



Public Safety Committee

Wednesday, December 6, 2023 2:30PM
40 McMaster Street, Ballston Spa, NY

Chair: John Lant

Members: C. Eric Butler, Joe Grasso, Mark Hammond (vc), Jean Raymond, Kevin Tollisen, Kevin Veitch

Agenda

- I. Welcome and Attendance

- I. Approval of the minutes of the November 1, 2023 meeting.

- II. Authorizing the acceptance of an Indigent Legal Services Grant (Distribution #14) from the New York State Office of Indigent Legal Services – George Conway, Conflict Defender

- III. Andre Delvaux, Emergency Services
 - a. Authorizing an agreement with Locus Diagnostics, LLC
 - b. Authorizing an agreement with the New York State Division of Homeland Security and Emergency Services to accept a 2023 Statewide Interoperable Communications Grant (2023 SICG-Formula) and amending the 2023 budget in relation thereto.

- IV. Authorizing a renewal agreement with National Medical Services, Inc. D/B/A NMS Labs for Post-Mortem Toxicological Services – Susan Hayes Masa, Coroner

- V. Authorizing an agreement with the New York State Division of Criminal Justice Services to accept a 2023-2024 District Attorney Salary Aid Program grant – Karen Heggen, District Attorney

- VI. Authorizing an amended agreement with Primecare Medical of New York, Inc., Professional Care Medical Practice, p.c., professional Care Dental Services, P.C., and Personalcare Registered Professional Nursing, P.C. for the provision of nursing services at the Saratoga County Correctional Facility – Michael Zurlo, Sheriff

- VII. Other Business

- VIII. Adjournment



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

TO: Steve Bulger, County Administrator
Ridge Harris, Deputy County Administrator
Michelle Granger, County Attorney
Therese Connolly, Clerk of the Board
Stephanie Hodgson, Director of Budget

CC: John Warmt, Director of Purchasing
Jason Kemper, Director of Planning and Economic Development
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Audra Hedden, County Administrator's Office
Laurie Vroman, County Attorney's Office

DEPARTMENT: Conflict Defender



DATE: 11/13/2023

COMMITTEE: Public Safety



This column must be completed prior to submission of the request.

1. Is a Resolution Required:

Yes, Grant Acceptance

2. Proposed Resolution Title:

Distribution #14- C140040

3. Specific Details on what the resolution will authorize:

Budget and Work Plan designed to implement the plan submitted by Saratoga County to use these funds (\$ 423,201.00 over three years) to improve the quality of services provided pursuant to article 18-B of the County Law. Please see attached Budget and Work Plan for funding.

This funding distribution, which was approved by the Indigent Legal Services Board at its meeting on June 2, 2023, consists of \$46,464,684 over three years (\$15,488,228 per year) to 57 counties and New York City, to improve the quality of mandated representation – criminal defense and parental representation in Family Court matters – within each locality. The contract period runs from January 1, 2024 through December 31, 2026.

Please note that Distribution #14 is a new authorization for the funding amount you have been receiving under Distribution #11, for which the contract period (unless extended) will expire on December 31, 2023.

County Attorney's Office
Consulted

4. Is a Budget Amendment needed: YES or NO
 If yes, budget lines and impact must be provided.
 Any budget amendments must have equal and offsetting entries.

County Administrator's Office
 Consulted

Please see attachments for impacted budget lines.
 (Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount

Expense

Account Number	Account Name	Amount

Fund Balance (if applicable): (Increase = additional revenue, Decrease = additional expenses)

Amount:

5. Identify Budget Impact (**Required**):

No Budget Impact. Funds are included in the Department Budget

- a. G/L line impacted
- b. Budget year impacted
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or NO (If yes, provide details)

a. Is a new position being created? Y N

Effective date

Salary and grade

b. Is a new employee being hired? Y N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification? Y N

Is this position currently vacant? Y N

Is this position in the current year compensation plan? Y N

Human Resources Consulted

7. Does this item require the awarding of a contract: Y N

a. Type of Solicitation

b. Specification # (BID/RFP/RFQ/OTHER CONTRACT #)

c. If a sole source, appropriate documentation, including an updated letter, has been submitted and approved by Purchasing Department? Y N N/A

d. Vendor information (including contact name):

e. Is the vendor/contractor an LLC, PLLC, or partnership:

f. State of vendor/contractor organization:

g. Commencement date of contract term:

h. Termination of contract date:

i. Contract renewal date and term:

k. Is this a renewal agreement: Y N

l. Vendor/Contractor comment/remarks:

Purchasing Office Consulted

County Administrator's Office
Consulted

8. Is a grant being accepted: YES or NO

a. Source of grant funding:

State

b. Agency granting funds:

Office of INdigent Legal Services

c. Amount of grant:

\$423,201.00

d. Purpose grant will be used for:

Conflict Defender's Office support to improve hte quality of services privedd pusuant to article 18-B of hte County Law.

e. Equipment and/or services being purchased with the grant:

N/A

f. Time period grant covers:

01/01/2024-12/31/2026

g. Amount of county matching funds:

0

h. Administrative fee to County:

0

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Information summary memo
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other _____

10. Remarks:



SARATOGA COUNTY BOARD OF SUPERVISORS

PROPOSED RESOLUTION

Introduced by Supervisors

AUTHORIZING THE CHAIRMAN TO ENTER INTO AN AGREEMENT WITH THE NEW YORK STATE OFFICE OF INDIGENT LEGAL SERVICES TO ACCEPT A \$423,201 INDIGENT LEGAL SERVICES GRANT (DISTRIBUTION #14)

WHEREAS, grant funds are available for the grant period January 1, 2024 through December 31, 2026 from the New York State Office of Indigent Legal Services in the amount of \$423,201 to assist Saratoga County, the County Conflict Defender's Office in improving the quality of indigent legal services provided by the County pursuant to County Law Article 18-B; and

WHEREAS, the County proposes to use said grant funds to continue to fund salaries and operational expenses of the Conflict Defender's Office; and

WHEREAS, the acceptance of this grant requires this Board's approval; now, therefore, be it

RESOLVED, that the Chair of the Board of Supervisors is authorized to execute all necessary documents with the New York State Office of Indigent Legal Services for the acceptance of a State Office of Indigent Legal Services Grant (Distribution #14) in the amount of \$423,201 for improving the quality of indigent legal services in Saratoga County for the period January 1, 2024 through December 31, 2026; with the form and content of such documents being subject to the approval of the County Attorney.

BUDGET IMPACT STATEMENT: No budget impact. 100% State Aid.

Therese Connolly

From: Blair, Jami (ILS) <Jami.Blair@ils.ny.gov>
Sent: Thursday, November 9, 2023 3:34 PM
To: Steve Bulger
Cc: Dawn Phillips; Blumenberg, Andrew; George Conway; Samantha Kupferman; Damiano, Dina; Warth, Patricia (ILS); Phillips, Burton (ILS); Colvin, Jennifer (ILS); Papanicolaou, Petros (ILS); Zartarian, Claire (ILS); Knittel, Claire (ILS)
Subject: Contract for ILS Distribution #14 - Saratoga County
Attachments: 0-Contract-Saratoga-14-#C140040.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Mr. Bulger,

I am very pleased to send you the attached contract in the amount of **\$423,201.00** for your review and approval. It reflects the funds awarded to Saratoga County by virtue of the distribution authorized by the Indigent Legal Services Board in June, 2023 ("**Distribution #14**"). It also includes a Budget and Work Plan designed to implement the plan submitted by Saratoga County to use these funds to improve the quality of services provided pursuant to article 18-B of the County Law.

As with previous ILS contracts, a unique contract number was assigned to this agreement by ILS. This number begins with a T or C and should also be referenced in all correspondence, claims for payment, and inquiries.

Two (2) original signed and notarized copies of the entire contract package must be returned for processing to the following address:

Jennifer Colvin
Manager of Grant Solicitation and Distribution
Office of Indigent Legal Services
A. E. Smith Office Bldg., 11th Floor
80 South Swan St.
Albany, NY 12210

When the signed contracts are received, they will be reviewed and then signed by Director Patricia Warth. The fully executed contract will then be forwarded to the Attorney General and the State Comptroller, respectively, for final review and approval. We anticipate that the approval process will take approximately four weeks. When we receive the fully executed and approved contract from the State Comptroller, we will transmit an electronic copy to the person named in the contract as the contact.

Thank you for the cooperation that you have shown during this funds distribution process. Should you have any questions, please do not hesitate to contact myself or Jennifer Colvin.

Best,

Jami



Jamison Blair

Assistant Counsel

New York State Office of Indigent Legal Services

80 S Swan St, Ste 1147, Albany, NY 12210 | www.ils.ny.gov

(518) 935-7284 | jami.blair@ils.ny.gov | he/him/his



OFFICE OF THE CONFLICT DEFENDER

GEORGE P. CONWAY, ESQ., CONFLICT DEFENDER

518.885.2217

SARATOGACOUNTY.NY.GOV

40 MC MASTER ST, BALLSTON SPA, NY 12020

Assistant Conflict Defenders

Briana T. Clayton, Esq.
George B. Sexton, Esq.
Neil S. Weiner, Esq.

SARATOGA COUNTY PROPOSAL FOR ILS 2024-2026 DISTRIBUTION #14

The Saratoga County Conflict Defender's Office has been invited to prepare a request for proposal to receive \$141,067.00 per year for three (3) years for a total of \$423,201.00 pursuant to distribution #14. Please consider this correspondence our request for said funds.

In March 2013, the office of the Conflict Defender of Saratoga County was founded after approval of the Saratoga County Bar Association. Said office has been funded by Distribution #8 & Distribution #11. In January 2020 the Conflict Defender's Office became full time and hired a full time Family Court Attorney under the Distribution #8 Contract. The salary for this position is currently \$98,377.24 with fringe benefits of \$59,026.34. I propose that this grant continues to pay a portion of the salary/fringe of the full time Family Court Conflict Defender of \$157,403.58 per year at \$117,067.00 with Distribution #14. The current Family Court Conflict Defender funded by this grant line has 20+ years of court and trial experience. He has been with the Conflict Defender's Office since 2013 as a part time Conflict Attorney until 2020 when he became an onsite, full time part of the office.

With the remaining funds of \$24,500.00. We would use the fund for expenses associated with the Conflict Defender's Office. Below is the breakdown:

Contracted/Consultant – I would like to allocate \$15,000 for the continued services of our experts in Family and Criminal Courts. Which includes our process services, investigators and litigation consultants and any expert witnesses.

OTPS:

Transcripts – We would like to allocate \$1,000.00 for Criminal and Family Court transcripts.

Conferences/CLE Trainings/Seminars – We would like to allocate \$2,000.00 for conferences training and seminars.

Travel to Court/Mileage – We would like to remove this funding line as our Family Court Attorney does not have to travel and Hurrell Haring is covering our Criminal Court travel/mileage.

Technology Purchases and Upgrades – We would like to use \$4,000 to offset our cost and continue the services for Thompson West, Lexis Nexis, PDCMS licenses any other technology expenses such as Adobe, personal computer etc.

Office Supplies/Postage – We would like to use the remaining \$2,000.00 for office supplies and postage.

** If possible we would like to add in funding for Publications for Family Court materials at \$500.00 if allowable out of the Supplies/Postage line. This would fund the physical copy of the Family Court “yellow book”.*

I believe that the Conflict Defender’s Office has greatly enhanced the County and has given indigent clients outstanding representation. We respectfully request that we be allowed to use funds pursuant to Distribution #14 to continue to fund the Conflict Defender’s Office daily operations.

Budget Expenditure Items	Proposed year budget
Personnel:	
(FT) Assistant Conflict Defender (Family Court) - salary and fringe	117,067.00
Subtotal Personnel	\$117,067.00
Contracted/Consultant:	
Expert and Investigative Services/Process Servers	\$15,000.00
Subtotal Contracted/Consultant	\$15,000.00
OTPS:	
Transcripts	\$1,000.00
Technology Purchases and Upgrades (Westlaw, PDCMS licenses, other technology expenses)	\$4,000.00
Office Supplies/Postage	\$2,000.00
Conferences / CLE Trainings / Seminars	\$2,000.00
Travel / Mileage	\$0
Subtotal OTPS	\$9,500.00
TOTAL	\$141,067.00

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

<p>STATE AGENCY (Name & Address):</p> <p>NYS Office of Indigent Legal Services A. E. Smith Building, 11th Floor 80 South Swan Street Albany, NY 12210</p>	<p>BUSINESS UNIT/DEPT. ID: OLS01 1350200</p> <p>CONTRACT NUMBER: C140040</p> <p>CONTRACT TYPE:</p> <p><input checked="" type="checkbox"/> Multi-Year Agreement</p> <p><input type="checkbox"/> Simplified Renewal Agreement</p> <p><input type="checkbox"/> Fixed Term Agreement</p>
<p>CONTRACTOR SFS PAYEE NAME:</p> <p>Saratoga, County of</p>	<p>TRANSACTION TYPE:</p> <p><input checked="" type="checkbox"/> New</p> <p><input type="checkbox"/> Renewal</p> <p><input type="checkbox"/> Amendment</p>
<p>CONTRACTOR DOS INCORPORATED NAME:</p>	<p>PROJECT NAME:</p> <p>Distribution #14</p>
<p>CONTRACTOR IDENTIFICATION NUMBERS:</p> <p>NYS Vendor ID Number: 1000002435</p> <p>Federal Tax ID Number: 14-6002571</p> <p>DUNS Number (if applicable):</p>	<p>AGENCY IDENTIFIER:</p> <p>CFDA NUMBER (Federally funded grants only):</p>
<p>CONTRACTOR PRIMARY MAILING ADDRESS:</p> <p>Saratoga County Office of the Public Defender 40 McMaster Street Ballston Spa, NY 12020</p> <p>CONTRACTOR PAYMENT ADDRESS:</p> <p><input checked="" type="checkbox"/> Check if same as primary mailing address</p> <p>CONTRACTOR MAILING ADDRESS:</p> <p><input checked="" type="checkbox"/> Check if same as primary mailing address</p>	<p>CONTRACTOR STATUS:</p> <p><input type="checkbox"/> For Profit</p> <p><input checked="" type="checkbox"/> Municipality, Code: 410100000000</p> <p><input type="checkbox"/> Tribal Nation</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Not-for-Profit</p> <p>Charities Registration Number:</p> <p>Exemption Status/Code:</p> <p><input type="checkbox"/> Sectarian Entity</p>

Contract Number: C140040

Page 1 of 2

Master Grant Contract, Face Page

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

<p>CURRENT CONTRACT TERM: From: January 1, 2024 To: December 31, 2026</p> <p>CURRENT CONTRACT PERIOD:</p> <p>AMENDED TERM: From: To:</p> <p>AMENDED PERIOD: From: To:</p>	<p>CONTRACT FUNDING AMOUNT (<i>Multi-year</i> – enter total projected amount of the contract; <i>Fixed Term/Simplified Renewal</i> – enter current period amount):</p> <p>CURRENT: \$423,201.00</p> <p>AMENDED:</p> <p>FUNDING SOURCE(S):</p> <p><input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other</p>
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FOR MULTI-YEAR AGREEMENTS ONLY – CONTRACT PERIOD AND FUNDING AMOUNT:
(Out years represent projected funding amounts)

#	CURRENT PERIOD	CURRENT AMOUNT	AMENDED PERIOD	AMENDED AMOUNT
1				
2				
3				
4				
5				

ATTACHMENTS PART OF THIS AGREEMENT:

- Attachment A:
 - A-1 Program-Specific Terms and Conditions
 - A-2 Federally Funded Grants and Requirement Mandated by Federal Laws
- Attachment B:
 - B-1 Expenditure Based Budget B-2 Performance Based Budget
 - B-3 Capital Budget B-4-Net Deficit Budget
 - B-1(A) Expenditure Based Budget (Amendment)
 - B-2(A) Performance Based Budget (Amendment)
 - B-3(A) Capital Budget (Amendment)
 - B-4(A) Net Deficit Budget (Amendment)
- Attachment C: Work Plan
- Attachment D: Payment and Reporting Schedule
- Other:

IN WITNESS THEREOF, the parties hereto have executed or approved this Master Contract on the dates below their signatures.

CONTRACTOR:

By: _____

Printed Name

Title: _____

Date: _____

STATE AGENCY:

NYS Office of Indigent Legal Services

By: _____

Patricia J. Warth

Printed Name

Title: Director – Office of Indigent Legal Services

Date: _____

STATE OF NEW YORK

County of _____

On the _____ day of _____, _____, before me personally appeared _____, to me known, who being by me duly sworn, did depose and say that he/she resides at _____, that he/she is the _____ of the _____, the contractor described herein which executed the foregoing instrument; and that he/she signed his/her name thereto as authorized by the contractor named on the face page of this Master Contract.

(Notary) _____

ATTORNEY GENERAL'S SIGNATURE

Printed Name

Title: _____

Date: _____

STATE COMPTROLLER'S SIGNATURE

Printed Name

Title: _____

Date: _____

**STATE OF NEW YORK
MASTER CONTRACT FOR GRANTS**

This State of New York Master Contract for Grants (Master Contract) is hereby made by and between the State of New York acting by and through the applicable State Agency (State) and the public or private entity (Contractor) identified on the face page hereof (Face Page).

WITNESSETH:

WHEREAS, the State has the authority to regulate and provide funding for the establishment and operation of program services, design or the execution and performance of construction projects, as applicable and desires to contract with skilled parties possessing the necessary resources to provide such services or work, as applicable; and

WHEREAS, the Contractor is ready, willing and able to provide such program services or the execution and performance of construction projects and possesses or can make available all necessary qualified personnel, licenses, facilities and expertise to perform or have performed the services or work, as applicable, required pursuant to the terms of the Master Contract;

NOW THEREFORE, in consideration of the promises, responsibilities, and covenants herein, the State and the Contractor agree as follows:

STANDARD TERMS AND CONDITIONS

I. GENERAL PROVISIONS

A. Executory Clause: In accordance with Section 41 of the State Finance Law, the State shall have no liability under the Master Contract to the Contractor, or to anyone else, beyond funds appropriated and available for the Master Contract.

B. Required Approvals: In accordance with Section 112 of the State Finance Law (or, if the Master Contract is with the State University of New York (SUNY) or City University of New York (CUNY), Section 355 or Section 6218 of the Education Law), if the Master Contract exceeds \$50,000 (or \$85,000 for contracts let by the Office of General Services, or the minimum thresholds agreed to by the Office of the State Comptroller (OSC) for certain SUNY and CUNY contracts), or if this is an amendment for any amount to a contract which, as so amended, exceeds said statutory amount including, but not limited to, changes in amount, consideration, scope or contract term identified on the Face Page (Contract Term), it shall not be valid, effective or binding upon the State until it has been approved by, and filed with, the New York Attorney General Contract Approval Unit (AG) and OSC. If, by the Master Contract, the State agrees to give something other than money when the value or reasonably estimated value of such consideration exceeds \$10,000, it shall not be valid, effective or binding upon the State until it has been approved by, and filed with, the AG and OSC.

Budget Changes: An amendment that would result in a transfer of funds among program activities or budget cost categories that does not affect the amount, consideration, scope or other terms of such contract may be subject to the approval of the AG and OSC where the amount of such modification is, as a portion of the total value of the contract, equal to or greater than ten percent for contracts of less than five million dollars, or five percent for contracts of more than

five million dollars; and, in addition, such amendment may be subject to prior approval by the applicable State Agency as detailed in Attachment D (Payment and Reporting Schedule).

C. Order of Precedence:

In the event of a conflict among (i) the terms of the Master Contract (including any and all attachments and amendments) or (ii) between the terms of the Master Contract and the original request for proposal, the program application or other attachment that was completed and executed by the Contractor in connection with the Master Contract, the order of precedence is as follows:

1. Standard Terms and Conditions
2. Modifications to the Face Page
3. Modifications to Attachment A-2¹, Attachment B, Attachment C and Attachment D
4. The Face Page
5. Attachment A-2², Attachment B, Attachment C and Attachment D
6. Modification to Attachment A-1
7. Attachment A-1
8. Other attachments, including, but not limited to, the request for proposal or program application

D. Funding: Funding for the term of the Master Contract shall not exceed the amount specified as “Contract Funding Amount” on the Face Page or as subsequently revised to reflect an approved renewal or cost amendment. Funding for the initial and subsequent periods of the Master Contract shall not exceed the applicable amounts specified in the applicable Attachment B form (Budget).

E. Contract Performance: The Contractor shall perform all services or work, as applicable, and comply with all provisions of the Master Contract to the satisfaction of the State. The Contractor shall provide services or work, as applicable, and meet the program objectives summarized in Attachment C (Work Plan) in accordance with the provisions of the Master Contract, relevant laws, rules and regulations, administrative, program and fiscal guidelines, and where applicable, operating certificate for facilities or licenses for an activity or program.

F. Modifications: To modify the Attachments or Face Page, the parties mutually agree to record, in writing, the terms of such modification and to revise or complete the Face Page and all the

¹ To the extent that the modifications to Attachment A-2 are required by Federal requirements and conflict with other provisions of the Master Contract, the modifications to Attachment A-2 shall supersede all other provisions of this Master Contract. See Section I(V).

² To the extent that the terms of Attachment A-2 are required by Federal requirements and conflict with other provisions of the Master Contract, the Federal requirements of Attachment A-2 shall supersede all other provisions of this Master Contract. See Section I(V).

appropriate attachments in conjunction therewith. In addition, to the extent that such modification meets the criteria set forth in Section I.B herein, it shall be subject to the approval of the AG and OSC before it shall become valid, effective and binding upon the State. Modifications that are not subject to the AG and OSC approval shall be processed in accordance with the guidelines stated in the Master Contract.

G. Governing Law: The Master Contract shall be governed by the laws of the State of New York except where the Federal Supremacy Clause requires otherwise.

H. Severability: Any provision of the Master Contract that is held to be invalid, illegal or unenforceable in any respect by a court of competent jurisdiction, shall be ineffective only to the extent of such invalidity, illegality or unenforceability, without affecting in any way the remaining provisions hereof; provided, however, that the parties to the Master Contract shall attempt in good faith to reform the Master Contract in a manner consistent with the intent of any such ineffective provision for the purpose of carrying out such intent. If any provision is held void, invalid or unenforceable with respect to particular circumstances, it shall nevertheless remain in full force and effect in all other circumstances.

I. Interpretation: The headings in the Master Contract are inserted for convenience and reference only and do not modify or restrict any of the provisions herein. All personal pronouns used herein shall be considered to be gender neutral. The Master Contract has been made under the laws of the State of New York, and the venue for resolving any disputes hereunder shall be in a court of competent jurisdiction of the State of New York.

J. Notice:

1. All notices, except for notices of termination, shall be in writing and shall be transmitted either:
 - a) by certified or registered United States mail, return receipt requested;
 - b) by facsimile transmission;
 - c) by personal delivery;
 - d) by expedited delivery service; or
 - e) by e-mail.
2. Notices to the State shall be addressed to the Program Office designated in Attachment A-1 (Program Specific Terms and Conditions).
3. Notices to the Contractor shall be addressed to the Contractor's designee as designated in Attachment A-1 (Program Specific Terms and Conditions).
4. Any such notice shall be deemed to have been given either at the time of personal delivery or, in the case of expedited delivery service or certified or registered United States mail, as of the date of first attempted delivery at the address and in the manner provided herein, or in the case of facsimile transmission or e-mail, upon receipt.

5. The parties may, from time to time, specify any new or different e-mail address, facsimile number or address in the United States as their address for purpose of receiving notice under the Master Contract by giving fifteen (15) calendar days prior written notice to the other party sent in accordance herewith. The parties agree to mutually designate individuals as their respective representatives for the purposes of receiving notices under the Master Contract. Additional individuals may be designated in writing by the parties for purposes of implementation, administration, billing and resolving issues and/or disputes.

K. Service of Process: In addition to the methods of service allowed by the State Civil Practice Law & Rules (CPLR), Contractor hereby consents to service of process upon it by registered or certified mail, return receipt requested. Service hereunder shall be complete upon Contractor's actual receipt of process or upon the State's receipt of the return thereof by the United States Postal Service as refused or undeliverable. Contractor must promptly notify the State, in writing, of each and every change of address to which service of process can be made. Service by the State to the last known address shall be sufficient. The Contractor shall have thirty (30) calendar days after service hereunder is complete in which to respond.

L. Set-Off Rights: The State shall have all of its common law, equitable, and statutory rights of set-off. These rights shall include, but not be limited to, the State's option to withhold, for the purposes of set-off, any moneys due to the Contractor under the Master Contract up to any amounts due and owing to the State with regard to the Master Contract, any other contract with any State department or agency, including any contract for a term commencing prior to the term of the Master Contract, plus any amounts due and owing to the State for any other reason including, without limitation, tax delinquencies, fee delinquencies, or monetary penalties relative thereto. The State shall exercise its set-off rights in accordance with normal State practices including, in cases of set-off pursuant to an audit, the finalization of such audit by the State Agency, its representatives, or OSC.

M. Indemnification: The Contractor shall be solely responsible and answerable in damages for any and all accidents and/or injuries to persons (including death) or property arising out of or related to the services to be rendered by the Contractor or its subcontractors pursuant to this Master Contract. The Contractor shall indemnify and hold harmless the State and its officers and employees from claims, suits, actions, damages and cost of every nature arising out of the provision of services pursuant to the Master Contract.

N. Non-Assignment Clause: In accordance with Section 138 of the State Finance Law, the Master Contract may not be assigned by the Contractor or its right, title or interest therein assigned, transferred, conveyed, sublet, or otherwise disposed of without the State's previous written consent, and attempts to do so shall be considered to be null and void. Notwithstanding the foregoing, such prior written consent of an assignment of a contract, let pursuant to Article XI of the State Finance Law, may be waived at the discretion of the State Agency and with the concurrence of OSC, where the original contract was subject to OSC's approval, where the assignment is due to a reorganization, merger, or consolidation of the Contractor's business entity or enterprise. The State retains its right to approve an assignment and to require that the merged contractor demonstrate its responsibility to do business with the State. The Contractor may, however, assign its right to receive payments without the State's prior written consent unless the Master Contract concerns Certificates of Participation pursuant to Article 5-A of the State Finance Law.

O. Legal Action: No litigation or regulatory action shall be brought against the State of New York, the State Agency, or against any county or other local government entity with funds provided under the Master Contract. The term “litigation” shall include commencing or threatening to commence a lawsuit, joining or threatening to join as a party to ongoing litigation, or requesting any relief from any of the State of New York, the State Agency, or any county, or other local government entity. The term “regulatory action” shall include commencing or threatening to commence a regulatory proceeding, or requesting any regulatory relief from any of the State of New York, the State Agency, or any county, or other local government entity.

P. No Arbitration: Disputes involving the Master Contract, including the breach or alleged breach thereof, may not be submitted to binding arbitration (except where statutorily authorized), but must, instead, be heard in a court of competent jurisdiction of the State of New York.

Q. Secular Purpose: Services performed pursuant to the Master Contract are secular in nature and shall be performed in a manner that does not discriminate on the basis of religious belief, or promote or discourage adherence to religion in general or particular religious beliefs.

R. Partisan Political Activity and Lobbying: Funds provided pursuant to the Master Contract shall not be used for any partisan political activity, or for activities that attempt to influence legislation or election or defeat of any candidate for public office.

S. Reciprocity and Sanctions Provisions: The Contractor is hereby notified that if its principal place of business is located in a country, nation, province, state, or political subdivision that penalizes New York State vendors, and if the goods or services it offers shall be substantially produced or performed outside New York State, the Omnibus Procurement Act 1994 and 2000 amendments (Chapter 684 and Chapter 383, respectively) require that it be denied contracts which it would otherwise obtain.³

T. Reporting Fraud and Abuse: Contractor acknowledges that it has reviewed information on how to prevent, detect, and report fraud, waste and abuse of public funds, including information about the Federal False Claims Act, the New York State False Claims Act, and whistleblower protections.

U. Non-Collusive Bidding: By submission of this bid, the Contractor and each person signing on behalf of the Contractor certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his or her knowledge and belief that its bid was arrived at independently and without collusion aimed at restricting competition. The Contractor further affirms that, at the time the Contractor submitted its bid, an authorized and responsible person executed and delivered to the State a non-collusive binding certification on the Contractor’s behalf.

V. Federally Funded Grants and Requirements Mandated by Federal Laws: All of the Specific Federal requirements that are applicable to the Master Contract are identified in Attachment A-2 (Federally Funded Grants and Requirements Mandated by Federal Laws) hereto. To the extent

³ As of October 9, 2012, the list of discriminatory jurisdictions subject to this provision includes the states of Alaska, Hawaii, Louisiana, South Carolina, West Virginia and Wyoming. Contact NYS Department of Economic Development for the most current list of jurisdictions subject to this provision.

that the Master Contract is funded, in whole or part, with Federal funds or mandated by Federal laws, (i) the provisions of the Master Contract that conflict with Federal rules, Federal regulations, or Federal program specific requirements shall not apply and (ii) the Contractor agrees to comply with all applicable Federal rules, regulations and program specific requirements including, but not limited to, those provisions that are set forth in Attachment A-2 (Federally Funded Grants and Requirements Mandated by Federal Laws) hereto.

II. TERM, TERMINATION AND SUSPENSION

A. Term: The term of the Master Contract shall be as specified on the Face Page, unless terminated sooner as provided herein.

B. Renewal:

1. General Renewal: The Master Contract may consist of successive periods on the same terms and conditions, as specified within the Master Contract (a “Simplified Renewal Contract”). Each additional or superseding period shall be on the forms specified by the State and shall be incorporated in the Master Contract.

2. Renewal Notice to Not-for-Profit Contractors:

a) Pursuant to State Finance Law §179-t, if the Master Contract is with a not-for-profit Contractor and provides for a renewal option, the State shall notify the Contractor of the State’s intent to renew or not to renew the Master Contract no later than ninety (90) calendar days prior to the end of the term of the Master Contract, unless funding for the renewal is contingent upon enactment of an appropriation. If funding for the renewal is contingent upon enactment of an appropriation, the State shall notify the Contractor of the State’s intent to renew or not to renew the Master Contract the later of: (1) ninety (90) calendar days prior to the end of the term of the Master Contract, and (2) thirty (30) calendar days after the necessary appropriation becomes law. Notwithstanding the foregoing, in the event that the State is unable to comply with the time frames set forth in this paragraph due to unusual circumstances beyond the control of the State (“Unusual Circumstances”), no payment of interest shall be due to the not-for-profit Contractor. For purposes of State Finance Law §179-t, “Unusual Circumstances” shall not mean the failure by the State to (i) plan for implementation of a program, (ii) assign sufficient staff resources to implement a program, (iii) establish a schedule for the implementation of a program or (iv) anticipate any other reasonably foreseeable circumstance.

b) Notification to the not-for-profit Contractor of the State’s intent to not renew the Master Contract must be in writing in the form of a letter, with the reason(s) for the non-renewal included. If the State does not provide notice to the not-for-profit Contractor of its intent not to renew the Master Contract as required in this Section and State Finance Law §179-t, the Master Contract shall be deemed continued until the date the State provides the necessary notice to the Contractor, in accordance with State Finance Law §179-t. Expenses incurred by the not-for-profit Contractor during such extension shall be reimbursable under the terms of the Master Contract.

C. Termination:

1. Grounds:

- a) Mutual Consent: The Master Contract may be terminated at any time upon mutual written consent of the State and the Contractor.
- b) Cause: The State may terminate the Master Contract immediately, upon written notice of termination to the Contractor, if the Contractor fails to comply with any of the terms and conditions of the Master Contract and/or with any laws, rules, regulations, policies, or procedures that are applicable to the Master Contract.
- c) Non-Responsibility: In accordance with the provisions of Sections IV(N)(6) and (7) herein, the State may make a final determination that the Contractor is non-responsible (Determination of Non-Responsibility). In such event, the State may terminate the Master Contract at the Contractor's expense, complete the contractual requirements in any manner the State deems advisable and pursue available legal or equitable remedies for breach.
- d) Convenience: The State may terminate the Master Contract in its sole discretion upon thirty (30) calendar days prior written notice.
- e) Lack of Funds: If for any reason the State or the Federal government terminates or reduces its appropriation to the applicable State Agency entering into the Master Contract or fails to pay the full amount of the allocation for the operation of one or more programs funded under this Master Contract, the Master Contract may be terminated or reduced at the State Agency's discretion, provided that no such reduction or termination shall apply to allowable costs already incurred by the Contractor where funds are available to the State Agency for payment of such costs. Upon termination or reduction of the Master Contract, all remaining funds paid to the Contractor that are not subject to allowable costs already incurred by the Contractor shall be returned to the State Agency. In any event, no liability shall be incurred by the State (including the State Agency) beyond monies available for the purposes of the Master Contract. The Contractor acknowledges that any funds due to the State Agency or the State of New York because of disallowed expenditures after audit shall be the Contractor's responsibility.
- f) Force Majeure: The State may terminate or suspend its performance under the Master Contract immediately upon the occurrence of a "force majeure." For purposes of the Master Contract, "Force majeure" shall include, but not be limited to, natural disasters, war, rebellion, insurrection, riot, strikes, lockout and any unforeseen circumstances and acts beyond the control of the State which render the performance of its obligations impossible.

2. Notice of Termination:

- a) Service of notice: Written notice of termination shall be sent by:
 - (i) personal messenger service; or

(ii) certified mail, return receipt requested and first class mail.

b) Effective date of termination: The effective date of the termination shall be the later of (i) the date indicated in the notice and (ii) the date the notice is received by the Contractor, and shall be established as follows:

(i) if the notice is delivered by hand, the date of receipt shall be established by the receipt given to the Contractor or by affidavit of the individual making such hand delivery attesting to the date of delivery; or

(ii) if the notice is delivered by registered or certified mail, by the receipt returned from the United States Postal Service, or if no receipt is returned, five (5) business days from the date of mailing of the first class letter, postage prepaid, in a depository under the care and control of the United States Postal Service.

3. Effect of Notice and Termination on State's Payment Obligations:

a) Upon receipt of notice of termination, the Contractor agrees to cancel, prior to the effective date of any prospective termination, as many outstanding obligations as possible, and agrees not to incur any new obligations after receipt of the notice without approval by the State.

b) The State shall be responsible for payment on claims for services or work provided and costs incurred pursuant to the terms of the Master Contract. In no event shall the State be liable for expenses and obligations arising from the requirements of the Master Contract after its termination date.

4. Effect of Termination Based on Misuse or Conversion of State or Federal Property:

Where the Master Contract is terminated for cause based on Contractor's failure to use some or all of the real property or equipment purchased pursuant to the Master Contract for the purposes set forth herein, the State may, at its option, require:

a) the repayment to the State of any monies previously paid to the Contractor; or

b) the return of any real property or equipment purchased under the terms of the Master Contract; or

c) an appropriate combination of clauses (a) and (b) of Section II(C)(4) herein.

Nothing herein shall be intended to limit the State's ability to pursue such other legal or equitable remedies as may be available.

D. Suspension: The State may, in its discretion, order the Contractor to suspend performance for a reasonable period of time. In the event of such suspension, the Contractor shall be given a formal written notice outlining the particulars of such suspension. Upon issuance of such notice, the Contractor shall comply with the particulars of the notice. The State shall have no obligation to reimburse Contractor's expenses during such suspension period. Activities may resume at such time

as the State issues a formal written notice authorizing a resumption of performance under the Master Contract.

III. PAYMENT AND REPORTING

A. Terms and Conditions:

1. In full consideration of contract services to be performed, the State Agency agrees to pay and the Contractor agrees to accept a sum not to exceed the amount noted on the Face Page.
2. The State has no obligation to make payment until all required approvals, including the approval of the AG and OSC, if required, have been obtained. Contractor obligations or expenditures that precede the start date of the Master Contract shall not be reimbursed.
3. Contractor must provide complete and accurate billing invoices to the State in order to receive payment. Provided, however, the State may, at its discretion, automatically generate a voucher in accordance with an approved contract payment schedule. Billing invoices submitted to the State must contain all information and supporting documentation required by Attachment D (Payment and Reporting Schedule) and Section III(C) herein. The State may require the Contractor to submit billing invoices electronically.
4. Payment for invoices submitted by the Contractor shall only be rendered electronically unless payment by paper check is expressly authorized by the head of the State Agency, in the sole discretion of the head of such State Agency, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments.
5. If travel expenses are an approved expenditure under the Master Contract, travel expenses shall be reimbursed at the lesser of the rates set forth in the written standard travel policy of the Contractor, the OSC guidelines, or United States General Services Administration rates. No out-of-state travel costs shall be permitted unless specifically detailed and pre-approved by the State.
6. Timeliness of advance payments or other claims for reimbursement, and any interest to be paid to Contractor for late payment, shall be governed by Article 11-A of the State Finance Law to the extent required by law.
7. Article 11-B of the State Finance Law sets forth certain time frames for the Full Execution of contracts or renewal contracts with not-for-profit organizations and the implementation of any program plan associated with such contract. For purposes of this section, "Full Execution" shall mean that the contract has been signed by all parties thereto and has obtained the approval of the AG and OSC. Any interest to be paid on a missed payment to the Contractor based on a delay in the Full Execution of the Master Contract shall be governed by Article 11-B of the State Finance Law.

B. Advance Payment and Recoupment:

1. Advance payments, which the State in its sole discretion may make to not-for-profit grant recipients, shall be made and recouped in accordance with State Finance Law Section 179(u), this Section and the provisions of Attachment D (Payment and Reporting Schedule).
2. Initial advance payments made by the State to not-for-profit grant recipients shall be due no later than thirty (30) calendar days, excluding legal holidays, after the first day of the Contract Term or, if renewed, in the period identified on the Face Page. Subsequent advance payments made by the State to not-for-profit grant recipients shall be due no later than thirty (30) calendar days, excluding legal holidays, after the dates specified in Attachment D (Payment and Reporting Schedule).
3. For subsequent contract years in multi-year contracts, Contractor will be notified of the scheduled advance payments for the upcoming contract year no later than 90 days prior to the commencement of the contract year. For simplified renewals, the payment schedule (Attachment D) will be modified as part of the renewal process.
4. Recoupment of any advance payment(s) shall be recovered by crediting the percentage of subsequent claims listed in Attachment D (Payment and Reporting Schedule) and Section III(C) herein and such claims shall be reduced until the advance is fully recovered within the Contract Term. Any unexpended advance balance at the end of the Contract Term shall be refunded by the Contractor to the State.
5. If for any reason the amount of any claim is not sufficient to cover the proportionate advance amount to be recovered, then subsequent claims may be reduced until the advance is fully recovered.

C. Claims for Reimbursement:

1. The Contractor shall submit claims for the reimbursement of expenses incurred on behalf of the State under the Master Contract in accordance with this Section and the applicable claiming schedule in Attachment D (Payment and Reporting Schedule).

Vouchers submitted for payment shall be deemed to be a certification that the payments requested are for project expenditures made in accordance with the items as contained in the applicable Attachment B form (Budget) and during the Contract Term. When submitting a voucher, such voucher shall also be deemed to certify that: (i) the payments requested do not duplicate reimbursement from other sources of funding; and (ii) the funds provided herein do not replace funds that, in the absence of this grant, would have been made available by the Contractor for this program. Requirement (ii) does not apply to grants funded pursuant to a Community Projects Fund appropriation.

2. Consistent with the selected reimbursement claiming schedule in Attachment D (Payment and Reporting Schedule), the Contractor shall comply with the appropriate following provisions:
 - a) Quarterly Reimbursement: The Contractor shall be entitled to receive payments for work, projects, and services rendered as detailed and described in Attachment C (Work Plan).

The Contractor shall submit to the State Agency quarterly voucher claims and supporting documentation. The Contractor shall submit vouchers to the State Agency in accordance with the procedures set forth in Section III(A)(3) herein.

b) Monthly Reimbursement: The Contractor shall be entitled to receive payments for work, projects, and services rendered as detailed and described in Attachment C (Work Plan).

The Contractor shall submit to the State Agency monthly voucher claims and supporting documentation. The Contractor shall submit vouchers to the State Agency in accordance with the procedures set forth in Section III(A)(3) herein.

c) Biannual Reimbursement: The Contractor shall be entitled to receive payments for work, projects, and services rendered as detailed and described in Attachment C (Work Plan).

The Contractor shall submit to the State Agency biannually voucher claims and supporting documentation. The Contractor shall submit vouchers to the State Agency in accordance with the procedures set forth in Section III(A)(3) herein.

d) Milestone/Performance Reimbursement:⁴ Requests for payment based upon an event or milestone may be either severable or cumulative. A severable event/milestone is independent of accomplishment of any other event. If the event is cumulative, the successful completion of an event or milestone is dependent on the previous completion of another event.

Milestone payments shall be made to the Contractor when requested in a form approved by the State, and at frequencies and in amounts stated in Attachment D (Payment and Reporting Schedule). The State Agency shall make milestone payments subject to the Contractor's satisfactory performance.

e) Fee for Service Reimbursement:⁵ Payment shall be limited to only those fees specifically agreed upon in the Master Contract and shall be payable no more frequently than monthly upon submission of a voucher by the contractor.

f) Rate Based Reimbursement:⁶ Payment shall be limited to rate(s) established in the Master Contract. Payment may be requested no more frequently than monthly.

g) Scheduled Reimbursement:⁷ The State Agency shall generate vouchers at the frequencies and amounts as set forth in Attachment D (Payment and Reporting Schedule), and service

⁴ A milestone/ performance payment schedule identifies mutually agreed-to payment amounts based on meeting contract events or milestones. Events or milestones must represent integral and meaningful aspects of contract performance and should signify true progress in completing the Master Contract effort.

⁵ Fee for Service is a rate established by the Contractor for a service or services rendered.

⁶ Rate based agreements are those agreements in which payment is premised upon a specific established rate per unit.

⁷ Scheduled Reimbursement agreements provide for payments that occur at defined and regular intervals that provide for a specified dollar amount to be paid to the Contractor at the beginning of each payment period (i.e. quarterly, monthly or bi-annually). While these payments are related to the particular services and outcomes defined in the Master Contract, they are not dependent upon particular services or expenses in any one payment period and provide the Contractor with a defined and regular payment over the life of the contract.

reports shall be used to determine funding levels appropriate to the next annual contract period.

h) Interim Reimbursement: The State Agency shall generate vouchers on an interim basis and at the amounts requested by the Contractor as set forth in Attachment D (Payment and Reporting Schedule).

i) Fifth Quarter Payments:⁸ Fifth quarter payment shall be paid to the Contractor at the conclusion of the final scheduled payment period of the preceding contract period. The State Agency shall use a written directive for fifth quarter financing. The State Agency shall generate a voucher in the fourth quarter of the current contract year to pay the scheduled payment for the next contract year.

