

REVISED

**ATTACHMENT 10 – OPTIONAL SERVICES COST INFORMATION SHEET
FDC RFP-15-099**

Row	Column 1	Column 2
	SPECIAL TESTS	Unit Price Per Test
A	Lysergic Acid Diethylamide (LSD) Immunoassay Screen	\$ _____
B	Confirmation (GC/MS) if screened positive for LSD	\$ _____
C	Anabolic Steroids GC/MS Screening/Confirmation	\$ _____
D	Gamma Hydroxybutric (GHB) Screen	\$ _____
E	Gamma Hydroxybutric (GHB) Confirmation	\$ _____
F	6-Acetylmorphine (6-AM) Heroin metabolite	\$ _____
G	Synthetic Cannabinoids (Spice)	\$ _____
H	Bath Salts	\$ _____
I	Other Drugs and Synthetic Drugs	\$ _____
J	10-PANEL DRUG TEST (Including PCP and Methadone) Alcohol/Cocaine (cocaine and metabolites)/Opiates (codeine, morphine, hydrocodone, hydromorphone, oxycodone, oxycodone)/Cannabis(cannabinoids-THC)/Benzodiazepines (Oxazepam, Temazepam, alpha-Hydroxyalprazolam, Lorazepam, Nordiazepam)/ Barbiturates (butalbital, amobarbital, secobarbital, pentobarbital, Phenobarbital/ Amphetamines (Amphetamine, Methamphetamine) MDMA,MDA,MDEA, PCP, Methadone	\$ _____

Instructions for Attachment 10

The Vendor shall provide a unit price per test in Column 2 for additional services.

This Cost Information Sheet shall be signed and completed in its entirety.

PRINTED NAME OF AUTHORIZED REPRESENTATIVE

NAME OF PROPOSER'S ORGANIZATION

TITLE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE