



0089

County of Santa Cruz

SHERIFF - CORONER

701 OCEAN STREET, ROOM 340, SANTA CRUZ, CA 95060

(831) 454-2992 FAX: (831) 454-2353

MARK TRACY
SHERIFF - CORONER

April 30, 2002

Agenda: May 21, 2002

Board of Supervisors
County of Santa Cruz
701 Ocean Street, Room 510
Santa Cruz, CA 95060

APPROVE THE INDEPENDENT CONTRACT AGREEMENT WITH NATIONAL MEDICAL SERVICES, INC.

Dear Members of the Board:

The Sheriff-Coroner has been contracting with National Medical Services, Inc. (formerly Institute of Forensic Sciences Toxicology Laboratory) for all of our toxicology testing and analysis for Patrol and Investigation cases since June 15, 1994. The current term of this continuing contract will expire on June 30, 2002.

The Auditor-Controller's Office has recommended to our office that when a contract is more than five year old, a new contract needs to be entered into with the participating vendor. In order to adhere to this recommendation, we will need to enter into a new contract with National Medical Services. In addition to the Auditor-Controller's recommendation, the original vendor Institute of Forensic Sciences Toxicology was purchased by National Medical Services, Inc. The new vendor has an address change and new fee schedule that is attached. This contract will also be placed on the continuing agreements list for 2002/2003 as a Section II.

It is therefore RECOMMENDED that your Board:

1. APPROVE the attached Independent Contract Agreement;
2. AUTHORIZE the Sheriff-Coroner to execute the agreement and sign necessary contract documents on the behalf of the Board.

Sincerely,

for 
MARK S. TRACY
Sheriff-Coroner

Recommended:


SUSAN A. MAURIELLO
County Administrator

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

0090

TO: **Board of Supervisors**
County Administrative Office
Auditor **Controller**

FROM: Sheriff-Coroner (Department)
BY: [Signature] (Signature) 4-2-02 (Date)
Signature certifies that appropriations/revenues are available

AGREEMENT TYPE (Check One)

Expenditure Agreement ☒ ~~XX~~

Revenue Agreement ☐

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of same.
Santa Cruz County Sheriff's Office

1. Said agreement is between the _____ (Department/Agency)

and National Medical Services, Inc., PO Box 820090, Philadelphia, PA 19182-0090 (Name/Address)

2. The agreement will provide toxicology testing and analysis

3. Period of the agreement is from 7/1/02 to 6/30/03

4. Anticipated Cost is \$ 43,450 ☐ Fixed ☐ Monthly Rate ☐ Annual Rate ☒ Not to Exceed

Remarks: Payments based on fee schedule

5. Detail: ☐ On Continuing Agreements List for FY 01-02 Page CC-_____ Contract No: _____ OR ☐ 1st Time Agreement

- ☐ Section II No Board letter required, will be listed under Item 8
☐ Section III Board letter required
☐ Section IV Revenue Agreement

6. Appropriations/Revenues are available and are budgeted in 661400 (Index) 3665 (Sub object)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACHED COMPLETED AUD-74 OR AUD-60

Appropriations are available and will be encumbered.
are not

Contract No: 10087

By: [Signature]
Auditor-Controller Deputy

Date: 04/04/02

Proposal and accounting detail reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize

Sheriff's Office

(Dept/Agency Head) to execute on behalf of the

County of Santa Cruz

(Department/Agency)

Date: 4/11/02

[Signature]
County Administrative Office

Distribution:

Board of Supervisors - White
Auditor **Controller** - Canary
Auditor-Controller - Pink
Department - Gold

State of California
County of Santa Cruz

I _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz, State of California, do hereby certify that the foregoing request for approval of agreement was approved by said Board of Supervisors as recommended by the County Administrative Office by an order duly entered in the minutes of said Board on _____ 20__

ADM - 29 (8/01)

Title I, Section 300 Proc Man

By: Deputy Clerk

AUDITOR-CONTROLLER USE ONLY

CO. _____ \$ _____
Document No. JE Amount Lines H/TL Keyed By Date

23

ditor Description

\$ _____
Amount

Index

/ _____
Sub object

User Code

INDEPENDENT CONTRACTOR AGREEMENT

0091

THIS CONTRACT is entered into this 1st day of July, 2002, by and between the COUNTY OF SANTA CRUZ, hereinafter called COUNTY, and NATIONAL MEDICAL SERVICES, INC., hereinafter called CONTRACTOR. The parties agree as follows:

1. **DUTIES:** CONTRACTOR agrees to exercise special skill to accomplish the following result: Toxicology testing and analysis for Sheriff's Office Coroner, Patrol and Investigation Division cases.

2. **COMPENSATION:** In consideration for CONTRACTOR accomplishing said results, COUNTY agrees to pay CONTRACTOR as follows: reference Exhibit 1 fee schedule; the invoices received from the CONTRACTOR must reflect the exact same test name as referenced in the Exhibit 1 fee schedule.

3. **TERM:** The term of this contract shall be through June 30, 2003.

4. **EARLY TERMINATION:** Either party hereto may terminate this contract at any time giving 30 days written notice to the other party.

5. **INDEMNIFICATION FOR DAMAGES. TAXES AND CONTRIBUTIONS.**
CONTRACTOR shall exonerate, indemnify, defend, and hold harmless COUNTY (which for the purpose of paragraphs 5 and 6 shall include, without limitation, its officers, agents, employees and volunteers) from and against:

A. Any and all claims, demands, losses, damages, defense costs, or liability of any kind or nature which COUNTY may sustain or incur or which may be imposed upon it for injury to or death of persons, or damage to property as a result of, arising out of, or in any manner connected with the CONTRACTOR'S performance under the terms of this Agreement, excepting any liability arising out of the sole negligence of the COUNTY. Such indemnification includes any damage to the person(s), or property(ies) of CONTRACTOR and third persons.

B. Any and all Federal, State and Local taxes, charges, fees, or contributions required to be paid with respect to CONTRACTOR and CONTRACTOR'S officers, employees and agents engaged in the performance of this Agreement (including, without limitation, unemployment insurance, social security and payroll tax withholding).

6. **INSURANCE:** CONTRACTOR, at its sole cost and expense, for the full term of this Agreement (and any extensions thereof), shall obtain and maintain at minimum compliance with all of the following insurance coverage(s) and requirements. Such insurance coverage shall be primary coverage as respects COUNTY and any insurance of self-insurance maintained by COUNTY shall be excess of CONTRACTOR'S insurance coverage and shall not contribute to it.

If CONTRACTOR utilizes one or more subcontractors in the performance of this Agreement, CONTRACTOR shall obtain and maintain Independent Contractor's Insurance as to each subcontractor or otherwise provide evidence of insurance coverage for each subcontractor

equivalent to that required to that required of CONTRACTOR in this Agreement, unless CONTRACTOR and COUNTY both initial here _____/_____

A. Types of Insurance and Minimum Limits

(1) Worker's Compensation in the minimum statutory required coverage amounts. This insurance coverage shall not be required if the CONTRACTOR has no employees and certifies to this fact by initialing here _____

(2) Automobile Liability Insurance for each of CONTRACTOR'S vehicles used in the performance of this Agreement, including owned, non-owned (e.g. owned by CONTRACTOR'S employees) ,leased or hired vehicles, in the minimum amount of \$500,000 combined single limit per occurrence for bodily injury and property damage. This insurance coverage shall not be required if vehicle use by CONTRACTOR is not a material part of performance of this Agreement and CONTRACTOR and COUNTY both certify to this fact by initialing here _____/_____..

(3) Comprehensive of Commercial General Liability Insurance coverage in the minimum amount of \$1,000,000 combined single limit, including coverage for: (a) bodily injury, (b) personal injury, (c) broad form property damage, (d) contractual liability, and (e) cross-liability.

(4) Professional Liability Insurance in the minimum amount of \$1,000,000 combined single limit.

