



OFFICE OF STATE COURTS ADMINISTRATOR
P.O. Box 104480
2112 Industrial Drive
Jefferson City, MO 65110-4480

RFP NUMBER: OSCA 23-01792
TITLE: Drug/Alcohol Testing Equipment,
Monitoring Equipment, & Services

CONTACT: Russell W. Rottmann
E-MAIL: osca.contracts@courts.mo.gov
PHONE NO.: (573) 522-6766

ISSUE DATE: April 11, 2023

DUE DATE: May 2, 2023

Proposal submission: Proposals may be sent electronically to osca.contracts@courts.mo.gov. If you would like to submit a written proposal, please print or type the RFP number on the lower left hand corner of the envelope.

(U.S. Mail)
Office of State Courts Administrator
Attn: Contract Unit
PO Box 104480
Jefferson City, MO 65110 - 4480

(Courier Service)
Office of State Courts Administrator
Attn: Contract Unit
2112 Industrial Dr.
Jefferson City, MO 65109

CONTRACT PERIOD: DATE OF AWARD THROUGH JUNE 30, 2024

DELIVER SUPPLIES/SERVICES FOB DESTINATION TO THE FOLLOWING ADDRESS:

VARIOUS TREATMENT COURTS THROUGHOUT THE STATE OF MISSOURI

The offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal (RFP). The offeror further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The offeror further agrees that upon receipt of an authorized purchase order from the Office of State Courts Administrator or when this RFP is countersigned by an authorized official of the Office of State Courts Administrator, a binding contract shall exist between the offeror and the Office of State Courts Administrator.

SIGNATURE REQUIRED

AUTHORIZED SIGNATURE <i>Ron Kilgarlin</i>	DATE 8-23-23
PRINTED NAME Cody Kilgarlin or Ron Kilgarlin	TITLE VP of Sales
COMPANY NAME American Screening LLC	
MAILING ADDRESS 9742 St Vincent Ave Suite 100	
CITY, STATE, ZIP Shreveport LA, 71106	
TELEPHONE NUMBER. 318-606-6044	E-MAIL ADDRESS jshivers@americanscreeningcorp.com

NOTICE OF AWARD (OSCA USE ONLY)

ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS: In its entirety as submitted		
CONTRACT NO. OSCA 23-01792-24		CONTRACT PERIOD August 28, 2023 through June 30, 2024
CONTRACTS SECTION <i>Russell W. Rottmann</i>	DATE 08/28/2023	DEPUTY STATE COURTS ADMINISTRATOR <i>R. Morrissey</i>



Proposal for Office of State Courts Administrator-OSCA 23-01792
Drug/Alcohol Testing Equipment, Monitoring Equipment, & Services

Section I: Transmittal Letter

American Screening LLC

9742 St. Vincent Ave

Shreveport, LA 71106

Phone: 318-798-3306

Fax: 318-798-3386

Persons to be contacted for clarification of proposal

Contact Persons Approved to Negotiate:

Ron Kilgarlin	CEO	ron@americanscreeningcorp.com
Cody Kilgarlin	VP of Sales	cody@americanscreeningcorp.com
Shawn Kilgarlin	Bid Preparer	bids@americanscreeningcorp.com

Contact Persons Approved to Take Orders:

Ron Kilgarlin	CEO	ron@americanscreeningcorp.com
Cody Kilgarlin	VP of Sales	cody@americanscreeningcorp.com
Shawn Kilgarlin	Bid Preparer	bids@americanscreeningcorp.com



Section II: Scope of Service/Narrative of Proposed Services

- We are quality in all we are and all we do. Our Vision is to be recognized as the world's leading provider of quality rapid screening and medical products. It is our mission to deliver quality products, great customer experience and support humanity by helping fight drug addiction.
- We are ISO and MDSAP certified and Clia waved. We have 19 years of experience in delivering high quality drug testing products that manufacture. We are world renowned for manufacturing precision and discover brand products, manufactured in our warehouse. We work with many different agencies (i.e., The Department of Corrections and Office State of Administration). We also offer an express delivery service including shipping supplies to any location.
- We are determined to meet all specifications Our sales team, customer service and accounting department are here to serve you. We don't just sell you but evaluate your needs and provide specific testing that meets your customer requirements. We are your partner and adviser.
- American Screening Corporation Ships Medical Drug detection products all over the world. Most Drug Testing Kit orders are processed and shipped within 24-48 hours, using United Parcel Service (UPS), FedEx or US Postal Service. Fee overnight shipping, air bills, boxes, lab packs, specimen bags.
- We will offer your company free online training/testing and online ordering. We will always provide answers to questions and lab test confirmation.

Section III: Organizational Information/Qualifications

- Consultant/firm history, background, and principal officers
- American Screening, LLC was founded January 7, 2004, in my parent's 150 square foot sunroom.
- It began with the idea to provide quality drug and alcohol testing products and blossomed into help in the fight against drug addiction. It started in a small room, inventory piled up, documents stacked on the floor, one



computer, and one person with a vision and the determination to show up and to never quit until the dream and vision became reality.

- Fast forward 19 years in business, ASC is now a premier ISO 13485 Certified distributor of rapid drug and alcohol tests, infectious disease tests, cardiac tests, and medical supplies to the United States, South America, Asia, Africa, Europe, and Australia. We are a leading medical supplier that specializes in providing medical equipment and other products that meet CLIA, FDA, EC Directive 98/79 CE, and Health Canada requirements. All wholesale surgical and lab supplies meet a strict standard. We own our own product design, tech file, labeling file, risk management, and process FEMA.
- Our corporate office is located at 9742 St. Vincent Ave, Ste 100, Shreveport, LA 71106. We have 12,000 square feet of building space and 5 acres. Our warehouse is centrally located in St. Louis, MO, is temperature/humidity controlled and occupies 30,000 square feet. As one of the top medical suppliers in the country, we have over 3 million dollars in inventory and are able to warehouse and scale with your ordering needs.
- Project team leads:
 - Ron Kilgarlin- CEO
 - Shawn Kilgarlin- Quality
 - Cody Kilgarlin – VP of Sales

Section IV: Contact US

- Website www.americanscreeningcorp.com
- customerservice@americanscreeningcorp.com
- sales@americanscreeningcorp.com
- **Toll Free (866) 526-2873**
- Office (318) 798-3306 or Fax (318) 798-3386



Section V: References

REFERENCES:		
PC-Net Consultantes Steven Vekovius 920 Piermont RD Shreveport, LA 71109 svekovius@pcnetoffice.com (318)703-4259	Hope Contactor Casey Hannigan 1513 Dalzell, Shreveport, LA 71103 casey@hopecontractors.com (318)221-8924	Bernard Insurance Tony Papa 566 Professional Dr., Shreveport, LA 71105 tonyp@bernardins.com (318)797-5651

Section VI: Legal Documents (following).

- ISO and MDSAP
- W-9
- Certificate Of Insurance
- Organization Chart

CERTIFICATE OF REGISTRATION

This is to certify that the management system of:

American Screening, LLC

(FIN F006372)

Main Site: 9742 St. Vincent Suite 100

Shreveport, Louisiana 71106 USA

has been registered by Intertek, an MDSAP recognized auditing organization,
as conforming to the requirements of:

ISO 13485:2016

Canada: Medical Devices Regulations – Part 1- SOR 98/282

United States: 21 CFR 820, 21 CFR 803, 21 CFR 806, 21 CFR 807 (Subparts A to D)

The management system is applicable to:

*Manufacture and Distribution of In-vitro Diagnostic reagent test kits,
including for specimen collection, for home and professional use for
detection of drugs of abuse and pregnancy testing. The distribution of
diagnostic instrument systems and monitoring devices for home use.*

Organization was certified by another Certification Body before 01/17/2023

Certificate Number:

0131912

Initial Certification Date:

2022-07-01

Certification Effective Date:

2023-01-17

Certification Expiry Date:

2024-10-16



intertek

A handwritten signature in black ink, appearing to read "Calin Moldovean", written over a horizontal line.

Calin Moldovean

President, Business Assurance

Intertek Testing Services NA, Inc.
900 Chelmsford Street
Lowell, MA, USA 01851



Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. American Screening LLC	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► S Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions. 9742 St. Vincent Ave Suite 100	Requester's name and address (optional)
	6 City, state, and ZIP code Shreveport, LA 71106	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-				-	
or								
Employer identification number								
2	0	-	0	6	1	9	8	6

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► Ron Kilgarlin	Date ► 2/23/2023
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Bernard Insurance Agency P.O. Box 5010 Shreveport LA 71135		CONTACT NAME: Tracy Caldwell PHONE (A/C, No, Ext): (318) 797-5651 FAX (A/C, No): (318) 797-5688 E-MAIL ADDRESS: tracy@bernardins.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Wesco Insurance Co.	
		INSURER B: Employers	
		INSURER C: Kinsale Insurance Company	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 22/23 Master COI

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

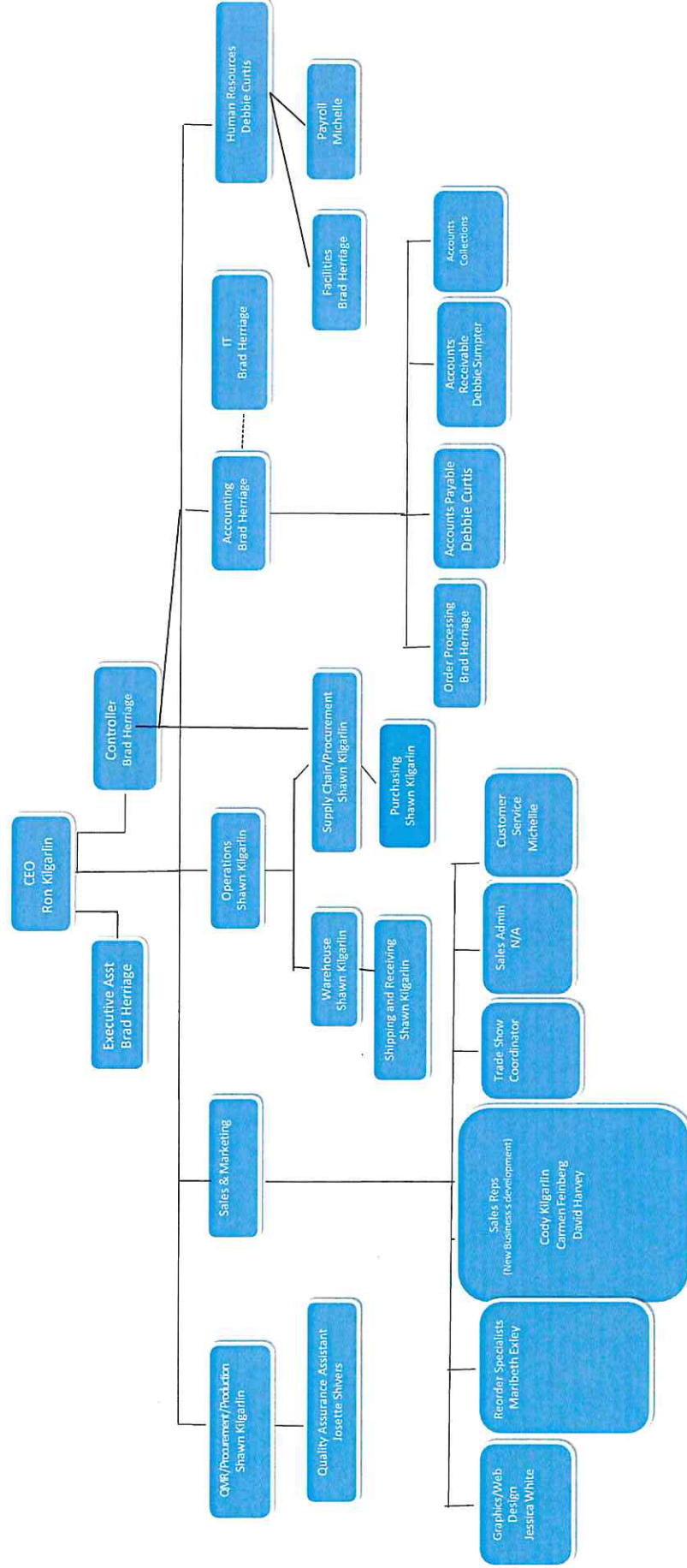
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			WPP193719401	10/16/2022	10/16/2023	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ EXCLUDED
							Employee Benefits Per Occurrence \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			WPP193719401	10/16/2022	10/16/2023	COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							Hired/Non-Owned Liability \$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N/A			EIG4714655-01	3/30/2022	3/30/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Products Liability			0100209461-0	10/16/2022	10/16/2023	Ea Occurrence 5,000,000
							General Aggregate 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

City of Shreveport 505 Travis St #130 Shreveport, LA 71101	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Tony Papa/TDC

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LEGEND: ----- Outsourced process

Proposed position

Authorized By: QRB

Owned By: Management

Approved By: (Sign & Date)

Ron Kilgarlin Jr. J

Ju



Rapid Drug Test Form

Specimen # _____

Company Name: _____

Applicant/ Employee Name: _____

Date: _____

SS# / ID#: _____ (Print)

Picture ID Verified:

☐ Yes☐ No**Reason for Drug Test:**☐ Pre-employment☐ Random☐ Post Accident☐ For Cause☐ Other: _____**Drug Test Results**

Name	Abbreviation	Negative	Confirm	Not Tested	Adulterant Testing
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxidants
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> in range
Opiates	OPI/MOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Out of range
Amphetamine	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Methamphetamine	MAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pH
Phencyclidine	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> in range
Benzodiazepines	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Out of range
Barbiturates	BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Methadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specific Gravity
Tricyclic Antidepressants	TCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> in range
Propoxyphene	PPX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Out of range
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ecstasy	MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (if out of range)
Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fentanyl	FEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ketamine	KET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ethyl Glucuronide	ETG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kratom	KRA		<input type="checkbox"/>	<input type="checkbox"/>	
Tramadol	TRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Synthetic Cannabis	K2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Alcohol Screen

ALC

☐

Level: _____

Further Testing Needed: Any positive screen or abnormal test results.☐ Sample Sent to Lab for GC/MS Confirmation Testing. *Name of Lab:* _____☐ Applicant/ Employee Directed to Lab / Clinic: *Name of Clinic/Lab:* _____☐ Applicant/ Employee Refused Further Testing: *Signature of Donor:* _____**Certification Information:**

I certify that the above specimen was collected on (date) _____. I verify that the above information is true and correct, that the specimen is my own, hasn't been tampered with. I release my specimen to the individual listed below.

Donor:

Employee/Applicant Signature: _____ Date: _____

Tester's Signature: _____ Date: _____

Witness _____ Date: _____

Additional Notes: _____



LAB SERVICE

SERVICE DESCRIPTION	DRUG DESCRIPTION	UNIT OF MEASURE	UNIT PRICE
Laboratory Services	Syn. Cannabinoid	Per drug	\$ 19.50
	Amphetamines	Per drug	\$ 19.50
	Cocaine	Per drug	\$ 19.50
	Opiates	Per drug	\$ 19.50
	Marijuana	Per drug	\$ 19.50
	Barbiturates	Per drug	\$ 19.50
	Benzodiazepine	Per drug	\$ 19.50
	Drug Abuse 10 panel	Per drug	\$ 22.10
	Buprenorphine Urine	Per drug	\$ 19.50
	Alcohol Urine	Per drug	\$ 19.50
	Phencyclidine	Per drug	\$ 19.50