3. The Contractor shall also submit supporting fiscal documentation for the expenses claimed.
4. The State reserves the right to withhold up to fifteen percent (15%) of the total amount of the Master Contract as security for the faithful completion of services or work, as applicable, under the Master Contract. This amount may be withheld in whole or in part from any single payment or combination of payments otherwise due under the Master Contract. In the event that such withheld funds are insufficient to satisfy Contractor's obligations to the State, the State may pursue all available remedies, including the right of setoff and recoupment.
5. The State shall not be liable for payments on the Master Contract if it is made pursuant to a Community Projects Fund appropriation if insufficient monies are available pursuant to Section 99-d of the State Finance Law.
6. All vouchers submitted by the Contractor pursuant to the Master Contract shall be submitted to the State Agency no later than thirty (30) calendar days after the end date of the period for which reimbursement is claimed. In no event shall the amount received by the Contractor exceed the budget amount approved by the State Agency, and, if actual expenditures by the Contractor are less than such sum, the amount payable by the State Agency to the Contractor shall not exceed the amount of actual expenditures.
7. All obligations must be incurred prior to the end date of the contract. Notwithstanding the provisions of Section III(C)(6) above, with respect to the final period for which reimbursement is claimed, so long as the obligations were incurred prior to the end date of the contract, the Contractor shall have up to ninety (90) calendar days after the contract end date to make expenditures; provided, however, that if the Master Contract is funded, in whole or in part, with Federal funds, the Contractor shall have up to sixty (60) calendar days after the contract end date to make expenditures.

D. Identifying Information and Privacy Notification:

⁸ Fifth Quarter Payments occurs where there are scheduled payments and where there is an expectation that services will be continued through renewals or subsequent contracts. Fifth Quarter Payments allow for the continuation of scheduled payments to a Contractor for the first payment period quarter of an anticipated renewal or new contract.

1. Every voucher or New York State Claim for Payment submitted to a State Agency by the Contractor, for payment for the sale of goods or services or for transactions (e.g., leases, easements, licenses, etc.) related to real or personal property, must include the Contractor's Vendor Identification Number assigned by the Statewide Financial System, and any or all of the following identification numbers: (i) the Contractor's Federal employer identification number, (ii) the Contractor's Federal social security number, and/or (iii) DUNS number. Failure to include such identification number or numbers may delay payment by the State to the Contractor. Where the Contractor does not have such number or numbers, the Contractor, on its voucher or Claim for Payment, must provide the reason or reasons for why the Contractor does not have such number or numbers.

2. The authority to request the above personal information from a seller of goods or services or a lessor of real or personal property, and the authority to maintain such information, is found in Section 5 of the State Tax Law. Disclosure of this information by the seller or lessor to the State is mandatory. The principle purpose for which the information is collected is to enable the State to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. The information will be used for tax administration purposes and for any other purpose authorized by law. The personal information is requested by the purchasing unit of the State Agency contracting to purchase the goods or services or lease the real or personal property covered by the Master Contract. This information is maintained in the Statewide Financial System by the Vendor Management Unit within the Bureau of State Expenditures, Office of the State Comptroller, 110 State Street, Albany, New York, 12236.

E. Refunds:

1. In the event that the Contractor must make a refund to the State for Master Contract-related activities, including repayment of an advance or an audit disallowance, payment must be made payable as set forth in Attachment A-1 (Program Specific Terms and Conditions). The Contractor must reference the contract number with its payment and include a brief explanation of why the refund is being made. Refund payments must be submitted to the Designated Refund Office at the address specified in Attachment A-1 (Program Specific Terms and Conditions).

If at the end or termination of the Master Contract, there remains any unexpended balance of the monies advanced under the Master Contract in the possession of the Contractor, the Contractor shall make payment within forty-five (45) calendar days of the end or termination of the Master Contract. In the event that the Contractor fails to refund such balance the State may pursue all available remedies.

F. Outstanding Amounts Owed to the State: Prior period overpayments (including, but not limited to, contract advances in excess of actual expenditures) and/or audit recoveries associated with the Contractor may be recouped against future payments made under this Master Contract to Contractor. The recoupment generally begins with the first payment made to the Contractor following identification of the overpayment and/or audit recovery amount. In the event that there are no payments to apply recoveries against, the Contractor shall make payment as provided in Section III(E) (Refunds) herein.

G. Program and Fiscal Reporting Requirements:

1. The Contractor shall submit required periodic reports in accordance with the applicable schedule provided in Attachment D (Payment and Reporting Schedule). All required reports or other work products developed pursuant to the Master Contract must be completed as provided by the agreed upon work schedule in a manner satisfactory and acceptable to the State Agency in order for the Contractor to be eligible for payment.

2. Consistent with the selected reporting options in Attachment D (Payment and Reporting Schedule), the Contractor shall comply with the following applicable provisions:

a) If the Expenditure Based Reports option is indicated in Attachment D (Payment and Reporting Schedule), the Contractor shall provide the State Agency with one or more of the following reports as required by the following provisions and Attachment D (Payment and Reporting Schedule) as applicable:

(i) *Narrative/Qualitative Report*: The Contractor shall submit, on a quarterly basis, not later than the time period listed in Attachment D (Payment and Reporting Schedule), a report, in narrative form, summarizing the services rendered during the quarter. This report shall detail how the Contractor has progressed toward attaining the qualitative goals enumerated in Attachment C (Work Plan). This report should address all goals and objectives of the project and include a discussion of problems encountered and steps taken to solve them.

(ii) *Statistical/Quantitative Report*: The Contractor shall submit, on a quarterly basis, not later than the time period listed in Attachment D (Payment and Reporting Schedule), a detailed report analyzing the quantitative aspects of the program plan, as appropriate (e.g., number of meals served, clients transported, patient/client encounters, procedures performed, training sessions conducted, etc.)

(iii) *Expenditure Report*: The Contractor shall submit, on a quarterly basis, not later than the time period listed in Attachment D (Payment and Reporting Schedule), a detailed expenditure report, by object of expense. This report shall accompany the voucher submitted for such period.

(iv) *Final Report*: The Contractor shall submit a final report as required by the Master Contract, not later than the time period listed in Attachment D (Payment and Reporting Schedule) which reports on all aspects of the program and detailing how the use of funds were utilized in achieving the goals set forth in Attachment C (Work Plan).

(v) *Consolidated Fiscal Report (CFR)*: The Contractor shall submit a CFR, which includes a year-end cost report and final claim not later than the time period listed in Attachment D (Payment and Reporting Schedule).

b) If the Performance-Based Reports option is indicated in Attachment D (Payment and Reporting Schedule), the Contractor shall provide the State Agency with the following reports as required by the following provisions and Attachment D (Payment and Reporting Schedule) as applicable:

- (i) *Progress Report*: The Contractor shall provide the State Agency with a written progress report using the forms and formats as provided by the State Agency, summarizing the work performed during the period. These reports shall detail the Contractor's progress toward attaining the specific goals enumerated in Attachment C (Work Plan). Progress reports shall be submitted in a format prescribed in the Master Contract.
- (ii) *Final Progress Report*: Final scheduled payment is due during the time period set forth in Attachment D (Payment and Reporting Schedule). The deadline for submission of the final report shall be the date set forth in Attachment D (Payment and Reporting Schedule). The State Agency shall complete its audit and notify the Contractor of the results no later than the date set forth in Attachment D (Payment and Reporting Schedule). Payment shall be adjusted by the State Agency to reflect only those services/expenditures that were made in accordance with the Master Contract. The Contractor shall submit a detailed comprehensive final progress report not later than the date set forth in Attachment D (Payment and Reporting Schedule), summarizing the work performed during the entire Contract Term (i.e., a cumulative report), in the forms and formats required.

3. In addition to the periodic reports stated above, the Contractor may be required (a) to submit such other reports as are required in Table 1 of Attachment D (Payment and Reporting Schedule), and (b) prior to receipt of final payment under the Master Contract, to submit one or more final reports in accordance with the form, content, and schedule stated in Table 1 of Attachment D (Payment and Reporting Schedule).

H. Notification of Significant Occurrences:

1. If any specific event or conjunction of circumstances threatens the successful completion of this project, in whole or in part, including where relevant, timely completion of milestones or other program requirements, the Contractor agrees to submit to the State Agency within three (3) calendar days of becoming aware of the occurrence or of such problem, a written description thereof together with a recommended solution thereto.
2. The Contractor shall immediately notify in writing the program manager assigned to the Master Contract of any unusual incident, occurrence, or event that involves the staff, volunteers, directors or officers of the Contractor, any subcontractor or program participant funded through the Master Contract, including but not limited to the following: death or serious injury; an arrest or possible criminal activity that could impact the successful completion of this project; any destruction of property; significant damage to the physical plant of the Contractor; or other matters of a similarly serious nature.

IV. ADDITIONAL CONTRACTOR OBLIGATIONS, REPRESENTATIONS AND WARRANTIES

A. Contractor as an Independent Contractor/Employees:

1. The State and the Contractor agree that the Contractor is an independent contractor, and not an employee of the State and may neither hold itself out nor claim to be an officer, employee, or subdivision of the State nor make any claim, demand, or application to or for any right based upon any different status. Notwithstanding the foregoing, the State and the Contractor

agree that if the Contractor is a New York State municipality, the Contractor shall be permitted to hold itself out, and claim, to be a subdivision of the State.

The Contractor shall be solely responsible for the recruitment, hiring, provision of employment benefits, payment of salaries and management of its project personnel. These functions shall be carried out in accordance with the provisions of the Master Contract, and all applicable Federal and State laws and regulations.

2. The Contractor warrants that it, its staff, and any and all subcontractors have all the necessary licenses, approvals, and certifications currently required by the laws of any applicable local, state, or Federal government to perform the services or work, as applicable, pursuant to the Master Contract and/or any subcontract entered into under the Master Contract. The Contractor further agrees that such required licenses, approvals, and certificates shall be kept in full force and effect during the term of the Master Contract, or any extension thereof, and to secure any new licenses, approvals, or certificates within the required time frames and/or to require its staff and subcontractors to obtain the requisite licenses, approvals, or certificates. In the event the Contractor, its staff, and/or subcontractors are notified of a denial or revocation of any license, approval, or certification to perform the services or work, as applicable, under the Master Contract, Contractor shall immediately notify the State.

B. Subcontractors:

1. If the Contractor enters into subcontracts for the performance of work pursuant to the Master Contract, the Contractor shall take full responsibility for the acts and omissions of its subcontractors. Nothing in the subcontract shall impair the rights of the State under the Master Contract. No contractual relationship shall be deemed to exist between the subcontractor and the State.
2. If requested by the State, the Contractor agrees not to enter into any subcontracts, or revisions to subcontracts, that are in excess of \$100,000 for the performance of the obligations contained herein until it has received the prior written permission of the State, which shall have the right to review and approve each and every subcontract in excess of \$100,000 prior to giving written permission to the Contractor to enter into the subcontract. All agreements between the Contractor and subcontractors shall be by written contract, signed by individuals authorized to bind the parties. All such subcontracts shall contain provisions for specifying (1) that the work performed by the subcontractor must be in accordance with the terms of the Master Contract, (2) that nothing contained in the subcontract shall impair the rights of the State under the Master Contract, and (3) that nothing contained in the subcontract, nor under the Master Contract, shall be deemed to create any contractual relationship between the subcontractor and the State. In addition, subcontracts shall contain any other provisions which are required to be included in subcontracts pursuant to the terms herein.
3. If requested by the State, prior to executing a subcontract, the Contractor agrees to require the subcontractor to provide to the State the information the State needs to determine whether a proposed subcontractor is a responsible vendor.
4. If requested by the State, when a subcontract equals or exceeds \$100,000, the subcontractor shall submit a Vendor Responsibility Questionnaire (Questionnaire).

5. If requested by the State, upon the execution of a subcontract, the Contractor shall provide detailed subcontract information (a copy of subcontract will suffice) to the State within fifteen (15) calendar days after execution. The State may request from the Contractor copies of subcontracts between a subcontractor and its subcontractor.

6. The Contractor shall require any and all subcontractors to submit to the Contractor all financial claims for Services or work to the State agency, as applicable, rendered and required supporting documentation and reports as necessary to permit Contractor to meet claim deadlines and documentation requirements as established in Attachment D (Payment and Reporting Schedule) and Section III. Subcontractors shall be paid by the Contractor on a timely basis after submitting the required reports and vouchers for reimbursement of services or work, as applicable. Subcontractors shall be informed by the Contractor of the possibility of non-payment or rejection by the Contractor of claims that do not contain the required information, and/or are not received by the Contractor by said due date.

C. Use Of Material, Equipment, Or Personnel:

1. The Contractor shall not use materials, equipment, or personnel paid for under the Master Contract for any activity other than those provided for under the Master Contract, except with the State's prior written permission.

2. Any interest accrued on funds paid to the Contractor by the State shall be deemed to be the property of the State and shall either be credited to the State at the close-out of the Master Contract or, upon the written permission of the State, shall be expended on additional services or work, as applicable, provided for under the Master Contract.

D. Property:

1. Property is real property, equipment, or tangible personal property having a useful life of more than one year and an acquisition cost of \$1,000 or more per unit.

a) If an item of Property required by the Contractor is available as surplus to the State, the State at its sole discretion, may arrange to provide such Property to the Contractor in lieu of the purchase of such Property.

b) If the State consents in writing, the Contractor may retain possession of Property owned by the State, as provided herein, after the termination of the Master Contract to use for similar purposes. Otherwise, the Contractor shall return such Property to the State at the Contractor's cost and expense upon the expiration of the Master Contract.

c) In addition, the Contractor agrees to permit the State to inspect the Property and to monitor its use at reasonable intervals during the Contractor's regular business hours.

d) The Contractor shall be responsible for maintaining and repairing Property purchased or procured under the Master Contract at its own cost and expense. The Contractor shall procure and maintain insurance at its own cost and expense in an amount satisfactory to the State Agency, naming the State Agency as an additional insured, covering the loss, theft or destruction of such equipment.

- e) A rental charge to the Master Contract for a piece of Property owned by the Contractor shall not be allowed.
 - f) The State has the right to review and approve in writing any new contract for the purchase of or lease for rental of Property (Purchase/Lease Contract) operated in connection with the provision of the services or work, as applicable, as specified in the Master Contract, if applicable, and any modifications, amendments, or extensions of an existing lease or purchase prior to its execution. If, in its discretion, the State disapproves of any Purchase/Lease Contract, then the State shall not be obligated to make any payments for such Property.
 - g) No member, officer, director or employee of the Contractor shall retain or acquire any interest, direct or indirect, in any Property, paid for with funds under the Master Contract, nor retain any interest, direct or indirect, in such, without full and complete prior disclosure of such interest and the date of acquisition thereof, in writing to the Contractor and the State.
2. For non-Federally-funded contracts, unless otherwise provided herein, the State shall have the following rights to Property purchased with funds provided under the Master Contract:
 - a) For cost-reimbursable contracts, all right, title and interest in such Property shall belong to the State.
 - b) For performance-based contracts, all right, title and interest in such Property shall belong to the Contractor.
 3. For Federally funded contracts, title to Property whose requisition cost is borne in whole or in part by monies provided under the Master Contract shall be governed by the terms and conditions of Attachment A-2 (Federally Funded Grants and Requirements Mandated by Federal Laws).
 4. Upon written direction by the State, the Contractor shall maintain an inventory of all Property that is owned by the State as provided herein.
 5. The Contractor shall execute any documents which the State may reasonably require to effectuate the provisions of this section.

E. Records and Audits:

1. General:

- a) The Contractor shall establish and maintain, in paper or electronic format, complete and accurate books, records, documents, receipts, accounts, and other evidence directly pertinent to its performance under the Master Contract (collectively, Records).
- b) The Contractor agrees to produce and retain for the balance of the term of the Master Contract, and for a period of six years from the later of the date of (i) the Master Contract and (ii) the most recent renewal of the Master Contract, any and all Records necessary to substantiate upon audit, the proper deposit and expenditure of funds received under the Master Contract. Such Records may include, but not be limited to, original books of entry

(e.g., cash disbursements and cash receipts journal), and the following specific records (as applicable) to substantiate the types of expenditures noted:

(i) personal service expenditures: cancelled checks and the related bank statements, time and attendance records, payroll journals, cash and check disbursement records including copies of money orders and the like, vouchers and invoices, records of contract labor, any and all records listing payroll and the money value of non-cash advantages provided to employees, time cards, work schedules and logs, employee personal history folders, detailed and general ledgers, sales records, miscellaneous reports and returns (tax and otherwise), and cost allocation plans, if applicable.

(ii) payroll taxes and fringe benefits: cancelled checks, copies of related bank statements, cash and check disbursement records including copies of money orders and the like, invoices for fringe benefit expenses, miscellaneous reports and returns (tax and otherwise), and cost allocation plans, if applicable.

(iii) non-personal services expenditures: original invoices/receipts, cancelled checks and related bank statements, consultant agreements, leases, and cost allocation plans, if applicable.

(iv) receipt and deposit of advance and reimbursements: itemized bank stamped deposit slips, and a copy of the related bank statements.

c) The OSC, AG and any other person or entity authorized to conduct an examination, as well as the State Agency or State Agencies involved in the Master Contract that provided funding, shall have access to the Records during the hours of 9:00 a.m. until 5:00 p.m., Monday through Friday (excluding State recognized holidays), at an office of the Contractor within the State of New York or, if no such office is available, at a mutually agreeable and reasonable venue within the State, for the term specified above for the purposes of inspection, auditing and copying.

d) The State shall protect from public disclosure any of the Records which are exempt from disclosure under Section 87 of the Public Officers Law provided that: (i) the Contractor shall timely inform an appropriate State official, in writing, that said records should not be disclosed; and (ii) said records shall be sufficiently identified; and (iii) designation of said records, as exempt under Section 87 of the Public Officers Law, is reasonable.

e) Nothing contained herein shall diminish, or in any way adversely affect, the State's rights in connection with its audit and investigatory authority or the State's rights in connection with discovery in any pending or future litigation.

2. Cost Allocation:

a) For non-performance based contracts, the proper allocation of the Contractor's costs must be made according to a cost allocation plan that meets the requirements of OMB Circulars A-87, A-122, and/or A-21. Methods used to determine and assign costs shall conform to generally accepted accounting practices and shall be consistent with the method(s) used by the Contractor to determine costs for other operations or programs. Such accounting standards and practices shall be subject to approval of the State.

b) For performance based milestone contracts, or for the portion of the contract amount paid on a performance basis, the Contractor shall maintain documentation demonstrating that milestones were attained.

3. **Federal Funds:** For records and audit provisions governing Federal funds, please see Attachment A-2 (Federally Funded Grants and Requirements Mandated by Federal Laws).

F. Confidentiality: The Contractor agrees that it shall use and maintain personally identifiable information relating to individuals who may receive services, and their families pursuant to the Master Contract, or any other information, data or records marked as, or reasonably deemed, confidential by the State (Confidential Information) only for the limited purposes of the Master Contract and in conformity with applicable provisions of State and Federal law. The Contractor (i) has an affirmative obligation to safeguard any such Confidential Information from unnecessary or unauthorized disclosure and (ii) must comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208).

G. Publicity:

1. Publicity includes, but is not limited to: news conferences; news releases; public announcements; advertising; brochures; reports; discussions or presentations at conferences or meetings; and/or the inclusion of State materials, the State's name or other such references to the State in any document or forum. Publicity regarding this project may not be released without prior written approval from the State.

2. Any publications, presentations or announcements of conferences, meetings or trainings which are funded in whole or in part through any activity supported under the Master Contract may not be published, presented or announced without prior approval of the State. Any such publication, presentation or announcement shall:

a) Acknowledge the support of the State of New York and, if funded with Federal funds, the applicable Federal funding agency; and

b) State that the opinions, results, findings and/or interpretations of data contained therein are the responsibility of the Contractor and do not necessarily represent the opinions, interpretations or policy of the State or if funded with Federal funds, the applicable Federal funding agency.

3. Notwithstanding the above, (i) if the Contractor is an educational research institution, the Contractor may, for scholarly or academic purposes, use, present, discuss, report or publish any material, data or analyses, other than Confidential Information, that derives from activity under the Master Contract and the Contractor agrees to use best efforts to provide copies of any manuscripts arising from Contractor's performance under this Master Contract, or if requested by the State, the Contractor shall provide the State with a thirty (30) day period in which to review each manuscript for compliance with Confidential Information requirements; or (ii) if the Contractor is not an educational research institution, the Contractor may submit for publication, scholarly or academic publications that derive from activity under the Master Contract (but are not deliverable under the Master Contract), provided that the Contractor first

submits such manuscripts to the State forty-five (45) calendar days prior to submission for consideration by a publisher in order for the State to review the manuscript for compliance with confidentiality requirements and restrictions and to make such other comments as the State deems appropriate. All derivative publications shall follow the same acknowledgments and disclaimer as described in Section IV(G)(2) (Publicity) hereof.

H. Web-Based Applications-Accessibility: Any web-based intranet and Internet information and applications development, or programming delivered pursuant to the Master Contract or procurement shall comply with New York State Enterprise IT Policy NYS-P08-005, Accessibility Web-Based Information and Applications, and New York State Enterprise IT Standard NYS-S08-005, Accessibility of Web-Based Information Applications, as such policy or standard may be amended, modified or superseded, which requires that State Agency web-based intranet and Internet information and applications are accessible to person with disabilities. Web content must conform to New York State Enterprise IT Standards NYS-S08-005, as determined by quality assurance testing. Such quality assurance testing shall be conducted by the State Agency and the results of such testing must be satisfactory to the State Agency before web content shall be considered a qualified deliverable under the Master Contract or procurement.

I. Non-Discrimination Requirements: Pursuant to Article 15 of the Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex (including gender expression), national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest. Furthermore, in accordance with Section 220-e of the Labor Law, if this is a contract for the construction, alteration or repair of any public building or public work or for the manufacture, sale or distribution of materials, equipment or supplies, and to the extent that the Master Contract shall be performed within the State of New York, the Contractor agrees that neither it nor its subcontractors shall, by reason of race, creed, color, disability, sex, or national origin: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under the Master Contract. If this is a building service contract as defined in Section 230 of the Labor Law, then, in accordance with Section 239 thereof, the Contractor agrees that neither it nor its subcontractors shall by reason of race, creed, color, national origin, age, sex or disability: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under the Master Contract. The Contractor shall be subject to fines of \$50.00 per person per day for any violation of Section 220-e or Section 239 of the Labor Law.

J. Equal Opportunities for Minorities and Women; Minority and Women Owned Business Enterprises: In accordance with Section 312 of the Executive Law and 5 NYCRR 143, if the Master Contract is: (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of \$25,000.00, whereby a contracting State Agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the contracting State Agency; or (ii) a written agreement in excess of \$100,000.00 whereby a contracting State Agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon; or (iii) a written agreement in excess

of \$100,000.00 whereby the owner of a State assisted housing project is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon for such project, then the Contractor certifies and affirms that (i) it is subject to Article 15-A of the Executive Law which includes, but is not limited to, those provisions concerning the maximizing of opportunities for the participation of minority and women-owned business enterprises and (ii) the following provisions shall apply and it is Contractor's equal employment opportunity policy that:

1. The Contractor shall not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status;
2. The Contractor shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on State contracts;
3. The Contractor shall undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination. Affirmative action shall mean recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation;
4. At the request of the State, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union or representative shall not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative shall affirmatively cooperate in the implementation of the Contractor's obligations herein; and
5. The Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the State contract, all qualified applicants shall be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

The Contractor shall include the provisions of subclauses 1 – 5 of this Section (IV)(J), in every subcontract over \$25,000.00 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (Work) except where the Work is for the beneficial use of the Contractor. Section 312 of the Executive Law does not apply to: (i) work, goods or services unrelated to the Master Contract; or (ii) employment outside New York State. The State shall consider compliance by the Contractor or a subcontractor with the requirements of any Federal law concerning equal employment opportunity which effectuates the purpose of this section. The State shall determine whether the imposition of the requirements of the provisions hereof duplicate or conflict with any such Federal law and if such duplication or conflict exists, the State shall waive the applicability of Section 312 of the Executive Law to the extent of such duplication or conflict. The Contractor shall comply with all duly promulgated and lawful rules and regulations of the Department of Economic Development's Division of Minority and Women's Business Development pertaining hereto.

K. Omnibus Procurement Act of 1992: It is the policy of New York State to maximize opportunities for the participation of New York State business enterprises, including minority and

women-owned business enterprises, as bidders, subcontractors and suppliers on its procurement contracts.

1. If the total dollar amount of the Master Contract is greater than \$1 million, the Omnibus Procurement Act of 1992 requires that by signing the Master Contract, the Contractor certifies the following:

- a) The Contractor has made reasonable efforts to encourage the participation of State business enterprises as suppliers and subcontractors, including certified minority and womenowned business enterprises, on this project, and has retained the documentation of these efforts to be provided upon request to the State;
- b) The Contractor has complied with the Federal Equal Opportunity Act of 1972 (P.L. 92-261), as amended;
- c) The Contractor agrees to make reasonable efforts to provide notification to State residents of employment opportunities on this project through listing any such positions with the Job Service Division of the New York State Department of Labor, or providing such notification in such manner as is consistent with existing collective bargaining contracts or agreements. The Contractor agrees to document these efforts and to provide said documentation to the State upon request; and
- d) The Contractor acknowledges notice that the State may seek to obtain offset credits from foreign countries as a result of the Master Contract and agrees to cooperate with the State in these efforts.

L. Workers' Compensation Benefits:

1. In accordance with Section 142 of the State Finance Law, the Master Contract shall be void and of no force and effect unless the Contractor shall provide and maintain coverage during the life of the Master Contract for the benefit of such employees as are required to be covered by the provisions of the Workers' Compensation Law.
2. If a Contractor believes they are exempt from the Workers Compensation insurance requirement they must apply for an exemption.

M. Unemployment Insurance Compliance: The Contractor shall remain current in both its quarterly reporting and payment of contributions or payments in lieu of contributions, as applicable, to the State Unemployment Insurance system as a condition of maintaining this grant.

The Contractor hereby authorizes the State Department of Labor to disclose to the State Agency staff only such information as is necessary to determine the Contractor's compliance with the State Unemployment Insurance Law. This includes, but is not limited to, the following:

1. any records of unemployment insurance (UI) contributions, interest, and/or penalty payment arrears or reporting delinquency;
2. any debts owed for UI contributions, interest, and/or penalties;

3. the history and results of any audit or investigation; and
4. copies of wage reporting information.

Such disclosures are protected under Section 537 of the State Labor Law, which makes it a misdemeanor for the recipient of such information to use or disclose the information for any purpose other than the performing due diligence as a part of the approval process for the Master Contract.

N. Vendor Responsibility:

1. If a Contractor is required to complete a Questionnaire, the Contractor covenants and represents that it has, to the best of its knowledge, truthfully, accurately and thoroughly completed such Questionnaire. Although electronic filing is preferred, the Contractor may obtain a paper form from the OSC prior to execution of the Master Contract. The Contractor further covenants and represents that as of the date of execution of the Master Contract, there are no material events, omissions, changes or corrections to such document requiring an amendment to the Questionnaire.
2. The Contractor shall provide to the State updates to the Questionnaire if any material event(s) occurs requiring an amendment or as new information material to such Questionnaire becomes available.
3. The Contractor shall, in addition, promptly report to the State the initiation of any investigation or audit by a governmental entity with enforcement authority with respect to any alleged violation of Federal or state law by the Contractor, its employees, its officers and/or directors in connection with matters involving, relating to or arising out of the Contractor's business. Such report shall be made within five (5) business days following the Contractor becoming aware of such event, investigation, or audit. Such report may be considered by the State in making a Determination of Vendor Non-Responsibility pursuant to this section.
4. The State reserves the right, in its sole discretion, at any time during the term of the Master Contract:
 - a) to require updates or clarifications to the Questionnaire upon written request;
 - b) to inquire about information included in or required information omitted from the Questionnaire;
 - c) to require the Contractor to provide such information to the State within a reasonable timeframe; and
 - d) to require as a condition precedent to entering into the Master Contract that the Contractor agree to such additional conditions as shall be necessary to satisfy the State that the Contractor is, and shall remain, a responsible vendor; and
 - e) to require the Contractor to present evidence of its continuing legal authority to do business in New York State, integrity, experience, ability, prior performance, and organizational and financial capacity. By signing the Master Contract, the Contractor agrees

to comply with any such additional conditions that have been made a part of the Master Contract.

5. The State, in its sole discretion, reserves the right to suspend any or all activities under the Master Contract, at any time, when it discovers information that calls into question the responsibility of the Contractor. In the event of such suspension, the Contractor shall be given written notice outlining the particulars of such suspension. Upon issuance of such notice, the Contractor must comply with the terms of the suspension order. Contract activity may resume at such time as the State issues a written notice authorizing a resumption of performance under the Master Contract.

6. The State, in its sole discretion, reserves the right to make a final Determination of Non-Responsibility at any time during the term of the Master Contract based on:

- a) any information provided in the Questionnaire and/or in any updates, clarifications or amendments thereof; or
- b) the State's discovery of any material information which pertains to the Contractor's responsibility.

7. Prior to making a final Determination of Non-Responsibility, the State shall provide written notice to the Contractor that it has made a preliminary determination of non-responsibility. The State shall detail the reason(s) for the preliminary determination, and shall provide the Contractor with an opportunity to be heard.

O. Charities Registration: If applicable, the Contractor agrees to (i) obtain not-for-profit status, a Federal identification number, and a charitable registration number (or a declaration of exemption) and to furnish the State Agency with this information as soon as it is available, (ii) be in compliance with the OAG charities registration requirements at the time of the awarding of this Master Contract by the State and (iii) remain in compliance with the OAG charities registration requirements throughout the term of the Master Contract.

P. Consultant Disclosure Law:⁹ If this is a contract for consulting services, defined for purposes of this requirement to include analysis, evaluation, research, training, data processing, computer programming, engineering, environmental, health, and mental health services, accounting, auditing, paralegal, legal, or similar services, then in accordance with Section 163 (4-g) of the State Finance Law (as amended by Chapter 10 of the Laws of 2006), the Contractor shall timely, accurately and properly comply with the requirement to submit an annual employment report for the contract to the agency that awarded the contract, the Department of Civil Service and the State Comptroller.

Q. Wage and Hours Provisions: If this is a public work contract covered by Article 8 of the Labor Law or a building service contract covered by Article 9 thereof, neither Contractor's employees nor the employees of its subcontractors may be required or permitted to work more than the number of hours or days stated in said statutes, except as otherwise provided in the Labor Law and as set forth in prevailing wage and supplement schedules issued by the State Labor Department. Furthermore, Contractor and its subcontractors must pay at least the prevailing wage rate and pay or provide the

⁹ Not applicable to not-for-profit entities.

prevailing supplements, including the premium rates for overtime pay, as determined by the State Labor Department in accordance with the Labor Law. Additionally, effective April 28, 2008, if this is a public work contract covered by Article 8 of the Labor Law, the Contractor understands and agrees that the filing of payrolls in a manner consistent with Subdivision 3-a of Section 220 of the Labor Law shall be condition precedent to payment by the State of any State approved sums due and owing for work done upon the project.

ATTACHMENT A-1

PROGRAM SPECIFIC TERMS AND CONDITIONS

DISTRIBUTION #14

I. Notices

All written notices made pursuant to this Agreement shall be delivered to the addresses set forth below.

Notification to the Office of Indigent Legal Services (ILS):

Office of Indigent Legal Services
A. E. Smith Office Building, 11th Floor
80 South Swan Street
Albany, NY 12210

Notification to County:

Steve Bulger
County Administrator
Saratoga County
40 McMaster Street
Ballston Spa, NY 12020
(518) 884-4742
sbulger@saratogacountyny.gov

II. Supplanting Funds

The amounts paid to County by ILS pursuant to this Agreement shall be used to supplement and not supplant any local funds, as defined in paragraph (c) of subdivision 2 of section 98-b of the State Finance Law, which such County would otherwise have had to expend for the provision of counsel and expert, investigative and other services pursuant to article eighteen-B of the County Law. In the event funds are used to supplant local funds, such funds actually provided by ILS shall be returned to ILS by County.

ATTACHMENT B-1

BUDGET

Office of Indigent Legal Services
DISTRIBUTION #14
 January 1, 2024 - December 31, 2026

COUNTY OF SARATOGA

Total Contract Amount: \$423,201.00

Budget Expenditure Item	Year 1 1/1/24 - 12/31/24	Year 2 1/1/25 - 12/31/25	Year 3 1/1/26 - 12/31/26
CONFLICT DEFENDER'S OFFICE			
Personnel:			
Assistant Conflict Defender (Family Court) - Salary and Fringe	\$117,067.00	\$117,067.00	\$117,067.00
Subtotal Personnel	\$117,067.00	\$117,067.00	\$117,067.00
Contracted/Consultant:			
Specialized Services	\$16,000.00	\$16,000.00	\$16,000.00
Subtotal Contracted/Consultant	\$16,000.00	\$16,000.00	\$16,000.00
OTPS:			
Office Supplies, Equipment, Furniture	\$1,500.00	\$1,500.00	\$1,500.00
CMS / Software / Data Storage	\$1,900.00	\$1,500.00	\$1,500.00
Legal Reference Materials / Periodicals / Online Legal Research Services	\$2,600.00	\$3,000.00	\$3,000.00
CLEs / Trainings / Convenings	\$2,000.00	\$2,000.00	\$2,000.00
Subtotal OTPS	\$8,000.00	\$8,000.00	\$8,000.00
TOTAL	\$141,067.00	\$141,067.00	\$141,067.00
THREE-YEAR TOTAL	\$423,201.00		

ATTACHMENT C
WORK PLAN
OFFICE OF INDIGENT LEGAL SERVICES
DISTRIBUTION #14
JANUARY 1, 2024 – DECEMBER 31, 2026
COUNTY OF SARATOGA

Goal: To improve the quality of services provided under Article 18-B of the County Law.

Task #1

Provide funding for the salary and fringe for a full-time Assistant Conflict Defender to represent clients in Family Court matters.

Performance Measure:

- Number of clients who receive representation because of this position.
- Enhanced quality of representation as the result of having an attorney who specializes in Family Court

Program Location:

- Office of the Conflict Defender, Saratoga County

Task #2

Provide funding for specialized and evaluative services such as investigators, interpreters, mitigation specialists, social workers, forensic experts, mental health experts, and other non-attorney professionals. These services will be paid a rate of up to \$800 per hour, depending on the type of service and the experience and expertise of the non-attorney professional. These services may also be paid on a flat fee basis of up to \$3,000 per case. Costs include associated travel and mileage expenses, at the IRS rates. The [provider] may approve a higher rate when necessary to ensure access to qualified services. Funds may also be used for transcription services at a cost of up to \$5.25 per page.

Performance Measure:

- Number of cases in which specialized services were utilized
- Impact on outcome of cases in which specialized services were utilized

Program Location:

- Office of the Conflict Defender, Saratoga County

Task #3

Provide funding for incidental and operational expenses, including:

- Office Supplies, Equipment and Furniture – this also includes postage
- CMS/Software/Data Storage – the costs of case management system and technology purchases and upgrades including PDCS licenses, software, and computers
- Legal Reference Materials/Periodicals/Online Legal Research Services
- CLEs/Trainings/Convenings – including the costs of staff attending CLEs, trainings, , and convenings (registration and travel), and the costs of the Conflict Defender Office hosting CLEs and trainings (speaker fees, materials, space, and refreshments).

Performance Measure:

- Better utilization of new technologies and existing resources to more efficiently manage increasing caseload
- For staff to utilize office supplies/items for efficient and effective performance for indigent clients

Program Location:

- Office of the Conflict Defender, Saratoga County

ATTACHMENT D

PAYMENT AND REPORTING SCHEDULE

DISTRIBUTION #14 GRANT

I. PAYMENT PROVISIONS

In full consideration of contract services to be performed the State Agency agrees to pay and the contractor agrees to accept a sum not to exceed the amount noted on the face page hereof. All payments shall be in accordance with the budget contained in the applicable Attachment B form (Budget), which is attached hereto.

A. Advance Payment and Recoupment Language (if applicable):

1. The State Agency will make an advance payment to the Contractor, if requested in writing by Contractor, during the initial period, in the amount of twenty-five percent (25%) of the first-year budget as set forth in the most recently approved applicable Attachment B form (Budget).
2. The State Agency will make an initial payment to the Contractor in the amount of _____ percent (____%) of the annual first-year budget as set forth in the most recently approved applicable Attachment B form (Budget). This payment will be no later than _____ days from the beginning of the budget period.
3. Scheduled advance payments shall be due in accordance with an approved payment schedule as follows:

Period: n/a Amount: n/a Due Date: n/a

Period: n/a Amount: n/a Due Date: n/a

Period: n/a Amount: n/a Due Date: n/a

Period: n/a Amount: n/a Due Date: n/a
4. Recoupment of any advance payment(s) or initial payment(s) (3) shall be recovered by crediting (100%) of subsequent claims and such claims will be reduced until the advance is fully recovered within the contract period.

B. Interim and/or Final Claims for Reimbursement

Claiming Schedule (select applicable frequency):

Quarterly Reimbursement

Due Date: Thirty (30) days from the end of each contract quarter, as follows:

1st Quarter: January 1st – March 31st

2nd Quarter: April 1st – June 30th

3rd Quarter: July 1st – September 30th

4th Quarter: October 1st – December 31st

Monthly Reimbursement

Due Date: _____

Biannual Reimbursement

Due Date: _____

Fee for Service Reimbursement

Due Date: _____

Rate Based Reimbursement

Due Date: _____

Fifth Quarter Reimbursement

Due Date: _____

Milestone/Performance Reimbursement

Due Date/Frequency: _____

Scheduled Reimbursement

Due Date/Frequency: _____

Interim Reimbursement as Requested by Contractor _____

II. REPORTING PROVISIONS

A. Expenditure-Based Reports (*select the applicable report type*):

Narrative/Qualitative Report

The Contractor will submit, on a quarterly basis, not later than _____ days from the end of the quarter, the report described in Section III(G)(2)(a)(i) of the Master Contract.

Statistical/Quantitative Report

The Contractor will submit, on a quarterly basis, not later than _____ days from the end of the quarter, the report described in Section III(G)(2)(a)(ii) of the Master Contract.

Expenditure Report

The Contractor will submit, on a quarterly basis, not later than thirty (30) days after the end date for which reimbursement is being claimed, the report described in Section III(G)(2)(a)(iii) of the Master Contract.

Final Report

The Contractors will submit the final report as described in Section III(G)(2)(a)(iv) of the Master Contract, no later than ninety (90) days after the end of the contract period.

Consolidated Fiscal Report (CFR)¹

The Contractor will submit the CFR on an annual basis, in accordance with the time frames designated in the CFR manual. For New York City contractors, the due date shall be May 1 of each year; for Upstate and Long Island contractors, the due date shall be November 1 of each year.

B. Progress-Based Reports

1. Progress Reports

The Contractor shall provide the report described in Section III(G)(2)(b)(i) of the Master Contract in accordance with the forms and in the format provided by the State Agency, summarizing the work performed during the contract period (see Table 1 below for the annual schedule).

2. Final Progress Report

Final scheduled payment will not be due until ____ days after completion of agency's audit of the final expenditures report/documentation showing total grant expenses submitted by vendor with this final invoice. Deadline for submission of the final report is _____. The agency shall complete its audit and notify vendor of the results no later than _____. The Contractor shall submit the report not later than ____ days from the end of the contract.

C. Other Reports

The Contractor shall provide reports in accordance with the form, content and schedule as set forth in Table 1.

¹ The Consolidated Fiscal Reporting System is a standardized electronic reporting method accepted by the Office of Alcoholism & Substance Abuse Services, Office of Mental Health, Office for People with Developmental Disabilities and the State Education Department, consisting of schedules which, in different combinations, capture financial information for budgets, quarterly and/or mid-year claims, an annual cost report, and a final claim. The CFR, which must be submitted annually, is both a year-end cost report and a year-end claiming document.

TABLE I – REPORTING SCHEDULE

PROGRESS REPORT #	PERIOD COVERED	DUE DATE
<p align="center">#1</p> <p><i>(Refer to Attachment D. II. C. "Other Reports")</i></p>	<p align="center">First year of grant</p> <p><i>(Refer to Attachment C, Work Plan)</i></p>	<p align="center">90 days following end of first year</p>
<p align="center">#2</p> <p><i>(Refer to Attachment D. II. C. "Other Reports")</i></p>	<p align="center">Second year of grant</p> <p><i>(Refer to Attachment C, Work Plan)</i></p>	<p align="center">90 days following end of second year</p>
<p align="center">#3</p> <p><i>(Refer to Attachment D. II. C. "Other Reports")</i></p>	<p align="center">Third year of grant</p> <p><i>(Refer to Attachment C, Work Plan)</i></p>	<p align="center">90 days following end of third year</p>

III. SPECIAL PAYMENT AND REPORTING PROVISIONS:



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

TO: Steve Bulger, County Administrator
Ridge Harris, Deputy County Administrator
Michelle Granger, County Attorney
Therese Connolly, Clerk of the Board
Stephanie Hodgson, Director of Budget

CC: John Warnt, Director of Purchasing
Jason Kemper, Director of Planning and Economic Development
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Audra Hedden, County Administrator's Office
Laurie Vroman, County Attorney's Office

DEPARTMENT: Office of Emergency Management



DATE: 11/17/2023

COMMITTEE: Public Safety



This column must be completed prior to submission of the request.

1. Is a Resolution Required:

Yes, Contract Approval

County Attorney's Office
Consulted Yes

2. Proposed Resolution Title:

Authorizing the Chairman of the Board of Supervisors to execute an agreement with Locus Diagnostics, LLC of West Melbourne, Florida for the purchase of a DiagnostX NX-200 Remote Receiver, DiagnostX MX-3000 Master Unit, perpetual license for AFC meter on the NX-200 and an extended annual maintenance plan on NX-200 and MX-3000 for a term of 4 additional years.

