RESOLUTION NO. 2026 - 355

A RESOLUTION BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AUTHORIZING THE COUNTY ADMINISTRATOR, OR DESIGNEE, TO AWARD IFB NO. 2660R; TOXICOLOGY TESTING TO AXIS FORENSIC TOXICOLOGY, INC., AS THE LOWEST RESPONSIVE, RESPONSIBLE BIDDER, AND TO EXECUTE A CONTRACT, FOR THE PERFORMANCE OF SERVICES IN ACCORDANCE WITH THE IFB.

RECITALS

WHEREAS, the Medical Examiners Office requires a contractor to provide toxicology testing services for analysis of biological specimens collected with death investigations, including the identification and quantification of drugs, alcohol, and other substances as necessary to assist the Medical Examiner in determining cause of death; and

WHEREAS, through the County's formal Bid process, it was determined to be in the best interest to award and contract with Axis Forensic Toxicology, Inc. as the responsive and responsible bidder; and

WHEREAS, the County has reviewed the terms, provisions, conditions and requirements of the proposed contracts (attached hereto, and incorporated herein) and finds that entering into a contract serves a public purpose; and

WHEREAS, the project will be funded by the Medical Examiners Department.

NOW, THEREFORE BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, as follows:

Section 1. The above Recitals are incorporated by reference into the body of this Resolution and such Recitals are adopted as finds of fact.

Section 2. The County Administrator, or designee, is hereby authorized to award IFB No. 2660R; Toxicology Testing to Axis Forensic Toxicology, Inc., as the lowest, responsive, responsible Bidder.

Section 3. Upon approval by the Board of County Commissioners, the County Administrator, or designee, is further authorized to execute an agreement in substantially the same form and format as the attached draft for the completion of the project as specifically provided in IFB No: 2660R.

Section 4. To the extent that there are typographical and/or administrative errors that do not change the tone, tenor, or concept of this Resolution, then this Resolution may be revised without subsequent approval by the Board of County Commissioners.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, Florida, this 3rd day of November, 2026.

BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA

Rendition Date NOV 03 2026

By: Clay Murphy
Clay Murphy, Chair

ATTEST: Brandon J. Patty,
Clerk of the Circuit Court & Comptroller

By: Crystal Smith
Deputy Clerk

ST. JOHNS COUNTY FLORIDA

GENERAL SERVICES AGREEMENT
BETWEEN
ST. JOHNS COUNTY AND CONTRACTOR

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This General Services Agreement ("Contract") is made this ___ day of _____, 2026 (the "Effective Date") by and between **ST. JOHNS COUNTY** ("County"), a political subdivision of the State of Florida, whose principal offices are located at 500 San Sebastian View, St. Augustine, FL 32084; and Axis Forensic Toxicology, Inc. ("Contractor"), a company authorized to do business in the State of Florida, with its principal offices located at: 5780 W 71st St, Indianapolis, IN 46278, Phone: (317)759-4869, and E-mail: sales@axisfortox.com, for **BID NO.: 2660R; Toxicology Testing**.

In consideration of the mutual promises and covenants contained herein, the parties hereby agree as follows:

ARTICLE I CONTRACT DOCUMENTS

1.1 The Contract Documents

1.1.1 The Contract Documents consist of the following documents incorporated herein by reference:

a) Fully Executed Change Orders and Amendments to this Agreement
b) This Fully Executed General Services Agreement and all Exhibits and/or Attachment here to:
   i. Exhibit A – Scope of Work
   ii. Exhibit B – Pricing
   iii. Exhibit C – Analyte and Matrices
   iv. Exhibit D – Drugs of Abuse Panel
c) Bid Documents and Bid Forms with all addenda thereto for Bid No. 2660R
d) Bonds and Insurance furnished by Contractor

1.1.2 Documents not enumerated above are not Contract Documents and do not form part of this Contract. No terms, conditions, limitations or exclusions in Contractor's bid/proposal documents or invoices shall be binding upon County or become part of the Contract Documents.

1.2 Definitions

When the following terms appear in the Contract Documents, they shall have the following meaning:

1.2.1 Addendum (Addenda): A document issued by the County during the bidding period which modifies, supersedes or supplements the Contract Documents.

1.2.2 Applicable Laws: All local, state, and federal laws, statutes, codes, ordinances, rules and regulations in effect at the time Work and Warranty Work is performed under this Contract.

1.2.3 Amendment: A written addition or modification of, or a waiver of a right or obligation under the terms of the Contract executed by the County and issued after execution of the Contract.

1.2.4 Claim: Any claim, liability, loss, demand, demand for arbitration, damage, lien, cause of action of any kind, obligation, responsibility, cost, expense, royalty, fee, assessment, penalty, fine, judgment, interest or award, pending or threatened, whether arising by law, contract, tort, voluntary settlement or otherwise.

1.2.5 Change Order: A written order to Contractor executed by the County, issued after execution of this Contract, authorizing and directing a change in the Work or an adjustment in the Contract Price or the Contract Time, or any combination thereof.

1.2.6 Contract Price: The sum set forth in Exhibit B of this Contract shall constitute the Contract Price, as may be amended by Change Order. Unless otherwise approved by the County in writing, the Contract Price includes all taxes, including without limitation, income and withholding tax of any kind and sales tax imposed by the state or by the County and paid by Contractor or any Subcontractors with respect to sales of goods purchased for the performance of the Work.

1.2.7 Contract Time: The number of calendar days between commencement and completion of the Work, as may be amended by Change Order.

1.2.8 Final Completion: Completion of all Work in compliance with the Contract Documents, as determined by the County, and issuance of a Final Certificate for Payment.

1.2.9 Jobsite: Any physical location or other place on, under, in, at or through which any aspect of the Work is performed.

1.2.10 Notice to Proceed: A written notice given by the County to Contractor fixing the date on which the Contract Time will commence to run and identifying the corresponding Final Completion date.

1.2.11 County Representative: The individual tasked with representing the interests of the County throughout the duration of the Contract.

1.2.12 Subcontractor: A Subcontractor is an individual, partnership, corporation, association, joint-venture or any combination thereof, which has a direct or indirect contract with Contractor to perform a portion of the Work.

1.2.13 Work: All services required by the Contract Documents, including all labor, materials, supplies, equipment and services as well as all other deliverables provided, or to be provided, by Contractor to fulfill Contractor's obligations under this Contract.

1.3 Independent Contractor

Contractor represents that it is fully experienced and properly qualified, licensed, equipped, organized, and financed to perform the Work under this Contract. Contractor shall act as an independent contractor and not as an agent in performing this Contract and shall maintain complete control over its employees and all of its Subcontractors and suppliers of any tier. Nothing contained in this Contract or any lower-tier subcontract or purchase order awarded by Contractor shall create any contractual relationship between any such subcontractor or supplier and the County. Contractor shall perform all Work in accordance with the requirements of this Contract and in accordance with its own methods subject to compliance with this Contract.

1.4 Disputes

1.4.1 Contractor is solely responsible for requesting instructions, interpretations or clarifications concerning the Contract Documents and is solely liable for any cost and/or expenses arising from its failure to do so. Any dispute relating to a question of fact arising under this Contract shall be resolved through good faith efforts upon the part of Contractor and the County. Unless otherwise directed in writing, Contractor shall at all times carry on the Work and maintain its progress schedule in accordance with the requirements of the Contract and the determination of the County, pending resolution of any dispute. Any dispute that is not disposed of by mutual agreement shall be decided by the County who shall reduce such decision to writing. The decision of the County shall be final and conclusive. Contractor's failure to protest the County's determination or decisions within fourteen (14) calendar days after receipt thereof shall constitute a waiver by Contractor of all its rights to further protest, judicial or otherwise.

1.4.2 In no event will a dispute, the filing of a protest, claim or appeal, or the resolution or litigation thereof, relieve Contractor from its obligations to timely perform the Work required by the Contract and to maintain the progress schedule in accordance with the Contract.

ARTICLE II THE WORK

2.1 Labor and Materials

2.1.1 Contractor shall perform all of the Work required, implied, or reasonably inferable from, the Contract Documents. Unless otherwise provided in the Contract Documents, Contractor shall provide and pay for all labor, supervision, materials, supplies, tools, transportation, storage, equipment and machinery, utilities (including but not limited to water, heat, fuel, light, and cooling), and all other services necessary for proper execution and completion of the Work, whether temporary or permanent and whether or not incorporated or to be incorporated in the Work. Materials, articles and equipment furnished by Contractor for incorporation into the Work shall be new unless otherwise specified in the Contract Documents.

2.1.2 Contractor shall use only competent and skilled personnel to perform and supervise the Work and shall remove from such Work any person determined to be unfit, unqualified, or acting in violation of any obligation of Contractor under this Contract. In the event a person is removed from the Work, Contractor shall promptly replace such individual with

another who is fully competent and skilled to perform the Work at Contractor's sole expense.

2.1.3 Except as otherwise required for the safety or protection of persons or the Work or property at the Jobsite or adjacent thereto, and except as otherwise stated in the Contract Documents, all Work at the Jobsite shall be performed during regular working hours, Monday through Friday. Contractor will not perform Work on a Saturday, Sunday, or any legal holiday. Contractor may perform Work outside regular working hours or on Saturdays, Sundays, or legal holidays only with the County's prior written consent, which will not be unreasonably withheld.

2.1.4 In addition, when the Work requires by Florida Statute, Contractor shall use only licensed, registered and/or certified personnel to perform the Work. Such Statutes may include, but are not limited to, Chapter 489 (Regulation of Professions and Occupations Contracting) and Chapter 633, Part III (Fire Protection and Suppression) of the Florida Statutes.

2.2 Payment of Costs

Except as otherwise expressly provided, Contractor shall pay directly all costs and expenses of the Work of any kind or nature whatsoever including but not limited to all costs of permitting, regulatory compliance, obtaining and maintaining required bonds and insurance pursuant to Article 11, payments due to Subcontractors and suppliers, legal, financial, sales, use and similar taxes on materials and equipment, transportation and storage of materials and equipment, preparation of schedules, budgets and reports and all other costs required to satisfactorily complete the Work.

2.3 Cleaning the Jobsite

Contractor shall keep its Work area(s) neat, secure and orderly during performance of the Work and shall clean up and remove all waste, rubbish and construction debris as they accumulate. Upon Final Completion of the Work, Contractor shall remove all waste, rubbish and construction debris from the Work area as well as all tools, appliances, equipment, temporary utilities, temporary Work and machinery and surplus materials.

2.4 Title and Risk of Loss

Title to the structures, improvements, fixtures, machinery, equipment and materials constituting the Work shall pass to the County no later than time of payment. Such transferred title shall in each case be good, free and clear of any and all security interests, liens or other encumbrances. Contractor shall, however, bear all risk of loss concerning such structures, improvements, fixtures, machinery, equipment and materials until Final Completion, regardless of the extent to which the loss was insured or the availability of insurance proceeds. The transfer of title does not imply acceptance by the County nor does it relieve Contractor from the responsibility for any loss or damage to items.

2.5 Access to Work

The County and/or County Representative, shall at all reasonable times have full access to all parts and locations of the Jobsite(s) from commencement of the Work through Final Completion. Contractor shall take whatever steps necessary to provide such access when requested.

2.6 Utilities

If the scope of Work requires, Contractor shall, at its expense, make all arrangements necessary to secure the availability of and maintain all temporary utilities required to construct and operate Contractor's Work as required by the Contract Documents.

2.7 Taxes

Contractor shall pay all taxes, levies, duties and assessments of every nature which may be applicable to any Work under this Contract. The Contract Price and any agreed variations thereof shall include all applicable taxes imposed by law. Contractor shall make any and all payroll deductions required by law. Contractor herein indemnifies and holds the County harmless from any liability on account of any and all such taxes, levies, duties, assessments and deductions. The indemnity provision of this section shall survive the expiration or earlier termination of this Contract. Contractor may not use the County's tax-exempt status unless specifically authorized in writing in advance.

2.8 Publicity and Advertising

2.8.1 Contractor shall not make any announcement or release any information or publish any photographs concerning this Contract or the Work or any part thereof to any member of the public, press or any official body, unless prior written consent is obtained from the County.

2.8.2 Use of the County Seal or County Logo is strictly prohibited. In accordance with, County Ordinance 92-2 and County Administrative Policy 101.3, Contractor may not manufacture, use, display, or otherwise use any facsimile or reproduction of the County Seal or Logo without express written approval of the Board of County Commissioners of St. Johns County, Florida.

2.9 County Furnished Items

2.9.1 Contractor shall obtain and pay for all permits, fees and licenses necessary and ordinary for the performance of the Work. Excluding such permits, fees and licenses, the County shall obtain all approvals, easements, and the like required for Work.

2.9.2 The County shall furnish Contractor electronic copies of the Contract Documents for execution of the Work. Hard copies of the Contract Documents shall be the responsibility of Contractor. The above responsibility notwithstanding, Contractor may request a (hardcopy) set of Contract Documents from the County. Contractor will reimburse the County for the actual costs (or $25, whichever is greater), of providing such hardcopy set.

ARTICLE III CONTRACT TIME

3.1 Term

3.1.1 This Agreement shall become effective upon signature by the County, and shall remain in effect for a period of five (5) calendar years (Contract Term).

3.2 Time is of the Essence

Time is of the essence regarding each and every obligation of Contractor under this Contract. Each obligation is deemed material, and a breach of any such obligation (including a breach resulting from untimely performance) is a material breach.

3.3 Disclaimer of Consequential Damages

The County shall not be liable to Contractor, whether in contract, tort, warranty or under any statute or on any other basis, for any consequential, incidental, indirect, special, punitive or exemplary damages suffered or incurred by Contractor in connection with this Contract, even if the County has been advised of the possibility of such damages. Consequential damages shall include, by way of example and without limitation, opportunity costs, loss of use of facilities or other assets, consequential damage claims of subcontractors, lost profits, lost savings, lost business, lost bonding capacity, lost financing, lost reputation or lost goodwill.

ARTICLE IV CONTRACT PRICE AND PAYMENT

4.1 Contract Price

4.1.1 As full and complete compensation for satisfactory performance of the Work by Contractor, the County shall pay to Contractor compensation in accordance with the prices set forth in Exhibit "B", (hereinafter the "Contract Price").

4.1.2 Unit prices included in the Contract Price are "all-inclusive", including labor, material, supervision, tools, equipment, insurance, taxes, fringe benefits, coordination, engineering, overhead, profit, performance and payment bonds, and all other items incidental to or necessary for the completion of the Work. Unit prices are fixed for the duration of the Contract and are not subject to escalation for any cause.

4.2 Measurement and Payment

4.2.1 Contractor shall make all surveys necessary for determining all quantities of Work to be paid under this Contract. Copies of field notes, computations and other records made by Contractor for the purpose of determining quantities shall be furnished to the County Representative upon request. Contractor shall notify the County Representative prior to the time such surveys are made. The County Representative may but shall have no obligation to witness and verify such surveys. Measurements and computations shall be made by such methods as the County may consider appropriate for the class of

work measured. The dividing limits, lines or planes between adjacent items or classes of excavation, concrete, or other types of Work where not definitely indicated on the Drawings or in the Specifications shall be as determined by the County.

4.2.2 No payments of invoices (or portions thereof) shall, at any time, constitute approval or acceptance of the Work under this Contract, nor be a waiver by the County of any of the terms contained herein.

4.3 Progress Payments

4.3.1 Prior to Contractor's submittal of the initial Application for Payment, Contractor shall have delivered Insurance Certificate(s) evidencing coverages in accordance with Article 11. The County will not make any payment to Contractor until Contractor has complied with this requirement.

4.3.2 On or before the tenth (10th) day of each calendar month, Contractor shall submit an Application for Payment to the County Representative in such form and manner, and with such supporting data and content, as the County Representative may require. Such Application for Payment shall be based on the amount of Work done or completed during the payment period which is defined as the first day of the preceding calendar month through the last day of the preceding calendar month. The County Representative will review the Application for Payment to determine whether the quantity and quality of the Work is as represented in the Application for Payment and thereafter confirm to the County the amount properly owing to Contractor. Upon receipt by the County of the County Representative's recommendation for payment, payments will be made in accordance with the Local Government Prompt Payment Act (Sections 218.70-218.80 of the Florida Statutes) less such amounts, if any, otherwise owing by Contractor to the County or which the County shall have the right to withhold. Any Application for Payment determined by the County not to be suitable for payment shall be modified and processed in accordance with the County's assessment.

4.3.3 In the event any dispute with respect to any payment or Application for Payment cannot be resolved between Contractor and the County Representative, Contractor may demand in writing a meeting with and review by the County's Director of Purchasing and Contracts. Such meeting and review shall occur within ten (10) business days of receipt by the County of Contractor's written demand. The Director of Purchasing and Contracts shall issue a written decision on the dispute within ten (10) business days of such meeting. This decision shall be deemed the County's final decision for the purpose of the Local Government Prompt Payment Act.

4.3.4 Contractor warrants and guarantees that title to Work, materials, and equipment covered in any Application for Payment shall pass to the County no later than the time of payment and shall be free and clear of liens, claims, security interests or other encumbrances.

4.4 Application for Payment

4.4.1 Contractor may make Application for Payment, at intervals of not more than once a month for Work satisfactorily completed. Each Application for Payment shall clearly include:

a) The Contract Number;
b) A unique Application for Payment number;
c) Contractor's legal name and address;
d) Taxpayer identification number (Contractor's federal employer identification number);
e) Brief description of the completed Work, in accordance with Contractor's Schedule of Values;
f) The original Contract Price including approved Change Order amounts; and,
g) Preferred remittance address, if different from the mailing address.

The County may require any other information from Contractor that the County deems necessary to verify Contractor's Application for Payment. No later than ten (10) days after execution of this Contract or Notice to Proceed has been issued, the County will identify in a separate written notice the submittal requirements for Contractor's payment requests.

4.4.2 Each Application for Payment shall be signed by Contractor and shall constitute Contractor's representation that the Work has progressed to the level for which payment is requested, that the Work has been properly installed or performed in full accordance with this Contract, and that Contractor knows of no reason why payment should not be made as requested. Contractor's final Application for Payment shall also be accompanied by a full and complete release and/or waiver of all liens complying with Section 713.20 of the Florida Statutes.

4.4.3 Contractor must remit undisputed payment due for labor, services, or materials furnished by Subcontractors and suppliers hired by Contractor, within ten (10) days after receipt of each progress payment from the County pursuant to Section 218.735 of the Florida Statutes. If necessary for the protection of the County, the County shall have the right, at its sole option, to make payment by joint check or by direct check to Contractor's Subcontractors or suppliers without advance notice to or consent of Contractor. If joint checks are issued following claims by Contractor's Subcontractors or suppliers, the County shall be entitled to an administrative fee of $50.00 per check for the expense of processing each joint check. Any amounts paid directly to a Subcontractor or supplier will be deducted from payments made to, or amounts due or that may become due to, Contractor. The issuance of a joint check shall create no rights in favor of any person or entity beyond the right of the named payees to payment of the check and shall not be deemed to commit the County to repeat the procedure in the future.

4.4.4 No progress payment shall be interpreted to constitute approval or acceptance of any Work under this Contract, nor be considered a waiver by Contractor of any of the terms of this Contract.

4.4.5 The County's performance and obligation to pay under this Contract is contingent upon an appropriation of lawfully available funds by the Board of County Commissioners. The County shall promptly notify Contractor if the necessary appropriation is not made.

4.5 Withheld Payment

4.5.1 The County may decline to make payment, may withhold funds otherwise payable and, if necessary, may demand the return of some or all of the amounts previously paid to Contractor, if:

a) Any Claims are made against Contractor by the County or third parties, including Claims for liquidated damages or if reasonable evidence indicates the probability of the making of any such Claim;
b) Any Claims are made against the County, the County's property or any other party indemnified hereunder which is or might be covered by Contractors Indemnification obligations under Section 10.2 below;
c) Contractor fails to pay Subcontractors or others in full and on-time;
d) Contractor fails to submit schedules, reports, or other information required under the Contract;
e) Contractor fails to diligently prosecute the Work and maintain progress to assure completion within the Contract Time;
f) Contractor persistently fails to fully and timely perform the Work in accordance with the Contract Documents;
g) Defective or nonconforming Work is not remedied; or
h) Contractor is in default of any other representation, warranty, covenant or performance obligation of this Contract.

4.5.2 If Claims or liens filed against Contractor or property of the County connected with performance under this Contract are not promptly removed by Contractor after receipt of written notice from the County to do so, the County may remove such Claims or liens and all costs in connection with such removal shall be deducted from withheld payments or other monies due, or which may become due, to Contractor. If the amount of such withheld payments or other monies due Contractor under the Contract is insufficient to meet such cost, or if any Claim or lien against Contractor is discharged by the County after final payment is made, Contractor and its surety or sureties shall promptly pay the County all costs (including attorney's fees) incurred thereby regardless of when such Claim or lien arose.

ARTICLE V CONTRACTOR RESPONSIBILITIES

5.1 Performance

5.1.1 Contractor warrants that, to the best of its knowledge, there is no pending or threatened action, proceeding, or investigation, or any other legal or financial condition, that would in any way prohibit, restrain, or diminish Contractor's ability to satisfy its contractual obligations hereunder.

5.1.2 Contractor shall perform no part of the Work at any time without adequate Contract Documents or, as appropriate, approved Shop Drawings, Product Data or samples for such portion of the Work. If Contractor performs any portion of the Work where Contractor knows or should know such Work involves a recognized error, inconsistency or omission in the Contract Documents without notice to the County Representative and the County, Contractor shall bear responsibility for such performance and shall bear the cost of correction.

5.1.3 Contractor shall perform the Work strictly in accordance with this Contract.

5.1.4 Contractor shall confine its operations to the Jobsite or such other land and areas identified in and permitted by the Contract Documents. Contractor shall assume full responsibility for any damage to any such land or area, to the County or occupant thereof, or of any adjacent land or areas, resulting from the performance of the Work. Should any Claim be made by any such owner or occupant because of the performance of the Work, Contractor shall promptly settle with such other party by negotiation or otherwise resolve the Claim by other dispute resolution proceeding or at law. Contractor shall, to the fullest extent permitted by Applicable Law, indemnify and hold harmless the County, and its officers, directors, agents and employees and anyone directly or indirectly employed by them from and against Claims, costs, losses, and damages arising out of or resulting from any Claim or action, legal or equitable, brought by any such owner or occupant against the County or any other party indemnified hereunder to the extent caused by or based upon Contractor's or a Subcontractor's performance of the Work.

5.1.5 Contractor is solely and exclusively responsible for supervising all workers at the Jobsite. Contractor shall supervise and direct the Work using Contractor's best skill, effort and attention. Contractor shall be responsible to the County for any and all acts or omissions of Contractor, its employees and others engaged in the Work on behalf of Contractor.

5.1.6 Contractor and the Work must comply with all Applicable Law and the requirements of any applicable grant agreements.

5.2 Authorized Representative

Prior to commencing Work, Contractor shall designate in writing a competent, authorized representative(s) acceptable to the County to represent and act for Contractor ("Authorized Representative"). All communications given to the Authorized Representative shall be binding upon Contractor. An Authorized Representative may be added, removed or changed upon prior written notice given pursuant to Section 12.18 titled "Written Notice".

5.3 Environmental, Safety and Health

5.3.1 Safety and Protection. Contractor shall be solely and exclusively responsible for conducting operations under this Contract to avoid risk of harm to the health and safety of persons and property and for inspecting, supervising and monitoring all equipment, materials (whether in storage on or off the Jobsite), work practices and safety precautions (including but not limited to adequate maintenance of traffic) used in the Work to ensure compliance with its obligations under this Contract. Contractor shall provide or cause to be provided necessary training and furnish all safety equipment/tools, including OSHA compliant and ANSI certified personal protective equipment as appropriate and necessary for the performance of the Work, to its subcontractors of every tier and enforce the use of such training and safety equipment/tools.

5.3.2 Compliance. Contractor shall comply with all Applicable Laws bearing on the safety of persons or property, or their protection from damage, injury or loss including compliance with applicable permits, plans and approvals. To the extent allowed by law, Contractor shall assume all responsibility and liability with respect to all matters regarding the safety and health of its employees and the employees of Contractor's subcontractors and suppliers of any tier, with respect to the Work.

5.4 Final Inspection and Testing

All equipment and materials furnished and Work performed shall be inspected and tested by Contractor at Contractor's expense. Contractor shall give the County Representative timely notice, at least 48 hours in advance, of readiness of the Work for required inspections, tests or approvals unless otherwise specified in the Contract Documents. Neither observations by the County nor inspections, tests, or approvals shall relieve Contractor from the Contractor's obligations to perform the Work in accordance with the Contract Documents. The County Representative will issue a Final Certificate for Payment following satisfactory inspection of the Work.

5.5 Final Payment

5.5.1 Upon Contractor's receipt of the Final Certificate for Payment, Contractor may submit a final invoice.

5.5.2 Acceptance of Final Payment shall constitute a waiver of all Claims against the County by Contractor except for those Claims previously made in writing against the County by Contractor, pending at the time of Final Payment, and identified in writing by Contractor as unsettled at the time of its request for Final Payment.

5.5.3 In the event Contractor fails to make a Request for Final Payment, or to resubmit a final Application for Payment within ninety (90) days after being requested to do so, the County may deem any and all retained funds to be abandoned property and shall give notice of abandonment to Contractor. The County may set off against the final payment any amounts due to County from Contractor arising out of or under this or any other Contract or Contract between them.

ARTICLE VI COUNTY REPRESENTATIVE

6.1 County Representative Responsibilities

6.1.1 The County shall designate as its representative a County Representative. The County Representative shall be authorized to act on behalf of the County only to the extent provided in this Article VI.

6.1.2 The County and Contractor shall communicate with each other in the first instance through the County Representative.

6.1.4 The County Representative shall review Contractor's Applications for Payment and shall confirm to the County for payment to Contractor, those amounts then due to Contractor as provided in this Contract.

6.1.5 The County Representative shall have authority to reject Work, which is defective or does not conform to the requirements of this Contract. If the County Representative deems it necessary or advisable, the County Representative shall have authority to require additional inspection or testing of the Work for compliance with Contract requirements at Contractor's expense.

6.1.8 The County Representative shall, upon written request from Contractor, conduct inspections to determine the date of Final Completion, shall receive and forward to the County for the County's review and records, written warranties and related documents required by this Contract and shall issue a Final Certificate for Payment upon compliance with the requirements of this Contract.

6.1.9 The County Representative's decision in matters relating to aesthetic effect shall be final if consistent with the intent of this Contract.

ARTICLE VII CHANGES IN THE WORK

7.1 General

7.1.1 The County may, at any time, without invalidating this Contract and without notice to sureties, unilaterally direct changes in the Work within the general scope of this Contract, consisting of additions, deletions, revisions, or any combination thereof, by Change Order or by field order. Contractor agrees to promptly comply with such orders and proceed with the Work, which shall be performed under the applicable requirements of the Contract Documents.

7.1.2 If at any time Contractor believes that acts or omissions of the County constitute a change to the Work, Contractor shall, within five (5) days of such change or act or omission, submit a written notice to the County Representative explaining in detail the basis for the change request. Upon agreement as to the impact of the change or act or omission, the Contract Time and/or Contract Price shall be adjusted by written Change Order. **IT IS EXPRESSLY AND SPECIFICALLY AGREED THAT ANY AND ALL CLAIMS FOR CHANGES TO THE CONTRACT TIME OR CONTRACT PRICE SHALL BE WAIVED IF NOT SUBMITTED IN STRICT ACCORDANCE WITH THE REQUIREMENTS OF THIS SECTION.**

7.2 Acceptance of Change Orders

Contractor's written acceptance of a Change Order shall constitute a final and binding Contract to the provisions thereof and a waiver of all claims in connection therewith, whether direct, indirect, or consequential in nature.

7.3 Notice to Sureties

Contractor shall notify and obtain the timely consent and approval of Contractor's surety with reference to all Change Orders if such notice, consent or approval is required by Contractor's surety or by law. Contractor represents and warrants to County that Contractor is solely liable and responsible to so notify and obtain any such consent or approval.

ARTICLE VIII STOPPING WORK,

AND ACCEPTING DEFECTIVE OR NONCONFORMING WORK

8.1 Right to Stop Work

If the Work is defective, or Contractor fails to supply sufficient skilled workers, suitable materials, or equipment or fails to furnish or perform the Work in such a way that the completed Work will conform to the Contract Documents, the County, acting through the County Representative, may order Contractor to stop the Work, or any portion thereof, until the cause for such order has been eliminated. The County's right to stop Work, or any portion thereof, shall not give rise to any duty on the part of the County to exercise this right for the benefit of Contractor or any other party.

8.2 County May Accept Defective or Nonconforming Work

If the County chooses to accept defective or nonconforming Work, the County may do so. In such events, the Contract Price shall be reduced by the greater of (a) the reasonable cost of removing and correcting the defective or nonconforming Work, and (b) the difference between the fair market value of the Work had it not been constructed in such manner as to include defective or nonconforming Work. If the remaining portion of the unpaid Contract Price, if any, is insufficient to compensate the County for its acceptance of defective or nonconforming Work, Contractor shall, pay the County such remaining compensation for accepting defective or nonconforming Work.

ARTICLE IX CONTRACT SUSPENSION AND TERMINATION

9.1 Suspension

The County may, by written notice, order Contractor to suspend, delay or interrupt Work, in whole or in part, for a period of time as the County may determine. If such suspension delays Contractor's ability to meet the authorized Contract Time, Contractor will be granted an extension of time as reasonably agreed by both parties. Contractor shall not be entitled to an adjustment to the Contract Time to the extent that performance is, was or would have been so suspended, delayed or interrupted by another cause, act or omission for which Contractor is responsible.

9.2 Termination

9.2.1 The County may by written notice to Contractor terminate the Work under this Contract in whole or in part at any time for the County's convenience or for the default of Contractor.

9.2.2 Upon receipt of such termination notice Contractor shall immediately stop all Work and shall immediately cause any and all of its Subcontractors and material suppliers at any tier, to immediately stop all work, leaving the Jobsite or Work area in a safe and secured condition. Contractor shall not be paid for any work performed or costs incurred after the termination date that reasonably could have been avoided. The County may direct Contractor to assign Contractor's right, title and interest under terminated orders or subcontracts to its designee.

9.2.3 Contractor shall not remove from any Jobsite any materials, equipment, plant or tools that have been paid for by County pursuant to this Contract. Contractor hereby grants the County a free and unimpeded right of access to Contractor's facilities, which shall survive any termination of the Contract, for the purpose of permitting the County to take control of and remove any Work, including but not limited to any Work for which title has vested in the County.

9.2.4 If the termination is for the convenience of the County, an equitable adjustment in the compensation to be paid Contractor shall be made based upon the cost for completed Work, Work in progress, and the substantiated, reasonable and actually incurred costs associated with termination. No amount shall be allowed for anticipated profit or unperformed work.

9.2.5 For purposes of this Termination provision, Contractor shall be deemed in default if Contractor (1) persistently or repeatedly refuses or fails to perform the Work in a timely manner, (2) fails to supply enough properly skilled Workers, supervisory personnel or proper equipment or materials, (3) fails to make prompt payment to Subcontractors, or for materials or labor, (4) becomes insolvent or becomes the subject of voluntary or involuntary bankruptcy proceedings, (5) persistently disregards laws, ordinances, rules, regulations or orders of any public authority having jurisdiction, or (6) breaches or violates a material provision of this Contract. If the termination is attributable to the default of Contractor, the County shall have the right, without prejudice to any other right or remedy, to take possession of the Jobsite and of all materials, equipment, tools, and machinery thereon owned by Contractor and may finish the Work by whatever methods it may deem expedient. In such case, Contractor shall not be entitled to receive any further payment until the Work is finished.

ARTICLE X WARRANTY AND INDEMNITY

10.1 Warranty

10.1.1 Contractor warrants and guarantees to the County that all labor furnished to progress the Work under this Contract shall be competent to perform the tasks undertaken and that the product of such labor shall yield only first-class results and that all materials and equipment furnished under this Contract shall be of good quality, free from faults and defects and in strict conformance with the Contract Documents.

10.1.2 Contractor warrants all materials, equipment and labor it furnishes or performs under this Contract against all defects in design, materials and workmanship for a period of one year (or the period of time in any guarantee or warranty provided by any manufacturer or supplier of equipment or materials incorporated into the Work, whichever is later) from and after the date of Final Completion. Contractor shall within ten (10) Days after being notified in writing by the County of any defect in the Work or non-conformance of the Work (Warranty Work), commence and prosecute with due diligence all Work necessary to fulfill the terms of the warranty at its sole cost and expense. Contractor shall act sooner as requested by the County in response to an emergency. In addition, Contractor shall, at its sole cost and expense, repair and replace any portions of the Work (or work of other contractors) damaged by its Warranty Work or which becomes damaged in the course of repairing or replacing Warranty Work. For any Work so corrected, Contractor's obligation hereunder to correct Warranty Work shall be reinstated for an additional one-year period, commencing with the date of acceptance of such corrected Work.

10.1.3 Contractor shall perform such tests as the County may require to verify that any corrective actions, including, without limitation, redesign, repairs, and replacements comply with the requirements of the Contract Documents. All costs associated with such corrective actions and testing, including the removal, replacement, and reinstitution of equipment and materials necessary to gain access, shall be the sole responsibility of Contractor.

10.1.4 All warranties and guarantees of subcontractors, suppliers and manufacturers with respect to any portion of the Work, whether express or implied, are deemed to be obtained by Contractor for the benefit of the County, regardless of whether or not such warranties and guarantees have been transferred or assigned to the County by separate Contract and Contractor agrees to enforce such warranties and guarantees, if necessary, on behalf of the County.

10.1.5 In the event that Contractor fails to perform its obligations under this Warranty Section, or under any other warranty or guaranty under this Contract, to the reasonable satisfaction of the County, the County shall have the right to correct and replace any defective or non-conforming Work and any work damaged by such work or the replacement or correction thereof at Contractor's sole expense. Contractor shall be obligated to fully reimburse the County for any expenses incurred hereunder upon demand.

10.1.6 Failure on the part of the County to reject defective, non-conforming or unauthorized Work shall not release Contractor from its contractual obligations, be constructed to mean acceptance of such Work or material by the County, or, after Final Completion, bar the County from recovering damages or obtaining such other remedies as may be permitted by law.

10.1.7 No adjustment in the Contract Time or Contract Price will be allowed because of delays in the performance of the Work as a result of correcting defective, non-conforming or unauthorized Work.

10.1.8 County and Contractor agree that the provisions of Florida Statute Chapter 558 shall not apply to this Contract.

10.2 Indemnity

10.2.1 Contractor shall indemnify and hold harmless the County and its officers and employees ("Indemnified Party"), from liabilities, damages, losses and costs, including, but not limited to, reasonable attorney's fees, to the extent caused by the negligence, recklessness, or intentional wrongful misconduct of Contractor and persons employed or utilized by Contractor in the performance of this Contract.

10.2.2 To the extent permitted by, and in accordance with Section 725.06 of the Florida Statues, Contractor further agrees that "damages, losses and costs", includes fines, citations, court judgments, insurance claims, restoration costs or other liability, to the extent caused by the negligence, recklessness, or intentional wrongful misconduct of Contractor and persons employed or utilized by Contractor in the performance of this Contract.

10.2.3 To the extent permitted by, and in accordance with Section 725.06 of the Florida Statues, for purposes of indemnity, the "persons employed or utilized by Contractor" shall be construed to include, but not be limited to, Contractor, its staff, employees, subcontractors, all deliverers, suppliers, furnishers of materials or services or anyone acting for, on behalf of, or at the request of Contractor.

10.2.4 In Claims against any person or entity indemnified hereunder by an employee of Contractor, any Subcontractor, or subcontractor, anyone directly or indirectly employed by them or anyone for whose acts they may be liable, the indemnification obligation under this Section 10.2 shall not be limited by a limitation on the amount or type of damages, compensation or benefits payable by or for Contractor or any Subcontractor or subcontractor under any workers' compensation acts, disability benefits acts or other employee benefit acts.

10.2.5 Contractor's indemnity and hold harmless obligations hereunder shall extend to all Claims against the County by any third party or third-party beneficiary of this Contract and all liabilities, damages, losses and costs related thereto.

10.2.6 This indemnification will not be valid in the instance where the loss is caused by the gross negligence, or willful, wanton or intentional misconduct of any Indemnified Party.

10.2.7 If any provision(s), or portion(s) of a provision(s) of this Section, or the application thereof to any person or circumstance shall, to any extent, be held to be invalid, illegal or unenforceable for any reason whatsoever, the validity, legality and enforceability of the remaining provision(s), or part of the provision(s), shall not in any way be affected or impaired thereby; and shall be interpreted to the fullest extent possible to be enforceable and to give effect to the intent manifested by the provision(s), or portion(s) thereof, held invalid, illegal or unenforceable.

10.2.8 Contractor shall further indemnify and hold harmless the County its officers and employees from and against all Claims arising out of any infringement of patent rights or copyrights incident to the use in the performance of the Work or resulting from the incorporation in the Work of any invention, design, process, product, or device not specified in the Contract Documents and shall defend such Claims in connection with any alleged infringement of such rights.

10.2.9 The indemnification provisions of this Section 10.2 shall survive expiration or earlier termination of this Contract.

ARTICLE XI INSURANCE

11.1 Contractor's Insurance Requirements

11.1.1 All insurance policies shall be satisfactory to the County and be issued by companies authorized and duly licensed to transact business in the State of Florida. Contractor shall furnish proof of insurance to the County prior to execution of this Contract. No Work shall commence under this Contract until Contractor has obtained all insurance coverages required under this section. Certificates of insurance shall clearly indicate Contractor has obtained insurance of the type, amount, and classification as required by this Contract. Required insurance coverage shall be maintained in force, including coverage for Additional Insureds, until Final Completion of all Work including Warranty Work.

11.1.2 No less than ten (10) days written notice shall be provided to the County prior to cancellation, non-renewal or any material change of required insurance policies. Yearly renewal certificates shall be provided to the County within thirty (30) days of expiration of the current policy.

11.1.3 The types and amounts of insurance required under this Contract do not in any way limit the liability of Contractor including under any warranty or indemnity provision of this Contract or any other obligation whatsoever Contractor may have to the County or others. Nothing in this Contract limits Contractor to the minimum required insurance coverages found in this Article XII.

11.2 Additional Insured Endorsements and Certificate Holder

The term "Additional Insured", as used in this Contract, shall mean St. John's County, its elected officials, officers, employees, agents and representatives. Certificates of insurance shall specifically name each Additional Insured for all policies of insurance except Workers' Compensation and Professional Liability. A copy of the endorsement showing the required coverages must accompany the certificate of insurance.

Certificate Holder Address: St. Johns County, a political subdivision of the State of Florida

500 San Sebastian View
St. Augustine, FL 32084
Attn: Purchasing

11.3 Workers Compensation & Employer's Liability

Contractor shall procure and maintain during the life of this Contract, adequate Workers' Compensation Insurance and Employer's Liability in at least such amounts as is required by law for all of its employees per Florida Statute 440.02.

11.4 Commercial General Liability

Contractor shall procure and maintain during the life of this Contract, Comprehensive General Liability Insurance with minimum limits of $1,000,000 per occurrence, $2,000,000 aggregate, including bodily injury (including wrongful death), property damage, products, personal & advertising injury, and completed operations. This insurance must provide coverage for all Claims that may arise from the services and/or operations completed under this Contract, whether such services or operations are by Contractor or anyone directly or indirectly employed by them. Such insurance(s) shall also be primary and non-contributory with regard to insurance carried by the Additional Insureds.

11.5 Automobile Liability

Contractor shall procure and maintain during the life of this Contract, Comprehensive Automobile Liability Insurance with minimum limits of $2,000,000 combined single limit for bodily injury and property damage liability and insuring liability arising out of or in any way related directly or indirectly to the ownership, maintenance or use of any owned, non-owned or rented/hired automobiles.

11.6 Other Requirements

The required insurance limits identified in Sections 11.4 above may be satisfied by a combination of a primary policy and/or Umbrella or Excess Liability Insurance policy. Contractor shall require each lower-tier subcontractor to comply with all insurance requirements appropriate for its scope of work, and any deficiency shall not relieve Contractor of its responsibility herein. Upon written request, Contractor shall provide County with copies of lower-tier subcontractor certificates of insurance.

Providing and maintaining adequate insurance coverage is a material obligation of Contractor. County has no obligation or duty to advise Contractor of any non-compliance with the insurance requirements contained in this Section. If Contractor fails to obtain and maintain all of the insurance coverages required herein, Contractor shall indemnify and hold harmless the Additional Insureds from and against any and all Claims that would have been covered by such insurance had Contractor complied with its obligations herein.

County reserves the right to adjust the above minimum insurance requirements or require additional insurance coverages to address other insurable hazards.

ARTICLE XII MISCELLANEOUS

12.1 Examination of Contractor's Records

The County or its authorized representative shall, until the expiration of five (5) years after final payment under this Contract, have access to, and the right to examine any directly pertinent books, documents, papers and records of Contractor involving transactions relating to this Contract, and to make copies, excerpts and transcriptions thereof. If any such examination reveals that Contractor has overstated any component of the Contract Price, Change Order, Claim, or any other County payment obligation arising out of this Contract, then Contractor shall, at the election of the County, either immediately reimburse to the County or offset against payments otherwise due Contractor, the overstated amount plus interest. The foregoing remedy shall be in addition to any other rights or remedies the County may have.

12.2 Backcharges

Upon the County's notification to undertake or complete unperformed Work such as cleanup or to correct defective or non-conforming services, equipment, or material (Backcharge Work), if Contractor states or by its actions indicates it is unable or is unwilling to immediately proceed and/or complete the Backcharge Work in an agreed time; the County may perform such Backcharge Work by the most expeditious means available and backcharge Contractor for any and all costs thereby incurred by the County.

The County shall separately invoice or deduct and retain from payments otherwise due to Contractor the costs for Backcharge Work. The County's right to backcharge is in addition to any and all other rights and remedies provided in this Contract or by law. The County's performance of the Backcharge Work shall not relieve Contractor of any of its responsibilities under this Contract and Contractor shall be responsible for the Backcharge Work as if it were its own.

12.3 Applicable Law

Contractor and the Work must comply with all Applicable Law and the requirements of any applicable grant agreements.

12.4 Governing Law & Venue

The Contract shall be governed by the laws of the State of Florida. Venue for any administrative and/or legal action arising under the Contract shall be St. Johns County, Florida.

