# AGREEMENT FOR SERVICES

#101-129-P-E2011

# between SACRAMENTO COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

# and COUNTY OF EL DORADO HEALTH SERVICES DEPARTMENT

This Agreement for Services, made and entered into by and between the County of Sacramento, a political subdivision of the State of California (hereinafter referred to as CONTRACTOR), and the County of El Dorado, also a political subdivision of the State of California (hereinafter referred to as COUNTY);

#### RECITALS

WHEREAS, COUNTY has determined a need for laboratory testing to supplement the County of El Dorado Health Services Department – Public Health Division Laboratory services; and

WHEREAS, CONTRACTOR, through its Health & Human Services Department Public Health Laboratory services, is an official State of California Department of Health Services certified Public Health Laboratory, established and operated in accordance with California Code of Regulations (CCR), Title 17, Public Health, Division 1, Chapter 2, Laboratories and the State of California Health and Safety Code, Section 101150 et seq.; and

WHEREAS, it is the intent of the parties hereto that such services be in conformity with all applicable Federal, State and local laws; and

WHEREAS, COUNTY has determined that the provision of these services provided by Contractor is in the public's best interest, and that these services are more economically and feasibly performed by outside independent Contractors as well as authorized by El Dorado County Charter, Section 210 (b) (6) and/or Government Code 31000;

NOW, THEREFORE, COUNTY and CONTRACTOR mutually agree as follows:

#### Article I. SCOPE OF SERVICES

# Section 1.01 CONTRACTOR agrees to:

- (a) Perform laboratory tests as requested or authorized by COUNTY, in accordance with Exhibit A Sacramento County Fee Schedule, attached hereto and incorporated by reference herein.
- (b) Ensure compliance with the minimum requirements of a Public Health Laboratory, in accordance with Title 17, Subsection 1078 of the California Code of Regulations during the period of this MOU.
- (c) Submit quarterly reports to COUNTY including the total number of tests performed by invoice number, type of specimen, and origin of specimen, pursuant to Section 1.02(a).
- (d) Provide consultation, reference, and research services upon request of COUNTY, including but not limited to:
  - (i) Questions regarding laboratory services available at the Sacramento County Public Health Laboratory including tests performed, test selection, specimen requirements, specimen storage conditions and specimen shipping.
  - (ii) Questions on testing available at the State Public Health Laboratory by special request, their specimen submission requirements, and shipping of specimens to the State Laboratory.

# Section 1.02 COUNTY agrees to:

- (a) Ensure that all specimens submitted to CONTRACTOR are appropriate for testing in a Public Health laboratory. Specimens may originate from sources outside of El Dorado County Health Services Department but will normally be logged by COUNTY and shipped to CONTRACTOR's Public Health Laboratory, 4600 Broadway, Suite 2300, Sacramento, CA 95820, from the El Dorado County Public Health Laboratory.
- (b) Advise CONTRACTOR, if due to special circumstances, COUNTY has provided written direction to community health partners to ship directly to CONTRACTOR. These community health partners include but are not necessarily limited to:
  - (i) Marshall Medical Center, Placerville, CA
  - (ii) Barton Healthcare System, South Lake Tahoe, CA
  - (iii) El Dorado County Community Health Center, Placerville, CA
  - (iv) Divide Wellness Center, Georgetown, CA
  - (v) Kaiser Hospital, Roseville or Folsom Campus, CA

# Article II. TERM

This Agreement is effective upon signature by the parties hereto through June 30, 2012, unless earlier terminated pursuant to provisions of Article X herein.

# Article III. COMPENSATION FOR SERVICES

For services provided herein, COUNTY agrees to pay CONTRACTOR quarterly in arrears and within forty-five (45) days following COUNTY's receipt and approval of itemized invoice(s)

identifying test by patient, cost per test pursuant to Section 3.01, plus any shipping and handling fees pursuant to Section 3.03. The total not-to-exceed amount of this Agreement is \$30,000.

# Section 3.01 Medi-Cal Claims

CONTRACTOR shall submit Medi-Cal claims for laboratory tests conducted for Medi-Cal eligible COUNTY patients, providing all information required for submission of such claims is provided to CONTRACTOR at the time the sample is submitted for testing. CONTRACTOR shall indicate such Medi-Cal claims as "no charge to COUNTY" on the quarterly itemized invoice.

# Section 3.02 Charges

Charges will be based on a fee per test, as listed in Exhibit A, attached hereto and incorporated by reference herein. Specimens submitted for other laboratory tests not listed on Exhibit A, but specifically requested in writing by COUNTY and performed by CONTRACTOR shall be reimbursed at actual cost to CONTRACTOR.

# Section 3.03 Shipping and Handling Fees

All shipping and handling fees shall be paid by COUNTY, including those pre-authorized by COUNTY and incurred by CONTRACTOR. Shipping and handling fees shall be identified on itemized invoice(s) submitted to COUNTY.

# Section 3.04 Third-Party Laboratory Services

All tests submitted to CONTRACTOR that require referral to a third-party laboratory for analysis will be pre-authorized in writing by COUNTY, and billed to COUNTY at the actual cost billed to CONTRACTOR by the third-party laboratory that performed the analysis, plus appropriate shipping and handling fees. These charges shall be itemized on the quarterly invoice.

# Article IV. RECORD RETENTION

CONTRACTOR shall maintain, at all times, complete detailed records with regard to work performed under this Agreement in accordance with the requirements of Title 17 of the California Code of Regulations, and COUNTY shall have the right to inspect such records at any reasonable time.

#### Article V. CHANGES TO AGREEMENT

This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and fully executed by duly authorized officers of the parties hereto.

# Article VI. CONTRACTOR to COUNTY

It is understood that the services provided under this Agreement shall be prepared in and with cooperation from COUNTY and its staff. It is further agreed that in all matters pertaining to this Agreement, CONTRACTOR shall act as CONTRACTOR only to COUNTY and shall not act as

CONTRACTOR to any other individual or entity affected by this Agreement nor provide information in any manner to any party outside of this Agreement that would conflict with CONTRACTOR's responsibilities to COUNTY during term hereof.

#### Article VII. ASSIGNMENT AND DELEGATION

CONTRACTOR is engaged by COUNTY for its unique qualifications and skills as well as those of its personnel. CONTRACTOR shall not subcontract, delegate or assign services to be provided, in whole or in part, to any other person or entity without prior written consent of COUNTY.

# Article VIII. INDEPENDENT CONTRACTOR/LIABILITY

CONTRACTOR is, and shall be at all times, deemed independent and shall be wholly responsible for the manner in which it performs services required by terms of this Agreement. CONTRACTOR exclusively assumes responsibility for acts of its employees, associates, and subcontractors, if any are authorized herein, as they relate to services to be provided under this Agreement during the course and scope of their employment.

CONTRACTOR shall be responsible for performing the work under this Agreement in a safe, professional, skillful and workmanlike manner and shall be liable for its own negligence and negligent acts of its employees. COUNTY shall have no right of control over the manner in which work is to be done and shall, therefore, not be charged with responsibility of preventing risk to CONTRACTOR or its employees.

#### Article IX. FISCAL CONSIDERATIONS

The parties to this Agreement recognize and acknowledge that COUNTY is a political subdivision of the State of California. As such, COUNTY is subject to the provisions of Article XVI, Section 18 of the California Constitution and other similar fiscal and procurement laws and regulations and may not expend funds for products, equipment or services not budgeted in a given fiscal year. It is further understood that in the normal course of COUNTY business, COUNTY will adopt a proposed budget prior to a given fiscal year, but that the final adoption of a budget does not occur until after the beginning of the fiscal year.

Notwithstanding any other provision of this Agreement to the contrary, COUNTY shall give notice of cancellation of this Agreement in the event of adoption of a proposed budget that does not provide for funds for the services, products or equipment subject herein. Such notice shall become effective upon the adoption of a final budget which does not provide funding for this Agreement. Upon the effective date of such notice, this Agreement shall be automatically terminated and COUNTY released from any further liability hereunder.

In addition to the above, should the Board of Supervisors during the course of a given year for financial reasons reduce, or order a reduction, in the budget for any COUNTY department for which services were contracted to be performed, pursuant to this paragraph in the sole discretion

of COUNTY, this Agreement may be deemed to be canceled in its entirety subject to payment for services performed prior to cancellation.

# Article X. DEFAULT, TERMINATION, AND CANCELLATION

# Section 10.01 Default

Upon the occurrence of any default of the provisions of this Agreement, a party shall give written notice of said default to the party in default (notice). If the party in default does not cure the default within ten (10) days of the date of notice (time to cure), then such party shall be in default. The time to cure may be extended at the discretion of the party giving notice. Any extension of time to cure must be in writing, prepared by the party in default for signature by the party giving notice and must specify the reason(s) for the extension and the date on which the extension of time to cure expires.

Notice given under this section shall specify the alleged default and the applicable Agreement provision and shall demand that the party in default perform the provisions of this Agreement within the applicable period of time. No such notice shall be deemed a termination of this Agreement unless the party giving notice so elects in this notice, or the party giving notice so elects in a subsequent written notice after the time to cure has expired. In the event of termination for default, COUNTY reserves the right to take over and complete the work by contract or by any other means.

# Section 10.02 Bankruptcy

This Agreement, at the option of COUNTY shall be terminable in the case of bankruptcy, voluntary or involuntary, or insolvency of CONTRACTOR.

# Section 10.03 Ceasing Performance

COUNTY may terminate this Agreement in the event CONTRACTOR ceases to operate as a business, or otherwise becomes unable to substantially perform any term or condition of this Agreement.

# Section 10.04 Termination or Cancellation without Cause

Either party may terminate this Agreement in whole or in part upon thirty (30) days written notice without cause. If such prior termination is effected, COUNTY will pay for satisfactory services rendered prior to the effective dates as set forth in the Notice of Termination provided to CONTRACTOR, and for such other services, which COUNTY may agree to in writing as necessary for contract resolution. In no event, however, shall COUNTY be obligated to pay more than the total amount of the contract. Upon receipt of a Notice of Termination, CONTRACTOR shall promptly discontinue all services affected, as of the effective date of termination set forth in such Notice of Termination, unless the notice directs otherwise.

#### Article XI. NOTICE TO PARTIES

All notices to be given by the parties hereto shall be in writing and served by depositing same in the United States Post Office, postage prepaid and return receipt requested. Notices to COUNTY shall be addressed as follows:

COUNTY OF EL DORADO HEALTH SERVICES DEPARTMENT 931 SPRING STREET PLACERVILLE, CA 95667 ATTN: NEDA WEST, DIRECTOR

or to such other location as COUNTY directs. Notices to CONTRACTOR shall be addressed as follows:

COUNTY OF SACRAMENTO
DEPARTMENT OF HEALTH AND HUMAN SERVICES
7001-A EAST PARKWAY, SUITE 1000
SACRAMENTO, CA 95823
ATTN: GLENNAH TROCHET, M.D., PUBLIC HEALTH OFFICER

or to such other location as the CONTRACTOR directs.

#### Article XII. HIPAA COMPLIANCE

All data, together with any knowledge otherwise acquired by CONTRACTOR during the performance of services provided pursuant to this Agreement, shall be treated by CONTRACTOR and CONTRACTOR's staff as confidential information. CONTRACTOR shall not disclose or use, directly or indirectly, at any time, any such confidential information. If the CONTRACTOR receives any individually identifiable health information ("Protected Health Information" or "PHI"), the CONTRACTOR shall maintain the security and confidentiality of such PHI as required by applicable laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the regulations promulgated thereunder.

# Article XIII. NONDISCRIMINATION

During the performance of this Agreement, CONTRACTOR shall comply with all applicable Federal, State and local laws, rules, regulations and ordinances, including the provisions of the Americans with Disabilities Act of 1990, and Fair Employment and Housing Act, and will not unlawfully discriminate against employees, applicants or clients because of race, sex, sexual orientation, color, ancestry, religion or religious creed, national origin or ethnic group identification, mental disability, physical disability, medical condition [including cancer, human immunodeficiency virus (HIV) and acquired deficiency syndrome (AIDs)], age (over 40), marital

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status, or use of Family and Medical Care Leave and/or Pregnancy Disability Leave in regard to any position for which the employee or applicant is qualified.

# Article XIV. INDEMNITY

CONTRACTOR shall defend, indemnify and hold harmless COUNTY, its Board of Supervisors, officers, directors, agents, employees and volunteers from and against all demands, claims, actions, liabilities, losses, damages, and costs, including payment of reasonable attorneys' fees, arising out of or resulting from the performance of the Agreement, caused in whole or in part by the negligent or intentional acts or omissions of CONTRACTOR's officers, directors, agents, employees, volunteers or subcontractors..

COUNTY shall defend, indemnify and hold harmless CONTRACTOR, its officers, directors, agents, volunteers and employees, from and against all demands, claims, actions, liabilities, losses, damages and costs, including payment of reasonable attorneys' fees, arising out of or resulting from the performance of the Agreement, caused in whole or in part by the negligent or intentional acts or omissions of COUNTY'S Board of Supervisors, officers, directors, agents, employees, or volunteers.

It is the intention of COUNTY and CONTRACTOR that the provisions of this paragraph be interpreted to impose on each party responsibility to the other for the acts and omissions of their respective officers, directors, agents, employees, volunteers, and COUNTY'S Board of Supervisors. It is also the intention of COUNTY and CONTRACTOR that, where comparative fault is determined to have been contributory, principles of comparative fault will be followed and each party shall bear the proportionate cost of any damage attributable to the fault of that party, its officers, directors, agents, and employees, volunteers, COUNTY'S Board of Supervisors and CONTRACTOR's subcontractors.

# Article XV. INSURANCE

Each party, at its sole cost and expense, shall carry insurance or self-insure - its activities in connection with this Agreement, and obtain, keep in force and maintain, insurance or equivalent programs of self-insurance, for general liability, professional liability, workers compensation, and business automobile liability adequate to cover its potential liabilities hereunder. Each party agrees to provide the other thirty (30) days' advance written notice of any cancellation, termination or lapse of any of the insurance or self-insurance coverage.

# Article XVI. INTEREST OF PUBLIC OFFICIAL

No official or employee of COUNTY who exercises any functions or responsibilities in review or approval of services to be provided by CONTRACTOR under this Agreement shall participate in or attempt to influence any decision relating to this Agreement which affects personal interest or interest of any corporation, partnership, or association in which he/she is directly or indirectly interested; nor shall any such official or employee of COUNTY have any interest, direct or indirect, in this Agreement or the proceeds thereof.

# Article XVII. INTEREST OF CONTRACTOR

CONTRACTOR covenants that CONTRACTOR presently has no personal interest or financial interest, and shall not acquire same in any manner or degree in either: 1) any other contract connected with or directly affected by the services to be performed by this Agreement; or, 2) any other entities connected with or directly affected by the services to be performed by this Agreement. CONTRACTOR further covenants that in the performance of this Agreement no person having any such interest shall be employed by CONTRACTOR.

#### Article XVIII. CONFLICT OF INTEREST

The parties to this Agreement have read and are aware of the provisions of Government Code Section 1090 et seq. and Section 87100 relating to conflict of interest of public officers and employees. CONTRACTOR attests that it has no current business or financial relationship with any COUNTY employee(s) that would constitute a conflict of interest with provision of services under this contract and will not enter into any such business or financial relationship with any such employee(s) during the term of this Agreement. COUNTY represents that it is unaware of any financial or economic interest of any public officer or employee of CONTRACTOR relating to this Agreement. It is further understood and agreed that if such a financial interest does exist at the inception of this Agreement either party may immediately terminate this Agreement by giving written notice as detailed in the Article in the Agreement titled, "Default, Termination and Cancellation".

#### Article XIX. ADMINISTRATOR

The County of El Dorado or employee with responsibility for administering this Agreement is Olivia Kasirye, M.D., M.S. Public Health Officer, or successor. The Sacramento County representative administering this Agreement for CONTRACTOR, is Anthony Gonzalez, PhD., Public Health Laboratory Director / Program Manager, or his/her designee.

# Article XX. AUTHORIZED SIGNATURES

The parties to this Agreement represent that the undersigned individuals executing this Agreement on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.

#### Article XXI. PARTIAL INVALIDITY

If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions will continue in full force and effect without being impaired or invalidated in any way.

# Article XXII. VENUE

Any dispute resolution action arising out of this Agreement, including, but not limited to, litigation, mediation, or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California.

# Article XXIII. ENTIRE AGREEMENT

This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties and they incorporate or supersede all prior written or oral Agreements or understandings.

# DEPARTMENT HEAD CONCURRENCE:

| Aldawest                   | Dated: <u>4-/3</u> |
|----------------------------|--------------------|
| Neda West, Director        |                    |
| Health Services Department |                    |
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IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the dates indicated below.

# -- COUNTY OF SACRAMENTO --

| Ву: _ | Glennah Trochet, M.D., Health Officer Department of Health & Human Services "CONTRACTOR" | Dated: <u>\$19/11</u> |  |
|-------|--|-----------------------|--|
|       | COUNTY OF  | EL DORADO             |  |
| Ву: _ | Raymond J. Nutting, Chair<br>Board of Supervisors<br>"COUNTY"                            | Dated:                |  |
|       |  |                       | Suzanne Allen de Sanchez<br>the Board of Supervisors |
|       |  | By:<br>Deputy Clerk   | Date:  |

# EXHIBIT A to Agreement #101-129-P-E2011 Sacramento County Fee Schedule

| Bacteriology Culture, Pathogen ID and Drug Susceptibility (Urine, Wound, Respiratory) Bordetella pertussis PCR Haemophilus ducreyi Culture Screen Identification-Culture Spo.00 Drug Susceptibility Shood Lead Screen Spo.00 Chlamydia Amplified Nucleic Acid Screen Spo.00 Enteric Primary Culture and Identification Enteric Primary Culture and Identification Enteric Pathogen Identification Confirmation (TITLE 17) Fonorrhea Amplified Nucleic Acid Screen Spo.00 Gonorrhea Amplified Nucleic Acid Screen Spo.00 Gonorrhea Primary Culture Sport Spor | Condo           | Foo      |
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| Culture, Pathogen ID and Drug Susceptibility (Urine, Wound, Respiratory)  Bordetella pertussis PCR  Haemophilus ducreyi Culture Screen  Jay Susceptibility  Station  Culture  Stood  Blood Lead Screen  Chlamydia Amplified Nucleic Acid Screen  Enteric Primary Culture and Identification  Enteric Pathogen Identification Confirmation (TITLE 17)  Conorrhea Amplified Nucleic Acid Screen  Station  Gonorrhea Amplified Nucleic Acid Screen  Station  Station  Gonorrhea Amplified Nucleic Acid Screen  Station  Station  Gonorrhea Amplified Nucleic Acid Screen  Station  Gonorrhea Primary Culture  Struct  Herpes  Direct DFA  Culture and DFA  Station  Culture and DFA  Station  Coral Fluid Antibody Screen, EIA and Confirmation of Positives  Serum Antibody Screen, EIA and Confirmation of Positives  Serum IFA Confirmation  Stood  Serum IFA Confirmation  Molecular PCR Identification  Mycology  Primary Culture with Yeast or Fungus Identification  Stood  Coccidioides Accuprobe  Stood  Coryptosporidium Acid Fast Screening  Parasitology  Screen  Stood  Cryptosporidium Acid Fast Screening  Parasitology  Screen  Stood  Rubella Antibody Screen  Stood  Rubella Antibody Screen  Strood  Rubella Antibody Screen  Strood  Strood  Syphilis  Antibody Screen  Stato  | Service Service | Fee      |
| Respiratory)         Bordetella pertussis PCR         \$108.00           Haemophilus ducreyi Culture Screen         \$25.00           Identification-Culture         \$50.00           Drug Susceptibility         \$40.00           Blood Lead Screen         \$330.00           Chlamydia Amplified Nucleic Acid Screen         \$42.00           Enteric Primary Culture and Identification         \$40.00           Enteric Pathogen Identification Confirmation (TITLE 17)         No Charge           Gonorrhea Amplified Nucleic Acid Screen         \$42.00           Gonorrhea Primary Culture         \$17.00           Herpes         \$25.00           Direct DFA         \$25.00           Culture and DFA         \$42.00           HIV         \$42.00           Oral Fluid Antibody Screen, EIA and Confirmation of Positives         \$20.00           Serum Antibody Screen, EIA and Confirmation         \$50.00           Serum IFA Confirmation         \$50.00           Serum IFA Confirmation         \$50.00           Molecular PCR Identification         \$70.00           Mycology         ***Primary Culture with Yeast or Fungus Identification         \$40.00           Coccidioides Accuprobe         \$50.00           Identification (Yeast or Fungi)         \$50.00   |                 | \$47.00  |
| Bordetella pertussis PCR   |                 | \$17.00  |
| Haemophilus ducreyi Culture Screen   \$25.00     Identification-Culture   \$50.00     Drug Susceptibility   \$40.00     Blood Lead Screen   \$30.00     Chlamydia Amplified Nucleic Acid Screen   \$42.00     Enteric Primary Culture and Identification   \$40.00     Enteric Pathogen Identification Confirmation (TITLE 17)   No Charge Gonorrhea Amplified Nucleic Acid Screen   \$42.00     Gonorrhea Primary Culture   \$17.00     Herpes   Herpes   \$17.00     Direct DFA   \$25.00     Culture and DFA   \$42.00     HIV   Oral Fluid Antibody Screen, EIA and Confirmation of Positives   \$20.00     Serum Antibody Screen, EIA and Confirmation of Positives   \$17.00     Oral Fluid Western Blot Confirmation   \$50.00     Serum IFA Confirmation   \$50.00     Molecular PCR Identification   \$70.00     Mycology   Primary Culture with Yeast or Fungus Identification   \$40.00     Coccidioides Accuprobe   \$50.00     Identification (Yeast or Fungi)   \$50.00     Occult Blood Screen   \$14.00     Parasitology   \$50.00     Cryptosporidium Acid Fast Screening   \$20.00     Pinworm Screen   \$17.00     Malaria Confirmation (TITLE 17)   No Charge   Arthropod or Worm Identification   \$30.00     Rabies DFA   \$55.00     Rubella Antibody Screen   \$17.00     Streptococcus Screen and Identification   \$18.00     Syphilis   Antibody Screen   \$12.00     Quantification   \$18.00     TPPA   \$20.00   |                 | \$108.00 |
| Identification-Culture       \$50.00         Drug Susceptibility       \$40.00         Blood Lead Screen       \$30.00         Chlamydia Amplified Nucleic Acid Screen       \$42.00         Enteric Primary Culture and Identification       \$40.00         Enteric Pathogen Identification Confirmation (TITLE 17)       No Charge         Gonorrhea Amplified Nucleic Acid Screen       \$42.00         Gonorrhea Primary Culture       \$17.00         Herpes       \$25.00         Direct DFA       \$25.00         Culture and DFA       \$42.00         HIV       **Oral Fluid Antibody Screen, EIA and Confirmation of Positives       \$20.00         Serum Antibody Screen, EIA and Confirmation of Positives       \$17.00         Oral Fluid Western Blot Confirmation       \$50.00         Molecular PCR Identification       \$50.00         Molecular PCR Identification       \$70.00         Mycology       **Primary Culture with Yeast or Fungus Identification       \$40.00         Coccidioides Accuprobe       \$50.00         Identification (Yeast or Fungi)       \$50.00         Occult Blood Screen       \$14.00         Parasitology       **Screen       \$17.00         Screen       \$17.00         Cryptosporidium Acid Fast Screening       <   |                 |          |
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| Direct DFA \$25.00 Culture and DFA \$42.00 HIV Oral Fluid Antibody Screen, EIA and Confirmation of Positives \$20.00 Serum Antibody Screen, EIA and Confirmation of Positives \$17.00 Oral Fluid Western Blot Confirmation \$50.00 Serum IFA Confirmation \$50.00 Molecular PCR Identification \$70.00 Mycology Primary Culture with Yeast or Fungus Identification \$40.00 Coccidioides Accuprobe \$50.00 Identification (Yeast or Fungi) \$50.00 Occult Blood Screen \$14.00 Parasitology Screen \$50.00 Cryptosporidium Acid Fast Screening \$20.00 Pinworm Screen \$17.00 Malaria Confirmation (TITLE 17) No Charge Arthropod or Worm Identification \$30.00 Rabies DFA \$55.00 Streptococcus Screen and Identification \$18.00 Syphilis Antibody Screen \$12.00 Quantification \$18.00 TPPA \$20.00   |                 | Ψ17.00   |
| Culture and DFA HIV  Oral Fluid Antibody Screen, EIA and Confirmation of Positives Serum Antibody Screen, EIA and Confirmation of Positives \$17.00 Oral Fluid Western Blot Confirmation \$50.00 Serum IFA Confirmation \$50.00 Molecular PCR Identification Mycology Primary Culture with Yeast or Fungus Identification \$50.00 Coccidioides Accuprobe Identification (Yeast or Fungi) Screen Parasitology Screen \$50.00 Cryptosporidium Acid Fast Screening Pinworm Screen Malaria Confirmation (TITLE 17) Mo Charge Arthropod or Worm Identification \$30.00 Rabies DFA Rubella Antibody Screen \$17.00 Streptococcus Screen and Identification \$18.00 TPPA \$20.00 TPPA \$20.00 TPPA  |                 | \$25,00  |
| HIV Oral Fluid Antibody Screen, EIA and Confirmation of Positives \$20.00 Serum Antibody Screen, EIA and Confirmation of Positives \$17.00 Oral Fluid Western Blot Confirmation \$50.00 Serum IFA Confirmation \$50.00 Molecular PCR Identification \$70.00 Mycology Primary Culture with Yeast or Fungus Identification \$40.00 Coccidioides Accuprobe \$50.00 Identification (Yeast or Fungi) \$50.00 Occult Blood Screen \$14.00 Parasitology Screen \$50.00 Cryptosporidium Acid Fast Screening \$20.00 Pinworm Screen \$17.00 Malaria Confirmation (TITLE 17) No Charge Arthropod or Worm Identification \$30.00 Rabies DFA \$55.00 Rubella Antibody Screen \$17.00 Streptococcus Screen and Identification \$18.00 Syphilis Antibody Screen \$12.00 Quantification \$18.00 TPPA \$20.00  |                 |          |
| Oral Fluid Antibody Screen, EIA and Confirmation of Positives  Serum Antibody Screen, EIA and Confirmation of Positives  \$17.00 Oral Fluid Western Blot Confirmation  Serum IFA Confirmation  \$50.00 Molecular PCR Identification  Mycology  Primary Culture with Yeast or Fungus Identification  Coccidioides Accuprobe  Identification (Yeast or Fungi)  Occult Blood Screen  Parasitology  Screen  \$50.00  Cryptosporidium Acid Fast Screening Pinworm Screen  \$17.00 Malaria Confirmation (TITLE 17)  Arthropod or Worm Identification  \$30.00 Rabies DFA  Rubella Antibody Screen  \$17.00 Streptococcus Screen and Identification  \$18.00  Quantification  \$18.00  TPPA  \$20.00  |                 | Ψ12.00   |
| Serum Antibody Screen, EIA and Confirmation \$17.00 Oral Fluid Western Blot Confirmation \$50.00 Serum IFA Confirmation \$550.00 Molecular PCR Identification \$70.00 Mycology Primary Culture with Yeast or Fungus Identification \$40.00 Coccidioides Accuprobe \$50.00 Identification (Yeast or Fungi) \$50.00 Occult Blood Screen \$14.00 Parasitology Screen \$50.00 Cryptosporidium Acid Fast Screening \$20.00 Pinworm Screen \$17.00 Malaria Confirmation (TITLE 17) No Charge Arthropod or Worm Identification \$30.00 Rabies DFA \$55.00 Rubella Antibody Screen \$17.00 Streptococcus Screen and Identification \$18.00 Syphilis Antibody Screen \$12.00 Quantification \$18.00 TPPA \$20.00  |                 | \$20.00  |
| Oral Fluid Western Blot Confirmation         \$50.00           Serum IFA Confirmation         \$50.00           Molecular PCR Identification         \$70.00           Mycology         ***           Primary Culture with Yeast or Fungus Identification         \$40.00           Coccidioides Accuprobe         \$50.00           Identification (Yeast or Fungi)         \$50.00           Occult Blood Screen         \$14.00           Parasitology         ***           Screen         \$50.00           Cryptosporidium Acid Fast Screening         \$20.00           Pinworm Screen         \$17.00           Malaria Confirmation (TITLE 17)         No Charge           Arthropod or Worm Identification         \$30.00           Rabies DFA         \$55.00           Rubella Antibody Screen         \$17.00           Streptococcus Screen and Identification         \$18.00           Syphilis         **           Antibody Screen         \$12.00           Quantification         \$18.00           TPPA         \$20.00  |                 |          |
| Serum IFA Confirmation         \$50.00           Molecular PCR Identification         \$70.00           Mycology         ***           Primary Culture with Yeast or Fungus Identification         \$40.00           Coccidioides Accuprobe         \$50.00           Identification (Yeast or Fungi)         \$50.00           Occult Blood Screen         \$14.00           Parasitology         ***           Screen         \$50.00           Cryptosporidium Acid Fast Screening         \$20.00           Pinworm Screen         \$17.00           Malaria Confirmation (TITLE 17)         No Charge           Arthropod or Worm Identification         \$30.00           Rabies DFA         \$55.00           Rubella Antibody Screen         \$17.00           Streptococcus Screen and Identification         \$18.00           Syphilis         ***           Antibody Screen         \$12.00           Quantification         \$18.00           TPPA         \$20.00  |                 |          |
| Molecular PCR Identification\$70.00Mycology\$40.00Primary Culture with Yeast or Fungus Identification\$40.00Coccidioides Accuprobe\$50.00Identification (Yeast or Fungi)\$50.00Occult Blood Screen\$14.00Parasitology\$50.00Screen\$50.00Cryptosporidium Acid Fast Screening\$20.00Pinworm Screen\$17.00Malaria Confirmation (TITLE 17)No ChargeArthropod or Worm Identification\$30.00Rabies DFA\$55.00Rubella Antibody Screen\$17.00Streptococcus Screen and Identification\$18.00Syphilis\$12.00Antibody Screen\$12.00Quantification\$18.00TPPA\$20.00  |                 |          |
| Mycology\$40.00Primary Culture with Yeast or Fungus Identification\$40.00Coccidioides Accuprobe\$50.00Identification (Yeast or Fungi)\$50.00Occult Blood Screen\$14.00Parasitology\$50.00Screen\$50.00Cryptosporidium Acid Fast Screening\$20.00Pinworm Screen\$17.00Malaria Confirmation (TITLE 17)No ChargeArthropod or Worm Identification\$30.00Rabies DFA\$55.00Rubella Antibody Screen\$17.00Streptococcus Screen and Identification\$18.00Syphilis\$12.00Antibody Screen\$12.00Quantification\$18.00TPPA\$20.00   |                 |          |
| Primary Culture with Yeast or Fungus Identification  Coccidioides Accuprobe Identification (Yeast or Fungi) S50.00  Occult Blood Screen Parasitology Screen S50.00 Cryptosporidium Acid Fast Screening Pinworm Screen Malaria Confirmation (TITLE 17) No Charge Arthropod or Worm Identification Rabies DFA S17.00  Rubella Antibody Screen \$17.00 Streptococcus Screen and Identification \$18.00 Syphilis Antibody Screen \$12.00 Quantification \$18.00 TPPA   |                 | Ψ10.00   |
| Coccidioides Accuprobe         \$50.00           Identification (Yeast or Fungi)         \$50.00           Occult Blood Screen         \$14.00           Parasitology         \$50.00           Screen         \$50.00           Cryptosporidium Acid Fast Screening         \$20.00           Pinworm Screen         \$17.00           Malaria Confirmation (TITLE 17)         No Charge           Arthropod or Worm Identification         \$30.00           Rabies DFA         \$55.00           Rubella Antibody Screen         \$17.00           Streptococcus Screen and Identification         \$18.00           Syphilis         \$12.00           Quantification         \$18.00           TPPA         \$20.00   |                 | \$40.00  |
| Identification (Yeast or Fungi)       \$50.00         Occult Blood Screen       \$14.00         Parasitology       \$50.00         Cryptosporidium Acid Fast Screening       \$20.00         Pinworm Screen       \$17.00         Malaria Confirmation (TITLE 17)       No Charge         Arthropod or Worm Identification       \$30.00         Rabies DFA       \$55.00         Rubella Antibody Screen       \$17.00         Streptococcus Screen and Identification       \$18.00         Syphilis       \$12.00         Quantification       \$18.00         TPPA       \$20.00   |                 |          |
| Occult Blood Screen         \$14.00           Parasitology         \$50.00           Screen         \$50.00           Cryptosporidium Acid Fast Screening         \$20.00           Pinworm Screen         \$17.00           Malaria Confirmation (TITLE 17)         No Charge           Arthropod or Worm Identification         \$30.00           Rabies DFA         \$55.00           Rubella Antibody Screen         \$17.00           Streptococcus Screen and Identification         \$18.00           Syphilis         \$12.00           Quantification         \$18.00           TPPA         \$20.00  |                 |          |
| Parasitology Screen \$50.00 Cryptosporidium Acid Fast Screening \$20.00 Pinworm Screen \$17.00 Malaria Confirmation (TITLE 17) No Charge Arthropod or Worm Identification \$30.00 Rabies DFA \$55.00 Rubella Antibody Screen \$17.00 Streptococcus Screen and Identification \$18.00 Syphilis Antibody Screen \$12.00 Quantification \$18.00 TPPA \$20.00  |                 |          |
| Screen         \$50.00           Cryptosporidium Acid Fast Screening         \$20.00           Pinworm Screen         \$17.00           Malaria Confirmation (TITLE 17)         No Charge           Arthropod or Worm Identification         \$30.00           Rabies DFA         \$55.00           Rubella Antibody Screen         \$17.00           Streptococcus Screen and Identification         \$18.00           Syphilis         \$12.00           Quantification         \$18.00           TPPA         \$20.00   |                 | φ11.00   |
| Cryptosporidium Acid Fast Screening         \$20.00           Pinworm Screen         \$17.00           Malaria Confirmation (TITLE 17)         No Charge           Arthropod or Worm Identification         \$30.00           Rabies DFA         \$55.00           Rubella Antibody Screen         \$17.00           Streptococcus Screen and Identification         \$18.00           Syphilis         \$12.00           Quantification         \$18.00           TPPA         \$20.00  |                 | \$50.00  |
| Pinworm Screen         \$17.00           Malaria Confirmation (TITLE 17)         No Charge           Arthropod or Worm Identification         \$30.00           Rabies DFA         \$55.00           Rubella Antibody Screen         \$17.00           Streptococcus Screen and Identification         \$18.00           Syphilis         \$12.00           Quantification         \$18.00           TPPA         \$20.00  |                 |          |
| Malaria Confirmation (TITLE 17)No ChargeArthropod or Worm Identification\$30.00Rabies DFA\$55.00Rubella Antibody Screen\$17.00Streptococcus Screen and Identification\$18.00Syphilis\$12.00Quantification\$18.00TPPA\$20.00  |                 |          |
| Arthropod or Worm Identification \$30.00 Rabies DFA \$55.00 Rubella Antibody Screen \$17.00 Streptococcus Screen and Identification \$18.00 Syphilis Antibody Screen \$12.00 Quantification \$18.00 TPPA \$20.00   |                 |          |
| Rabies DFA \$55.00 Rubella Antibody Screen \$17.00 Streptococcus Screen and Identification \$18.00 Syphilis Antibody Screen \$12.00 Quantification \$18.00 TPPA \$20.00  |                 |          |
| Rubella Antibody Screen \$17.00 Streptococcus Screen and Identification \$18.00 Syphilis Antibody Screen \$12.00 Quantification \$18.00 TPPA \$20.00   |                 |          |
| Streptococcus Screen and Identification\$18.00Syphilis\$12.00Antibody Screen\$12.00Quantification\$18.00TPPA\$20.00  |                 |          |
| Syphilis         \$12.00           Antibody Screen         \$12.00           Quantification         \$18.00           TPPA         \$20.00   |                 |          |
| Antibody Screen \$12.00 Quantification \$18.00 TPPA \$20.00  |                 | Ψ10.00   |
| Quantification\$18.00TPPA\$20.00   | <del></del>     | \$12.00  |
| TPPA \$20.00   |                 |          |
|  |                 |          |
|  | FADF            | \$25.00  |

# EXHIBIT A to Agreement #101-129-P-E2011 Sacramento County Fee Schedule

| Tuberculosis                             |           |
|--|-----------|
| Smear, Concentration, and Culture        | \$40.00   |
| Direct TB probe of Primary Specimen      | \$65.00   |
| Identification, using biochemicals       | \$75.00   |
| Identification, using genetic probes     | \$50.00   |
| Quantiferon Gold TB Blood Screening Test | \$45.00   |
| Drug Susceptibility                      | \$87.00   |
| Varicella-Zoster                         |           |
| Antibody Screen                          | \$17.00   |
| Direct DFA                               | \$25.00   |
| West Nile Virus                          |           |
| EIA                                      | \$16.00   |
| IFA Confirmation                         | \$43.00   |
| Water Coliform Present/Absent            | \$25.00   |
| Additional – H1Nl testing                | No Charge |