

**AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR**

between

**COUNTY OF SANTA BARBARA**

and

**UNILAB CORPORATION dba QUEST DIAGNOSTICS**

**THIS AGREEMENT** (hereafter Agreement) is made by and between the County of Santa Barbara, a political subdivision of the State of California (hereafter COUNTY) and Unilab Corporation dba Quest Diagnostics having its principal place of business at 8401 Fallbrook Ave., West Hills, CA (hereafter CONTRACTOR) wherein CONTRACTOR agrees to provide and COUNTY agrees to accept the services specified herein.

**WHEREAS**, the Fourth Amendment to Agreement BC 05-046 is effective through June 30, 2012; and

**WHEREAS**, the parties desire to execute a new Agreement commencing July 1, 2012 and terminating June 30, 2014;

**NOW, THEREFORE**, in consideration of the mutual covenants and conditions contained herein, the parties agree as follows:

1. **DESIGNATED REPRESENTATIVE.** Dan Reid at phone number 681-5173 is the representative of COUNTY and will administer this Agreement for and on behalf of COUNTY. Rob Moverley at phone number 818-737-6000 is the authorized representative for CONTRACTOR. Changes in designated representatives shall be made only after advance written notice to the other party.

2. **NOTICES.** Any notice or consent required or permitted to be given under this Agreement shall be given to the respective parties in writing, by first class mail, postage prepaid, or otherwise delivered as follows:

To COUNTY: Dan Reid, Assistant Deputy Director  
Public Health Department, Primary Care and Family Health  
300 N. San Antonio Rd., Bldg 1  
Santa Barbara, CA 93110  
Dan.Reid@sbcphd.org

To CONTRACTOR: Managing Director  
Unilab dba Quest Diagnostics  
c/o Rob Moverley  
8401 Fallbrook Ave.  
West Hills, CA 91304  
Robert.f.moverley@questdiagnostics.com

or at such other address or to such other person that the parties may from time to time designate. Notices and consents under this section, which are sent by mail, shall be deemed to be received five (5) days following their deposit in the U.S. mail.

3. **SCOPE OF SERVICES.** CONTRACTOR agrees to provide services to COUNTY in accordance with EXHIBIT A attached hereto and incorporated herein by reference.

4. **TERM.** CONTRACTOR shall commence performance on July 1, 2012 and end performance upon completion, but no later than June 30, 2014 unless otherwise directed by COUNTY or unless earlier terminated.

5. **COMPENSATION OF CONTRACTOR.** CONTRACTOR shall be paid for performance under this Agreement in accordance with the terms of EXHIBIT B attached hereto and incorporated herein by reference. Billing shall be made by invoice, which shall include the contract number assigned by COUNTY and which is delivered to the address given in Section 2 **NOTICES.** above following completion of the increments identified on EXHIBIT B. Unless otherwise specified on EXHIBIT B, payment shall be net thirty (30) days from presentation of invoice.

6. **INDEPENDENT CONTRACTOR.** CONTRACTOR shall perform all of its services under this Agreement as an independent contractor and not as an employee of COUNTY. CONTRACTOR understands and acknowledges that it shall not be entitled to any of the benefits of a COUNTY employee, including but not limited to vacation, sick leave, administrative leave, health insurance, disability insurance, retirement, unemployment insurance, workers' compensation and protection of tenure.

7. **STANDARD OF PERFORMANCE.** CONTRACTOR represents that it has the skills, expertise, and licenses/permits necessary to perform the services required under this Agreement. Accordingly, CONTRACTOR shall perform all such services in the manner and according to the standards observed by a competent practitioner of the same profession in which CONTRACTOR is engaged. All products of whatsoever nature, which CONTRACTOR delivers to COUNTY pursuant to this Agreement, shall be prepared in a first class and workmanlike manner and shall conform to the standards of quality normally observed by a person practicing in CONTRACTOR's profession. CONTRACTOR shall correct or revise any errors or omissions, at COUNTY's request without additional compensation. Permits and/or licenses shall be obtained and maintained by CONTRACTOR without additional compensation.

8. **TAXES.** COUNTY shall not be responsible for paying any taxes on CONTRACTOR's behalf, and should COUNTY be required to do so by state, federal, or local taxing agencies, CONTRACTOR agrees to promptly reimburse COUNTY for the full value of such paid taxes plus interest and penalty, if any. These taxes shall include, but not be limited to, the following: FICA (Social Security), unemployment insurance contributions, income tax, disability insurance, and workers' compensation insurance.

9. **CONFLICT OF INTEREST.** CONTRACTOR covenants that CONTRACTOR presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services required to be performed under this Agreement. CONTRACTOR further covenants that in the performance of this Agreement, no person having any such interest shall be employed by CONTRACTOR.

10. **RESPONSIBILITIES OF COUNTY.** COUNTY shall provide all information reasonably necessary by CONTRACTOR in performing the services provided herein.

11. **OWNERSHIP OF DOCUMENTS.** COUNTY shall be the owner of the following items incidental to this Agreement upon production, whether or not completed: all data collected, all documents of any type whatsoever, and any material necessary for the practical use of the data and/or documents from the time of collection and/or production whether or not performance under this Agreement is completed or terminated prior to completion. CONTRACTOR shall not release any materials under this section except after prior written approval of COUNTY.

No materials produced in whole or in part under this Agreement shall be subject to copyright in the United States or in any other country except as determined at the sole discretion of COUNTY. COUNTY shall have the unrestricted authority to publish, disclose, distribute, and other use in whole or in part, any reports, data, documents or other materials prepared under this Agreement.

12. **RECORDS, AUDIT, AND REVIEW.** CONTRACTOR shall keep such business records pursuant to this Agreement as would be kept by a reasonably prudent practitioner of CONTRACTOR's profession and shall maintain such records for the time period required by applicable laws and regulations. All accounting records shall be kept in accordance with generally accepted accounting practices. COUNTY shall have the right to audit and review all such documents and records at any time during CONTRACTOR's regular business hours or upon reasonable notice.

13. **INDEMNIFICATION AND INSURANCE.** CONTRACTOR shall agree to defend, indemnify and save harmless the COUNTY and to procure and maintain insurance in accordance with the provisions of EXHIBIT C attached hereto and incorporated herein by reference.

14. **NONDISCRIMINATION.** COUNTY hereby notifies CONTRACTOR that COUNTY's Unlawful Discrimination Ordinance (Article XIII of Chapter 2 of the Santa Barbara County Code) applies to this Agreement and is incorporated herein by this reference with the same force and effect as if the ordinance were specifically set out herein and CONTRACTOR agrees to comply with said ordinance.

15. **NONEXCLUSIVE AGREEMENT.** CONTRACTOR understands that this is not an exclusive Agreement and that COUNTY shall have the right to negotiate with and enter into contracts with others providing the same or similar services as those provided by CONTRACTOR as the COUNTY desires.

16. **ASSIGNMENT.** CONTRACTOR shall not assign any of its rights nor transfer any of its obligations under this Agreement without the prior written consent of COUNTY and any attempt to so assign or so transfer without such consent shall be void and without legal effect and shall constitute grounds for termination.

#### 17. **TERMINATION.**

A. **By COUNTY.** COUNTY may, by written notice to CONTRACTOR, terminate this Agreement in whole or in part at any time, whether for COUNTY's convenience or because of the failure of CONTRACTOR to fulfill the obligations herein. Upon receipt of notice, CONTRACTOR shall immediately discontinue all services effected (unless the notice directs otherwise), and deliver to COUNTY all data, estimates, graphs, summaries, reports, and all other records, documents or papers as may have been accumulated or produced by CONTRACTOR in performing this Agreement, whether completed or in process.

1. For Convenience. COUNTY may terminate this Agreement upon thirty (30) days written notice. Following notice of such termination, CONTRACTOR shall promptly cease work and notify COUNTY as to the status of its performance.

Notwithstanding any other payment provision of this Agreement, COUNTY shall pay CONTRACTOR for service performed to the date of termination to include a prorated amount of compensation due hereunder less payments, if any, previously made. In no event shall CONTRACTOR be paid an amount in excess of the full price under this Agreement nor for profit on unperformed portions of service. CONTRACTOR shall furnish to COUNTY such financial information as in the judgment of COUNTY is necessary to determine the reasonable value of the services rendered by CONTRACTOR. In the event of a dispute as to the reasonable value of the services rendered by CONTRACTOR, the decision

of COUNTY shall be final. The foregoing is cumulative and shall not affect any right or remedy which COUNTY may have in law or equity.