12.5 Assignment

Contractor shall not assign the Work or this Contract, in whole or in part, without the prior written consent the County. Contractor shall be responsible for all Work performed under the Contract Documents. Contractor shall not sell, assign or transfer any of its rights, duties or obligations under the Contract, or under any Change Order issued pursuant to the Contract or make an assignment or transfer of any amounts payable to Contractor under the Contract, without the prior written consent of the County. In the event of any assignment, Contractor remains secondarily liable for performance of the Contract, unless the County expressly waives such secondary liability. The County may assign the Contract with prior written notice to Contractor of its intent to do so. This Contract may be assumed by and shall inure to the benefit of the County's successors and assigns without the consent of Contractor.

12.6 Severability

If a court deems any provision of the Contract void, invalid or unenforceable, that provision shall be enforced only to the extent that it is not in violation of law or is not otherwise unenforceable and all other provisions shall remain in full force and effect.

12.7 Section Headings

The section and other headings contained in this Contract are for reference purposes only and shall not affect the meaning or interpretation of this Contract.

12.8 Disclaimer of Third-Party Beneficiaries

This Contract is solely for the benefit of County and Contractor and no right or cause of action shall accrue to or for the benefit of any third party not a formal party hereto. Nothing in this Contract, expressed or implied, is intended or shall be construed to confer upon or give any person or entity other than County and Contractor, any right, remedy, or Claim under or by reason of this Contract or any provisions or conditions hereof; and all of the provisions, representations, covenants and conditions herein contained shall inure to the sole benefit of and shall be binding upon County and Contractor.

12.9 Waiver; Course of Dealing

The delay or failure by the County to exercise or enforce any of its rights or remedies under this Contract shall not constitute or be deemed a waiver of the County's right thereafter to enforce those rights or remedies, nor shall any single or partial exercise of any such right or remedy preclude any other or further exercise thereof or the exercise of any other right or remedy. The conduct of the parties to this Contract after the Effective Date shall not be deemed a waiver or modification of this Contract.

12.10 No Waiver of Sovereign Immunity

Nothing herein is intended to serve as a waiver of sovereign immunity by any agency or political subdivision to which sovereign immunity may be applicable or of any rights or limits to liability existing under Section 768.28, Florida Statutes. This section shall survive the termination of all performance and obligations under this Contract and shall be fully binding until such time as any proceeding brought on account of this Contract is barred by any applicable statute of limitations.

12.11 Execution in Counterparts

This Contract may be executed in counterparts, each of which shall be an original document, and all of which together shall constitute a single instrument. The parties may deliver executed counterparts by e-mail transmission, which shall be binding. In the event this Contract is executed through a County-approved electronic signature or online digital signature service (such as DocuSign), such execution shall be valid, effective and binding upon the party so executing. Execution and delivery

of an executed counterpart of this Contract and/or a signature page of this Contract by electronic image scan transmission (such as a "pdf" file) or through a County approved electronic signature service will be valid and effective as delivery of a manually executed counterpart of this Contract.

12.12 Entire Contract

This Contract, together with the Contract Documents for the Work, constitutes the entire Contract between County and Contractor relating to the subject matter hereof and supersedes all prior or contemporaneous Contracts, negotiations, discussions and understandings, oral or written. This Contract may not be amended or modified except in writing signed by both parties.

12.13 Survival

The provisions of the Contract Documents which by their nature survive termination of the Contract, including without limitation all warranties, indemnities, insurance, payment obligations, and the County's right to audit Contractor's books and records, shall in all cases survive the expiration or earlier termination of this Contract.

12.14 Employment Eligibility and Mandatory Use of E-Verify

As a condition precedent to entering into this Contract, and in accordance with section 448.095, F.S., Contractor and its subcontractors shall register with and use the E-Verify system to verify the work authorization status of all employees hired on or after July 1, 2023.

a. Contractor shall require each of its subcontractors to provide Contractor with an affidavit stating that the subcontractor does not employ, contract with, or subcontract with an unauthorized alien. Contractor shall maintain a copy of such affidavit for the duration of this Contract.

b. The County, Contractor, or any subcontractor who has a good faith belief that a person or entity with which it is contracting has knowingly violated section 448.09(1), F.S. or these provisions regarding employment eligibility shall terminate the contract with the person or entity.

c. The County, upon good faith belief that a subcontractor knowingly violated these provisions regarding employment eligibility, but Contractor otherwise complied, shall promptly notify Contractor and Contractor shall immediately terminate the contract with the subcontractor.

d. The Contractor acknowledges that, in the event that the County terminates this Contract for Contractor's breach of these provisions regarding employment eligibility, then Contractor may not be awarded a public contract for at least one (1) year after such termination. Contractor further acknowledges that Contractor is liable for any additional costs incurred by the County as a result of the County's termination of this Contract for breach of these provisions regarding employment eligibility.

12.15 Equal Employment Opportunity

During the performance of this Contract, Contractor agrees as follows:

12.15.1 Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, disability, age, sex (including sexual orientation and gender identity/expression), national origin (including limited English proficiency), marital status, or familial status. Contractor will take affirmative action to ensure that applicants and employees are treated during employment without regard to their race, color, religion, disability, sex, age, national origin, ancestry, marital status, sexual orientation, gender identity or expression, familial status, genetic information or political affiliation. Such action shall include, but not be limited to, the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertisement, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this non-discrimination clause.

12.15.2 Contractor will, in all solicitations or advertisements for employees placed for, by, or on behalf of Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, sexual orientation, gender identity or expression, familial status, or genetic information.

12.15.3 Contractor will not discharge or in any other manner discriminate against any employee or applicant for employment because such employee or applicant has inquired about, discussed, or disclosed the compensation of the employee or applicant or another employee or applicant. This provision shall not apply to instances in which an employee who has access to the compensation information of other employees or applicants as a part of such employee's essential job functions discloses the compensation of such other employees or applicants to individuals who do not otherwise have access to such information, unless such disclosure is in response to a formal complaint or charge, in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or is consistent with Contractor's legal duty to furnish information.

12.15.4 Contractor will send to each labor union or representatives of workers with which it has a collective bargaining Contract or other contract or understanding, a notice to be provided by the County, advising the labor union or workers' representative of Contractor's commitments under Section 202 of Executive Order 11246 of September 24, 1965, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

12.15.5 Contractor will comply with all provisions of Executive Order 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.

12.15.6 Contractor will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to its books, records, and accounts by the County and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.

12.15.7 In the event of Contractor's noncompliance with the nondiscrimination clauses of this Contract or with any of such rules, regulations, or orders, this Contract may be cancelled, terminated or suspended in whole or in part and Contractor may be declared ineligible for further contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.

12.15.8 Contractor will include the provisions of paragraphs 12.15.1 through 12.15.8 in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. Contractor will take such action with respect to any subcontractor or vendor as may be directed to the Secretary of Labor as a means of enforcing such provisions including sanctions for noncompliance: Provided, however, that in the event Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction, Contractor may request the United States to enter into such litigation to protect the interest of the United States.

12.16 Public Records

12.16.1 Contractor shall comply and shall require all of its Subcontractors to comply with the State of Florida's Public Records Statute (Chapter 119), specifically to:

(1) Keep and maintain public records that ordinarily and necessarily would be required by the County in order to perform the Services;

(2) Upon request from the County's custodian of public records, provide the County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost as provided in Chapter 119, Florida Statutes, or as otherwise provided by Applicable Law;

(3) Ensure that public records related to this Contract that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by Applicable Law for the duration of this Contract and following expiration of this Contract, or earlier termination thereof, if Contractor does not transfer the records to the County; and

(4) Upon completion of this Contract, or earlier termination thereof, transfer, at no cost, to the County all public records in possession of Contractor or keep and maintain for inspection and copying all public records required by the County to perform the Work.

12.16.2 If Contractor, upon expiration of this Contract or earlier termination thereof: i) transfers all public records to the County, Contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements; and ii) keeps and maintains public records, Contractor shall meet all Applicable Law and requirements for retaining public records. All records stored electronically must be provided to the County, upon request from the County's custodian of public records, in a format that is compatible with the County's information technology systems.

12.16.3 Failure by Contractor to comply with the requirements of this section shall be grounds for immediate, unilateral termination of this Contract by the County.

IF CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO ITS DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT: (904) 209-0805, PUBLICRECORDS@SJCFL.US, 500 SAN SEBASTIAN VIEW, ST. AUGUSTINE, FLORIDA 32084

12.17 Anti-Bribery

Contractor and its Subcontractors shall at all times during the term of this Contract comply with all anti-bribery and corruption laws that are applicable to the performance of this Contract. Contractor represents that it has not, directly or indirectly, taken any action which would cause it to be in violation of Chapter 838 of the Florida Statutes. Contractor shall immediately notify the County of any violation (or alleged violation) of this provision.

12.18 Convicted and Discriminatory Vendor Lists, and Scrutinized Companies

12.18.1 Contractor warrants that neither it nor any Subcontractor is currently on the convicted vendor list or the discriminatory vendor list maintained pursuant to Sections 287.133 and 287.134 of the Florida Statutes, or on any similar list maintained by any other state or the federal government. Contractor shall immediately notify the County in writing if its ability to perform is compromised in any manner during the term of the Contract.

12.18.2 Section 287.135 of the Florida Statutes prohibits agencies from contracting with companies for goods or services that are on the Scrutinized Companies that Boycott Israel List, or with companies that are engaged in a boycott of Israel, and from contracting with companies for goods or services of $1,000,000 or more that are on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or are engaged in business operations in Cuba or Syria. The lists are created pursuant to §215.473 and §215.4725, F.S. By execution of this Contract, Contractor certifies that it is not listed on the Scrutinized Companies that Boycott Israel List, the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, and is not engaged in a boycott of Israel or engaged in business operations in Cuba or Syria, and understands that pursuant to §287.135, F.S., the submission of a false certification may subject Contractor to civil penalties, attorney's fees, and/or costs. In accordance with §287.135, F.S., the County may terminate this Contract if a false certification has been made, or the Contractor is subsequently placed on any of these lists, or engages in a boycott of Israel or is engaged in business operations in Cuba or Syria.

12.19 Written Notice

Any and all notices, requests, consents, approvals, demands, determinations, instructions, and other forms of written communication under this Contract shall be validly given when delivered as follows:

i. Hand delivered to Contractor's Authorized Representative or hand delivered during normal business hours and addressed as shown below, or

ii. Delivered by U.S. Mail, electronic mail or commercial express carrier, (postage prepaid, delivery receipt requested), to the following addresses:

St. Johns County
500 San Sebastian View
St. Augustine, FL 32084

Axis Forensic Toxicology, Inc.
5780 W 71st St
Indianapolis, IN 46278

Attn: Jaime Locklear
Email Address: jlocklear@sjcfl.us

Attn: Denise Purdie Andrews
Email Address: sales@axisfortox.com

With a copy to:

St. Johns County
Office of the County Attorney
500 San Sebastian View
St. Augustine, FL 32084
Email Address: BCCAttorney@sjcfl.us

Notices shall be deemed to have been given on the date of delivery to the location listed above without regard to actual receipt by the named addressee. County and Contractor may each change the above addresses at any time upon prior written notice to the other party.

****

The authorized representatives hereto have executed this Contract effective as of the Effective Date. Contractor's authorized representative executing this Contract represents that he or she is duly authorized to execute this Contract on behalf of Contractor.

County

St. Johns County (Seal)
(Typed Name)

By: _____
(Signature of Authorized Representative)

Jaime Locklear
(Printed Name)

Purchasing Director
(Title)

_____
(Date of Execution)

Contractor

Axis Forensic Toxicology, Inc. (Seal)
(Typed Name)

By: _____
(Signature of Authorized Representative)

_____
(Printed Name)

_____
(Title)

_____
(Date of Execution)

Legally Sufficient:

_____
(Office of County Attorney)

_____
(Date of Execution)

FORM 1

FINAL CERTIFICATE FOR PAYMENT

Contract No.:	**Jobsite** *(name & address)*:
Contractor *(name & address)*:	
	County Representative:
	Bid No.:
Date of Issuance:	**Notice to Proceed Date:**

All conditions or requirements of any permits or regulatory agencies have been satisfied. The documents required pursuant to the terms and conditions of the Contract, and the final bill of materials, if required, have been received and accepted. The Work required by the Contract Documents has been reviewed and the undersigned certifies that the Work, including minor corrective work, has been completed in accordance with the provisions of the Contract Documents and is accepted under the terms and conditions thereof.

The County, through its County Representative, accepts the Work as fully complete and will assume full possession thereof

at _____ on _____.
(time) (date)

ST. JOHNS COUNTY: _____ _____ _____
County Representative **Signature** **Date**

FORM 2

CONTRACTOR'S FINAL RELEASE AND WAIVER OF LIEN

Owner: St. Johns County (hereafter "County")	**County Department/Division:**
Contract No.:	**Contractor Name:**
Project (Jobsite) Address:	**Contractor Address:**
	Contractor License No.:
Payment Amount:	**Amount of Disputed Claims:**

The undersigned has been paid in full for all labor, work, services, materials, equipment, and/or supplies furnished to the County and does hereby waive and release any notice of lien, any right to mechanic's lien, any bond right, any claim for payment and any rights under any similar ordinance, rule or statute related to a claim or payment rights the undersigned has on the above described Project, except for the payment of Disputed Claims, if any, described below.

The undersigned warrants that he or she either has already paid or will use the monies received from this final payment to promptly pay in full all of its laborers, subcontractors, materialmen and suppliers for all labor, work, services, materials, equipment, or supplies provided for or to the above referenced Project.

Before any recipient of this document relies on it, the recipient should verify evidence of payment to the undersigned.

Disputed Claims: The following invoices, pay applications, retention, or extra work are reserved by undersigned from this final payment (if there are no Disputed Claims enter **"None"**):

None

Signed this __day of _____, 20__

_____
Contractor/Company Name

By: _____
Signature

_____
Printed Name

_____
Title

NOTICE: THIS DOCUMENT WAIVES RIGHTS UNCONDITIONALLY AND STATES THAT YOU HAVE BEEN PAID FOR GIVING UP THOSE RIGHTS. THIS DOCUMENT IS ENFORCEABLE AGAINST YOU IF YOU SIGN IT TO THE EXTENT OF THE PAYMENT AMOUNT OR THE AMOUNT RECEIVED.

2660R; Toxicology Testing

Exhibit A – Scope of Services

Testing

Supplier shall provide forensic toxicology services for postmortem and investigative specimens, including but not limited to blood, urine, tissues, vitreous fluid, decomposition fluid, and bile to include Comprehensive Drug Panels, Drugs of Abuse Panels, Psychoactive Substances Panel, Novel and Emerging Substances Panels, Nitazene Analog Testing, Synthetic Cannabinoid Analysis, Designer opioids panel, designer benzodiazepine panel, Electrolyte Panels, and Carbon Monoxide Analysis. For purposes of the testing panels, "**fluid**" means any liquid specimen, including but not limited to blood, urine, vitreous fluid, serum, bile, decomposition fluid, and any other liquid submitted for testing. The complete list of tests is as follows:

- Comprehensive Drug Panel, Blood/Urine/Vitreous Fluid (Whole Case Approach)*
- Comprehensive Drug Panel, Single Fluid Provided*
- Comprehensive Drug Panel, Tissue*
- Drugs of Abuse Panel, Blood/Urine/Vitreous Fluid (Whole Case Approach)**
- Drugs of Abuse Panel, Single Fluid**
- Drugs of Abuse Panel, Tissue**
- Designer Opioids Panel, Fluid
- Designer Opioids Panel, Tissue
- Designer Benzodiazepines Panel, Fluid
- Psychoactive Substances Panel, Fluid
- Novel Emerging Substances, Fluid
- Nitazene Analog Panel, Fluid
- Synthetic Cannabinoids, Fluid
- Electrolytes Panel, Vitreous Fluid
- Carbon Monoxide, Fluid

***Comprehensive Drug Panels for blood, body fluids, tissue, and vitreous specimens shall include the analytes and matrices specified for each panel in Exhibit C.**

****Drug of Abuse Panel for blood, body fluids, tissue, and vitreous specimens shall include the analytes and matrices specified for each panel in Exhibit D.**

Whole Case Approach

A whole case approach refers to either a comprehensive panel, blood/urine/vitreous fluid or drugs of abuse blood/urine/vitreous test codes. When these tests are requested the Medical Examiner's office will submit blood in addition to urine, and vitreous fluid at once and as available for each case to the laboratory for testing. Blood will be the primary matrix for testing, and urine will be the secondary matrix. If a comprehensive panel blood/urine/vitreous fluid, is submitted, the laboratory will test for analytes included in the comprehensive test in blood followed by a drugs of abuse in urine, and volatiles/alcohol in vitreous fluid. In addition, if morphine is present 6-mam will be tested in the vitreous fluid or urine, as available. This encompasses a whole case approach without the need for further submissions to the laboratory to complete necessary testing and additional cost. A whole case approach for a drugs of abuse test code will include drugs of abuse analytes tested in blood and urine and the vitreous fluid for alcohols/volatiles, and 6-MAM when warranted, as stated above.

In the event that a comprehensive drug panel is ordered for blood/urine/vitreous, and the blood sample is insufficient for testing, the Contractor shall contact the Medical Examiner's office for approval to complete the comprehensive testing for urine instead. If the County elects to run the test for Jrine instead of blood, the Contractor shall not charge the County for the blood/urine/vitreous fluid testing but will charge the Comprehensive Drug Panel, Fluid Contracted unit price, and in accordance with Exhibit A.

If blood and/or urine (fluid) are insufficient for testing, it is not expected for Vitreous sample to be tested under the whole case approach, due to the difficulty of challenges during testing that vitreous can pose. Instead, the Contractor shall contact the County for approval of Vitreous testing and which test to complete. If only vitreous is available for testing, the code shall be listed as the drug test type, Single Fluid (ex. Comprehensive Drug Panel, Single Fluid).

Out of Scope Testing

For selected analytes which are out of scope, when present, the awarded contractor shall contact the County Medical Examiner's office via email indicating the class of drug that is possibly present in blood. The County will decide and respond in writing if further testing (ex. Novel emerging substances, designer opioids, etc.) is needed and request those tests as an additional cost, based on the contracted price.

Reporting

Once testing is completed, the Contractor shall provide reports of findings no later than ten (10) business days from receipt of the specimen. Reports shall include, at a minimum, specimen identifiers, the class and specific drugs requested on the testing requisition, negative quantitative and qualitative test results identified as negative recorded in the findings section, units of measurement, and the signature of a certified toxicologist. The Contractor shall also maintain a secure, web-based portal that allows the County to access and retrieve test results upon availability.

Additional Toxicologist Services

The Contractor shall maintain a minimum of one (1) qualified toxicologist available to provide expert witness services on an as-needed basis, including sworn testimony, depositions, hearings, trials, and other legal proceedings, in compliance with all applicable court requirements and timelines as requested by the County. The toxicologist shall render independent, professional opinions within their area of expertise based on case data, analytical results, and applicable scientific standards.

In addition, the Contractor shall provide a qualified toxicologist to provide forensic toxicology consultation services to the Medical Examiner's office in cases requiring toxicological clarification. Services shall include participation in case review meetings, as well as additional meetings on an as-needed basis, during which the toxicologist shall review case materials and analytical findings, provide expert interpretation, and recommend additional testing when appropriate.

Materials and Shipping

The Contractor shall provide all specimen collection kits and related shipping materials, including prepaid shipping labels, at no cost to the County. Specimen collection kits shall include, at a minimum: blood tubes (gray, clear, and yellow tops); specimen bottles containing sodium fluoride EDTA (30 mL); 60 mL screw-top containers; specimen bags; security seals; blood manifest forms; and specimen volume instruction sheets. Supplies shall be provided on a routine monthly basis and additionally on an as-needed basis to ensure uninterrupted operations and adequate inventory levels for the County.

Record Retention

The Contractor shall retain all specimens provided by the County for a minimum of one (1) year, at no additional cost to the County, in compliance with Florida Administrative Code 11G-2.004(3)(c). Retention shall include secure storage under appropriate environmental conditions and make specimens available upon request for retesting, review, or legal proceedings during the required retention period.

2660R; Toxicology Testing

Exhibit B – Pricing

Compensation for services satisfactorily performed shall be in accordance with the Unit Prices provided below, and shall remain firm throughout the duration of the Contract, unless otherwise agreed to by the Parties, as provided in the Contract Documents.

Item #	Toxicology Test	Unit Price Per Test
1	Comprehensive Drug Panel, Blood/Urine/Vitreous (Whole Case Approach)	$199.00
2	Comprehensive Drug Panel, Single Fluid Provided	$497.00
3	Comprehensive Drug Panel, Tissue	$497.00
4	Drugs of Abuse Panel, Blood/Urine/Vitreous Fluid (Whole Case Approach)	$138.00
5	Drugs of Abuse Panel, Single Fluid	$331.00
6	Drugs of Abuse Panel, Tissue	$331.00
7	Designer Opioids Panel, Fluids	$215.00
8	Designer Opioids Panel, Tissue	$215.00
9	Designer Benzodiazepines Panel, Fluid	$215.00
10	Psychoactive Substances Panel, Fluid	$215.00
11	Novel Emerging Substances, Fluid	$215.00
12	Nitazene Analog Panel, Fluid	$215.00
13	Synthetic Cannabinoids, Fluid	$215.00
14	Electrolytes Panel, Vitreous Fluid	$97.00
15	Carbon Monoxide, Fluid	$89.00

Additional Toxicologist Services: Contractor shall provide expert witness services on an as-needed basis, including testimony, depositions, hearings, and other legal proceedings, as required under the Scope of Work. Contractor shall also provide forensic toxicology consultation services on an as-needed basis to furnish additional information, as requested by the Medical Examiner, to support the formulation of professional opinions. Services shall be provided virtually whenever feasible. Any travel or related expenses incurred for these services shall be reimbursed in accordance with Florida Statute 112.061, with appropriate supporting documentation and subject to County approval.

Unit Rate Adjustments: Contractor may submit a request for pricing adjustments for County consideration on the annual anniversary of the Contract. Any requested pricing adjustments must be submitted to the County no less than 60 days prior to the anniversary of the Effective Date of the Contract after the Initial Term of three (3) years. The consideration for any price adjustment shall be based upon the current Consumer Price Index (CPI)- All Urban Consumers (CPI-U) but shall at no point exceed four percent (4%) in any given year. The County is under no obligation to grant any requested pricing adjustment. The Contractor is not permitted to combine and/or compound the requested increase in the following year to "make-up" for the previous years

AXIS
FORENSIC TOXICOLOGY

FEE SCHEDULE FOR LITIGATION SUPPORT

Please direct questions to the Axis Forensic Toxicology Litigation Support Administrator at litigation@axisfortox.com or via phone at 317-759-4TOX.

Axis accepts check, credit card or ACH payment. Payments may be made on our website or mailed to:

Axis Forensic Toxicology
Attn: Litigation Support
P.O. Box 681513
Indianapolis, IN 46268-7513

ITEM 1: FEE SCHEDULE FOR LITIGATION DOCUMENT REQUESTS

Axis Forensic Toxicology requires a subpoena or letter of authorization requesting the tier packet which includes the Axis case number, physical address to send certified documents, and payment in full in order to release the documents.

The requisition form and final report are provided free of charge. Tier packets 2-4 are billed in hourly increments at an hourly rate of $300. Based on the specifics of the case, we will quote you a price for the requested documents.

TIER 1 - ANALYST LIST FEE: $100
Services Included
• A list of all analysts who performed each task for each assay in which the specimen was included. This includes all screening assays and confirmation assays resulting in both positive and negative results.

TIER 2 - LITIGATION PACKET FEE: approximately 2-3 hours, maximum $1200
Services Included
• A list of all analysts who performed each task for each assay in which the specimen was included. This includes all screening assays and confirmation assays resulting in both positive and negative results. • Copied chain-of-custody for each assay in which the specimen was included. This includes all screening assays and confirmation assays resulting in both positive and negative results. • Copied raw data for each assay in which the specimen was included. This includes the raw data for the specimen of interest only.

TIER 3 - EXTENDED LITIGATION PACKET FEE: approximately 3-4 hours, maximum $1500
Services Included
• A list of all analysts who performed each task for each assay in which the specimen was included. This includes all screening assays and confirmation assays resulting in both positive and negative results. • Copied chain-of-custody for each assay in which the specimen was included. This includes all screening assays and confirmation assays resulting in both positive and negative results. • Copied raw data for each assay in which the specimen was included. This includes the raw data for the specimen of interest only. • Copied quality control data for each assay in which the specimen was included. Calibration data is not included unless otherwise specified by the client.

TIER 4 - FULL LITIGATION PACKET FEE: approximately 4-6 hours, maximum $2100
Services Included
• A list of all analysts who performed each task for each assay in which the specimen was included. This includes all screening assays and confirmation assays resulting in both positive and negative results. • Copied chain-of-custody for each assay in which the specimen was included. This includes all screening assays and confirmation assays resulting in both positive and negative results. • Copied raw data for each assay in which the specimen was included. This includes the raw data for the specimen of interest only. • Copied quality control data for each assay in which the specimen was included. Calibration data is not included unless otherwise specified by the client. • Copies of all AXIS Forensic Toxicology's Standard Operating Procedures outlining the methods utilized in the extraction, screening, confirmation, and data analysis for the specimen of interest.

ITEM 2: FEE SCHEDULE FOR AXIS TOXICOLOGIST TESTIMONY, DEPOSITION, CONSULTATION, AND EXPERT OPINION SERVICES**

AXIS
FORENSIC TOXICOLOGY

FEE SCHEDULE FOR LITIGATION SUPPORT

SERVICE INCLUDED	FEE
Toxicologist testimony, deposition, or consultation via SKYPE, phone, or in person (per hour charge applies to all applicable travel and wait time)	$350 per hour/per person**
Travel expenses and all other costs and expenses	Charged at cost/per person
Retainer (payable at time of Engagement Agreement signing)	$1500
Multi-day Engagement	$2800 per day (maximum), plus expenses/per person
Cancellation Fee	$250 per person, plus expenses/per person

***Hourly fees include, but are not limited to, portal to portal, literature research, preparation time for testimony, deposition or affidavit. Expenses include, but are not limited to meals, transportation, hotel, car rental, etc.*
Once the retainer fee is received, research will begin for the case. All travel-related reservations will be finalized no earlier than seven (7) business days prior to the court date. If the court date is cancelled or postponed, or personnel are no longer needed after travel arrangements are completed, the cancellation fee will be imposed along with all non-refundable expenses and time incurred.

ITEM 3: FEE SCHEDULE FOR AXIS ANALYST FACT WITNESS

This fee schedule is applicable only to the laboratory analyst testimony services in criminal proceedings for testing performed by Axis when an Axis analyst receives a subpoena to testify regarding the chain of custody, testing methodology, and validity of the Axis test results ("Fact Witness Fee Schedule"). This does not include any opinions or interpretation.

This fee schedule does not include Axis toxicologist testimony. Axis toxicology services and fees can be found under Item 2: FEE SCHEDULE FOR AXIS TOXICOLOGIST TESTIMONY, DEPOSITION, CONSULTATION, AND EXPERT OPINION SERVICES

SERVICE INCLUDED	FEE
Laboratory analyst deposition and/or trial testimony services (including preparation time) regarding the test procedure and results originally performed by Axis	$50 per hour/per person
Travel expenses and all other costs and expenses	Charged at cost/per person

Exhibit C - Analyte and Matrices

Drug	Blood	Vitreous	Tissue	Fluid
10-Hydroxycarbazepine	X	X	X	X
1-Hydroxymidazolam	X	X	X	X
3-Hydroxy-PCP	X	X	X	X
3-Methoxy-PCP	X	X	X	X
4-ANPP	X			
6-Acetylmorphine	X	X	X	X
6-Beta-Naltrexol	*	*	*	*
7-Aminoclonazepam	X	X	X	X
7-Aminoflunitrazepam	X	X	X	
9-Hydroxyrisperidone	X	X		X
11-OH-Delta-9 THC	X	X	X	X
Acebutolol	*	*	*	*
Acetaminophen	X	X	X	X
Acetone	X	X	X	X
Alfentanil	X	X	X	X
Alpha-Hydroxyalprazolam	X	X	X	X
Alprazolam	X	X	X	X
Alprenolol	*	*	*	*
Amiodarone	*	*		*
Amitriptyline	X	X	X	X
Amlodipine	*			
Amobarbital/Pentobarbital	X	X	X	X
Amoxapine	X	X	X	X
Amphetamine	X			
Aripiprazole	X	X	X	X
Atenolol	*	*	*	*
Atomoxetine	X	*	*	*
Atropine	X	X	X	X
Benzocaine	X	X	X	X
Benzoylecgonine	X	X	X	X
Benzphetamine (as Amphetamine)	X			
Benztropine	X	*	X	*
Benzylpiperazine (BZP)	*	*		*
Betaxolol	*	*		*
Bisoprolol	*	*	*	*
Bromazepam	X	X	X	X
Brompheniramine	X	X	X	X
Bupivacaine	X	X	X	X
Buprenorphine	X	X	X	X
Bupropion	X		*	

Buspirone	X	*	*	*
Butabarbital	X	X	X	X
Butalbital	X	X	X	X
Butorphanol	X	X	*	*
Caffeine	*	*	*	*
Carbamazepine	X	X	X	X
Carbamazepine-10,11-epoxide	X	X	X	X
Carisoprodol	X	X	*	X
Chlordiazepoxide	X	X	X	X
Chlorothiazide	*	*	*	*
Chlorpheniramine	X	X	X	X
Chlorpromazine	X			X
Chlorpropamide	X	X	X	X
Citalopram/Escitalopram	X	X	X	X
Clomipramine	X	X	X	X
Clonazepam	X	X	X	X
Clonidine	X	X		*
Clozapine	X	X	X	X
Cocaethylene	X	X	X	X
Cocaine	X	X	X	X
Codeine	X	X	X	X
Cotinine	*	*	*	*
Cyclizine	X	X	X	X
Cyclobenzaprine	X	X	X	X
Delorazepam	X	X	*	*
Delta-8 THC	X	X	X	X
Delta-9 THC	X	X	X	X
Delta-9 THC-COOH	X	X	X	X
Demoxepam	X	X	X	X
Desalkylflurazepam	X	X	X	X
Desipramine	X	X	*	X
Desmethylclomipramine	X	X	*	X
Desmethyldoxepin	X	X	X	X
Desmethylflunitrazepam	X	X	X	X
Desmethylloperamide	X	*	X	X
Desmethylsertraline	X	X	X	X
Desmethyltrimipramine	X	X	X	X
Dextro/Levo Methorphan	X	X	*	X
Dextrorphan/Levorphanol	X	X	*	X
Diazepam	X	X	X	X
Diclazepam	X	X	X	X
Dicyclomine	X		*	
Dihydrocodeine	X	X	X	X
Diltiazem	X	X	X	

Diphenhydramine	X	X	X	X
Disopyramide	*	*	*	*
Donepezil	X	X	X	X
Doxepin	X	X	X	X
Doxylamine	X	X	X	X
Duloxetine	X	X	X	X
EDDP	X	X	X	X
Ephedrine	X	X	X	X
Esmolol	*	*	*	*
Estazolam	X	X	X	X
Eszopiclone/Zopiclone	X		*	
Ethanol	X	X	X	X
Etomidate	X	X	X	X
Fentanyl	X	X	X	X
Flecainide	X	*	*	*
Flunitrazepam	X	X	*	X
Fluoxetine	X	X	X	X
Fluphenazine	X	*	*	*
Flurazepam	X	X	X	X
Fluvoxamine	X		*	
Furosemide	*	*	*	*
Gabapentin	X	X	X	X
Glimepiride	X	X	X	X
Glipizide	X	X	X	X
Glyburide	X	X	X	X
Guaifenesin	X	X	X	X
Haloperidol	X	X	X	X
Hydrochlorothiazide	X	X	X	X
Hydrocodone	X	X	X	X
Hydromorphone	X	X		X
Hydroxybupropion	X	X	X	X
Hydroxyethylflurazepam	X	*	*	*
Hydroxytriazolam	X	X	*	*
Hydroxyzine A	X	X	X	X
Ibuprofen	X	X		X
Iloperidone	X	X	X	X
Imipramine	X		*	
Indomethacin	X	X	X	X
Isopropanol	X	X	X	X
Itraconazole	X	X	X	X
Ketamine	X	X	X	X
Ketoconazole	X	X	X	X
Labetalol	*	*	*	*
Lacosamide	X	X	X	X

Lamotrigine	X	X	X	X
Laudanosine	X	X	X	X
Levamisole	*	*	*	*
Levetiracetam	X	X	X	X
Lidocaine	X	X	X	X
Loperamide	X	*	X	X
Loratadine	*	*		*
Lorazepam	X	X	X	X
Loxapine	X	*	*	*
LSD	X	X	*	X
Maprotiline	X	*	*	*
MDA	X	X		X
MDEA	X	X	X	X
MDMA	X	X	X	
Medazepam	X	X	X	X
Memantine	X		*	
Meperidine	X	X	X	X
Mepivacaine	X	X	X	X
Meprobamate	X	X	X	X
Mescaline	*	*	*	*
Mesoridazine	X	X	X	X
meta-Chlorophenylpiperazine (mCPP)	X	X	X	X
Metaxalone	X	X	X	X
Methadone	X	X	X	X
Methamphetamine	X	X	X	X
Methanol	X	X	X	X
Methaqualone	X	X	X	X
Methocarbamol	X	X	X	X
Methsuximide	*	*	*	*
Methylphenidate	X	X	X	X
Metoclopramide	X	X	X	X
Metoprolol	X	X	X	X
Mexiletine	*		*	*
Midazolam	X	X	X	X
Mirtazapine	X	X	X	X
Mitragynine	X	*		X
Monoethylglycinexylidide (MEGX)	X	X	X	X
Morphine	X	X	X	X
N-Acetylprocainamide	*	*	*	*
Nalbuphine	X	X	X	X
Naloxone	*	*	*	
Naltrexone	*	*		*
Naproxen	X	X	X	X
N-Desmethylsildenafil	X	X		X

Nicotine	*		*	*
Nifedipine	X	X	X	X
Norbuprenorphine	X	X	X	X
Norclozapine	X	X	X	X
Nordiazepam	X	X	X	X
Norfentanyl	X	X	X	X
Norfluoxetine	X	X	X	X
Norketamine	X	X	X	X
Normeperidine	X	X	X	X
Norpropoxyphene	X	X	X	X
Norpseudoephedrine	X	X		X
Nortriptyline	X	X	X	X
O-Desmethyltramadol	X	X	X	X
O-Desmethylvenlafaxine	X	X	X	X
Olanzapine	X	X	X	X
Orphenadrine	X	*	*	*
Oxazepam	X	X	X	X
Oxprenolol	*	*	*	*
Oxycodone	X	X	X	X
Oxymorphone	X	X	X	X
Papaverine	*	*	*	*
Paroxetine	X	X	X	X
Pentazocine	*	*	*	*
Pentoxifylline	*	*	*	*
Phenacetin	*	*		*
Phenazepam	X	X	X	X
Phencyclidine	X	X	X	X
Pheniramine	X	X	*	*
Phenobarbital	X	X	X	X
Phensuximide	*	*	*	
Phentermine	X			
Phenylbutazone	*	*	*	*
Phenylethylmalonamide (PEMA)	X	X	X	X
Phenylpropanolamine	X	X		
Phenytoin	X	X	X	X
Pindolol	*	*	*	*
PMA	X			X
Pregabalin	X	X	X	X
Primidone	X	X	X	X
Procainamide	*	*	*	*
Prochlorperazine	X	*	*	*
Promazine	*	*	*	*
Promethazine	X	X	*	X
Propoxyphene	X	X	X	X

Propranolol	X	X	X	X
Pseudoephedrine	X	X	X	X
Psilocybin (as Psilocin)	*			
Pyrilamine	*	*	*	*
Quetiapine	X	X	X	X
Quinidine/Quinine	X	X	X	X
Reserpine	*	*	*	*
Risperidone	X	X	X	X
Ropivacaine	X	X	X	X
Salicylic Acid	*	*	*	*
Salvinorin B	*	*	*	*
Scopolamine	X	X	X	X
Secobarbital	X	X	X	X
Sertraline	X	X	*	X
Sildenafil	X	X		X
Sotalol	*	*	*	*
Strychnine	X	X	*	*
Sufentanil	X	X	*	*
Suvorexant	X	X	X	X
Suzetrigine	*			
Tadalafil	X	X	X	X
Tapentadol	X	X	X	X
Temazepam	X	X	X	X
Tetrahydrozoline	X	X	*	*
Thioridazine	X	*	X	*
Tiletamine	X			
Timolol	*	*	*	*
Tizanidine	*			
Topiramate	X	X	X	X
Tramadol	X	X	X	X
Trazodone	X	X	X	X
Triazolam	X	X	*	*
Trihexyphenidyl	X		*	*
Trimipramine	X	X	X	X
Triprolidine	X	X	X	X
Vardenafil	X	X	X	X
Venlafaxine	X	X	X	X
Verapamil	X	X	X	X
Voriconazole	X	X	X	X
Warfarin	X	X	X	X
Xylazine	X	X	X	
Yohimbine	X	X		X
Zaleplon	X	X	X	X
Ziprasidone	X	*		*

Zolazepam	X	X	X	X
Zolpidem	X	X	X	X
Zonisamide	X	X	X	X
8-Aminoclonazolam	X			
Adinazolam	X			
Bromazolam	X			
Clonazolam	X			
Desalkylgidazepam	X			
Ethylbromazolam	X			
Etizolam	X			
Flualprazolam	X			
Flubromazepam	X			
Flubromazolam	X			
Phenazolam	X			
Acetyl Fentanyl	X			
Acrylfentanyl	X			
Butyrl Fentanyl/Isobutyryl Fentanyl	X			
Carfentanil	X			
cis-3-Methylfentanyl	X			
Cyclopropylfentanyl	X			
Fluorofentanyl	X			
Furanyl Fentanyl	X			
Methoxyacetylfentanyl	X			
ortho-Methylfentanyl	X			
Valeryl Fentanyl	X			
U-47700	X			
1,1-Difluoroethane	X			
Butonitazene	X			
Ethyleneoxynitazene	X			
Etodesnitazene	X			
Etonitazene	X			
Flunitazene	X			
Isotodesnitazene	X			
Isotonitazene	X			
Metodesnitazene	X			
Metonitazene	X			
N-Desethyl Isotonitazene	X			
N-Pyrrolidino Ethylene Isotonitazene	X			
N-Pyrrolidino Etonitazene	X			
N-Pyrrolidino Isotonitazene	X			
N-Pyrrolidino Metonitazene	X			
N-Pyrrolidino Protonitazene	X			
Protonitazene	X			
7-Hydroxymitragynine	X			

Alpha-PHP	X			
Alpha-PHPP (PV8)	X			
Alpha-PiHP	X			
Alpha-PiHPP (Iso-PV8)	X			
Alpha-PipHP	X			
AP-237	X			
AP-238	X			
BTMPS	X			
Dex/Levo Medetomidine	X			
Diphenidine	X			
MDPHP	X			
Mitragynine Pseudoindoxyl	X			
Phenibut	X			
Tianeptine	X			
N N-dimethylpentylone	X			
25B-NBOMe	X			
25C-NBOMe	X			
25I-NBOMe	X			
2C-B	X			
2C-E	X			
2C-I N	X			
5-MeO-DALT	X			
Alpha-PVP	X			
Butylone	X			
Dibutylone	X			
Dimethylone	X			
Ethylone	X			
Eutylone	X			
MDPV	X			
Mephedrone	X			
Methcathinone	X			
Methedrone	X			
Methoxetamine	X			
Methylone	X			
N-Cyclohexyl Methylone	X			
N-Ethyl Pentylone	X			
N-Isopropyl Butylone	X			
Pentylone	X			
TFMPP	X			
5,6-Dichloro Brorphine	X			
5,6-Dichloro Desmethylchlorphine	X			
Brorphine	X			
Chlorphine	X			
N-Propionitrile Chlorphine (Cychlorphine)	X			

Spirobrorphine	X			
Spirochlorphine	X			
4CN-CUMYL-BINACA	X			
4F-MDMB-BINACA	X			
ADB-4en-PINACA	X			
ADB-BINACA	X			
4F-MDMB BICA Metabolite	X			
5F-MDMB-PICA Metabolite	X			
5F-ADB Butanoic Acid Metabolite	X			
MDMB-4en-PINACA Metabolite	X			

NOTE #1: * Denotes analyte is reported qualitatively based on screen result

NOTE #2: Comprehensive Drug Panel, Blood/Urine/Vitreous Fluid (Whole Case Approach) – Urine is to include drugs of abuse panel cited in Exhibit B

NOTE #3: Comprehensive Drug Panel, Blood/Urine/Vitreous Fluid (Whole Case Approach) – Vitreous is to include alcohol/volatile testing

Exhibit D - Drugs of Abuse Panel

Analyte Name	Drug Class	Blood	Tissue	Fluid	Vitreous
4-ANPP	OPIOID ANALGESICS	*			
6-Acetylmorphine	OPIOID ANALGESICS	X	X	X	X
7-Aminoclonazepam	BENZODIAZEPINES	X	X	X	X
11-OH-Delta-9 THC	CANNABINOIDS	X	X	X	X
Acetone	VOLATILES	X	X	X	X
Alpha-Hydroxyalprazolam	BENZODIAZEPINES	X	X	X	X
Alprazolam	BENZODIAZEPINES	X	X	X	X
Amobarbital/Pentobarbital	BARBITURATES	X	X	X	X
Amphetamine	AMPHETAMINES	X			
Benzoylecgonine	STIMULANTS	X	X	X	X
Benzphetamine (as Amphetamine)	AMPHETAMINES	X			
Buprenorphine	OPIOID ANALGESICS	X	X	X	X
Butabarbital	BARBITURATES	X	X	X	X
Butalbital	BARBITURATES	X	X	X	X
Carisoprodol	MUSCLE RELAXANTS	X		X	X
Chlordiazepoxide	BENZODIAZEPINES	X	X	X	X
Clonazepam	BENZODIAZEPINES	X	X	X	X
Cocaethylene	STIMULANTS	X	X	X	X
Cocaine	STIMULANTS	X	X	X	X
Codeine	OPIOID ANALGESICS	X	X	X	X
Delta-8 THC	CANNABINOIDS	X	X	X	X
Delta-9 THC	CANNABINOIDS	X	X	X	X
Delta-9 THC-COOH	CANNABINOIDS	X	X	X	X
Desalkylflurazepam	BENZODIAZEPINES	X	X	X	X
Diazepam	BENZODIAZEPINES	X	X	X	X
Dihydrocodeine	OPIOID ANALGESICS	X	X	X	X
EDDP	OPIOID ANALGESICS	X	X	X	X

Ephedrine	AMPHETAMINES	X	X	X	X
Estazolam	BENZODIAZEPINES	X	X	X	X
Ethanol	VOLATILES	X	X	X	X
Fentanyl	OPIOID ANALGESICS	X	X	X	X
Flurazepam	BENZODIAZEPINES	X	X	X	X
Hydrocodone	OPIOID ANALGESICS	X	X	X	X
Hydromorphone	OPIOID ANALGESICS	X		X	X
Hydroxytriazolam	BENZODIAZEPINES	X	X		X
Isopropanol	VOLATILES	X	X	X	X
Lorazepam	BENZODIAZEPINES	X	X	X	X
MDA	AMPHETAMINES	X		X	X
MDEA	AMPHETAMINES	X	X	X	X
MDMA	AMPHETAMINES	X	X		X
Meprobamate	MUSCLE RELAXANTS	X	X	X	X
Methadone	OPIOID ANALGESICS	X	X	X	X
Methamphetamine	AMPHETAMINES	X	X	X	X
Methanol	VOLATILES	X	X	X	X
Midazolam	BENZODIAZEPINES	X	X	X	X
Morphine	OPIOID ANALGESICS	X	X	X	X
Norbuprenorphine	OPIOID ANALGESICS	X	X	X	X
Nordiazepam	BENZODIAZEPINES	X	X	X	X
Norfentanyl	OPIOID ANALGESICS	X	X	X	X
Norpropoxyphene	OPIOID ANALGESICS	X	X	X	X
Norpseudoephedrine	AMPHETAMINES	X		X	X
O-Desmethyltramadol	OPIOID ANALGESICS	X	X	X	X
Oxazepam	BENZODIAZEPINES	X	X	X	X
Oxycodone	OPIOID ANALGESICS	X	X	X	X
Oxymorphone	OPIOID ANALGESICS	X	X	X	X
Phencyclidine	HALLUCINOGENS	X	X	X	X

Phenobarbital	BARBITURATES	X	X	X	X
Phentermine	AMPHETAMINES	X			
Phenylpropanolamine	AMPHETAMINES	X			X
Propoxyphene	OPIOID ANALGESICS	X	X	X	X
Pseudoephedrine	AMPHETAMINES	X	X	X	X
Secobarbital	BARBITURATES	X	X	X	X
Temazepam	BENZODIAZEPINES	X	X	X	X
Tramadol	OPIOID ANALGESICS	X	X	X	X
Triazolam	BENZODIAZEPINES	X	X	X	X

NOTE #1: * Denotes analyte is reported qualitatively based on screen result

St. Johns County Medical Examiner, District 23

In Response to Invitation for Bid:

NO. 2660R TOXICOLOGY TESTING

July 8, 2026

PRESENTED BY:

AXIS
FORENSIC TOXICOLOGY

www.axisfortox.com

Phone:(317) 759-4TOX

IFB 2660R; Toxicology Testing
OFFICIAL COUNTY BID FORM
ST. JOHNS COUNTY, FLORIDA

TO: THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA

DATE SUBMITTED: June 12, 2026

BID PROPOSAL OF

Axis Forensic Toxicology, Inc.

