



CITY OF HOUSTON
FINANCE & ADMINISTRATION
STRATEGIC PURCHASING DIVISION

Annise D. Parker

Mayor

Carolyn Hanahan, Acting CPO
Finance Department
P.O. Box 1562
Houston, Texas 77251-1562

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December 11, 2015

SUBJECT: Letter of Clarification No. 1 for Alcohol and Controlled Substance Testing Services
For the Department of Human Resources

REFERENCE: ITB No.: S23-T25587

TO: All Prospective Respondents

This Letter of Clarification is issued for the following reasons:

- To revise the above referenced solicitation as follows:
 1. **The Request for Proposal due date remains Friday December 18, 2015 at 2:00 pm.**
 2. **Remove Section C, Price, page 13 of 40 and replace with Section C, Price page 13 of 40 revised dated 12/11/2015**
 3. **Remove SELECTION CRITERIA, Section B. Technical Competence/Requirements (100 Points) pages 14 of 40 through 15 of 40 and replace with pages 14 through 15 of 40 revised dated 12/11/2015.**

QUESTIONS AND ANSWERS

Question 1. What Laboratory are you currently working with?

Answer Alere Toxicology Services, Inc.

Question 2. Who is your current Third party Administrator?

Answer We do not have a third party administrator

Question 3. Who is your current on-site collector?

Answer Houston Medical Testing Services, Inc. subcontractor through Alere (MWBE)

Question 4. What is your current pricing?

Answer Please see attached Amended Exhibit "E" Fees and Cost Analysis

Question 5. Is the pre-bid conference for this solicitation mandatory? Will there be an option to participate via phone?

Answer The pre-bid conference was not mandatory and there was not an option via phone.

Question 6. Who is the current vendor that provides specimen collection services?

Answer Subcontractors are Houston Medical Testing Services (MWBE), NOVA Medical Center, Doctor's Express Urgent Care, and Texas Alcohol and Drug Testing services

Question 7. Who is the current laboratory that provides specimen analysis services?

Answer Alere Toxicology

Question 8. Who are you currently using for MRO services?

Answer George Hancock, M.D.

Question 9. What is the current pricing for:
Specimen collections for urine \$14.75
hair \$55 if billed to City; \$48 self-pay
breath alcohol \$30
Laboratory specimen analysis non-DOT \$14.16 and DOT \$14.91
MRO services \$3.60

Answer see underlined answers above in Question 9

Question 10. You request a mobile collection unit. How often would you require this service?

Answer Monthly for various days; Mobile collection services are requested by any city department to assist with collections where there are no restroom facilities available-for random testing and special circumstances

Question 11. Is it mandatory to have a mobile unit or as an alternative, can an on-site collector perform specimen collections at your location?

Answer In some instances an onsite collector will not work; therefore, a mobile collector will meet the needs of the City department. An onsite collector will not work for requests at multiple locations.

Question 12. On Page 11, 22.0 can you explain the term "SAP FI/PA" used in this statement: "The city is seeking a bi-directional automated billing solution that will fully integrate with SAP FI/PA."?

Answer SAP FI/PA Links the employee and funding information for billing purposes;
SAP means Systems, Applications & Products in data processing
FI-means financial information
PA means personnel action

Question 13. Page 4, 1.0, Purpose – it states The City of Houston wants to enter into a contract with a SAMHSA certified laboratory. Does the City of Houston want to contract directly with a SAMHSA laboratory; a third party administrator (TPA) who subcontracts with a SAMHSA laboratory or either type of vendor?

Answer The City is seeking to enter into a contract with a SAMSHA certified laboratory not a third party administrator. All services will be coordinated through the vendor with the exception of the MRO services.

Question 14. Is the vendor required to provide MRO services?

Answer No, The MRO is an independent contractor

Question 15. Are any physical exams required to be provided by the vendor?

Answer No

Question 16. What is your reason(s) for going out to bid at this time?

Answer The current contract expires July 31, 2016.

Question 17. Who is the current vendor?

Answer Alere Toxicology Services, Inc.

Question 18. Which laboratory is currently performing the drug screens and confirmations?

Answer Alere Toxicology Services, Inc.

Question 19. What is the current pricing for items 1 thru 18 listed on the Fees and Costs Analysis page 13 of the solicitation?

Answer See answer to Question 4

Question 20. What is the estimated quantities (based on the last year) for items 5 thru 18 listed on the Fees and Costs Analysis page 13 of the solicitation?

Answer

Marinol/THC Differentiation Testing	0
Hair Testing	35
Oral Fluid Testing	0
Administrative fee for "Referee Testing" Shipping and Handling	2
Independent Mobile Collection Unit for HFD, HPD, and HAS randoms	0
Hospital/ER/Residence/etc. collection fee	6
Remote work site collection requiring van/trailer/RV	4
After hours and/or weekend collection fee	426

D&L Isomerization	2
6-MAM for DOT	Included in DOT collection fee
6-MAM test for non-DOT	0
Litigation Package Preparation	2
In-person Expert Witness Testimony	5
On-phone Expert Witness Testimony	2

Question 21. How many “out of town” collections were performed last year?

Answer 5 during fiscal year July 1, 2014 to June 30, 2015

Question 22. Please clarify the statement on Fees and Costs Analysis page 13 of the solicitation Item 1 “Controlled Substance Test Standard NON DOT 5-panel – If/When adopted, approx.: 12,000yr.” Doesn’t this Solicitation request both DOT and non-DOT testing with total estimated quantities of 10,000 per year? Can we get a copy of the current contract?

Answer Yes, this request for proposal is a bid for both DOT and Non-DOT fee schedule. A copy of the current contract can be requested through the city’s Texas Public Information Act. A revised fee and cost analysis form has been attached for the current contract.

Question 23. How many off-site collection sites are currently in use?

Answer 9 collections are currently in use

Question 24. What are the addresses of the current off-site collection sites?

Answer 611 Walker, garden level (on site at the City of Houston)
2646 South Loop West
16903 Red Oak Drive
11621A Katy Freeway
12885 Gulf Freeway
13469 East Freeway
10850 Louetta Road
5568 Wesleyan
107 Yale Street

Question 25. How many after hours tests were performed in 2011?

Answer 2011 data has been archived offsite
For fiscal year 2014-2015 approximately 425 tests performed

Question 26. Is the vendor responsible for appointing an MRO?

Answer No, the laboratory is not responsible for appointing an MRO. The MRO is an independent contractor selected by the City.

Question 27. Are MRO services required for positive results only?

Answer No

Question 28. What is the expected positivity rate?

Answer Less than .01%

Question 29. May we receive a copy of the current chain of custody form?

Answer See attached copies of all chain of custody forms for the City of Houston

Question 30. Reference Section 3.7.5- Will the awarded vendor of this contract be responsible for billing the city any "post-accident" with injury treatment fee's?

Answer No, the vendor will be responsible for billing for drug testing services only.

Question 31. Reference Section 3.10- Would one bilingual collector be sufficient?

Answer We are requesting at least one collector be bilingual indicating that more than 1 collector is needed.

Question 32. Reference 6.3- MRO's are not permitted to work for a certified laboratory. Will the City assign an MRO to be used?

Answer Yes

Question 33. Reference Section 18.0- Please explain or give example of a "test performed outside City's protocol? Has this happened in the past?

Answer Performing alcohol test for randoms on non-federal regulated employees

Question 34 For hair testing, is the hair sample a 5 panel or 10 pane?

Answer 5 panel

Question 35. For Reference Section 3.7.4, requires that we complete a "request for qualifications prior to conducting any City collection services." Is that a form and where is that form?

Answer Request for qualifications would be collector certifications for completion of training courses that demonstrate proficiency in the collection process

Question 36. What is the estimated amount of steroid & Marinol testing that you anticipate for the year?

Answer Approx. ten (10)/year

Question 37. Could you provide more details on the steroid testing requirements?

- o Which steroids would be tested for?

Answer All over the counter exogenous (developed or originating outside of the body) steroids, non-United States (US) market prescriptions for steroid preparations and/or any other exogenous steroid like substances.

Question 38. Are we required to provide a mobile testing vehicle for this RFP? Or, in lieu of a mobile unit, can we use oral fluid drug screening technology for Non-DOT remote site testing as an alternative to a mobile unit?

Answer The mobile testing service is intended to travel to various city locations.
The methodology of the test will be determined at a later time.

When issued, Letter(s) of Clarification shall automatically become a part of the solicitation documents and shall supersede any previous specification(s) and/or provision(s) in conflict with the Letter(s) of Clarification. It is the responsibility of the respondent to ensure that it has obtained all such letter(s). By submitting a bid on this project, respondents shall be deemed to have received all Letter(s) of Clarification and to have incorporated them into this bid. If you have any questions or if further clarification is needed regarding this solicitation, please contact me.