3. Specific Details on what the resolution will authorize:

This agreement will purchase patented technology comprised of proprietary hardware / software for the DiagnostX NX-200 Remote Receiver for \$40,806.05 and the DiagnostX MX-3000 Master Unit for \$35,274.56. This system measures alignment parameters of the received waveform of portable and mobile radios over-the-air in real-time. This initial purchase covers Y1 (1/2024 - 12/2024) maintenance and licensing for the AFC meter on the NX-200 for \$7,997.98. The extended annual maintenance plan Y2 - Y5 (1/2025 - 12/2028) will cover any hardware, software or firmware defects during annual maintenance term for the NX-200 (\$2,629.70 annual) and for the MX-3000 (\$4,443.32 annual). All product as sold by Locus Diagnostics, LLC.

4. Is a Budget Amendment needed: YES or NO
 If yes, budget lines and impact must be provided.
 Any budget amendments must have equal and offsetting entries.

County Administrator's Office
 Consulted **No**

Please see attachments for impacted budget lines.
 (Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount

Expense

Account Number	Account Name	Amount

Fund Balance (if applicable): (Increase = additional revenue, Decrease = additional expenses)

Amount:

5. Identify Budget Impact (**Required**):

No Budget Impact. Funds are included in the Department Budget

- a. G/L line impacted A.36.366-7051 / A.36.366-8520 / A.36.366-8160
- b. Budget year impacted 2024 - 2028
- c. Details

Initial Purchase: A.36.366-7051 \$76,080.61
 A.36.366-8520 \$7,997.98
 Total initial: \$84,078.59

Year 2 - Year 5 (annual maintenance) A.36.366-8160 \$7,073.02 (annually)

6. Are there Amendments to the Compensation Schedule?

YES or NO (If yes, provide details)

a. Is a new position being created? Y N

Effective date

Salary and grade

b. Is a new employee being hired? Y N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification? Y N

Is this position currently vacant? Y N

Is this position in the current year compensation plan? Y N

Human Resources Consulted
No

7. Does this item require the awarding of a contract: Y N

a. Type of Solicitation **Sole Source**

b. Specification # (BID/RFP/RFQ/OTHER CONTRACT #)

Quote# GSA11012023SS1

c. If a sole source, appropriate documentation, including an updated letter, has been submitted and approved by Purchasing Department? Y N N/A

d. Vendor information (including contact name):

Locus Diagnostics, LLC
720 North Drive
West Melbourne, Florida 32934

e. Is the vendor/contractor an LLC, PLLC, or partnership: **LLC**

f. State of vendor/contractor organization: **Florida**

g. Commencement date of contract term: **01/01/2024**

h. Termination of contract date: **12/31/2028**

i. Contract renewal date and term: **01/01/2029**

k. Is this a renewal agreement: Y N

l. Vendor/Contractor comment/remarks:

Purchasing Office Consulted
Yes

County Administrator's Office
Consulted **No**

8. Is a grant being accepted: YES or NO

a. Source of grant funding:

b. Agency granting funds:

c. Amount of grant:

d. Purpose grant will be used for:

e. Equipment and/or services being purchased with the grant:

f. Time period grant covers:

g. Amount of county matching funds:

h. Administrative fee to County:

9. Supporting Documentation:

Marked-up previous resolution

No Markup, per consultation with County Attorney

Information summary memo

Copy of proposal or estimate

Copy of grant award notification and information

Other Sole Source justification letter / DHSES Sole Source approval

10. Remarks:



BOARD OF SUPERVISORS

9/19/2023

RESOLUTION 234 - 2023

Introduced by Public Safety: Supervisors Lant, Butler, Grasso, Hammond, Raymond, Tollisen and K. Veitch *locus Diagnostics, LLC for the purchase of a Diagnostix NX-200 Remote Receiver, Diagnostix MX-3000 master unit, Perpetual license for AFE meter on the NX-200 and an extended annual maintenance plan on NX-200 and NX-3000 for a term of 4 additional years*

AUTHORIZING AN AGREEMENT WITH KOVA CORPORATION FOR AN EXTENDED WARRANTY FOR THE COUNTY'S VERINT V.15 PUBLIC SAFETY SOFTWARE SYSTEM

~~WHEREAS, pursuant to Resolution 189-2022, the County's Verint Recorder Public Safety Software System was upgraded to the Verint Recorder V.15 Public Safety Software System (V.15 System) to ensure compatibility and interoperability with the County's Emergency Radio System, with the upgrade including a one-year warranty which will expire October 31, 2023; and~~

~~WHEREAS, Kova Corporation has submitted a proposal for a three-year extended warranty agreement for the County's V.15 System to include a warranty on all parts and software, access to the help desk, training, and preventative maintenance (approximately once month) commencing on November 1, 2023 through October 31, 2026; at a cost not to exceed \$2,524.34 for Year 2, which reflects a prorated credit from the prior year's Audiolog maintenance and warranty; for Year 3 at a cost not to exceed \$17,557, and for Year 4 at a cost not to exceed \$17,557; and~~

~~WHEREAS, our Public Safety Committee and the Director of Emergency Management have recommended that the proposal of Kova Corporation for a three-year extended warranty commencing on November 1, 2023 through October 31, 2026; at a cost not to exceed \$2,524.34 for Year 2, which reflects a prorated credit from the prior year's Audiolog maintenance and warranty; for Year 3 at a cost not to exceed \$17,557, and for Year 4 at a cost not to exceed \$17,557; be accepted; now, therefore, be it~~

~~RESOLVED, that the Chair of the Board is authorized to execute an agreement with Kova Corporation, of Manahawkin, New Jersey, for a three-year extended warranty commencing on November 1, 2023 through October 31, 2026; at a cost not to exceed \$2,524.34 for Year 2, which reflects a prorated credit from the prior year's Audiolog maintenance and warranty; for Year 3 at a cost not to exceed \$17,557; and for Year 4 at a cost not to exceed \$17,557; and it is further~~

~~RESOLVED, that the form and content of such agreement shall be subject to the approval of the County Attorney; and it is further~~

*Diagnostix NX-200
& Diagnostix MX-3000
at a cost not to exceed \$8,078.39 for purchase of Diagnostix NX-200 & Diagnostix MX-3000 master unit, Perpetual license for AFE meter on the NX-200 & extended annual maintenance plan.*

*locus Diagnostics, LLC
initial purchase of hardware, software & licensing and a four-year extended warranty
to include an extended annual maintenance plan that covers any hardware, software or significant defects that occur during annual maintenance term. The extended annual maintenance also includes the County's software updates released during the annual maintenance term.
January 1, 2024
December 31, 2028
West Melbourne, Florida
1/1/2024
12/31/2028*

RESOLVED, that this Resolution shall take effect immediately.

BUDGET IMPACT STATEMENT: No Budget Impact. Funds are included in the Department Budget.

September 19, 2023 Regular Meeting

Motion to Adopt: Supervisor Kinowski

Second: Supervisor Butler

AYES (203089): Joseph Grasso (4328), Philip C. Barrett (19014.5), Jonathon Schopf (19014.5), Eric Butler (6500), Diana Edwards (819), Jean Raymond (1333), Michael Smith (3525), Kevin Veitch (8004), Kevin Tollisen (25662), Mark Hammond (17130), Scott Ostrander (18800), Theodore Kusnierz (16202), Sandra Winney (2075), Ian Murray (5808), Tara N. Gaston (14245.5), Matthew E. Veitch (14245.5), Edward D. Kinowski (9022), John Lant (17361)
NOES (0):

ABSENT (32420): Eric Connolly (11831), Arthur M. Wright (1976), Thomas Richardson (5163), Willard H. Peck (5242), John Lawler (8208)

		Quote #:GSA11012023SS1	
Locus Diagnostics, LLC 720 North Drive West Melbourne, FL 32934 Phone: 321-727-3077 Fax: 321-727-3067 www.locususa.com		Quotation: 11/1/2023 Sales: Scott Stewart Contact: Office: 321-323-3138 Phone: Email: stewart@locususa.com	
Name: Andre M. Delvaux Company: Saratoga County Sheriff's Office Name: Address: 6012 County Farm Rd. Ballston Spa, NY 12020		Phone: 518-885-2232 Mobile: Email: adelvaux@saratogacountyny.gov	

LINE	UNIT	DESCRIPTION	Qty	List Price	GSA Unit Price	Ext. GSA Price
1	MX-3000	DiagnostX Master Unit, one protocol. Collects data from NX-200 Remote Receivers at antenna sites into one consolidated database, one (1) year limited warranty/support on hardware and software, and GUI (large systems will require custom quote).	1	\$45,000.00	\$40,806.05	\$40,806.05
2	NX-200	DiagnostX Remote Receiver, one protocol/one band. Requires a DX-2002 or MX-3000 to pair with. Must match protocol and frequency band. Includes one (1) year limited warranty/support on hardware and software.	1	\$38,900.00	\$35,274.56	\$35,274.56
3	MX-EXWTY	The MX-3000 Master Unit Extended Annual Maintenance covers any hardware, software or firmware defects that arise during the Annual Maintenance term. Additionally, the Extended Annual Maintenance entitles the customer to software updates released during the Annual Maintenance term.	4	\$4,900.00	\$4,443.32	\$17,773.28
4	NX-EXWTY	NX-200 Remote Receiver Extended Annual Maintenance covers any hardware, software or firmware defects that arise during the Annual Maintenance term. Additionally, the Extended Annual Maintenance entitles the customer to software updates released during the Annual Maintenance term.	4	\$2,900.00	\$2,629.70	\$10,518.80
		TOTAL				\$104,372.69

Pricing from Locus Diagnostics GSA Schedule GS-35F-268 BA

OPTIONS						
LINE	UNIT	DESCRIPTION	Qty	List Price	GSA Unit Price	Ext. Price
1	NX-AFC-A	AFC Meter Module for DiagnostX NX Series (Quantity 1-3)	1	\$8,820.00	\$7,997.98	\$7,997.98
2						\$0.00
3						\$0.00

Terms and Conditions:
 1) The DiagnostX solution is sold to government entities as a perpetual license for the life of the hardware subject to the Terms & Conditions of the EULA
 2) Pricing valid for 60 days from above quotation date
 3) Unit will ship within 45 days of purchase order receipt
 4) Payment terms: Net 30, Payable to Locus Diagnostics, LLC

Thank you for your business!

DHSES Noncompetitive Procurement Request Form

Please Note: Per the terms of your grant contract, subrecipients must obtain prior written approval from DHSES for any noncompetitive procurement. Also, any renewals, amendments, extensions or revisions to a previously approved noncompetitive procurement contract will require an updated prior approval from DHSES for all DHSES awards as per Appendix A-1 of the grant contract.

For All DHSES Awards - Appendix A-1 of the Grant Contract:

A Contractor* who proposes to purchase goods or services from a particular vendor without competitive bidding must obtain the prior written approval of DHSES. The request for approval must be in writing and set forth, at a minimum, a detailed justification for selection and the basis upon which the price was determined to be reasonable. Further, such procurement must be in accordance with the guidelines, bulletins and regulations of the Office of the State Comptroller, State Procurement Council, and the U.S. Department of Homeland Security. A copy of DHSES' approval must also be submitted with the voucher for payment.

DHSES will not reimburse any expense related to a noncompetitive procurement that did not receive prior written approval. If it is found that the subrecipient was reimbursed for a noncompetitive procurement that was not preapproved, those costs will be disallowed and returned to DHSES.

PLEASE COMPLETE ALL FIELDS:

Subrecipient Name:

Grant Program and Funding Year:

Contract #:

Grant Performance Period:

Vendor Name:

Description of product/service being procured:

Cost of product/service:

DHSES Noncompetitive Procurement Request Form

Actions Taken To Select This Vendor:

- Was a search conducted of NYS Office of General Services (OGS) or U.S. General Services Administration (GSA) contracts for this product or service?
 - What was the result of the search?

- Was an internet search for similar products or services conducted?
 - What was the result of the search?

- Is this procurement for purchase of, repairs or upgrades to proprietary equipment or software?
- Will the use of any other vendor void equipment warranties?
- Describe vendor's expertise and experience:

Justification for selecting this vendor versus other alternatives:

For maintenance/service contract or warranty:

- **Term (dates) of contract/warranty:**
(Note: The term must fall within the performance period of the grant being charged.)

What was the original method of procurement for the contract/warranty?

How was the contract/warranty previously funded?

For time sensitive procurements:

- When does this procurement need to be completed?
- Impact on program if date is not met:

- How long would it take another vendor to start and complete the project?

Explain how reasonableness of cost was determined and maintain the documentation determining this with your procurement records. (i.e., a "fair market price" that could be anticipated had normal competitive conditions existed, and how that conclusion was reached):

Additional justification/information:

DHSES Noncompetitive Procurement Request Form

Subrecipient Signature

Date

Subrecipient Name

Title

Email Address

Phone Number

Please email completed form to your assigned Contract Representative for review.

This section for DHSES use.

Approved

This approval applies to this request only. Any renewals, amendments, extensions or revisions to this procurement contract will require an updated review and approval from DHSES. Should you need to make any additional non-competitive procurements you must receive prior written approval from the Division of Homeland Security and Emergency Services. Please be aware that you are required to enter into a formal agreement with the vendor for this procurement. Copies of the agreement, signed by all parties, must be maintained on file and made available upon request to DHSES for contract compliance review and audit purposes.

DHSES Representative Signature

Date



A Long-Range, Over-the-Air Radio Waveform Analyzer

Locus Diagnostics, LLC (dba LocusUSA) Sole Source Justification

General Information

Locus Diagnostics, LLC manufactures the DiagnostX™ DX, MX, NX series, and the NEW PX-900 Portable Instrument for P25 Conventional and Trunk radio systems.

These instruments enable the U.S. military, public safety, and government organizations to identify two-way radios in need of service by measuring their alignment and operating characteristics touch-free, Over-the-Air in real-time, without user intervention.

The DiagnostX system consists of three (3) sub-systems of software running on specialized hardware.

Key Reasons for Sole Source

Locus Diagnostics, LLC is the **only manufacturer/supplier** of the DiagnostX DX, MX, NX, and PX series over-the-air radio analyzers in the United States and Canada.

DiagnostX is patented under U.S. Patent Nos. #8,565,096, #8,600,371, #8,825,042, #8,948,022, #9,282,482, #9,432,866, #9,681,321, #9,743,302, #9,961,578, #10,200,902, #10,244,417, #10,609,585, #10,659,982 with other patents pending.

No other manufacturer produces a similar instrument. DiagnostX is sold nationally to federal, state, and local organizations on GSA Schedule GS-35F-268BA; there are no authorized agents on the Schedule.

The DiagnostX instruments are also available through these state contracts: Arizona - Contract No.: CTR046827; CMAS (California) - Contract No.: 3-20-70-3832A; Ohio - Contract No. 534454; TIPS (Texas) - Contract No.: 211101; and Florida through Motorola Solutions, Inc.

DiagnostX is an innovative and proactive approach to over-the-air bench testing resulting in early detection of potential radio transmission problems, narrowband performance verification, and diagnostics in trunked and digital conventional radio networks. The instrument will increase operational readiness, reduce costs, and enhance the maintenance management of the radio communications system.

Locus Diagnostics, LLC Company Information:

FEI/EIN Num: 270897115
DUNS Num: 962425224
FOB: West Melbourne, Florida 32904
www.locususa.com
321.727.3077

Sales Contact:

Joseph Rey, *Managing Partner*
321.323.3141
jrey@locususa.com

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SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

TO: Steve Bulger, County Administrator
Ridge Harris, Deputy County Administrator
Michelle Granger, County Attorney
Therese Connolly, Clerk of the Board
Stephanie Hodgson, Director of Budget

CC: John Warmt, Director of Purchasing
Jason Kemper, Director of Planning and Economic Development
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Audra Hedden, County Administrator's Office

DEPARTMENT: Office of Emergency Management



DATE: 11/17/2023

COMMITTEE: Public Safety



1. Is a Resolution Required:

Yes, Grant Acceptance

2. Proposed Resolution Title:

Authorizing an agreement with the New York State Division of Homeland Security and Emergency Services to accept a 2023 Statewide Interoperable Communications Grant (2023 SICG-Formula) and amending the 2023 budget in relation thereto

3. Specific Details on what the resolution will authorize:

Authorizing the Chairman of the Board of Supervisors to accept the New York State Division of Homeland Security and Emergency Services - 2023 Statewide Interoperable Communications Grant in the amount of \$766,246.00. The performance period for this grant is from January 1, 2023 - December 31, 2025

This column must be completed prior to submission of the request.

County Attorney's Office
Consulted Yes

4. Is a Budget Amendment needed: YES or NO
 If yes, budget lines and impact must be provided.
 Any budget amendments must have equal and offsetting entries.

County Administrator's Office
 Consulted **No**

Please see attachments for impacted budget lines.
 (Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount
A.36-3306	Homeland Security	\$766,246.00

Expense

Account Number	Account Name	Amount
A.36.366-7051	Communications Equipment	\$310,000.00
A.36.366-7080	Other Equipment	\$35,000.00
A.36.366-8190	Other Professional Services	\$100,000.00
A.36.366-8293	Equipment Maintenance	\$321,246.00

Fund Balance (if applicable): (Increase = additional revenue, Decrease = additional expenses)

Amount:

5. Identify Budget Impact (**Required**):

The budget will be amended to accept these funds and authorize the related expenses

- a. G/L line impacted
- b. Budget year impacted 2023 - 2025
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or NO (If yes, provide details)

a. Is a new position being created? Y N

Effective date

Salary and grade

b. Is a new employee being hired? Y N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification? Y N

Is this position currently vacant? Y N

Is this position in the current year compensation plan? Y N

Human Resources Consulted

N/A

7. Does this item require the awarding of a contract: Y N

a. Type of Solicitation

b. Specification # (BID/RFP/RFQ/OTHER CONTRACT #)

c. If a sole source, appropriate documentation, including an updated letter, has been submitted and approved by Purchasing Department? Y N N/A

d. Vendor information (including contact name):

e. Is the vendor/contractor an LLC, PLLC, or partnership:

f. State of vendor/contractor organization:

g. Commencement date of contract term:

h. Termination of contract date:

i. Contract renewal date and term:

k. Is this a renewal agreement: Y N

l. Vendor/Contractor comment/remarks:

Purchasing Office Consulted

N/A

8. Is a grant being accepted: YES or NO

County Administrator's Office
Consulted Yes

a. Source of grant funding:

State

b. Agency granting funds:

New York State Division of Homeland Security and Emergency Services

c. Amount of grant:

\$766,246.00

d. Purpose grant will be used for:

Equipment and Maintenance on CAD E911 system, 800MHz, Microwave and PSAP

e. Equipment and/or services being purchased with the grant:

Equipment purchase and maintenance of communications equipment

f. Time period grant covers:

01/01/2023 - 12/31/2025

g. Amount of county matching funds:

\$766,246.00

h. Administrative fee to County:

\$0.00

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Information summary memo
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other _____

10. Remarks:



9/22/22

SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION ~~271-2022~~

Introduced by Public Safety: Supervisors Lant, Barrett, Hammond, Lawler, Ostrander, K. Veitch and Wright ~~C. Eric Butler~~, Grasso, Raymond, Tollisen

AUTHORIZING THE ACCEPTANCE OF A ²⁰²³ ~~2021-2022~~ STATEWIDE INTEROPERABLE COMMUNICATIONS GRANT FROM THE NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES, AND AMENDING THE ~~2022~~ COUNTY BUDGET IN RELATION THERETO
²⁰²³

²⁰²³ WHEREAS, the New York State Division of Homeland Security and Emergency Services has awarded the County a ²⁰²³ ~~2021-2022~~ Statewide Interoperable Communications Grant Program (~~2021-2022~~ SICG-Formula) grant in the amount of ~~\$1,426,723~~ ^{\$766,246.00} for improving the interoperability and operability of emergency communications systems for the 24 month performance period from January 1, ~~2022~~ ²⁰²³ to December 31, ~~2024~~ ²⁰²³; and

WHEREAS, our Director of Emergency Management proposes to utilize these grant funds to purchase 800 MHz Radio System software and hardware; and

WHEREAS, the approval of this Board and an amendment to the ~~2022~~ ²⁰²³ County Budget are needed to accept these additional SICG funds; now, therefore, be it

²⁰²³ RESOLVED, that the Chair of the Board is hereby authorized to execute any and all documents required to accept from the New York State Division of Homeland Security and Emergency Services a ~~2021-2022~~ Statewide Interoperable Communications Grant in the amount of ~~\$1,426,723~~ to purchase 800 MHz Radio System software and hardware; and it is further

RESOLVED, that the form and content of all said documents and agreements shall be subject to the approval of the County Attorney; and it is further

²⁰²³ RESOLVED, that the ~~2022~~ Saratoga County Budget is amended as follows:

EMERGENCY SERVICES

Increase Appropriations:

- Acct.: A-36-366-7051 – Communications Equipment
- Acct.: A-36-366-8293 – Equipment Maintenance

Increase Revenues:

- Acct.: A-36-3306 – Homeland Security

\$ 310,000.00	(A. 36.366-7051)	(Comm. Equipment)
\$ 35,000.00	(A. 36.366-7080)	(Other Equipment)
\$ 100,000.00	(A. 36.366-8190)	(Other Prof. Services)
\$ 321,246.00	\$ 926,723	
	\$ -500,000	(A. 36.366-8293)
\$ 766,246	\$1,426,723	(Equipment Maintenance)
\$ 766,246	<u>-\$1,426,723</u>	

\$ 766,246.00

; and it is further

RESOLVED, that this Resolution shall take effect immediately.

BUDGET IMPACT STATEMENT: The budget will be amended to accept these funds and authorize the related expenses.

September 22, 2022 Regular Meeting

Motion to Adopt: Supervisor(s): Lant

Second: Supervisor(s) M. Veitch

AYES (169,903.5): Eric Connolly (11831), Joseph Grasso (4328), Philip C. Barrett (19014.5), Jonathon Schopf (19014.5), Diana Edwards (819), Michael Smith (3525), Kevin Veitch (8004), Kevin Tollisen (25662), Scott Ostrander (18800), Theodore Kusnierz (16202), Sandra Winney (2075), Matthew E. Veitch (14245.5), Edward D. Kinowski (9022), John Lant (17361)

NOES (0)

ABSENT (65,605.5): Eric Butler (6500), Jean Raymond (1333), Arthur M. Wright (1976), Mark Hammond (17130), Thomas Richardson (5163), Willard H. Peck (5242), Thomas N. Wood, III (5808), Tara N. Gaston (14245.5), John Lawler (8208)



Homeland Security and Emergency Services

KATHY HOCHUL
Governor

JACKIE BRAY
Commissioner

October 24, 2023

The Honorable Theodore Kusnierz
Chair, Saratoga County Board of Supervisors
40 McMaster Street
Ballston Spa, NY 12020

Dear Mr. Kusnierz:

I am pleased to announce that Saratoga County has been awarded \$766,246 under the New York State 2023 Statewide Interoperable Communications Grant Program (2023 SICG-Formula). This program, administered by my agency, allows for the State support to aid county, local and municipal public safety organizations in enhancing emergency response, improving capability, improvements in governance structures, operating procedures, infrastructure development, and addressing SAFECOM guidance from the U.S. Department of Homeland Security Office of Emergency Communications (OEC). The 2023 SICG-Formula Program will concentrate on improving interoperability and operability of communications systems in New York State. Your participation in this program is another example of the successful partnerships we have been developing for public safety and emergency preparedness across the State.

The performance period for the 2023 SICG-Formula grant will be 36 months, beginning January 1, 2023 – December 31, 2025, with the possibility of an extension based upon a good cause shown and ample justification for needing additional time. Expenses that you wish to claim must occur within that period. In order to provide these funds to you as quickly as possible, we will need to gather budget information within 45 calendar days from the date of this letter that reflects the award amount. Our Grants Program Administration staff will work with your designated SICG point of contact to provide additional administrative guidance and to develop a grant contract.

On behalf of Governor Kathy Hochul, the Division of Homeland Security and Emergency Services remains committed to providing outstanding support in the administration of "*your public safety first*" responder initiatives. Please feel free to contact me if you have any questions, at 518-242-5000, or my Office of Interoperable and Emergency Communications (OIEC) Director, Mark Balistreri, at 518-322-4939.

Thank you for your cooperation in this public safety endeavor.

Sincerely,

A handwritten signature in black ink that reads "Jacqueline Bray".

Jackie Bray
Commissioner



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

TO: Steve Bulger, County Administrator
Ridge Harris, Deputy County Administrator
Michelle Granger, County Attorney
Therese Connolly, Clerk of the Board
Stephanie Hodgson, Director of Budget

CC: John Warnt, Director of Purchasing
Jason Kemper, Director of Planning and Economic Development
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Audra Hedden, County Administrator's Office
Laurie Vroman, County Attorney's Office

DEPARTMENT: County Coroner

DATE: November 14, 2023

COMMITTEE: Public Safety



This column must be completed prior to submission of the request.

1. Is a Resolution Required:

Yes, Contract Renewal

2. Proposed Resolution Title:

Authoriziing a renewal agreement with National Medical Services, INC., DBA NMS Labfor post mortem toxicology services

3. Specific Details on what the resolution will authorize:

Post-mortem toxicology testing to assist in the determining the cause of death for those falling under the jurisdiction of the Saratoga County Coroner's Office.

It will also permit payment for those 'add on' tests as deemed necessary by the Coroner's Physician which pricing may not appear on the Fee Schedule.

County Attorney's Office

Consulted Yes

4. Is a Budget Amendment needed: YES or NO
 If yes, budget lines and impact must be provided.
 Any budget amendments must have equal and offsetting entries.

County Administrator's Office Consulted Yes <input type="checkbox"/>

Please see attachments for impacted budget lines.
 (Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount

Expense

Account Number	Account Name	Amount

Fund Balance (if applicable): (Increase = additional revenue, Decrease = additional expenses)

Amount:

5. Identify Budget Impact (**Required**):

No Budget Impact. Funds are included in the Department Budget	<input type="checkbox"/>
---	--------------------------

- a. G/L line impacted
- b. Budget year impacted
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or NO (If yes, provide details)

a. Is a new position being created? Y N

Effective date

Salary and grade

b. Is a new employee being hired? Y N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification? Y N

Is this position currently vacant? Y N

Is this position in the current year compensation plan? Y N

Human Resources Consulted

N/A

7. Does this item require the awarding of a contract: Y N

a. Type of Solicitation

b. Specification # (BID/RFP/RFQ/OTHER CONTRACT #)

No bid required

c. If a sole source, appropriate documentation, including an updated letter, has been submitted and approved by Purchasing Department? Y N N/A

d. Vendor information (including contact name):
National Medical Services, 200 Welsh Road, Horsham, PA 19044
1-800-522-6671

e. Is the vendor/contractor an LLC, PLLC, or partnership: no

f. State of vendor/contractor organization: PA

g. Commencement date of contract term: January 1, 2024

h. Termination of contract date: December 31, 2024

i. Contract renewal date and term: One year

k. Is this a renewal agreement: Y N

l. Vendor/Contractor comment/remarks:

Purchasing Office Consulted

N/A

County Administrator's Office
Consulted Yes

8. Is a grant being accepted: YES or NO

- a. Source of grant funding:
- b. Agency granting funds:
- c. Amount of grant:
- d. Purpose grant will be used for:
- e. Equipment and/or services being purchased with the grant:
- f. Time period grant covers:
- g. Amount of county matching funds:
- h. Administrative fee to County:

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Information summary memo
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other _____

10. Remarks:

It is necessary to add the approval to accept special testing as deemed necessary by the Coroner's Physician in which pricing is not included in the 2024 Fee Schedule

RENEWAL AGREEMENT

Renewal #^{#5} and Amendment Agreement Dated September 23, 2019.

BY AND BETWEEN,

COUNTY OF SARATOGA, a municipal corporation of the State of New York with offices at 40 McMaster Street, Ballston Spa, New York 12020, (COUNTY),

- and -

National Medical Services, Inc. dba NMS Labs, having a place of business at 200 Welsh Road, Horsham, Pennsylvania 19044, (CONTRACTOR);

RECITALS:

WHEREAS, pursuant to Resolution 148-2019, COUNTY and CONTRACTOR entered into an agreement dated September 23, 2019, whereby CONTRACTOR agreed to provide post-mortem toxicological services to the COUNTY with the total paid per calendar year not to exceed \$50,000, which agreement expired on December 31, 2019, and

WHEREAS, pursuant to Resolution 31-2020, as amended by Resolution 26-2021 COUNTY and CONTRACTOR entered into a renewal and amendment agreement for an additional term of one year commencing on January 1, 2020 and terminating on December 31, 2020 at CONTRACTOR's prevailing 2020 Fee Schedule rates charged for routine Postmortem Toxicology panels, as same may be amended from time to time, and at CONTRACTOR's prevailing 2020 rates for special pricing panels as listed in its Pricing Summary for Toxicology Laboratory Services, as same may be amended from time to time, provided each such test has been ordered by the Coroner's Physician or his assistant with the total contract costs not to exceed \$75,000; and

WHEREAS pursuant to Resolution 31-2020, as amended by Resolution 26-2021 COUNTY and CONTRACTOR entered into a renewal and amendment agreement for an additional term of one year commencing on January 1, 2021 and terminating on December 31, 2021 at CONTRACTOR's prevailing 2021 Fee Schedule rates charged for routine Postmortem Toxicology panels, as same may be amended from time to time, and at CONTRACTOR's prevailing 2021 rates for special pricing panels as listed in its Pricing Summary for Toxicology Laboratory Services, as same may be amended from time to time, provided each such test has been ordered by the Coroner's Physician or his assistant with the total contract costs not to exceed \$75,000; and

WHEREAS, pursuant to Resolution 326-2021, this Board of Supervisors authorized the renewal of an agreement with National Medical Services, Inc. d/b/a NMS Labs, to provide post-mortem toxicological services to the County Coroners, which agreement will expire on December 31, 2022; and

WHEREAS, it is necessary to renew said agreement for an additional term of one year, commencing on January 1, 2023 and continuing through December 31, 2023, at NMS Labs' 2024 prevailing 2023 Fee Schedule rates charged for routine Postmortem Toxicology panels, as same may be amended from time to time, and at its prevailing 2023 rates for special pricing panels as listed in its Pricing Summary for Toxicology Laboratory Services, provided each such test has been ordered by the Coroner's Physician or his assistant, with total contract costs not to exceed \$100,000; and, be it further; and

WHEREAS, both CONTRACTOR and COUNTY desire to renew the Agreement dated September 23, 2019 accordingly;

1-1-2024
NOW, THEREFORE, the parties agree as follows:

- 1-1-2024
1. The Agreement dated September 23, 2019, between CONTRACTOR and COUNTY for post-mortem toxicological services to the COUNTY is hereby renewed for a term of one year to commence on January 1, 2023 and terminate on December 31, 2023. 2024
2. All other terms of said Agreement dated September 23, 2019 and any amendments thereto not inconsistent with the provisions of this Renewal Agreement shall remain in full force and effect.

13th IN WITNESS WHEREOF, the parties hereto have executed this Renewal Agreement this 13th day of February, 2023.

APPROVED AS TO
FORM AND CONTENT:

By: Wm Bringer
County Attorney

COUNTY OF SARATOGA

By: Theodore T. Kusnierz, Jr.
Theodore T. Kusnierz, Jr., Chairman
Saratoga County Board of Supervisors
Per Resolutions #148-2019, 31-2020,
26-2021, 326-2021, and 357-2022

Date: 2-13-23

Date February 3, 2023

National Medical Labs, Inc. dba NMS Labs

By: Dan Monahan

Print Name: Dan Monahan, President & CEO

Federal I.D. # 23-1731658



12/20/22

SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION 357 - 2022

Introduced by Public Safety: Supervisors Lant, Barrett, Hammond, Lawler, Ostrander, K. Veitch and Wright

AUTHORIZING A RENEWAL AGREEMENT WITH NATIONAL MEDICAL SERVICES, INC. D/B/A NMS LABS FOR POST-MORTEM TOXICOLOGICAL SERVICES

WHEREAS, in connection with their duties in determining causes of death of persons dying within the County of Saratoga, our County Coroners require the toxicological services of qualified medical laboratories; and

WHEREAS, pursuant to Resolution 326-2021, this Board of Supervisors authorized the renewal of an agreement with National Medical Services, Inc. d/b/a NMS Labs, to provide post-mortem toxicological services to the County Coroners, which agreement will expire on December 31, 2022; and

2024
WHEREAS, NMS Labs has offered to renew its current agreement with the County for an additional term of one year, commencing on January 1, 2023 and terminating on December 31, 2023, at its prevailing 2023 Fee Schedule rates charged for routine Postmortem Toxicology panels, as same may be amended from time to time, and at its prevailing 2023 rates for special pricing panels as listed in its Pricing Summary for Toxicology Laboratory Services, provided each such test has been ordered by the Coroner's Physician or his/hcr assistant; and

2024
WHEREAS, our Public Safety Committee and the County Coroners have recommended that the contract for post-mortem toxicology services with National Medical Services, Inc. d/b/a NMS Labs be renewed for an additional term of one (1) year term, commencing on January 1, 2023 and terminating on December 31, 2023, at the foregoing rates proposed by NMS Labs, with total contract costs not to exceed \$100,000; now, therefore, be it

RESOLVED, that the Chair of the Board is authorized to execute a renewal agreement with National Medical Services, Inc. d/b/a NMS Labs of Willow Grove, Pennsylvania, to provide post-mortem toxicological services for the Saratoga County Coroners' Office for a term of one year, commencing on January 1, 2023 and continuing through December 31, 2023, at NMS Labs' prevailing 2023 Fee Schedule rates charged for routine Postmortem Toxicology panels, as same may be amended from time to time, and at its prevailing 2023 rates for special pricing panels as listed in its Pricing Summary for Toxicology Laboratory Services, provided each such test has been ordered by the Coroner's Physician or his assistant, with total contract costs not to exceed \$100,000; and, be it further

RESOLVED, that the form and content of such renewal agreement shall be subject to the approval of the County Attorney; and, be it further

RESOLVED, that this Resolution shall take effect immediately.

BUDGET IMPACT STATEMENT: No Budget Impact. Funds are included in the Department Budget.

December 20, 2022 Regular Meeting

Motion to Adopt: Supervisor Schopf

Second: Supervisor Tollisen

AYES (179685): Eric Connolly (11831), Joseph Grasso (4328), Philip C. Barrett (19014.5), Jonathon Schopf (19014.5), Eric Butler (6500), Diana Edwards (819), Jean Raymond (1333), Michael Smith (3525), Kevin Veitch (8004), Arthur M. Wright (1976), Kevin Tollisen (25662), Thomas Richardson (5163), Scott Ostrander (18800), Theodore Kusnierz (16202), Tara N. Gaston (14245.5), Matthew E. Veitch (14245.5), Edward D. Kinowski (9022).

NOES (0):

ABSENT (55824): Mark Hammond (17130), Willard H. Peck (5242), Sandra Winney (2075), Thomas N. Wood, III (5808), John Lawler (8208), John Lant (17361)



November 9, 2023

Saratoga County Coroner
 50 Broad Street
 Waterford, NY 12188

Dear Susan,

Thank you for your continued utilization of NMS Labs for your toxicology testing needs. Based upon the projected volumes, NMS is pleased to continue offering your office discounted pricing on our services. The following tests and services will be linked to your NMS accounts for the designated term of this agreement.

NMS Account Number: 20080

Pricing Effective Date: 1/1/2024

Pricing Expiration Date: 12/31/2024

Test	Test Name	Projected Volume	Current List Price	Discount Price	2023
8054B	NMS TotalTox™ Panel, Blood (Forensic)	77	\$545.00	\$451.00	625
8051B	Postmortem, Basic, Blood (Forensic)	18	\$266.00	\$190.00	185
8051FL	Postmortem, Basic, Fluid (Forensic)	As needed	\$406.00	\$378.00	357
8051SP	Postmortem, Basic, Serum/Plasma (Forensic)	As needed	\$266.00	\$190.00	125
8051TI	Postmortem, Basic, Tissue (Forensic)	As needed	\$476.00	\$410.00	387
8051U	Postmortem, Basic, Urine (Forensic)	As needed	\$266.00	\$190.00	185
8052B	Postmortem, Expanded, Blood (Forensic)	5	\$393.00	\$284.00	268
8052FL	Postmortem, Expanded, Fluid (Forensic)	As needed	\$646.00	\$633.00	597
8052SP	Postmortem, Expanded, Serum/Plasma (Forensic)	As needed	\$393.00	\$284.00	268
8052TI	Postmortem, Expanded, Tissue (Forensic)	As needed	\$714.00	\$694.00	655
8052U	Postmortem, Expanded, Urine (Forensic)	As needed	\$393.00	\$284.00	268
8050U	Postmortem, Urine Screen Add-on (6-MAM Quantification only) (Forensic)	57	\$36.00	\$36.00	31
8083B	Postmortem, Basic w/Vitreous Alcohol and 6-MAM	As needed	\$289.00	\$274.00	4011 9%
8084B	Postmortem, Expanded w/Vitreous Alcohol and 6-MAM	As needed	\$418.00	\$398.00	-
RETURN	Specimen Return/Handling	As needed	\$60.00	\$0.00	-

All other testing ordered during this effective period will be billed at prevailing List price fees referenced in the annual NMS Labs Fee Schedule.



November 9, 2023

Saratoga County Coroner
 50 Broad Street
 Waterford, NY 12188

Dear Susan,

Thank you for your continued utilization of NMS Labs for your toxicology testing needs. Based upon the projected volumes, NMS is pleased to continue offering your office discounted pricing on our services. The following tests and services will be linked to your NMS accounts for the designated term of this agreement.

NMS Account Number: 20080

Pricing Effective Date: 1/1/2024

Pricing Expiration Date: 12/31/2024

Test	Test Name	Projected Volume	Current List Price	Discount Price
8054B	NMS TotalTox™ Panel, Blood (Forensic)	77	\$545.00	\$451.00
8051B	Postmortem, Basic, Blood (Forensic)	18	\$266.00	\$190.00
8051FL	Postmortem, Basic, Fluid (Forensic)	As needed	\$406.00	\$378.00
8051SP	Postmortem, Basic, Serum/Plasma (Forensic)	As needed	\$266.00	\$190.00
8051TI	Postmortem, Basic, Tissue (Forensic)	As needed	\$476.00	\$410.00
8051U	Postmortem, Basic, Urine (Forensic)	As needed	\$266.00	\$190.00
8052B	Postmortem, Expanded, Blood (Forensic)	5	\$393.00	\$284.00
8052FL	Postmortem, Expanded, Fluid (Forensic)	As needed	\$646.00	\$633.00
8052SP	Postmortem, Expanded, Serum/Plasma (Forensic)	As needed	\$393.00	\$284.00
8052TI	Postmortem, Expanded, Tissue (Forensic)	As needed	\$714.00	\$694.00
8052U	Postmortem, Expanded, Urine (Forensic)	As needed	\$393.00	\$284.00
8050U	Postmortem, Urine Screen Add-on (6-MAM Quantification only) (Forensic)	57	\$36.00	\$36.00
8083B	Postmortem, Basic w/Vitreous Alcohol and 6-MAM	As needed	\$289.00	\$274.00
8084B	Postmortem, Expanded w/Vitreous Alcohol and 6-MAM	As needed	\$418.00	\$398.00
RETURN	Specimen Return/Handling	As needed	\$60.00	\$0.00

All other testing ordered during this effective period will be billed at prevailing List price fees referenced in the annual NMS Labs Fee Schedule.



Services covered under this agreement include:

- Prepaid Federal Express air bills will be provided for shipping samples to NMS Labs for analysis.
- All samples will be retained for a period of six (6) months and then discarded.
- Access to secure web-based Client Portal for
 - Online order entry for requested testing (call for more details)
 - Case progress status on samples submitted for testing
 - Electronic delivery of laboratory reports in PDF format
- Consultation as needed with NMS' Toxicologists staff for case review/results interpretation

We appreciate the long-standing relationship with the Satatoga County Coroner's Office providing postmortem toxicology services to support your death investigations. If you have any questions regarding this communication, please contact me directly.

Sincerely,

A handwritten signature in black ink, appearing to read "Nicole McNutt".

Nicole McNutt
NMS Labs – Forensic Account Manager, East
(445) 216-9282

cc: NMS Labs D365 Database

NMS Account Number	Test Code	Test Code Description	2023 NMS List Price	Saratoga County Coroner Pricing	JAN23-OCT23 Test Requests	JAN23-OCT23 Total Expenditures
20080	8054B	NMS TotalTox™ Panel, Blood (Forensic)	\$545.00	\$425.00	77.00	\$34,045.00
20080	8050U	Postmortem, Urine Screen Add-on (6-MAM Quantification only) (Forensic)	\$36.00	\$31.00	57.00	\$1,752.00
20080	8051B	Postmortem, Basic, Blood (Forensic)	\$266.00	\$179.00	18.00	\$3,222.00
20080	8092U	Postmortem, Prescription Drugs Screen, Urine (Forensic)	\$679.00	\$679.00	8.00	\$5,432.00
20080	8092B	Postmortem, Prescription Drugs Screen, Blood (Forensic)	\$679.00	\$679.00	6.00	\$4,074.00
20080	8052B	Postmortem, Expanded, Blood (Forensic)	\$393.00	\$268.00	5.00	\$1,340.00
		Postmortem Panels			171.00	\$49,865.00
20080	1919FL	Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic)	\$104.00	\$104.00	71.00	\$7,336.00
20080	0719B	Bromazolam, Blood	\$325.00	\$325.00	3.00	\$975.00
20080	0170B	Alcohol Panel, Blood	\$87.00	\$87.00	1.00	\$87.00
20080	0420B	Betahydroxybutyric Acid, Blood	\$208.00	\$208.00	1.00	\$208.00
20080	1005B	Carbon Monoxide Profile, Blood	\$205.00	\$205.00	1.00	\$205.00
20080	1009B	Carbon Monoxide Exposure, Blood	\$118.00	\$118.00	1.00	\$118.00
20080	2164FL	Glucose (Vitreous), Fluid (Forensic)	\$14.00	\$14.00	1.00	\$14.00
20080	2740B	Metformin, Blood	\$165.00	\$165.00	1.00	\$165.00
20080	3043B	Metoprolol, Blood	\$140.00	\$140.00	1.00	\$140.00
20080	7744O	Special Request - Investigation	\$410.00	\$410.00	1.00	\$325.00
20080	0170FL	Alcohol Panel, Fluid	\$152.00	\$152.00	31.00	\$4,712.00
		Targeted Analyses			113.00	\$14,285.00
20080	CREDIT	Invoice Credit	\$0.00	\$0.00	3.00	-\$425.00
		TOTALS			288.00	\$63,725.00

2024 FEE SCHEDULE

Effective January 1, 2024

ver. 231031.2



800.522.6671

nmslabs.com

NMS Labs
2024 List Fee Schedule

Sample Matrix / Suffix Key

Suffix	Sample Matrix
B	Blood
BO	Bone
D	Dialysis Fluid
F	Fat
FL	Fluid
GS	Gas
H	Hair
N	Nails
LI	Liquid
ME	Meconium
O	Other
OF	Oral Fluid
P	Plasma
PT	Paint
R	Red Blood Cells (RBC)
SL	Solid
SP	Serum/Plasma
ST	Stool
TH	Teeth
U	Urine
UC	Umbilical Cord Tissue
UH	24 Hour Urine

The tests listed in this Fee Schedule are the most commonly ordered by our clients. All test prices are in US dollars. Some tests offered by NMS Labs may not be listed in this Fee Schedule. If a test of interest does not appear in this fee schedule, please contact Client Support at (800) 522-6671 or clientsupport@nmslabs.com for information.

NOTE: The tests listed in this Fee Schedule were available at the time of publication. Tests may be added to our test menu or discontinued after the publication of the Fee Schedule. Please check for a current listing of tests available via NMS Labs on-line test catalog at www.nmslabs.com/test-catalog.

Contact phone numbers and email addresses:

- Clinical & Research Clients: 1.866.522.2206 / clinical@nmslabs.com
- Forensic Clients: 1.866.522.2216 / forensics@nmslabs.com
- Expert Service Clients: 1.844.276.0768 / expertservices@nmslabs.com
- Billing Inquiries: 1.800.522.6671 / billingTIQ@nmslabs.com
- Crime Lab Clients: 1.844.276.1182 / crimelab@nmslabs.com

NMS Labs
2024 List Fee Schedule

Table of Contents

Test Fees Listed Alphabetically by Test Name.....	1
Reflex Confirmation Testing (Non-Orderable).....	50
Crime Lab Testing Services.....	55
Designer Drugs/ Novel Psychoactive Substances (NPS)	55
Expert Services.....	56
Metals/Elements Testing Services.....	57
Miscellaneous Services	63
Newborn Toxicology Testing Services	63
Oral Fluid Testing Services	63

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NMS Labs

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2024 List Fee Schedule

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Test	Test Name	List Price
2358U	1-Hydroxypyrene, Urine	\$384.00
3124SP	1-Naphthol, Serum/Plasma	\$266.00
0094U	2,5-Hexanedione, Urine	\$297.00
0010B	2-fluoro Deschloroketamine and Deschloroketamine (Qualitative), Blood	\$275.00
0010SP	2-fluoro Deschloroketamine and Deschloroketamine (Qualitative), Serum/Plasma	\$172.00
0010U	2-fluoro Deschloroketamine and Deschloroketamine (Qualitative), Urine	\$172.00
0015B	2-methyl AP-237 & AP-238, Blood	\$535.00
0015SP	2-methyl AP-237 & AP-238, Serum/Plasma	\$535.00
0015U	2-methyl AP-237 & AP-238, Urine	\$535.00
0014B	3-MeO-PCP and 3-hydroxy-PCP (Qualitative), Blood	\$275.00
0014SP	3-MeO-PCP and 3-hydroxy-PCP (Qualitative), Serum/Plasma	\$172.00
0014U	3-MeO-PCP and 3-hydroxy-PCP (Qualitative), Urine	\$172.00
0276SP	4-Aminopyridine Exposure, Serum/Plasma	\$623.00
0276U	4-Aminopyridine Exposure, Urine	\$623.00
8665B	6-Monoacetylmorphine - Free (Unconjugated), Blood	\$370.00
8665FL	6-Monoacetylmorphine - Free (Unconjugated), Fluid	\$318.00
8665SP	6-Monoacetylmorphine - Free (Unconjugated), Serum/Plasma	\$370.00
8665U	6-Monoacetylmorphine - Free (Unconjugated), Urine	\$370.00
0325U	8-Hydroxy Amoxapine, Urine	\$290.00
0013SP	Acamprosate, Serum/Plasma	\$252.00
0012B	Acebutolol, Blood	\$469.00
0012SP	Acebutolol, Serum/Plasma	\$411.00
9101B	Acepromazine Screen, Blood	\$286.00
9101SP	Acepromazine Screen, Serum/Plasma	\$499.00
9101U	Acepromazine Screen, Urine	\$345.00
0017B	Acepromazine, Blood	\$495.00
0017SP	Acepromazine, Serum/Plasma	\$311.00
0017U	Acepromazine, Urine	\$311.00
0021B	Acetaldehyde, Blood	\$132.00
0021SP	Acetaldehyde, Serum/Plasma	\$84.00
0021U	Acetaldehyde, Urine	\$118.00
0032B	Acetaminophen Screen, Blood	\$99.00
0032SP	Acetaminophen Screen, Serum/Plasma	\$103.00
0032U	Acetaminophen Screen, Urine	\$62.00
0030B	Acetaminophen, Blood	\$63.00
0030FL	Acetaminophen, Fluid	\$270.00
0030SP	Acetaminophen, Serum/Plasma	\$63.00
1788SP	Acetaminophen, Serum/Plasma	\$106.00
0030TI	Acetaminophen, Tissue	\$339.00
0030U	Acetaminophen, Urine	\$63.00
0050B	Acetazolamide, Blood	\$92.00
0050SP	Acetazolamide, Serum/Plasma	\$137.00
0050U	Acetazolamide, Urine	\$146.00
0060SP	Acetoacetate, Serum/Plasma	\$200.00
0060U	Acetoacetate, Urine	\$317.00
0080B	Acetone, Blood	\$60.00

Effective January 1, 2024

All prices are US Dollars and are subject to change.

NMS Labs
2024 List Fee Schedule

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Test	Test Name	List Price
0080FL	Acetone, Fluid	
0080SP	Acetone, Serum/Plasma	\$95.00
0080U	Acetone, Urine	\$60.00
0088B	Acetonitrile Exposure Profile, Blood	\$60.00
0088U	Acetonitrile Exposure Profile, Urine	\$486.00
0100SP	Acetophenazine, Serum/Plasma	\$450.00
0205U	Acetyl Fentanyl and Metabolite, Urine	\$481.00
9105B	Acetyl Fentanyl Screen, Blood	\$185.00
9105SP	Acetyl Fentanyl Screen, Serum/Plasma	\$185.00
9105U	Acetyl Fentanyl Screen, Urine	\$185.00
0205B	Acetyl Fentanyl, Blood	\$185.00
0205FL	Acetyl Fentanyl, Fluid	\$185.00
0205SP	Acetyl Fentanyl, Serum/Plasma	\$371.00
0205TI	Acetyl Fentanyl, Tissue	\$185.00
0148B	Acrylonitrile Exposure Profile, Blood	\$371.00
0148U	Acrylonitrile Exposure Profile, Urine	\$313.00
0166B	Acyclovir, Blood	\$395.00
0158SP	Acyclovir, Serum/Plasma	\$321.00
0158U	Acyclovir, Urine	\$189.00
0165B	Albuterol, Blood	\$189.00
0165FL	Albuterol, Fluid	\$318.00
0165SP	Albuterol, Serum/Plasma	\$386.00
0165TI	Albuterol, Tissue	\$480.00
0175B	Alcohol (DUID/DRE), Blood (Forensic)	\$419.00
0175SP	Alcohol (DUID/DRE), Serum/Plasma (Forensic)	\$134.00
0175U	Alcohol (DUID/DRE), Urine (Forensic)	\$219.00
0170B	Alcohol Panel, Blood	\$219.00
0170FL	Alcohol Panel, Fluid	\$91.00
0170SP	Alcohol Panel, Serum/Plasma	\$129.00
0170TI	Alcohol Panel, Tissue	\$91.00
0170U	Alcohol Panel, Urine	\$189.00
0171B	Alcohol Screen, Blood	\$74.00
0171FL	Alcohol Screen, Fluid	\$45.00
0171SP	Alcohol Screen, Serum/Plasma	\$82.00
0171TI	Alcohol Screen, Tissue	\$76.00
0171U	Alcohol Screen, Urine	\$118.00
0230B	Alcohol with reflex to DUID Screen, Blood (Forensic)	\$45.00
0190B	Aldrin/Dieldrin, Blood	\$121.00
0190SP	Aldrin/Dieldrin, Serum/Plasma	\$200.00
9103U	Alfentanil Screen, Urine	\$200.00
0200B	Alfentanil, Blood	\$317.00
0200SP	Alfentanil, Serum/Plasma	\$242.00
0213SP	Allopurinol and Metabolite, Serum/Plasma	\$396.00
3780B	Alpha-Pinene, Blood	\$161.00
8646B	Alprazolam and Metabolite, Blood	\$299.00
8646FL	Alprazolam and Metabolite, Fluid	\$371.00
		\$318.00

Effective January 1, 2024

All prices are US Dollars and are subject to change.

NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
8646SP	Alprazolam and Metabolite, Serum/Plasma	\$357.00
8646U	Alprazolam and Metabolite, Urine	\$357.00
0260B	Alprazolam, Blood	\$110.00
0260FL	Alprazolam, Fluid	\$313.00
0260SP	Alprazolam, Serum/Plasma	\$110.00
0260TI	Alprazolam, Tissue	\$381.00
0264UH	Aluminum, 24 Hour Urine	\$92.00
0264B	Aluminum, Blood	\$161.00
0264FL	Aluminum, Fluid	\$496.00
0264H	Aluminum, Hair	\$520.00
0264LI	Aluminum, Liquid	\$463.00
0264R	Aluminum, RBCs	\$89.00
0264SP	Aluminum, Serum/Plasma	\$89.00
0264TI	Aluminum, Tissue	\$480.00
0264U	Aluminum, Urine	\$168.00
9308SP	Amantadine Screen, Serum/Plasma	\$169.00
0265B	Amantadine, Blood	\$153.00
0265FL	Amantadine, Fluid	\$355.00
0265SP	Amantadine, Serum/Plasma	\$100.00
0265U	Amantadine, Urine	\$153.00
0269SP	Aminocaproic Acid, Serum/Plasma	\$435.00
0307B	Amiodarone and Metabolite, Blood	\$475.00
0307SP	Amiodarone and Metabolite, Serum/Plasma	\$475.00
0308SP	Amisulpride, Serum/Plasma	\$255.00
9432B	Amitriptyline and Metabolite Screen, Blood	\$212.00
9432SP	Amitriptyline and Metabolite Screen, Serum/Plasma	\$185.00
9432U	Amitriptyline and Metabolite Screen, Urine	\$204.00
0310B	Amitriptyline and Metabolite, Blood	\$127.00
0310FL	Amitriptyline and Metabolite, Fluid	\$404.00
0310SP	Amitriptyline and Metabolite, Serum/Plasma	\$201.00
0310TI	Amitriptyline and Metabolite, Tissue	\$421.00
0310U	Amitriptyline and Metabolite, Urine	\$201.00
0315B	Amlodipine, Blood	\$357.00
0315SP	Amlodipine, Serum/Plasma	\$357.00
0320SP	Amobarbital, Serum/Plasma	\$201.00
0320U	Amobarbital, Urine	\$127.00
0325B	Amoxapine and Metabolite, Blood	\$290.00
0325SP	Amoxapine and Metabolite, Serum/Plasma	\$438.00
0329B	Amphetamines (D/L Differentiation), Blood	\$344.00
0329FL	Amphetamines (D/L Differentiation), Fluid	\$538.00
0329SP	Amphetamines (D/L Differentiation), Serum/Plasma	\$344.00
0329U	Amphetamines (D/L Differentiation), Urine	\$344.00
8600ME	Amphetamines Panel (Qualitative), Meconium	\$300.00
8890OF	Amphetamines Panel (Qualitative), Oral Fluid (Saliva)	\$68.00
8600B	Amphetamines Panel, Blood	\$246.00
8600FL	Amphetamines Panel, Fluid	\$601.00

Effective January 1, 2024

All prices are US Dollars and are subject to change.

NMS Labs
2024 List Fee Schedule

800.522.6671

nmslabs.com

Test	Test Name	List Price
8600SP	Amphetamines Panel, Serum/Plasma	\$246.00
8600TI	Amphetamines Panel, Tissue	\$524.00
8600U	Amphetamines Panel, Urine	\$246.00
0337B	Amphetamines Screen, Blood	\$132.00
0337FL	Amphetamines Screen, Fluid	\$334.00
6924H	Amphetamines Screen, Hair	\$474.00
0337SP	Amphetamines Screen, Serum/Plasma	\$143.00
0337U	Amphetamines Screen, Urine	\$143.00
9306U	Anabolic Steroids Screen, Urine	\$153.00
0406B	Anticoagulant Poisoning Panel (Qualitative), Blood	\$1,324.00
0406SP	Anticoagulant Poisoning Panel (Qualitative), Serum/Plasma	\$856.00
0406TI	Anticoagulant Poisoning Panel (Qualitative), Tissue	\$1,117.00
4655B	Antidepressants Panel 1, Blood	\$387.00
4655FL	Antidepressants Panel 1, Fluid	\$458.00
4655SP	Antidepressants Panel 1, Serum/Plasma	\$387.00
4655TI	Antidepressants Panel 1, Tissue	\$458.00
8700B	Antidepressants Panel, Blood	\$464.00
8700SP	Antidepressants Panel, Serum/Plasma	\$321.00
8700U	Antidepressants Panel, Urine	\$321.00
9431B	Antidepressants Screen, Blood	\$293.00
9431SP	Antidepressants Screen, Serum/Plasma	\$254.00
9431U	Antidepressants Screen, Urine	\$177.00
0410B	Antimony, Blood	\$89.00
0410H	Antimony, Hair	\$520.00
0410LI	Antimony, Liquid	\$312.00
0410N	Antimony, Nails	\$520.00
0410R	Antimony, RBCs	\$89.00
0410SP	Antimony, Serum/Plasma	\$89.00
0410U	Antimony, Urine	\$89.00
0425B	Antipyrine, Blood	\$499.00
0425SP	Antipyrine, Serum/Plasma	\$324.00
0448SP	Apixaban, Serum/Plasma	\$256.00
0450B	Aprobarbital, Blood	\$331.00
0450SP	Aprobarbital, Serum/Plasma	\$135.00
0450U	Aprobarbital, Urine	\$135.00
0451B	Aripiprazole, Blood	\$207.00
0451SP	Aripiprazole, Serum/Plasma	\$207.00
0785B	Aromatic Solvents Exposure Panel, Blood	\$103.00
2416U	Aromatic Solvents Metabolites Panel, Urine	\$239.00
0460UH	Arsenic, 24 Hour Urine	\$111.00
0460B	Arsenic, Blood	\$111.00
0460FL	Arsenic, Fluid	\$314.00
0460H	Arsenic, Hair	\$683.00
0460N	Arsenic, Nails	\$468.00
0460R	Arsenic, RBCs	\$111.00
0460SP	Arsenic, Serum/Plasma	\$111.00

Effective January 1, 2024

All prices are US Dollars and are subject to change.

NMS Labs

800.522.6671

2024 List Fee Schedule

nmslabs.com

Test	Test Name	List Price
0460TI	Arsenic, Tissue	\$383.00
0468UH	Arsenic, Total Inorganic, 24 Hour Urine	\$162.00
0468U	Arsenic, Total Inorganic, Urine	\$162.00
0460U	Arsenic, Urine	\$111.00
0474SP	Asenapine, Serum/Plasma	\$270.00
0483B	Atenolol, Blood	\$212.00
0483SP	Atenolol, Serum/Plasma	\$340.00
0483TI	Atenolol, Tissue	\$483.00
0483U	Atenolol, Urine	\$340.00
0486B	Atomoxetine, Blood	\$524.00
0486SP	Atomoxetine, Serum/Plasma	\$260.00
0486U	Atomoxetine, Urine	\$260.00
0487SP	Atovaquone, Serum/Plasma	\$487.00
0485B	Atrazine, Blood	\$486.00
0485SP	Atrazine, Serum/Plasma	\$383.00
0485U	Atrazine, Urine	\$383.00
9109B	Atropine Screen, Blood	\$761.00
9109SP	Atropine Screen, Serum/Plasma	\$625.00
9109U	Atropine Screen, Urine	\$732.00
0490B	Atropine, Blood	\$720.00
0490SP	Atropine, Serum/Plasma	\$720.00
0490U	Atropine, Urine	\$720.00
2111B	Baclofen, Blood	\$357.00
2111FL	Baclofen, Fluid	\$480.00
2111SP	Baclofen, Serum/Plasma	\$224.00
2111TI	Baclofen, Tissue	\$591.00
2111U	Baclofen, Urine	\$357.00
0500B	Barbital, Blood	\$521.00
0500SP	Barbital, Serum/Plasma	\$423.00
0500U	Barbital, Urine	\$521.00
8620ME	Barbiturates Panel (Qualitative), Meconium	\$447.00
8620B	Barbiturates Panel, Blood	\$224.00
8620FL	Barbiturates Panel, Fluid	\$405.00
8620SP	Barbiturates Panel, Serum/Plasma	\$357.00
8620TI	Barbiturates Panel, Tissue	\$465.00
8620U	Barbiturates Panel, Urine	\$224.00
0512B	Barbiturates Screen, Blood	\$132.00
6921H	Barbiturates Screen, Hair	\$482.00
0512SP	Barbiturates Screen, Serum/Plasma	\$91.00
0512U	Barbiturates Screen, Urine	\$143.00
0519B	Barium, Blood	\$200.00
0519FL	Barium, Fluid	

NMS Labs
2024 List Fee Schedule

800.522.6671
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Test	Test Name	List Price
9351UC	Basic Drug Screen, Umbilical Cord Tissue	\$422.00
2626B	Bath Salts Panel (Qualitative), Blood	\$261.00
2626SP	Bath Salts Panel (Qualitative), Serum/Plasma	\$165.00
2626U	Bath Salts Panel (Qualitative), Urine	\$165.00
0520B	Belladonna Alkaloids Panel, Blood	\$411.00
0520SP	Belladonna Alkaloids Panel, Serum/Plasma	\$435.00
0520U	Belladonna Alkaloids Panel, Urine	\$435.00
0542U	Benzene Incident, Urine (OSHA)	\$209.00
0543U	Benzene OSHA Exposure Panel, Urine	\$116.00
0541B	Benzene, Blood	\$101.00
0541TI	Benzene, Tissue	\$368.00
0556U	Benzidine, Urine	\$496.00
0560B	Benzocaine, Blood	\$448.00
0560FL	Benzocaine, Fluid	\$506.00
0560P	Benzocaine, Plasma	\$258.00
0560U	Benzocaine, Urine	\$163.00
9329ME	Benzodiazepines Panel (Qualitative), Meconium	\$296.00
8891OF	Benzodiazepines Panel (Qualitative), Oral Fluid (Saliva)	\$68.00
9329B	Benzodiazepines Panel, Blood	\$239.00
9329FL	Benzodiazepines Panel, Fluid	\$274.00
9329SP	Benzodiazepines Panel, Serum/Plasma	\$239.00
9329TI	Benzodiazepines Panel, Tissue	\$309.00
9329U	Benzodiazepines Panel, Urine	\$239.00
0568B	Benzodiazepines Screen, Blood	\$182.00
0568FL	Benzodiazepines Screen, Fluid	\$339.00
6922H	Benzodiazepines Screen, Hair	\$483.00
0568SP	Benzodiazepines Screen, Serum/Plasma	\$112.00
0568U	Benzodiazepines Screen, Urine	\$59.00
0585B	Benzonatate, Blood	\$630.00
0585SP	Benzonatate, Serum/Plasma	\$835.00
0585U	Benzonatate, Urine	\$630.00
0610B	Benzphetamine as Metabolites, Blood	\$227.00
0610SP	Benzphetamine as Metabolites, Serum/Plasma	\$206.00
0610U	Benzphetamine as Metabolites, Urine	\$143.00
0620B	Benztropine, Blood	\$160.00
0620FL	Benztropine, Fluid	\$207.00
0620SP	Benztropine, Serum/Plasma	\$110.00
0620TI	Benztropine, Tissue	\$391.00
0620U	Benztropine, Urine	\$110.00
0630B	Benzyl Alcohol, Blood	\$270.00
0630SP	Benzyl Alcohol, Serum/Plasma	\$162.00
0638B	Beryllium, Blood	\$92.00
0638LI	Beryllium, Liquid	\$379.00
0638SP	Beryllium, Serum/Plasma	\$92.00
0638U	Beryllium, Urine	\$143.00
3227B	Beta-Blockers Panel, Blood	\$352.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
3227SP	Beta-Blockers Panel, Serum/Plasma	\$340.00
3227U	Beta-Blockers Panel, Urine	\$340.00
0420B	Betahydroxybutyric Acid, Blood	\$218.00
0420FL	Betahydroxybutyric Acid, Fluid	\$286.00
0642SP	Betahydroxybutyric Acid, Serum/Plasma	\$107.00
0642U	Betahydroxybutyric Acid, Urine	\$107.00
0645FL	Bicarbonate, Fluid	\$297.00
0645U	Bicarbonate, Urine	\$92.00
7031B	Bio-Rad Geenius HIV 1/2 Supplemental Assay (Confirmation Test) - Send out	\$393.00
0680B	Bismuth, Blood	\$233.00
0680SP	Bismuth, Serum/Plasma	\$89.00
0680U	Bismuth, Urine	\$143.00
0690SP	Bisphenol A - Free (Unconjugated), Serum/Plasma	\$285.00
0690U	Bisphenol A - Total (Conjugated/Unconjugated), Urine	\$292.00
0711B	Boron, Blood	\$71.00
0711SP	Boron, Serum/Plasma	\$71.00
0711U	Boron, Urine	\$71.00
0716SP	Brexpiprazole, Serum/Plasma	\$218.00
0718B	Brivaracetam, Blood	\$131.00
0718SP	Brivaracetam, Serum/Plasma	\$131.00
0413B	Brodifacoum (Qualitative), Blood	\$257.00
0413SP	Brodifacoum (Qualitative), Serum/Plasma	\$257.00
0414SP	Bromadiolone (Qualitative), Serum/Plasma	\$285.00
0719U	Bromazolam (Qualitative), Urine	\$325.00
0719B	Bromazolam, Blood	\$325.00
0719SP	Bromazolam, Serum/Plasma	\$325.00
0720B	Bromine - Total, Blood	\$414.00
0720SP	Bromine - Total, Serum/Plasma	\$101.00
0720U	Bromine - Total, Urine	\$166.00
9118B	Brompheniramine Screen, Blood	\$147.00
0770B	Brompheniramine, Blood	\$258.00
0770SP	Brompheniramine, Serum/Plasma	\$258.00
0770TI	Brompheniramine, Tissue	\$313.00
0770U	Brompheniramine, Urine	\$235.00
0771B	Brorphine, Blood	\$459.00
0771SP	Brorphine, Serum/Plasma	\$459.00
0771U	Brorphine, Urine	\$459.00
0796B	Bumetanide, Blood	\$679.00
0796SP	Bumetanide, Serum/Plasma	\$828.00
0800B	Bupivacaine, Blood	\$123.00
0800FL	Bupivacaine, Fluid	\$323.00
0800SP	Bupivacaine, Serum/Plasma	\$123.00
0800U	Bupivacaine, Urine	\$204.00
0802B	Buprenorphine and Metabolite - Free (Unconjugated) Screen, Blood	\$340.00
0802SP	Buprenorphine and Metabolite - Free (Unconjugated) Screen, Serum/Plasma	\$340.00
0801B	Buprenorphine and Metabolite - Free (Unconjugated), Blood	\$201.00

Effective January 1, 2024

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NMS Labs

800.522.6671

2024 List Fee Schedule

nmslabs.com

Test	Test Name	List Price
0801SP	Buprenorphine and Metabolite - Free (Unconjugated), Serum/Plasma	\$201.00
0801ME	Buprenorphine and Metabolite - Total (Conjugated/Unconjugated) (Qualitative), Meconium	\$454.00
0801U	Buprenorphine and Metabolite - Total (Conjugated/Unconjugated), Urine	\$201.00
4127ME	Buprenorphine and Metabolite - Total (Qualitative), Meconium	\$454.00
0802U	Buprenorphine Screen, Urine	\$340.00
9122B	Bupropion and Metabolite Screen, Blood	\$257.00
9122SP	Bupropion and Metabolite Screen, Serum/Plasma	\$249.00
9122TI	Bupropion and Metabolite Screen, Tissue	\$490.00
9122U	Bupropion and Metabolite Screen, Urine	\$249.00
0803B	Bupropion and Metabolite, Blood	\$154.00
0803FL	Bupropion and Metabolite, Fluid	\$356.00
0803SP	Bupropion and Metabolite, Serum/Plasma	\$154.00
0803TI	Bupropion and Metabolite, Tissue	\$423.00
0803U	Bupropion and Metabolite, Urine	\$249.00
0805B	Bupirone, Blood	\$133.00
0805SP	Bupirone, Serum/Plasma	\$133.00
0805U	Bupirone, Urine	\$210.00
0820SP	Busulfan, Serum/Plasma	\$247.00
0810B	Butabarbital, Blood	\$299.00
0810SP	Butabarbital, Serum/Plasma	\$201.00
0810U	Butabarbital, Urine	\$183.00
0830B	Butalbital, Blood	\$201.00
0830SP	Butalbital, Serum/Plasma	\$205.00
0830U	Butalbital, Urine	\$183.00
0835B	Butane and Isobutane, Blood	\$410.00
0850B	Butanols, n-, iso-, Sec- and Tert, Blood	\$187.00
0850SP	Butanols, n-, iso-, Sec- and Tert, Serum/Plasma	\$187.00
0850U	Butanols, n-, iso-, Sec- and Tert, Urine	\$187.00
0885B	Butorphanol - Free (Unconjugated), Blood	\$507.00
0885SP	Butorphanol - Free (Unconjugated), Serum/Plasma	\$317.00
0885U	Butorphanol - Total (Conjugated/Unconjugated), Urine	\$317.00
0921UH	Cadmium, 24 Hour Urine	\$88.00
0921B	Cadmium, Blood	\$61.00
0921H	Cadmium, Hair	\$419.00
0921N	Cadmium, Nails	\$419.00
0921R	Cadmium, RBCs	\$61.00
0921SP	Cadmium, Serum/Plasma	\$61.00
0921TI	Cadmium, Tissue	\$332.00
0921U	Cadmium, Urine	\$64.00
0930B	Caffeine, Blood	\$153.00
0930FL	Caffeine, Fluid	\$355.00
0930SP	Caffeine, Serum/Plasma	\$153.00
0930U	Caffeine, Urine	\$153.00
0939B	Calcium - Total, Postmortem, Blood (Forensic)	\$125.00
0938FL	Calcium - Total, Postmortem, Fluid (Forensic)	\$291.00
0938R	Calcium - Total, RBCs	\$93.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
0938U	Calcium - Total, Urine	\$153.00
0950B	Camphor, Blood	\$317.00
0950SP	Camphor, Serum/Plasma	\$317.00
0962B	Cannabidiol, Blood	\$375.00
0962SP	Cannabidiol, Serum/Plasma	\$375.00
0964U	Cannabinoid Metabolite, Urine	\$169.00
92250	Cannabinoids and Contaminants Profile - Send Out	\$618.00
0960ME	Cannabinoids Panel (Qualitative), Meconium	\$340.00
0960B	Cannabinoids Panel, Blood	\$247.00
0960FL	Cannabinoids Panel, Fluid	\$314.00
0960SP	Cannabinoids Panel, Serum/Plasma	\$247.00
0960TI	Cannabinoids Panel, Tissue	\$378.00
9356B	Cannabinoids Screen, Blood	\$106.00
9356FL	Cannabinoids Screen, Fluid	\$309.00
9356SP	Cannabinoids Screen, Serum/Plasma	\$106.00
9356U	Cannabinoids Screen, Urine	\$59.00
0966B	Cannabis Plus Recent Use Markers, Blood	\$357.00
0966SP	Cannabis Plus Recent Use Markers, Serum/Plasma	\$357.00
4207B	Canrenone (Spironolactone metabolite), Blood	\$317.00
4207SP	Canrenone (Spironolactone metabolite), Serum/Plasma	\$200.00
0971SP	Carbamazepine and Metabolite - Free, Serum/Plasma	\$110.00
0972SP	Carbamazepine and Metabolite - Total/Free/Bound, Serum/Plasma	\$200.00
0970B	Carbamazepine and Metabolite, Blood	\$101.00
0970FL	Carbamazepine and Metabolite, Fluid	\$307.00
0970SP	Carbamazepine and Metabolite, Serum/Plasma	\$171.00
0970TI	Carbamazepine and Metabolite, Tissue	\$375.00
0975SP	Carbamazepine-10,11-Epoxy, Serum/Plasma	\$125.00
0975U	Carbamazepine-10,11-Epoxy, Urine	\$78.00
0980SP	Carbaryl and Metabolite, Serum/Plasma	\$337.00
0985B	Carbinoxamine, Blood	\$172.00
0995U	Carbon Disulfide Exposure (TTCA), Urine	\$489.00
1006B	Carbon Monoxide - Iron Ratio Profile, Blood	\$484.00
1006TI	Carbon Monoxide - Iron Ratio Profile, Tissue	\$664.00
1002B	Carbon Monoxide Exposure Biouptake Screen, Blood	\$135.00
1009B	Carbon Monoxide Exposure, Blood	\$163.00
1005B	Carbon Monoxide Profile, Blood	\$215.00
1010B	Carbon Tetrachloride, Blood	\$252.00
1000B	Carboxy-, Met- and Sulf-Hemoglobin, Blood	\$119.00
1019B	Carbital Profile, Blood	\$279.00
1019SP	Carbital Profile, Serum/Plasma	\$445.00
9129B	Carisoprodol and Metabolite Screen, Blood	\$247.00
9129FL	Carisoprodol and Metabolite Screen, Fluid	\$411.00
9129SP	Carisoprodol and Metabolite Screen, Serum/Plasma	\$247.00
1030B	Carisoprodol and Metabolite, Blood	\$154.00
1030FL	Carisoprodol and Metabolite, Fluid	\$580.00
1030SP	Carisoprodol and Metabolite, Serum/Plasma	\$249.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
1030U	Carisoprodol and Metabolite, Urine	\$154.00
1033ST	Cathartic Laxatives Profile, Stool	\$317.00
1029SP	CBD, Serum/Plasma	\$375.00
1055B	Celecoxib, Blood	\$428.00
1055SP	Celecoxib, Serum/Plasma	\$414.00
1056B	Cenobamate, Blood	\$172.00
1056SP	Cenobamate, Serum/Plasma	\$251.00
1042B	Cesium, Blood	\$168.00
1042SP	Cesium, Serum/Plasma	\$168.00
1042U	Cesium, Urine	\$273.00
1040B	Cetirizine, Blood	\$518.00
1040SP	Cetirizine, Serum/Plasma	\$498.00
1040U	Cetirizine, Urine	\$498.00
8031U	Child Drug Exposure Screen, Urine	\$500.00
9401B	Chloral Hydrate Screen, Blood	\$416.00
9401SP	Chloral Hydrate Screen, Serum/Plasma	\$416.00
9401U	Chloral Hydrate Screen, Urine	\$342.00
1044B	Chloral Hydrate, Blood	\$172.00
1044SP	Chloral Hydrate, Serum/Plasma	\$167.00
1044U	Chloral Hydrate, Urine	\$173.00
1050SP	Chloramphenicol, Serum/Plasma	\$128.00
1070B	Chlordane and Metabolites, Blood	\$177.00
1070SP	Chlordane and Metabolites, Serum/Plasma	\$177.00
1080B	Chlordiazepoxide and Metabolite, Blood	\$258.00
1080SP	Chlordiazepoxide and Metabolite, Serum/Plasma	\$272.00
1080U	Chlordiazepoxide and Metabolite, Urine	\$298.00
1111U	Chlorobenzene Exposure (p-Chlorophenol), Urine	\$270.00
1110B	Chlorobenzene, Blood	\$270.00
1110SP	Chlorobenzene, Serum/Plasma	\$169.00
1130B	Chloroform, Blood	\$193.00
0415SP	Chlorophacinone (Qualitative), Serum/Plasma	\$285.00
1140B	Chloroquine, Blood	\$452.00
1140P	Chloroquine, Plasma	\$274.00
1140U	Chloroquine, Urine	\$274.00
1180B	Chlorothiazide, Blood	\$226.00
1180SP	Chlorothiazide, Serum/Plasma	\$219.00
1190B	Chlorpheniramine, Blood	\$201.00
1190SP	Chlorpheniramine, Serum/Plasma	\$191.00
1190U	Chlorpheniramine, Urine	\$201.00
9136B	Chlorpromazine Screen, Blood	\$209.00
9136SP	Chlorpromazine Screen, Serum/Plasma	\$126.00
9136U	Chlorpromazine Screen, Urine	\$181.00
1210B	Chlorpromazine, Blood	\$123.00
8681B	Chlorpromazine, Blood	\$542.00
1210FL	Chlorpromazine, Fluid	\$442.00
1210SP	Chlorpromazine, Serum/Plasma	\$123.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
1210TI	Chlorpromazine, Tissue	\$391.00
1210U	Chlorpromazine, Urine	\$204.00
1220SP	Chlorpropamide, Serum/Plasma	\$132.00
1250B	Chlorthalidone, Blood	\$138.00
1250SP	Chlorthalidone, Serum/Plasma	\$219.00
1255B	Chlorzoxazone, Blood	\$668.00
1255SP	Chlorzoxazone, Serum/Plasma	\$646.00
1265B	Chromium and Cobalt, Blood	\$196.00
1265SP	Chromium and Cobalt, Serum/Plasma	\$189.00
1265U	Chromium and Cobalt, Urine	\$189.00
1261B	Chromium, Blood	\$133.00
1261FL	Chromium, Fluid	\$330.00
1261H	Chromium, Hair	\$414.00
1261N	Chromium, Nails	\$414.00
1261R	Chromium, RBCs	\$133.00
1261SP	Chromium, Serum/Plasma	\$133.00
1261TI	Chromium, Tissue	\$395.00
1261U	Chromium, Urine	\$133.00
1262B	Cimetidine, Blood	\$214.00
1262SP	Cimetidine, Serum/Plasma	\$207.00
1262U	Cimetidine, Urine	\$214.00
1272B	Citalopram, Blood	\$193.00
1272FL	Citalopram, Fluid	\$395.00
1272SP	Citalopram, Serum/Plasma	\$193.00
1272TI	Citalopram, Tissue	\$462.00
1272U	Citalopram, Urine	\$308.00
7813B	Citrate Agar Confirmation - Send Out	\$184.00
1269SP	Clobazam and Metabolite, Serum/Plasma	\$165.00
1267B	Clobazam, Blood	\$276.00
1267U	Clobazam, Urine	\$276.00
9437B	Clomipramine and Metabolite Screen, Blood	\$209.00
9437SP	Clomipramine and Metabolite Screen, Serum/Plasma	\$209.00
9437U	Clomipramine and Metabolite Screen, Urine	\$126.00
1268B	Clomipramine and Metabolite, Blood	\$143.00
8707B	Clomipramine and Metabolite, Blood	\$542.00
1268SP	Clomipramine and Metabolite, Serum/Plasma	\$148.00
8707SP	Clomipramine and Metabolite, Serum/Plasma	\$328.00
1268TI	Clomipramine and Metabolite, Tissue	\$414.00
1268U	Clomipramine and Metabolite, Urine	\$146.00
9139B	Clonazepam and Metabolite Screen, Blood	\$289.00
9139FL	Clonazepam and Metabolite Screen, Fluid	\$257.00
9139SP	Clonazepam and Metabolite Screen, Serum/Plasma	\$290.00
9139U	Clonazepam and Metabolite Screen, Urine	\$184.00
1270B	Clonazepam and Metabolite, Blood	\$93.00
1270FL	Clonazepam and Metabolite, Fluid	\$129.00
1270SP	Clonazepam and Metabolite, Serum/Plasma	\$93.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671

nmslabs.com

Test	Test Name	List Price
1270TI	Clonazepam and Metabolite, Tissue	\$163.00
1270U	Clonazepam and Metabolite, Urine	\$93.00
1271U	Clonazolam & 8-Aminoclonazolam (Qualitative), Urine	\$325.00
1271B	Clonazolam & 8-Aminoclonazolam, Blood	\$325.00
1271SP	Clonazolam & 8-Aminoclonazolam, Serum/Plasma	\$325.00
1275B	Clonidine, Blood	\$293.00
1275SP	Clonidine, Serum/Plasma	\$293.00
1275U	Clonidine, Urine	\$442.00
1280U	Clorazepate as Metabolite, Urine	\$202.00
1287B	Clozapine and Metabolite, Blood	\$141.00
1287FL	Clozapine and Metabolite, Fluid	\$344.00
1287SP	Clozapine and Metabolite, Serum/Plasma	\$141.00
1287TI	Clozapine and Metabolite, Tissue	\$412.00
1287U	Clozapine and Metabolite, Urine	\$224.00
1290UH	Cobalt, 24 Hour Urine	\$132.00
1290B	Cobalt, Blood	\$110.00
1290FL	Cobalt, Fluid	\$307.00
1290H	Cobalt, Hair	\$467.00
1290N	Cobalt, Nails	\$467.00
1290R	Cobalt, RBCs	\$110.00
1290SP	Cobalt, Serum/Plasma	\$110.00
1290TI	Cobalt, Tissue	\$374.00
1290U	Cobalt, Urine	\$179.00
1300ME	Cocaine and Metabolites (Qualitative), Meconium	\$435.00
8893OF	Cocaine and Metabolites (Qualitative), Oral Fluid (Saliva)	\$68.00
0606B	Cocaine and Metabolites Screen, Blood	\$153.00
0606FL	Cocaine and Metabolites Screen, Fluid	\$319.00
6920H	Cocaine and Metabolites Screen, Hair	\$709.00
0606SP	Cocaine and Metabolites Screen, Serum/Plasma	\$96.00
0606U	Cocaine and Metabolites Screen, Urine	\$96.00
1300B	Cocaine and Metabolites, Blood	\$234.00
1300FL	Cocaine and Metabolites, Fluid	\$415.00
1300SP	Cocaine and Metabolites, Serum/Plasma	\$234.00
1300TI	Cocaine and Metabolites, Tissue	\$476.00
1300U	Cocaine and Metabolites, Urine	\$234.00
1303B	Cocaine and Products Panel, Blood	\$532.00
1303SP	Cocaine and Products Panel, Serum/Plasma	\$482.00
1303U	Cocaine and Products Panel, Urine	\$482.00
1306U	Codeine - Total (Conjugated/Unconjugated) Screen, Urine	\$226.00
8661B	Codeine and Metabolite - Free (Unconjugated), Blood	\$317.00
8661SP	Codeine and Metabolite - Free (Unconjugated), Serum/Plasma	\$210.00
8661U	Codeine and Metabolite - Total (Conjugated/Unconjugated), Urine	\$335.00
1320B	Colchicine, Blood	\$890.00
1320SP	Colchicine, Serum/Plasma	\$758.00
1320TI	Colchicine, Tissue	\$1,141.00
9145UC	Comprehensive Drug Screen, Umbilical Cord Tissue	\$716.00

Effective January 1, 2024

All prices are US Dollars and are subject to change.

Page 12 of 63

ver. 231031.2

NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
2423B	Comprehensive Volatiles Panel, Blood	\$495.00
2423TI	Comprehensive Volatiles Panel, Tissue	\$515.00
1333SP	Copper - Free, Serum/Plasma	\$101.00
1330B	Copper, Blood	\$56.00
1330FL	Copper, Fluid	\$257.00
1330H	Copper, Hair	\$413.00
1330R	Copper, RBCs	\$56.00
1330SP	Copper, Serum/Plasma	\$56.00
1330TI	Copper, Tissue	\$326.00
1330U	Copper, Urine	\$56.00
3157U	Cotinine and Anabasine from Secondary Exposure, Urine	\$252.00
1348U	Creatinine, Urine	\$43.00
9142B	Cyanide Screen, Blood	\$76.00
1380B	Cyanide, Blood	\$76.00
1390B	Cyclizine, Blood	\$277.00
1405B	Cyclobenzaprine, Blood	\$110.00
1405FL	Cyclobenzaprine, Fluid	\$313.00
1405SP	Cyclobenzaprine, Serum/Plasma	\$110.00
1405TI	Cyclobenzaprine, Tissue	\$381.00
1405U	Cyclobenzaprine, Urine	\$110.00
1407B	Cyclohexane, Blood	\$297.00
1410U	Cyclohexanol, Urine	\$244.00
1409B	Cyclohexanone, Blood	\$300.00
1409SP	Cyclohexanone, Serum/Plasma	\$289.00
1409U	Cyclohexanone, Urine	\$289.00
1415B	Cyclosporine, Blood	\$303.00
1425B	Cyproheptadine, Blood	\$286.00
1425SP	Cyproheptadine, Serum/Plasma	\$277.00
1425U	Cyproheptadine, Urine	\$223.00
1445SP	Dabigatran, Serum/Plasma	\$295.00
0275SP	Dalfampridine, Serum/Plasma	\$623.00
0275U	Dalfampridine, Urine	\$623.00
1439B	Dantrolene, Blood	\$323.00
1439SP	Dantrolene, Serum/Plasma	\$124.00
1440B	Dapsone and Metabolite, Blood	\$721.00
1440SP	Dapsone and Metabolite, Serum/Plasma	\$411.00
1470B	DDT, DDD and DDE, Blood	\$239.00
1470F	DDT, DDD and DDE, Fat	\$509.00
1470SP	DDT, DDD and DDE, Serum/Plasma	\$239.00
1479B	Delta-8 and Delta-9 Cannabinoids Panel (DUID/DRE), Blood (Forensic)	\$380.00
1478B	Delta-8 and Delta-9 Cannabinoids Panel, Blood	\$337.00
1476B	Delta-8 Cannabinoids Panel (DUID/DRE), Blood (Forensic)	\$278.00
1477B	Delta-8 Cannabinoids Panel, Blood	\$235.00
8892OF	Delta-9 THC (Qualitative), Oral Fluid (Saliva)	\$77.00
8900OF	Delta-9 THC (Quantitative), Oral Fluid (Saliva)	\$206.00
1483U	Desalkylgidazepam (Qualitative), Urine	\$325.00

Effective January 1, 2024

All prices are US Dollars and are subject to change.

Page 13 of 63

ver. 231031.2

NMS Labs

800.522.6671

2024 List Fee Schedule

nmslabs.com

Test	Test Name	List Price
1483B	Desalkylgidazepam, Blood	\$325.00
1483SP	Desalkylgidazepam, Serum/Plasma	\$325.00
1481U	Deschloroetizolam, Meclonazepam, and Pyrazolam (Qualitative), Urine	\$345.00
1481B	Deschloroetizolam, Meclonazepam, and Pyrazolam, Blood	\$345.00
1481SP	Deschloroetizolam, Meclonazepam, and Pyrazolam, Serum/Plasma	\$345.00
0570U	Designer Benzodiazepines (Qualitative), Urine	\$347.00
0571B	Designer Benzodiazepines DUID/DRE Add-On, Blood (Forensic)	\$207.00
0570B	Designer Benzodiazepines, Blood	\$347.00
0570SP	Designer Benzodiazepines, Serum/Plasma	\$347.00
1480U	Designer Opioids (Qualitative), Urine	\$360.00
1480B	Designer Opioids, Blood	\$360.00
1480SP	Designer Opioids, Serum/Plasma	\$360.00
1490B	Desipramine, Blood	\$135.00
8704B	Desipramine, Blood	\$542.00
1490SP	Desipramine, Serum/Plasma	\$135.00
1490U	Desipramine, Urine	\$133.00
8704U	Desipramine, Urine	\$522.00
1496U	Desmethylsertraline, Urine	\$111.00
1491B	Desvenlafaxine, Blood	\$252.00
1491SP	Desvenlafaxine, Serum/Plasma	\$252.00
1491U	Desvenlafaxine, Urine	\$252.00
2915U	Dextro / Levo Methorphan - Total, Urine	\$216.00
9205U	Dextro / Levo Methorphan Screen - Total, Urine	\$212.00
9205SP	Dextro / Levo Methorphan Screen, Serum/Plasma	\$130.00
2915B	Dextro/Levo Methorphan, Blood	\$127.00
2915SP	Dextro/Levo Methorphan, Serum/Plasma	\$191.00
2915TI	Dextro/Levo Methorphan, Tissue	\$396.00
2917U	Dextromethorphan and Metabolite Ratio - Total, Urine	\$305.00
9206U	Dextrorphan / Levorphanol Screen - Total, Urine	\$282.00
2506B	Dextrorphan / Levorphanol Screen, Blood	\$481.00
2506SP	Dextrorphan / Levorphanol Screen, Serum/Plasma	\$463.00
1501B	Diazepam and Metabolites, Blood	\$181.00
1501SP	Diazepam and Metabolites, Serum/Plasma	\$181.00
1515B	Diazoxide, Blood	\$391.00
1515SP	Diazoxide, Serum/Plasma	\$477.00
1546B	Dichlorobenzenes, Blood	\$187.00
1546SP	Dichlorobenzenes, Serum/Plasma	\$310.00
1549U	Dichlorobenzidine, Urine	\$346.00
1550B	Dichloroethane, Blood	\$267.00
1560B	Dichloromethane and Carboxyhemoglobin, Blood	\$171.00
1561B	Dichloromethane, Blood	\$219.00
1561U	Dichloromethane, Urine	\$230.00
1567U	Dichlorophenol 2,5-, Urine	\$328.00
1569B	Diclofenac, Blood	\$355.00
1569SP	Diclofenac, Serum/Plasma	\$548.00
0416SP	Dicumarol (Qualitative), Serum/Plasma	\$391.00

Effective January 1, 2024

All prices are US Dollars and are subject to change.

NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
1575B	Dicyclomine, Blood	\$317.00
1575SP	Dicyclomine, Serum/Plasma	\$317.00
1575U	Dicyclomine, Urine	\$317.00
1580B	Dieldrin, Blood	\$210.00
1580SP	Dieldrin, Serum/Plasma	\$201.00
1590B	Diethyl Ether, Blood	\$182.00
1590SP	Diethyl Ether, Serum/Plasma	\$202.00
1589B	Diethylene Glycol, Blood	\$460.00
1589SP	Diethylene Glycol, Serum/Plasma	\$460.00
1589U	Diethylene Glycol, Urine	\$415.00
1482B	Diethyl-M-Toluamide, Blood	\$866.00
1482SP	Diethyl-M-Toluamide, Serum/Plasma	\$546.00
1482U	Diethyl-M-Toluamide, Urine	\$866.00
1600B	Diethylpropion, Blood	\$187.00
1600SP	Diethylpropion, Serum/Plasma	\$227.00
1600U	Diethylpropion, Urine	\$207.00
0417SP	Difenacoum (Qualitative), Serum/Plasma	\$205.00
1613SP	Digitoxin, Serum/Plasma	\$84.00
1615B	Digoxin, Blood	\$360.00
1615FL	Digoxin, Fluid	\$564.00
1615SP	Digoxin, Serum/Plasma	\$450.00
1615TI	Digoxin, Tissue	\$419.00
1615U	Digoxin, Urine	\$545.00
8662B	Dihydrocodeine - Free (Unconjugated), Blood	\$463.00
8662SP	Dihydrocodeine - Free (Unconjugated), Serum/Plasma	\$463.00
8662U	Dihydrocodeine - Total (Conjugated/Unconjugated), Urine	\$463.00
1640B	Diltiazem, Blood	\$317.00
1640SP	Diltiazem, Serum/Plasma	\$489.00
1640U	Diltiazem, Urine	\$489.00
1683SP	Dimethadione, Serum/Plasma	\$146.00
1690B	Dimethylsulfoxide, Blood	\$194.00
1690SP	Dimethylsulfoxide, Serum/Plasma	\$312.00
1690U	Dimethylsulfoxide, Urine	\$310.00
1740B	Dioxane-1,4, Blood	\$287.00
1740SP	Dioxane-1,4, Serum/Plasma	\$287.00
1740TI	Dioxane-1,4, Tissue	\$524.00
0418SP	Diphacinone (Qualitative), Serum/Plasma	\$285.00
1760B	Diphenhydramine, Blood	\$91.00
1760FL	Diphenhydramine, Fluid	\$296.00
1760SP	Diphenhydramine, Serum/Plasma	\$91.00
1760TI	Diphenhydramine, Tissue	\$366.00
1760U	Diphenhydramine, Urine	\$143.00
1777B	Dipyridamole, Blood	\$240.00
1777SP	Dipyridamole, Serum/Plasma	\$230.00
1789B	Diquat, Blood	\$1,973.00
1789SP	Diquat, Serum/Plasma	\$1,973.00

Effective January 1, 2024

All prices are US Dollars and are subject to change.

NMS Labs
2024 List Fee Schedule

800.522.6671

nmslabs.com

Test	Test Name	List Price
9159B	Disopyramide Screen, Blood	\$209.00
9159SP	Disopyramide Screen, Serum/Plasma	\$181.00
1790SP	Disulfiram (DEDTC Metabolite) (Qualitative), Serum/Plasma	\$401.00
1804SP	Diuretics Panel, Serum/Plasma	\$137.00
9318U	Diuretics Screen, Urine	\$188.00
1812B	Donepezil, Blood	\$364.00
1812FL	Donepezil, Fluid	\$429.00
1812SP	Donepezil, Serum/Plasma	\$364.00
1905B	Dothiepin, Blood	\$683.00
1815B	Doxazosin, Blood	\$774.00
1815SP	Doxazosin, Serum/Plasma	\$483.00
9435B	Doxepin and Metabolite Screen, Blood	\$212.00
9435U	Doxepin and Metabolite Screen, Urine	\$204.00
1810B	Doxepin and Metabolite, Blood	\$138.00
8705B	Doxepin and Metabolite, Blood	\$469.00
1810FL	Doxepin and Metabolite, Fluid	\$341.00
1810SP	Doxepin and Metabolite, Serum/Plasma	\$161.00
1810TI	Doxepin and Metabolite, Tissue	\$416.00
1810U	Doxepin and Metabolite, Urine	\$153.00
8705U	Doxepin and Metabolite, Urine	\$328.00
9163B	Doxylamine Screen, Blood	\$185.00
9163SP	Doxylamine Screen, Serum/Plasma	\$130.00
1817B	Doxylamine, Blood	\$183.00
1817FL	Doxylamine, Fluid	\$386.00
1817SP	Doxylamine, Serum/Plasma	\$201.00
1817TI	Doxylamine, Tissue	\$421.00
1817U	Doxylamine, Urine	\$201.00
1826SP	Dronabinol, Serum/Plasma	\$398.00
1828B	Dronedarone, Blood	\$177.00
1828SP	Dronedarone, Serum/Plasma	\$177.00
8030B	Drug Facilitated Crime Panel, Blood (Forensic)	\$530.00
8030SP	Drug Facilitated Crime Panel, Serum/Plasma (Forensic)	\$530.00
8030U	Drug Facilitated Crime Panel, Urine (Forensic)	\$530.00
1876B	Drug Screen - Expanded, Blood	\$410.00
1876FL	Drug Screen - Expanded, Fluid	\$597.00
1876SP	Drug Screen - Expanded, Serum/Plasma	\$410.00
1876U	Drug Screen - Expanded, Urine	\$410.00
1874B	Drug Screen (10 Panel), Blood	\$376.00
1874U	Drug Screen (9 Panel), Urine	\$376.00
8098B	Drug Screen (GC/MS), Blood	\$540.00
8098SP	Drug Screen (GC/MS), Serum/Plasma	\$523.00
8098U	Drug Screen (GC/MS), Urine	\$520.00
1858B	Drugs of Abuse (10 Panel) and Alcohol Screen, Blood	\$125.00
8091B	Drugs of Abuse (10 Panel) and Alcohol Screen, Blood	\$435.00
8101B	Drugs of Abuse (10 Panel) and Alcohol Screen, Blood	\$182.00
1858FL	Drugs of Abuse (10 Panel) and Alcohol Screen, Fluid	\$356.00

Effective January 1, 2024

All prices are US Dollars and are subject to change.

NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
8091FL	Drugs of Abuse (10 Panel) and Alcohol Screen, Fluid	\$617.00
8101FL	Drugs of Abuse (10 Panel) and Alcohol Screen, Fluid	\$384.00
1858SP	Drugs of Abuse (10 Panel) and Alcohol Screen, Serum/Plasma	\$125.00
8091SP	Drugs of Abuse (10 Panel) and Alcohol Screen, Serum/Plasma	\$435.00
8101SP	Drugs of Abuse (10 Panel) and Alcohol Screen, Serum/Plasma	\$182.00
1858TI	Drugs of Abuse (10 Panel) and Alcohol Screen, Tissue	\$423.00
8091TI	Drugs of Abuse (10 Panel) and Alcohol Screen, Tissue	\$684.00
8091U	Drugs of Abuse (11 Panel) and Alcohol Screen, Urine	\$435.00
8101U	Drugs of Abuse (11 Panel) and Alcohol Screen, Urine	\$182.00
8898OF	Drugs of Abuse (6 Panel) (Qualitative), Oral Fluid (Saliva)	\$90.00
8897OF	Drugs of Abuse (7 Panel) (Qualitative), Oral Fluid (Saliva)	\$140.00
1858U	Drugs of Abuse (9 Panel) and Alcohol Screen, Urine	\$154.00
8096B	Drugs of Abuse Screen (10 Panel), Blood	\$420.00
1864ME	Drugs of Abuse Screen (10 Panel), Meconium	\$218.00
8096SP	Drugs of Abuse Screen (10 Panel), Serum/Plasma	\$420.00
1864U	Drugs of Abuse Screen (10 Panel), Urine	\$107.00
1864B	Drugs of Abuse Screen (11 Panel), Blood	\$116.00
1864FL	Drugs of Abuse Screen (11 Panel), Fluid	\$348.00
1864SP	Drugs of Abuse Screen (11 Panel), Serum/Plasma	\$116.00
1864TI	Drugs of Abuse Screen (11 Panel), Tissue	\$553.00
8096U	Drugs of Abuse Screen (11 Panel), Urine	\$673.00
6943H	Drugs of Abuse Screen (6 Panel), Hair	\$581.00
1861U	Drugs of Abuse Screen (6 Panel), Urine	\$207.00
1861B	Drugs of Abuse Screen (7 Panel), Blood	\$207.00
6904ME	Drugs of Abuse Screen (7 Panel), Meconium	\$186.00
6946H	Drugs of Abuse Screen (9 Panel), Hair	\$694.00
8158B	DUID/DRE Expanded Drug Screen (w/Alcohol), Blood (Forensic)	\$439.00
8152B	DUID/DRE Expanded Drug Screen Add-On, Blood (Forensic)	\$160.00
8075U	DUID/DRE Expanded Drug Screen Add-On, Urine (Forensic)	\$146.00
8159B	DUID/DRE Expanded Drug Screen, Blood (Forensic)	\$419.00
8082B	DUID/DRE Inhalants Add-On, Blood (Forensic)	\$321.00
8151B	DUID/DRE Panel (w/Alcohol), Blood (Forensic)	\$351.00
8070U	DUID/DRE Panel (w/Alcohol), Urine (Forensic)	\$287.00
8150B	DUID/DRE Panel, Blood (Forensic)	\$331.00
8071U	DUID/DRE Panel, Urine (Forensic)	\$265.00
4666B	Duloxetine, Blood	\$257.00
4666SP	Duloxetine, Serum/Plasma	\$257.00
1900B	Dyazide, Blood	\$403.00
1900SP	Dyazide, Serum/Plasma	\$244.00
1919FL	Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic)	\$114.00
7025U	Electrolytes Panel, Urine - Send Out	\$118.00
1920B	Endrin, Blood	\$166.00
1920SP	Endrin, Serum/Plasma	\$166.00
1923B	Enflurane, Blood	\$374.00
8103B	Environmental Exposure Screen, Blood	\$880.00
9165B	Ephedrine Screen, Blood	\$172.00

Effective January 1, 2024

All prices are US Dollars and are subject to change.

NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
1950B	Ephedrine, Blood	\$191.00
1950SP	Ephedrine, Serum/Plasma	\$205.00
1950U	Ephedrine, Urine	\$205.00
4023B	Ephedrines Panel, Blood	\$298.00
4023SP	Ephedrines Panel, Serum/Plasma	\$285.00
4023U	Ephedrines Panel, Urine	\$272.00
2022SP	Eplerenone, Serum/Plasma	\$160.00
1965B	Escitalopram, Blood	\$308.00
1965FL	Escitalopram, Fluid	\$341.00
1965SP	Escitalopram, Serum/Plasma	\$193.00
1965U	Escitalopram, Urine	\$308.00
1958B	Estazolam, Blood	\$429.00
1958SP	Estazolam, Serum/Plasma	\$429.00
1958U	Estazolam, Urine	\$429.00
1968B	Eszopiclone / Zopiclone, Blood	\$460.00
1968SP	Eszopiclone / Zopiclone, Serum/Plasma	\$318.00
1968TI	Eszopiclone / Zopiclone, Tissue	\$419.00
1968U	Eszopiclone / Zopiclone, Urine	\$318.00
1959SP	Ethambutol, Serum/Plasma	\$215.00
7542B	Ethanol - Title 17, Blood - Send Out	\$137.00
7542SP	Ethanol - Title 17, Serum/Plasma - Send Out	\$137.00
7542U	Ethanol - Title 17, Urine - Send Out	\$137.00
1970U	Ethchlorvynol Overdose, Urine	\$538.00
1970SP	Ethchlorvynol, Serum/Plasma	\$401.00
1980B	Ethinamate, Blood	\$100.00
1980SP	Ethinamate, Serum/Plasma	\$153.00
9171B	Ethosuximide Screen, Blood	\$146.00
9171SP	Ethosuximide Screen, Serum/Plasma	\$209.00
9171U	Ethosuximide Screen, Urine	\$146.00
2000B	Ethosuximide, Blood	\$146.00
2000SP	Ethosuximide, Serum/Plasma	\$189.00
2000U	Ethosuximide, Urine	\$194.00
2010B	Ethotoin, Blood	\$404.00
2010SP	Ethotoin, Serum/Plasma	\$146.00
9146UC	Ethyl Glucuronide Screen, Umbilical Cord Tissue	\$326.00
9361U	Ethyl Glucuronide Screen, Urine	\$154.00
2081B	Ethyl Glucuronide, Blood	\$341.00
2081U	Ethyl Glucuronide, Urine	\$154.00
9025U	Ethyl Sulfate Screen, Urine	\$163.00
2029U	Ethylbenzene Exposure Biouptake, Urine	\$239.00
2030B	Ethylbenzene, Blood	\$221.00
1038B	Ethylene Glycol Monobutyl Ether, Blood	\$327.00
1038SP	Ethylene Glycol Monobutyl Ether, Serum/Plasma	\$211.00
1039B	Ethylene Glycol Monoethyl Ether, Blood	\$337.00
1039SP	Ethylene Glycol Monoethyl Ether, Serum/Plasma	\$204.00
2055B	Ethylene Glycol Overexposure Profile, Blood	\$407.00

Effective January 1, 2024

All prices are US Dollars and are subject to change.

NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
2055SP	Ethylene Glycol Overexposure Profile, Serum/Plasma	\$420.00
2062B	Ethylene Glycol, Blood	\$244.00
2062FL	Ethylene Glycol, Fluid	\$312.00
2062SP	Ethylene Glycol, Serum/Plasma	\$153.00
2062TI	Ethylene Glycol, Tissue	\$333.00
2062U	Ethylene Glycol, Urine	\$205.00
2064SP	Ethylmorphine, Serum/Plasma	\$386.00
2067B	Etodolac, Blood	\$800.00
2067SP	Etodolac, Serum/Plasma	\$773.00
2063B	Etomidate, Blood	\$373.00
2063FL	Etomidate, Fluid	\$558.00
2063P	Etomidate, Plasma	\$414.00
1022U	Eutylone (Qualitative), Urine	\$281.00
1022B	Eutylone, Blood	\$281.00
1022SP	Eutylone, Serum/Plasma	\$281.00
1022TI	Eutylone, Tissue	\$519.00
2066B	Everolimus, Blood	\$208.00
9352UC	Expanded Drug Screen, Umbilical Cord Tissue	\$563.00
4025SP	Ezogabine and Metabolite, Serum/Plasma	\$258.00
2068B	Famotidine, Blood	\$775.00
2069B	Felbamate, Blood	\$477.00
2069SP	Felbamate, Serum/Plasma	\$201.00
2082SP	Fenoprofen, Serum/Plasma	\$446.00
2079ME	Fentanyl and Metabolite (Qualitative), Meconium	\$372.00
9176B	Fentanyl and Metabolite Screen, Blood	\$127.00
9176FL	Fentanyl and Metabolite Screen, Fluid	\$327.00
9176SP	Fentanyl and Metabolite Screen, Serum/Plasma	\$127.00
9176TI	Fentanyl and Metabolite Screen, Tissue	\$396.00
2079B	Fentanyl and Metabolite, Blood	\$127.00
2079FL	Fentanyl and Metabolite, Fluid	\$162.00
2079SP	Fentanyl and Metabolite, Serum/Plasma	\$127.00
2079TI	Fentanyl and Metabolite, Tissue	\$195.00
2079U	Fentanyl and Metabolite, Urine	\$127.00
9291H	Fentanyl Screen, Hair	\$1,194.00
2073B	Fexofenadine, Blood	\$1,033.00
2073SP	Fexofenadine, Serum/Plasma	\$851.00
6303B	Firefighter Core Baseline Profile, Blood	\$328.00
6303U	Firefighter Core Baseline Profile, Urine	\$506.00
2088B	Flecainide, Blood	\$209.00
2088SP	Flecainide, Serum/Plasma	\$200.00
2088U	Flecainide, Urine	\$126.00
2089B	Fluconazole, Blood	\$680.00
2089SP	Fluconazole, Serum/Plasma	\$438.00
2085SP	Flucytosine, Serum/Plasma	\$438.00
9341B	Flunitrazepam and Metabolites Screen, Blood	\$257.00
9341SP	Flunitrazepam and Metabolites Screen, Serum/Plasma	\$257.00

Effective January 1, 2024

All prices are US Dollars and are subject to change.

NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
9341TI	Flunitrazepam and Metabolites Screen, Tissue	\$357.00
9341U	Flunitrazepam and Metabolites Screen, Urine	\$257.00
2041U	Flunitrazepam and Metabolites, Urine	\$313.00
2092B	Fluoride Preservative Determination, Blood	\$469.00
2090LI	Fluoride Preservative Determination, Liquid	\$484.00
2090B	Fluoride, Blood	\$205.00
2090FL	Fluoride, Fluid	\$205.00
2090SP	Fluoride, Serum/Plasma	\$118.00
2090U	Fluoride, Urine	\$89.00
2100B	Fluorocarbon 113, Blood	\$446.00
2100TI	Fluorocarbon 113, Tissue	\$371.00
9179B	Fluoxetine and Metabolite Screen, Blood	\$204.00
9179SP	Fluoxetine and Metabolite Screen, Serum/Plasma	\$193.00
9179U	Fluoxetine and Metabolite Screen, Urine	\$204.00
2105B	Fluoxetine and Metabolite, Blood	\$119.00
2105FL	Fluoxetine and Metabolite, Fluid	\$197.00
2105SP	Fluoxetine and Metabolite, Serum/Plasma	\$191.00
2105TI	Fluoxetine and Metabolite, Tissue	\$185.00
2105U	Fluoxetine and Metabolite, Urine	\$116.00
2110B	Fluphenazine, Blood	\$197.00
2115SP	Fluphenazine, Serum/Plasma	\$114.00
2110TI	Fluphenazine, Tissue	\$439.00
2120B	Flurazepam and Metabolites, Blood	\$298.00
2120SP	Flurazepam and Metabolites, Serum/Plasma	\$354.00
2120U	Flurazepam as Metabolites, Urine	\$354.00
2095SP	Flurbiprofen, Serum/Plasma	\$184.00
2124B	Fluvoxamine, Blood	\$193.00
2124FL	Fluvoxamine, Fluid	\$395.00
2124SP	Fluvoxamine, Serum/Plasma	\$123.00
2124U	Fluvoxamine, Urine	\$123.00
2134B	Formic Acid, Blood	\$135.00
2134SP	Formic Acid, Serum/Plasma	\$135.00
2134U	Formic Acid, Urine	\$166.00
2136B	Fosphenytoin as Metabolite, Blood	\$153.00
2136SP	Fosphenytoin as Metabolite, Serum/Plasma	\$153.00
2140B	Furosemide, Blood	\$212.00
2140SP	Furosemide, Serum/Plasma	\$134.00
2140U	Furosemide, Urine	\$212.00
2143B	Gabapentin, Blood	\$144.00
2143FL	Gabapentin, Fluid	\$332.00
2143SP	Gabapentin, Serum/Plasma	\$144.00
2143TI	Gabapentin, Tissue	\$387.00
2143U	Gabapentin, Urine	\$195.00
2148B	Galantamine, Blood	\$371.00
2148SP	Galantamine, Serum/Plasma	\$371.00
2150B	Gallium, Blood	\$413.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
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Test	Test Name	List Price
2150SP	Gallium, Serum/Plasma	\$251.00
2150U	Gallium, Urine	\$251.00
9326B	Gamma-Hydroxybutyric Acid Screen, Blood	\$293.00
9326FL	Gamma-Hydroxybutyric Acid Screen, Fluid	\$328.00
9326SP	Gamma-Hydroxybutyric Acid Screen, Serum/Plasma	\$293.00
9326U	Gamma-Hydroxybutyric Acid Screen, Urine	\$293.00
2187SP	Ganaxolone, Serum/Plasma	\$463.00
2162B	Ganciclovir, Blood	\$265.00
2154SP	Ganciclovir, Serum/Plasma	\$244.00
2154U	Ganciclovir, Urine	\$615.00
2156SP	Germanium, Serum/Plasma	\$395.00
2156U	Germanium, Urine	\$379.00
2159B	Glimepiride, Blood	\$132.00
2159SP	Glimepiride, Serum/Plasma	\$132.00
2158B	Glipizide, Blood	\$450.00
2158SP	Glipizide, Serum/Plasma	\$270.00
2164FL	Glucose (Vitreous), Fluid (Forensic)	\$24.00
7027SP	Glucose, Serum/Plasma - Send Out	\$101.00
7027U	Glucose, Urine - Send Out	\$103.00
9443B	Glutethimide Screen, Blood	\$183.00
9443SP	Glutethimide Screen, Serum/Plasma	\$210.00
2160B	Glutethimide, Blood	\$146.00
2160SP	Glutethimide, Serum/Plasma	\$191.00
2163SP	Glyburide, Serum/Plasma	\$210.00
2165B	Glycols Panel, Blood	\$318.00
2165FL	Glycols Panel, Fluid	\$594.00
2165LI	Glycols Panel, Liquid	\$647.00
2165SP	Glycols Panel, Serum/Plasma	\$318.00
2165TI	Glycols Panel, Tissue	\$688.00
2165U	Glycols Panel, Urine	\$604.00
2171B	Gold, Blood	\$89.00
2171SP	Gold, Serum/Plasma	\$89.00
2171U	Gold, Urine	\$89.00
7029O	Gram Stain (GRST) - Send Out	\$103.00
2180SP	Griseofulvin, Serum/Plasma	\$611.00
2185B	Guaifenesin, Blood	\$395.00
2185SP	Guaifenesin, Serum/Plasma	\$395.00
2185TI	Guaifenesin, Tissue	\$539.00
2185U	Guaifenesin, Urine	\$395.00
2186B	Guanfacine, Blood	\$295.00
2186SP	Guanfacine, Serum/Plasma	\$295.00
2186U	Guanfacine, Urine	\$295.00
HAIR KIT	Hair Kit/ Forensic	\$18.00
HAIRSEG	Hair Segmentation	\$182.00
HAIRSEG2	Hair Segmentation II	\$182.00
8758B	Hallucinogens Screen, Blood	\$257.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
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Test	Test Name	List Price
8758SP	Hallucinogens Screen, Serum/Plasma	\$314.00
8758U	Hallucinogens Screen, Urine	\$257.00
2212B	Halocarbons Panel, Blood	\$273.00
9182B	Haloperidol Screen, Blood	\$148.00
9182SP	Haloperidol Screen, Serum/Plasma	\$133.00
2220B	Haloperidol, Blood	\$101.00
2220FL	Haloperidol, Fluid	\$292.00
2220SP	Haloperidol, Serum/Plasma	\$166.00
2220TI	Haloperidol, Tissue	\$375.00
2220U	Haloperidol, Urine	\$292.00
7814B	Hemoglobin Cascade Confirmation - Send Out	\$330.00
7812B	Hemoglobinopathy Screen (HGEL) - Send Out	\$112.00
7026B	Hepatitis A Antibody, Blood - Send Out	\$142.00
7072B	Hepatitis B Core Antibody, Blood - Send Out	\$107.00
7047B	Hepatitis B Surface Antibody, Blood - Send Out	\$170.00
7048B	Hepatitis B Surface Antigen Confirmatory Assay, Blood - Send Out	\$438.00
7053B	Hepatitis B Surface Antigen, Blood - Send Out	\$95.00
7049B	Hepatitis C Antibody, Blood - Send Out	\$105.00
2260SP	Heptachlor and Metabolite, Serum/Plasma	\$127.00
2270B	Heptane, n-, Blood	\$297.00
2270SP	Heptane, n-, Serum/Plasma	\$327.00
2278B	Herbicides Panel 2, Blood	\$299.00
2278SP	Herbicides Panel 2, Serum/Plasma	\$299.00
2278U	Herbicides Panel 2, Urine	\$299.00
2276B	Heroin Metabolites - Free (Unconjugated), Blood	\$308.00
2276SP	Heroin Metabolites - Free (Unconjugated), Serum/Plasma	\$308.00
2276U	Heroin Metabolites - Free (Unconjugated), Urine	\$308.00
9343B	Heroin Screen, Blood	\$182.00
9343SP	Heroin Screen, Serum/Plasma	\$112.00
9343U	Heroin Screen, Urine	\$112.00
2283B	Hexachlorobenzene, Blood	\$193.00
2283SP	Hexachlorobenzene, Serum/Plasma	\$193.00
2290B	Hexane, n-, Blood	\$182.00
2290SP	Hexane, n-, Serum/Plasma	\$289.00
2291U	Hexanol, 1 and 2-, Urine	\$348.00
2306U	Hippuric Acid and Methylhippuric Acid, Urine	\$204.00
2300U	Hippuric Acid, Urine	\$115.00
7033B	HIV-1/HIV-2 Plus O EIA - Send Out	\$96.00
7086O	Human metapneumovirus (HMPVP) - Send Out	\$1,013.00
2308SP	Hydralazine, Serum/Plasma	\$746.00
2321B	Hydrocarbon and Oxygenated Volatiles Panel, Blood	\$114.00
2321FL	Hydrocarbon and Oxygenated Volatiles Panel, Fluid	\$185.00
2321TI	Hydrocarbon and Oxygenated Volatiles Panel, Tissue	\$230.00
2321U	Hydrocarbon and Oxygenated Volatiles Panel, Urine	\$175.00
2330B	Hydrochlorothiazide, Blood	\$212.00
2330SP	Hydrochlorothiazide, Serum/Plasma	\$212.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
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Test	Test Name	List Price
2330U	Hydrochlorothiazide, Urine	\$212.00
2340B	Hydrocodone - Free (Unconjugated), Blood	\$170.00
2340FL	Hydrocodone - Free (Unconjugated), Fluid	\$166.00
2340SP	Hydrocodone - Free (Unconjugated), Serum/Plasma	\$170.00
8663B	Hydrocodone and Metabolites - Free (Unconjugated), Blood	\$247.00
8663FL	Hydrocodone and Metabolites - Free (Unconjugated), Fluid	\$314.00
8663SP	Hydrocodone and Metabolites - Free (Unconjugated), Serum/Plasma	\$247.00
8663TI	Hydrocodone and Metabolites - Total (Conjugated/Unconjugated), Tissue	\$348.00
8663U	Hydrocodone and Metabolites - Total (Conjugated/Unconjugated), Urine	\$247.00
9332B	Hydrocodone Screen, Blood	\$183.00
9332SP	Hydrocodone Screen, Serum/Plasma	\$183.00
8664B	Hydromorphone - Free (Unconjugated), Blood	\$410.00
8664FL	Hydromorphone - Free (Unconjugated), Fluid	\$348.00
8664SP	Hydromorphone - Free (Unconjugated), Serum/Plasma	\$410.00
8664TI	Hydromorphone - Free (Unconjugated), Tissue	\$381.00
8664U	Hydromorphone - Total (Conjugated/Unconjugated), Urine	\$256.00
2362B	Hydroxychloroquine, Blood	\$270.00
2362FL	Hydroxychloroquine, Fluid	\$305.00
2362SP	Hydroxychloroquine, Serum/Plasma	\$270.00
2362TI	Hydroxychloroquine, Tissue	\$339.00
2362U	Hydroxychloroquine, Urine	\$387.00
2365B	Hydroxyzine and Metabolite, Blood	\$127.00
2365FL	Hydroxyzine and Metabolite, Fluid	\$335.00
2365SP	Hydroxyzine and Metabolite, Serum/Plasma	\$201.00
2365U	Hydroxyzine and Metabolite, Urine	\$201.00
2365TI	Hydroxyzine, Tissue	\$372.00
2369B	Hyoscyamine, Blood	\$334.00
2369SP	Hyoscyamine, Serum/Plasma	\$209.00
2369U	Hyoscyamine, Urine	\$209.00
4261B	Hypoglycemic Panel, Blood	\$407.00
4261SP	Hypoglycemic Panel, Serum/Plasma	\$407.00
2390B	Ibuprofen, Blood	\$133.00
2390FL	Ibuprofen, Fluid	\$335.00
2390SP	Ibuprofen, Serum/Plasma	\$133.00
2390TI	Ibuprofen, Tissue	\$356.00
2390U	Ibuprofen, Urine	\$100.00
2395B	Iloperidone, Blood	\$207.00
2395SP	Iloperidone, Serum/Plasma	\$207.00
9434B	Imipramine and Metabolite Screen, Blood	\$130.00
9434SP	Imipramine and Metabolite Screen, Serum/Plasma	\$204.00
9434U	Imipramine and Metabolite Screen, Urine	\$212.00
2400B	Imipramine and Metabolite, Blood	\$123.00
8703B	Imipramine and Metabolite, Blood	\$542.00
2400SP	Imipramine and Metabolite, Serum/Plasma	\$132.00
8703SP	Imipramine and Metabolite, Serum/Plasma	\$522.00
2400U	Imipramine and Metabolite, Urine	\$88.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
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Test	Test Name	List Price
8703U	Imipramine and Metabolite, Urine	\$328.00
7028SP	Immunoglobulin E, Serum/Plasma - Send Out	\$101.00
2397SP	Indapamide, Serum/Plasma	\$169.00
2406B	Indium, Blood	\$219.00
2406R	Indium, RBCs	\$146.00
2406SP	Indium, Serum/Plasma	\$219.00
2406U	Indium, Urine	\$146.00
2410B	Indomethacin, Blood	\$171.00
2410SP	Indomethacin, Serum/Plasma	\$161.00
2410U	Indomethacin, Urine	\$171.00
2412B	Inhalants Panel, Alkane Gases, Blood	\$187.00
2412TI	Inhalants Panel, Alkane Gases, Tissue	\$273.00
2421B	Inhalants Panel, Anesthetics, Blood	\$821.00
2414B	Inhalants Panel, Halocarbons, Blood	\$206.00
2414TI	Inhalants Panel, Halocarbons, Tissue	\$307.00
2411B	Inhalants Panel, Solvents, Blood	\$110.00
2411TI	Inhalants Panel, Solvents, Tissue	\$216.00
6364R	Inorganic Panel 64, RBCs	\$486.00
2428U	Iodine - Total, Urine	\$134.00
2428FL	Iodine, Fluid	\$322.00
2428SP	Iodine, Serum/Plasma	\$134.00
2425B	Ipecac Use Markers Screen, Blood	\$1,098.00
2425FL	Ipecac Use Markers Screen, Fluid	\$1,145.00
2425SP	Ipecac Use Markers Screen, Serum/Plasma	\$930.00
2425U	Ipecac Use Markers Screen, Urine	\$1,098.00
2430UH	Iron, 24 Hour Urine	\$76.00
2430B	Iron, Blood	\$76.00
2430SP	Iron, Serum/Plasma	\$76.00
2430ST	Iron, Stool	\$273.00
2430U	Iron, Urine	\$76.00
2457SP	Isavuconazole, Serum/Plasma	\$449.00
2436SP	Isobutanol, Serum/Plasma	\$150.00
2437B	Isoflurane, Blood	\$193.00
2440SP	Isoniazid, Serum/Plasma	\$217.00
2445B	Isopropanol and Acetone, Blood	\$74.00
2445SP	Isopropanol and Acetone, Serum/Plasma	\$74.00
2445U	Isopropanol and Acetone, Urine	\$74.00
2458SP	Isotretinoin and Metabolite, Serum/Plasma	\$266.00
2456SP	Isotretinoin, Serum/Plasma	\$233.00
2460B	Itraconazole, Blood	\$721.00
2460SP	Itraconazole, Serum/Plasma	\$462.00
9188B	Ketamine and Metabolite Screen, Blood	\$114.00
9188SP	Ketamine and Metabolite Screen, Serum/Plasma	\$114.00
9188U	Ketamine and Metabolite Screen, Urine	\$114.00
2479B	Ketamine and Metabolite, Blood	\$123.00
2479FL	Ketamine and Metabolite, Fluid	\$188.00

Effective January 1, 2024

All prices are US Dollars and are subject to change.

Page 24 of 63

ver. 231031.2

NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
2479SP	Ketamine and Metabolite, Serum/Plasma	\$123.00
2479TI	Ketamine and Metabolite, Tissue	\$391.00
2479U	Ketamine and Metabolite, Urine	\$118.00
9190B	Ketoacidosis Screen, Postmortem, Blood (Forensic)	\$169.00
9190FL	Ketoacidosis Screen, Postmortem, Fluid (Forensic)	\$237.00
2485B	Ketoconazole, Blood	\$555.00
2485SP	Ketoconazole, Serum/Plasma	\$414.00
2480SP	Ketone Bodies Panel, Serum/Plasma	\$326.00
2481B	Ketone Panel, Blood	\$349.00
2481FL	Ketone Panel, Fluid	\$301.00
2481U	Ketone Panel, Urine	\$349.00
2486B	Ketoprofen, Blood	\$439.00
2486SP	Ketoprofen, Serum/Plasma	\$454.00
2482B	Ketorolac, Blood	\$407.00
2482FL	Ketorolac, Fluid	\$568.00
2482SP	Ketorolac, Serum/Plasma	\$407.00
2488B	Labetalol, Blood	\$589.00
2488FL	Labetalol, Fluid	\$654.00
2488SP	Labetalol, Serum/Plasma	\$404.00
2527B	Lacosamide, Blood	\$205.00
2527FL	Lacosamide, Fluid	\$405.00
2527SP	Lacosamide, Serum/Plasma	\$205.00
2527U	Lacosamide, Urine	\$205.00
2484B	Lamotrigine, Blood	\$89.00
2484FL	Lamotrigine, Fluid	\$279.00
2484SP	Lamotrigine, Serum/Plasma	\$89.00
2484U	Lamotrigine, Urine	\$137.00
2499U	Laxatives Panel (Qualitative), Urine	\$330.00
81868B	LC-TOF Add-On (Qualitative), Blood	\$105.00
81868SP	LC-TOF Add-On (Qualitative), Serum/Plasma	\$105.00
81868U	LC-TOF Add-On (Qualitative), Urine	\$105.00
2490B	Lead and ZPP, Blood	\$69.00
2492UH	Lead, 24 Hour Urine	\$98.00
2492B	Lead, Blood	\$48.00
2492FL	Lead, Fluid	\$249.00
2492H	Lead, Hair	\$404.00
2492LI	Lead, Liquid	\$154.00
2492N	Lead, Nails	\$404.00
2492R	Lead, RBCs	\$82.00
2492SP	Lead, Serum/Plasma	\$98.00
2492TI	Lead, Tissue	\$317.00
2492U	Lead, Urine	\$98.00
2532B	Leflunomide as Metabolite (Pre-Pregnancy Monitoring), Blood	\$333.00
2532SP	Leflunomide as Metabolite (Pre-Pregnancy Monitoring), Serum/Plasma	\$333.00
2531B	Leflunomide as Metabolite (Therapeutic Drug Monitoring), Blood	\$333.00
2531SP	Leflunomide as Metabolite (Therapeutic Drug Monitoring), Serum/Plasma	\$333.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
92260	Legal Alcohol (TCME 2300) - Send Out	\$231.00
2501B	Levamisole, Blood	\$313.00
2501SP	Levamisole, Serum/Plasma	\$313.00
2501U	Levamisole, Urine	\$313.00
2505B	Levetiracetam, Blood	\$134.00
2505SP	Levetiracetam, Serum/Plasma	\$134.00
2517B	Levocetirizine, Blood	\$524.00
2517SP	Levocetirizine, Serum/Plasma	\$579.00
2504SP	Levodopa, Serum/Plasma	\$234.00
9317B	Lidocaine and Metabolite (MEGX) Screen, Blood	\$242.00
9317SP	Lidocaine and Metabolite (MEGX) Screen, Serum/Plasma	\$234.00
9317U	Lidocaine and Metabolite (MEGX) Screen, Urine	\$234.00
2512B	Lidocaine and Metabolite (MEGX), Blood	\$191.00
2512FL	Lidocaine and Metabolite (MEGX), Fluid	\$393.00
2512SP	Lidocaine and Metabolite (MEGX), Serum/Plasma	\$183.00
2512TI	Lidocaine and Metabolite (MEGX), Tissue	\$461.00
2512U	Lidocaine and Metabolite (MEGX), Urine	\$183.00
2511SP	Lidocaine, Serum/Plasma	\$93.00
2516B	Lindane, Blood	\$439.00
2516SP	Lindane, Serum/Plasma	\$252.00
2800B	Lisdexamfetamine as Metabolite, Blood	\$224.00
2800SP	Lisdexamfetamine as Metabolite, Serum/Plasma	\$249.00
2800U	Lisdexamfetamine as Metabolite, Urine	\$247.00
2520B	Lithium, Blood	\$56.00
2520FL	Lithium, Fluid	\$257.00
2520R	Lithium, RBCs	\$88.00
2520SP	Lithium, Serum/Plasma	\$56.00
2520TI	Lithium, Tissue	\$326.00
2520U	Lithium, Urine	\$56.00
2533B	Loperamide and Metabolite, Blood	\$400.00
2533SP	Loperamide and Metabolite, Serum/Plasma	\$400.00
2525B	Loratadine and Metabolite, Blood	\$292.00
2525SP	Loratadine and Metabolite, Serum/Plasma	\$463.00
2525U	Loratadine and Metabolite, Urine	\$463.00
2535B	Lorazepam, Blood	\$177.00
2535FL	Lorazepam, Fluid	\$344.00
2535SP	Lorazepam, Serum/Plasma	\$109.00
2535U	Lorazepam, Urine	\$166.00
2538B	Loxapine, Blood	\$454.00
2538SP	Loxapine, Serum/Plasma	\$290.00
2538U	Loxapine, Urine	\$427.00
2541B	LSD Screen, Blood	\$92.00
2541SP	LSD Screen, Serum/Plasma	\$146.00
2541U	LSD Screen, Urine	\$92.00
2540B	LSD Trace Analysis, Blood	\$381.00
2540SP	LSD Trace Analysis, Serum/Plasma	\$370.00

Effective January 1, 2024

All prices are US Dollars and are subject to change.

Page 26 of 63

ver. 231031.2

NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
2540U	LSD Trace Analysis, Urine	\$233.00
2543B	Lurasidone, Blood	\$202.00
2543SP	Lurasidone, Serum/Plasma	\$202.00
2551B	Magnesium - Total, Blood	\$60.00
2551FL	Magnesium - Total, Fluid	\$261.00
2551H	Magnesium - Total, Hair	\$416.00
2551R	Magnesium - Total, RBCs	\$60.00
2551SP	Magnesium - Total, Serum/Plasma	\$60.00
2551ST	Magnesium - Total, Stool	\$416.00
2551TI	Magnesium - Total, Tissue	\$263.00
2551U	Magnesium - Total, Urine	\$113.00
2570B	Manganese, Blood	\$99.00
2570FL	Manganese, Fluid	\$298.00
2570H	Manganese, Hair	\$454.00
2570LI	Manganese, Liquid	\$564.00
2570N	Manganese, Nails	\$688.00
2570R	Manganese, RBCs	\$99.00
2570SP	Manganese, Serum/Plasma	\$99.00
2570TI	Manganese, Tissue	\$366.00
2570U	Manganese, Urine	\$99.00
2573B	Maprotiline, Blood	\$384.00
2573SP	Maprotiline, Serum/Plasma	\$371.00
2573U	Maprotiline, Urine	\$234.00
9196SP	Meclizine Screen, Serum/Plasma	\$191.00
2590B	Meclizine, Blood	\$204.00
2590SP	Meclizine, Serum/Plasma	\$177.00
2590TI	Meclizine, Tissue	\$444.00
2595B	Mefloquine, Blood	\$734.00
2595SP	Mefloquine, Serum/Plasma	\$511.00
2604B	Melatonin, Blood	\$281.00
2604FL	Melatonin, Fluid	\$463.00
2604SP	Melatonin, Serum/Plasma	\$281.00
2604TI	Melatonin, Tissue	\$519.00
2604U	Melatonin, Urine	\$281.00
2581B	Memantine, Blood	\$364.00
2581SP	Memantine, Serum/Plasma	\$364.00
2605B	Menthol, Blood	\$310.00
2605SP	Menthol, Serum/Plasma	\$446.00
9440B	Meperidine and Metabolite Screen, Blood	\$204.00
9440SP	Meperidine and Metabolite Screen, Serum/Plasma	\$130.00
2610B	Meperidine and Metabolite, Blood	\$201.00
8721B	Meperidine and Metabolite, Blood	\$533.00
2610SP	Meperidine and Metabolite, Serum/Plasma	\$201.00
8721SP	Meperidine and Metabolite, Serum/Plasma	\$464.00
2610U	Meperidine and Metabolite, Urine	\$127.00
8721U	Meperidine and Metabolite, Urine	\$513.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
9444U	Meperidine Screen, Urine	\$92.00
9200SP	Mepivacaine Screen, Serum/Plasma	\$221.00
2640B	Mepivacaine, Blood	\$185.00
2640SP	Mepivacaine, Serum/Plasma	\$180.00
2650B	Meprobamate, Blood	\$270.00
2650SP	Meprobamate, Serum/Plasma	\$162.00
2650U	Meprobamate, Urine	\$258.00
2665B	Mercaptopurine and Metabolites, Blood	\$275.00
2670UH	Mercury, 24 Hour Urine	\$74.00
2670B	Mercury, Blood	\$53.00
2670FL	Mercury, Fluid	\$257.00
2670H	Mercury, Hair	\$599.00
2670LI	Mercury, Liquid	\$260.00
2670N	Mercury, Nails	\$413.00
2670R	Mercury, RBCs	\$53.00
2670SP	Mercury, Serum/Plasma	\$53.00
2670TI	Mercury, Tissue	\$326.00
2670U	Mercury, Urine	\$119.00
2680B	Mescaline Screen, Blood	\$135.00
2680SP	Mescaline Screen, Serum/Plasma	\$211.00
2680U	Mescaline Screen, Urine	\$135.00
2679B	Mescaline, Blood	\$463.00
2679SP	Mescaline, Serum/Plasma	\$462.00
2679U	Mescaline, Urine	\$291.00
2689SP	Mesoridazine, Serum/Plasma	\$204.00
2664UH	Metals Panel 4 (Arsenic, Cadmium, Lead, Mercury), 24 Hour Urine	\$364.00
2664U	Metals Panel 4 (Arsenic, Cadmium, Lead, Mercury), Urine	\$364.00
2693B	Metals/Metalloids Acute Poisoning Panel, Blood	\$447.00
2693FL	Metals/Metalloids Acute Poisoning Panel, Fluid	\$654.00
2693H	Metals/Metalloids Acute Poisoning Panel, Hair	\$636.00
2693R	Metals/Metalloids Acute Poisoning Panel, RBCs	\$447.00
2693SP	Metals/Metalloids Acute Poisoning Panel, Serum/Plasma	\$447.00
2693TI	Metals/Metalloids Acute Poisoning Panel, Tissue	\$697.00
2693U	Metals/Metalloids Acute Poisoning Panel, Urine	\$447.00
2661B	Metals/Metalloids Panel 1, Blood	\$261.00
2661H	Metals/Metalloids Panel 1, Hair	\$485.00
2661N	Metals/Metalloids Panel 1, Nails	\$485.00
2661SP	Metals/Metalloids Panel 1, Serum/Plasma	\$289.00
2661U	Metals/Metalloids Panel 1, Urine	\$299.00
2662B	Metals/Metalloids Panel 2, Blood	\$364.00
2662H	Metals/Metalloids Panel 2, Hair	\$561.00
2662N	Metals/Metalloids Panel 2, Nails	\$561.00
2662SP	Metals/Metalloids Panel 2, Serum/Plasma	\$364.00
2662U	Metals/Metalloids Panel 2, Urine	\$575.00
2663B	Metals/Metalloids Panel 3, Blood	\$403.00
2663H	Metals/Metalloids Panel 3, Hair	\$607.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
2663N	Metals/Metalloids Panel 3, Nails	\$607.00
2663SP	Metals/Metalloids Panel 3, Serum/Plasma	\$415.00
2663U	Metals/Metalloids Panel 3, Urine	\$642.00
2720B	Metaxalone, Blood	\$227.00
2720SP	Metaxalone, Serum/Plasma	\$227.00
2720U	Metaxalone, Urine	\$227.00
2740B	Metformin, Blood	\$173.00
2740FL	Metformin, Fluid	\$372.00
2740SP	Metformin, Serum/Plasma	\$173.00
2740U	Metformin, Urine	\$260.00
2760ME	Methadone and Metabolite (Qualitative), Meconium	\$344.00
8894OF	Methadone and Metabolite (Qualitative), Oral Fluid (Saliva)	\$68.00
8722B	Methadone and Metabolite, Blood	\$258.00
8722FL	Methadone and Metabolite, Fluid	\$327.00
8722SP	Methadone and Metabolite, Serum/Plasma	\$258.00
8722TI	Methadone and Metabolite, Tissue	\$359.00
8722U	Methadone and Metabolite, Urine	\$258.00
9324B	Methadone Screen, Blood	\$148.00
9324SP	Methadone Screen, Serum/Plasma	\$146.00
9324U	Methadone Screen, Urine	\$143.00
9522B	Methamphetamine and Amphetamine Screen, Blood	\$172.00
9522SP	Methamphetamine and Amphetamine Screen, Serum/Plasma	\$172.00
9522U	Methamphetamine and Amphetamine Screen, Urine	\$103.00
2810B	Methamphetamine and Metabolite, Blood	\$234.00
2810FL	Methamphetamine and Metabolite, Fluid	\$387.00
2810SP	Methamphetamine and Metabolite, Serum/Plasma	\$154.00
2810U	Methamphetamine and Metabolite, Urine	\$189.00
2745B	Methane, Blood	\$579.00
2836U	Methanol Exposure Profile, Urine	\$182.00
2837B	Methanol Poisoning Profile, Blood	\$429.00
2837SP	Methanol Poisoning Profile, Serum/Plasma	\$444.00
2835B	Methanol, Blood	\$125.00
2835FL	Methanol, Fluid	\$191.00
2835SP	Methanol, Serum/Plasma	\$78.00
2835U	Methanol, Urine	\$78.00
2849B	Methaqualone, Blood	\$298.00
2849SP	Methaqualone, Serum/Plasma	\$181.00
2849U	Methaqualone, Urine	\$181.00
2860B	Metharbital and Metabolite, Blood	\$404.00
2860SP	Metharbital and Metabolite, Serum/Plasma	\$200.00
2860U	Metharbital and Metabolite, Urine	\$404.00
2863SP	Methazolamide, Serum/Plasma	\$183.00
2887B	Methemoglobin, Blood	\$201.00
2892B	Methimazole, Blood	\$445.00
2892SP	Methimazole, Serum/Plasma	\$219.00
2900B	Methocarbamol, Blood	\$162.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
2900FL	Methocarbamol, Fluid	\$364.00
2900SP	Methocarbamol, Serum/Plasma	\$166.00
0649SP	Methotrexate, Serum/Plasma	\$204.00
2930B	Methoxychlor, Blood	\$146.00
2950B	Methsuximide as Metabolite, Blood	\$435.00
2950SP	Methsuximide as Metabolite, Serum/Plasma	\$153.00
2970B	Methyl Bromide as Metabolite, Blood	\$101.00
2970SP	Methyl Bromide as Metabolite, Serum/Plasma	\$166.00
2970U	Methyl Bromide as Metabolite, Urine	\$166.00
4630B	Methyl Chloroform, Blood	\$201.00
2990B	Methyl Ethyl Ketone, Blood	\$143.00
2990SP	Methyl Ethyl Ketone, Serum/Plasma	\$91.00
2990U	Methyl Ethyl Ketone, Urine	\$66.00
2982B	Methyl Isobutyl Ketone, Blood	\$247.00
2982U	Methyl Isobutyl Ketone, Urine	\$247.00
2984U	Methyl n-Butyl Ketone Exposure Monitoring, Urine	\$160.00
2980B	Methyl n-Butyl Ketone, Blood	\$172.00
2051B	Methyl Tertiary Butyl Ether and Metabolite, Blood	\$462.00
2051U	Methyl Tertiary Butyl Ether and Metabolite, Urine	\$713.00
2050B	Methyl Tertiary Butyl Ether, Blood	\$469.00
3005B	Methylchloroform Exposure, Blood	\$143.00
3005SP	Methylchloroform Exposure, Serum/Plasma	\$143.00
3006U	Methylchloroform, Urine	\$221.00
2986U	Methylenedianiline, Urine	\$431.00
2584B	Methylenedioxyamphetamine, Blood	\$411.00
2584SP	Methylenedioxyamphetamine, Serum/Plasma	\$249.00
2584U	Methylenedioxyamphetamine, Urine	\$249.00
9293B	Methylenedioxymethamphetamine and Metabolite Screen, Blood	\$143.00
9293SP	Methylenedioxymethamphetamine and Metabolite Screen, Serum/Plasma	\$219.00
9293U	Methylenedioxymethamphetamine and Metabolite Screen, Urine	\$143.00
2585B	Methylenedioxymethamphetamine and Metabolite, Blood	\$378.00
2585SP	Methylenedioxymethamphetamine and Metabolite, Serum/Plasma	\$378.00
2585U	Methylenedioxymethamphetamine and Metabolite, Urine	\$239.00
9193U	Methylphenidate and Metabolite Screen, Urine	\$239.00
3020B	Methylphenidate and Metabolite, Blood	\$126.00
3020SP	Methylphenidate and Metabolite, Serum/Plasma	\$126.00
3020TI	Methylphenidate and Metabolite, Tissue	\$226.00
3020U	Methylphenidate and Metabolite, Urine	\$126.00
3041B	Metoclopramide, Blood	\$578.00
3041SP	Metoclopramide, Serum/Plasma	\$578.00
3041U	Metoclopramide, Urine	\$578.00
3042B	Metolazone, Blood	\$226.00
3042SP	Metolazone, Serum/Plasma	\$219.00
3043B	Metoprolol, Blood	\$147.00
3043FL	Metoprolol, Fluid	\$215.00
3043SP	Metoprolol, Serum/Plasma	\$238.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
3043U	Metoprolol, Urine	\$238.00
3048SP	Metribuzin, Serum/Plasma	\$445.00
3050B	Metronidazole, Blood	\$389.00
3050SP	Metronidazole, Serum/Plasma	\$371.00
9211B	Mexiletine Screen, Blood	\$270.00
9211SP	Mexiletine Screen, Serum/Plasma	\$258.00
3055B	Mexiletine, Blood	\$615.00
3055SP	Mexiletine, Serum/Plasma	\$103.00
MICRO	Micro Specimen Surcharge	\$91.00
3057U	Midazolam as Metabolite, Urine	\$123.00
3057B	Midazolam, Blood	\$123.00
3057FL	Midazolam, Fluid	\$188.00
3057SP	Midazolam, Serum/Plasma	\$193.00
3061B	Milnacipran/Levomilnacipran, Blood	\$205.00
3061SP	Milnacipran/Levomilnacipran, Serum/Plasma	\$205.00
3061U	Milnacipran/Levomilnacipran, Urine	\$205.00
3066B	Mineral Profile, Blood	\$587.00
3066R	Mineral Profile, RBCs	\$379.00
3066SP	Mineral Profile, Serum/Plasma	\$379.00
3075B	Mirtazapine, Blood	\$127.00
3075SP	Mirtazapine, Serum/Plasma	\$127.00
3075U	Mirtazapine, Urine	\$201.00
3059B	Mitotane, Blood	\$494.00
3059SP	Mitotane, Serum/Plasma	\$147.00
3078U	Mitragynine (Qualitative), Urine	\$180.00
3064B	Mitragynine, Blood	\$188.00
3064SP	Mitragynine, Serum/Plasma	\$188.00
3081U	MOCA and MDA Exposure Profile, Urine	\$289.00
3080U	MOCA, Urine	\$414.00
3045B	Modafinil / Armodafinil, Blood	\$238.00
3045SP	Modafinil / Armodafinil, Serum/Plasma	\$147.00
3082B	Molindone, Blood	\$397.00
3082SP	Molindone, Serum/Plasma	\$134.00
3082U	Molindone, Urine	\$134.00
3090B	Molybdenum, Blood	\$76.00
3090H	Molybdenum, Hair	\$431.00
3090R	Molybdenum, RBCs	\$76.00
3090SP	Molybdenum, Serum/Plasma	\$76.00
3090U	Molybdenum, Urine	\$88.00
3098U	Mono-n-butyl phthalate (MNBP), Urine	\$285.00
3092SP	Moricizine, Serum/Plasma	\$189.00
8666B	Morphine - Free (Unconjugated), Blood	\$359.00
8666FL	Morphine - Free (Unconjugated), Fluid	\$312.00
8666SP	Morphine - Free (Unconjugated), Serum/Plasma	\$251.00
8666U	Morphine - Free (Unconjugated), Urine	\$398.00
8673B	Morphine - Free and Total, Blood	\$496.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
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Test	Test Name	List Price
8673SP	Morphine - Free and Total, Serum/Plasma	\$546.00
8673U	Morphine - Free and Total, Urine	\$546.00
8672B	Morphine - Total (Conjugated/Unconjugated), Blood	\$221.00
8672SP	Morphine - Total (Conjugated/Unconjugated), Serum/Plasma	\$221.00
8672U	Morphine - Total (Conjugated/Unconjugated), Urine	\$221.00
3085B	Morphine and Glucuronide Metabolites, Blood	\$344.00
3085SP	Morphine and Glucuronide Metabolites, Serum/Plasma	\$344.00
3063B	Mycophenolic Acid and Metabolite, Blood	\$524.00
3063SP	Mycophenolic Acid and Metabolite, Serum/Plasma	\$378.00
3063U	Mycophenolic Acid and Metabolite, Urine	\$524.00
3060U	N,N-Dimethylacetamide Exposure (N-Methylacetamide), Urine	\$713.00
3070U	N,N-Dimethylformamide (DMF) Exposure (N-Monomethylformamide), Urine	\$274.00
3218B	N,N-Dimethylpentylone & Pentylone, Blood	\$325.00
3218SP	N,N-Dimethylpentylone & Pentylone, Serum/Plasma	\$325.00
3218U	N,N-Dimethylpentylone & Pentylone, Urine	\$325.00
3107B	Nabumetone as Metabolite, Blood	\$204.00
3107SP	Nabumetone as Metabolite, Serum/Plasma	\$193.00
3107U	Nabumetone as Metabolite, Urine	\$204.00
3103B	Nadolol, Blood	\$238.00
3103SP	Nadolol, Serum/Plasma	\$238.00
3103U	Nadolol, Urine	\$244.00
3110B	Nalbuphine - Free (Unconjugated), Blood	\$333.00
3110SP	Nalbuphine - Free (Unconjugated), Serum/Plasma	\$513.00
3110U	Nalbuphine - Total (Conjugated/Unconjugated), Urine	\$529.00
3111B	Naloxone - Free (Unconjugated), Blood	\$93.00
3111SP	Naloxone - Free (Unconjugated), Serum/Plasma	\$93.00
3113U	Naloxone - Total (Conjugated/Unconjugated) Screen, Urine	\$344.00
3111U	Naloxone - Total (Conjugated/Unconjugated), Urine	\$93.00
3116B	Naltrexone and Metabolite - Free (Unconjugated), Blood	\$467.00
3116SP	Naltrexone and Metabolite - Free (Unconjugated), Serum/Plasma	\$450.00
3116U	Naltrexone and Metabolite - Total (Conjugated/Unconjugated), Urine	\$452.00
3130B	Naproxen, Blood	\$114.00
3130FL	Naproxen, Fluid	\$317.00
3130SP	Naproxen, Serum/Plasma	\$183.00
3130U	Naproxen, Urine	\$183.00
3118B	Nateglinide, Blood	\$132.00
3118SP	Nateglinide, Serum/Plasma	\$132.00
3145B	Nefazodone, Blood	\$169.00
3145SP	Nefazodone, Serum/Plasma	\$154.00
3145U	Nefazodone, Urine	\$103.00
2292U	n-Hexane Exposure Monitoring, Urine	\$300.00
3140B	Nickel, Blood	\$76.00
3140FL	Nickel, Fluid	\$273.00
3140H	Nickel, Hair	\$431.00
3140N	Nickel, Nails	\$431.00
3140R	Nickel, RBCs	\$124.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
3140SP	Nickel, Serum/Plasma	\$76.00
3140TI	Nickel, Tissue	\$341.00
3140U	Nickel, Urine	\$106.00
9404B	Nicotine and Metabolite Screen, Blood	\$148.00
9404SP	Nicotine and Metabolite Screen, Serum/Plasma	\$103.00
9404U	Nicotine and Metabolite with Anabasine Screen, Urine	\$111.00
3150U	Nicotine and Metabolite with Anabasine, Urine	\$127.00
3150B	Nicotine and Metabolite, Blood	\$109.00
3150FL	Nicotine and Metabolite, Fluid	\$312.00
3150SP	Nicotine and Metabolite, Serum/Plasma	\$109.00
3150TI	Nicotine and Metabolite, Tissue	\$379.00
3158B	Nifedipine, Blood	\$332.00
3158SP	Nifedipine, Serum/Plasma	\$370.00
3168B	Nitazenes Panel, Blood	\$363.00
3168SP	Nitazenes Panel, Serum/Plasma	\$363.00
3174B	Nitrate/Nitrite (Qualitative), Blood (Forensic)	\$341.00
3174SP	Nitrate/Nitrite (Qualitative), Serum/Plasma	\$341.00
9215B	Nitrazepam and Metabolite Screen, Blood	\$261.00
9215SP	Nitrazepam and Metabolite Screen, Serum/Plasma	\$182.00
3175B	Nitrazepam and Metabolite, Blood	\$447.00
3175SP	Nitrazepam and Metabolite, Serum/Plasma	\$431.00
3175U	Nitrazepam and Metabolite, Urine	\$273.00
3214A	Nitrous Oxide, Air	\$539.00
3214B	Nitrous Oxide, Blood	\$507.00
3214FL	Nitrous Oxide, Fluid	\$565.00
3214TI	Nitrous Oxide, Tissue	\$607.00
3214U	Nitrous Oxide, Urine	\$539.00
8054B	NMS TotalTox™ Panel, Blood (Forensic)	\$572.00
NONBIO/LIQ	Non-biological Fee (Liquid)	\$140.00
NONBIO/SOL	Non-biological Fee (Solid)	\$206.00
3223SP	Nonsteroidal Anti-Inflammatory Drug Panel, Serum/Plasma	\$439.00
3216B	Nordiazepam and Metabolite, Blood	\$303.00
3216SP	Nordiazepam and Metabolite, Serum/Plasma	\$303.00
3216U	Nordiazepam and Metabolite, Urine	\$290.00
9433B	Nortriptyline Screen, Blood	\$123.00
9433U	Nortriptyline Screen, Urine	\$88.00
3220B	Nortriptyline, Blood	\$132.00
8702B	Nortriptyline, Blood	\$513.00
3220FL	Nortriptyline, Fluid	\$320.00
3220SP	Nortriptyline, Serum/Plasma	\$132.00
3220TI	Nortriptyline, Tissue	\$402.00
3220U	Nortriptyline, Urine	\$87.00
8702U	Nortriptyline, Urine	\$513.00
8756B	Novel Psychoactive Substances (NPS) Screen 1, Blood	\$374.00
8756SP	Novel Psychoactive Substances (NPS) Screen 1, Serum/Plasma	\$374.00
8756U	Novel Psychoactive Substances (NPS) Screen 1, Urine	\$374.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
3224B	NPS Stimulants (Qualitative), Blood	\$275.00
3224SP	NPS Stimulants (Qualitative), Serum/Plasma	\$172.00
3224U	NPS Stimulants (Qualitative), Urine	\$172.00
3225SP	Nuedexta®, Serum/Plasma	\$386.00
1352U	o-Cresol, Urine	\$180.00
3226B	Olanzapine and Metabolite, Blood	\$352.00
3226SP	Olanzapine and Metabolite, Serum/Plasma	\$184.00
3226FL	Olanzapine, Fluid	\$529.00
3226TI	Olanzapine, Tissue	\$593.00
3232B	Omeprazole / Esomeprazole, Blood	\$615.00
3232SP	Omeprazole / Esomeprazole, Serum/Plasma	\$702.00
3241B	Opiates - Free (Unconjugated), Blood	\$471.00
8660B	Opiates - Free (Unconjugated), Blood	\$308.00
8660FL	Opiates - Free (Unconjugated), Fluid	\$375.00
8660SP	Opiates - Free (Unconjugated), Serum/Plasma	\$308.00
8660TI	Opiates - Free (Unconjugated), Tissue	\$410.00
8660U	Opiates - Free (Unconjugated), Urine	\$249.00
8671B	Opiates - Free and Total, Blood	\$520.00
8671SP	Opiates - Free and Total, Serum/Plasma	\$520.00
8671U	Opiates - Free and Total, Urine	\$520.00
8670ME	Opiates - Total (Conjugated/Unconjugated) (Qualitative), Meconium	\$359.00
8670B	Opiates - Total (Conjugated/Unconjugated), Blood	\$303.00
8670FL	Opiates - Total (Conjugated/Unconjugated), Fluid	\$337.00
8670SP	Opiates - Total (Conjugated/Unconjugated), Serum/Plasma	\$303.00
8670TI	Opiates - Total (Conjugated/Unconjugated), Tissue	\$469.00
8670U	Opiates - Total (Conjugated/Unconjugated), Urine	\$303.00
8895OF	Opiates (Qualitative), Oral Fluid (Saliva)	\$68.00
3236B	Opiates Screen, Blood	\$92.00
3236FL	Opiates Screen, Fluid	\$297.00
6923H	Opiates Screen, Hair	\$474.00
3236SP	Opiates Screen, Serum/Plasma	\$146.00
3236TI	Opiates Screen, Tissue	\$368.00
3236U	Opiates Screen, Urine	\$96.00
3243B	Organochlorine Pesticides, Blood	\$200.00
3243F	Organochlorine Pesticides, Fat	\$672.00
3243SP	Organochlorine Pesticides, Serum/Plasma	\$200.00
3243TI	Organochlorine Pesticides, Tissue	\$564.00
9219B	Orphenadrine Screen, Blood	\$237.00
3248B	Orphenadrine, Blood	\$205.00
3248SP	Orphenadrine, Serum/Plasma	\$212.00
3248U	Orphenadrine, Urine	\$204.00
1355U	o-Toluidine, Urine	\$318.00
3250SP	Oxalate, Serum/Plasma	\$181.00
3250U	Oxalate, Urine	\$260.00
3286B	Oxaprozin, Blood	\$487.00
3286SP	Oxaprozin, Serum/Plasma	\$533.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
3260B	Oxazepam, Blood	\$298.00
3260SP	Oxazepam, Serum/Plasma	\$285.00
3260U	Oxazepam, Urine	\$258.00
3265B	Oxcarbazepine / Eslicarbazepine Acetate as Metabolite, Blood	\$92.00
3265FL	Oxcarbazepine / Eslicarbazepine Acetate as Metabolite, Fluid	\$282.00
3265SP	Oxcarbazepine / Eslicarbazepine Acetate as Metabolite, Serum/Plasma	\$92.00
3266B	Oxybutynin, Blood	\$481.00
3266SP	Oxybutynin, Serum/Plasma	\$513.00
3266U	Oxybutynin, Urine	\$513.00
3270B	Oxycodone - Free (Unconjugated), Blood	\$127.00
3270FL	Oxycodone - Free (Unconjugated), Fluid	\$195.00
3270SP	Oxycodone - Free (Unconjugated), Serum/Plasma	\$127.00
8667B	Oxycodone and Metabolite - Free (Unconjugated), Blood	\$156.00
8667FL	Oxycodone and Metabolite - Free (Unconjugated), Fluid	\$191.00
8667SP	Oxycodone and Metabolite - Free (Unconjugated), Serum/Plasma	\$156.00
8667TI	Oxycodone and Metabolite - Total (Conjugated/Unconjugated), Tissue	\$290.00
8667U	Oxycodone and Metabolite - Total (Conjugated/Unconjugated), Urine	\$156.00
9132B	Oxycodone Screen, Blood	\$201.00
9132SP	Oxycodone Screen, Serum/Plasma	\$201.00
8668B	Oxymorphone - Free (Unconjugated), Blood	\$371.00
8668SP	Oxymorphone - Free (Unconjugated), Serum/Plasma	\$370.00
8668U	Oxymorphone - Total (Conjugated/Unconjugated), Urine	\$233.00
4113B	Paliperidone, Blood	\$258.00
4113SP	Paliperidone, Serum/Plasma	\$162.00
4113TI	Paliperidone, Tissue	\$404.00
4113U	Paliperidone, Urine	\$270.00
3292B	Palladium, Blood	\$216.00
3292SP	Palladium, Serum/Plasma	\$180.00
3292U	Palladium, Urine	\$180.00
9222B	Papaverine Screen, Blood	\$172.00
3300B	Papaverine, Blood	\$321.00
3300SP	Papaverine, Serum/Plasma	\$290.00
3310B	Paraldehyde and Metabolite, Blood	\$181.00
3310SP	Paraldehyde and Metabolite, Serum/Plasma	\$118.00
3310U	Paraldehyde and Metabolite, Urine	\$188.00
3320SP	Paramethadione, Serum/Plasma	\$201.00
3325B	Paraquat, Blood	\$1,973.00
3325SP	Paraquat, Serum/Plasma	\$1,973.00
3360B	Paroxetine, Blood	\$112.00
3360FL	Paroxetine, Fluid	\$316.00
3360SP	Paroxetine, Serum/Plasma	\$112.00
3360TI	Paroxetine, Tissue	\$384.00
3360U	Paroxetine, Urine	\$182.00
3371SP	PCB Panel, Congeners, Serum/Plasma	\$150.00
3381SP	Penciclovir, Serum/Plasma	\$383.00
3385B	Pentachlorophenol, Blood	\$281.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
3385SP	Pentachlorophenol, Serum/Plasma	\$281.00
3384U	Pentachlorophenol, Urine	\$267.00
9441B	Pentazocine Screen, Blood	\$130.00
9441SP	Pentazocine Screen, Serum/Plasma	\$205.00
9441U	Pentazocine Screen, Urine	\$212.00
3400B	Pentazocine, Blood	\$130.00
8723B	Pentazocine, Blood	\$328.00
3400FL	Pentazocine, Fluid	\$334.00
3400SP	Pentazocine, Serum/Plasma	\$201.00
3400TI	Pentazocine, Tissue	\$374.00
3400U	Pentazocine, Urine	\$127.00
3410B	Pentobarbital, Blood	\$143.00
3410SP	Pentobarbital, Serum/Plasma	\$143.00
3410U	Pentobarbital, Urine	\$89.00
3433FL	Perampanel, Fluid	\$494.00
3433SP	Perampanel, Serum/Plasma	\$243.00
3432U	Perchloroethylene Exposure, Urine	\$174.00
3436B	Percodan®, Blood	\$191.00
3436SP	Percodan®, Serum/Plasma	\$191.00
3427SP	Perfluoroalkyl Substances (PFAS), Serum/Plasma	\$450.00
3428SP	PFASure™, Serum/Plasma	\$490.00
10070SP	Perfluorooctanoic Acid (Low Level), Serum/Plasma	\$610.00
3426B	Perfluorooctanoic Acid, Blood	\$637.00
3440B	Perphenazine, Blood	\$182.00
3440SP	Perphenazine, Serum/Plasma	\$112.00
3510B	Phenacetin and Metabolite, Blood	\$137.00
3510U	Phenacetin and Metabolite, Urine	\$274.00
3525B	Phenazopyridine, Blood	\$204.00
3525SP	Phenazopyridine, Serum/Plasma	\$228.00
3525U	Phenazopyridine, Urine	\$228.00
8761ME	Phencyclidine (Qualitative), Meconium	\$422.00
8896OF	Phencyclidine and Dextromethorphan (Qualitative), Oral Fluid (Saliva)	\$68.00
3532B	Phencyclidine Screen, Blood	\$161.00
3532FL	Phencyclidine Screen, Fluid	\$360.00
6925H	Phencyclidine Screen, Hair	\$482.00
3532SP	Phencyclidine Screen, Serum/Plasma	\$181.00
3532U	Phencyclidine Screen, Urine	\$96.00
8761B	Phencyclidine, Blood	\$348.00
8761FL	Phencyclidine, Fluid	\$302.00
8761SP	Phencyclidine, Serum/Plasma	\$435.00
8761TI	Phencyclidine, Tissue	\$339.00
8761U	Phencyclidine, Urine	\$348.00
3550B	Phenelzine, Blood	\$905.00
3550SP	Phenelzine, Serum/Plasma	\$905.00
3550U	Phenelzine, Urine	\$905.00
3560B	Pheniramine, Blood	\$242.00

Effective January 1, 2024

All prices are US Dollars and are subject to change.

Page 36 of 63

ver. 231031.2

NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
3582SP	Phenobarbital - Total/Unbound/Bound, Serum/Plasma	\$193.00
3581SP	Phenobarbital - Unbound, Serum/Plasma	\$123.00
9416B	Phenobarbital Screen, Blood	\$212.00
3580B	Phenobarbital, Blood	\$137.00
8633B	Phenobarbital, Blood	\$542.00
3580SP	Phenobarbital, Serum/Plasma	\$143.00
8633SP	Phenobarbital, Serum/Plasma	\$469.00
8633U	Phenobarbital, Urine	\$328.00
3621B	Phenol - Free and Total, Blood	\$166.00
3621SP	Phenol - Free and Total, Serum/Plasma	\$166.00
3621U	Phenol Exposure, Urine	\$130.00
3623B	Phenol, Free, Blood	\$133.00
3623SP	Phenol, Free, Serum/Plasma	\$133.00
3624B	Phenol, Total, Blood	\$133.00
9233B	Phensuximide Screen, Blood	\$146.00
9233U	Phensuximide Screen, Urine	\$146.00
3680B	Phensuximide, Blood	\$298.00
3680SP	Phensuximide, Serum/Plasma	\$200.00
3680U	Phensuximide, Urine	\$404.00
3690B	Phentermine, Blood	\$221.00
3690SP	Phentermine, Serum/Plasma	\$141.00
3690U	Phentermine, Urine	\$224.00
3704SP	Phenylephrine, Serum/Plasma	\$415.00
3707B	Phenylethylmalonamide, Blood	\$587.00
3707SP	Phenylethylmalonamide, Serum/Plasma	\$193.00
9237U	Phenylpropanolamine Screen, Urine	\$188.00
3720B	Phenylpropanolamine, Blood	\$169.00
3720SP	Phenylpropanolamine, Serum/Plasma	\$162.00
3720U	Phenylpropanolamine, Urine	\$162.00
3740B	Phenyltoloxamine, Blood	\$198.00
3740SP	Phenyltoloxamine, Serum/Plasma	\$119.00
3743B	Phenytoin, Blood	\$118.00
3743FL	Phenytoin, Fluid	\$319.00
3743SP	Phenytoin, Serum/Plasma	\$106.00
3743TI	Phenytoin, Tissue	\$387.00
3752B	Phosphatidylethanol, Blood	\$132.00
3765B	Phosphorus - Total, Blood	\$265.00
3765FL	Phosphorus - Total, Fluid	\$469.00
3765SP	Phosphorus - Total, Serum/Plasma	\$265.00
3765ST	Phosphorus - Total, Stool	\$223.00
3765U	Phosphorus - Total, Urine	\$265.00
3099U	Phthalates Panel, Urine	\$381.00
3776B	Pimozide, Blood	\$464.00
3776SP	Pimozide, Serum/Plasma	\$464.00
3779B	Pioglitazone, Blood	\$132.00
3779SP	Pioglitazone, Serum/Plasma	\$132.00

Effective January 1, 2024

All prices are US Dollars and are subject to change.

NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
3781B	Piroxicam, Blood	\$516.00
3781SP	Piroxicam, Serum/Plasma	\$533.00
3781U	Piroxicam, Urine	\$333.00
3783B	Platinum, Blood	\$184.00
3783FL	Platinum, Fluid	\$379.00
3783SP	Platinum, Serum/Plasma	\$184.00
3783U	Platinum, Urine	\$303.00
3790B	Posaconazole, Blood	\$680.00
3790SP	Posaconazole, Serum/Plasma	\$438.00
8064B	Postmortem BHB and Alcohol Profile, Blood (Forensic)	\$237.00
8155U	Postmortem Designer Opioids Add-On (Qualitative), Urine (Forensic)	\$193.00
8155B	Postmortem Designer Opioids Add-On, Blood (Forensic)	\$203.00
8155SP	Postmortem Designer Opioids Add-On, Serum/Plasma (Forensic)	\$193.00
8063B	Postmortem, Basic to Expanded Upgrade, Blood (Forensic)	\$175.00
8063FL	Postmortem, Basic to Expanded Upgrade, Fluid (Forensic)	\$401.00
8063SP	Postmortem, Basic to Expanded Upgrade, Serum/Plasma (Forensic)	\$175.00
8063TI	Postmortem, Basic to Expanded Upgrade, Tissue (Forensic)	\$475.00
8063U	Postmortem, Basic to Expanded Upgrade, Urine (Forensic)	\$175.00
8061B	Postmortem, Basic w/o Alcohol, Blood (Forensic)	\$230.00
8061TI	Postmortem, Basic w/o Alcohol, Tissue (Forensic)	\$486.00
8061U	Postmortem, Basic w/o Alcohol, Urine (Forensic)	\$230.00
8083B	Postmortem, Basic w/Vitreous Alcohol and 6-MAM Confirmation, Blood (Forensic)	\$361.00
8041B	Postmortem, Basic w/Vitreous Alcohol Confirmation, Blood (Forensic)	\$324.00
8051B	Postmortem, Basic, Blood (Forensic)	\$279.00
8051FL	Postmortem, Basic, Fluid (Forensic)	\$426.00
8051SP	Postmortem, Basic, Serum/Plasma (Forensic)	\$279.00
8051TI	Postmortem, Basic, Tissue (Forensic)	\$500.00
8051U	Postmortem, Basic, Urine (Forensic)	\$279.00
8062B	Postmortem, Expanded w/o Alcohol, Blood (Forensic)	\$364.00
8062FL	Postmortem, Expanded w/o Alcohol, Fluid (Forensic)	\$623.00
8062TI	Postmortem, Expanded w/o Alcohol, Tissue (Forensic)	\$687.00
8062U	Postmortem, Expanded w/o Alcohol, Urine (Forensic)	\$364.00
8084B	Postmortem, Expanded w/Vitreous Alcohol and 6-MAM Confirmation, Blood (Forensic)	\$488.00
8042B	Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic)	\$451.00
8052B	Postmortem, Expanded, Blood (Forensic)	\$413.00
8052FL	Postmortem, Expanded, Fluid (Forensic)	\$678.00
8052SP	Postmortem, Expanded, Serum/Plasma (Forensic)	\$413.00
8052TI	Postmortem, Expanded, Tissue (Forensic)	\$750.00
8052U	Postmortem, Expanded, Urine (Forensic)	\$413.00
8104B	Postmortem, Fire Death Screen, Blood (Forensic)	\$494.00
8092B	Postmortem, Prescription Drugs Screen, Blood (Forensic)	\$713.00
8092FL	Postmortem, Prescription Drugs Screen, Fluid (Forensic)	\$905.00
8092SP	Postmortem, Prescription Drugs Screen, Serum/Plasma (Forensic)	\$713.00
8092TI	Postmortem, Prescription Drugs Screen, Tissue (Forensic)	\$968.00
8092U	Postmortem, Prescription Drugs Screen, Urine (Forensic)	\$713.00
8043B	Postmortem, Prescription Screen w/Vitreous Alcohol, Blood (Forensic)	\$731.00

Effective January 1, 2024

All prices are US Dollars and are subject to change.

NMS Labs
2024 List Fee Schedule

800.522.6671
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Test	Test Name	List Price
8050U	Postmortem, Urine Screen Add-on (6-MAM Quantification only) (Forensic)	\$41.00
3784B	Potassium - Total, Blood (Forensic)	\$88.00
3784FL	Potassium - Total, Fluid	\$205.00
3784R	Potassium - Total, RBCs	\$88.00
3788B	Prazosin, Blood	\$748.00
3788SP	Prazosin, Serum/Plasma	\$464.00
3795B	Pregabalin, Blood	\$332.00
3795SP	Pregabalin, Serum/Plasma	\$162.00
3795U	Pregabalin, Urine	\$442.00
3900B	Primidone, Phenobarbital and PEMA, Blood	\$153.00
3900FL	Primidone, Phenobarbital and PEMA, Fluid	\$355.00
3900SP	Primidone, Phenobarbital and PEMA, Serum/Plasma	\$153.00
3901SP	Primidone, Serum/Plasma	\$56.00
3950B	Prochlorperazine, Blood	\$132.00
3950SP	Prochlorperazine, Serum/Plasma	\$91.00
3957B	Procyclidine, Blood	\$172.00
3957SP	Procyclidine, Serum/Plasma	\$268.00
3957U	Procyclidine, Urine	\$172.00
3970B	Promethazine, Blood	\$162.00
3970SP	Promethazine, Serum/Plasma	\$162.00
3970TI	Promethazine, Tissue	\$429.00
3970U	Promethazine, Urine	\$162.00
3976B	Propafenone, Blood	\$210.00
3976SP	Propafenone, Serum/Plasma	\$127.00
3974B	Propane, Blood	\$360.00
9327B	Propane, Blood	\$860.00
3974TI	Propane, Tissue	\$368.00
3975B	Propanol, n-, Blood	\$171.00
3975SP	Propanol, n-, Serum/Plasma	\$166.00
3975U	Propanol, n-, Urine	\$147.00
4018U	Propofol Glucuronide, Urine	\$231.00
9253B	Propofol Screen, Blood	\$196.00
9253SP	Propofol Screen, Serum/Plasma	\$196.00
4015B	Propofol, Blood	\$240.00
4015SP	Propofol, Serum/Plasma	\$240.00
3990B	Propoxyphene and Metabolite, Blood	\$187.00
3990FL	Propoxyphene and Metabolite, Fluid	\$255.00
3990SP	Propoxyphene and Metabolite, Serum/Plasma	\$298.00
3990U	Propoxyphene and Metabolite, Urine	\$187.00
9247B	Propranolol Screen, Blood	\$92.00
9247SP	Propranolol Screen, Serum/Plasma	\$124.00
4000B	Propranolol, Blood	\$101.00
4000FL	Propranolol, Fluid	\$302.00
4000SP	Propranolol, Serum/Plasma	\$146.00
4000TI	Propranolol, Tissue	\$368.00
4000U	Propranolol, Urine	\$146.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
4003B	Propylene Glycol, Blood	\$281.00
4003SP	Propylene Glycol, Serum/Plasma	\$187.00
4003U	Propylene Glycol, Urine	\$300.00
9436B	Protriptyline Screen, Blood	\$183.00
9436SP	Protriptyline Screen, Serum/Plasma	\$118.00
4010B	Protriptyline, Blood	\$183.00
8706B	Protriptyline, Blood	\$469.00
4010SP	Protriptyline, Serum/Plasma	\$127.00
8706SP	Protriptyline, Serum/Plasma	\$328.00
9248B	Pseudoephedrine Screen, Blood	\$177.00
9248SP	Pseudoephedrine Screen, Serum/Plasma	\$171.00
9248U	Pseudoephedrine Screen, Urine	\$171.00
9249B	Pseudoephedrine vs Ephedrine Differentiation Screen, Blood	\$303.00
9249U	Pseudoephedrine vs Ephedrine Differentiation Screen, Urine	\$184.00
4020B	Pseudoephedrine, Blood	\$148.00
4020SP	Pseudoephedrine, Serum/Plasma	\$103.00
4020U	Pseudoephedrine, Urine	\$103.00
4029B	Psilocybin as Psilocin (Qualitative), Blood	\$449.00
4029SP	Psilocybin as Psilocin (Qualitative), Serum/Plasma	\$449.00
4029U	Psilocybin as Psilocin (Qualitative), Urine	\$449.00
4033SP	Pyrazinamide, Serum/Plasma	\$551.00
4030B	Pyridine, Blood	\$402.00
4030SP	Pyridine, Serum/Plasma	\$617.00
4030U	Pyridine, Urine	\$558.00
4038B	Pyridostigmine, Blood	\$835.00
4038SP	Pyridostigmine, Serum/Plasma	\$501.00
4038U	Pyridostigmine, Urine	\$501.00
4045B	Pyrimethamine, Blood	\$483.00
4045SP	Pyrimethamine, Serum/Plasma	\$483.00
4047B	Pyrrrolidinophenone Panel, Blood	\$335.00
4047SP	Pyrrrolidinophenone Panel, Serum/Plasma	\$335.00
8088B	Qsymia®, Blood	\$237.00
8088SP	Qsymia®, Serum/Plasma	\$237.00
81869B	QTOF (MS/MS) Add-On (Qualitative), Blood	\$103.00
4051B	Quetiapine, Blood	\$173.00
4051FL	Quetiapine, Fluid	\$376.00
4051SP	Quetiapine, Serum/Plasma	\$173.00
4051TI	Quetiapine, Tissue	\$444.00
4051U	Quetiapine, Urine	\$286.00
4071B	Quinidine, Blood	\$557.00
4071SP	Quinidine, Serum/Plasma	\$371.00
4080B	Quinine, Blood	\$174.00
4080SP	Quinine, Serum/Plasma	\$174.00
4080U	Quinine, Urine	\$176.00
4075B	Quinine/Quinidine Differentiation, Blood	\$219.00
4075SP	Quinine/Quinidine Differentiation, Serum/Plasma	\$232.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
9254B	Quinine/Quinidine Screen, Blood	\$174.00
4086B	Ramelteon and Metabolite, Blood	\$265.00
4086SP	Ramelteon and Metabolite, Serum/Plasma	\$265.00
4086U	Ramelteon and Metabolite, Urine	\$265.00
4085B	Ranitidine, Blood	\$701.00
4085SP	Ranitidine, Serum/Plasma	\$701.00
4085U	Ranitidine, Urine	\$701.00
7064SP	Rapid Plasma Reagin Reflex (RPR) - Send Out	\$75.00
7074SP	Rapid Plasma Reagin Titer Reflex (RPRT), Serum/Plasma - Send Out	\$75.00
0965B	Recent Cannabis Use Markers, Blood	\$330.00
0965SP	Recent Cannabis Use Markers, Serum/Plasma	\$330.00
4101B	Repaglinide, Blood	\$132.00
4101SP	Repaglinide, Serum/Plasma	\$132.00
7087O	Respiratory Pathogen Profile (RP2P1) - Send Out	\$646.00
7088O	Rhinovirus (RHINO) - Send Out	\$1,013.00
4110SP	Rifampin, Serum/Plasma	\$215.00
4105B	Risperidone and Metabolite, Blood	\$170.00
4105FL	Risperidone and Metabolite, Fluid	\$373.00
4105SP	Risperidone and Metabolite, Serum/Plasma	\$170.00
4105TI	Risperidone and Metabolite, Tissue	\$441.00
4105U	Risperidone and Metabolite, Urine	\$281.00
4114SP	Rivaroxaban, Serum/Plasma	\$256.00
4114U	Rivaroxaban, Urine	\$439.00
4115B	Ropinirole, Blood	\$237.00
4115SP	Ropinirole, Serum/Plasma	\$237.00
4120B	Ropivacaine, Blood	\$316.00
4120SP	Ropivacaine, Serum/Plasma	\$335.00
4120U	Ropivacaine, Urine	\$316.00
4102B	Rosiglitazone, Blood	\$132.00
4102SP	Rosiglitazone, Serum/Plasma	\$132.00
4124B	Rubidium, Blood	\$219.00
4124R	Rubidium, RBCs	\$331.00
4124SP	Rubidium, Serum/Plasma	\$219.00
4124U	Rubidium, Urine	\$219.00
4125B	Rufinamide, Blood	\$200.00
4125SP	Rufinamide, Serum/Plasma	\$205.00
4137B	Salicylate, Blood	\$238.00
4137FL	Salicylate, Fluid	\$217.00
4137SP	Salicylate, Serum/Plasma	\$238.00
4137U	Salicylate, Urine	\$238.00
8001B	Salicylates Screen, Blood	\$77.00
8001FL	Salicylates Screen, Fluid	\$279.00
8001SP	Salicylates Screen, Serum/Plasma	\$45.00
8001TI	Salicylates Screen, Tissue	\$347.00
8001U	Salicylates Screen, Urine	\$77.00
9261B	Scopolamine Screen, Blood	\$625.00

Effective January 1, 2024

All prices are US Dollars and are subject to change.

NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
9261SP	Scopolamine Screen, Serum/Plasma	\$625.00
9261U	Scopolamine Screen, Urine	\$625.00
4160B	Scopolamine, Blood	\$897.00
4160SP	Scopolamine, Serum/Plasma	\$735.00
4160U	Scopolamine, Urine	\$735.00
4170B	Secobarbital, Blood	\$80.00
4170SP	Secobarbital, Serum/Plasma	\$130.00
4170U	Secobarbital, Urine	\$127.00
4180B	Selenium, Blood	\$109.00
4180H	Selenium, Hair	\$520.00
4180LI	Selenium, Liquid	\$660.00
4180N	Selenium, Nails	\$520.00
4180R	Selenium, RBCs	\$109.00
4180SP	Selenium, Serum/Plasma	\$109.00
4180U	Selenium, Urine	\$127.00
6317U	Semi Conductor Panel, Urine	\$607.00
4195B	Sertraline and Desmethylsertraline, Blood	\$112.00
4195FL	Sertraline and Desmethylsertraline, Fluid	\$316.00
4195SP	Sertraline and Desmethylsertraline, Serum/Plasma	\$112.00
4195TI	Sertraline and Desmethylsertraline, Tissue	\$384.00
4195U	Sertraline, Urine	\$157.00
SHPCHG	Shipping Charge	\$41.00
4197B	Sildenafil and Metabolite, Blood	\$494.00
4197SP	Sildenafil and Metabolite, Serum/Plasma	\$494.00
4197U	Sildenafil and Metabolite, Urine	\$494.00
4190B	Silicon, Blood	\$135.00
4190SP	Silicon, Serum/Plasma	\$135.00
4190U	Silicon, Urine	\$135.00
4200B	Silver, Blood	\$99.00
4200SP	Silver, Serum/Plasma	\$99.00
4200U	Silver, Urine	\$99.00
4205SP	Sinemet®, Serum/Plasma	\$398.00
4193B	Sirolimus, Blood	\$208.00
0641B	Sotalol, Blood	\$270.00
0641SP	Sotalol, Serum/Plasma	\$169.00
HANDLING	Specimen Handling Fee	\$47.00
SPEC RET	Specimen Retention	\$2,500.00
RETURN	Specimen Return/Handling	\$63.00
3475U	S-Phenylmercapturic Acid, Urine	\$234.00
4211B	Stiripentol, Blood	\$297.00
4211SP	Stiripentol, Serum/Plasma	\$297.00
4212B	Strontium, Blood	\$96.00
4212SP	Strontium, Serum/Plasma	\$56.00
4212U	Strontium, Urine	\$55.00
4215B	Strychnine, Blood	\$172.00
4215FL	Strychnine, Fluid	\$365.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
4215SP	Strychnine, Serum/Plasma	\$172.00
4215TI	Strychnine, Tissue	\$411.00
4215U	Strychnine, Urine	\$172.00
4213U	Styrene Exposure Profile, Urine	\$156.00
4232B	Styrene, Blood	\$287.00
4232SP	Styrene, Serum/Plasma	\$238.00
4127B	Suboxone® - Free, Blood	\$387.00
4127FL	Suboxone® - Free, Fluid	\$424.00
4127SP	Suboxone® - Free, Serum/Plasma	\$387.00
4127TI	Suboxone® - Total, Tissue	\$452.00
4127U	Suboxone® - Total, Urine	\$387.00
1021B	Substituted Cathinone Panel, Blood	\$292.00
1021SP	Substituted Cathinone Panel, Serum/Plasma	\$292.00
1021U	Substituted Cathinone Panel, Urine	\$292.00
9264B	Sufentanil Screen, Blood	\$289.00
9264U	Sufentanil Screen, Urine	\$321.00
4240B	Sufentanil, Blood	\$332.00
4240FL	Sufentanil, Fluid	\$511.00
4240SP	Sufentanil, Serum/Plasma	\$321.00
4240U	Sufentanil, Urine	\$321.00
4235B	Sulfhemoglobin, Blood	\$299.00
4235R	Sulfhemoglobin, RBCs	\$189.00
4239SP	Sulfide Exposure Biouptake Marker, Serum/Plasma	\$477.00
4245SP	Sulfonamides, Undifferentiated, Serum/Plasma	\$133.00
4275B	Sumatriptan, Blood	\$496.00
4275SP	Sumatriptan, Serum/Plasma	\$481.00
4275U	Sumatriptan, Urine	\$496.00
4236B	Suvorexant, Blood	\$292.00
4236SP	Suvorexant, Serum/Plasma	\$299.00
9562U	Synthetic Cannabinoid Metabolites Screen - Expanded, Urine	\$135.00
4283U	Synthetic Cannabinoid Metabolites-Expanded (Qualitative), Urine	\$100.00
4282SP	Synthetic Cannabinoids (Qualitative), Serum/Plasma	\$292.00
9566B	Synthetic Cannabinoids Screen (Add-On), Blood	\$196.00
9560B	Synthetic Cannabinoids Screen, Blood	\$273.00
7073SP	Syphilis Serology (SYPHL), Serum/Plasma - Send Out	\$105.00
4305B	Tacrine, Blood	\$513.00
4305SP	Tacrine, Serum/Plasma	\$529.00
4306B	Tacrolimus, Blood	\$208.00
4297B	Tadalafil, Blood	\$615.00
4297SP	Tadalafil, Serum/Plasma	\$615.00
4300B	Talbutal, Blood	\$251.00
4303U	Talwin® Nx, Urine	\$333.00
4311B	Tamoxifen and Metabolites, Blood	\$753.00
4311SP	Tamoxifen and Metabolites, Serum/Plasma	\$468.00
4312B	Tapentadol - Free, Blood	\$398.00
4312SP	Tapentadol - Free, Serum/Plasma	\$200.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
4312U	Tapentadol - Total, Urine	\$200.00
4320B	Tellurium, Blood	\$239.00
4320SP	Tellurium, Serum/Plasma	\$239.00
4320U	Tellurium, Urine	\$239.00
4323B	Temazepam and Metabolite, Blood	\$181.00
4323SP	Temazepam and Metabolite, Serum/Plasma	\$181.00
4323U	Temazepam and Metabolite, Urine	\$181.00
4329B	Terazosin, Blood	\$748.00
4329SP	Terazosin, Serum/Plasma	\$748.00
4326SP	Terbutaline, Serum/Plasma	\$323.00
4367B	Teriflunomide (Pre-Pregnancy Monitoring), Blood	\$333.00
4367SP	Teriflunomide (Pre-Pregnancy Monitoring), Serum/Plasma	\$333.00
4366B	Teriflunomide (Therapeutic Drug Monitoring), Blood	\$333.00
4366SP	Teriflunomide (Therapeutic Drug Monitoring), Serum/Plasma	\$333.00
4327B	Terpineol, Blood	\$261.00
4327SP	Terpineol, Serum/Plasma	\$376.00
4327U	Terpineol, Urine	\$376.00
4333B	Tetrachloroethane, Blood	\$305.00
3430B	Tetrachloroethylene, Blood	\$119.00
4351B	Tetrafluoroethane and Difluoroethane Panel Add-On, Blood	\$357.00
1611A	Tetrafluoroethane and Difluoroethane Panel, Air	\$460.00
1611B	Tetrafluoroethane and Difluoroethane Panel, Blood	\$424.00
1611FL	Tetrafluoroethane and Difluoroethane Panel, Fluid	\$599.00
1611TI	Tetrafluoroethane and Difluoroethane Panel, Tissue	\$654.00
1611U	Tetrafluoroethane and Difluoroethane Panel, Urine	\$460.00
4355B	Tetrahydrofuran, Blood	\$239.00
4355SP	Tetrahydrofuran, Serum/Plasma	\$281.00
4355U	Tetrahydrofuran, Urine	\$254.00
4350B	Tetrahydrozoline, Blood	\$389.00
4350SP	Tetrahydrozoline, Serum/Plasma	\$389.00
4350U	Tetrahydrozoline, Urine	\$389.00
4370B	Thallium, Blood	\$143.00
4370H	Thallium, Hair	\$398.00
4370LI	Thallium, Liquid	\$352.00
4370N	Thallium, Nails	\$398.00
4370SP	Thallium, Serum/Plasma	\$89.00
4370U	Thallium, Urine	\$94.00
9272B	Thebaine Screen, Blood	\$799.00
9272U	Thebaine Screen, Urine	\$799.00
4376B	Thebaine, Blood	\$517.00
4380B	Theobromine, Blood	\$169.00
4380SP	Theobromine, Serum/Plasma	\$162.00
4380U	Theobromine, Urine	\$169.00
4387B	Theophylline, Blood	\$133.00
4387SP	Theophylline, Serum/Plasma	\$133.00
4387U	Theophylline, Urine	\$118.00

Effective January 1, 2024

All prices are US Dollars and are subject to change.

Page 44 of 63

ver. 231031.2

NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
6945H	Therapeutic and Drugs of Abuse Screen, Hair	\$1,416.00
4440B	Thiocyanate, Blood	\$140.00
4440SP	Thiocyanate, Serum/Plasma	\$101.00
4440U	Thiocyanate, Urine	\$166.00
9419B	Thiopental and Metabolite Screen, Blood	\$234.00
9419SP	Thiopental and Metabolite Screen, Serum/Plasma	\$163.00
4450B	Thiopental and Metabolite, Blood	\$217.00
8636B	Thiopental and Metabolite, Blood	\$339.00
4450SP	Thiopental and Metabolite, Serum/Plasma	\$207.00
8636SP	Thiopental and Metabolite, Serum/Plasma	\$339.00
9427B	Thioridazine and Metabolite Screen, Blood	\$183.00
9427SP	Thioridazine and Metabolite Screen, Serum/Plasma	\$201.00
4461B	Thioridazine and Metabolite, Blood	\$191.00
8689B	Thioridazine and Metabolite, Blood	\$542.00
4461SP	Thioridazine and Metabolite, Serum/Plasma	\$114.00
8689SP	Thioridazine and Metabolite, Serum/Plasma	\$328.00
4461TI	Thioridazine and Metabolite, Tissue	\$276.00
4461U	Thioridazine and Metabolite, Urine	\$114.00
4472B	Thiosulfate, Blood	\$247.00
4472SP	Thiosulfate, Serum/Plasma	\$247.00
4472U	Thiosulfate, Urine	\$247.00
9276B	Thiothixene (Cis Isomer) Screen, Blood	\$110.00
9276SP	Thiothixene (Cis Isomer) Screen, Serum/Plasma	\$177.00
9276U	Thiothixene (Cis Isomer) Screen, Urine	\$110.00
4469B	Thiothixene (Cis Isomer), Blood	\$117.00
4469SP	Thiothixene (Cis Isomer), Serum/Plasma	\$117.00
4469U	Thiothixene (Cis Isomer), Urine	\$117.00
4478SP	Thorium, Serum/Plasma	\$152.00
4478U	Thorium, Urine	\$253.00
4479B	Tiagabine, Blood	\$181.00
4479SP	Tiagabine, Serum/Plasma	\$130.00
4483B	Tianeptine, Blood	\$325.00
4483SP	Tianeptine, Serum/Plasma	\$325.00
4483U	Tianeptine, Urine	\$325.00
4482B	Timolol, Blood	\$249.00
4482SP	Timolol, Serum/Plasma	\$411.00
4485B	Tin - Total, Blood	\$142.00
4485H	Tin - Total, Hair	\$484.00
4485SP	Tin - Total, Serum/Plasma	\$142.00
4485TI	Tin - Total, Tissue	\$91.00
4485U	Tin - Total, Urine	\$142.00
4486B	Titanium, Blood	\$146.00
4486FL	Titanium, Fluid	\$342.00
4486SP	Titanium, Serum/Plasma	\$146.00
4486U	Titanium, Urine	\$219.00
4487B	Tizanidine, Blood	\$486.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

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Test	Test Name	List Price
4487SP	Tizanidine, Serum/Plasma	\$486.00
4489B	Tofacitinib, Blood	\$303.00
4489SP	Tofacitinib, Serum/Plasma	\$303.00
4490SP	Tolazamide, Serum/Plasma	\$375.00
4500SP	Tolbutamide, Serum/Plasma	\$375.00
4505B	Tolmetin, Blood	\$396.00
4505SP	Tolmetin, Serum/Plasma	\$438.00
4513U	Toluene Exposure, Urine	\$183.00
4510B	Toluene, Blood	\$119.00
4519B	Topiramate, Blood	\$141.00
4519FL	Topiramate, Fluid	\$209.00
4519SP	Topiramate, Serum/Plasma	\$141.00
4519TI	Topiramate, Tissue	\$384.00
4519U	Topiramate, Urine	\$224.00
4525B	Toremide, Blood	\$162.00
4525SP	Toremide, Serum/Plasma	\$134.00
0470UH	Total, Inorganic Arsenic, 24 Hour Urine (+Creatinine)	\$162.00
9288B	Tramadol and Metabolite Screen, Blood	\$137.00
9288FL	Tramadol and Metabolite Screen, Fluid	\$327.00
9288SP	Tramadol and Metabolite Screen, Serum/Plasma	\$146.00
4531B	Tramadol and Metabolite, Blood	\$328.00
4531SP	Tramadol and Metabolite, Serum/Plasma	\$147.00
4533U	Tramadol and Metabolite, Urine	\$328.00
9287U	Tramadol Screen, Urine	\$92.00
4535B	Trazodone and mCPP, Blood	\$91.00
4535SP	Trazodone and mCPP, Serum/Plasma	\$91.00
4535U	Trazodone and mCPP, Urine	\$91.00
4535FL	Trazodone, Fluid	\$296.00
4535TI	Trazodone, Tissue	\$366.00
4540B	Triamterene, Blood	\$721.00
4540SP	Triamterene, Serum/Plasma	\$749.00
4543B	Triazolam and Metabolite, Blood	\$162.00
4543SP	Triazolam and Metabolite, Serum/Plasma	\$258.00
4543U	Triazolam as Metabolite, Urine	\$162.00
4624B	Trichloroacetic Acid, Blood	\$386.00
4624SP	Trichloroacetic Acid, Serum/Plasma	\$386.00
4624U	Trichloroacetic Acid, Urine	\$137.00
4618B	Trichlorobenzenes, Blood	\$748.00
4640B	Trichloroethanol - Free, Blood	\$414.00
4640SP	Trichloroethanol - Free, Serum/Plasma	\$414.00
4658U	Trichloroethylene Exposure, Urine	\$331.00
4650B	Trichloroethylene, Blood	\$212.00
4650SP	Trichloroethylene, Serum/Plasma	\$340.00
4660B	Trifluoperazine, Blood	\$551.00
4660SP	Trifluoperazine, Serum/Plasma	\$177.00
4680B	Trihexyphenidyl, Blood	\$223.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
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Test	Test Name	List Price
4680SP	Trihexyphenidyl, Serum/Plasma	\$223.00
4680U	Trihexyphenidyl, Urine	\$223.00
4700B	Trimethadione and Metabolite, Blood	\$146.00
4700SP	Trimethadione and Metabolite, Serum/Plasma	\$146.00
4700U	Trimethadione and Metabolite, Urine	\$181.00
4704B	Trimethoprim, Blood	\$183.00
4704SP	Trimethoprim, Serum/Plasma	\$177.00
4704U	Trimethoprim, Urine	\$177.00
4706B	Trimipramine and Metabolite, Blood	\$210.00
8708B	Trimipramine and Metabolite, Blood	\$328.00
4706SP	Trimipramine and Metabolite, Serum/Plasma	\$201.00
8708SP	Trimipramine and Metabolite, Serum/Plasma	\$542.00
4706U	Trimipramine and Metabolite, Urine	\$127.00
8708U	Trimipramine and Metabolite, Urine	\$469.00
4720B	Tripolidine, Blood	\$153.00
4720SP	Tripolidine, Serum/Plasma	\$249.00
7030SP	Tryptase, Serum/Plasma - Send Out	\$148.00
4730B	Tungsten, Blood	\$181.00
4730SP	Tungsten, Serum/Plasma	\$181.00
4730U	Tungsten, Urine	\$181.00
4755UH	Uranium, 24 Hour Urine	\$181.00
4755U	Uranium, Urine	\$181.00
4766SP	Valacyclovir as Metabolite, Serum/Plasma	\$240.00
4759SP	Valproic Acid - Unbound and Total, Serum/Plasma	\$197.00
4757B	Valproic Acid, Blood	\$165.00
4757FL	Valproic Acid, Fluid	\$231.00
4757SP	Valproic Acid, Serum/Plasma	\$165.00
4757TI	Valproic Acid, Tissue	\$434.00
4761SP	Valproic Acid, Unbound, Serum/Plasma	\$125.00
4757U	Valproic Acid, Urine	\$165.00
4765B	Vanadium, Blood	\$109.00
4765R	Vanadium, RBCs	\$109.00
4765SP	Vanadium, Serum/Plasma	\$109.00
4765U	Vanadium, Urine	\$114.00
4764B	Vardenafil and Metabolite, Blood	\$581.00
4764SP	Vardenafil and Metabolite, Serum/Plasma	\$581.00
9447B	Venlafaxine and Metabolite Screen, Blood	\$276.00
9447U	Venlafaxine and Metabolite Screen, Urine	\$276.00
4767B	Venlafaxine and Metabolite, Blood	\$334.00
4767FL	Venlafaxine and Metabolite, Fluid	\$370.00
4767SP	Venlafaxine and Metabolite, Serum/Plasma	\$334.00
4767TI	Venlafaxine and Metabolite, Tissue	\$592.00
4767U	Venlafaxine and Metabolite, Urine	\$515.00
4770B	Verapamil, Blood	\$201.00
4770FL	Verapamil, Fluid	\$352.00
4770SP	Verapamil, Serum/Plasma	\$127.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

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Test	Test Name	List Price
4770TI	Verapamil, Tissue	\$421.00
4770U	Verapamil, Urine	\$127.00
4774SP	Vigabatrin, Serum/Plasma	\$428.00
4790B	Vilazodone, Blood	\$244.00
4790SP	Vilazodone, Serum/Plasma	\$244.00
4778U	Vinyl Chloride Metabolite, Urine	\$446.00
4780SP	Vitamin B3 (Niacin and Metabolites), Serum/Plasma	\$220.00
4783B	Voclosporin, Blood	\$197.00
2415B	Volatile and Halocarbon Intoxicants, Blood	\$126.00
2415FL	Volatile and Halocarbon Intoxicants, Fluid	\$175.00
2415TI	Volatile and Halocarbon Intoxicants, Tissue	\$204.00
4782B	Voriconazole, Blood	\$183.00
4782SP	Voriconazole, Serum/Plasma	\$449.00
4791FL	Vortioxetine, Fluid	\$392.00
4791SP	Vortioxetine, Serum/Plasma	\$207.00
4800B	Warfarin, Blood	\$106.00
4800SP	Warfarin, Serum/Plasma	\$106.00
4815B	Xylazine, Blood	\$334.00
4815SP	Xylazine, Serum/Plasma	\$334.00
4815TI	Xylazine, Tissue	\$623.00
4815U	Xylazine, Urine	\$334.00
4821U	Xylene Exposure Panel, Urine	\$166.00
4820B	Xylenes Panel, Blood	\$126.00
4830B	Yohimbine, Blood	\$835.00
4830SP	Yohimbine, Serum/Plasma	\$531.00
4830U	Yohimbine, Urine	\$531.00
4835B	Zaleplon, Blood	\$257.00
4835SP	Zaleplon, Serum/Plasma	\$249.00
4835U	Zaleplon, Urine	\$249.00
4844B	Zinc, Blood	\$66.00
4844FL	Zinc, Fluid	\$265.00
4844H	Zinc, Hair	\$389.00
4844LI	Zinc, Liquid	\$534.00
4844N	Zinc, Nails	\$389.00
4844R	Zinc, RBCs	\$66.00
4844SP	Zinc, Serum/Plasma	\$66.00
4844U	Zinc, Urine	\$109.00
4860B	Ziprasidone, Blood	\$152.00
4860SP	Ziprasidone, Serum/Plasma	\$152.00
4870SP	Zirconium, Serum/Plasma	\$195.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
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Test	Test Name	List Price
2478U	Zolpidem and Metabolites, Urine	\$257.00
2483B	Zolpidem, Blood	\$195.00
2483FL	Zolpidem, Fluid	\$396.00
2483SP	Zolpidem, Serum/Plasma	\$195.00
2483TI	Zolpidem, Tissue	\$463.00
4884SP	Zonisamide, Serum/Plasma	\$200.00
4885B	ZPP (Zinc Protoporphyrin), Blood	\$74.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

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Test	Test Name	List Price
REFLEX CONFIRMATION TESTING		
<i>NOTE: Codes beginning with the number 5 are not orderable. They are reserved for reflex confirmations only.</i>		
5441B	Acepromazine Confirmation (Qualitative), Blood	\$143.00
5441SP	Acepromazine Confirmation (Qualitative), Serum/Plasma	\$143.00
5441U	Acepromazine Confirmation (Qualitative), Urine	\$143.00
5401B	Acetaminophen Confirmation, Blood	\$161.00
5401SP	Acetaminophen Confirmation, Serum/Plasma	\$161.00
5401U	Acetaminophen Confirmation, Urine	\$161.00
53250B	Alcohols and Acetone Confirmation, Blood	\$88.00
53250FL	Alcohols and Acetone Confirmation, Fluid	\$123.00
53250SP	Alcohols and Acetone Confirmation, Serum/Plasma	\$88.00
53250U	Alcohols and Acetone Confirmation, Urine	\$107.00
53249FL	Alcohols and Acetone Confirmation, Vitreous Fluid (Forensic)	\$105.00
5659U	Alfentanil Confirmation, Urine	\$126.00
5444SP	Amantadine Confirmation (Qualitative), Serum/Plasma	\$252.00
5446B	Amitriptyline and Metabolite Confirmation (Qualitative), Blood	\$145.00
5446SP	Amitriptyline and Metabolite Confirmation (Qualitative), Serum/Plasma	\$145.00
5446U	Amitriptyline and Metabolite Confirmation (Qualitative), Urine	\$145.00
5684ME	Amphetamines Confirmation (Qualitative), Meconium	\$273.00
5684B	Amphetamines Confirmation, Blood	\$221.00
5684FL	Amphetamines Confirmation, Fluid	\$423.00
5684SP	Amphetamines Confirmation, Serum/Plasma	\$221.00
5684TI	Amphetamines Confirmation, Tissue	\$356.00
5684U	Amphetamines Confirmation, Urine	\$221.00
5223U	Amphetamines Quantitation/Confirmation, Urine	\$205.00
5125U	Anabasine Confirmation, Urine	\$130.00
5450B	Antidepressants Confirmation (Qualitative), Blood	\$168.00
5450SP	Antidepressants Confirmation (Qualitative), Serum/Plasma	\$168.00
5450U	Antidepressants Confirmation (Qualitative), Urine	\$168.00
5454B	Atropine Confirmation, Blood	\$567.00
5454SP	Atropine Confirmation, Serum/Plasma	\$567.00
5454U	Atropine Confirmation, Urine	\$567.00
5652ME	Barbiturates Confirmation (Qualitative), Meconium	\$281.00
5652B	Barbiturates Confirmation, Blood	\$281.00
5652FL	Barbiturates Confirmation, Fluid	\$453.00
5652SP	Barbiturates Confirmation, Serum/Plasma	\$281.00
5652TI	Barbiturates Confirmation, Tissue	\$509.00
5652U	Barbiturates Confirmation, Urine	\$193.00
5641ME	Benzodiazepines Confirmation (Qualitative), Meconium	\$266.00
5641B	Benzodiazepines Confirmation, Blood	\$215.00
5641FL	Benzodiazepines Confirmation, Fluid	\$282.00
5641SP	Benzodiazepines Confirmation, Serum/Plasma	\$215.00
5641TI	Benzodiazepines Confirmation, Tissue	\$317.00
5641U	Benzodiazepines Confirmation, Urine	\$210.00
5463B	Brompheniramine Confirmation (Qualitative), Blood	\$165.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

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Test	Test Name	List Price
REFLEX CONFIRMATION TESTING		
<i>NOTE: Codes beginning with the number 5 are not orderable. They are reserved for reflex confirmations only.</i>		
53167U	Buprenorphine and Metabolite - Total (Conjugated/Unconjugated) Confirmation, Urine	\$89.00
5466B	Bupropion and Metabolite Confirmation, Blood	\$154.00
5466SP	Bupropion and Metabolite Confirmation, Serum/Plasma	\$154.00
5466TI	Bupropion and Metabolite Confirmation, Tissue	\$423.00
5466U	Bupropion and Metabolite Confirmation, Urine	\$154.00
5646ME	Cannabinoids Confirmation (Qualitative), Meconium	\$274.00
5646B	Cannabinoids Confirmation, Blood	\$223.00
5646FL	Cannabinoids Confirmation, Fluid	\$290.00
5646SP	Cannabinoids Confirmation, Serum/Plasma	\$223.00
5646TI	Cannabinoids Confirmation, Tissue	\$326.00
5646U	Cannabinoids Confirmation, Urine	\$170.00
5654B	Carbon Monoxide Exposure Biouptake Confirmation, Blood	\$100.00
5479B	Carisoprodol and Metabolite Confirmation, Blood	\$238.00
5479FL	Carisoprodol and Metabolite Confirmation, Fluid	\$441.00
5479SP	Carisoprodol and Metabolite Confirmation, Serum/Plasma	\$238.00
5419B	Chloral Hydrate Confirmation (Qualitative), Blood	\$141.00
5419SP	Chloral Hydrate Confirmation (Qualitative), Serum/Plasma	\$106.00
5419U	Chloral Hydrate Confirmation, Urine	\$104.00
5485B	Chlorpromazine Confirmation (Qualitative), Blood	\$212.00
5485SP	Chlorpromazine Confirmation (Qualitative), Serum/Plasma	\$212.00
5485U	Chlorpromazine Confirmation (Qualitative), Urine	\$212.00
5487B	Clomipramine and Metabolite Confirmation (Qualitative), Blood	\$212.00
5487SP	Clomipramine and Metabolite Confirmation (Qualitative), Serum/Plasma	\$212.00
5487U	Clomipramine and Metabolite Confirmation (Qualitative), Urine	\$212.00
5488B	Clonazepam and Metabolite Confirmation, Blood	\$396.00
5488FL	Clonazepam and Metabolite Confirmation, Fluid	\$319.00
5488SP	Clonazepam and Metabolite Confirmation, Serum/Plasma	\$251.00
5488U	Clonazepam and Metabolite Confirmation, Urine	\$251.00
5637ME	Cocaine and Metabolites Confirmation (Qualitative), Meconium	\$261.00
5637B	Cocaine and Metabolites Confirmation, Blood	\$210.00
5637FL	Cocaine and Metabolites Confirmation, Fluid	\$392.00
5637SP	Cocaine and Metabolites Confirmation, Serum/Plasma	\$210.00
5637TI	Cocaine and Metabolites Confirmation, Tissue	\$452.00
5637U	Cocaine and Metabolites Confirmation, Urine	\$210.00
5415U	Codeine - Total (Conjugated/Unconjugated) Confirmation, Urine	\$238.00
5636B	Cyanide Confirmation (Qualitative), Blood	\$108.00
5495U	Dextro / Levo Methorphan Confirmation - Total, Urine	\$234.00
5495SP	Dextro / Levo Methorphan Confirmation, Serum/Plasma	\$234.00
5506B	Disopyramide Confirmation (Qualitative), Blood	\$119.00
5506SP	Disopyramide Confirmation (Qualitative), Serum/Plasma	\$119.00
5509B	Doxepin and Metabolite Confirmation (Qualitative), Blood	\$149.00
5509U	Doxepin and Metabolite Confirmation (Qualitative), Urine	\$149.00
5510B	Doxylamine Confirmation (Qualitative), Blood	\$188.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

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Test	Test Name	List Price
REFLEX CONFIRMATION TESTING		
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5510SP	Doxylamine Confirmation (Qualitative), Serum/Plasma	\$188.00
5511B	Ephedrine Confirmation, Blood	\$148.00
53251B	Ethanol Confirmation, Blood	\$89.00
53251FL	Ethanol Confirmation, Fluid	\$125.00
53251SP	Ethanol Confirmation, Serum/Plasma	\$89.00
53251TI	Ethanol Confirmation, Tissue	\$160.00
53251U	Ethanol Confirmation, Urine	\$110.00
5517B	Ethosuximide Confirmation (Qualitative), Blood	\$182.00
5517SP	Ethosuximide Confirmation (Qualitative), Serum/Plasma	\$182.00
5517U	Ethosuximide Confirmation (Qualitative), Urine	\$182.00
5643B	Fentanyl and Acetyl Fentanyl Confirmation, Blood	\$223.00
5643FL	Fentanyl and Acetyl Fentanyl Confirmation, Fluid	\$290.00
5643SP	Fentanyl and Acetyl Fentanyl Confirmation, Serum/Plasma	\$223.00
5643TI	Fentanyl and Acetyl Fentanyl Confirmation, Tissue	\$317.00
5643U	Fentanyl and Acetyl Fentanyl Confirmation, Urine	\$223.00
5640B	Fentanyl and Metabolite Confirmation, Blood	\$166.00
5640FL	Fentanyl and Metabolite Confirmation, Fluid	\$233.00
5640SP	Fentanyl and Metabolite Confirmation, Serum/Plasma	\$166.00
5640TI	Fentanyl and Metabolite Confirmation, Tissue	\$265.00
5728B	Flunitrazepam and Metabolites Confirmation, Blood	\$239.00
5728SP	Flunitrazepam and Metabolites Confirmation, Serum/Plasma	\$239.00
5728TI	Flunitrazepam and Metabolites Confirmation, Tissue	\$340.00
5728U	Flunitrazepam and Metabolites Confirmation, Urine	\$239.00
5524B	Fluoxetine and Metabolite Confirmation, Blood	\$134.00
5524SP	Fluoxetine and Metabolite Confirmation, Serum/Plasma	\$134.00
5524U	Fluoxetine and Metabolite Confirmation, Urine	\$134.00
5526B	Glutethimide Confirmation (Qualitative), Blood	\$134.00
5526SP	Glutethimide Confirmation (Qualitative), Serum/Plasma	\$134.00
5527B	Haloperidol Confirmation, Blood	\$221.00
5527SP	Haloperidol Confirmation, Serum/Plasma	\$221.00
5686B	Heroin Metabolites - Free (Unconjugated) Confirmation, Blood	\$307.00
5686SP	Heroin Metabolites - Free (Unconjugated) Confirmation, Serum/Plasma	\$307.00
5707U	Heroin Metabolites - Free (Unconjugated) Confirmation, Urine	\$303.00
5536B	Hydrocodone and Metabolites - Free (Unconjugated) Confirmation, Blood	\$226.00
5536SP	Hydrocodone and Metabolites - Free (Unconjugated) Confirmation, Serum/Plasma	\$226.00
5532B	Imipramine and Metabolite Confirmation (Qualitative), Blood	\$140.00
5532SP	Imipramine and Metabolite Confirmation (Qualitative), Serum/Plasma	\$140.00
5532U	Imipramine and Metabolite Confirmation (Qualitative), Urine	\$140.00
5534B	Ketamine and Metabolite Confirmation, Blood	\$210.00
5534SP	Ketamine and Metabolite Confirmation, Serum/Plasma	\$210.00
5534U	Ketamine and Metabolite Confirmation, Urine	\$210.00
5613B	Lidocaine and Metabolite (MEGX) Confirmation (Qualitative), Blood	\$201.00
5613SP	Lidocaine and Metabolite (MEGX) Confirmation (Qualitative), Serum/Plasma	\$201.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

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Test	Test Name	List Price
REFLEX CONFIRMATION TESTING		
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5613U	Lidocaine and Metabolite (MEGX) Confirmation (Qualitative), Urine	\$201.00
5811B	LSD Confirmation, Blood	\$184.00
5811SP	LSD Confirmation, Serum/Plasma	\$184.00
5811U	LSD Confirmation, Urine	\$184.00
5553SP	Meclizine Confirmation, Serum/Plasma	\$160.00
5555B	Meperidine and Metabolite Confirmation (Qualitative), Blood	\$140.00
5555SP	Meperidine and Metabolite Confirmation (Qualitative), Serum/Plasma	\$140.00
5555U	Meperidine and Metabolite Confirmation, Urine	\$212.00
560SP	Mepivacaine Confirmation (Qualitative), Serum/Plasma	\$181.00
5417B	Mescaline Confirmation (Qualitative), Blood	\$238.00
5417SP	Mescaline Confirmation (Qualitative), Serum/Plasma	\$238.00
5417U	Mescaline Confirmation (Qualitative), Urine	\$238.00
5682ME	Methadone and Metabolite Confirmation (Qualitative), Meconium	\$293.00
5682B	Methadone and Metabolite Confirmation, Blood	\$258.00
5682FL	Methadone and Metabolite Confirmation, Fluid	\$327.00
5682SP	Methadone and Metabolite Confirmation, Serum/Plasma	\$258.00
5682TI	Methadone and Metabolite Confirmation, Tissue	\$359.00
5682U	Methadone and Metabolite Confirmation, Urine	\$258.00
5687B	Methamphetamine and Metabolite Confirmation, Blood	\$184.00
5687SP	Methamphetamine and Metabolite Confirmation, Serum/Plasma	\$154.00
5687U	Methamphetamine and Metabolite Confirmation, Urine	\$342.00
5696B	Methylenedioxymethamphetamine and Metabolite Confirmation, Blood	\$127.00
5696SP	Methylenedioxymethamphetamine and Metabolite Confirmation, Serum/Plasma	\$127.00
5696U	Methylenedioxymethamphetamine and Metabolite Confirmation, Urine	\$127.00
5584B	Mexiletine Confirmation (Qualitative), Blood	\$144.00
5584SP	Mexiletine Confirmation (Qualitative), Serum/Plasma	\$144.00
5674B	Nicotine and Metabolite Confirmation, Blood	\$130.00
5674SP	Nicotine and Metabolite Confirmation, Serum/Plasma	\$130.00
5674U	Nicotine and Metabolite with Anabasine Confirmation, Urine	\$130.00
5589B	Nitrazepam and Metabolite Confirmation, Blood	\$351.00
5589SP	Nitrazepam and Metabolite Confirmation, Serum/Plasma	\$273.00
5593B	Nortriptyline Confirmation (Qualitative), Blood	\$87.00
5593U	Nortriptyline Confirmation (Qualitative), Urine	\$87.00
5645B	Opiates - Free (Unconjugated) Confirmation, Blood	\$257.00
5645FL	Opiates - Free (Unconjugated) Confirmation, Fluid	\$384.00
5645SP	Opiates - Free (Unconjugated) Confirmation, Serum/Plasma	\$257.00
5645U	Opiates - Free (Unconjugated) Confirmation, Urine	\$274.00
5645ME	Opiates - Total (Conjugated/Unconjugated) Confirmation (Qualitative), Meconium	\$371.00
5698TI	Opiates - Total (Conjugated/Unconjugated) Confirmation, Tissue	\$438.00
5612B	Orphenadrine Confirmation (Qualitative), Blood	\$212.00
5557B	Oxycodone and Metabolite - Free (Unconjugated) Confirmation, Blood	\$183.00
5557SP	Oxycodone and Metabolite - Free (Unconjugated) Confirmation, Serum/Plasma	\$112.00
5615B	Papaverine Confirmation (Qualitative), Blood	\$195.00

Effective January 1, 2024

All prices are US Dollars and are subject to change.

NMS Labs
2024 List Fee Schedule

800.522.6671
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Test	Test Name	List Price
REFLEX CONFIRMATION TESTING		
<i>NOTE: Codes beginning with the number 5 are not orderable. They are reserved for reflex confirmations only.</i>		
5618B	Pentazocine Confirmation (Qualitative), Blood	\$140.00
5618SP	Pentazocine Confirmation (Qualitative), Serum/Plasma	\$212.00
5618U	Pentazocine Confirmation (Qualitative), Urine	\$140.00
5657ME	Phencyclidine Confirmation (Qualitative), Meconium	\$333.00
5657B	Phencyclidine Confirmation, Blood	\$274.00
5657FL	Phencyclidine Confirmation, Fluid	\$341.00
5657SP	Phencyclidine Confirmation, Serum/Plasma	\$274.00
5657TI	Phencyclidine Confirmation, Tissue	\$375.00
5657U	Phencyclidine Confirmation, Urine	\$274.00
5544B	Phenobarbital Confirmation, Blood	\$180.00
5546B	Phensuximide Confirmation (Qualitative), Blood	\$182.00
5546U	Phensuximide Confirmation (Qualitative), Urine	\$182.00
5548U	Phenylpropanolamine Confirmation, Urine	\$100.00
5726B	Propofol Confirmation (Qualitative), Blood	\$196.00
5726SP	Propofol Confirmation (Qualitative), Serum/Plasma	\$196.00
5433B	Propranolol Confirmation, Blood	\$92.00
5433SP	Propranolol Confirmation, Serum/Plasma	\$92.00
5566B	Protriptyline Confirmation (Qualitative), Blood	\$188.00
5566SP	Protriptyline Confirmation (Qualitative), Serum/Plasma	\$188.00
5568B	Pseudoephedrine Confirmation, Blood	\$134.00
5568SP	Pseudoephedrine Confirmation, Serum/Plasma	\$134.00
5568U	Pseudoephedrine Confirmation, Urine	\$134.00
5569B	Pseudoephedrine vs Ephedrine Differentiation Confirmation, Blood	\$221.00
5569U	Pseudoephedrine vs Ephedrine Differentiation Confirmation, Urine	\$221.00
5435B	Quinine/Quinidine Confirmation, Blood	\$174.00
5438B	Salicylate Confirmation, Blood	\$138.00
5438FL	Salicylate Confirmation, Fluid	\$207.00
5438SP	Salicylate Confirmation, Serum/Plasma	\$138.00
5438TI	Salicylate Confirmation, Tissue	\$240.00
5438U	Salicylate Confirmation, Urine	\$138.00
5583B	Scopolamine Confirmation, Blood	\$804.00
5583SP	Scopolamine Confirmation, Serum/Plasma	\$625.00
5583U	Scopolamine Confirmation, Urine	\$625.00
5579B	Sufentanil Confirmation, Blood	\$195.00
5579U	Sufentanil Confirmation, Urine	\$308.00
5596B	Thebaine Confirmation (Qualitative), Blood	\$219.00
5596U	Thebaine Confirmation (Qualitative), Urine	\$219.00
5600B	Thiopental and Metabolite Confirmation (Qualitative), Blood	\$186.00
5600SP	Thiopental and Metabolite Confirmation (Qualitative), Serum/Plasma	\$186.00
5693B	Thioridazine and Metabolite Confirmation (Qualitative), Blood	\$142.00
5693SP	Thioridazine and Metabolite Confirmation (Qualitative), Serum/Plasma	\$215.00
5602B	Thiothixene (Cis Isomer) Confirmation (Qualitative), Blood	\$186.00
5602SP	Thiothixene (Cis Isomer) Confirmation (Qualitative), Serum/Plasma	\$293.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
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Test	Test Name	List Price
REFLEX CONFIRMATION TESTING		
<i>NOTE: Codes beginning with the number 5 are not orderable. They are reserved for reflex confirmations only.</i>		
5602U	Thiothixene (Cis Isomer) Confirmation (Qualitative), Urine	\$186.00
5626B	Tramadol and Metabolite Confirmation, Blood	\$299.00
5626FL	Tramadol and Metabolite Confirmation, Fluid	\$368.00
5626SP	Tramadol and Metabolite Confirmation, Serum/Plasma	\$299.00
5626U	Tramadol and Metabolite Confirmation, Urine	\$299.00
5727B	Venlafaxine and Metabolite Confirmation, Blood	\$305.00
5727U	Venlafaxine and Metabolite Confirmation, Urine	\$305.00
CRIME LABORATORY SERVICES		
<p>NMS Labs Crime Laboratory has a full menu of forensic chemistry services available, including illicit and pharmaceutical drug identification. For a current fee schedules for crime laboratory services, please contact us via email: crimelab@nmslabs.com or by phone at: 844.276.1182.</p>		
DESIGNER DRUGS/NOVEL PSYCHOACTIVE SUBSTANCES		
0010B	2-fluoro Deschloroketamine and Deschloroketamine (Qualitative), Blood	\$275.00
0010SP	2-fluoro Deschloroketamine and Deschloroketamine (Qualitative), Serum/Plasma	\$172.00
0010U	2-fluoro Deschloroketamine and Deschloroketamine (Qualitative), Urine	\$172.00
0015B	2-methyl AP-237 & AP-238, Blood	\$535.00
0015SP	2-methyl AP-237 & AP-238, Serum/Plasma	\$535.00
0015U	2-methyl AP-237 & AP-238, Urine	\$535.00
0014B	3-MeO-PCP and 3-hydroxy-PCP (Qualitative), Blood	\$275.00
0014SP	3-MeO-PCP and 3-hydroxy-PCP (Qualitative), Serum/Plasma	\$172.00
0014U	3-MeO-PCP and 3-hydroxy-PCP (Qualitative), Urine	\$172.00
0205U	Acetyl Fentanyl and Metabolite, Urine	\$185.00
9105B	Acetyl Fentanyl Screen, Blood	\$185.00
9105SP	Acetyl Fentanyl Screen, Serum/Plasma	\$185.00
9105U	Acetyl Fentanyl Screen, Urine	\$185.00
0205B	Acetyl Fentanyl, Blood	\$185.00
0205FL	Acetyl Fentanyl, Fluid	\$371.00
0205SP	Acetyl Fentanyl, Serum/Plasma	\$185.00
0205TI	Acetyl Fentanyl, Tissue	\$371.00
2626B	Bath Salts Panel (Qualitative), Blood	\$261.00
2626SP	Bath Salts Panel (Qualitative), Serum/Plasma	\$165.00
2626U	Bath Salts Panel (Qualitative), Urine	\$165.00
0771B	Brorphine, Blood	\$459.00
0771SP	Brorphine, Serum/Plasma	\$459.00
0771U	Brorphine, Urine	\$459.00
1483U	Desalkylgidazepam (Qualitative), Urine	\$325.00
1483B	Desalkylgidazepam, Blood	\$325.00
1483SP	Desalkylgidazepam, Serum/Plasma	\$325.00
0570U	Designer Benzodiazepines (Qualitative), Urine	\$347.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
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Test	Test Name	List Price
DESIGNER DRUGS/NOVEL PSYCHOACTIVE SUBSTANCES (Continued)		
0571B	Designer Benzodiazepines DUID/DRE Add-On, Blood (Forensic)	\$207.00
0570B	Designer Benzodiazepines, Blood	\$347.00
0570SP	Designer Benzodiazepines, Serum/Plasma	\$347.00
1480U	Designer Opioids (Qualitative), Urine	\$360.00
1480B	Designer Opioids, Blood	\$360.00
1480SP	Designer Opioids, Serum/Plasma	\$360.00
1022U	Eutylone (Qualitative), Urine	\$281.00
1022B	Eutylone, Blood	\$281.00
1022SP	Eutylone, Serum/Plasma	\$281.00
1022TI	Eutylone, Tissue	\$519.00
3078U	Mitragynine (Qualitative), Urine	\$180.00
3064B	Mitragynine, Blood	\$188.00
3064SP	Mitragynine, Serum/Plasma	\$188.00
3218B	N,N-Dimethylpentylone & Pentylone, Blood	\$325.00
3218SP	N,N-Dimethylpentylone & Pentylone, Serum/Plasma	\$325.00
3218U	N,N-Dimethylpentylone & Pentylone, Urine	\$325.00
3168B	Nitazenes Panel, Blood	\$363.00
3168SP	Nitazenes Panel, Serum/Plasma	\$363.00
8054B	NMS TotalTox™ Panel, Blood (Forensic)	\$572.00
8756B	Novel Psychoactive Substances (NPS) Screen 1, Blood	\$374.00
8756SP	Novel Psychoactive Substances (NPS) Screen 1, Serum/Plasma	\$374.00
8756U	Novel Psychoactive Substances (NPS) Screen 1, Urine	\$374.00
3224B	NPS Stimulants (Qualitative), Blood	\$275.00
3224SP	NPS Stimulants (Qualitative), Serum/Plasma	\$172.00
3224U	NPS Stimulants (Qualitative), Urine	\$172.00
8155B	Postmortem Designer Opioids Add-On, Blood (Forensic)	\$203.00
8155SP	Postmortem Designer Opioids Add-On, Serum/Plasma (Forensic)	\$193.00
1021B	Substituted Cathinone Panel, Blood	\$292.00
1021SP	Substituted Cathinone Panel, Serum/Plasma	\$292.00
1021U	Substituted Cathinone Panel, Urine	\$292.00
9562U	Synthetic Cannabinoid Metabolites Screen - Expanded, Urine	\$135.00
4283U	Synthetic Cannabinoid Metabolites-Expanded (Qualitative), Urine	\$100.00
4282SP	Synthetic Cannabinoids (Qualitative), Serum/Plasma	\$292.00
9566B	Synthetic Cannabinoids Screen (Add-On), Blood	\$196.00
9560B	Synthetic Cannabinoids Screen, Blood	\$273.00
EXPERT SERVICES		
<p>NMS Labs scientists are available to provide expert opinions and scientifically sound support at various points in the investigation process including depositions, expert courtroom testimony and independent case review. For a current fee schedule for Expert Services, please contact us via email: expertservices@nmslabs.com or by phone at 844.276.0768.</p>		

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
METALS/ELEMENTS TESTING SERVICES		
0264UH	Aluminum, 24 Hour Urine	\$92.00
0264B	Aluminum, Blood	\$161.00
0264FL	Aluminum, Fluid	\$496.00
0264H	Aluminum, Hair	\$520.00
0264LI	Aluminum, Liquid	\$463.00
0264R	Aluminum, RBCs	\$89.00
0264SP	Aluminum, Serum/Plasma	\$89.00
0264TI	Aluminum, Tissue	\$480.00
0264U	Aluminum, Urine	\$168.00
0410B	Antimony, Blood	\$89.00
0410H	Antimony, Hair	\$520.00
0410LI	Antimony, Liquid	\$312.00
0410N	Antimony, Nails	\$520.00
0410R	Antimony, RBCs	\$89.00
0410SP	Antimony, Serum/Plasma	\$89.00
0410U	Antimony, Urine	\$89.00
0460UH	Arsenic, 24 Hour Urine	\$111.00
0460B	Arsenic, Blood	\$111.00
0460FL	Arsenic, Fluid	\$314.00
0460H	Arsenic, Hair	\$683.00
0460N	Arsenic, Nails	\$468.00
0460R	Arsenic, RBCs	\$111.00
0460SP	Arsenic, Serum/Plasma	\$111.00
0460TI	Arsenic, Tissue	\$383.00
0468UH	Arsenic, Total Inorganic, 24 Hour Urine	\$162.00
0468U	Arsenic, Total Inorganic, Urine	\$162.00
0460U	Arsenic, Urine	\$111.00
0519B	Barium, Blood	\$200.00
0519FL	Barium, Fluid	\$205.00
0519H	Barium, Hair	\$574.00
0519SP	Barium, Serum/Plasma	\$133.00
0519TI	Barium, Tissue	\$526.00
0519U	Barium, Urine	\$133.00
0638B	Beryllium, Blood	\$92.00
0638LI	Beryllium, Liquid	\$379.00
0638SP	Beryllium, Serum/Plasma	\$92.00
0638U	Beryllium, Urine	\$143.00
0680B	Bismuth, Blood	\$233.00
0680SP	Bismuth, Serum/Plasma	\$89.00
0680U	Bismuth, Urine	\$143.00
0711B	Boron, Blood	\$71.00
0711SP	Boron, Serum/Plasma	\$71.00
0711U	Boron, Urine	\$71.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
METALS/ELEMENTS TESTING SERVICES (Continued)		
0720B	Bromine - Total, Blood	\$414.00
0720SP	Bromine - Total, Serum/Plasma	\$101.00
0720U	Bromine - Total, Urine	\$166.00
0921UH	Cadmium, 24 Hour Urine	\$88.00
0921B	Cadmium, Blood	\$61.00
0921H	Cadmium, Hair	\$419.00
0921N	Cadmium, Nails	\$419.00
0921R	Cadmium, RBCs	\$61.00
0921SP	Cadmium, Serum/Plasma	\$61.00
0921TI	Cadmium, Tissue	\$332.00
0921U	Cadmium, Urine	\$64.00
0939B	Calcium - Total, Postmortem, Blood (Forensic)	\$125.00
0938FL	Calcium - Total, Postmortem, Fluid (Forensic)	\$291.00
0938R	Calcium - Total, RBCs	\$93.00
0938U	Calcium - Total, Urine	\$153.00
1006TI	Carbon Monoxide - Iron Ratio Profile, Tissue	\$664.00
1042B	Cesium, Blood	\$168.00
1042SP	Cesium, Serum/Plasma	\$168.00
1042U	Cesium, Urine	\$273.00
1130B	Chloroform, Blood	\$193.00
1265B	Chromium and Cobalt, Blood	\$196.00
1265SP	Chromium and Cobalt, Serum/Plasma	\$189.00
1265U	Chromium and Cobalt, Urine	\$189.00
1261B	Chromium, Blood	\$133.00
1261FL	Chromium, Fluid	\$330.00
1261H	Chromium, Hair	\$414.00
1261N	Chromium, Nails	\$414.00
1261R	Chromium, RBCs	\$133.00
1261SP	Chromium, Serum/Plasma	\$133.00
1261TI	Chromium, Tissue	\$395.00
1261U	Chromium, Urine	\$133.00
1290UH	Cobalt, 24 Hour Urine	\$132.00
1290B	Cobalt, Blood	\$110.00
1290FL	Cobalt, Fluid	\$307.00
1290H	Cobalt, Hair	\$467.00
1290N	Cobalt, Nails	\$467.00
1290R	Cobalt, RBCs	\$110.00
1290SP	Cobalt, Serum/Plasma	\$110.00
1290TI	Cobalt, Tissue	\$374.00
1290U	Cobalt, Urine	\$179.00
1333SP	Copper - Free, Serum/Plasma	\$101.00
1330B	Copper, Blood	\$56.00
1330FL	Copper, Fluid	\$257.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
METALS/ELEMENTS TESTING SERVICES (Continued)		
1330H	Copper, Hair	\$413.00
1330R	Copper, RBCs	\$56.00
1330SP	Copper, Serum/Plasma	\$56.00
1330TI	Copper, Tissue	\$326.00
1330U	Copper, Urine	\$56.00
1919FL	Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic)	\$114.00
8103B	Environmental Exposure Screen, Blood	\$880.00
2156SP	Germanium, Serum/Plasma	\$395.00
2156U	Germanium, Urine	\$379.00
2171B	Gold, Blood	\$89.00
2171SP	Gold, Serum/Plasma	\$89.00
2171U	Gold, Urine	\$89.00
2406B	Indium, Blood	\$219.00
2406R	Indium, RBCs	\$146.00
2406SP	Indium, Serum/Plasma	\$219.00
2406U	Indium, Urine	\$146.00
2430UH	Iron, 24 Hour Urine	\$76.00
2430B	Iron, Blood	\$76.00
2430SP	Iron, Serum/Plasma	\$76.00
2430ST	Iron, Stool	\$273.00
2430U	Iron, Urine	\$76.00
2490B	Lead and ZPP, Blood	\$69.00
2492UH	Lead, 24 Hour Urine	\$98.00
2492B	Lead, Blood	\$48.00
2492FL	Lead, Fluid	\$249.00
2492H	Lead, Hair	\$404.00
2492LI	Lead, Liquid	\$154.00
2492N	Lead, Nails	\$404.00
2492R	Lead, RBCs	\$82.00
2492SP	Lead, Serum/Plasma	\$98.00
2492TI	Lead, Tissue	\$317.00
2492U	Lead, Urine	\$98.00
2520B	Lithium, Blood	\$56.00
2520FL	Lithium, Fluid	\$257.00
2520R	Lithium, RBCs	\$88.00
2520SP	Lithium, Serum/Plasma	\$56.00
2520TI	Lithium, Tissue	\$326.00
2520U	Lithium, Urine	\$56.00
2551B	Magnesium - Total, Blood	\$60.00
2551FL	Magnesium - Total, Fluid	\$261.00
2551H	Magnesium - Total, Hair	\$416.00
2551R	Magnesium - Total, RBCs	\$60.00
2551SP	Magnesium - Total, Serum/Plasma	\$60.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
METALS/ELEMENTS TESTING SERVICES (Continued)		
2551ST	Magnesium - Total, Stool	\$416.00
2551TI	Magnesium - Total, Tissue	\$263.00
2551U	Magnesium - Total, Urine	\$113.00
2570B	Manganese, Blood	\$99.00
2570FL	Manganese, Fluid	\$298.00
2570H	Manganese, Hair	\$454.00
2570LI	Manganese, Liquid	\$564.00
2570N	Manganese, Nails	\$688.00
2570R	Manganese, RBCs	\$99.00
2570SP	Manganese, Serum/Plasma	\$99.00
2570TI	Manganese, Tissue	\$366.00
2570U	Manganese, Urine	\$99.00
2670UH	Mercury, 24 Hour Urine	\$74.00
2670B	Mercury, Blood	\$53.00
2670FL	Mercury, Fluid	\$257.00
2670H	Mercury, Hair	\$599.00
2670LI	Mercury, Liquid	\$260.00
2670N	Mercury, Nails	\$413.00
2670R	Mercury, RBCs	\$53.00
2670SP	Mercury, Serum/Plasma	\$53.00
2670TI	Mercury, Tissue	\$326.00
2670U	Mercury, Urine	\$119.00
2664UH	Metals Panel 4 (Arsenic, Cadmium, Lead, Mercury), 24 Hour Urine	\$364.00
2664U	Metals Panel 4 (Arsenic, Cadmium, Lead, Mercury), Urine	\$364.00
2693B	Metals/Metalloids Acute Poisoning Panel, Blood	\$447.00
2693FL	Metals/Metalloids Acute Poisoning Panel, Fluid	\$654.00
2693H	Metals/Metalloids Acute Poisoning Panel, Hair	\$636.00
2693R	Metals/Metalloids Acute Poisoning Panel, RBCs	\$447.00
2693SP	Metals/Metalloids Acute Poisoning Panel, Serum/Plasma	\$447.00
2693TI	Metals/Metalloids Acute Poisoning Panel, Tissue	\$697.00
2693U	Metals/Metalloids Acute Poisoning Panel, Urine	\$447.00
2661B	Metals/Metalloids Panel 1, Blood	\$261.00
2661H	Metals/Metalloids Panel 1, Hair	\$485.00
2661N	Metals/Metalloids Panel 1, Nails	\$485.00
2661SP	Metals/Metalloids Panel 1, Serum/Plasma	\$289.00
2661U	Metals/Metalloids Panel 1, Urine	\$299.00
2662B	Metals/Metalloids Panel 2, Blood	\$364.00
2662H	Metals/Metalloids Panel 2, Hair	\$561.00
2662N	Metals/Metalloids Panel 2, Nails	\$561.00
2662SP	Metals/Metalloids Panel 2, Serum/Plasma	\$364.00
2662U	Metals/Metalloids Panel 2, Urine	\$575.00
2663B	Metals/Metalloids Panel 3, Blood	\$403.00
2663H	Metals/Metalloids Panel 3, Hair	\$607.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
METALS/ELEMENTS TESTING SERVICES (Continued)		
2663N	Metals/Metalloids Panel 3, Nails	\$607.00
2663SP	Metals/Metalloids Panel 3, Serum/Plasma	\$415.00
2663U	Metals/Metalloids Panel 3, Urine	\$642.00
3140B	Nickel, Blood	\$76.00
3140FL	Nickel, Fluid	\$273.00
3140H	Nickel, Hair	\$431.00
3140N	Nickel, Nails	\$431.00
3140R	Nickel, RBCs	\$124.00
3140SP	Nickel, Serum/Plasma	\$76.00
3140TI	Nickel, Tissue	\$341.00
3140U	Nickel, Urine	\$106.00
3292B	Palladium, Blood	\$216.00
3292SP	Palladium, Serum/Plasma	\$180.00
3292U	Palladium, Urine	\$180.00
3765B	Phosphorus - Total, Blood	\$265.00
3765FL	Phosphorus - Total, Fluid	\$469.00
3765SP	Phosphorus - Total, Serum/Plasma	\$265.00
3765ST	Phosphorus - Total, Stool	\$223.00
3765U	Phosphorus - Total, Urine	\$265.00
3783B	Platinum, Blood	\$184.00
3783FL	Platinum, Fluid	\$379.00
3783SP	Platinum, Serum/Plasma	\$184.00
3783U	Platinum, Urine	\$303.00
3784B	Potassium - Total, Blood (Forensic)	\$88.00
3784FL	Potassium - Total, Fluid	\$205.00
3784R	Potassium - Total, RBCs	\$88.00
4124B	Rubidium, Blood	\$219.00
4124R	Rubidium, RBCs	\$331.00
4124SP	Rubidium, Serum/Plasma	\$219.00
4124U	Rubidium, Urine	\$219.00
4180B	Selenium, Blood	\$109.00
4180H	Selenium, Hair	\$520.00
4180LI	Selenium, Liquid	\$660.00
4180N	Selenium, Nails	\$520.00
4180R	Selenium, RBCs	\$109.00
4180SP	Selenium, Serum/Plasma	\$109.00
4180U	Selenium, Urine	\$127.00
4200B	Silver, Blood	\$99.00
4200SP	Silver, Serum/Plasma	\$99.00
4200U	Silver, Urine	\$99.00
4212B	Strontium, Blood	\$96.00
4212SP	Strontium, Serum/Plasma	\$56.00
4212U	Strontium, Urine	\$55.00

Effective January 1, 2024

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NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
METALS/ELEMENTS TESTING SERVICES (Continued)		
4320B	Tellurium, Blood	\$239.00
4320SP	Tellurium, Serum/Plasma	\$239.00
4320U	Tellurium, Urine	\$239.00
4370B	Thallium, Blood	\$143.00
4370H	Thallium, Hair	\$398.00
4370LI	Thallium, Liquid	\$352.00
4370N	Thallium, Nails	\$398.00
4370SP	Thallium, Serum/Plasma	\$89.00
4370U	Thallium, Urine	\$94.00
4478SP	Thorium, Serum/Plasma	\$152.00
4478U	Thorium, Urine	\$253.00
4485B	Tin - Total, Blood	\$142.00
4485H	Tin - Total, Hair	\$484.00
4485SP	Tin - Total, Serum/Plasma	\$142.00
4485TI	Tin - Total, Tissue	\$91.00
4485U	Tin - Total, Urine	\$142.00
4486B	Titanium, Blood	\$146.00
4486FL	Titanium, Fluid	\$342.00
4486SP	Titanium, Serum/Plasma	\$146.00
4486U	Titanium, Urine	\$219.00
0470UH	Total, Inorganic Arsenic, 24 Hour Urine (+Creatinine)	\$162.00
4730B	Tungsten, Blood	\$181.00
4730SP	Tungsten, Serum/Plasma	\$181.00
4730U	Tungsten, Urine	\$181.00
4755UH	Uranium, 24 Hour Urine	\$181.00
4755U	Uranium, Urine	\$181.00
4765B	Vanadium, Blood	\$109.00
4765R	Vanadium, RBCs	\$109.00
4765SP	Vanadium, Serum/Plasma	\$109.00
4765U	Vanadium, Urine	\$114.00
4844B	Zinc, Blood	\$66.00
4844FL	Zinc, Fluid	\$265.00
4844H	Zinc, Hair	\$389.00
4844LI	Zinc, Liquid	\$534.00
4844N	Zinc, Nails	\$389.00
4844R	Zinc, RBCs	\$66.00
4844SP	Zinc, Serum/Plasma	\$66.00
4844U	Zinc, Urine	\$109.00
4885B	ZPP (Zinc Protoporphyrin), Blood	\$74.00

Effective January 1, 2024

All prices are US Dollars and are subject to change.

NMS Labs
2024 List Fee Schedule

800.522.6671
nmslabs.com

Test	Test Name	List Price
MISCELLANEOUS SERVICES		
HAIR KIT	Hair Kit/ Forensic	\$18.00
HAIRSEG	Hair Segmentation	\$182.00
HAIRSEG2	Hair Segmentation II	\$182.00
MICRO	Micro Specimen Surcharge	\$91.00
NONBIO/LIQ	Non-biological Fee (Liquid)	\$140.00
NONBIO/SOL	Non-biological Fee (Solid)	\$206.00
SHPCHG	Shipping Charge	\$41.00
HANDLING	Specimen Handling Fee	\$47.00
SPEC RET	Specimen Retention	\$2,500.00
RETURN	Specimen Return/Handling	\$63.00
NEWBORN TOXICOLOGY		
9351UC	Basic Drug Screen, Umbilical Cord Tissue	\$422.00
9352UC	Expanded Drug Screen, Umbilical Cord Tissue	\$563.00
9145UC	Comprehensive Drug Screen, Umbilical Cord Tissue	\$716.00
9146UC	Ethyl Glucuronide Screen, Umbilical Cord Tissue	\$326.00
6904ME	Drugs of Abuse Screen (7 Panel), Meconium	\$186.00
8670ME	Opiates - Total (Conjugated/Unconjugated) (Qualitative), Meconium	\$359.00
8761ME	Phencyclidine (Qualitative), Meconium	\$422.00
1864ME	Drugs of Abuse Screen (10 Panel), Meconium	\$218.00
8600ME	Amphetamines Panel (Qualitative), Meconium	\$300.00
8620ME	Barbiturates Panel (Qualitative), Meconium	\$447.00
9329ME	Benzodiazepines Panel (Qualitative), Meconium	\$296.00
4127ME	Buprenorphine and Metabolite - Total (Qualitative), Meconium	\$454.00
0960ME	Cannabinoids Panel (Qualitative), Meconium	\$340.00
1300ME	Cocaine and Metabolites (Qualitative), Meconium	\$435.00
2760ME	Methadone and Metabolite (Qualitative), Meconium	\$344.00
ORAL FLUID TESTING SERVICES		
8890OF	Amphetamines Panel (Qualitative), Oral Fluid (Saliva)	\$68.00
8891OF	Benzodiazepines Panel (Qualitative), Oral Fluid (Saliva)	\$68.00
8893OF	Cocaine and Metabolites (Qualitative), Oral Fluid (Saliva)	\$68.00
8892OF	Delta-9 THC (Qualitative), Oral Fluid (Saliva)	\$77.00
8900OF	Delta-9 THC (Quantitative), Oral Fluid (Saliva)	\$206.00
8898OF	Drugs of Abuse (6 Panel) (Qualitative), Oral Fluid (Saliva)	\$90.00
8897OF	Drugs of Abuse (7 Panel) (Qualitative), Oral Fluid (Saliva)	\$140.00
8894OF	Methadone and Metabolite (Qualitative), Oral Fluid (Saliva)	\$68.00
8895OF	Opiates (Qualitative), Oral Fluid (Saliva)	\$68.00
8896OF	Phencyclidine and Dextromethorphan (Qualitative), Oral Fluid (Saliva)	\$68.00

Effective January 1, 2024

All prices are US Dollars and are subject to change.



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

TO: Steve Bulger, County Administrator
Ridge Harris, Deputy County Administrator
Michelle Granger, County Attorney
Therese Connolly, Clerk of the Board
Stephanie Hodgson, Director of Budget

CC: John Warmt, Director of Purchasing
Jason Kemper, Director of Planning and Economic Development
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Audra Hedden, County Administrator's Office
Laurie Vroman, County Attorney's Office

DEPARTMENT: District Attorney

DATE: 11/28/23

COMMITTEE: Public Safety

1. Is a Resolution Required:

Yes, Grant Acceptance

2. Proposed Resolution Title:

Authorizing the Chairman to enter into an Agreement with the New York State Division of Criminal Justice Services to Accept a 2023-2024 District Attorney Salary Aid Program Grant.

3. Specific Details on what the resolution will authorize:

Resolution accepting the 2023-2024 District Attorney Salary Aid Program Grant from the Division of Criminal Justice Services.

This column must be completed prior to submission of the request.

County Attorney's Office
Consulted **Yes**

4. Is a Budget Amendment needed: YES or NO
If yes, budget lines and impact must be provided.
Any budget amendments must have equal and offsetting entries.

County Administrator's Office
Consulted Yes

Please see attachments for impacted budget lines.
(Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount
----------------	--------------	--------

Expense

Account Number	Account Name	Amount
----------------	--------------	--------

Fund Balance (if applicable): (Increase = additional revenue, Decrease = additional expenses)

Amount:

5. Identify Budget Impact (**Required**):

No Budget Impact. Funds are included in the Department Budget

- a. G/L line impacted **A.25.3030 District Attorney Salary**
- b. Budget year impacted **2023**
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or NO (If yes, provide details)

a. Is a new position being created? Y N

Effective date

Salary and grade

b. Is a new employee being hired? Y N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification? Y N

Is this position currently vacant? Y N

Is this position in the current year compensation plan? Y N

7. Does this item require the awarding of a contract: Y N

a. Type of Solicitation

b. Specification # (BID/RFP/RFQ/OTHER CONTRACT #)

c. If a sole source, appropriate documentation, including an updated letter, has been submitted and approved by Purchasing Department? Y N N/A

d. Vendor information (including contact name):

e. Is the vendor/contractor an LLC, PLLC, or partnership:

f. State of vendor/contractor organization:

g. Commencement date of contract term:

h. Termination of contract date:

i. Contract renewal date and term:

k. Is this a renewal agreement: Y N

l. Vendor/Contractor comment/remarks:

Human Resources Consulted

Purchasing Office Consulted

County Administrator's Office
Consulted **Yes**

8. Is a grant being accepted: YES or NO

a. Source of grant funding:

State

b. Agency granting funds:

Division of Criminal Justice Services

c. Amount of grant:

\$72,189

d. Purpose grant will be used for:

To offset salary costs that Saratoga County has and will incur for the period of April 1, 2023 - March 31, 2024.

e. Equipment and/or services being purchased with the grant:

None

f. Time period grant covers:

April 1, 2023 - March 31, 2024

g. Amount of county matching funds:

None

h. Administrative fee to County:

None

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Information summary memo
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other _____

10. Remarks:



KATHY HOCHUL
Governor

ROSSANA ROSADA
Commissioner

CILLIAN FLAVIN
Deputy Commissioner

Grant Award Notice

<p>Program Award:</p> <p>2023-2023 District Attorney Salary Aid Program</p>	<p>Date: October 26, 2023</p>
<p>Budget: SFY 2023-2024</p>	<p>Award Amount:</p> <p>Please refer to the attached list for the amount your county has been awarded.</p>
<p>Term Dates: April 1, 2023 – March 31, 2024</p>	
<p>The Division of Criminal Justice Services (DCJS) is pleased to advise you that your county will receive funding under the District Attorney Salary Aid Program for State Fiscal Year (SFY) 2023-2024.</p> <p>Additional Information:</p> <p>Your 2023-24 program award is consistent with the appropriation amounts enacted for this purpose in the state budget. This funding assistance is provided to help offset salary costs that your county has and will incur for the period of April 1, 2023 – March 31, 2024. DCJS Office of Financial Services will initiate payments directly to your county in the coming weeks.</p>	
<p>If you have any questions regarding payment, please contact:</p> <p style="text-align: center;">dcjsGrantsUnitVoucherInquiry@dcjs.ny.gov</p> <p>If you have any questions regarding allowable expenses, please contact:</p> <p style="text-align: center;">DCJSFunding@dcjs.ny.gov</p> <p>Attachment (1)</p>	

10/26/23

**NYS Division of Criminal Justice Services
District Attorney Salary Aid Program
Awards by County
2023 - 2024**

	County	Amount Awarded		County	Amount Awarded
1	ALBANY	\$78,514	32	NIAGARA	\$72,189
2	ALLEGANY	\$72,189	33	ONEIDA	\$72,189
3	BRONX	\$7,974	34	ONONDAGA	\$75,685
4	BROOME	\$72,189	35	ONTARIO	\$72,189
5	CATTARAUGUS	\$72,189	36	ORANGE	\$75,551
6	CAYUGA	\$73,937	37	ORLEANS	\$72,189
7	CHAUTAUQUA	\$72,189	38	OSWEGO	\$72,189
8	CHEMUNG	\$72,189	39	OTSEGO	\$72,189
9	CHENANGO	\$72,189	40	PUTNAM	\$77,934
10	CLINTON	\$73,612	41	QUEENS	\$7,974
11	COLUMBIA	\$72,189	42	RENSSELAER	\$72,189
12	CORTLAND	\$72,189	43	RICHMOND	\$7,974
13	DELAWARE	\$72,189	44	ROCKLAND	\$75,551
14	DUTCHESS	\$76,522	45	SAINT LAWRENCE	\$72,189
15	ERIE	\$77,682	46	SARATOGA	\$72,189
16	ESSEX	\$72,189	47	SCHENECTADY	\$72,189
17	FRANKLIN	\$72,189	48	SCHOHARIE	\$72,189
18	FULTON	\$72,189	49	SCHUYLER	\$72,189
19	GENESEE	\$72,189	50	SENECA	\$72,189
20	GREENE	\$72,189	51	STEUBEN	\$72,189
21	HAMILTON	\$0	52	SUFFOLK	\$79,981
22	HERKIMER	\$72,189	53	SULLIVAN	\$76,176
23	JEFFERSON	\$72,189	54	TIOGA	\$72,189
24	KINGS	\$7,974	55	TOMPKINS	\$73,471
25	LEWIS	\$72,189	56	ULSTER	\$79,181
26	LIVINGSTON	\$72,189	57	WARREN	\$72,189
27	MADISON	\$72,189	58	WASHINGTON	\$72,189
28	MANHATTAN	\$7,974	59	WAYNE	\$72,189
29	MONROE	\$78,203	60	WESTCHESTER	\$79,981
30	MONTGOMERY	\$72,189	61	WYOMING	\$72,189
31	NASSAU	\$76,793	62	YATES	\$72,189



7/19/22

SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION 225 - 2022

Introduced by Public Safety: Supervisors Lant, Barrett, Hammond, Lawler, Ostrander, K. Veitch, Wright

**AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE
DIVISION OF CRIMINAL JUSTICE SERVICES TO ACCEPT A ~~2022-~~ 2023 -
~~2023~~ DISTRICT ATTORNEY SALARY AID PROGRAM GRANT
2024**

WHEREAS, a grant in the amount of \$72,189 is available from the New York State Division of Criminal Justice Services for the purpose of offsetting salary costs for the District Attorney; and

WHEREAS, the acceptance of this ~~2022-2023~~ 2023-2024 District Attorney Salary Aid Program Grant requires our approval; now, therefore, be it

RESOLVED, that the Chair of the Board and/or the District Attorney is hereby authorized to execute all documents with the New York State Division of Criminal Justice Services necessary to apply for and accept a ~~2022-2023~~ 2023-2024 District Attorney Salary Aid Program grant in the amount of \$72,189 for the grant period April 1, ~~2022~~ 2023 through March 31, ~~2023~~ 2024; and it is further

RESOLVED, that the form and content of such documents are subject to the approval of the County Attorney; and it is further

RESOLVED, that this Resolution shall take effect immediately.

BUDGET IMPACT STATEMENT: No Budget Impact. 100% State Aid.

July 19, 2022 Regular Meeting

Motion to Adopt by Supervisor Schopf, Seconded by Supervisor Butler

AYES (210426): Eric Connolly (11831), Philip C. Barrett (19014.5), Jonathon Schopf (19014.5), Eric Butler (6500), Diana Edwards (819), Jean Raymond (1333), Kevin Veitch (8004), Arthur M. Wright (1976), Kevin Tollisen (25662), Mark Hammond (17130), Thomas Richardson (5163), Scott Ostrander (18800), Theodore Kusnierz (16202), Willard H. Peck (5242), Sandra Winney (2075), Thomas N. Wood, III (5808), Tara N. Gaston (14245.5), Matthew E. Veitch (14245.5), John Lant (17361).

NOES (0):

ABSENT (25083): Joseph Grasso (4328), Michael Smith (3525), Edward D. Kinowski (9022),
John Lawler (8208)



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

TO: Steve Bulger, County Administrator
Ridge Harris, Deputy County Administrator
Michelle Granger, County Attorney
Therese Connolly, Clerk of the Board
Stephanie Hodgson, Director of Budget

CC: John Warmt, Director of Purchasing
Jason Kemper, Director of Planning and Economic Development
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Audra Hedden, County Administrator's Office

DEPARTMENT: Sheriff's Office



DATE: 11/08/2023

COMMITTEE: Law & Finance



This column must be completed prior to submission of the request.

1. Is a Resolution Required:

Yes, Contract Amendment

County Attorney's Office
Consulted Yes

2. Proposed Resolution Title:

Authorize the Chairman on behalf of the Sheriff to ammend the contract between the County and PrimeCare Medical of New York to include nursing coverage for the county jail.

3. Specific Details on what the resolution will authorize:

Authorize the Chairman on behalf of the Sheriff to amend the contract between the County and PrimeCare Medical of New York to include nursing coverage for the county jail. The County entered into a contract with PrimeCare on August 1, 2022 per Resolution 231-2022 for medical and dental services for the county jail. The County entered into an amended contract with PrimeCare on January 1, 2023 per Resolution 34-2023 for the addition of behavioral health services for the county jail. Under the current contract, PrimeCare Medical of New York, Inc provides medical services and behavioral health services to the county jail but does not provide nursing services. The contract would be amended to include nursing coverage in the jail 24 hours a day, 7 days a week for an additional amount of up to \$73,697.25 per month for for first, second and third shift nursing coverage from February 1, 2024 until July 31, 2024 after which rates will be determined based upon the terms of the current contract. The contract will also include nursing shift coverage "as needed" by the county to cover for contractual time off for the current county employed nurses. The "as needed" rate will be based upon an hourly rate specified in the contract. Term of the contract is August 1, 2022 to July 31, 2025.

4. Is a Budget Amendment needed: YES or NO
 If yes, budget lines and impact must be provided.
 Any budget amendments must have equal and offsetting entries.

County Administrator's Office
 Consulted Yes

Please see attachments for impacted budget lines.
 (Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount

Expense

Account Number	Account Name	Amount

Fund Balance (if applicable): (Increase = additional revenue, Decrease = additional expenses)

Amount:

5. Identify Budget Impact (**Required**):

No Budget Impact. Funds are included in the Department Budget

- a. G/L line impacted A.30.301-8349
- b. Budget year impacted 2024
- c. Details

There will be some off setting costs. Three county RN positions and one Head Nurse position will be de-funded. The contract RN staffing with Cross Country MSN will be cancelled once Primecare has provided full nursing staff in the jail. Contract RN staffing has been budgeted for \$210,000 for 2024 in GL line A.30.301-8344.I.

6. Are there Amendments to the Compensation Schedule?

YES or NO (If yes, provide details)

a. Is a new position being created? Y N

Effective date

Salary and grade

b. Is a new employee being hired? Y N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification? Y N

Is this position currently vacant? Y N

Is this position in the current year compensation plan? Y N

Human Resources Consulted

Yes

7. Does this item require the awarding of a contract: Y N

a. Type of Solicitation

b. Specification # (BID/RFP/RFQ/OTHER CONTRACT #)

c. If a sole source, appropriate documentation, including an updated letter, has been submitted and approved by Purchasing Department? Y N N/A

d. Vendor information (including contact name):

e. Is the vendor/contractor an LLC, PLLC, or partnership:

f. State of vendor/contractor organization:

g. Commencement date of contract term:

h. Termination of contract date:

i. Contract renewal date and term:

k. Is this a renewal agreement: Y N

l. Vendor/Contractor comment/remarks:

Purchasing Office Consulted

No

8. Is a grant being accepted: YES or NO

County Administrator's Office Consulted Yes <input type="checkbox"/>

a. Source of grant funding:

b. Agency granting funds:

c. Amount of grant:

d. Purpose grant will be used for:

e. Equipment and/or services being purchased with the grant:

f. Time period grant covers:

g. Amount of county matching funds:

h. Administrative fee to County:

9. Supporting Documentation:

Marked-up previous resolution

No Markup, per consultation with County Attorney

Information summary memo

Copy of proposal or estimate

Copy of grant award notification and information

Other _____

10. Remarks:



BOARD OF SUPERVISORS

12/19/2023

RESOLUTION XXX - 2023

Introduced by Public Safety: Supervisors Lant, Butler, Grasso, Hammond, Raymond, Tollisen and K. Veitch

AUTHORIZING AN AMENDED AGREEMENT WITH PRIMECARE MEDICAL OF NEW YORK, INC., PROFESSIONAL CARE MEDICAL PRACTICE, P.C., PROFESSIONAL CARE DENTAL SERVICES, P.C., AND PERSONALCARE REGISTERED PROFESSIONAL NURSING, P.C. FOR THE PROVISION OF NURSING SERVICES AT THE SARATOGA COUNTY CORRECTIONAL FACILITY

WHEREAS, pursuant to Resolution 231-2022, this Board authorized the execution of a three (3) year agreement with Prime Care Medical of New York, Inc., Professional Care Medical Practice, P.C., and Professional Care Dental Services, P.C., (Prime Care) to provide medical and dental services to inmates; and Resolution 34-2023, authorized an amended contract with Prime Care to provide Behavioral Health Services at the Saratoga County Jail; and these services are subject to an annual cost increase, based on the preceding 12-month U.S. Cost-of-Living index or 3%, whichever is higher; and the current contract will continue through July 31, 2025; and is subject to two (2) additional one-year renewal option periods, as mutually agreed upon by the parties in writing; and

WHEREAS, our Public Safety Committee and the County Sheriff have recommended that the County enter into an amended agreement with Prime Care Medical of New York, and Personalcare Registered Professional Nursing, P.C. to provide for the addition of 24 hour nursing services at the Saratoga County Jail at a monthly cost of \$73,697.25, with an additional cost of \$45 per 8 hour shift plus the prevailing shift differential for Registered Nurses, and \$34 per 8 hour shift plus the prevailing shift differential for Licensed Practical Nurses, when County Nursing Staff utilize contractual time off, effective February 1, 2024 through July 31, 2024, and the monthly cost, and the 8 hour shift plus prevailing shift differential, thereafter subject to an annual increase based on the preceding 12-month U.S. Cost-of-Living index or 3%, whichever is higher, for the duration of the current contract ending on July 31, 2025; and is subject to two (2) additional one-year renewal option periods, as mutually agreed upon by the parties in writing; now, therefore, be it

RESOLVED, that the Chair of the Board is authorized to execute an amended agreement with Prime Care Medical of New York, Inc., Professional Care Medical Practice, P.C., Professional Care Dental Services, P.C. and Personalcare Registered Professional Nursing, P.C. to provide for the addition of 24 hour nursing services at the Saratoga County Jail at a monthly cost of \$73,697.25, with an additional cost of \$45 per 8 hour shift plus the prevailing

shift differential for Registered Nurses, and \$34 per 8 hour shift plus the prevailing shift differential for Licensed Practical Nurses, when County Nursing Staff utilize contractual time off, effective February 1, 2024 through July 31, 2024, and the monthly cost, and the 8 hour shift plus prevailing shift differential, thereafter subject to an annual increase based on the preceding 12-month U.S. Cost-of-Living index or 3%, whichever is higher, for the duration of the current contract ending on July 31, 2025; and is subject to two (2) additional one-year renewal option periods, as mutually agreed upon by the parties in writing; and it is further

RESOLVED, that the form and content of such agreements shall be subject to the approval of the County Attorney; and it is further

RESOLVED, that this Resolution shall take effect immediately.

BUDGET IMPACT STATEMENT: No Budget Impact. Funds are included in the Department Budget.

December 19, 2023 Regular Meeting

Motion to Adopt: Supervisor(s)

Second: Supervisor(s)

AYES:

NOES:

ABSENT: