



Re: Clinical Laboratory Testing Services

Dear TX A&M UNIV-CRPUS CHRIS:

Quest Diagnostics is committed to providing the highest quality testing and services in the industry. This commitment is backed by dedicated people who understand that behind every specimen and result is a human life.

We are pleased to offer clinical laboratory testing services to you in accordance with the terms established below.


- Both Quest Diagnostics and you agree to fully comply with all applicable laws, rules, and regulations.
- You agree to provide all billing information required by third party payers necessary for Quest Diagnostics to bill and collect from the third party payers for services on your patients, whose specimens are collected in your office.
- You agree to pay Quest Diagnostics within fifteen days of the date Quest Diagnostics sends you an invoice for the services.
- Either party may discontinue this agreement for any reason upon thirty days prior written notice with or without cause sent to the addresses contained herein. *Agreement shall not exceed 5 years without newly executed agreement.*
- You agree that you will not use the Quest Diagnostics name or logo, including posting to the Internet, or create a link to Quest Diagnostics' web site, without prior written consent from Quest Diagnostics.

Please refer to the following page for additional information specific to our agreement.

We look forward to building a relationship with you and we thank you for your confidence in choosing Quest Diagnostics as your reference laboratory.

Accepted on behalf of TX A&M UNIV-CRPUS CHRIS (31982):

By:


contracts manager

Date: 1.22.16

Pricing Terms

Client: TX A&M UNIV-CRPUS CHRIS
Address: 6300 OCEAN DR UNIT 5733
City: CORPUS CHRISTI **State:** TX **Zip Code:** 78412-5733
Effective Date of Pricing: 1/21/2016 **Client Number:** 31982
Client Telephone Number: (361) 825-2601 **Group Bill Number:** N/A
Quest Diagnostics Sales Representative: DINA COPAS

Service Bill Code	Test Name	Client Price
Special Quotes		
0011348	HCV QN W/RFX LIPA(R)	108.98
0015983	TESTOSTERONE,T,LC/MS	22.00

Service Bill Code	Test Name	Client Price
Panels		
0010651	ALLERGY PNL REG 10	167.42
0002703	IMCAP, A. FUMIGATUS (M3)	6.00
0002706	IMCAP, A. TENUIS (M6)	6.00
0002302	IMCAP, BERMUDA GRASS (G2)	6.00
0002503	IMCAP, BIRCH (T3)	6.00
0002702	IMCAP, C. HERBARUM (M2)	6.00
0002601	IMCAP, CAT DANDER (E1)	6.00
0002736	IMCAP, COCKROACH (I6)	6.00
0002401	IMCAP, COMMON RAGWEED (W1)	6.00
0002514	IMCAP, COTTONWOOD (T14)	6.00
0002722	IMCAP, D. FARINAE (D2)	6.00
0002721	IMCAP, D. PTERONYSSINUS(D	6.00
0002605	IMCAP, DOG DANDER (E5)	6.00
0002508	IMCAP, ELM (T8)	6.00
0002522	IMCAP, HICKORY/PECAN (T22)	6.00
0002501	IMCAP, MAPLE (T1)	6.00
0002506	IMCAP, MOUNTAIN CEDAR (T6)	6.00
0002658	IMCAP, MOUSE UR PROT (E72)	11.42
0002420	IMCAP, NETTLE (W20)	6.00
0002507	IMCAP, OAK (T7)	6.00
0002701	IMCAP, P. NOTATUM (M1)	6.00
0002416	IMCAP, RG MARSH ELDER (W1)	6.00
0002414	IMCAP, ROUGH PIGWEED (W14)	6.00
0002418	IMCAP, SHEEP SORREL (W18)	6.00
0002306	IMCAP, TIMOTHY GRASS (G6)	6.00
0002515	IMCAP, WHITE ASH (T15)	6.00
0002570	IMCAP, WHITE MULBERRY (T7)	6.00
0000542	IMMUNOGLOBULIN E	6.00

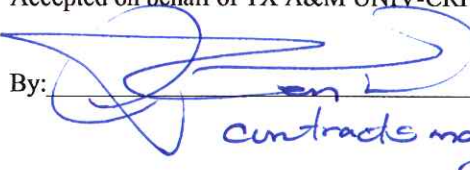
Pricing Terms

Tests will be priced as published from the current Quest Diagnostics Fee Schedule, except as noted above.

All Pricing is subject to change upon thirty days prior written notice sent to the address set forth above.

Please indicate your acknowledgement and acceptance of these Pricing Terms by signing where indicated below within 15 business days from the Effective Date above; otherwise these terms are subject to change and a new agreement may be required.

Accepted on behalf of TX A&M UNIV-CRPUS CHRIS (31982):

By:  _____ Date: 1.22.14 _____
contracts manager