

DEPARTMENT SCHEDULING AND ADDITIONAL TESTING AGREEMENT

Year: _	2019 Dep	oartment Na	ame: Riv	iera Beach FR
Addre	ss:600 W Blue	Heron Blvd-	- ship to sup	plies and charts?
City: _	Riviera Beach		_State:FL	Zip Code: <u>33404</u>
Contac	ct Name: EMS Chief T	om McCartl	hy_Email:	tmccarthy@rivierabch.com
				Cell Phone: (561) 248-1145
				Cell 1 Holle
Set up	·	Numb	er of physic	als: 83 Number of days: 10
Location	on for blood draws:			
Dates:	5/23, 5/24, 5/28-	5/31/2019	Times:	7-930AM Number of techs: 2
Туре с	of Contract or Agreem	ent: 🗆 RFP/	Contract =	Sole Source x CooperativeJFRD
Contra	ct /Agreement Dates:	8/5-8/9	8 8/12-8/1	9 Life Scan Base Price: \$395
annua		during those	times and o	offices are only open for message taking.
Yes	Test/Lab	Price	Quantity	Notes
	HIV			
	Hepatitis B			
X	Hepatitis B titer	\$30		(as reflected in the JFRD Contract)
X	Hepatitis C	\$55		
	QuantiFERON			
	Hazmat			
	Chest X-rays			
	Lumbar X-rays			
	CTA			
	Brain MRI			/
	PPD			
	Drug Testing			
	MRO			
	Mask Fit Testing			Mask Type:
Х	WIFI REQUIRED			,,
X	FFD			
	Wellness			
	Agreement: As an authond and pricing.	rized represe	entative I hav	ve reviewed and agree to these terms, dates, additional test
Client N	Name and Title <u>:</u>			
Signatu			0	Date:
	n Representative Name	and Title:	Hameley	Desmarais ARNO Clinicus Directus
Signatu		Deom	alleys	Date: 1/7/19