PRODUCT PANEL NO.	SALES UMO	DRUG DESCRIPTION	UNIT PRICE	INSTOCK	WITH AN ONBOARD ADULTERATION STRIP
(AE) DISP-DUD-812N	CS25	DISCOVER PLUS 12 PANEL CUP W/ AMP500/ BZO200/ COC150/ EDDP300/ ETG500/ FY10/ BAR300/ MDMA500/ MET500/O PI300/ OXY100/ THC50/OX-PH-SG	\$ 60.13	3	Y
ASC-CUP-2124	EACH	ONESCREEN 12 PANEL CUP (THC/COC/AMP/MOP/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/PPX/BUP)	\$ 1.89	176	Y
ASC-CUP-254	EACH	ONESCREEN 5 PANEL CUP (THC/COC/AMP/OPI/MAMP)	\$ 1.27	1996	Y
ASC-CUP-3104	EACH	ONESCREEN 10 PANEL CUP (THC/COC/AMP/OPI/MAMP/PCP/BAR/MTD/MDMA/BZO)	\$ 1.85	2200	Y
ASC-CUP-3124	EACH	ONESCREEN 12 PANEL CUP (THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/TCA)	\$ 1.93	659	Y
ASC-DUD-1114	EACH	ONESCREEN 11 PANEL CUP (THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY) (PH/SG/OXI)	\$ 2.05	550	Y
ASC-DUD-187	EACH	ONESCREEN 12 PANEL CUP (THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/TCA)	\$ 1.82	1900	Y
ASC-DUD-2124	EACH	ONESCREEN 11 PANEL CUP (THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY) (PH/SG/OXI)	\$ 1.40	693	Y
ASC-DUD-254	EACH	ONESCREEN 5 PANEL CUP (THC/COC/AMP/OPI/MAMP) (PH/SG/OX)	\$ 1.40	957	Y
ASC-DUD-3104	EACH	ONESCREEN 10 PANEL CUP (THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/MDMA) (PH/SG/OXI)	\$ 1.98	25	Y
ASC-DUD-3124	EACH	ONESCREEN 12 PANEL CUP (THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/TCA)	\$ 2.06	1000	Y
ASC-RCUP-1124N	EACH	REVEAL 12 PANEL CUP (THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/PPX)	\$ 1.93	992	Y
ASC-RCUP-1324N	EACH	REVEAL 11 PANEL CUP (THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/TCA)	\$ 1.92	999	Y
ASCRCUP164551N	EACH	REVEAL 6 PANEL CUP (THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/TCA)	\$ 1.44	959	Y
ASC-RCUP-2354	EACH	REVEAL 5 PANEL CUP (OPI300/MAMP/MDMA/OXY)	\$ 1.27	1825	Y
ASC-RCUP-2544N	CS25	REVEAL 6 PANEL URINE CUP (THC/COC/AMP/OPI/MAMP/ALC)	\$ 42.58	58	Y
ASC-RCUP-254N	EACH	REVEAL 5 PANEL FLAT SIDED CUP (THC/COC/AMP/OPI/MAMP)	\$ 1.44	909	Y
ASC-RCUP-264NC	EACH	(CF) REVEAL 6 PANEL CUP (THC/COC/AMP/OPI/MAMP/BZO)	\$ 1.44	2700	Y
ASC-RCUP-275N	EACH	REVEAL 7 PANEL CUP (THC/COC/AMP/MOP/MAMP/BZO/OXY)	\$ 1.53	950	Y
ASC-RCUP-284N	EACH	REVEAL 8 PANEL CUP (THC/COC/AMP/OPI/MAMP/PCP/BZO/OXY)	\$ 1.64	782	Y
ASCRCUP3124NDI	EACH	REVEAL 12 PANEL CUP (THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/TCA)	\$ 1.93	890	Y
ASCRCUP3124NDIK	EACH	REVEAL 12 PANEL CUP (THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/TCA)	\$ 1.93	1025	Y
ASC-RCUP356ACR	CS25	(CF) REVEAL 6 PANEL CUP (THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/TCA) FOR KITTING	\$ 50.70	100	Y
ASC-RCUP-4104N	EACH	REVEAL 10 PANEL CUP (THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY)	\$ 1.85	933	Y
ASC-RCUP-454N	EACH	REVEAL 5 PANEL CUP (THC/COC/AMP/OPI300/MAMP)	\$ 2.15	840	Y
ASC-RCUP-5124N	EACH	REVEAL 12 PANEL CUP (THC/COC/AMP/MOP/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/PPX/BUP)	\$ 1.89	5000	Y
ASC-RCUP-6134N	EACH	REVEAL 13 PANEL CUP (THC/COC/AMP/MAMP/OPI300/PCP/BAR/BZO/MTD/MDMA/OXY/TCA)	\$ 2.03	998	Y
ASC-RCUP-864N	EACH	REVEAL 6 PANEL CUP (OPI/BAR/BZO/MTD/OXY/TCA)	\$ 1.44	620	Y
ASC-RCUP-964N	EACH	REVEAL 6 PANEL CUP (THC/COC/AMP/OPI/BZO/OXY)	\$ 1.95	776	Y
ASC-RDUD-1134N	EACH	REVEAL 13 PANEL CUP (THC/COC/AMP/OPI300/OPI/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/TCA) (PH/SG/OX)	\$ 2.09	127	Y
ASC-RDUD-254N	EACH	REVEAL 5 PANEL CUP (THC/COC/AMP/OPI/MAMP) (PH/SG/OXI)	\$ 1.40	1999	Y
ASC-RDUD-264N	EACH	REVEAL 6 PANEL CUP (THC/COC/AMP/OPI/MAMP/BZO) (PH/SG/OXI)	\$ 1.57	438	Y
ASC-RDUD3114AN	CS25	REVEAL 11 PANEL CUP W/ADS - (THC/COC/AMP/OPI/MET/PCP/BAR/BZO/MTD/MDMA/ALC) (PH/SG/OXI)	\$ 54.93	109	Y
ASC-RDUD3114ANS	EACH	REVEAL 11 PANEL CUP (THC/COC/AMP/OPI/MET/PCP/BAR/BZO/MTD/MDMA/ALC) (PH/SG/OXI)	\$ 3.19	45	Y
ASC-RDUD-3124N	EACH	REVEAL 12 PANEL CUP (THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/TCA) (PH/SG/OX)	\$ 2.06	529	Y
ASC-RDUD-4104N	EACH	REVEAL 10 PANEL CUP (THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY) (PH/SG/OX)	\$ 1.98	1975	Y
ASC-RDUD-584N	EACH	REVEAL 8 PANEL CUP (THC/COC/AMP/OPI/MAMP/BZO/MTD/MDMA/OXY/K2) (PH/SG/OXI)	\$ 2.03	786	Y
ASC-RMCUP-1064	CS25	REVEAL MINI 6 PANEL CUP (COC/AMP/OPI/MAMP/BZO/BUP)	\$ 30.55	200	Y
ASC-RMCUP-154	CS25	REVEAL MINI 5 PANEL CUP (THC/COC/AMP/OPI/PCP)	\$ 31.85	6	Y
ASC-RMCUP-2454	CS25	REVEAL MINI 5 PANEL CUP (THC/COC/MAMP/MDMA/OXY)	\$ 26.98	40	Y
ASC-RMCUP-254	CS25	REVEAL MINI 5 PANEL CUP (THC/COC/AMP/OPI/MAMP)	\$ 26.98	461	Y
ASC-RMCUP-264	CS25	REVEAL MINI 6 PANEL CUP (THC/COC/AMP/OPI/MAMP/BZO)	\$ 30.55	114	Y
ASC-RMCUP-264S	EACH	REVEAL MINI 6 PANEL CUP EA - THC/COC/AMP/MAMP/OPI/BZO--EXPIRES 3/31/2020..	\$ 1.77	18	Y
ASC-RMCUP-3104	CS25	REVEAL MINI 10 PANEL CUP (THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/MDMA)	\$ 39.33	42	Y
ASC-RMCUP-354	CS25	REVEAL MINI 5 PANEL CUP (THC/COC/AMP/OPI/MAMP/PCP)	\$ 26.98	55	Y
ASCRCUP354S	EACH	REVEAL MINI 5 PANEL CUP EA - (THC/COC/AMP/MAMP/PCP)	\$ 1.52	15	Y
ASC-RMCUP-484	CS25	REVEAL MINI 8 PANEL CUP (COC/AMP/OPI/MAMP/BAR/BZO/OXY/BUP)	\$ 34.78	50	Y
ASC-RMCUP-5104	CS25	REVEAL MINI 10 PANEL CUP (THC/COC/AMP/MOP/MAMP/BAR/BZO/MTD/OXY/BUP)	\$ 39.33	486	Y
ASC-RMCUP-654	CS25	REVEAL MINI 5 PANEL CUP (THC/COC/OPI/MAMP/BZO)	\$ 26.98	40	Y

A5C-RMCUP-654S	EACH	REVEAL MINI 5 PANEL CUP EA - (THC/COC/MAMP/OPI/BZO)		\$ 1.52	8	Y
A5C-RMDUD-2454S	EACH	SAMPLES REVEAL MINI 5 PANEL CUP W/AD - (THC/COC/MAMP/THC/OXY/MDMA (OX/S.G./PH))		\$ 1.78	5	Y
A5C-RMDUD-3104	CS25	REVEAL MINI 10 PANEL CUP W/ADS - (THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/MDMA) (PH/SG/OXI)		\$ 42.58	80	Y
A5C-RMDUD-3104S	EACH	REVEAL MINI 10 PANEL CUP W/AD EA - (THC/COC/AMP/MAMP/OPI/PCP/BAR/BZO/MTD/MDMA (OX/S.G./PH))--EXPIRES 3/31/2020		\$ 2.69	24	Y
A5C-RMDUD-5124S	EACH	12 PANEL REVEAL MINI CUP W/AD EA - (THC/COC/MET AMP/OPI/OXY/BZO/MTD/MDMA/TCA/PCP W/3AD		\$ 2.89	14	Y
CDOA-6125	CS25	12-PANEL T-CUP COMPACT: AMP,BAR,BZO,COC,MAMP,MDMA,MOP,MTD,OXY,PCP,THC		\$ 61.75	5	Y
CDOA-6125A3	CS25	12 PANELCOMPACT CUP W/ADS - (THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/BUP) (PH/SG/CREAT)		\$ 73.13	2	Y
DIS-CUP-274	CS25	DISCOVER 7 PANEL CUP-(THC/COC/AMP/OPI/MAMP/BZO/OXY)		\$ 38.35	12	Y
DIS-DUD-1144	CS25	DISCOVER 14 PANEL CUP W/ADS - (THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/PPX/BUP/TCA) (PH/SG/OXI)		\$ 78.98	18	Y
DIS-DUD-254	CS25	DISCOVER 5 PANEL CUP W/ADS- (THC/COC/AMP/OPI/MAMP) (PH/SG/OXI)		\$ 51.35	40	Y
DIS-DUD-3124S	EACH	SAMPLE- DISCOVER 12 PANEL URINE CUP WAD-AMP/COC/OXY /MDMA/OPI/BZO/BAR/MTD/TCA/BUP/THC/PCP- EXPIRES 3/31/2020		\$ 2.90	7	Y
DIS-DUD-564	CS25	DISCOVER 6 PANEL CUP W/ADS - (THC/COC/OPI/MAMP/BZO/OXY) (PH/SG/OXI)		\$ 39.33	69	Y
DIS-DUD-564S	EACH	DISCOVER 6 PANEL CUP (THC/COC/OPI/MAMP/BZO/OXY) (PH/SG/OXI)		\$ 2.30	15	Y
DIS-DUD-584	EACH	DISCOVER 8 PANEL CUP (THC/COC/ AMP/MAMP/OPI/MAMP/BZO/OXY/K2) (PH/SG/OXI)		\$ 47.45	46	Y
DIS-DUD-584S	EACH	DISCOVER 8 PANEL CUP (THC/COC/ AMP/MAMP/OPI/MAMP/BZO/OXY/K2) (PH/SG)		\$ 2.82	36	Y
DIS-DUD-6124	CS25	(CF) DISCOVER 12 PANEL CUP (THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/BUP) (PH/SG/OXI)		\$ 50.38	149	Y
DIS-KCUP-2124	EACH	DISCOVER 12 PANEL KEY CUP (THC/COC/AMP/MOP/MAMP/BAR/BZO/MTD/MDMA/OXY/PPX/BUP).		\$ 2.58	610	Y
DIS-KCUP-254	EACH	DISCOVER 5 PANEL KEY CUP (THC/COC/AMP/OPI/MAMP)		\$ 1.27	1745	Y
DISP-CUP-1144N	CS25	DISCOVER PLUS 14 PANEL CUP - (THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/PPX/BUP/TCA)		\$ 56.55	1	Y
DISP-CUP-154N	CS25	DISCOVER PLUS 5 PANEL CUP(THC/COC/AMP/OPI/PCP)		\$ 31.85	63	Y
DISP-CUP-184N	CS25	DISCOVER PLUS 8 PANEL CUP-(THC/COC/AMP/MOP/BZO/MTD/OXY/BUP)		\$ 34.78	7	Y
DISP-CUP-184NS	EACH	DISCOVER PLUS 8 PANEL CUP (THC/COC/AMP/MOP/BZO/MTD/OXY/BUP)		\$ 2.02	15	Y
DISP-CUP-20124N	CS25	DISCOVER PLUS 12 PANEL CUP - (THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/BUP)		\$ 48.26	1700	Y
DISP-CUP-20124S	EACH	DISCOVER PLUS 12 PANEL CUP (THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/BUP)		\$ 2.28	14	Y
DISP-CUP-2124N	CS25	DISCOVER PLUS 12 PANEL CUP - (THC/COC/AMP/MOP/MAMP/BAR/BZO/MTD/MDMA/OXY/PPX/BUP)		\$ 48.26	191	Y
DISP-CUP-2124NS	EACH	DISCOVER PLUS 12 PANEL CUP EA - (THC/COC/AMP/MOP/MAMP/BAR/BZO/MTD/MDMA/OXY/PPX/BUP)		\$ 2.28	8	Y
DISP-CUP-264N	CS25	DISCOVER PLUS 6 PANEL CUP-(THC/COC/AMP/OPI/MAMP/BZO)		\$ 36.08	205	Y
DISP-CUP-274N	CS25	DISCOVER PLUS 7 PANEL CUP-(THC/COC/AMP/OPI/MAMP/BZO/OXY)		\$ 38.35	15	Y
DISP-CUP-3104N	CS25	DISCOVER PLUS 10 PANEL CUP-(THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/MDMA)		\$ 39.33	11	Y
DISP-CUP-3104NS	EACH	DISCOVER PLUS 10 PANEL CUP (THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/MDMA)		\$ 1.85	46	Y
DISP-CUP-3114N	CS25	DISCOVER PLUS 11 PANEL CUP - (COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/TCA)		\$ 48.10	185	Y
DISP-CUP-3124N	CS25	DISCOVER PLUS 12 PANEL CUP (THC/COC/AMP/OPI/PCP/BAR/BZO/MTD/MDMA/OXY/BUP/TCA)		\$ 43.88	50	Y
DISP-CUP-3124NS	EACH	SINGLE DISCOVER PLUS 12 PANEL CUP - (THC/COC/AMP/OPI/PCP/BAR/BZO/MTD/MDMA/OXY/BUP/TCA)-		\$ 2.28	2	Y
DISP-CUP-394N	CS25	DISCOVER PLUS 9 PANEL CUP (COC/AMP/MOP/MET/BAR/BZO/MTD/OXY/BUP)		\$ 43.55	99	Y
DISP-CUP-394NS	EACH	DISCOVER PLUS 9 PANEL CUP (COC/AMP/MOP/MET/BAR/BZO/MTD/OXY/BUP)		\$ 2.08	2	Y
DISP-CUP-4104N	CS25	DISCOVER PLUS 10 PANEL CUP-(THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/OXY)		\$ 46.15	232	Y
DISP-CUP-4124N	CS25	DISCOVER PLUS 12PANEL CUP (COC/THC/OPI/OXY/AMP/BZO/BAR/MAMP/PPX/MTD/PCP/BUP)		\$ 48.26	98	N
DISP-CUP-4124NS	EACH	DISCOVER PLUS 12PANEL CUP (COC/THC/OPI/OXY/AMP/BZO/BAR/MAMP/PPX/MTD/PCP/BUP)		\$ 2.28	11	N
DISP-CUP-5104N	CS25	DISCOVER PLUS 10 PANEL CUP-(THC/COC/AMP/OPI/MET/BAR/BZO/MTD/OXY/MTD)		\$ 46.15	2	N
DISP-CUP-5104NS	EACH	DISCOVER PLUS 10 PANEL CUP (THC/COC/AMP/OPI/MET/BAR/BZO/MTD/OXY/BUP/MTD)		\$ 2.15	9	N
DISP-CUP-5124N	CS25	DISCOVER PLUS 12PANEL CUP(THC/COC/AMP/MOP/MAMP/PCP/BAR/BZO/MTD/OXY/PPX/BUP)		\$ 48.26	115	N
DISPCUP514NAB	CS25	(BH) DISCOVER PLUS SPECIAL 14PANEL CUP (AMP500/BUPS/BAR200/BZO200/THC50/COC150/MTD300/MET500/OPI300/PCP25/PPX300/MDMA500/TRA100/KE		\$ 80.60	200	N
DISP-CUP-564N	CS25	DISCOVER PLUS 6 PANEL CUP-(THC/COC/OPI/MAMP/BZO/OXY)		\$ 36.08	47	N
DISP-CUP-564NS	EACH	DISCOVER 6 PANEL CUP EA - COC/THC/OPI/MAMP/BZO/OXY		\$ 2.07	22	N
DISP-CUP-6124N	CS25	DISCOVER PLUS 12 PANEL CUP- (THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/BUP)		\$ 43.88	467	N
DISP-CUP-6134N	CS25	DISCOVER PLUS 13 PANEL CUP- (THC/COC/AMP/MOP/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/BUP/TCA)		\$ 50.70	1002	N
DISP-CUP-654N	CS25	DISCOVER PLUS 5 PANEL CUP-(THC/COC/OPI/MAMP/BZO)		\$ 26.98	45	N
DISP-CUP-654NS	EACH	DISCOVER PLUS 5 PANEL CUP-(THC/COC/OPI/MAMP/BZO)		\$ 43.88	45	N
DISP-CUP-684NS	EACH	DISCOVER PLUS 8 PANEL CUP- (THC/COC/OPI/MAMP/BAR/BZO/OXY/BUP)		\$ 2.15	7	N
DISP-CUP-7104N	CS25	DISCOVER PLUS 10 PANEL CUP-(THC/COC/OPI/MAMP/BAR/BZO/MTD/OXY/BUP/TCA)		\$ 39.33	40	N
DISP-CUP-764N	CS25	DISCOVER PLUS 6 PANEL CUP-(COC/AMP/OPI300/MET/BZO/OXY)		\$ 36.08	93	N
DISP-CUP-774NS	EACH	DISCOVER PLUS 7PANEL CUP-(COC/AMP/OPI/MAMP/BZO/OXY/BUP)		\$ 2.08	50	N
DISP-CUP-8104N	CS25	DISCOVER PLUS 10 PANEL CUP- (THC/COC/AMP/OPI/MAMP/BZO/MTD/MDMA/OXY/BUP)		\$ 39.33	138	N
DISP-CUP-8104NS	EACH	DISCOVER PLUS 10 PANEL CUP EA - (THC/COC/AMP/OPI/MAMP/BZO/MTD/MDMA/OXY/BUP)		\$ 2.15	17	N

DISP-CUP8124NK	CS25	DISCOVER PLUS 12 PANEL CUP-THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/K2	\$ 54.76	22	N
DISP-CUP-9114N	CS25	DISCOVER PLUS 11 PANEL CUP- (THC/COC/AMP/OPI/MET/THC/PCP/BAR/BZO/MTD/MDMA/OXY/BUP)	\$ 48.10	90	N
DISP-CUP-9124N	CS25	DISCOVER PLUS 12 PANEL CUP- (THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/TCA)	\$ 43.88	355	N
DISP-DUD-1134NA	CS25	DISCOVER PLUS 13PANEL CUP W/ADS - (THC/COC/AMP/MOP/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/K2/ALC) (PH/SG/OXI)	\$ 66.95	75	N
DISP-DUD-1144N	CS25	DISCOVER PLUS 14 PANEL CUP W/ADS - (THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/PPX/BUP/TCA) (PH/SG/CREA)	\$ 52.00	614	N
DISP-DUD-20124N	CS25	DISCOVER PLUS 12 PANEL CUP W/ADS - (THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/BUP) (PH/SG/CREAT)	\$ 51.52	272	N
DISP-DUD-20124NS	EACH	DISCOVER PLUS 12 PANEL CUP (THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/BUP) (PH/SG/CREAT)	\$ 2.28	4929	N
DISP-DUD-2124N	CS25	DISCOVER PLUS 12 PANEL CUP W/ADS - (THC/COC/AMP/MOP/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/PPX/BUP) (PH/SG/OXI)	\$ 47.13	153	N
DISP-DUD-254N	CS25	DISCOVER PLUS 5 PANEL CUP W/ADS - (THC/COC/AMP/OPI/MAMP) (PH/SG/OXI)	\$ 30.23	106	N
DISP-DUD-264N	CS25	DISCOVER PLUS 6 PANEL CUP W/ADS (THC/COC/OP/AMP/MAMP/BZO) (OX/SG/PH)	\$ 39.33	372	N
DISP-DUD-274N	CS25	DISCOVER PLUS 7 PANEL CUP W/ADS(THC/COC/AMP/OPI/MAMP/BZO/OXY) (PH/SG/OXI)	\$ 41.60	51	Y
DISP-DUD-3104N	CS25	DISCOVER PLUS 10 PANEL CUP W/ADS (THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/MDMA) (PH/SG/OXI)	\$ 49.40	13	Y
DISP-DUD-3124N	CS25	DISCOVER PLUS 12 PANEL CUP W/ADS(THC/COC/AMP/OPI/PCP/BAR/BZO/MTD/MDMA/OXY/BUP/TCA) (PH/SG/OXI)	\$ 51.51	36	Y
DISP-DUD-4104N	CS25	DISCOVER PLUS 10 PANEL CUP W/ADS-THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/OXY) (PH/SG/OXI)	\$ 49.40	59	Y
DISP-DUD-4124N	CS25	DISCOVER PLUS 12 PANEL CUP W/ADS(THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/OXY/PPX/BUP)(PH/SG/OXI)	\$ 47.13	37	Y
DISP-DUD-5104N	CS25	DISCOVER PLUS 10 PANEL CUP W/ADS - (THC/COC/AMP/OPI/MET/THC/PCP/BAR/BZO/MTD/OXY/BUP) (PH/SG/OXI)	\$ 49.40	101	Y
DISP-DUD-5114N	CS25	DISCOVER PLUS 11 PANEL CUP W/ADS-THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/MDMA/NIC) (PH/SG/OXI)	\$ 51.35	40	Y
DISP-DUD-5124NS	EACH	DISCOVER PLUS 12 PANEL CUP W/ADS-THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/MDMA/NIC) (PH/SG/OXI)	\$ 51.51	78	Y
DISP-DUD-5124N	CS25	DISCOVER PLUS 12 PANEL CUP W/ADS-THC/COC/AMP/MOP/MAMP/PCP/BAR/BZO/MTD/OXY/PPX/BUP) (PH/SG/OXI)	\$ 2.54	8	Y
DISP-DUD-6124N	CS25	DISCOVER PLUS 12 PANEL CUP W/ADS - (THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/BUP) (PH/SG/CREA)	\$ 50.38	321	Y
DISP-DUD-654N	CS25	DISCOVER PLUS 5 PANEL CUP-W/ADS-(THC/COC/OP/AMP/BZO) (PH/SG/OXI)	\$ 35.10	7	N
DISP-DUD-7124N	CS25	DISCOVER PLUS 12 PANEL CUP W/AD (THC/COC/MET/AMP/FENT/MOP/OXY/MTD/BAR/BZO/MDMA/BUP) (PH,SG,CREAT)	\$ 50.38	205	Y
DISP-DUD-8104N	CS25	DISCOVER PLUS 10 PANEL CUP W/AD(THC/COC/AMP/OPI/MAMP/BZO/MTD/MDMA/OXY/BUP) (PH/SG/OXI)	\$ 49.40	68	N
DISP-DUD-812N	CS25	DISCOVER PLUS 12 PANEL CUP W/ AMP500/ 8Z0200/ COC150/ EDDP300/ ETG500/ FY10/ BAR300/ MDMA500/ MET500/O PI300/ OXY100/ THC50/OX-PH-SG	\$ 60.13	180	N
DISP-DUD-9124N	CS25	DISCOVER PLUS 12 PANEL CUP W/ADS - (THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/TCA) (PH/SG/CREA)	\$ 47.13	229	Y
DISP-VACU-LID	CS25	DISCOVER PLUS VACUTAINER LID	\$ 4.88	38	N
DOA-1257-19	EACH	5 PANEL KEY CUP II (1 EA.)-DRUGS TESTED - THC/COC/AMP/MAMP/OPI	\$ 2.73	125	N
DOA-167-A3	EACH	6 PANEL MULTI-DRUG TEST CUP (OPI300/COC150/MET500/FYL100/THC50/ETG500) 25T/CS	\$ 1.72	2000	N
DOA-187-A3	EACH	8 PANEL MULTI RAPID TEST CUP (MOP300/OXY100/COC150/MET500/MTD300/BAR300/AMP1000/BUP10) 25T/CS	\$ 28.93	2000	N
DOA-21107-19	EACH	10 PANEL INTEGRATED CUP II COC/MAMP/AMP/THC/OPI/PCP/MTD/BAR/BZO/MDMA	\$ 5.15	300	N
DOA-21107-19CS	CS25	10 PANEL INTEGRATED CUP II COC/MAMP/AMP/THC/OPI/PCP/MTD/BAR/BZO/MDMA	\$128.70	7	N
DOA-2167-19	EACH	6 PANEL KEY CUP II -DRUGS TESTED - COC/MAMP/AMP/THC/OPI/BZO	\$ 2.86	25	N
DUA-197-A3	CS25	9 PANEL CUP W/AD (COC/AMP/MET/THC/MTD/OPI300/BZO/OXY/BUP) (PH/SG/CREA)	\$ 28.93	400	Y
DUD-157-012-19	EACH	5 PANEL KEY CUP II (1 EA.)-DRUGS TESTED - COC/AMP/MAMP/THC/OPI W/ 7 ADULTERAN	\$ 2.86	74	N
ECOI-13124	CS25	12-PANEL ECO CUP II - AMP BAR,BUP,BZO,COC,MAMP,MDMA,MOP,MTD,OXY,PCP,THCCLIA WAIVED	\$ 59.12	26	N
ECOI-13124W/AD	CS25	ECO II CUP 12 IN 1(AMP/BARB/BUP/BZO/COC/MAMP/MDMA/MOR/MTD/OXY/PCP/THC)(SG/PH/CR/CLIA WAIVED	\$ 59.12	37	Y
ECOI-13124W/ETG	CS25	DOA 12 IN 1 TEST ECO II CUP W/ ETG, 25PCS/BOXAMP/BAR/BUP/BZO/COC/MAMP/MDMA/MOR/MTD/OXY/PCP/THC/ETG	\$ 59.12	514	N
ECOI-13134W/ETG	CS25	DOA 13 IN 1 TEST ECO II CUP W/ ETG, 25PCS/BOXAMP/BAR/BUP/BZO/COC/FEN/MAMP/MDMA/MOR/MTD/OXY/PCP/THC/ETG"	\$ 89.38	2	N
ECOI-16154	CS25	ECOI-16154W/ETG500-16 PANEL CUP WITH ETG 500DOA 15 IN 1 TEST CUP(AMP/BAR/BUP/BZO/COC/FEN/K2/MAMP/MDMA/MTD/OP/OXY/PCP/THC/TRA/ETG5	\$ 98.31	91	N
ECOI-254	CS25	"DOA 5 IN 1 TEST ECO II CUP, 25PCS/BOX, CLIA WAIVEDAMP/COC/MAMP/OPI/THC"	\$ 62.56	8	N
ECOI254S	EACH	ECO CUP 5 PANEL CUP II (THC/COC/AMP/METH/OP)	\$ 2.20	1	N
ECOI-264	CS25	ECOI CUP 6 IN 1 AMP/BZO/COC/MAMP/OPI/THC	\$ 69.36	2	N
ECOI-7064	CS25	DOA 6 IN 1 TEST ECOII CUP, 25PCS/BOX, CLIA WAIVED AMP500/COC150/MAMP500/OPI/PCP/THC	\$ 56.88	17	N
EZ-13124W/AD	CS25	DOA 12 IN 1 TEST EZ CLICK CUP W/AD CS/25 CLIA WAIVEDAMP/BARB/BUP/BZO/COC/MAMP/MDMA/MOR/MTD/OXY/PCP/THC (PH-SG-OX)	\$ 59.12	2	Y
FSCCUP-264	CS25	DOA 6 IN 1 TEST CUP, 25PCS/BOX, AMP, BZO/COC/ MAMP/ OPI/ THC/	\$ 56.88	40	N
FSCCUP-34124W/AD	CS25	DOA 12 IN 1 TEST CUP W/AD CS/25 CLIA WAIVEDAMP500/BARB/BUP/BZO/COC150/MAMP500/MDMA/MOR/MTD/OXY/PCP/THC/(PH-SG-OX)	\$ 69.55	2	Y
FSCCUP-34124W/AD4	CS25	DRUG SCREEN TEST CUP CLIA WAIVED AMP500/BAR/BUP/BZO/COC15/MAMP500/MDMA/MOR/ MTD /OXY/PCP/THC(PH-CR-OX)	\$ 65.00	22	Y
FSCCUP-9124W/AD	CS25	DOA 12 IN 1 TEST CUP W/AD, AMP/BAR/BUP/BZO/COC/MAMP/MDMA/MTD/OPI/OXY/PCP/THC (PH-SG-OX) 25/BOX CLIA WAIVED	\$ 60.13	21	N
GASC-DUD-20124XR	CS25	U-CATCH XR-130ML- CLIA WAIVED CUP- AMP/BAR/BUP/BZO/COC/MDMA/MET/MOP/MTD/OXY/PCP/THC (OX-PH-SG)	\$ 56.88	200	Y
GEN1-DUD-454N	CS25	U-CATCH XR-130ML- CLIA WAIVED CUP- AMP/COC/MAMP/MOP/THC (OX-PH-SG)	\$ 45.50	47	Y
GEN1-DUD-994N	CS25	U-CATCH PLUS-150ML- FEMALE FRIENDLY CLIA WAIVED CUP-10 PANEL AMP/BUP/BZO/COC/MDMA/MET/MOP/MTD/OXY/THC(CR-PH-SG)	\$ 56.88	4	Y
GEN2-DUD-994N	CS25	U-CATCH PLUS-150ML FEMALE FRIENDLY CLIA WAIVED 10 PANEL AMP/BUP/BZO/COC/MDMA/MET/MOP/MTD/OXY/THC (OX-PH-SG)	\$ 56.88	8	Y
GEN-DUD-NTHC	CS25	U-CATCH XR-130ML- CLIA WAIVED CUP AMP/BAR/BUP/BZO/COC/MDMA/MET/MOP/MTD/OXY (OX-PH-SG)	\$ 53.63	116	Y

I-DOA-1107-051	C525	10 PANEL ICUP MAMP /COC/THC/AMP/OPI/OXY/PPX/BZO/ BAR/MDMA	\$ 104.00	2	N
I-DOA-1137-011	C525	13 PANEL ICUP[COC300,THC50,OPI2000,AMP1000,MAMP1000,PCP25,BZ0300,BAR300,MTD300,TCA1000,OXY100,PPX300,BUP10]	\$ 162.50	1	N
I-DUA-157-023	C525	5 PANEL ICUP THC/COC/AMP/OPI/PCP (PH/SG/OXI)	\$ 73.13	4	N
I-DUA-167-291	C525	6 PANEL I-CUP - AMP300/OXY/OPI/MDMA/COC/THC	\$ 74.75	11	N
I-DUE-167-012	C525	6 PANEL ICUP THC/COC/AMP/OPI/PCP/MAMP W/ PH,S,G,OX	\$ 74.75	5	N
I-DUE-187-071S	EACH	8 PANEL INTEGRATED CUP W/AD EA- (THC/COC/OPI-300/AMP/MAMP/PCP/BZO/OXY)	\$ 5.07	22	N
PREDX-CUP-0114N	C525	11 PANEL PRECISION CUP CUP-[ETG, AMP, BAR, BUP, BZO, COC, MTD, FEN, MAMP, OPI, THC	\$ 51.68	132	N
PREDX-CUP-155N	C525	PRECISIONDX 5 PANEL CUP(TCA/OPI/AMP/BAR/BZO)	\$ 31.85	114	N
PREDX-CUP-164N	C525	PRECISIONDX 6 PANEL CUP(THC/COC/AMP/OPI/MAMP/PCP)	\$ 36.08	32	N
PREDX-CUP-184N	C525	PRECISIONDX 8 PANEL CUP (THC/COC/AMP/MOP/BZO/MTD/OXY/BUP)	\$ 40.95	63	N
PREDXCUP20124N	C525	PRECISIONDX 12 PANEL CUP - (THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/BUP)	\$ 47.13	530	N
PREDXCUP202124N	C525	CS/25 DISCOVER PLUS II 12 PANEL CUP - (THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/BUP)	\$ 48.26	224	N
PREDXCUP20124S	EACH	PRECISION DX 12 PANEL CUP(THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/BUP)-EACH	\$ 1.93	29	N
PREDX-CUP2125N	C525	PRECISIONDX 12PNL CUP(AMP/MET/BUP/BZO/COC/MTD/OPI/OXY/THC/COT/ETG/FEN)	\$ 53.63	37	N
PREDX-CUP-254N	C525	PRECISIONDX 5 PANEL CUP (THC/COC/AMP/OPI/MAMP)	\$ 31.85	34	N
PREDX-CUP274NS	EACH	PRECISION DX 7 PANEL CUP (THC/COC/AMP/OPI/MAMP/BZO/OXY)-EACH	\$ 1.53	21	N
PREDXCUP30124N	C525	PRECISIONDX 12 PANEL CUP(THC/COC/AMP/OPI/MET/OXY/BAR/BZO/MTD/MDMA/BUP/ALC)	\$ 54.76	138	N
PREDXCUP30124S	EACH	PRECISIONDX 12 PANEL CUP(THC/COC/AMP/OPI/MET/OXY/BAR/BZO/MTD/MDMA/BUP/ALC)	\$ 2.19	18	N
PREDX-CUP3124N	C525	PRECISIONDX 12 PANEL CUP - THC(COC/AMP/OPI/PCP/BAR/BZO/MTD/MDMA/OXY/BUP/TCA)	\$ 48.26	149	N
PREDX-CUP5104N	C525	PRECISIONDX 10 PANEL CUP (THC/COC/AMP/OPI/MET/BAR/BZO/MTD/OXY/BUP)	\$ 46.15	49	N
PREDX-CUP5124N	C525	PRECISIONDX 12 PANEL CUP(THC/COC/AMP/MOP/MAMP/PCP/BAR/BZO/MTD/OXY/PPX/BUP)	\$ 48.26	40	N
PREDX-CUP5134N	C525	PRECISION DX 13 PANEL CUP (THC,COC,AMP,OPI, BAR, BZO, PCP, OXY ,MTD, MDMA, PPX, MQL, G-MAM)	\$ 59.15	39	N
PREDX-CUP6124N	C525	PRECISIONDX 12 PANEL CUP - (THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/BUP)	\$ 47.13	2003	N
PREDX-CUP6134N	C525	PRECISIONDX 13PANEL CUP (THC/COC/AMP/MOP/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/BUP/TCA)	\$ 50.70	1051	N
PREDX-CUP7144N	C525	PRECISIONDX 14 PANEL CUP(THC/COC/MET/AMP/FEN/MOP/OXY/MTD/BAR/BZO/MDMA/BUP/K2/ALCO)	\$ 74.75	57	N
PREDX-CUP-764N	C525	PRECISIONDX 6 PANEL CUP [COC/AMP/BZO/OXY/MAMP/OPI300]	\$ 36.08	34	N
PREDX-CUP-774N	C525	PRECISIONDX 7 PANEL CUP(COC/AMP/OPI/MAMP/BZO/OXY/BUP)	\$ 38.35	4	N
PREDX-CUP8174N	C525	PRECISION DX 17 PANEL CUP(AMP/BAR/BZO/BUP/COC/ETG/FEN/K2/MDMA/MAMP/MTD/OPI/OXY/PCP/THC/TRA/KRA)	\$ 77.35	225	N
PREDX-CUP8181	C525	PRECISION DX 18 PANEL CUP(AMP1000, BAR300, BZ0300, BUP10, THC50, COC150, ETG500, FENT10, MTD300, MAMP1000, OPI2000, OPI300, OXY100, PCP25, K2-50, TCA1	\$ 98.48	46	N
PREDX-CUP9124N	C525	CS/25 PRECISIONDX 12 PANEL CUP (THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/TCA)	\$ 48.26	50	N
PREDXDUD20124N	C525	PRECISIONDX 12 PANEL CUP W/ADS (THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/BUP) (PH/SG/CREA)	\$ 50.38	902	Y
PREDX-DUD20124N	C525	PRECISIONDX 12 PANEL CUP W/ADS CS/25(THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/BUP) (PH/SG/CREA)	\$ 50.38	77	Y
PREDX-DUD2124N	C525	PRECISIONDX 12 PANEL CUP W/ADS THC(COC/AMP/MOP/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/PPX/BUP) (PH/SG/OXI)	\$ 51.52	54	Y
PREDX-DUD-264N	C525	CS/25 PRECISIONDX 6 PANEL CUP W/ADS (THC/COC/OPI/AMP/MAMP/BZO) [OX/S.G./PH]	\$ 39.33	200	Y
PREDX-DUD-274N	C525	CS/25 PRECISIONDX 7 PANEL CUP W/ADS - (THC/COC/AMP/OPI/MAMP/BZO/OXY) (PH/SG/OXI)	\$ 41.60	6	Y
PREDX-DUD4154N	C525	PRECISIONDX 15 PANEL CUP W/AD(THC/COC/AMP/OPI/MET/BZO/OXY/BUP/MTD/ETG/BAR/FEN/KRA/K2/TRAM)[PH/SG/CREAT]	\$ 74.10	15	Y
PREDX-DUD-495N	C525	PRECISION DX 9 PANEL CUP W/ADS (THC/COC/AMP/OPI300/MAMP/BZO/MTD/OXY/BUP)[PH/SG/CREA]	\$ 46.80	40	N
PREDX-DUD-496N	C525	PRECISION DX 9 PANEL CUP(AMP500/MDMA500/COC150/THC50/OPI300/BAR200/OXI100BZO200)- (CR)[SG][OXI]	\$ 46.80	40	N
PREDX-DUD5104N	C525	PRECISION DX 10 PANEL CUP W/AD (THC/COC/AMP/OPI/MET/BAR/BZO/MTD/OXY/BUP)[OX/SG/PH]	\$ 46.15	151	Y
PREDX-DUD6124N	C525	PRECISIONDX 12 PANEL CUP W/AD(THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/BUP) (PH/SG/CREA)	\$ 51.51	3495	Y
PREDX-DUD-8134	C525	(DM)PRECISIONDX 13 PANEL CUP W/AD(THC/COC/AMP/OPI/MET/BZO/OXY/BUP/MTD/ETG/BAR/PCP/MDMA/PH/SG/CREAT)	\$ 53.63	892	Y
PREDX-DUD8174N	C525	PRECISION DX 17 PANEL CUP W/AD(THC/COC/AMP/OPI/MAMP/BAR/BZO/OXY/MDMA/MTD/PCP/BUP/ETG/FEN/KRA/K2)(PH/SG/CREA)	\$ 55.58	425	Y
PREDXDUD8174NS	EACH	PRECISION DX 17 PANEL CUP W/AD(AMP/BAR/BZO/BUP/COC/ETG/FEN/K2/MDMA/MAMP/MTD/OPI/OXY/PCP/THC/TRA/KRA)(PH/SG/CREA)	\$ 107.58	372	Y
PREDX-DUD19124N	C525	PRECISIONDX 12 PANEL CUP W/AD(THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/TCA) (PH/SG/CREA)	\$ 4.30	6	Y
PREDX-U-VACL	C525	PRECISIONDX VACUTAINER LID	\$ 50.38	267	Y
PREDX-U-VACS	C525	PRECISIONDX VACUTAINER LID AND 10ML TUBE SET	\$ 4.88	40	N
PREDX-U-VACT	P100	PRECISIONDX VACUTAINER TUBE 10ML	\$ 8.13	63	N
PREPL-CUP1354N	C525	PRECISIONPL 5 PANEL CUP (THC50/MET500/AMP500/COC150/OPI300)	\$ 13.00	2	N
PREPL-CUP-154N	C525	PRECISIONPLUS 5 PANEL CUP (THC/COC/AMP/OPI/PCP)	\$ 26.98	45	N
PREPL-CUP-167N	C525	(CF)PRECISIONPLUS 6 PANEL CUP [AMP500/COC150/MAMP500/OPI300/PCP25/THC50]	\$ 31.85	73	N
PREPL-CUP2121N	C525	PRECISION PLUS 12 PANEL THC,COC,AMP,OPI,MAMP,BAR, BZO,MTD,MDMA, OXY, FEN, PCP	\$ 30.55	209	N
PREPL-CUP2144N	C525	(BU)PRECISIONPLUS 14PANEL CUP - (THC/COC/MET/AMP/FEN/MOP/OXY/MTD/BAR/BZO/MDMA/BUP/K2/ETG)	\$ 49.08	40	N
PREPL-CUP-244N	C525	(CF) PRECISIONPLUS 4 PANEL CUP(COC/AMP/MAMP/OPI)	\$ 25.03	42	N