2. **For Cause.** Should CONTRACTOR default in the performance of this Agreement or materially breach any of its provisions, COUNTY may, at COUNTY's sole option, terminate this Agreement by written notice, which shall be effective upon receipt by CONTRACTOR.

B. **By CONTRACTOR.** Should COUNTY fail to pay CONTRACTOR all or any part of the payment set forth in EXHIBIT B, CONTRACTOR may, at CONTRACTOR's option terminate this Agreement if such failure is not remedied by COUNTY within thirty (30) days of written notice to COUNTY of such late payment.

18. **SECTION HEADINGS.** The headings of the several sections, and any Table of Contents appended hereto, shall be solely for convenience of reference and shall not affect the meaning, construction or effect hereof.

19. **SEVERABILITY.** If any one or more of the provisions contained herein shall for any reason be held to be invalid, illegal or unenforceable in any respect, then such provision or provisions shall be deemed severable from the remaining provisions hereof, and such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this Agreement shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein.

20. **REMEDIES NOT EXCLUSIVE.** No remedy herein conferred upon or reserved to COUNTY is intended to be exclusive of any other remedy or remedies, and each and every such remedy, to the extent permitted by law, shall be cumulative and in addition to any other remedy given hereunder or now or hereafter existing at law or in equity or otherwise.

21. **TIME IS OF THE ESSENCE.** Time is of the essence in this Agreement and each covenant and term is a condition herein.

22. **NO WAIVER OF DEFAULT.** No delay or omission of COUNTY to exercise any right or power arising upon the occurrence of any event of default shall impair any such right or power or shall be construed to be a waiver of any such default or an acquiescence therein; and every power and remedy given by this Agreement to COUNTY shall be exercised from time to time and as often as may be deemed expedient in the sole discretion of COUNTY.

23. **ENTIRE AGREEMENT AND AMENDMENT.** In conjunction with the matters considered herein, this Agreement contains the entire understanding and agreement of the parties and there have been no promises, representations, agreements, warranties or undertakings by any of the parties, either oral or written, of any character or nature hereafter binding except as set forth herein. This Agreement may be altered, amended or modified only by an instrument in writing, executed by the parties to this Agreement and by no other means. Each party waives their future right to claim, contest or assert that this Agreement was modified, canceled, superseded, or changed by any oral agreements, course of conduct, waiver or estoppel.

24. **SUCCESSORS AND ASSIGNS.** All representations, covenants and warranties set forth in this Agreement, by or on behalf of, or for the benefit of any or all of the parties hereto, shall be binding upon and inure to the benefit of such party, its successors and assigns.

25. **COMPLIANCE WITH LAW.** CONTRACTOR shall, at his sole cost and expense, comply with all County, State and Federal ordinances and statutes now in force or which may hereafter be in force with

regard to this Agreement. The judgment of any court of competent jurisdiction, or the admission of CONTRACTOR in any action or proceeding against CONTRACTOR, whether COUNTY be a party thereto or not, that CONTRACTOR has violated any such ordinance or statute, shall be conclusive of that fact as between CONTRACTOR and COUNTY.

26. **CALIFORNIA LAW.** This Agreement shall be governed by the laws of the State of California. Any litigation regarding this Agreement or its contents shall be filed in the County of Santa Barbara, if in state court, or in the federal district court nearest to Santa Barbara County, if in federal court.

27. **EXECUTION OF COUNTERPARTS.** This Agreement may be executed in any number of counterparts and each of such counterparts shall for all purposes be deemed to be an original; and all such counterparts, or as many of them as the parties shall preserve undestroyed, shall together constitute one and the same instrument.

28. **AUTHORITY.** All parties to this Agreement warrant and represent that they have the power and authority to enter into this Agreement in the names, titles and capacities herein stated and on behalf of any entities, persons, or firms represented or purported to be represented by such entity(ies), person(s), or firm(s) and that all formal requirements necessary or required by any state and/or federal law in order to enter into this Agreement have been fully complied with. Furthermore, by entering into this Agreement, CONTRACTOR hereby warrants that it shall not have breached the terms or conditions of any other contract or agreement to which CONTRACTOR is obligated, which breach would have a material effect hereon.

29. **PRECEDENCE.** In the event of conflict between the provisions contained in the numbered sections of this Agreement and the provisions contained in the Exhibits, the provisions of the Exhibits shall prevail over those in the numbered sections.

30. **NON-APPROPRIATIONS.** Notwithstanding any other provision of this Agreement, in the event that no funds or insufficient funds are appropriated or budgeted by federal, state or County governments, or funds are not otherwise available for payments in the fiscal year(s) covered by the term of this Agreement, then COUNTY will notify CONTRACTOR of such occurrence and COUNTY may terminate or suspend this Agreement in whole or in part, with or without a prior notice period. Subsequent to termination of this Agreement under this provision, COUNTY shall have no obligation to make payments with regard to the remainder of the term.

31. **COMPLIANCE WITH HIPAA.** CONTRACTOR is expected to adhere to Health Insurance Portability and Accountability Act (HIPAA) regulations and to develop and maintain comprehensive patient confidentiality policies and procedures, provide annual training of all staff regarding those policies and procedures, and demonstrate reasonable effort to secure written and/or electronic data. The parties should anticipate that this Agreement will be modified as necessary for full compliance with HIPAA.

Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Unilab dba Quest Diagnostics**.

**IN WITNESS WHEREOF**, the parties have executed this Agreement to be effective on July 1, 2012.

COUNTY OF SANTA BARBARA

ATTEST:  
CHANDRA L. WALLAR  
CLERK OF THE BOARD

\_\_\_\_\_  
Chair, Board of Supervisors

By: \_\_\_\_\_  
Deputy Clerk

Date: \_\_\_\_\_

APPROVED AS TO FORM:  
DENNIS MARSHALL  
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:  
ROBERT W. GEIS, CPA  
AUDITOR-CONTROLLER

By: \_\_\_\_\_  
Deputy County Counsel

By: \_\_\_\_\_  
Deputy

APPROVED  
TAKASHI WADA, MD, MPH  
DIRECTOR / HEALTH OFFICER  
PUBLIC HEALTH DEPARTMENT

APPROVED AS TO FORM:  
RAY AROMATORIO  
RISK MANAGER

By: \_\_\_\_\_  
Director

By: \_\_\_\_\_  
Risk Manager

Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Unilab dba Quest Diagnostics**.

**IN WITNESS WHEREOF**, the parties have executed this Agreement to be effective on July 1, 2012.

CONTRACTOR

By: \_\_\_\_\_  
Unilab dba Quest Diagnostics

Date: \_\_\_\_\_

## EXHIBIT A

### STATEMENT OF WORK

1. SERVICES TO BE PROVIDED: CONTRACTOR shall provide medical and professional services as required and in accordance with the policies of the Public Health Department (PHD).
2. CONTRACTOR shall provide pathology and clinical laboratory services as required by COUNTY twenty-four (24) hours per day, seven (7) days per week.
3. CONTRACTOR will, at its own cost, furnish and maintain such space, equipment and personnel at its facility as may be necessary to provide COUNTY with clinical laboratory services for the performance of chemistry, microbiology, serology, hematology, pathology, and other such tests as may be required by COUNTY. CONTRACTOR shall also, at its expense, keep and maintain this equipment in good order and repair and replace such equipment or any part of it which becomes worn out or obsolete when so deemed by CONTRACTOR.
4. CONTRACTOR's personnel shall be responsible for courier service to pick-up specimens for both north and south county facilities at least twice daily Monday through Saturday. At all times, a CONTRACTOR's duly qualified employee shall be on-call and available to respond immediately to provide clinical laboratory STAT pick-up and testing capabilities.
5. CONTRACTOR shall deliver routine reports of results of laboratory tests to PHD in twenty-four (24) hours or less. STAT testing turn around time will be no longer than four (4) hours from request for service. Reports will be transmitted electronically to both north and south county locations. CONTRACTOR will install all necessary results reporting equipment at no charge. There are no STAT charges during regular business hours (6 AM to 6 PM).
6. CONTRACTOR shall purchase, at its own expense all necessary supplies such as chemicals, glassware, requisitions, stationary and other expendable items needed for the performance of tests and will provide PHD with all supplies necessary for ordering and collecting laboratory specimens and protecting them in transport to CONTRACTOR.
7. CONTRACTOR shall keep current on pathology and laboratory policies and procedures applicable to PHD. CONTRACTOR shall participate in College of American Pathologists (CAP) proficiency testing programs.

In rendering services under this agreement, CONTRACTOR shall comply with all applicable provisions of the law, regulations and rules of any and all government authorities. Such compliance shall include any requirements which CONTRACTOR must meet in order to maintain PHD compliance with such laws, regulations and rules, and to preserve its licensure and accreditation with respect to Pathology and Laboratory Services. Applicable Law and Regulation includes, but is not limited to, provisions of Title 22, California Administrative Code, Division 5 relative to Pathology and Clinical Laboratory Services, and Medicare Certification Standards including compliance with all of the provisions of CLIA '88 (P.L. 100-578). CONTRACTOR shall also comply with all standards of the College of American Pathologists (CAP) and retain accreditation by the CAP.

8. In conformance with the CAP guidelines, CONTRACTOR shall have a Quality Assurance (QA) program that documents the following:



A. PRE-ANALYTICAL:

- 1) Notify COUNTY when a test procedure cannot be performed for any reason upon receipt of specimen on the same or next business day.
- 2) Notify COUNTY when misidentification of specimen occurs on same or next business day.
- 3) Notify COUNTY when there is uncertainty of test being requested.
- 4) Provide documentation of test and procurement requirements and updates.
- 5) Notify COUNTY of changes in panel/profile content.
- 6) Notify COUNTY of changes in methodology and reference ranges.
- 7) Notify COUNTY if request for special referral cannot be honored before specimen is referred out.

B. ANALYTICAL:

Allow COUNTY access to documentation that CAP and Clinical Laboratory Improvement Act, 1988 (CLIA) QC requirements are followed.

C. POST ANALYTICAL:

- 1) Provide COUNTY with clean and concise report format.
- 2) Call panic values, stats, and anything life threatening to COUNTY as soon as available and note such action on written report.
- 3) Note all changes in test results with comment "corrected" or "amended" report.

## EXHIBIT B

### **PAYMENT ARRANGEMENTS** **Periodic Compensation (with attached Schedule of Fees)**

A. For CONTRACTOR services to be rendered under this Agreement, CONTRACTOR shall be paid a total Agreement amount, including cost reimbursements, not to exceed \$300,000: \$150,000 for the period July 1, 2012 through June 30, 2013; and \$150,000 for the period July 1, 2013 through June 30, 2014. CONTRACTOR shall not be obligated to perform services in excess of said amounts.

B. Payment for services and/or reimbursement of costs shall be made upon CONTRACTOR's satisfactory performance, based upon the scope and methodology contained in EXHIBIT A as determined by COUNTY. It is understood and agreed that this is a fee-for-service agreement for Pathology and Laboratory Services performed by CONTRACTOR. Payment for services and/or reimbursement of costs shall be based upon the Schedule of Fees as defined in Attachment B1. CONTRACTOR agrees that the prices listed in the Schedule of Fees in Attachment B1 are guaranteed for the term of this Agreement. The overall discount on testing performed by CONTRACTOR for COUNTY not listed in Attachment B1 is 30% of gross charges. Invoices submitted for payment that are based upon Attachment B1 must contain sufficient detail to enable an audit of the charges and provide supporting documentation upon request.

C. Monthly, CONTRACTOR shall submit to the COUNTY designated representative an invoice or certified claim on the County Treasury for the service performed over the period specified. These invoices or certified claims must cite the assigned Board Contract Number that appears on Page 1 of this Agreement. COUNTY designated representative shall evaluate the quality of the service performed and if found to be satisfactory and within the cost basis of Attachment B1 shall initiate payment processing. COUNTY shall pay invoices or claims for satisfactory work within 30 days of presentation.

D. COUNTY's failure to discover or object to any unsatisfactory work or billings prior to payment will not constitute a waiver of COUNTY's right to require CONTRACTOR to correct such work or billings or seek any other legal remedy.

**EXHIBIT B, ATTACHMENT B-1****FY 2012-13 Schedule of Fees**

<b>COUNTY OF SANTA BARBARA</b>		
<b>76065523, 76065524, 76065527</b>		
<b>FEE SCHEDULE</b>		
<b>May 14, 2012</b>		
<b>Test Code</b>	<b>Test Name</b>	<b>Price</b>
17180	17-OHPROGEST.LC/MSMS	\$68.15
39625	5-HIAA,24HR (U)	\$20.00
853	A-1-ANTITRYPSIN	\$120.75
235	A-1-ANTITRYPSIN QN	\$9.61
795	AB SCR RFX ID/TITER	\$5.86
16160	ACCUTYPE(R) WARFARIN	\$500.00
206	ACHR BINDING AB	\$89.18
34459	ACHR BLOCKING	\$33.00
208	ACID PHOS, PROS, IMM	\$7.16
211	ACTH	\$20.50
15043	ACTIN ANTIBODY (IGG)	\$13.80
10715	ADULT FOOD ALLERGY PROF	\$67.65
237	AFP,TUMOR (CHIRON)	\$20.59
223	ALBUMIN	\$3.21
19938	ALCOHOL QUANT, RAND (U)	\$100.00
443	ALCOHOL, ETHYL (B)	\$14.86
227	ALDOLASE	\$5.97
17181	ALDOSTERONE,LC/MS/MS	\$105.00
231	ALK PHOS ISOENZYMES	\$14.49
234	ALKALINE PHOSPHATASE	\$3.21
7919	ALLERGY 19,PCS,SEAFD	\$28.90
10655	ALLERGY PNL REG 13	\$156.93
8658	ALPHA SUBUNIT	\$94.20
30523	ALPHA-1-ANTITRYPSIN	\$16.00
823	ALT	\$3.21
36183	AMINO ACID,QT(U)	\$623.70
423	AMITRIPTYLINE	\$25.50
5509	AMMONIA (P)	\$30.00
241	AMPHETAMINES (U)	\$100.00
243	AMYLASE	\$5.00
10547	ANA SC W/REFL DS-DNA	\$12.30
10321	ANA SCREEN	\$12.30
36209	ANA TITER&PATTERN	\$6.79
249	ANA W/RFX	\$12.30
36733	ANCA	\$40.00
70171	ANCA SC W/RFL TITER	\$58.43
38914	ANCA SCREEN	\$57.00
8431	ANCA TITER	\$72.50
17182	ANDROSTENEDIONE LCMS	\$180.65
683	ANGIOTENSIN CONV ENZ	\$40.15
37419	ANTIBODY PANEL X 1	\$68.40
37420	ANTIBODY PANEL X 2	\$136.80

COUNTY OF SANTA BARBARA		
76065523, 76065524, 76065527		
FEE SCHEDULE		
May 14, 2012		
Test Code	Test Name	Price
37424	ANTIBODY TITER X 1	\$20.35
37425	ANTIBODY TITER X 2	\$40.70
252	ANTIDIURETIC HORMONE	\$223.65
255	ANTI-DSDNA AB, EIA	\$55.00
37429	ANTIGEN TYPE X 1	\$24.40
37431	ANTIGEN TYPE X 3	\$73.20
10062	ANTIPHOSPHATIDYLSER	\$226.00
36578	ANTI-PTH AB	\$170.10
216	ANTITHROMBIN III ACT	\$76.36
15922	ARIPIRAZOLE;S/P	\$154.00
269	ARSENIC (B)	\$26.20
270	ARSENIC (U)	\$130.20
10295	ASCA IGA	\$20.00
10294	ASCA IGG	\$20.00
265	ASO	\$8.97
20341	ASPERGILLUS ABS	\$64.90
14950	ASPERGILLUS ANTIGEN	\$113.00
822	AST	\$3.21
8267	AT3 ACT (REFL)	\$76.36
70162	ATYP P-ANCA TITER	\$36.25
FPM11	AUTOMATED PAP & RVW	\$29.61
FPNR1	AUTOMATED PAP ONLY	\$23.88
14469	AUTOMATED PAP ONLY	\$19.43
38513	B.HENSELAE IGG SCR	\$38.85
38515	B.HENSELAE IGM SCR	\$38.85
37671	B.HENSELAE W/REFL	\$155.40
38517	B.QUINTANA IGG SCR	\$38.85
38519	B.QUINTANA IGM SCR	\$38.85
36552	B2-GLYCO I(IGA)	\$99.75
36554	B2-GLYCO I(IGG)	\$81.90
36553	B2-GLYCO I(IGM)	\$81.90
34251	BARTONELLA AB/REFL	\$156.60
10165	BASIC METAB PNL	\$4.40
34388	BASIC METAB PNL W/O CA	\$4.21
90841	BASIC METAB PNL, PLASMA	\$2.46
14967	BENZO CONF GCMS	\$96.45
30466	BENZODIAZEPINES CL	\$160.00
852	BETA-2-MICROGLOBULIN	\$9.98
14801	BILE ACIDS, TOTAL	\$11.30
6631	BILI, FRAC, PEDIATR.	\$41.80
287	BILIRUBIN, TOTAL	\$3.21
285	BILIRUBIN,DIRECT	\$3.21
7286	BILIRUBIN,FRAC.	\$3.30
37386	BNP	\$66.11
296	BUN/CREAT RATIO	\$3.30
16947	C DIFF TOXIN A B #2	\$26.50

COUNTY OF SANTA BARBARA		
76065523, 76065524, 76065527		
FEE SCHEDULE		
May 14, 2012		
Test Code	Test Name	Price
16948	C DIFF TOXIN A B #3	\$26.50
37212	C DIFF TOXIN A&B	\$27.16
297	C1 INHIBITOR, FUNCT	\$67.75
298	C1 INHIBITOR, PROTEIN	\$90.60
17717	CA 125 W/HAMA	\$18.00
5819	CA 15-3	\$24.34
4698	CA 19-9 (CENTOCOR)	\$19.60
1635	CA 24HR W/ CREAT	\$40.05
29256	CA125	\$18.45
29493	CA27.29 CHIRON/BAYER	\$23.20
672	CADMIUM (U)	\$130.20
303	CALCIUM	\$3.21
1633	CALCIUM (U)	\$40.05
11313	CALCIUM W/O CREAT 24 H UR	\$15.76
306	CALCIUM, IONIZED	\$10.00
70160	C-ANCA TITER	\$36.25
310	CARBON DIOXIDE	\$3.21
10124	CARDIO CRP	\$15.38
4661	CARDIOLIPIN IGA AB	\$26.09
4662	CARDIOLIPIN IGG AB	\$26.09
4663	CARDIOLIPIN IGM AB	\$26.09
7352	CARDIOLP AB G/M/A	\$78.27
36189	CARDIOLP SC/RF	\$15.00
8061	CAT & VMA	\$42.62
39627	CATECHOLAMINES 24HR	\$43.56
318	CATECHOLAMINES, FRAC	\$25.22
5244	CATECHOLAMINES, FRAC	\$25.22
6399	CBC (DIFF/PLT)	\$4.75
1759	CBC(H/H,RBC,WBC,PLT)	\$4.09
11173	CCP AB IGG	\$46.13
978	CEA	\$19.48
398	CELL CT AND DIFF,CSF	\$5.13
16088	CENTROMERE AB, EIA	\$30.75
326	CERULOPLASMIN	\$15.12
34701	CHEM TEST 01	\$3.21
34702	CHEM TEST 02	\$3.30
34703	CHEM TEST 03	\$3.48
34704	CHEM TEST 04	\$3.66
34705	CHEM TEST 05	\$3.85
34706	CHEM TEST 06	\$4.03
34707	CHEM TEST 07	\$4.21
34708	CHEM TEST 08	\$4.40
34709	CHEM TEST 09	\$4.58
34710	CHEM TEST 10	\$4.76
34711	CHEM TEST 11	\$4.95
34712	CHEM TEST 12	\$5.13

COUNTY OF SANTA BARBARA		
76065523, 76065524, 76065527		
FEE SCHEDULE		
May 14, 2012		
Test Code	Test Name	Price
34713	CHEM TEST 13	\$5.31
34714	CHEM TEST 14	\$5.50
34715	CHEM TEST 15	\$5.68
35316	CHEM TEST 16	\$5.86
10659	CHILDHOOD ALLERGY PROFILE	\$100.25
330	CHLORIDE	\$3.21
14520	CHLORIDE W/O CREAT RAND	\$6.54
334	CHOLESTEROL, TOTAL	\$3.30
18980	CHROM BL RFL OLIGO	\$325.44
14597	CHROM, MOSAICISM	\$635.00
11278	CHROMIUM RANDOM UR	\$93.00
6085	CHROMIUM, BLOOD	\$22.42
16379	CHROMOGRANIN A, ECL	\$127.00
16843	CHROMOSOME STUDY,NB	\$317.50
14596	CHROMOSOME, BLOOD	\$325.44
11315	CITRIC ACID W/O CREAT 24H	\$229.25
374	CK, TOTAL	\$5.64
17581	CK-MB (CK-2)	\$19.69
30013	CLOMIPRAMINE & METAB	\$85.50
340	CLONAZEPAM	\$115.90
16377	CLOSTRIDIUM DIF TBR QL	\$40.22
1769	CLOZAPINE (CLOZARIL)	\$38.44
35555	CMP W/O ALT	\$2.97
34389	CMP W/O CO2,ALT	\$5.13
403	CMV IGG AB	\$18.56
8503	CMV IGM AB	\$17.49
40299	COC AB ID W/RFL CF	\$71.00
19963	COCCI AB TO TP/F AG	\$69.00
349	COLD HEMAGGLUTININS	\$11.41
17406	COLLAGEN TYPE I CTX	\$139.00
5704	COMP C3C4	\$30.74
5229	COMP DRUG SCR S/P	\$78.72
6640	COMP DRUG SCR US/P	\$330.00
10231	COMP METAB PNL	\$5.50
90839	COMP METAB PNL, PLASMA	\$3.07
90840	COMP METAB W/ADJ CAL	\$3.07
351	COMPLEMENT C3C	\$16.03
353	COMPLEMENT C4C	\$14.71
981	COMPLEMENT COMP C1Q	\$87.45
618	COMPLEMENT, (CH50)	\$11.25
361	COOMBS, DIRECT	\$14.70
363	COPPER	\$29.90
365	COPPER (U)	\$37.50
6738	CORTISOL, 2 SPEC	\$41.00
7303	CORTISOL, 3 SPEC	\$61.50
6736	CORTISOL, 4 SPEC	\$82.00

COUNTY OF SANTA BARBARA		
76065523, 76065524, 76065527		
FEE SCHEDULE		
May 14, 2012		
Test Code	Test Name	Price
6735	CORTISOL, 5 SPEC	\$102.50
6734	CORTISOL, 6 SPEC	\$123.00
4212	CORTISOL, A.M.	\$20.50
11280	CORTISOL, FREE 24HR	\$56.38
4213	CORTISOL, P.M.	\$20.50
367	CORTISOL, TOTAL	\$20.50
19897	CORTISOL,SALIVA	\$70.00
372	C-PEPTIDE	\$12.65
375	CREATININE	\$3.21
381	CREATININE (U)	\$8.97
7943	CREATININE CLEARANCE	\$6.15
8459	CREATININE RAND (U)	\$5.95
4420	CRP	\$9.73
36562	CRYOGLOBULIN,%CRYO	\$70.50
11197	CRYP.AG EIA W/TITER	\$43.50
11196	CRYP.AG L.A. W/TITER	\$27.00
37213	CRYPTO AG DFA	\$63.95
4562	CT,DIFF SYNOVIAL FL	\$7.69
395	CULT, (U) ROUTINE	\$10.00
2692	CULT, HSV, RAPID	\$13.40
2649	CULT, HSV+TYPING	\$25.63
3020	CULT, UA,COMP W/RFL	\$3.13
3021	CULT,(U), SPECIAL	\$10.00
2627	CULT,CMV RAPID/CONV	\$92.50
4550	CULTURE, AEROBIC BAC	\$63.25
389	CULTURE, BLOOD	\$15.45
689	CULTURE, VIRUS	\$90.00
8812	CYCLOSP TR FPIA	\$206.35
4845	CYCLOSPORINE (B)	\$34.85
15220	CYCLOSPORINE LCMSMS	\$34.85
35455	CYTO,THINPREP PAP	\$18.50
PAM1	CYTOPATH, GYN 1	\$10.00
3525	CYTOPATH, GYN 2	\$20.00
PMSC1	CYTOPATH, GYN 2	\$20.00
CYTP1	CYTYC PAP	\$22.40
CYIM1	CYTYC PAP & RVW	\$29.61
2126	DAP 10-50	\$11.79
23491	DAP 10-50 +	\$210.00
2180	DAP 10-50+ETOH	\$20.63
8659	D-DIMER QN	\$98.20
19894	DHEA, LC/MS/MS	\$101.35
402	DHEA-SULFATE	\$30.28
418	DIGOXIN	\$9.74
3259	DRAW FEE, PSC SPEC.	\$6.14
19733	DRUG ABUSE PANEL 9 S	\$480.00
19791	DRVVT 1:1 MIX	\$10.58

COUNTY OF SANTA BARBARA		
76065523, 76065524, 76065527		
FEE SCHEDULE		
May 14, 2012		
Test Code	Test Name	Price
6421	EBV AB PANEL	\$54.39
8426	EBV IGM AB	\$18.13
34392	ELECTROLYTE PANEL	\$3.67
14964	ELECTROLYTE PNL, PLASMA	\$2.05
38763	ELECTROPHORESIS PROT	\$30.00
14506	ENDOMYSIAL IGA AB	\$17.20
762	EP	\$99.35
40061	EPO W/ANEMIA TABLE	\$32.80
427	ERYTHROPOIETIN	\$32.80
95260	ERYTHROPOIETIN (EPO)	\$32.80
4021	ESTRADIOL	\$38.44
30289	ESTRADIOL,EXTRACTION	\$147.00
439	ESTROGEN, TOTAL (S)	\$64.58
17900	FACTOR V (LEIDEN)	\$256.70
347	FACTOR VIII ACTIVITY	\$51.25
3967	FECAL FAT, QUAL	\$23.58
457	FERRITIN	\$12.30
461	FIBRINOGEN QN	\$25.45
14654	FISH CHROMOSOME 1	\$374.80
30664	FOLATE,S(RFL)	\$12.81
466	FOLATE,SERUM	\$12.81
16338	FRAGILE X PCR	\$300.00
35176	FRANCISELLA TULAR	\$50.00
470	FSH	\$11.27
7137	FSH & LH (S)	\$22.00
30950	FSH 2 SPEC	\$22.54
30951	FSH 3 SPEC	\$33.81
30952	FSH 4 SPEC	\$45.08
4570	FSH 5 SPEC	\$56.35
34430	FSH 6 SPEC	\$67.62
34431	FSH 7 SPEC	\$78.89
34432	FSH 8 SPEC	\$90.16
34433	FSH 9 SPEC	\$101.43
37960	FUNGAL CULTURE	\$11.60
500	G-6-PD (B)	\$37.60
3557	GABAPENTIN, PLASMA	\$104.15
34878	GAD-65 AB	\$183.75
478	GASTRIN	\$42.05
257	GBM ANTIBODY	\$71.00
482	GGT	\$2.50
7843	GIARDIA AG 2SP	\$42.80
7845	GIARDIA AG 3SP	\$64.20
8625	GIARDIA AG DETECTION	\$21.40
34265	GIARDIASIS AB, IFA	\$166.00
11212	GLIADIN AB IGG	\$84.46
8889	GLIADIN AB IGG/IGA	\$101.35



COUNTY OF SANTA BARBARA		
76065523, 76065524, 76065527		
FEE SCHEDULE		
May 14, 2012		
Test Code	Test Name	Price
11228	GLIADIN IGA	\$16.89
468	GLUCOSE, CSF	\$4.38
484	GLUCOSE, PLASMA	\$4.18
483	GLUCOSE, SERUM	\$3.21
34838	H.PYLORI AG STOOL	\$20.50
29407	H.PYLORI IGG AB	\$26.65
564	HALOPERIDOL	\$20.00
72109	HANDLING FEE, SENDOUT	\$25.00
502	HAPTOGLOBIN	\$40.15
37676	HBC TOTAL W/REFL IGM	\$8.20
8369	HBV DNA QUANT	\$194.80
19485	HCG W/GEST TABLE	\$13.00
8396	HCG, TOTAL, QN	\$13.33
37811	HCV GENOTYPE LIPA	\$125.00
29271	HCV RNA BDNA	\$75.00
35645	HCV RNA BY PCR,QT	\$101.48
34024	HCV RNA QUALITATIVE PCR	\$221.00
10073	HCV RNA QUANT.TMA	\$198.00
37677	HCV W/REFL HCV RIBA	\$15.37
608	HDL-CHOLESTEROL	\$7.71
7507	HEAVY METALS (U)	\$323.13
15110	HEAVY METALS PNL U	\$445.45
36438	HEAVY METALS, 24HR (U)	\$70.20
509	HEMATOCRIT	\$3.08
510	HEMOGLOBIN (B)	\$3.08
496	HEMOGLOBIN A1C	\$9.40
35489	HEMOGLOBINOPATHY	\$16.66
7008	HEMOGRAM	\$3.68
508	HEP A AB, TOTAL	\$10.25
36504	HEP A AB,W/REFL IGM	\$10.25
512	HEP A IGM AB	\$8.20
501	HEP B CORE AB, TOTAL	\$8.20
4848	HEP B CORE IGM AB	\$21.53
498	HEP B SURF AG W/CONF	\$6.25
8475	HEP B SURFACE AB QN	\$8.20
37567	HEP B SURFACE AG	\$9.50
556	HEP BE AB	\$12.80
555	HEP BE AG	\$12.80
8472	HEP C AB	\$15.37
10256	HEPATIC FUNC PNL	\$4.22
90842	HEPATIC FUNC PNL PLASMA	\$2.35
34391	HEPATIC FUNC PNL W/O TP	\$4.03
8941	HEPATITIS A AB,TOTAL	\$10.25
8739	HEPATITIS C SUPPLEMENT	\$35.88
11348	HEPATITIS C VIRAL RN	\$99.00
35079	HEREDITARY HEMO.	\$205.56

COUNTY OF SANTA BARBARA		
76065523, 76065524, 76065527		
FEE SCHEDULE		
May 14, 2012		
Test Code	Test Name	Price
654	HETEROPHILE, MONO	\$5.86
38529	HGB INDICES	\$10.01
521	HGH	\$40.40
1648	HIAA, 5-, (U)	\$20.00
523	HIAA, 5-, URINE	\$42.15
3800	HISTO SP STAIN GP I	\$18.50
8716	HISTO SP STAIN GP II	\$27.75
34949	HIV-1 GENOTYPE	\$462.00
40085	HIV-1 RNA,QN,RT PCR	\$101.48
16186	HIV-1 RNA,QN,RT PCR, CFS	\$99.00
19774	HLA-B*5701 TYPING	\$275.00
528	HLA-B27 ANTIGEN	\$27.00
31789	HOMOCYSTEINE,CARDIO	\$60.48
36362	HOMOCYSTEINE,NU/CON	\$69.00
36453	HPV HYBRID CAPTURE 2	\$77.60
3636	HSV 1 HERPESELECT	\$17.30
6447	HSV 1/2 HERPESELECT	\$34.60
17369	HSV 1/2 IGM AB, IFA	\$120.00
3640	HSV 2 HERPESELECT	\$17.30
17170	HSV 2 W/REFL INHIB	\$17.30
7438	HSV IGM AB SCREEN	\$110.70
38750	HSV IGM TITER	\$81.15
17495	HSV/VZV RAPID CULT	\$195.90
8511	HTLV-I/II WEST BLOT	\$155.40
10247	HUNTINGTON'S DISEASE	\$350.00
14978	HYPERSEN, PNEUM, SCR	\$40.53
16293	IGF I, ECL	\$70.00
34458	IGFBP-3	\$42.03
839	IGF-I	\$71.75
7903	IGG SUBCLASS PANEL	\$68.38
7558	IGG SYNTHESIS/INDEX	\$175.25
3304	III-PATH, G&M, 1 SP	\$35.00
3324	III-PATH, G&M, 2SP	\$70.00
3334	III-PATH, G&M, 3SP	\$105.00
3344	III-PATH, G&M, 4SP	\$140.00
3302	II-PATH, G&M, 1 SP	\$30.00
3322	II-PATH, G&M, 2 SP	\$60.00
3332	II-PATH, G&M, 3 SP	\$90.00
2803	IMCAP, CODFISH (F3)	\$5.78
2675	IMCAP, GRAPE (F259)	\$5.78
2889	IMCAP, MUSTARD (F89)	\$5.78
887	IMIPRAMINE	\$53.15
213	IMMUNOFIX, UR	\$25.05
549	IMMUNOFIXATION, SERUM	\$31.00
539	IMMUNOGLOBULIN A	\$5.48
542	IMMUNOGLOBULIN E	\$12.00

COUNTY OF SANTA BARBARA		
76065523, 76065524, 76065527		
FEE SCHEDULE		
May 14, 2012		
Test Code	Test Name	Price
543	IMMUNOGLOBULIN G	\$5.48
545	IMMUNOGLOBULIN M	\$5.48
7083	IMMUNOGLOBULINS	\$16.44
34472	INHIBIN A	\$170.00
561	INSULIN	\$7.00
36178	INSULIN ABS, HIGHLY	\$149.10
6697	INSULIN, 2 SPEC	\$29.00
571	IRON, TOTAL	\$3.87
7573	IRON, TOTAL, & IBC	\$7.51
36177	ISLET CELL AB 512	\$143.85
36741	ISLET CELL RFX TITER	\$84.00
3305	IV-PATH, G&M 1 SP	\$60.00
3325	IV-PATH, G&M, 2SP	\$120.00
3335	IV-PATH, G&M, 3SP	\$180.00
3345	IV-PATH, G&M, 4SP	\$240.00
3355	IV-PATH, G&M, 5SP	\$300.00
19503	JC VIRUS DNA QN PCR	\$349.00
5810	JO-1 ANTIBODY	\$55.00
30261	KIDNEY STONE ANALYSIS	\$36.90
585	LACTIC ACID, (P)	\$15.00
10156	LACTOFERRIN DET.	\$125.00
22060	LAMOTRIGINE	\$34.34
593	LDH, TOTAL	\$2.32
601	LEAD (U)	\$69.25
599	LEAD, (B)	\$11.42
17223	LEU & LYM 22 MARKERS	\$1,043.90
15142	LEVETIRACETAM	\$15.14
615	LH	\$11.28
606	LIPASE	\$8.97
34604	LIPOPROTEIN (A)	\$14.47
613	LITHIUM	\$7.18
15038	LKM-1 ANTIBODY(IGG)	\$60.00
36573	LUPUS ANTICOAG HEX	\$20.40
7079	LUPUS ANTICOAG W/RFL	\$18.00
6646	LYME AB-WB CONFIRM	\$125.00
8593	LYME DIS IGG/IGM WBA	\$18.49
34287	LYME DISEASE DNA/PCR	\$225.75
7195	LYMPH SUBSET PNL 3	\$51.25
7924	LYMPH SUBSET PNL 4	\$50.00
21130	M. PNEUM IGM AB	\$35.36
622	MAGNESIUM	\$3.64
11322	MAGNESIUM 24HR W/O CREAT.	\$43.85
623	MAGNESIUM, RBC	\$13.55
6517	MALB, RAND UR W/CR	\$8.00
28722	MARIJUANA-50 CLIN	\$160.00
964	MEASLES AB IGG,EIA	\$19.40

COUNTY OF SANTA BARBARA		
76065523, 76065524, 76065527		
FEE SCHEDULE		
May 14, 2012		
Test Code	Test Name	Price
34166	MEASLES AB IGG,IGM	\$94.68
34256	MEASLES AB IGM, IF	\$77.64
636	MERCURY (B)	\$110.00
637	MERCURY (U)	\$110.00
641	METANEPHRINES, FRAC.	\$20.50
19548	METANEPHRINES, FRACT	\$185.00
14962	METANPH.24 HR URINE	\$61.04
648	METHOTREXATE	\$110.90
34879	METHYLMALONIC ACID	\$72.78
37511	METHYLPHENIDATE	\$67.00
91034	MICROALBUMIN RAND UR	\$8.00
259	MITOCHONDRIAL W/REFL	\$7.61
36565	MUMPS V AB(IGM)	\$44.95
8624	MUMPS VIRUS IGG, EIA	\$9.91
10662	MYCOPHENOLIC ACID, S	\$164.00
8796	MYELOPEROXIDASE AB	\$20.00
660	MYOGLOBIN	\$122.25
661	MYOGLOBIN, (U)	\$91.70
1606	NEUTROPHIL AB FCL	\$78.50
6224	NICOTINE (U) QN	\$78.00
90646	NICOTINE/COTININE U	\$78.00
70073	OLANZAPINE	\$285.00
674	OLIGOCLONAL BANDING	\$110.20
10087	ORGANIC ACIDS, QUAL (U)	\$134.00
677	OSMOLALITY	\$20.50
678	OSMOLALITY (U)	\$20.50
968	OSMOLALITY, FECES	\$71.30
6653	OVA & PARASITE X2	\$118.10
6652	OVA & PARASITE X3	\$177.15
681	OVA AND PARASITE	\$59.05
11318	OXALIC ACID W/O CREAT 24H	\$40.05
36637	OXCARBAZEPINE	\$36.39
16856	PAIN 1 W/CONF,U	\$160.00
16858	PAIN 1 W/O CONF,U	\$160.00
16852	PAIN 2 W/CONF,U	\$98.46
16853	PAIN 2 W/O CONF,U	\$98.46
16854	PAIN 3 W/CONF,U	\$118.98
16855	PAIN 3 W/O CONF,U	\$118.98
16483	PAIN 4 W/CONF,U	\$149.74
16486	PAIN 4 W/O CONF,U	\$149.74
10671	PAN ANCA PLUS	\$914.55
70161	P-ANCA TITER	\$36.25
3526	PAP 1 SLIDE	\$10.00
262	PARIETAL CELL W/REFL	\$23.00
8946	PARVO B19 IGG/IGM	\$140.00
8948	PARVOVIRUS B19 IGM	\$35.00

COUNTY OF SANTA BARBARA		
76065523, 76065524, 76065527		
FEE SCHEDULE		
May 14, 2012		
Test Code	Test Name	Price
708	PHENOBARBITAL	\$24.60
718	PHOSPHATE (AS PHOS)	\$3.21
15111	PHOSPHOLIPID NEUT	\$12.40
10537	PLASMA RENIN ACTIV	\$51.60
5341	PLATELET AB INDIRECT	\$172.00
16288	PLATELET AB SCR(INDIRECT)	\$230.00
5019	PLATELET AB, DIRECT	\$185.00
723	PLATELET COUNT	\$2.50
16218	PM 6 ACETYLMORP QN	\$75.00
16910	PM ALC METAB W/C U	\$37.07
16217	PM ALCOHOL METAB QN	\$75.00
16885	PM AMP W/CONF,U	\$37.07
16913	PM AMPHETAMINES QN U	\$75.00
16886	PM BARB W/CONF,U	\$37.07
16912	PM BARBITURATES QN U	\$75.00
16914	PM BENZO QN U	\$75.00
16901	PM BUPRENORPH	\$37.07
16213	PM BUPRENORPHINE QN	\$75.00
16887	PM BZ W/CONF,U	\$37.07
16902	PM CARIS METAB,QN,U	\$75.00
18847	PM CLONAZEPAM M,QN,U	\$75.00
16888	PM COC MET W/CONF,U	\$37.07
16916	PM COCAINE MET QN U	\$75.00
16900	PM FENTANYL,QN,U	\$75.00
16904	PM GABAPENTIN QN,U	\$75.00
16911	PM HEROIN MET W/C,U	\$37.07
16917	PM MARIJUANA M QN U	\$75.00
16216	PM MDMA/MDA QN,U	\$75.00
16909	PM MDMA/MDA W/CONF,U	\$37.07
16890	PM ME W/CONF,U	\$37.07
16905	PM MEPERIDINE,QN,U	\$75.00
16918	PM METHADONE QN U	\$75.00
90246	PM MPHENIDATE M,QN,U	\$75.00
16891	PM OPIATE W/CONF,U	\$37.07
16919	PM OPIATES,OXYCOD QN	\$75.00
16892	PM OXYCOD W/CONF,U	\$37.07
16921	PM PCP QN U	\$75.00
16893	PM PCP W/CONF,U	\$37.07
16908	PM PREGABALIN QN,U	\$75.00
16894	PM PROPOX W/CONF,U	\$37.07
16922	PM PROPOXYPHENE QN U	\$75.00
90243	PM TAPENTADOL,QN,U	\$75.00
16889	PM THC W/CONF,U	\$37.07
16906	PM TRAMADOL,QN,U	\$75.00
16903	PM TRICYCLICS,QN,U	\$75.00
16454	PM1 W/CONF, W/O MEDM	\$160.00

COUNTY OF SANTA BARBARA		
76065523, 76065524, 76065527		
FEE SCHEDULE		
May 14, 2012		
Test Code	Test Name	Price
16455	PM2 W/CONF, W/O MEDM	\$98.46
16456	PM3 W/CONF, W/O MEDM	\$118.98
16484	PM4 W/CONF, W/O MEDM	\$149.74
16457	PMBASE W/C, W/O MEDM	\$98.46
16259	PMPROF BASE W/CONF,U	\$98.46
16260	PMPROF BASE W/O CONF	\$98.46
19084	POC PROTIME/INR	\$5.00
36592	PORPH FRAC RAND (U)	\$83.00
733	POTASSIUM	\$3.21
14521	POTASSIUM W/O CREAT RAND	\$8.59
11014	POTASSIUM,PLASMA	\$3.21
16846	PRA LC/MS/MS	\$90.00
11369	PRADER-WILLI/SYND.	\$395.00
4847	PREALBUMIN	\$8.81
8352	PREGNENOLONE, 17-OH	\$110.25
751	PRIMIDONE	\$15.00
8847	PRO TIME WITH INR	\$5.13
11188	PROBNP	\$129.00
16265	PROCALCITONIN	\$245.00
745	PROGESTERONE	\$27.68
746	PROLACTIN	\$11.28
8754	PROT C ACT. REFL.	\$72.77
16831	PROT TOT & PROT ELEC W/	\$15.00
16833	PROT TOTAL & PROT ELECT	\$15.00
1777	PROTEIN C, ACTIVITY	\$72.77
10269	PROTEIN ELECT W/REFL	\$15.37
750	PROTEIN ELECTRO, (U)	\$103.55
747	PROTEIN ELECTRO.	\$15.37
8525	PROTEIN ELECTRO.	\$43.05
8838	PROTEIN S ACT REF AG	\$88.66
1779	PROTEIN S, ACTIVITY	\$88.66
90843	PROTEIN TOT & ALB PLASM	\$1.84
7577	PROTEIN, TOT AND ALB	\$3.30
754	PROTEIN, TOTAL	\$3.21
11320	PROTEIN, TOTAL	\$5.64
90844	PROTEIN, TOTAL PLASMA	\$1.79
755	PROTEIN, TOTAL, CSF	\$7.85
14523	PROTEIN,TOT,W/O CREAT	\$8.01
34151	PROTEINASE-3 AB	\$20.00
17909	PROTHROMBIN GENE	\$61.50
31348	PSA FREE & TOTAL	\$27.20
5363	PSA, TOTAL	\$22.00
15119	PSA, TOTAL, 2.5 NG/ML CUT	\$22.00
17569	PSA,TOTAL W/REFL	\$22.00
35202	PTH, INTACT	\$34.83
8837	PTH,INTACT & CALCIUM	\$34.00

COUNTY OF SANTA BARBARA		
76065523, 76065524, 76065527		
FEE SCHEDULE		
May 14, 2012		
Test Code	Test Name	Price
34478	PTH-RELATED PROTEIN	\$180.60
763	PTT, ACTIVATED	\$6.60
15561	QT THYROGLOB W/O ATA	\$29.00
17669	RA DIAGNOSTIC PANEL	\$50.23
36712	RAPAMYCIN-SIROLIMUS	\$129.15
783	RED BLOOD CELL COUNT	\$3.33
10314	RENAL FUNC PNL	\$4.77
793	RETICULOCYTE COUNT	\$4.99
4418	RHEUMATOID FACTOR	\$4.10
17407	RHEUMATOID FCTR, CSF	\$4.10
34283	RIBOSOMAL P AB	\$55.00
2339	RISPERIDONE / METAB, SP	\$131.00
4459	RISTOCETIN COFACTOR	\$142.15
5291	RSV AG BY DFA	\$35.00
4422	RUBELLA IGM AB	\$156.75
802	RUBELLA IMMUNE	\$10.27
805	SALICYLATE	\$27.18
4942	SCL-70	\$30.75
809	SED RATE BY MOD WEST	\$4.17
6668	SEMEN ANALYSIS	\$120.00
29851	SEROTONIN, SERUM	\$155.40
30740	SHBG	\$19.26
825	SICKLE CELL SCREEN	\$4.72
38569	SJOGRENS AB (SS-B)	\$55.00
7832	SJOGREN'S ANTIBODIES	\$28.38
7448	SM & SM/RNP ABS	\$27.75
37923	SM ANTIBODY	\$14.23
38567	SM/RNP ABS	\$14.22
263	SMOOTH MUSC RFX/TIT	\$23.58
36206	SMOOTH MUSCL TITER	\$19.95
836	SODIUM	\$3.21
14522	SODIUM W/O CREAT RAND UR	\$10.25
8514	SODIUM, RAND (U)	\$10.00
PMS1	SP, MANUAL SCREEN	\$22.40
16278	SPEC VALIDITY PANEL	\$39.54
846	SPERM COUNT	\$60.00
38568	SS A RO AB(IGG)EIA	\$55.00
3820	STAT ASSAY 1	\$10.25
30260	STONE ANALYSIS	\$62.00
442	STONE RISK DIAG PROF	\$420.00
15414	STREPTOZYME SCREEN	\$11.26
15415	STREPTOZYME TITER	\$13.20
34309	STRONGYLOIDES IGG AB	\$152.00
14471	SUREPATH PAP	\$22.40
14499	SUREPATH RFL HPV	\$22.40
17823	SUS. YEAST COMP PNL	\$462.00

COUNTY OF SANTA BARBARA		
76065523, 76065524, 76065527		
FEE SCHEDULE		
May 14, 2012		
Test Code	Test Name	Price
36598	T3 FREE TRACER DIAL	\$53.86
17732	T3 UPTAKE	\$3.43
861	T-3 UPTAKE	\$3.43
34429	T-3, FREE	\$32.66
967	T-3, REVERSE	\$206.85
859	T-3, TOTAL	\$22.55
867	T-4 (THYROXINE)	\$6.04
866	T-4, FREE	\$21.90
17733	T4, TOTAL	\$6.04
34482	TACROLIMUS	\$155.00
5738	TBII-THYRO. BIND. IG	\$41.00
36170	TESTOSTERONE, FR&TOT	\$37.42
90572	TESTOSTERONE, FREE	\$178.00
873	TESTOSTERONE, TOTAL	\$37.93
15983	TESTOSTERONE,T,LC/MS	\$37.00
19958	TESTOSTERONE,TOTAL,M	\$37.00
878	THEOPHYLLINE	\$14.35
38554	THINPREP (REFL)	\$18.50
18830	THYROGLOB AB (REFL)	\$19.48
267	THYROGLOBULIN AB	\$19.48
30278	THYROGLOBULIN QT	\$13.30
5081	THYROID PEROXID AB	\$16.48
30965	TOPIRAMATE	\$60.85
3679	TOXO IGG AB	\$21.52
38210	TOXO IGG AB W/REFL	\$21.52
17191	TOXO IGM AB, (REFL)	\$32.80
37207	TOXO IGM EIA	\$32.80
34304	TOXOCARA AB	\$143.00
757	TP 24HR (U) W/CREAT	\$13.81
1715	TP RAND (U) W/ CREAT	\$13.81
31530	TPPT W/RFX HPV	\$18.50
891	TRANSFERRIN	\$22.38
9025	TRANSPORT FEE 25	\$25.00
896	TRIGLYCERIDES	\$3.30
34483	TROPONIN T	\$95.00
30329	TRYPSIN, RIA	\$127.05
899	TSH	\$14.35
8018	TSH (REFL)	\$14.35
16453	TSH RECEPTOR AB	\$41.00
36127	TSH W/REFL FT4	\$14.35
6667	TSH, 2 SPEC	\$28.70
6666	TSH, 3 SPEC	\$43.05
6665	TSH, 4 SPEC	\$57.40
6664	TSH, 5 SPEC	\$71.75
90896	TSH, PREGNANCY	\$14.35
30551	TSIG	\$340.20



COUNTY OF SANTA BARBARA		
76065523, 76065524, 76065527		
FEE SCHEDULE		
May 14, 2012		
Test Code	Test Name	Price
11070	TTG IGG	\$69.70
11073	TTG IGG,IGA	\$139.40
5463	UA, COMPLETE	\$3.13
6448	UA, MACROSCOPIC	\$1.44
8563	UA, MICROSCOPIC	\$1.69
294	UREA NITROGEN (BUN)	\$3.21
11321	URIC ACID W/O CREAT 24H U	\$10.25
14580	URIC ACID W/O CREAT RAND	\$40.05
7909	URINALYSIS, REFLEX	\$1.44
19499	URINE DRUG SCREEN 1	\$195.00
916	VALPROIC ACID	\$13.50
30509	VDRL, SERUM	\$29.00
17306	VIT D 25OH LC/MS/MS	\$32.00
921	VITAMIN A	\$106.05
922	VITAMIN B1, PLASMA	\$56.38
5042	VITAMIN B1,THIAMINE	\$56.38
927	VITAMIN B12	\$12.81
30663	VITAMIN B12 (REFL)	\$12.81
926	VITAMIN B6	\$35.00
16558	VITAMIN D,1,25	\$45.40
931	VITAMIN E	\$83.00
36585	VITAMIN K, PLASMA	\$220.50
934	VMA (U)	\$43.00
39517	VMA, 24HR (U)	\$19.38
1710	VMA, RAND (U)	\$43.00
4919	VON WILLEBRAND AG	\$175.25
19790	VON WILLEBRAND COMP PANE	\$589.25
5168	VON WILLEBRAND, MULT	\$214.00
3307	V-PATH, G&M, 1SP	\$90.00
3327	V-PATH, G&M, 2SP	\$180.00
3337	V-PATH, G&M, 3SP	\$270.00
8683	VZV AB IGM	\$15.79
4439	VZV IGG AB	\$19.61
937	WBC	\$3.08
7064	WBC & DIFF	\$3.92
39507	YEAST ID	\$180.00
945	ZINC (P)	\$29.00
37852	ZONISAMIDE	\$49.50
11070	TTG IGG	\$69.70

## EXHIBIT C

### STANDARD INDEMNIFICATION AND INSURANCE PROVISIONS for contracts REQUIRING professional liability insurance

#### 1. INDEMNIFICATION

##### **Indemnification pertaining to other than Professional Services:**

CONTRACTOR shall defend, indemnify and save harmless the COUNTY, its officers, agents and employees from any and all claims, demands, damages, costs, expenses (including attorney's fees), judgments or liabilities arising out of this Agreement or occasioned by the performance or attempted performance of the provisions hereof; including, but not limited to, any act or omission to act on the part of the CONTRACTOR or his agents or employees or other independent contractors directly responsible to him; except those claims, demands, damages, costs, expenses (including attorney's fees), judgments or liabilities resulting from the sole negligence or willful misconduct of the COUNTY.

CONTRACTOR shall notify the COUNTY immediately in the event of any accident or injury arising out of or in connection with this Agreement.

##### **Indemnification pertaining to Professional Services:**

CONTRACTOR shall indemnify and save harmless the COUNTY, its officers, agents and employees from any and all claims, demands, damages, costs, expenses (including attorney's fees), judgments or liabilities arising out of the negligent performance or attempted performance of the provisions hereof; including any willful or negligent act or omission to act on the part of the CONTRACTOR or his agents or employees or other independent contractors directly responsible to him to the fullest extent allowable by law.

CONTRACTOR shall notify the COUNTY immediately in the event of any accident or injury arising out of or in connection with this Agreement.

#### 2. INSURANCE

Notwithstanding anything to the contrary contained herein, CONTRACTOR may utilize self insurance for all or any portion of the minimum limits of insurance required to be carried, if approved by the COUNTY. Without limiting the CONTRACTOR's indemnification of the COUNTY, CONTRACTOR shall procure the following required insurance coverages at its sole cost and expense. All insurance coverage is to be placed with insurers which (1) have a Best's rating of no less than A: VII, and (2) are admitted insurance companies in the State of California. All other insurers require the prior approval of the COUNTY. Such insurance coverage shall be maintained during the term of this Agreement. Failure to comply with the insurance requirements shall place CONTRACTOR in default.

2.1. Workers' Compensation Insurance: Statutory Workers' Compensation and Employers Liability Insurance shall cover all CONTRACTOR's staff while performing any work incidental to the performance of this Agreement. The policy shall provide that no cancellation, or expiration or reduction of coverage shall be effective or occur until at least thirty (30) days after receipt of such notice by the COUNTY. In the event CONTRACTOR is self-insured, it shall furnish a copy of Certificate of Consent to Self-Insure issued by the Department of Industrial Relations for the State of California. This provision does not apply if CONTRACTOR has no employees as defined in Labor Code Section 3350 et seq.

during the entire period of this Agreement and CONTRACTOR submits a written statement to the COUNTY stating that fact.

2.2. General and Automobile Liability Insurance: The general liability insurance shall include bodily injury, property damage and personal injury liability coverage, shall afford coverage for all premises, operations, products and completed operations of CONTRACTOR and shall include contractual liability coverage sufficiently broad so as to include the insurable liability assumed by the CONTRACTOR in the indemnity and hold harmless provisions of the Indemnification Section of this Agreement between COUNTY and CONTRACTOR. The automobile liability insurance shall cover all owned, non-owned and hired motor vehicles that are operated on behalf of CONTRACTOR pursuant to CONTRACTOR's activities hereunder. CONTRACTOR shall require all subcontractors to be included under its policies or furnish separate certificates and endorsements to meet the standards of these provisions by each subcontractor. COUNTY, its officers, agents, and employees shall be Additional Insured status on any policy. The limit of liability of said policy or policies for general and automobile liability insurance shall not be less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate. Any deductible or Self-Insured Retention {SIR} over \$10,000 requires approval by the COUNTY.

"Such insurance as is afforded by this policy shall be primary and non-contributory to the full limits stated in the declarations, and if the COUNTY has other valid and collectible insurance for a loss covered by this policy, that other insurance shall be excess only."

CONTRACTOR agrees to ensure that coverage provided to meet these requirements is applicable separately to each insured and there will be no cross liability exclusions that preclude coverage for suits between CONTRACTOR and COUNTY or between COUNTY and any other additional insured under the policy. If the policy providing liability coverage is on a 'claims-made' form, the CONTRACTOR is required to maintain such coverage for a minimum of three years following completion of the performance or attempted performance of the provisions of this Agreement. Should any of the described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

2.3. Professional Liability Insurance. Professional liability insurance shall include coverage for the activities of CONTRACTOR's professional staff with a combined single limit of not less than \$1,000,000 per occurrence or claim and \$2,000,000 in the aggregate. Should any of the described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions. If the policy providing professional liability coverage is on a 'claims-made' form, the CONTRACTOR is required to maintain such coverage for a minimum of three (3) years (ten years [10] for Construction Defect Claims) following completion of the performance or attempted performance of the provisions of this Agreement.

CONTRACTOR shall submit to the office of the designated COUNTY representative certificate(s) of insurance documenting the required insurance as specified above prior to this Agreement becoming effective. COUNTY shall maintain current certificate(s) of insurance at all times in the office of the designated COUNTY representative as a condition precedent to any payment under this Agreement. Approval of insurance by COUNTY or acceptance of the certificate of insurance by COUNTY shall not relieve or decrease the extent to which the CONTRACTOR may be held responsible for payment of damages resulting from CONTRACTOR's services of operation pursuant to the Agreement, nor shall it be deemed a waiver of COUNTY's rights to insurance coverage hereunder.

The above insurance requirements are subject to periodic review by the COUNTY. The COUNTY's Risk Manager is authorized to change the above insurance requirements, with the concurrence of County Counsel, to include additional types of insurance coverage or higher coverage limits, provided that such

change is reasonable based on changed risk of loss or in light of past claims against the COUNTY or inflation. **This option may be exercised during any amendment of this Agreement that results in an increase in the nature of COUNTY's risk and such change of provisions will be in effect for the term of the amended Agreement.** Such change pertaining to types of insurance coverage or higher coverage limits must be made by written amendment to this Agreement. CONTRACTOR agrees to execute any such amendment within thirty (30) days of acceptance of the amendment or modification.