B. Other Insurance Provisions.

(1) If any insurance coverage required in the Agreement is provided on a "Claims Made" rather than "Occurrence" form, CONTRACTOR agrees to maintain the required coverage for a period of three (3) years after the expiration of this Agreement (hereinafter "post agreement coverage") and any extensions thereof. CONTRACTOR may maintain the required post agreement coverage by renewal or purchase of prior acts or tail coverage. This provision is contingent upon post agreement coverage being both available and reasonably affordable in relation to the coverage provided during the term of this Agreement. For purposes of interpreting this requirement, a cost not exceeding 100% of the last annual policy premium during the term of this Agreement in order to purchase prior acts or tail coverage for post agreement coverage shall be deemed to be reasonable.

(2) All required Automobile and Comprehensive or Commercial General Liability insurance shall be endorsed to contain the following clause:

"The County of Santa Cruz, its officials, employees, agents and volunteers are added as an additional insured as respects the operations and activities of, or on behalf of, the named insured performed under Agreement with the County of Santa Cruz."

(3) All required insurance policies shall be endorsed to contain the following clause:

This insurance shall not be canceled until after thirty (30) days prior written notice has been given to:

County of Santa Cruz, Detention Bureau
Attn: Departmental Administrative Analyst
259 Water Street
Santa Cruz, CA 95060

(4) CONTRACTOR agrees to provide its insurance broker(s) with a full copy of these insurance provisions and provide COUNTY on or before the effective date of this Agreement with Certificates of Insurance for all required coverages. All Certificates of Insurance shall be delivered or sent to :

County of Santa Cruz, Detention Bureau
Attn: Departmental Administrative Analyst
259 Water Street
Santa Cruz, CA 95060

7. EOUAL EMPLOYMENT OPPORTUNITY: During and in relation to the performance of this Agreement, CONTRACTOR agrees as follows:

A. The CONTRACTOR shall not discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, ancestry, disability, medical condition (cancer related and genetic characteristics), marital status, sex, sexual orientation, age (over 18), veteran status, gender, pregnancy, or any other non-merit factor unrelated to job duties. Such action shall include, but not be limited to, the following: recruitment; advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training (including apprenticeship), employment, upgrading, demotion, or transfer. The CONTRACTOR agrees to post in conspicuous places, available to employees and applicants for employment, notice setting forth the provisions of this non-discrimination clause.

B. If this Agreement provides compensation in excess of \$50,000 to CONTRACTOR and if CONTRACTOR employs fifteen (15) or more employees, the following requirements shall apply:

(1) The CONTRACTOR shall, in all solicitations or advertisements for employees placed by or on behalf of the CONTRACTOR, state that all qualified applicants will receive consideration for employment without regard to race, color, creed, religion, national origin, ancestry, disability, medical condition (cancer related and genetic characteristics), marital status, sex, sexual orientation, age (over 18), veteran status, gender, pregnancy or any other non-merit factor unrelated to job duties. In addition, the CONTRACTOR shall make a good faith effort to consider Minority / Women / Disabled Owned Business Enterprises in CONTRACTOR'S solicitation of goods and services. Definitions for Minority / Women /

Disabled Business Enterprises are available from the COUNTY General Services Purchasing Division.

(2) The CONTRACTOR shall furnish COUNTY Equal Employment Opportunity Office information and reports in the prescribed reporting format. (PER 40 12) identifying the sex, race, physical or mental disability, and job classification of its employees and the names, dates and methods of advertisement and direct solicitation efforts made to subcontract with Minority-Women/ Disabled Business Enterprises.

(3) In the event of the CONTRACTOR'S non-compliance with the non-discrimination clauses of this Agreement or with any of the said rules, regulations, or orders said CONTRACTOR may be declared ineligible for further agreements with the COUNTY.

(4) The CONTRACTOR shall cause the foregoing provisions of this subparagraph 7B. to be inserted in all subcontracts for any work covered under this Agreement by a subcontractor compensated more than \$50,000 and employing more than fifteen (15) employees, provided that the foregoing provisions shall not apply to contracts or subcontracts for standard commercial supplies or raw materials.

8. INDEPENDENT CONTRACTORS STATUS: CONTRACTOR and COUNTY have reviewed and considered the principal test and secondary factors below and agree that CONTRACTOR is an independent contractor and not an employee of COUNTY. CONTRACTOR is responsible for all insurance (workers compensation, unemployment, etc.) and all payroll related taxes. CONTRACTOR is not entitled to any employee benefits. COUNTY agrees that CONTRACTOR shall have the right to control the manner and means of accomplishing the result contracted for herein.

PRINCIPAL TEST: The CONTRACTOR, rather than COUNTY has the right to control the manner and means of accomplishing the result contracted for.

SECONDARY FACTORS: (a) The extent of control which, by agreement, COUNTY may exercise over the details of the work is slight rather than substantial; (b) CONTRACTOR is engaged in a distinct occupation or business; (c) In the locality, the work to be done by CONTRACTOR is usually done by a specialist without supervision, rather than under the direction of an employer; (d) the skill required in the particular occupation is substantial rather than slight; (e) the CONTRACTOR rather than the COUNTY supplies the instrumentalities, tools and work place; (f) The length of time for which CONTRACTOR is engaged is of limited duration rather than indefinite; (g) The method of payment of CONTRACTOR is by the job rather than by the time; (h) The work is part of a special or permissive activity, program, or project, rather than part of the regular business of COUNTY; (i) CONTRACTOR and COUNTY believe they are creating an independent contractor relationship rather than an employer-employee relationship; and (j) The COUNTY conducts public business.

It is recognized that it is not necessary that all secondary factors support creation of an independent contractor relationship, but rather that overall there are significant secondary factors

which indicate that CONTRACTOR is an independent contractor.

By their signatures to this Agreement, each of the undersigned certifies that it is his or her considered judgment that the CONTRACTOR engaged under this Agreement is in fact an independent contractor.

9. **NON-ASSIGNMENT:** CONTRACTOR shall not assign this Agreement without the prior written consent of the COUNTY.

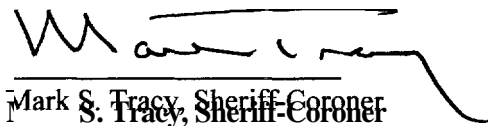
10. **RETENTION AND AUDIT OF RECORDS:** CONTRACTOR shall retain records pertinent to this Agreement for a period of not less than five (5) years after final payment under this Agreement or until a final audit report is accepted by COUNTY, whichever occurs first. CONTRACTOR hereby agrees to be subject to the examination and audit by the Santa Cruz County Auditor-Controller, the Auditor General of the State of California, or the designee of either for a period of five (5) years after final payment under this Agreement.

11. **PRESENTATION OF CLAIMS:** Presentation and processing of any or all claims arising out of or related to this Agreement shall be made in accordance with the provisions contained in Chapter 1.05 of the Santa Cruz County Code, which by this reference is incorporated herein.


12. **ATTACHMENTS:** This Agreement includes the following attachments (identify by name or write "NONE") exhibit 1.

IN WITNESS WHEREOF, the parties hereto have set their hands the day and year first above written.

COUNTY OF SANTA CRUZ


Mark S. Tracy, Sheriff-Coroner

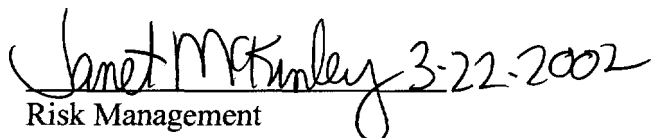
CONTRACTOR


NATIONAL MEDICAL SERVICES
John F. Peters
PO Box 820090
Philadelphia, PA 19182-0090
215-657-4900

APPROVED AS TO FORM:


County Counsel 3.22.02

APPROVED AS TO INSURANCE:

 3-22-2002
Risk Management

West Coast Laboratory

Fee Schedule

0096

Test Name	Samples	COMMENTS	Price
Acetaldehyde	B,U		\$40.00
Acetaminophen	B,U		\$49.00
Acetone	B,U,V	See also alcohols	\$40.00
Alcohols	B,U,V	Includes Methyl, Ethyl and Isopropyl Alcohol and Acetone	\$40.00
Alprazolam	B		\$70.00
Aminophylline	B	Also see Theophylline	\$45.00
Amitriptyline and Metabolite	B	Includes Nortriptyline	\$49.00
Amitriptyline and Metabolite	U	Includes Nortriptyline	\$49.00
Amobarbital	B,U,L		\$45.00
Amoxapine	B,U,L		\$49.00
Amphetamines Screen, Urine	U		\$49.00
Amphetamine	B	Includes Methamphetamine gc/ms	\$70.00
Amphetamine	U	Includes Methamphetamine gc/ms	\$49.00
Antihistamines	B,U,L	See also individual drugs	\$49.00
Arsenic	U,L		\$58.00
Arsenic	HAIR, NAILS	Consult lab, minimum of 1.0 gm sample required	\$70.00
Asendin	B,U,L	See also Amoxapine	\$50.00
Barbiturates	B,U,L		\$45.00
Benzodiazepines	-----	Also see individual drugs	-----
Benzoyllecgonine	-----	Cocaine Metabolite – see also Cocaine	-----
Benzotropine	B		\$49.00
Bile Drug Screen:		Used in lieu of urine and/or confirming the presence of some opiates found in other samples	\$90.00
Blood Base Screen:		Overdose concentrations (See RIA for Abuse Drug Screening) Common Antidepressants, Antihistamines, Synthetic Narcotics (Meperidine, Propoxyphene, Pentazocine, Methadone), Cocaine (parent drug only), Amphetamines	\$90.00
Bromazepam	B		\$70.00
Brompheniramine, Blood	B		\$70.00
Brompheniramine, Urine	U		\$70.00
Bupivacaine	B,U		\$70.00
Buspirone	B		\$70.00
Buspirone Screen, Urine			\$70.00
Butabarbital Screen, Urine	B,U,L		\$45.00
Butalbital	B		45.00
	U		45.00
Caffeine California	B,U,L		\$49.00
Cannabinoids	B	Presumptive only RIA	\$49.00
Cannabinoids	B	Confirmation of presumptive positives on gc-ms	\$156.00
Cannabinoids Screen, Urine	U	Carboxy THC RIA – gc/ms	\$75.00
Carbamazepine Screen	B		\$49.00
Carbon Monoxide	B	gas chromatography	\$55.00
Carisoprodol	B,U		\$49.00
Chloral hydrate	B	Determined as Trichloroethanol in blood	\$49.00
Chlordiazepoxide	B		\$49.00
Chloroform	B,L	See also Volatile Screen II	\$55.00
Chloroquine	B		\$70.00
	B		\$49.00
Chlorpheniramine	U		\$49.00
Chlorpromazine	B,U,L		\$49.00

Test Name	Samples	COMMENTS	Price
Cholinesterase	B,S		----
Citalopram	B		\$70.00
Clomipramine, Blood	B,U		\$70.00
Clomipramine, Urine	B,U		\$70.00
Clonazepam	B	Overdose only	\$70.00
Clorazepate	B	Determined as Nordiazepam	\$49.00
Clozapine	B		\$70.00
Cocaine and Metabolite, B, U	B,U		B= \$70 U=\$49
Cocaine Metabolite Screen	U	Includes Benzoylcegonine RIA - gdms See also Drug Screen	\$49.00
Codeine	B	Includes Morphine RIA - gclms	\$70.00
Codeine	U	See also Drug Screen RIA - gdms	\$49.00
Confirmations, Each		NOTE: Any positive findings will be confirmed and quantitated by gclms.	\$39.00
Cyanide	B,P,G	Plasma levels used for nitroprusside therapy evaluation	\$49.00
Cyclobenzaprine	B,U		\$49.00
Dalmane	B,U,L	See also Flurazepam	\$49.00
Darvon	B,U,L	See also Propoxyphene	\$49.00
Desipramine	B,U,L		\$49.00
Desmethyldoxepin	B,U,L	See Doxepin	-----
Dextromethorphan, Blood	B		-----
Dextromethorphan, Urine	U		-----
Diazepam	B,L		\$49.00
Ergoxin	B,S,V	Sent out (Vitreous is best sample for post-mortem examination)	-----
Diltiazem	B,U		\$70.00
Diphenhydramine	B,U,L		\$49.00
Doxepin	B,U,L	Includes Desmethyldoxepin	\$49.00
Doxylamine	B,U,L		\$49.00
Droperidol	B		\$70.00
Drug Screen I, Gastric		Sedatives, neutral and acidic drugs	\$75.00
Drug Screen II, Gastric		Organic Bases	\$85.00

West Coast Laboratory

Fee Schedule

0098

Test Name	Samples	COMMENTS	Price
Drug Screen, Urine		To include but not limited to the following: Analgesics: Codeine, Heroin (as Morphine), Hydromorphone, Hydrocodone, Meperidine, Normeperidine, Methadone, Morphine, Oxycodone, Pentazocine, Propoxyphene. Antihistamines: Chlorpheniramine, Diphenhydramine, Doxylamine; Phenothiazines: Chlorpromazine, Thioridazine, Mesoridazine; Antidepressants: Amitriptyline, Nortriptyline, Imipramine, Desipramine, Doxepin, Nordoxepin, Sertaline, Norsertaline; Stimulants: Amphetamine, Methamphetamine, Methylenedioxymphetamine (MDA), Methylenedioxymphetamine(MDMA); Sedatives: Alcohol, Barbiturates, Meprobamate, Glutethimide (Note - not run if already done on blood sample); Miscellaneous: Lidocaine, Phencyclidine and its analogues, Procaine, Quinine Quinidine	\$95.00
Drug Screen, Urine Police	U		\$95.00
Drug Screen, Blood (Immunoassay)	B	RIA Screen: Opiates (Morphine, Codeine), Cocaine Metabolite (Benzoyllecgonine), Methamphetamine	\$60.00
Drug Screen, Liver Base Screen		Most of the common bases mentioned in the urine drug screen: Note: since the liver often has drug concentrations in the order of 5-20 times that seen in blood, it is used to discover certain drugs and metabolites that then may be individually tested for in a blood sample.	\$95.00
Epinephrine	B		\$70.00
Epinephrine	U		\$49.00
Ethanol	B		\$70.00
Ethanol, Urine	U		\$40.00
Ethchlorvynol	B		\$49.00
Ethyl Alcohol	B,U,V		\$40.00
Ethylene Glycol	B		\$65.00
Fentanyl	BU	RIA	\$80.00
Flecainide	BU		\$70.00
Fluconazole	B		\$70.00
Fluoride	B	Sodium Fluoride Preservative	\$47.50
Fluoxetine	B		\$53.00
Fluphenazine	B,U		\$70.00
Flurazepam	B,U,L	Includes Desalkyl Metabolite (Desalkylfurazepam)	\$49.00
Gamma-Hydroxybutyrate (GHB)	B,U,L	GBL upon request	\$70.00
Glutethimide	-		\$49.00
Halazepam			\$70.00
Haloperidol	B,U,L		\$49.00
Heroin	B,U	See Morphine	----
Hydrocodone	B,U	gc/ms	\$70.00
Hydromorphone	B,U,L,BI	gc/ms	\$65.00
Hydroxyzine	B,U		\$49.00
Ibuprofen	B		\$49.00
Identification of Substance		Sample may be tablet, capsule, powder, vegetable material, etc.	\$100.00
Imipramine	B,U,L		\$49.00
Isopropyl Alcohol	B,U	See Alcohols	\$40.00
Ketamine	B,U,L		\$49.00
Lidocaine	B,U,L		\$49.00

West Coast Laboratory

Fee Schedule

0099

Test Name	Samples	COMMENTS	Price
Lorazepam	B		\$88.00
Loxapine	B,U,L		\$49.00
Lysergic Acid Diethylamide (LSD)	B,U	Qualitative only	\$55.00
Maprotiline	B,U		\$70.00
Marijuana	----	See Cannabinoids	-----
Mecizine	B,U		\$70.00
Meperidine	B,U,L	Includes Normeperidine	\$49.00
Mepivacaine	B,U		\$70.00
Meprobamate	B	See Carisoprodol	\$49.00
Mesoridazine	B,U,L		\$49.00
Metaldehyde	Gastric		\$53.00
Methadone	B,U,L		\$49.00
Methamphetamine	B	Includes Amphetamine RIA – gc/ms	\$70.00
Methamphetamine	U	Includes Amphetamine RIA – gc/ms	\$49.00
Methane	B, Lung	Qualitative Only	\$42.50
Methapyrilene	B,U,L		\$49.00
Methaqualone	B,U,L		\$49.00
Methohexital	B		\$70.00
Methyl Alcohol	B,U	See also alcohols	\$40.00
Methylenedioxyamphetamine	B	MDA	\$70.00
Methylenedioxyamphetamine	U	MDA	\$49.00
Methylenedioxymethamphetamine (MDMA)	B	MDMA	\$70.00
Methylenedioxymethamphetamine (MDMA)	U	MDMA	\$49.00
Methylphenidate	U		\$49.00
Methypylon	B		\$49.00
Midazolam	B,L		\$70.00
Mirtazapine	B		\$70.00
Molindone	B	gc/ms	\$70.00
Morphine	B	Includes Codeine RIA – gc/ms	\$70.00
Morphine	U, BI	Includes Codeine RIA – gc/ms	\$49.00
Morphine 6-Mono-Acetyl	U	gc/ms	\$100.00
Naproxen	B		\$49.00
Nitrous Oxide	B,L	Semi-quantitative only	\$55.00
Normeperidine	B,U,L	See Meperidine	-----
Norpropoxyphene	B,U,L	See Propoxyphene	-----
Nortriptyline	B,U,L		\$49.00
Olanzapine	B,L		\$75.00
Orphenadrine	B,U	gc/ms	\$70.00
Oxazepam	B	gc/ms	\$49.00
Oxycodone	U,BI	gc/ms	\$49.00
Oxycodone	B	gc/ms	\$70.00
Paraldehyde	B		\$55.00
Paroxetine	B,L		\$70.00
Pentazocine	B,U,L		\$49.00
Pentobarbital	B,U,L		\$45.00
Pentoxifylline	B		\$70.00
Perphenazine	B,U		\$70.00
Phencyclidine	B,U	RIA – gc/ms	\$70.00
Phencyclidine	B, U	GC	

West Coast Laboratory

Fee Schedule

0100

Test Name	Samples	COMMENTS	Price
Phencyclidine Screen, Urine	U	Immunoassay	\$95.00
Phenobarbital	B,U		\$45.00
Phenothiazines	B,U,L	See individual drugs	-----
Phenothiazines	U	Qualitative screen only (FPN reaction)	\$35.00
Phentermine	B		\$70.00
Phentermine	U		\$49.00
Phenylpropanolamine	U	gc/ms	\$49.00
Phenylpropanolamine	B	gc/ms	\$70.00
Phenylpropanolamine	B,U		\$70.00
Phenyltoloxapine	B		\$70.00
Phenytoin	B		\$49.00
Prazepam	B		\$70.00
Procainamide	B,U,L	Includes N-Acetyl Procainamide	\$49.00
Procaine	B,U		\$49.00
Prochlorperazine	B,U		\$70.00
Procyclidine	B,U		\$70.00
Promazine	B,U		\$70.00
Promethazine	B,U	Qualitative only	\$47.50
Propane	B,U,L	includes N-Propoxyphene	\$49.00
Propranolol	B,U,L		\$49.00
Propylhexadrine	B,U		\$49.00
Protriptyline	B,U,L		\$49.00
Pseudoephedrine	B		\$70.00
Pseudoephedrine	U		\$49.00
Pyrilamine	B,U		\$49.00
Quazepam	B		\$70.00
Quetiapine	B		\$70.00
Quinidine	B,U		\$49.00
Quinine	B,U		\$49.00
Salicylates	B		\$45.00
Secobarbital	B,U,L		\$45.00
Sedative Screen, Blood		Sedatives, Acidic, Neutral and selected bases. (Alcohol, Barbiturates, Meprobamate, Glutethimide, Phenytoin, Acetaminophen, Salicylates, Diazepam, Nordiazepam, Methaqualone, Chlordiazepoxide)	\$85.00
Selegiline-	B,U		\$70.00
Sertraline	B,U		\$70.00
Sodium		No match, Component?	
Special Request California		Test used too much, causing problems for Acctg.	
Strychnine	B,U,L		\$47.50
Temazepam, Blood	B		\$70.00
Temazepam, Urine	U		\$70.00
Tetracaine	B,U		\$70.00
THC	B	See Cannabinoids	-----
THC-COOH	B,U	See Cannabinoids	-----
Theophylline	B		\$49.00
Thioridazine	B,U,L	Includes Mesoridazine	\$49.00
Thiothixene	B,U		\$70.00
Tocainide	B		\$70.00
Tramadol	B,L		\$75.00
Trazodone, Blood	B		\$65.00

West Coast Laboratory

Fee Schedule

0101

Test Name	Samples	COMMENTS	Price
Trazodone, Urine	U		\$65.00
Triazolam	B		\$65.00
Trichloroethane	B, Lung	See also Volatiles II	\$55.00
Trichloroethanol	B	See also Chloral Hydrate	\$49.00
Trifluoperazine	B,U		\$70.00
Trihexyphenidyl, Blood	B		\$49.00
Trihexyphenidyl, Blood	U		\$49.00
Trimethobenzamide	B,U		\$70.00
Trimethoprim	B,U		\$70.00
Trimipramine	B,U		\$70.00
Tripelennamine	B,U		\$49.00
Tripolidine	B,U		\$70.00
Venlafaxine and Metabolite, Blood	B		\$70.00
Venlafaxine, Urine	U		\$70.00
Verapamil and Metabolite	B		\$65.00
Volatiles II		Includes several common volatiles. Call Laboratory for Information	\$55.00
Warfarin	B		\$70.00
Zolpidem	B		\$70.00

Client#: 15641

NATME

ACORD CERTIFICATE OF LIABILITY INSURANCE

0102

DATE (MM/DD/YY)
03/18/02**PRODUCER**

Bean, Mason & Eyer, Inc.
3655 Route 202
P O Box 2109
Doylestown, PA 18901

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE**INSURED**

National Medical Services, Inc.
P.O. Box 433A
Willow Grove, PA 19090

INSURER A: St Paul Mercury

INSURER B: AIU North America Inc.

INSURER C: American International Group

INSURER D:

INSURER E:

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	FK06401733	07/01/01	07/01/02	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$5,000
					PERSONAL & ADJ INJURY \$1,000,000
					GENERAL AGGREGATE \$2,000,000
					PRODUCTS-COMP/OP AGG \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO- PERT <input type="checkbox"/> LOC				
A	AUTOMOBILE LIABILITY	FK06401733	07/01/01	07/01/02	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALLOWED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				OTHER THAN EA ACC AGG \$
	GARAGE LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> ANY AUTO				AGGREGATE \$
	EXCESS LIABILITY				
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				
	<input type="checkbox"/> DEDUCTIBLE				
	<input type="checkbox"/> RETENTION \$				
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC6997251 (PA)	07/01/01	37/01/02	WC STATU- TORY LIMITS \$500,000*
C		WC6998209 (CA)	04/01/01	34/01/02	E.L. EACH ACCIDENT \$500,000
					E.L. DISEASE- EA EMPLOYEE \$500,000
					E.L. DISEASE- POLICY LIMIT \$500,000
A	OTHER Professional Liability	FK06401733	07/01/01	07/01/02	\$1,000,000 Ea. Occ. \$3,000,000 Aggre. 07/01/93 Retro Date

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

County of Santa Cruz is additional insured under general liability as respects work performed by named insured on behalf of County of Santa Cruz

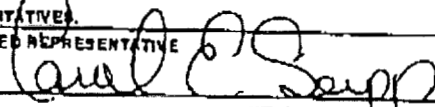
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(See Attached Descriptions)

CERTIFICATE HOLDER**ADDITIONAL INSURED/INSURER LETTER****CANCELLATION**

County of Santa Cruz-Detent. Bur.
Deptmental Admin. Analyst
259 Water Street
Santa Cruz, CA 95060

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



0103

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the Issuing Insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

DESCRIPTIONS (Continued from Page 1)

* Employers Liability limits under policy WC6998209 as follows;

\$1,000,000 B.I. by accident - each accident

0104

\$1,000,000 - B.I. by disease - policy limit

\$1,000,000 - B.I. by disease - each employee