

STATE OF TEXAS §
 §
COUNTY OF FORT BEND §

SECOND RENEWAL OF AGREEMENT FOR DRUG TESTING SYSTEMS

THIS RENEWAL, is made and entered into by and between Fort Bend County (hereinafter "Lessor"), a body corporate and politic under the laws of the State of Texas, and Redwood Toxicology Laboratory, Inc. (hereinafter "Contractor").

THAT WHEREAS, the parties executed and accepted that certain Agreement for Drug Testing Systems (hereinafter "Agreement") on September 13, 2011, and as renewed on April 3, 2012, attached hereto as Exhibit A, and incorporated by reference herein for all purposes; and

WHEREAS, the parties desire to renew the agreement for an additional one year term.

NOW, THEREFORE, the parties do mutually agree as follows:

1. The Agreement shall be renewed for an additional one year term.
2. Contractor shall render the additional services described in the attached Exhibit B.
3. An additional amount not-to-exceed three hundred thousand dollars and no/100 (\$300,000) shall be available to Contractor for the services described in the attached Exhibits A and B.
4. Contractor clearly understands and agrees, such understanding and agreement being of the absolute essence of this Agreement, that County shall have available the total maximum sum of three hundred thousand dollars and no/100 (\$300,000), specifically allocated to fully discharge any and all liabilities County may incur under this Agreement.
5. Contractor does further understand and agree, said understanding and agreement also being of the absolute essence of this Agreement, that the total maximum compensation that Contractor may become entitled to and the total maximum sum that County may become liable to pay to Contractor under this Agreement shall not under any conditions, circumstances, or interpretations thereof exceed three hundred thousand dollars and no/100 (\$300,000).

Except as provided herein, all terms and conditions of the Agreement shall remain unchanged.

FORT BEND COUNTY

Robert E. Hebert

Robert E. Hebert, County Judge

2-5-2013

Date

ATTEST:

Dianne Wilson

Dianne Wilson, County Clerk

REDWOOD TOXICOLOGY LABORATORY,
INC.

Sonja McIntosh

Signature

Printed Name Sonja McIntosh
Director of Sales Operations
January 24, 2013

Date

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ 300,000.⁰⁰ to accomplish and pay the obligation of Fort Bend County under this contract

Robert Edward Sturdivant

Robert Edward Sturdivant, County Auditor

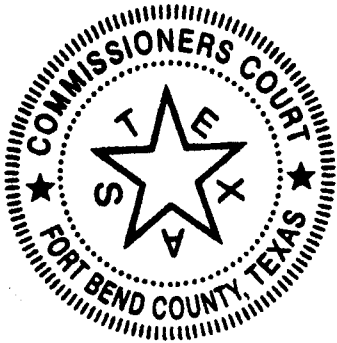


EXHIBIT A

ORIGINAL

STATE OF TEXAS §
 §
COUNTY OF FORT BEND §

RENEWAL OF AGREEMENT FOR DRUG TESTING SYSTEMS

THIS RENEWAL, is made and entered into by and between Fort Bend County (hereinafter "Lessor"), a body corporate and politic under the laws of the State of Texas, and Redwood Toxicology Laboratory, Inc. (hereinafter "Contractor").

THAT WHEREAS, the parties executed and accepted that certain Agreement for Drug Testing Systems (hereinafter "Agreement") on September 13, 2011, attached hereto as Exhibit A, and incorporated by reference herein for all purposes; and

WHEREAS, the parties desire to renew the agreement for an additional one year term.

NOW, THEREFORE, the parties do mutually agree as follows:

The Agreement shall be renewed for an additional one year term under the same terms and conditions.

Except as provided herein, all terms and conditions of the Agreement shall remain unchanged.

FORT BEND COUNTY



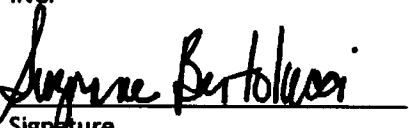
Robert E. Hebert, County Judge

Date 4-3-2012

ATTEST:


Dianne Wilson, County Clerk

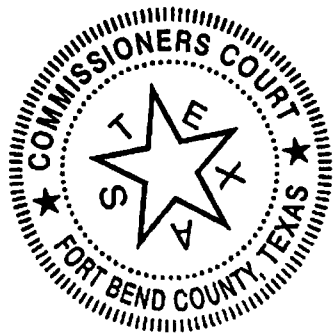
REDWOOD TOXICOLOGY LABORATORY,
INC.



Signature

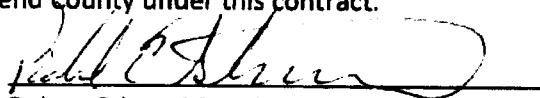
Printed Name Suzanne Bertolucci

Date 3-28-12



AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ 10,000⁰⁰ to accomplish and pay the obligation of Fort Bend County under this contract.



Robert Edward Sturdivant, County Auditor



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/30/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

PRODUCER	THE WEINER COMPANY, INC. ONE MCKINLEY SQUARE BOSTON, MA 02109 (617) 742-2444 (617) 742-7744 FAX	CONTACT NAME	
		PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	REDWOOD TOXICOLOGY LABORATORY, INC. AND ALERE INC. 3650 WESTWIND BOULEVARD SANTA ROSA, CA 95403	INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: FEDERAL INSURANCE COMPANY	20281
		INSURER B: HARTFORD FIRE INSURANCE CO.	19682
		INSURER C: TWIN CITY FIRE INSURANCE CO.	29459
		INSURER D:	
		INSURER E:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	Y	Y	3596-72-81	9/30/2011	9/30/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ INCLUDED MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ EXCLUDED
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS	Y	Y	08 UEN AB6559	9/30/2011	9/30/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ X \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ NIL	Y	Y	7955-54-82	9/30/2011	9/30/2012	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	08WN R23200	9/30/2011	9/30/2012	X WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	PRODUCTS LIABILITY	Y	N	3596-72-82	9/30/2011	9/30/2012	\$10,000,000 EACH CLAIM \$10,000,000 POLICY LIMIT "CLAIMS MADE" COVERAGE FORM. DEFENSE IS WITHIN THE LIMIT OF INSURANCE.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 161, Additional Remarks Schedule, if more space is required)

ADDITIONAL INSURED AND WAIVER OF SUBROGATION APPLY ONLY IF REQUIRED BY WRITTEN CONTRACT WITH THE INSURED.

CERTIFICATE HOLDER

FORT BEND COUNTY JUVENILE - PROBATION DEPARTMENT
DEBBIE KAMISNKI
4520 READING ROAD - SUITE A
ROSENBERG, TX 77471

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE OF THE WEINER COMPANY, INC.

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EXHIBIT A

STATE OF TEXAS §
§
COUNTY OF FORT BEND §

AGREEMENT FOR DRUG TESTING SYSTEMS

THIS AGREEMENT is made and entered into by and between Fort Bend County, (hereinafter "County"), a body corporate and politic under the laws of the State of Texas, and Redwood Toxicology Laboratory, Inc. (hereinafter "Contractor"), a corporation authorized to conduct business in the State of Texas.

WITNESSETH

WHEREAS, County desires that Contractor provide drug testing system services related to the juvenile probation department (hereinafter "Services") pursuant to RFP 11-073; and

WHEREAS, Contractor represents that it is qualified and desires to perform such services.

NOW, THEREFORE, in consideration of the mutual covenants and conditions set forth below, the parties agree as follows:

AGREEMENT

Article I. Scope of Services

Contractor shall render Services to County as defined in the Scope of Services (attached hereto as Exhibit A).

Article II. Personnel

2.1 Contractor represents that it presently has, or is able to obtain, adequate qualified personnel in its employment for the timely performance of the Scope of Services required under this Agreement and that Contractor shall furnish and maintain, at its own expense, adequate and sufficient personnel, in the opinion of County, to perform the Scope of Services when and as required and without delays.

2.2 All employees of Contractor shall have such knowledge and experience as will enable them to perform the duties assigned to them. Any employee of Contractor who, in the opinion of County, is incompetent or by his conduct becomes detrimental to the project shall, upon request of County, immediately be removed from association with the project.

Article III. Compensation and Payment

3.1 Contractor's fees shall be calculated at the rates set forth in the attached Exhibit A. The Maximum Compensation for the performance of Services within the Scope of Services described in Exhibit A is two hundred thousand dollars and no/100 (\$200,000.00). In no case shall the amount paid under this Agreement exceed the Maximum Compensation without an approved change order.

3.2 All performance of the Scope of Services including any changes in the Scope of Services and revision of work satisfactorily performed will be performed only when approved in advance and authorized by County. Payment will be made in accordance with those payment procedures set forth in Section 3.3 below.

3.3 It is understood and agreed that payments will be made to Contractor by County based on the following procedures: Contractor shall submit to County two (2) original copies of invoices showing the amounts due for services performed during the previous month in a form acceptable to County. The invoices shall include the number of units, the PID number for all clients treated, and the amount of time rendered with each client. County shall review such invoices and approve them within 30 calendar days with such modifications as are consistent with this Agreement and forward same to the Auditor for processing. County shall pay each such approved invoice within thirty (30) calendar days. County reserves the right to withhold payment pending verification of satisfactory work performed.

Article IV. Limit of Appropriation

4.1 Prior to execution of this Agreement, Contractor has been advised by County, and Contractor clearly understands and agrees, such understanding and agreement being of the absolute essence of this Agreement, that County shall have available the total maximum sum of two hundred thousand dollars and no/100 (\$200,000.00), specifically allocated to fully discharge any and all liabilities which may be incurred by County.

4.2 Contractor does further understand and agree, said understanding and agreement also being of the absolute essence of this Agreement, that the total maximum compensation that Contractor may become entitled to hereunder and the total maximum sum that County shall become liable to pay to Contractor hereunder shall not under any conditions, circumstances, or interpretations thereof exceed two hundred thousand dollars and no/100 (\$200,000.00).

Article V. Term

The term of this Agreement shall begin upon execution by the last party and end on March 31, 2012. The Agreement may be renewed for four (4) additional one year terms under the same terms and conditions if mutually agreed in writing by the parties.

Article VI. Modifications

Any modifications to this Agreement must be in writing and must be signed by both parties.

Article VII. Termination

7.1 Termination for Convenience

7.1.1 County may terminate this Agreement at any time upon thirty (30) days written notice.

7.2 Termination for Default

7.2.1 County may terminate the whole or any part of this Agreement for cause in the following circumstances:

7.2.1.1 If Contractor fails to perform services within the time specified in the Scope of Services or any extension thereof granted by the County in writing;

7.2.1.2 If Contractor materially breaches any of the covenants or terms and conditions set forth in this Agreement or fails to perform any of the other provisions of this Agreement or so fails to make progress as to endanger performance of this Agreement in accordance with its terms, and in any of these circumstances does not cure such breach or failure to County's reasonable satisfaction within a period of ten (10) calendar days after receipt of notice from County specifying such breach or failure.

7.2.2 If, after termination, it is determined for any reason whatsoever that Contractor was not in default, or that the default was excusable, the rights and obligations of the parties shall be the same as if the termination had been issued for the convenience of the County in accordance with Section 6.1 above.

7.3 Upon termination of this Agreement, County shall compensate Contractor in accordance with Section 3, above, for those services which were provided under this Agreement prior to its termination and which have not been previously invoiced to County. Contractor's final invoice for said services will be presented to and paid by County in the same manner set forth in Section 3 above.

7.4 If County terminates this Agreement as provided in this Section, no fees of any type, other than fees due and payable at the Termination Date, shall thereafter be paid to Contractor.

Article VIII. Ownership and Reuse of Documents

All documents, data, reports, research, graphic presentation materials, etc., developed by Contractor as a part of its work under this Agreement, shall become the property of County

upon completion of this Agreement, or in the event of termination or cancellation thereof, at the time of payment under Section 3 for work performed. All such data and material shall be promptly furnished to County on request.

Article IX. Inspection of Books and Records

Contractor will permit County, or any duly authorized agent of County, to inspect and examine the books and records of Contractor for the purpose of verifying the amount of work performed under the Scope of Services. County's right to inspect survives the termination of this Agreement for a period of four years.

Article X. Insurance

10.1 Prior to commencement of the Services, Contractor shall furnish County with properly executed certificates of insurance which shall evidence all insurance required and provide that such insurance shall not be canceled, except on 30 days' prior written notice to County. Contractor shall provide certified copies of insurance endorsements and/or policies if requested by County. Contractor shall maintain such insurance coverage from the time Services commence until Services are completed and provide replacement certificates, policies and/or endorsements for any such Insurance expiring prior to completion of Services. Contractor shall obtain such insurance written on an Occurrence form from such companies having Bests rating of A/VII or better, licensed or approved to transact business in the State of Texas, and shall obtain such insurance of the following types and minimum limits:

10.1.1 Workers' Compensation insurance in accordance with the laws of the State of Texas. Substitutes to genuine Workers' Compensation Insurance will not be allowed. Employers' Liability Insurance with limits of not less than \$1,000,000 per injury by accident, \$1,000,000 per injury by disease, and \$1,000,000 per bodily injury by disease.

10.1.2 Commercial general liability insurance with a limit of not less than \$1,000,000 each occurrence and \$2,000,000 in the annual aggregate. Policy shall cover liability for bodily injury, personal injury, and property damage and products/completed operations arising out of the business operations of the policyholder.

10.1.3 Business Automobile Liability insurance with a combined Bodily Injury/Property Damage limit of not less than \$1,000,000 each accident. The policy shall cover liability arising from the operation of licensed vehicles by policyholder.

10.1.4 Professional Liability insurance with limits not less than \$1,000,000.

10.2 County and the members of Commissioners Court shall be named as additional insured to all required coverage except for Workers' Compensation. All Liability policies written on behalf of Contractor shall contain a waiver of subrogation in favor of County and members of Commissioners Court.

10.3 If required coverage is written on a claims-made basis, Contractor warrants that any retroactive date applicable to coverage under the policy precedes the effective date of the contract; and that continuous coverage will be maintained or an extended discovery period will be exercised for a period of 2 years beginning from the time that work under the Agreement is completed.

Article XI. Indemnity

CONTRACTOR SHALL SAVE HARMLESS COUNTY FROM AND AGAINST ALL CLAIMS, LIABILITY, AND EXPENSES, INCLUDING REASONABLE ATTORNEYS FEES, ARISING FROM ACTIVITIES OF CONTRACTOR, ITS AGENTS, SERVANTS OR EMPLOYEES, PERFORMED UNDER THIS AGREEMENT THAT RESULT FROM THE NEGLIGENT ACT, ERROR, OR OMISSION OF CONTRACTOR OR ANY OF CONTRACTOR'S AGENTS, SERVANTS OR EMPLOYEES.

Article XII. Confidential and Proprietary Information

12.1 Contractor acknowledges that it and its employees or agents may, in the course of performing their responsibilities under this Agreement, be exposed to or acquire information that is confidential to County. Any and all information of any form obtained by Contractor or its employees or agents in the performance of this Agreement shall be deemed to be confidential information of County ("Confidential Information"). Any reports or other documents or items (including software) that result from the use of the Confidential Information by Contractor shall be treated with respect to confidentiality in the same manner as the Confidential Information. Confidential Information shall be deemed not to include information that (a) is or becomes (other than by disclosure by Contractor) publicly known or is contained in a publicly available document; (b) is furnished by County to others without restrictions similar to those imposed by this Agreement; (c) is rightfully in Contractor's possession without the obligation of nondisclosure prior to the time of its disclosure under this Agreement; or (d) is independently developed by employees or agents of Contractor who can be shown to have had no access to the Confidential Information.

12.2 Contractor agrees to hold Confidential Information in strict confidence, using at least the same degree of care that Contractor uses in maintaining the confidentiality of its own confidential information, and not to copy, reproduce, sell, assign, license, market, transfer or otherwise dispose of, give, or disclose Confidential Information to third parties or use Confidential Information for any purposes whatsoever other than the provision of Services to County hereunder, and to advise each of its employees and agents of their obligations to keep Confidential Information confidential. Contractor shall use its best efforts to assist County in identifying and preventing any unauthorized use or disclosure of any Confidential Information. Without limitation of the foregoing, Contractor shall advise County immediately in the event Contractor learns or has reason to believe that any person who has had access to Confidential Information has violated or intends to violate the terms of this Agreement and Contractor will at its expense cooperate with County in seeking injunctive or other equitable relief in the name of County or Contractor against any such person. Contractor agrees that, except as directed by County, Contractor will not at any

time during or after the term of this Agreement disclose, directly or indirectly, any Confidential Information to any person, and that upon termination of this Agreement or at County's request, Contractor will turn over to County all documents, papers, and other matter in Contractor's possession which embody Confidential Information.

12.3 Contractor acknowledges that a breach of this Section, including disclosure of any Confidential Information, or disclosure of other information that, at law or in equity, ought to remain confidential, will give rise to irreparable injury to County that is inadequately compensable in damages. Accordingly, County may seek and obtain injunctive relief against the breach or threatened breach of the foregoing undertakings, in addition to any other legal remedies that may be available. Contractor acknowledges and agrees that the covenants contained herein are necessary for the protection of the legitimate business interest of County and are reasonable in scope and content.

12.4 Contractor in providing all services hereunder agrees to abide by the provisions of any applicable Federal or State Data Privacy Act.

Article XIII. Independent Contractor

13.1 In the performance of work or services hereunder, Contractor shall be deemed an independent contractor, and any of its agents, employees, officers, or volunteers performing work required hereunder shall be deemed solely as employees of contractor or, where permitted, of its subcontractors.

13.2 Contractor and its agents, employees, officers, or volunteers shall not, by performing work pursuant to this Agreement, be deemed to be employees, agents, or servants of County and shall not be entitled to any of the privileges or benefits of County employment.

Article XIV. Contract Administration

14.1 All written notices, demands, and other papers or documents to be delivered to County under this Agreement shall be delivered to Mike Meade, Chief Juvenile Probation Officer, 122 Golfview Drive, Richmond, Texas 77469, or at such other place or places as it may from time to time designate by written notice delivered to Contractor. For purposes of notice under this Agreement, a copy of any notice or communication hereunder shall also be forwarded to the following address: Fort Bend County, 301 Jackson Street, Suite 719, Richmond, Texas 77469, Attention: County Judge.

14.2 All written notices, demands, and other papers or documents to be delivered to Contractor under this Agreement shall be delivered to Redwood Toxicology Laboratory, Inc., 3650 Westwind Boulevard, Santa Rosa, California 95403, or such other place or places as Contractor may designate by written notice delivered to County.

Article XV. Compliance with Laws

Contractor shall comply with all federal, state, and local laws, statutes, ordinances, rules and regulations, and the orders and decrees of any courts or administrative bodies or tribunals in any matter affecting the performance of this Agreement, including, without limitation, Worker's Compensation laws, minimum and maximum salary and wage statutes and regulations, licensing laws and regulations. When required, Contractor shall furnish County with certification of compliance with said laws, statutes, ordinances, rules, regulations, orders, and decrees above specified.

Article XVI. Performance Warranty

16.1 Contractor warrants to County that Contractor has the skill and knowledge ordinarily possessed by well-informed members of its trade or profession practicing in the greater Houston metropolitan area and Contractor will apply that skill and knowledge with care and diligence to ensure that the Services provided hereunder will be performed and delivered in accordance with the highest professional standards.

16.2 Contractor warrants to County that the Services will be free from material errors and will materially conform to all requirements and specifications contained in the attached Exhibit A.

Article XVII. Assignment

Neither party may assign or transfer its rights or obligations under this Agreement without the prior written consent of the other party.

Article XVIII. Applicable Law

This Agreement shall be construed under and in accordance with the laws of the State of Texas. The parties hereto acknowledge that venue is proper in Fort Bend County, Texas, for all disputes arising hereunder and waive the right to sue or be sued elsewhere.

Article XIX. Successors and Assigns

County and Contractor bind themselves and their successors, executors, administrators and assigns to the other party of this Agreement and to the successors, executors, administrators and assigns of the other party, in respect to all covenants of this Agreement.

Article XX. Publicity

Contact with citizens of Fort Bend County, media outlets, or governmental agencies shall be the sole responsibility of County. Under no circumstances whatsoever, shall Contractor release any material or information developed or received in the performance of the Services hereunder without the express written permission of County, except where required to do so by law.

Article XXI. Conflict

In the event there is a conflict between this Agreement and the attached exhibit, this Agreement shall control.

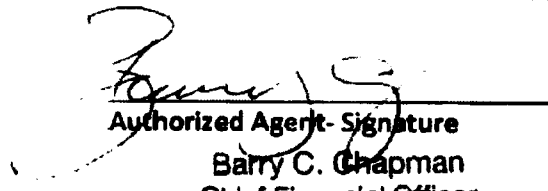
IN WITNESS WHEREOF, the parties hereto have signed or have caused their respective names to be signed to multiple counterparts to be effective on the 13 day of September, 2011.

FORT BEND COUNTY



Robert E. Hebert, County Judge

REDWOOD TOXICOLOGY LABORATORY, INC.



Authorized Agent- Signature
Barry C. Chapman
Chief Financial Officer

Authorized Agent- Printed Name

ATTEST:

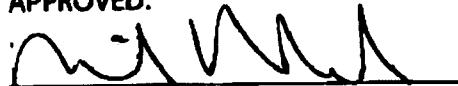


Dianne Wilson, County Clerk

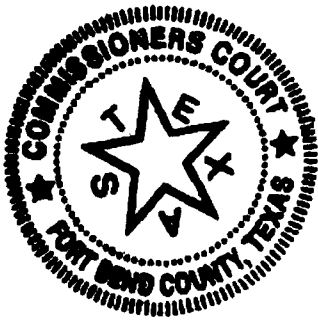
Title AUG 16 2011

Date

APPROVED:

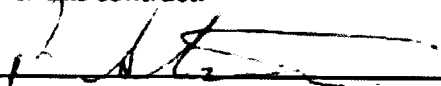


Mike Meade
Chief Juvenile Probation Officer



AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ 40,000 to accomplish and pay the obligation of Fort Bend County under this contract.



Robert Edward Sturdivant, County Auditor

EXHIBIT A



June 20, 2011

Fort Bend County
Purchasing Department
Debbie Karline
Roseberg Annex
4530 Reading Road, Suite A
Roseberg, TX 77471

Re: Request for Proposal No. 11-073, Drug Testing Systems for Juvenile Probation

Dear Debbie:

Redwood Toxicology Laboratory, Inc. (RTL) is pleased to present this response for Request for Proposal No. 11-073 for Fort Bend County. RTL has extensive experience working with probation/parole, drug courts, correctional agencies and mental/behavioral health services departments, across the country and in the State of Texas. We are trusted by over 7,000 agencies nationwide.

RTL offers a complete line of instant on-site devices. RTL holds state-level contracts in over two dozen states and has more than 9 million on-site devices each year. In fact, we currently provide Fort Bend County Juvenile Probation with our highest "Point-Of" products, which are in the same configuration outlined in your bid. Our on-site devices afford simple, convenient ways to test for drugs of abuse in a variety of available options.

RTL works hard to ensure that your drug testing experience is as simple and convenient as possible. As such, the following supplies are provided at no additional fee with the purchase of our instant on-site devices:

- **Comprehensive website:** Information on product specifications and card guidelines, instructions for use, cross-reactivity, lab services and contact information
- **Informative marketing materials:** Material ranging from direct notices to retention/detection times
- **IT/Computer support:** Real-time internet reporting is available on RTL's website at www.rtl-lab.com/rtl. On-site device results may be tracked electronically via this web solution.
- **Online training option:** RTL's on-site and internet on-line training is available at www.rtl-lab.com/rtl and will ensure that you and your agency perform effective drug testing in a manner consistent with manufacturer recommendations.

We will work closely with your agency to develop the easiest and most comprehensive drug testing program available. We are confident that Fort Bend County will continue to be impressed with our product quality, attention to detail and dedication to customer service. Included in this bid package are samples and marketing materials for your review.

RTL looks forward to a continuing relationship with Fort Bend County. Please feel free to contact me at any time regarding this proposal response at (800) 275-2154, ext. 4418, or by email at sarah.zelene@redwoodlab.com.

Sincerely,

Sarah Zelene
Bid Analyst

RESPONSE TO TECHNICAL SPECIFICATIONS

Fort Bend County RFP 11-073

RTL is licensed and accredited by the following federal and state agencies.

- Department of Health and Human Services (federal), CLIA '88 #057D0707588
- California Department of Health Services Clinical Laboratory License #05D0707588
- DEA License -Analytical Laboratory #RR0340113
- Florida Clinical Laboratory License #800010995
- Maryland Medical Laboratory Permit #880
- Pennsylvania Clinical Laboratory Permit #075348

RTL is certified by the Department of Health and Human Services, CLIA '88 and follows their guidelines and requirements to maintain certification. RTL considers Quality Control (QC)/Quality Assurance (QA) to be an ongoing process that encompasses all facets of the laboratory's testing and support functions. This includes specimen receipt, test analysis and test result reporting. Quality Assurance also extends to the laboratory's interactions with its customers.

Under CLIA '88, all laboratories must establish and follow their own written quality control (QC) procedures. It is the philosophy of RTL to establish and follow written QC procedures for monitoring and evaluating the quality of each method to assure the accuracy and reliability of patient test results and reports.

Copies of RTL's certifications and licenses are included with this bid response binder under the tab labeled "Licensure".

6.0 REQUIREMENTS FOR LABORATORY:

6.1 The laboratory shall confirm screened positives for all designated drugs, including alcohol, at a minimum by Gas Chromatography/Mass Spectrometry (GC/MS).

RTL is able to provide GC/MS or LC/MS/MS confirmation on all positive screens or only those specimens that your agency requests to be confirmed. Benzodiazepines and Oxycodone are routinely confirmed by LC/MS/MS. The LC/MS/MS confirmation method is more sensitive and specific than GC/MS, and increases compound identification specificity through the use of two mass spectrometers, versus a single one for GC/MS methods.

6.2 The laboratory shall provide at a minimum GC/MS confirmation for at least the following drugs: Marijuana, Cocaine, PCP, Amphetamines, Methamphetamines, Benzodiazepine, Barbiturates, and Opiates. The laboratory shall provide a list of other drugs it can conduct analysis on and confirmation, including Steroids.

The following is an explanation of RTL's screening and confirmation procedures/cut-off levels. The analytical methods used by RTL are scientifically accepted and approved by the U.S. Department of Health and Human Services.

RTL's "link of detection" and "quantitation" levels by drug class

Drug Class	Link of Detection	Quantitation	Link of Detection	Quantitation
Amphetamines				
<i>Amphetamine</i>	1000 ng/ml	<500 ng/ml	100 ng/ml	
<i>Methamphetamine</i>	1000 ng/ml	<500 ng/ml	100 ng/ml	
Barbiturates				
	200 ng/ml	<500 ng/ml	200 ng/ml	
Benzodiazepines				
	200 ng/ml		200 ng/ml	50 ng/ml
<i>Buprenorphine</i>	5 ng/ml		0.5 ng/ml	
<i>Cocaine-benzoyllecgonine</i>	300 ng/ml		150 ng/ml	50 ng/ml
Designer Stimulants				
<i>Amphetamines (MBDB, MDA, MDEA, MDMA)</i>				50 ng/ml
<i>Cathinones</i>				25 ng/ml
<i>Piperazines</i>				25 ng/ml
<i>Ethyl Glucuronide (EtG)</i>				100 ng/ml
<i>Ethyl Sulfate (EtS)</i>				25 ng/ml
<i>Marijuana Metabolite (9-THC-COOH)</i>	20 or 50 ng/ml**		25 ng/ml	5 ng/ml
<i>Meperidine</i>	200 ng/ml			50 ng/ml
<i>Methadone</i>	150 ng/ml	<500 ng/ml		100 ng/ml
<i>Methaqualone</i>	300 ng/ml	<500 ng/ml		200 ng/ml
Opiates				
- <i>Total Morphine</i>	300 ng/ml	<500 ng/ml		100 ng/ml
- <i>Codeine</i>	300 ng/ml	<500		100 ng/ml

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		ng/ml		
- Hydrocodone		1000 ng/ml	100 ng/ml	
- Oxycodone	5000 ng/ml	1000 ng/ml	100 ng/ml	50 ng/ml
Oxycodone	300 ng/ml		100 ng/ml	50 ng/ml
PCP	25 ng/ml		10 ng/ml	
Propoxyphene	300 ng/ml	<500 ng/ml	200 ng/ml	
Tramadol	200 ng/ml		100 ng/ml	
Alcohol (GC-FID)	.04 gm/dL		.02 gm/dL*	

*Test performed by Gas Chromatography Flame Ionization Detection (GC/FID)
 **Agency has the ability to choose cut-off levels indicated.

Our laboratory performs drug and alcohol testing in accordance with strict forensic standards and scientifically accepted methods. Testing is performed by a highly educated, experienced staff using state-of-the-art equipment under the scrutiny of state and federal agencies.

6.3 The laboratory must be able to provide a Liquid Chromatography/ Mass Spectrometry/ Mass Spectrometry (LC/MS/MS) confirmation for Ethyl glucuronide (EtG).

The RTL drug testing lab utilizes the most sophisticated, sensitive and specific equipment and technology available, LC/MS/MS (liquid chromatography/mass spectrometry/mass spectrometry), to screen confirm and quantitate EtG/EtS. This methodology provides highly accurate alcohol biomarker test results.

6.4 The turnaround time for reporting specimen screenings/confirmations to Fort Bend County should be 72 hours following receipt of the specimen by the lab.

All negative results are reported within twenty-four (24) hours after receipt of the specimen in the laboratory. If confirmation by GC/MS is requested, an additional twenty-four (24) to forty-eight (48) hours is necessary.

6.5 The cost per specimen GC/MS confirmation shall be indicated.

GC/MS pricing has been included on the "Proposed Pricing Matrix".

6.6 Chain-of-Custody forms, Chain-of-Custody Pouches with urine lab cups for specimens shall be provided at no cost to Fort Bend County.

RTL provides all necessary supplies to perform urine alcohol and drug testing. This includes all chain of custody supplies including COC forms.

Below is a comprehensive list of the ancillary supplies and services RTL will provide at no additional cost. If special supply requests are necessary, please contact RTL immediately.



Collection supplies include:

- Specimen collection containers/bottles
- Specimen baggies with absorbent material
- Chain of Custody forms/labels of various configurations
- Security seals
- Temperature strips (available upon request)
- Pre paid mailers
- FedEx/UPS overnight service lab packs
-

6.7 Shipping cost shall be included in the per specimen price.

All proposed pricing submitted to Fort Bend County will include shipping costs. Please see the "Proposed Pricing Matrix" and the "Additional Products and Services Pricing Schedule" for detailed pricing.

6.8 The laboratory must provide cost schedule for all expenses related to providing expert witness testimony. The "requesting agency" or "individual" seeking expert testimony shall pay for expert witness testimony. Juvenile Probation will be allowed one request for expert testimony at no cost to Fort Bend County.

Expert witness services are available through written affidavit, telephonically or in-court. To begin the process of requesting a written affidavit, litigation packet or testimony (in-court or telephonic), call RTL's Client Services Department toll-free at (800) 255-2159 extension 4399.

When subpoenaed to testify, the toxicologist will produce the original specimen and container, chain of custody, laboratory results, quality control data, and GC/MS confirmation of the positive drug(s). Written affidavits and telephonic testimony are provided at no additional cost.

If a toxicologist must make an in-person court appearance, RTL will provide Fort Bend with court representation/testimony at a cost of three hundred and fifty (\$350.00) dollars per day plus travel, a daily meal per diem and hotel cost not to exceed the county and state rates, and any other related travel cost.

6.9 The laboratory must be able to provide drug-screening supplies to Juvenile Probation to conduct at least 11,500 on-site single drug screens annually.

As previously specified RTL will provide Fort Bend County Juvenile Probation with all necessary supplies to perform urine alcohol and drug testing. This includes all chain of custody supplies, including COC forms.

6.10 Laboratory must provide reference accounts where the services offered were similar to the services requested in this solicitation. Intent is to show company experience in receiving contracts for and delivery of services similar to the ones proposed, as well as to demonstrate experience in applying the respective services to the criminal justice setting in general (Probation and Parole, in particular). Information should include name, address, telephone number, and the title of person to contact for inquiry as to offender's experience and performance.

Laboratory Client Reference Name and Title	Contact Information
Mr. Tom Madigan Asst. Director of Administrative Services	Lubbock County CSCD 701 Main Street Lubbock, TX 79401 ph: 806-775-1211
Mr. Trent Vandersnick Adult Supervisor (Both Lab and On-Site Devices)	Rock Island County Court Services 2116 25th Avenue Rock Island, IL 61201 ph: 309-558-3723
Mr. Fletcher Hyacinth Coordinator	3rd District Drug Court 100 West Texas Avenue Ruston, LA 71270 ph: 318-513-6229

8.0 REQUIREMENTS FOR ON-SITE SCREENING PRODUCT:

8.1 Urinalysis screening procedures, as indicated in the manufacturer's package insert, should require no timing steps and should not indicate the necessity of a timer (stop watch or any other timing devices).

Results for the Reditest Panel-Dip device are available in three (3) to five (5) minutes. Any visible line, even a faint line, in the test region indicates a negative result. The test may be interpreted for negative results as soon as all test lines appear for each drug on the device. This may occur in fewer than three (3) minutes. Please refer to the Package Inserts located in the bid response package for detailed instructions on correct product usage.

8.2 Urinalysis screening results should be capable of being photocopied to provide a permanent record.

The Reditest Panel-Dip device is flat, allowing for ease of photocopying.

8.3 Urinalysis screening product should provide results in approximately five (5) minutes or less.

Results for the Reditest Panel-Dip device are available in three (3) to five (5) minutes. Any visible line, even a faint line, in the test region indicates a negative result. The test may be interpreted for negative results as soon as all test lines appear for each drug on the device. This may occur in fewer than three (3) minutes.

8.4 Urinalysis screening product should be able to be conveniently used on the spot, at any location, and in the presence of the client, patient, or offender.

RTL's Reditest Panel Dip devices are completely portable for immediate use in any location. Beakers or specimen cups are provided at no additional fee to allow for specimen collection. For added flexibility, RTL recommends the iScreen™ iCup™ all inclusive on-site device. Please see the "Additional Products and Services Pricing Schedule" for additional information.

8.5 Urinalysis screening product shall not require electricity, special plumbing, calibration, or laboratory environment.

RTL's on-site screening devices do not require electricity, special plumbing, calibration or laboratory environment/equipment. The devices are self-contained (stand-alone) and not instrument based.

8.6 Urinalysis screening product shall meet the current SAMHSA or equal cut-off levels. Compliance with the current SAMHSA or equal cut-off levels must be outlined in the manufacturer's package insert.

RTL's Reditest Panel Dip devices include the following drugs and cut-off level concentrations. Additional configurations are available and provided on the "Additional Products and Services Pricing Schedule". The Reditest Panel-Dip devices perform at or below the currently established SAMHSA detection cut-off levels.

Amphetamine (AMP 1,000)	d-Amphetamine	1,000 ng/mL
Amphetamine (AMP 300)	d-Amphetamine	300 ng/mL
Barbiturates (BAR)	Secobarbital	300 ng/mL
Benzodiazepines (BZO)	Oxazepam	300 ng/mL
Cocaine (COC 300)	Benzoylcegonine	300 ng/mL
Cocaine (COC 150)	Benzoylcegonine	150 ng/mL
Marijuana (THC)	11-nor- Δ^9 -THC-9 COOH	50 ng/mL
Methadone (MTD)	Methadone	300 ng/mL
Methamphetamine (mAMP 1,000)	d-Methamphetamine	1,000 ng/mL
Methamphetamine (mAMP 500)	d-Methamphetamine	500 ng/mL
Methylenedioxymethamphetamine (MDMA) Ecstasy	d,l Methylenedioxymethamphetamine	500 ng/mL

Oplate (OPI 300)	Morphine	300 ng/mL
Oplate (OPI 2,000)	Morphine	2,000 ng/mL
Oxycodone (OXY)	Oxycodone	100 ng/mL
Phencyclidine (PCP)	Phencyclidine	25 ng/mL
Propoxyphene (PPX)	Propoxyphene	300 ng/mL
Tricyclic Antidepressants (TCA)	Nortriptyline	1,000 ng/mL

8.7 Manufacturer must provide F.D.A. approval for screening product.

RTL's Reditest Panel-Dip device is FDA 510 (k) cleared to market. Please see the Panel-Dip tab, located under the Attachments Section of the bid response binder, for RTL's FDA 510 (k) Letter of Notification for this device.

8.8 Urinalysis screening product must be available for purchase in single drug panels, as well as multiple drug panels. Currently Juvenile Probation uses 3750 6 panel COC/M-AMP/THC/OPI/PCP/BZO, 5000 5 panel THC/COC/M-AMP/OPI/BZO and 2670 2 panel THC/COC.

RTL has a comprehensive suite of devices available to the County, in configurations ranging from single drug up to twelve (12) drugs per device. Please see the "Proposed Pricing Matrix" and "Additional Products and Services Pricing Schedule" for available products and pricing.

8.9 Urinalysis screening product must be highly specific and reliable immunoassay that provides easy-to-read, clearly distinguishable positive or negative results.

RTL's drugs of abuse screening devices are easy to read to aid in correct interpretation of results. If two red lines appear on the device after administering the test, one in the control region (C), and one in the test region (T), the specimen is negative. The testing region must be snow-white to be considered positive. To ensure quality, a control line is included on each screening device. Each Package Insert includes instructions for use.

8.10 Supplier must be able to provide individual/multiple screening products for at least all of the following: Amphetamines; Barbiturates; Benzodiazepines; Cocaine; Marijuana (THC); Morphine, PCP, and Ethanol Alcohol. Vendor should demonstrate the ability to meet the department's supply demand with forty-eight hour notice, at any given time.

As stated previously, RTL has a comprehensive suite of devices available to the County, in configurations ranging from single drug up to twelve (12) drugs per device, including all drugs and alcohol required under section 8.10. Please see the "Proposed Pricing Matrix" and "Additional Products and Services Pricing Schedule" for available products and pricing. Product will be provided within forty eight hours upon request when the request is received from the County prior to 1:00 PM PST.

8.11 Urinalysis screening product must not require any daily routine maintenance or calibration procedure beyond quality control.

RTL's on-site screening devices do not require any daily routine maintenance or calibration procedure beyond quality control.



8.12 Supplier must provide reference accounts where the services offered were similar to the services requested in this solicitation. Intent is to show company experience in receiving contracts for and delivery of services similar to the ones proposed, as well as to demonstrate experience in applying the respective products to the criminal justice setting in general (Probation and Parole, in particular). Information should include name, address, telephone number, and the title of person to contact for inquiry as to offender's experience and performance.

Please contact the following references for feedback regarding Redwood Toxicology's quality products and service.

<i>Device Client Reference Name and Title</i>	<i>Contact Information</i>
Mr. Trent Vandersnick Adult Supervisor (Both Lab and On-Site Devices)	Rock Island County Court Services 2116 25th Avenue Rock Island, IL 61201 ph: 309-558-3723
Mr. Ron Muller Assistant Chief Juvenile Probation Officer	Comal County Juvenile Probation 178 East Mill Street New Braunfels, TX 70130 ph: 830-221-1290
Mr. John Brady Supervisor	Grayson County Probation 100 W. Houston, Ste. A1-1 Sherman, TX 75090 ph: 903-813-4211

8.13 Supplier must provide complete on-site training to Juvenile Probation personnel to include implementation, operations and troubleshooting, free of charge at a minimum of twice per year.

RTL offers many different training options. On-site training is available upon request. The most popular training options, telephonic or webinar training, are available at no additional fee to our clients.



Our in-depth and interactive online device training will ensure you and your agency perform effective drug screens in a manner consistent with manufacturer recommendations. Once you've completed the device training, take a quiz to test your knowledge of a specific device. If you pass, you'll receive a Product Training Certificate.

Online training is available at: http://www.redwoodtoxicology.com/products/certificate_training.html#certification

In addition to its training program, RTL offers an extensive suite of customer support services to aid and educate its clients:

- **Phone consultation:** Timely response to questions about specimen collection, drug interactions, confirmation requests, and results reporting.
- **Website/Drugs of abuse literature:** Information from street names to retention/detection times, including cross reactions and chain of custody guidelines.
- **Expert witness testimony:** Available by affidavit, telephonically or in court.
- **IT/Computer support:** Internet reporting is available on RTL's secure website at www.webtoxicology.com. On-site device results may be tracked electronically via this web solution.
- **Supply fulfillment:** Call toll-free 800 255.2159 x4331 for all your supply needs, including device reorders and customer support.

8.14 A complete per unit / per day test kit cost breakdown must be included. This per unit breakdown must include all costs associated with implementation, training services, materials and shipping.

A complete price list of products requested pursuant to this RFP is provided on the document entitled "Proposed Pricing Matrix." Additional products available to the County are listed on the document entitled "Additional Products and Services Pricing Schedule." This includes our comprehensive product line and supply options.

**Additional Products and Services
Fort Bend County
RFP 11-073 Due 06/23/2011
Bid Items Are Highlighted In Yellow**

Section I: Laboratory Drug & Alcohol Testing Services

Urine Lab Tests

TEST CODE	DRUG(S)	DESCRIPTION	PRICE PER SPECIMEN
Varies	1	One Drug Standard Lab Panel (price per drug when added to a lab panel - *Prong valid when an additional drug is requested in addition to a standard Lab Panel. This does not include GC/MS confirmation.	\$ 2.50
Varies	2	Two Drug Standard Lab Panel	\$ 2.75
Varies	3	Three Drug Standard Lab Panel	\$ 3.00
Varies	4	Four Drug Standard Lab Panel	\$ 3.25
Varies	5	Five Drug Standard Lab Panel	\$ 3.50
Varies	6	Six Drug Standard Lab Panel	\$ 4.00
Varies	7	Seven Drug Standard Lab Panel	\$ 4.25
Varies	8	Eight Drug Standard Lab Panel	\$ 4.50
Varies	9	Nine Drug Standard Lab Panel	\$ 4.75
Varies	10	Ten Drug Standard Lab Panel	\$ 5.00
H58	11	Eleven Drug Standard Lab Panel with Oxycodone Alcohol/Amphetamines/Barbiturates/Benzodiazepines/Cocaine/Methadone/Opiates/Oxycodone/PCP/Propoxyphene/THC	\$ 5.00
H59	11	Eleven Drug Standard Lab Panel with Oxycodone Alcohol/Amphetamines/Barbiturates/Benzodiazepines/Cocaine/Methadone/Methadone metabolite/Opiates/Oxycodone/Propoxyphene/THC	\$ 6.00
R34	1	THC Screen with Creatinine	\$ 2.75
P17	1	Nurse's Panel	\$ 26.00
5XX Code	1	GC/MS Confirmation - cost per drug	\$ 9.00
240	1	Thin Layer Chromatography Confirmation - cost per drug	\$ 8.00
271	1	SOMA	\$ 8.00
243	1	Dextromethorphan (DXM)	\$ 8.00
P69	1	Adulteration	\$ 1.00
O69	1	Creatinine Level	\$ -
330	1	pH - Adulterant Check	\$ 0.50
331	1	Specific Gravity - Adulterant Check	\$ 0.50
473	1	NEW! Synthetic Marijuana (K2/Spice)	\$ 30.00
647	1	Ethyl Glucuronide/Ethyl Sulfate (EtG/ETS) - screened and confirmed by LC/MS/MS	\$ 15.00
O98	1	Oxycodone (Screen Only) Note: The Standard Lab Test will pick up Oxycodone under the Opiates class.	\$ 5.00
598	1	Oxycodone (GC/MS Confirmation)	\$ 10.50
291	1	Buprenorphine (BUP) (Screen Only)	\$ 5.00
592	1	Buprenorphine (BUP) (GC/MS Confirmation)	\$ 30.00
545	1	Ecstasy (MDMA) Test (GC/MS Confirmation)	\$ 10.50
502	1	PCP (GC/MS Confirmation)	\$ 10.50
501	1	Ketamine (GC/MS Confirmed)	\$ 10.50
504	1	Fentanyl (GC/MS Confirmed)	\$ 45.00
503	1	GHB (GC/MS Confirmed)	\$ 45.00
103	1	LSD (RIA Confirmed)	\$ 7.50
P40	Multi	Comprehensive Panel (GC/MS Confirmation for additional fee of \$10.00 per drug)	\$ 50.00
173	1	Nicotine (TLC Confirmed)	\$ 6.75
550	Multi	Steroid Testing	\$ 50.00
P80	14	NEW! Designer Stimulants	\$ 40.00
P81	2	NEW! Designer Stimulants - MDPV, Mephedrone	\$ 30.00

Initial screening of RTL's standard laboratory tests is performed by enzyme immunoassay (EIA). Confirmation is performed by a secondary method, including: radio immunoassay (RIA), thin layer chromatography (TLC), gas chromatography (GC), gas chromatography/mass spectrometry (GC/MS), and/or liquid chromatography/tandem mass spectrometry (LC/MS/MS), depending on drug class. GC/MS confirmation on all positives is available upon request for an additional fee.

**Additional Products and Services
Fort Bend County
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Bid Items Are Highlighted in Yellow**

Section I: Laboratory Drug & Alcohol Testing Services

Oral Fluid Lab Tests

TEST CODE	DRUG(S)	DESCRIPTION	PRICE PER SPECIMEN
2101001	N/A	RTL Oral Collection Device	\$ 2.20
Varies	1	RTL-Oral GC/MS Confirmation cost per drug	\$ 10.50
9012	6	RTL-Oral Methadone 6 (Screen Only) AMP/MAMP (includes MDMA/Ecstasy)/COC/OP/PCP/MTD	\$ 7.00
9001	6	RTL-Oral Standard 6 Panel (GC/MS confirmed) AMP/MAMP (includes MDMA/Ecstasy)/COC/OP/THC/PCP	\$ 8.00
9018	6	RTL-Oral Standard 6 with BZO (GC/MS Confirmed) AMP/MAMP (includes MDMA/Ecstasy)/COC/OP/THC/BZO	\$ 8.00
9015	7	RTL-Oral Methadone 7 (Screen Only) AMP/MAMP (includes MDMA/Ecstasy)/COC/OP/THC/MTD/BZO	\$ 7.00
9016	7	RTL-Oral Methadone 7 (Screen Only) AMP/MAMP (includes MDMA/Ecstasy)/COC/OP/MTD/BAK/BZO	\$ 7.00
9020	8	NEW! RTL-Oral Standard 8 (GC/MS confirmed) AMP/MAMP (includes MDMA/Ecstasy)/COC/OP/THC/BZO/BAK	\$ 8.00

Oral Fluid Lab Tests with Synthetic Cannabinoids

F25	N/A	Synthetic Cannabinoids	\$ 30.00
9211	1	RTL-Oral with Synthetic Cannabinoid (Screen Only) AMP/CANN/COC/M-AMP/OP/PCP/THC	\$ 35.00
9203	7	RTL-Oral with Synthetic Cannabinoid (GC/MS confirmed) AMP/CANN/COC/M-AMP/OP/PCP/THC	\$ 40.00
9218	7	RTL-Oral with Synthetic Cannabinoid (GC/MS confirmed) AMP/BZO/CANN/COC/M-AMP/OP/THC	\$ 40.00
9215	8	RTL-Oral with Synthetic Cannabinoid (Screen Only) AMP/BZO/CANN/COC/M-AMP/MTD/OP/THC	\$ 35.00
9216	8	RTL-Oral with Synthetic Cannabinoid (Screen Only) AMP/BAK/BZO/CANN/COC/M-AMP/MTD/OP/THC	\$ 35.00
9207	8	RTL-Oral with Synthetic Cannabinoid (GC/MS confirmed) AMP/BZO/CANN/COC/M-AMP/OP/PCP/THC	\$ 40.00
9217	8	RTL-Oral with Synthetic Cannabinoid (GC/MS confirmed) AMP/BZO/CANN/COC/M-AMP/OP/MTD/THC	\$ 40.00
9222	9	RTL-Oral with Synthetic Cannabinoid (Screen Only) AMP/BAK/BZO/CANN/COC/M-AMP/MTD/OP/THC	\$ 35.00
9220	9	RTL-Oral with Synthetic Cannabinoid (GC/MS confirmed) AMP/BAK/BZO/CANN/COC/M-AMP/MTD/OP/THC	\$ 40.00
9223	9	RTL-Oral with Synthetic Cannabinoid (GC/MS confirmed on all but MTD) AMP/BAK/BZO/CANN/COC/M-AMP/MTD/OP/THC	\$ 40.00

Collection & Shipping Supplies

RTL provides all necessary urine specimen collection and shipping supplies to its clients at no additional cost. For urine testing, these supplies include:

- Urine specimen collection containers: Depending on the agency's needs, RTL can supply any of the following collection containers: 60 mL or 90mL bottles with lids and built-in temperature strips.
- Specimen baggies with absorbent material
- Preprinted Chain of Custody forms/labels & security seals
- Pre-paid FedEx or UPS lab packs or pre-paid U.S. mailer boxes.

Lab Supply Shipping and Handling: Outbound lab supply orders will be shipped at no charge for ground service delivery. Expedited shipping of supplies will be charged on an 'at cost' basis, FOB Destination.

Specimen Shipment to RTL: Next day air service of inbound specimens sent to RTL for testing is provided at no charge when five (5) or more urine and/or oral fluids specimens are sent in each FedEx overnight shipment. Any combination of urine and/or oral fluids devices may be shipped together via FedEx overnight service. Less than five (5) specimens sent to the lab by next day air service will be assessed a seven dollar (\$7.00) charge per shipment.

**Additional Products and Services
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Section II: On-Site Drug & Alcohol Screening Devices

PANEL-OP SUBSTANCE ABUSE TEST DEVICE

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/box)
01 102 0018	1	AMPHETAMINES (AMP)	\$0.31	\$7.75
01 102 0002	1	METHAMPHETAMINES (MAMP)	\$0.31	\$7.75
01 102 0019	1	BARBITURATES (BAR)	\$0.31	\$7.75
01 102 0022	1	BENZODIAZEPINES (BZO)	\$0.31	\$7.75
01 102 0001	1	COCAINE (COC)	\$0.31	\$7.75
01 102 0020	1	METHADONE (MTD)	\$0.31	\$7.75
01 102 0036	1	MDMA (Ecstasy)	\$0.31	\$7.75
01 102 0003	1	OPIATES(300) (MOP)	\$0.31	\$7.75
01 102 1977	1	OPIATES (2000) (OP)	\$0.31	\$7.75
01 102 0037	1	OXYCODONE (OXY)	\$0.31	\$7.75
01 102 0023	1	TRICYCLIC ANTIDEPRESSANTS (TCA)	\$0.31	\$7.75
01 102 0004	1	MARIJUANA (THC)	\$0.31	\$7.75
01 102 0021	1	PHENCYCLIDINE (PCP)	\$0.31	\$7.75
01 102 1971	1	PROPOXYPHENE (PPX)	\$0.31	\$7.75
01 102 1955	1	BUPRENORPHINE (BUP)	\$0.80	\$20.00
01 102 2143	1	EDDP (Methadone Metabolite)	\$1.00	\$25.00
01 102 0007	2	COC/MAMP	\$0.60	\$15.00
01 102 0005	2	COC/OP(300)	\$0.60	\$15.00
01 102 0006	2	COC/THC	\$0.60	\$15.00
01 102 0008	2	MAMP/THC	\$0.60	\$15.00
01 102 0030	2	MAMP/OP(300)	\$0.60	\$15.00
01 102 0009	3	COC/MAMP/THC	\$0.86	\$21.50
01 102 0010	3	COC/OP(300)/THC	\$0.86	\$21.50
01 102 0011	3	MAMP/OP(300)/THC	\$0.86	\$21.50
01 102 0014	3	COC/MAMP/OP(300)	\$0.86	\$21.50
01 102 0012	4	COC/MAMP/OP(300)/THC	\$1.00	\$25.00
01 102 0032	4	AMP/COC/OP(300)/THC	\$1.00	\$25.00
01 102 0015	5	BZO/COC/MAMP/OP(300)/THC	\$1.12	\$28.00
01 102 0013	5	COC/MAMP/OP(300)/PCP/THC	\$1.12	\$28.00
01 102 0033	5	AMP/COC/OP(300)/PCP/THC	\$1.12	\$28.00
01 102 0034	5	AMP/COC/MAMP/OP(300)/THC	\$1.12	\$28.00
01 102 0016	6	BZO/COC/MAMP/OP(300)/PCP/THC	\$1.25	\$31.25
01 102 0017	6	BZO/COC/MAMP/MTD/OP(300)/HL	\$1.25	\$31.25
01 102 0024	6	BAR/BZO/COC/MAMP/OP(300)/THC	\$1.25	\$31.25
01 102 0119	6	MAMP/COC/OP(300)/THC/OXY/BZO	\$1.25	\$31.25
01 102 0174	6	NEW! COC(150)/AMP(300)/MAMP(500)/THC/MDMA/OP(300)	\$1.25	\$31.25
01 102 0173	6	NEW! COC(150)/MAMP(500)/THC/MDMA/OP(300)/BZO	\$1.25	\$31.25
01 102 0035	7	AMP/BZO/COC/OP(300)/PCP/TCA/THC	\$1.85	\$46.25
01 102 0176	7	NEW! COC(150)/MAMP(500)/THC/MDMA/OP(300)/OXY/BZO	\$1.85	\$46.25
01 102 0177	7	NEW! COC(150)/AMP(300)/MAMP(500)/THC/MDMA/OP(300)/OXY	\$1.85	\$46.25
01 102 0178	7	NEW! COC(150)/AMP(300)/MAMP(500)/THC/MDMA/OP(300)/PCP	\$1.85	\$46.25
01 102 0169	8	COC/THC/OP(300)/AMP/MAMP/OXY/BZO/MDMA	\$2.14	\$53.50
01 102 1989	8	NEW! COC(150)/AMP(300)/MAMP(500)/THC(50)/MDMA/OP(300)/PCP(25)/OXY(100)	\$2.14	\$53.50
01 102 0179	8	NEW! COC/AMP/MAMP/THC/OP(300)/OXY/PCP/BZO	\$2.14	\$53.50
01 102 1970	9	COC/THC/OP(2000)/AMP/MAMP/PCP/BZO/BAR/MTD	\$2.40	\$60.00
01 102 0180	9	NEW! COC/AMP/MAMP/THC/OP(300)/OXY/PCP/BZO/BUP	\$2.40	\$60.00
01 102 0181	9	NEW! COC(150)/AMP(300)/MAMP(500)/THC/MDMA/OP(300)/OXY/PCP/BZO	\$2.40	\$60.00
01 102 0025	10	COC/THC/OP(300)/AMP/MAMP/PCP/BZO/BAR/MTD/TCA	\$2.66	\$66.50
01 102 0138	10	MAMP/COC/THC/BZO/MTD/BAR/MDMA/OP(300)/PCP/OXY	\$2.66	\$66.50
01 102 1943	10	COC/THC/OP(2000)/AMP/MAMP/PCP/BZO/BAR/MTD/MDMA	\$2.66	\$66.50
01 102 0182	10	NEW! COC/THC/OP(300)/AMP/MAMP/BZO/BAR/BUP/MTD/OXY	\$2.66	\$66.50
01 102 0183	10	NEW! COC(150)/THC/OP(300)/MAMP(500)/PCP/BZO/BAR/MDMA/MTD/OXY	\$2.66	\$66.50

**Additional Products and Services
Fort Bend County
RFP 11-073 Due 06/23/2011
Bid Items Are Highlighted in Yellow**

Section II: On-Site Drug & Alcohol Screening Devices

PANEL-DIP SUBSTANCE ABUSE TEST DEVICE (CONTINUED)

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/box)
01 102 0184	11	NEW! COC/THC/OPI(300)/AMP/MAMP/PCP/BZO/BAR/BUP/MTD/OXY	\$3.25	\$81.25
01 102 0185	11	NEW! COC/THC/OPI(2000)/AMP/MAMP/PCP/BZO/BAR/BUP/MTD/OXY	\$3.25	\$81.25
01 102 0186	11	NEW! COC/THC/OPI(300)/AMP/MAMP/PPK/BZO/BAR/BUP/MTD/OXY	\$3.25	\$81.25
01 102 0187	11	NEW! COC(150)/THC/OPI(300)/AMP(300)/MAMP(500)/PCP/BZO/BAR/MDMA/MTD/OXY	\$3.25	\$81.25
01 102 0141	12	COC/AMP/M-AMP/THC/MTD/MDMA/OPI(300)/OXY/PPK/PCP/BAR/BZO	\$3.72	\$93.00
01 102 1957	12	COC/AMP/M-AMP/THC/MTD/MDMA/OPI(300)/OXY/PPK/PCP/BAR/BZO	\$3.72	\$93.00
01 102 0188	12	NEW! COC/THC/OPI(300)/AMP/MAMP/PCP/BZO/BAR/BUP/MTD/MDMA/OXY	\$3.72	\$93.00

CASSETTE SUBSTANCE ABUSE TEST DEVICE (40 PER BOX)

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (40/box)
01 102 1929	1	CASSETTE 01 BENZODIAZEPINES (BZO)	\$0.31	\$12.40
01 102 1914	1	CASSETTE 01 COCAINE (COC)	\$0.31	\$12.40
01 102 1930	1	CASSETTE 01 ECSTASY (MDMA)	\$0.31	\$12.40
01 102 1917	1	CASSETTE 01 METHADONE (MTD)	\$0.31	\$12.40
01 102 1916	1	CASSETTE 01 OPIATES 300 (MOP)	\$0.31	\$12.40
01 102 1919	1	CASSETTE 01 PCP	\$0.31	\$12.40
01 102 1911	1	CASSETTE 01 THC	\$0.31	\$12.40
01 102 1920	2	CASSETTE 02 COC/THC	\$0.60	\$15.00
01 102 1921	3	CASSETTE 03 COC/THC/MAMP	\$0.86	\$34.40
01 102 1922	4	CASSETTE 04 COC/THC/OPI/MAMP	\$1.00	\$40.00
01 102 2042	5	CASSETTE 05 COC/THC/OPI/MAMP/PCP	\$1.12	\$44.80
01 102 1924	5	CASSETTE 05 COC/THC/OPI/MAMP/PCP	\$1.12	\$44.80
01 102 1925	5	CASSETTE 05 COC/THC/OPI/MAMP/PCP	\$1.12	\$44.80
01 102 1926	6	CASSETTE 06 COC/THC/OPI/MAMP/MAMP/BZO	\$1.25	\$50.00
01 102 0166	6	CASSETTE 06 COC/THC/OPI/MAMP/MAMP/PCP	\$1.25	\$50.00
01 102 2057	8	CASSETTE 08 COC/THC/OPI/MAMP/MAMP/PCP/BZO/BAR	\$2.14	\$85.60
01 102 1979	10	CASSETTE 10 COC/THC/OPI/MAMP/MAMP/PCP/BZO/BAR/MTD/MDMA	\$2.66	\$106.40
01 102 2043	10	CASSETTE 10 COC/THC/OPI/MAMP/MAMP/PCP/BZO/BAR/MTD/OXY	\$2.66	\$106.40
01 102 1938	11	CASSETTE 11 COC/THC/MOP/AMP/PCP/BZO/BAR/MDMA/OXY/PPK/TCA	\$6.50	\$260.00



**Additional Products and Services
Fort Bend County
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Bid Items Are Highlighted in Yellow

Section II: On-Site Drug & Alcohol Screening Devices

ICUP SUBSTANCE ABUSE TEST DEVICE – without adulteration

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/box)
01 102 2020	10	iCup 10 COC/THC/OPH(2000)/AMP/MAMP/BZO/BAR/OXY/MDMA/PPX	\$3.20	\$80.00
01 102 2065	10	iCup 10 COC/THC/OPH(2000)/AMP/MAMP/PCP/BZO/BAR/MTD/TCA	\$3.20	\$80.00
01 102 2028	13	iCup 13 COC/THC/OPH(2000)/AMP/MAMP/PCP/BZO/BAR/MTD/TCA/OXY/PPX/ BUP	\$5.00	\$125.00

ICUP A.D. SUBSTANCE ABUSE TEST DEVICE – with adulteration

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/box)
01 102 2032	4	iCup A.D. 04 COC/THC/OPH/mAMP w/adulteration (OX, SG, PH)	\$2.36	\$54.00
01 102 2033	4	iCup A.D. 04 COC(150)/THC/AMP/MAMP(500) w/adulteration (OX, CR, PH)	\$2.36	\$54.00
01 102 2021	5	iCup A.D. 5 COC/THC/MOP/AMP/mAMP w/adulteration (OX, SG, PH)	\$2.25	\$56.25
01 102 2034	5	iCup A.D. 5 LOC/THC/OPH(2000)/AMP/mAMP w/adulteration (OX, SG, PH) - CLIA WAIVED	\$2.25	\$56.25
01 102 2035	5	iCup A.D. 5 COC/THC/OPH/AMP/PCP w/adulteration (OX, SG, PH) - CLIA WAIVED	\$2.25	\$56.25
01 102 2036	5	iCup A.D. 5 COC/THC/OPH/mAMP/PCP w/adulteration (OX, SG, PH) - CLIA WAIVED	\$2.25	\$56.25
01 102 2022	6	iCup A.D. 6 COC/THC/OPH(2000) AMP/ mAMP/ BZO w/adulteration (OX, SG, PH)	\$2.48	\$62.00
01 102 2023	6	iCup A.D. 6 COC/THC/OPH(2000) AMP/ mAMP/ PCP w/adulteration (OX, SG, PH) CLIA WAIVED	\$2.48	\$62.00
01 102 2037	6	iCup A.D. 06 COC/THC/OPH/AMP/300/OXY/MDMA w/adulteration (OX, SG, PH)	\$2.48	\$62.00
01 102 2038	8	iCup A.D. 08 COC/THC/OPH/AMP/mAMP/PCP/BZO/BAR w/adulteration (OX, SG, PH)	\$2.88	\$72.00
01 102 2069	8	iCup A.D. 08 COC/THC/MOP/AMP/mAMP/BZO/OXY/PCP w/adulteration (OX, CR, PH)	\$2.88	\$72.00
01 102 2039	9	iCup A.D. 09 COC/THC/OPH/AMP/mAMP/PCP/BZO/BAR/MTD w/adulteration (OX, SG, PH)	\$3.11	\$77.75
01 102 2074	10	iCup A.D. 10 COC/THC/OPH/AMP/mAMP/BZO/BAR/OXY/MTD/PPX w/adulteration (OX, CR, PH)	\$3.20	\$80.00
01 102 2129	10	iCup A.D. 10 COC/THC/OPH/AMP/MAMP/PCP/BZO/BAR/MTD/TCA w/adulteration OS, SG, PH, NI, GI, CR)	\$3.20	\$80.00
01 102 2027	12	iCup A.D. COC/THC/OPH(2000) AMP/ mAMP/ PCP/ BZO/ BAR/ MTD/ TCA/ OXY/ PPX w/adulteration (OX, SG, PH)	\$4.50	\$112.50

REDICUP SUBSTANCE ABUSE TEST DEVICE

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/box)
01 102 0026	4	RC 04 COC/MAMP/OPH(300)/THC	\$1.80	\$45.00
01 102 0027	5	RC 05 BZO/COC/ MAMP/OPH(300)/THC	\$1.90	\$47.50
01 102 0028	5	RC 05 COC/ MAMP/OPH(300)/PCP/THC	\$1.90	\$47.50
01 102 0121	5	RC 05 COC/THC/OPH(300)/AMP/MAMP	\$1.90	\$47.50
01 102 0029	6	RC 06 BZO/COC/MAMP/OPH(300)/PCP/THC	\$2.45	\$61.25
01 102 0135	6	RC 06 MAMP/ COC/ THC/ AMP/ OPH(2000)/ BZO	\$2.45	\$61.25
01 102 0058	10	RC 10 AMP/ BAR/ BZO/ COC/ MAMP/ MTD/ OPH(2000)/ PCP/ TCA/ THC	\$3.20	\$80.00
01 102 0059	10	RC 10 AMP/ BAR/ BZO/ COC/ MAMP/ MTD/ OPH(300)/ PCP/ TCA/ THC	\$3.20	\$80.00
01 102 0137	10	RC 10 MAMP/ COC/ THC/ BZO/ MTD/ BAR/ MDMA/ OPH(300)/ PCP/ OXY	\$3.20	\$80.00



Confidential in Testing

**Additional Products and Services
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Bid Items Are Highlighted in Yellow

Section II: On-Site Drug & Alcohol Screening Devices

INTEGRATED CUPS II SUBSTANCE ABUSE TEST DEVICE

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/Box)
01 102 2001	4	EZ CUP II 04 COC/THC/OP1(2,000)/MAMP	\$1.80	\$45.00
01 102 2051	5	EZ CUP II 05 COC/THC/OP1(2,000)/MAMP/MAMP w/adulteration (DX, SG, PH, NI, GI, CR)	\$1.90	\$47.50
01 102 2018	5	EZ CUP II 05 COC/THC/OP1/MAMP	\$1.90	\$47.50
01 102 2141	5	EZ CUP II 05 COC/THC/OP1/MAMP/MAMP w/adulteration (DX, SG, PH)	\$1.90	\$47.50
01 102 2005	5	EZ CUP II 05 COC/THC/OP1/MAMP/PCP	\$1.90	\$47.50
01 102 2048	5	EZ CUP II 05 COC/THC/OP1/MAMP/PCP	\$1.90	\$47.50
01 102 1974	5	EZ CUP II 05 COC/THC/OP1 2000)/MAMP/PCP w/adulteration (DX/SG/PH/NI/GI,CR)	\$1.90	\$47.50
01 102 2007	6	EZ CUP II 06 COC/THC/OP1/MAMP/MU/MA/UXY	\$2.45	\$61.25
01 102 1984	6	EZ CUP II 06 COC/THC/OP1/MAMP/MAMP/BZO	\$2.45	\$61.25
01 102 2008	8	EZ CUP II 08 COC/THC/OP1(2,000)/MAMP/MAMP/PCP/BZU/BAR	\$2.88	\$72.00
01 102 2140	9	EZ CUP II 09 COC/THC/OP1/MAMP/BAR/BZO/MTD/OXY/PPX w/adulteration (DX, SG, PH)	\$3.11	\$77.75
01 102 1985	10	EZ CUP II 10 COC/THC/OP1(2,000)/MAMP/MAMP/PCP/BZO/BAR/MTD/MDMA	\$3.20	\$80.00
01 102 2096	12	EZ CUP II 12 COC/THC/MOP/AMP/MAMP/BZO/BAR/MTD/MDMA/OXY/BUP/PPX	\$4.50	\$112.50

ORAL FLUID DRUGS OF ABUSE

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/Box)
01 102 2024	5	iScreen Oral Fluid Device COC/THC/OP1/MAMP/MAMP	\$5.60	\$140.00
01 102 2025	6	iScreen Oral Fluid Device COC/THC/OP1/MAMP/MAMP/PCP	\$5.93	\$148.25
01 102 0127	6	RediTest Oral Fluids Device AMP/COC/MAMP/OP1/PCP/THC	\$5.20	\$130.00
01 102 1960	6	OrAlert 6 Oral Fluid Device COC/THC/OP1/MAMP/MAMP/PCP	\$5.00	\$125.00
01 102 2083	6	OrAlert 6 Oral Fluid Device COC/THC/OP1/MAMP/MAMP/BZO	\$5.00	\$125.00

SALIVA/BREATH ALCOHOL PRODUCTS

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/Box)
01 362 0001	N/A	Instant Alcohol Saliva Test Strip	\$0.55	\$13.75
01 215 0004	N/A	Breath Alcohol Device .02	\$1.25	\$31.25
01 094 0055	N/A	Alco-Screen Test (24/Box)	\$1.35	\$32.40
01 094 0056	N/A	Alco-Screen .02 DOT Approved Alcohol Saliva (24/Box)	\$1.35	\$32.40

REDUKE, PREGNANCY & ADULTERATION

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE
01 102 0140	1	Urine Cotinine (Nicotine Metabolite) Cassette Device	\$0.85	\$21.25
01 102 1950	N/A	Urine Pregnancy Cassette (40/Box)	\$1.00	\$40.00
01 102 1910	7	One Step Validity Test (Seven Parameter)	\$0.68	\$17.00

COLLECTION SUPPLIES

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE
031224	N/A	90 ml Urine Collection Bottle with Built-in Temp Strip	\$0.00	N/A
031380	N/A	6.5 oz Graduated Beaker	\$0.00	N/A
031258	N/A	Temperature Strip	\$0.00	N/A

Device orders will be shipped at no charge for ground service delivery. Expedited shipping of device orders will be charge on an 'at cost' basis. FOB Destination.

Corporate Overview / REDWOOD TOXICOLOGY LABORATORY

Redwood Toxicology Laboratory, Inc. (RTL), located in Santa Rosa, California, is a federally certified laboratory specializing in low-cost, rapid turnaround drug testing. RTL is the largest single-location drug testing laboratory in the United States. Urine and oral fluid specimens are analyzed for drugs of abuse by state of the art screening and confirmation methodologies. RTL screens urine specimens by enzyme immunoassay (EIA) and oral fluid specimens by enzyme-linked immunosorbent assay (ELISA). Positive screens are confirmed by radioimmunoassay (RIA), thin layer chromatography (TLC), gas chromatography (GC), gas chromatography/mass spectrometry (GC/MS) and/or liquid chromatography/tandem mass spectrometry (LC/MS/MS).

ABOUT US

Employing over 200 people, RTL services thousands of clients, including correctional, probation and parole, police and sheriff, medical facilities and employment agencies. A number of our over 7,000 clients have utilized the laboratory's services in excess of fourteen (14) years. RTL has the experience to supply your agency with the highest quality drug testing services.

- Extensive experience in performing forensic toxicology analyses.
- Highly qualified scientific staff.
- State of the art scientific instrumentation for the detection of drugs of abuse.
- Excellent client services with the ability to adapt to differing needs, and,
- Extensive quality assurance and quality control procedures help to ensure accurate results as well as maintaining the superior service provided to our clients.

CERTIFICATION

The following technical proposal outlines various aspects of the laboratory, including certification, proficiency testing, results reporting, and methodologies.

RTL is licensed and accredited by the following federal and state agencies:

- Department of Health and Human Services
CLIA '88, #0500707500
- California Department of Health Services Clinical
Laboratory License, #0500707500
- DEA License # RR0340113-Analytical Laboratory
- Florida Clinical Laboratory License, #L000010255
- Pennsylvania Clinical Laboratory Permit,
#025340
- Maryland Medical Laboratory, Permit #880

TURNAROUND TIME

Results are reported within twenty four (24) hours for negative specimens and forty eight to seventy two (48-72) hours for positive specimens. This excludes specimens received on Saturdays.

PROFICIENCY TESTING

RTL subscribes to the American Association of Bioanalysts, College of American Pathologists, RTI Oral Fluid Program, GTFCH/German EIG/EIS, and the Pennsylvania State Department of Health's proficiency testing services. Each agency sends samples three or four times a year that are graded and all testing outcomes have been successful.

RESULT REPORTING

RTL is able to provide internet reporting in compliance with HIPAA standards. Internet access is password protected and various passwords can be provided depending on your agency's needs. For a demonstration of RTL's internet reporting, please visit <http://www.webtoxicology.com>. Enter Agency Code: 9999, User ID: guest and Password: guest.

Reporting options include:

- Results available securely over the internet at <http://www.webtoxicology.com>
- Results communicated by facsimile (for agencies that do not require HIPAA compliance)
- Daily summary of multiple specimen results on one page
- Hard copies of reports sent by mail

SUPPLIES & SERVICES

Below is a comprehensive list of the ancillary supplies and services Redwood Toxicology Laboratory, Inc. provides at no additional cost to your agency.

Collection supplies include:

- Specimen collection containers
- Specimen baggies with absorbent material
- Chain of Custody forms and labels of various configurations
- Security seals
- Temperature strips (upon request)
- Pre-paid U.S. mail or FedEx/UPS shipping (Five specimens required for FedEx/UPS service)

Additional services include:

- Phone consultation: Timely response to questions ranging from specimen collection to confirmation.
- Website/Drugs of Abuse Literature: Information from street names to retention/detection times.
- Training: Telephonic training on collection procedures and results interpretation.
- Expert Witness Testimony: Available by affidavit, telephonically or in-court.
- Air Shipment Tracking and Scheduling: Track FedEx or UPS specimen shipments to the laboratory or call to arrange pick-up for specimens (five or more specimens).
- IT/Computer Support: Available for internet reporting support and to answer all IT questions.
- Supply Fulfillment: Call toll free for all your collection supply needs.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/07/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

PRODUCER THE WEBER COMPANY, INC. ONE MCKINLEY SQUARE BOSTON, MA 02109 (817) 742-3444 (817) 742-7744 FAX	CONTACT NAME	
	PHONE (A/C No. Ext.)	FAX (A/C No.)
INSURED REDWOOD TOXICOLOGY LABORATORY, INC. AND ALERE INC. 3690 WESTWIND BOULEVARD SANTA ROSA, CA 95403	INSURER(S) AFFORDING COVERAGE	
	INSURER A: HARTFORD FIRE INSURANCE CO.	NAIC #
	INSURER B: TWIN CITY FIRE INSURANCE CO.	
	INSURER C: NOETIC SPECIALTY INSURANCE COMPANY	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: 100023 REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER	TYPE OF INSURANCE	ADDL. INSURER	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		08 UEN AB8559	9/30/2010	9/30/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ INCLUDED MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ EXCLUDED
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		08 UEN AB8559 (ALL OTHER STATES) 08 MCPAB 6647 (MA AUTO)	9/30/2010	9/30/2011	CONSIDERED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ <input checked="" type="checkbox"/> \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		08 RHU TB 7859	9/30/2010	9/30/2011	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 DED <input type="checkbox"/> RETENTION \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	08 WB IS 3255	9/30/2010	9/30/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMIT <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	PRODUCTS LIABILITY		N10MA380015	9/30/2010	9/30/2011	\$10,000,000 EACH CLAIM \$10,000,000 POLICY LIMIT "CLAIMS MADE" COVERAGE FORM. DEFENSE IS WITHIN THE LIMIT OF INSURANCE.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
FORT BEND COUNTY JUVENILE - PROBATION DEPARTMENT IS ADDITIONAL INSURED FOR GENERAL LIABILITY ONLY IF REQUIRED IN A WRITTEN CONTRACT OR AGREEMENT WITH THE NAMED INSURED, FOR THE DURATION OF THE CONTRACT, PROVIDED THE INJURY OR DAMAGE OCCURS SUBSEQUENT TO THE EXECUTION OF THE CONTRACT OR AGREEMENT.

CERTIFICATE HOLDER FORT BEND COUNTY JUVENILE - PROBATION DEPARTMENT DEBBIE KAMISNKI 4520 READING ROAD - SUITE A ROSENBERG, TX 77471	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE OF THE WEBER COMPANY, INC.

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Redwood Toxicology Laboratory, Inc.	
	Business name, if different from above	
	(Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) 3050 Westwind Boulevard	Requester's name and address (optional)
	City, state, and ZIP code Santa Rosa, CA 95403	
	List account number(s) here (optional)	

Part 1 Taxpayer identification number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part 1 instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
: : : :
OR
Employer identification number

Part 2 Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶ <i>[Handwritten Signature]</i>	Sales Operations Manager	Date ▶ 08/30/11
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien). In provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

• The U.S. grantor or other owner of a grantor trust and not the trust, and

• The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester.
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details).
3. The IRS tells the requester that you furnished an incorrect TIN.

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only)

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part II of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).
2. The United States or any of its agencies or instrumentalities.
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities.
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940.
12. A common trust fund operated by a bank under section 584(a).
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ³
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.consumer.gov/idtheft or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

EXHIBIT B

QUOTE

Redwood Toxicology Laboratory, Inc.
an Alere company.
 Reditest Screening Devices
 P.O. Box 14327
 Santa Rosa CA 95402-6327

Tel: (800) 255-2159
 Fax: (707) 577-8102

Quote	QTE1015887
Date	1/10/2013
Page	1
Contract No.	51

Bill To:

Auditor's Office
 Fort Bend County-Juvenile Probation
 301 Jackson
 Richmond TX 77469

Ship To:

Attn: Ms. Cynthia Garcia
 Fort Bend County-Juvenile Probation
 122 Golfview Drive
 Richmond TX 77469

Purchase Order No.	Customer ID	Salesperson ID	Shipping Method	Payment Terms	Req Ship Date	Master No.
	013281	TLC	GROUND NO CHG	Net 30	0/0/0000	3,082,060
Quantity	Item Number	Description	Unit Price	Adjustment	Net Unit Price	Ext. Price
25	011916335	Panel,One Step Synthetic Cannabinoids	\$4.25	\$0.50	\$3.75	\$93.75
25.000	031224	Bottle,90ml/500pk w/ATI Temp Strip & No Baggies	\$0.0000	\$0.0000	\$0.0000	\$0.00

CLAIMS: All claims must be made within 30 days from date of invoice.
TERMS: A 20% restock fee will be applied to product which was not at fault of Redwood Toxicology Laboratory, Inc. A finance charge of 1.5% a month (or the maximum allowed by law) will be assessed on all invoices that are past due.

This is a quote only.

Subtotal	\$93.75
Misc	\$0.00
Tax	\$0.00
Handling	\$0.00
	\$0.00
Total	\$93.75



**Additional Products and Services
Fort Bend County
RFP 11-073 Due 06/23/2011**

Bid Items Are Highlighted in Yellow

Section I: Laboratory Drug & Alcohol Testing Services

Oral Fluid Lab Tests

TEST CODE	DRUG(S)	DESCRIPTION	PRICE PER SPECIMEN
2101001	N/A	RTL Oral Collection Device	\$ 2.20
Varies	1	RTL-Oral GC/MS Confirmation cost per drug	\$ 10.50
9012	6	RTL-Oral Methadone 6 (Screen Only) AMP/MAMP (includes MDMA/Ecstasy)/COC/OPI/PCP/MTD	\$ 7.00
9001	6	RTL-Oral Standard 6 Panel (GC/MS confirmed) AMP/MAMP (includes MDMA/Ecstasy)/COC/OPI/THC/PCP	\$ 8.00
9018	6	RTL-Oral Standard 6 with BZO (GC/MS Confirmed) AMP/MAMP (includes MDMA/Ecstasy)/COC/OPI/THC/BZO	\$ 8.00
9015	7	RTL-Oral Methadone 7 (Screen Only) AMP/MAMP (includes MDMA/Ecstasy)/COC/OPI/THC/MTD/BZO	\$ 7.00
9016	7	RTL-Oral Methadone 7 (Screen Only) AMP/MAMP (includes MDMA/Ecstasy)/COC/OPI/MTD/BAN/BZO	\$ 7.00
9020	8	NEW! RTL Oral Standard 8 (GC/MS confirmed) AMP/MAMP (includes MDMA/Ecstasy)/COC/OPI/THC/BZO/BAN	\$ 8.00

Oral Fluid Lab Tests with Synthetic Cannabinoids

F25	N/A	Synthetic Cannabinoids	\$ 30.00
9211	7	RTL-Oral with Synthetic Cannabinoid (Screen Only) AMP/CANN/COC/M-AMP/OPI/PCP/THC	\$ 35.00
9203	7	RTL-Oral with Synthetic Cannabinoid (GC/MS confirmed) AMP/CANN/COC/M-AMP/OPI/PCP/THC	\$ 40.00
9218	7	RTL-Oral with Synthetic Cannabinoid (GC/MS confirmed) AMP/BZO/CANN/COC/M-AMP/OPI/THC	\$ 40.00
9215	8	RTL-Oral with Synthetic Cannabinoid (Screen Only) AMP/BZO/CANN/COC/M-AMP/MTD/OPI/THC	\$ 35.00
9216	8	RTL-Oral with Synthetic Cannabinoid (Screen Only) AMP/BAR/BZO/CANN/COC/M-AMP/MTD/OPI	\$ 35.00
9207	8	RTL-Oral with Synthetic Cannabinoid (GC/MS confirmed) AMP/BZO/CANN/COC/M-AMP/OPI/PCP/THC	\$ 40.00
9217	8	RTL-Oral with Synthetic Cannabinoid (GC/MS confirmed) AMP/BZO/CANN/COC/M-AMP/OPI/MTD/THC	\$ 40.00
9222	9	RTL-Oral with Synthetic Cannabinoid (Screen Only) AMP/BAR/BZO/CANN/COC/M-AMP/MTD/OPI/THC	\$ 35.00
9220	9	RTL-Oral with Synthetic Cannabinoid (GC/MS confirmed) AMP/BAR/BZO/CANN/COC/M-AMP/MTD/OPI/THC	\$ 40.00
9223	9	RTL-Oral with Synthetic Cannabinoid (GC/MS confirmed on all but MTD) AMP/BAR/BZO/CANN/COC/M-AMP/MTD/OPI/THC	\$ 40.00

Collection & Shipping Supplies

RTL provides all necessary urine specimen collection and shipping supplies to its clients at no additional cost. For urine testing, these supplies include:

- Urine specimen collection containers: Depending on the agency's needs, RTL can supply any of the following collection containers: 60 mL or 90ML bottles with lids and built-in temperature strips.
- Specimen baggies with absorbent material
- Preprinted Chain of Custody forms/labels & security seals
- Pre-paid FedEx or UPS lab packs or pre-paid U.S. mailer boxes.

Lab Supply Shipping and Handling: Outbound lab supply orders will be shipped at no charge for ground service delivery. Expedited shipping of supplies will be charged on an "at cost" basis, FOB Destination.

Specimen Shipment to RTL: Next day air service of inbound specimens sent to RTL for testing is provided at no charge when five (5) or more urine and/or oral fluids specimens are sent in each FedEx overnight shipment. Any combination of urine and/or oral fluids devices may be shipped together via FedEx overnight service. Less than five (5) specimens sent to the lab by next day air service will be assessed a seven dollar (\$7.00) charge per shipment.

**Additional Products and Services
Fort Bend County
RFP 11-073 Due 06/23/2011
Bid Items Are Highlighted In Yellow**

Section II: On-Site Drug & Alcohol Screening Devices

PANEL-ONP SUBSTANCE ABUSE TEST DEVICE

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/box)
01 102 0018	1	AMPHETAMINES (AMP)	\$0.31	\$7.75
01 102 0002	1	METHAMPHETAMINES (MAMP)	\$0.31	\$7.75
01 102 0019	1	BARBITURATES (BAR)	\$0.31	\$7.75
01 102 0022	1	BENZODIAZEPINES (BZO)	\$0.31	\$7.75
01 102 0001	1	COCAINE (COC)	\$0.31	\$7.75
01 102 0020	1	METHADONE (MTD)	\$0.31	\$7.75
01 102 0036	1	MDMA (Ecstasy)	\$0.31	\$7.75
01 102 0003	1	OPIATES(300) (MOP)	\$0.31	\$7.75
01 102 1977	1	OPIATES (2000) (OPH)	\$0.31	\$7.75
01 102 0037	1	OXYCODONE (OXY)	\$0.31	\$7.75
01 102 0023	1	TRICYCLIC ANTIDEPRESSANTS (TCA)	\$0.31	\$7.75
01 102 0004	1	MARIJUANA (THC)	\$0.31	\$7.75
01 102 0021	1	PHENCYCLIDINE (PCP)	\$0.31	\$7.75
01 102 1971	1	PROPOXYPHENE (PPX)	\$0.31	\$7.75
01 102 1955	1	BUPRENORPHINE (BUP)	\$0.80	\$20.00
01 102 2143	1	EDDP (Methadone Metabolite)	\$1.00	\$25.00
01 102 0007	2	COC/MAMP	\$0.60	\$15.00
01 102 0005	2	COC/OPH(300)	\$0.60	\$15.00
01 102 0006	2	COC/THC	\$0.60	\$15.00
01 102 0008	2	MAMP/THC	\$0.60	\$15.00
01 102 0030	2	MAMP/OPH(300)	\$0.60	\$15.00
01 102 0009	3	COC/MAMP/THC	\$0.86	\$21.50
01 102 0010	3	COC/OPH(300)/THC	\$0.86	\$21.50
01 102 0011	3	MAMP/OPH(300)/THC	\$0.86	\$21.50
01 102 0014	3	COC/MAMP/OPH(300)	\$0.86	\$21.50
01 102 0012	4	COC/MAMP/OPH(300)/THC	\$1.00	\$25.00
01 102 0032	4	AMP/COC/OPH(300)/THC	\$1.00	\$25.00
01 102 0015	5	BZO/COC/MAMP/OPH(300)/THC	\$1.12	\$28.00
01 102 0013	5	COC/MAMP/OPH(300)/PCP/THC	\$1.12	\$28.00
01 102 0033	5	AMP/COC/OPH(300)/PCP/THC	\$1.12	\$28.00
01 102 0034	5	AMP/COC/MAMP/OPH(300)/THC	\$1.12	\$28.00
01 102 0016	6	BZO/COC/MAMP/OPH(300)/PCP/THC	\$1.25	\$31.25
01 102 0017	6	BZO/COC/MAMP/MTD/OPH(300)/HL	\$1.25	\$31.25
01 102 0024	6	BAR/BZO/COC/MAMP/OPH(300)/THC	\$1.25	\$31.25
01 102 0119	6	MAMP/COC/OPH(300)/THC/OXY/BZO	\$1.25	\$31.25
01 102 0174	6	NEW! COC(150)/AMP(300)/MAMP(500)/THC/MDMA/OPH(300)	\$1.25	\$31.25
01 102 0175	6	NEW! COC(150)/MAMP(500)/THC/MDMA/OPH(300)/BZO	\$1.25	\$31.25
01 102 0035	7	AMP/BZO/COC/OPH(300)/PCP/TCA/THC	\$1.85	\$46.25
01 102 0176	7	NEW! COC(150)/MAMP(500)/THC/MDMA/OPH(300)/OXY/BZO	\$1.85	\$46.25
01 102 0177	7	NEW! COC(150)/AMP(300)/MAMP(500)/THC/MDMA/OPH(300)/OXY	\$1.85	\$46.25
01 102 0178	7	NEW! COC(150)/AMP(300)/MAMP(500)/THC/MDMA/OPH(300)/PCP	\$1.85	\$46.25
01 102 0169	8	COC/THC/OPH(300)/AMP/MAMP/OXY/BZO/MDMA	\$2.14	\$53.50
01 102 1989	8	NEW! COC(150)/AMP(300)/MAMP(500)/THC(50)/MDMA/OPH(300)/PCP(25)/OXY(100)	\$2.14	\$53.50
01 102 0179	8	NEW! COC/AMP/MAMP/THC/OPH(300)/OXY/PCP/BZO	\$2.14	\$53.50
01 102 1970	9	COC/THC/OPH(2000)/AMP/MAMP/PCP/BZO/BAR/MTD	\$2.40	\$60.00
01 102 0180	9	NEW! COC/AMP/MAMP/THC/OPH(300)/OXY/PCP/BZO/BUP	\$2.40	\$60.00
01 102 0181	9	NEW! COC(150)/AMP(300)/MAMP(500)/THC/MDMA/OPH(300)/OXY/PCP/BZO	\$2.40	\$60.00
01 102 0025	10	COC/THC/OPH(300)/AMP/MAMP/PCP/BZO/BAR/MTD/TCA	\$2.66	\$66.50
01 102 0128	10	MAMP/COC/THC/BZO/MTD/BAR/MDMA/OPH(300)/PCP/OXY	\$2.66	\$66.50
01 102 1943	10	COC/THC/OPH(2000)/AMP/MAMP/PCP/BZO/BAR/MTD/MDMA	\$2.66	\$66.50
01 102 0182	10	NEW! COC/THC/OPH(300)/AMP/MAMP/BZO/BAR/BUP/MTD/OXY	\$2.66	\$66.50
01 102 0183	10	NEW! COC(150)/THC/OPH(300)/MAMP(500)/PCP/BZO/BAR/MDMA/MTD/OXY	\$2.66	\$66.50

**Additional Products and Services
Fort Bend County
RFP 11-073 Due 06/23/2011
Bid Items Are Highlighted in Yellow**

Section II: On-Site Drug & Alcohol Screening Devices

PANEL-DIP SUBSTANCE ABUSE TEST DEVICE (CONTINUED)

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/box)
01 102 0184	11	NEW! COC/THC/OP1(300)/AMP/MAMP/PCP/BZO/BAR/BUP/MTD/OXY	\$3.25	\$81.25
01 102 0185	11	NEW! COC/THC/OP1(2000)/AMP/MAMP/PCP/BZO/BAR/BUP/MTD/OXY	\$3.25	\$81.25
01 102 0186	11	NEW! COC/THC/OP1(300)/AMP/MAMP/PPK/BZO/BAR/BUP/MTD/OXY	\$3.25	\$81.25
01 102 0187	11	NEW! COC(150)/THC/OP1(300)/AMP(300)/MAMP(500)/PCP/BZO/BAR/MDMA/MTD/OXY	\$3.25	\$81.25
01 102 0141	12	COC/AMP/M-AMP/THC/MTD/MDMA/OP1(300)/OXY/PPK/PCP/BAR/BZO	\$3.72	\$93.00
01 102 1957	12	COC/AMP/M-AMP/THC/MTD/MDMA/OP1(300)/OXY/PPK/PCP/BAR/BZO	\$3.72	\$93.00
01 102 0188	12	NEW! COC/THC/OP1(300)/AMP/MAMP/PCP/BZO/BAR/BUP/MTD/MDMA/OXY	\$3.72	\$93.00

CASSETTE SUBSTANCE ABUSE TEST DEVICE (40 PER BOX)

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (40/box)
01 102 1929	1	CASSETTE 01 BENZODIAZEPINES (BZO)	\$0.31	\$12.40
01 102 1914	1	CASSETTE 01 COCAINE (COC)	\$0.31	\$12.40
01 102 1930	1	CASSETTE 01 ECSTASY (MDMA)	\$0.31	\$12.40
01 102 1917	1	CASSETTE 01 METHADONE (MTD)	\$0.31	\$12.40
01 102 1916	1	CASSETTE 01 OPIATES 300 (MOP)	\$0.31	\$12.40
01 102 1919	1	CASSETTE 01 PCP	\$0.31	\$12.40
01 102 1911	1	CASSETTE 01 THC	\$0.31	\$12.40
01 102 1920	2	CASSETTE 02 COC/THC	\$0.60	\$15.00
01 102 1921	3	CASSETTE 03 COC/THC/MAMP	\$0.86	\$34.40
01 102 1922	4	CASSETTE 04 COC/THC/OP1/MAMP	\$1.00	\$40.00
01 102 2042	5	CASSETTE 05 COC/THC/OP1/AMP/MAMP	\$1.12	\$44.80
01 102 1924	5	CASSETTE 05 COC/THC/OP1/AMP/PCP	\$1.12	\$44.80
01 102 1925	5	CASSETTE 05 COC/THC/OP1/MAMP/PCP	\$1.12	\$44.80
01 102 1926	6	CASSETTE 06 COC/THC/OP1/AMP/MAMP/BZO	\$1.25	\$50.00
01 102 0100	6	CASSETTE 06 COC/THC/OP1/AMP/MAMP/PCP	\$1.25	\$50.00
01 102 2057	8	CASSETTE 08 COC/THC/OP1/AMP/MAMP/PCP/BZO/BAR	\$2.14	\$85.60
01 102 1979	10	CASSETTE 10 COC/THC/OP1/AMP/MAMP/PCP/BZO/BAR/MTD/MDMA	\$2.66	\$106.40
01 102 2043	10	CASSETTE 10 COC/THC/OP1/AMP/MAMP/PCP/BZO/BAR/MTD/OXY	\$2.66	\$106.40
01 102 1938	11	CASSETTE 11 COC/THC/MOP/AMP/PCP/BZO/BAR/MDMA/OXY/PPK/TCA	\$6.50	\$260.00



Confidence in Testing

Additional Products and Services
 Fort Bend County
 RFP 11-073 Due 06/23/2011

Bid Items Are Highlighted in Yellow

Section II: On-Site Drug & Alcohol Screening Devices

ICUP SUBSTANCE ABUSE TEST DEVICE – without adulteration

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/box)
01 102 2020	10	iCup 10 COC/THC/OPH(2000)/AMP/MAMP/BZO/BAR/OXY/MDMA/PPX	\$3.20	\$80.00
01 102 2066	10	iCup 10 COC/THC/OPH(2000)/AMP/MAMP/PCP/BZO/BAR/MTD/TCA	\$3.20	\$80.00
01 102 2028	12	iCup 12 COC/THC/OPH(2000)/AMP/MAMP/PCP/BZO/BAR/MTD/TCA/OXY/PPX/ BUP	\$5.00	\$125.00

ICUP A.D. SUBSTANCE ABUSE TEST DEVICE – with adulteration

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/box)
01 102 2032	4	iCup A.D. 04 COC/THC/OPH/mAMP w/adulteration (OX, SG, PH)	\$2.16	\$54.00
01 102 2033	4	iCup A.D. 04 COC(150)/THC/AMP/MAMP(500) w/adulteration (OX, CR, PH)	\$2.16	\$54.00
01 102 2021	5	iCup A.D. 5 COC/THC/MOP/AMP/mAMP w/adulteration (OX, SG, PH)	\$2.25	\$56.25
01 102 2034	5	iCup A.D. 5 LOC/THC/OPH(2000)/AMP/mAMP w/adulteration (OX, SG, PH) - CLIA WAIVED	\$2.25	\$56.25
01 102 2035	5	iCup A.D. 5 COC/THC/OPH/AMP/PCP w/adulteration (OX, SG, PH) - CLIA WAIVED	\$2.25	\$56.25
01 102 2036	5	iCup A.D. 5 COC/THC/OPH/mAMP/PCP w/adulteration (OX, SG, PH) - CLIA WAIVED	\$2.25	\$56.25
01 102 2022	6	iCup A.D. 6 COC/THC/OPH(2000) AMP/ mAMP/ BZO w/adulteration (OX, SG, PH)	\$2.48	\$62.00
01 102 2023	6	iCup A.D. 6 COC/THC/OPH(2000) AMP/ mAMP/ PCP w/adulteration (OX, SG, PH) CLIA WAIVED	\$2.48	\$62.00
01 102 2037	6	iCup A.D. 06 COC/THC/OPH/AMP/300/OXY/MDMA w/adulteration (OX, SG, PH)	\$2.48	\$62.00
01 102 2038	8	iCup A.D. 08 COC/THC/OPH/AMP/mAMP/PCP/BZO/BAR w/adulteration (OX, SG, PH)	\$2.88	\$72.00
01 102 2069	8	iCup A.D. 08 COC/THC/MOP/AMP/mAMP/BZO/OXY/PCP w/adulteration (OX, CR, PH)	\$2.88	\$72.00
01 102 2039	9	iCup A.D. 09 COC/THC/OPH/AMP/mAMP/PCP/BZO/BAR/MTD w/adulteration (OX, SG, PH)	\$3.11	\$77.75
01 102 2074	10	iCup A.D. 10 COC/THC/OPH/AMP/mAMP/BZO/BAR/OXY/MTD/PPX w/adulteration (OX, CR, PH)	\$3.20	\$80.00
01 102 2129	10	iCup A.D. 10 COC/THC/OPH/AMP/MAMP/PCP/BZO/BAR/MTD/TCA w/adulteration (OX, SG, PH, NI, GI, CR)	\$3.20	\$80.00
01 102 2027	12	iCup A.D. COC/THC/OPH(2000) AMP/ mAMP/ PCP/ BZO/ BAR/ MTD/ TCA/ OXY/ PPX w/adulteration (OX, SG, PH)	\$4.50	\$112.50

REDICUP SUBSTANCE ABUSE TEST DEVICE

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/box)
01 102 0026	4	RC 04 COC/MAMP/OPH(300)/THC	\$1.80	\$45.00
01 102 0027	5	RC 05 BZO/COC/ MAMP/OPH(300)/THC	\$1.90	\$47.50
01 102 0028	5	RC 05 COC/ MAMP/OPH(300)/PCP/THC	\$1.90	\$47.50
01 102 0121	5	RC 05 COC/THC/OPH(300)/AMP/MAMP	\$1.90	\$47.50
01 102 0029	6	RC 06 BZO/COC/MAMP/OPH(300)/PCP/THC	\$2.45	\$61.25
01 102 0135	6	RC 06 MAMP/ COC/ THC/ AMP/ OPH(2000)/ BZO	\$2.45	\$61.25
01 102 0058	10	RC 10 AMP/ BAR/ BZO/ COC/ MAMP/ MTD/ OPH(2000)/ PCP/ TCA/ THC	\$3.20	\$80.00
01 102 0059	10	RC 10 AMP/ BAR/ BZO/ COC/ MAMP/ MTD/ OPH(300)/ PCP/ TCA/ THC	\$3.20	\$80.00
01 102 0137	10	RC 10 MAMP/ COC/ THC/ BZO/ MTD/ BAR/ MDMA/ OPH(300)/ PCP/ OXY	\$3.20	\$80.00

**Additional Products and Services
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Bid Items Are Highlighted in Yellow

Section II: On-Site Drug & Alcohol Screening Devices

INTEGRATED CUPS II SUBSTANCE ABUSE TEST DEVICE

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/box)
01 102 2001	4	EZ CUP II 04 COC/THC/OP1(2,000)/MAMP	\$1.80	\$45.00
01 102 2051	5	EZ CUP II 05 COC/THC/OP1(2,000)/AMP/MAMP w/adulteration (DX, SG, PH, NI, GL, CR)	\$1.90	\$47.50
01 102 2018	5	EZ CUP II 05 COC/THC/OP1/AMP/mAMP	\$1.90	\$47.50
01 102 2141	5	EZ CUP II 05 COC/THC/OP1/AMP/MAMP w/adulteration (DX, SG, PH)	\$1.90	\$47.50
01 102 2005	5	EZ CUP II 05 COC/THC/OP1/mAMP/PCP	\$1.90	\$47.50
01 102 2048	5	EZ CUP II 05 COC/THC/OP1/AMP/PCP	\$1.90	\$47.50
01 102 1974	5	EZ CUP II 05 COC/THC/OP1 2000)/AMP/PCP w/adulteration (DX, SG, PH, NI, GL, CR)	\$1.90	\$47.50
01 102 2007	6	EZ CUP II 06 COC/THC/OP1/mAMP/MU/MA/OXY	\$2.45	\$61.25
01 102 1984	6	EZ CUP II 06 COC/THC/OP1/AMP/MAMP/BZO	\$2.45	\$61.25
01 102 2008	8	EZ CUP II 08 COC/THC/OP1(2,000)/AMP/MAMP/PCP/BZU/BAR	\$2.88	\$72.00
01 102 2140	9	EZ CUP II 09 COC/THC/OP1/mAMP/BAR/BZO/MTD/OXY/PPX w/adulteration (DX, SG, PH)	\$3.11	\$77.75
01 102 1985	10	EZ CUP II 10 COC/THC/OP1(2,000)/AMP/MAMP/PCP/BZO/BAR/MTD/MDMA	\$3.20	\$80.00
01 102 2096	12	EZ CUP II 12 COC/THC/MOP/AMP/mAMP/BZO/BAR/MTD/MDMA/OXY/BUP/PPX	\$4.50	\$112.50

ORAL FLUID DRUGS OF ABUSE

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/box)
01 102 2024	5	iScreen Oral Fluid Device COC/THC/OP1/AMP/MAMP	\$5.60	\$140.00
01 102 2025	6	iScreen Oral Fluid Device COC/THC/OP1/AMP/MAMP/PCP	\$5.93	\$148.25
01 102 0127	6	RediTest Oral Fluids Device AMP/COC/MAMP/OP1/PCP/THC	\$5.20	\$130.00
01 102 1960	6	OrAlert 6 Oral Fluid Device COC/THC/OP1/AMP/MAMP/PCP	\$5.00	\$125.00
01 102 2083	6	OrAlert 6 Oral Fluid Device COC/THC/OP1/AMP/MAMP/BZO	\$5.00	\$125.00

SALIVA/BREATH ALCOHOL PRODUCTS

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE (25/box)
01 362 0001	N/A	Instant Alcohol Saliva Test Strip	\$0.95	\$23.75
01 215 0004	N/A	Breath Alcohol Device .02	\$1.25	\$31.25
01 094 0055	N/A	Alco-Screen Test (24/box)	\$1.35	\$33.40
01 094 0056	N/A	Alco-Screen .02 DOT Approved Alcohol Saliva (24/box)	\$1.35	\$33.40

REDUKE, PREGNANCY & ADULTERATION

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE
01 102 0140	1	Urine Cotinine (Nicotine Metabolite) Cassette Device	\$0.85	\$21.25
01 102 1950	N/A	Urine Pregnancy Cassette (40/Box)	\$1.00	\$40.00
01 102 1910	7	One Step Validity Test (Seven Parameter)	\$0.68	\$17.00

COLLECTION SUPPLIES

PART NUMBER	DRUG(S)	CONFIGURATION	PRICE PER DEVICE	BOX PRICE
031224	N/A	90 ml Urine Collection Bottle with Built-in Temp Strip	\$0.00	N/A
031380	N/A	6.5 oz Graduated Beaker	\$0.00	N/A
031258	N/A	Temperature Strip	\$0.00	N/A

Device orders will be shipped at no charge for ground service delivery. Expedited shipping of device orders will be charge on an 'at cost' basis. FOB Destination.

Corporate Overview / REDWOOD TOXICOLOGY LABORATORY

Redwood Toxicology Laboratory, Inc. (RTL), located in Santa Rosa, California, is a federally certified laboratory specializing in low-cost, rapid turnaround drug testing. RTL is the largest single-location drug testing laboratory in the United States. Urine and oral fluid specimens are analyzed for drugs of abuse by state of the art screening and confirmation methodologies. RTL screens urine specimens by enzyme immunoassay (EIA) and oral fluid specimens by enzyme-linked immunosorbent assay (ELISA). Positive screens are confirmed by radioimmunoassay (RIA), thin layer chromatography (TLC), gas chromatography (GC), gas chromatography/mass spectrometry (GC/MS) and/or liquid chromatography/tandem mass spectrometry (LC/MS/MS).

ABOUT US

Employing over 200 people, RTL services thousands of clients, including correctional, probation and parole, police and sheriff, medical facilities and employment agencies. A number of our over 7,000 clients have utilized the laboratory's services in excess of fourteen (14) years. RTL has the experience to supply your agency with the highest quality drug testing services.

- Extensive experience in performing forensic toxicology analyses.
- Highly qualified scientific staff.
- State of the art scientific instrumentation for the detection of drugs of abuse.
- Excellent client services with the ability to adapt to differing needs, and,
- Extensive quality assurance and quality control procedures help to ensure accurate results as well as maintaining the superior service provided to our clients.

CERTIFICATION

The following technical proposal outlines various aspects of the laboratory, including certification, proficiency testing, results reporting, and methodologies.

RTL is licensed and accredited by the following federal and state agencies:

- Department of Health and Human Services
CLIA '88, #0500707508
- California Department of Health Services Clinical
Laboratory License, #0500707508
- DEA License # RR0340113-Analytical Laboratory
- Florida Chemical Laboratory License, #L000010955
- Pennsylvania Clinical Laboratory Permit,
#025348
- Maryland Medical Laboratory, Permit #880

TURNAROUND TIME

Results are reported within twenty four (24) hours for negative specimens and forty eight to seventy two (48-72) hours for positive specimens. This includes specimens received on Saturdays.

PROFICIENCY TESTING

RTL subscribes to the American Association of Bioanalysts, College of American Pathologists, RTI Oral Fluid Program, GTFCH German EIS/EIS, and the Pennsylvania State Department of Health's proficiency testing services. Each agency sends samples three or four times a year that are graded and all testing outcomes have been successful.

RESULT REPORTING

RTL is able to provide internet reporting in compliance with HIPAA standards. Internet access is password protected and various passwords can be provided depending on your agency's needs. For a demonstration of RTL's internet reporting, please visit <http://www.webtoxology.com>. Enter Agency Code: 9559, User ID guest and Password: guest.

Reporting options include:

- Results available securely over the internet at <http://www.webtoxology.com>
- Results communicated by facsimile (for agencies that do not require HIPAA compliance)
- Daily summary of multiple specimen results on one page
- Hard copies of reports sent by mail

SUPPLIES & SERVICES

Below is a comprehensive list of the ancillary supplies and services Redwood Toxicology Laboratory, Inc. provides at no additional cost to your agency.

Collection supplies include:

- Specimen collection containers
- Specimen bags with absorbent material
- Chain of Custody forms and labels of various configurations
- Security seals
- Temperature strips (upon request)
- Pre-paid U.S. mail or FedEx/UPS shipping (Five specimens required for FedEx/UPS service)

Additional services include:

- Phone consultation: Timely response to questions ranging from specimen collection to confirmation.
- Website/Drugs of Abuse Literature: Information from street names to retention/detection times.
- Training: Telephonic training on collection procedures and results interpretation.
- Expert Witness Testimony: Available by affidavit, telephonically or in-court.
- Air Shipment Tracking and Scheduling: Track FedEx or UPS specimen shipments to the laboratory or call to arrange pick-up for specimens (five or more specimens).
- IT/Computer Support: Available for internet reporting support and to answer all IT questions.
- Supply Fulfillment: Call toll free for all your collection supply needs.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/07/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

PRODUCER	THE WEINER COMPANY, INC. ONE MCKINLEY SQUARE BOSTON, MA 02109 (617) 742-2444 (617) 742-7744 FAX	CONTACT	
		PHONE (A/C No. Ext.)	FAX (A/C No.)
INSURED	REDWOOD TOXICOLOGY LABORATORY, INC. AND ALERE INC. 3650 WESTWIND BOULEVARD SANTA ROSA, CA 95403	INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: HARTFORD FIRE INSURANCE CO.	
		INSURER B: TWIN CITY FIRE INSURANCE CO.	
		INSURER C: NOETIC SPECIALTY INSURANCE COMPANY	
		INSURER D:	
		INSURER E:	


COVERAGES CERTIFICATE NUMBER: 100023 REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE	TYPE OF INSURANCE	ADD. INSUR. (INSR. D/D)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>		08 UEN AB6559	9/30/2010	9/30/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ INCLUDED MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ EXCLUDED
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		08 UEN AB6559 (ALL OTHER STATES) 08 MCPAB 6847 (MA AUTO)	9/30/2010	9/30/2011	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ <input checked="" type="checkbox"/>
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$		08 RHU TB 7959	9/30/2010	9/30/2011	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in TX) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	08 WB IS 3255	9/30/2010	9/30/2011	<input checked="" type="checkbox"/> WC STAT. TOLY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 500,000 EL DISEASE - EA EMPLOYEE \$ 500,000 EL DISEASE - POLICY LIMIT \$ 500,000
C	PRODUCTS LIABILITY		N10MA380015	9/30/2010	9/30/2011	\$10,000,000 EACH CLAIM \$10,000,000 POLICY LIMIT "CLAIMS MADE" COVERAGE FORM. DEFENSE IS WITHIN THE LIMIT OF INSURANCE.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

FORT BEND COUNTY JUVENILE - PROBATION DEPARTMENT IS ADDITIONAL INSURED FOR GENERAL LIABILITY ONLY IF REQUIRED IN A WRITTEN CONTRACT OR AGREEMENT WITH THE NAMED INSURED, FOR THE DURATION OF THE CONTRACT, PROVIDED THE INJURY OR DAMAGE OCCURS SUBSEQUENT TO THE EXECUTION OF THE CONTRACT OR AGREEMENT.

CERTIFICATE HOLDER	CANCELLATION
FORT BEND COUNTY JUVENILE - PROBATION DEPARTMENT DEBBIE KAMISNKI 4520 READING ROAD - SUITE A ROSENBERG, TX 77471	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE OF THE WEINER COMPANY, INC. 

Request for Taxpayer Identification Number and Certification

Give form to the
 requester. Do not
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Redwood Toxicology Laboratory, Inc.	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) 3650 Westwind Boulevard	Requester's name and address (optional)
	City, state, and ZIP code Santa Rosa, CA 95403	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Notes. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	OR
Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶ <i>[Signature]</i>	Sales Operations Manager	Date ▶ 08/30/11
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien). In provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester.
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details).
3. The IRS tells the requester that you furnished an incorrect TIN.

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only)

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(c)(3), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).
2. The United States or any of its agencies or instrumentalities.
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities.
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940.
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.
²However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ³
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLO electing corporate status on Form 9632	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-368-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.consumer.gov/idtheft or 1-877-IDTHEFT(438-4336).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal non-tax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

EXHIBIT B

QUOTE

Redwood Toxicology Laboratory, Inc.
an Alere company.
 Reditest Screening Devices
 P.O. Box 14327
 Santa Rosa CA 95402-6327

Tel: (800) 255-2159
 Fax: (707) 577-8102

Quote	QTE1015887
Date	1/10/2013
Page	1
Contract No.	51

Bill To:

Auditor's Office
 Fort Bend County-Juvenile Probation
 301 Jackson
 Richmond TX 77469

Ship To:

Attn: Ms. Cynthia Garcia
 Fort Bend County-Juvenile Probation
 122 Golfview Drive
 Richmond TX 77469

Purchase Order No.	Customer ID	Salesperson ID	Shipping Method	Payment Terms	Req Ship Date	Master No.
	013281	TLC	GROUND NO CHG	Net 30	0/0/0000	3,082,060
Quantity	Item Number	Description	Unit Price	Adjustment	Net Unit Price	Ext. Price
25	011916335	Panel,One Step Synthetic Cannabinoids	\$4.25	\$0.50	\$3.75	\$93.75
25.000	031224	Bottle,90ml/500pk w/ATI Temp Strip & No Baggies	\$0.0000	\$0.0000	\$0.0000	\$0.00

This is a quote only.

Subtotal	\$93.75
Misc	\$0.00
Tax	\$0.00
Handling	\$0.00
	\$0.00
Total	\$93.75

CLAIMS: All claims must be made within 30 days from date of invoice.
TERMS: A 20% restock fee will be applied to product which was not at fault of Redwood Toxicology Laboratory, Inc. A finance charge of 1.5% a month (or the maximum allowed by law) will be assessed on all invoices that are past due.