#### **SECOND AMENDMENT TO AGREEMENT**

THIS SECOND AMENDMENT TO AGREEMENT (hereinafter "Amendment") is made and entered into this 23<sup>rd</sup> day of June, 2020, by and between COUNTY OF FRESNO, a Political Subdivision of the State of California, Fresno, California (hereinafter "COUNTY"), and UNILAB CORPORATION dba QUEST DIAGNOSTICS, a California Corporation, whose address is 3714 Northgate Boulevard, Sacramento, California 95834, (hereinafter "CONTRACTOR").

#### WITNESSETH:

WHEREAS, COUNTY and CONTRACTOR entered into Agreement number A-15-523, dated October 13, 2015, and the First Amendment thereto dated April 26, 2016 (hereinafter collectively "Agreement"), pursuant to which CONTRACTOR agreed to provide certain clinical laboratory and toxicology testing services to COUNTY; and

WHEREAS, COUNTY and CONTRACTOR now desire to amend the Agreement in order to extend the term for one additional year and increase maximum compensation to allow for COVID-19 testing services.

NOW, THEREFORE, for good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, COUNTY and CONTRACTOR agree as follows:

- 1. That all references in the existing Agreement to "Exhibit A" or "Revised Exhibit A" be changed to read "Revised Exhibit A-1," where appropriate, attached hereto and incorporated by this reference.
- 2. That all references in the existing Agreement to "Exhibit C" or "Revised Exhibit C" be changed to read "Revised Exhibit C-1," where appropriate, attached hereto and incorporated by this reference.
- 3. That all references in the existing Agreement to "Exhibit D" or "Revised Exhibit D" be changed to read "Revised Exhibit D-1," where appropriate, attached hereto and incorporated by this reference.
- 4. Section 2 of the Agreement, "TERM," located on page 3, lines 13 through 16, is deleted in its entirety and replaced with the following:

"This agreement shall automatically be extended for three (3) additional twelve (12)

"This agreement shall automatically be extended for three (3) additional twelve (12) month periods upon the same terms and conditions herein set forth, unless written notice of non-renewal is given by CONTRACTOR or COUNTY or COUNTY's DPH Director, or designee, not later than ninety (90) days prior to the close of the then current Agreement term. "

5. Section 4 of the Agreement, "COMPENSATION," located on Page 4, beginning on line 25 with the word "Three" and ending on line 26 with "(\$325,000.00)," is deleted in its entirety and replaced with the following:

"One Million and no/100 Dollars (\$1,000,000.00)."

6. Section 4 of the Agreement, "COMPENSATION," located on Page 5, beginning on line 10 with the word "Forty" and ending on line 11 with "(\$40,000.00)," is deleted in its entirety and replaced with the following:

"Two Hundred Forty Thousand and no/100 (\$240,000.00)."

COUNTY and CONTRACTOR agree that this Amendment is sufficient to amend the Agreement and, that upon execution of this Amendment, the Agreement and this Amendment together shall be considered the Agreement.

The Agreement, as hereby amended, is ratified and continued. All provisions, terms, covenants, conditions and promises contained in the Agreement and not amended herein shall remain in full force and effect.

///

///

22 ///

23 ///

24 ///

25 ///

26 ///

27 ///

28 ///

1	EXECUTED AND EFFECTIVE as of the date first above set forth.			
2				
3	CONTRAC DocuSigned b	TOR y:	COUNTY OF FRESNO	
4	Patrick Pl		Entbuyghil	
5		ਰਾ\$signature)	Ernest Buddy Mendes, Chairman of the Board of Supervisors of the County of	
6		ewman, VP & GM	Fresno	
7	Print Name & Title			
8	9401 Fall	brook Avenue, West I	 ⊔illo_C∆ 01304	
9	Mailing Ad		ATTEST: Bernice E. Seidel	
10			Clerk of the Board of Supervisors County of Fresno, State of California	
12				
13				
14				
15			By: The Cryst	
16	FOR ACCC	UNTING USE ONLY:	De <del>put</del> y	
17				
18	Fund:	0001		
19	Subclass:	10000		
20	ORG:	5620 (\$1,000,000)	5630 (\$240,000) 1019 (\$200,000)	
21			2092 (\$15,000) 2099 (\$20,000)	
22			4610 (\$5,000)	
23				
24	Account:	7295		
25				
26				
27				
28			- 3 -	

# GROUPS I AND II DEPARTMENTS OF PUBLIC HEALTH AND BEHAVIORAL HEALTH SERVICE REQUIREMENTS

The Contractor will be responsible for providing all needed supplies for specimen collection, collecting and picking up from the various sites.

