QUOTE FOR DRUG SCREENING FOR SCHOOL BOARD OF CLAY COUNTY (SBCC)

HRS DP Five Drug Screening with MRO services and GCMS:		\$_25.50	
Name of the Medical Review Officer:		George E. Platt, M.D.	
Alcohol Breath Test (Non DOT):		<u>\$_10.00</u>	
Alcohol Breath Test (DOT):		\$_21.25	
Type of Alcohol Test Device used: (Alcohol Test to be performed only when requested by the SBCC)		R B T	
Do patients need an appointment	nt?	Yes	No _XX
What are your hours of operation	on?	8:00 a.m.	. to 4:30 p.m. MonFri
terminated by written agreeme accept or reject quotes. I agree that all test results shall format stating the name of the or negative). I further agree to it	subsequent one (1) year terms or ant of the parties. The School Board be delivered to the School Board patient, date of service, name(s) of maintain positive specimens for a period of the name and address of Solstas Laboratory 2906 Julia Drive Valdosta, Georgia 31062	oard of Clay of Clay Cour f drug(s) teste period of one	County reserves the right to nty within three (3) days in a d, results of the test (positive (1) year.
Is this an NIDA approved labor	ratory? XX YesNo	If "no", wh	at agency/group
has approved this laboratory?	ASCP Signature of		-