 days | \$412.00 |
| 59 | 31102235 | CALR CALRETICULIN ASSAY | Calreticulin Mutation Analysis, Blood | CALR | 81219 | 2 | Each | 14 days | 14 days | \$332.00 |
| 60 | 31101302 | CONTROL PT INH SCRIN | PT Inhibitor Screen | PTINH | 85610 | 6 | Each | 24 hours/next day | <12 hrs | \$10.00 |
| 61 | 31101296 | DIL RUSSELL VPR VNM | Dilute Russell Viper Venom Panel | DRVVTP | 85613 | 5 | Each | 24 hours/next day | <12 hrs | \$21.00 |
| 62 | 31101200 | DNAISO DNA ISOL UNLST MOP | Nucleic Acid Isolation, DNA | DNAISO | 81479 | 8 | Each | 7 days | 7 days | \$15.00 |
| 63 | 62160593 | EA ADD SINGLE AB STAIN | Pathology | PATH | 88341 | 47 | Each | Varies per Diagnosis | Varies per Diagnosis | \$91.00 |
| 64 | 62160619 | EA ADD SINGLE PROB STAIN | Pathology | PATH | 88364 | 2 | Each | Varies per Diagnosis | Varies per Diagnosis | \$142.00 |

1. Pathology

| Line | Test Code Number | Test Description | | Associated Test Codes | CPT Code | Est. Annual Usage | U/M | TAT (Calendar Days) | STAT TAT (Calendar Days) | Price Each |
|------|------------------|--------------------------------|------------------------------------|-----------------------|----------|-------------------|------|----------------------|--------------------------|------------|
| 65 | 31101663 | ETEST MIC | ADD ON MICROBIOLOGY | MICROBIOLOGY ADD ON | 87181 | 4 | Each | Varies per Diagnosis | Varies per Diagnosis | \$10.00 |
| 66 | 31101267 | FACTOR II ASSAY | Factor II Assay | FACT2 | 85210 | 2 | Each | 24 hours/next day | <12 hrs | \$28.00 |
| 67 | 31101276 | FACTOR IX ASSAY | Factor IX Assay | FACT9 | 85250 | 4 | Each | 24 hours/next day | <12 hrs | \$40.00 |
| 68 | 31101268 | FACTOR V ASSAY | Factor V Assay | FACT5 | 85220 | 1 | Each | 24 hours/next day | <12 hrs | \$36.00 |
| 69 | 31101269 | FACTOR VII ASSAY | Factor VII Assay | FACT7 | 85230 | 6 | Each | 24 hours/next day | <12 hrs | \$38.00 |
| 70 | 31101270 | FACTOR VIII ASSAY | Factor VIII Assay | FACT8 | 85240 | 25 | Each | 24 hours/next day | <12 hrs | \$38.00 |
| 71 | 31101270 | FACTOR VIII ASSAY | Factor VIII Assay | FACT8 | 85240 | 2 | Each | 24 hours/next day | <12 hrs | \$38.00 |
| 72 | 31101271 | FACTOR VIII INHIBTO | Factor VIII Inhibitor, Human | F8INH | 85335 | 16 | Each | 24 hours/next day | <12 hrs | \$27.00 |
| 73 | 31101277 | FACTOR X ASSAY | Factor X Assay | FACT10 | 85260 | 4 | Each | 24 hours/next day | <12 hrs | \$38.00 |
| 74 | 31101278 | FACTOR XI ASSAY | Factor XI Assay | FACT11 | 85270 | 2 | Each | 24 hours/next day | <12 hrs | \$37.00 |
| 75 | 31101279 | FACTOR XII ASSAY | Factor XII Assay | FACT12 | 85280 | 3 | Each | 24 hours/next day | <12 hrs | \$41.00 |
| 76 | 31101338 | FLOW NK CELLS TOTAL COUNT | T SUBSETS AND B LYMPHOCYTES, FLUID | FTBLYM | 86357 | 5 | Each | 24-48 hours | 24-48 hours | \$78.00 |
| 77 | 31101336 | FLOW ABSOLUTE CD4 CD8 CNTRATIO | CD4 / CD8 PANEL, BLOOD | C4C8 | 86360 | 230 | Each | 24-48 hours | 24-48 hours | \$97.00 |
| 78 | 31101336 | FLOW ABSOLUTE CD4 CD8 CNTRATIO | CD4 / CD8 PANEL, BLOOD | C4C8 | 86360 | 5 | Each | 24-48 hours | 24-48 hours | \$97.00 |

1. Pathology

| Line | Test Code Number | Test Description | | Associated Test Codes | CPT Code | Est. Annual Usage | U/M | TAT (Calendar Days) | STAT TAT (Calendar Days) | Price Each |
|------|------------------|-----------------------------|--------------------------------------|-----------------------|----------|-------------------|------|----------------------|--------------------------|------------|
| 79 | 31101334 | FLOW B CELLS TOTAL COUNT | T SUBSETS AND B LYMPHOCYTES, FLUID | FTBLYM | 86355 | 5 | Each | 24-48 hours | 24-48 hours | \$78.00 |
| 80 | 31101335 | FLOW T CELLS TOTAL COUNT | CD4 / CD8 PANEL, BLOOD | C4C8 | 86359 | 230 | Each | 24-48 hours | 24-48 hours | \$78.00 |
| 81 | 31101335 | FLOW T CELLS TOTAL COUNT | CD4 / CD8 PANEL, BLOOD | C4C8 | 86359 | 5 | Each | 24-48 hours | 24-48 hours | \$78.00 |
| 82 | 31101702 | FUNIDS FUNGUS ID NA SEQ EA | FUNGAL ID BY SEQUENCE SPECIMEN | FUNIDS | 87153 | 5 | Each | 3-7 days | 3-7 days | \$236.00 |
| 83 | 31100157 | G 6PD H SCREEN | G6PD Screen | G6PD | 82960 | 1 | Each | 24 hours/next day | 24 hours/next day | \$27.00 |
| 84 | 31100006 | G6 PD QUANT | G6PD, Quantitative | G6PDQT | 82955 | 3 | Each | 7-14 days | 2-3 days | \$43.00 |
| 85 | 31100008 | GPI | Red Cell Enzymes | RBCENZ | 84087 | 2 | Each | 7-14 days | 7-14 days | \$46.00 |
| 86 | 31100004 | HEXOKINASE | Red Cell Enzymes | RBCENZ | 82657 | 2 | Each | 7-14 days | 7-14 days | \$80.00 |
| 87 | 62160635 | IMMUNO ANTB ADDL STAIN | Pathology | PATH | 88350 | 40 | Each | Varies per Diagnosis | Varies per Diagnosis | \$134.00 |
| 88 | 31101659 | INCDNL YEAST ID NO DR | ADD ON MICROBIOLOGY | MICROBIOLOGY ADD ON | 87106 | 1 | Each | Varies per Diagnosis | Varies per Diagnosis | \$21.00 |
| 89 | 50672799 | INTPH ISH MDS 100-300 CELL | FISH Analysis | FISH MDS Panel | 88275 | 1 | Each | 12-14 days | 12-14 days | \$92.00 |
| 90 | 31101207 | JAK2 JAN KINASE V617F VRNT | Janus Kinase 2 V617F Mutation, Blood | JAK2 | 81270 | 1 | Each | 7-14 days | 7-14 days | \$188.00 |
| 91 | 31101684 | M TUBERCULOSIS PCR APT SPEC | TB ID by PCR from specimen | TBPCRS | 87551 | 62 | Each | 1-4 days | 1-4 days | \$75.00 |
| 92 | 31101553 | METHOTREXATE | Methotrexate | MTXL | 80299 | 85 | Each | 24 hours/next day | <12 hrs | \$29.00 |
| 93 | 31101575 | METHYLMALONIC ACID QUANT | Methylmalonic Acid | MMAS | 83789 | 1 | Each | 5-7 days | 4-6 days | \$38.00 |
| 94 | 31101301 | PATIENT PT INH SCRIN | PT Inhibitor Screen | PTINH | 85610 | 6 | Each | 24 hours/next day | <12 hrs | \$10.00 |

1. Pathology

| Line | Test Code Number | Test Description | | Associated Test Codes | CPT Code | Est. Annual Usage | U/M | TAT (Calendar Days) | STAT TAT (Calendar Days) | Price Each |
|------|------------------|---------------------------------|--------------------------|-----------------------|----------|-------------------|------|---------------------|--------------------------|------------|
| 95 | 31101262 | PLASMINOGEN | Plasminogen | PLASMN | 85420 | 1 | Each | Day of run | <12 hrs | \$14.00 |
| 96 | 31101319 | PLATELET FUNCTION SCRIN ADP | Platelet Function Screen | PLTFUN | 85576 | 7 | Each | 24 hours/next day | <12 hrs | \$45.00 |
| 97 | 31100303 | PLATELET FUNCTION SCRIN EPINEPH | Platelet Function Screen | PLTFUN | 85576 | 41 | Each | 24 hours/next day | <12 hrs | \$45.00 |
| 98 | 31101284 | PLT AGG-RISTOC | Platelet Aggregation | PLTAGG | 85576 | 1 | Each | 24 hours/next day | <12 hrs | \$45.00 |
| 99 | 31100309 | PROCALCITONIN | Procalcitonin | PROCT | 84145 | 55 | Each | 24 hours/next day | <12 hrs | \$56.00 |
| 100 | 31100307 | PROTHROMBIN TIME | DIC Screen | DIC | 85610 | 2 | Each | 24 hours/next day | <12 hrs | \$10.00 |
| 101 | 31101306 | PTT INH 1 HR PT | PTT Inhibitor Screen | PTTINH | 85730 | 11 | Each | 24 hours/next day | <12 hrs | \$13.00 |
| 102 | 31101304 | PTT INH 5 MIN PT | PTT Inhibitor Screen | PTTINH | 85730 | 11 | Each | 24 hours/next day | <12 hrs | \$13.00 |
| 103 | 31101291 | PTT INH 5 MIN PTT | PTT Inhibitor Screen | PTTINH | 85732 | 11 | Each | 24 hours/next day | <12 hrs | \$14.00 |
| 104 | 31101305 | PTTINH 1 HR NORMAL PLASMA | PTT Inhibitor Screen | PTTINH | 85730 | 11 | Each | 24 hours/next day | <12 hrs | \$13.00 |
| 105 | 31101303 | PTTINH 5 MIN NORM PLASMA | PTT Inhibitor Screen | PTTINH | 85730 | 11 | Each | 24 hours/next day | <12 hrs | \$13.00 |
| 106 | 31100001 | PYRIMIDINE 5 NUCLEOT NONRAD | Red Cell Enzymes | RBCENZ | 82657 | 1 | Each | 7-14 days | 7-14 days | \$80.00 |
| 107 | 31100007 | PYRUVATE KINASE | Red Cell Enzymes | RBCENZ | 84220 | 2 | Each | 7-14 days | 7-14 days | \$42.00 |
| 108 | 31100002 | RBC REDUCED GLUTATHIONE GSH | Red Cell Enzymes | RBCENZ | 82978 | 1 | Each | 7-14 days | 7-14 days | \$59.00 |
| 109 | 31101281 | RISTOCETIN COFACTOR | RISTOCETIN COFACTOR | RIST | 85245 | 9 | Each | 24 hours/next day | <12 hrs | \$48.00 |

1. Pathology

| Line | Test Code Number | Test Description | | Associated Test Codes | CPT Code | Est. Annual Usage | U/M | TAT (Calendar Days) | STAT TAT (Calendar Days) | Price Each |
|------|------------------|---|-------------------------------|--|----------|-------------------|------|----------------------|--------------------------|------------|
| 110 | 31101326 | STACLOT LA TEST | Lupus Anticoagulant | LUPUS | 85597 | 3 | Each | 24 hours/next day | <12 hrs | \$38.00 |
| 111 | 31101220 | T1517 PMLRAR CMN BRKPT QN | PML/RARa, Quantitative, Blood | T1517 | 81315 | 3 | Each | 7-14 days | 7-14 days | \$424.00 |
| 112 | 31100308 | THROMPLAS PTT | Lupus Anticoagulant | LUPUS | 85730 | 9 | Each | 24 hours/next day | <12 hrs | \$13.00 |
| 113 | 31101548 | TOBRAMYCIN | Tobramycin Peak Level | TOBPOL | 80200 | 39 | Each | 24 hours/next day | <12 hrs | \$34.00 |
| 114 | 31101225 | VHHA IGH VAR RGN SOM MUT | VH Hypermutation Assay, Blood | VHHA | 81263 | 1 | Each | 28 days | 28 days | \$603.00 |
| 115 | 31101286 | VW FACTOR ANTIGEN | Von Willebrand Antigen | VWAG | 85246 | 9 | Each | 24 hours/next day | <12 hrs | \$48.00 |
| 116 | 85060 | BLD SMR PRPH INTERPJ PHYS WRITTEN REPRT | | Blood smear, peripheral, interpretation by physician with written report | 85060 | 92 | Each | Varies per Diagnosis | Varies per Diagnosis | \$44.19 |
| 117 | 85097 | B1 MARROW SMR INTERPJ | | Bone marrow, smear interpretation | 85097 | 202 | Each | Varies per Diagnosis | Varies per Diagnosis | \$88.04 |

1. Pathology

| Line | Test Code Number | Test Description | Associated Test Codes | CPT Code | Est. Annual Usage | U/M | TAT (Calendar Days) | STAT TAT (Calendar Days) | Price Each |
|------|------------------|--|---|----------|-------------------|------|----------------------|--------------------------|------------|
| 118 | 88108 | CYTOSPIN | Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique) | 88108 | 1 | Each | Varies per Diagnosis | Varies per Diagnosis | \$41.22 |
| 119 | 88112 | CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V | Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal | 88112 | 2 | Each | Varies per Diagnosis | Varies per Diagnosis | \$50.42 |
| 120 | 88187 | FLO CYTOMETRY INTERPJ 2-8 MARKERS | Flow cytometry; interpretation ; 2 - 8 markers | 88187 | 61 | Each | 48-72 Hrs | 48-72 Hrs | \$107.40 |
| 121 | 88188 | FLO CYTOMETRY INTERPJ 9-15 MARKERS | Flow cytometry; interpretation ; 9 - 15 markers | 88188 | 32 | Each | 48-72 Hrs | 48-72 Hrs | \$132.54 |
| 122 | 88189 | FLO CYTOMETRY INTERPJ 16/> MARKERS | Flow cytometry; interpretation ; 16 or more markers | 88189 | 296 | Each | 48-72 Hrs | 48-72 Hrs | \$159.30 |
| 123 | 88305 | LVL IV-SURG PATH GROSS&MCRSCP XM | Level IV - Surgical pathology, gross and microscopic examination | 88305 | 34 | Each | Varies per Diagnosis | Varies per Diagnosis | \$69.02 |

1. Pathology

| | | | | | | | | | | |
|-----|-------|---|--|---|-------|----|------|-------------------------|-------------------------|----------|
| 124 | 88313 | SPEC STAINS GRP II STAINS EA | | Group II special stains (all stains EXCEPT stains for microorganism s, enzyme constituents, or immunocyto chemistry and immunoperox idase); including interpretation and report; each stain | 88313 | 35 | Each | Varies per Diagnosis | Varies per Diagnosis | \$21.53 |
| 125 | 88314 | SPEC STAINS HISTOCHEM STAINING FROZEN SCTJ | | Histochemica l staining with frozen tissue block(s) (Charged in addition to primary procedure) | 88314 | 2 | Each | Varies per Diagnosis | Varies per Diagnosis | \$40.35 |
| 126 | 88319 | DETERMINATIVE HCHEM/CCHEM ID NZM EA | | Group III special stains (for enzyme constituents); including interpretation and report; each stain | 88319 | 2 | Each | Varies per Diagnosis | Varies per Diagnosis | \$48.66 |
| 127 | 88321 | CONSLTJ&REPRT SLIDES PREPARED ELSEWHERE | | Consultation and report on referred slides prepared elsewhere | 88321 | 18 | Each | Varies per Diagnosis | Varies per Diagnosis | \$151.58 |

1. Pathology

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|-----|-------|---|--|---|-------|----|------|-------------------------|-------------------------|----------|
| 128 | 88323 | CONSLTJ&REPRT MATRL REQ PREPJ SLIDES | | Consultation and report on referred material requiring preparation of slides | 88323 | 11 | Each | Varies per Diagnosis | Varies per Diagnosis | \$156.15 |
| 129 | 88325 | CONSLTJ COMPRE REVIEW REPRT REFERRED MATRL | | Consultation, comprehen sive, with review of records and specimens, with report on referred material | 88325 | 1 | Each | Varies per Diagnosis | Varies per Diagnosis | \$272.93 |
| 130 | 88341 | IMMUNOHISTO ANTIBODY SLIDE | | Immunohisto chemistry or immunocytoc hemistry, per specimen; each additional single antibody stain procedure (Charged in addition to code 88342 for primary procedure) | 88341 | 47 | Each | Varies per Diagnosis | Varies per Diagnosis | \$51.87 |
| 131 | 88342 | IMMUNOHISTO ANTIBODY STAIN | | Immunohisto chemistry or immunocytoc hemistry, per specimen; initial single antibody stain procedure | 88342 | 13 | Each | Varies per Diagnosis | Varies per Diagnosis | \$64.64 |