Full Legal Company Name

P.O. Box 681513, Indianapolis, IN 46268	317-759-4TOX	317-481-8872
Mailing Address	Telephone Number	Fax Number

Bidders: Having become familiar with requirements of this solicitation and having carefully examined the Bid Documents and Specifications for **IFB 2660R; Toxicology Testing**, the undersigned proposes to furnish all materials, labor, supervision, transportation, equipment, delivery and all other costs, fees, or charges, and all other requirements necessary to comply with the Contract Documents for the following bids quoted in the Bid Proposal summarized as follows:

Total Annual Price Submittal:

$ 80,843.00
Total Annual Cost (Written in Numerals)

Eighty thousand eight hundred forty-three and no/100 /Dollars
Total Annual Cost (Written in Words)

St. Johns County reserves the right to accept or reject any or all bids/proposals, waive minor formalities, award to multiple vendors and to award the bid that best services the best interest of St. Johns County.

Total Annual Cost shall include any and all fees, surcharges, and any other additional monies associated with performing the work required by this Contract. Bidder shall insert the Total Annual Cost, in numerals and in words. In the event of a discrepancy between the two amounts the amount written in words will be used.

In the event the Total Annual Cost is illegible, the County reserves the right to determine the submitted bid as non-responsive and remove the bid from consideration.

Bidder must complete and attach all required Forms and Attachments provided herein to the submitted Bid. Failure to submit any required document, may be grounds for disqualification and removal from further consideration.

Bidder acknowledges the County's issuance of the following Addenda:

No.: _____ Date Received: No.: 1 Date Received: 6/15/2026

No.: _____ Date Received: No.: 2 Date Received: 6/25/2026

No.: _____ Date Received: No.: _____ Date Received: _____

We, the undersigned, hereby declare that no person or persons, firm, or corporation, other than the undersigned are interested, in this bid, as principals, and that this bid is made without collusion with any person, firm or corporation, and we have carefully and to our satisfaction examined the Bid Documents and Project Specifications.

We have made a full examination of the proposed work and the sources of supply for any specified materials, and we hereby agree to furnish all necessary labor, equipment and materials, fully understanding that any quantities shown therewith are approximate only, and that we will fully complete all requirements therein as prepared by the Owner, within the same time limit specified in the Bid Documents as indicated above.

If the Undersigned is notified of the acceptance of this Bid Proposal by the Board within ninety (90) calendar days for the time set for the opening of Bids, the Undersigned further agrees, to execute a contract for the above work within ten (10) days after notice that his Bid has been accepted for the above stated compensation in the form of a Contract presented by the Owner.

CORPORATE/COMPANY

Full Legal Company Name: Axis Forensic Toxicology, Inc. (Seal)

By: Denise Andrews Denise Purdie Andrews, COO
Signature of Authorized Representative (Name & Title typed or printed)

Address: P.O. Box 681513, Indianapolis, IN 46268

Telephone No.: (317-759-4TOX Fax No.: (317)481-8872

Email Address for Authorized Company Representative: sales@axisfortox.com

Federal I.D. Tax Number: 81-2989240

INDIVIDUAL

Name: _____
(Signature) (Name typed or printed) (Title)

Address: _____

Telephone No.: (__) _____ Fax No.: _____

Email Address: _____

Federal I.D. Tax Number: _____

PAYMENTWORKS REGISTRATION (SUBSECTION 21):

Authorized POC: Billing Email Address for POC: billing@axisfortox.com
(Name typed or printed)

IFB 2660R; Toxicology Testing

ATTACHMENT "A" (Revised Addendum #2)

Pricing Sheet

The County requests that the Supplier submit proposed annual pricing, with the understanding that the unit prices provided will serve as the basis for payment under the awarded contract. Actual quantities of tests performed may vary throughout the contract term based on the County's needs. The Supplier acknowledges that pricing shall remain firm for the contract period unless adjusted in accordance with contract terms, and that the County shall not guarantee any minimum quantity of tests. Submitted pricing must account for all associated costs, including specimen handling, reporting, and any routine or as-needed services required to fulfill the scope of work.

Item #	Toxicology Test	Estimated Annual Quantities*	Unit Price per Test**	Extended Price
1	Comprehensive Drug Panel, Blood/Urine/Vitreous Fluid (Whole Case Approach)	220	$ 199.00	$ 43,780
2	Comprehensive Drug Panel, Single Fluid Provided	3	$ 497.00	$ 1,491
3	Comprehensive Drug Panel, Tissue	20	$ 497.00	$ 9,940
4	Drugs of Abuse Panel, Blood/Urine/Vitreous Fluid (Whole Case Approach)	89	$ 138.00	$ 12,282
5	Drugs of Abuse Panel, Single Fluid	3	$ 331.00	$ 993
6	Drugs of Abuse Panel, Tissue	8	$ 331.00	$ 993
7	Designer Opioids Panel, Fluid	10	$ 215.00	$ 2,150
8	Designer Opioids Panel, Tissue	2	$ 215.00	$ 430
9	Designer Benzodiazepines Panel, Fluid	2	$ 215.00	$ 430
10	Psychoactive Substances Panel, Fluid	4	$ 215.00	$ 860
11	Novel Emerging Substances, Fluid	8	$ 215.00	$ 1,720
12	Nitazene Analog Panel, Fluid	1	$ 215.00	$ 215
13	Synthetic Cannabinoids, Fluid	1	$ 215.00	$ 215
14	Electrolytes Panel, Vitreous Fluid	45	$ 97.00	$ 4,365
15	Carbon Monoxide, Fluid	11	$ 89.00	$ 979
	Total Annual Cost (Item# 1-15)		$	80,843

*The estimated annual quantities provided herein are for bidding purposes only. Actual quantities ordered may vary and are not guaranteed.
**The unit cost shall be all-inclusive and shall cover all expenses associated with the test, as outlined in the Scope of Work. Such expenses include, but are not limited to, freight, labor, laboratory or rental equipment, and any other costs necessary to fulfill the contractual requirements.

Additional Toxicologist Services: The Bidder shall provide expert witness services on an as-needed basis, including testimony, depositions, hearings, and other legal proceedings, as required under the Scope of Work. The Bidder shall also provide forensic toxicology consultation services on an as-needed basis to furnish additional information, as requested by the Medical Examiner, to support the formulation of professional opinions. The proposed hourly rate for these services is separate from the Total Annual Cost and will be billed at the agreed-upon rate. Services shall be provided virtually whenever feasible. Any travel or related expenses incurred for these services shall be reimbursed in accordance with Florida Statute 112.061, with appropriate supporting documentation and subject to County approval. Bidders may also choose to offer these services at no additional cost to the County. The Bidder must have the ability to provide these additional services as part of the scope of work.

Additional Toxicologist Services Proposed Hourly Rate: $ 0* / Hour

*See attached Litigation Fee Schedule for witness service rates

IFB 2660R; Toxicology Testing

ATTACHMENT "B"

ST. JOHNS COUNTY AFFIDAVIT

Bidder shall complete and submit a sworn statement as part of the submitted Bid. This sworn statement shall be an Affidavit in the following form, executed by an officer/principal of the Bidder, and shall be sworn to before a person who is authorized by law to administer oaths.

STATE OF Indiana

COUNTY OF Marion

The Undersigned authority, Denise Purdie Andrews ("Affiant"), who being duly sworn, deposes and states that he/she is the COO (Title) of the Bidder Axis Forensic Toxicology, Inc. (Full Legal Name of Bidder) submitting the attached Bid for the services provided in the IFB Documents for **IFB 2660R; Toxicology Testing** in St. Johns County, Florida.

The Affiant further states that no more than one Bid for the above-referenced project will be submitted from the Bidder, the Affiant, their firm or corporation under the same or different name, and that such Bidder has no financial interest in the firm of another Bidder for the same work. Affiant also states that neither he/she, the firm, association nor corporation of the Bidder has either directly or indirectly entered into any agreement, participated in any collusion, nor otherwise taken any action in restraint of free competitive bidding in connection with this firm's Bid on the above-described project. Furthermore, neither the firm nor any of its officers are barred from participating in public contract lettings in the State of Florida or any other state.

DATED this 6th day of July, 2026.

Denise A Andrews

Signature of Affiant

Denise Purdie Andrews

Printed Name of Affiant

COO

Printed Title of Affiant

Axis Forensic Toxicology, Inc.

Full Legal Name of Bidder

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 6th day of July, 2026, by Denise Purdie Andrews, who is personally known to me or has produced _____ as identification.

Christina Ann Finley

Notary Public

My Commission Expires: 11/11/2033

CHRISTINA ANN FINLEY
Notary Public, State of Indiana
Marion County
Commission Number NP0767048
My Commission Expires
November 11, 2033

IFB 2660R; Toxicology Testing
ATTACHMENT "C"
LICENSE / CERTIFICATION LIST

In the space below, the Bidder shall list all **current** licenses and certifications held.

The bidder shall attach a copy of each current license, certifications listed below to this form

License(s)/Certificate(s)/Pre-Qualifications	License #	Issuing Agency	Expiration Date
ISO 17025:2017	FT-0152	ANAB	7/31/2027
ABFT	FT-0152	ANAB	7/31/2027
CAP LAP	6948901	CAP	12/7/2027
CLIA	15D0647225	Indiana	1/6/2028
Controlled Substance	RA0513956	DEA	6/30/2027

IFB 2660R; Toxicology Testing

ATTACHMENT "D"

LIST OF PROPOSED SUB-CONTRACTORS / SUPPLIERS

Bidder shall submit any and all sub-contractors and/or major material suppliers proposed to perform any portion of the Work for review/approval by the County. Bidder shall attach any and all applicable licenses or certifications held by the proposed sub-contractor/supplier related to the portion of the Work for which they are proposed, as stated below. All subcontractors/suppliers are subject to the approval of the County.

Company Name	Work/Services to be Performed	Primary Contact Name	Contact Number and Email Address
none			

IFB 2660R; Toxicology Testing
ATTACHMENT "E"
CONFLICT OF INTEREST DISCLOSURE FORM

Project (RFQ, RFP, IFB) Number/Description: **IFB No 2660R; Toxicology Testing**

The term "conflict of interest" refers to situations in which financial or other considerations may adversely affect, or have the appearance of adversely affecting a Contractor's professional judgment in completing work for the benefit of St. Johns County ("County"). The bias such conflicts could conceivably impart may inappropriately affect the goals, processes, methods of analysis or outcomes desired by the County.

Contractors are expected to safeguard their ability to make objective, fair, and impartial decisions when performing work for the benefit of the County. Contractors, therefore must there avoid situations in which financial or other considerations may adversely affect, or have the appearance of adversely affecting the Contractor's professional judgement when completing work for the benefit of the County.

The mere appearance of a conflict may be as serious and potentially damaging as an actual distortion of goals, processes, methods of analysis or outcomes. Reports of conflicts based upon appearances can undermine public trust in ways that may not be adequately restored even when the mitigating facts of a situation are brought to light. Apparent conflicts, therefore, should be disclosed and evaluated with the same vigor as actual conflicts.

It is expressly understood that failure to disclose conflicts of interest as described herein may result in immediate disqualification from evaluation or immediate termination from work for the County.

Please check the appropriate statement:

[X] I hereby attest that the undersigned Bidder has no actual or potential conflict of interest due to any other clients, contracts, or property interests for completing work on the above referenced project.

[ ] The undersigned Bidder, by attachment to this form, submits information which may be a potential conflict of interest due to other clients, contracts or property interests for completing work on the above referenced project.

Legal Name of Bidder: Axis Forensic Toxicology, Inc.

Authorized Representative(s): Denise Andrews — Denise Purdie Andrews, COO
Signature — Print Name/Title

Signature — Print Name/Title

IFB 2660R; Toxicology Testing
ATTACHMENT "F"
DRUG-FREE WORKPLACE FORM

The undersigned firm, in accordance with Florida Statute 287.087 hereby certifies that

Axis Forensic Toxicology, Inc. does:
Name of Firm

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.

2. Inform employees about the danger of drug abuse in the workplace, the business' policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, employee assistance programs and the penalties that may be imposed upon employees for drug abuse violations.

3. Give each employee engaged in providing the contractual services that are described in St. Johns County's request for proposals a copy of the statement specified in paragraph 1.

4. In the statement specified in paragraph 1, notify the employees that, as a condition of working on the contractual services described in paragraph 3, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Florida Statute 893, as amended, or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction or plea.

5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community by, any employee who is so convicted.

6. Consistent with applicable provisions with State or Federal law, rule, or regulation, make a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1 through 5.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

Denise Andrews
Signature

7/6/2026
Date

IFB 2660R; Toxicology Testing
ATTACHMENT "G"
CLAIMS, LIENS, LITIGATION HISTORY

Bidders must complete all questions below and provide information requested as applicable. Failure to appropriately complete the questions below or provide requested information may be grounds for disqualification. Any material misrepresentation of information may also be grounds for disqualification.

1. Within the past 7 years, has your organization filed suit or a formal claim against a project owner (as a prime or subcontractor) or been sued by or had a formal claim filed by an owner, subcontractor or supplier resulting from a contract dispute? Yes ___ No _X_____ If yes, please attach additional sheet(s) to include:

   Description of every action Captions of the Litigation or Arbitration

   Amount at issue: _____ Name (s) of the attorneys representing all parties:

   Amount actually recovered, if any: _____

   Name(s) of the project owner(s)/manager(s) to include address and phone number:

2. List all pending litigation and or arbitration.
   none

3. List and explain all litigation and arbitration within the past seven (7) years - pending, resolved, dismissed, etc.
   none

4. Within the past 7 years, please list all Liens, including Federal, State and Local, which have been filed against your Company. List in detail the type of Lien, date, amount and current status of each Lien.
   none

5. Have you ever abandoned a job, been terminated or had a performance/surety bond called to complete a job?

   Yes _____ No _X_____ If yes, please explain in detail:

6. For all claims filed against your company within the past five (5) years, have all been resolved satisfactorily with final judgment in favor of your company within 90 days of the date the judgment became final? Yes _X_ No____
   If no, please explain why? (none)

7. List the status of all pending claims currently filed against your company:
   none

Liquidated Damages

1. Has a project owner ever withheld retainage, issued liquidated damages or made a claim against any Performance and Payment Bonds? Yes _____ No X If yes, please explain in detail:

(Use additional or supplemental pages as needed)

IFB 2660R; Toxicology Testing
ATTACHMENT "H"
NON-COLLUSION CERTIFICATION

St. Johns County requires, as a matter of policy, that any Firm receiving a contract or award resulting from the Invitation for Bid issued by St. Johns County shall make certification as below. Receipt of such certification, under oath, shall be a prerequisite to the award of contract and payment thereof.

I (we) hereby certify that if the contract is awarded to me, our firm, partnership or corporation, that no members of the elected governing body of St. Johns County nor any professional management, administrative official or employee of the County, nor members of his or her immediate family including spouse, parents or children, nor any person representing or purporting to represent any member or members of the elected governing body or other official, has solicited, has received or has been promised, directly or indirectly, any financial benefit including but not limited to a fee, commission, finder's fee, political contribution, goods or services in return for favorable review of any Bids submitted in response to the Invitation for Bid or in return for execution of a contract for performance or provision of services for which Bids are herein sought.

Handwritten Signature of Authorized Principal(s) of Bidder:

NAME (print): Denise Purdie Andrews

SIGNATURE: Denise A Andrews

TITLE: COO

DATE: 7/6/2026

NAME OF FIRM/PARTNERSHIP/CORPORATION:

Axis Forensic Toxicology, Inc.

IFB 2660R; Toxicology Testing
ATTACHMENT "I"
E-VERIFY AFFIDAVIT

STATE OF Indiana
COUNTY OF Marion

I, Denise Purdie Andrews (hereinafter "Affiant"), being duly authorized by and on behalf of Axis Forensic Toxicology, Inc. (hereinafter "Contractor") hereby swears or affirms as follows:

1. Contractor understands that E-Verify, authorized by Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), is a web-based system provided by the United States Department of Homeland Security, through which employers electronically confirm the employment eligibility of their employees.
2. For the duration of Contract No. 2660R (hereinafter "Agreement"), in accordance with section 448.095, F.S., Contractor shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Contractor and shall expressly require any subcontractors performing work or providing services pursuant to the Agreement to likewise utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor.
3. Contractor shall comply with all applicable provisions of section 448.095, F.S., and will incorporate in all subcontracts the obligation to comply with section 448.095, F.S.
4. Contractor understands and agrees that its failure to comply with all applicable provisions of section 448.095, F.S. or its failure to ensure that all employees and subcontractors performing work under the Agreement are legally authorized to work in the United States and the State of Florida constitute a breach of the Agreement for which St. Johns County may immediately terminate the Agreement without notice and without penalty. The Contractor further understands and agrees that in the event of such termination, Contractor shall be liable to the St. Johns County for any costs incurred by the St. Johns County resulting from Contractor's breach.

DATED this 6th day of July, 2026.

Denise A Andrews
Signature of Affiant

Denise Purdie Andrews
Printed Name of Affiant

COO
Printed Title of Affiant

Axis Forensic Toxicology, Inc.
Full Legal Name of Bidder

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 6th day of July, 2026, by Denise Purdie Andrews, who is personally known to me or has produced _____ as identification.

Christina Ann Finley
Notary Public
My Commission Expires: 11/11/2033

CHRISTINA ANN FINLEY
Notary Public, State of Indiana
Marion County
Commission Number NP0767048
My Commission Expires
November 11, 2033

IFB 2660R; Toxicology Testing
ATTACHMENT "J"
AFFIDAVIT REGARDING THE USE OF COERCION FOR LABOR AND SERVICES

Section 787.06(13), Florida Statutes requires all non-governmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by an officer or representative of the nongovernmental entity under penalty of perjury that the nongovernmental entity does not use coercion for labor or services as defined in that statute.

As an officer or authorized representative of Supplier, I certify that the company identified below does not, for labor or services:

- Use or threaten to use physical force against any person;
- Restrain, isolate, or confine or threaten to restrain, isolate, or confine any person without lawful authority and against her or his will;
- Use lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined;
- Destroy, conceal, remove, confiscate, withhold, or possess any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
- Cause or threaten to cause financial harm to any person;
- Entice or lure any person by fraud or deceit; or
- Provide a controlled substance as outlined in Schedule I or Schedule II of s. 893.03 to any person for the purpose of exploitation of that person.

Under penalties of perjury, I declare and affirm that I have read the foregoing document and that the facts stated in it are true and correct.

DATED this 6th day of July, 2026.

Denise A Andrews
Signature of Affiant

Denise Purdie Andrews
Printed Name of Affiant

COO
Printed Title of Affiant

Axis Forensic Toxicology, Inc.
Full Legal Name of Supplier

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 6th day of July, 2026, by Affiant, who is personally known to me or has produced _____ as identification.

Christina Ann Finley
Notary Public
My Commission Expires: 11/11/2033

CHRISTINA ANN FINLEY
Notary Public, State of Indiana
Marion County
Commission Number NP0767048
My Commission Expires
November 11, 2033

IFB 2660R; Toxicology Testing
ATTACHMENT "K"
ACKNOWLEDGEMENT OF ADDENDA

Bidder hereby acknowledges receipt of the following Addenda, issued by the County and incorporated into and made a part of the IFB Documents. By acknowledging the Addenda listed below, Bidder hereby certifies that the information, clarifications, revisions, or other items included in each Addenda have been incorporated into the Bidder's Bid. Failure to acknowledge and incorporate issued Addenda may result in a Bidder being deemed non-responsive to the requirements of the IFB, and removed from further consideration.

ADDENDUM NUMBER	DATE RECEIVED	PRINT NAME OF BIDDER'S REPRESENTATIVE	TITLE OF BIDDER'S REPRESENTATIVE	SIGNATURE OF BIDDER'S REPRESENTATIVE
1	6/15/2026	Denise Purdie Andrews	COO	Denise A Andrews
2	6/25/2026	Denise Purdie Andrews	COO	Denise A Andrews

AXIS
FORENSIC TOXICOLOGY

FEE SCHEDULE FOR LITIGATION SUPPORT

Please direct questions to the Axis Forensic Toxicology Litigation Support Administrator at litigation@axisfortox.com or via phone at 317-759-4TOX.

Axis accepts check, credit card or ACH payment. Payments may be made on our website or mailed to:

Axis Forensic Toxicology
Attn: Litigation Support
P.O. Box 681513
Indianapolis, IN 46268-7513

ITEM 1: FEE SCHEDULE FOR LITIGATION DOCUMENT REQUESTS

Axis Forensic Toxicology requires a subpoena or letter of authorization requesting the tier packet which includes the Axis case number, physical address to send certified documents, and payment in full in order to release the documents.

The requisition form and final report are provided free of charge. Tier packets 2-4 are billed in hourly increments at an hourly rate of $300. Based on the specifics of the case, we will quote you a price for the requested documents.

TIER 1 - ANALYST LIST FEE: $100
Services Included
• A list of all analysts who performed each task for each assay in which the specimen was included. This includes all screening assays and confirmation assays resulting in both positive and negative results.

TIER 2 - LITIGATION PACKET FEE: approximately 2-3 hours, maximum $1200
Services Included
• A list of all analysts who performed each task for each assay in which the specimen was included. This includes all screening assays and confirmation assays resulting in both positive and negative results. • Copied chain-of-custody for each assay in which the specimen was included. This includes all screening assays and confirmation assays resulting in both positive and negative results. • Copied raw data for each assay in which the specimen was included. This includes the raw data for the specimen of interest only.

TIER 3 - EXTENDED LITIGATION PACKET FEE: approximately 3-4 hours, maximum $1500
Services Included
• A list of all analysts who performed each task for each assay in which the specimen was included. This includes all screening assays and confirmation assays resulting in both positive and negative results. • Copied chain-of-custody for each assay in which the specimen was included. This includes all screening assays and confirmation assays resulting in both positive and negative results. • Copied raw data for each assay in which the specimen was included. This includes the raw data for the specimen of interest only. • Copied quality control data for each assay in which the specimen was included. Calibration data is not included unless otherwise specified by the client.

TIER 4 - FULL LITIGATION PACKET FEE: approximately 4-6 hours, maximum $2100
Services Included
• A list of all analysts who performed each task for each assay in which the specimen was included. This includes all screening assays and confirmation assays resulting in both positive and negative results. • Copied chain-of-custody for each assay in which the specimen was included. This includes all screening assays and confirmation assays resulting in both positive and negative results. • Copied raw data for each assay in which the specimen was included. This includes the raw data for the specimen of interest only. • Copied quality control data for each assay in which the specimen was included. Calibration data is not included unless otherwise specified by the client. • Copies of all AXIS Forensic Toxicology's Standard Operating Procedures outlining the methods utilized in the extraction, screening, confirmation, and data analysis for the specimen of interest.

ITEM 2: FEE SCHEDULE FOR AXIS TOXICOLOGIST TESTIMONY, DEPOSITION, CONSULTATION, AND EXPERT OPINION SERVICES**

AXIS
FORENSIC TOXICOLOGY

FEE SCHEDULE FOR LITIGATION SUPPORT

SERVICE INCLUDED	FEE
Toxicologist testimony, deposition, or consultation via SKYPE, phone, or in person (per hour charge applies to all applicable travel and wait time)	$350 per hour/per person**
Travel expenses and all other costs and expenses	Charged at cost/per person
Retainer (payable at time of Engagement Agreement signing)	$1500
Multi-day Engagement	$2800 per day (maximum), plus expenses/per person
Cancellation Fee	$250 per person, plus expenses/per person

***Hourly fees include, but are not limited to, portal to portal, literature research, preparation time for testimony, deposition or affidavit. Expenses include, but are not limited to meals, transportation, hotel, car rental, etc.*
Once the retainer fee is received, research will begin for the case. All travel-related reservations will be finalized no earlier than seven (7) business days prior to the court date. If the court date is cancelled or postponed, or personnel are no longer needed after travel arrangements are completed, the cancellation fee will be imposed along with all non-refundable expenses and time incurred.

ITEM 3: FEE SCHEDULE FOR AXIS ANALYST FACT WITNESS

This fee schedule is applicable only to the laboratory analyst testimony services in criminal proceedings for testing performed by Axis when an Axis analyst receives a subpoena to testify regarding the chain of custody, testing methodology, and validity of the Axis test results ("Fact Witness Fee Schedule"). This does not include any opinions or interpretation.

This fee schedule does not include Axis toxicologist testimony. Axis toxicology services and fees can be found under Item 2: FEE SCHEDULE FOR AXIS TOXICOLOGIST TESTIMONY, DEPOSITION, CONSULTATION, AND EXPERT OPINION SERVICES

SERVICE INCLUDED	FEE
Laboratory analyst deposition and/or trial testimony services (including preparation time) regarding the test procedure and results originally performed by Axis	$50 per hour/per person
Travel expenses and all other costs and expenses	Charged at cost/per person

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PROPOSAL

Axis Forensic Toxicology ("Axis") is pleased to provide the following Proposal to the **St. Johns County Medical Examiner, District 23** ("County" or "District") in response to the **Invitation for Bids No. 2660 for Toxicology Testing**.

At Axis, our mission is to contribute to an effective justice system that brings closure to people and communities by providing accurate, timely, and relevant toxicology results from our industry leading testing protocols, cost effective products, and access to subject matter experts. That mission starts with preparing you to submit accurate and complete testing requests, so that we can deliver your results as quickly and completely as possible.

Axis is proud to have served several Florida Medical Examiner Districts for many years and looks forward to continuing its relationship with the County. It is Axis' intent to provide services as outlined in this Proposal, while meeting new needs as they arise. We are confident our services and products will meet and/or exceed the needs and requirements of the County.

1. LAB CERTIFICATION AND LICENSURE

Axis Forensic Toxicology, Inc., was incorporated in Indiana on June 17, 2016 when two executive members from the American Institute of Toxicology, Inc. (AIT Laboratories) purchased the AIT Laboratories' forensic business, Phil Roberts and Denise Purdie Andrews. The acquisition of AIT Laboratories' forensic business has brought Axis over 25 years of forensic toxicology quality, innovation, and service to Axis.

Axis is accredited by ANAB to ISO/IEC 17025:2017 and the American Board of Forensic Toxicology (ABFT) in the field of Forensic Toxicology (Exhibit A), accredited by the College of American Pathologists (CAP) (Exhibit B), and CLIA certified (Exhibit C). Axis follows Society of Forensic Toxicologists (SOFT) guidelines.

Axis maintains a foreign corporation registration in the State of Florida.

Axis maintains a Drug Enforcement Administration license due to handling very limited quantities of controlled substance for use as standards in analysis and while conducting non-biological trace analysis. A copy of that license is available if it is desired.

This combination of accreditation and certification standards ensure each forensic sample is processed and handled appropriately, maintains a strict chain of custody, and that test methods have been validated appropriately to ensure optimal quality test results that may be upheld in a court of law.

Documentation of licensure, including proficiency testing compliance, is available to clients at all times.

PROFESSIONAL EXPERIENCE, LICENSES, CERTIFICATIONS, AND EDUCATION

Axis's company structure ensures business stakeholders and laboratory expert input is used to drive business and product development decisions. This structure allows for a strong foundation that incorporates science-based information and business practices that are mutually beneficial to the business, its employees, and the clients we serve. This structure ensures Axis remains a good steward to the resources and services it provides to the community and our clients and meets the values the company stands on:

Innovation | Relevance | Integrity | Leadership

Axis' toxicologists routinely provide consultation regarding the returned results and have provided testimony for trials in throughout the United States. Axis' operations management team consults with the coroners and medical examiners to ensure that critical and complex cases receive special handling as needed to ensure that Axis is providing timely, relevant and accurate testing results.

2. LAB DIRECTOR QUALIFICATIONS

Laureen J. Marinetti, Ph.D., recently joined the toxicology team at Axis in March 2024, after serving as the senior forensic toxicologist and laboratory head at Ascertain Forensics at Redwood Toxicology Laboratory. Prior to that, Dr. Marinetti was the chief forensic toxicologist for six years with the Montgomery County Ohio Coroner's Office and Miami Valley Regional Crime Laboratory in Dayton, Ohio. Her background includes over 30 years of experience in forensic toxicology and over 20 years of experience in postmortem toxicology involving extensive understanding in complex postmortem drug-related cases, laboratory accreditations, extensive scientific expert witness testimony in driving under the influence (DUI/DUID) of alcohol and/or drug(s) criminal court cases.

Dr. Marinetti earned her bachelor's and master's degrees from Michigan State University in Lansing, MI and her doctorate from Wayne State University in Detroit, MI. She also holds Fellow status with the American Board of Forensic Toxicology (ABFT). She has made numerous industry presentations and publications and serves in leadership roles of several professional forensic toxicology organizations including SOFT, Midwestern Association for Toxicology and Therapeutic Drug Monitoring (MATT), The California Association of Toxicologists (CAT) and The International Association of Forensic Toxicologists (TIAFT). She has also served as a Laboratory Inspector for ABFT and as a Member of The Organization of Scientific Area Committees for Forensic Science (OSAC) – Toxicology. Dr. Marinetti has been appointed to the Medicolegal Death Investigation Consensus Body under the American Academy of Forensic Sciences' Academy Standards Board (ASB). Dr. Marinetti maintains membership in the International Association of Medical Examiners (IACME) and the National Association of Medical Examiners (NAME).

Dr. Marinetti's Curriculum Vitae and proof of Fellow status with the American Board of Forensic Toxicology is available upon request.

3: LAB PERSONNEL QUALIFICATIONS

Laboratory personnel assigned to the testing and analyzing of laboratory results (i.e. Analytical Chemist I, II, and R&D Scientist) at Axis Forensic Toxicology meet or exceed the minimum laboratory experience and education requirements as set forth by the American Board of Forensic Toxicology, CLIA, and CAP for high complexity tests.

All laboratory employees are also required to complete annual continuing education which includes but is not limited to scientific conferences, presentations, scientific articles, or training offered by our Toxicology Team.

As a laboratory located in the State of Indiana, Axis laboratory technicians do meet all requirements and standards in the State of Indiana to perform their laboratory testing duties.

A list of laboratory personnel and credentials is available upon request.

KEY LABORATORY PERSONNEL

Axis' key personnel to deliver quality testing services are:

- Laureen Marinetti, Ph.D., F-ABFT - Laboratory Director and Chief Toxicologist
- Kevin G. Shanks, MS, D-ABFT-FT - Senior Toxicologist
- Stuart Kurtz, MS, D-ABFT-FT - Toxicologist
- Matthew Zollman, BS, MBA – Director of Operations and Product Management
- Marcie Larson, BS – Technical Manager
- Matt Holmes, BS – Operations Manager

SENIOR FORENSIC TOXICOLOGIST, KEVIN G. SHANKS, MS, D-ABFT-FT

Toxicologist Kevin Shanks Kevin has been with Axis Forensic Toxicology (formerly the forensic business division of AIT Laboratories) since 2003. He has extensive experience in research and development as well as laboratory supervision and management. His areas of expertise include liquid chromatography mass spectrometry (LC/MS) and the analytical detection and toxicology of new psychoactive substances (NPS) such as substituted cathinones, synthetic cannabinoids, NBOME hallucinogens, fentanyl analogs, and opioid research chemicals. Kevin oversees all method development and validation of analytical methods for NPS and other esoteric substances at Axis. He has provided fact and expert witness testimony in drug chemistry, human performance toxicology, and postmortem toxicology matters in numerous States across the USA.

His educational background includes a Bachelor of Arts in Biology from Franklin College in Franklin, Indiana and a Master of Science in Forensic Toxicology form the University of Florida. He is certified as a Diplomate of the American Board of Forensic Toxicology in forensic toxicology (D-ABFT-FT) and holds regular membership with the American Academy of Clinical Toxicology (AACT) and the Society of Forensic Toxicologists (SOFT). He is a member of SOFT's Young Forensic Toxicologist committee and SOFT's Designer Drugs committee. Kevin has published papers on new psychoactive substances in journals such as Journal of Analytical Toxicology (JAT) and Forensic Science International (FSI) and presented research at national meetings such as the SOFT annual conference.

Kevin Shanks's Curriculum Vitae and proof of Diplomate status with the American Board of Forensic Toxicology is available upon request.

TOXICOLOGIST, STUART KURTZ, MS, D-ABFT-FT

Stuart Kurtz is a Toxicologist for Axis Forensic Toxicology where he reviews cases for release. He has been with Axis since 2018. Stuart received his Bachelor of Arts in Chemistry from Goshen College and Master of Science in Forensic Science/Forensic Chemistry from Indiana University Purdue University Indianapolis. He is certified as a Diplomate of the American Board of Forensic Toxicology in forensic toxicology (D-ABFT-FT) and holds regular membership with the Society of Forensic Toxicologists (SOFT). He has presented posters at the National Association of Medical Examiners Conference and the SOFT annual conference.

Stuart Kurtz's Curriculum Vitae and proof of Diplomate status with the American Board of Forensic Toxicology is available upon request.

DIRECTOR OF OPERATIONS AND PRODUCT MANAGEMENT, MATTHEW ZOLLMAN, BS, MBA

Matt Zollman is the Director of Operations & Product Management for Axis Forensic Toxicology where he oversees the daily operations of the laboratory and test offerings to meet market needs. He has been with Axis/AIT Laboratories since 2008. Matt graduated from Purdue University with a Bachelor of Science degree in Biology and from Butler University with a Master of Business Administration.

Matthew Zollman's resume is available upon request.

TECHNICAL MANAGER, MARCIE LARSON, BS

Marcie Larson is a Technical Manager for Axis Forensic Toxicology where she oversees the instrumentation and aids in providing technical expertise to R&D and laboratory staff. She has been with Axis/AIT Laboratories since 2007. In the summer of 2008, Marcie presented a poster titled A UPLC-MS/MS Method for Analyzing Eight Drugs: A Sixty Percent Reduction in Runtime vs. HPLC-MS/MS at AACC's annual conference. Her experience includes confirmatory instrumentation, data analysis, and data certification. Marcie received her Bachelor of Science in Chemistry and a Bachelor of Arts in History from Saint Joseph's College.

Marcie Larson's resume is available upon request.

OPERATIONS MANAGER, MATT HOLMES, BS

Matt Holmes joined Axis as Operations Manager in March of 2025 with a deep background in operations management. He provides valuable oversight of work allocation and human resource management. Matt graduated from Ball State University with a Bachelor of Science in Business Marketing.

Matt Holmes's resume is available upon request.

4. SPECIMENS ACCEPTED & STORED; LOCATION; SHIPPING: COURIER SERVICE

SPECIMENS ACCEPTED

Axis Forensic Toxicology will accept and store the following items if submitted to our laboratory as submitted by the County:

- Decomposed specimens
- Blood, urine, vitreous (ocular) fluid
- Other biological fluids: bile, gastric contents, body cavity fluids
- Tissues: hematomas, nails, hair, muscle, solid organ samples
- Non-biological specimens: pills, capsules, swabs, food and drinks, non-biologic fluids, powders, other particulate materials, syringes, clothing, maggots, insects

SPECIMEN COLLECTION, SUPPLIES, AND PICK-UP SERVICE

Axis provides collection kits at no charge that include the materials listed below in addition to the requisition form (Exhibit E), specimen bag, security seals, specimen volume instruction sheet, and blood manifest form (Exhibit E). Shipping materials such as FedEx PrePaid return labels and FedEx Overpak bags are also provided at no charge (see included samples of the mailing supplies). Scheduled pickup by FedEx Overnight service is available and recommended. Using the Axis supplied shipping labels will allow the County to track the status of the shipment through receipt. Cases are received Monday through Saturday except holidays. Please refer to the Client Guide in Exhibit H for more details including case submission instructions using these supplies.

Standard kit contents:

Container(s)	Preservative	Matrix	Volume Needed
30 mL bottle	Sodium fluoride EDTA	Blood (Peripheral Site)	20 mL
Gray-top tube	Sodium fluoride potassium oxalate	Blood (Central Site)	5 mL (5 mL/tube)
Clear-top tube	No preservative	Vitreous fluid	2-3 mL
Yellow-top tube	No preservative	Urine	5-8 mL
60 mL screw-top cup	No preservative	Tissue	10 grams

Axis is also capable of testing fluids, which may be submitted in the containers above based on the circumstances.

Axis understands that not all toxicology case needs are the same and the supplies needed may vary depending on the type of test being requested and sometimes specialty supplies are required. For that reason, Axis will work with the County to ensure the supplies shipped will meet the County's needs.

LOCATION OF LABORATORY

All services will be provided at Axis' laboratory, which is located at 5780 West 71st Street, Indianapolis, IN 46278. From this location, Axis serves clients throughout the United States. As the Crossroads of America, Indianapolis is within easy shipping and travel distance to most areas of the United States.

Axis does more than 99% of its own testing, but will use reference laboratories when it best serves the case. Axis uses only accredited laboratories, consolidates the results onto a single report, cites the

performing laboratory, and handles all billing and administration. There are no costs in addition to the pricing schedule.

SPECIMEN STORAGE AND SERVICES

Axis will store all specimens received in a secure refrigerated location until the completion of testing. Once testing is complete, Axis will preserve in long term freezer storage the case and any remaining specimen volume that was not used during testing for a minimum of one (1) year after the last toxicology report date. Extended specimen storage beyond the standard one (1) year term may be arranged for an additional fee (see pricing Exhibit I: Price Guide). Testing records related to the case will be kept for a minimum of five (5) years from the last toxicology report date.

Axis can return a case and any remaining specimen volume that was not used during testing (including specimens that were submitted but not tested) to the client upon completion of testing, for an additional fee. Requests must be submitted in writing on behalf of the County by an authorized individual.

5. TURNAROUND TIME

Axis understands that the community and families in the County expect quick response regarding their case and we strive to be your partner in timely service as well as quality. Specimens are processed upon receipt of complete submissions and test results are reported to the client as soon as possible. Testing is performed around the clock. Turnaround time varies depending on the nature of the request and the amount of time required to perform testing. Typical turnaround time for cases is within 10 business days of receiving the case in-house. Axis processes approximately 25,000 cases each year through its Comprehensive and Drugs of Abuse Panels. The average turnaround time at Axis for all cases has been 8 business days. The County can continue to expect timely processing if they use Axis as their toxicology lab partner. Axis is prepared to meet the County's turnaround expectations.

Axis understands that sometimes certain cases require expediting. Axis will work with the County to move those cases to the front of the queue without compromising quality.

6. TESTING OPTIONS

Axis Forensic Toxicology, Inc. (Axis) provides forensic toxicology testing and litigation services to medical examiners, coroners, reference laboratories, State crime laboratories, federal, State, and local law-enforcement agencies, government agencies, sexual assault centers, attorneys, courts of law and correctional centers.

Axis provides a comprehensive and systematic approach to the analysis of biological fluids, tissues and drug dosage forms on behalf of our clients throughout the United States. As part of the forensic program, Axis follows strict chain-of-custody and confidentiality guidelines as well as providing complete professional consultation and expert witness testimony. Axis' commitment in forensic toxicology is to determine the potential role of drugs and chemicals in postmortem and antemortem cases.

The toxicology test services offered by Axis were developed through our team of experts and consultation with recognized authorities within the forensic toxicology community. These tests are grouped into:

1. Panels which provide an economic means of screening for the possible presence of specific Drugs or Drug Classes (i.e., Barbiturates, Opiates, etc.) and then confirming the quantitative/qualitative presence or absence of the specific drug(s)/chemical(s) using a second confirmatory test.
2. Directed Tests, which provide for qualitative and/or quantitative analysis of the specimen for specific drug(s).

As a result of our on-going research efforts, new assays and panels are constantly validated and introduced into laboratory services. If you require analysis for a specific drug or chemical or a Panel, please contact the Axis' Lab Client Support group for further assistance at labclientsupport@axisfortox.com. Axis will notify the County regarding changes made to the panels or new product offerings.

The County has specified testing for volatile compounds, major drugs of abuse, and frequently prescribed and over the counter drugs. Axis can provide analysis of the substances requested. To meet these needs, Axis has created a standard Drugs of Abuse Panel and the Comprehensive Panel with Analyte Assurance™. Axis' primary toxicology panels are setup to provide a "whole case approach" to testing. When the Comprehensive Panel with Analyte Assurance™ or Drugs of Abuse Panel is ordered and a blood, urine, and/or vitreous sample are submitted with a case, the total price of the panel will include corroborative testing between matrices (see Exhibit D for a detailed description of the features of Axis's panels).

In addition to the standard toxicology panels offered, Axis provides additional testing options that may be ordered on a case-by-case basis, depending on the needs of the County. Axis is an industry leader in providing results for specialty substance testing including (but not limited to) the Designer Benzodiazepines Panel, Designer Opioids Panel, Psychoactive Substances Panel, Nitazene Analog Panel Novel Emerging Compounds Panel, and Synthetic Cannabinoids Panel. Please see Exhibit D for a complete list of tests available.

Axis can provide testing on tissues and fluids in addition to the specimens listed above. The Axis Client Guide in Exhibit H describes the prioritization of specimen testing.

Please visit our test catalog at www.axisfortox.com for the most up-to-date listing of panel scopes and test offerings.

METHODS

Axis prides itself on keeping current with industry best practices. Axis uses a variety of high-tech instrumentation and analysis methods such as gas chromatography (GC), mass spectrometry (MS) gas

chromatography/mass spectrometry (GC/MS), liquid chromatography/mass spectrometry (LC/MS), liquid chromatography-mass spectrometry/mass spectrometry (LC/MS/MS), ultra-performance liquid chromatography-mass spectrometry/mass spectrometry (UPLC/MS/MS), and ultra-performance liquid chromatography-Quadrapole Time of Flight mass spectrometry/mass spectrometry (LC/QTOF/MS).

Axis has more than 50 laboratory-developed analytical methods. Each method is carefully developed through research and experimentation by our highly qualified Analytical Chemists, and then validated to ensure that qualitative and quantitative results can be reliably obtained for the analytes of interest and the matrices submitted. Any time a new method is developed, or an existing method improved, a thorough production onboarding process is conducted, consisting of verification that the method is executable within the production laboratory, meets client needs, and performs on an ongoing basis, followed by training of personnel to the new or revised standard operating procedure, and a scheduled implementation date once the foregoing has been successfully completed.

Axis does not typically distinguish between the Limits of Detection (LOD) and the Limits of Quantification (LOQ) because we strive to validate quantitatively to the lowest level that we can detect, although there are exceptions where an analyte would be reported present below the LOQ.

Axis determines the scope of its toxicology panels by performing an annual/biannual review of client needs and new and emergent drugs found in the population. This review ensures our panels meet the needs of our clients while providing a cost-effective approach to keeping our panels accurate and relevant. See Exhibit G for our policy on the Surveillance of Forensic Testing Capabilities.

Occasionally, the County may need testing for a substance that falls outside the scope of routine testing. Axis has the resources and capabilities to meet the needs of the County in these circumstances. Axis' chemists and toxicologists have honed their expertise over many years of non-routine testing and Axis's instrumentation gives it access to a vast library of compounds. Axis is proud of the work it has done to help its clients with unusual or unexpected cases and materials.

7. LAB SECURITY & CHAIN OF CUSTODY OF SPECIMENS

Axis provides legal chain-of-custody procedures that comply with State and federal legislation and case law. Laboratory results from Axis have been accepted in federal, State, military and local courts on behalf of prosecutors in more than forty-five (45) States including the State, the U.S. federal courts, the U.S. Navy, and the U.S. Alcohol, Tobacco, and Firearms Agency.

Axis enforces strict security measures to guarantee the integrity of each sample.

- Lab access is limited to authorized personnel only and samples are stored in secured cooler/freezer locations.
- Each specimen and aliquot (a small portion to be used in a specific analytical procedure) is bar-coded to ensure traceability throughout the testing process. Containers are labeled prior to the transfer of specimen and only one container is opened at a time.
- Once accessioned, the specimens are maintained in a secure refrigerated temporary storage location until final testing is completed.
- Based on the testing required, specimen analysis is batched in the LIMS and a physical chain of custody document is generated which is used to record the process, lot numbers, and personnel associated with that batch.
- At each phase of processing of the batch, the technician, analyst or certifier will sign to acknowledge their work. These documents are maintained as scientific work product according to record retention policies.
- Once the results of the batch are entered into the LIMS, they are also electronically verified in addition to the paper batch record, and the audit of this activity is maintained in LIMS.
- After all chemical analysis is completed, the results are presented to one of Axis' credentialed toxicologists, who will review the end to end processing of the case and determine if it is acceptable to be released or returned for further analysis. When this process is successfully completed in the LIMS, the final report is released to the client and includes the signature of the releasing toxicologist.
- Any remaining specimen will be placed in long-term frozen storage for the agreed retention period.

For the full details of Axis' thorough Chain of Custody procedures, see the attached Specimen Handling Procedure in Exhibit G.

ORDERING PROCESS

Prior to testing, Axis clients are required to complete and submit a written forensic requisition form (Exhibit E). The requisition form requires the following information:

- Account Information
  - Full name and account number
  - Mailing address of agency
- Chain of Custody Information
  - Signatures are required to maintain Axis' Chain of Custody
    - If the Chain of Custody is not filled out completely, Axis is not authorized to proceed with testing
  - A signature is required of the person by whom the specimens were obtained or sent to the laboratory, investigator, pathologist and submitting official
- Test Request Information
  - Type of test(s) being requested
- Subject Information
  - Subject's first and last name
  - Date of death
  - Agency case number

    - Sex
    - Age
- Specimens Submitted
    - Type of specimen – whether it is to be tested
    - Date the specimen was collected
    - A barcode sticker is to be affixed to each specimen container
    - Volume provided
- Brief Case History (optional)

RECEIVING & ACCESSIONING

Specimens are received into the laboratory (Monday through Saturday except 7 holidays) with documentation of the following:

- Date, time, and manner of delivery
- "Received By" information
- Condition of package/container (e.g. intact and sealed, damaged, etc.)
- Condition of sample (i.e. turbid, clotted, etc.)

Following receipt, the specimens are individually accessioned with documentation of the following:

- Date and time of accessioning
- Accessioner's name
- Identification of each specimen and matching with client identification of specimen
- Assignment of accession number (unique to the case and specimen)

If there are questions about the information provided on the requisition form, an Affidavit will be issued to clarify the information/instructions. See Exhibit E for a sample Affidavit.

SECURITY

Axis maintains appropriate physical and electronic safeguards to its facility and data, and its systems are routinely backed up to encrypted cloud repositories to maximize availability of the data. Axis follows strict policies regarding access to its facility and specimen processing areas, including visitor sign-in, identification, and supervision.

8. LAB COMMUNICATION & REPORTING

CUSTOMER SUPPORT

Axis is committed to providing a knowledgeable and efficient client services model that ensures the most qualified individuals meet the needs of our clients. Depending on the County's need, each area of Axis may be reached by calling 317-759-4TOX or via the contact information below:

Department	Description	Email
Billing	Billing questions and payment assistance	billing@axisfortox.com
Supplies	Request collection supplies, update account information	supplies@axisfortox.com
Toxicologists	Interpretation and discussion of test results	toxicologists@axisfortox.com
Lab Client Support	Check case status or request changes to the testing performed, preliminary results	labclientsupport@axisfortox.com
Case Management Portal	Troubleshooting assistance for online portal	portal@axisfortox.com
Litigation	Securing records or testimony	litigation@axisfortox.com

COMPREHENSIVE REPORTING

Axis reports meet or exceed the standards and requirements set forth by CAP, CLIA, ABFT and ISO/IEC 17025:2017. Toxicology reports from Axis contain all information necessary to identify the cases and its source.

Information includes*:

- Agency name and address of client
- Name of subject
- Case number/autopsy number
- Date of death/autopsy
- Date specimens received and date of report
- Identification of all case specimens
- Identification of testing performed (test code and test name)
- Quantitative/Qualitative test results for all case specimens
- Reference ranges (therapeutic), if available, for all test results
- Signature of certifying toxicologist

*Some information must be provided by client to be included on final report

Please see Exhibit F for an example of an Axis Forensic Toxicology Report.

After a toxicologist certifies and releases the final toxicology report, the report is released to the County via fax or secure web portal. If County needs a partial release of information, they can request a preliminary release of the case (through its established reporting queues), following by resumption of testing and a final report.

CASE MANAGEMENT PORTAL

In keeping with industry best practices, Axis has replaced mailed and faxed reports with a robust online system. Axis' Case Management Portal provides clients with a secure and easily accessible way to view the status of cases sent for testing and view/print toxicology reports that have been completed. A unique web

portal account will be set up for each user requested by the County and there is no limit to the number of accounts that can be set up.

Cases and case status are visible within the Case Management Portal immediately upon accession, and are maintained through, at a minimum, Axis' five year retention period. Each day the County's portal users receive an email notification of unread case reports. Online portal results may be accessed by going to www.axisfortox.com and clicking on "Portal" in the upper right-hand corner of our website. Final toxicology reports may be printed or downloaded from the portal to be included in the final case file.

A copy of the Case Management Portal User Guide is included in Exhibit H.

RECORD RETENTION

Testing records of any and all lab bench work and final results performed for the County will be maintained on file for a minimum of five (5) years from the last toxicology report date.

TOXICOLOGIST CONSULTATION AND TESTIMONY

Axis' toxicologists work directly with the laboratory's Research and Development department and their work has been published in distinguished scientific journals such as the American Academy of Forensic Sciences Journal of Forensic Science and at the annual Society of Forensic Toxicologists (SOFT) Conference.

Axis prides itself on making its toxicologists freely available to clients to provide important consultation to ensure confidence in the client's final determination. Our toxicologists know that there is more to a case than numbers on a page and are committed to supporting our clients to have confidence in their determinations.

Axis can also provide a board-certified toxicologist for neutral testimony via telephone, videoconference, or in person if required by the court. Axis provides a Litigation Specialist who is available by phone to assist in arranging your expert services (i.e. subpoenas, litigation packages, and scheduling testimony) and answer your questions, if the need arises. Fee Schedule available upon request.

9. LAB FEES

Please see the bid submission forms for proposed pricing under a new agreement.

BILLING

Axis will furnish County with an itemized invoice that meets with specifications of the RFI. Standard client invoices are sent weekly for the prior week's reported cases/tests and the terms of payment are due upon receipt. Invoices contain the following information:

- Axis' name and remittance address
- Invoice date
- Axis Client Account ID
- Subject name
- Date of service (toxicology case report date)
- Laboratory order number
- Test(s) order code and description
- Charges

Please see Exhibit E for an example of an Axis invoice.

PAYMENT OPTIONS

Axis provides three (3) convenient ways to pay:

- Online via credit card by going to www.axisfortox.com and clicking on "Payments." All credit card carriers accepted.
- Check remittance to Axis Forensic Toxicology, P.O. Box 681513, Indianapolis, IN 46268.
- Via ACH/EFT payment. Please email billing@axisfortox.com or call them at 317-759-4TOX (option 1) to set up this payment option.

10. ESTIMATED ANNUAL WORK LOAD AND TYPES OF WORKS

Axis Forensic Toxicology receives cases daily from more than 700 clients throughout The United States. We operate near 70% of our overall capacity and continue to maintain more than enough capacity to continue completing work for the County in a timely manner.

11. CONFIDENTIALITY

At Axis, we know that our toxicology report is only one piece of the puzzle when it comes to solving a case. We respect the needs of our clients to control access to that information, so that they can share with their community the full picture.

In support of that objective, Axis has strict controls in place to prevent disclosure of information or release of specimens to unauthorized parties. We are diligent in our efforts to determine the identity and authorization status of persons requesting anything with regard to cases.

Axis agrees to maintain strict confidentiality of information on any and all County cases, including any and all involved names, dates, histories, specimens, results and communications with the County and that information, results, records or specimens may not be released Axis employees to any person or organization without prior express written permission of the County or a signed court order from a court of competent jurisdiction.

When permission is given, Axis will serve the authorized party as it would the County. See Exhibit E for a sample Case Release Form.

12. QUALITY PROGRAM

QUALITY ASSURANCE

Quality is an integral part of everything we do at Axis. All work is conducted in compliance with controlled Standard Operating Procedures. These SOPs are reviewed at least annual by the Laboratory Director and any time an update is requested by a member of Laboratory Management. Changes will be implemented after appropriate staff training has been conducted.

Axis processes specimens in batches, for which strict chain of custody is maintained. Axis follows laboratory best practices in its use of Quality Control specimens to ensure that each batch and each specimen within the batch meet or exceed the quality measures established during validation. Each batch is calibrated as a unique batch and controls are run with each calibrated batch to verify that the calibration meets validated criteria. To the degree that a specimen or a batch does not meet criteria, testing is repeated until confidence in the result is established.

Axis understands that the nature of postmortem work means that the County sometimes must submit specimens in less than ideal conditions. Axis will make its best effort to return a result whenever possible, including re-running a specimen or switching to an alternate specimen where one is available. If an analyte can be detected, but a valid quantitative value not obtained, it may be reported as Present. In extreme cases, if no valid result can be obtained, the analyte would be reported as Unsuitable for analysis. If insufficient specimen volume is available to complete testing, it will be reported as Quantity Not Sufficient.

QUALITY CONTROL

The mission of Quality Control is to provide value through its ability to supply and monitor the standards, controls (QCs), and reagents required for the analysis of client samples at Axis Forensic Toxicology. The QC Team is committed to providing these materials in an accurate, precise and timely fashion. Through monitoring QC trends, problem solving assay failures and participation in proficiency testing programs, the department supports Axis's mission – providing accurate, timely, and relevant toxicology results.

Quality control procedures are designed to monitor analytical performance and alert analysts to problems that might limit the usefulness of a test result for its intended purpose. Quality control ensures that the analytical performance characteristics of the test are appropriate for the decisions that need to be made.

The performance of analytical methods is monitored by routine analysis of materials with established values (quality controls or QCs) and statistical analysis of the QC data. The statistics are used to make judgments about the quality of analytical results:

- whether system correction is necessary
- whether data should be accepted or rejected and retested
- estimating performance parameters which can be compared to the analytical goals.

Good quality control materials should emulate actual specimens when possible. The quality control materials are typically prepared in human urine, animal sera, or a negative blood solution containing human red blood cells. Other matrices include synthetic urine and human whole blood. The appropriate matrix is spiked with analytes at levels within the linear range or around critical decision points as required by some accrediting bodies. It is important that controls be compatible with the analytical method and reliably indicate acceptable or unacceptable performance.

The acceptance of quality control values is determined based on comparison to target values or control ranges. When obtained quality control values fall within a set range, the method is considered to be

operating properly, and results are assumed to be valid. When obtained quality control values fall outside a set range, the subject results may be invalid, and therefore repeated.

Measuring equipment is used daily in a variety of tasks that require both exact and non-exact measurements of volume transfer. Precise measurements are made using micropipettes, volumetric flasks, and other calibrated equipment. Imprecise measurements are made using graduated cylinders or other equipment where required volume is not needed to be exact. Typically, precision is required for tasks where specific volumes measured in microliters (µL) are required. Imprecise measurements are typically acceptable in instances where volumes measured in liters (L) are required. In instances where imprecise but small volumes are required, checklists should be notated as being approximate volumes. Checklists and SOPs should always be referenced in situations where measuring is required to determine the most appropriate equipment for the volume and task.

PROFICIENCY TESTING

An important aspect of laboratory quality assurance is proficiency testing, which is also an element of our accreditation processes. Proficiency testing, sometimes called interlaboratory comparison, provides an additional quality check by benchmarking performance on blind specimen submissions across multiple laboratories. Axis participates in several Proficiency Testing surveys through the College of American Pathologists that are required by ABFT, plus several that are optional but relevant to our work.

EXHIBITS

EXHIBIT A - ISO/IEC 17025:2017 AND AMERICAN BOARD OF FORENSIC TOXICOLOGY (ABFT) ACCREDITATION

ANAB

ANSI National Accreditation Board

CERTIFICATE OF ACCREDITATION

The ANSI National Accreditation Board

Hereby attests that

Axis Forensic Toxicology, Inc.

5780 W 71st Street, Indianapolis, Indiana 46278 USA

Fulfills the requirements of

ISO/IEC 17025:2017

Accreditation Requirements for Forensic Testing and Calibration:2023

ABFT Forensic Toxicology Laboratory Accreditation Requirements:2023

In the field of

Forensic Testing

This certificate is valid only when accompanied by a current scope of accreditation document.
The current scope of accreditation can be verified at www.anab.org.

Pamela L. Sale

Pamela L. Sale, Vice President, Forensics

Expiry Date: 31 July 2027
Certificate Number: FT-0152

American Board of ABFT Forensic Toxicology

ANAB ANSI National Accreditation Board

ilac-MRA

ANSI National Accreditation Board

SCOPE OF ACCREDITATION TO:
ISO/IEC 17025:2017
Accreditation Requirements for Forensic Testing and Calibration:2023
ABFT Forensic Toxicology Laboratory Accreditation Requirements:2023

Axis Forensic Toxicology, Inc.
5780 W 71st Street
Indianapolis, Indiana 46278 USA

FORENSIC TESTING

ISO/IEC 17025 Accreditation Granted: 11 June 2019

Certificate Number: FT-0152 Certificate Expiry Date: 31 July 2027

Discipline: Toxicology		
Component/Parameter	**Item**	**Key Equipment/Technology**
Qualitative Determination	Ante-Mortem Biological Item Post-Mortem Biological Item	Electrochemical Gas Chromatography Liquid Chromatography Mass Spectrometry Visible Spectroscopy
Qualitative Determination (Volatiles)	Ante-Mortem Biological Item Post-Mortem Biological Item	Gas Chromatography
Quantitative Measurement	Ante-Mortem Biological Item Post-Mortem Biological Item	Electrochemical Gas Chromatography Liquid Chromatography Mass Spectrometry Visible Spectroscopy
Quantitative Measurement (Volatiles)	Ante-Mortem Biological Item Post-Mortem Biological Item	Gas Chromatography

When published on a forensic service provider's Scope of Accreditation, ANAB has confirmed the competence required to develop and validate methods and perform on-going quality assurance for accredited activities. For a listed component/parameter, the forensic service provider may add or modify methods for activities without formal notice to ANAB for items and key equipment/technology listed. Contact the forensic service provider for information on the method utilized for accredited work.

Pamela L. Sale
Vice President, Forensics

1899 L Street NW, Suite 1100-A, Washington, DC 20036
414-501-5494
www.anab.org

EXHIBIT B – COLLEGE OF AMERICAN PATHOLOGISTS ACCREDITATION

COLLEGE of AMERICAN PATHOLOGISTS

CERTIFICATE OF ACCREDITATION

Axis Forensic Toxicology Inc
Laboratory
Indianapolis, Indiana
Laureen J. Marinetti, PhD

CAP#: 6948901
CLIA#: 15D0647225

The organization named above meets all applicable standards for accreditation and is hereby accredited by the College of American Pathologists' Laboratory Accreditation Program. Reinspection should occur prior to **December 07, 2027** to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.

Kathleen G. Beavis, MD
Chair, Accreditation Committee

Donald S. Karcher, MD, FCAP
President, College of American Pathologists



EXHIBIT C – CLIA CERTIFICATION

CENTERS FOR MEDICARE & MEDICAID SERVICES

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

AXIS FORENSIC TOXICOLOGY
5780 W 71ST
INDIANAPOLIS, IN 46278

CLIA ID NUMBER

15D0647225

EFFECTIVE DATE

01/07/2026

LABORATORY DIRECTOR

DR. LAUREEN J. MARINETTI

EXPIRATION DATE

01/06/2028

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.
This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Gregg Brandush, Director
Division of Clinical Laboratory Improvement & Quality
Quality & Safety Oversight Group
Center for Clinical Standards and Quality

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE	LAB CERTIFICATION (CODE)	EFFECTIVE DATE
CHEMISTRY - TOXICOLOGY (340)	06/15/2005		

PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.
FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA.

EXHIBIT D – AXIS TEST INFORMATION

DRUGS OF ABUSE PANEL

COMPREHENSIVE PANEL WITH ANALYTE ASSURANCE™

TOXICOLOGY PANEL FEATURES

DESIGNER BENZIDIAZEPINES PANEL

DESIGNER OPIOIDS PANEL

NITAZENE ANALOG PANEL

NOVEL EMERGING COMPOUNDS PANEL

NOVEL PSYCHOACTIVE SUBSTANCES PANEL

SYNTHETIC CANNABINOIDS PANEL

NON-ROUTINE TESTING



AXIS

FORENSIC TOXICOLOGY

Drugs of Abuse Panels Specifcations

Axis Forensic Toxicology Drugs of Abuse Panels

Analyte Name	Screening Limit	Drug Class	Blood	Tissue	Fluid	Vitreous	Urine (70080)	Urine (80080)
4-ANPP	0.2 ng/mL	OPIOID ANALGESICS	•					
6-Acetylmorphine	2 ng/mL	OPIOID ANALGESICS	X	X	X	X	•	•
7-Aminoclonazepam	10 ng/mL	BENZODIAZEPINES	X	X	X	X	•	•
11-OH-Delta-9 THC	15 ng/mL	CANNABINOIDS	X	X	X	X		
Acetone	0.02 %(w/v)	VOLATILES	X	X	X	X		
Alpha-Hydroxyalprazolam	20 ng/mL	BENZODIAZEPINES	X	X	X	X	•	•
Alprazolam	10 ng/mL	BENZODIAZEPINES	X	X	X	X	•	•
Amobarbital/Pentobarbital	200 ng/mL	BARBITURATES	X	X	X	X	•	
Amphetamine	10 ng/mL	AMPHETAMINES	X				•	•
Benzoylecgonine	100 ng/mL	STIMULANTS	X	X	X	X	•	•
Benzphetamine (as Amphetamine)	10 ng/mL	AMPHETAMINES	X					
Buprenorphine	1 ng/mL	OPIOID ANALGESICS	X	X	X	X	•	•
Butabarbital	200 ng/mL	BARBITURATES	X	X	X	X	•	
Butalbital	200 ng/mL	BARBITURATES	X	X	X	X	•	
Carisoprodol	200 ng/mL	MUSCLE RELAXANTS	X		X	X		
Chlordiazepoxide	50 ng/mL	BENZODIAZEPINES	X	X	X	X		
Clonazepam	10 ng/mL	BENZODIAZEPINES	X	X	X	X		
Cocaethylene	20 ng/mL	STIMULANTS	X	X	X	X		
Cocaine	20 ng/mL	STIMULANTS	X	X	X	X		
Codeine	10 ng/mL	OPIOID ANALGESICS	X	X	X	X	•	•
Delta-8 THC	15 ng/mL	CANNABINOIDS	X	X	X	X		
Delta-9 THC	15 ng/mL	CANNABINOIDS	X	X	X	X		
Delta-9 THC-COOH	15 ng/mL	CANNABINOIDS	X	X	X	X		
Desalkylflurazepam	10 ng/mL	BENZODIAZEPINES	X	X	X	X		
Diazepam	25 ng/mL	BENZODIAZEPINES	X	X	X	X		
Dihydrocodeine	10 ng/mL	OPIOID ANALGESICS	X	X	X	X		
EDDP	50 ng/mL	OPIOID ANALGESICS	X	X	X	X	•	•
Ephedrine	50 ng/mL	AMPHETAMINES	X	X	X	X		
Estazolam	10 ng/mL	BENZODIAZEPINES	X	X	X	X		
Ethanol	0.02 %(w/v)	VOLATILES	X	X	X	X	X	
Fentanyl	0.2 ng/mL	OPIOID ANALGESICS	X	X	X	X	•	•
Flurazepam	10 ng/mL	BENZODIAZEPINES	X	X	X	X		
Hydrocodone	10 ng/mL	OPIOID ANALGESICS	X	X	X	X	•	•
Hydromorphone	2 ng/mL	OPIOID ANALGESICS	X		X	X	•	•
Hydroxytriazolam	15 ng/mL	BENZODIAZEPINES	X	X		X		
Isopropanol	0.02 %(w/v)	VOLATILES	X	X	X	X		
Lorazepam	10 ng/mL	BENZODIAZEPINES	X	X	X	X	•	•
MDA	10 ng/mL	AMPHETAMINES	X		X	X		
MDEA	10 ng/mL	AMPHETAMINES	X	X	X	X		
MDMA	10 ng/mL	AMPHETAMINES	X	X		X	•	•
Meprobamate	1000 ng/mL	MUSCLE RELAXANTS	X	X	X	X	•	•
Methadone	50 ng/mL	OPIOID ANALGESICS	X	X	X	X	•	•
Methamphetamine	10 ng/mL	AMPHETAMINES	X	X	X	X	•	•
Methanol	0.02 %(w/v)	VOLATILES	X	X	X	X		
Midazolam	5 ng/mL	BENZODIAZEPINES	X	X	X	X		
Morphine	10 ng/mL	OPIOID ANALGESICS	X	X	X	X	•	•
Norbuprenorphine	1 ng/mL	OPIOID ANALGESICS	X	X	X	X	•	•
Nordiazepam	20 ng/mL	BENZODIAZEPINES	X	X	X	X	•	•
Norfentanyl	1 ng/mL	OPIOID ANALGESICS	X	X	X	X	•	•
Norpropoxyphene	250 ng/mL	OPIOID ANALGESICS	X	X	X	X		
Norpseudoephedrine	50 ng/mL	AMPHETAMINES	X		X	X		
O-Desmethyltramadol	25 ng/mL	OPIOID ANALGESICS	X	X	X	X	•	•
Oxazepam	20 ng/mL	BENZODIAZEPINES	X	X	X	X	•	•
Oxycodone	10 ng/mL	OPIOID ANALGESICS	X	X	X	X	•	•
Oxymorphone	4 ng/mL	OPIOID ANALGESICS	X	X	X	X	•	•
Phencyclidine	10 ng/mL	HALLUCINOGENS	X	X	X	X	•	•
Phenobarbital	200 ng/mL	BARBITURATES	X	X	X	X	•	
Phentermine	50 ng/mL	AMPHETAMINES	X					
Phenylpropanolamine	50 ng/mL	AMPHETAMINES	X			X		
Propoxyphene	250 ng/mL	OPIOID ANALGESICS	X	X	X	X		
Pseudoephedrine	50 ng/mL	AMPHETAMINES	X	X	X	X		
Secobarbital	200 ng/mL	BARBITURATES	X	X	X	X	•	
Temazepam	20 ng/mL	BENZODIAZEPINES	X	X	X	X	•	•
Tramadol	20 ng/mL	OPIOID ANALGESICS	X	X	X	X	•	•
Triazolam	5 ng/mL	BENZODIAZEPINES	X	X	X	X		



AXIS

FORENSIC TOXICOLOGY

Comprehensive Panels Specifications

Axis Forensic Toxicology Comprehensive Panels with Analyte Assurance ™

Analyte Name	Screening Limit	Drug Class	Blood	Vitreous	Tissue	Fluid
10-Hydroxycarbazepine	1000 ng/mL	ANTICONVULSANTS	X	X	X	X
1-Hydroxymidazolam	5 ng/mL	BENZODIAZEPINES	X	X	X	X
3-Hydroxy-PCP	1 ng/mL	HALLUCINOGENS	X	X	X	X
3-Methoxy-PCP	5 ng/mL	HALLUCINOGENS	X	X	X	X
4-ANPP	0.1 ng/mL	OPIOID ANALGESICS	X			
6-Acetylmorphine	2 ng/mL	OPIOID ANALGESICS	X	X	X	X
6-Beta-Naltrexol	10 ng/mL	OPIOID ANALGESICS	•	•	•	•
7-Aminoclonazepam	10 ng/mL	BENZODIAZEPINES	X	X	X	X
7-Aminoflunitrazepam	5 ng/mL	BENZODIAZEPINES	X	X	X	
9-Hydroxyrisperidone	5 ng/mL	ANTIPSYCHOTICS	X	X		X
11-OH-Delta-9 THC	15 ng/mL	CANNABINOIDS	X	X	X	X
Acebutolol	100 ng/mL	CARDIOVASCULARS	•	•	•	•
Acetaminophen	20000 ng/mL	ANALGESICS	X	X	X	X
Acetone	0.02 %(w/v)	VOLATILES	X	X	X	X
Alfentanil	10 ng/mL	OPIOID ANALGESICS	X	X	X	X
Alpha-Hydroxyalprazolam	20 ng/mL	BENZODIAZEPINES	X	X	X	X
Alprazolam	10 ng/mL	BENZODIAZEPINES	X	X	X	X
Alprenolol	50 ng/mL	CARDIOVASCULARS	•	•	•	•
Amiodarone	500 ng/mL	CARDIOVASCULARS	•	•		•
Amitriptyline	50 ng/mL	ANTIDEPRESSANTS	X	X	X	X
Amlodipine	200 ng/mL	CARDIOVASCULARS	•			
Amobarbital/Pentobarbital	200 ng/mL	BARBITURATES	X	X	X	X
Amoxapine	50 ng/mL	ANTIDEPRESSANTS	X	X	X	X
Amphetamine	10 ng/mL	AMPHETAMINES	X			
Aripiprazole	50 ng/mL	ANTIPSYCHOTICS	X	X	X	X
Atenolol	200 ng/mL	CARDIOVASCULARS	•	•	•	•
Atomoxetine	100 ng/mL	MISCELLANEOUS	X	•	•	•
Atropine	1000 ng/mL	ANTICHOLINERGICS	X	X	X	X
Benzocaine	1000 ng/mL	ANESTHETICS	X	X	X	X
Benzoylecgonine	100 ng/mL	STIMULANTS	X	X	X	X
Benzphetamine (as Amphetamine)	10 ng/mL	AMPHETAMINES	X			
Benztropine	100 ng/mL	ANTICHOLINERGICS	X	•	X	•
Benzylpiperazine (BZP)	10 ng/mL	STIMULANTS	•	•		•
Betaxolol	25 ng/mL	CARDIOVASCULARS	•	•		•
Bisoprolol	25 ng/mL	CARDIOVASCULARS	•	•	•	•
Bromazepam	20 ng/mL	BENZODIAZEPINES	X	X	X	X
Brompheniramine	10 ng/mL	ANTIHISTAMINES	X	X	X	X
Bupivacaine	1000 ng/mL	ANESTHETICS	X	X	X	X
Buprenorphine	1 ng/mL	OPIOID ANALGESICS	X	X	X	X
Bupropion	25 ng/mL	ANTIDEPRESSANTS	X		•	
Buspirone	25 ng/mL	ANTIPSYCHOTICS	X	•	•	•
Butabarbital	200 ng/mL	BARBITURATES	X	X	X	X
Butalbital	200 ng/mL	BARBITURATES	X	X	X	X
Butorphanol	2 ng/mL	OPIOID ANALGESICS	X	X	•	•
Caffeine	1000 ng/mL	STIMULANTS	•	•	•	•
Carbamazepine	1000 ng/mL	ANTICONVULSANTS	X	X	X	X
Carbamazepine-10,11-epoxide	1000 ng/mL	ANTICONVULSANTS	X	X	X	X
Carisoprodol	200 ng/mL	MUSCLE RELAXANTS	X	X	•	X
Chlordiazepoxide	50 ng/mL	BENZODIAZEPINES	X	X	X	X
Chlorothiazide	1000 ng/mL	CARDIOVASCULARS	•	•	•	•
Chlorpheniramine	10 ng/mL	ANTIHISTAMINES	X	X	X	X
Chlorpromazine	100 ng/mL	ANTIPSYCHOTICS	X			X
Chlorpropamide	1000 ng/mL	ANTIDIABETICS	X	X	X	X
Citalopram/Escitalopram	100 ng/mL	ANTIDEPRESSANTS	X	X	X	X
Clomipramine	50 ng/mL	ANTIDEPRESSANTS	X	X	X	X
Clonazepam	10 ng/mL	BENZODIAZEPINES	X	X	X	X
Clonidine	5 ng/mL	CARDIOVASCULARS	X	X		•
Clozapine	50 ng/mL	ANTIPSYCHOTICS	X	X	X	X
Cocaethylene	20 ng/mL	STIMULANTS	X	X	X	X
Cocaine	20 ng/mL	STIMULANTS	X	X	X	X
Codeine	10 ng/mL	OPIOID ANALGESICS	X	X	X	X
Cotinine	200 ng/mL	STIMULANTS	•	•	•	•
Cyclizine	100 ng/mL	MISCELLANEOUS	X	X	X	X
Cyclobenzaprine	20 ng/mL	MUSCLE RELAXANTS	X	X	X	X
Delorazepam	10 ng/mL	BENZODIAZEPINES	X	X	•	•
Delta-8 THC	15 ng/mL	CANNABINOIDS	X	X	X	X
Delta-9 THC	15 ng/mL	CANNABINOIDS	X	X	X	X
Delta-9 THC-COOH	15 ng/mL	CANNABINOIDS	X	X	X	X
Demoxepam	100 ng/mL	BENZODIAZEPINES	X	X	X	X
Desalkylflurazepam	10 ng/mL	BENZODIAZEPINES	X	X	X	X
Desipramine	50 ng/mL	ANTIDEPRESSANTS	X	X	•	X
Desmethylclomipramine	50 ng/mL	ANTIDEPRESSANTS	X	X	•	X
Desmethyldoxepin	25 ng/mL	ANTIDEPRESSANTS	X	X	X	X
Desmethylflunitrazepam	20 ng/mL	BENZODIAZEPINES	X	X	X	X
Desmethylloperamide	5 ng/mL	OPIOID ANALGESICS	X	•	X	X
Desmethylsertraline	20 ng/mL	ANTIDEPRESSANTS	X	X	X	X
Desmethyltrimipramine	50 ng/mL	ANTIDEPRESSANTS	X	X	X	X
Dextro/Levo Methorphan	50 ng/mL	OPIOID ANALGESICS	X	X	•	X
Dextrorphan/Levorphanol	100 ng/mL	OPIOID ANALGESICS	X	X	•	X
Diazepam	25 ng/mL	BENZODIAZEPINES	X	X	X	X
Diclazepam	20 ng/mL	BENZODIAZEPINES	X	X	X	X
Dicyclomine	100 ng/mL	ANTICHOLINERGICS	X		•	
Dihydrocodeine	10 ng/mL	OPIOID ANALGESICS	X	X	X	X
Diltiazem	100 ng/mL	CARDIOVASCULARS	X	X	X	
Diphenhydramine	50 ng/mL	ANTIHISTAMINES	X	X	X	X
Disopyramide	100 ng/mL	CARDIOVASCULARS	•	•	•	•
Donepezil	10 ng/mL	ANTICHOLINERGICS	X	X	X	X
Doxepin	25 ng/mL	ANTIDEPRESSANTS	X	X	X	X
Doxylamine	50 ng/mL	ANTIHISTAMINES	X	X	X	X
Duloxetine	100 ng/mL	ANTIDEPRESSANTS	X	X	X	X
EDDP	50 ng/mL	OPIOID ANALGESICS	X	X	X	X
Ephedrine	50 ng/mL	AMPHETAMINES	X	X	X	X

Esmolol	1000 ng/mL	CARDIOVASCULARS	•	•	•	•
Estazolam	10 ng/mL	BENZODIAZEPINES	X	X	X	X
Eszopiclone/Zopiclone	10 ng/mL	SEDATIVE/HYPNOTICS	X		•	
Ethanol	0.02 %(w/v)	VOLATILES	X	X	X	X
Etomidate	100 ng/mL	ANESTHETICS	X	X	X	X
Fentanyl	0.2 ng/mL	OPIOID ANALGESICS	X	X	X	X
Flecainide	200 ng/mL	CARDIOVASCULARS	X	•	•	•
Flunitrazepam	5 ng/mL	BENZODIAZEPINES	X	X	•	X
Fluoxetine	50 ng/mL	ANTIDEPRESSANTS	X	X	X	X
Fluphenazine	5 ng/mL	ANTIPSYCHOTICS	X	•	•	•
Flurazepam	10 ng/mL	BENZODIAZEPINES	X	X	X	X
Fluvoxamine	250 ng/mL	ANTIDEPRESSANTS	X		•	
Furosemide	1000 ng/mL	CARDIOVASCULARS	•	•	•	•
Gabapentin	500 ng/mL	ANTICONVULSANTS	X	X	X	X
Glimepiride	200 ng/mL	ANTIDIABETICS	X	X	X	X
Gliptizide	200 ng/mL	ANTIDIABETICS	X	X	X	X
Glyburide	100 ng/mL	ANTIDIABETICS	X	X	X	X
Guaifenesin	5000 ng/mL	MISCELLANEOUS	X	X	X	X
Haloperidol	10 ng/mL	ANTIPSYCHOTICS	X	X	X	X
Hydrochlorothiazide	2000 ng/mL	CARDIOVASCULARS	X	X	X	X
Hydrocodone	10 ng/mL	OPIOID ANALGESICS	X	X	X	X
Hydromorphone	2 ng/mL	OPIOID ANALGESICS	X	X		X
Hydroxybupropion	100 ng/mL	ANTIDEPRESSANTS	X	X	X	X
Hydroxyethylflurazepam	10 ng/mL	BENZODIAZEPINES	X	•	•	•
Hydroxytriazolam	15 ng/mL	BENZODIAZEPINES	X	X	•	•
Hydroxyzine	25 ng/mL	ANTIHISTAMINES	X	X	X	X
Ibuprofen	2500 ng/mL	ANALGESICS	X	X		X
Iloperidone	10 ng/mL	ANTIPSYCHOTICS	X	X	X	X
Imipramine	25 ng/mL	ANTIDEPRESSANTS	X		•	
Indomethacin	1000 ng/mL	ANALGESICS	X	X	X	X
Isopropanol	0.02 %(w/v)	VOLATILES	X	X	X	X
Itraconazole	1000 ng/mL	ANTIFUNGALS	X	X	X	X
Ketamine	10 ng/mL	ANESTHETICS	X	X	X	X
Ketoconazole	1000 ng/mL	ANTIFUNGALS	X	X	X	X
Labetalol	1000 ng/mL	CARDIOVASCULARS	•	•	•	•
Lacosamide	500 ng/mL	ANTICONVULSANTS	X	X	X	X
Lamotrigine	500 ng/mL	ANTICONVULSANTS	X	X	X	X
Laudanosine	200 ng/mL	MUSCLE RELAXANTS	X	X	X	X
Levamisole	250 ng/mL	MISCELLANEOUS	•	•	•	•
Levetiracetam	2000 ng/mL	ANTICONVULSANTS	X	X	X	X
Lidocaine	500 ng/mL	ANESTHETICS	X	X	X	X
Loperamide	5 ng/mL	OPIOID ANALGESICS	X	•	X	X
Loratadine	100 ng/mL	ANTIHISTAMINES	•	•		•
Lorazepam	10 ng/mL	BENZODIAZEPINES	X	X	X	X
Loxapine	50 ng/mL	ANTIPSYCHOTICS	X	•	•	•
LSD	2 ng/mL	HALLUCINOGENS	X	X	•	X
Maprotiline	100 ng/mL	ANTIDEPRESSANTS	X	•	•	•
MDA	10 ng/mL	AMPHETAMINES	X	X		X
MDEA	10 ng/mL	AMPHETAMINES	X	X	X	X
MDMA	10 ng/mL	AMPHETAMINES	X	X	X	
Medazepam	100 ng/mL	BENZODIAZEPINES	X	X	X	X
Memantine	10 ng/mL	MISCELLANEOUS	X		•	
Meperidine	100 ng/mL	OPIOID ANALGESICS	X	X	X	X
Mepivacaine	1000 ng/mL	ANESTHETICS	X	X	X	X
Meprobamate	1000 ng/mL	MUSCLE RELAXANTS	X	X	X	X
Mescaline	20 ng/mL	HALLUCINOGENS	•	•	•	•
Mesoridazine	100 ng/mL	ANTIPSYCHOTICS	X	X	X	X
meta-Chlorophenylpiperazine (mCPP)	50 ng/mL	ANTIDEPRESSANTS	X	X	X	X
Metaxalone	250 ng/mL	MUSCLE RELAXANTS	X	X	X	X
Methadone	50 ng/mL	OPIOID ANALGESICS	X	X	X	X
Methamphetamine	10 ng/mL	AMPHETAMINES	X	X	X	X
Methanol	0.02 %(w/v)	VOLATILES	X	X	X	X
Methaqualone	200 ng/mL	SEDATIVE/HYPNOTICS	X	X	X	X
Methocarbamol	5000 ng/mL	MUSCLE RELAXANTS	X	X	X	X
Methsuximide	5000 ng/mL	ANTICONVULSANTS	•	•	•	•
Methylphenidate	10 ng/mL	STIMULANTS	X	X	X	X
Metoclopramide	10 ng/mL	MISCELLANEOUS	X	X	X	X
Metoprolol	25 ng/mL	CARDIOVASCULARS	X	X	X	X
Mexiletine	500 ng/mL	CARDIOVASCULARS	•		•	•
Midazolam	5 ng/mL	BENZODIAZEPINES	X	X	X	X
Mirtazapine	25 ng/mL	ANTIDEPRESSANTS	X	X	X	X
Mitragynine	10 ng/mL	MISCELLANEOUS	X	•		X
Monoethylglycinexylidide (MEGX)	500 ng/mL	ANESTHETICS	X	X	X	X
Morphine	10 ng/mL	OPIOID ANALGESICS	X	X	X	X
N-Acetylprocainamide	1000 ng/mL	CARDIOVASCULARS	•	•	•	•
Nalbuphine	2 ng/mL	OPIOID ANALGESICS	X	X	X	X
Naloxone	5 ng/mL	OPIOID ANALGESICS	•	•	•	
Naltrexone	1 ng/mL	OPIOID ANALGESICS	•	•		•
Naproxen	3000 ng/mL	ANALGESICS	X	X	X	X
N-Desmethylsildenafil	50 ng/mL	UROLOGICALS	X	X		X
Nicotine	100 ng/mL	STIMULANTS	•		•	•
Nifedipine	10 ng/mL	CARDIOVASCULARS	X	X	X	X
Norbuprenorphine	1 ng/mL	OPIOID ANALGESICS	X	X	X	X
Norclozapine	25 ng/mL	ANTIPSYCHOTICS	X	X	X	X
Nordiazepam	20 ng/mL	BENZODIAZEPINES	X	X	X	X
Norfentanyl	1 ng/mL	OPIOID ANALGESICS	X	X	X	X
Norfluoxetine	100 ng/mL	ANTIDEPRESSANTS	X	X	X	X
Norketamine	20 ng/mL	ANESTHETICS	X	X	X	X
Normeperidine	100 ng/mL	OPIOID ANALGESICS	X	X	X	X
Norpropoxyphene	250 ng/mL	OPIOID ANALGESICS	X	X	X	X
Norpseudoephedrine	50 ng/mL	AMPHETAMINES	X	X		X
Nortriptyline	50 ng/mL	ANTIDEPRESSANTS	X	X	X	X
O-Desmethyltramadol	25 ng/mL	OPIOID ANALGESICS	X	X	X	X
O-Desmethylvenlafaxine	50 ng/mL	ANTIDEPRESSANTS	X	X	X	X
Olanzapine	5 ng/mL	ANTIPSYCHOTICS	X	X	X	X

Orphenadrine	50 ng/mL	MUSCLE RELAXANTS	X	*	*	*
Oxazepam	20 ng/mL	BENZODIAZEPINES	X	X	X	X
Oxprenolol	100 ng/mL	CARDIOVASCULARS	*	*	*	*
Oxycodone	10 ng/mL	OPIOID ANALGESICS	X	X	X	X
Oxymorphone	4 ng/mL	OPIOID ANALGESICS	X	X	X	X
Papaverine	5000 ng/mL	CARDIOVASCULARS	*	*	*	*
Paroxetine	20 ng/mL	ANTIDEPRESSANTS	X	X	X	X
Pentazocine	1000 ng/mL	OPIOID ANALGESICS	*	*	*	*
Pentoxifylline	200 ng/mL	CARDIOVASCULARS	*	*	*	*
Phenacetin	5 ng/mL	ANALGESICS	*	*		*
Phenazepam	20 ng/mL	BENZODIAZEPINES	X	X	X	X
Phencyclidine	10 ng/mL	HALLUCINOGENS	X	X	X	X
Pheniramine	5 ng/mL	ANTIHISTAMINES	X	X	*	*
Phenobarbital	200 ng/mL	BARBITURATES	X	X	X	X
Phensuximide	500 ng/mL	ANTICONVULSANTS	*	*	*	
Phentermine	50 ng/mL	AMPHETAMINES	X			
Phenylbutazone	1000 ng/mL	ANALGESICS	*	*	*	*
Phenylethylmalonamide (PEMA)	1000 ng/mL	ANTICONVULSANTS	X	X	X	X
Phenylpropanolamine	50 ng/mL	AMPHETAMINES	X	X		
Phenytoin	1000 ng/mL	ANTICONVULSANTS	X	X	X	X
Pindolol	20 ng/mL	CARDIOVASCULARS	*	*	*	*
PMA	10 ng/mL	AMPHETAMINES	X			X
Pregabalin	500 ng/mL	ANTICONVULSANTS	X	X	X	X
Primidone	2500 ng/mL	ANTICONVULSANTS	X	X	X	X
Procainamide	1000 ng/mL	CARDIOVASCULARS	*	*	*	*
Prochlorperazine	10 ng/mL	ANTIPSYCHOTICS	X	*	*	*
Promazine	50 ng/mL	ANTIPSYCHOTICS	*	*	*	*
Promethazine	5 ng/mL	ANTIHISTAMINES	X	X	*	X
Propoxyphene	250 ng/mL	OPIOID ANALGESICS	X	X	X	X
Propranolol	50 ng/mL	CARDIOVASCULARS	X	X	X	X
Pseudoephedrine	50 ng/mL	AMPHETAMINES	X	X	X	X
Psilocybin (as Psilocin)	5 ng/mL	HALLUCINOGENS	*			
Pyrilamine	100 ng/mL	ANTIHISTAMINES	*	*	*	*
Quetiapine	100 ng/mL	ANTIPSYCHOTICS	X	X	X	X
Quinidine/Quinine	200 ng/mL	MISCELLANEOUS	X	X	X	X
Reserpine	500 ng/mL	CARDIOVASCULARS	*	*	*	*
Risperidone	5 ng/mL	ANTIPSYCHOTICS	X	X	X	X
Ropivacaine	1000 ng/mL	ANESTHETICS	X	X	X	X
Salicylic Acid	5000 ng/mL	ANALGESICS	*	*	*	*
Salvinorin B	50 ng/mL	HALLUCINOGENS	*	*	*	*
Scopolamine	100 ng/mL	ANTICHOLINERGICS	X	X	X	X
Secobarbital	200 ng/mL	BARBITURATES	X	X	X	X
Sertraline	10 ng/mL	ANTIDEPRESSANTS	X	X	*	X
Sildenafil	50 ng/mL	UROLOGICALS	X	X		X
Sotalol	500 ng/mL	CARDIOVASCULARS	*	*	*	*
Strychnine	10 ng/mL	MISCELLANEOUS	X	X	*	*
Sufentanil	1 ng/mL	OPIOID ANALGESICS	X	X	*	*
Suvorexant	20 ng/mL	SEDATIVE/HYPNOTICS	X	X	X	X
Suzetrigine	100 ng/mL	ANALGESICS	*			
Tadalafil	50 ng/mL	UROLOGICALS	X	X	X	X
Tapentadol	10 ng/mL	OPIOID ANALGESICS	X	X	X	X
Temazepam	20 ng/mL	BENZODIAZEPINES	X	X	X	X
Tetrahydrozoline	1 ng/mL	ANTIHISTAMINES	X	X	*	*
Thioridazine	10 ng/mL	ANTIPSYCHOTICS	X	*	X	*
Tiletamine	100 ng/mL	SEDATIVE/HYPNOTICS	X			
Timolol	100 ng/mL	CARDIOVASCULARS	*	*	*	*
Tizanidine	1 ng/mL	MUSCLE RELAXANTS	*			
Topiramate	500 ng/mL	ANTICONVULSANTS	X	X	X	X
Tramadol	20 ng/mL	OPIOID ANALGESICS	X	X	X	X
Trazodone	100 ng/mL	ANTIDEPRESSANTS	X	X	X	X
Triazolam	5 ng/mL	BENZODIAZEPINES	X	X	*	*
Trihexyphenidyl	5 ng/mL	MISCELLANEOUS	X		*	*
Trimipramine	50 ng/mL	ANTIDEPRESSANTS	X	X	X	X
Triprolidine	10 ng/mL	ANTIHISTAMINES	X	X	X	X
Vardenafil	50 ng/mL	UROLOGICALS	X	X	X	X
Venlafaxine	50 ng/mL	ANTIDEPRESSANTS	X	X	X	X
Verapamil	20 ng/mL	CARDIOVASCULARS	X	X	X	X
Voriconazole	1000 ng/mL	ANTIFUNGALS	X	X	X	X
Warfarin	200 ng/mL	CARDIOVASCULARS	X	X	X	X
Xylazine	5 ng/mL	MUSCLE RELAXANTS	X	X	X	
Yohimbine	10 ng/mL	UROLOGICALS	X	X		X
Zaleplon	10 ng/mL	SEDATIVE/HYPNOTICS	X	X	X	X
Ziprasidone	10 ng/mL	ANTIPSYCHOTICS	X	*		*
Zolazepam	100 ng/mL	BENZODIAZEPINES	X	X	X	X
Zolpidem	10 ng/mL	SEDATIVE/HYPNOTICS	X	X	X	X
Zonisamide	500 ng/mL	ANTICONVULSANTS	X	X	X	X

* Denotes analyte is reported qualitatively based on screen result

Analytes Included as Part of Analyte Assurance TM

Analyte Name	Screening Limit	Drug Class	Blood	Vitreous	Tissue	Fluid
8-Aminoclonazolam	1 ng/mL	DESIGNER BENZODIAZEPINE	X			
Adinazolam	5 ng/mL	DESIGNER BENZODIAZEPINE	X			
Bromazolam	5 ng/mL	DESIGNER BENZODIAZEPINE	X			
Clonazolam	5 ng/mL	DESIGNER BENZODIAZEPINE	X			
Desalkylgidazepam	5 ng/mL	DESIGNER BENZODIAZEPINE	X			
Ethylbromazolam	1 ng/mL	DESIGNER BENZODIAZEPINE	X			
Etizolam	10 ng/mL	DESIGNER BENZODIAZEPINE	X			
Flualprazolam	5 ng/mL	DESIGNER BENZODIAZEPINE	X			
Flubromazepam	5 ng/mL	DESIGNER BENZODIAZEPINE	X			
Flubromazolam	5 ng/mL	DESIGNER BENZODIAZEPINE	X			
Phenazolam	1 ng/mL	DESIGNER BENZODIAZEPINE	X			
Acetyl Fentanyl	0.5 ng/mL	DESIGNER OPIOIDS	X			
Acrylfentanyl	0.1 ng/mL	DESIGNER OPIOIDS	X			

Butyrl Fentanyl/Isobutyryl Fentanyl	0.1 ng/mL	DESIGNER OPIOIDS	X			
Carfentanil	0.1 ng/mL	DESIGNER OPIOIDS	X			
cis-3-Methylfentanyl	0.1 ng/mL	DESIGNER OPIOIDS	X			
Cyclopropylfentanyl	0.5 ng/mL	DESIGNER OPIOIDS	X			
Fluorofentanyl	0.5 ng/mL	DESIGNER OPIOIDS	X			
Furanyl Fentanyl	0.1 ng/mL	DESIGNER OPIOIDS	X			
Methoxyacetylfentanyl	0.5 ng/mL	DESIGNER OPIOIDS	X			
ortho-Methylfentanyl	0.1 ng/mL	DESIGNER OPIOIDS	X			
Valeryl Fentanyl	0.1 ng/mL	DESIGNER OPIOIDS	X			
U-47700	0.2 ng/mL	DESIGNER OPIOIDS	X			
1,1-Difluoroethane	PRESENCE	INHALANTS	X			
Butonitazene	1 ng/mL	NITAZENE ANALOG	X			
Ethyleneoxynitazene	1 ng/mL	NITAZENE ANALOG	X			
Etodesnitazene	1 ng/mL	NITAZENE ANALOG	X			
Etonitazene	1 ng/mL	NITAZENE ANALOG	X			
Flunitazene	1 ng/mL	NITAZENE ANALOG	X			
Isotodesnitazene	1 ng/mL	NITAZENE ANALOG	X			
Isotonitazene	1 ng/mL	NITAZENE ANALOG	X			
Metodesnitazene	1 ng/mL	NITAZENE ANALOG	X			
Metonitazene	1 ng/mL	NITAZENE ANALOG	X			
N-Desethyl Isotonitazene	1 ng/mL	NITAZENE ANALOG	X			
N-Pyrrolidino Ethylene Isotonitazene	1 ng/mL	NITAZENE ANALOG	X			
N-Pyrrolidino Etonitazene	1 ng/mL	NITAZENE ANALOG	X			
N-Pyrrolidino Isotonitazene	2 ng/mL	NITAZENE ANALOG	X			
N-Pyrrolidino Metonitazene	1 ng/mL	NITAZENE ANALOG	X			
N-Pyrrolidino Protonitazene	1 ng/mL	NITAZENE ANALOG	X			
Protonitazene	1 ng/mL	NITAZENE ANALOG	X			
7-Hydroxymitragynine	5 ng/mL	NOVEL EMERGING SUBSTANCES	X			
Alpha-PHP	5 ng/mL	NOVEL EMERGING SUBSTANCES	X			
Alpha-PHPP (PV8)	1 ng/mL	NOVEL EMERGING SUBSTANCES	X			
Alpha-PiHP	5 ng/mL	NOVEL EMERGING SUBSTANCES	X			
Alpha-PiHPP (Iso-PV8)	1 ng/mL	NOVEL EMERGING SUBSTANCES	X			
Alpha-PipHP	1 ng/mL	NOVEL EMERGING SUBSTANCES	X			
AP-237	1 ng/mL	NOVEL EMERGING SUBSTANCES	X			
AP-238	10 ng/mL	NOVEL EMERGING SUBSTANCES	X			
BTMPS	5 ng/mL	NOVEL EMERGING SUBSTANCES	X			
Dex/Levo Medetomidine	0.5 ng/mL	NOVEL EMERGING SUBSTANCES	X			
Diphenidine	1 ng/mL	NOVEL EMERGING SUBSTANCES	X			
MDPHP	50 ng/mL	NOVEL EMERGING SUBSTANCES	X			
Mitragynine Pseudoindoxyl	5 ng/mL	NOVEL EMERGING SUBSTANCES	X			
Phenibut	100 ng/mL	NOVEL EMERGING SUBSTANCES	X			
Tianeptine	10 ng/mL	NOVEL EMERGING SUBSTANCES	X			
N N-dimethylpentylone	5 ng/mL	NOVEL PSYCHOACTIVES	X			
25B-NBOMe	1 ng/mL	NOVEL PSYCHOACTIVES	X			
25C-NBOMe	1 ng/mL	NOVEL PSYCHOACTIVES	X			
25I-NBOMe	1 ng/mL	NOVEL PSYCHOACTIVES	X			
2C-B	5 ng/mL	NOVEL PSYCHOACTIVES	X			
2C-E	5 ng/mL	NOVEL PSYCHOACTIVES	X			
2C-I	5 ng/mL	NOVEL PSYCHOACTIVES	X			
5-MeO-DALT	5 ng/mL	NOVEL PSYCHOACTIVES	X			
Alpha-PVP	5 ng/mL	NOVEL PSYCHOACTIVES	X			
Butylone	5 ng/mL	NOVEL PSYCHOACTIVES	X			
Dibutylone	10 ng/mL	NOVEL PSYCHOACTIVES	X			
Dimethylone	5 ng/mL	NOVEL PSYCHOACTIVES	X			
Ethylone	5 ng/mL	NOVEL PSYCHOACTIVES	X			
Eutylone	5 ng/mL	NOVEL PSYCHOACTIVES	X			
MDPV	10 ng/mL	NOVEL PSYCHOACTIVES	X			
Mephedrone	10 ng/mL	NOVEL PSYCHOACTIVES	X			
Methcathinone	10 ng/mL	NOVEL PSYCHOACTIVES	X			
Methedrone	10 ng/mL	NOVEL PSYCHOACTIVES	X			
Methoxetamine	5 ng/mL	NOVEL PSYCHOACTIVES	X			
Methylone	10 ng/mL	NOVEL PSYCHOACTIVES	X			
N-Cyclohexyl Methylone	5 ng/mL	NOVEL PSYCHOACTIVES	X			
N-Ethyl Pentylone	10 ng/mL	NOVEL PSYCHOACTIVES	X			
N-Isopropyl Butylone	5 ng/mL	NOVEL PSYCHOACTIVES	X			
Pentylone	10 ng/mL	NOVEL PSYCHOACTIVES	X			
TFMPP	10 ng/mL	NOVEL PSYCHOACTIVES	X			
5,6-Dichloro Brorphine	10 ng/mL	ORPHINE ANALOG	X			
5,6-Dichloro Desmethylchlorphine	10 ng/mL	ORPHINE ANALOG	X			
Brorphine	1 ng/mL	ORPHINE ANALOG	X			
Chlorphine	1 ng/mL	ORPHINE ANALOG	X			
N-Propionitrile Chlorphine (Cychlorphine)	1 ng/mL	ORPHINE ANALOG	X			
Spirobrorphine	1 ng/mL	ORPHINE ANALOG	X			
Spirochlorphine	1 ng/mL	ORPHINE ANALOG	X			
4CN-CUMYL-BINACA	0.5 ng/mL	SYNTHETIC CANNABINOIDS	X			
4F-MDMB-BINACA	0.5 ng/mL	SYNTHETIC CANNABINOIDS	X			
ADB-4en-PINACA	2 ng/mL	SYNTHETIC CANNABINOIDS	X			
ADB-BINACA	2 ng/mL	SYNTHETIC CANNABINOIDS	X			
4F-MDMB BICA Metabolite	8 ng/mL	SYNTHETIC CANNABINOIDS	X			
5F-MDMB-PICA Metabolite	2 ng/mL	SYNTHETIC CANNABINOIDS	X			
5F-ADB Butanoic Acid Metabolite	2 ng/mL	SYNTHETIC CANNABINOIDS	X			
MDMB-4en-PINACA Metabolite	2 ng/mL	SYNTHETIC CANNABINOIDS	X			

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See our Test Catalog at www.axisfortox.com for more information.

TOXICOLOGY PANELS



ADD CERTAINTY TO YOUR TOXICOLOGY

	Drugs of Abuse Panel	Comprehensive Panel
Primary matrix: blood, vitreous, fluid, tissue	✓	✓
Urine Qualitative Panel available	✓	
Whole case approach (see reverse)	✓	✓
Drug classes analyzed	9	25
Maximum analytes (see analyte table)	50+	300+
Analyte Assurance™		✓



Analyte Assurance™, a feature of the Comprehensive Panel.

If Axis observes a potentially positive novel substance [Designer Opioids, Novel Psychoactives, Synthetic Cannabinoids, Novel Emerging], we will contact you to offer the relevant confirmation panel. Benefits include:

- ensures novel substances do not go undetected
- pay only for the confirmation IF ORDERED.
- testing proceeds in parallel with Comprehensive panel to help close out cases in a shorter time period

SMR369, version #4.0

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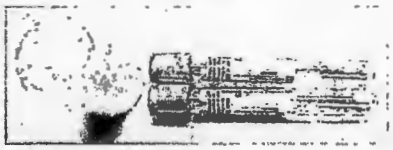
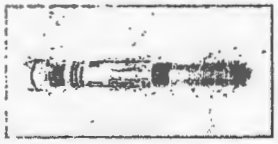
See our Test Catalog at www.axisfortox.com for more information.

AXIS' WHOLE CASE APPROACH

While blood is the preferred matrix, there is significant benefit to testing multiple specimens. Testing in urine and vitreous can:

- compensate for the quick metabolism of certain compounds such as 6-Acetylmorphine (2-3 hours in blood vs 8 hours in urine)
- corroborate blood findings
- give attorneys additional certainty in litigation
- provide a complete picture of your case



	Blood	Urine	Vitreous
Specimen			
Testing	Drugs of Abuse OR Comprehensive	Basic Drugs of Abuse Qualitative	Vitreous Volatiles (if Volatiles positive in blood)
Benefits	Recognized standard for quantitation and concentration	Corroborates timeline and catches fast metabolizing drugs	Mitigates effects of decomposition on blood alcohol
Cost	**One Bundled Price**	Included with Blood	Included with Blood

AXIS
FORENSIC TOXICOLOGY

See our Test Catalog at www.axisfortox.com
for more information.

DESIGNER BENZODIAZEPINE PANEL



Why Designer Benzodiazepines

- Designer benzodiazepines are substances meant to mimic the effects of traditional prescription medications such as Xanax (alprazolam) and Valium (diazepam).
- Affect the neurotransmitter GABA and reduces neuron excitability leading to a slowing of brain activity.
- Adverse effects include central nervous system depression, drowsiness, and sedation.
- Designer benzodiazepines have been observed in drug seizures by the DEA and several are among the top 15 reported depressants in the USA.
- Over the last several years, these substances have been detected in postmortem toxicology and associated with severe toxicity and fatality.

ORDER CODE: 13510: Designer Benzodiazepine Panel			
SAMPLE TYPE: Blood			
COMPOUND NAME	**REPORTING LIMIT**	**COMPOUND NAME**	**REPORTING LIMIT**
8-Aminoclonazolam*	1 ng/mL	Etizolam*	5 ng/mL
Adinazolam*	5 ng/mL	Flualprazolam*	5 ng/mL
Bromazolam*	5 ng/mL	Flubromazepam*	5 ng/mL
Clonazolam	5 ng/mL	Flubromazolam	5 ng/mL
Desalkylgidazepam*	5 ng/mL	Phenazolam*	1 ng/mL
Ethylbromazolam*	1 ng/mL		

*Denotes qualitative reporting

Screening for Designer Benzodiazepines is included with Analyte Assurance™, a feature of Axis' Comprehensive Panels.

SMR374 V2.0 Effective Date 04/20/2026

317-759-4TOX | AXISFORTOX.COM | SALES@AXISFORTOX.COM

AXIS
FORENSIC TOXICOLOGY

DESIGNER OPIOIDS PANEL



Updated Designer Opioids Panel Key Features & Benefits

- Latest, most relevant emergent designer opioid analytes
- Quantitative blood results
- Lower limit of detection to ensure no missed results
- Improved reporting
- Quicker turnaround time

BECAUSE NOT ALL OPIATES ARE CREATED EQUAL...

58% of samples tested with the Designer Opioids panel were found positive for one or more analytes#. Axis recommends ordering this panel for all fatalities that have circumstances consistent with Opioid use or intravenous drug abuse and negative routine blood toxicology for opiates/opioids such as 6-acetylmorphine, morphine, and fentanyl.

#Data Source: Axis analyzed 1,408 blood specimens for the presence of fentanyl analogs and designer opioid analytes using LC/MS/MS between July 2016 and July 2017.

ORDER CODE: 13810			
SAMPLE TYPE: Blood			
MINIMUM SAMPLE VOLUME: 0.5 mL (2mL preferred)			
COMPOUND NAME	**REPORTING LIMIT**	**COMPOUND NAME**	**REPORTING LIMIT**
Acetylfentanyl	50 pg/mL	Furanylfentanyl	50 pg/mL
Acrylfentanyl	50 pg/mL	Methoxyacetylfentanyl	50 pg/mL
Beta-hydroxythiofentanyl	50 pg/mL	Ocfentanil	50 pg/mL
Butyrylfentanyl/ Isobutyrylfentanyl	50 pg/mL	ortho-Methylfentanyl	50 pg/mL
Carfentanil	10 pg/mL**	Para-fluorobutyrylfentanyl/Para-fluoroisobutyrylfentanyl	50 pg/mL
cis-3-Methylfentanyl	50 pg/mL	Tetrahydrofuranfentanyl	50 pg/mL
Cyclopropylfentanyl	50 pg/mL	U47700	50 pg/mL
Fluorofentanyl	0.5 ng/mL*	Valeryl Fentanyl	50 pg/mL

*Results qualitatively reported **Results reported qualitatively 10-20 pg/mL

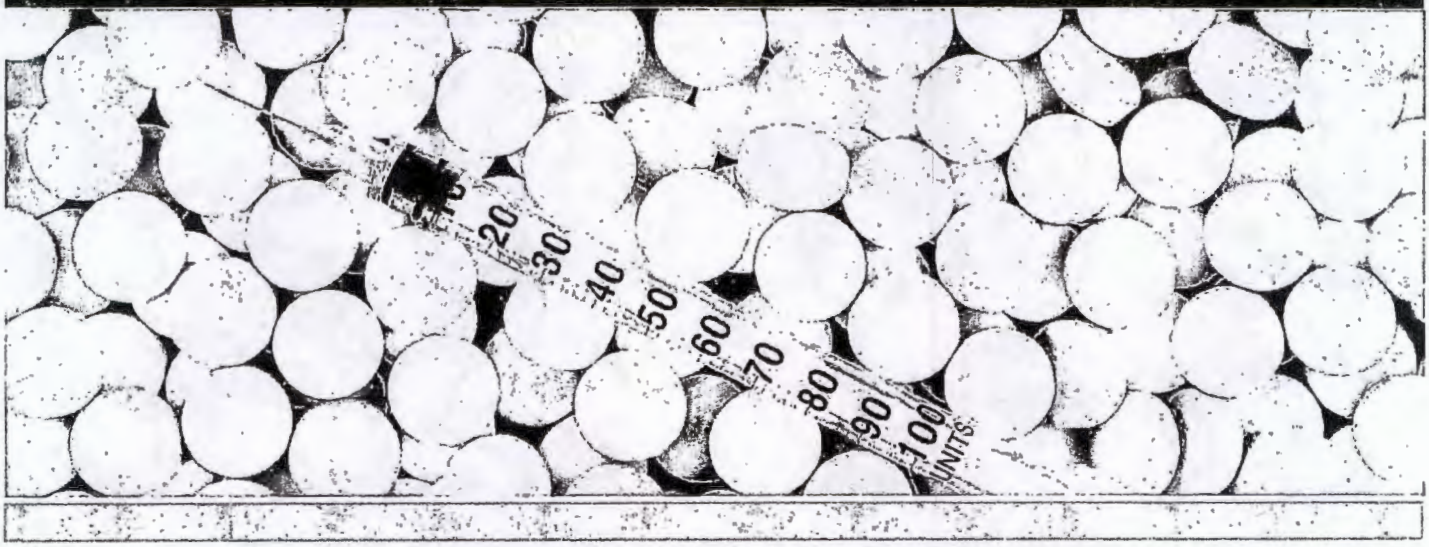
Version 7.0 Effective Date: 06/02/2025

317-759-4TOX | AXISFORTOX.COM | SALES@AXISFORTOX.COM

AXIS
FORENSIC TOXICOLOGY

See our Test Catalog at www.axisfortox.com
for more information.

NITAZENE ANALOG PANEL



What are Nitazene Analogs?

Nitazenes are a subclass of novel psychoactive substances (NPS) based on a 2-benzylmidazole chemical structure, which function as mu opioid receptor agonists in the body. Historically, etonitazene was the first compound synthesized of the class in 1957 and researched as a veterinary anesthetic. After the United States federal government moved to control all fentanyl analogs as fentanyl-related substances, isotonitazene was the first to emerge on the street drug market in 2019. Substitutions to the etonitazene chemical structure, especially at the 5-nitro and para-benzyl moieties, are important for opioid receptor activity, and these substitutions have led to compounds such as flunitazene, metonitazene, N-pyrrolidino etonitazene, and protonitazene. Animal studies estimate that these compounds are 100-1,000 times more potent as an analgesic as morphine. Limited pharmacokinetic studies have been published, but metabolites may have pharmacological activity. Many of these compounds are detected alongside fentanyl.

ORDER CODE: 13910: Nitazene Analog Panel			
SAMPLE TYPE: Blood			
COMPOUND NAME	**REPORTING LIMIT**	**COMPOUND NAME**	**REPORTING LIMIT**
Butonitazene	1.0 ng/mL	Metonitazene	1.0 ng/mL
Ethyleneoxynitazene	1.0 ng/mL	N-Desethyl Isotonitazene	1.0 ng/mL
Etodesnitazene	1.0 ng/mL	N-Pyrrolidino Ethylene Isotonitazene	1.0 ng/mL
Etonitazene	1.0 ng/mL	N-Pyrrolidino Etonitazene	1.0 ng/mL
Flunitazene	1.0 ng/mL	N-Pyrrolidino Isotonitazene	2.0 ng/mL
Isotodesnitazene	1.0 ng/mL	N-Pyrrolidino Metonitazene	1.0 ng/mL
Isotonitazene	1.0 ng/mL	N-Pyrrolidino Protonitazene	1.0 ng/mL
Metodesnitazene	1.0 ng/mL	Protonitazene	1.0 ng/mL

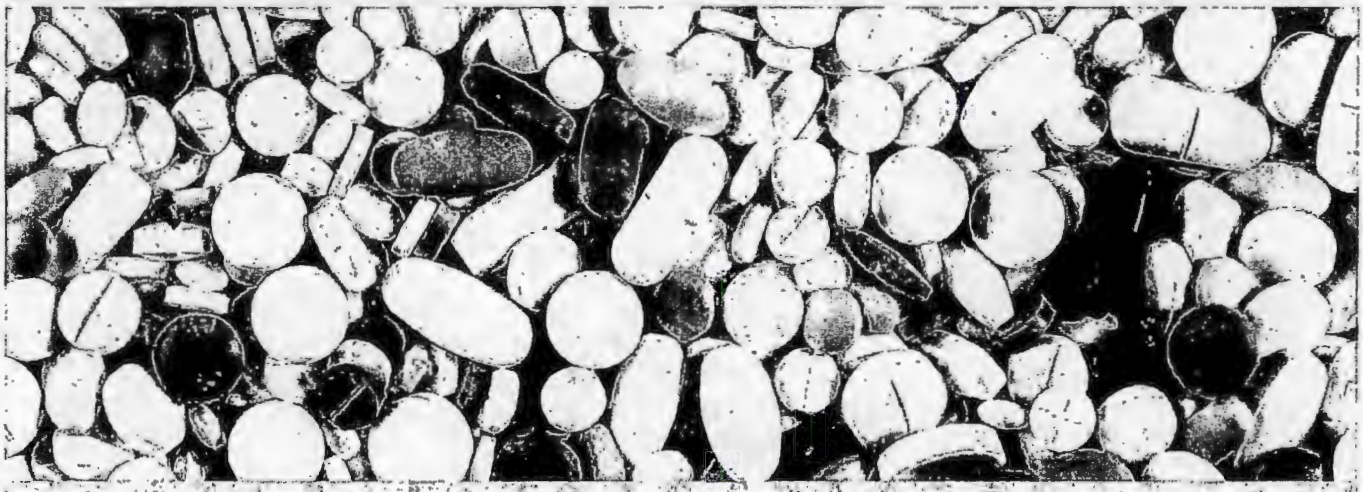
Screening for Nitazene Analogs is included with Analyte Assurance™, a feature of Axis' Comprehensive Panels.

317-759-4TOX | AXISFORTOX.COM | SALES@AXISFORTOX.COM

AXIS
FORENSIC TOXICOLOGY

See our Test Catalog at www.axisfortox.com
for more information.

NOVEL EMERGING SUBSTANCES



Axis Forensic Toxicology leads the industry in designer drug testing

AXIS' NOVEL EMERGING SUBSTANCES PANEL GIVES VISIBILITY TO THE PRESENCE OF THESE COMPOUNDS IN YOUR AREA

Why a Novel Emerging Substances Panel?

- Novel substances can disappear as quickly as they appear, placing challenges on laboratories to develop detection methods quickly.
- These compounds are frequently found mixed with other, routinely identified compounds such as fentanyl or methamphetamine.
- In the current focus on public health, many jurisdictions want to be sure they are identifying the full scope of impactful compounds.
- There is insufficient data to determine the impact of a given concentration.
- This panel is designed to be focused on detection and rapidly updated.
- Results are reported qualitatively from our high-resolution screening method using a second aliquot of the specimen.

Current Analytes

7-Hydroxymitragynine	BTMPS
Alpha-PHP	Dex/Levo Medetomidine
Alpha-PHPP (PV8)	Diphenidine
Alpha-PiHP	MDPHP
Alpha-PiHPP (Iso-PV8)	Mitragynine Pseudoindoxyl
Alpha-PipHP	Phenibut
AP-237	Tianeptine
AP-238	

Screening for novel emerging compounds is now included with Analyte Assurance™, a feature of Axis' Comprehensive Panels.

SMR372 V10.0 Effective Date 04/20/2026

AXIS
FORENSIC TOXICOLOGY

NOVEL PSYCHOACTIVE SUBSTANCES PANEL



Panel includes a wide variety of substances that have emerged in the illicit drug market:

- **Depressants**
- **Hallucinogens**
- **Dissociatives**
- **Stimulants**

(Please see reverse side for the complete list of analytes included in panel.)

PSYCHOACTIVE SUBSTANCES REFERENCE GUIDE	
Alternate Names	Bath Salts, Plant Food, Glass Cleaner, Jewelry Cleaner, Ivory Wave, Vanilla Sky, Molly, Flakka, Gravel, NBOME, Research Chemicals
Facts	- The Drug Enforcement Agency (DEA) recognizes newly emerging psychoactive substances as serious public health threats[1] - Illicit similar effects as methamphetamine, cocaine, MDMA, LSD, opioids or benzodiazepines - Can be smoked, snorted, orally ingested, bucally absorbed or injected - Sold in powder, crystal, tablet, or liquid form; can also be found on blotter paper - Adverse side effects include: hyperthermia, hypertension, nausea, vomiting, agitation, violent behavior, panic attacks, delusions, hallucinations, suicidal ideation, seizure and death[1]

References

[1]Office of Diversion Control. 9 Nov. 2015. http://www.deadiversion.usdoj.gov/synthetic_drugs/about_sd.html.

317-759-4TOX | AXISFORTOX.COM | SALES@AXISFORTOX.COM

AXIS
FORENSIC TOXICOLOGY

NOVEL PSYCHOACTIVE SUBSTANCES PANEL

ORDER CODE: 13610	
SAMPLE TYPE: Blood, Urine*, Vitreous*	
MINIMUM SAMPLE VOLUME: 0.5 mL (2 mL preferred)	
ANALYTES INCLUDED:	REPORTING LIMIT:
2C-B*	5 ng/mL
2C-E*	5 ng/mL
2C-I*	5 ng/mL
25B-NBOMe	0.5 ng/mL
25C-NBOMe	0.5 ng/mL
25I-NBOMe	0.5 ng/mL
5-MeO-DALT*	5 ng/mL
Alpha-PVP	5 ng/mL
Butylone	5 ng/mL
Dibutylone	5 ng/mL
Dimethylone	5 ng/mL
Ethylone	5 ng/mL
Eutylone*	5 ng/mL
MDPV	5 ng/mL
Mephedrone*	5 ng/mL
Methcathinone*	5 ng/mL
Methedrone*	5 ng/mL
Methoxetamine	5 ng/mL
Methylone	5 ng/mL
N-Cyclohexyl Methylone*	5 ng/mL
N-Ethylpentylone	5 ng/mL
N-Isopropyl Butylone*	5 ng/mL
N,N-Dimethylpentylone*	5 ng/mL
Pentylone	5 ng/mL
TFMPP*	5 ng/mL

*Denotes qualitative reporting

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AXIS
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See our Test Catalog at www.axisfortox.com
for more information.

SYNTHETIC CANNABINOIDS (K2/SPICE)



Axis Forensic Toxicology leads the industry in designer drug testing

AXIS' SYNTHETIC CANNABINOIDS PANEL INCLUDES THE NEWEST GENERATION DESIGNER DRUG COMPOUNDS

Evolution of Synthetic Cannabinoids

- After a dramatic rise in the number and frequency of synthetic cannabinoids in 2015 – 2017, Axis has observed some changes to the incidence of synthetic cannabinoids over the last few years.
- During 2017 – 2019, 5F-ADB, ADB-FUBINACA, and FUB-AMB dominated the drug market. Another large shift was perceived in 2019 – 2020 when 4CN-CUMYL-BINACA, 4F-MDMB -BINACA, and 5F-MDMB-PICA emerged and became prevalent.
- While 5F-ADB, ADB-FUBINACA, and FUB-AMB had previously declined to relative obscurity, the most recent trend is the reemergence of 5F-ADB. As of the most recent United States Drug Enforcement Administration (DEA) data from NFLIS-DRUG and Emerging Threats Reports, these newly emerged compounds (4F-MDMB-BICA, ADB-BINACA, and MDMB-4en-PINACA), alongside already established substances (4CN-CUMYL-BINACA, 4F-MDMB-BINACA, and 5F-MDMB-PICA) accounted for the vast majority of reported synthetic cannabinoids in 2020 – 2022.

Analyte	Reporting Limit (ng/mL)
4CN-CUMYL-BINACA	0.5
4F-MDMB-BINACA	0.5
ADB-4en-PINACA	0.5
ADB-BINACA	0.5
4F-MDMB-BICA Metabolite	2.0
5F-ADB Butanoic Acid Metabolite	2.0
5F-MDMB-PICA Metabolite	2.0
MDMB-4en-PINACA Metabolite	2.0

Screening for synthetic cannabinoids is now included with Analyte Assurance™, a feature of Axis' Comprehensive Panels.

SMR313 V4.0 Effective Date: 09/29/2025

317-759-4TOX | AXISFORTOX.COM | SALES@AXISFORTOX.COM

AXIS
FORENSIC TOXICOLOGY

NON-ROUTINE ANALYSIS IN THE TOXICOLOGY LAB

INTERESTED IN NON-ROUTINE OR ESOTERIC TESTING?

FOR OVER 25 YEARS, AXIS HAS PERFORMED NON-ROUTINE ANALYSES ON A MULTITUDE OF SUBSTANCES

NON-ROUTINE TESTING INCLUDING:

- Suspected illicit drug substances including:
  - Methamphetamine
  - Cocaine
  - Heroin
  - PCP
- Syringes
- Residues
- Designer substances such as:
  - Synthetic Cannabinoids
  - Hallucinogens
  - Cathinones
  - Opioids/Fentanyl Analogs
- Tablets/Pills/Capsules
- Liquids



WHO CAN BENEFIT FROM NON-ROUTINE TESTING?

- Attorneys
- Medical Examiners/Coroners
- Law Enforcement Officials or Agencies
- Emergency Rooms
- Poison Centers
- Drug Chemistry Labs

SERVICES

- Qualitative Drug Identification
  - Order code: 20040
- Quantitative Drug Analysis
  - Order code: 20000
- Special Method Development
  - Order code: 20020

For pricing, please contact Inquiries at 317-715-0448 (opt. 6) or via email at inquiries@axisfortox.com.

317-759-4TOX | AXISFORTOX.COM | INQUIRIES@AXISFORTOX.COM

EXHIBIT E – AXIS FORMS

ACCOUNT INFORMATION FORM

REQUISITION FORM

BLOOD MANIFEST FORM

AFFIDAVIT

CASE RELEASE FORM

SUPPLY ORDER

SAMPLE INVOICE

AXIS
FORENSIC TOXICOLOGY

ACCOUNT INFORMATION FORM

Thank you for choosing Axis Forensic Toxicology. In order to provide our best service, we request that you complete this form and return it by email to **labclientsupport@axisfortox.com** or via fax to **317-481-8872**. If you have any questions, please call 317-759-4TOX (4869).

☐ **New Account** ☐ **Update Account #** _____

1) Account Information: ☐ **No Changes**

Account Name: _____
Primary Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

2) Billing Information: ☐ **No Changes**

Bill to: ☐ Same as Account Info Above ☐ Alternate Account Info (if different, complete below)
Invoicing Method: ☐ Email _____ ☐ Mail
Payment Method: ☐ ACH (Billing will contact) ☐ Payment/Credit card (web) ☐ Check
Agency Name: _____
Billing Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

3) Supply Information: ☐ **No Changes**

Supplies cannot be shipped to Post Office Boxes

Ship to Address: ☐ Same as Account Info Above Attn: _____
☐ Alternate Supply Recipient – Complete reporting information below or provide name/account number
Agency: _____
Supplies Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

4) Results Reporting Information: ☐ **No Changes**

Report to: ***Secure Online Portal*** ☐ Fax To: _____
Primary User: Same as Account Info Above ***(add users in section 5)***

Please continue to next page....

AXIS
FORENSIC TOXICOLOGY

ACCOUNT INFORMATION FORM

☐ New Account ☐ Update Account #_____

5) Additional Authorized Users: ☐ No Changes

Please indicate level of authorization by checking the appropriate box for each additional user associated with the account.

User #2 Name: Email:

Authorization: ☐ Add-on tests ☐ Order Supplies ☐ Request results ☐ Portal Access

User #3 Name: Email:

Authorization: ☐ Add-on tests ☐ Order Supplies ☐ Request results ☐ Portal Access

User #4 Name: Email:

Authorization: ☐ Add-on tests ☐ Order Supplies ☐ Request results ☐ Portal Access

User #5 Name: Email:

Authorization: ☐ Add-on tests ☐ Order Supplies ☐ Request results ☐ Portal Access

6) Authorized Client Signature (Required)

I authorize Axis Forensic Toxicology to apply the information contained on this form to my account. I acknowledge that having an imaged version of the signed form is the same as having the physically signed form.

Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

AXIS
FORENSIC TOXICOLOGY

axisfortox.com
labclientsupport@axisfortox.com
Phone: (317) 759-4869

TOXICOLOGY REQUISITION FORM

FC1000000

Section 1: Account Information

Send Additional Reports To: (Please include account #, name, address, or fax number. Email not accepted.)

Section 2: Collection / Chain of Custody Information

Investigator:	County:	State:

Pathologist:

Specimens obtained/ sent to laboratory by: _____ (Signature)

Date: ___/___/___ _____ (Printed name)

Please note all individuals listed will be authorized access to final report.

Section 3: Subject Information

Last Name: First Name: Middle Initial:

Date of Death Age: Days / Months / Years (circle one) Gender: Male Female

Agency Case #:

Section 4: Specimens Submitted

TYPE	SOURCE	DATE/TIME COLLECTED	TYPE	SOURCE	DATE/TIME COLLECTED
Blood			Urine		
Blood			Vitreous		
Blood			Tissue/Other		

Additional Instructions:

Section 5: Test Request Information (Test subject to change without notice. Please refer to our test catalog at www.axisfortox.com for an up-to-date test menu)

- ☐ 70510 **COMPREHENSIVE DRUG PANEL** (Blood, Urine, Vitreous)
- ☐ 70510T **COMPREHENSIVE DRUG PANEL** (Tissue)
- ☐ 70530 **DRUGS OF ABUSE PANEL** (Blood, Urine, Vitreous)
- ☐ 70530T **DRUGS OF ABUSE PANEL** (Tissue)
- ☐ 13810 **DESIGNER OPIOIDS PANEL** (Blood)
- ☐ 13610 **PSYCHOACTIVE SUBSTANCES PANEL** (Blood)
- ☐ 42130 **SYNTHETIC CANNABINOIDS [K2/Spice]** (Blood)
- ☐ 32400 **ELECTROLYTE PANEL** (Vitreous)
- ☐ 44060 **CARBON MONOXIDE** (Blood)

Additional test requests (order code):

Specimen Labels: Place one label on each specimen container.

FC1000000 FC1000000 FC1000000 FC1000000 FC1000000 FC1000000

Section 6: Brief Case History (Please identify the manner of death, if known, and drugs to which the subject may have had access)

Section 7: Laboratory Use Only

Received at laboratory and placed into temporary storage by: _____ Date: _____

Complete all sections 1 through 6. COPY 1: Original must accompany specimen(s) to the laboratory. COPY 2: Retain for your records. AXIS-REQ v7

By submitting this requisition, Client acknowledges that it relies upon Axis to select an appropriate method for the requested testing and accepts a simplified report without the method listed. For method information, please contact labclientsupport@axisfortox.com

AXIS
FORENSIC TOXICOLOGY

BLOOD MANIFEST FORM

In accordance with federal aviation guidelines, please complete this ***Blood Manifest*** by indicating the requisition/case number of each specimen being shipped to AXIS Forensic Toxicology. The ***Blood Manifest*** must be used when shipping any blood specimens in a Laboratory Pak/OVERPACK bag to AXIS and will help ensure that the specimens being sent match the specimens received.