PREPL-CUP-254N	CS25	PRECISIONPLUS 5 PANEL CUP (THC/COC/AMP/OPI/MAMP)	\$ 26.98	109	N
PREPL-CUP254NC	CS25	(CF) PRECISIONPLUS 5 PANEL CUP (THC/COC/AMP/OPI/MAMP)	\$ 26.98	84	N
PREPL-CUP-264N	CS25	CS/25 PRECISIONPLUS 6 PANEL CUP (THC/COC/AMP/OPI/MAMP/BZO)	\$ 30.55	102	N
PREPL-CUP-274N	CS25	PRECISIONPLUS 7 PANEL CUP (THC/COC/AMP/OPI/MAMP/BZO/OXY)	\$ 32.50	3	N
PREPL-CUP5104N	CS25	PRECISIONPLUS 10 PANEL CUP (THC/COC/AMP/OPI/MET/BAR/BZO/MTD/OXY/BUP)	\$ 39.33	379	N
PREPL-CUP5124N	CS25	(CF) PRECISIONPLUS 12 PANEL CUP (THC/COC/AMP/OPI/MET/BZO/MTD/OXY/BUP/FEN/ETG/EDDP)	\$ 82.88	725	N
PREPLCUP6124N	CS25	PRECISIONPLUS 12 PANEL CUP - (THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/BUP)	\$ 43.88	227	N
PREPLCUP6134	CS25	(BR) PRECISIONPLUS 13 SPECIAL PANEL CUP - (THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/BUP/ETG)	\$ 59.48	66	N
PREPL-CUP6134N	CS25	PRECISIONPLUS 13 PANEL CUP (THC/COC/AMP/MOP/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/BUP/TCA)	\$ 46.48	86	N
PREPL-CUP-654N	CS25	PRECISIONPLUS 5 PANEL CUP(THC/COC/OPI/MAMP/BZO)	\$ 26.98	148	N
PREPL-CUP7114N	CS25	(MAB) PRECISIONPLUS 11 PANEL CUP (THC/COC/AMP/OPI300/MAMP/BAR/BZO/MTD/TCA/OXY/BUP)	\$ 45.83	106	N
PREPL-CUP7124N	CS25	PRECISION PLUS 12 PANEL CUP(AMP300/MET500/COC150/MDMA/BZO/BUP/THC/MOP/OXY/MTD/FET/ETG)	\$ 50.38	127	N
PREPL-CUP-8106	CS25	(CF) PRECISIONPLUS 10 PANEL CUP(BUP10/BZO200/COC150/MAMP500/OPI300/MTD300/OXY100/THC50/AMP500/MDMA500)	\$ 39.33	-10	N
PREPL-CUP-855	EACH	(CM) PRECISIONPLUS 8 PANEL CUP AMP500/MAMP500/THC50/COC150/OPI300/OXY100/BZO200/PCP25	\$ 1.39	2899	N
PREPL-CUP-9124N	CS25	PRECISION PLUS 12 PANEL CUP - (THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/TCA)	\$ 43.88	30	N
PREPL-DUD-1144N	CS25	PRECISION PLUS 14 PANEL CUP W/ADS - (THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/PPX/BUP/TCA) (PH/SG/CREA)	\$ 50.38	280	Y
PREPL-DUD174N	CS25	PRECISIONPLUS 7 PANEL CUP W/AD(THC/COC/MET/OPI/BZO/OXY/ALCO)(SG/PH/CREAT)	\$ 42.25	7	Y
PREPLDUD20124N	CS25	PRECISIONPLUS 12 PANEL CUP W/ADS (THC/COC/AMP/OPI300/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/BUP) (PH/SG/CREA)	\$ 49.08	781	Y
PREPL-DUD2124N	CS25	PRECISION PLUS 12 PANEL CUP W/ADS - (THC/COC/AMP/MOP/MAMP/BAR/BZO/MTD/MDMA/OXY/PPX/BUP) (PH/SG/OXI)	\$ 47.13	256	Y
PREPL-DUD5104N	CS25	PRECISIONPLUS 10 PANEL CUP W/ADS(THC/COC/AMP/OPI/MET/BAR/BZO/MTD/OXY/BUP) (OX/S.G./PH)	\$ 42.58	42	Y
PREPL-DUD-5114N	CS25	PRECISION PLUS 11 PANEL CUP W/ADS-(THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/MDMA/NIC) (PH/SG/OXI)	\$ 45.18	50	Y
PREPL-DUD5115	CS25	PRECISION PLUS 11 PANEL CUP W/AD(THC/COC/AMP/OPI/MET/PCP/BAR/BZO/MTD/MDMA/ALC) (PH/SG/OX)	\$ 49.08	49	Y
PREPLDUD6124N	CS25	PRECISIONPLUS 12 PANEL CUP W/AD(THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/BUP) (PH/SG/CREA)	\$ 47.13	896	Y
PREPL-DUD6124S	EACH	PLUS 12 PANEL CUP(THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/BUP) (PH/SG/CREAT)	\$ 1.89	2	Y
PREPL-DUD7124N	CS25	PRECISIONPLUS 12 PANEL CUP W/AD (THC/COC/MET/AMP/FENT/MOP/OXY/MTD/BAR/BZO/MDMA/BUP) (PH,SG,CREAT)	\$ 52.33	147	Y
PREPLDUD7134N	CS25	PRECISIONPLUS 11 PANEL CUP W/AD(AMP/BZO/COC/OPI/MAMP/FEN/MTD/OXY/BUP/ETG/K2/ETG)(PH/SG/CREAT)	\$ 59.48	304	Y
PREPL-DUD8115N	CS25	PRECISIONPLUS 13 PANEL CUP (THC/COC/AMP/MET/MDMA/BZO/BUP/MOP/OXY/MTD/FEN/K2/ETG)(PH/SG/CREAT)	\$ 52.33	40	Y
PREPL-DUD8137N	CS25	PRECISIONPLUS 13 PANEL CUP W/AD(THC/COC/AMP/OPI/MAMP/PCP/BAR/BZO/MTD/MDMA/OXY/BUP/ETG/BAR)(PH/SG/OX)	\$ 51.35	112	Y
PREPL-DUD-994N	CS25	PRECISIONPLUS 9 PANEL CUP W/AD(COC/AMP/MET/THC/MTD/OPI300/BZO/OXY/BUP) (PH/SG/CREA)	\$ 40.30	4140	Y
RT-2CUP-BOXWO	EACH	REVEAL 2 PANEL CUP BOX WITHOUT "0001204ATTION..RT-2CUP-BOXWO	\$ 0.81	3000	N

EXHIBIT B

PRIOR EXPERIENCE REFERENCE

The offeror should copy and complete this form for each reference being submitted as a demonstration of the offeror's and subcontractor's prior experience. In addition, the offeror is advised that if the contact person listed for the reference is unable to be reached during the evaluation, the listed experience may not be considered.

Offeror Name: <u>American Screening LLC</u>	
Subcontractor Name, if applicable: _____	
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Hope Contractors
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	1513 Dalzell Shreveport LA 71102
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Casey Hannigan 318-221-8924 casey@hopecontractors.com
Dates of Prior Services:	
Dollar Value of Prior Services:	N/A
Description of Prior Services Performed:	Property Improvement / Construction

As the contact person for the reference provided above, my signature below verifies that the information presented on this form is accurate. I am available for contact by OSCA for additional discussions regarding my company's association with the offeror referenced above:

Ron Kilgarlin
Signature of Reference Contact Person

8-23-23
Date of Signature

Type text here

EXHIBIT C
PERSONNEL EXPERTISE SUMMARY

(Complete this Exhibit for personnel proposed. Resumes or summaries of key information should be provided)

OFFEROR NAME: _____

Personnel	Background and Expertise of Personnel and Planned Duties
1. <u>Cody Kilgarlin</u> (Name) <u>VP OF Sales</u> (Title) <u>Sales</u> (Proposed Role/Function)	VP of Sales 318-798-3306 318-606-6044
2. <u>Ron Kilgarlin</u> (Name) <u>CEO</u> (Title) (Proposed Role/Function)	Owner 318-798-3306 318-606-3020
3. <u>Shawn Kilgarlin</u> (Name) <u>QMR</u> (Title) <u>Quality and Complance</u> (Proposed Role/Function)	Quality 318-798-3306 318-286-8767
4. _____ (Name) _____ (Title) _____ (Proposed Role/Function)	
5. _____ (Name) _____ (Title) _____ (Proposed Role/Function)	
6. _____ (Name) _____ (Title) _____ (Proposed Role/Function)	