1. Pathology

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|-----|-------|---------------------------------|--|---|-------|----|------|-------------------------|-------------------------|----------|
| 132 | 88346 | IMFLUOR STD EA ANTB DIR METH | | Immunofluor escence, per specimen; direct method; initial single antibody stain procedure | 88346 | 28 | Each | Varies per Diagnosis | Varies per Diagnosis | \$66.03 |
| 133 | 88348 | ELECTRON MIC DX | | Electron microscopy; diagnostic | 88348 | 38 | Each | Varies per Diagnosis | Varies per Diagnosis | \$138.39 |
| 134 | 88350 | IMMUNOFLUOR ANTB ADDL STAIN | | Immunofluor escence, per specimen; direct method; each additional single antibody stain procedure (Charged in addition to code 88346 for primary procedure) | 88350 | 5 | Each | Varies per Diagnosis | Varies per Diagnosis | \$52.17 |
| 135 | 88364 | INSITU HYBRIDIZATION (FISH) | | In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (Charged in addition to primary procedure) | 88364 | 1 | Each | Varies per Diagnosis | Varies per Diagnosis | \$63.18 |

1. Pathology

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|-----|----------|-----------------------------|--------------------------------------|--|------------------|----|------|----------------------|----------------------|----------|
| 136 | 88365 | INSITU HYBRIDIZATION (FISH) | | In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure | 88365 | 10 | Each | Varies per Diagnosis | Varies per Diagnosis | \$80.25 |
| 137 | 62111026 | EBER-1 | 88365 - In Situ Hybridization (FISH) | +IN SITU HYBRIDIZATION# | 88365 | 8 | Each | Varies per Diagnosis | Varies per Diagnosis | \$227.00 |
| 138 | 50673284 | 19q | 88374 - In Situ Hybridization Auto | HC ISH GLM19Q MRPHMET MAN ADD | 88377 | 4 | Each | 10- 14 days | 10- 14 days | \$345.00 |
| 139 | 50673383 | 1p | 88374 - In Situ Hybridization Auto | HC ISH GLM1P MRPHMET MAN INIT | 88377 | 4 | Each | 10- 14 days | 10- 14 days | \$345.00 |
| 140 | 50672815 | BCL6 (3q27) | 88374 - In Situ Hybridization Auto | HC ISH BCL6 MRPHMET MAN | 88377 | 7 | Each | 10- 14 days | 10- 14 days | \$345.00 |
| 141 | 50672567 | EWSR1 (22q12) | 88374 - In Situ Hybridization Auto | HC ISG EWSR1 MRPHMET MAN | 88377 | 2 | Each | 10- 14 days | 10- 14 days | \$345.00 |
| 142 | N/A | IGH (14q32) | 88374 - In Situ Hybridization Auto | No Tissue Testing, only by Whole Blood, Bone Marrow, other Cellular fluid | 88271 x 2, 88275 | 7 | Each | 10- 14 days | 10- 14 days | \$234.00 |
| 143 | 50672831 | MDM2/SE12 | 88374 - In Situ Hybridization Auto | HC ISH MDM2AMP MRPHMET MAN | 88377 | 1 | Each | 10- 14 days | 10- 14 days | \$345.00 |

1. Pathology

| Line | Test Code Number | Test Description | | Associated Test Codes | CPT Code | Est. Annual Usage | U/M | TAT (Calendar Days) | STAT TAT (Calendar Days) | Price Each |
|------|------------------|-----------------------------------|------------------------------------|---|------------------|-------------------|------|----------------------|--------------------------|------------|
| 144 | 50672971 | MYC (8q24) | 88374 - In Situ Hybridization Auto | HC ISH MYCAMP MRPHMET MAN | 88377 | 8 | Each | 10- 14 days | 10- 14 days | \$345.00 |
| 145 | 50672575 | SS18 (SYT-18q11.2) | 88374 - In Situ Hybridization Auto | HC ISH SYT MRPHMET MAN | 88377 | 3 | Each | 10- 14 days | 10- 14 days | \$345.00 |
| 146 | 50672807 | t(14;18)(q32;q21) (IGH/BCL2) | 88374 - In Situ Hybridization Auto | HC ISH BCL2 MRPHMET MAN | 88377 | 6 | Each | 10- 14 days | 10- 14 days | \$345.00 |
| 147 | N/A | t(9;22)(q34;q11.2) (BCR/ABL) | 88374 - In Situ Hybridization Auto | No Tissue Testing, only by Whole Blood, Bone Marrow, other Cellular fluid | 88271 x 2, 88275 | 1 | Each | 10- 14 days | 10- 14 days | \$234.00 |
| 148 | 88323 | Consult w/ slides prepared at PPL | 88323 - Microslide Consultation | Professional Service | 88323 | 4 | Each | Varies per Diagnosis | Varies per Diagnosis | \$156.15 |
| 149 | 62160593 | ACTH 1-24 | 88341 - Immunohistochemistry | EA ADD SINGLE AB STAIN | 88341 | 1 | Each | Varies per Diagnosis | Varies per Diagnosis | \$91.00 |
| 150 | 62160593 | CDX2 (intestinal TF) | 88341 - Immunohistochemistry | EA ADD SINGLE AB STAIN | 88341 | 1 | Each | Varies per Diagnosis | Varies per Diagnosis | \$91.00 |
| 151 | 62160593 | CEA (CD66E) | 88341 - Immunohistochemistry | EA ADD SINGLE AB STAIN | 88341 | 1 | Each | Varies per Diagnosis | Varies per Diagnosis | \$91.00 |
| 152 | 62160593 | CEA family (CD66) | 88341 - Immunohistochemistry | EA ADD SINGLE AB STAIN | 88341 | 1 | Each | Varies per Diagnosis | Varies per Diagnosis | \$91.00 |
| 153 | 62160593 | Cytokeratins (multiple) | 88341 - Immunohistochemistry | EA ADD SINGLE AB STAIN | 88341 | 3 | Each | Varies per Diagnosis | Varies per Diagnosis | \$91.00 |
| 154 | 62160593 | ERG | 88341 - Immunohistochemistry | EA ADD SINGLE AB STAIN | 88341 | 2 | Each | Varies per Diagnosis | Varies per Diagnosis | \$91.00 |

1. Pathology

| Line | Test Code Number | Test Description | | Associated Test Codes | CPT Code | Est. Annual Usage | U/M | TAT (Calendar Days) | STAT TAT (Calendar Days) | Price Each |
|------|------------------|---------------------|------------------------------|------------------------|----------|-------------------|------|----------------------|--------------------------|------------|
| 155 | 62160593 | FSH-Beta | 88341 - Immunohistochemistry | EA ADD SINGLE AB STAIN | 88341 | 5 | Each | Varies per Diagnosis | Varies per Diagnosis | \$91.00 |
| 156 | 62160593 | Glypican-3 (GPC3) | 88341 - Immunohistochemistry | EA ADD SINGLE AB STAIN | 88341 | 3 | Each | Varies per Diagnosis | Varies per Diagnosis | \$91.00 |
| 157 | 62160593 | Growth Hormone | 88341 - Immunohistochemistry | EA ADD SINGLE AB STAIN | 88341 | 6 | Each | Varies per Diagnosis | Varies per Diagnosis | \$91.00 |
| 158 | 62160593 | IgG, gamma chain | 88341 - Immunohistochemistry | EA ADD SINGLE AB STAIN | 88341 | 3 | Each | Varies per Diagnosis | Varies per Diagnosis | \$91.00 |
| 159 | 62160593 | INI-1 | 88341 - Immunohistochemistry | EA ADD SINGLE AB STAIN | 88341 | 2 | Each | Varies per Diagnosis | Varies per Diagnosis | \$91.00 |
| 160 | 62160593 | Luteinizing Hormone | 88341 - Immunohistochemistry | EA ADD SINGLE AB STAIN | 88341 | 6 | Each | Varies per Diagnosis | Varies per Diagnosis | \$91.00 |
| 161 | 62160593 | Napsin A protein | 88341 - Immunohistochemistry | EA ADD SINGLE AB STAIN | 88341 | 1 | Each | Varies per Diagnosis | Varies per Diagnosis | \$91.00 |
| 162 | 62160593 | Prolactin | 88341 - Immunohistochemistry | EA ADD SINGLE AB STAIN | 88341 | 6 | Each | Varies per Diagnosis | Varies per Diagnosis | \$91.00 |
| 163 | 62160593 | SALL4 | 88341 - Immunohistochemistry | EA ADD SINGLE AB STAIN | 88341 | 2 | Each | Varies per Diagnosis | Varies per Diagnosis | \$91.00 |
| 164 | 62160593 | SF-1 | 88341 - Immunohistochemistry | EA ADD SINGLE AB STAIN | 88341 | 1 | Each | Varies per Diagnosis | Varies per Diagnosis | \$91.00 |
| 165 | 62160593 | SOX10 | 88341 - Immunohistochemistry | EA ADD SINGLE AB STAIN | 88341 | 1 | Each | Varies per Diagnosis | Varies per Diagnosis | \$91.00 |
| 166 | 62160593 | TSH01 | 88341 - Immunohistochemistry | EA ADD SINGLE AB STAIN | 88341 | 6 | Each | Varies per Diagnosis | Varies per Diagnosis | \$91.00 |
| 167 | 62160593 | TTF-1 | 88341 - Immunohistochemistry | EA ADD SINGLE AB STAIN | 88341 | 1 | Each | Varies per Diagnosis | Varies per Diagnosis | \$91.00 |

1. Pathology

| Line | Test Code Number | Test Description | Associated Test Codes | CPT Code | Est. Annual Usage | U/M | TAT (Calendar Days) | STAT TAT (Calendar Days) | Price Each | |
|------|------------------|------------------------------|------------------------------|--|-------------------|-----|---------------------|--------------------------|----------------------|----------|
| 168 | 62160593 | Villin | 88341 - Immunohistochemistry | Do not perform, minimal clinical utility. In process to bring SATB2 in-house. | 88342 | 2 | Each | Varies per Diagnosis | Varies per Diagnosis | \$146.00 |
| 169 | 62110804 | ACTH 1-24 | 88342 - Immunohistochemistry | IMMUNOCYTOCHEMISTRY | 88342 | 5 | Each | Varies per Diagnosis | Varies per Diagnosis | \$146.00 |
| 170 | 62110804 | ALK IHC | 88342 - Immunohistochemistry | IMMUNOCYTOCHEMISTRY | 88342 | 2 | Each | Varies per Diagnosis | Varies per Diagnosis | \$146.00 |
| 171 | 62110804 | Arginase-1 | 88342 - Immunohistochemistry | IMMUNOCYTOCHEMISTRY | 88342 | 2 | Each | Varies per Diagnosis | Varies per Diagnosis | \$146.00 |
| 172 | 62110804 | CD138 | 88342 - Immunohistochemistry | IMMUNOCYTOCHEMISTRY | 88342 | 1 | Each | Varies per Diagnosis | Varies per Diagnosis | \$146.00 |
| 173 | 62110804 | CD30 | 88342 - Immunohistochemistry | IMMUNOCYTOCHEMISTRY | 88342 | 1 | Each | Varies per Diagnosis | Varies per Diagnosis | \$146.00 |
| 174 | 62110804 | CD34 | 88342 - Immunohistochemistry | IMMUNOCYTOCHEMISTRY | 88342 | 1 | Each | Varies per Diagnosis | Varies per Diagnosis | \$146.00 |
| 175 | 62110804 | CDX2 (intestinal TF) | 88342 - Immunohistochemistry | IMMUNOCYTOCHEMISTRY | 88342 | 1 | Each | Varies per Diagnosis | Varies per Diagnosis | \$146.00 |
| 176 | 62110804 | FSH-Beta | 88342 - Immunohistochemistry | IMMUNOCYTOCHEMISTRY | 88342 | 1 | Each | Varies per Diagnosis | Varies per Diagnosis | \$146.00 |
| 177 | 62110804 | Granzyme B (serine protease) | 88342 - Immunohistochemistry | IMMUNOCYTOCHEMISTRY | 88342 | 1 | Each | Varies per Diagnosis | Varies per Diagnosis | \$146.00 |
| 178 | 62110804 | HHV-8 (aka: KSHV) | 88342 - Immunohistochemistry | IMMUNOCYTOCHEMISTRY | 88342 | 3 | Each | Varies per Diagnosis | Varies per Diagnosis | \$146.00 |
| 179 | 62110804 | IgG, gamma chain | 88342 - Immunohistochemistry | IMMUNOCYTOCHEMISTRY | 88342 | 2 | Each | Varies per Diagnosis | Varies per Diagnosis | \$146.00 |

1. Pathology

| Line | Test Code Number | Test Description | | Associated Test Codes | CPT Code | Est. Annual Usage | U/M | TAT (Calendar Days) | STAT TAT (Calendar Days) | Price Each |
|------|------------------|--|---|------------------------------|----------|-------------------|------|----------------------|--------------------------|------------|
| 180 | 62150875 | c-Myc IHC (§) | 88360 - Tumor Immunohistochem/Manual | *#TUMOR IMMUNOHISTOCHEMISTRY | 88360 | 2 | Each | Varies per Diagnosis | Varies per Diagnosis | \$150.00 |
| 181 | 62150875 | IgG4 | 88360 - Tumor Immunohistochem/Manual | *#TUMOR IMMUNOHISTOCHEMISTRY | 88360 | 5 | Each | Varies per Diagnosis | Varies per Diagnosis | \$150.00 |
| 182 | 31101184 | T-Cell (TCR Gamma), PCR0002 | 81342 - T-Cell (TCR Gamma) | BTCRG TCLON TRG EVL ABNL | 81342 | 1 | Each | 14-21 days | 14-21 days | \$412.00 |
| 183 | NO Bill | Molecular Diagnostics; Interpretation and Report | G0452 - Molecular Diagnostics-Interp & Report | Included | Included | 1 | Each | | | \$0.00 |

1. Pathology

| Line | Test Code Number | Test Description | | Associated Test Codes | CPT Code | Est. Annual Usage | U/M | TAT (Calendar Days) | STAT TAT (Calendar Days) | Price Each |
|------|------------------|------------------|---|--|----------|-------------------|-----|---------------------|--------------------------|------------|
| 183 | 50672617 | Lung | ALK Gene Rearrangements | FISH ALK | 88377 | | Ea | 10- 14 days | 10- 14 days | \$345.00 |
| 184 | 50673409 | Lung | BRAF Gene Mutation Analysis c-MET (FISH) | FISH BRAF | 88377 | | Ea | 10- 14 days | 10- 14 days | \$345.00 |
| 185 | 50672856 | Lung | EGFR Amplification by FISH EGFR Mutation Analysis | FISH EGFR | 88377 | | Ea | 10- 14 days | 10- 14 days | \$345.00 |
| 186 | 31102393 | Lung | EGFR Mutation Analysis - Cobas® V2 Assay (IVD) | Done by different method/Substitute Assay LDT for EGFR (Bone marrow, fluid or tissue) Order code: NEGFR | 81235 | | Ea | 14 days | 14 days | \$350.00 |
| 187 | 31102393 | Lung | EGFR Mutation Analysis - cobas® V2 Assay - Plasma | EGFR - Cobas V2 | 81235 | | Ea | 14 days | 14 days | \$350.00 |
| 188 | 31102393 | Lung | EGFR Plain | EGFR (only perform Cobas assay) | 81235 | | Ea | 14 days | 14 days | \$350.00 |

1. Pathology

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|-----|----------|------|---|---|-------|--|----|---------|---------|------------|
| 189 | 31102359 | Lung | HistoPlus®: Lung Cancer | Do not perform or refer to another laboratory/ Substitute Assay: STANFORD SOLID TUMOR ACTIONABLE MUTATION PANEL (Order code: STAMP) | 81455 | | Ea | 28 days | 28 days | \$5,500.00 |
| 190 | 31102359 | Lung | IntelliGEN Oncology Therapeutic Panel (NGS) | Do not perform or refer to another laboratory/ Substitute Assay: STANFORD SOLID TUMOR ACTIONABLE MUTATION PANEL (Order code: STAMP) | 81455 | | Ea | 28 days | 28 days | \$5,500.00 |

1. Pathology

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|-----|-----------------------------|------|--|---|-----------------------|--|----|-------------------------|-------------------------|----------|
| 191 | 31102557 and 31102558 | Lung | KRAS Mutation Analysis in Non- Small Cell Lung Cancer (NSCLC) | Do not perform or refer to another laboratory/Su bstitute Assay: KRAS/NRAS Mutation Detection (Order Code: RAS) (if needed we add on variants CPT 81276 / \$296.00) | 81275 and 81311 | | Ea | 14 days | 14 days | \$740.00 |
| 192 | | Lung | PD-L1 by IHC, Keytruda® | PD-L1 clone 22C3 is required for Keytruda as it is a companion diagnostic. In process of bringing this stain in- house. | 88342 | | Ea | Varies per Diagnosis | Varies per Diagnosis | \$146.00 |
| 193 | REF1 | Lung | PD-L1 by IHC, Opdivo® | PD-L1 stain is the Vertana PD- L1 clone SP263. SP263 are complementa ry antibodies for other anti- PD-L1 drugs. We do plan to bring this in-house. | 88725 | | Ea | Varies per Diagnosis | Varies per Diagnosis | \$262.50 |

1. Pathology

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|-----|----------|------|--|---|-------|--|----|-------------|-------------|------------|
| 194 | 31102359 | Lung | PIK3CA Oncogene Mutation Detection | Do not perform or refer to another laboratory/Su bstitute Assay: STANFORD SOLID TUMOR ACTIONABL E MUTATION PANEL (Order code: STAMP) | 81455 | | Ea | 28 days | 28 days | \$5,500.00 |
| 195 | 50672849 | Lung | ROS1 and RET Gene Rearrangements | Do not perform or refer to another laboratory/On ly Perform ROS1 Gene Rearrangem ent (order code: FISH ROS1) | 88377 | | Ea | 10- 14 days | 10- 14 days | \$345.00 |
| 196 | 50672617 | Lung | ALK Gene Rearrangements | FISH ALK | 88377 | | Ea | 10- 14 days | 10- 14 days | \$345.00 |
| 197 | 50673409 | Lung | BRAF Gene Mutation Analysis c-MET (FISH) | FISH BRAF | 88377 | | Ea | 10- 14 days | 10- 14 days | \$345.00 |

1. Pathology

| Line | Test Code Number | Test Description | | Associated Test Codes | CPT Code | Est. Annual Usage | U/M | TAT (Calendar Days) | STAT TAT (Calendar Days) | Price Each |
|------|------------------|------------------|---------------------------|---|----------------------|-------------------|-----|---------------------|--------------------------|------------|
| 198 | 92497 | Fish | MYELOMA W/REFLEXES | CGFi Mmpan | 88271 x 6, 88275 x 3 | 40 | Ea | 10- 14 days | | \$702.00 |
| 199 | 19799 | Fish | MDS/MYELOID PNL | CGFi MDspan | 88271 x 7, 88275 x 4 | 25 | Ea | 10- 14 days | | \$865.00 |
| 200 | 16864 | Fish | B-CELL CLL PNL | Substitute: CLL panel, FISH | 88271 x 2, 88275 | 8 | Ea | 10- 14 days | | \$234.00 |
| 201 | 6215 | Fish | AML M3,PML/RARA | CGFi APL | 88271 x 2, 88275 | 1 | Ea | 10- 14 days | | \$234.00 |
| 202 | 6825 | Fish | SRY/X CENTROMERE | CGF PRENAT | 88271 x 5, 88275 | 2 | Ea | 10- 14 days | | \$447.00 |
| 203 | 6059 | Fish | CML/ALL,BCR/A BL TRAN | CGFi BCR | 88271 x 2, 88275 | 1 | Ea | 10- 14 days | | \$234.00 |
| 204 | 16078 | Fish | FOLLICULAR LYMPHOMA | CGFi t(14;18) | 88271 x 2, 88275 | 2 | Ea | 10- 14 days | | \$234.00 |
| 205 | 92496-1 | Fish | MYELOMA, IGH PANEL | CGFi Mmpan (See above) this is a component of that reflex panel | | 10 | Ea | | | |
| 206 | 90665 | Fish | FISH,MPN (EOSINOPHILIA) | CGFi PDGFRB | 88271 x 2, 88275 | 1 | Ea | 10- 14 days | | \$234.00 |
| 207 | 36053 | Fish | FISH,NEONATAL | CGF PRENAT | 88271 x 5, 88275 | 1 | Ea | 10- 14 days | | \$447.00 |
| 208 | 6218 | Fish | FISH, DIGEORGE (VCFS) | CGF VCF | 88271 x 2, 88273 | 1 | Ea | 10- 14 days | | \$234.00 |
| 209 | 16074 | Fish | FISH,MANTLE CELL LYMPHOMA | CGFi t(11;14) | 88271 x 2, 88275 | 1 | Ea | 10- 14 days | | \$234.00 |
| 210 | 14617X | Fish | FISH, AML M3, PML/RARA | CGFi APL | 88271 x 2, 88275 | 1 | Ea | 10- 14 days | | \$234.00 |
| 211 | 14600X | Fish | Chromosome, Hematologic | CG BONE MRW | 88237, 88264, 88280 | 1 | Ea | 10- 14 days | | \$564.00 |

1. Pathology

Performed at Other Laboratories

| Line Description (Pathology) | Laboratory Description |
|-------------------------------------|--|
| Line 168 | Do not perform, minimal clinical utility |
| Line 186 | Done by different method/Substitute Assay LDT for EGFR (Bone marrow, fluid or tissue) Order code: NEGFR |
| Line 189 | Do not perform or refer to another laboratory/Substitute Assay: STANFORD SOLID TUMOR ACTIONABLE MUTATION PANEL (Order code: STAMP) |
| Line 190 | Do not perform or refer to another laboratory/Substitute Assay: STANFORD SOLID TUMOR ACTIONABLE MUTATION PANEL (Order code: STAMP) |
| Line 191 | Do not perform or refer to another laboratory/Substitute Assay: KRAS/NRAS Mutation Detection (Order Code: RAS) (if needed we add on variants CPT 81276 / \$296.00) |
| Line 193 | MAYO MEDICAL LABORATORIES, 3050 Superior Drive NW, ROCHESTER MN 55902 |
| Line 194 | Do not perform or refer to another laboratory/Substitute Assay: STANFORD SOLID TUMOR ACTIONABLE MUTATION PANEL (Order code: STAMP) |
| Line 195 | Do not perform or refer to another laboratory/Only Perform ROS1 Gene Rearrangement (order code: FISH ROS1) |

1. Pathology

2. Red Cell

| Order Code | Bill Code | Test Directory Description | CPT | Units | Price Each |
|------------|-----------|---|-------|-------|------------|
| OF | 31100011 | Osmotic Fragility, RBC | 85557 | 1 | \$59.00 |
| EMA | 31102394 | EMA for Spherocytosis by Flow Cytometry | 88184 | 1 | \$202.00 |
| | 88187 | EMA for Spherocytosis Interpretation | 88187 | 1 | \$107.40 |
| ADAQ | 31100009 | Adenosine Deaminase, Blood | 82657 | 1 | \$80.00 |
| G6PDQT | 31100006 | Glucose-6-Phosphate Dehydrogenase, Quantitative, Whole Blood | 82955 | 1 | \$43.00 |
| LABG6PDF | 31102597 | G6PD Female Carrier Status Panel | 82657 | 1 | \$80.00 |
| PNPQ | 31100010 | Purine Nucleo. Phosphorylase | 82657 | 1 | \$80.00 |
| HGBFQ | 31100012 | Hemoglobin F, Quantitative | 83021 | 1 | \$80.00 |
| HGBSQ | 31100013 | Hemoglobin S, Quantitative | 83021 | 1 | \$80.00 |
| HGBQ | 31102355 | Hemoglobin Quantitation/Fractionation by Capillary Zone Electrophoresis | 83020 | 1 | \$57.00 |

| Order Code | Bill Code | Test Directory Description | CPT | Units | Price Each |
|---------------|---|-------------------------------------|-------|-------|------------|
| RBCENZ | | Red Blood Cell Enzymes Panel | | | |
| | 31100006 | G6PD QUANT | 82955 | 1 | \$43.00 |
| | 31102597 | G6PDF FEMAL CARRIER PANL ENZY | 82657 | 1 | \$80.00 |
| | 31100007 | PYRUVATE KINASE ENZYME | 84220 | 1 | \$42.00 |
| | 31100008 | GPI | 84087 | 1 | \$46.00 |
| | 31100004 | HEXOKINASE | 82657 | 1 | \$80.00 |
| | 31100009 | ADA | 82657 | 1 | \$80.00 |
| | 31100001 | PYRIMIDINE 5 NUCL NONRAD | 82657 | 1 | \$80.00 |
| | 31100002 | RBC REDUCED GLUTATHIONE GSH | 82978 | 1 | \$59.00 |
| Note: | Total fee based on testing performed. Testing based on initial findings; not all enzymes may be performed. | | | | |

3. CytoFISH

| Line | Referred Test Code | Report Name | Billing Serv Code | CPT Code | CPT Units | Price Each |
|------|--------------------|--|-------------------|----------|-----------|------------|
| 1 | CGAMNIO | Cytogenetic Study, Amniotic Fluid | 50642016 | 88235 | 1 | \$301.00 |
| 2 | CGAMNIO | Cytogenetic Study, Amniotic Fluid | 50642156 | 88267 | 1 | \$368.00 |
| 3 | CGAMNIO | Cytogenetic Study, Amniotic Fluid | 50642164 | 88280 | 1 | \$51.00 |
| 4 | CGATAXIA | Chromosome Breakage, Ataxia Telang | 50641968 | 88230 | 1 | \$238.00 |
| 5 | CGATAXIA | Chromosome Breakage, Ataxia Telang | 50642107 | 88248 | 1 | \$354.00 |
| 6 | CGATHAW | Cryopreserve, thaw | 50642099 | 88241 | 1 | \$21.00 |
| 7 | CGBLDNEO | Cytogenetic Study, Blood (Cancer Dx.) | 50642040 | 88237 | 1 | \$258.00 |
| 8 | CGBLDNEO | Cytogenetic Study, Blood (Cancer Dx.) | 50642149 | 88264 | 1 | \$255.00 |
| 9 | CGBLDNEO | Cytogenetic Study, Blood (Cancer Dx.) | 50642164 | 88280 | 1 | \$51.00 |
| 10 | CGBLOOD | Cytogenetic Study, Blood (Genetic Dx.) | 50641935 | 88230 | 1 | \$238.00 |
| 11 | CGBLOOD | Cytogenetic Study, Blood (Genetic Dx.) | 50642123 | 88262 | 1 | \$255.00 |
| 12 | CGBONEMRW | Cytogenetic Study, Bone Marrow | 50642032 | 88237 | 1 | \$258.00 |
| 13 | CGBONEMRW | Cytogenetic Study, Bone Marrow | 50642149 | 88264 | 1 | \$255.00 |
| 14 | CGBONEMRW | Cytogenetic Study, Bone Marrow | 50642164 | 88280 | 1 | \$51.00 |
| 15 | CGCVS | Cytogenetic Study, Chorionic Villi | 50642289 | 88235 | 1 | \$301.00 |
| 16 | CGCVS | Cytogenetic Study, Chorionic Villi | 50642156 | 88267 | 1 | \$368.00 |
| 17 | CGCVS | Cytogenetic Study, Chorionic Villi | 50642164 | 88280 | 1 | \$51.00 |
| 18 | CGF MCDL | FISH, Microdel NOS | 50641893 | 88271 | 2 | \$142.00 |
| 19 | CGF MCDL | FISH, Microdel NOS | 50641802 | 88273 | 1 | \$92.00 |
| 20 | CGFANCONI | Chromosome Breakage, Fanconi Anemia | 50641950 | 88230 | 1 | \$238.00 |
| 21 | CGFANCONI | Chromosome Breakage, Fanconi Anemia | 50642115 | 88249 | 1 | \$354.00 |
| 22 | CGFANGLM | Angelman, FISH | 50641893 | 88271 | 2 | \$142.00 |
| 23 | CGFANGLM | Angelman, FISH | 50641778 | 88273 | 1 | \$92.00 |
| 24 | CGFi 1Q1P | FISH, 1Q1P | 50641893 | 88271 | 2 | \$142.00 |
| 25 | CGFi 1Q1P | FISH, 1Q1P | 50672997 | 88275 | 1 | \$92.00 |
| 26 | CGFi ALK | FISH, ALK | 50641893 | 88271 | 2 | \$142.00 |
| 27 | CGFi ALK | FISH, ALK | 50642404 | 88275 | 1 | \$92.00 |
| 28 | CGFi BCL2 | BCL2 gene rearrangement (CG FISH) | 50641893 | 88271 | 2 | \$142.00 |
| 29 | CGFi BCL2 | BCL2 gene rearrangement (CG FISH) | 50673490 | 88275 | 1 | \$92.00 |
| 30 | CGFi CRLF2 | CRLF2, FISH | 50641893 | 88271 | 2 | \$142.00 |
| 31 | CGFi CRLF2 | CRLF2, FISH | 50673532 | 88275 | 1 | \$92.00 |
| 32 | CGFi ETV6 | ETV6, FISH | 50641893 | 88271 | 2 | \$142.00 |
| 33 | CGFi ETV6 | ETV6, FISH | 50673508 | 88275 | 1 | \$92.00 |
| 34 | CGFi EWS | FISH, Ewings | 50641893 | 88271 | 2 | \$142.00 |
| 35 | CGFi EWS | FISH, Ewings | 50642347 | 88275 | 1 | \$92.00 |
| 36 | CGFi FCL | FISH, t(14;18) | 50641893 | 88271 | 2 | \$142.00 |
| 37 | CGFi FCL | FISH, t(14;18) | 50642370 | 88275 | 1 | \$92.00 |
| 38 | CGFi FGFR1 | FISH, FGFR1 | 50641893 | 88271 | 2 | \$142.00 |
| 39 | CGFi FGFR1 | FISH, FGFR1 | 50673003 | 88275 | 1 | \$92.00 |
| 40 | CGFi FOXO1 | FOXO1, FISH | 50641893 | 88271 | 2 | \$142.00 |
| 41 | CGFi FOXO1 | FOXO1, FISH | 50673516 | 88275 | 1 | \$92.00 |
| 42 | CGFi SYT | FISH, Syn. Sarcoma | 50641893 | 88271 | 2 | \$142.00 |
| 43 | CGFi SYT | FISH, Syn. Sarcoma | 50672476 | 88275 | 1 | \$92.00 |
| 44 | CGFi t(14;16) | FISH, t(14;16) | 50641893 | 88271 | 2 | \$142.00 |
| 45 | CGFi t(14;16) | FISH, t(14;16) | 50672724 | 88275 | 1 | \$92.00 |
| 46 | CGFi t(4;14) | FISH, t(4;14) | 50641893 | 88271 | 2 | \$142.00 |
| 47 | CGFi t(4;14) | FISH, t(4;14) | 50672716 | 88275 | 1 | \$92.00 |

3. CytoFISH

| Line | Referred Test Code | Report Name | Billing Serv Code | CPT Code | CPT Units | Price Each |
|------|--------------------|---|-------------------|----------|-----------|------------|
| 48 | CGFi13q | 13q FISH | 50641893 | 88271 | 2 | \$142.00 |
| 49 | CGFi13q | 13q FISH | 50672526 | 88275 | 1 | \$92.00 |
| 50 | CGFi20Q | 20Q, FISH | 50641893 | 88271 | 2 | \$142.00 |
| 51 | CGFi20Q | 20Q, FISH | 50672682 | 88275 | 1 | \$92.00 |
| 52 | CGFi5Q | 5Q FISH | 50641893 | 88271 | 2 | \$142.00 |
| 53 | CGFi5Q | 5Q FISH | 50672500 | 88275 | 1 | \$92.00 |
| 54 | CGFi7Q | 7Q FISH | 50641893 | 88271 | 2 | \$142.00 |
| 55 | CGFi7Q | 7Q FISH | 50672518 | 88275 | 1 | \$92.00 |
| 56 | CGFiAPL | PML/RARA, FISH | 50641893 | 88271 | 2 | \$142.00 |
| 57 | CGFiAPL | PML/RARA, FISH | 50641828 | 88275 | 1 | \$92.00 |
| 58 | CGFiBCL6 | BCL 6 | 50641893 | 88271 | 2 | \$142.00 |
| 59 | CGFiBCL6 | BCL 6 | 50642362 | 88275 | 1 | \$92.00 |
| 60 | CGFiBCR | BCR/ABL, FISH | 50641893 | 88271 | 2 | \$142.00 |
| 61 | CGFiBCR | BCR/ABL, FISH | 50641810 | 88275 | 1 | \$92.00 |
| 62 | CGFiCHIC2 | FISH CHIC2 | 50641893 | 88271 | 3 | \$213.00 |
| 63 | CGFiCHIC2 | FISH CHIC2 | 50672674 | 88275 | 1 | \$92.00 |
| 64 | CGFiCLL | CLL, FISH | 50641893 | 88271 | 5 | \$355.00 |
| 65 | CGFiCLL | CLL, FISH | 50672468 | 88275 | 1 | \$92.00 |
| 66 | CGFiCLL | CLL, FISH | 50641869 | 88275 | 1 | \$92.00 |
| 67 | CGFicMYC | cMYC, FISH | 50641893 | 88271 | 2 | \$142.00 |
| 68 | CGFicMYC | cMYC, FISH | 50642388 | 88275 | 1 | \$92.00 |
| 69 | CGFiENUM | FISH Chr. Enum. | 50641893 | 88271 | 1 | \$71.00 |
| 70 | CGFiENUM | FISH Chr. Enum. | 50641869 | 88275 | 1 | \$92.00 |
| 71 | CGFiINTPH | FISH Interphase NOS | 50641893 | 88271 | 2 | \$142.00 |
| 72 | CGFiINTPH | FISH Interphase NOS | 50641851 | 88275 | 1 | \$92.00 |
| 73 | CGFiinv(16) | inv(16) FISH | 50641893 | 88271 | 2 | \$142.00 |
| 74 | CGFiinv(16) | inv(16) FISH | 50672484 | 88275 | 1 | \$92.00 |
| 75 | CGFiMALT | Mucosa-associated lymphoid tissue (MALT) lymphoma | 50641893 | 88271 | 2 | \$142.00 |
| 76 | CGFiMALT | Mucosa-associated lymphoid tissue (MALT) lymphoma | 50642354 | 88275 | 1 | \$92.00 |
| 77 | CGFiMCL | FISH, t(11;14)/CCND1/IGH, FISH | 50641893 | 88271 | 2 | \$142.00 |
| 78 | CGFiMCL | FISH, t(11;14)/CCND1/IGH, FISH | 50642396 | 88275 | 1 | \$92.00 |
| 79 | CGFiMDS | MDS Panel, FISH | 50641893 | 88271 | 7 | \$497.00 |
| 80 | CGFiMDS | MDS Panel, FISH | 50641869 | 88275 | 3 | \$276.00 |
| 81 | CGFiMDS | MDS Panel, FISH | 50672799 | 88275 | 1 | \$92.00 |
| 82 | CGFiMLL | MLL, FISH | 50641893 | 88271 | 2 | \$142.00 |
| 83 | CGFiMLL | MLL, FISH | 50641844 | 88275 | 1 | \$92.00 |
| 84 | CGFiMM | Myeloma Panel, FISH | 50641893 | 88271 | 6 | \$426.00 |
| 85 | CGFiMM | Myeloma Panel, FISH | 50672773 | 88275 | 1 | \$92.00 |
| 86 | CGFiMM | Myeloma Panel, FISH | 50641869 | 88275 | 2 | \$184.00 |
| 87 | CGFiP53 | P53, FISH | 50641893 | 88271 | 2 | \$142.00 |
| 88 | CGFiP53 | P53, FISH | 50672781 | 88275 | 1 | \$92.00 |
| 89 | CGFit(8;21) | t(8;21) FISH | 50641893 | 88271 | 2 | \$142.00 |
| 90 | CGFit(8;21) | t(8;21) FISH | 50672492 | 88275 | 1 | \$92.00 |
| 91 | CGFiTEL | TEL/AML1, FISH | 50641893 | 88271 | 2 | \$142.00 |
| 92 | CGFiTEL | TEL/AML1, FISH | 50641836 | 88275 | 1 | \$92.00 |
| 93 | CGFiUROV | Bladder Cancer FISH, UroVysion | 50641893 | 88271 | 4 | \$284.00 |
| 94 | CGFiUROV | Bladder Cancer FISH, UroVysion | 50642248 | 88274 | 1 | \$71.00 |
| 95 | CGFMAR | Mar/Del 1-3, FISH | 50641893 | 88271 | 1 | \$71.00 |
| 96 | CGFMAR | Mar/Del 1-3, FISH | 50641729 | 88272 | 1 | \$55.00 |
| 97 | CGFMDK | SMS/MDS, FISH | 50641893 | 88271 | 2 | \$142.00 |

3. CytoFISH

| Line | Referred Test Code | Report Name | Billing Serv Code | CPT Code | CPT Units | Price Each |
|------|--------------------|---|-------------------|----------|-----------|------------|
| 98 | CGFMDK | SMS/MDS, FISH | 50672658 | 88273 | 1 | \$92.00 |
| 99 | CGFPRENAT | Prenatal Screen, FISH | 50641893 | 88271 | 5 | \$355.00 |
| 100 | CGFPRENAT | Prenatal Screen, FISH | 50641877 | 88275 | 1 | \$92.00 |
| 101 | CGFPWS | Prader-Willi, FISH | 50641893 | 88271 | 2 | \$142.00 |
| 102 | CGFPWS | Prader-Willi, FISH | 50641760 | 88273 | 1 | \$92.00 |
| 103 | CGFSMS | SMS/MDS, FISH | 50641893 | 88271 | 2 | \$142.00 |
| 104 | CGFSMS | SMS/MDS, FISH | 50641794 | 88273 | 1 | \$92.00 |
| 105 | CGFSUBTL | Subtelomeric, FISH | 50642230 | 88272 | 1 | \$55.00 |
| 106 | CGFVCF | DiGeorge/VCF, FISH | 50641893 | 88271 | 2 | \$142.00 |
| 107 | CGFVCF | DiGeorge/VCF, FISH | 50641752 | 88273 | 1 | \$92.00 |
| 108 | CGFWCPan | Whole Paint Panel, FISH | 50641893 | 88271 | 8 | \$568.00 |
| 109 | CGFWCPan | Whole Paint Panel, FISH | 50672641 | 88272 | 1 | \$55.00 |
| 110 | CGFWMS | Williams, FISH | 50641893 | 88271 | 2 | \$142.00 |
| 111 | CGFWMS | Williams, FISH | 50641786 | 88273 | 1 | \$92.00 |
| 112 | CGH NEO | Array-based Comparative Genome Hybridization, Cancer Dx. | 50673565 | 81406 | 1 | \$1,024.00 |
| 113 | CGHGEN | Array-based Comparative Genome Hybridization, Genetic Dx. | 50672864 | 81228 | 1 | \$969.00 |
| 114 | CGHIRES | Cytogenetic Study, High Resolution | 50641943 | 88230 | 1 | \$238.00 |
| 115 | CGHIRES | Cytogenetic Study, High Resolution | 50642123 | 88262 | 1 | \$255.00 |
| 116 | CGHIRES | Cytogenetic Study, High Resolution | 50642164 | 88280 | 1 | \$51.00 |
| 117 | CGHIRES | Cytogenetic Study, High Resolution | 50642214 | 88289 | 1 | \$27.00 |
| 118 | CGTISSPOC | Cytogenetic Study, Tissue POC | 50641984 | 88233 | 1 | \$288.00 |
| 119 | CGTISSPOC | Cytogenetic Study, Tissue POC | 50642123 | 88262 | 1 | \$255.00 |
| 120 | CGTISSREF | Tissue Culture-BioChemistry Test | 50641992 | 88233 | 1 | \$288.00 |
| 121 | CGTISSREF | Tissue Culture-BioChemistry Test | 50642081 | 88240 | 1 | \$21.00 |
| 122 | CGTISSSKIN | Cytogenetic Study, Tissue/Skin | 50641984 | 88233 | 1 | \$288.00 |
| 123 | CGTISSSKIN | Cytogenetic Study, Tissue/Skin | 50642123 | 88262 | 1 | \$255.00 |
| 124 | CGTUMOR | Cytogenetic Study, Tumor | 50642065 | 88239 | 1 | \$302.00 |
| 125 | CGTUMOR | Cytogenetic Study, Tumor | 50642149 | 88264 | 1 | \$255.00 |
| 126 | CGTUMOR | Cytogenetic Study, Tumor | 50642164 | 88280 | 1 | \$51.00 |
| 127 | FISH 12Pcn | ISH 12PCN MRPHMET MAN | 50673581 | 88377 | 1 | \$345.00 |
| 128 | FISH ALK | ALK Gene Rearrangement | 50672617 | 88377 | 1 | \$345.00 |
| 129 | FISH ARM | FOXO1 Gene Rearrangement in Alveolar Rhabdomyosarcoma | 50672583 | 88377 | 1 | \$345.00 |
| 130 | FISH BCL2 | BCL2 Gene Rearrangement in Follicular Lymphoma | 50672807 | 88377 | 1 | \$345.00 |
| 131 | FISH BCL6 | BCL6 Gene Rearrangement | 50672815 | 88377 | 1 | \$345.00 |
| 132 | FISH BRAF | ISH BRAF MRPHMET MAN | 50673409 | 88377 | 1 | \$345.00 |
| 133 | FISH CCND1 | CCND1 Gene Rearrangement | 50672963 | 88377 | 1 | \$345.00 |
| 134 | FISH EGFR | EGFR Gene Amplification | 50672856 | 88377 | 1 | \$345.00 |
| 135 | FISH ETV6 | ISH ETV6 MRPHMET MAN | 50673391 | 88377 | 1 | \$345.00 |
| 136 | FISH EWS | EWS Gene Rearrangement in Ewing Sarcoma/PNET | 50672567 | 88377 | 1 | \$345.00 |
| 137 | FISH FUS | FUS Gene Rearrangement | 50672955 | 88377 | 1 | \$345.00 |
| 138 | FISH GLIOMA | 1p/19q Deletions | 50673284 | 88377 | 1 | \$345.00 |
| 139 | FISH GLIOMA | 1p/19q Deletions | 50673383 | 88377 | 1 | \$345.00 |
| 140 | FISH HER2 | HER2 Amplification by FISH | 50672559 | 88377 | 1 | \$345.00 |
| 141 | FISH KRAS | KRAS Gene Amplification | 50673599 | 88377 | 1 | \$345.00 |
| 142 | FISH MAML2 | MAML2 Gene Rearrangement | 50673417 | 88377 | 1 | \$345.00 |
| 143 | FISH MDM3 | MDM2 Gene Amplification | 50672831 | 88377 | 1 | \$345.00 |
| 144 | FISH METamp | MET Gene Amplification | 50673433 | 88377 | 1 | \$345.00 |
| 145 | FISH MYB | MYB gene rearrangement | 50672989 | 88377 | 1 | \$345.00 |
| 146 | FISH MYC | MYC Gene Rearrangement in Burkitt, other Lymphoma | 50672591 | 88377 | 1 | \$345.00 |
| 147 | FISH MYCamp | MYC gene amplification | 50672971 | 88377 | 1 | \$345.00 |

3. CytoFISH

| Line | Referred Test Code | Report Name | Billing Serv Code | CPT Code | CPT Units | Price Each |
|------|--------------------|--|-------------------|----------|-----------|------------|
| 148 | FISH NOS | FISH, not otherwise specified | 50672633 | 88377 | 1 | \$345.00 |
| 149 | FISH PRKACA | PRKACA Gene Rearrangement | 50673425 | 88377 | 1 | \$345.00 |
| 150 | FISH ROS1 | ROS1 Gene Rearrangement | 50672849 | 88377 | 1 | \$345.00 |
| 151 | FISH SYN SARC | SYT Gene Rearrangement in Synovial Sarcoma | 50672575 | 88377 | 1 | \$345.00 |
| 152 | FISH TFE3 | FISH, TFE3 | 50672823 | 88377 | 1 | \$345.00 |
| 153 | CGA FREEZE | Cryopreserve, each cell line | 50642081 | 88240 | 1 | \$21.00 |
| 154 | CGAADCELL | ADD ON-CHRM ANAL ADD CELLS | 50642206 | 88285 | 1 | \$39.00 |
| 155 | CGAADSTN | ADD ON-CHRM ANAL ADD STAIN | 50642172 | 88283 | 1 | \$18.00 |

3. CytoFISH

4. MolPathGen

| Line | Referred Test Code | PROC_CODE | Report Name | Billing Serv Code | CPT Code | CPT Units | Price Each |
|------|--------------------|------------|---|-------------------|----------|-----------|------------|
| 1 | CHON | LABCHON | A/Hypochondroplasia, Blood | 31101195 | 81401 | 1 | \$ 190.00 |
| 2 | FCHON | LABFCHON | A/Hypochondroplasia, Non-Blood | 31102097 | 81401 | 1 | \$ 190.00 |
| 3 | FATHAL | LABFATHAL | Alpha Thalassemia PCR, Non-Blood | 31101202 | 81257 | 1 | \$ 327.00 |
| 4 | ATHAL | LABATHAL | Alpha Thalassemia, Blood | 31101166 | 81257 | 1 | \$ 327.00 |
| 5 | AMLPL | LABAMLPL | AML Prognosis Assay, Blood | 31101254 | 81245 | 1 | \$ 249.00 |
| 6 | AMLPL | | AML Prognosis Assay, Blood | 31101255 | 81310 | 1 | \$ 371.00 |
| 7 | BMAML | LABBMAML | AML Prognosis Assay, Non-Blood | 31101256 | 81245 | 1 | \$ 249.00 |
| 8 | BMAML | | AML Prognosis Assay, Non-Blood | 31101257 | 81310 | 1 | \$ 371.00 |
| 9 | BCLON | LABBCLON | B-Cell Clonality, Blood (IGH Only) | 31101174 | 81261 | 1 | \$ 405.00 |
| 10 | BCLON | LABBCLON | B-Cell Clonality, Blood (IGK Only) | 31102092 | 81264 | 1 | \$ 306.00 |
| 11 | BCLON | LABBCLON | B-Cell Clonality, Blood (IGH & IGK) | 31101175 | 81261 | 1 | \$ 306.00 |
| 12 | BCLON | | B-Cell Clonality, Blood (IGH & IGK) | 31101176 | 81264 | 1 | \$ 405.00 |
| 13 | BMBCLO | LABBMBCLO | B-Cell Clonality, Non-Blood (IGH Only) | 31101174 | 81261 | 1 | \$ 405.00 |
| 14 | BMBCLO | LAB350 | B-Cell Clonality, Non-Blood (IGK Only) | 31102092 | 81264 | 1 | \$ 306.00 |
| 15 | BMBCLO | LABBMBCLO | B-Cell Clonality, Non-Blood (IGH & IGK) | 31101175 | 81261 | 1 | \$ 306.00 |
| 16 | BMBCLO | LAB350 | B-Cell Clonality, Non-Blood (IGH & IGK) | 31101176 | 81264 | 1 | \$ 405.00 |
| 17 | NBCRKDM | LABNBCRKDM | BCR-ABL1 Kinase Domain Mutation Analysis, Non-Blood | 31101173 | 81170 | 1 | \$ 287.00 |
| 18 | BCRKDM | LABBCRKDM | BCR-ABL 1 Kinase Domain Mutation Analysis, Blood | 31101173 | 81170 | 1 | \$ 287.00 |
| 19 | BCRQT | LABBCRQT | BCR-ABL, Blood (Major Only) | 31101171 | 81206 | 1 | \$ 336.00 |
| 20 | BCRQT | LABBCRQT | BCR-ABL, Blood (Minor Only) | 31101172 | 81207 | 1 | \$ 297.00 |
| 21 | BCRQT | LABBCRQT | BCR-ABL, Blood (Major and Minor) | 31101228 | 81206 | 1 | \$ 336.00 |
| 22 | BCRQT | LABBCRQT | BCR-ABL, Blood (Major and Minor) | 31101229 | 81207 | 1 | \$ 297.00 |
| 23 | BMBCRQ | LABBMBCRQ | BCR-ABL, Non-Blood (Major Only) | 31101171 | 81206 | 1 | \$ 336.00 |
| 24 | BMBCRQ | LABBMBCRQ | BCR-ABL, Non-Blood (Minor Only) | 31101172 | 81207 | 1 | \$ 297.00 |
| 25 | BMBCRQ | LABBMBCRQ | BCR-ABL, Non-Blood (Major and Minor) | 31101228 | 81206 | 1 | \$ 336.00 |
| 26 | BMBCRQ | LABBMBCRQ | BCR-ABL, Non-Blood (Major and Minor) | 31101229 | 81207 | 1 | \$ 297.00 |
| 27 | BTHSQ | LABBTHSQ | Beta Thalassemia Sequencing, Blood | 31101187 | 81404 | 1 | \$ 591.00 |
| 28 | FBTHSQ | LABFBTHSQ | Beta Thalassemia Sequencing, Non-Blood | 31101203 | 81404 | 1 | \$ 591.00 |
| 29 | BIOASA | LABBIOASA | Biotinidase Sequencing Assay | 31101177 | 81404 | 1 | \$ 591.00 |
| 30 | BRAF | LABBRAAF | BRAF, Blood | 31101183 | 81210 | 1 | \$ 269.00 |

4. MolPathGen

| Line | Referred Test Code | PROC_CODE | Report Name | Billing Serv Code | CPT Code | CPT Units | Price Each |
|------|--------------------|-----------|---|-------------------|----------|-----------|------------|
| 31 | NBRAAF | LAB354 | BRAF, Non-Blood | 31101183 | 81210 | 1 | \$ 269.00 |
| 32 | CALR | LABCALR | Calreticulin Mutation Analysis, Blood | 31102235 | 81219 | 1 | \$ 332.00 |
| 33 | NCALR | LABNCALR | Calreticulin Mutation Analysis, Non-Blood | 31102234 | 81219 | 1 | \$ 332.00 |
| 34 | CDMLPA | LABCDMLPA | CDH1 by MLPA | 31101248 | 81479 | 1 | \$ 562.00 |
| 35 | CDH1 | LABCDH1 | CDH1 Sequence Analysis: Full Gene Sequencing (Blood) | 31101188 | 81406 | 1 | \$ 667.00 |
| 36 | CDH1 | LABCDH1 | CDH1 Sequence Analysis: Two Exons Sequenced (Blood) | 31101189 | 81479 | 1 | \$ 350.00 |
| 37 | CDH1 | LABCDH1 | CDH1 Sequence Analysis: One Exon Sequenced (Blood) | 31101189 | 81479 | 1 | \$ 350.00 |
| 38 | CDH1 | LABCDH1 | CDH1 Sequence Analysis: Full Gene Sequencing (Tissue) | 31102091 | 81406 | 1 | \$1,024.00 |
| 39 | CDH1 | LABCDH1 | CDH1 Sequence Analysis: Two Exons Sequenced (Tissue) | 31101167 | 81479 | 1 | \$ 268.00 |
| 40 | CDH1 | LABCDH1 | CDH1 Sequence Analysis: One Exon Sequenced (Tissue) | 31101167 | 81479 | 1 | \$ 268.00 |
| 41 | CEBPA | LABCEBPA | CEBPA Mutation Detection, Blood | 31101190 | 81218 | 1 | \$ 234.00 |
| 42 | BMCEBP | LABBMCEBP | CEBPA Mutation Detection, Non-Blood | 31101182 | 81403 | 1 | \$ 234.00 |
| 43 | CFPT | LABCFPT | CF Poly-T Analysis, Blood | 31101193 | 81224 | 1 | \$ 138.00 |
| 44 | NCFPT | LABNCFPT | CF Poly-T Analysis, Non-Blood | 31101193 | 81224 | 1 | \$ 138.00 |
| 45 | CFMLPA | LABCFMLPA | CFTR Deletion/Duplication Analysis By MLPA | 31101192 | 81222 | 1 | \$ 327.00 |
| 46 | CFDS | LABCFDS | CFTR Diagnostic Sequencing, Blood (Full Gene Sequencing) | 31101168 | 81223 | 1 | \$1,236.00 |
| 47 | CFDS | LABCFDS | CFTR Diagnostic Sequencing, Blood (Two Exons Sequenced) | 31101169 | 81221 | 1 | \$ 168.00 |
| 48 | CFDS | LABCFDS | CFTR Diagnostic Sequencing, Blood (Single Exon Sequenced) | 31101170 | 81221 | 1 | \$ 156.00 |
| 49 | NCFDS | LABNCFDS | CFTR Diagnostic Sequencing, Non-Blood (Full Gene Sequencing) | 31101168 | 81223 | 1 | \$1,236.00 |
| 50 | NCFDS | LABNCFDS | CFTR Diagnostic Sequencing, Non-Blood (Two Exons Sequenced) | 31101169 | 81221 | 1 | \$ 168.00 |
| 51 | NCFDS | LABNCFDS | CFTR Diagnostic Sequencing, Non-Blood (Single Exon Sequenced) | 31101170 | 81221 | 1 | \$ 156.00 |
| 52 | CFSS | LABCFSS | CFTR Screen By Sequencing | 31101194 | 81223 | 1 | \$1,142.00 |
| 53 | CX26S | LABCX26S | Connexin 26 Sequence, Blood | 31101197 | 81252 | 1 | \$ 224.00 |
| 54 | FCX26S | LABFCX26S | Connexin 26 Sequence, Non-Blood | 31102098 | 81252 | 1 | \$ 224.00 |
| 55 | CX30 | LABCX30 | Connexin 30, Blood | 31101198 | 81254 | 1 | \$ 332.00 |
| 56 | NCX30 | LABNCX30 | Connexin 30, Non-Blood | 31101198 | 81254 | 1 | \$ 332.00 |
| 57 | CF32 | LABCF32 | Cystic Fibrosis Carrier Screen, Blood | 31101191 | 81220 | 1 | \$ 266.00 |
| 58 | NCF32 | LABNCF32 | Cystic Fibrosis Carrier Screen, Non-Blood | 31101211 | 81220 | 1 | \$ 266.00 |
| 59 | DBMLPA | LABDBMLPA | Duchenne and Becker muscular dystrophies by MLPA | 31101250 | 81479 | 1 | \$ 580.00 |
| 60 | EGFR | LAB386 | EGFR Mutation Panel, Blood | 31102393 | 81235 | 1 | \$ 350.00 |

4. MolPathGen

| Line | Referred Test Code | PROC_CODE | Report Name | Billing Serv Code | CPT Code | CPT Units | Price Each |
|------|--------------------|-----------|---|-------------------|----------|-----------|------------|
| 61 | NEGFR | LAB386 | EGFR Mutation Panel, Non-Blood | 31102393 | 81235 | 1 | \$ 350.00 |
| 62 | LEID | LABLEID | Factor V Leiden | 31101209 | 81241 | 1 | \$ 126.00 |
| 63 | FGFR1 | LABFGFR1 | FGFR1 Craniosynostosis, Blood | 31102102 | 81479 | 1 | \$ 156.00 |
| 64 | FFGFR1 | LABFFGFR1 | FGFR1 Craniosynostosis, Non-Blood | 31102099 | 81479 | 1 | \$ 156.00 |
| 65 | FGFR2 | LABFGFR2 | FGFR2 Craniosynostosis, Blood | 31101204 | 81404 | 1 | \$ 591.00 |
| 66 | FFGFR2 | LABFFGFR2 | FGFR2 Craniosynostosis, Non-Blood | 31102100 | 81404 | 1 | \$ 591.00 |
| 67 | FGFR3 | LABFGFR3 | FGFR3 Muenke, Blood | 31101205 | 81400 | 1 | \$ 267.00 |
| 68 | FFGFR3 | LABFFGFR3 | FGFR3 Muenke, Non-Blood | 31102101 | 81400 | 1 | \$ 267.00 |
| 69 | FRAGX | LABFRAGX | Fragile X, Blood (PCR Only) | 31101226 | 81243 | 1 | \$ 197.00 |
| 70 | FRAGX | LABFRAGX | Fragile X, Blood (PCR and Southern Blot) | 31101226 | 81243 | 1 | \$ 197.00 |
| 71 | FRAGX | LABFRAGX | Fragile X, Blood (PCR and Southern Blot) | 31101227 | 81244 | 1 | \$ 197.00 |
| 72 | HCHGA | LABHCHGA | Hemochromatosis Genotyping Analysis | 31101247 | 81256 | 1 | \$ 211.00 |
| 73 | HUNT | LABHUNT | Huntington Disease Analysis | 31101253 | 81401 | 1 | \$ 648.00 |
| 74 | LABIDH | LAB434 | IDH1 and IDH2 Mutation Analysis | 31102595 | 81403 | 2 | \$ 190.00 |
| 75 | JAK2 | LABJAK2 | Janus Kinase 2 V617F Mutation, Blood | 31101207 | 81270 | 1 | \$ 188.00 |
| 76 | NJAK2 | LABNJAK2 | Janus Kinase 2 V617F Mutation, Non-Blood | 31101213 | 81270 | 1 | \$ 188.00 |
| 77 | D816V | LABD816V | KIT D816V Mutation Analysis, Blood | 31101199 | 81273 | 1 | \$ 178.00 |
| 78 | ND816V | LABND816V | KIT D816V Mutation Analysis, Non-Blood | 31101212 | 81273 | 1 | \$ 178.00 |
| 79 | CKITMU | LABCKITMU | KIT Mutation Detection, Exons 8 & 17, Blood | 31102420 | 81272 | 1 | \$ 320.00 |
| 80 | NCKIT | LABNCKIT | KIT Mutation Detection, Exons 8 & 17, Non-Blood | 31102376 | 81272 | 1 | \$ 320.00 |
| 81 | RAS | LAB430 | KRAS/NRAS Mutation Analysis | 31102557 | 81275 | 1 | \$ 296.00 |
| 82 | RAS | LAB430 | KRAS/NRAS Mutation Analysis | 31102558 | 81311 | 1 | \$ 444.00 |
| 83 | RAS | LAB430 | KRAS/NRAS Mutation Analysis (Add-on Variants) | 31102591 | 81276 | 1 | \$ 296.00 |
| 84 | FMCC | LABFMCC | Maternal Cell Contamination, Fetal Sample | 31101206 | 81265 | 1 | \$ 440.00 |
| 85 | MGMTB | LABMGMTB | MGMT, Blood | 31101258 | 81287 | 1 | \$ 120.00 |
| 86 | MGMT | LAB358 | MGMT, Non-Blood | 31101259 | 81287 | 1 | \$ 120.00 |
| 87 | TMSI | LAB360 | Microsatellite Instability | 31101223 | 81301 | 1 | \$ 593.00 |
| 88 | MYD88 | LABMYD88 | MYD88 Mutation Analysis, Blood | 31101245 | 81479 | 1 | \$ 329.00 |
| 89 | NMYD88 | LABNMYD88 | MYD88 Mutation Analysis, Non-Blood | 31101246 | 81479 | 1 | \$ 329.00 |
| 90 | LABMYEL | | Myeloid Panel, Blood | 31102630 | 81450 | 1 | \$2,500.00 |
| 91 | LABNMYEL | | Myeloid Panel, Non Blood | 31102630 | 81450 | 1 | \$2,500.00 |
| 92 | PDS | LABPDS | Pendred Syndrome, Blood (Full Gene Sequencing) | 31101216 | 81406 | 1 | \$1,024.00 |
| 93 | PDS | LABPDS | Pendred Syndrome, Blood (Single Exon Sequenced) | 31102094 | 81479 | 1 | \$ 122.00 |

4. MolPathGen

| Line | Referred Test Code | PROC_CODE | Report Name | Billing Serv Code | CPT Code | CPT Units | Price Each |
|------|--------------------|-----------|---|-------------------|----------|-----------|------------|
| 94 | PDS | LABPDS | Pendred Syndrome, Blood (Two Exons Sequenced) | 31102095 | 81479 | 1 | \$ 168.00 |
| 95 | NPDS | LABNPDS | Pendred Syndrome, Non-Blood (Full Gene Sequencing) | 31102105 | 81479 | 1 | \$1,024.00 |
| 96 | NPDS | LABNPDS | Pendred Syndrome, Non-Blood (Single Exon Sequenced) | 31102094 | 81479 | 1 | \$ 122.00 |
| 97 | NPDS | LABNPDS | Pendred Syndrome, Non-Blood (Two Exons Sequenced) | 31102095 | 81479 | 1 | \$ 168.00 |
| 98 | T1517 | LABT1517 | PML/RARa, Quantitative, Blood | 31101220 | 81315 | 1 | \$ 424.00 |
| 99 | BM1517 | LABBM1517 | PML/RARa, Quantitative, Non-Blood | 31101179 | 81315 | 1 | \$ 424.00 |
| 100 | PWS | LABPWS | Prader Willi Syndrome, SNRPN expression | 31101217 | 81479 | 1 | \$ 151.00 |
| 101 | P20210 | LABP20210 | Prothrombin 20210A | 31101215 | 81240 | 1 | \$ 101.00 |
| 102 | SF3B1 | LABSF3B1 | SF3B1 Mutation Analysis, Blood | 31101251 | 81479 | 1 | \$ 208.00 |
| 103 | NSF3B1 | LABNSF3B1 | SF3B1 Mutation Analysis, Non-Blood | 31101252 | 81479 | 1 | \$ 208.00 |
| 104 | STAMP | LAB375 | Stanford Solid Tumor Actionable Mutation Panel, Non-Blood | 31102359 | 81455 | 1 | \$5,500.00 |
| 105 | TCLON | LABTCLON | T-Cell Clonality, Blood (TCRG Only) | 31101184 | 81342 | 1 | \$ 412.00 |
| 106 | TCLON | LABTCLON | T-Cell Clonality, Blood (TCRG & TCRB) | 31101185 | 81340 | 1 | \$ 428.00 |
| 107 | TCLON | LABTCLON | T-Cell Clonality, Blood (TCRG & TCRB) | 31101186 | 81342 | 1 | \$ 412.00 |
| 108 | TCLON | LABTCLON | T-Cell Clonality, Blood (TCRB Only) | 31102096 | 81340 | 1 | \$ 428.00 |
| 109 | BMTCLO | LAB362 | T-Cell Clonality, Non-Blood (TCRG Only) | 31101184 | 81342 | 1 | \$ 412.00 |
| 110 | BMTCLO | LAB362 | T-Cell Clonality, Non-Blood (TCRG & TCRB) | 31101185 | 81340 | 1 | \$ 428.00 |
| 111 | BMTCLO | LAB362 | T-Cell Clonality, Non-Blood (TCRG & TCRB) | 31101186 | 81342 | 1 | \$ 412.00 |
| 112 | BMTCLO | LAB362 | T-Cell Clonality, Non-Blood (TCRB Only) | 31102096 | 81340 | 1 | \$ 428.00 |
| 113 | VHHA | LABVHHA | VH Hypermutation Assay, Blood | 31101225 | 81263 | 1 | \$ 603.00 |
| 114 | NVHHA | LABNVHHA | VH Hypermutation Assay, Non-Blood | 31101214 | 81263 | 1 | \$ 603.00 |
| 115 | RNAISO | LABRNAISO | Nucleic Acid Isolation, RNA | 31101218 | 81479 | 1 | \$ 15.00 |
| 116 | DNAISO | LABDNAISO | Nucleic Acid Isolation, DNA | 31101200 | 81479 | 1 | \$ 15.00 |

5. Biochemical Genetics

| Referred Test Code | Report Name | Billing Serv Code | CPT Code | CPT Units | Price Each |
|--------------------|--|-------------------|----------|-----------|------------|
| LABACYLP | Acylcarnitine Profile, Quantitative | 31101581 | 82017 | 1 | \$74.00 |
| LABAABS | Amino Acids, Blood Spot | 31101590 | 82139 | 1 | \$74.00 |
| LABAACSF | Amino Acids, CSF | 31101579 | 82139 | 1 | \$74.00 |
| LABAAP | Amino Acids, Plasma | 31101578 | 82139 | 1 | \$74.00 |
| LABAAUR | Amino Acids, Urine | 31101580 | 82139 | 1 | \$74.00 |
| LABBTDASE | Biotinidase | 31101582 | 82261 | 1 | \$74.00 |
| LABBCAA | Branched Chain Amino Acids | 31101583 | 82136 | 1 | \$74.00 |
| LABCARN | Carnitine, Free and Total, Serum/Plasma | 31101576 | 82379 | 1 | \$74.00 |
| LABUCARN | Carnitine, Free and Total, Urine | 31101589 | 82379 | 1 | \$74.00 |
| LABMMAS | Methylmalonic Acid, Serum | 31101575 | 83789 | 1 | \$80.00 |
| LABMPSUR | Mucopolysaccharides, Quantitative & TLC, Urine | 31101585 | 83864 | 1 | \$88.00 |
| LABMPSUR | Mucopolysaccharides, Quantitative & TLC, Urine | 31101587 | 84375 | 1 | \$86.00 |
| LABMPSTLC | Mucopolysaccharides, TLC, Urine | 31101587 | 84375 | 1 | \$86.00 |
| LABMPSQNT | Mucopolysaccharides, Urine, Quantitative | 31101587 | 83864 | 1 | \$88.00 |
| LABOSTLC | Oligosaccharides | 31101586 | 84375 | 1 | \$86.00 |
| UORG | Organic Acids, Qualitative, Urine | 31101577 | 83919 | 1 | \$73.00 |
| LABUOROT | Orotic Acid | 31101588 | 83789 | 1 | \$80.00 |
| LABPHATYR | Phenylalanine and Tyrosine | 31101584 | 82136 | 1 | \$74.00 |

6. Professional Services

| Line | CPT Code | Current Procedural Terminology | Price Each |
|------|----------|--|------------|
| 1 | 85060 | Blood smear, peripheral, interpretation by physician with written report | \$44.19 |
| 2 | 85097 | Bone marrow, smear interpretation | \$88.04 |
| 3 | 88037 | Necropsy, limited, gross &/or microscopic; regional - single organ | \$177.80 |
| 4 | 88108 | Cytopathology, concentration technique, smears and interpretation | \$41.22 |
| 5 | 88112 | Cytopathology, selective cellular enhancement technique, with interpretation, except cervical or vaginal | \$50.42 |
| 6 | 88141 | Cytopathology, cervical or vaginal, requiring interpretation by a physician | \$59.90 |
| 7 | 88161 | Cytopath smear other source | \$45.45 |
| 8 | 88172 | CYTP Dx eval FNA 1st EA site | \$66.23 |
| 9 | 88173 | Cytopath Eval FNA Report | \$129.18 |
| 10 | 88187 | Flow cytometry; interpretation; 2 - 8 markers | \$107.40 |
| 11 | 88188 | Flow cytometry; interpretation; 9 - 15 markers | \$132.54 |
| 12 | 88189 | Flow cytometry; interpretation; 16 or more markers | \$159.30 |
| 13 | 88300 | Level I - Surgical pathology, gross examination only | \$7.80 |
| 14 | 88302 | Level II - Surgical pathology, gross and microscopic examination | \$12.92 |
| 15 | 88304 | Level III surgical pathology gross and microscopic exam | \$21.08 |
| 16 | 88305 | Level IV surgical pathology gross and microscopic exam | \$69.02 |
| 17 | 88307 | Level V surgical pathology gross and microscopic exam | \$153.47 |
| 18 | 88309 | Level VI - Surgical pathology, gross and microscopic examination | \$271.40 |
| 19 | 88311 | Decalcification procedure | \$22.98 |
| 20 | 88312 | Group I special stains | \$49.25 |
| 21 | 88313 | Group II special stains | \$21.53 |
| 22 | 88314 | Histochemical staining with frozen section(s) | \$40.35 |
| 23 | 88319 | Determinative histochemistry or cytochemistry to identify enzyme constituents, each | \$48.66 |
| 24 | 88321 | Consultation and report on referred slides prepared elsewhere | \$151.58 |
| 25 | 88323 | Consultation and report on referred material requiring preparation of slides | \$156.15 |
| 26 | 88325 | Consultation, comprehensive, with review of records and specimens, with report on referred material | \$272.93 |
| 27 | 88329 | Path Consult Introp | \$65.49 |
| 28 | 88331 | Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen | \$115.31 |

6. Professional Services

| Line | CPT Code | Current Procedural Terminology | Price Each |
|------|----------|--|------------|
| 29 | 88332 | Pathology consultation during surgery; each additional tissue block with frozen section(s) | \$57.26 |
| 30 | 88333 | Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site | \$115.89 |
| 31 | 88334 | Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site | \$70.74 |
| 32 | 88341 | IMMUNOHISTO ANTIBODY SLIDE (each additional single antibody stain procedure) | \$51.87 |
| 33 | 88342 | Immunocytochemistry (including tissue immunoperoxidase), each antibody | \$64.64 |
| 34 | 88343 | Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedure)* | \$72.08 |
| 35 | 88344 | IMMUNOHISTO ANTIBODY SLIDE (each multiplex antibody stain procedure) | \$70.91 |
| 36 | 88346 | Immunofluorescent study, each antibody; direct method | \$66.03 |
| 37 | 88347 | Immunofluorescent study, each series; indirect method** | \$74.61 |
| 38 | 88348 | Electron microscopy; diagnostic | \$138.39 |
| 39 | 88350 | IMMUNOFLUOR ANTB ADDL STAIN (each additional single antibody stain procedure) | \$52.17 |
| 40 | 88360 | Morphometric analysis, tumor immunohistochemistry, quantitative or semiquantitative, each antibody; manual | \$99.65 |
| 41 | 88362 | Nerve teasing preparations | \$197.87 |
| 42 | 88363 | XM Archive Tissue Molec Anal | \$35.16 |
| 43 | 88364 | INSITU HYBRIDIZATION (FISH) (each additional single probe stain procedure) | \$63.18 |
| 44 | 88365 | Tissue in situ hybridization, interpretation and report | \$80.25 |
| 45 | 88367 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computer-assisted technology | \$62.54 |
| 46 | 88368 | Morphometric analysis, in situ hybridization (quantitative or semiquantitative), each probe; manual | \$72.75 |
| 47 | 88369 | M/PHMTRC ALYS ISHQUNT/SEMIQ (each additional single probe stain procedure) | \$57.14 |
| 48 | 88377 | M/PHMTRC ALYS ISHQUNT/SEMIQ (each multiplex probe stain procedure) | \$114.29 |

6. Professional Services

EXHIBIT C
COUNTY OF SANTA CLARA TERMS AND CONDITIONS

COUNTY OF SANTA CLARA eSTANDARD TERMS AND CONDITIONS
FOR AGREEMENT FOR GOODS AND RELATED SERVICES

1. NON-EXCLUSIVE AGREEMENT

This Agreement does not establish an exclusive contract between the County and the Contractor. The County expressly reserves all its rights, including but not limited to, the following: the right to utilize others to provide products, support and services; the right to request proposals from others with or without requesting proposals from the Contractor; and the unrestricted right to bid any such product, support or service.

2. SERVICES

Contractor agrees to provide the County all services on terms set forth in this Agreement (including Exhibits), as well as all necessary equipment and resources. Authority for performance shall be established by contract release purchase orders placed by the County and sent to Contractor throughout the term of the Agreement. Each and every contract release purchase order shall incorporate all terms of this Agreement and this Agreement shall apply to same.

ANY ADDITIONAL OR DIFFERENT TERMS OR QUALIFICATIONS SENT BY CONTRACTOR, INCLUDING, WITHOUT LIMITATION, ELECTRONICALLY OR IN MAILINGS, ATTACHED TO INVOICES OR WITH ANY GOODS SHIPPED, SHALL NOT BECOME PART OF THE CONTRACT BETWEEN THE PARTIES. COUNTY'S ACCEPTANCE OF CONTRACTOR'S OFFER IS EXPRESSLY MADE CONDITIONAL ON THIS STATEMENT.

Contractor shall timely provide to the County, all documentation and manuals relevant to the services it will deliver, at no additional cost. Such documentation shall be delivered either in advance of the delivery of services or concurrently with the delivery of services.

Employees and agents of Contractor, shall, while on the premises of the County, comply with all rules and regulations of the premises, including, but not limited to, security requirements.

If required, Contractor shall be responsible for installation, training and knowledge transfer activities in connection with delivery of services by Contractor and receipt of services by County.

All applicable equipment shall be delivered to a County site specified in the Statement of Work/Specifications.

Contractor holds itself out as an expert in the subject matter of the Agreement. Contractor represents itself as being possessed of greater knowledge and skill in this area than the average person. Accordingly, Contractor is under a duty to exercise a skill greater than that of an ordinary person, and the manner in which advice is handled or services are rendered will be evaluated in light of the Contractor's superior skill. Contractor shall provide equipment and perform work in a professional manner consistent with manufacturer and industry.

Contractor represents that all prices, warranties, benefits and other terms being provided hereunder are fair, reasonable and commensurate with the terms otherwise being offered by Contractor to its current customers ordering comparable services and goods.

3. NECESSARY ACTS AND FURTHER ASSURANCES

The Contractor shall at its own cost and expense execute and deliver such further documents and instruments and shall take such other actions as may be reasonably required or appropriate to evidence or carry out the intent and purposes of this Agreement.

4. COUNTING DAYS

Days are to be counted by excluding the first day and including the last day, unless the last day is a Saturday, a Sunday, or a legal holiday, and then it is to be excluded.

5. PRICING

Unless otherwise stated, prices shall be fixed for the first two (2) terms of the contract. Exhibit B, Pricing Summary of the Agreement is the basis for pricing and compensation plan..

Notwithstanding the above, if at any time during the term of the Agreement the Contractor offers special, promotional or reduced pricing when compared with the price paid by the County, County shall benefit from that pricing, and that pricing shall apply to the County at the same time that is offered to other entities. Contractor is required, on an ongoing basis, to inform the County of any such special, promotional or reduced pricing.

6. MODIFICATION

This Agreement may be supplemented, amended, or modified only by the mutual agreement of the parties. No supplement, amendment, or modification of this Agreement will be binding on County unless it is in writing and signed by County's Director of the Procurement Department or designee.

7. TIME OF THE ESSENCE

Time is of the essence in the delivery of services by Contractor under this Agreement and under any contract release purchase order. In the event that the Contractor fails to deliver services on time, the Contractor shall be liable for any costs incurred by the County because of Contractor's delay. For instance, County may obtain the services to be provided under this Agreement elsewhere and the Contractor shall be liable for the difference between the price quoted by Contractor and the cost to the County, as well as for any other costs incurred by the County; or County may terminate on grounds of material breach and Contractor shall be liable for County's damages.

The Contractor shall promptly reimburse the County for the full amount of its liability, or, at County's option, the County may offset such liability from any payment due to the Contractor under any contract with the County.

The rights and remedies of County provided herein shall not be exclusive and are in addition to any other rights and remedies provided by law. The acceptance by County of late or partial performance with or without objection or reservation shall not waive the right to claim damage for such breach nor constitute a waiver of the rights or requirements for the

complete and timely performance of any obligation remaining to be performed by the Contractor, or of any other claim, right or remedy of the County.

Examples of when a communication will occur are:

- Scheduled or unscheduled downtime of the laboratory information system
- Unforeseen reagent shortages, requiring testing to be referred to an outside approved source
- Extended maintenance requirements to test system
- Test system or information system software upgrades

The communication will include an estimated time of the delay. Unforeseen failures in the current system affecting turnaround time will be brought to the attention of the Clinical Laboratory Quality Management section. The Clinical Laboratory Quality Management section will help facilitate an investigation and corrective/prevention action if necessary.

8. SHIPPING AND RISK OF LOSS

Contractor will follow the department operating procedure 009 for returning external pathology material. This procedure outlines a uniform process for returning consultation material.

All slides that are mailed out must be placed in a plastic slide holder and padded envelope to prevent them from damage. Consult material is returned 3 weeks after case is finalized. Included in the process of return is a copy of the patient report. Contractor will procure all the submitted block(s) and slide(s) submitted to contractor pertaining to the case. Ensure that the contractor accession number, patient name and submitting facility accession number match on all the slides and printed patient report, which acts as a packaging list. The slide count must be the same as that noted on the printed report. Slides will be organized by slide number. IPOX slides stained at contractor are not to be included in the return as they are owned by contractor. Material is placed in padded envelope to be shipped .via US First Class Mail.

9. INVOICING

Contractor shall invoice according to the pricing and/or compensation exhibit of this Agreement. Invoices shall be sent to the County customer or department referenced in the individual contract release purchase order. Invoices for goods or services not specifically listed in the Agreement will not be approved for payment. Any services provided that are not listed may be required to accurately diagnose a medical condition must be approved via verbally or by written authorization by the County of Santa Clara, Valley Medical Center Laboratory Director, Laboratory Administrative Director, or Pathologist prior to services being performed County of Santa Clara, Valley Medical Center must provide the ordering pathologist with any order submitted to the contractor. Those services are billed at a discounted rate that might not be included in the Attachment C.

Contractor and County shall make reasonable efforts to resolve all invoicing disputes within seventy-two business day hours.

10. AVAILABILITY OF FUNDING

The County's obligation for payment of any contract beyond the current fiscal year end is contingent upon the availability of funding and upon appropriation for payment to the Contractor. No legal liability on the part of the County shall arise for payment beyond June 30 of the calendar year.

11. PAYMENT TERM

The County's standard payment term shall be Net 45, unless otherwise agreed to by the parties. Payment shall be due Net 45 days from the date of receipt and approval of correct and proper invoices.

Notwithstanding the standard payment term set forth above, the parties agree that the Payment Term for this Agreement shall be the term set forth in the Key Provisions section of the Agreement above

Payment is deemed to have been made on the date the County mails the warrant or initiates the electronic fund transfer.

12. OTHER PAYMENT PROVISIONS

Notwithstanding anything to the contrary, County shall not make payments prior to receipt of service or goods (i.e. the County will not make "advance payments"). Unless specified in writing in an individual purchase order, the County will not accept partial delivery with respect to any purchase order. Any acceptance of partial delivery shall not waive any of County's rights on an ongoing basis.

Sales tax shall be noted separately on every invoice. Items that are not subject to sales tax shall be clearly identified.

Contractor shall be responsible for payment of all state and federal taxes assessed on the compensation received under this Purchase Order and such payment shall be identified under the Contractor's federal and state identification number(s).

The County does not pay Federal Excise Taxes (F.E.T). The County will furnish an exemption certificate in lieu of paying F.E.T. Federal registration for such transactions is: County #94-730482K. Contractor shall not charge County for delivery, drayage, express, parcel post, packing, cartage, insurance, license fees, permits, cost of bonds, or for any other purpose, unless expressly authorized by the County.

13. LATE PAYMENT CHARGES OR FEES

The Contractor acknowledges and agrees that the County will not pay late payment charges.

14. DISALLOWANCE

In the event the Contractor receives payment, and this payment is later disallowed by the County or state or federal law or regulation, the Contractor shall promptly refund the disallowed amount to the County upon notification. At County's option, the County may offset the amount disallowed from any payment due to the Contractor under any contract with the County.

15. TERMINATION

Either party may terminate this Agreement without cause upon thirty (30) days prior written notice to the other party.

Termination for Breach. If either party breaches any representation, term, or condition of this Agreement and fails to remedy such breach within thirty (30) days after receipt of written notice from the non-breaching party, the non-breaching party, at its option and in addition to any other remedies that it may have in law or in equity, may terminate this Agreement.

Effect of Termination. Termination of this Agreement will not terminate the obligations of the parties incurred prior to the termination date.

16. TERMINATION FOR CAUSE

County may terminate this Agreement, in whole or in part, for cause upon thirty (30) days written notice to Contractor. For purposes of this Agreement, cause includes, but is not limited to, any of the following: (a) material breach of this Agreement or contract release purchase order by Contractor, (b) violation by Contractor of any applicable laws or regulations, or (c) assignment or delegation by Contractor of the rights or duties under this Agreement or contract release purchase order without the written consent of County or (d) performance by Contractor that is not in strict conformance with terms, conditions, specifications, covenants, representations, warranties or requirements in this Agreement or any contract release purchase order.

In the event of such termination, the Contractor shall be liable for any costs incurred by the County because of Contractor's default. The Contractor shall promptly reimburse the County for the full amount of its liability, or, at County's option, the County may offset such liability from any payment due to the Contractor under any contract or contract release purchase order with the County.

If, after notice of termination under the provisions of this clause, it is determined for any reason that the Contractor was not in default under this provisions of this clause, the County has the option to make its notice of termination pursuant to the Termination for Convenience clause and the rights and obligations of the parties would be in accordance with that provision.

In lieu of terminating immediately upon contractor's default, County may, at its option, provide written notice specifying the cause for termination and allow Contractor 10 days (or other specified time period by the County) to cure. If, within 10 days (or other specified time) after the County has given the Contractor such notice, Contractor has not cured to the satisfaction of the County, or if the default cannot be reasonably cured within that time period, County may terminate this Agreement at any time thereafter. County shall determine whether Contractor's actions constitute complete or partial cure. In the event of partial cure, County may, at its option, decide whether to (a) give Contractor additional time to cure while retaining the right to immediately terminate at any point thereafter for cause; or (b) terminate immediately for cause.

In the event of any termination under this paragraph by County, in addition to any other rights and remedies that County may have, Contractor shall promptly refund to County any unused portion of any and all fees paid, including, without limitation maintenance and service fees, calculated pro rata on the basis of the number of days remaining in the then-current term.

17. TERMINATION FOR BANKRUPTCY

If Contractor is adjudged to be bankrupt or should have a general assignment for the benefit of its creditors, or if a receiver should be appointed on account of Contractor's insolvency, the County may terminate this Agreement immediately without penalty. For the purpose of this Section, bankruptcy shall mean the filing of a voluntary or involuntary petition of bankruptcy or similar relief from creditors; insolvency; the appointment of a trustee or receiver, or any similar occurrence reasonably indicating an imminent inability to perform substantially all of the party's duties under this Agreement.

18. BUDGETARY CONTINGENCY

Performance and/or payment by the County pursuant to this Agreement or any contract release purchase order is contingent upon the appropriation of sufficient funds by the County for services covered by this Agreement or any contract release purchase order. If funding is reduced or deleted by the County for services covered by this Agreement or any contract release purchase order, the County may, at its option and without penalty or liability, terminate this Agreement.

19. DISENTANGLEMENT

Contractor shall cooperate with County and County's other contractors to ensure a smooth transition at the time of termination of this Agreement, regardless of the nature or timing of the termination. Contractor shall cooperate with County's efforts to ensure that there is no interruption of work required under the Agreement and no adverse impact on the provision of services or County's activities.

For any software programs developed for use under the County's Agreement, Contractor shall provide a nonexclusive, nontransferable, fully-paid, perpetual, irrevocable, royalty-free worldwide license to the County, at no charge to County, to use, copy, and modify, all work or derivatives that would be needed in order to allow County to continue to perform for itself, or obtain from other providers, the services as the same might exist at the time of termination.

Contractor shall return to County all County assets or information in Contractor's possession.

County shall be entitled to purchase at fair market value those Contractor assets used for the provision of services to or for County, other than those assets expressly identified by the parties as not being subject to this provision. Contractor shall promptly remove from County's premises, or the site of the work being performed by Contractor for County, any Contractor assets that County, or its designee, chooses not to purchase under this provision.

Contractor shall deliver to County or its designee, at County's request, all documentation and data related to County, including, but not limited to, the County Data and client files, held by Contractor within sixty (60) days of the request, and Contractor shall destroy all copies thereof not turned over to County, all at no charge to County.

20. DISPUTES

Except as otherwise provided in this Agreement, any dispute arising under this contract that is not disposed of by agreement shall be decided by the Director of Procurement or designee, who shall furnish the decision to the Contractor in writing. The decision of the Director of Procurement or designee shall be final and conclusive. The Contractor shall proceed diligently with the

performance of the contract pending the Director of Procurement's decision. The Director of Procurement or designee shall not be required to decide issues that are legal or beyond his or her scope of expertise.

21. ACCOUNTABILITY

In the event Contractor cannot perform the requested Testing Services on site, Contractor shall use its best efforts to identify a qualified external reference laboratory ("Referral Lab") that can perform such Testing Services, and shall arrange for transportation and delivery of specimens to the Referral Lab after obtaining approval via verbally or by written authorization from the SCVMC Laboratory Director, Administrative Director, or Pathologist. County of Santa Clara, Valley Medical Center must provide the ordering pathologist with any order submitted to the contractor. Contractor shall bill the County for fees charged to Contractor by Referral Lab. The results of Testing Services by Referral Lab shall be provided to SHC and shall be included in the report provided by Contractor to County.

Contractors will be the primary point of contact for, testing laboratory services from a Referral Lab. Contractor shall bill SCVMC for fees charged to Contractor by Referral Lab. The results of Testing Services by Referral Lab shall be provided to Contractor and shall be included in the report provided by Contractor to SCVMC Contractor must take immediate action to correct or resolve any referral laboratory concerns.

22. NO ASSIGNMENT, DELEGATION OR SUBCONTRACTING WITHOUT PRIOR WRITTEN CONSENT

In the event Contractor cannot perform the requested Testing Services on site, Contractor shall use its best efforts to identify a qualified external reference laboratory ("Referral Lab") that can perform such Testing Services, and shall arrange for transportation and delivery of specimens to the Referral Lab after obtaining approval via verbally or by written authorization from the SCVMC Laboratory Director, Administrative Director, or Pathologist. County of Santa Clara, Valley Medical Center must provide the ordering pathologist with any order submitted to the contractor. Contractor shall bill SCVMC for fees charged to Contractor by Referral Lab. The results of Testing Services by Referral Lab shall be provided to Contractor and shall be included in the report provided by Contractor to SCVMC

Contractor may not assign any of its rights, delegate any of its duties or subcontract any portion of its work or business under this Agreement without the prior written consent of County. No assignment, delegation or subcontracting will release Contractor from any of its obligations or alter any of its obligations to be performed under the Agreement. Any attempted assignment, delegation or subcontracting in violation of this provision is voidable at the option of the County and constitutes material breach by Contractor.

As used in this provision, "assignment" and "delegation" means any sale, gift, pledge, hypothecation, encumbrance, or other transfer of all or any portion of the rights, obligations, or liabilities in or arising from this Agreement to any person or entity, whether by operation of law or otherwise, and regardless of the legal form of the transaction in which the attempted transfer occurs Stanford shall get such approval from the SCVMC Medical Laboratory Director.

23. MERGER AND ACQUISITION

The terms of this Agreement will survive an acquisition, merger, divestiture or other transfer of rights involving Contractor. In the event of an acquisition, merger, divestiture or other transfer of rights Contractor must ensure that the enquiring entity or the new entity is legally required to:

- A. Honor all the terms negotiated in this Agreement and any pre-acquisition or pre-merger Agreement between Contractor and the County, including but not limited to a) established pricing and fees; b) guaranteed product support until the contract term even if a new product is released; and c) no price escalation during the term of the contract.
- B. If applicable, provide the functionality of the software in a future, separate or renamed product, if the acquiring entity or the new entity reduces or replaces the functionality, or otherwise provide a substantially similar functionality of the current licensed product. The County will not be required to pay any additional license or maintenance fee.
- C. Give 30-days written notice to the County following the closing of an acquisition, merger, divestiture or other transfer of right involving Contractor.

24. COMPLIANCE WITH ALL LAWS & REGULATIONS

Contractor shall comply with all laws, codes, regulations, rules and orders (collectively, "Regulations") applicable to the goods and/or services to be provided hereunder. Contractor's violation of this provision shall be deemed a material default by Contractor, giving County a right to terminate the contract. Examples of such Regulations include but are not limited to California Occupational Safety and Health Act of 1973, Labor Code §6300 et. seq. the Fair Packaging and Labeling Act, and the standards and regulations issued there under. Contractor agrees to indemnify and hold harmless the County for any loss, damage, fine, penalty, or any expense whatsoever as a result of Contractor's failure to comply with the act and any standards or regulations issued there under.

25. FORCE MAJEURE

Neither party shall be liable for failure of performance, nor incur any liability to the other party on account of any loss or damage resulting from any delay or failure to perform all or any part of this Agreement if such delay or failure is caused by events, occurrences, or causes beyond the reasonable control and without negligence of the parties. Such events, occurrences, or causes will include Acts of God/Nature (including fire, flood, earthquake, storm, hurricane or other natural disaster), war, invasion, act of foreign enemies, hostilities (whether war is declared or not), civil war, riots, rebellion, revolution, insurrection, military or usurped power or confiscation, terrorist activities, nationalization, government sanction, lockout, blockage, embargo, labor dispute, strike, interruption or failure of electricity or telecommunication service.

Each party, as applicable, shall give the other party notice of its inability to perform and particulars in reasonable detail of the cause of the inability. Each party must use best efforts to remedy the situation and remove, as soon as practicable, the cause of its inability to perform or comply.

The party asserting *Force Majeure* as a cause for non-performance shall have the burden of proving that reasonable steps were taken to minimize delay or damages caused by foreseeable events, that all non-excused obligations were substantially fulfilled, and that the other party was

timely notified of the likelihood or actual occurrence which would justify such an assertion, so that other prudent precautions could be contemplated.

The County shall reserve the right to terminate this Agreement and/or any applicable Statement of Work upon non-performance by Contractor. The County shall reserve the right to extend the agreement and time for performance at its discretion.

26. CONFLICT OF INTEREST

Contractor warrants that it presently has no interest and shall not acquire any interest, direct or indirect, that would conflict in any manner or degree with the performance of services required under this Agreement.

27. INDEPENDENT CONTRACTOR

Contractor shall perform pursuant to this Agreement as an independent contractor and not as an officer, agent, servant, or employee of County. Contractor shall be solely responsible for the acts and omissions of its officers, agents, employees, contractors, and subcontractors, if any. Nothing herein shall be considered as creating a partnership or joint venture between the County and Contractor. No person performing any services and/or supplying all goods shall be considered an officer, agent, servant, or employee of County, nor shall any such person be entitled to any benefits available or granted to employees of the County.

Contractor is responsible for payment to sub-contractors and must monitor, evaluate, and account for the sub-contractor(s) services and operations.

28. INSURANCE

Contractor shall maintain insurance coverage pursuant to the requirements set forth in the insurance exhibit, if such exhibit is attached to the Agreement.

29. DAMAGE AND REPAIR BY CONTRACTOR

Any and all damages caused to SCVMC's patient specimen by Contractor's negligence or operations will not be charged to the County . Damage observed by Contractor to a SCVMC Lab specimen, whether or not resulting from Contractor's operations or negligence shall be promptly reported by Contractor to County. County may, at its option, approve and/or dictate the actions that are in County's best interests.

30. INTENTIONALLY LEFT BLANK

31. ASSIGNMENT OF CLAYTON ACT, CARTWRIGHT ACT CLAIMS

To the extent applicable to this Agreement, Contractor hereby assigns to the County all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2 (commencing with Section 16700) of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the Contractor for sale to the County pursuant to this Agreement.

32. INDEMNITY

County shall not be liable for, and Contractor shall defend, indemnify and hold harmless County and the employees and agents of County (collectively, "County Parties") against any and all claims, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including without limitation attorneys' fees and court costs (hereinafter collectively referred to as "Claims"), related to and arising either directly or indirectly from any act, error, omission or negligence of Contractor or its contractors, licensees, agents, servants or employees, excepting only Claims caused by the sole negligence or willfulness of County Parties. The Contractor shall reimburse the County for all costs, attorneys' fees, expenses and liabilities incurred with respect to any litigation in which the Contractor is obligated to indemnify, defend and hold harmless the County under its agreement with the County.

33. INTELLECTUAL PROPERTY INDEMNITY

Contractor represents and warrants for the benefit of the County and its users that, to its knowledge, it is the exclusive owner of all rights, title and interest in the services and/or goods to be supplied. Contractor shall, at its own expense, indemnify, defend, settle, and hold harmless the County and its agencies against any claim or potential claim that any good, (including software) and/or service, or County's use of any good (including software) and/or service, provided under this Agreement infringes any patent, trademark, copyright or other proprietary rights, including trade secret rights. Contractor shall pay all costs, damages and attorneys' fees that a court awards as a result of any such claim.

34. WARRANTY

Services provided under this agreement will meet or exceed all requirements and regulations which govern clinical laboratories, as promulgated by Local, State and Federal government.

Stanford Health Care Pathology & Laboratory Medicine accomplishes this through compliance with the most recently published guidelines, checklist or regulatory requirements. These include the Clinical Laboratory Improvement Amendments 011988, (CLIA '88) published in the February 28, 1992 Federal Register, and Laws and Regulations Relating to Clinical Laboratories, published January 1, 1991 by Laboratory Field Services, State of California Department of Health Services, and by the Joint-Commission on the Accreditation of Healthcare Organizations (JCAHO) and the College of American Pathologists (CAP), AABB, FDA, State, HCFA.

If Contractor fails proficiency testing that impacts patient laboratory results, Contractor shall promptly reported findings to the County of Santa Clara, Valley Medical Center Laboratory Director, Laboratory Administrative Director, or Pathologist. Contractor responds to each deficiency to our accreditation agency, College of American Pathologists (CAP).

35. COOPERATION WITH REVIEW

Contractor shall cooperate with County's periodic review of Contractor's performance. Contractor shall make itself available onsite to review the progress of the project and Agreement, as requested by the County, upon reasonable advanced notice.

Contractor agrees to extend to the County or his/her designees and/or designated auditor of the County, the right to monitor or otherwise evaluate all work performed and all records, including

service records and procedures to assure that the project is achieving its purpose, that all applicable County, State, and Federal regulations are met, and that adequate internal fiscal controls are maintained.

36. AUDIT RIGHTS

Pursuant to California Government Code Section 8546.7, the parties acknowledge and agree that every contract involving the expenditure of public funds in excess of \$10,000 shall be subject to audit by the State Auditor.

All payments made under this Agreement shall be subject to an audit at County's option, and shall be adjusted in accordance with said audit. Adjustments which are found necessary as a result of auditing may be made from current billings.

The Contractor shall be responsible for receiving, replying to, and complying with any audit exceptions set forth in County audits. The Contractor shall pay to County the full amount of any audit determined to be due as a result of County audit exceptions. This provision is in addition to other inspection and access rights specified in this Agreement.

37. ACCESS AND RETENTION OF RECORDS AND PROVISION OF REPORTS

Contractor shall maintain financial records adequate to show that County funds paid were used for purposes consistent with the terms of the contract between Contractor and County. Records shall be maintained during the terms of the Agreement and for a period of four (4) years from its termination, or until all claims have been resolved, whichever period is longer, unless a longer period is required under any contract.

All books, records, reports, and accounts maintained pursuant to the Agreement, or related to the Contractor's activities under the Agreement, shall be open to inspection, examination, and audit by County, federal and state regulatory agencies, and to parties whose Agreements with the County require such access. County shall have the right to obtain copies of any and all of the books and records maintained pursuant to the Agreement, upon the payment of reasonable charges for the copying of such records.

Contractor shall provide annual reports that include, at a minimum, (i) the total contract release purchase order value for the County as a whole and individual County departments, and (ii) the number of orders placed, the breakdown (by customer ID/department and County) of the quantity and dollar amount of each product and/or service ordered per year. Annual reports must be made available no later than 30 days of the contract anniversary date unless otherwise requested.

Contractor shall also provide quarterly reports to the County that show a breakdown by contract release purchase order (i) the order date (ii) ship date (iii) estimated arrival date (iv) actual arrival date (v) list of products, services and maintenance items and (vi) the number and details of problem/service calls and department name that each such call pertains to (including unresolved problems). Quarterly reports must be made available to the County in electronic format, two (2) business days after the end of each quarter unless otherwise requested.

38. ACCESS TO BOOKS AND RECORDS PURSUANT TO THE SOCIAL SECURITY ACT

Access to Books and Records: If and to the extent that, Section 1861 (v) (1) (1) of the Social Security Act (42 U.S.C. Section 1395x (v) (1) (1) is applicable, Contractor shall maintain such records and provide such information to County, to any payor which contracts with County and to

applicable state and federal regulatory agencies, and shall permit such entities and agencies, at all reasonable times upon request, to access books, records and other papers relating to the Agreement hereunder, as may be required by applicable federal, state and local laws, regulations and ordinances. Contractor agrees to retain such books, records and information for a period of at least four (4) years from and after the termination of this Agreement. Furthermore, if Contractor carries out any of its duties hereunder, with a value or cost of Ten Thousand Dollars (\$10,000) or more over a twelve (12) month period, through a subcontract with a related organization, such subcontract shall contain these same requirements. This provision shall survive the termination of this Agreement regardless of the cause giving rise to the termination.

39. COUNTY NO-SMOKING POLICY

Contractor and its employees, agents and subcontractors, shall comply with the County's No-Smoking Policy, as set forth in the Board of Supervisors Policy Manual section 3.47 (as amended from time to time), which prohibits smoking: (1) at the Santa Clara Valley Medical Center Campus and all County-owned and operated health facilities, (2) within 30 feet surrounding County-owned buildings and leased buildings where the County is the sole occupant, and (3) in all County vehicles.

40. FOOD AND BEVERAGE STANDARDS

Except in the event of an emergency or medical necessity, the following nutritional standards shall apply to any foods and/or beverages purchased by Contractor with County funds for County-sponsored meetings or events.

If food is to be provided, healthier food options shall be offered. "Healthier food options" include (1) fruits, vegetables, whole grains, and low fat and low calorie foods; (2) minimally processed foods without added sugar and with low sodium; (3) foods prepared using healthy cooking techniques; and (4) foods with less than 0.5 grams of trans fat per serving. Whenever possible, Contractor shall (1) offer seasonal and local produce; (2) serve fruit instead of sugary, high calorie desserts; (3) attempt to accommodate special, dietary and cultural needs; and (4) post nutritional information and/or a list of ingredients for items served. If meals are to be provided, a vegetarian option shall be provided, and the Contractor should consider providing a vegan option. If pre-packaged snack foods are provided, the items shall contain: (1) no more than 35% of calories from fat, unless the snack food items consist solely of nuts or seeds; (2) no more than 10% of calories from saturated fat; (3) zero trans-fat; (4) no more than 35% of total weight from sugar and caloric sweeteners, except for fruits and vegetables with no added sweeteners or fats; and (5) no more than 360 mg of sodium per serving.

If beverages are to be provided, beverages that meet the County's nutritional criteria are (1) water with no caloric sweeteners; (2) unsweetened coffee or tea, provided that sugar and sugar substitutes may be provided as condiments; (3) unsweetened, unflavored, reduced fat (either nonfat or 1% low fat) dairy milk; (4) plant-derived milk (e.g., soy milk, rice milk, and almond milk) with no more than 130 calories per 8 ounce serving; (5) 100% fruit or vegetable juice (limited to a maximum of 8 ounces per container); and (6) other low-calorie beverages (including tea and/or diet soda) that do not exceed 40 calories per 8 ounce serving. Sugar-sweetened beverages shall not be provided.

41. NON-DISCRIMINATION

Contractor shall comply with all applicable Federal, State, and local laws and regulations, including Santa Clara County's policies, concerning nondiscrimination and equal opportunity in contracting. Such laws include, but are not limited to, the following: Title VII of the Civil Rights Act of 1964 as amended; Americans with Disabilities Act of 1990; The Rehabilitation Act of 1973 (§§ 503 and 504); California Fair Employment and Housing Act (Government Code §§ 12900 et seq.); and California Labor Code §§ 1101 and 1102. Contractor shall not discriminate against any employee, subcontractor or applicant for employment because of age, race, color, national origin, ancestry, religion, sex/gender, sexual orientation, mental disability, physical disability, medical condition, political beliefs, organizational affiliations, or marital status in the recruitment, selection for training including apprenticeship, hiring, employment, utilization, promotion, layoff, rates of pay or other forms of compensation. Nor shall Contractor discriminate in provision of services provided under this contract because of age, race, color, national origin, ancestry, religion, sex/gender, sexual orientation, mental disability, physical disability, medical condition, political beliefs, organizational affiliations, or marital status.

Contractor's violation of this provision shall be deemed a material default by Contractor giving County a right to terminate the contract for cause.

42. WAGE THEFT PREVENTION

(1) Compliance with Wage and Hour Laws: Contractor, and any subcontractor it employs to complete work under this Agreement, must comply with all applicable federal, state, and local wage and hour laws. Applicable laws may include, but are not limited to, the Federal Fair Labor Standards Act, the California Labor Code, and any local Minimum Wage Ordinance or Living Wage Ordinance.

(2) Final Judgments, Decisions, and Orders: For purposes of this Section, a "final judgment, decision, or order" refers to one for which all appeals have been exhausted. Relevant investigatory government agencies include: the federal Department of Labor, the California Division of Labor Standards Enforcement, a local enforcement agency, or any other government entity tasked with the investigation and enforcement of wage and hour laws.

(3) Prior Judgments against Contractor and/or its Subcontractors: BY SIGNING THIS AGREEMENT, CONTRACTOR AFFIRMS THAT IT HAS DISCLOSED ANY FINAL JUDGMENTS, DECISIONS, OR ORDERS FROM A COURT OR INVESTIGATORY GOVERNMENT AGENCY FINDING—IN THE FIVE YEARS PRIOR TO EXECUTING THIS AGREEMENT—THAT CONTRACTOR OR ITS SUBCONTRACTOR(S) HAS VIOLATED ANY APPLICABLE WAGE AND HOUR LAWS. CONTRACTOR FURTHER AFFIRMS THAT IT OR ITS SUBCONTRACTOR(S) HAS SATISFIED AND COMPLIED WITH—OR HAS REACHED AGREEMENT WITH THE COUNTY REGARDING THE MANNER IN WHICH IT WILL SATISFY—ANY SUCH JUDGMENTS, DECISIONS, OR

ORDERS.

(4) Judgments During Term of Contract: If at any time during the term of this Agreement, a court or investigatory government agency issues a final judgment, decision, or order finding that Contractor or any subcontractor it employs to perform work under this Agreement has violated any applicable wage and hour law, or Contractor learns of such a judgment, decision, or order that was not previously disclosed, Contractor must inform the Office of the County Executive-Countywide Contracting, no more than 15 days after the judgment, decision, or order becomes final or of learning of the final judgment, decision or order. Contractor and its subcontractors shall

promptly satisfy and comply with any such judgment, decision, or order, and shall provide the Office of the County Executive-Countywide Contracting with documentary evidence of compliance with the final judgment, decision or order within 5 days of satisfying the final judgment, decision, or order. The County reserves the right to require Contractor to enter into an agreement with the County regarding the manner in which any such final judgment, decision or order will be satisfied.

(5) County's Right to Withhold Payment: Where Contractor or any subcontractor it employs to perform work under this Agreement has been found in violation of any applicable wage and hour law by a final judgment, decision, or order of a court or government agency, the County reserves the right to withhold payment to Contractor until such judgment, decision, or order has been satisfied in full.

(6) Material Breach: Failure to comply with any part of this Section constitutes a material breach of this Agreement. Such breach may serve as a basis for termination of this Agreement and/or any other remedies available under this Agreement and/or law.

(7) Notice to County Related to Wage Theft Prevention: Notice provided to the Office of the County Executive as required under this Section shall be addressed to: Office of the County Executive—Countywide Contracting; 70 West Hedding Street; East Wing, 11th Floor; San José, CA 95110. The Notice provisions of this Section are separate from any other notice provisions in this Agreement and, accordingly, only notice provided to the above address satisfies the notice requirements in this Section.

43. LIVING WAGE

Unless otherwise exempted or prohibited by law or County policy, Contractors that contract with the County to provide Direct Services, as defined in County of Santa Clara Ordinance Code Division B36 ("Division B36") and Board Policy section 5.5.5.5 ("Living Wage Policy"), and their subcontractors, where the contract value is \$100,000 or more, must comply with Division B36 and the Living Wage Policy and compensate their employees in accordance with Division B36 and the Living Wage Policy. Compliance and compensation for purposes of this provision includes, but is not limited to, components relating to fair compensation, earned sick leave, paid jury duty, fair workweek, worker retention, fair chance hiring, targeted hiring, local hiring, protection from retaliation, and labor peace. If Contractor and/or a subcontractor violates this provision, the Board of Supervisors or its designee may, at its sole discretion, take responsive actions including, but not limited to, the following:

- a) Suspend, modify, or terminate the Direct Services Contract.
- b) Require the Contractor and/or Subcontractor to comply with an appropriate remediation plan developed by the County.
- c) Waive all or part of Division B36 or the Living Wage Policy.

This provision shall not be construed to limit an employee's rights to bring any legal action for violation of the employee's rights under Division B36 or any other applicable law. Further, this provision does not confer any rights upon any person or entity other than the Board of Supervisors or its designee to bring any action seeking the cancellation or suspension of a County contract. By entering into this contract, Contractor certifies that it is currently complying with Division B36 and the Living Wage Policy with respect to applicable contracts, and warrants that it will continue to comply with Division B36 and the Living Wage Policy with respect to applicable contracts.

44. DEBARMENT

Contractor guarantees that it, its employees, contractors, subcontractors or agents (collectively "Contractor") are not suspended, debarred, excluded, or ineligible for participation in Medicare, Medi-Cal or any other federal or state funded health care program, if applicable, or from receiving Federal funds as listed in the List of Parties Excluded from Federal Procurement or Non-procurement Programs issued by the Federal General Services Administration. Contractor must within 30 calendar days advise the County if, during the term of this Agreement, Contractor becomes suspended, debarred, excluded or ineligible for participation in Medicare, Medi-Cal or any other federal or state funded health care program, as defined by 42. U.S.C. 1320a-7b(f), or from receiving Federal funds as listed in the List of Parties Excluded from Federal Procurement or Non-procurement Programs issued by the Federal General Services Administration. Contractor will indemnify, defend and hold the County harmless for any loss or damage resulting from the conviction, debarment, exclusion or ineligibility of the Contractor.

45. CONTRACTING PRINCIPLES

All entities that contract with the County to provide services where the contract value is \$100,000 or more per budget unit per fiscal year and/or as otherwise directed by the Board, shall be fiscally responsible entities and shall treat their employees fairly. To ensure compliance with these contracting principles, all contractors shall: (1) comply with all applicable federal, state and local rules, regulations and laws; (2) maintain financial records, and make those records available upon request; (3) provide to the County copies of any financial audits that have been completed during the term of the contract; (4) upon the County's request, provide the County reasonable access, through representatives of the Contractor, to facilities, financial and employee records that are related to the purpose of the contract, except where prohibited by federal or state laws, regulations or rules.

46. CALIFORNIA PUBLIC RECORDS ACT

The County is a public agency subject to the disclosure requirements of the California Public Records Act ("CPRA"). If Contractor's proprietary information is contained in documents or information submitted to County, and Contractor claims that such information falls within one or more CPRA exemptions, Contractor must clearly mark such information "CONFIDENTIAL AND PROPRIETARY," and identify the specific lines containing the information. In the event of a request for such information, the County will make best efforts to provide notice to Contractor prior to such disclosure. If Contractor contends that any documents are exempt from the CPRA and wishes to prevent disclosure, it is required to obtain a protective order, injunctive relief or other appropriate remedy from a court of law in Santa Clara County before the County is required to respond to the CPRA request. If Contractor fails to obtain such remedy within the time the County is required to respond to the CPRA request, County may disclose the requested information.

Contractor further agrees that it shall defend, indemnify and hold County harmless against any claim, action or litigation (including but not limited to all judgments, costs, fees, and attorney's fees) that may result from denial by County of a CPRA request for information arising from any representation, or any action (or inaction), by the Contractor.

47. POLITICAL REFORM ACT DISCLOSURE REQUIREMENT

To the extent applicable to this Agreement, Contractor shall comply, and require its subcontractors to comply, with all applicable (i) requirements governing avoidance of impermissible client conflicts; and (ii) federal, state and local conflict of interest laws and regulations including, without limitation, California Government Code section 1090 et. seq., the California Political Reform Act (California Government Code section 87100 et. seq.) and the regulations of the Fair Political Practices Commission concerning disclosure and disqualification (2 California Code of Regulations section 18700 et. seq.). Failure to do so constitutes a material breach of this Agreement and is grounds for immediate termination of this Agreement by the County.

In accepting this Agreement, Contractor covenants that it presently has no interest, and will not acquire any interest, direct or indirect, financial or otherwise, which would conflict in any manner or degree with the performance of this Agreement. Contractor further covenants that, in the performance of this Agreement, it will not employ any contractor or person that, to the best of its knowledge, has such an interest. Contractor, including but not limited to contractor's employees and subcontractors, may be subject to the disclosure and disqualification provisions of the California Political Reform Act of 1974 (the "Act"), that (1) requires such persons to disclose economic interests that may foreseeably be materially affected by the work performed under this Agreement, and (2) prohibits such persons from making or participating in making decisions that will foreseeably financially affect such interests.

Contractor, including but not limited to contractor's employees and subcontractors, may be subject to the disclosure and disqualification provisions of the California Political Reform Act of 1974 (the "Act"), that (1) requires such persons to disclose economic interests that may foreseeably be materially affected by the work performed under the Contract, and (2) prohibits such persons from making or participating in making decisions that will foreseeably financially affect such interests.

If the disclosure provisions of the Act are applicable to any individual providing service under the Contract, Contractor shall, upon execution of the Contract, provide the County with the names, description of individual duties to be performed, and email addresses of all individuals, including but not limited to Contractor's employees, agents and subcontractors, that could be substantively involved in "making a governmental decision" or "serving in a staff capacity and in that capacity participating in making governmental decisions or performing duties that would be performed by an individual in a designated position," (2 CCR 18701(a)(2)), as part of Contractor's service to the County under the Contract. Contractor shall ensure that such individuals file Statements of Economic Interests within 30 days of commencing service under the Contract, annually by April 1, and within 30 days of their termination of service under the Contract.

48. SEVERABILITY

Should any part of the contract between County and the Contractor or any individual purchase order be held to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect the validity of the remainder of the contract or purchase order which shall continue in full force and effect, provided that such remainder can, absent the excised portion, be reasonably interpreted to give the effect to the intentions of the parties.

49. NON-WAIVER

No waiver of a breach, failure of any condition, or any right or remedy contained in or granted by the provisions of this Agreement will be effective unless it is in writing and signed by County. No waiver of any breach, failure, right, or remedy will be deemed a waiver of any other breach, failure, right, or remedy, whether or not similar, nor will any waiver constitute a continuing waiver unless the writing signed by the County so specifies.

50. USE OF COUNTY'S NAME FOR COMMERCIAL PURPOSES

Neither party may use the name, logo or corporate identity of the other party for any purpose without the prior written consent of the other party. Notwithstanding the foregoing, neither party is precluded from using the other party's name solely for the purposes of describing this Agreement to licensing or accrediting bodies, or for communications necessary in rendering patient care.

51. HEADINGS AND TITLES

The titles and headings in this Agreement are included principally for convenience and do not by themselves affect the construction or interpretation of any provision in this Agreement, nor affect any of the rights or obligations of the parties to this Agreement.

52. HANDWRITTEN OR TYPED WORDS

Handwritten or typed words have no greater weight than printed words in the interpretation or construction of this Agreement.

53. AMBIGUITIES

Any rule of construction to the effect that ambiguities are to be resolved against the drafting party does not apply in interpreting this Agreement.

54. ENTIRE AGREEMENT

This Agreement and its Exhibits (if any) constitutes the final, complete and exclusive statement of the terms of the agreement between the parties. It incorporates and supersedes all the agreements, covenants and understandings between the parties concerning the subject matter hereof, and all such agreements, covenants and understandings have been merged into this Agreement. No prior or contemporaneous agreement or understanding, verbal or otherwise, of the parties or their agents shall be valid or enforceable unless embodied in this Agreement.

55. EXECUTION & COUNTERPARTS

This Agreement may be executed in one or more counterparts, each of which will be considered an original, but all of which together will constitute one and the same instrument. The parties agree that this Agreement, its amendments, and ancillary agreements to be entered into in connection with this Agreement will be considered signed when the signature of a party is delivered by a method described under the Contract Execution provision herein.

56. NOTICES

All deliveries, notices, requests, demands or other communications provided for or required by this Agreement shall be in writing and shall be deemed to have been given when sent by registered or certified mail, return receipt requested; when sent by overnight carrier; or upon email confirmation to sender of receipt of a facsimile communication which is followed by a mailed hard copy from sender. Notices shall be addressed to the individuals identified in the Key Provisions of the Agreement as the County Contract Administrator and the Supplier Contact. Each party may designate a different person and address by sending written notice to the other party, to be effective no sooner than ten (10) days after the date of the notice.

57. ACCOUNT MANAGER

Contractor must assign an Account Manager to the County upon execution of the Agreement to facilitate the contractual relationship, be fully responsible and accountable for fulfilling the County's requirements. Contractor represents and warrants that such person will ensure that the County receives adequate pre- and post-sales support, problem resolution assistance and required information on a timely basis.

58. SURVIVAL

All representations, warranties, and covenants contained in this Agreement, or in any instrument, certificate, exhibit, or other writing intended by the parties to be a part of their Agreement, will survive the termination of this Agreement.

59. GOVERNING LAW, JURISDICTION AND VENUE

This Agreement shall be construed and interpreted according to the laws of the State of California, excluding its conflict of law principles. Proper venue for legal actions will be exclusively vested in a state court in the County of Santa Clara. The parties agree that subject matter and personal jurisdiction are proper in state court in the County of Santa Clara, and waive all venue objections.

60. CONTRACT EXECUTION

Unless otherwise prohibited by law or County policy, the parties agree that an electronic copy of a signed contract, or an electronically signed contract, has the same force and legal effect as a contract executed with an original ink signature. The term "electronic copy of a signed contract" refers to a transmission by facsimile, electronic mail, or other electronic means of a copy of an original signed contract in a portable document format. The term "electronically signed contract" means a contract that is executed by applying an electronic signature using technology approved by the County.

61. THIRD PARTY BENEFICIARIES

This agreement does not, and is not intended to, confer any rights or remedies upon any person or entity other than the parties.

62. AUTHORITY

Each party executing the Agreement on behalf of such entity represents that he or she is duly authorized to execute and deliver this Agreement on the entity's behalf, including the entity's Board of Directors or Executive Director. This Agreement shall not be effective or binding unless it is in writing and approved by the County Director of Procurement, or authorized designee, as evidenced by their signature as set forth in this Agreement.

63. SAFEHARBOR / ANTI-KICKBACK

In reference to SCVHHS POLICY #583.0

- (a) The Parties intend that any price reductions or discounts under this Agreement will satisfy the federal safe harbor regulation for discounts, 42 C.F.R. § 1001.952(h) as it may be amended from time to time, and will provide all information required to satisfy the safe harbor.
- (b) Contractor shall fully and accurately report any discount on the invoices, coupons or statements submitted to the County (including showing on such invoices, statements, and coupons the products furnished at no-charge); inform the County in a manner reasonably calculated to give the County notice of its obligations to report discounts and provide information upon request as required by the safe harbor regulation; and refrain from doing anything that would impede the County from meeting its obligations under the safe harbor regulation.
- (c) Where the value of a discount is not known at the time of sale, Contractor shall fully and accurately report the existence of the applicable discount program on the invoice, coupon or statements submitted to the County; inform the County in a manner reasonably calculated to give notice to the County of its obligations to report discounts and provide information as required by the safe harbor regulation when the value of the discount becomes known, provide the County with documentation of the calculation of the discount identifying the specific goods or services purchased to which the discount will be applied; and refrain from doing anything which would impede the County from meeting its obligation under the safe harbor regulation.
- (d) The County will fully and accurately report any discount it is provided under this Agreement in its Medicare and Medi-Cal cost reports. The County will provide upon request by the Secretary of the United States Department of Health and Human Services or a State agency, information provided to it by Contractor as necessary to comply with the safe harbor regulation.
- (e) Contractor also agrees to cooperate with the County by providing any information the County needs in order to comply with federal safe harbor regulation for discounts.

EXHIBIT D INSURANCE REQUIREMENTS

Insurance

Without limiting the Contractor's indemnification of the County, the Contractor shall provide and maintain at its own expense, during the term of this Agreement, or as may be further required herein, the following insurance coverages and provisions:

A. 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, a certified copy of the policy or policies shall be provided by the Contractor upon request.

This verification of coverage shall be sent to the requesting County department, unless otherwise directed. The Contractor shall not receive a Notice to Proceed with the work under the Agreement until it has obtained all insurance required and such insurance has been approved by the County. This approval of insurance shall neither relieve nor decrease the liability of the Contractor.

B. Qualifying Insurers

All coverages, 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- V, according to the current Best's Key Rating Guide or a company of equal financial stability that is approved by the County's Insurance Manager.

Notice of Cancellation

All coverage as required herein shall not be canceled or changed so as to no longer meet the specified County insurance requirements without 30 days' prior written notice of such cancellation or change being delivered to the County of Santa Clara or their designated agent.

D. Insurance Required

1. Commercial General Liability Insurance - for bodily injury (including death) and property damage which provides limits as follows:
 - a. Each occurrence - \$1,000,000
 - b. General aggregate - \$2,000,000
 - c. Personal Injury - \$1,000,000

2. General liability coverage shall include:
 - a. Premises and Operations
 - b. Personal Injury liability
 - c. Severability of interest

3. General liability coverage shall include the following endorsement, a copy of which shall be provided to the County:

Additional Insured Endorsement, which shall read:

“County of Santa Clara, and members of the Board of Supervisors of the County of Santa Clara, and the officers, agents, and employees of the County of Santa Clara, individually and collectively, as additional insureds.”

Insurance afforded by the additional insured endorsement shall apply as primary insurance, and other insurance maintained by the County of Santa Clara, its officers, agents, and employees shall be excess only and not contributing with insurance provided under this policy. Public Entities may also be added to the additional insured endorsement as applicable and the contractor shall be notified by the contracting department of these requirements.

4. Automobile Liability Insurance

For bodily injury (including death) and property damage which provides total limits of not less than one million dollars (\$1,000,000) combined single limit per occurrence applicable to owned, non-owned and hired vehicles.

4a. Aircraft/Watercraft Liability Insurance (Required if Contractor or any of its agents or subcontractors will operate aircraft or watercraft in the scope of the Agreement)

For bodily injury (including death) and property damage which provides total limits of not less than one million dollars (\$1,000,000) combined single limit per occurrence applicable to all owned non-owned and hired aircraft/watercraft.

5. Workers' Compensation and Employer's Liability Insurance

- a. Statutory California Workers' Compensation coverage including broad form all-states coverage.
- b. Employer's Liability coverage for not less than one million dollars (\$1,000,000) per occurrence.

6. Professional Errors and Omissions Liability Insurance

- a. Coverage shall be in an amount of not less than one million dollars (\$1,000,000) per occurrence/aggregate.
- b. If coverage contains a deductible or self-retention, it shall not be greater than fifty thousand dollars (\$50,000) per occurrence/event.
- c. Coverage as required herein shall be maintained for a minimum of two years following termination or completion of this Agreement.

7. Claims Made Coverage

If coverage is written on a claims made basis, the Certificate of Insurance shall clearly state so. In addition to coverage requirements above, such policy shall provide that:

- a. Policy retroactive date coincides with or precedes the Contractor's start of work (including subsequent policies purchased as renewals or replacements).
- b. Policy allows for reporting of circumstances or incidents that might give rise to future claims.

E. Special Provisions

The following provisions shall apply to this Agreement:

1. The foregoing requirements as to the types and limits of insurance coverage to be maintained by the Contractor and any approval of said insurance by the County or its insurance consultant(s) are not intended to and shall not in any manner limit or qualify the liabilities and obligations otherwise assumed by the Contractor pursuant to this Agreement, including but not limited to the provisions concerning indemnification.
2. The County acknowledges that some insurance requirements contained in this Agreement may be fulfilled by self-insurance on the part of the Contractor. However, this shall not in any way limit liabilities assumed by the Contractor under this Agreement. Any self-insurance shall be approved in writing by the County upon satisfactory evidence of financial capacity. Contractor's obligation hereunder may be satisfied in whole or in part by adequately funded self-insurance programs or self-insurance retentions.
3. Should any of the work under this Agreement be sublet, the Contractor shall require each of its subcontractors of any tier to carry the aforementioned coverages, or Contractor may insure subcontractors under its own policies.
4. The County reserves the right to withhold payments to the Contractor in the event of material noncompliance with the insurance requirements outlined above.

F. Fidelity Bonds (Required only if contractor will be receiving advanced funds or payments)

Before receiving compensation under this Agreement, Contractor will furnish County with evidence that all officials, employees, and agents handling or having access to funds received or disbursed under this Agreement, or authorized to sign or countersign checks, are covered by a BLANKET FIDELITY BOND in an amount of AT LEAST fifteen percent (15%) of the maximum financial obligation of the County cited herein. If such bond is canceled or reduced, Contractor will notify County immediately, and County may withhold further payment to Contractor until proper coverage has been obtained. Failure to give such notice may be cause for termination of this Agreement, at the option of County.



**EXHIBIT E
NEW TEST CODE/TEST CHANGE FORM**

| Stanford Account Representative | | | | |
|--|---|--------------------------|---------------|----------------|
| Name: | | | | |
| Phone: | | | | |
| Fax: | | | | |
| Email: | | | | |
| County Account Name | | | | |
| Name: | County of Santa Clara - Santa Clara Valley Medical Center | | | |
| Department: | Department of Pathology and Laboratory Medicine | | | |
| Address: | 751 S. Bascome Ave. | | | |
| City/State/Zip: | San Jose, CA 95128 | | | |
| Effective Date: | | | | |
| Expiration Date: | | | | |
| Test and Pricing Requests: | | | | |
| Test Code | Test Name | Estimated Monthly Volume | Current Price | Approved Price |
| | | | | |
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| | | | | |
| Deletions: | | | | |
| For Test Added Above, Please describe any Test Deletion, as Applicable | | | | |
| Test Code | Test Name | Estimated Monthly Volume | Current Price | Approved Price |
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| Additional Notes: | | | | |
| | | | | |

Pricing:

Stanford hereby grants the fee(s) for those procedure(s) listed above or as an attachment to this form. All other fees and pricing terms currently in place remain in full force and effect.

Pricing Terms:

Pricing shall commence on the effective date of pricing shown above and shall continue per the terms of Agreement or termination date noted in this form.

County of Santa Clara

Stanford

Signature

Signature

Printed Name:

Printed Name:

Title:

Title:

Date:

Date: