

Purchasing Detail for Record #: CN23608

Order #: CN23608

Replacement# OR Req#:

Vendor: QUEST DIAGNOSTICS
8401 FALLBROOK AVENUE
WEST HILLS
CA
91304
Ph: 805 206-6533
Contact: KALA SLYKER

TaxID: Not Viewable

Order Date: 4/28/2020

Contract Term: 6/30/2021

Purchasing Contact: EMILY ((805) 568-2690)

--BILLING-- Fund: 0042 Dept: 041 LIAcct: 7460 Prog: 1481 Org: Proj: COVID

SIGNED

Bill To

300 N SAN ANTONIO RD
SANTA BARBARA , CA
93110

Ship To

300 N SAN ANTONIO RD
SANTA BARBARA , CA
93110

Detail Line 1

Description: QUEST DIAGNOSTICS/SERVICE CONTRACT

This PO is to serve as an emergency payment vehicle for COVID-19. Future Board action in progress.

GENERAL: CONTRACTOR to provide 500 testing kits to collect specimens for COVID-19 testing, and provide testing services and notification of results, as outlined the attached Letter of Agreement dated April 21, 2020.

CONTRACT PERIOD: April 28, 2020 to June 30, 2021.

COMPENSATION: CONTRACTOR shall bill monthly, Failure to submit an invoice in a timely manner may result in delayed payment to CONTRACTOR. The COUNTY shall pay CONTRACTOR \$100 per test kit, that includes testing services and notification of results.

LIMITATIONS: Total expenditure for 500 kits and testing services the period shall not exceed \$50,000.00. Increased to \$80,000 by change order October 2, 2020.

STANDARD TERMS & CONDITIONS FOR INDEPENDENT CONTRACTORS (ver. 2018 03 23) attached.

Insurance documents already on file in Purchasing Division.

COMPLIANCE WITH HIPAA: CONTRACTOR is expected to adhere to Health Insurance Portability and Accountability act (HIPAA).

FEDERAL CLAUSES: The attached Federal Clauses Exhibit B and Exhibit C shall apply to this contract.

THIS CONTRACT IS NOT VALID FOR AMOUNTS IN EXCESS OF TWO HUNDRED THOUSAND DOLLARS (\$200,000)

NOTE TO CONTRACTOR: No payment will be due or payable unless this contract is properly executed and returned to the County Purchasing Office. Do not commence performance until you have executed this contract and returned it to the County of Santa Barbara Purchasing Division, 105 E. Anapamu St, RM B-5, Santa Barbara, CA 93101.

Accepted By: (X) _____

Print Name/Title: _____ Date: _____

Applicable License # (Medical/Contractor/Etc): _____

Value: \$80,000.00

Tax: \$0.00

Sub-Total: \$80,000.00

Grand Total: \$80,000.00
