

# Department of Veterans Affairs

## Federal Supply Service

### Authorized Federal Supply Schedule Price List

On-line access to contract ordering information, terms and conditions, up-to-date pricing, and the option to create an electronic delivery order are available through *GSA Advantage!*, a menu-driven database system. The INTERNET address for *GSA Advantage!* is:  
[www.GSAAdvantage.gov](http://www.GSAAdvantage.gov)

**Cost Per Test: Clinical Analyzers**  
**FSC Group 66, Part III**  
**FSC Class(es) 6630**  
**Contract Number: V797P-7126A**

For more information on ordering from Federal Supply Schedules  
Click on the FSS Schedules button at [www.fss.gsa.gov](http://www.fss.gsa.gov)

**Contract period: October 1, 2007 through September 30, 2012**



**Johnson & Johnson**

HEALTH CARE SYSTEMS INC.

425 Hoes Lane  
P.O. Box 6800  
Piscataway, NJ 08855-6800  
(732) 562-7417

*On behalf of:*



**Ortho-Clinical Diagnostics**

a *Johnson & Johnson* company

1001 US Highway 202  
Raritan, NJ 08869  
(800) 828-6316  
[www.orthoclinical.com](http://www.orthoclinical.com)

Business size: Large  
DUNS: 796036473  
TIN: 22-3329332

- Table of Award:** Ortho-Clinical Diagnostics, Inc. (OCD) is offering Cost-Per-Test/Cost-Per Reportable Result Programs based on a laboratory’s annual volume of testing.

<b>SIN: 605-1a</b>	<b>SIN: 605-6a</b>	<b>SIN: 605-2a</b>
Clinical Chemistry	Immunochemistry	Blood Bank/Hematology
Cost-Per-Test/Cost-Per Reportable Result Pricing	Cost-Per-Test/Cost-Per Reportable Result Pricing	Cost-Per-Test Pricing
Pricing includes equipment, reagents, service, and consumables necessary to perform the tests outlined on page 16.	Pricing includes equipment, reagents, service, and consumables necessary to perform the tests outlined on page 34.	Pricing includes equipment, reagents, and service necessary to perform the tests outlined on page 42. Consumables are available at additional cost.

- Maximum Order:** None.
- Minimum Order:** As outlined on CPT/CPRR matrices.
- Geographic Coverage (delivery area):** Continental United States, Alaska, Hawaii and Puerto Rico
- Point(s) of Production:**

SIN: 605-1a and SIN: 605-6a	Clinical Chemistry and Clinical Immunochemistry Equipment Mfg.:	Ortho-Clinical Diagnostics 100 Indigo Creek Drive Rochester, NY 14626 USA
SIN: 605-1a	Clinical Chemistry Reagents Mfg. – Fluids:	Ortho-Clinical Diagnostics 601 Lee Road Rochester, NY 14652 USA
SIN: 605-1a	Clinical Chemistry Reagents Mfg. – Slides:	Ortho-Clinical Diagnostics 300 Weiland Road Rochester, NY 14652 USA
SIN: 605-6a	Clinical Immunochemistry Reagents:	Ortho-Clinical Diagnostics Forest Farm Estate Whitchurch Cardiff, CF4 7YT United Kingdom
SIN: 605-2a	ID-MTS Instrument Mfg.:	Micro Typing Systems 3000 Gateway Drive Pompano Beach, FL 33069 USA
SIN: 605-2a	ID-MTS Gel Card and Diluents Mfg.:	Micro Typing Systems 1295 S.W. 29 <sup>th</sup> Ave. Pompano Beach, FL 33069 USA
SIN: 605-2a	ORTHO ProVue Analyzer Mfg.:	Diagnostic Grifols, S.A. 8150 Parets Del Valle’s Passeig Fluvial 24 Barcelona, Spain

6. **Discount from List Price or Statement of Net Price:** Prices shown herein are net (discount deducted).
7. **Quantity Discounts:** Built into incremental tables.
8. **Prompt Payment Terms:** Payment terms are Net 30 days Date of Invoice (DOI).
- 9a. **Government Commercial Credit Card:** Accepted
- 9b. **Discount for using Government Commercial Credit Card:** None
10. **Foreign Items:**  
Clinical Immunochemistry Reagents  
ID-MTS ProVue Analyzer
- 11a. **Time of Delivery:** Within 60 days After Receipt of Order (ARO).
- 11b. **Expedited Delivery:** An expedited handling charge of \$100 will be applied to orders when Same Day Shipment is requested.
- 11c. **Overnight and 2<sup>nd</sup> day Delivery:** An expedited handling charge of \$100 will be applied to orders when Same Day Shipment is requested.
- 11d. **Urgent Requirements:** An expedited handling charge of \$100 will be applied to orders when Same Day Shipment is requested.
12. **F.O.B. Points:** Prices shown are F.O.B. destination within consignee's premises.
- 13a. **Ordering Addresses:**  
Phone: 1-800-828-6316  
Fax: 1-585-453-3660  
Internet: [www.orthoclinical.com](http://www.orthoclinical.com)  
Mail: Ortho-Clinical Diagnostics  
100 Indigo Creek Drive  
Rochester, NY 14626
- 13b. **Ordering procedures:** For supplies and services, the ordering procedures, information on Blanket Purchase Agreements (BPA's), and a sample BPA can be found at the GSA/FSS Schedule homepage ([fss.gsa.gov/schedules](http://fss.gsa.gov/schedules)).
14. **Payment Address: (change)**  
For Checks:  
J&J Healthcare Systems Inc.  
P.O. Box 406663  
Atlanta, GA 30384-6663  
  
Electronic Funds Transfer:  
ABA# 111000012  
A/C# 3751746021

15. **Warranty Provision:** Ortho-Clinical Diagnostics, Inc. agrees to maintain the equipment in proper functioning order in accordance with the terms and conditions of this Federal Supply Schedule agreement.
16. **Export Packing Charges:** Not Applicable.
17. **Terms and Conditions of the Government Credit Card Acceptance:** No discount offered for credit card payments.
18. **Terms and Conditions of Rental, Maintenance and Repair:** Contractor retains title to capital equipment and shall provide new or refurbished state-of-the-art equipment including:
  - Installation
  - Supplies
  - Training:
    - VITROS<sup>®</sup> Training Descriptions (SIN 605-1a, SIN 605-6a and SIN 605-2a):
      - Key Operator Training (KOT) (includes: room and board, ground transportation, training materials and airfare to Rochester, NY)
        - Designed as comprehensive operational training and concentrates on the software capabilities of the VITROS System as well as basic operation and maintenance.
        - Number of Key Operators and duration of basic training are shown in the table below.
        - Training is conducted in Rochester, NY at the Ortho-Clinical Diagnostics Customer Training facility.
        - The local OCD Representative coordinates travel and other training logistics.

<b>System Description:</b>	<b>Days:</b>	<b>Number of People Trained per System:</b>	<b>Additional KOT Cost per Person (includes IFF):</b>
VITROS <sup>®</sup> 250/250e/350 Chemistry Systems	4	1	\$4,300.00
VITROS <sup>®</sup> 950/950R Chemistry Systems	4	2	\$4,300.00
VITROS <sup>®</sup> 5,1 FS Chemistry System	5	2	\$5,500.00
VITROS <sup>®</sup> ECi/ECiQ Systems	4	1	\$4,300.00
ORTHO ProVue <sup>®</sup>	4	1	\$3,800.00

- General Operator Training (GOT)
  - Performed after the Key Operator(s) have been trained and Installation and System Verification have been completed.
  - Provided to a predetermined number of customer-designated employees over a predetermined number of three (3) hour sessions: dependent upon the model and number of analyzers purchased (see chart below). Training for additional personnel and/or during hours other than those specified will incur an additional charge. See pricing matrices for add-on pricing.
  - Training will occur between the hours of 7am-7pm Monday through Friday.
  - Each session will be approximately 3 hours in length.
  - Key Operator will participate in at least one training session as an active instructor.
  - General Operator Instructor's Guide will be used in its entirety, including all exercises to be completed by the customer.

- Analyzer specific Competency Checklist must be completed and signed by each participant; the original copy remains with the customer, a photocopy will be maintained in the customer file.

<b>VITROS® Analyzer Description:</b>	<b>Number of People Trained (per session):</b>	<b>Number of Sessions:</b>	<b>Total Trained:</b>
VITROS® 250/250e/350 Chemistry Systems Only	3	2	6
VITROS® 950/950R Chemistry Systems Only	3	2	6
VITROS® 5,1 FS Chemistry System	3	2	6
VITROS® ECi/ECiQ System Only	3	2	6
ID-MTS Gel Workstation	3	2	6
ORTHO ProVue®	3	2	6

- One General Operator per system each subsequent contract year can be provided on site, upon request, over a period of no more than four-days during normal business weekday hours.
- Training for additional personnel and/or during hours other than those specified will incur an additional charge to the Government facility. See pricing matrices for add-on pricing.
- Service:
  - Service Descriptions (Systems include VITROS 250/250e Systems, VITROS 350 System, VITROS 950/950R Systems, VITROS 5,1 FS Systems, VITROS ECi/ECiQ Systems, and the ORTHO ProVue® Instrument):

<b>Service Level:</b>	<b>Description:</b>
Platinum (24 hours per day, 7 days per week)	24-hours per day, 7-days a week, 365-days per year technical hotline support (24x7x365). On site service 8:00 am-5:00 pm local time, 365-days per year. Emergency service scheduled no later than next day. Field Service call back within 1-hour Same Day service add on available Preventative Maintenance (PM) per manufacturer's specifications, Travel, Labor and Non-consumable Parts included While on-site response time will vary depending on the OCD geographic zone in which the customer resides, it is OCD's objective to respond to requests for on-site service by the next covered business day.
Gold (8:00am-5:00pm, 7 days/week)	24-hour per day, 7-days a week, 365-days per year technical hotline support (24x7x365) On site service 8:00 am-5:00 pm local time, 365-days per year Emergency service scheduled within 36-hours Field service call back within 1 hour, 8:00 am-4:00 pm, 365-days per year Preventative Maintenance (PM) per manufacturer's specifications, travel, labor, and non-consumable parts included. Refer to pricing tables for individual system service downgrades.
Silver (8:00am-5:00pm, Monday-Friday)	24-hours per day, 7-days a week, 365-days per year technical hotline support (24x7x365) On site service 8:00 am-5:00 pm local time Monday-Friday, excluding holidays Emergency service scheduled by next business day Field service call back within 1 hour, 8am-4pm, Mon-Fri (excluding holidays) Preventative Maintenance (PM) per manufacturer's specifications, travel, labor, and non-consumable parts included. Refer to pricing tables for individual system service downgrades.
Preventive Maintenance (PM)	Each piece of equipment under contract will receive a through inspection developed to prevent unplanned service events. Each PM includes all non-consumable parts, field engineer labor, and travel. PMs are performed per manufacturers instructions.

- Telephone Assistance from the OCD Hotline is available 24 hours per day by 7 days per week. When OCD Hotline determines that the customer has a problem that cannot be resolved with telephone assistance, a Field Engineer may be dispatched. OCD Field Engineers will perform on-site service during contract coverage hours.
- During the term of this agreement the customer shall be responsible for providing routine maintenance on all equipment covered hereunder as specified in the Operator's Manual. Failure to follow such routine maintenance procedures may result in service charges to repair the equipment or to otherwise bring the equipment back into compliance with OCD specifications for such equipment.
- Preventative maintenance calls will be performed by OCD to clean, test, and maintain covered equipment in accordance with commercial practices and manufacturers recommendations. This will include all labor and parts used during the PM. The number of recommended PM calls per year is model specific and are specified in the OCD Service Manual for each model. PM calls will only be made between the hours of 8:00 am and 5:00 pm local time, Monday through Friday, excluding Federal and local holidays.
- Health and Safety related Modification Kits include all labor and parts used in the installation that are required to implement the modification. These calls will only be made between the hours of 8 am and 5 pm local time, Monday through Friday, excluding Federal and local holidays.
- Routine operational software and hardware system upgrades will be installed at no additional charge.
- The customer agrees that neither it nor its employees or agents will alter or modify any part of the equipment or software unless such action is expressly authorized in writing by OCD. Any modification of or damage to any part of the equipment or software, whether by misuse, negligence, unauthorized repair or relocation, improper site preparation, unauthorized or improper integration with other products, accident, act of nature or otherwise (unless attributable to OCD's negligence), may result in service charges to repair the equipment or software or to otherwise bring the equipment back into compliance with OCD specifications for such equipment or software.
- The customer shall notify OCD prior to relocating any equipment. Any such relocation made without the express prior written approval of OCD service personnel shall void all service obligations hereunder. Charges associated with the relocation and set-up at the new location are not covered under this agreement.
- The following ID-MTS Workstation Components will only be covered by a "repair-by-replacement" policy.
  - MT515060 MTS Centrifuge™
  - MTS9640 MTS ID-Tipmaster Pipettor
  - MTS9680 MTS Incubator™
- To obtain service call OCD Customer Support Center at 800-421-3311

### **Clinical Chemistry and Immunodiagnosics Pricing Determination (CPT and CRR)**

- To determine the contract price, locate the pricing page that contains the main piece of equipment to be used for the testing (typically the largest system).
- Go to the column containing the annual test volume range inclusive of all assays to be run on all systems. This is the base Cost Per Test, including reagents, capital, service (M-F 8-5), and consumables.
- Additional Add-On/Deducted Values:
  - If an additional system is needed, find the add-on grid for that system. Using the same annual test volume range, find the add-on value. This amount will be ADDED to each base Cost Per Test price for the entire term of the agreement. Service (Monday-Friday 8-5PM) is included in this add-on.

- If an additional training slot or accessory is needed, locate the grid at the bottom of the page, and using the same annual test volume range, find the add-on value. This amount will be ADDED to each base Cost Per Test price for 12 months of the agreement. After the 12-month period the Cost Per Test price will revert to the appropriate price reflective of the base price plus any add-on values still in effect.
- If an existing VITROS® 250 System is upgraded, locate the VITROS 250e Upgrade Kit grid, and using the same annual test volume range, find the add-on value. This amount will be ADDED to each Cost per Test price for 12 months of the agreement. This accessory will be installed by a qualified OCD Field Engineer and requires that the system be down for 4-8 hours.
- If the capital is owned by a facility, locate the grid for that system and using the same annual test volume range, find the value. This amount will be SUBTRACTED from the base Cost Per Test price for the entire term of the agreement.
- The Cost Per Test agreement was calculated to include M-F, 8-5 service. In the event that a facility requires higher levels of services on one or more of their systems, appropriate service levels and pricing are available. If M-S, 8-5 or 24X7 service is preferred, locate the grid for that system and using the same annual test volume range, find the value(s) (this would be cumulative if there is more than one system). The amount would be added to the base Cost Per Test price for the term that the level of service is provided. If the equipment is not owned, a minimum service level of M-F 8-5 is required. If the equipment is owned, the facility may choose to deduct all service and be billed on a Per Call basis, or the cost of service could be added to the cost per test using the add-on charge for the desired service level.
- Once all of these add-ons/subtractions have been applied, a net Cost Per Test price will be derived that includes reagent, capital (or not if it is owned), service (at the level required by the facility), consumables, and accessories for the term as stated above.
- Reagent Discounts
  - Additional discounts are available for the reagent portion of the CPT or CPRR for both Clinical Chemistry and Immunodiagnostics. See Reagent Discount Guidelines.

#### 18a. Federal Government Cost Per Test (CPT) Program

##### **Cost Per Test Pricing Includes:**

- Reagents needed to perform the total of all tests performed between October 1 and September 30 of a fiscal year.
- Equipment usage
- Accessories (as needed)
- Certain Consumables (See Not Included List) as calculated for the customer test volume (including HDL and TIBC consumables).
  - Consumables are not included in the Blood Bank CPT Pricing program.
- Shipping (all systems and products)
- Single ship-to/single bill-to required

##### **Ordering**

- Customers must estimate their annual test volumes in conjunction with their local OCD representative.
- Annual delivery orders should be established based on the estimated annual test volume including those tests necessary for repeats, calibration and controls.

- Shipments of reagents and consumables will be made either quarterly or biannually (it is imperative for laboratory efficiency and longest calibration stability to have minimum quarterly shipments).
- Customers may, at their choice, allow shipment of product per the pre-determined schedule and/or order via phone, fax, or on-line through our web site as needed.

### **Pricing**

- Prices are inclusive of equipment, reagents, consumables (Clinical Chemistry and Immunodiagnosics only), service, training, and shipping.
- For Clinical Chemistry and Clinical Immunochemistry, prices are inclusive of most consumables (See Not Included List). Consumable quantities are determined based on the individual laboratories operation. Usage above these determined quantities will be charged at the prices listed in this document.
- Prices do not include consumables for Blood Bank products and CPT prices are per box.
- Any additional accessories will be added on to the cost per test for one year based on the attached pricing.
- Pricing will be established based on the total estimated annual volume of slides/tests/wells to be shipped.
- Prices will be billed per slide/test/well shipped multiplied by the number of slides/tests/wells contained in each shipping unit of measure.
- Pricing for customers whose volumes are greater than the highest volume tiers will be calculated independently.

### **Administration**

- Bi-annual reviews will be conducted to confirm/adjust shipment quantities.
- If a customer fails to meet its annual shipment estimate, OCD will have the right to re-bill at the cost per test price appropriate for the actual volume shipped.
- Title to the equipment will remain with the contractor.

### **18b. Federal Government Cost Per Reportable Result (CPRR) (SIN 605-1a and SIN 605-6a only)**

#### **Cost Per Reportable Result Calculation Includes:**

- Reagents needed to perform the total of all patients tested, calibrations, Q.C., and repeats between October 1 and September 30 of a fiscal year.
- Equipment usage
- Consumables as calculated for the customer test volume (including HDL and TIBC consumables).
- Single ship-to/single bill-to required

### **Ordering**

- Customers must estimate their annual reportable test volume in conjunction with their local OCD representative.
- Annual delivery orders will be established based on the estimated annual test volume including those tests necessary for repeats, calibration, and controls.
- Shipments of slides/tests/wells and consumables will be made either quarterly or bi-annually (it is imperative for laboratory efficiency and longest calibration stability to have minimum quarterly shipments).
- Customers may, at their choice, allow shipment of product per the pre-determined schedule and/or order via phone, fax, or on-line through our web site as needed.



## Pricing

- Prices are inclusive of equipment, reagents, consumables (clinical chemistry and immunodiagnostics only), service, training, and shipping.
- Any additional accessories will be added on to the Cost Per Reportable Result Program for one year based on the attached pricing.
- Pricing will be established based on the total estimated annual volume of slides/tests/wells to be reported.
- Prices will be billed one of two ways
  - per slide/test/well shipped multiplied by the number of slides/tests/wells contained in each shipping unit of measure minus a percentage that represents an operating efficiency based on OCD's historical data.

## OR

- As stated above, then divided by 12 to determine the fixed monthly amount the customer will be invoiced during each year of the program. Customer will be invoiced monthly, in advance, based on an annualized number of reported results.
- Pricing for customers whose volumes are greater than the highest volume tiers will be calculated independently.

## Administration

- An initial inventory of OCD products will be conducted prior to the beginning of the CPRR program.
  - Customer will be shipped product based on quarterly or bi-annual standing orders (or may phone in orders when necessary).
  - 30 days prior to contract anniversary date (September of each contract year), customers and OCD reserve the right to request a qualified representative of Ortho-Clinical Diagnostics, Inc. to conduct an on-site audit when it is perceived their laboratory is not as efficient as OCD's historical data provided the following occurs:
    - Customer can provide usage reports (following established protocols) from both the VITROS<sup>®</sup> system and the customer's laboratory information system.
    - Customer can provide physical inventory counts (both pre and post the timeframe audited) of OCD products.
    - Adjustments to the CPRR volume and/or pricing may be the result of such audit.
  - Customer will run monthly usage reports (following established protocols) from both the VITROS system and the customer's laboratory information system.
  - Customer will consolidate (and provide to OCD by the 14<sup>th</sup> of each month) reported result information via a spreadsheet provided by OCD.
  - If the required data is not received in the prescribed timeframe, the customer will be billed at the appropriate CPT rate based on the quantity of product shipped.
  - Customer will perform quarterly physical inventories of OCD products and report to OCD through use of the spreadsheet provided.
  - Quarterly and/or annual reconciliation/business reviews will be conducted between customer and a qualified representative of OCD to determine if additional billing/credit is due based on the number of actual reported results performed.
  - Customer may amend reportable result estimates annually.
  - Title to the equipment will remain with the contractor.
19. **Terms and Conditions of Installation:** Installation by the contractor's representative shall be in accordance with Ortho-Clinical Diagnostics' commercial installation and operation manuals/instructions and shall include:
- Installation conducted 8:00 am-5:00 pm, Monday through Friday

- Unpacking the equipment
- Inspection to insure that all required components are present
- Assembling into normal operating configuration
- Performing complete system check including diagnostics, standardization/calibration
- On-site operator training for up to two (2) additional General Operators (in addition to the trained Key Operator) over a period of no more than four-days during normal business weekday hours. Training for additional personnel and/or during hours other than those specified will incur an additional charge to the Government facility.
- Installation is required within 72-hours after site preparation has been completed in conformance with manufacturer's specifications and upon mutual agreement of both parties.
- Site preparation is the Government's responsibility.

20. **Terms and Conditions of Replacement Parts:** Replacement of all worn-out or defective non-consumable parts on covered equipment replaced during an on-site service visit will be at no charge. Consumable parts are not covered by this agreement and are the responsibility of the customer. Replacement Parts may be new or reconditioned to perform as new. Parts removed from equipment and replaced, unless previously agreed, shall, at OCD's discretion, become the property of OCD. All parts replaced at no charge must be returned to OCD within thirty (30) days after replacement when the Replacement Part(s) are shipped directly to Customer. The Customer may also order certain replacement, non-consumable parts directly from OCD. The cost of standard shipping is included. A charge for Premium shipping (NFO, Next Day) will be billed if this is requested by the customer. All consumable parts will be charged to customer.

20a. **Terms and Conditions for any other Services:** N/A

21. **List of Service and Distribution Points:**

- Service: Ortho-Clinical Diagnostics has Customer Equipment Service Representatives located throughout the CONUS, AK and HI. To obtain service call OCD Customer Support Center at 800-421-3311.
- Distribution Points:
  - Equipment – Ortho-Clinical Diagnostics, Rochester, NY
  - Consumables – Johnson & Johnson Health Care Systems, Memphis, TN

22. **List of Participating Dealers:** Not Applicable.

23. **Preventative Maintenance:** Preventative maintenance checks will be performed in accordance with standard commercial practices and per manufacturer's recommended specifications.

24a. **Special Attributes:** Not Applicable

24b. **Section 508 Compliance:** Not Applicable

25. **Contractor Information**

- Data Universal Number System (DUNS) Number: 79-603-6473**
- CAGE Code: 03KD1**
- Tax Identification Number (TIN): 22-3329332**

26. **Central Contractor Registration (CCR):** Ortho-Clinical Diagnostics is registered in the CCR database.

27. **Return Goods Policy:** Outdated product may not be returned for credit or replacement. No merchandise will be accepted for credit or replacement unless the return has been previously authorized by Ortho-Clinical Diagnostics. Goods damaged in transit and order discrepancies must be reported to Ortho-Clinical Diagnostics within fifteen (15) days of receipt of order.
28. **Extended Prior Agreements:** Existing agreements will be converted to contract terms, conditions, and pricing as stated in this executed agreement with the Government.
29. **Additional Training:** Additional training at the Rochester, NY Training Facility may be purchased as a separate line item based on the table on page 4, or incorporated into the Cost Per Test/Cost Per Reportable Result Program as an incremental charge for a 12-month period. During installation year, up to two-additional General Operators may be trained at the customer's site upon request, over a period not to exceed four-days during normal business weekday hours. One-General Operator per system per government fiscal year may be trained at the customer's site upon request over a period of no more than four-days during normal business weekday hours.
30. **Ageing Equipment Exchange:** Government sites that have equipment from OCD currently in use may be eligible for equipment trade-in due to age of the equipment and/or high equipment usage. Qualified OCD representatives will make the final determination on the status of ageing equipment based on the following criteria:

<b>Analyzer:</b>	<b>Total Tests Run:</b>	<b>Minimum Years in Service:</b>
VITROS <sup>®</sup> 250 Systems	2,500,000	5
VITROS <sup>®</sup> 350 Systems	2,500,000	5
VITROS <sup>®</sup> 950/950R Systems	5,000,000	5
VITROS <sup>®</sup> 5,1 FS System	9,000,000	5
VITROS <sup>®</sup> ECi/ECiQ Systems	750,000	5

*NOTE: Customers with VITROS 250 Systems or VITROS 950 Systems instruments can exchange their instruments for remanufactured equipment based upon product availability. Customers with VITROS ECi Systems can exchange their instruments for VITROS ECiQ System based upon product availability.*

## Equipment Buy Out Schedule

Customers with older equipment that wish to purchase their analyzer outright can use the following table. Title to the asset would transfer to the customer and they would then discontinue paying the capital component of the CPT. There is no trade in allowance for owned equipment in the FSS CPT.

<b>Analyzer</b>	<b>Eligibility</b>	<b>Amount</b>
VITROS 250/350 Systems	Either 60 months in use or 2,500,000 slides run	\$7,500.00
VITROS 950/950R Systems	Either 60 months in use or 5,000,000 slides run	\$15,000.00
VITROS ECi/ECiQ Systems	Either 60 months in use or 750,000 slides run	\$15,000.00

## REAGENT DISCOUNT GUIDELINES

- Pricing may be discounted for the customer behaviors noted below


(VITROS 250/950/950R are excluded from reagent discount eligibility).

- Maximum individual account discount = up to 15%
- This discount is taken off the base reagent price only (not total CPT or CRR) and is based on volume commitment


### Clinical Chemistry Contract Discounts (Percentage shown reflects a reagent discount):

- Loyalty
  - 66-71 months = 1%
  - 72-83 months = 2%
  - 84+ months = 3%
- Account Market Share
  - 85-89.9% = 2%
  - 90-94.9% = 3%
  - 95%+ = 4%
- High Value Menu (Total of 12 High Value Assays Available; see Clinical Chemistry Assay Classes Table in Clinical Chemistry Section)
  - 6-7 key menu items = 2%
  - 8-9 key menu items = 3%
  - 10+ key menu items = 4%


VITROS® Clinical Chemistry Equipment Descriptions

Catalog Number	Equipment	Description
<p><b>VITROS® 250 Clinical Chemistry System</b></p> 		
<p>813 2086</p> <p>680 0682</p> <p>680 1358</p> <p>680 2154</p>	<p>VITROS 250 Chemistry System  <b>NOTE- New VITROS 250 Systems are no longer available.</b>                      Other Accessories                      Patient Sample Identification (PSID)                      Uninterruptible Power Supply (UPS)                      250e Upgrade Kit</p>	<p>Provides Colorimetric, Potentiometric, Rate, and ImmunoRate capabilities. Includes Primary Container Sampling (PCS), Dilution, Bi-Directional Capability, and Printer Kit. Includes parts kit and installation kit. Patient Sample ID (PSID) and Uninterruptible Power Supply (UPS) are not included in the CPT and must be ordered using catalog numbers as listed.</p>
<p>680 2154</p> <p>680 0682</p> <p>680 1358</p>	<p>VITROS 250e Chemistry System (Refurbished and Upgraded*)  <b>Requires existing VITROS 250 Systems</b>                      Other Accessories                      Patient Sample Identification (PSID)                      Uninterruptible Power Supply (UPS)</p>	<p><b>Field Upgrade Kit</b> - Provides Colorimetric, Potentiometric, Rate, and ImmunoRate capabilities in a higher throughput mode compared to the VITROS 250. Includes Primary Container Sampling (PCS), Dilution, Bi-Directional Capability, 15" Flat Touch Screen Monitor, and Printer Kit. Includes parts kit and installation kit. Patient Sample ID (PSID) and Uninterruptible Power Supply (UPS) are not included in the CPT and must be ordered using catalog numbers as listed. *VITROS refurbished equipment is expected to perform as a well maintained system.</p>

VITROS® Clinical Chemistry Equipment Descriptions – Continued

Catalog Number	Equipment	Description
<p><b>VITROS® 950 Clinical Chemistry System</b></p> 		
874 8790	<p>VITROS 950 Chemistry System  <b>NOTE- New VITROS 950 Systems are no longer available.</b></p>	<p>Provides Colorimetric, Potentiometric, Rate, and ImmunoRate capabilities. Includes Primary Container Sampling (PCS), Patient Sample ID (PSID), Bi-Directional Capability, and Printer Kit. Includes parts kit and installation kit. Uninterruptible Power Supply (UPS) is not included in the CPT and must be ordered using catalog number as listed.</p>
680 1975	<p>Other Accessories                      UPS</p>	
680 1760	<p>VITROS 950R Chemistry System (Refurbished*)</p>	<p>Provides Colorimetric, Potentiometric, Rate, and ImmunoRate capabilities. Includes Primary Container Sampling (PCS), Patient Sample ID (PSID), Bi-Directional Capability, and Printer Kit. Includes parts kit and installation kit. Uninterruptible Power Supply (UPS) is not included in the CPT and must be ordered using catalog number as listed. *VITROS refurbished equipment is expected to perform as a well maintained system.</p>
680 1975	<p>Other Accessories                      UPS</p>	

VITROS® Clinical Chemistry Equipment Descriptions – Continued

Catalog Number	Equipment	Description
<p><b>VITROS® 5,1 FS Clinical Chemistry System</b></p> 		
<p>680 1375  680 1975 680 2178</p>	<p>VITROS 5,1 FS Chemistry System  Other Accessories UPS 5,1 FS AT</p>	<p>Provides Colorimetric, Potentiometric, Rate, ImmunoRate, and Turbidimetric capabilities. Includes Intellicheck™ Technology, e-Connectivity™, Primary Container Sampling (PCS), Auto-Dilution, Auto-Repeat, Auto-Reflexing, Bi-Directional Capability including Host Query, sample quality check for Hemolysis, Icterus, and Turbidity, Automatic Tip Loading, and Printer Kit. Includes parts kit and installation kit. Uninterruptible Power Supply (UPS) is not included in the CPT and must be ordered using catalog number as listed.</p>

**VITROS® 250 Chemistry System (includes IFF) Cost Per Test (CPT)**

Cost Per Test (CPT) VITROS 250 Chemistry System													
Assay Name	0	50,000	100,000	200,000	300,000	400,000	500,000	600,000	700,000	800,000	1,000,000	1,250,000	> 1,500,000
	-	-	-	-	-	-	-	-	-	-	-	-	-
	49,999	99,999	199,999	299,999	399,999	499,999	599,999	699,999	799,999	999,999	1,249,999	1,499,999	1,500,000
Acetaminophen	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
Acid Phos	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
Albumin	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1726	0.1726	0.1726	0.1726
Alcohol	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
Alk Phos	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1726	0.1726	0.1726	0.1726
ALT	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1726	0.1726	0.1726	0.1726
Ammonia	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
Amylase	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
AST	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1726	0.1726	0.1726	0.1726
Bilirubin, BuBc	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1726	0.1726	0.1726	0.1726
Bilirubin, Total	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1726	0.1726	0.1726	0.1726
BUN	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1726	0.1726	0.1726	0.1726
Calcium	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1726	0.1726	0.1726	0.1726
Carbamazepine	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
Chloride	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1726	0.1726	0.1726	0.1726
Cholesterol	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1726	0.1726	0.1726	0.1726
Cholinesterase	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
CKMB	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
CO2	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1726	0.1726	0.1726	0.1726
Creatine Kinase	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1726	0.1726	0.1726	0.1726
Creatinine	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1726	0.1726	0.1726	0.1726
CRP	1.1372	0.9776	0.9077	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678
Digoxin	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
Fe/TIBC	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
Gamma GT	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1726	0.1726	0.1726	0.1726
Glucose	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1726	0.1726	0.1726	0.1726
HDL, Direct	1.5859	1.5859	1.0919	0.9965	0.9539	0.9247	0.9015	0.8815	0.8635	0.8578	0.8393	0.8224	0.8083
Lactate	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
LDH	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1726	0.1726	0.1726	0.1726
Lipase	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
Lithium	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
Magnesium	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
Phenobarbital	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
Phenytoin	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
Phosphorus	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1726	0.1726	0.1726	0.1726
Potassium	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1726	0.1726	0.1726	0.1726
Salicylate	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
Sodium	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1726	0.1726	0.1726	0.1726
Theophylline	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
Total Protein	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1726	0.1726	0.1726	0.1726
Triglycerides	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1726	0.1726	0.1726	0.1726
U/CSF Protein	1.1372	0.9776	0.9077	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678
Uric Acid	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1726	0.1726	0.1726	0.1726



**VITROS® 250 Chemistry System (includes IFF) Cost Per Reportable Result (CPRR)**

Cost Per Reportable Result (CPRR) VITROS 250 Chemistry System													
Assay Name	0	50,000	100,000	200,000	300,000	400,000	500,000	600,000	700,000	800,000	1,000,000	1,250,000	> 1,500,000
	-	-	-	-	-	-	-	-	-	-	-	-	-
	49,999	99,999	199,999	299,999	399,999	499,999	599,999	699,999	799,999	999,999	1,249,999	1,499,999	1,500,000
Acetaminophen	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
Acid Phos	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
Albumin	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1875	0.1875	0.1875	0.1875
Alcohol	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
Alk Phos	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1875	0.1875	0.1875	0.1875
ALT	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1875	0.1875	0.1875	0.1875
Ammonia	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
Amylase	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
AST	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1875	0.1875	0.1875	0.1875
Bilirubin, BuBc	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1875	0.1875	0.1875	0.1875
Bilirubin, Total	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1875	0.1875	0.1875	0.1875
BUN	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1875	0.1875	0.1875	0.1875
Calcium	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1875	0.1875	0.1875	0.1875
Carbamazepine	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
Chloride	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1875	0.1875	0.1875	0.1875
Cholesterol	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1875	0.1875	0.1875	0.1875
Cholinesterase	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
CKMB	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
CO2	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1875	0.1875	0.1875	0.1875
Creatine Kinase	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1875	0.1875	0.1875	0.1875
Creatinine	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1875	0.1875	0.1875	0.1875
CRP	2.025	1.9352	1.8853	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454
Digoxin	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
Fe/TIBC	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
Gamma GT	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1875	0.1875	0.1875	0.1875
Glucose	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1875	0.1875	0.1875	0.1875
HDL, Direct	2.4399	2.4399	1.4558	1.2457	1.1223	1.0508	1.0016	0.9582	0.9387	0.9323	0.9123	0.8940	0.8786
Lactate	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
LDH	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1875	0.1875	0.1875	0.1875
Lipase	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
Lithium	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
Magnesium	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
Phenobarbital	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
Phenytoin	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
Phosphorus	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1875	0.1875	0.1875	0.1875
Potassium	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1875	0.1875	0.1875	0.1875
Salicylate	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
Sodium	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1875	0.1875	0.1875	0.1875
Theophylline	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
Total Protein	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1875	0.1875	0.1875	0.1875
Triglycerides	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1875	0.1875	0.1875	0.1875
U/CSF Protein	2.025	1.9352	1.8853	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454
Uric Acid	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1875	0.1875	0.1875	0.1875

**VITROS® 250 Chemistry System - Add-on or Deducted Charges  
(includes IFF)  
Apply either Cost Per Test (CPT) or Cost Per Reportable Result (CPRR)**

<b>Add-on or Deducted Charges - VITROS 250 Chemistry Systems</b>													
<b>Item</b>	<b>0 - 49,999</b>	<b>50,000 - 99,999</b>	<b>100,000 - 199,999</b>	<b>200,000 - 299,999</b>	<b>300,000 - 399,999</b>	<b>400,000 - 499,999</b>	<b>500,000 - 599,999</b>	<b>600,000 - 699,999</b>	<b>700,000 - 799,999</b>	<b>800,000 - 999,999</b>	<b>1,000,000 - 1,249,999</b>	<b>1,250,000 - 1,499,999</b>	<b>&gt; 1,500,000</b>
Incremental 250 (includes M-F, 8-5 Service)	1,509/month	1,509/month	0.1231	0.0739	0.0527	0.0410	0.0336	0.0284	0.0247	0.0205	0.0164	0.0134	0.0123
UPS (6801358) One Year add-on	n/a	n/a	0.0134	0.0080	0.0057	0.0045	0.0036	0.0031	0.0027	0.0022	0.0018	0.0015	0.0013
Positive Sample Identification PSID (6800682) One Year add-on	n/a	n/a	0.0501	0.0301	0.0215	0.0167	0.0137	0.0116	0.0100	0.0084	0.0067	0.0055	0.0050
Training (1 - KOT, Rochester, NY) One Year add-on	n/a	n/a	0.0287	0.0172	0.0123	0.0096	0.0078	0.0066	0.0057	0.0048	0.0038	0.0031	0.0029
Training (1 -GOT, Rochester, NY) One Year add-on	n/a	n/a	0.0167	0.0100	0.0072	0.0056	0.0046	0.0039	0.0033	0.0028	0.0022	0.0018	0.0017
250e Field Upgrade Kit (6802154) One Year add-on	n/a	n/a	0.0668	0.0401	0.0286	0.0223	0.0182	0.0154	0.0134	0.0111	0.0089	0.0073	0.0067
Gold Service Upgrade (8-5, 7 days)	n/a	n/a	0.0201	0.0120	0.0086	0.0067	0.0055	0.0046	0.0040	0.0033	0.0027	0.0022	0.0020
Platinum Service Upgrade (24 x 7)	n/a	n/a	0.0334	0.0201	0.0143	0.0111	0.0091	0.0077	0.0067	0.0056	0.0045	0.0036	0.0033
Deduct 250 Capital Only (If owned)	1,011/month	1,011/month	(0.0663)	(0.0398)	(0.0284)	(0.0221)	(0.0181)	(0.0153)	(0.0133)	(0.0110)	(0.0088)	(0.0072)	(0.0066)
Deduct Service (8-5, 5 days)	498/month	498/month	(0.0568)	(0.0341)	(0.0243)	(0.0189)	(0.0155)	(0.0131)	(0.0114)	(0.0095)	(0.0076)	(0.0062)	(0.0057)

VITROS® 950 Chemistry System (includes IFF) Cost Per Test (CPT)

Cost Per Test (CPT) VITROS 950 Chemistry System													
Assay Name	0	50,000	100,000	200,000	300,000	400,000	500,000	600,000	700,000	800,000	1,000,000	1,250,000	> 1,500,000
	-	-	-	-	-	-	-	-	-	-	-	-	-
	49,999	99,999	199,999	299,999	399,999	499,999	599,999	699,999	799,999	999,999	1,249,999	1,499,999	1,500,000
Acetaminophen	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
Acid Phos	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
Albumin	\$3,557/month	\$3,557/month	0.3511	0.3511	0.2613	0.2613	0.2613	0.1965	0.1965	0.1786	0.1786	0.1526	0.1397
Alcohol	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
Alk Phos	\$3,557/month	\$3,557/month	0.3511	0.3511	0.2613	0.2613	0.2613	0.1965	0.1965	0.1786	0.1786	0.1526	0.1397
ALT	\$3,557/month	\$3,557/month	0.3511	0.3511	0.2613	0.2613	0.2613	0.1965	0.1965	0.1786	0.1786	0.1526	0.1397
Ammonia	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
Amylase	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
AST	\$3,557/month	\$3,557/month	0.3511	0.3511	0.2613	0.2613	0.2613	0.1965	0.1965	0.1786	0.1786	0.1526	0.1397
Bilirubin, BuBc	\$3,557/month	\$3,557/month	0.3511	0.3511	0.2613	0.2613	0.2613	0.1965	0.1965	0.1786	0.1786	0.1526	0.1397
Bilirubin, Total	\$3,557/month	\$3,557/month	0.3511	0.3511	0.2613	0.2613	0.2613	0.1965	0.1965	0.1786	0.1786	0.1526	0.1397
BUN	\$3,557/month	\$3,557/month	0.3511	0.3511	0.2613	0.2613	0.2613	0.1965	0.1965	0.1786	0.1786	0.1526	0.1397
Calcium	\$3,557/month	\$3,557/month	0.3511	0.3511	0.2613	0.2613	0.2613	0.1965	0.1965	0.1786	0.1786	0.1526	0.1397
Carbamazepine	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
Chloride	\$3,557/month	\$3,557/month	0.3511	0.3511	0.2613	0.2613	0.2613	0.1965	0.1965	0.1786	0.1786	0.1526	0.1397
Cholesterol	\$3,557/month	\$3,557/month	0.3511	0.3511	0.2613	0.2613	0.2613	0.1965	0.1965	0.1786	0.1786	0.1526	0.1397
Cholinesterase	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
CKMB	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
CO2	\$3,557/month	\$3,557/month	0.3511	0.3511	0.2613	0.2613	0.2613	0.1965	0.1965	0.1786	0.1786	0.1526	0.1397
Creatine Kinase	\$3,557/month	\$3,557/month	0.3511	0.3511	0.2613	0.2613	0.2613	0.1965	0.1965	0.1786	0.1786	0.1526	0.1397
Creatinine	\$3,557/month	\$3,557/month	0.3511	0.3511	0.2613	0.2613	0.2613	0.1965	0.1965	0.1786	0.1786	0.1526	0.1397
CRP	1.1372	0.9776	0.9077	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678
Digoxin	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
Fe/TIBC	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
Gamma GT	\$3,557/month	\$3,557/month	0.3511	0.3511	0.2613	0.2613	0.2613	0.1965	0.1965	0.1786	0.1786	0.1526	0.1397
Glucose	\$3,557/month	\$3,557/month	0.3511	0.3511	0.2613	0.2613	0.2613	0.1965	0.1965	0.1786	0.1786	0.1526	0.1397
HDL, Direct	1.9771	1.9771	1.2376	1.0898	1.0245	0.9826	0.9513	0.9257	0.9034	0.8933	0.8703	0.8501	0.8345
Lactate	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
LDH	\$3,557/month	\$3,557/month	0.3511	0.3511	0.2613	0.2613	0.2613	0.1965	0.1965	0.1786	0.1786	0.1526	0.1397
Lipase	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
Lithium	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
Magnesium	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
Phenobarbital	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
Phenytoin	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
Phosphorus	\$3,557/month	\$3,557/month	0.3511	0.3511	0.2613	0.2613	0.2613	0.1965	0.1965	0.1786	0.1786	0.1526	0.1397
Potassium	\$3,557/month	\$3,557/month	0.3511	0.3511	0.2613	0.2613	0.2613	0.1965	0.1965	0.1786	0.1786	0.1526	0.1397
Salicylate	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
Sodium	\$3,557/month	\$3,557/month	0.3511	0.3511	0.2613	0.2613	0.2613	0.1965	0.1965	0.1786	0.1786	0.1526	0.1397
Theophylline	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
Total Protein	\$3,557/month	\$3,557/month	0.3511	0.3511	0.2613	0.2613	0.2613	0.1965	0.1965	0.1786	0.1786	0.1526	0.1397
Triglycerides	\$3,557/month	\$3,557/month	0.3511	0.3511	0.2613	0.2613	0.2613	0.1965	0.1965	0.1786	0.1786	0.1526	0.1397
U/CSF Protein	1.1372	0.9776	0.9077	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678
Uric Acid	\$3,557/month	\$3,557/month	0.3511	0.3511	0.2613	0.2613	0.2613	0.1965	0.1965	0.1786	0.1786	0.1526	0.1397

VITROS® 950 Chemistry System (includes IFF) Cost Per Reportable Result (CPRR)

Cost Per Reportable Result (CPRR) VITROS 950 Chemistry System													
Assay Name	0	50,000	100,000	200,000	300,000	400,000	500,000	600,000	700,000	800,000	1,000,000	1,250,000	> 1,500,000
	49,999	99,999	199,999	299,999	399,999	499,999	599,999	699,999	799,999	899,999	1,249,999	1,499,999	
Acetaminophen	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
Acid Phos	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
Albumin	\$3,557/month	\$3,557/month	0.4130	0.4130	0.2903	0.2903	0.2903	0.2135	0.2135	0.1895	0.1895	0.1606	0.1466
Alcohol	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
Alk Phos	\$3,557/month	\$3,557/month	0.4130	0.4130	0.2903	0.2903	0.2903	0.2135	0.2135	0.1895	0.1895	0.1606	0.1466
ALT	\$3,557/month	\$3,557/month	0.4130	0.4130	0.2903	0.2903	0.2903	0.2135	0.2135	0.1895	0.1895	0.1606	0.1466
Ammonia	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
Amylase	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
AST	\$3,557/month	\$3,557/month	0.4130	0.4130	0.2903	0.2903	0.2903	0.2135	0.2135	0.1895	0.1895	0.1606	0.1466
Bilirubin, BuBc	\$3,557/month	\$3,557/month	0.4130	0.4130	0.2903	0.2903	0.2903	0.2135	0.2135	0.1895	0.1895	0.1606	0.1466
Bilirubin, Total	\$3,557/month	\$3,557/month	0.4130	0.4130	0.2903	0.2903	0.2903	0.2135	0.2135	0.1895	0.1895	0.1606	0.1466
BUN	\$3,557/month	\$3,557/month	0.4130	0.4130	0.2903	0.2903	0.2903	0.2135	0.2135	0.1895	0.1895	0.1606	0.1466
Calcium	\$3,557/month	\$3,557/month	0.4130	0.4130	0.2903	0.2903	0.2903	0.2135	0.2135	0.1895	0.1895	0.1606	0.1466
Carbamazepine	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
Chloride	\$3,557/month	\$3,557/month	0.4130	0.4130	0.2903	0.2903	0.2903	0.2135	0.2135	0.1895	0.1895	0.1606	0.1466
Cholesterol	\$3,557/month	\$3,557/month	0.4130	0.4130	0.2903	0.2903	0.2903	0.2135	0.2135	0.1895	0.1895	0.1606	0.1466
Cholinesterase	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
CKMB	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
CO2	\$3,557/month	\$3,557/month	0.4130	0.4130	0.2903	0.2903	0.2903	0.2135	0.2135	0.1895	0.1895	0.1606	0.1466
Creatine Kinase	\$3,557/month	\$3,557/month	0.4130	0.4130	0.2903	0.2903	0.2903	0.2135	0.2135	0.1895	0.1895	0.1606	0.1466
Creatinine	\$3,557/month	\$3,557/month	0.4130	0.4130	0.2903	0.2903	0.2903	0.2135	0.2135	0.1895	0.1895	0.1606	0.1466
CRP	2.0250	1.9352	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454
Digoxin	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
Fe/TIBC	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
Gamma GT	\$3,557/month	\$3,557/month	0.4130	0.4130	0.2903	0.2903	0.2903	0.2135	0.2135	0.1895	0.1895	0.1606	0.1466
Glucose	\$3,557/month	\$3,557/month	0.4130	0.4130	0.2903	0.2903	0.2903	0.2135	0.2135	0.1895	0.1895	0.1606	0.1466
HDL, Direct	3.0417	3.0417	1.6502	1.3622	1.2054	1.1166	1.0570	1.0062	0.9821	0.9710	0.9460	0.9240	0.9071
Lactate	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
LDH	\$3,557/month	\$3,557/month	0.4130	0.4130	0.2903	0.2903	0.2903	0.2135	0.2135	0.1895	0.1895	0.1606	0.1466
Lipase	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
Lithium	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
Magnesium	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
Phenobarbital	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
Phenytoin	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
Phosphorus	\$3,557/month	\$3,557/month	0.4130	0.4130	0.2903	0.2903	0.2903	0.2135	0.2135	0.1895	0.1895	0.1606	0.1466
Potassium	\$3,557/month	\$3,557/month	0.4130	0.4130	0.2903	0.2903	0.2903	0.2135	0.2135	0.1895	0.1895	0.1606	0.1466
Sahcylate	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
Sodium	\$3,557/month	\$3,557/month	0.4130	0.4130	0.2903	0.2903	0.2903	0.2135	0.2135	0.1895	0.1895	0.1606	0.1466
Theophylline	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
Total Protein	\$3,557/month	\$3,557/month	0.4130	0.4130	0.2903	0.2903	0.2903	0.2135	0.2135	0.1895	0.1895	0.1606	0.1466
Triglycerides	\$3,557/month	\$3,557/month	0.4130	0.4130	0.2903	0.2903	0.2903	0.2135	0.2135	0.1895	0.1895	0.1606	0.1466
U/CSF Protein	2.0250	1.9352	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454
Uric Acid	\$3,557/month	\$3,557/month	0.4130	0.4130	0.2903	0.2903	0.2903	0.2135	0.2135	0.1895	0.1895	0.1606	0.1466

VITROS® 950 Chemistry System- Refurbished (includes IFF) Cost Per Test (CPT)

Cost Per Test (CPT) VITROS 950R Chemistry System													
Assay Name	0 -	50,000 -	100,000 -	200,000 -	300,000 -	400,000 -	500,000 -	600,000 -	700,000 -	800,000 -	1,000,000 -	1,250,000 -	> 1,500,000
	49,999	99,999	199,999	299,999	399,999	499,999	599,999	699,999	799,999	999,999	1,249,999	1,499,999	
Acetaminophen	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
Acid Phos	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
Albumin	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1610	0.1610	0.1610	0.1610
Alcohol	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
Alk Phos	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1610	0.1610	0.1610	0.1610
ALT	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1610	0.1610	0.1610	0.1610
Ammonia	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
Amylase	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
AST	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1610	0.1610	0.1610	0.1610
Bilirubin, BuBc	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1610	0.1610	0.1610	0.1610
Bilirubin, Total	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1610	0.1610	0.1610	0.1610
BUN	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1610	0.1610	0.1610	0.1610
Calcium	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1610	0.1610	0.1610	0.1610
Carbamazepine	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
Chloride	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1610	0.1610	0.1610	0.1610
Cholesterol	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1610	0.1610	0.1610	0.1610
Cholinesterase	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
CKMB	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
CO2	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1610	0.1610	0.1610	0.1610
Creatine Kinase	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1610	0.1610	0.1610	0.1610
Creatinine	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1610	0.1610	0.1610	0.1610
CRP	1.1372	0.9776	0.9077	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678
Digoxin	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
Fe/TIBC	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
Gamma GT	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1610	0.1610	0.1610	0.1610
Glucose	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1610	0.1610	0.1610	0.1610
HDL, Direct	1.9771	1.9771	1.2376	1.0898	1.0245	0.9826	0.9513	0.9257	0.9034	0.8933	0.8703	0.8501	0.8345
Lactate	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
LDH	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1610	0.1610	0.1610	0.1610
Lipase	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
Lithium	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
Magnesium	0.6284	0.5686	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087	0.5087
Phenobarbital	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
Phenytoin	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
Phosphorus	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1610	0.1610	0.1610	0.1610
Potassium	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1610	0.1610	0.1610	0.1610
Salicylate	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
Sodium	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1610	0.1610	0.1610	0.1610
Theophylline	1.2269	0.9776	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481	0.7481
TIBC, Direct	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1610	0.1610	0.1610	0.1610
Total Protein	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1610	0.1610	0.1610	0.1610
Triglycerides	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1610	0.1610	0.1610	0.1610
U/CSF Protein	1.1372	0.9776	0.9077	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678	0.8678
Uric Acid	\$2,693/month	\$2,693/month	0.2643	0.2643	0.2145	0.2145	0.2145	0.1726	0.1726	0.1610	0.1610	0.1610	0.1610

VITROS® 950 Chemistry System- Refurbished (includes IFF) Cost Per Reportable Result (CPRR)

Cost Per Reportable Result (CPRR) VITROS 950R Chemistry System													
Assay Name	0	50,000	100,000	200,000	300,000	400,000	500,000	600,000	700,000	800,000	1,000,000	1,250,000	>
	-	-	-	-	-	-	-	-	-	-	-	-	-
	49,999	99,999	199,999	299,999	399,999	499,999	599,999	699,999	799,999	999,999	1,249,999	1,499,999	1,500,000
Acetaminophen	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
Acid Phos	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
Albumin	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1706	0.1706	0.1706	0.1706
Alcohol	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
Alk Phos	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1706	0.1706	0.1706	0.1706
ALT	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1706	0.1706	0.1706	0.1706
Ammonia	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
Amylase	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
AST	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1706	0.1706	0.1706	0.1706
Bilirubin, BuBc	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1706	0.1706	0.1706	0.1706
Bilirubin, Total	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1706	0.1706	0.1706	0.1706
BUN	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1706	0.1706	0.1706	0.1706
Calcium	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1706	0.1706	0.1706	0.1706
Carbamazepine	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
Chloride	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1706	0.1706	0.1706	0.1706
Cholesterol	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1706	0.1706	0.1706	0.1706
Cholinesterase	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
CKMB	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
CO2	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1706	0.1706	0.1706	0.1706
Creatine Kinase	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1706	0.1706	0.1706	0.1706
Creatinine	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1706	0.1706	0.1706	0.1706
CRP	2.0250	1.9352	1.8853	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454
Digoxin	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
Fe/TIBC	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
Gamma GT	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1706	0.1706	0.1706	0.1706
Glucose	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1706	0.1706	0.1706	0.1706
HDL, Direct	3.0417	3.0417	1.6502	1.3622	1.2054	1.1166	1.0570	1.0062	0.9821	0.9710	0.9460	0.9240	0.9071
Lactate	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
LDH	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1706	0.1706	0.1706	0.1706
Lipase	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
Lithium	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
Magnesium	0.7681	0.6783	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284	0.6284
Phenobarbital	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
Phenytoin	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
Phosphorus	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1706	0.1706	0.1706	0.1706
Potassium	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1706	0.1706	0.1706	0.1706
Salicylate	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
Sodium	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1706	0.1706	0.1706	0.1706
Theophylline	3.3716	2.6933	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250	2.0250
TIBC, Direct	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1706	0.1706	0.1706	0.1706
Total Protein	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1706	0.1706	0.1706	0.1706
Triglycerides	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1706	0.1706	0.1706	0.1706
U/CSF Protein	2.0250	1.9352	1.8853	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454	1.8454
Uric Acid	\$2,693/month	\$2,693/month	0.3112	0.3112	0.2384	0.2384	0.2384	0.1875	0.1875	0.1706	0.1706	0.1706	0.1706

**VITROS® 950 Chemistry System and VITROS 950 Chemistry System- Refurbished - Add-on or Deducted Charges**

**(includes IFF)**

**Apply either Cost Per Test (CPT) or Cost Per Reportable Result (CPRR)**

Add-on or Deducted Charges - VITROS 950 Chemistry Systems													
Item	0 -	50,000 -	100,000 -	200,000 -	300,000 -	400,000 -	500,000 -	600,000 -	700,000 -	800,000 -	1,000,000 -	1,250,000 -	> -
	49,999	99,999	199,999	299,999	399,999	499,999	599,999	699,999	799,999	999,999	1,249,999	1,499,999	1,500,000
Incremental 950 (includes M-F, 8-5 Service)	3,359/month	3,359/month	0.2323	0.1394	0.0996	0.0775	0.0634	0.0536	0.0464	0.0387	0.0309	0.0253	0.0233
Incremental 950R (includes M-F, 8-5 Service)	1,509/month	1,509/month	0.2007	0.1205	0.0860	0.0669	0.0548	0.0463	0.0401	0.0334	0.0267	0.0219	0.0201
UPS (6801975) One Year add-on	n/a	n/a	0.0374	0.0225	0.0160	0.0125	0.0102	0.0086	0.0075	0.0062	0.0050	0.0041	0.0037
Positive Sample Identification PSID (6800682) One Year add-on	n/a	n/a	0.0501	0.0301	0.0215	0.0167	0.0137	0.0116	0.0100	0.0084	0.0067	0.0055	0.0050
Training (1 - KOT, Rochester, NY) One Year add-on	n/a	n/a	0.0287	0.0172	0.0123	0.0096	0.0078	0.0066	0.0057	0.0048	0.0038	0.0031	0.0029
Training (1 - GOT, Rochester, NY) One Year add-on	n/a	n/a	0.0167	0.0100	0.0072	0.0056	0.0046	0.0039	0.0033	0.0028	0.0022	0.0018	0.0017
Gold Service Upgrade (8-5, 7 days)	n/a	n/a	0.0267	0.0160	0.0115	0.0089	0.0073	0.0062	0.0053	0.0045	0.0036	0.0029	0.0027
Platinum Service Upgrade (24 x 7)	n/a	n/a	0.0468	0.0281	0.0201	0.0156	0.0128	0.0108	0.0094	0.0078	0.0062	0.0051	0.0047
Deduct 950 Capital Only (If owned)	2,252/month	2,252/month	(0.1187)	(0.0712)	(0.0509)	(0.0396)	(0.0324)	(0.0274)	(0.0237)	(0.0198)	(0.0158)	(0.0129)	(0.0119)
Deduct 950R Capital Only (If owned)	1,011/month	1,011/month	(0.0871)	(0.0523)	(0.0373)	(0.0290)	(0.0238)	(0.0201)	(0.0174)	(0.0145)	(0.0116)	(0.0095)	(0.0087)
Deduct Service (8-5, 5 days)	498/month	498/month	(0.1136)	(0.0682)	(0.0487)	(0.0379)	(0.0310)	(0.0262)	(0.0227)	(0.0189)	(0.0151)	(0.0124)	(0.0114)

**VITROS® 5,1 FS Chemistry System (includes IFF)**  
**Cost Per Test (CPT) and Cost Per Reportable Result (CPRR)**

Cost Per Test (CPT) VITROS 5,1 FS Chemistry System													
Assay Class	0	50,000	100,000	200,000	300,000	400,000	500,000	600,000	700,000	800,000	1,000,000	1,250,000	>
	49,999	99,999	199,999	299,999	399,999	499,999	599,999	699,999	799,999	999,999	1,249,999	1,499,999	1,500,000
Class 1	1.7318	1.7318	0.7012	0.4985	0.4067	0.3519	0.3097	0.2808	0.2596	0.2433	0.2187	0.2026	0.1918
Class 2	1.7795	1.7795	0.7370	0.5326	0.4391	0.3826	0.3379	0.3072	0.2847	0.2684	0.2421	0.2251	0.2131
Class 3	2.5161	2.5161	1.4173	1.1975	1.1016	1.0425	1.0003	0.9672	0.9395	0.9233	0.8943	0.8697	0.8525
Class 4	3.5392	3.5392	2.3125	2.0671	1.9584	1.8866	1.8315	1.7856	1.7451	1.7289	1.6872	1.6498	1.6199
Class 5	3.8430	3.8430	2.6079	2.3608	2.2512	2.1785	2.1226	2.0758	2.0345	2.0183	1.9757	1.9375	1.9066
Class 6	5.8210	5.8210	4.3386	4.0421	3.9078	3.8103	3.7298	3.6583	3.5921	3.5760	3.5087	3.4457	3.3901
Class 7	3.6043	3.6043	2.3990	2.1579	2.0513	1.9816	1.9287	1.8849	1.8465	1.8303	1.7907	1.7554	1.7276
Class 8	3.2633	3.2633	2.1006	1.8680	1.7656	1.7003	1.6516	1.6121	1.5780	1.5617	1.5264	1.4955	1.4718

Cost Per Reportable Result (CPRR) VITROS 5,1 FS Chemistry System													
Assay Class	0	50,000	100,000	200,000	300,000	400,000	500,000	600,000	700,000	800,000	1,000,000	1,250,000	>
	49,999	99,999	199,999	299,999	399,999	499,999	599,999	699,999	799,999	999,999	1,249,999	1,499,999	1,500,000
Class 1	2.6643	2.6643	0.9349	0.6230	0.4785	0.3999	0.3441	0.3052	0.2821	0.2644	0.2376	0.2202	0.2085
Class 2	2.7377	2.7377	0.9826	0.6656	0.5166	0.4348	0.3754	0.3340	0.3094	0.2918	0.2631	0.2448	0.2316
Class 3	3.8709	3.8709	1.8898	1.4970	1.2960	1.1846	1.1114	1.0513	1.0212	1.0035	0.9721	0.9453	0.9267
Class 4	5.4449	5.4449	3.0833	2.5840	2.3040	2.1439	2.0351	1.9409	1.8969	1.8793	1.8339	1.7933	1.7607
Class 5	5.9124	5.9124	3.4771	2.9510	2.6484	2.4755	2.3585	2.2564	2.2114	2.1938	2.1474	2.1059	2.0724
Class 6	8.9555	8.9555	5.7848	5.0526	4.5973	4.3299	4.1442	3.9764	3.9045	3.8869	3.8137	3.7454	3.6849
Class 7	5.5452	5.5452	3.1986	2.6974	2.4132	2.2518	2.1430	2.0488	2.0071	1.9894	1.9464	1.9081	1.8778
Class 8	5.0205	5.0205	2.8008	2.3351	2.0772	1.9321	1.8351	1.7522	1.7151	1.6976	1.6592	1.6254	1.5998



**VITROS® 5,1 FS Chemistry System- Add-on or Deducted Charges  
(includes IFF)  
Apply either Cost Per Test (CPT) or Cost Per Reportable Result (CPRR)**

Add-on or Deducted Charges - VITROS 5,1 FS Chemistry Systems													
Item	0	50,000	100,000	200,000	300,000	400,000	500,000	600,000	700,000	800,000	1,000,000	1,250,000	>
	-	-	-	-	-	-	-	-	-	-	-	-	-
	49,999	99,999	199,999	299,999	399,999	499,999	599,999	699,999	799,999	999,999	1,249,999	1,499,999	1,500,000
Incremental 5,1 FS (includes M-F, 8-5 Service)	1.8690	0.6230	0.3115	0.1869	0.1334	0.1038	0.0849	0.0719	0.0623	0.0520	0.0416	0.0340	0.0311
UPS (6802069) One Year add-on	0.1684	0.0561	0.0281	0.0168	0.0120	0.0094	0.0077	0.0065	0.0056	0.0047	0.0037	0.0031	0.0028
Training (1 - KOT, Rochester, NY) One Year add-on	0.2206	0.0735	0.0368	0.0221	0.0158	0.0123	0.0100	0.0085	0.0074	0.0061	0.0049	0.0040	0.0037
Training (1 - GOT, Rochester, NY) One Year add-on	0.1003	0.0334	0.0167	0.0100	0.0072	0.0056	0.0046	0.0039	0.0033	0.0028	0.0022	0.0018	0.0017
5,1 FS AT Automated Track Upgrade Kit (6802178)	0.5013	0.1671	0.0835	0.0501	0.0358	0.0278	0.0228	0.0193	0.0167	0.0139	0.0111	0.0091	0.0084
Gold Service Upgrade (8-5, 7 days)	0.1805	0.0602	0.0301	0.0180	0.0129	0.0100	0.0082	0.0069	0.0060	0.0050	0.0040	0.0033	0.0030
Platinum Service Upgrade (24 x 7)	0.4511	0.1504	0.0752	0.0451	0.0322	0.0251	0.0205	0.0174	0.0150	0.0125	0.0100	0.0082	0.0075
Deduct 5,1 FS Capital Only (If owned)	(0.9667)	(0.3222)	(0.1611)	(0.0967)	(0.0690)	(0.0537)	(0.0439)	(0.0372)	(0.0322)	(0.0269)	(0.0215)	(0.0176)	(0.0161)
Deduct Service (8-5, 5 days)	(0.9023)	(0.3008)	(0.1504)	(0.0902)	(0.0644)	(0.0501)	(0.0410)	(0.0347)	(0.0301)	(0.0251)	(0.0201)	(0.0164)	(0.0150)

VITROS® Clinical Chemistry Assay Classes

Class 1:	Class 2:	Class 3:	Class 4:	Class 5:	Class 6:	Class 7:	Class 8:	Class 9:
Albumin	Bilirubin, BuBc	Amylase	Acid Phos	Apo A	Caffeine	Acetaminophen	<u>Serum</u>	
Alk Phos	Cholesterol	Gamma GT	Ammonia	Apo B	CKMB	Carbamazepine	<u>Alcohol</u>	
ALT	Creatine Kinase	<b>HDL, Direct</b>	CRP	C3	<b>HbA1C</b>	<b>Vancomycin</b>		
AST	LDH	Fe/TIBC	U/CSF Protein	C4	<b>HbA1C, Direct</b>	<b>Digoxin</b>		
CO2	Magnesium	Lactate		Cholinesterase	<b>CRP, High Sens</b>	Gentamicin		
Bilirubin, Total	Phosphorus	<b>LDL, Direct</b>		IgA		Lithium		
BUN	Triglycerides	Lipase		<b>IgG</b>		Phenobarbital	<u>Urine</u>	
Calcium	Uric Acid			IgM		Phenytoin	Amphetamine	
Chloride				<b>Microalbumin</b>		Salicylate	Barbiturates	
Creatinine				Prealbumin		Theophylline	Benzodiazepines	
Glucose				Rheumatoid Factor		<b>Tobramycin</b>	Cannabinoids	
Potassium				Transferrin		Valproic Acid	Cocaine	
Sodium				Haptoglobin			Methadone	
Total Protein				ASO			Opiates	
				AAT			PCP	
				TIBC, Direct				

**Unclassified Assays**

Digitoxin** Benzodiazepines – Serum** Quinidine**	Barbiturates – Serum** Procainamide** Tricyclics – Serum**
---	--

\*\* - Under development

**High Value Menu (see Behavioral Discounts)**

**VITROS® Clinical Chemistry Assays**

<b>Assay:</b>	<b>Catalog Number:</b>	<b>Number of Tests:</b>	<b>Calibrator:</b>	<b>Class:</b>
AAT- Alpha-1 antitrypsin	6802216	300	99	Class 5
ACET – Acetaminophen	1037274	90	9	Class 7
ACP – Acid Phosphatase	8168122	90	3	Class 4
ALB – Albumin	1988211	90	4	Class 1
ALB – Albumin	8196057	250	4	Class 1
ALC – Alcohol	8046872	90	8	Class 8
ALKP – Alkaline Phosphatase	1053180	300	3	Class 1
ALT – Alanine Aminotransferase	1655281	300	3	Class 1
AMON – Ammonia	1726926	90	5	Class 4
AMON – Ammonia	1721869	300	5	Class 4
AMPH – Amphetamines	6801991	300	26	Class 8
AMYL – Amylase	8112724	90	3	Class 3
AMYL – Amylase	1202670	300	3	Class 3
ApoA1 -- Apolipoprotein A	6801737	300	21	Class 5
ApoB -- Apolipoprotein B	6801738	300	22	Class 5
ASO- Antistreptolysin O	680 2218	300	28	Class 5
AST – Aspartate Aminotransferase	8433815	300	3	Class 1
BARB – Barbiturates	6801988	300	26	Class 8
BARB – Barbiturates* - Serum	6801992	TBD	TBD	TBD
BENZO – Benzodiazepines	6801989	300	26	Class 8
BENZO – Benzodiazepines* - Serum	6801993	TBD	TBD	TBD
BuBc-Unconjugated/Conjugated Bilirubin	1612365	90	4	Class 2
BuBc-Unconjugated/Conjugated Bilirubin	8383051	300	4	Class 2
BUN – Urea Nitrogen	8102204	300	1	Class 1
C3 -- Complement 3	6801735	300	20	Class 5
C4 -- Complement 4	6801736	300	20	Class 5
CAFFN – Caffeine	6801713	400	15	Class 6
CA – Calcium	1450261	300	1	Class 1
THC – Cannabinoids	6801994	300	30	Class 8
CRBM – Carbamazepine	8892382	90	9	Class 7
CHE – Cholinesterase	8004707	90	6	Class 5
CHE – Cholinesterase	1914605	300	6	Class 5
CHOL -- Cholesterol/HDL	1669829	300	2	Class 2
COC – M – Cocaine Metabolite	6801995	300	26	Class 8
dHDL -- Cholesterol/HDL, Direct (MicroSlide)	6801895	300	25	Class 3
dHDL -- Cholesterol/HDL, Direct (MicroSlide)	6802469	90	25	Class 3
dLDL -- Cholesterol/LDL, Direct	6801728	600	19	Class 3
CK – Creatine Kinase	8478034	90	3	Class 2
CK – Creatine Kinase	8479396	300	3	Class 2
CKMB-Creatine Kinase MB	8001133	90	6	Class 6
CKMB-Creatine Kinase MB	8058232	300	6	Class 6
CL – Chloride	8445207	250	2	Class 1
CREA – Creatinine	8141947	300	1	Class 1
CREA – Creatinine IDMS	6802584	300	1	Class 1
CRP – C-Reactive Protein	8097990	90	7	Class 4
CRP – C-Reactive Protein	1926740	250	7	Class 4
hsCRP – C-Reactive Protein, High Sensitivity	6801739	300	17	Class 6

**Clinical Chemistry Assays – Continued**

Assay:	Catalog Number:	Number of Tests:	Calibrator:	Class:
DGXN – Digoxin	8343386	90	9	Class 7
ECO2 – Carbon Dioxide	8262396	300	2	Class 1
Fe/TIBC-Iron/Total Iron Binding Capacity	1924547	90	4	Class 3
Fe/TIBC-Iron/Total Iron Binding Capacity	1515808	300	4	Class 3
Fe/dTIBC – Iron/Total Iron Binding Capacity, Direct	6802001	300	29	Class 5
GENT – Gentamicin	6801711	300	13	Class 7
GGT – Gamma Glutamyl Transferase	8257289	250	3	Class 3
GLU – Glucose	1707801	300	1	Class 1
%A1C – Hemoglobin A1C	6801730	300	18	Class 6
D%A1C – Hemoglobin A1C – Direct	6802314	300	18	Class 6
HPT – Haptoglobin	6802214	300	20	Class 5
IgA -- Immunoglobulin A	6801732	300	20	Class 5
IgG – Immunoglobulin G	6801733	300	20	Class 5
IgM -- Immunoglobulin M	6801734	300	20	Class 5
K+ - Potassium	8157596	250	2	Class 1
LAC – Lactate	8150112	90	1	Class 3
LAC – Lactate	8433880	300	1	Class 3
LDH-Lactate Dehydrogenase	8384489	250	3	Class 2
LIPA – Lipase	8297749	90	3	Class 3
LIPA – Lipase	1668409	300	3	Class 3
Li – Lithium	1632660	90	1	Class 7
Li – Lithium	8318925	300	1	Class 7
Mg – Magnesium	1921204	90	1	Class 2
Mg – Magnesium	8255093	300	1	Class 2
mALB – Microalbumin	6801740	300	24	Class 5
METH – Methadone	6801996	300	26	Class 8
Na+ - Sodium	8379034	250	2	Class 1
OPIATE – Opiates	6801997	300	26	Class 8
PCP – Phencyclidine	6801998	300	26	Class 8
PHBR – Phenobarbital	8221384	90	9	Class 7
PHYT – Phenytoin	8298671	90	9	Class 7
PHOS – Phosphorus	1513209	300	1	Class 2
PALB – Prealbumin	6801741	300	23	Class 5
PROCN – Procainamide*	6801999	TBD	TBD	TBD
PROT – CSF Protein	8208431	90	5	Class 4
QUIN – Quinidine*	6802000	TBD	TBD	TBD
RF -- Rheumatoid Factor	6801729	300	16	Class 5
SALI – Salicylate	1314343	90	1	Class 7
THEO – Theophylline	1307164	90	1	Class 7
THEO – Theophylline	8301764	300	1	Class 7
TOBRA – Tobramycin	6801712	300	14	Class 7
TBIL – Total Bilirubin	8159931	300	4	Class 1
TRFRN – Transferrin	6801767	300	20	Class 5
TP – Total Protein	8392292	250	4	Class 1
TRIG – Triglyceride	1336544	300	2	Class 2
TRCYC – Tricyclics – Serum*	6801990	TBD	TBD	TBD
URIC – Uric Acid	1943927	300	1	Class 2
UPRO – Urine Protein	6800120	90	10	Class 4
VALP-- Valproic Acid	6801710	300	12	Class 7
VANC – Vancomycin	6801709	300	11	Class 7

\* Under Development

**Clinical Chemistry Consumables**

- Annual Quantity Included indicates consumable quantity included within the **CPT** price in this Price List. Additional consumables required will be billed at Price indicated.
- Prices include IFF

Description	Catalog Number	Unit	Annual Quantity Included	Price
<b>Calibrators (All Systems)</b>				
CAL KIT No. 1	1882208	4 Sets (4 Cal Events)	3	\$115.20
CAL KIT No. 2	1662659	4 Sets (4 Cal Events)	3	\$97.20
CAL KIT No. 3	1290709	4 Sets (4 Cal Events)	3	\$133.20
CAL KIT No. 4	1204668	4 Sets (4 Cal Events)	3	\$115.20
CAL KIT No. 5	1149764	4 Sets (4 Cal Events)	3	\$79.20
CAL KIT No. 6	1204247	4 Sets (4 Cal Events)	3	\$79.20
CAL KIT No. 7	1320498	2 Sets (2 Cal Events)	3	\$49.50
CAL KIT No. 8	8578163	2 Sets (2 Cal Events)	3	\$29.70
CAL KIT No. 9	8568040	2 Sets (2 Cal Events)	3	\$49.50
CAL KIT No. 10	6800189	2 Sets (2 Cal Events)	3	\$39.60
<b>Controls (All Systems)</b>				
PERF VERIFIER Level I	8067324	12 Bottles	4	\$37.50
PERF VERIFIER Level II	8231474	12 Bottles	4	\$37.50
PERF VERIFIER Liquid Control Level I	8466492	6 Bottles	4	\$50.04
PERF VERIFIER Liquid Control Level II	1384007	6 Bottles	4	\$50.04
TDM Performance Verifier Level I	8962540	6 Bottles	4	\$39.60
TDM Performance Verifier Level II	1792357	6 Bottles	4	\$39.60
TDM Performance Verifier Level III	8182172	6 Bottles	4	\$39.60
CRP Performance Verifier Level 1	8936049	6 Bottles	4	\$29.70
CRP Performance Verifier Level II	8597452	6 Bottles	4	\$29.70
UPRO Performance Verifier I	6800190	6 Bottles	4	\$29.70
UPRO Performance Verifier II	6800191	6 Bottles	4	\$29.70
Isoenzyme Performance Verifier Level I	8721508	6 Bottles	4	\$38.52
Isoenzyme Performance Verifier Level II	8748220	6 Bottles	4	\$38.52
<b>Fluids/Reagent Kits (All Systems)</b>				
Solution 7% BSA	8262487	12 Bottles	Not Included	\$43.51
Citric Acid Solution	8074452	6 Bottles	Not included	\$31.99
Immuno Wash Fluid (all systems)	1830033	30 Reservoirs	12	\$81.00
Magnetic HDL Cholesterol Reagent	1042523	1 X 60 ml bottle	Not included	\$391.67
Magnetic HDL Cholesterol Reagent	6800909	1 X 120 ml bottle	Not included	\$660.04
Magnetic HDL Cholesterol Sample	6800910	1 box of 1300 tubes	Not included	\$60.93



Description	Catalog Number	Unit	Annual Quantity Included	Price
Tubes				
Magnetic HDL Cholesterol Adapters	6800911	1 box of 10 adapters	Not included	\$91.39
TIBC Kit	8867541	50 Columns	Not included	\$91.51
Specialty Diluent	8559825	6 Bottles	1 Box of 6 Bottles	\$15.30
Urine Electrolyte Diluent	1110352	6 Bottles	1	\$22.50
<b>Disposables (All Systems)</b>				
Desiccant Packs	1250232	2 Sets	4	\$27.90
VITROS VersaTips (250, 350, 950, 5,1FS, ECi only)	6801715	1000/box	Committed Test Volume	\$37.00
Disposal Box Liner	1250273	100 Liners	1	\$35.10
Humidity Packs	1247873	2 Sets	4	\$27.90
Sample Cup Pierced Caps	1451392	1000 Caps	1	\$32.40
Micro Sample Cup	1213115	4000 Cups	1	\$65.70
Micro Tips	1474030	250 Tips	Committed Test Volume	\$7.69
Universal Calibration Disk	8251878	1 Diskette	NA	NC
<b>VITROS 250/250R/250e/350 Systems Only</b>				
250/350 Reference Fluid	1765304	30 Reservoirs	13	\$135.00
Air Filters	1331560	2 Filters	1	\$22.50
Mixing Cup Array	1631779	48 Arrays	4	\$22.50
Slide Disposal Box Liners	1204791	100 Liners	1	\$45.00
Micro Tube Adapter	1338953	1 Adapter	Not Included	\$31.99
Sample Cup Adapter	1412204	4 Adapters	Not Included	\$102.36
Sample Tray	1627439	4 Trays	Not Included	\$204.71
Tip Rack	1561976	4 Racks	Not Included	\$15.35
Tube Height Adapter	1158294	8 Adapters	Not Included	\$30.71
Diluent Tray	1403906	1 Tray	Not Included	\$127.95
250/350 Sample Tray Carrier	8547176	1 Tray	Not Included	\$60.93
<b>VITROS 950/950R Systems Only</b>				
950/FS Reference Fluid	8057812	30 Reservoirs	13	\$135.00
Air Filters	1250315	6 Filters	2	\$37.80
Tip Disposal Box Liners	1481779	100 Liners	1	\$32.40
Slide Disposal Box Liner	1122423	100 Liners	1	\$35.10
Sample Tray	8062333	4 Trays	Not Included	\$140.75
<b>VITROS 5,1 FS System Only</b>				
CAL KIT No. 11	6801696	6 Bottles	2	\$331.58
CAL KIT No. 12	6801697	6 Bottles	2	\$331.58
CAL KIT No. 13	6801698	6 Bottles	2	\$331.58
CAL KIT No. 14	6801699	6 Bottles	2	\$331.58
CAL KIT No. 16	6801700	5 Bottles	2	\$82.90
CAL KIT No. 17	6801701	5 Bottles	6	\$165.79
CAL KIT No. 18	6801702	4 Bottles	2	\$165.79
CAL KIT No. 19	6801703	5 Bottles	6	\$82.90
CAL KIT No. 20	6801704	5 Bottles	2	\$82.90
CAL KIT No. 21	6801705	5 Bottles	6	\$110.53
CAL KIT No. 22	6801706	5 Bottles	6	\$110.53
CAL KIT No. 23	6801707	5 Bottles	6	\$82.90
CAL KIT No. 24	6801708	6 Bottles	6	\$82.90
CAL KIT No. 25	6801896	6 Bottles	6	\$77.95
CAL KIT No. 26	6802304	1 Bottles	6	\$257.69
CAL KIT No. 27	6802342	6 Bottles	6	\$165.79

Description	Catalog Number	Unit	Annual Quantity Included	Price
CAL KIT No. 28	6802323	1 Bottle	2	\$110.53
CAL KIT No. 29	6802344	2 levels/Box	2	\$111.06
CAL KIT No. 30	6802562	1 Bottle	2	\$47.35
CAL KIT No. 99	6802310	5 levels/Box	6	\$110.53
hsCRP PERF VER I box/6 btls	6801742	6 Bottles	2	\$110.53
hsCRP PERF VER II box/6 btls	6801888	6 Bottles	2	\$110.53
hsCRP PERF VER III box/6 btls	6802049	6 Bottles	2	\$110.53
PROTEIN PERF VER I box/6 btls	6801744	6 Bottles	2	\$110.53
PROTEIN PERF VER II box/6btls	6801745	6 Bottles	2	\$110.53
PROTEIN PERF VER III box/6btls	6801768	6 Bottles	2	\$110.53
mALB PERF VER I box/6 btls	6801746	6 Bottles	2	\$110.53
mALB PERF VER II box/6 btls	6801747	6 Bottles	2	\$110.53
RF PERF VER I box/5 btls	6801748	5 Bottles	5	\$165.79
RF PERF VER II box/5 btls	6801749	5 Bottles	5	\$165.79
%A1c PERF VER I box/3 btls	6801750	3 Bottles	17	\$110.53
%A1c PERF VER II box/3 btls	6801751	3 Bottles	17	\$110.53
ApoA1 PERF VER I box/6 btls	6801769	6 Bottles	2	\$165.79
ApoB PERF VER I box/6 btls	6801770	6 Bottles	2	\$165.79
PALB PERF VER I box/6 btls	6801771	6 Bottles	2	\$110.53
PALB PERF VER II box/6 btls	6801772	6 Bottles	2	\$110.53
AAT/HPT PERF VER I box/6Btls	6802311	6 Bottles	2	\$165.79
AAT/HPT PERF VER II box/6 Btls	6802312	6 Bottles	2	\$165.79
AAT/HPT PERF VER III box/6 Btls	6802313	6 Bottles	2	\$165.79
ASO/RF PERF VER I	6802411	6 Bottles	2	\$165.79
ASO/RF PERF VER II	6802412	6 Bottles	2	\$165.79
dTIBC PERF VER I	6802348	6 Bottles	2	\$110.53
dTIBC PERF VER II	6802349	6 Bottles	2	\$110.53
DAT PERF VER I	6802327	6 Bottles	2	\$194.59
DAT PERF VER II	6802328	6 Bottles	2	\$194.59
DAT PERF VER III	6802329	6 Bottles	2	\$194.59
DAT PERF VER IV	6802330	6 Bottles	2	\$194.59
DAT PERF VER V	6802331	6 Bottles	2	\$249.37
HCY PERF VER I, II, III	6802345	6 Bottles	2	\$110.53
DILUENT PACK 1 box/3 packs	6801752	3 Packs	1	\$82.90
DILUENT PACK 2 box/3 packs	6801753	3 Packs	1	\$165.79
DILUENT PACK 3 box/3 packs	6801754	3 Packs	1	\$165.79
DILUENT PACK 4 box	6802326	3 Packs	1	\$217.16
MICROSNS CK FLS I&II bx/2sets	6801755	2 Sets	4	\$165.79

Description	Catalog Number	Unit	Annual Quantity Included	Price
HEMOLYZING REAGENT box/1 btl	6801844	1 Bottle	Committed Test Volume	\$33.16
5,1 FS CALIBRATOR 1 box/12 btl	6801873	12 Bottles	1	\$27.63
RECONSTITUTION DIL box/12 btl	6801874	12 Bottles	1	\$27.63
5,1 FS Humidification Packs	6801892	6/Box	2	\$140.99
5,1 FS Cuvettes	6801422	6000/box	Committed Test Volume	\$331.58
5,1 FS MicroTips	6801423	4096/box	Committed Test Volume	\$171.32
Universal Sample Tray	8111957	1 Tray	Not Included	\$125.23
5,1 FS Slide Disposable Liners	6801965	10/Box	Not Included	\$21.00
5,1 FS Assay Disposable Liners	6801966	10/Box	Not Included	\$21.00
5,1 FS Adapter- Microsample Cups	6802095	1200/Box	Not Included	\$252.30
5,1 FS Card rack Air Filter	6801967	4/Box	Not Included	\$110.53
5,1 FS Assay Data Disk	6801876	1 each	Upon demand	N/C
User Defined Packs 1	6802246	6 Packs	Upon demand	\$66.32
User Defined Packs 2	6802247	6 Packs	Upon demand	\$66.32
User Defined Packs 3	6802248	6 Packs	Upon demand	\$66.32
User Defined Packs 4	6802249	6 Packs	Upon demand	\$66.32
User Defined Packs 4	6802250	6 Packs	Upon demand	\$66.32
User Defined Packs 6	6802251	6 Packs	Upon demand	\$66.32
User Defined Packs 7	6802252	6 Packs	Upon demand	\$66.32
User Defined Packs 8	6802253	6 Packs	Upon demand	\$66.32
User Defined Packs 9	6802254	6 Packs	Upon demand	\$66.32
User Defined Packs 10	6802255	6 Packs	Upon demand	\$66.32
User Defined Packs 11	6802256	6 Packs	Upon demand	\$66.32
User Defined Packs 12	6802257	6 Packs	Upon demand	\$66.32



**VITROS® Immunodiagnostic Equipment Descriptions**

Catalog Number	Equipment	Description
	<p style="text-align: center;"><b>VITROS® Eci Immunodiagnostic System</b></p> 	<p style="text-align: center;"><b>VITROS® EciQ Immunodiagnostic System</b></p> 
<p>863 3893</p> <p>680 1358</p>	<p>VITROS Eci Immunodiagnostic System</p> <p>Other Accessories UPS</p>	<p>Provides Immunodiagnostic capability. Includes Primary Container Sampling (PCS), Patient Sample ID (PSID), Bi-Directional Capability, and Printer Kit. Includes parts and installation kit. Uninterruptible Power Supply (UPS) is not included in the CPT and must be ordered using catalog number as listed.</p>
<p>192 2814</p> <p>680 1358</p>	<p>VITROS EciQ Immunodiagnostic System</p> <p>Other Accessories UPS</p>	<p>Provides Immunodiagnostic capability. Includes Primary Container Sampling (PCS), Patient Sample ID (PSID), Bi-Directional Capability, and Printer Kit, and a Flat Screen Monitor on an Ergonomic Arm. Includes parts and installation kit. Uninterruptible Power Supply (UPS) is not included in the CPT and must be ordered using catalog number as listed.</p>

**VITROS® Eci and VITROS EciQ Immunodiagnostic System (includes IFF)  
Cost Per Test (CPT)**

Cost Per Test (CPT) VITROS Eci and EciQ Immunodiagnostic System																				
Assays	0	10,000	15,000	20,000	25,000	30,000	35,000	40,000	45,000	50,000	55,000	60,000	65,000	70,000	85,000	100,000	200,000	300,000	400,000	500,000
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	9,999	14,999	19,999	24,999	29,999	34,999	39,999	44,999	49,999	54,999	59,999	64,999	69,999	84,999	99,999	199,999	299,999	399,999	499,999	599,999
TSH	4.7600	4.7600	3.4900	2.9600	2.6600	2.2900	2.1500	2.0400	1.9500	1.8800	1.8200	1.6100	1.5800	1.5400	1.4500	1.2100	1.1600	1.1600	1.1600	1.1600
Free T4	4.5800	4.5800	3.3300	2.8200	2.5000	2.1500	2.0100	1.9000	1.8100	1.7400	1.6900	1.5000	1.4700	1.4400	1.3400	1.1200	1.0600	1.0600	1.0600	1.0600
Free T3	4.5800	4.5800	3.3300	2.8200	2.5000	2.1500	2.0100	1.9000	1.8100	1.7400	1.6900	1.5000	1.4700	1.4400	1.3400	1.1200	1.0600	1.0600	1.0600	1.0600
Total T3	4.4000	4.4000	3.1900	2.6700	2.3700	2.0300	1.8900	1.7800	1.6900	1.6300	1.5700	1.3900	1.3600	1.3300	1.2300	1.0200	0.9700	0.9700	0.9700	0.9700
Total T4	4.5800	4.5800	3.3300	2.8200	2.5000	2.1500	2.0100	1.9000	1.8100	1.7400	1.6900	1.5000	1.4700	1.4400	1.3400	1.1200	1.0600	1.0600	1.0600	1.0600
T3 Uptake	4.4000	4.4000	3.1900	2.6700	2.3700	2.0300	1.8900	1.7800	1.6900	1.6300	1.5700	1.3900	1.3600	1.3300	1.2300	1.0200	0.9700	0.9700	0.9700	0.9700
B-HCG	4.7600	4.7600	3.4900	2.9600	2.6600	2.2900	2.1500	2.0400	1.9500	1.8800	1.8200	1.6100	1.5800	1.5400	1.4500	1.2100	1.1600	1.1600	1.1600	1.1600
FSH	3.9500	3.9500	2.9600	2.4500	2.1600	1.9500	1.8200	1.7100	1.6300	1.5700	1.5100	1.4600	1.4300	1.3900	1.3000	1.1700	1.1200	1.1200	1.1200	1.1200
LH	3.9500	3.9500	2.9600	2.4500	2.1600	1.9500	1.8200	1.7100	1.6300	1.5700	1.5100	1.4600	1.4300	1.3900	1.3000	1.1700	1.1200	1.1200	1.1200	1.1200
Prolactin	3.9500	3.9500	2.9600	2.4500	2.1600	1.9500	1.8200	1.7100	1.6300	1.5700	1.5100	1.4600	1.4300	1.3900	1.3000	1.1700	1.1200	1.1200	1.1200	1.1200
Progesterone	4.8500	4.8500	3.8600	3.3500	3.0600	2.8500	2.7200	2.6100	2.5300	2.4700	2.4100	2.3600	2.3300	2.2900	2.2000	2.0700	2.0200	2.0200	2.0200	2.0200
Estradiol	4.8500	4.8500	3.8600	3.3500	3.0600	2.8500	2.7200	2.6100	2.5300	2.4700	2.4100	2.3600	2.3300	2.2900	2.2000	2.0700	2.0200	2.0200	2.0200	2.0200
Testosterone	4.8500	4.8500	3.8600	3.3500	3.0600	2.8500	2.7200	2.6100	2.5300	2.4700	2.4100	2.3600	2.3300	2.2900	2.2000	2.0700	2.0200	2.0200	2.0200	2.0200
Ferritin	4.9800	4.9800	3.6800	3.1500	2.8500	2.4500	2.3100	2.2000	2.1100	2.0400	1.9800	1.7400	1.7100	1.6800	1.5800	1.3300	1.2800	1.2800	1.2800	1.2800
Cortisol	3.7500	3.7500	2.7600	2.2500	1.9600	1.7500	1.6200	1.5100	1.4300	1.3700	1.3100	1.2600	1.2300	1.1900	1.1000	0.9700	0.9200	0.9200	0.9200	0.9200
B12	4.9800	4.9800	3.6800	3.1500	2.8500	2.4500	2.3100	2.2000	2.1100	2.0400	1.9800	1.7400	1.7100	1.6800	1.5800	1.3300	1.2800	1.2800	1.2800	1.2800
Folate	4.9800	4.9800	3.6800	3.1500	2.8500	2.4500	2.3100	2.2000	2.1100	2.0400	1.9800	1.7400	1.7100	1.6800	1.5800	1.3300	1.2800	1.2800	1.2800	1.2800
CK-MB	5.9900	5.9900	4.5200	3.9900	3.6900	3.1800	3.0400	2.9300	2.8500	2.7800	2.7200	2.3600	2.3300	2.3000	2.2000	1.8800	1.8300	1.8300	1.8300	1.8300
Troponin	7.7700	7.7700	6.0000	5.4700	5.1700	4.4500	4.3100	4.2000	4.1200	4.0500	3.9900	3.4300	3.4000	3.3700	3.2700	2.8300	2.7800	2.7800	2.7800	2.7800
Myoglobin	6.8100	6.8100	5.4400	4.7000	4.4000	4.0300	3.8900	3.6200	3.5400	3.3900	3.3400	3.2000	3.1700	3.0400	2.8500	2.6200	2.5700	2.5700	2.5700	2.5700
PSA	8.8400	8.8400	6.8800	6.3600	6.0600	5.2200	5.0800	4.9700	4.8800	4.8200	4.7600	4.0800	4.0500	4.0200	3.9200	3.4100	3.3600	3.3600	3.3600	3.3600
CEA	7.5100	7.5100	5.7700	5.2500	4.9500	4.2600	4.1200	4.0100	3.9200	3.8600	3.8000	3.2700	3.2400	3.2100	3.1100	2.6900	2.6400	2.6400	2.6400	2.6400
AFP	7.5100	7.5100	5.7700	5.2500	4.9500	4.2600	4.1200	4.0100	3.9200	3.8600	3.8000	3.2700	3.2400	3.2100	3.1100	2.6900	2.6400	2.6400	2.6400	2.6400
CA 125 II	5.5900	5.5900	4.6000	4.0900	3.8000	3.5900	3.4600	3.3500	3.2700	3.2100	3.1500	3.1000	3.0700	3.0300	2.9400	2.8100	2.7600	2.7600	2.7600	2.7600
CA 15-3	4.8500	4.8500	3.8600	3.3500	3.0600	2.9500	2.7200	2.6100	2.5300	2.4700	2.4100	2.3600	2.3300	2.2900	2.2000	2.0700	2.0200	2.0200	2.0200	2.0200
NTx	9.1400	9.1400	8.1500	7.6400	7.3500	7.1400	7.0100	6.9000	6.8200	6.7600	6.7000	6.6500	6.6200	6.5800	6.4900	6.3600	6.3100	6.3100	6.3100	6.3100
Anti-HBs	10.3600	10.3600	9.3700	8.8500	7.2600	7.0500	6.9100	5.5200	5.4400	5.3700	4.7600	4.7100	4.6800	4.1900	4.1000	3.3800	3.3300	3.3300	3.3300	3.3300
HBsAg	11.1500	11.1500	10.1500	9.6400	7.8900	7.6800	7.5500	6.0300	5.9500	5.8800	5.2200	5.1700	5.1400	4.5800	4.4900	3.7000	3.6500	3.6500	3.6500	3.6500
Anti-HCV	13.7300	13.7300	12.7300	12.2200	9.7700	9.5600	9.4300	8.3200	8.2400	8.1700	7.6900	7.6400	7.6100	6.8500	6.7600	6.4200	6.3700	6.3700	6.3700	6.3700
HbC Igm	12.6600	12.6600	10.7000	9.6300	9.3300	8.6600	8.5300	7.9700	7.8800	7.6300	9.2400	8.6300	8.3900	7.8600	7.4400	6.9700	6.9200	6.9200	6.9200	6.9200
HbC Total	11.6600	11.6600	9.7400	8.6500	8.3500	7.7300	7.5900	7.0700	6.9900	6.7200	8.1200	7.6200	7.4100	6.9200	6.5400	6.1000	6.0500	6.0500	6.0500	6.0500
- or -																				
Cost Per Test (CPT) VITROS Eci and EciQ Immunodiagnostic System - HEPATITIS TESTING ONLY																				
Assays	0	10,000	15,000	20,000	25,000	30,000	35,000	40,000	45,000	50,000	55,000	60,000	65,000	70,000	85,000	100,000	200,000	300,000	400,000	500,000
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	9,999	14,999	19,999	24,999	29,999	34,999	39,999	44,999	49,999	54,999	59,999	64,999	69,999	84,999	99,999	199,999	299,999	399,999	499,999	599,999
Anti-HBs	10.8700	8.3900	6.6300	5.2200	5.2200	4.3900	4.3900	3.9000	3.9000	3.5400	3.5400	3.5400	3.5400	3.2900	3.2900	3.2900	3.2900	3.2900	3.2900	3.2900
HBsAg	11.5100	8.9000	7.0800	5.6100	5.6100	4.7100	4.7100	4.2100	4.2100	3.8200	3.8200	3.8200	3.8200	3.5800	3.5800	3.5800	3.5800	3.5800	3.5800	3.5800
Anti-HCV	13.9800	11.1800	9.5500	7.8700	7.8700	7.4100	7.4100	6.9700	6.9700	6.6500	6.6500	6.6500	6.6500	6.4000	6.4000	6.4000	6.4000	6.4000	6.4000	6.4000
HbC Igm	13.9100	10.1000	8.6200	7.7400	7.7400	7.0500	7.0500	6.6100	6.6100	5.9600	5.9600	5.9600	5.9600	5.2200	5.2200	5.2200	5.2200	5.2200	5.2200	5.2200
HbC Total	12.9600	8.6600	6.8200	5.6600	5.6600	4.6500	4.6500	4.2300	4.2300	3.9600	3.9600	3.9600	3.9600	3.5900	3.5900	3.5900	3.5900	3.5900	3.5900	3.5900

**VITROS® ECI and ECIQ Immunodiagnostic System (includes IFF)**  
**Cost Per Reportable Result (CPRR)**

Cost Per Reportable Result (CPRR) VITROS ECI and ECIQ Immunodiagnostic System																				
Assays	0	10,000	15,000	20,000	25,000	30,000	35,000	40,000	45,000	50,000	55,000	60,000	65,000	70,000	85,000	100,000	200,000	300,000	400,000	500,000
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	9,999	14,999	19,999	24,999	29,999	34,999	39,999	44,999	49,999	54,999	59,999	64,999	69,999	84,999	99,999	199,999	299,999	399,999	499,999	599,999
TSH	7.9200	7.9200	5.4400	4.4900	3.7900	3.1800	2.8900	2.6700	2.4900	2.3400	2.2200	1.9300	1.8300	1.7500	1.6400	1.3800	1.3200	1.3200	1.3200	1.3200
Free T4	7.6300	7.6300	5.2100	4.2700	3.5800	3.0000	2.7200	2.5000	2.3300	2.1800	2.0600	1.8000	1.7100	1.6300	1.5200	1.2700	1.2100	1.2100	1.2100	1.2100
Free T3	7.6300	7.6300	5.2100	4.2700	3.5800	3.0000	2.7200	2.5000	2.3300	2.1800	2.0600	1.8000	1.7100	1.6300	1.5200	1.2700	1.2100	1.2100	1.2100	1.2100
Total T3	7.3300	7.3300	4.9800	4.0500	3.3700	2.8200	2.5500	2.3300	2.1600	2.0200	1.9100	1.6700	1.5800	1.5100	1.4000	1.1600	1.1000	1.1000	1.1000	1.1000
Total T4	7.6300	7.6300	5.2100	4.2700	3.5800	3.0000	2.7200	2.5000	2.3300	2.1800	2.0600	1.8000	1.7100	1.6300	1.5200	1.2700	1.2100	1.2100	1.2100	1.2100
T3 Uptake	7.3300	7.3300	4.9800	4.0500	3.3700	2.8200	2.5500	2.3300	2.1600	2.0200	1.9100	1.6700	1.5800	1.5100	1.4000	1.1600	1.1000	1.1000	1.1000	1.1000
B-HCG	7.9200	7.9200	5.4400	4.4900	3.7900	3.1800	2.8900	2.6700	2.4900	2.3400	2.2200	1.9300	1.8300	1.7500	1.6400	1.3800	1.3200	1.3200	1.3200	1.3200
FSH	6.5800	6.5800	4.6200	3.7200	3.0800	2.7200	2.4500	2.2500	2.0800	1.9600	1.8400	1.7400	1.6600	1.5800	1.4800	1.3200	1.2700	1.2700	1.2700	1.2700
LH	6.5800	6.5800	4.6200	3.7200	3.0800	2.7200	2.4500	2.2500	2.0800	1.9600	1.8400	1.7400	1.6600	1.5800	1.4800	1.3200	1.2700	1.2700	1.2700	1.2700
Prolactin	6.5800	6.5800	4.6200	3.7200	3.0800	2.7200	2.4500	2.2500	2.0800	1.9600	1.8400	1.7400	1.6600	1.5800	1.4800	1.3200	1.2700	1.2700	1.2700	1.2700
Progesterone	8.0800	8.0800	6.0200	5.0900	4.3700	3.9700	3.6700	3.4300	3.2400	3.0700	2.9300	2.8100	2.7000	2.6000	2.4900	2.3400	2.2800	2.2800	2.2800	2.2800
Estradiol	8.0800	8.0800	6.0200	5.0900	4.3700	3.9700	3.6700	3.4300	3.2400	3.0700	2.9300	2.8100	2.7000	2.6000	2.4900	2.3400	2.2800	2.2800	2.2800	2.2800
Testosterone	8.0800	8.0800	6.0200	5.0900	4.3700	3.9700	3.6700	3.4300	3.2400	3.0700	2.9300	2.8100	2.7000	2.6000	2.4900	2.3400	2.2800	2.2800	2.2800	2.2800
Ferritin	8.2900	8.2900	5.7300	4.7800	4.0600	3.4000	3.1100	2.8800	2.7000	2.5400	2.4100	2.0800	1.9900	1.9100	1.8000	1.5100	1.4500	1.4500	1.4500	1.4500
Cortisol	6.2500	6.2500	4.3100	3.4200	2.8000	2.4400	2.1800	1.9900	1.8400	1.7100	1.6000	1.5100	1.4300	1.3600	1.2500	1.1000	1.0400	1.0400	1.0400	1.0400
B12	8.2900	8.2900	5.7300	4.7800	4.0600	3.4000	3.1100	2.8800	2.7000	2.5400	2.4100	2.0800	1.9900	1.9100	1.8000	1.5100	1.4500	1.4500	1.4500	1.4500
Folate	8.2900	8.2900	5.7300	4.7800	4.0600	3.4000	3.1100	2.8800	2.7000	2.5400	2.4100	2.0800	1.9900	1.9100	1.8000	1.5100	1.4500	1.4500	1.4500	1.4500
CK-MB	10.0000	10.0000	7.0500	6.0500	5.2700	4.4200	4.1000	3.8500	3.6400	3.4600	3.3100	2.8200	2.7000	2.6000	2.4900	2.1300	2.0700	2.0700	2.0700	2.0700
Troponin	12.9600	12.9600	9.3700	8.3000	7.3800	6.1900	5.8300	5.5300	5.2800	5.0600	4.8700	4.1000	3.9600	3.8300	3.7200	3.2200	3.1600	3.1600	3.1600	3.1600
Myoglobin	12.2869	8.8457	7.4197	6.3951	6.0715	5.5367	5.3297	4.8877	4.7369	4.4759	4.3664	4.1269	4.0288	3.8418	3.6522	3.4117	3.3476	3.3201	3.3048	3.2951
PSA	14.7300	14.7300	10.7400	9.6400	8.6500	7.2600	6.8600	6.5300	6.2500	6.0200	5.8100	4.8700	4.7100	4.5700	4.4500	3.8800	3.8200	3.8200	3.8200	3.8200
CEA	12.5100	12.5100	9.0200	7.9600	7.0600	5.9300	5.5700	5.2800	5.0300	4.8200	4.6300	3.9100	3.7700	3.6500	3.5300	3.0600	3.0000	3.0000	3.0000	3.0000
AFP	12.5100	12.5100	9.0200	7.9600	7.0600	5.9300	5.5700	5.2800	5.0300	4.8200	4.6300	3.9100	3.7700	3.6500	3.5300	3.0600	3.0000	3.0000	3.0000	3.0000
CA 125 II	9.3300	9.3300	7.1800	6.2100	5.4300	5.0000	4.6800	4.4100	4.2000	4.0200	3.8800	3.7600	3.6500	3.5500	3.3400	3.1900	3.1300	3.1300	3.1300	3.1300
CA 15-3	8.0800	8.0800	6.0200	5.0900	4.3700	3.9700	3.6700	3.4300	3.2400	3.0700	2.9300	2.8100	2.7000	2.6000	2.4900	2.3400	2.2800	2.2800	2.2800	2.2800
NTx	15.2300	15.2300	12.7200	11.5800	10.4900	9.9300	9.4700	9.0800	8.7400	8.4400	8.1600	7.9100	7.6900	7.4700	7.3700	7.2100	7.1600	7.1600	7.1600	7.1600
Anti-HBs	19.5730	15.5399	13.1746	11.3795	10.9175	9.9535	9.6303	8.7936	8.5452	8.0575	7.8527	7.4141	7.2413	6.9043	6.5631	6.1724	6.1083	6.0808	6.0655	6.0558
HBsAg	21.1388	16.9775	14.4110	12.4506	11.9588	10.9019	10.5537	9.6332	9.3638	8.8275	8.6044	8.1199	7.9310	7.5615	7.1879	6.7647	6.7006	6.6731	6.6578	6.6481
Anti-HCV	28.0576	23.3319	19.8742	17.1830	16.5598	15.0953	14.6367	13.3426	12.9805	12.2268	11.9228	11.2405	10.9807	10.4678	9.9520	9.3853	9.3212	9.2937	9.2784	9.2687
HbC Igm	21.2187	17.2007	14.6984	12.8571	12.3541	11.2865	10.9281	9.9981	9.7196	9.2318	8.9990	8.4508	8.2544	7.8849	7.5113	7.0881	7.0240	6.9965	6.9812	6.9715
HbC Total	19.6444	15.7391	13.1746	11.3795	10.9175	9.9535	9.6303	8.7936	8.5452	8.0575	7.8527	7.4141	7.2413	6.9043	6.5631	6.1724	6.1083	6.0808	6.0655	6.0558

- or -

Cost Per Reportable Result (CPRR) VITROS ECI and ECIQ Immunodiagnostic System - HEPATITIS TESTING ONLY																				
Assays	0	10,000	15,000	20,000	25,000	30,000	35,000	40,000	45,000	50,000	55,000	60,000	65,000	70,000	85,000	100,000	200,000	300,000	400,000	500,000
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	9,999	14,999	19,999	24,999	29,999	34,999	39,999	44,999	49,999	54,999	59,999	64,999	69,999	84,999	99,999	199,999	299,999	399,999	499,999	599,999
Anti-HBs	16.1593	10.6039	8.5179	6.8666	6.5299	5.5687	5.3608	4.9633	4.8106	4.5694	4.4477	4.2366	4.1360	3.9937	3.8461	3.7463	3.6822	3.6547	3.6394	3.6297
HBsAg	17.3442	11.4932	9.2366	7.4363	7.0838	6.0305	5.8105	5.3765	5.2135	4.9513	4.8205	4.5900	4.4814	4.3275	4.1695	4.0697	4.0056	3.9781	3.9628	3.9531
Anti-HCV	22.5855	15.4242	12.4131	10.7336	10.2895	9.5495	9.2369	8.6066	8.3629	7.9730	7.7703	7.4227	7.2497	7.1260	6.9982	6.8994	6.8343	6.8068	6.7915	6.7818
HbC Igm	17.8185	12.9755	11.3926	10.0112	9.5872	8.9790	8.6813	8.1738	7.9409	7.2651	7.0792	6.5756	6.4218	6.0523	5.6787	5.5789	5.5148	5.4873	5.4720	5.4623
HbC Total	16.1593	10.6039	8.5179	6.8666	6.5299	5.5687	5.3608	4.9633	4.8106	4.5694	4.4477	4.2366	4.1360	3.9937	3.8461	3.7463	3.6822	3.6547	3.6394	3.6297

**VITROS® Eci Immunodiagnostic System  
VITROS EciQ Immunodiagnostic System**

**Add-on or Deducted Charges (includes IFF)**

**Apply to either Cost Per Test (CPT) or Cost Per Reportable Result (CPRR)**

Add-on or Deducted Charges - VITROS Eci and EciQ Immunodiagnostic Systems																				
	0	10,000	15,000	20,000	25,000	30,000	35,000	40,000	45,000	50,000	55,000	60,000	65,000	70,000	85,000	100,000	200,000	300,000	400,000	500,000
<b>Assays</b>	<b>9,999</b>	<b>14,999</b>	<b>19,999</b>	<b>24,999</b>	<b>29,999</b>	<b>34,999</b>	<b>39,999</b>	<b>44,999</b>	<b>49,999</b>	<b>54,999</b>	<b>59,999</b>	<b>64,999</b>	<b>69,999</b>	<b>84,999</b>	<b>99,999</b>	<b>199,999</b>	<b>299,999</b>	<b>399,999</b>	<b>499,999</b>	<b>599,999</b>
Incremental Eci/EciQ (includes M-F, 8-5 Service)	4.8108	1.9243	1.3745	1.0691	0.8747	0.7401	0.6415	0.5660	0.5064	0.4582	0.4183	0.3848	0.3564	0.3103	0.2601	0.1603	0.0962	0.0687	0.0534	0.0437
UPS (6801358) One Year add-on	0.4010	0.1604	0.1146	0.0891	0.0729	0.0617	0.0535	0.0472	0.0422	0.0382	0.0349	0.0321	0.0297	0.0259	0.0217	0.0134	0.0080	0.0057	0.0045	0.0036
Training (1 - KOT, Rochester, NY) One Year add-on	0.8622	0.3449	0.2463	0.1916	0.1568	0.1326	0.1150	0.1014	0.0908	0.0821	0.0750	0.0690	0.0639	0.0556	0.0466	0.0287	0.0172	0.0123	0.0096	0.0078
Training (1 - GOT, Rochester, NY) One Year add-on	0.5013	0.2005	0.1432	0.1114	0.0911	0.0771	0.0668	0.0590	0.0528	0.0477	0.0436	0.0401	0.0371	0.0323	0.0271	0.0167	0.0100	0.0072	0.0056	0.0046
Gold Service Upgrade (8-5, 7 days)	0.5013	0.2005	0.1432	0.1114	0.0911	0.0771	0.0668	0.0590	0.0528	0.0477	0.0436	0.0401	0.0371	0.0323	0.0271	0.0167	0.0100	0.0072	0.0056	0.0046
Platinum Service Upgrade (24 x 7)	0.9123	0.3649	0.2607	0.2027	0.1659	0.1404	0.1216	0.1073	0.0960	0.0869	0.0793	0.0730	0.0676	0.0589	0.0493	0.0304	0.0182	0.0130	0.0101	0.0083
Deduct Eci/EciQ Capital Only (If owned)	(2.2544)	(0.9017)	(0.6441)	(0.5010)	(0.4099)	(0.3468)	(0.3006)	(0.2652)	(0.2373)	(0.2147)	(0.1960)	(0.1803)	(0.1670)	(0.1454)	(0.1219)	(0.0751)	(0.0451)	(0.0322)	(0.0250)	(0.0205)
Deduct Service (8-5, 5 days)	(2.5564)	(1.0226)	(0.7304)	(0.5681)	(0.4648)	(0.3933)	(0.3409)	(0.3008)	(0.2691)	(0.2435)	(0.2223)	(0.2045)	(0.1894)	(0.1649)	(0.1382)	(0.0852)	(0.0511)	(0.0365)	(0.0284)	(0.0232)

**VITROS® Immunodiagnostic Assays**

<b>Catalog Number:</b>	<b>Assay:</b>	<b>Unit Size:</b>	<b>Category:</b>
8552630	Estradiol	100 events	Fertility
1849793	Prolactin	100 events	Fertility
1350198	LH	100 events	Fertility
1435205	Testosterone	100 events	Fertility
1315589	Free T3	100 events	Thyroids
1322528	Total T3	100 events	Thyroids
1471481	T3 Uptake	100 events	Thyroids
8356636	Ferritin	100 events	Anemia
1513266	Folate	100 events	Anemia
6801756	PSA	100 events	Oncology
6801758	CA 15-3	100 events	Oncology
6801757	CA-125	100 events	Oncology
1949882	Troponin-I	100 events	Cardiology
6801042	Myoglobin	100 events	Cardiology
1938570	Progesterone	100 events	Fertility
1931922	FSH	100 events	Fertility
6800269	BHCG	100 events	Fertility
1912997	TSH	100 events	Thyroids
1387000	Free T4	100 events	Thyroids
8744468	Total T4	100 events	Thyroids
1896836	CKMB Mass	100 events	Cardiology
1453489	B12	100 events	Anemia
1074053	Cortisol	100 events	Metabolics
6800784	AFP	100 events	Oncology
6800030	NTx	100 events	Skeletal
1920115	CEA	100 events	Oncology
6801925	Anti-HBs	100 events	Hepatitis
6801322	HBsAg	100 events	Hepatitis
6801325	Anti-HCV	100 events	Hepatitis
6801425	Anti-HBc IgM	52 events	Hepatitis
6801428	Anti-HBc Total	100 events	Hepatitis

**Clinical Immunodiagnosics Consumables**

*Pricing for quantities ordered in addition to those included in CPT and CRR calculations*

*Prices include IFF*

<b>Calibrator Packs*</b>				
<b>Item Number</b>	<b>Calibrator</b>	<b>Item Description</b>	<b>4</b>	<b>Price</b>
680 0863	Calibrator	AFP	4	\$100.00
6801926	Calibrator	Anti-HBs	4	\$100.00
680 1326	Calibrator	Anti-HCV	4	\$100.00
680 0034	Calibrator	CA 125 II	4	\$100.00
680 0033	Calibrator	CA 15-3	4	\$100.00
106 2306	Calibrator	CEA	4	\$100.00
128 6293	Calibrator	CK-MB	4	\$100.00
168 1543	Calibrator	CORTISOL	4	\$100.00
131 8930	Calibrator	ESTRADIOL	4	\$100.00
115 8864	Calibrator	FERRITIN	4	\$100.00
131 1075	Calibrator	FOLATE	4	\$100.00
111 2820	Calibrator	FREE T3	4	\$100.00
172 8872	Calibrator	FREE T4	4	\$100.00
190 1263	Calibrator	FSH	4	\$100.00
680 1323	Calibrator	HBsAg	4	\$100.00
109 0133	Calibrator	LH	4	\$100.00
680 0031	Calibrator	NTx	4	\$100.00
825 4898	Calibrator	PROGESTERONE	4	\$100.00
111 3596	Calibrator	PROLACTIN	4	\$100.00
193 3027	Calibrator	PSA	4	\$100.00
120 9733	Calibrator	T3 UPTAKE	4	\$100.00
130 6026	Calibrator	TESTOSTERONE	4	\$100.00
194 8074	Calibrator	TOTAL B-HCG	4	\$100.00
161 4965	Calibrator	TOTAL T3	4	\$100.00
139 3396	Calibrator	TOTAL T4	4	\$100.00
161 9774	Calibrator	TROPONIN I	4	\$100.00
148 7289	Calibrator	TSH	4	\$100.00
154 0525	Calibrator	VITAMIN B12	4	\$100.00
6801426	Calibrator	aHBc IgM	4	\$105.00
6801429	Calibrator	aHBc	4	\$105.00
6801043	Calibrator	Myoglobin	4	\$100.00
<b>Other Consumables</b>				
MAINTENANCE PACK	1831312	2 packs	6	\$200.00
METERING TEST PACK	1109339	1 pack	1	\$150.00
PERFORMANCE TEST PACK	1838853	1 pack	1	\$100.00
VAPOR ABSORPTION PACK	6800100	1 pack	6	\$50.00
HIGH SAMPLE DILUENT A (OFF BOARD)	8642712	4x27 mL	2	\$30.00
HIGH SAMPLE DILUENT B (OFF BOARD)	1435866	4x27 mL	2	\$30.00
B12/FOLATE DENATURING REAGENT	1142561	1 Pack/200 Tests	5	\$58.63
RED CELL FOLATE REAGENT	1107804	1 UNIT=50 Tests	5	\$40.00
Desiccant for Storage Box	6800083	6 sachets/box	Not Included	\$50.00
Solid Waste Disposable Container	6800355	10 Containers / Box	Not Included	\$30.00
Liquid Waste Bottle and Cap	1329135	1 bottle and cap	Not Included	\$100.00
Micro Collection Container Adapter	1093517	10 adapters/box	Not Included	\$50.00
Reagent Storage Box	8231722	1 box	Not Included	\$100.00
System Cleaning Solution	1877158	2X1 Liter	Not Included	\$50.00
Disposable Tips	8447823	1000 tips / box	Volume based	\$37.00
Universal Wash Reservoir Filter	6801060	1 filter/box	Not Included	\$87.95
Universal Sample Tray	8111957	1 tray	Not Included	\$100.00

**Clinical Immunodiagnosics Consumables – Continued**

Description:	Catalog Number:	Unit Size:	Annual Quantity Included:	Price:
<b>Quality Control, Annual Quantities</b>				
ANEMIA	161 9360	3 sets/box	24	\$90.00
Anti-HBs	680 2093	3 sets/box	24	\$100.00
Anti-HCV	680 1421	3 sets/box	24	\$100.00
CARDIOLOGY	865 0939	3 sets/box	24	\$90.00
FREE THYROID	131 5654	3 sets/box	24	\$90.00
HbsAg	680 1390	3 sets/box	24	\$90.00
METABOLISM	142 0025	3 sets/box	24	\$90.00
NTx	680 0336	3 sets/box	24	\$90.00
RE	100 9406	3 sets/box	24	\$90.00
TESTOSTERONE	680 0660	3 sets/box	24	\$90.00
TOTAL THYROID	141 0646	3 sets/box	24	\$90.00
ONCOLOGY	193 5543	3 sets/box	24	\$100.00
Anti HBc IgM	6801427	3 sets/box	24	\$105.00
Anti HBc (Total)	6801430	3 sets/box	24	\$105.00
MAS CardiImmune Cardiac Marker	6801001	2 sets/box	24	\$351.77
<b>Range Verifiers</b>				
AFP	680 0878	2 sets/box	Not Included	\$100.00
CA-125	680 0880	1 set/box	Not Included	\$100.00
CA-15-3	680 0879	1 set/box	Not Included	\$100.00
CEA	680 0877	2 sets/box	Not Included	\$100.00
CK-MB MASS	680 0377	1 set/box	Not Included	\$100.00
CORTISOL	680 0874	2 sets/box	Not Included	\$100.00
ESTRADIOL	680 0380	2 sets/box	Not Included	\$100.00
FERRITIN	680 0378	2 sets/box	Not Included	\$100.00
FOLATE	680 0873	2 sets/box	Not Included	\$100.00
FREE T3	680 0370	2 sets/box	Not Included	\$100.00
FREE T4	680 0369	2 sets/box	Not Included	\$100.00
FSH	680 0373	2 sets/box	Not Included	\$100.00
LH	680 0372	2 sets/box	Not Included	\$100.00
MYOGLOBIN	680 1044	2 sets/box	Not Included	\$100.00
NTx	680 0845	2 sets/box	Not Included	\$100.00
PROGESTERONE	680 0375	2 sets/box	Not Included	\$100.00
PROLACTIN	680 0374	1 set/box	Not Included	\$100.00
PSA	680 0876	1 set/box	Not Included	\$100.00
T3 UPTAKE	680 0371	2 sets/box	Not Included	\$100.00
TESTOSTERONE	680 0661	2 sets/box	Not Included	\$100.00
TOTAL T3	680 0368	2 sets/box	Not Included	\$100.00
TOTALT4	680 0367	2 sets/box	Not Included	\$100.00
TOTAL B-HCG	680 0376	2 sets/box	Not Included	\$100.00

**Clinical Immunodiagnostics Consumables – Continued**

Description:	Catalog Number:	Unit Size:	Annual Quantity Included:	Price:
<b>Annual Quantities Included Per Test Volume</b>				
TROPONIN-I	680 0875	2 sets/box	Not Included	\$100.00
TSH	680 0366	2 sets/box	Not Included	\$100.00
Vitamin B12	680 0872	2 sets/box	Not Included	\$100.00
UNIVERSAL WASH REAGENT	8389793	1 Box/800 Tests	Committed Test Volume	\$60.00
SIGNAL REAGENT PACK	1072693	1 Box/400 Tests	Committed Test Volume	\$60.00
AUTOMATED DIL B: DILUENT PACK	8321200	1 kit=100 tests	Committed Test Volume	\$30.00
HIGH SAMPLE DIL A: DILUENT PACK AUTOMATED	8430373	1 kit=100 tests	Committed Test Volume	\$30.00
HBsAg CONFIRMATORY KIT	6801324	1 kit=30 tests	Committed Test Volume	\$100.00

\* Provided based on assay commitment. Calibrator and reagent lot numbers are linked, therefore, allocated quantities support quarterly shipments. Should more frequent shipments be desired, additional quantities may be purchased.







**Ortho-Clinical Diagnostics Blood Bank Testing Products and Instruments  
Featuring  
ID-Micro Typing System™ (ID-MTS) Gel Test™**

**Testing Can Be Performed as Follows:**

**Manually – Using ID-MTS Workstation  
OR  
Automated – Using ORTHO ProVue® System**

Catalog Number	Equipment	Description
<p><b>ID-MTS Workstation</b></p> 	<p><b>ORTHO ProVue System</b></p> 	
<p>Standard Workstation Components:                      MTS515060                      MTS9680                      MTS9640                      MTS9650                      MTS9610                      MTS9612</p>	<p>MTS ID Centrifuge™ (24 Card)                      MTS Incubator™                      ID TipMaster Pipettor                      MTS Work Table                      MTS Dispenser (0.5 ml)                      MTS Dispenser (1.0 ml)</p>	<p>Ortho-Clinical Diagnostics ID-MTS Gel provides the tools you need to manage your pre-transfusion testing with dramatically improved workflow efficiency and standardization. Our product offering includes the ID-Micro Typing System (ID-MTS) Gel Test, flexible automation to meet your changing needs; ABO &amp; Rh typing, antibody screening &amp; identification, and antigen typing.</p>
<p>MTS213784</p>	<p>ORTHO ProVue System</p>	<p>The ORTHO ProVue System is a fully automated system for Blood Bank testing and features the ID-MTS Gel Test.</p>

**ID-MTS Workstation for Blood Bank Testing**

**Blood Bank Cost Per Test (CPT) Pricing  
Total Annual Committed Box Volume**

*Prices per box include IFF*

CPT Workstation (Price per Box)			
Boxes	IgG	A/B/D Reverse	A/B/D Group
0-99	245.45	195.13	205.51
100-149	209.74	170.31	180.67
150-174	205.92	166.48	176.85
175-199	204.22	164.78	175.15
200-224	189.32	159.49	169.59
225-249	188.29	158.46	168.57
250-274	187.46	157.64	167.73
275-299	186.77	156.96	167.05
300-324	186.20	156.38	166.47
325-349	185.71	155.89	165.99
350-374	185.29	155.46	165.56
375-399	184.92	155.09	165.19
400-424	176.43	154.77	164.87
425-449	176.14	154.48	164.58
450-474	175.89	154.23	164.33
475-499	175.66	154.00	164.10
500-524	175.45	141.82	151.10
525-549	175.26	141.63	150.91
550-574	175.09	141.46	150.74
575-599	174.93	141.30	150.58
600-649	174.72	141.09	150.38
650-699	174.48	140.84	150.13
700-749	174.27	140.63	149.92
750-799	174.09	134.45	143.33
800-849	173.93	134.30	143.17
850-899	173.78	134.15	143.03
900-949	173.66	134.02	142.90
950-999	173.54	133.91	142.78
1000-1249	173.26	133.63	142.50
1250-1499	172.92	133.29	142.17
1500-1749	172.69	133.06	141.94
1750-1999	172.52	132.89	141.77
2000-2249	172.39	132.76	141.64
2250-2499	172.29	132.65	141.54
2500-2749	172.20	132.57	141.46
2750-3000	172.13	132.50	141.39

**ID-MTS Workstation for Blood Bank Testing --Add-on or Deducted Charges  
 Blood Bank Cost Per Test (CPT) Pricing  
 Total Annual Committed Box Volume  
 Prices per box include IFF**

Add-on Charges - Workstation				Deducted Charges - Workstation		
Boxes	Incremental Workstation (includes Service)	Centrifuge	Incubator	Boxes	Deduct Workstation Capital Only (If owned)	Deduct Service (8-5, 5 days)
0-99	40.86	24.65	10.58	0-99	(22.41)	(18.45)
100-149	16.34	9.86	4.23	100-149	(8.96)	(7.38)
150-174	12.58	7.58	3.26	150-174	(6.90)	(5.68)
175-199	10.90	6.57	2.82	175-199	(5.98)	(4.92)
200-224	9.61	5.80	2.49	200-224	(5.27)	(4.34)
225-249	8.60	5.19	2.23	225-249	(4.72)	(3.88)
250-274	7.78	4.69	2.02	250-274	(4.27)	(3.51)
275-299	7.11	4.29	1.84	275-299	(3.90)	(3.21)
300-324	6.54	3.94	1.69	300-324	(3.59)	(2.95)
325-349	6.05	3.65	1.57	325-349	(3.32)	(2.73)
350-374	5.63	3.40	1.46	350-374	(3.09)	(2.54)
375-399	5.27	3.18	1.37	375-399	(2.89)	(2.38)
400-424	4.96	2.99	1.28	400-424	(2.72)	(2.24)
425-449	4.67	2.82	1.21	425-449	(2.56)	(2.11)
450-474	4.41	2.66	1.14	450-474	(2.42)	(1.99)
475-499	4.19	2.53	1.09	475-499	(2.30)	(1.89)
500-524	3.99	2.40	1.03	500-524	(2.19)	(1.80)
525-549	3.80	2.29	0.98	525-549	(2.08)	(1.72)
550-574	3.63	2.19	0.94	550-574	(1.99)	(1.64)
575-599	3.48	2.10	0.90	575-599	(1.91)	(1.57)
600-649	3.27	1.97	0.85	600-649	(1.79)	(1.48)
650-699	3.03	1.83	0.78	650-699	(1.66)	(1.37)
700-749	2.82	1.70	0.73	700-749	(1.55)	(1.27)
750-799	2.64	1.59	0.68	750-799	(1.45)	(1.19)
800-849	2.48	1.49	0.64	800-849	(1.36)	(1.12)
850-899	2.33	1.41	0.60	850-899	(1.28)	(1.05)
900-949	2.21	1.33	0.57	900-949	(1.21)	(1.00)
950-999	2.10	1.26	0.54	950-999	(1.15)	(0.95)
1000-1249	1.82	1.10	0.47	1000-1249	(1.00)	(0.82)
1250-1499	1.48	0.90	0.38	1250-1499	(0.81)	(0.67)
1500-1749	1.26	0.76	0.33	1500-1749	(0.69)	(0.57)
1750-1999	1.09	0.66	0.28	1750-1999	(0.60)	(0.49)
2000-2249	0.96	0.58	0.25	2000-2249	(0.53)	(0.43)
2250-2499	0.86	0.52	0.22	2250-2499	(0.47)	(0.39)
2500-2749	0.78	0.47	0.20	2500-2749	(0.43)	(0.35)
2750-3000	0.71	0.43	0.18	2750-3000	(0.39)	(0.32)

**ORTHO ProVue® System for Blood Bank Testing  
Blood Bank Cost Per Test (CPT) Pricing  
Total Annual Committed Box Volume**

*Prices per box include IFF*

<b>CPT ProVue (Price per Box)</b>			
<b>Boxes</b>	<b>IgG</b>	<b>A/B/D Reverse</b>	<b>A/B/D Group</b>
0-99	1,057.15	1,009.86	1,019.61
100-149	537.96	490.66	500.40
150-174	458.08	410.78	420.53
175-199	422.58	375.27	385.03
200-224	389.30	343.52	352.96
225-249	367.87	322.09	331.52
250-274	350.52	304.74	314.18
275-299	336.18	290.41	299.84
300-324	324.14	278.37	287.80
325-349	313.89	268.11	277.55
350-374	305.05	259.26	268.70
375-399	297.35	251.56	261.00
400-424	290.59	244.80	254.24
425-449	284.59	238.80	248.24
450-474	279.24	233.46	242.89
475-499	274.45	228.66	238.10
500-524	260.22	220.70	229.89
525-549	256.29	216.77	225.96
550-574	252.71	213.20	222.38
575-599	249.44	209.92	219.10
600-649	245.02	205.51	214.68
650-699	239.89	200.37	209.56
700-749	235.47	195.95	205.14
750-799	231.62	192.10	201.29
800-849	228.24	188.72	197.91
850-899	225.24	185.73	194.91
900-949	222.56	183.05	192.24
950-999	220.17	180.65	189.84
1000-1249	200.07	162.45	170.81
1250-1499	193.08	155.46	163.82
1500-1749	188.24	150.62	158.98
1750-1999	184.69	147.07	155.43
2000-2249	178.06	141.61	149.78
2250-2499	175.91	139.46	147.63
2500-2749	174.18	137.73	145.90
2750-3000	172.74	136.29	144.46

**ORTHO ProVue® System for Blood Bank Testing Add-on or Deducted Charges**  
**Blood Bank Cost Per Test (CPT) Pricing**  
**Total Annual Committed Box Volume**  
*Prices per box include IFF*

Add-on Charges - ProVue						
Boxes	Incremental ProVue (includes M-F, 8-5 Service)	Training (1 - KO1) (Rochester, NY) One Year add-on	Silver Plus Service Upgrade (8-5, M-F)	Gold Service upgrade (8-5, 7 days)	Gold Plus Service upgrade (8-5, 7 days)	Platinum Service upgrade (24 x 7)
0-99	691.51	76.19	20.05	56.14	80.20	110.28
100-149	276.60	30.48	8.02	22.46	32.08	44.11
150-174	212.77	23.44	6.17	17.27	24.68	33.93
175-199	184.40	20.32	5.35	14.97	21.39	29.41
200-224	162.70	17.93	4.72	13.21	18.87	25.95
225-249	145.58	16.04	4.22	11.82	16.88	23.22
250-274	131.72	14.51	3.82	10.69	15.28	21.00
275-299	120.26	13.25	3.49	9.76	13.95	19.18
300-324	110.64	12.19	3.21	8.98	12.83	17.64
325-349	102.45	11.29	2.97	8.32	11.88	16.34
350-374	95.38	10.51	2.77	7.74	11.06	15.21
375-399	89.23	9.83	2.59	7.24	10.35	14.23
400-424	83.81	9.24	2.43	6.80	9.72	13.37
425-449	79.03	8.71	2.29	6.42	9.17	12.60
450-474	74.75	8.24	2.17	6.07	8.67	11.92
475-499	70.93	7.81	2.06	5.76	8.23	11.31
500-524	67.46	7.43	1.96	5.48	7.82	10.76
525-549	64.33	7.09	1.87	5.22	7.46	10.26
550-574	61.46	6.77	1.78	4.99	7.13	9.80
575-599	58.86	6.48	1.71	4.78	6.83	9.39
600-649	55.32	6.10	1.60	4.49	6.42	8.82
650-699	51.22	5.64	1.49	4.16	5.94	8.17
700-749	47.69	5.25	1.38	3.87	5.53	7.61
750-799	44.61	4.92	1.29	3.62	5.17	7.11
800-849	41.91	4.62	1.22	3.40	4.86	6.68
850-899	39.52	4.35	1.15	3.21	4.58	6.30
900-949	37.38	4.12	1.08	3.03	4.34	5.96
950-999	35.46	3.91	1.03	2.88	4.11	5.66
1000-1249	30.74	3.39	0.89	2.50	3.56	4.90
1250-1499	25.15	2.77	0.73	2.04	2.92	4.01
1500-1749	21.27	2.34	0.62	1.73	2.47	3.39
1750-1999	18.44	2.03	0.53	1.50	2.14	2.94
2000-2249	16.27	1.79	0.47	1.32	1.89	2.59
2250-2499	14.56	1.60	0.42	1.18	1.69	2.32
2500-2749	13.17	1.45	0.38	1.07	1.53	2.10
2750-3000	12.03	1.33	0.35	0.98	1.39	1.92

Deducted Charges - ProVue		
Boxes	Deduct ProVue Capital Only (If owned)	Deduct Service (8-5, 5 days)
0-99	(390.76)	(300.75)
100-149	(156.30)	(120.30)
150-174	(120.23)	(92.54)
175-199	(104.20)	(80.20)
200-224	(91.94)	(70.76)
225-249	(82.26)	(63.32)
250-274	(74.43)	(57.29)
275-299	(67.96)	(52.30)
300-324	(62.52)	(48.12)
325-349	(57.89)	(44.56)
350-374	(53.90)	(41.48)
375-399	(50.42)	(38.81)
400-424	(47.36)	(36.45)
425-449	(44.66)	(34.37)
450-474	(42.24)	(32.51)
475-499	(40.08)	(30.85)
500-524	(38.12)	(29.34)
525-549	(36.35)	(27.98)
550-574	(34.73)	(26.73)
575-599	(33.26)	(25.60)
600-649	(31.26)	(24.06)
650-699	(28.94)	(22.28)
700-749	(26.95)	(20.74)
750-799	(25.21)	(19.40)
800-849	(23.68)	(18.23)
850-899	(22.33)	(17.19)
900-949	(21.12)	(16.26)
950-999	(20.04)	(15.42)
1000-1249	(17.37)	(13.37)
1250-1499	(14.21)	(10.94)
1500-1749	(12.02)	(9.25)
1750-1999	(10.42)	(8.02)
2000-2249	(9.19)	(7.08)
2250-2499	(8.23)	(6.33)
2500-2749	(7.44)	(5.73)
2750-3000	(6.80)	(5.23)

**ID-MTS Gel Cards**

**Not included in CPT calculated pricing (unless noted)  
Prices include IFF**

Prod. Code	Antglobulin Testing	Pkg. Size	0-200 Pkgs.	200-500 Pkgs.	500-1,000 Pkgs.	1,000-2,000 Pkgs.	2,000+ Pkgs.
MTS4024	MTS Anti-IgG Card	48 cards	See CPT	See CPT	See CPT	See CPT	See CPT
MTS4014	MTS IgG -C3d Card	12 cards	\$74.40	\$72.03	\$66.10	\$61.17	\$59.97
MTS5014	MTS Buffered Gel Card	48 cards	\$206.03	\$199.45	\$183.03	\$169.41	\$166.06
	<b>ABO Grouping Card</b>						
MTS0515	MTS A/B/D/Reverse Card	48 cards	See CPT	See CPT	See CPT	See CPT	See CPT
MTS1115	MTS A/B/D Grouping Card	48 cards	See CPT	See CPT	See CPT	See CPT	See CPT
MTS0014	MTS Anti-A Card	48 cards	\$167.32	\$161.99	\$152.22	\$140.90	\$138.11
MTS0015	MTS Anti-B Card	48 cards	\$167.32	\$161.99	\$152.22	\$140.90	\$138.11
MTS0017	MTS A/B Grouping Card	48 cards	\$167.32	\$161.99	\$152.22	\$140.90	\$138.11
MTS1221	MTS Anti-D	48 cards	\$214.34	\$207.49	\$194.99	\$180.49	\$176.92
MTS1001	MTS Control Card	48 cards	\$167.32	\$161.99	\$152.22	\$140.90	\$138.11
	<b>Rh-hr Cards</b>						
MTS0024	MTS Rh Phenotype Card	12 cards	\$83.98	\$81.31	\$76.41	\$70.72	\$69.32
MTS0210	Anti-C Card	12 cards	\$83.98	\$81.31	\$76.41	\$70.72	\$69.32
MTS0310	Anti- c Card	12 cards	\$83.98	\$81.31	\$76.41	\$70.72	\$69.32
MTS0212	Anti-E Card	12 cards	\$83.98	\$81.31	\$76.41	\$70.72	\$69.32
MTS0312	Anti e Card	12 cards	\$83.98	\$81.31	\$76.41	\$70.72	\$69.32

**ID-MTS Consumables**

**Not included in CPT calculated pricing  
Prices include IFF**

Catalog number	Description	Package Size	Price
MTS9690	DiaSeal	500/bag	\$32.65
MTS9633	MTS Manual Pipette Tips(Racked)	4x250	\$83.84
MTS9632	MTS Manual Pipette Tips(Bulk)	1000	\$63.60
MTS985005	Matrix Pipette Tips (Bulk 85mm)	500	\$50.87
MTS985105	Matrix Pipette Tips (Racked)	720	\$84.86
213680	ProVue Solution A	12 x 125ml	\$88.59
213681	ProVue Solution B	12 x 125ml	\$88.59
MTS9230	ProVue Round Bottle Diluent 2	5 x 100ml	\$110.65
MTS9330	ProVue Round Bottle Diluent 2+	5 x 100ml	\$110.65
213760	ProVue 3ML Adapters pack/15	15/pack	\$5.01
232623	ProVue Wash Solution Bottle 1 A/B	1 bottle	\$280.70
231923	ProVue Waste Tray	1 ea	\$15.04
231931	ProVue Waste Bottle	1 ea	\$135.38
MTS9225	MTS Diluent 2	4 x 125ml	\$110.65
MTS9325	MTS Diluent 2 Plus	4 x 125ml	\$110.65

## TECHNICAL DATA SHEET

1. VENDOR NAME: Ortho-Clinical Diagnostics, a Johnson & Johnson Company
2. ANALYZER TYPE: Clinical Chemistry
3. BRAND NAME: VITROS
4. MODEL NUMBER (include option number): 250 & 250R
5. PREVENTIVE MAINTENANCE SCHEDULE:
- (a) Frequency of contractor P.M. visits Current Manufacturer's recommendation - one per year
- (b) Number of standards/controls/calibrations/tests required to verify system performance after maintenance: Field Engineer performs ~5 assays with 30 tests per assay precision test. Then custome runs controls against all assays and 2 levels controls for accuracy.
6. CALIBRATION/STANDARDIZATION SCHEDULE:
- (a) Frequency of operator calibration/standardization Every six (6) months
- (b) Number of standards/controls/calibration/tests required to verify system performance during standardization and/or calibration: Three (3) calibrator and two (2) control level tests
7. INCREMENTAL ANALYZER OPTION AVAILABILITY (Analyzer added to Primary Analyzer Table when Additional Analyzer is needed)  Yes  No
8. COMPUTER INTERFACE AVAILABILITY  Yes  No
- (a) Standard or Optional Equipment Configuration  Std  Opt
- (b) Interface VA's DHCP computer system  Yes  No
- (c) An RS 232, interface and software is provided with the analyzer compatible with the A.S.T.M. HL-7 Standard and the VA's DHCP computer system  Yes  No
- While the A.S.T.M/HL-7 standard interface is not a requirement for participation in the Cost-Per-Reportable program, new interfaces using this standard may be given higher priority by the Dallas ISC."
9. BARCODE OR OCR READER AVAILABILITY: Standard No
- Optional Yes
- Optional Character Reader Availability: Standard No
- Optional No
10. List any special configuration or installation requirements related to the system operation, including specified environmental requirements (operating temperature, humidity, etc.).

See Site Specification Manual.



---

11. List any accessories/options available for the system

Patient Sample Identification (PSID), Uninterruptible Power Supply (UPS)

---

---

12. List any geographic restrictions to be placed on delivery of supplies or maintenance service (see Statement of Work for the Government's requirements)

None.

---

---

13. List the VAMC facilities outside the continental United States that will be supported in your offer (1) Ponce, Puerto Rico, (2) Mayaguez, Puerto Rico, (3) San Juan, Puerto Rico, (4) Anchorage, Alaska, and (5) Honolulu, Hawaii.

All five listed facilities are supported.

---

---

14. List the times that technical service representatives will be available by phone to assist Government personnel (once the system is installed at the Government site)

Customer Technical Support Hotline Service is accessible via telephone 24 hours per day, 7 days per week.

---

---

## TECHNICAL DATA SHEET

1. VENDOR NAME: Ortho-Clinical Diagnostics, a Johnson & Johnson Company
2. ANALYZER TYPE: Clinical Chemistry
3. BRAND NAME: VITROS
4. MODEL NUMBER (include option number): 350
5. PREVENTIVE MAINTENANCE SCHEDULE:
- (a) Frequency of contractor P.M. visits Current Manufacturer's recommendation - one per year
- (b) Number of standards/controls/calibrations/tests required to verify system performance after maintenance: Field Engineer performs ~5 assays with 30 tests per assay precision test. Then custome runs controls against all assays and 2 levels controls for accuracy.
6. CALIBRATION/STANDARDIZATION SCHEDULE:
- (a) Frequency of operator calibration/standardization Every six (6) months
- (b) Number of standards/controls/calibration/tests required to verify system performance during standardization and/or calibration: Three (3) calibrator and two (2) control level tests
7. INCREMENTAL ANALYZER OPTION AVAILABILITY (Analyzer added to Primary Analyzer Table when Additional Analyzer is needed)  Yes  No
8. COMPUTER INTERFACE AVAILABILITY  Yes  No
- (a) Standard or Optional Equipment Configuration  Std  Opt
- (b) Interface VA's DHCP computer system  Yes  No
- (c) An RS 232, interface and software is provided with the analyzer compatible with the A.S.T.M. HL-7 Standard and the VA's DHCP computer system  Yes  No
- While the A.S.T.M/HL-7 standard interface is not a requirement for participation in the Cost-Per-Reportable program, new interfaces using this standard may be given higher priority by the Dallas ISC."
9. BARCODE OR OCR READER AVAILABILITY: Standard No
- Optional Yes
- Optional Character Reader Availability: Standard No
- Optional No
10. List any special configuration or installation requirements related to the system operation, including specified environmental requirements (operating temperature, humidity, etc.).

See Site Specification Manual.

---

---

---

11. List any accessories/options available for the system

Patient Sample Identification (PSID), Uninterruptible Power Supply (UPS)

---

---

12. List any geographic restrictions to be placed on delivery of supplies or maintenance service (see Statement of Work for the Government's requirements)

None.

---

---

13. List the VAMC facilities outside the continental United States that will be supported in your offer (1) Ponce, Puerto Rico, (2) Mayaguez, Puerto Rico, (3) San Juan, Puerto Rico, (4) Anchorage, Alaska, and (5) Honolulu, Hawaii.

All five listed facilities are supported.

---

---

14. List the times that technical service representatives will be available by phone to assist Government personnel (once the system is installed at the Government site)

Customer Technical Support Hotline Service is accessible via telephone 24 hours per day, 7 days per week.

---

---

**TECHNICAL DATA SHEET**

1. VENDOR NAME: Ortho-Clinical Diagnostics, a Johnson & Johnson Company
2. ANALYZER TYPE: Clinical Chemistry
3. BRAND NAME: VITROS
4. MODEL NUMBER (include option number): 950 & 950R
5. PREVENTIVE MAINTENANCE SCHEDULE:
- (a) Frequency of contractor P.M. visits Current Manufacturer's recommendation - one per year
- (b) Number of standards/controls/calibrations/tests required to verify system performance after maintenance: Field Engineer performs ~5 assays with 30 tests per assay precision test. Then custome runs controls against all assays and 2 levels controls for accuracy.
6. CALIBRATION/STANDARDIZATION SCHEDULE:
- (a) Frequency of operator calibration/standardization Every six (6) months
- (b) Number of standards/controls/calibration/tests required to verify system performance during standardization and/or calibration: Three (3) calibrator and two (2) control level tests
7. INCREMENTAL ANALYZER OPTION AVAILABILITY (Analyzer added to Primary Analyzer Table when Additional Analyzer is needed)  Yes  No
8. COMPUTER INTERFACE AVAILABILITY  Yes  No
- (a) Standard or Optional Equipment Configuration  Std  Opt
- (b) Interface VA's DHCP computer system  Yes  No
- (c) An RS 232, interface and software is provided with the analyzer compatible with the A.S.T.M. HL-7 Standard and the VA's DHCP computer system  Yes  No

While the A.S.T.M/HL-7 standard interface is not a requirement for participation in the Cost-Per-Reportable program, new interfaces using this standard may be given higher priority by the Dallas ISC."

9. BARCODE OR OCR READER AVAILABILITY: Standard Yes  
Optional No
- Optional Character Reader Availability: Standard No  
Optional No

10. List any special configuration or installation requirements related to the system operation, including specified environmental requirements (operating temperature, humidity, etc.).

See Site Specification Manual.

---

---

---

11. List any accessories/options available for the system

Uninterruptible Power Supply (UPS).

---

---

---

12. List any geographic restrictions to be placed on delivery of supplies or maintenance service (see Statement of Work for the Government's requirements)

None.

---

---

---

13. List the VAMC facilities outside the continental United States that will be supported in your offer (1) Ponce, Puerto Rico, (2) Mayaguez, Puerto Rico, (3) San Juan, Puerto Rico, (4) Anchorage, Alaska, and (5) Honolulu, Hawaii.

All five listed facilities are supported.

---

---

---

14. List the times that technical service representatives will be available by phone to assist Government personnel (once the system is installed at the Government site)

Customer Technical Support Hotline Service is accessible via telephone 24 hours per day, 7 days per week.

---

---

---

**TECHNICAL DATA SHEET**

1. VENDOR NAME: Ortho-Clinical Diagnostics, a Johnson & Johnson Company
2. ANALYZER TYPE: Clinical Chemistry
3. BRAND NAME: VITROS
4. MODEL NUMBER (include option number): 5,1 FS
5. PREVENTIVE MAINTENANCE SCHEDULE:
- (a) Frequency of contractor P.M. visits Zero (0) per year
- (b) Number of standards/controls/calibrations/tests required to verify system performance after maintenance: For MicroSlide Assays: Field Engineer performs ~5 assays with 30 tests per assay precision test. Then customer runs controls against all assays and 2 levels of controls for accuracy. For MicroTip assays: TBD.
6. CALIBRATION/STANDARDIZATION SCHEDULE:
- (a) Frequency of operator calibration/standardization Every six (6) months for MicroSlide assays; varies for MicroTip assays.
- (b) Number of standards/controls/calibration/tests required to verify system performance during standardization and/or calibration: For MicroSlide: Three (3) calibrator & two (2) control levels per test; for MicroTip: TBD.
7. INCREMENTAL ANALYZER OPTION AVAILABILITY (Analyzer added to Primary Analyzer Table when Additional Analyzer is needed)  Yes  No
8. COMPUTER INTERFACE AVAILABILITY  Yes  No
- (a) Standard or Optional Equipment Configuration  Std  Opt
- (b) Interface VA's DHCP computer system  Yes  No
- (c) An RS 232, interface and software is provided with the analyzer compatible with the A.S.T.M. HL-7 Standard and the VA's DHCP computer system  Yes  No
- While the A.S.T.M/HL-7 standard interface is not a requirement for participation in the Cost-Per-Reportable program, new interfaces using this standard may be given higher priority by the Dallas ISC."
9. BARCODE OR OCR READER AVAILABILITY: Standard Yes
- Optional No
- Optional Character Reader Availability: Standard No
- Optional No
10. List any special configuration or installation requirements related to the system operation, including specified environmental requirements (operating temperature, humidity, etc.).

See Site Specification Manual.

---

---

11. List any accessories/options available for the system

Uninterruptible Power Supply (UPS).

---

---

12. List any geographic restrictions to be placed on delivery of supplies or maintenance service (see Statement of Work for the Government's requirements)

None.

---

---

13. List the VAMC facilities outside the continental United States that will be supported in your offer (1) Ponce, Puerto Rico, (2) Mayaguez, Puerto Rico, (3) San Juan, Puerto Rico, (4) Anchorage, Alaska, and (5) Honolulu, Hawaii.

All five listed facilities are supported.

---

---

14. List the times that technical service representatives will be available by phone to assist Government personnel (once the system is installed at the Government site)

Customer Technical Support Hotline Service is accessible via telephone 24 hours per day, 7 days per week.

---

---

**TECHNICAL DATA SHEET**

1. VENDOR NAME: Ortho-Clinical Diagnostics, a Johnson & Johnson Company
2. ANALYZER TYPE: Immunochemistry
3. BRAND NAME: VITROS
4. MODEL NUMBER (include option number): ECi & ECiQ
5. PREVENTIVE MAINTENANCE SCHEDULE:
- (a) Frequency of contractor P.M. visits One (1) per year
- (b) Number of standards/controls/calibrations/tests required to verify system performance after maintenance: Up to three (3) calibrators and two (2) contro
6. CALIBRATION/STANDARDIZATION SCHEDULE:
- (a) Frequency of operator calibration/standardization Once every 28 days.
- (b) Number of standards/controls/calibration/tests required to verify system performance during standardization and/or calibration: Up to three (3) calibrators and two (2) contro
7. INCREMENTAL ANALYZER OPTION AVAILABILITY (Analyzer added to Primary Analyzer Table when Additional Analyzer is needed)  Yes  No
8. COMPUTER INTERFACE AVAILABILITY  Yes  No
- (a) Standard or Optional Equipment Configuration  Std  Opt
- (b) Interface VA's DHCP computer system  Yes  No
- (c) An RS 232, interface and software is provided with the analyzer compatible with the A.S.T.M. HL-7 Standard and the VA's DHCP computer system  Yes  No
- While the A.S.T.M/HL-7 standard interface is not a requirement for participation in the Cost-Per-Reportable program, new interfaces using this standard may be given higher priority by the Dallas ISC."
9. BARCODE OR OCR READER AVAILABILITY: Standard Yes
- Optional No
- Optional Character Reader Availability: Standard No
- Optional No
10. List any special configuration or installation requirements related to the system operation, including specified environmental requirements (operating temperature, humidity, etc.).

See Site Specification Manual.

---



---

11. List any accessories/options available for the system

Uninterruptible Power Supply (UPS).

---

---

12. List any geographic restrictions to be placed on delivery of supplies or maintenance service (see Statement of Work for the Government's requirements)

None.

---

---

13. List the VAMC facilities outside the continental United States that will be supported in your offer (1) Ponce, Puerto Rico, (2) Mayaguez, Puerto Rico, (3) San Juan, Puerto Rico, (4) Anchorage, Alaska, and (5) Honolulu, Hawaii.

All five listed facilities are supported.

---

---

14. List the times that technical service representatives will be available by phone to assist Government personnel (once the system is installed at the Government site)

Customer Technical Support Hotline Service is accessible via telephone 24 hours per day, 7 days per week.

---

---

**TECHNICAL DATA SHEET**

1. VENDOR NAME: Ortho-Clinical Diagnostics, a Johnson & Johnson Company
2. ANALYZER TYPE: Blood Bank
3. BRAND NAME: ID-MTS Gel Workstation
4. MODEL NUMBER (include option number): MT515060, MTS9680, MTS710142, MTS964
5. PREVENTIVE MAINTENANCE SCHEDULE:
- (a) Frequency of contractor P.M. visits N/A
- (b) Number of standards/controls/calibrations/tests required to verify system performance after maintenance: N/A
6. CALIBRATION/STANDARDIZATION SCHEDULE:
- (a) Frequency of operator calibration/standardization Quarterly for the centrifuge and annually for 1 pipettor.
- (b) Number of standards/controls/calibration/tests required to verify system performance during standardization and/or calibration: None
7. INCREMENTAL ANALYZER OPTION AVAILABILITY (Analyzer added to Primary Analyzer Table when Additional Analyzer is needed)  Yes  No
8. COMPUTER INTERFACE AVAILABILITY  Yes  No
- (a) Standard or Optional Equipment Configuration  Std  Opt
- (b) Interface VA's DHCP computer system  Yes  No
- (c) An RS 232, interface and software is provided with the analyzer compatible with the A.S.T.M. HL-7 Standard and the VA's DHCP computer system  Yes  No
- While the A.S.T.M/HL-7 standard interface is not a requirement for participation in the Cost-Per-Reportable program, new interfaces using this standard may be given higher priority by the Dallas ISC."
9. BARCODE OR OCR READER AVAILABILITY: Standard N/A
- Optional N/A
- Optional Character Reader Availability: Standard N/A
- Optional N/A
10. List any special configuration or installation requirements related to the system operation, including specified environmental requirements (operating temperature, humidity, etc.).
- None
- 
- 
11. List any accessories/options available for the system
- N/A
- 
-

- 
- 
12. List any geographic restrictions to be placed on delivery of supplies or maintenance service (see Statement of Work for the Government's requirements)

Repair is performed by replacement, so there are no restrictions and all US Government installations are covered.

---

---

13. List the VAMC facilities outside the continental United States that will be supported in your offer (1) Ponce, Puerto Rico, (2) Mayaguez, Puerto Rico, (3) San Juan, Puerto Rico, (4) Anchorage, Alaska, and (5) Honolulu, Hawaii.

All five listed facilities are supported.

---

---

14. List the times that technical service representatives will be available by phone to assist Government personnel (once the system is installed at the Government site)

Customer Technical Support Hotline Service is accessible via telephone 24 hours per day, 7 days per week.

---

---

**TECHNICAL DATA SHEET**

1. VENDOR NAME: Ortho-Clinical Diagnostics, a Johnson & Johnson Company
2. ANALYZER TYPE: Blood Bank
3. BRAND NAME: Ortho ProVue Analyzer
4. MODEL NUMBER (include option number): MTS213783
5. PREVENTIVE MAINTENANCE SCHEDULE:
- (a) Frequency of contractor P.M. visits Two per year
- (b) Number of standards/controls/calibrations/tests required to verify system performance after maintenance: Daily QC to be performed after PM.
6. CALIBRATION/STANDARDIZATION SCHEDULE:
- (a) Frequency of operator calibration/standardization None.
- (b) Number of standards/controls/calibration/tests required to verify system performance during standardization and/or calibration: None.
7. INCREMENTAL ANALYZER OPTION AVAILABILITY (Analyzer added to Primary Analyzer Table when Additional Analyzer is needed)  Yes  No
8. COMPUTER INTERFACE AVAILABILITY  Yes  No
- (a) Standard or Optional Equipment Configuration  Std  Opt
- (b) Interface VA's DHCP computer system  Yes  No
- (c) An RS 232, interface and software is provided with the analyzer compatible with the A.S.T.M. HL-7 Standard and the VA's DHCP computer system  Yes  No

While the A.S.T.M/HL-7 standard interface is not a requirement for participation in the Cost-Per-Reportable program, new interfaces using this standard may be given higher priority by the Dallas ISC."

9. BARCODE OR OCR READER AVAILABILITY: Standard    
Optional \_\_\_\_\_
- Optional Character Reader Availability: Standard    
Optional \_\_\_\_\_

10. List any special configuration or installation requirements related to the system operation, including specified environmental requirements (operating temperature, humidity, etc.).

Do not place in direct sunlight. Install in a climate controlled laboratory. Maximum altitude for installation is 200 meters. Temperature range is between 18 and 28 degrees Celcius, and between 15% and 80% relative humidity noncondensing. EMC according to IEC 61326-1.

---

11. List any accessories/options available for the system

None.

---

---

12. List any geographic restrictions to be placed on delivery of supplies or maintenance service (see Statement of Work for the Government's requirements)

None.

---

---

13. List the VAMC facilities outside the continental United States that will be supported in your offer (1) Ponce, Puerto Rico, (2) Mayaguez, Puerto Rico, (3) San Juan, Puerto Rico, (4) Anchorage, Alaska, and (5) Honolulu, Hawaii.

All five listed facilities are supported.

---

---

14. List the times that technical service representatives will be available by phone to assist Government personnel (once the system is installed at the Government site)

Customer Technical Support Hotline Service is accessible via telephone 24 hours per day, 7 days per week.

---

---

**PAGE INTENTIONALLY LEFT BLANK**