For questions regarding the shipment of forensic toxicology cases, please contact **supplies@axisfortox.com** or **(317) 759-4TOX option #2.**

BLOOD MANIFEST		
Number of cases included in Lab Pak/OVERPACK bag: _____	Client's Initials: _____	Account Number: _____

	Requisition/Subject's Name
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

INTERNAL LAB USE ONLY

Number of specimens/cases received: ____

AXIS
FORENSIC TOXICOLOGY

www.axisfortox.com
(317) 759-4TOX

ADDITIONAL INFORMATION REQUESTED

Print Date: 04/24/2020

TO: 20200 Test Client
FAX: 999-999-9999

Thank you for your submission to AXIS Forensic Toxicology. The Laboratory may be unable to complete testing on the submitted case without further instructions.

Donor Name:	**AFFIDAVIT SAMPLE**		
Agency Case:	**AFFIDAVIT SAMPLE**	Laboratory Order:	**3111234**
Date of Receipt:	**04/24/2020**		

Please review our request below for additional information. Please complete and return to Axis Forensic Toxicology by fax.

The submitted requisition does not indicate testing instructions or orders.

What testing would you like to proceed with?

You may provide additional instructions to the laboratory by completing and faxing this form to us at (317) 481-8872 or emailing the form to labclientsupport@axisfortox.com

Additional Instructions: _____

_____ _____
(Name) (Date)

Testing may be cancelled and the case will be placed in storage by: 05/01/2020

AXIS
FORENSIC TOXICOLOGY

CASE RELEASE FORM

Axis Forensic Toxicology, Inc. has received a request to share information or access to a case that has been submitted to us on behalf of you, our client, with a third party

Axis' requires clients to provide written permission and/or release prior to giving information or access to samples in our custody to third parties (including subject family members), unless a court-ordered subpoena is issued. To ensure proper authorization is obtained, please complete and return this form via email to labclientsupport@axisfortox.com or via fax to 317- 481-8872.

I_____, on behalf of the _____
(Name) (Account Number/Agency Name)

hereby give permission to Axis Forensic Toxicology, Inc., to perform the following activities with the

remaining specimens belonging to_____in
(Subject's First and Last Name)

Axis Laboratory Order number_____.
(Axis Laboratory Order Number)

Please Select One:

☐ Provide and discuss results

☐ Release billing responsibility

☐ Release ownership of the case and all remaining specimens

☐ Release ONLY the following specimens:

- Sample Type:_____ Axis Specimen ID:_____
- Sample Type:_____ Axis Specimen ID:_____
- Sample Type:_____ Axis Specimen ID:_____
- Sample Type:_____ Axis Specimen ID:_____

☐ Other (please specify):_____

Agency or Individual Receiving Results/Invoice/Ownership of Case

Agency/Individual Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ E-Mail:_____

Client Signature:_____ **Date:**_____
(Please print and sign form)

Printed Name:_____ **Title:** _____

*Lab use only: Received by:*_____ *Date Received:*_____

AXIS
FORENSIC TOXICOLOGY

SUPPLY ORDER FORM

Thank you for choosing AXIS Forensic Toxicology. In order to provide our best service, we request that you complete sections one (1) and two (2) of this form and return it via email to **supplies@axisfortox.com** or via fax to **317-481-8872**. If you have any questions, please call 317-759-4TOX (4869), option #2.

–PLEASE ALLOW 3-5 DAYS FOR DELIVERY–

1) ACCOUNT & SHIPPING INFORMATION

Account Name: _____

Account Number: _____

Supply Contact Name: _____

Phone: _____ Email *(for shipping confirmation and delivery info)*: _____

Name: (if different than supply contact) _____

Address: _____

Address 2: (if applicable) _____

City: _____ State: _____ Zip: _____

Special Shipping Instructions:

2) SUPPLIES

Collection Kits Available:	**Quantity**			
Standard Postmortem Collection Kit	10	25	50	Other:
Meconium Collection Kit	10	25	50	Other:
DUI/DUID Collection Kit	10	25	50	Other:
Drug-Facilitated Sexual Assault Collection Kit	10	25	50	Other:
Trace/Non-biological Collection Kit	10	25	50	Other:
Requisition Forms	10	25	50	Other:
Return Shipping Labels	10	25	50	Other:
Mailing Bags	10	25	50	Other:
Other Supplies:				Qty:
Other Supplies:				Qty:
Other Supplies:				Qty:

Axis Forensic Toxicology, Inc.
P. O. Box 681513
Indianapolis, IN 46268 US
317-759-4869
billing@axisfortox.com

AXIS
FORENSIC TOXICOLOGY

INVOICE

BILL TO
Axis Forensic Toxicology
AXIS Forensic Toxicology
PO Box 681513
Indianapolis, IN 46268

INVOICE	3003839
DATE	10/01/2024
TERMS	Due on receipt

REPORT DATE	ORDER CODE	DESCRIPTION	AXIS ID / CLIENT ID / NAME	AMOUNT
10/01/2024	70510	Comprehensive Drug Panel, Blood	2**** / 3**** / D****	415.00
10/01/2024	70530	Drugs of Abuse Panel, Blood	2**** / 3**** / D****	285.00
10/01/2024	32400	Electrolyte Panel, Vitreous	2**** / 3**** / D****	110.00

Three convenient ways to pay: (1) credit card online at www.axisfortox.com (2) check remittance with Account and Invoice numbers to P. O. Box 681513, Indianapolis, IN 46268, or (3) via ACH (please email billing@axisfortox.com for banking instructions).

BALANCE DUE **$810.00**

Example Invoice -- Actual invoice contain full listing of AXIS ID / CLIENT ID / NAME.

EXHIBIT F – AXIS FORENSIC TOXICOLOGY REPORT

AXIS
FORENSIC TOXICOLOGY

Testing Report
Web: www.axisfortox.com
Phone: (317) 759-4TOX

Laboratory Case Number: 3214361

Subject's Name: SAMPLE, ROBERT

Client Account: 20200 / fopt01

Report To: Axis Forensic Toxicology
ATTN: Matt Zollman
5780 W. 71st St.
Indianapolis, IN 46278
FX: 317-481-8872

Agency Case #: SAMPLE
Date of Death: 01/24/2021
Test Reason: Death Investigation
Investigator: SAMPLE REPORT
Date Received: 01/28/2021
Date Reported: 01/29/2021

Laboratory Specimen No: 40914507
Container(s): 01:GRT Blood,FEMORAL

Date Collected: 01/25/2021
Test(s): 70510 Comprehensive Drug Panel, Blood

Analyte Name	Qualitative Result	Quantitative Result	Reporting Limit	Reference Range	Units	Note
VOLATILES	POSITIVE					
Methanol	Negative			Not Established		
Ethanol	POSITIVE	0.050	0.02		% (w/v)	
Acetone	Negative			Not Established		
Isopropanol	Negative			Not Established		
AMPHETAMINES	Negative					
ANALGESICS	Negative					
ANESTHETICS	Negative					
ANTICHOLINERGICS	Negative					
ANTICONVULSANTS	Negative					
ANTIDEPRESSANTS	Negative					
ANTIDIABETICS	Negative					
ANTIFUNGALS	Negative					
ANTIHISTAMINES	Negative					
ANTIPSYCHOTICS	Negative					
BARBITURATES	Negative					
BENZODIAZEPINES	Negative					
CANNABINOIDS	Negative					
CARDIOVASCULARS	Negative					
GASTROINTESTINALS	Negative					
HALLUCINOGENS	Negative					
MISCELLANEOUS	Negative					

aboratory Specimen No: **40914507** **Continued..**

Analyte Name	Qualitative Result	Quantitative Result	Reporting Limit	Reference Range	Units	Note
MUSCLE RELAXANTS	Negative					
OPIOID ANALGESICS	POSITIVE					
Oxycodone	POSITIVE	24	5	10 - 200	ng/mL	
SEDATIVE/HYPNOTICS	Negative					
STIMULANTS	Negative					
UROLOGICALS	Negative					

Specimens will be kept for at least one year from the date of initial report.

Reference ranges obtained from Schulz M, Iwersen-Bergmann S, Andresen H, Schmoldt A. Therapeutic and toxic blood concentrations of nearly 1,000 drugs and other xenobiotics. Crit Care. 2012;16(4):R136. Published 2012 Jul 26. doi:10.1186/cc11441

aboratory Specimen No: 40914508 **Date Collected:** 01/25/2021
Container(s): 01:YTT Urine, Random **Test(s):** 80080 Basic Drugs of Abuse, Urine

Analyte Name	Qualitative Result	Quantitative Result	Reporting Limit	Reference Range	Units	Note
AMPHETAMINES	Negative					
Amphetamine	Negative					
Methamphetamine	Negative					
MDMA	Negative					
BENZODIAZEPINES	Negative					
7-Aminoclonazepam	Negative					
Alprazolam	Negative					
a-OH-Alprazolam	Negative					
Lorazepam	Negative					
Nordiazepam	Negative					
Oxazepam	Negative					
Temazepam	Negative					
HALLUCINOGENS	Negative					
Phencyclidine (PCP)	Negative					
MUSCLE RELAXANTS	Negative					
Meprobamate	Negative					
OPIOID ANALGESICS	POSITIVE					
6-Monoacetylmorphine	Negative					
Buprenorphine	Negative					
Codeine	Negative					
EDDP	Negative					
Fentanyl	Negative					
Hydromorphone	Negative					
Hydrocodone	Negative					
Methadone	Negative					
Morphine	Negative					
Norfentanyl	Negative					
Norbuprenorphine	Negative					
O-Desmethyltramadol	Negative					
Oxycodone	POSITIVE					
Oxymorphone	Negative					
Tramadol	Negative					

aboratory Specimen No: 40914508 **Continued..**

Analyte Name	Qualitative Result	Quantitative Result	Reporting Limit	Reference Range	Units	Note
STIMULANTS	Negative					
Benzoylecgonine	Negative					

AXIS
FORENSIC TOXICOLOGY

Testing Report
Web: www.axisfortox.com
Phone: (317) 759-4TOX

aboratory Specimen No: 40914509 **Date Collected:** 01/25/2021
Container(s): 01:CTT Vitreous,EYE **Test(s):**

Analyte Name	Qualitative Result	Quantitative Result	Reporting Limit	Reference Range	Units	Note
VOLATILES	POSITIVE					
Methanol	Negative			Not Established		
Ethanol	POSITIVE	0.080	0.02		% (w/v)	
Acetone	Negative			Not Established		
Isopropanol	Negative			Not Established		

The Specimen identified by the Laboratory Specimen Number has been handled and analyzed in accordance with all applicable requirements.

Laboratory Director
George S. Behonick, Ph.D., F-ABFT

SAMPLE, ROBERT
Laboratory Case #:3214361
Print Date/Time:01/29/2021, 10:53

Case Reviewer

This individual may not have performed any of the analytical work.

EXHIBIT G – CRITICAL SOPS

SPECIMEN HANDLING

SURVEILLANCE OF FORENSIC TESTING CAPABILITIES

AXIS FORENSIC TOXICOLOGY	Procedure
Title: Specimen Handling Procedure	
Control #: LDP094	Version: 2.0

1.0 Purpose

There are three phases of the entire laboratory testing process; pre-analytical, analytical, and post-analytical. The purpose of this document is to provide an outline of our process throughout the three phases. Our processes are designed to ensure the integrity of the final test result. The three phases are described as follows:

Pre-analytical: This phase covers the sample from the time the test is ordered until the sample is ready for analysis. Ensuring sample integrity throughout the pre-analytical phase involves proper sample collection, handling, shipment, and temporary storage procedures. Incorrect procedures can lead to incorrect specimen identification, loss of analyte because of instability, false increases in analyte concentration because of contamination, or changes in the matrix composition that may adversely affect the performance of the analytical method.

Analytical: This phase covers the entire analytical process from aliquoting a sample to certifying the analytical results. Integrity of the sample identity must be maintained so that the final result reported relates to the individual sample that was collected. All specimens throughout this process are individually labeled with unique barcode identification that is present on any specimen aliquots, all chain of custody documents, and LIMS to ensure sample integrity is maintained.

Post-analytical: This phase covers all activities after the analytical phase. It involves ensuring the overall integrity of the documentation that supports the analysis, including validation of the method prior to initiating subject testing. This includes a wide range of information, including paper and electronic raw data, standard operating procedures, facility records, validation reports final reports and interpretation of results.

2.0 Scope

This procedure encompasses all three phases of the entire laboratory testing process; pre-analytical, analytical, and post-analytical.

3.0 Responsibility

This procedure is the responsibility of all employees who are involved in the handling of laboratory specimens.

4.0 Procedure

4.1 **Specimen Collection & Processing: Most of our specimens are collected as described in documents provided to clients. For specimens not addressed in this document, specific instructions are provided to the client. While sample collection and initial processing are often very simple technical procedures, if they are poorly performed the quality of the samples will be compromised, nullifying any further activities performed in the laboratory.**

4.2 **Specimen Stability and Storage Conditions: Clients are encouraged to ship specimens as soon after collection as possible. If this is not possible and specimens must be stored at the collection facility, storage at refrigerated temperatures is encouraged.**

4.3 **Specimen Transport: Specimen samples may be received via courier service, or government and private mailing agencies. The majority of specimens are received at Axis Forensic Toxicology after having been shipped at ambient temperatures. If specimens are to be shipped at any temperature other than ambient, specific instructions will be prepared on a client or project specific basis.**

4.4 Laboratory Receiving of Specimens & Initial Preparation of Specimens

4.4.1 Specimens are received into the laboratory by Shipping and provided to Specimen Processing. If specimens are delivered to the receptionist or received through the regular mail, those specimens will be provided to accessioning.

4.4.2 Upon receiving the sample, the "Chain of Custody" (COC) information on the laboratory requisition will be completed. This documents the condition of the specimen, the date received, and the name of the individual who opened the package.

4.4.3 Each specimen will be assigned a unique laboratory accession number. This number is provided by our Laboratory Information Management System (LIMS). LIMS will assign a Specimen Number and print bar coded labels unique for each specimen. The bar coded label contains the bar code and a numeric display of the Specimen Number.

4.4.4 The bar coded label will be placed on the requisition form, the outer case box (if present) and the primary sample container associated with a particular specimen.

> *NOTE:* All containers in which the specimen is placed will be labeled with the unique Specimen Number. The primary container is labeled at the point at which it is entered into LIMS. All other containers (aliquots from the primary container, extraction tubes, autosampler vials, solid phase extraction cartridges, etc.) will be labeled prior to the aliquot being placed in the container.

4.4.5 Information associated with each specimen is entered into LIMS. This information includes relevant demographic information, client information, ordered tests, specimen type, and any other relevant information to the submitted case.

4.4.6 Any aberrant information associated with each specimen (i.e. specimen leakage, unusual color, etc.) is noted in LIMS at this time.

4.4.7 Portions of the sample (aliquots) will be placed into containers appropriate for the initial testing phase of sample analysis. These containers are also labeled with a bar code label.

4.4.8 Only one specimen sample is to be opened at a time for transferring into its assigned container.

4.4.9 Once aliquots have been produced from the parent container, the parent container is placed back into its original case box and placed into defined temporary storage.

4.4.10 A worklist/internal chain of custody will be generated for the screening department. This worklist indicates all the aliquoted specimens in the batch. The Technician who prepared the aliquots and delivered them to temporary storage will sign and date the worklist. The next Technician will sign and date the internal chain of custody when they pick up the aliquots from temporary storage.

4.5 Analytical Handling Procedures – Screening/Initial Testing

4.5.1 Screening may require Technicians to perform extraction based procedures prior to analytical run. These procedures are outlined in each specific analytical method in the form of a checklist.

4.5.2 Screening analysts will conduct initial screening data analysis using the approved Standard Operating Procedures (SOPs).

4.5.3 The screening analyst will sign and date the worklist Chain of Custody (COC) indicating they have performed the analysis and evaluated the analytical data.

4.5.4 A list of presumptively positive specimens will be generated.

4.6 Preparation of Specimens for Confirmatory analysis

4.6.1 Upon completion of initial testing, presumptive positive specimens will be prepared for confirmatory analysis by aliquoting a portion of the specimen from the primary container into the aliquot container.

4.6.2 A bar coded label will be affixed to the aliquot container.

4.6.3 A new worklist Chain of Custody (COC) will be generated with the sample numbers of the presumptive positive samples.

4.6.4 The technician will then return the primary specimen container to the appropriate temporary storage area.

4.6.5 The presumptive positive specimens will be placed into temporary storage.

4.6.6 A Technician will retrieve the presumptive positive samples from temporary storage and perform the procedures necessary to prepare the specimens for confirmatory analysis. Extraction procedures will be performed using the approved Standard Operating Procedures (SOPs).

4.6.7 The extraction technician will then provide the prepared samples to the chromatography instrument operator.

4.6.8 The extraction technician will sign and date the worklist indicating that they removed the aliquots from temporary storage, performed the extraction, and provided the extracted samples to the chromatography instrument operator.

4.7 Confirmatory Analysis

4.7.1 The chromatography instrument operator will perform chromatographic analysis of the presumptive positive specimens. Analysis will be performed using approved SOPs.

4.7.2 At the completion of the testing procedure, the instrument operator or designee will review the data and enter the results into LIMS.

4.7.3 The instrument operator will sign and date the worklist indicating that they performed the chromatographic analysis and analyzed the data. The individual who posted results to LIMS will sign and date the worklist as well.

4.8 Certification of Analytical Data

4.8.1 A Certifying Chemist will review and approve analytical data prior to final reporting of the specimen.

4.8.2 The Certifying Chemist will review all worklists to verify that the chain of custody for each batch of samples is complete.

4.8.3 Upon approval of the analytical data, the chemist will release the results in LIMS for final reporting.

4.8.4 The Certifying Chemist will complete the chain of custody indicating that they have reviewed the analytical data and have approved it for final reporting.

4.9 Review of Toxicology Cases:

4.9.1 Results of all analyses are reviewed by a professional toxicologist. The toxicologist reviews the initial requisition which may contain additional information about the case.

4.9.2 Upon approval of the results, the forensic toxicologist will release the results in LIMS for final reporting.

4.9.3 An electronic signature of the reviewing toxicologist will be automatically attached to the final report.

4.10 File and Specimen Retention

4.10.1 Files concerning the results of specimen analysis will be retained by the Laboratory in keeping with its defined Record Retention Times.

4.10.2 Specimen retention times and conditions often vary as a result of different client needs. Specimens will be retained according to Axis's specimen retention policies and specific agreements with individual clients of Axis Forensic Toxicology.

4.11 Turn Around Time (TAT) Objectives to meet Customer Requirements

4.11.1 Specimens received from customers are to be processed, analyzed, and verified in a timely manner. The company will use appropriate resources to ensure TAT objectives are met for each customer. The following are example TATs for different specimens and are not meant to be binding objectives for the laboratory. TAT objectives may change periodically

a. Forensic Specimens (not requiring send outs or limited volume specimens) -- 10 days.

4.11.2 The laboratory will work to meet the TAT objectives for each specimen type. In some cases, the laboratory may not be able to meet the TAT objectives established. In such cases, customers may be notified of the delay. The decision resides with the Lab Director, and the decision may be based on the following assessment of the situation:

a. Amount of samples that will be delayed
b. Root cause of the delay of the samples
c. Anticipated time required to alleviate the delay
d. Other extraneous factors as appropriate per each situation.

4.11.3 If notification is warranted, the Lab Director will work with the appropriate staff within the company to draft, approve, and communicate the message to affected clients.

5.0 History

The History section defines the transitions of this document and its revision history. It provides a reasonable audit trail for reviews and changes.

Version	Date	Change	Author/Reviser
1.0	08/03/2009	Reformatted, replacing document LD087.	Andrea Terrell
2.0	5/19/2011	Added section on TAT objectives and responses due to delayed processes in the lab.	Jason Bush
1.0	12/29/2017	Rebranded and rescoped for Axis	Denise Purdie Andrews
2.0	3/26/2019	Clarified processes where needed. No change to processes as outlined.	Matt Zollman

AXIS FORENSIC TOXICOLOGY	Policy
Title: Surveillance of Forensic Testing Capabilities	
Control #: LAB.TOX.POL.3155	Version: 2.0

1.0 Purpose

Contemporary and relevant forensic toxicological testing methods ensure responsiveness to medical examiner/coroner and law enforcement client needs while promoting the laboratory's state-of-the art scientific and technical capabilities. The objective of this policy is to set forth guidelines for the regular, systematic review of Axis Forensic Toxicology forensic toxicology testing capabilities.

2.0 Scope

The applicability of this policy encompasses stakeholders with both a business and technical scientific interest in operations. These parties include COO, Director of Operations & Product Management, Laboratory Director, Toxicologists, R&D, and Technical and Operations Managers.

3.0 Responsibility

It is the responsibility of the Directors and Toxicologists to conduct assessments and reviews of the forensic toxicology testing options (panels) provided to Axis clients. The assessments are made to determine the utility, relevance and forensic toxicological significance of the offered panels; more importantly, the reviews are intended to identify areas of need with respect to identification of emerging drugs and/or substances of forensic significance. The information provides Axis executive leadership with decision guidelines for developing screening and testing strategies for drugs and/or substances in forensic case work. These assessments do not prevent changes being made to the product offerings outside of the scheduled cycle, but only ensure that a comprehensive review is being conducted regularly.

4.0 Policy

4.1 The Directors and Toxicologists will conduct mid and end of calendar year toxicology panel assessments and reviews for relevance and toxicological significance to Axis clients (MEs, coroners and law enforcement)

4.1.1 The test panels reviewed include, but are not limited to:

- Comprehensive Panels
- Drugs of Abuse, Extended Panels
- Drugs of Abuse Panels
- Synthetic cannabinoids
- Novel Psychoactive Substances
- Designer Opioids
- Drug-Facilitated Sexual Assault

4.1.2 The criteria include:

- Analytes included
- Screening limits
- Detection limits
- Quantitation limits

4.2 In addition to relevance and significance, the assessment will consider the need for inclusion of emerging drugs and/or substances to the one or more products. Background criteria derived for inclusion into panels include, but is not exclusively limited, to the following:

- In house send out referral data (frequency and cost) for directed testing and analyses by extramural reference laboratories
- Input, feedback and inquiries by medical examiners, coroners and law enforcement agencies to Axis toxicologists
- Peer reviewed case reports and communications within the field of forensic toxicology
- Relevant epidemiological reports and alerts from agencies such as the U.S. Drug Enforcement Agency (DEA), National Forensic Laboratory Information System (NFLIS), European regulatory agencies, and national poison control centers
- Information derived from technical/scientific work groups and various committees pertinent to emerging drug trends and prevalence (SOFT, AAFS).
- New regulatory guidance

4.3 Reporting and Documentation

4.3.1 Upon completion of the review, the Lab Director will provide a written memorandum of record (MFR) to the COO detailing the findings of the assessment to be incorporated into the annual Quality Review. The MFR may indicate no immediate changes or additions are required, or alternatively, may include a recommendation for Axis to explore the addition of a drug and/or substance to an existing panel. This recommendation includes justification (financial, client need, etc.) and anticipated benefit/advantage to forensic laboratory operations.

5.0 Referenced Materials

5.1 American Board of Forensic Toxicology (ABFT) Laboratory Accreditation Manual, standard C-4

6.0 History

Version	Date	Change	Author/Reviser
1.0	05/14/2013	Original Document.	George Behonick
2.0	04/11/2016	Updated the code for the Sexual Assault panel from 70050 to 70055.	Angela Cronin
1.0	8/15/2017	Rebranded and renumbered for Axis.	Denise Purdie Andrews
2.0	4/1/2019	Updated to include additional sources of information and to add additional products to the known scope.	Denise Purdie Andrews

EXHIBIT H – CLIENT GUIDES

CLIENT GUIDE

CASE MANAGEMENT PORTAL

AXIS
FORENSIC TOXICOLOGY

Client Guide

We at Axis Forensic Toxicology are proud to be your industry-leading forensic toxicology partner, approaching your forensic science needs from every angle. We're a leader in designer drug testing and research, and we've centered our work on evolving our specialized techniques for over 25 years. We offer direct contact with our laboratory experts throughout the process, and we bring unmatched accuracy, accessibility, transparency and accountability to the forefront of every client interaction. Your results and satisfaction are at the center of our mission.

At Axis, our mission is to contribute to an effective justice system that brings closure to people and communities by providing accurate, timely, and relevant toxicology results from our industry leading testing protocols, cost effective products, and access to subject matter experts. That mission starts with preparing you to submit accurate and complete testing requests, so that we can deliver your results as quickly and completely as possible. This guide should serve as a helpful reference to ensure you have the proper materials and information to collect, order, and ship the cases so that testing can begin right away! Please reach out to our subject matter experts via our website, email or telephone to get the answers you need up front, so that we can deliver the results you need. We appreciate what you are doing for our communities around the country to bring answers to those you serve and the opportunity to be your partner in this important work.

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TOXICOLOGY SUBMISSION INSTRUCTIONS

SPECIMEN COLLECTION

The selection of appropriate specimens in forensic toxicology investigations is often a major factor in determining the nature and extent of chemical involvement as a cause of death. Axis's standard testing includes blood, urine, and vitreous fluid. Other appropriate specimens, such as tissues (brain, liver, etc.), bile, and stomach contents, should be collected, if warranted, but will only be tested at the client's request. Once the specimens have been collected, properly label and seal each container.

- **Axis's recommendation for blood specimen collection:**
  - **Blood for quantitative analysis** is recommended to be obtained from a distinct peripheral anatomical site (e.g., femoral veins, iliac veins). Subclavian blood should be obtained if these peripheral sites cannot be accessed, but before a central blood specimen (e.g. heart blood) is obtained for quantitative analysis. Peripheral blood volumes are typically sufficient for presumptive screening and quantitative confirmations.
  - **Central and cavity blood** are not preferred primary collection sites for quantitative toxicology testing; however, these specimen types may serve to augment and supplement available blood volumes for testing. In some instances, these specimens may be suitable for a limited number of quantitative test procedures (e.g. Carboxy-hemoglobin, ethanol).

For deaths which have occurred in the hospital, the hospital pathology laboratory should be contacted as soon as possible to see if any ante-mortem specimens of urine, blood, serum, or plasma are available. Those specimens that require testing should also be sent for analysis (please indicate if you prefer to have the ante-mortem specimens tested rather than post-mortem specimens). The exact date and time of collection should be confirmed and indicated on the submission form. It is also important to note if any antidotes or drugs used in resuscitation were given antemortem and if urine specimens were taken with the use of a catheter and/or lidocaine local anesthetic.

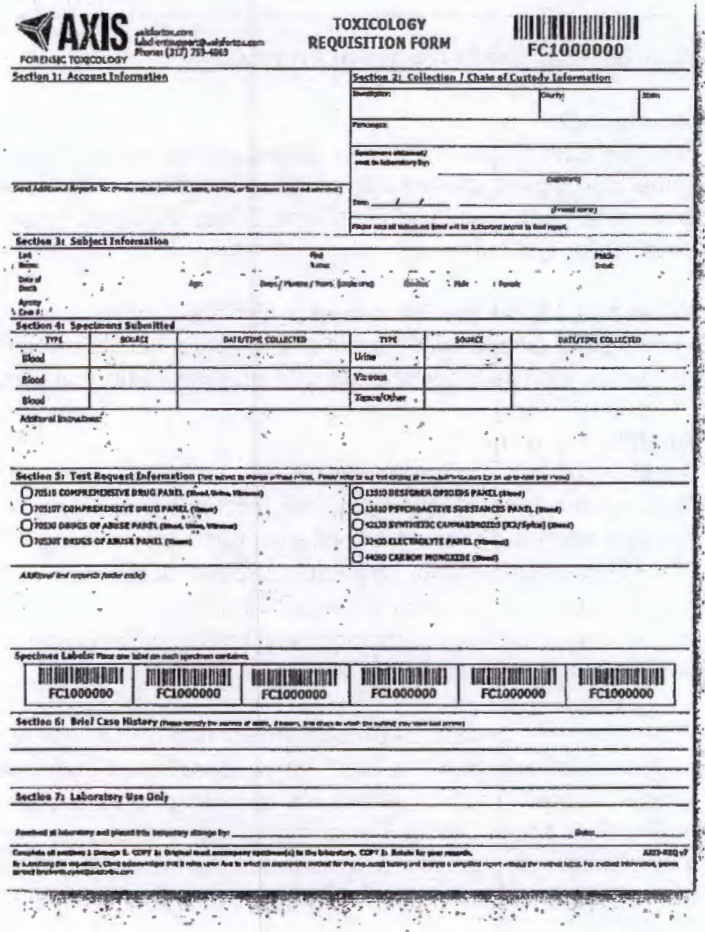
Typical collection volume requirements for various matrices are as follows:

Matrix	Specimen Volume Recommendation (Total)
Blood	10-20 mL
Urine	10 mL
Vitreous Fluid	2 mL
Tissues*	10 grams
Other Fluids*	20 mL

* When blood is not available or sufficient for the desired testing, it may be appropriate to test tissues or fluids, although the scope of analytes is not as broad (see the test catalog). Axis' toxicologists are an excellent resource for evaluating which specimens to test based on the case circumstances. Testing will be performed as ordered and begins upon receipt, so it is worthwhile to consult prior to submission.

AFTER COLLECTION

Once the specimens are collected and correctly labeled, complete the Axis Toxicology Requisition Form with the following information:


AXIS FORENSIC TOXICOLOGY

TOXICOLOGY REQUISITION FORM

FC1000000

Section 1: Account Information

Section 2: Collection / Chain of Custody Information

Section 3: Subject Information

Section 4: Specimens Submitted

TYPE	SOURCE	DATE/TIME COLLECTED	TYPE	SOURCE	DATE/TIME COLLECTED
Blood			Urine		
Blood			Vitreous		
Blood			Tissue/Other		

Section 5: Test Request Information

- ☐ 70510 COMPREHENSIVE DRUG PANEL (Blood, Urine, Vitreous)
- ☐ 70510T COMPREHENSIVE DRUG PANEL (Tissue)
- ☐ 70530 DRUGS OF ABUSE PANEL (Blood, Urine, Vitreous)
- ☐ 70530T DRUGS OF ABUSE PANEL (Tissue)
- ☐ 13510 DESIGNER OPIOIDS PANEL (Blood)
- ☐ 13610 PSYCHOACTIVE SUBSTANCES PANEL (Blood)
- ☐ 13530 SYNTHETIC CANNABINOIDS (K2/Spice) (Blood)
- ☐ 32400 ELECTROLYTE PANEL (Vitreous)
- ☐ 84260 CARBON MONOXIDE (Blood)

Specimen Labels: Place one label on each specimen container.

FC1000000 FC1000000 FC1000000 FC1000000 FC1000000 FC1000000

Section 6: Brief Case History

Section 7: Laboratory Use Only

- **Section 1 - Account Information:** The agency account number and information will be pre-printed on the requisition. Account information directs where the final toxicology report should be sent and who will be billed for the toxicology services. If your agency has multiple accounts printed on the form, please select the appropriate submitting account. If additional reports need to be sent, include the name, address, fax number, or account number of the recipient(s). *Axis does not email reports for privacy reasons.*
- **Section 2 - Collection/Chain of Custody Information:** Include the signature of the individual who obtained and sent the specimen to the laboratory, and the names of the investigator and pathologist.
- **Section 3 - Subject Information:** State the subject's first and last name, middle initial, date of death, age, gender, and your agency's case number (as applicable).
- **Section 4 - Specimens Submitted:** Indicate each type of specimen submitted (blood, urine, vitreous, tissue, etc.) and list the source (e.g. femoral vein, right ventricle, hospital), and date/time collected. For testing purposes, please make sure all sample volumes meet the minimum requirement (see table on previous page).
- **Section 5 - Test Request Information:** Select the test that you would like Axis to perform. If applicable, state any additional testing you would like completed. If no test is selected, the sample will be placed on hold and an affidavit will be issued, which can delay turnaround time. See "Test Selection" below for guidance on test selection.
- **Specimen Labels:** Place one specimen label (barcode) on each specimen container.
- **Section 6 - Case History:** The following information and documentation is desirable in every case:
  - Relevant medical history with regard to prescribed medication and whether the deceased suffered from a serious infectious disease.
  - Details of any substance(s) thought to have caused death.
  - As appropriate, indicate notable case conditions (e.g. decomposed, skeletal, extensive thermal/burn injury).

Please retain the completed requisition for your records and to reference when making inquiries about your case.

TESTING SELECTION

Approaching Your Case From Every Angle

Whole Case
Axis' primary toxicology panels are setup to provide a "whole case approach" to testing. When the Comprehensive Panel or Drugs of Abuse Panel in Blood is ordered with the submission of blood, urine, and vitreous fluid, the total price of the panel will include a Basic Drugs of Abuse, Urine AND reflexed Volatiles Panel, Vitreous, if the blood is positive for alcohol.

While blood is the preferred matrix, there is significant benefit to testing multiple specimens. Testing in urine and vitreous can compensate for the quick metabolism of certain compounds such as 6-AM or the effects of decomposition on blood alcohol, and provide additional certainty in litigation.

Analyte Assurance™
A feature of Axis' Comprehensive Panels includes screening for novel substances such as Designer Opioids, Novel Psychoactives, Novel Emerging, and Synthetic Cannabinoids. If a potential positive is observed, Axis' Lab Client Support team will reach out to offer confirmatory testing. This allows our clients to:

- control the scope to what is relevant to the case
- maintain good budgetary stewardship
- move forward with additional testing without waiting for a final report on the initial panel

See more information about these specialty panels below.

When a novel substance is presumptively detected in any of the Comprehensive Panels, Analyte Assurance™ triggers outreach from our Lab Client Support team to determine whether you would like to add the relevant specialty panel. These inquiries are made by phone. Should you receive a message, we appreciate a return call to indicate yes or no. Our LCS team is also happy to answer any questions you have about additional testing or you may confer with our Toxicologists about the potential benefit of additional testing. If we do not receive an answer from you, we will mark it as No Response and finalize the case. You are always welcome to add the testing at a later date.

Specialty Testing Panels
Specialty Panels including (but not limited to) the Synthetic Cannabinoids Panel, Psychoactive Substances Panel, Novel Emerging Compounds, and Designer Opioids Panel are tested on a per specimen basis. If a blood, urine, or other specimen type are sent for this testing, each sample sent must be explicitly marked as needing testing performed. Additionally, each specimen tested with these panels will be charged for this testing.

For example, if a blood sample and urine sample are sent in with a case and the Psychoactive Substances Panel is requested for both specimens, the client will see two separate charges on the final invoice for the case – one for the Psychoactive Substances blood test and one for the Psychoactive Substances urine test.

For the most up-to-date information regarding our panels and test offerings, please see Axis' online Test Catalog at www.axisfortox.com/test_catalog.

Directed Analysis
Directed analysis for a drug or a drug class is also available.

Matrix Specific Panels – Tissue, Urine, Vitreous, Fluids
When the testing ordered is not applicable to the matrix submitted Axis will substitute the appropriate matrix-specific test unless one is not available. Additional charges may apply.

For example, if the Comprehensive Panel (OC 70510) is ordered, but only a tissue sample is sent for testing, Axis will perform testing on the tissue sample using the Comprehensive Panel, Tissue (OC 70510T) instead of the panel that was selected.

If a matrix-specific panel does not exist for the specimen submitted, Axis will contact you to inform you of the matrix-specific options that are available and request that you choose which panel would fit your case's needs. Please note this may impact turnaround time.

ADDITIONAL TEST REQUESTS

Additional testing may be added on to a case anytime during the testing process, after the final toxicology report has been released, or within the one year long-term storage period. Please contact our Lab Client Support team to request the additional testing or inquire about add-on options at www.axisfortox.com, via email at labclientsupport@axisfortox.com, or via phone at 317-759-4TOX.

AFFIDAVITS

An affidavit will be issued when the laboratory needs additional information regarding a case that has been received. Affidavits are faxed to the client and require a response within five (5) business days. If a response is not received after five (5) business days, the case and all of its contents will be placed into long term storage for one (1) year and a final toxicology report will be released with a "Testing not performed" notation on it. Your bill will reflect a charge for storage only, which will be credited when a testing order is received.

If you have questions regarding an affidavit your agency has received, please contact our Lab Client Support group using our website at www.axisfortox.com, via email at labclientsupport@axisfortox.com, or via phone at 317-759-4TOX.

SHIPPING

Each toxicology kit box submitted to Axis should contain only a single case (which includes specimens and a requisition form from one decedent/specimen donor). Combining cases in one toxicology kit box can lead to incorrect testing, slower turnaround times and specimen misplacement. Please use the provided box, seal and biohazard bag to properly secure the case for shipping.

Clients are encouraged to ship specimens as soon after collection as possible. If specimens must be stored at the collection facility, please ensure they are refrigerated. Overnight delivery is recommended for all specimen types. Samples shipped on Fridays should be marked for priority overnight and Saturday delivery. Axis accepts shipments Monday through Saturday and encourages prompt shipping of collected cases.

According to the latest available information, the following criteria are to be met when sending a Category B specimen, either through the U.S. Mail or via private courier services:

- Primary Container: The labeled primary specimen container must be securely sealed, crushproof, and liquid-tight (leak-proof). In most cases, the primary container will be a stoppered tube, or screw-top bottle. Affix a biohazard symbol to the primary container.
- Secondary Container: Each primary container is to be placed in a secondary container. The secondary container must contain enough absorbent material to absorb the entire liquid contents of the primary container if it should break in transit. All shipping containers must be packaged to fully contain leakage/spillage in accordance with applicable federal laws.
- Required Documents: Requisitions and other documents (i.e. manifest, chain of custody forms, etc.) are to be placed in a separate pouch or separate sealed plastic bag and must be shipped in the same box containing the specimens.
- External Shipping Label: The outer container must be labeled and sealed to indicate that it contains potentially hazardous materials. Labels to identify Exempt Human Specimen or UN3373 specimens must be affixed to the outer container. If dry ice is used this must be noted as dangerous goods on the outer box. Compliance with U.S. Postal and/or commercial carrier requirements is necessary.

For further information regarding Category A specimens, refer to the Center for Disease Control and Prevention and the Packaging Division Materials Guide. Should you have a Category A specimen, please contact Axis' labclientsupport@axisfortox.com to discuss your needs.

Axis receives the majority of its specimens after they have been shipped at ambient temperatures. If specimens are to be shipped at any temperature other than ambient, specific instructions will be prepared on a client- or project-specific basis. Please refer to our test catalog at www.axisfortox.com for special shipping requirements, if applicable.

A blood manifest must be included with each overwrap bag. *The manifest must list each requisition or case number included in the overpack bag.*

Please utilize FedEx as your primary courier for shipping specimens to Axis. Your supplies include shipping materials and prepaid Fedex labels for submitting your specimens. Please utilize them to ensure prompt and accurate delivery. If you do not have a standing Fedex pickup but anticipate sending specimens 3 or more days per week, we would be happy to assist you in setting up a standing pickup. Other options include calling for pickup or use a FedEx Drop Box. Locations can be looked up at https://local.fedex.com/.

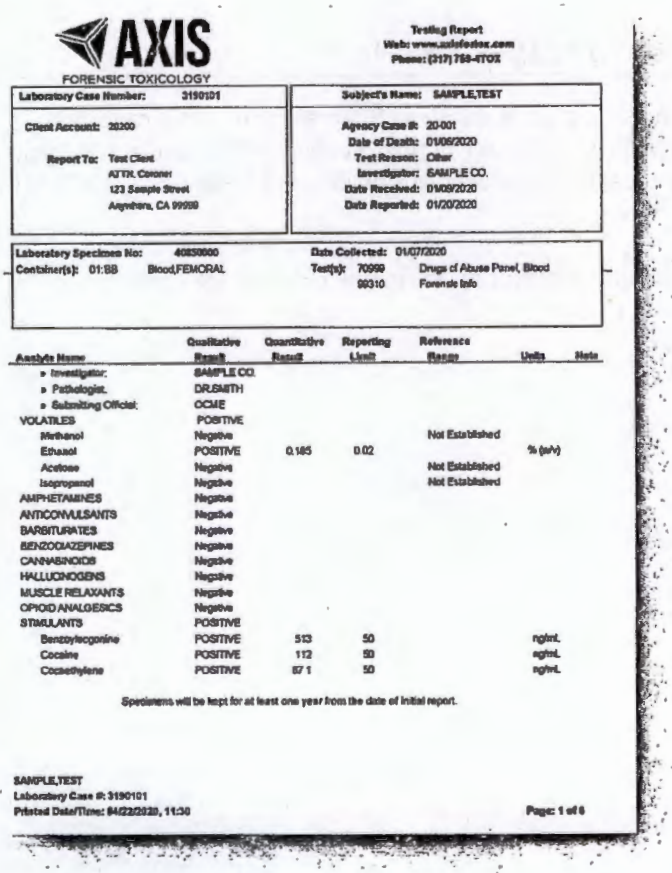
RESULTS REPORTING

Axis will release the final toxicology report once all testing has been completed, certified, and reviewed by a toxicologist. Toxicology reports from Axis contain all information provided by the client to identify the case and its source.

Information includes:

- Agency name and address of client
- Name of subject
- Case number/autopsy number
- Date of death/autopsy
- Date specimens received and date of report
- Identification of all case specimens
- Identification of testing performed (test code and test name)
- Quantitative/Qualitative test results for all case specimens
- Reference ranges (therapeutic), if available, for all test results
- Signature of certifying toxicologist

Each specimen will report on a new page for ease of review. If testing was continued from one specimen container to another, the specimen page will include a comment to that effect.



AXIS FORENSIC TOXICOLOGY

Testing Report
Web: www.axisfortox.com
Phone: (317) 759-4TOX

Laboratory Case Number: 3190101
Subject's Name: SAMPLE,TEST

Client Account: 20300
Report To: Test Client
AITX Coroner
123 Sample Street
Anywhere, CA 99999

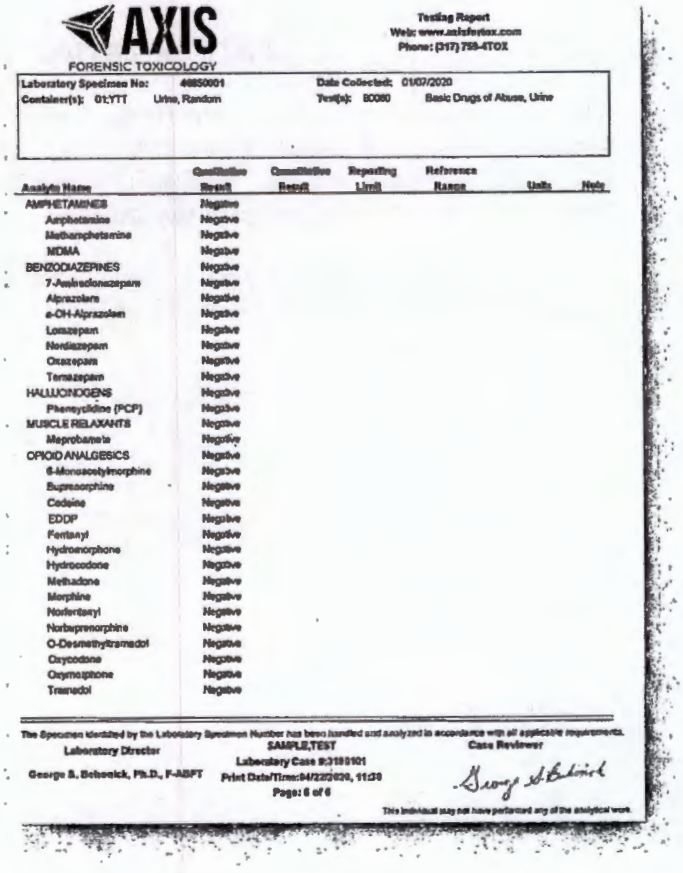
Agency Case #: 20-001
Date of Death: 01/06/2020
Test Reason: Other
Investigator: SAMPLE CO.
Date Received: 01/09/2020
Date Reported: 01/20/2020

Laboratory Specimen No: 40850000
Container(s): 01:BB Blood,FEMORAL
Date Collected: 01/07/2020
Test(s): 70099 Drugs of Abuse Panel, Blood
80310 Forensic Info

Analyte Name	Qualitative Result	Quantitative Result	Reporting Limit	Reference Range	Units	Note
» Investigator:	SAMPLE CO.					
» Pathologist:	DR.SMITH					
» Submitting Office:	OCME					
VOLATILES	POSITIVE					
Methanol	Negative			Not Established		
Ethanol	POSITIVE	0.185	0.02		% (w/v)	
Acetone	Negative			Not Established		
Isopropanol	Negative			Not Established		
AMPHETAMINES	Negative					
ANTICONVULSANTS	Negative					
BARBITURATES	Negative					
BENZODIAZEPINES	Negative					
CANNABINOIDS	Negative					
HALLUCINOGENS	Negative					
MUSCLE RELAXANTS	Negative					
OPIOID ANALGESICS	Negative					
STIMULANTS	POSITIVE					
Benzoylecgonine	POSITIVE	513	50		ng/mL	
Cocaine	POSITIVE	112	50		ng/mL	
Cocaethylene	POSITIVE	67.1	50		ng/mL	

Specimens will be kept for at least one year from the date of initial report.

SAMPLE,TEST
Laboratory Case #: 3190101
Printed Date/Time: 04/22/2020, 11:30
Page: 1 of 6



AXIS FORENSIC TOXICOLOGY

Testing Report
Web: www.axisfortox.com
Phone: (317) 759-4TOX

Laboratory Specimen No: 40850001
Container(s): 01:YTT Urine, Random
Date Collected: 01/07/2020
Test(s): 80080 Basic Drugs of Abuse, Urine

Analyte Name	Qualitative Result	Quantitative Result	Reporting Limit	Reference Range	Units	Note
AMPHETAMINES	Negative					
Amphetamine	Negative					
Methamphetamine	Negative					
MDMA	Negative					
BENZODIAZEPINES	Negative					
7-Aminoclonazepam	Negative					
Alprazolam	Negative					
a-OH-Alprazolam	Negative					
Lorazepam	Negative					
Nordiazepam	Negative					
Oxazepam	Negative					
Temazepam	Negative					
HALLUCINOGENS	Negative					
Phencyclidine (PCP)	Negative					
MUSCLE RELAXANTS	Negative					
Meprobamate	Negative					
OPIOID ANALGESICS	Negative					
6-Monoacetylmorphine	Negative					
Buprenorphine	Negative					
Codeine	Negative					
EDDP	Negative					
Fentanyl	Negative					
Hydromorphone	Negative					
Hydrocodone	Negative					
Methadone	Negative					
Morphine	Negative					
Norfentanyl	Negative					
Norbuprenorphine	Negative					
O-Desmethyltramadol	Negative					
Oxycodone	Negative					
Oxymorphone	Negative					
Tramadol	Negative					

The Specimen identified by the Laboratory Specimen Number has been handled and analyzed in accordance with all applicable requirements.

Laboratory Director: George S. Behonick, Ph.D., F-ABFT
SAMPLE,TEST
Laboratory Case #: 3190101
Print Date/Time: 04/22/2020, 11:30
Page: 6 of 6
Case Reviewer

This individual may not have performed any of the analytical work.

CASE MANAGEMENT PORTAL

Axis' Portal provides clients with a secure and easily accessible way to view the status of cases sent for testing and view/print toxicology reports that have been completed. Portal access may be requested at any time by filling out section 4a of the Account Information Form and returning it via email to supplies@axisfortox.com or faxing it to 317-481-8872. A unique web portal account will be set up for each requested user (logins should not be shared) and there is no limit to the number of accounts that can be set up. *If there is a change in personnel, please notify us so that the Portal account can be deactivated.*

After a Portal account has been set up in our system, two separate emails from **NoReply@axisfortox.com** will be sent with a web portal username and a temporary password to begin checking case status and accessing reports. *Please make sure your email provider does not flag these emails as spam.*

Once the emails are received, the portal may be accessed by going to www.axisfortox.com and clicking on "Portal" in the upper right-hand corner of our website.

Portal users will receive an email notification if there are unviewed reports. Therefore, it is very important to view all reports in the Portal. The notification includes a link to our detailed Case Management Portal User Guide. If you prefer not to receive notifications, please contact the Portal team to unsubscribe.

For additional Portal assistance or information, please contact the Portal team at www.axisfortox.com, via email at portal@axisfortox.com, or by phone at 317-759-4TOX.

AUTHORIZATION TO RECEIVE INFORMATION

Axis routinely receives inquiries from third parties for access to information and/or specimens. Axis requires a subpoena or client authorization to satisfy these requests. Authorization can be provided on the requisition form or by notifying Axis in writing. The Case Release Form is ideal for this purpose, which is available from Lab Client Support at labclientsupport@axisfortox.com.

If you have personnel changes, please complete a new Account Information Form and return it via email to supplies@axisfortox.com or fax it to 317-481-8872.

TESTING SUPPORT

LAB CLIENT SUPPORT

The Lab Client Support team is comprised of laboratory experts that can assist you when inquiring about:

- Panel/test add-ons
- Checking the status of a case in progress
- Specimen submission questions
- Test Code inquiries (for tests not found on the Test Catalog at www.axisfortox.com)
- All other testing-related inquiries

To ensure a quick and efficient process, please provide one or more of the following information when inquiring about a case:

- Your 5-digit client account number
- Subject's name
- Axis Requisition number (found in the upper right-hand corner of the requisition)
- Laboratory Case number (found at the top of completed toxicology reports)

Please contact our Lab Client Support team at www.axisfortox.com, via email at labclientsupport@axisfortox.com, or via phone at 317-759-4TOX.

TOXICOLOGISTS

Axis has board-certified toxicologists available for consultation, who are qualified as experts in numerous courts of law, including federal, state, and local courts. With collective experience in drug analysis, forensic toxicology, and forensic sciences, they have collectively testified in hundreds of cases.

Axis' toxicologists are involved with the laboratory's Research and Development department and their work has been published in distinguished scientific journals such as the American Academy of Forensic Sciences Journal of Forensic Science (JFS) and the Journal of Analytical Toxicology (JAT), and at the annual Society of Forensic Toxicologists (SOFT) Conference.

The toxicologists are available during business hours (8AM-5PM EST) and may be reached via our website at www.axisfortox.com, via email at toxicologists@axisfortox.com, or via phone at 317-759-4TOX.

TURNAROUND TIME

Axis understands that your community and families expect quick response from you and we strive to be your partner in timely service as well as quality. Specimens are processed upon receipt of complete submissions and test results are reported to the client as soon as possible. Turnaround time varies depending on the nature of the request and the amount of time required to perform testing. Typical turnaround time for cases (blood, urine, and vitreous fluid) is ten (10) business days from date of receipt.

SUPPLIES

Supplies for case submission are provided to Axis clients free of charge. Once an account has been set up with Axis, our Supply group will contact you to set up an initial supply order containing the submission containers, shipping labels, shipping bags, and requisitions to be shipped to your agency so cases may be sent to us directly.

SUPPLY QUANTITIES AND ORDERING

Some supplies may have an expiration date. To ensure the shelf life of the submission containers and the integrity of the samples submitted, the nature and quantity of the supplies provided will depend upon the type and volume of cases/specimens being sent to Axis for testing. Additional supplies may be ordered on our website at www.axisfortox.com, via email at supplies@axisfortox.com, or via phone at 317-759-4TOX.

SUBMISSION AND SHIPPING MATERIALS

Axis can provide the materials listed below in addition to the requisition form, specimen bag, security seals, specimen volume instruction sheet, and blood manifest form. Shipping materials such as FedEx PrePaid return labels and FedEx Overpak bags are also provided at no charge. FedEx Overnight service is available to arrange pick-up for you as needed. If you will be regularly submitting cases three or more days per week and do not already have a scheduled FedEx pickup, Axis can assist you in setting one up. Please refer to the Toxicology Submission Instructions in this packet for case submission instructions using these supplies.

Axis encourages the use of its standard kit, as follows, with its whole case panels to generate a more complete picture of the case:

Container Type	Description	Matrix
30 mL bottle	Sodium fluoride and EDTA preservatives	Blood/Gastric
6 mL grey top tubes	Sodium fluoride and potassium oxalate preservatives	Blood
10 mL yellow top tube	No preservative	Urine/Bile
6 mL clear top tube	No preservative	Vitreous Fluid

Axis can also provide as needed:

Container Type	Description	Matrix
30 mL bottle	No additive	Tissue
7 mL royal blue top tube	Silicone Coated, EDTA – non-metals tube for metals testing	Blood

We understand that not all toxicology case needs are the same and the supplies needed may vary depending on the type of test being requested. For that reason, Axis will work with the client to ensure the supplies shipped will meet the client's needs. Please contact our Supplies team to discuss additional supply options, including recurring/standing orders.

ADDITIONAL LABORATORY SERVICES

Axis Forensic Toxicology provides services complementary to our standard human forensic toxicology testing.

EXPERT CONSULTATION AND TESTIMONY

Axis can provide our board certified toxicologists for neutral testimony via telephone, videoconference, or in person if required by the court. Axis provides a Litigation Specialist who will assist with the needs concerning testimony (i.e. subpoenas, litigation packages, and scheduling testimony). Please email litigation@axisfortox.com or call 317-759-4TOX.

NON-ROUTINE ANALYSIS

Axis can provide non-routine and trace analysis testing for non-biological specimens such as syringes, residues, tablets, pills, capsules, liquids, or other circumstantial evidence found at the scene. Please contact Lab Client Support group on our website at www.axisfortox.com, via email at labclientsupport@axisfortox.com, or via phone at 317-759-4TOX, to receive more information.

SPECIMEN STORAGE AND RETURN

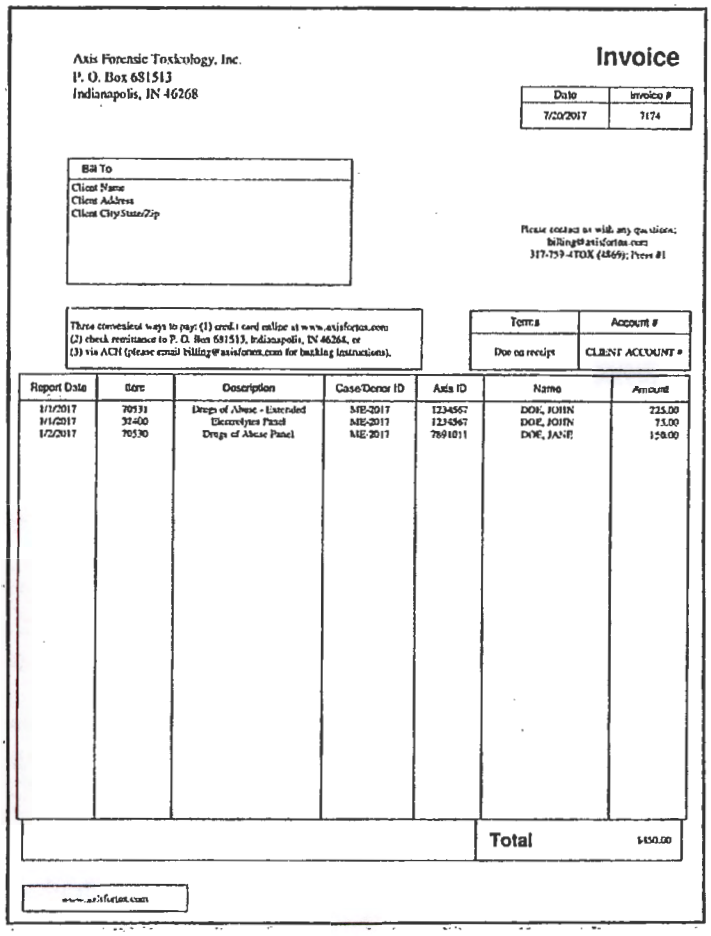
Once toxicology testing is complete, Axis will preserve the case and any remaining specimen volume that was not exhausted during testing for a minimum of one (1) year after the last toxicology report date in long term storage. Extended specimen storage is available for an additional fee. Please contact the Lab Client Support group for pricing and information regarding extended specimen storage.

Axis can also return a case and any remaining specimen volume that was not exhausted during testing (includes specimens that were submitted but not tested) to the client upon completion of testing for an additional fee. Please contact the Lab Client Support group on our website at www.axisfortox.com, via email at labclientsupport@axisfortox.com, or via phone at 317-759-4TOX, for pricing and information regarding case return.

BILLING

INVOICE DEMOGRAPHICS

Billing demographic information may be updated using Section 2 of the Axis Account Information Form. For a copy, please contact Billing via email at billing@axisfortox.com or via phone at 317-759-4TOX.



Axis Forensic Toxicology, Inc.
P. O. Box 681513
Indianapolis, IN 46268

Invoice

Date	Invoice #
7/20/2017	3174

Bill To
Client Name
Client Address
Client City/State/Zip

Please contact us with any questions:
billing@axisfortox.com
317-759-4TOX (4869); Press #1

Three convenient ways to pay: (1) credit card online at www.axisfortox.com (2) check remittance to P. O. Box 681513, Indianapolis, IN 46268, or (3) via ACH (please email billing@axisfortox.com for banking instructions).

Terms	Account #
Due on receipt	CLIENT ACCOUNT #

Report Date	Code	Description	Case/Donor ID	Axis ID	Name	Amount
1/1/2017	70533	Drugs of Abuse - Extended	ME-2017	1234567	DOE, JOHN	225.00
1/1/2017	70400	Electrolytes Panel	ME-2017	1234567	DOE, JOHN	75.00
1/2/2017	70530	Drugs of Abuse Panel	ME-2017	7891011	DOE, JANE	150.00

Total $450.00

www.axisfortox.com

BILLING/INVOICING

Client invoices are sent weekly for the prior week's reported cases/tests and the terms of payment are *Due Upon Receipt.* Invoices contain the following information:

- Axis' name and remittance address
- Invoice date
- Axis Client Account ID
- Name of the decedent
- Date of service (toxicology case report date)
- Laboratory order number
- Test(s) order code and description
- Charges

PAYMENT OPTIONS

Axis provides three (3) convenient ways to pay:

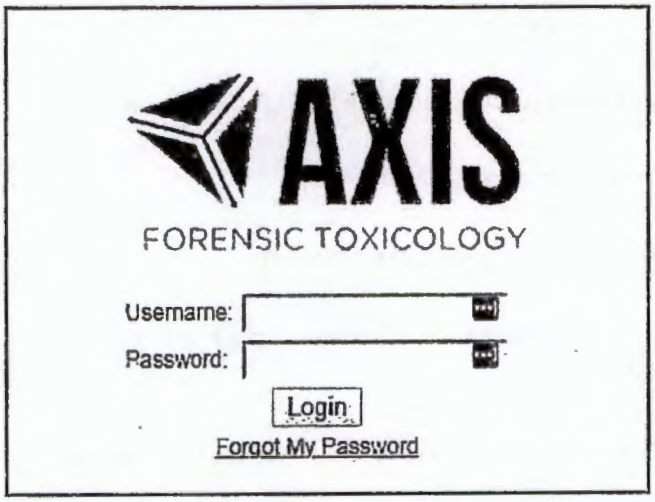
- Online via credit card by going to www.axisfortox.com and clicking on "Payments." All credit card carriers accepted.
- Check remittance to Axis Forensic Toxicology, P.O. Box 681513, Indianapolis, IN 46268.
- Via ACH/EFT payment. Please email billing@axisfortox.com or call 317-759-4TOX to set up this payment option.

All billing questions can be directed to the Billing team at billing@axisfortox.com or 317-759-4TOX.

Axis Case Management Portal Documentation

Login

In order to access the login page, click the ***PORTAL*** link at the top of the main website www.axisfortox.com.



To login, enter your username and password, and then click the ***Login*** button.

Forgotten Password

If you have forgotten your password, you can reset it from the login page. Enter your Username in the login field and click the ***Forgot My Password*** link. An email will be sent to the email address associated with the account with a temporary password. Upon logging in with this password, you will be asked to set a new permanent password. If your access has already been suspended do to multiple failed logins, you will need to contact portal@axisfortox.com, to have it reinstated.

Logout

When finished with your session, we recommend that you logout. To do this, simply click the Exit button in the upper-right corner.

Case Results

	Agency Case	Work Order	Col. Date	Rpt. Date	Subject Name	Subject DOB		Report Status	Form
☐	123456	3152934	08/14/2018		N/G,N/G			In Progress	
☐	TESTKA	3147982	05/29/2018	05/29/2018	TESTKA,TESTKA		●	Report	
☐	TESTKA	3147983	05/29/2018	05/29/2018	TESTKA,TESTKA		●	Missing Info: AC02	
☐	N/R	3147305	05/14/2018	05/16/2018	TESTCN,TESTCN		●	Report	
☐	N/R	3147325	05/14/2018	05/17/2018	TESTCN,TESTCN		●	Report	

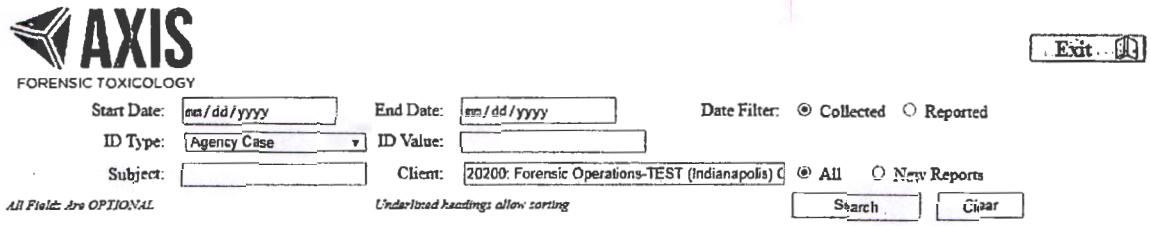
Once logged in, you will be presented with the main case report list and all of the search options. For easy and simple access to your results, each row represents the entire case, not just a single specimen. By default the results are sorted by Collection Date descending. Additional sorting options are explained in detail later in the ***Sorting Results*** section of this guide.

Each Case in our system is displayed with the following data points:

- Agency Case Number
  - Typically the case number from your client site.
- Work Order
  - The internal number used by Axis to track your case through the laboratory.
- Col. Date
  - The collection date of your case (format: MM/DD/YYYY)
- Rpt. Date
  - The latest report date for your case (format: MM/DD/YYYY)
- Subject Name
  - The name entered for the case, based on the information from the Requisition form (format: LAST NAME,FIRST NAME)
- Subject DOB
  - If the Subject's Date of Birth is provided, it will be listed here (format: MM/DD/YYYY)
- Report Status
  - This field has two parts: a colored circle that indicates a case's status as well as a text-based answer. If no circle is present then the case is still In Progress. A red circle  indicates the case has an active affidavit present and requires additional information. A code is also provided to indicate the nature of the affidavit. You can hover your mouse cursor over this code for more information. If an affidavit is active, a scan of the requisition form is provided in the "Form" column. A green circle  indicates that the case has been completed and the report is available for review. Click on ***Report*** to view your report.
- Form
  - In the event an affidavit is placed on your case, a link will be provided here to allow you to review the requisition form we received.

Additionally, we display any cases that have not yet been viewed as highlighted in blue. Once a report has been opened or downloaded, it will display without any highlighting, allowing you to find any unviewed cases very quickly. You may also choose to mark cases as unviewed by using the first column's checkboxes and clicking the ***Mark as UnRead*** button at the bottom of your case list. Additionally, you can choose to mark multiple cases as viewed by using the ***Print Selected*** button. This button will combine all selected cases into a single PDF file while marking them as viewed.

Searching & Filtering Results



In the Axis Case Management Portal, you can filter your results in a number of different ways:

- Searching by Date Range (Date Collected/Date Reported)
  - Enter in the start and end date (format: MM/DD/YYYY) or use the date picker to select the dates you desire for your search. Then use the radio buttons to indicate if the chosen date range is for Collection Date or Reported Date.
- Searching by Agency Case Number
  - Select "Agency Case" from the ID Type, then enter the Agency Case number in the ID Value field.
- Searching by Work Order
  - Select "Work Order" from the ID Type, then enter the Work Order number in the ID Value field.
- Searching by Requisition Number (FC******)
  - Select "Requisition" from the ID Type, then enter the Requisition number in the ID Value field.
- Searching by Subject Name
  - Enter the Subject's last name in the Subject field. All subject names are stored as LAST NAME,FIRST NAME (ex. SMITH,JOHN)
- Searching by Client/Account
  - If you have access to multiple accounts, you can select a specific account to search using the Client dropdown. You can also opt to search on All clients. If you only have access to a single account, you will not have the option to select clients.
- Searching by New/All Reports
  - Use the radio buttons to select All or New Reports.

After entering in your search criteria, click the ***Search*** button to execute your search. All search fields are optional, so you may choose to only search on one or two fields only.

Sorting Results

Column sorting is enabled for the following columns:

- Agency Case Number
- Work Order Number
- Collection Date
- Report Name
- Subject Name

You can choose to sort by any of these fields by clicking on the underlined column name. To switch sorting from descending to ascending (or vice versa) simply click the column name again.

Frequently Asked Questions

"Is there a way to turn off the unviewed email notification emails?"

Yes, we have implemented an unsubscribe list that will allow any user to opt-out of the daily unviewed report notifications. To add a user to this list, simply send an email to portal@axisfortox.com with the web portal username and/or email address associated with the case management portal account you would like to have updated.

"All of my cases are marked as viewed, but I am still getting unviewed case notifications. How do I make sure all cases have been marked as viewed?"

During the transition from a specimen-based to a case-based listing, there were some cases left in a "partially viewed" state. If you believe to have all cases marked as viewed, but you are still getting email notifications, please contact portal@axisfortox.com with the web portal username and/or email address associated and we can correct this.

"Why are some cases available to be seen with an In Progress status while others do not appear until they report out?"

You will only see cases in progress if you have access to the account under which the case was accessioned. If you are added as a "Copy To" or secondary recipient of a case, then you will only see the case report when it is complete. For example, a case that is accessioned under Account A with a copy-to of Account B will be visible right away as "In Progress" to users with access to Account A. Users with access to Account B will see the report in their portal once it has been released.

Need Help?

If you have any questions regarding your portal account, please contact us at portal@axisfortox.com or 317.759.4TOX

Board of County Commissioners
St. Johns County, Florida

INVITATION FOR BIDS NO: 2660R

Toxicology Testing

St. Johns County Purchasing Department
4040 Lewis Speedway
St. Augustine FL 32084
(904) 209-0150
www.sjcfl.us/Purchasing/

FINAL: 05/26/26

IFB 2660R; Toxicology Testing

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Attachment D – List of Proposed Sub-Contractor(s)
Attachment E – Conflict of Interest Disclosure Form
Attachment F – Drug-Free Workplace Form
Attachment G – Claims, Liens, Litigation History
Attachment H– Non-collusion Certification
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Sealed Bid Mailing Label

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PART I – GENERAL TERMS AND CONDITIONS

1) DEFINITIONS

Terms used within this Invitation for Bids ("IFB") shall have the meaning as set forth in the St. Johns County Purchasing Policy ("Policy"), or as otherwise defined herein. Any definition provided herein, shall govern the definitions provided in the Policy.

2) PURPOSE & INTENT

The purpose for this IFB is to solicit Bids from qualified Bidders, to provide Toxicology Testing Services on an as needed basis.

3) COMPLIANCE WITH ST. JOHNS COUNTY PURCHASING POLICY

All provisions of the Policy and associated procedures are incorporated into the IFB Documents by reference and are fully binding. Bidders are required to submit their Bids, and to conduct their activities in accordance with the Policy and associated procedures.

4) BIDDER'S REPRESENTATION

By submitting a Bid, each Bidder represents and warrants that Bidder has read and understands all information and requirements provided herein, and that Bidder is familiar with and understands all conditions related to the work specified herein, and the submitted Bid is based upon all necessary considerations to perform the work in accordance with all specifications and requirements provided herein, or as otherwise provided in an Addendum. Bidder also represents that any and all costs associated with performing the specified work are included in the submitted Bid.

5) IFB DOCUMENTS

The IFB Documents are those documents which shall govern the solicitation, submittal, consideration, and award of submitted Bid(s), which generally includes, but is not limited to: IFB Documents, Specifications, Plans, Drawings, and all issued Addenda.

IFB Documents may be obtained from www.demandstar.com or SJC Purchasing Department. The IFB Documents shall be used by Bidders to prepare their Bid for submittal. St. Johns County ("County") shall not assume any responsibility for errors or misrepresentations resulting from the use of complete or incomplete sets of IFB Documents. The County, in making the IFB Documents available, do so only for the purpose of obtaining Bids for the specified purpose and do not confer a license or grant for any other use.

6) INTERPRETATION OR CORRECTION OF IFB DOCUMENTS

Bidders shall promptly notify the Designated Point of Contact of any ambiguity, inconsistency, or error which they may discover upon examination of the IFB Documents or of the site and local conditions. Bidders requiring clarification or interpretation of the IFB Documents shall make a written request to the Designated Point of Contact by or before the deadline for questions as provided herein.

An interpretation, correction or change of the IFB Documents will be made by Addendum. Interpretations, corrections, or changes of the IFB Documents made in any other manner will not be binding, and Bidders must not rely upon such interpretations, corrections, or changes. No change will be made to the IFB Documents by the County less than seven (7) days prior to the submittal deadline for Bids. The County, however, reserves the right to issue addendums at any time prior to the submittal deadline for Bids in order to serve the best interest of the County.

7) SUBSTITUTIONS

The materials, products and equipment described in the IFB Documents establish a standard of required function, dimension, appearance, and quality to be met by any proposed substitution. No substitution will be considered

unless written request for approval has been received by the Designated Point of Contact at least fourteen (14) calendar days prior to the submittal deadline for Bids. Each such request shall include the name of the material or equipment for which it is to be substituted and a complete description of the proposed substitute, including drawings, cuts, performance and testing data, and any other information necessary for an evaluation. A statement setting forth any changes in other materials, equipment or work that incorporation of the substitute would require must also be included. The burden of proof of the merit of the proposed substitute is upon the proposer of the substitute. The Project Manager's approval or disapproval of the proposed substitution shall be final.

If County Staff approve of any proposed substitution, such approval will be set forth in an Addendum. Bidders must not rely upon approval made in any other manner.

8) DESIGNATED POINT OF CONTACT

The County's Designated Point of Contact for this IFB is Kayla Lauro, Procurement Coordinator, St. Johns County Purchasing Department. Any and all questions and/or inquiries shall be directed to Kayla Laruo, ***in writing***, via email klauro@sjcfl.us In the event the Designated Point of Contact is absent or otherwise unavailable for more than three (3) business days, firms may contact Jennifer McDaniel, Procurement Coordinator at jmcdaniel@sjcfl.us.

9) LOBBYING PROHIBITION

In accordance with Section 9 of the Policy, Bidders **SHALL NOT** contact any staff member of the County, including members of the Board of County Commissioners, except the above-mentioned Designated Point of Contact with regard to this Invitation for Bids. Any such communication is a violation of the Policy and shall result in disqualification and removal from consideration for award under this IFB.

10) QUESTIONS

Any and all questions related to this project shall be directed, ***in writing***, to the Designated Point of Contact. Questions are due no later than four o'clock **(4:00PM) EST** on **Tuesday, June 02, 2026,** so that any necessary addenda may be issued in a timely manner. Any questions received after the deadline will not be answered unless previously approved by the SJC Purchasing Manager or other designated County Representative.

11) ADDENDA

Any change, clarification, revision, deletion, additional documents, or information provided by the County after broadcast of this IFB will be provided via Addendum and posted to Demandstar (www.demandstar.com) with the IFB Documents. All planholders for this IFB will be notified of the posted addendum by Demandstar. Planholders may access and download issued Addenda for inclusion in their submitted Bid. Bidders may also request an issued addenda from the Designated Point of Contact, in writing. It is the responsibility of the Bidder to acquire any addenda issued by the County. The County is not responsible for a Bidder's failure to obtain any issued Addendum.

Bidders are responsible for incorporating any and all changes, clarifications, revisions, deletions, additional documents, and information provided by Addendum into the submitted Bid. Failure by the Bidder to appropriately consider and incorporate the addenda into their submitted Bid may cause the submitted Bid to be considered non-responsive and removed from further consideration. It shall be the sole discretion of the Purchasing Manager or Assistant Director of Purchasing and Contracts to determine whether or not an Addendum is material to the submitted Bid, resulting in disqualification and removal from consideration for award.

Each Bidder shall acknowledge all issued Addenda in the submitted Bid in the space provided on the Official County Bid Form, and completing and submitting **Attachment "K" – Acknowledgement of Addenda** with the sealed Bid.

12) BID SUBMITTAL REQUIREMENTS

The submittal deadline for Bids shall be no later than two o'clock **2:00PM EST on Wednesday, June 17, 2026, ("Submittal Deadline").** Bids must be submitted to:

SJC Purchasing Department
4040 Lewis Speedway
St. Augustine, FL 32084

Each Bidder must submit one (1) original hard copy, on the required forms provided herein, in a sealed envelope or container plainly marked with the Bidder's full legal company name, mailing address, and recite: "**IFB 2660R; Toxicology Testing**". A mailing label has been provided herein for Bidders to use to identify their Bid.

All required forms and attachments, including the Official County Bid Form, must be completed, and all required information provided. Information must be typewritten or manually written in blue or black ink. Each Bid must include the Bidder's full legal company name, mailing address, telephone number, and must identify whether the Bidder is a sole proprietor, partnership, corporation, or other legal entity. **The submitted Bid should NOT include a full copy of the IFB General Terms and Conditions.**

Bidder shall assume full responsibility for timely delivery of their submitted Bid at the location designated above for receipt of Bids. Bids shall be delivered to the designated location prior to the submittal deadline provided above, or as revised by addendum. Bids received after the established submittal deadline will not be considered and will be returned to the sender unopened.

All mail delivered to the County is processed through SJC Central Receiving. Bidders must factor in the additional time for processing when mailing their submitted Bids to the County. Any Bids that are not delivered to the SJC Purchasing Department by the deadline above, shall not be considered, even if the Bid is delivered to SJC Central Receiving prior to the deadline above. SJC Purchasing is not responsible for Bids that are delayed in delivery due to mail processing activities of the County's Central Receiving Office.

Additionally, the County is not responsible for Bids that are incorrectly labeled, addressed, mailed, or otherwise delivered to an incorrect location other than the SJC Purchasing Department. Any such Bid that is not received in the SJC Purchasing Department shall be returned to the Bidder, unopened.

Bidders must only submit one (1) Bid in response to this IFB. Oral, telephonic, telegraphic, or electronic Bids are invalid and will not receive consideration.

Where so indicated by the makeup of the Bid Form, sums shall be expressed in both words and numerals, and in the case of a discrepancy between the two, the amount expressed in words shall govern. Additionally, where there are unit prices and extended prices, the unit prices shall govern over extended pricing.

Any interlineations, alterations, or erasures by the Bidder on the Bid Form must be initialed by the signer of the Bid. Failure to do so may cause the Bid to be considered non-responsive.

Bidder shall make no stipulation on the Bid Form, nor qualify the submitted Bid in any manner. To do so will classify the Bid as being non-responsive.

Any submitted Bid must be signed by a principal of the Bidder, or other legally authorized to bind the Bidder to a contract. In the event the Bid is signed by a representative who is not a principal of the Bidder, a Delegation of Authority Letter must be submitted with the Bid, stating the delegation of authority by principal(s), owner(s), or officer(s) of the Bidder for the signing representative. The delegation of authority must be signed by the principal/owner/officer of the Bidder and must state the limits and duration of the delegation to the signing representative.

A Bid submitted by an agent must have a current Power of Attorney attached, certifying the agent's authority to bind the Bidder.

All Bids submitted in response to this IFB shall become the property of the County and will not be returned to the Bidders. In the event of an award, all documentation produced as part of the award shall become exclusive property of the County.

13) BID POSTPONEMENT/CANCELLATION

The County may, at its sole and absolute discretion, postpone or cancel this IFB, and/or resolicit Bids in order to serve the best interest of the County.

14) MODIFICATION OR WITHDRAWAL OF BID

A submitted Bid may not be modified, withdrawn, or canceled by the Bidder after the submittal deadline specified herein.

Prior to the submittal deadline for Bids, a Bid submitted early may be modified or withdrawn only by written notice to the Designated Point of Contact. Upon notice from a Bidder to modify or withdraw a submitted Bid, provided such notice is received prior to the submittal deadline for Bids, the County shall return the Bid to the Bidder unopened. Any modified Bids must be submitted prior to the submittal deadline specified herein, in order to be considered.

15) COSTS INCURRED BY BIDDERS

Bidders are responsible for any and all costs associated with developing and submitting a Bid in response to this IFB. Additionally, Bidders are solely responsible for any and all costs associated with providing any subsequent information requested by the County, attending any meetings with the County, and any other activities related to this solicitation and subsequent award proceedings. It is expressly understood, no Bidder may seek or claim any award and/or reimbursement from the County for any expenses, costs, and/or fees (including attorney's fees) borne by any Bidder, during the IFB process. Such expenses, costs, and/or fees (including attorney's fees) are the sole responsibility of the Bidder.

16) CONSIDERATION OF BIDS

Opening of Bids: Unless stated otherwise in an Addendum, Bids received by or before the submittal deadline will be opened publicly, immediately after the submittal deadline provided herein. The Bid Tabulation shall be posted to DemandStar, upon verification of Bids and all information.

Rejection of Bids: The County reserves the right to reject any or all Bids that are not materially responsive to the requirements provided herein, or if it is determined to be in the best interest of the County. The County may also waive any minor formality or irregularity of any submitted Bid, provided the minor formality or irregularity does not materially impact the submitted Bid.

Bid Award: It is the intent of the County to award a multi-year contract to the lowest, responsive, responsible Bidder(s), based upon the Total Annual Cost and, if applicable, County accepted Alternates.

If an award is made, it will be made within ninety (90) days from the date of the Bid opening, unless stated otherwise in an Addendum. Submitted Bids must remain valid for a minimum of ninety (90) days from the date of the Bid opening and shall be irrevocable during this time unless otherwise agreed to by the County.

If only one (1) Bid is received, the County reserves the right to negotiate with the responding Bidder, if the submitted Bid is responsive to the requirements provided herein. The Bid may also be rejected and the IFB re-advertised, in order to best serve the needs of the County.

17) FORCE MAJEURE

Bidder pledges to provide the specified item(s) barring any delays due to Force Majeure events, which are those events not reasonably foreseeable and beyond the control of both the Bidder and County, including acts of war, terrorist attacks, labor strikes, floods, earthquakes, epidemics, pandemics, riots, adverse weather conditions, natural disasters, and other acts of God.

18) PROTESTS

Any actual Bidder who is aggrieved in connection with the Notice of Intent to award a Contract (Protestor), where such grievance is asserted to be the result of a violation of the requirements of the County's Purchasing Policy and associated procedures, or any applicable provision of law by the officers, agents, or employees of the County, may file a Protest with the Assistant Director of Purchasing & Contracts. The Protest must be submitted in writing, accompanied by security in the form of a Protest Bond, by 4:00PM on the fifth business day following the date of the posting of the Notice of Intent to Award.

19) MINIMUM QUALIFICATIONS

The following are minimum qualification requirements that Bidders must meet in order to be considered responsible to perform the work specified in this IFB. Bidders must submit sufficient documentation in their Bid Submittal, to clearly demonstrate that the Bidder meets or exceeds the following minimum qualification requirements:

a. Must have an active registration with the State of Florida, Department of State, Division of Corporations (www.sunbiz.org); and

b. Supplier must provide a copy of a current Local Business Tax Receipt from St. Johns County or from the local jurisdiction in the State of Florida where the Supplier's permanent business location or branch office is maintained, or provide a written exemption from the SJC Tax Collector's Office. If Supplier does not possess a current Local Business Tax Receipt from St. Johns County or from their local jurisdiction in the State of Florida, as provided above, Supplier must obtain such required Local Business Tax Receipt upon notification of the County's intent to award the Supplier, or must provide a written exemption from the SJC Tax Collector's Office; and

c. Supplier must be accredited per the National Association of Medical Examiners (NAME) standards by CLIA, CAP, or equivalent agency at the time of submission.

Bidders are required to currently hold and provide proof of any and all certifications and licenses required by Federal, State and/or County law, rule, regulation or ordinance in the submitted bid. Proof of qualifications shall be provided by completing and submitting **Attachment "C"** License/Certification List along with a copy of each license and certification listed. All licenses, certifications and pre-qualifications must be valid and current on the date bids are submitted;

FAILURE BY A BIDDER TO PROPERLY DEMONSTRATE MEETING OR EXCEEDING THE MINIMUM QUALIFICATIONS STATED ABOVE IN THEIR SUBMITTED BID SHALL BE GROUNDS FOR DISQUALIFICATION AND REMOVAL FROM FURTHER CONSIDERATION FOR AWARD. THE COUNTY RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION REGARDING THE QUALIFICATIONS AND EXPERIENCE OF ANY BIDDER IN ORDER TO DETERMINE RESPONSIBILITY OF THE BIDDER TO PERFORM THE SPECIFIED SERVICES.

20) PRICING

The pricing specified in the awarded Contract(s) must remain firm for the Initial Term of the awarded Contract.

The awarded Contractor(s) may submit a request for pricing adjustments for County consideration on the annual anniversary of the Contract. Any requested pricing adjustments must be submitted to the County no less than 60 days prior to the anniversary of the Effective Date of the Contract after the Initial Term of three (3) years. The consideration for any price adjustment shall be based upon the current Consumer Price Index (CPI)- All Urban Consumers (CPI-U) but shall at no point exceed four percent (4%) in any given year. The County is under no obligation to grant any requested pricing adjustment. The Contractor is not permitted to combine and/or compound the requested increase in the following year to "make-up" for the previous years.

21) PAYMENT TERMS

Payment terms are Net Forty-Five (45) days, in accordance with Chapter 218.74(2) Florida Statutes.

The County has implemented a registration process for awarded Bidders, which includes Contractors and Consultants even if the Bidder, Contractor, or Consultant is currently or has previously done business with the County. This process is through PaymentWorks, a third-party payee management system. Upon award, Bidder will receive an invitation to register from the County Purchasing Department, via email, which will originate from the PaymentWorks system. If a Bidder has already registered within PaymentWorks, the registration does not have to be done again. The Bidder is responsible for completing the registration process for acceptance by the County,

in order to receive any payments. If there are any questions about this process, Bidders can reach out to Leanne Burke lburke@sjcfl.us

22) INVOICES/ PAYMENTS

The Contractor(s) shall invoice the County for each event within ten (10) business days of providing the service. Invoices which do not reference valid St. Johns County purchase order numbers or which are erroneous (incorrect contract prices, minimum order charges, etc.) shall be returned to the contractor for resolution of the discrepancies. It is the sole responsibility of the Contractor to reconcile the purchase order and the Contractor's invoice and to notify purchasing representative of any discrepancies prior to billing. The Contractor shall submit any invoices to the department placing order upon completion of the approved and authorized services.
Failure to submit invoices in the prescribed manner may delay payment. Unless otherwise notified, invoices should be emailed to kboulos@sjcfl.us or delivered to:

District 23 Medical Examiner
ATTN: Kelly Boulos
4501 Avenue A
St. Augustine, FL 32095

At a minimum, all invoices shall contain the following basic information:

- Contractor Information (Full Legal Name, Address, Phone, Fax)
- Date of Invoice, Invoice Number
- SJC Purchase Order Number, Master Contract Number, Bid Number
- Unit Prices/ Extended Prices/ Total Price of Invoice
- Description of Services Performed

Invoices shall not include separate charges for transportation, mileage, or any other miscellaneous charges. Any invoices received that contain additional costs not approved by the Contract shall go unpaid until corrected invoices are submitted by the Contractor.

23) SUB-CONTRACTORS

Each Bidder shall complete and submit **Attachment "D"**, included herein, identifying all Subcontractors proposed to perform any portion of the Services, or stating that none are proposed

Prior to the award of the Contract, the County will notify the Bidder in writing if the County, after due investigation, has reasonable and substantial objection to any person or organization proposed as a Subcontractor. The Bidder then may, at his option, withdraw his Bid without forfeiture of Bid Security or submit an acceptable substitute at no increase in Bid price. If the Bidder fails to submit an acceptable substitute within seven (7) days of the original notification, the County may then, at its option, disqualify the Bidder, at no cost to the County.

The County reserves the right to disqualify any Contractor, Subcontractor, or Supplier, due to previously documented service problems, either with performance or quality.

Subcontractors and other persons and organizations proposed by the Bidder and accepted by the County, must be used on the services for which they were proposed and accepted and shall not be changed except with the written approval of the County.

24) COOPERATIVE OR PIGGYBACK PURCHASE

Bidders agree that any award made under this IFB constitutes a bid price which may be utilized by any State, County, municipality, or Political Subdivision in the State of Florida under the same terms, process and validity period at this IFB, should the awarded Bidder deem it in their best interest to do so.

25) AWARD AGREEMENT

Unless otherwise provided in the IFB Documents, the awarded Contract will be written on the St. Johns County General Services Agreement. The County's intent is to enter into a five (5) year contract with no renewal options.

26) EXECUTION OF CONTRACT DOCUMENTS

The awarded Contractor shall return signed copies of the Contract Agreement to the SJC Purchasing Department within ten (10) consecutive calendar days of receipt of Notice of Award. St. Johns County shall return a fully executed original copy of the Contract Agreement to the Contractor no later than seven (7) consecutive calendar days after the return of the signed copies from the Contractor.

27) INDEMNIFICATION

Awarded Contractor shall indemnify and hold harmless the County and its officers and employees ("Indemnified Party"), from liabilities, damages, losses and costs, including, but not limited to, reasonable attorney's fees, to the extent caused by the negligence, recklessness, or intentional wrongful misconduct of Contractor and persons employed or utilized by Contractor in the performance of this Contract.

To the extent permitted by, and in accordance with Section 725.06 of the Florida Statues, Contractor further agrees that "damages, losses and costs", includes fines, citations, court judgments, insurance claims, restoration costs or other liability, to the extent caused by the negligence, recklessness, or intentional wrongful misconduct of Contractor and persons employed or utilized by Contractor in performance of the Services.

To the extent permitted by, and in accordance with Section 725.06 of the Florida Statues, for purposes of indemnity, the "persons employed or utilized by Contractor" shall be construed to include, but not be limited to, Contractor, its staff, employees, subcontractors, all deliverers, suppliers, furnishers of materials or services or anyone acting for, on behalf of, or at the request of Contractor.

In Claims against any person or entity indemnified hereunder by an employee of Contractor, any Subcontractor, or subcontractor, anyone directly or indirectly employed by them or anyone for whose acts they may be liable, the indemnification obligation under this Section 11.2 shall not be limited by a limitation on the amount or type of damages, compensation or benefits payable by or for Contractor or any Subcontractor or subcontractor under any workers' compensation acts, disability benefits acts or other employee benefit acts.

Contractor's indemnity and hold harmless obligations hereunder shall extend to all Claims against the County by any third party or third-party beneficiary and all liabilities, damages, losses and costs related thereto.

This indemnification will not be valid in the instance where the loss is caused by the gross negligence, or willful, wanton or intentional misconduct of any Indemnified Party.

Contractor shall further indemnify and hold harmless the County its officers and employees from and against all Claims arising out of any infringement of patent rights or copyrights incident to the use in the performance of the Services or resulting from the incorporation in the Services of any invention, design, process, product, or device not specified in the Contract Documents and shall defend such Claims in connection with any alleged infringement of such rights.

28) CONTRACTOR SAFETY AND HEALTH REQUIREMENTS

The Contractor shall comply with all applicable federal, state, and local laws, regulations, and standards relating to occupational safety and health, including, but not limited to, requirements of the Occupational Safety and Health Administration. The Contractor is solely responsible for the safety of its employees, agents, and subcontractors, including providing required training, personal protective equipment, exposure control measures, and the safe handling, storage, transport, and disposal of biological specimens and hazardous materials associated with toxicology testing. Failure to maintain compliance may be deemed a material breach of the Contract.

29) TERMINATION

Failure on the part of the Contractor to comply with any portion of the duties and obligations under the Contract shall be cause for termination. If the Contractor fails to perform any aspect of the responsibilities described herein, St. Johns County shall provide written notification of any and all items on non-compliance. The Contractor shall then have seven (7) consecutive calendar days to correct any and all items of non-compliance, or take acceptable corrective action, as determined by the County. If the items of non-compliance are not corrected, or acceptable corrective action has not been taken, as determined by the County, within the five (5) consecutive calendar days, the Contract may be terminated by St. Johns County for cause, upon giving seven (7) consecutive calendar days written notice to the Contractor. In the event the County issues more than one (1) Notice of Non-Compliance or Default during the term of the Contract, the County may terminate the Contract, for cause.

The County may terminate the Contract at any time, without cause, upon thirty (30) days written notice to the Contractor of intention to do so.

If, at any time within the first year of the Initial Term, the Contract with the awarded Contractor is terminated by the County, whether for cause or for convenience, the County may, at its sole discretion, enter into a Contract with the second lowest, responsible, responsive Bidder, to perform the remaining Services for that remainder of the Initial Term to prevent a gap in Services for the County, if it serves the best interest of the County to do so.

30) TAXES

Project is subject to Federal Excise and Florida Sales Taxes, which must be included in Bidder's proposal.

31) INSURANCE

The awarded Bidder must not commence work under this Contract until he/she has obtained all insurance required under this section and such insurance has been approved by the County. All insurance policies shall be satisfactory to the County and shall be issued by companies authorized and duly licensed to transact business in the State of Florida. The Bidder shall furnish proof of Insurance to the County prior to the execution of this Contract. Certificates of insurance shall clearly indicate Bidder has obtained insurance of the type, amount, and classification as required by this Contract. Required insurance coverage shall be maintained in force, including coverage for Additional Insureds, until Final Completion of all Work including Warranty Work.

No less than ten (10) days written notice shall be provided to the County prior to cancellation, non-renewal or any material change of required insurance policies. Yearly renewal certificates shall be provided to the County within thirty (30) days of expiration of the current policy.

Certificates must specifically include the County as Additional Insured for all lines of coverage except Workers' Compensation and Professional Liability. A copy of the endorsement must accompany the certificate. Compliance with the foregoing requirements shall not relieve the Bidder of its liability and obligations under this Contract.

Certificate Holder Address: St. Johns County, a political subdivision of the State of Florida
500 San Sebastian View
St. Augustine, FL 32084
Attn: Purchasing Department

The Bidder must procure and maintain during the life of the awarded Contract, Commercial General Liability Insurance with minimum limits of $1,000,000 per occurrence, $2,000,000 aggregate, including bodily injury (including wrongful death), property damage, products, personal & advertising injury, and completed operations. This insurance must provide coverage for all Claims that may arise from the services and/or operations completed under this Contract, whether such services or operations are by Bidder, or anyone directly or indirectly employed by them. Such insurance(s) shall also be primary and non-contributory with regard to insurance carried by the Additional Insureds.

The Bidder must procure and maintain during the life of the awarded Contract, Commercial Automobile Liability Insurance with minimum limits of $2,000,000 combined single limit for bodily injury and property damage liability

and insuring liability arising out of or in any way related directly or indirectly to the ownership, maintenance, or use of any owned, non-owned or rented/hired automobiles. The Automobile Liability policy must be endorsed to include Transportation Pollution Liability insurance, covering materials to be transported by Bidder pursuant to the contract. This coverage may also be provided on the Bidders Pollution Liability policy.

The required insurance limits identified above may be satisfied by a combination of a primary policy and/or Umbrella or Excess Liability Insurance policy. Contractor shall require each lower-tier subcontractor to comply with all insurance requirements appropriate for its scope of work, and any deficiency shall not relieve Contractor of its responsibility herein. Upon written request, Contractor shall provide County with copies of lower-tier subcontractor certificates of insurance.

County reserves the right to adjust the minimum insurance requirements or require additional insurance coverages to address other insurable hazards.

32) EQUAL EMPLOYMENT OPPORTUNITY

In accordance with Federal, State and Local law, the submitting firm shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, or handicap. The submitting Bidder shall be required to comply with all aspects of the American's Disabilities Act (ADA) during the performance of the work.

33) GOVERNING LAWS & REGULATIONS

The Contractor shall be responsible for being familiar and complying with any and all federal, state, and local laws, ordinances, rules and regulations that, in any manner, affect the work required under this contract. The agreement shall be governed by the laws of the State of Florida and St. Johns County both as to interpretation and performance.

34) PROHIBITION AGAINST CONSIDERATION OF SOCIAL, POLITICAL, OR IDEOLOGICAL INTERESTS

Bidders are hereby notified of the provisions of Section 287.05701, Florida Statutes, as amended, that the County will not request documentation of or consider a Bidder's social, political, or ideological interests when determining if the Bidder is a responsible Bidder. Bidders are further notified that the County's governing body shall not give preference to a Bidder based on the Bidder's social, political, or ideological interests.

35) CONVICTED AND DISCRIMINATORY VENDOR LISTS, AND SCRUTINIZED COMPANIES

Contractor warrants that neither it nor any Subcontractor is currently on the convicted vendor list or the discriminatory vendor list maintained pursuant to Sections 287.133 and 287.134 of the Florida Statutes, or on any similar list maintained by any other state or the federal government. Contractor shall immediately notify the County in writing if its ability to perform is compromised in any manner during the term of the Contract.

Section 287.135 of the Florida Statutes prohibits agencies from contracting with companies for goods or services that are on the Scrutinized Companies that Boycott Israel List, or with companies that are engaged in a boycott of Israel, and from contracting with companies for goods or services of $1,000,000 or more that are on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or are engaged in business operations in Cuba or Syria. The lists are created pursuant to §215.473 and §215.4725, F.S. By execution of this Contract, Contractor certifies that it is not listed on the Scrutinized Companies that Boycott Israel List, the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, and is not engaged in a boycott of Israel or engaged in business operations in Cuba or Syria, and understands that pursuant to §287.135, F.S., the submission of a false certification may subject Contractor to civil penalties, attorney's fees, and/or costs. In accordance with §287.135, F.S., the County may terminate this Contract if a false certification has been made, or the Contractor is subsequently placed on any of these lists or engages in a boycott of Israel or is engaged in business operations in Cuba or Syria.

36) COMPLIANCE WITH FLORIDA STATUTE 287.138

Pursuant to 287.138 F.S., effective July 1, 2023, the County may not enter into contracts which grants the Contractor access to personal identifiable information if: 1) the Contractor is owned by the government of a Foreign Country of Concern (as defined by the statute: (b) the government of a Foreign Country of Concern has a controlling interest in the entity; or (c) the Contractor is organized under the law of or has its principal place of business in a Foreign Country of Concern. The County shall be entitled to immediately terminate this Agreement with liability to ensure the County's continued compliance with the statute.

Pursuant to 287.138 F.S., effective January 1, 2024, if Contractor may access, receive, transmit, or maintain personal identifiable information under this Agreement, Contractor must submit a Foreign Entity Affidavit to the County. Additionally, effective July 1, 2025, Contractor shall submit a Foreign Entity Affidavit to the County prior to any renewals of this Agreement. Failure or refusal to submit a Foreign Entity Affidavit shall be cause for immediate termination of this Agreement by the County.

37) PUBLIC RECORDS

A. The cost of reproduction, access to, disclosure, non-disclosure, or exemption of records, data, documents, and/or materials, associated with this Agreement shall be subject to the applicable provisions of the Florida Public Records Law (Chapter 119, Florida Statutes), and other applicable State and Federal provisions. Access to such public records may not be blocked, thwarted, and/or hindered by placing the public records in the possession of a third party, or an unaffiliated party.

B. In accordance with Florida law, to the extent that Bidder's performance under this Contract constitutes an act on behalf of the County, Bidder shall comply with all requirements of Florida's public records law. Specifically, if Bidder is expressly authorized, and acts on behalf of the County under this Agreement, Bidder shall:

(1) Keep and maintain public records that ordinarily and necessarily would be required by the County in order to perform the Services.

(2) Upon request from the County's custodian of public records, provide the County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost as provided in Chapter 119, Florida Statutes, or as otherwise provided by law.

(3) Ensure that public records related to this Agreement that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by applicable law for the duration of this Agreement and following completion of this Agreement if the Bidder does not transfer the records to the County; and

(4) Upon completion of this Agreement, transfer, at no cost, to the County all public records in possession of the Bidder or keep and maintain public records required by the County to perform the Services.

If the Bidder transfers all public records to the County upon completion of this Agreement, the Bidder shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Bidder keeps and maintains public records upon completion of this Agreement, the Bidder shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the County, upon request from the County's custodian of public records, in a format that is compatible with the County's information technology systems.

Failure by the Bidder to comply with the requirements of this section shall be grounds for immediate, unilateral termination of this Agreement by the County.

IF THE BIDDER HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO ITS DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT: 500 SAN SEBASTIAN VIEW, ST. AUGUSTINE, FL 32084, (904) 209-0805, PUBLICRECORDS@SJCFL.US

PART II. SCOPE OF SERVICES

St. Johns County is soliciting Bids from qualified Bidders, to provide Toxicology Testing Services on an as needed basis. Suppliers must be accredited per the National Association of Medical Examiners (NAME) standards by CLIA, CAP, or equivalent agency.

Testing

Supplier shall provide forensic toxicology services for postmortem and investigative specimens, including blood, fluid, tissue, urine, serum, and vitreous, to include Comprehensive Drug Panels, Drugs of Abuse Panels, Psychoactive Substances Panel, Novel and Emerging Substances Panels, Nitazene Analog Testing, Synthetic Cannabinoid Analysis, Electrolyte Panels, and Carbon Monoxide Analysis. The complete list of tests is as follows:

- Comprehensive Drug Panel, Blood*
- Comprehensive Drug Panel, Fluid*
- Comprehensive Drug Panel, Tissue*
- Comprehensive Drug Panel, Vitreous*
- Drugs of Abuse Panel, Blood
- Drugs of Abuse Panel, Fluid
- Drugs of Abuse Panel, Tissue
- Drugs of Abuse Panel, Vitreous
- Psychoactive Substances Panel, Blood
- Psychoactive Substances Panel, Urine
- Novel Emerging Substances, Blood
- Novel Emerging Substances, Urine
- Novel Emerging Substances, Serum
- Novel Emerging Substances, Vitreous
- Nitazene Analog Panel, Blood
- Synthetic Cannabinoids, Blood
- Electrolytes Panel
- Carbon Monoxide, Blood

If a specimen indicates the possible presence of a drug or drug class beyond those requested by the County, the Supplier shall notify the County to determine whether additional testing is required.

***Comprehensive Drug Panel for Blood, Fluid, Tissue, and Vitreous shall include the following drugs to be tested per panel;**

- **10-Hydroxycarbazepine**
- **1-Hydroxymidazolam**
- **3-Hydroxy-PCP**
- **3-Methoxy-PCP**
- **4-ANPP**
- **6-Acetylmorphine**
- **6-Beta-Naltrexol**
- **7-Aminoclonazepam**
- **7-Aminoflunitrazepam**
- **9-Hydroxyrisperidone**
- **11-OH-Delta-9 THC**
- **Acebutolol**
- **Acetaminophen**
- **Acetone**
- **Alfentanil**
- **Alpha-Hydroxyalprazolam**
- **Alprazolam**
- **Alprenolol**
- **Amiodarone**
- **Amitriptyline**
- **Amlodipine**
- **Amobarbital/Pentobarbital**
- **Amoxapine**
- **Amphetamine**
- **Aripiprazole**
- **Atenolol**
- **Benzocaine**
- **Atomoxetine**
- **Atropine**
- **Benzoylecgonine**
- **Benzphetamine (as Amphetamine)**
- **Benztropine**
- **Benzylpiperazine (BZP)**
- **Betaxolol**
- **Bisoprolol**
- **Bromazepam**
- **Brompheniramine**
- **Bupivacaine**
- **Buprenorphine**
- **Bupropion**
- **Buspirone**
- **Butabarbital**
- **Butalbital**
- **Butorphanol**
- **Caffeine**
- **Carbamazepine**
- **Carisoprodol**
- **Chlordiazepoxide**

- Carbamazepine-10,11-epoxide
- Chlorpromazine
- Chlorpropamide
- Clozapine
- Codeine
- Cyclobenzaprine
- Delta-9 THC
- Delta-9 THC-COOH
- Desmethyldoxepin
- Desmethylsertraline
- Dextrorphan/Levorphanol
- Dicyclomine
- Diphenhydramine
- Doxepin
- EDDP
- Estazolam
- Etomidate
- Flunitrazepam
- Flurazepam
- Gabapentin
- Glyburide
- Hydrochlorothiazide
- Hydroxybupropion
- Hydroxyzine
- Imipramine
- Itraconazole
- Labetalol
- Laudanosine
- Levamisole
- Lorazepam
- Maprotiline
- MDMA
- Meperidine
- Mescaline
- Metaxalone
- Methanol
- Methsuximide
- Metoprolol
- Mirtazapine
- Morphine
- Naloxone
- N-Desmethylsildenafil
- Norclozapine
- Norketamine
- Normeperidine
- Nortriptyline
- Olanzapine
- Oxprenolol
- Papaverine
- Pentoxifylline
- Chlorothiazide
- Citalopram/Escitalopram
- Clonazepam
- Cocaethylene
- Cotinine
- Delorazepam
- Demoxepam
- Desipramine
- Desmethylflunitrazepam
- Desmethyltrimipramine
- Diazepam
- Dihydrocodeine
- Disopyramide
- Doxylamine
- Ephedrine
- Eszopiclone/Zopiclone
- Fentanyl
- Fluoxetine
- Fluvoxamine
- Glimepiride
- Guaifenesin
- Hydrocodone
- Hydroxyethylflurazepam
- Ibuprofen
- Indomethacin
- ketamine
- Lacosamide
- Levetiracetam
- Loperamide
- Loxapine
- MDA
- Medazepam
- Mepivacaine
- Mesoridazine
- Methadone
- Methaqualone
- Methylphenidate
- Mexiletine
- Mitragynine
- N-Acetylprocainamide
- Naltrexone
- Nicotine
- Nifedipine
- Nordiazepam
- Norpropoxyphene
- O-Desmethyltramadol
- Orphenadrine
- Oxycodone
- Paroxetine
- Phenacetin
- Chlorpheniramine
- Clomipramine
- Clonidine
- Cocaine
- Cyclizine
- Delta-8 THC
- Desalkylflurazepam
- Desmethylclomipramine
- Desmethylloperamide
- Dextro/Levo Methorphan
- Diclazepam
- Diltiazem
- Donepezil
- Duloxetine
- Esmolol
- Ethanol
- Flecainide
- Fluphenazine
- Furosemide
- Glipizide
- Haloperidol
- Hydromorphone
- Hydroxytriazolam
- Iloperidone
- Isopropanol
- ketoconazole
- Lamotrigine
- Lidocaine
- Loratadine
- LSD
- MDEA
- Memantine
- Meprobamate
- Meta-Chlorophenylpiperazine (mCPP)
- Methamphetamine
- Methocarbamol
- Metoclopramide
- Midazolam
- Monoethylglycinexylidide (MEGX)
- Nalbuphine
- Naproxen
- Norbuprenorphine
- Norfentanyl
- Norfluoxetine
- Norpseudoephedrine
- O-Desmethylvenlafaxine
- Oxazepam
- Oxymorphone
- Pentazocine
- Phenazepam

- Phencyclidine
- Phensuximide
- Phenytoin
- Pindolol
- Primidone
- Promazine
- Propranolol
- Pyrilamine
- Ropivacaine
- Salicylic Acid
- Secobarbital
- Sufentanil
- Suvorexant
- Tapentadol
- Thioridazine
- Tizanidine
- Trazodone
- Trimipramine
- Venlafaxine
- Warfarin
- Zaleplon
- Zolpidem
- Clonazolam
- Etizolam
- Flualprazolam
- Phenazolam
- Carfentanil
- Cyclopropylfentanyl
- Valeryl Fentanyl
- U-47700
- Ethyleneoxynitazene
- Flunitazene
- Metodesnitazene
- N-Desethyl Isotonitazene
- N-Pyrrolidino Metonitazene
- Alpha-PHPP (PV8)
- Alpha-PiHP
- AP-237
- MDPHP
- Tianeptine
- 25B-NBOMe
- 25C-NBOMe
- 251-NBOMe
- Butylone
- Ethylene
- Mephedrone
- Methoxetamine
- N-Ethyl Pentylone
- TFMPP
- Brorphine
- Spirobrorphine
- Pheniramine
- Phentermine
- Phenylpropanolamine
- PMA
- Procainamide
- Promethazine
- Pseudoephedrine
- Quetiapine
- Quinidine/Quinine
- Salvinorin B
- Sertraline
- Strychnine
- Suzetrigine
- Temazepam
- Tiletamine
- Topiramate
- Triazolam
- Triprolidine
- Verapamil
- Xylazine
- Ziprasidone
- Zonisamide
- 8-Aminoclonazolam
- Ethylbromazolam
- Flubromazepam
- Acetyl Fentanyl
- cis-3-Methylfentanyl
- Fluorofentanyl
- ortho-Methylfentanyl
- 1,1-Difluoroethane
- Etodesnitazene
- Isotodesnitazene
- Metonitazene
- N-Pyrrolidino Etonitazene
- Protonitazene
- Alpha-PHP
- Alpha-PiHPP (Iso-PV8)
- AP-238
- Diphenidine
- Phenibut
- 2C-B
- 2C-E
- 2C-I
- Dibutylone
- Eutylone
- Methcathinone
- Methylene
- N-Isopropyl Butylone
- 5,6-Dichloro Brorphine
- Chlorphine
- Spirochlorphine
- Phenobarbital
- Phenylbutazone
- Phenylethylmalonamide (PEMA)
- Pregabalin
- Prochlorperazine
- Propoxyphene
- Psilocybin (as Psilocin)
- Reserpine
- Risperidone
- Scopolamine
- Sildenafil
- Sotalol
- Tadalafil
- Tetrahydrozoline
- Timolol
- Tramadol
- Trihexyphenidyl
- Vardenafil
- Voriconazole
- Yohimbine
- Zolazepam
- Adinazolam
- Bromazolam
- Desalkylgidazepam
- Flubromazolam
- Acrylfentanyl
- Butyrl Fentanyl/Isobutyryl Fentanyl
- Furanyl Fentanyl
- Methoxyacetylfentanyl
- Butonitazene
- Etonitazene
- Isotonitazene
- N-Pyrrolidino Ethylene Isotonitazene
- N-Pyrrolidino Isotonitazene
- N-Pyrrolidino Protonitazene
- 7-Hydroxymitragynine
- Alpha-PipHP
- BTMPS
- Dex/Levo Medetomidine
- Mitragynine Pseudoindoxyl
- N N-dimethylpentylone
- 5-MeO-DALT
- Alpha-PVP
- Dimethylone
- MDPV
- Methedrone
- N-Cyclohexyl Methylone
- Pentylone
- 5,6-Dichloro Desmethylchlorphine
- N-Propionitrile Chlorphine (Cychlorphine
- 4CN-CUMYL-BINACA

- **4F-MDMB-BINACA**
- **4F-MDMB BICA Metabolite**
- **ADB-4en-PINACA**
- **5F-MDMB-PICA Metabolite**
- **ADB-BINACA**
- **5F-ADB Butanoic Acid Metabolite**
- **MDMB-4en-PINACA Metabolite**

Reporting

Once testing is completed, the Supplier shall provide quantitative reports of findings no later than ten (10) business days from receipt of the specimen. Reports shall include, at a minimum, specimen identifiers, the class and specific drugs requested on the testing requisition, negative quantitative and qualitative test results identified as negative recorded in the findings section, units of measurement, and the signature of a certified toxicologist. The Supplier shall also maintain a secure, web-based portal that allows the County to access and retrieve test results upon availability.

Additional Toxicologist Services

The Supplier shall maintain a minimum of one (1) qualified toxicologist available to provide expert witness services on an as-needed basis, including sworn testimony, depositions, hearings, trials, and other legal proceedings, in compliance with all applicable court requirements and timelines as requested by the County. The toxicologist shall render independent, professional opinions within their area of expertise based on case data, analytical results, and applicable scientific standards.

In addition, the Supplier shall provide a qualified toxicologist to provide forensic toxicology consultation services to the Medical Examiners office in cases requiring toxicological clarification. Services shall include participation in case review meetings, as well as additional meetings on an as-needed basis, during which the toxicologist shall review case materials and analytical findings, provide expert interpretation, and recommend additional testing when appropriate.

Materials and Shipping

The Supplier shall provide all specimen collection kits and related shipping materials, including prepaid shipping labels, at no cost to the County. Specimen collection kits shall include, at a minimum: blood tubes (gray, clear, and yellow tops); specimen bottles containing sodium fluoride EDTA (30 mL); 60 mL screw-top containers; specimen bags; security seals; blood manifest forms; and specimen volume instruction sheets. Supplies shall be provided on a routine monthly basis and additionally on an as-needed basis to ensure uninterrupted operations and adequate inventory levels for the County.

Record Retention

The Supplier's laboratory shall retain all specimens provided by the County for a minimum of one (1) year, at no additional cost to the County, in compliance with Florida Administrative Code 11G-2.004(3)(c). Retention shall include secure storage under appropriate environmental conditions and make specimens available upon request for retesting, review, or legal proceedings during the required retention period.

OFFICIAL COUNTY BID FORM
WITH ATTACHMENTS

IFB 2660R; Toxicology Testing
OFFICIAL COUNTY BID FORM
ST. JOHNS COUNTY, FLORIDA

TO: THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA

DATE SUBMITTED: _____

BID PROPOSAL OF

_____
Full Legal Company Name

_____
Mailing Address Telephone Number Fax Number

Bidders: Having become familiar with requirements of this solicitation and having carefully examined the Bid Documents and Specifications for **IFB 2660R; Toxicology Testing**, the undersigned proposes to furnish all materials, labor, supervision, transportation, equipment, delivery and all other costs, fees, or charges, and all other requirements necessary to comply with the Contract Documents for the following bids quoted in the Bid Proposal summarized as follows:

Total Annual Price Submittal:

$_____
Total Annual Cost (Written in Numerals)

_____/Dollars
Total Annual Cost (Written in Words)

St. Johns County reserves the right to accept or reject any or all bids/proposals, waive minor formalities, award to multiple vendors and to award the bid that best services the best interest of St. Johns County.

Total Annual Cost shall include any and all fees, surcharges, and any other additional monies associated with performing the work required by this Contract. Bidder shall insert the Total Annual Cost, in numerals and in words. In the event of a discrepancy between the two amounts the amount written in words will be used.

In the event the Total Annual Cost is illegible, the County reserves the right to determine the submitted bid as non-responsive and remove the bid from consideration.

Bidder must complete and attach all required Forms and Attachments provided herein to the submitted Bid. Failure to submit any required document, may be grounds for disqualification and removal from further consideration.

Bidder acknowledges the County's issuance of the following Addenda:

No.: _____ Date Received: No.: _____ Date Received: _____

No.: _____ Date Received: No.: _____ Date Received: _____

No.: _____ Date Received: No.: _____ Date Received: _____

We, the undersigned, hereby declare that no person or persons, firm, or corporation, other than the undersigned are interested, in this bid, as principals, and that this bid is made without collusion with any person, firm or corporation, and we have carefully and to our satisfaction examined the Bid Documents and Project Specifications.

We have made a full examination of the proposed work and the sources of supply for any specified materials, and we hereby agree to furnish all necessary labor, equipment and materials, fully understanding that any quantities shown therewith are approximate only, and that we will fully complete all requirements therein as prepared by the Owner, within the same time limit specified in the Bid Documents as indicated above.

If the Undersigned is notified of the acceptance of this Bid Proposal by the Board within ninety (90) calendar days for the time set for the opening of Bids, the Undersigned further agrees, to execute a contract for the above work within ten (10) days after notice that his Bid has been accepted for the above stated compensation in the form of a Contract presented by the Owner.

CORPORATE/COMPANY

Full Legal Company Name:_____(Seal)

By:_____ _____
Signature of Authorized Representative (Name & Title typed or printed)

Address:_____

Telephone No.: (__)_____ Fax No.: (___)_____

Email Address for Authorized Company Representative: _____

Federal I.D. Tax Number: _____

INDIVIDUAL

Name:_____
(Signature) (Name typed or printed) (Title)

Address:_____

Telephone No.: (__)_____ Fax No.: _____

Email Address: _____

Federal I.D. Tax Number: _____

PAYMENTWORKS REGISTRATION (SUBSECTION 21):

Authorized POC: _____ Email Address for POC:_____
(Name typed or printed)

IFB 2660R; Toxicology Testing

ATTACHMENT "A"

Pricing Sheet

The County requests that the Supplier submit proposed annual pricing, with the understanding that the unit prices provided will serve as the basis for payment under the awarded contract. Actual quantities of tests performed may vary throughout the contract term based on the County's needs. The Supplier acknowledges that pricing shall remain firm for the contract period unless adjusted in accordance with contract terms, and that the County shall not guarantee any minimum quantity of tests. Submitted pricing must account for all associated costs, including specimen handling, reporting, and any routine or as-needed services required to fulfill the scope of work.

Item #	Toxicology Test	Estimated Annual Quantities*	Unit Price per Test**	Extended Price
1	Comprehensive Drug Panel, Blood	220	$	$
2	Comprehensive Drug Panel, Fluid	2	$	$
3	Comprehensive Drug Panel, Tissue	20	$	$
4	Comprehensive Drug Panel, Vitreous	1	$	$
5	Drugs of Abuse Panel, Blood	89	$	$
6	Drugs of Abuse Panel, Fluid	2	$	$
7	Drugs of Abuse Panel, Tissue	8	$	$
8	Drugs of Abuse Panel, Vitreous	1	$	$
9	Psychoactive Substances Panel, Blood	3	$	$
10	Psychoactive Substances Panel, Urine	1	$	$
11	Novel Emerging Substances, Blood	6	$	$
12	Novel Emerging Substances, Vitreous	1	$	$
13	Novel Emerging Substances, Urine	1	$	$
14	Designer Opioids Panel, Blood	16	$	$
15	Designer Opioids Panel, Urine	1	$	$
16	Designer Opioids Panel Serum	1	$	$
17	Designer Opioids Panel, Vitreous	1	$	$
18	Nitazene Analog Panel, Blood	1	$	$
19	Synthetic Cannabinoids, Blood	1	$	$
20	Electrolytes Panel	45	$	$
21	Carbon Monoxide, Blood	11	$	$
	Total Annual Cost (Item# 1-21)		$	

*The estimated annual quantities provided herein are for bidding purposes only. Actual quantities ordered may vary and are not guaranteed.

**The unit cost shall be all-inclusive and shall cover all expenses associated with the test, as outlined in the Scope of Work. Such expenses include, but are not limited to, freight, labor, equipment rental, and any other costs necessary to fulfill the contractual requirements.

Additional Toxicologist Services:

The Bidder shall provide expert witness services on an as-needed basis, including testimony, depositions, hearings, and other legal proceedings, as required under the Scope of Work. The Bidder shall also provide forensic toxicology consultation services on an as-needed basis to furnish additional information, as requested by the Medical Examiner, to support the formulation of professional opinions. The proposed hourly rate for these services is separate from the Total Annual Cost and will be billed at the agreed-upon rate. Services shall be provided virtually whenever feasible. Any travel or related expenses incurred for these services shall be reimbursed in accordance with Florida Statute 112.061, with appropriate supporting documentation and subject to County approval. Bidders may also choose to offer these services at no additional cost to the County. The Bidder must have the ability to provide these additional services as part of the scope of work.

Additional Toxicologist Services Proposed Hourly Rate: $_____/ Hour

IFB 2660R; Toxicology Testing

ATTACHMENT "B"

ST. JOHNS COUNTY AFFIDAVIT

Bidder shall complete and submit a sworn statement as part of the submitted Bid. This sworn statement shall be an Affidavit in the following form, executed by an officer/principal of the Bidder, and shall be sworn to before a person who is authorized by law to administer oaths.

STATE OF _____

COUNTY OF _____

The Undersigned authority,_____ ("Affiant"), who being duly sworn, deposes and states that he/she is the _____ (Title) of the Bidder _____ (Full Legal Name of Bidder) submitting the attached Bid for the services provided in the IFB Documents for **IFB 2660R; Toxicology Testing** in St. Johns County, Florida.

The Affiant further states that no more than one Bid for the above-referenced project will be submitted from the Bidder, the Affiant, their firm or corporation under the same or different name, and that such Bidder has no financial interest in the firm of another Bidder for the same work. Affiant also states that neither he/she, the firm, association nor corporation of the Bidder has either directly or indirectly entered into any agreement, participated in any collusion, nor otherwise taken any action in restraint of free competitive bidding in connection with this firm's Bid on the above-described project. Furthermore, neither the firm nor any of its officers are barred from participating in public contract lettings in the State of Florida or any other state.

DATED this _____ day of _____, 20____.

_____

Signature of Affiant

_____

Printed Name of Affiant

_____

Printed Title of Affiant

_____

Full Legal Name of Bidder

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20____, by _____, who is personally known to me or has produced_____ as identification.

_____

Notary Public

My Commission Expires:_____

IFB 2660R; Toxicology Testing
ATTACHMENT "C"
LICENSE / CERTIFICATION LIST

In the space below, the Bidder shall list all **current** licenses and certifications held.

The bidder shall attach a copy of each current license, certifications listed below to this form

License(s)/Certificate(s)/Pre-Qualifications	License #	Issuing Agency	Expiration Date

IFB 2660R; Toxicology Testing
ATTACHMENT "D"
LIST OF PROPOSED SUB-CONTRACTORS / SUPPLIERS

Bidder shall submit any and all sub-contractors and/or major material suppliers proposed to perform any portion of the Work for review/approval by the County. Bidder shall attach any and all applicable licenses or certifications held by the proposed sub-contractor/supplier related to the portion of the Work for which they are proposed, as stated below. All subcontractors/suppliers are subject to the approval of the County.

Company Name	Work/Services to be Performed	Primary Contact Name	Contact Number and Email Address

IFB 2660R; Toxicology Testing
ATTACHMENT "E"
CONFLICT OF INTEREST DISCLOSURE FORM

Project (RFQ, RFP, IFB) Number/Description: **IFB No 2660R; Toxicology Testing**

The term "conflict of interest" refers to situations in which financial or other considerations may adversely affect, or have the appearance of adversely affecting a Contractor's professional judgment in completing work for the benefit of St. Johns County ("County"). The bias such conflicts could conceivably impart may inappropriately affect the goals, processes, methods of analysis or outcomes desired by the County.

Contractors are expected to safeguard their ability to make objective, fair, and impartial decisions when performing work for the benefit of the County. Contractors, therefore must there avoid situations in which financial or other considerations may adversely affect, or have the appearance of adversely affecting the Contractor's professional judgement when completing work for the benefit of the County.

The mere appearance of a conflict may be as serious and potentially damaging as an actual distortion of goals, processes, methods of analysis or outcomes. Reports of conflicts based upon appearances can undermine public trust in ways that may not be adequately restored even when the mitigating facts of a situation are brought to light. Apparent conflicts, therefore, should be disclosed and evaluated with the same vigor as actual conflicts.

It is expressly understood that failure to disclose conflicts of interest as described herein may result in immediate disqualification from evaluation or immediate termination from work for the County.

Please check the appropriate statement:

☐ I hereby attest that the undersigned Bidder has no actual or potential conflict of interest due to any other clients, contracts, or property interests for completing work on the above referenced project.

☐ The undersigned Bidder, by attachment to this form, submits information which may be a potential conflict of interest due to other clients, contracts or property interests for completing work on the above referenced project.

Legal Name of Bidder: _____

Authorized Representative(s): _____ _____
Signature Print Name/Title

_____ _____
Signature Print Name/Title

IFB 2660R; Toxicology Testing
ATTACHMENT "F"
DRUG-FREE WORKPLACE FORM

The undersigned firm, in accordance with Florida Statute 287.087 hereby certifies that

_____ does:
Name of Firm

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.

2. Inform employees about the danger of drug abuse in the workplace, the business' policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, employee assistance programs and the penalties that may be imposed upon employees for drug abuse violations.

3. Give each employee engaged in providing the contractual services that are described in St. Johns County's request for proposals a copy of the statement specified in paragraph 1.

4. In the statement specified in paragraph 1, notify the employees that, as a condition of working on the contractual services described in paragraph 3, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Florida Statute 893, as amended, or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction or plea.

5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community by, any employee who is so convicted.

6. Consistent with applicable provisions with State or Federal law, rule, or regulation, make a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1 through 5.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

_____
Signature

_____
Date

IFB 2660R; Toxicology Testing
ATTACHMENT "G"
CLAIMS, LIENS, LITIGATION HISTORY

Bidders must complete all questions below and provide information requested as applicable. Failure to appropriately complete the questions below or provide requested information may be grounds for disqualification. Any material misrepresentation of information may also be grounds for disqualification.

1. Within the past 7 years, has your organization filed suit or a formal claim against a project owner (as a prime or subcontractor) or been sued by or had a formal claim filed by an owner, subcontractor or supplier resulting from a contract dispute? Yes ___ No _____ If yes, please attach additional sheet(s) to include:

   Description of every action Captions of the Litigation or Arbitration

   Amount at issue: _____ Name (s) of the attorneys representing all parties:
   _____
   _____
   _____
   Amount actually recovered, if any: _____
   Name(s) of the project owner(s)/manager(s) to include address and phone number:
   _____
   _____
   _____
   _____

2. List all pending litigation and or arbitration.
   _____
   _____
   _____

3. List and explain all litigation and arbitration within the past seven (7) years - pending, resolved, dismissed, etc.
   _____
   _____
   _____

4. Within the past 7 years, please list all Liens, including Federal, State and Local, which have been filed against your Company. List in detail the type of Lien, date, amount and current status of each Lien.
   _____
   _____
   _____

5. Have you ever abandoned a job, been terminated or had a performance/surety bond called to complete a job?

   Yes _____ No _____ If yes, please explain in detail:
   _____
   _____
   _____

6. For all claims filed against your company within the past five (5) years, have all been resolved satisfactorily with final judgment in favor of your company within 90 days of the date the judgment became final? Yes ____ No____ If no, please explain why?
   _____
   _____

_____

_____

7. List the status of all pending claims currently filed against your company:

_____

_____

Liquidated Damages

1. Has a project owner ever withheld retainage, issued liquidated damages or made a claim against any Performance and Payment Bonds? Yes _____ No _____ If yes, please explain in detail:

_____

_____

(Use additional or supplemental pages as needed)

IFB 2660R; Toxicology Testing
ATTACHMENT "H"
NON-COLLUSION CERTIFICATION

St. Johns County requires, as a matter of policy, that any Firm receiving a contract or award resulting from the Invitation for Bid issued by St. Johns County shall make certification as below. Receipt of such certification, under oath, shall be a prerequisite to the award of contract and payment thereof.

I (we) hereby certify that if the contract is awarded to me, our firm, partnership or corporation, that no members of the elected governing body of St. Johns County nor any professional management, administrative official or employee of the County, nor members of his or her immediate family including spouse, parents or children, nor any person representing or purporting to represent any member or members of the elected governing body or other official, has solicited, has received or has been promised, directly or indirectly, any financial benefit including but not limited to a fee, commission, finder's fee, political contribution, goods or services in return for favorable review of any Bids submitted in response to the Invitation for Bid or in return for execution of a contract for performance or provision of services for which Bids are herein sought.

Handwritten Signature of Authorized Principal(s) of Bidder:

NAME (print): _____

SIGNATURE: _____

TITLE: _____

DATE: _____

NAME OF FIRM/PARTNERSHIP/CORPORATION:

_____

_____

_____

IFB 2660R; Toxicology Testing
ATTACHMENT "I"
E-VERIFY AFFIDAVIT

STATE OF _____
COUNTY OF _____

I, _____ (hereinafter "Affiant"), being duly authorized by and on behalf of _____(hereinafter "Contractor") hereby swears or affirms as follows:

1. Contractor understands that E-Verify, authorized by Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), is a web-based system provided by the United States Department of Homeland Security, through which employers electronically confirm the employment eligibility of their employees.
2. For the duration of Contract No. 2660R (hereinafter "Agreement"), in accordance with section 448.095, F.S., Contractor shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Contractor and shall expressly require any subcontractors performing work or providing services pursuant to the Agreement to likewise utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor.
3. Contractor shall comply with all applicable provisions of section 448.095, F.S., and will incorporate in all subcontracts the obligation to comply with section 448.095, F.S.
4. Contractor understands and agrees that its failure to comply with all applicable provisions of section 448.095, F.S. or its failure to ensure that all employees and subcontractors performing work under the Agreement are legally authorized to work in the United States and the State of Florida constitute a breach of the Agreement for which St. Johns County may immediately terminate the Agreement without notice and without penalty. The Contractor further understands and agrees that in the event of such termination, Contractor shall be liable to the St. Johns County for any costs incurred by the St. Johns County resulting from Contractor's breach.

DATED this _____ day of _____, 20____.

_____
Signature of Affiant

_____
Printed Name of Affiant

_____
Printed Title of Affiant

_____
Full Legal Name of Bidder

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20____, by _____, who is personally known to me or has produced_____ as identification.

_____
Notary Public
My Commission Expires:_____

IFB 2660R; Toxicology Testing
ATTACHMENT "J"
AFFIDAVIT REGARDING THE USE OF COERCION FOR LABOR AND SERVICES

Section 787.06(13), Florida Statutes requires all non-governmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by an officer or representative of the nongovernmental entity under penalty of perjury that the nongovernmental entity does not use coercion for labor or services as defined in that statute.

As an officer or authorized representative of Supplier, I certify that the company identified below does not, for labor or services:

- Use or threaten to use physical force against any person;
- Restrain, isolate, or confine or threaten to restrain, isolate, or confine any person without lawful authority and against her or his will;
- Use lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined;
- Destroy, conceal, remove, confiscate, withhold, or possess any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
- Cause or threaten to cause financial harm to any person;
- Entice or lure any person by fraud or deceit; or
- Provide a controlled substance as outlined in Schedule I or Schedule II of s. 893.03 to any person for the purpose of exploitation of that person.

Under penalties of perjury, I declare and affirm that I have read the foregoing document and that the facts stated in it are true and correct.

DATED this _____ day of _____, 20____.

_____
Signature of Affiant

_____
Printed Name of Affiant

_____
Printed Title of Affiant

_____
Full Legal Name of Supplier

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20____, by Affiant, who is personally known to me or has produced_____ as identification.

_____
Notary Public
My Commission Expires:_____

IFB 2660R; Toxicology Testing
ATTACHMENT "K"
ACKNOWLEDGEMENT OF ADDENDA

Bidder hereby acknowledges receipt of the following Addenda, issued by the County and incorporated into and made a part of the IFB Documents. By acknowledging the Addenda listed below, Bidder hereby certifies that the information, clarifications, revisions, or other items included in each Addenda have been incorporated into the Bidder's Bid. Failure to acknowledge and incorporate issued Addenda may result in a Bidder being deemed non-responsive to the requirements of the IFB, and removed from further consideration.

ADDENDUM NUMBER	DATE RECEIVED	PRINT NAME OF BIDDER'S REPRESENTATIVE	TITLE OF BIDDER'S REPRESENTATIVE	SIGNATURE OF BIDDER'S REPRESENTATIVE

IFB 2660R; Toxicology Testing

SEALED BID MAILING LABEL

Cut along the outer border and affix this label to your sealed bid envelope to identify it as a "Sealed BID"

SEALED BID • DO NOT OPEN

SEALED BID NO.:	**IFB NO: 2660R**
IFB TITLE:	**Toxicology Testing**
DUE DATE/TIME:	**By 2:00PM – June 17, 2026**
SUBMITTED BY:	
	Company Name
	Company Address
	Company Address
DELIVER TO:	St. Johns County Purchasing Department 4040 Lewis Speedway St. Augustine FL 32084



END OF DOCUMENT