Services include, but are not limited to, supplies for specimen collections, phlebotomy services, specimen pick-up and delivery, laboratory testing, critical value reporting and timely response for STAT and routine laboratory orders. These services will be required for the operation of County of Fresno and metropolitan Fresno-Clovis sites as outlined below.

Contractor will provide all laboratory services and necessary supplies. Contractor must be CLIA (Clinical Laboratory Improvement Amendments) certified. Laboratory services will be provided in response to telephone or fax requests from authorized nursing or clerical staff acting as agents of assigned licensed physicians or from requests ordered through the computer system.

- 1. All Services will be provided in accordance with Fresno County, State and Federal client/consumer confidentiality requirements.
- Blood draws/specimen collection will be performed by the Contractor.
   Occasionally, County staff will do the collection, as deemed necessary, by
   County staff ordering the testing. Contractor will provide a lab book to DBH
   outlining specific procedures for specimen collection that are necessary for
   processing/testing, such as collection requirements, storage requirements,
   minimum volumes, etc.
- 3. The Contractor will provide blood draw services up to 3 days each week for a period of up to 3.5 hours at the DBH Metro Outpatient site located at 4441 E. Kings Canyon Road, Fresno, CA 93702. The specific days and time period of services needed currently and for future needs will be determined by the DBH Medical Director, or designee.
- 4. A list of available testing/collection sites and hours of operation within Fresno County shall be submitted by Contractor.
- 5. All STAT services will be provided 7 days per week, 24 hours per day at designated DBH facilities. All specimen pick-ups, where necessary, will be performed by the Contractor. STAT response time will be within one hour of receipt of request. DBH have approximately 10 STAT requests per year.

- 6. Reporting of Critical Test Values shall be completed within 30 minutes after verification and ordering physician will be called with name, date and time of specimen collection, along with test results, as well as patient's/client's DOB (Date of Birth) when necessary. Reporting of Critical Test Values ordered during regular business hours (Monday through Friday 8:00 am 5:00 pm) for DBH shall be provided to the Metro Outpatient nurses with name, date and time of specimen collection, and test results, as well as patient's/client's DOB (Date of Birth) when necessary. Reporting for Critical Test Values ordered outside regular business hours for DBH shall be provided directly to the DBH Medical Director with name, date and time of specimen collection, and test results, as well as patient's/client's DOB (Date of Birth) when necessary. Critical Test Value reporting is rare for DBH and DPH. Critical Test Values also known as "critical values" and "critical results" are test results that fall significantly outside the normal range and may represent life-threatening values even if from routine tests.
- 7. Billings for services will be submitted on a monthly invoice statement and are to be listed by Department and cost center, listing the full name of the patient/client, date of birth, Fresno County Medical Record Number, date of service and name of laboratory test. Payments may be delayed if invoices are incomplete or incorrect.

Invoices are to be sent to:

Department of Public Health (DPH)	P.O. Box 11867
	Fresno, CA 93775
Department of Behavioral Health (DBH)	P.O. Box 45003,
	Fresno, CA 93718

- 8. Billing Discrepancies: The County prefers the Contractor provide one contact person to address billing questions and discrepancies for DPH and DBH. The Contractor is to respond to inquiries in a timely manner –within 7 business days.
- 9. The Contractor will be required to assume full responsibility for all services and activities offered in the quotation and resulting Agreement, with the exception of services and activities provided by the County of Fresno whether or not they are provided directly. The County of Fresno will consider the Contractor to be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract. The contractor may not subcontract or transfer the contract, or any right or obligation arising out of the contract, without first having obtained the express written consent of the County.
- Public Health requires a daily 4:30 pm specimen pick-up. All DPH specimens are to be picked up in the TB Clinic. Located at 1221 Fulton Mall, First Floor, Fresno, CA 93775.
- 11. Specimen pick-up for DBH facilities shall be no later than 4:00 pm
- 12. The Contractor shall be responsible for billing Medi-Cal for Medi-Cal eligible clients as well as other applicable third party insurances. The Contractor shall

collect necessary information pertinent to billing Medi-Cal and third party insurances from clients. DBH reports that currently approximately 45% of their outpatient billings are Medi-Cal. These Medi-Cal percentages could change if the department can see only Medi-Cal recipients. Approximately 46% of the clients DPH treats are Medi-Cal or Medi-Cal eligible, or have other third party insurance.

- 13. The Contractor shall provide online access to printable test results, requests and lab results twenty four hours (24) per day 365 days per year.
- 14. The Contractor shall provide online access of lab results to medical staff and these results must be printable. Common tests, such as CBCs, will be available online within 24 hours of collection. Specialty tests such as Medication level and Hep-C tests will be available online within 5 days.
- 15. The County requires at least 60 days' prior notice, or reasonable notice, of any and all system changes that impact portal access, invoicing and requisition forms. The notice should include what change is taking place, when it is happening, what is causing the change, what will be impacted (i.e., internet access, account numbers, test codes, etc.) and how it will be implemented. If the changes will impact existing account numbers, the Contractor will provide detailed steps that will be taken to avoid duplicate billing.

### GROUP I DEPARTMENT OF PUBLIC HEALTH

#### TYPES OF REQUIRED CLINICAL LABORATORY TESTS

The average volume of clinical laboratory tests that the Public Health Department conducted in the past year is provided in the Quotation Schedule. While every effort was made to get the most current information on the types of tests needed by each program, the types of tests listed below are best estimates only. The County **does not guarantee** any minimums for any of the tests listed below.

<u>Program</u> County Laboratory	<u>Types of Tests</u> Majority of tests are T-Lymphocyte Helper CD  Panels and miscellaneous other tests
Chest Clinic	Tests include Coccidiodal Serology Panels, liver function panels, TSH and miscellaneous other tests
HIV Prevention Testing	HIV Screening, HIV-1/2 Antigens and Antibodies (CPT Code 91431), HIV-1/2 Antibody- HIV-Differentiation (CPT Code 91432), and HIV-1 RNA comprise the bulk of testing in this area.
Court Ordered HIV Testing	Approximately 20 individuals undergo HIV Screening tests annually
COVID-19	Approximately 600 RNA diagnostic tests per month, or 7,200 tests annually

### GROUP II DEPARTMENT OF BEHAVIORAL HEALTH

#### TYPES OF REQUIRED CLINICAL LABORATORY TESTS

The average volume of clinical laboratory tests the Behavioral Health Department conducted in the past year are provided for the programs with the highest utilization. While every effort was made to get the most current information on the types of tests needed by each program, the types of tests listed below are best estimates only. The County **does not guarantee** any minimums for any of the tests listed below.

<u>Program</u>	Types of Tests
Metro Outpatient Services	Majority of tests are CBC differential, mostly for Clozaril monitoring (30%) and Blood Drawing (15%). Other tests include TSH, Comprehensive Metabolic Panel, Valproic Acid, Lipid Profile, Lithium, Hepatic Function Panel, Glucose Plasma, Triglycerides, AST, Glucose Random, Prolactin, Urine Toxicology, Hemoglobin A1C Immunoassay, EtOH serum, Drug Abuse Panel 9 Serum, and miscellaneous other tests.
Pathways to Recovery	Tests include, but are not limited to, Urine Toxicology and miscellaneous other tests.
Older Adult Mental Health Clinic	Tests include, but are not limited to, Comprehensive Metabolic Panel, CBC differential, Lipid Panel, Hemoglobin A1C Immunoassay, TSH, Urinalysis Reflex, Valporic Acid, etc.
COVID-19	Approximately 166 RNA diagnostic tests per month, or 2,000 tests annually at the facilities below:
	Central Star Behavioral Health, Inc. Youth Psychiatric Health Facility 4411 E Kings Canyon Rd Building 319 Fresno, CA 93702
	Central Star Behavioral Health, Inc. Crisis Residential Treatment Facility 496 S Barton Ave Fresno, CA 93702
	Exodus Crisis Stabilization Center 4411 E Kings Canyon Rd Building 319 Fresno, CA 93702
	Exodus Adult Psychiatric Health Facility 4411 E Kings Canyon Rd Building 319

Fresno, CA 93702

### GROUP I DEPARTMENT OF PUBLIC HEALTH

### LABORATORY SERVICES FOR FACILITIES THAT OPERATE MONDAY THROUGH FRIDAY, 8:00 A.M. TO 5:00 P.M.

Please note that Billing/Cost Center numbers listed **at the end** of each program below are for internal use only. DPH facilities and programs that require Contractor's services include, but are not limited, to the following:

Chest Clinic, 1221 Fulton Street, Fresno, CA 93721, phone: (559) 600-3413.
 (BILLING/COST CENTER #56201650)

The Chest Clinic provides services for the detection, prevention and treatment of TB, specifically, skin testing, chest X-rays, prevention treatment, and diagnosis of an active disease. The clinic also operates a Directly Observed Therapy outreach unit which monitors and ensures patient compliance with the prescribed treatment plan. The state and federal government have established priorities and objectives which are designed to address the highest priorities in TB control: (1) The first priority is to identify persons who have active TB cases and ensure that they complete appropriate therapy, including using confinement measures in exceptional cases. (2) The second priority is to find and screen persons who have been in contact with TB clients to determine whether they have TB infection or disease and provide them with appropriate treatment. (3) The third is to screen high-risk populations to detect persons who are identified with Multiple Drug Resistant TB.

2. Drug Alcohol Testing, 1221 Fulton Street, Fresno, CA 93721, phone: (559) 600-3434. (BILLING/COST CENTER # 56201639)

HIV counseling and screening services are provided to individuals who are currently participating in drug/alcohol treatment programs, both residential as well as outpatient programs. The program is supported through an interagency agreement with the Substance Abuse Division. In addition to counseling and testing services, group education is provided to clients as well as regular program updates with the staff of participating programs.

3. HIV Prevention Testing, 1221 Fulton Street, Fresno, CA 93721, phone: (559) 600-3434 (BILLING/COST CENTER #56201645)

HIV counseling and screening services are provided to individuals who demonstrate an increased risk for HIV transmission. This program is supported through a grant from the California Department of Public Health.

4. Court Ordered HIV Testing, 1221 Fulton Street, Fresno, CA 93721, phone: (559) 600-3434, (BILLING/COST CENTER #56201648)

Court ordered HIV counseling and screening is provided to individuals who have been ordered by the court to complete HIV education and testing, under Penal Code 1202.1.

 COVID-19 Testing. 1221 Fulton Street, Fresno, CA 97321, phone (559) 600-3200, (BILLING/COST CENTER #56201019)

As part of DPH's ongoing emergency response to the COVID-19 pandemic, DPH staff will collect approximately 7,200 SARS-CoV-2 viral RNA tests from July 1, 2020 through June 30, 2021.

### GROUP II DEPARTMENT OF BEHAVIORAL HEALTH

## LABORATORY SERVICES FOR FACILITIES THAT OPERATE MONDAY THROUGH FRIDAY, 8:00 A.M. TO 5:00 P.M.

Please note that Billing/Cost Center numbers listed **at the end** of each program below are for internal use only. DBH facilities and programs that require Contractor's services include, but are not limited, to the following:

1. Metro Outpatient Services, 4441 E. Kings Canyon Road, Fresno, CA 93702, phone (559) 600-4099, fax (559) 600-9135. (BILLING/COST CENTER # 56302920)

Metro Services provides culturally appropriate therapeutic outpatient and rehabilitative group services to seriously and persistently mentally ill and homeless mentally ill consumers. Staff provides medication administration and education, monitor medication levels for consumers and perform physical and mental health assessments.

- 2. Older Adult Mental Health Clinic, 2025 E. Dakota Ave., Fresno, CA 93726, phone (559) 600-5755, fax (559) 229-2982. (BILLING/COST CENTER # 56304610)
- Pathways to Recovery, Building 320, 515 S. Cedar Avenue, Fresno, CA 93702, phone (559) 600-6068, fax (559) 600-6090. (BILLING/COST CENTER # 56302093 and 56302096)

Pathways to Recovery offers a three-track program that provides outpatient substance abuse treatment services for pregnant and parenting women, mental health services for CalWORKs clients and co-occurring services for clients with co-existing mental health and substance abuse challenges.

 COVID-19 Testing, locations listed on Page 5, phone (559) 600-9180. (BILLING/COST CENTER #56301019)

As part of DBH's ongoing emergency response to the COVID-19 pandemic, DBH contracted health and treatment facility staff will collect approximately 2,000 SARS-CoV-2 viral RNA tests from July 1, 2020 through June 30, 2021.

# SCHEDULE OF FEES DEPARTMENT OF PUBLIC HEALTH

TEST CODE	TEST NAME	UNIT PRICE
1. 14742 2. 4846 3. 11328 4. 15860 5. 6251 6. N/A 7. 799 8. 285 9. 287 10. 5463 11. 4550 12. 484 13. 480 14. 497 15. 7600 16. 10256 17. 622 18. 10165 19. 4503 20. 4554 21. 718 22. 17304 23. 17303 24. 809 25. 10108 26. 859 27. 867 28. 653 29. 899 30. 905	Amphetamine conf (GC/MS) Cannabinoid conf (GC/MS) Cocaine conf (GC/MS) Opiates conf (GC/MS) Phencyclidine (PCP) conf (GC/MS) Ethanol conf (GC/MS) RPR (screening) Direct Bilirubin (CPT Code = 82248) Total Bilirubin (CPT Code = 82247) Complete Urinalysis (CPT Code = 81000) General Bacterial Culture Glucose Gonorrhea Culture Gram Stain Lipid Panel Liver Function Panel (CPT Code = 80061) Magnesium Metabolic Panel (CPT Code = 80048) Mycobacterial Acid Fast Smear Mycobacterial Culture Phosphorus SDA for Gonorrhea SDA for Gonorrhea SDA for Chlamydia Sed Rate (ESR) Westergren Stool Culture T-3, Total (CPT Code = 84480) T-4, (Thyroxine), Total TPPA (confirmation) TSH Uric Acid	\$ 26.00 \$127.55 \$ 17.75 \$ 24.50 \$ 38.10 N/A \$ 4.56 \$ 3.25 \$ 3.25 \$ 4.00 \$ 10.00 \$ 5.00 \$ 21.15 \$ 16.00 \$ 9.00 \$ 4.27 \$ 10.00 \$ 4.27 \$ 10.00 \$ 4.46 \$ 21.55 \$ 97.40 \$ 3.25 \$ 25.00 \$ 11.15 \$ 169.46 \$ 28.40 \$ 16.30 \$ 86.00 \$ 8.00
31. 8563	Urinalysis (Micro only)(CPT Code = 81002)	\$ 2.16
32. 6448 33. 395	Urinalysis (w/o Micro)(CPT Code = 81015) Urine Culture	\$ 1.84 \$ 11.20
34. 4128	VDRL (CSF only)	\$ 26.35
35. 6399	CBC with Differential	\$ 5.00
36. 90858	Coccidioidal Serology Panel	\$ 153.92
37. 10231	Comprehensive Metabolic Panel* (CPT	\$ 5.57
01. 10201	Code = 80053; *different from Metabolic Panel	T

# SCHEDULE OF FEES DEPARTMENT OF PUBLIC HEALTH

TEST CODE	TEST NAME	UNIT PRICE
38. 496 39. 1759 40. 512 41. 501 42. 8475 43. 498 44. 8472 45. 6447 46. 90849 47. 10110 48. 5233 49. 40085 50. 91431 51. 7195 52. FPNR1 53. CYTP1 54. 5363 55. 8847 56. 10314 57. 799 58. 899	Hemoglobin A1C Immunoassay Hemogram (BC w/ platelet count) Hepatitis A Antibody, IgM Hepatitis B Core Antibody Hepatitis B Surface Antibody Hepatitis B Surface Antigen Hepatitis C (Anti-HCV) Herpes Simplex Virus, Type I and II, IgG Herpes Simplex Virus, Type I and II, IgM HIV 1 and HIV 2 Antibody (HIV Serology) HIV 1 Western Blot HIV-1 RNA, QUAL, Real Time PCR (Viral Load Tests) HIV Screen Only Lymphocyte Subset Panel PAP, SurePath Focal Point PAP, Thin Layer Prep Prostate-specific Antigen Prothrombin Time Renal Function Panel (CPT Code = 80069) STS (Rapid Plasma Reagin) Qual Thyroid Stimulating Hormone (3 <sup>rd</sup> Generation) T-Lymphocyte Helper/CD	\$ 47.00 \$ 4.95 \$ 11.00 \$ 11.00 \$ 11.00 \$ 11.00 \$ 172.00* \$ 101.00* \$ 25.00 \$ 25.00 \$ 291.00 \$ 22.50 \$ 50.00 \$ 23.75 \$ 22.50 \$ 109.00 \$ 13.70 \$ 4.83 \$ 4.56 \$ 8.00 \$ 50.00
60. 3679	Toxoplasma Gondii Antibody IgG	\$ 59.50
61. 91431	HIV-1/2 Antigens and Antibodies, (4 <sup>th</sup> Generation, with Reflexes, CPT 91431)	\$ 22.50
62. 91432	HIV-1/2 Antibody Differentiation, CPT 91432	\$ 25.00
63. <mark>39448</mark>	SARS-CoV-2 RNA (COVID-19) Qualitative	<b>\$ 100.00</b>

<sup>\*</sup>Price increases (notifed by S. Butler on 11/4/15 that Herpes Simples Virus testing involved two separate tests and revised prices).

# SCHEDULE OF FEES DEPARTMENT OF BEHAVIORAL HEALTH

TEST CODE	TEST NAME	UNIT PRICE
1. 10306 2. 2128 3. 443 4. 423 5. 14742 6. 10165 7. 8416 8. 8417 9. 3259 10. 329 11. 6399 12. 1759 13. 334 14. 1769 15. 10231 16. 395 17. 19733 18. 2180	Acute Hepatitis Panel Alcohol (Ethanol) Urine Alcohol, Ethyl (B) Amytriptyline Amphetamine Conf by GC/MS, Urine Basic Metabolic Panel Barbiturates by CG/MS Urine Benzodiazepines Conf (GC/MS) Urine Blood drawing Carbamazinepine (Tegretol) CBC (Includes Diff/Plt) CBC (RBC, H/H, Indices, WBC, Plt) Cholesterol Direct LDL Clozapine Comprehensive Metabolic Panel Culture, Urine, Routine Drug Abuse Panel 9, Serum Drug Screen with Alcohol	\$ 44.00 \$ 75.00 \$ 50.00 \$ 45.00 \$ 26.00 \$ 4.46 \$ 75.00 \$ 25.00 \$ 8.00 \$ 8.00 \$ 5.00 \$ 4.95 \$ 2.00 \$ 18.75 \$ 5.57 \$ 11.20 \$ 366.55 \$ 25.00
19. 136140 20. 136140 21. 29424 22. 701089 23. 701033 24. 701011 25. 457 26. 482 27. 483 28. 484 29. 396 30. 8396 31. 496 32. 498 33. 10306 34. 10256 35. 499 36. 8472 37. 91431	Drug Test, General Toxicology, (B) Drug Test, General Toxicology, (SP) EIA 10 EIA 10 + Alcohol EIA7 + Alcohol w/ GC/MS EIA 7 + Alcohol w/o Rflx Ferritin GGT Glucose Glucose, plasma HCG, Total QL HCG, Total QL Hemoglobin A1C Immunoassay Hep B Surface Ag w/ Reflex Confirm Hepatic Panel Acute w/ Ref Hepatic Function Panel Hepatitis B Surface AB, Qual Hepatitis C HIV AB, HIV ½, EIA with Reflex	\$ 64.75 \$ 64.75 \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 25.00 \$ 15.00 \$ 3.50 \$ 5.00 \$ 4.50 \$ 14.00 \$ 10.00 \$ 11.00 \$ 63.00 \$ 4.27 \$ 25.00 \$ 11.00 \$ 22.50

# SCHEDULE OF FEES DEPARTMENT OF BEHAVIORAL HEALTH

TEST CODE	TEST NAME	UNIT PRICE
66. 3020 67. 6448 68. 8563 69. 5463 70. 7909 71. 916 72. 7065 73. 17306	Urinalysis C + S, If IND Urinalysis Macroscopic Urinalysis Microscopic Urinalysis, Complete Urinalysis, Macro w/Reflex to Micro Valproic Acid Vitamin B-12 and Folate Vitamin D, 25-hydroxy, LC/MS/MS	\$ 4.00 \$ 1.84 \$ 2.16 \$ 4.00 \$ 1.84* \$ 15.00 \$ 50.00 \$ 75.00

<sup>\*</sup>Prices reduced (notified of the price changes on 11/3/15).