## United Independent School District Drug & Alcohol Testing & Physical Examinations RFP 067-2011

Section I: Physical Examinations	and Drug &	Alcohol Test	ing Program f	or USDOT/CDL	-Licensed Dist	rict Employees					
VENDORS		A & D Tests, Inc		Drug Screen Compliance		Dr. Francisco J Gutierrez MD		Laredo Examiners, Inc.		Laredo Medical Center	
DESCRIPTION	EST QTY	UNIT COST	EXT COST	UNIT COST	EXT COST	UNIT COST	EXT COST	UNIT COST	EXT COST	UNIT COST	EXT COST
Physical Examinations	286	\$75.00	\$21,450.00	\$85.00	\$24,310.00	\$50.00	\$14,300.00	\$40.00	\$11,440.00	\$50.00	\$14,300.00
DOT - Drug Screen	416	\$45.00	\$18,720.00	\$55.00	\$22,880.00	\$35.00	\$14,560.00	\$40.00	\$16,640.00	\$20.00	\$8,320.00
BAT - Alcohol Screen	416	\$25.00	\$10,400.00	\$25.00	\$10,400.00	\$30.00	\$12,480.00	\$18.00	\$7,488.00	\$25.00	\$10,400.00
Section I: Total	- \$50,570.00		70.00	\$57,590.00		\$41,340.00		\$35,568.00		\$33,020.00	
Hours of Operation	-	M-F / 9 <i>i</i>	AM-4PM	M-F / 8/	AM-4PM	3PM & 24/7 S	30PM Fri 9AM- ervice for Drug cohol	M-F / 8.	AM-5PM	& Sout	of for LMC North th Clinic, spital 24/7
After Hours - Drug Screen	-	\$60	0.00	\$55	5.00	\$35.00		\$45.00		\$25.00	
After Hours - Alcohol Screen	-	\$12	5.00	\$25.00		\$30.00		\$25.00		\$30.00	
Additional Costs for after hours incidents at provider's facilities	-	\$50	0.00	\$75	5.00	\$30	0.00	\$40	0.00	No Addit	ional Fees

Section II: Random Drug & Alcohol Testing Program for Employees in a Safety-Sensitive Capacity as per the Texas Workers Compensation Commission's Employer - Drug Free Workplace Program											
DESCRIPTION	EST QTY	UNIT COST	EXT COST	UNIT COST	EXT COST	UNIT COST	EXT COST	UNIT COST	EXT COST	UNIT COST	EXT COST
Random Drug Test	315	\$40.00	\$12,600.00	\$35.00	\$11,025.00	\$35.00	\$11,025.00	\$28.00	\$8,820.00	\$20.00	\$6,300.00
Random BAT	315	\$15.00	\$4,725.00	\$25.00	\$7,875.00	\$30.00	\$9,450.00	\$18.00	\$5,670.00	\$25.00	\$7,875.00
Post Accident or Suspicion Drug Test	20	\$40.00	\$800.00	\$55.00	\$1,100.00	\$35.00	\$700.00	\$28.00	\$560.00	\$20.00	\$400.00
Post Accident or Suspicion Alcohol Test	20	\$15.00	\$300.00	\$25.00	\$500.00	\$30.00	\$600.00	\$18.00	\$360.00	\$25.00	\$500.00
Section II: Total	-	\$18,4	25.00	\$20,500.00		\$21,775.00		\$15,410.00		\$15,075.00	
Separate Fee for Rehabilitation Program Monitoring	-	or student/p doctor's office; To oversee Reha	Meetings inperson w/employee or student/parents \$75 at doctor's office; offsite \$175.00; To oversee Rehab plan \$175.00/ person		es Vary Based on a scale per individuals income.		listed	No additional N	Monitoring Fees	No additional N	Monitoring Fees

ESCRIPTION	EST QTY	UNIT COST	EXT COST								
Random Sample Drug Test	1100	\$28.00	\$30,800.00	\$35.00	\$38,500.00	\$35.00	\$38,500.00	\$25.00	\$27,500.00	\$20.00	\$22,000.00
Section III: Total	-	\$30,8	300.00	\$38,5	00.00	\$38,5	00.00	\$27,5	00.00	\$22,0	00.00
Expert Service Witness Fee	-	\$300.	00/ Hr	\$50.0	00/ Hr	\$50.0	00/ Hr	\$50.0	00/ Hr	\$100.0	00/ Day

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ſ	Medical Review Officer (MRO)					

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Name and Contact information of MRO Provider	Frank Peretti, M.D., Little Rock, Arkansas	Dennis Shaughnessy, M.D., San Angelo, Texas	Francisco J. Gutierrez-Garcia, M.D., Laredo, Texas	Ann J Burgardt, M.D., AJ Dicaro, M.D., San Antonio, Texas	Arturo Garza Gongora, M.D., Laredo, Texas