Sincerely,

Roy Breaux

Roy Breaux
Procurement Specialist
City of Houston, Strategic Purchasing Division
832-393-8728

Attached: Page 13 of 40 Revised 12/11/2015
Page 14 of 40 Revised 12/11/2015
Page 15 of 40 Revised 12/11/2015
Amended Exhibit "E" –Fees and Cost Analysis dated 5/17/13
Chain of Custody Forms

REVISED 12/11/2015

personnel must be committed to the project at the appropriate time level. Proposer understands that the qualifications and experience of key personnel proposed will be factored into the evaluation process; therefore, key personnel must not be replaced without the approval of the City. Any approved substitutions must be with personnel of equal or better qualifications. In addition, any other commitments must not conflict with the level of commitment proposed for this project.

B. RESERVED

C. Price

**AMENDED EXHIBIT "E"
FEES AND COSTS ANALYSIS**

Price per test:

	BASE CONTRACT	1 ST YEAR	2 ND YEAR	3 RD YEAR	1 ST YEAR OPTION	2 ND YEAR OPTION
1.	Controlled Substance Test (Standard non-DOT 5 panel) approx: 10,000/yr.					
2.	Controlled Substance Test (Standard DOT 5 Panel) Currently at approx: 10,000/yr.*					
3.	Breath Alcohol Test Approx: 5000/yr.					
4.	Steroid Testing Approx: ten (10)/yr.					
5.	Marinol/THC Differentiation Testing					
6.	Hair Testing Approx. 100/year					
7.	Oral Fluid Testing					
8.	Administrative fee for "Referee Testing" Shipping and Handling					
9.	Independent Mobile Collection Unit for HFD, HPD, and HAS randoms					
10.	Hospital/ER/Residence/etc. collection fee					
11.	Remote work site collection requiring van/trailer/RV					
12.	After hours and/or weekend collection fee					
13.	D&L Isomerization					
14.	6-MAM for DOT					
15.	6-MAM test for non-DOT					
16.	Litigation Package Preparation					
17.	In-person Expert Witness Testimony					
18.	On-phone Expert Witness Testimony					
19.						
20.						

The City will consider the overall pricing for the comprehensive solution in its selection process.

REVISED 12/11/2015

PART III RESERVED**PART IV – EVALUATION AND SELECTION PROCESS**

An evaluation committee will evaluate responsive proposals in accordance with the evaluation criteria listed below. Upon completion of the evaluation, the committee may develop a short list of Proposer(s) meeting the technical competence requirements. Price proposals of those shortlisted will be evaluated once they are identified by the evaluation committee. The shortlisted Proposer(s) may be scheduled for a structured oral presentation, demonstration and/or interview. Such presentations will be at no cost to the City of Houston. At the end of the oral presentation, demonstration and/or interview, the evaluation of the shortlisted Proposer(s) will be completed. However, the evaluation committee reserves the right to issue letter(s) of clarification when deemed necessary to any or all Proposer(s). The oral presentations, demonstrations and/or interviews may be recorded and/or videotaped.

SELECTION CRITERIA**Possible Points****A. Responsiveness of Proposal (Pass/Fail)**

1. Proposer must be compliant on submitting all “Material” requirements.

B. Technical Competence/Requirements (100 Points)

- | | |
|--|----|
| 1. Comprehensive services for City employees and applicants | 30 |
| <ul style="list-style-type: none"> • Proposed strategy and Operational Plan (10) • Knowledge, competence, and experience in providing turnkey alcohol and controlled substance screening services (10) • Management/billing/reporting capabilities (10) | |
| 2. Location and accessibility of facilities to the City’s employees and applicants | 20 |
| <ul style="list-style-type: none"> • Wait times/number of collectors available | |
| 3. Customer Support | 15 |
| <ul style="list-style-type: none"> • Procedures in place to assure timely and effective service to the City (3) • Key personnel identified (3) • Hours of availability to troubleshoot issues and answer Questions (3) • After hour locations (3) • Mobile services (3) | |
| 4. Experience and Qualifications | 15 |
| <ul style="list-style-type: none"> • Secure credentials and insurance for a primary and secondary Medical Review Officers as selected by the City of Houston (3) | |

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- Organizational chart of proposed team or staff for this project (3)
- Collection staff experience/licensure (3)

5. Cost per test; cost for onsite collectors; cost for mobile collector 10
6. M/WBE Participation 10

Note: Hire Houston First (HHF) Ordinance (CM2011-0766): At the conclusion of scoring Proposals, preference points shall be distributed in the following manner:

5 Points: For Proposer firm residing within the City of Houston city limits;

3 Points: For Proposer whose firm is a local business residing within the adjoining 10 counties to the City of Houston city limits.

0 Points: For Proposer whose company does not reside within Houston city limits, or within its adjacent 10 surrounding counties.

A. Interviews/Oral Presentations/Demonstrations

The City reserves the right to request and require that each Proposer provide a final presentation of its proposal at a scheduled date and time. No Proposer is entitled to this opportunity, and no proposer will be entitled to attend presentations of any other Proposer. The purpose of the presentations is to inform the work of the evaluation committee. If necessary, Proposers may be required to make more than one presentation or demonstration.

The City may provide to Proposers samples of documents for the purpose of preparing a demonstration. The goal of such documents is to enable the City to get a better idea regarding how the proposed system will handle the City's requirements and enable the Proposer to prepare a more targeted presentation. The City also welcome opportunities to further streamline and improve the procurement and contracting process; therefore, Proposer may highlight potential improvements based on lessons learned from other systems implementations.

B. Selection Process

Upon review of all information provided by shortlisted proposers, the evaluation committee will make a recommendation for selection to City officials. The City reserves the right to check references on any projects performed by the proposer whether provided by the proposer or known by the City. Selected proposal will be submitted for approval by the appropriate City officials. The City of Houston intends to select a proposal that best meets the needs of the City and provides the overall best value. Upon approval of the selected Proposer, a contract will be executed by the appropriate City officials.

C. Best and Final Offer

City reserves the right to request a Best and Final Offer from finalist Proposer(s), if it deems such an approach necessary. In general, the Best and Final Offer would consist of updated costs as well as answers to specific questions that were identified during the evaluation of Proposals.

If City chooses to invoke this option, Proposals would be re-evaluated by incorporating the information requested in the Best and Final Offer document, including costs, and answers to specific questions presented in the document. The specific format for the Best and Final Offer would be determined during

AMENDED EXHIBIT "E"

FEES AND COSTS ANALYSIS

Price per test:

	BASE CONTRACT	1 ST YEAR	2 ND YEAR	3 RD YEAR
1.	Controlled Substance Test (Proposed Enhanced Panel) If/when adopted, approx: 12,000/yr.	\$32.89	\$33.84	\$34.75
2.	Controlled Substance Test (Standard DOT 5 Panel) Currently at approx: 11,000/yr.*	\$31.63	\$32.51	\$33.34
3.	Breath Alcohol Test (DOT only) Approx: 1000/yr.	\$30.05	\$30.00	\$30.00
4.	Steroid Testing Approx: ten (10)/yr.	\$150.00	\$150.00	\$150.00
5.	Marinol/THC Differentiation Testing	\$100.00	\$100.00	\$100.00
6.	Administrative fee for "Referee Testing" Shipping and Handling	\$50.00	\$50.00	\$50.00
7.	Hospital/ER/Residence/etc. collection fee	\$75.00	\$75.00	\$75.00
8.	Remote work site collection requiring van/trailer/RV	\$145.00	\$145.00	\$145.00
9.	After hours and/or weekend collection fee	\$82.00	\$82.00	\$82.00
	D&L Isomerization	\$20.00	\$40.00	\$40.00
	6-MAM for DOT	No charge	No charge	No charge
	6-MAM test for non-DOT	\$20.00	\$20.00	\$20.00
	Litigation Package Preparation	\$150.00 per request	\$150.00 per request	\$150.00 per request
	In-person Expert Witness Testimony	\$165.00 per hour	\$165.00 per hour	\$165.00 per hour
	On-phone Expert Witness Testimony	\$70.00 per hour	\$70.00 per hour	\$70.00 per hour
	2/1/11 New Cost New DOT panel changes	\$32.38	\$33.26	\$34.09

Hair Sample testing

\$48/per test based upon 100 dilutes/ year

9770094534



FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

1111 Newton Street, Gretna, LA 70053
450 Southlake Boulevard, Richmond, VA 23236

Phone: 800.433.3823
Fax: 504.361.8298

1026073/989490



506548747

Courier Tracking Number

LAB NUMBER

STEP 1: To be completed by Collector or Employer Representative

Specimen ID Number 506548747

A. Employer Name, Address, ID No.

HOUSTON/DOT/GENERIC
611 WALKER
GARDEN LEVEL
HOUSTON, TX 77002
832-393-6144 832-393-9415

Facility Number

7910000

B. MRO Name, Address, Phone No., and Fax No.

HANCOCK, GEORGE MD
5773 WOODWAY DRIVE PMG 151
HOUSTON, TX 77057
713-621-8210 866-690-8215

C. Donor SSN or Employee ID No.:

SSN/Employee ID Number

Location Code: (optional)

D. Specify Testing Authority:

E. Reason for Test: Pre-Employment, Random, Reasonable Suspicion/Cause, Post Accident, Return to Duty, Follow-up, Other (specify):

F. Drug Tests to be Performed: THC, COC, PCP, OPI, & AMP, THC & COC Only, Other (specify):

G. Collection Site Address:

HATE-CITY OF HOUSTON
PHYSICAL EXAM DRUG TESTING
611 WALKER ST. - GARDEN LEVEL
HOUSTON, TX 77002

Collector Phone & Fax: (Write phone number in boxes if not pre-printed.)

Collector Phone & Fax

PH: 832-393-6155
FX: 832-393-9415

Collector Number

49034

STEP 2: To be completed by Collector (Make Remarks when appropriate) Collector reads specimen temperature within 4 minutes

Is temperature between 90° and 100°F? Yes No, Enter Remark Collection: Split Single None Provided, Enter Remark Observed, Enter Remark

Remarks:

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy).

STEP 4: Chain of Custody - Initiated by Collector and completed by Test Facility

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

Collector Name (First, MI, Last)

PRINT Collector Name (First, MI, Last)

Date Collected (Mo/Dy/Yr)

Date Collected (Mo/Dy/Yr)

Time Collected: AM PM

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service

Received at Lab or IITF:

Signature of Accessioner

PRINT Accessioner's Name (First, MI, Last)

Date (Mo/Dy/Yr)

Primary Specimen Bottle Seal Intact?

Yes No If No, enter remark in Step 5A.

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5A: Primary Specimen Report to be completed by Test Facility

NEGATIVE POSITIVE for: Marijuana Metabolite (THCA) 6-Acetylmorphine Methamphetamine MDMA
DILUTE Cocaine Metabolite (BZE) Morphine Amphetamine MDA
REJECTED ADULTERATED SUBSTITUTED INVALID RESULT PCP Codeine MDEA

Remarks:

Test Facility (if different from above):

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

Signature of Certifying Technician/Scientist

PRINT Certifying Technician/Scientist Name (First, MI, Last)

Date (Mo/Dy/Yr)

STEP 5B: To be completed by Split Testing Laboratory

RECONFIRMED FAILED TO RECONFIRM - REASON:

Laboratory Name

Laboratory Address

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

Signature of Certifying Scientist

PRINT Certifying Scientist Name

Date (Mo/Dy/Yr)



SPECIMEN ID NO. 506548747

A



Date (Mo/Day/Yr.)

506548747

SPECIMEN BOTTLE SEAL

Donor's Initials



SPECIMEN ID NO. 506548747

B

(SPLIT)



Date (Mo/Day/Yr.)

506548747

SPECIMEN BOTTLE SEAL

Donor's Initials

OMB NO. 0930-0158

1654301820

NON-FEDERAL FOUR-PART DRUG TESTING CUSTODY AND CONTROL FORM

1026073/989490

Alere

1111 Newton St., Gretna, LA 70053
450 Southlake Blvd., Richmond, VA 23236
Phone: 800.433.3823 | Fax: 504.361.8298

Airbill / Courier Tracking Number



202056266

Specimen ID 202056266

STEP 1: TO BE COMPLETED by Collector or Employer/Client Representative

A. Employer/Client Name, Address, Phone, & Fax: HOUSTON/EMPLOYEE/GENERIC 611 WALKER GARDEN LEVEL HOUSTON, TX 77002
B. MRO Name, Address, Phone, & Fax: HANCOCK, GEORGE MD 5778 WOODWAY DRIVE Pkg 153 HOUSTON, TX 77057

C. Name/ID: [Grid] Sub Acct: [Grid] PRINT ALL IN CAPS for Donor Name (Last Name, First Name MI); leave space between names/ID/Auxiliary Data.

D. Donor SSN or Employee ID No.: [Grid] E. Daytime Phone No.: [Grid] F. Evening Phone No.: [Grid]

G. Reason for Test: [] Pre-Employment [] Random [] Reasonable Suspicion/Cause [] Post Accident [] Return to Duty [] Follow-up [] Other

H. Panel: If a panel is not selected below, Alere will use the default for the Facility listed above. See back of copy 4 for additional panel instructions. [] A Primary Default Panel [] B [] C [] D [] E [] Other (write in panel number)

I. Collection Site Name & Address: HMTS-CITY OF HOUSTON PHYSICAL EXAM DRUG TESTING 611 WALKER ST. - GARDEN LEVEL HOUSTON, TX 77002
Collector Phone No.: 832-393-6155 832-395-9415
Collector Number: 49034

STEP 2: TO BE COMPLETED by Collector - Within 4 minutes, read temperature of specimen. Within range? [] Yes 90°-100°F / 32°-38°C [] No [] Below 90°F / 32°C [] Above 100°F / 38°C

Remarks:

STEP 3: TO BE COMPLETED by Collector and Donor - Collector affixes bottle seals(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen container used was sealed with tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen container is correct.
Signature of Donor: [Signature] Date: [Date] Donor Date of Birth (Mo./Day/Yr.): [Date]

STEP 5: CHAIN OF CUSTODY - Initiated by Collector and completed by Laboratory

I certify that the specimen given to me by the donor identified above was collected, labeled, sealed, and released in accordance with applicable requirements.
PRINT Collector Name (First, MI, Last): [Name] Date Collected (Mo./Day/Yr.): [Date]
Signature of Collector: [Signature] Time Collected: [Time] AM/PM
Specimen Bottle(s) Released to: COURIER
Service Transferring Specimen to Lab

STEP 6: TO BE COMPLETED by Lab

RECEIVED AT LAB: [Signature] PRINT Accessioner Name (First MI Last)
Date (Mo/Dy/Yr) Primary Specimen Seal Intact? [] Yes [] No, Enter Remark Specimen(s) Released to: TEMPORARY STORAGE
Remarks:

LAB NUMBER

1101 REV 07/2013



SPECIMEN ID NO. 202056266



SPECIMEN ID NO. 202056266

A



B

(SPLIT)



Date (Mo./Day/Yr.) 202056266 SPECIMEN BOTTLE SEAL

Donor's Initials
Date (Mo./Day/Yr.) 202056266 SPECIMEN BOTTLE SEAL

1654301820

NON-FEDERAL FOUR-PART DRUG TESTING CUSTODY AND CONTROL FORM

0837829/963797

Alere

1111 Newton St., Gretna, LA 70053
450 Southlake Blvd., Richmond, VA 23236
Phone: 800.433.3823 | Fax: 504.361.8298

Airbill / Courier Tracking Number



201247312

Specimen ID 201247312

STEP 1: TO BE COMPLETED by Collector or Employer/Client Representative

A. Employer/Client Name, Address, Phone, & Fax: HOUSTON/ASGNMNT/GENERIC
B. MRO Name, Address, Phone, & Fax: HANCOCK, GEORGE MD
5773 WOODWAY DRIVE PMG 351
HOUSTON, TX 77057
713-622-8220 866-670-8225

C. Name/ID: [Grid] Sub Acct: [Grid]
PRINT ALL IN CAPS for Donor Name (Last Name, First Name MI); leave space between names/ID/Auxiliary Data.

D. Donor SSN or Employee ID No.: [Grid] E. Daytime Phone No.: [Grid]
F. Evening Phone No.: [Grid]

G. Reason for Test: [] Pre-Employment [] Random [] Reasonable Suspicion/Cause [] Post Accident [] Return to Duty [] Follow-up [] Other
H. Panel: If a panel is not selected below, Alere will use the default for the Facility listed above. See back of copy 4 for additional panel instructions.
[] A 46 [] B [] C [] D [] E [] Other: (write in panel number)

I. Collection Site Name & Address: Collector Phone No.: ([Grid]) [Grid] - [Grid] [Grid]
HHTS-CITY OF HOUSTON
PHYSICAL EXAM DRUG TESTING B
611 WALKER ST. - GARDEN LEVEL
HOUSTON, TX 77002
632-393-6155
713-637-9477
Collector Number 49034

STEP 2: TO BE COMPLETED by Collector - Within 4 minutes, read temperature of specimen.
Within range? [] Yes 90°-100°F / 32°-38°C [] No [] Below 90°F / 32°C [] Above 100°F / 38°C
Oral Fluid, temperature [] not applicable
Split Specimen [] No [] Yes
Observed []

STEP 3: TO BE COMPLETED by Collector and Donor - Collector affixes bottle seals(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: TO BE COMPLETED by Donor
I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen container used was sealed with tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen container is correct.
X Signature of Donor Date: / /
Donor Date of Birth (Mo./Day/Yr.) / /

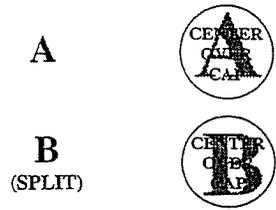
STEP 5: CHAIN OF CUSTODY - Initiated by Collector and completed by Laboratory

I certify that the specimen given to me by the donor identified above was collected, labeled, sealed, and released in accordance with applicable requirements.
[Grid] PRINT Collector Name (First, MI, Last)
X Signature of Collector
Date Collected (Mo./Day/Yr.) / /
Time Collected: [] AM [] PM
Specimen Bottle(s) Released to: COURIER
Service Transferring Specimen to Lab

STEP 6: TO BE COMPLETED by Lab

RECEIVED AT LAB:
X Signature of Accessioner PRINT Accessioner Name (First MI Last)
Date (Mo/Dy/Yr) Primary Specimen Seal Intact? [] Yes [] No, Enter Remark
Specimen(s) Released to: TEMPORARY STORAGE
LAB NUMBER

Remarks:



Date (Mo./Day/Yr.) 201247312
SPECIMEN BOTTLE SEAL
Donor's Initials
Date (Mo./Day/Yr.) 201247312
SPECIMEN BOTTLE SEAL
Donor's Initials

1101 REV 07.2013

1654301820

NON-FEDERAL FOUR-PART DRUG TESTING CUSTODY AND CONTROL FORM

1164588/1094379

Alere

1111 Newton St., Gretna, LA 70053
450 Southlake Blvd., Richmond, VA 23236
Phone: 800.433.3823 | Fax: 504.361.8298

Facility Number
6068100



202865221

Specimen ID 202865221

STEP 1: TO BE COMPLETED by Collector or Employer/Client Representative

A. Employer/Client Name, Address, Phone, & Fax: HOUSTON/APP/GENERIC
B. MRO Name, Address, Phone, & Fax: HANCOCK, GEORGE MD
C. Name/ID:
D. Donor SSN or Employee ID No.:
E. Daytime Phone No.:
F. Evening Phone No.:
G. Reason for Test:
H. Panel:
I. Collection Site Name & Address:
Collector Phone No.:
Collector Number: 49034

STEP 2: TO BE COMPLETED by Collector - Within 4 minutes, read temperature of specimen.
Within range? Yes 90°-100°F / 32°-38°C No Below 90°F / 32°C Above 100°F / 38°C
Oral Fluid, temperature not applicable
Split Specimen No Yes
Observed

Remarks:

STEP 3: TO BE COMPLETED by Collector and Donor - Collector affixes bottle seals(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: TO BE COMPLETED by Donor

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen container used was sealed with tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen container is correct.
Signature of Donor
Date:
Donor Date of Birth (Mo./Day/Yr.)

STEP 5: CHAIN OF CUSTODY - Initiated by Collector and completed by Laboratory

I certify that the specimen given to me by the donor identified above was collected, labeled, sealed, and released in accordance with applicable requirements.

PRINT Collector Name (First, MI, Last)
Date Collected (Mo./Day/Yr.)
Time Collected: AM PM
Specimen Bottle(s) Released to: COURIER
Service Transferring Specimen to Lab

STEP 6: TO BE COMPLETED by Lab

RECEIVED AT LAB:
Signature of Accessioner
PRINT Accessioner Name (First MI Last)
Primary Specimen Seal Intact? Yes No, Enter Remark
Specimen(s) Released to: TEMPORARY STORAGE
LAB NUMBER

1101 REV 07/2013



SPECIMEN ID NO. 202865221

A



Date (Mo./Day/Yr.) 202865221
SPECIMEN BOTTLE SEAL



SPECIMEN ID NO. 202865221

B (SPLIT)



Date (Mo./Day/Yr.) 202865221
SPECIMEN BOTTLE SEAL