

COUNTY OF RIVERSIDE
AMENDMENT NO. 4 TO THE AGREEMENT
WITH
BIO-TOX LABORATORIES, INC.

Original Contract Term:	07/01/2018 through 06/30/2028
Effective Date of Amendment:	07/01/2023
Original Annual Maximum Contract Amount:	\$650,000
Amended Annual Maximum Contract Amount:	\$860,000
Contract ID:	SHARC-96148-002-06/23

This Amendment No. 4 to the Professional Service Agreement for Toxicology Services between County of Riverside (COUNTY) and Bio-Tox Laboratories, Inc., a California corporation (CONTRACTOR), (Amendment No. 4) shall be effective July 1, 2023 (Effective Date).

RECITALS

WHEREAS, the Parties entered into that certain Professional Service Agreement for Toxicology Services, effective July 1, 2018; that certain Amendment No. 1, effective September 1, 2018; that certain Amendment No. 2, effective January 9, 2019; and that certain Amendment No. 3, effective July 1, 2022; the agreement, together with the amendments, is collectively referred to as the "Agreement";

WHEREAS, the COUNTY and CONTRACTOR now desire to amend the Agreement to delete Period of Performance; and

WHEREAS, the COUNTY and CONTRACTOR now desire to amend the Agreement to delete in its entirety Exhibit B-3, Amended Payment Provisions, and replace with Exhibit B-4, Amended Payment Provisions, and increase the annual budget from \$650,000 to \$860,000.

NOW, THEREFORE, for good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, the Parties agree as follows:

1. The above recitals are true and correct and are incorporated herein by reference.
2. The Agreement is amended to delete in its entirety the Period of Performance, section 2.1 replace in its entirety with the following:

This Agreement shall be effective July 1, 2018, upon signature of this Agreement by both parties and continue in effect through June 30, 2028, unless terminated earlier. CONTRACTOR shall commence performance upon signature of this agreement by both parties and shall diligently and continuously perform thereafter. The Riverside County Board of Supervisors is the only authority that may obligate the County for a non-cancellable multi-year agreement.

3. The Agreement is amended to delete the second sentence is Compensation, section 3.1 and replace with the following:

Maximum payments by COUNTY to CONTRACTOR shall not exceed eight hundred sixty thousand dollars (\$860,000) annually, including all expenses.

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County of Riverside Purchasing and Fleet Services
2980 Washington Street Riverside, CA 92504
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All previous reference to the annual amount of \$650,000 are hereby replaced with the updated amount of \$860,000.

4. The Agreement is amended to delete in its entirety Exhibit B-3, Amended Payment Provisions, and replace with Exhibit B-4, Amended Payment Provisions.
5. All other terms and conditions of the Agreement not modified herein shall remain unchanged.
6. The Effective Date of this Amendment No. 4 shall be July 1, 2023.

{signature page to follow}

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IN WITNESS WHEREOF, the Parties hereto have caused their duly authorized representatives to execute this Amendment No. 4.

COUNTY OF RIVERSIDE, a political
subdivision of the State of California

By: 
Kevin Jeffries, Chair
Board of Supervisors

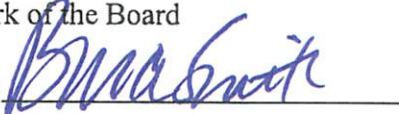
Dated: 8/29/23

Bio-Tox Laboratories, Inc.,
a California corporation

By: 
Name: Tracey Stangarone
Title: CEO/Secretary

Dated: 7/25/23

ATTEST:
Kimberly Rector
Clerk of the Board

BY: 

APPROVED AS TO FORM:
Minh C. Tran, County Counsel

By: 
Amrit P. Dhillon
Deputy County Counsel

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EXHIBIT B-4
AMENDED PAYMENT PROVISIONS

Contract #	Test Description	Service Fee
	ALCOHOL AND VOLATILES	
1	ALCOHOL, URINE	46.58
2	ALCOHOL, VITREOUS	46.58
3	ALCOHOL, BLOOD	79.00
4	ALCOHOL, TISSUE	59.45
5	ALCOHOLIC BEVERAGE (including Pruno)	104.00
6	VOLATILES PANEL (ACETONE, ISOPROPANOL, METHANOL)	104.00
7	BARBITURATE CONFIRMATION, LC/MS/MS	125.00
8	BENZODIAZEPINES CONFIRMATION, LC/MS/MS	173.45
9	CANNABINOIDS CONFIRMATION, LC/MS/MS	98.05
10	COCAINE CONFIRMATION, LC/MS/MS	78.25
	CORONER DRUG SCREEN PANELS PLUS ALCOHOL	
11	COMPREHENSIVE PANEL DRUG SCREEN (BLOOD, URINE OR VITREOUS) - OVER 200 DRUGS DETECTABLE	148.75
12	COMPREHENSIVE PANEL DRUG SCREEN (TISSUE) - OVER 200 DRUGS DETECTABLE	160.65
13	(10-Panel) CORONER PANEL DRUG SCREEN (BLOOD OR VITREOUS)-AMPHETAMINES, BENZODIAZEPINES, CANNABINOIDS, COCAINE METABOLITE, OPIATES, PCP, CARISOPRODOL, FENTANYL, OXYCODONE, ZOLPIDEM	82.25
14	(10-Panel) CORONER PANEL DRUG SCREEN (TISSUE)-AMPHETAMINES, BENZODIAZEPINES, CANNABINOIDS, COCAINE METABOLITE, OPIATES, PCP, CARISOPRODOL, FENTANYL, OXYCODONE, ZOLPIDEM	93.15
13B	(6-Panel) Basic Panel Drug Screen (blood, urine or vitreous)	68.40
13T	(6-Panel) Basic Panel Drug Screen (tissue)	78.30
	OTHER DRUG SCREENS	
15	(6-Panel) DRUGS OF ABUSE SCREEN-BENZODIAZEPINES, COCAINE METABOLITE, METHAMPHETAMINE, OPIATES, PCP, THC (ANTEMORTEM CASES ONLY)	48.58
16	10-PANEL DRUG SCREEN-AMPHETAMINES, BENZODIAZEPINES, CANNABINOIDS, COCAINE METABOLITE, OPIATES, PCP, CARISOPRODOL, FENTANYL, OXYCODONE, ZOLPIDEM (ANTEMORTEM CASES ONLY)	71.35
17	AMPHETAMINES SCREEN (URINE, BLOOD OR VITREOUS)	19.00
18	AMPHETAMINES SCREEN, TISSUE	25.00
19	BENZODIAZEPINES SCREEN (URINE, BLOOD OR VITREOUS)	19.00
20	BENZODIAZEPINES SCREEN (TISSUE)	25.00
21	CANNABINOIDS SCREEN (URINE, BLOOD OR VITREOUS)	19.00
22	CANNABINOIDS SCREEN (TISSUE)	25.00
23	COCAINE METABOLITE SCREEN (URINE, BLOOD OR	19.00

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	VITREOUS)	
24	COCAINE METABOLITE SCREEN (TISSUE)	25.00
25	DESIGNER STIMULANT SCREEN (URINE, BLOOD OR VITREOUS)	125.00
26	DESIGNER STIMULANT SCREEN (TISSUE)	135.00
27	LSD SCREEN (BLOOD OR VITREOUS)	75.00
28	OPIATES SCREEN (URINE, BLOOD OR VITREOUS)	19.00
29	OPIATES SCREEN (TISSUE)	25.00
30	PHENCYCLIDINE SCREEN (URINE, BLOOD OR VITREOUS)	19.00
31	AMPHETAMINES CONFIRMATION, LC/MS/MS	79.25
32	OPIATES CONFIRMATION, LC/MS/MS	94.11
33	PHENCYCLIDINE, LC/MS/MS	42.61
	OTHER DRUGS (AND/OR METABOLITE), LC/MS/MS	
34	ACETAMINOPHEN	104.00
35	ALBUTEROL	104.00
36	AMITRIPTYLINE	104.00
37	ATENOLOL	104.00
37.1	ATROPINE	104.00
38	BENZTROPINE	104.00
39	BROMPHENIRAMINE	104.00
40	BUPRENORPHINE	104.00
41	BUPROPION	128.75
42	BUSPIRONE	104.00
43	CARBAMAZEPINE	104.00
44	CARISOPRODOL	104.00
45	CHLORPHENIRAMINE	104.00
46	CHLORPROMAZINE	104.00
47	CITALOPRAM/ESCITALOPRAM	104.00
48	CLONIDINE	104.00
49	CYCLOBENZAPRINE	104.00
50	DEXTROMETHORPHAN	104.00
50.1	DILTIAZEM	104.00
51	DIPHENHYDRAMINE	104.00
52	DOXEPIN	104.00
53	DOXYLAMINE	104.00
54	DULOXETINE	104.00
55	FENTANYL	104.00
56	FLUOXETINE	104.00
57	GABAPENTIN	128.75
58	GAMMA-HYDROXYBUTYRATE	208.00
59	HALOPERIDOL	104.00
60	HYDROXYZINE	104.00
61	KETAMINE	104.00
62	LAMOTRIGINE	104.00
63	LEVETIRACETAM	104.00
64	LEVORPHANOL	104.00

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65	LIDOCAINE	104.00
66	MECLIZINE	104.00
67	MEPERIDINE	104.00
68	METHADONE	104.00
69	METHOCARBAMOL	104.00
70	MIRTAZAPINE	104.00
71	NALOXONE	104.00
72	OLANZAPINE	104.00
73	OXCARBAZEPINE	104.00
74	PAROXETINE	104.00
75	PHENAZEPAM	104.00
75.1	PHENIRAMINE	123.80
76	PHTERMINE	104.00
76.1	PHENYLPROPANOLAMINE	104.00
77	PHENYTOIN	128.75
78	PRIMIDONE	104.00
79	PROMETHAZINE	104.00
80	PROPRANOLOL	104.00
81	PSEUDOEPHEDRINE	104.00
82	QUETIAPINE	104.00
83	RISPERIDONE	104.00
84	SERTRALINE	104.00
85	TOPIRAMATE	128.75
86	TRAMADOL	104.00
87	TRAZODONE	104.00
88	VENLAFAXINE	104.00
89	ZOLPIDEM	104.00
	SPECIAL FEES	
90	BIOHAZARD WASTE FEE	1.00
91	CAPITATION CORONER PANEL	475.00
92	CAPITATION COMPREHENSIVE PANEL	675.00
93	CAPITATION CORONER REVIEW	875.00
94	CHAIN OF CUSTODY-storage only per sample; no testing; antemortem	15.00
95	CHAIN OF CUSTODY-storage only per sample; no testing; postmortem	15.00
96	HANDLING, SHIPPING & SPECIAL CARE	AT COST
97	LEAKING SAMPLE	25.00
98	MATRIX EFFECT-Unsuccessful quantitative analysis due to unusual problems with submitted sample.	150.00
99	NAME DISCREPANCY	19.00
99.1	OUTGOING SPLIT	50.00
100	RUSH SAMPLE ANALYSIS-1-2 weeks turnaround time depending on complexity of case	NO CHARGE
101	STAT PICK UP FEE-60 MILE MAXIMUM (Call for other arrangements outside of 60 miles)	75.00
102	SAMPLE RETURN	25.00
103	STAT FEE, PER TEST-24 to 48 hours turnaround time	200.00

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104	TISSUE PREPARATION	50.00
105	TRIP CHARGE	25.00
106	13 Panel Drug Screen-Antimortem	105.00
*Capitation fees only include drugs tested by Bio-Tox and are inclusive of the coroner panel or comprehensive panel drugs (i.e. bath salts and GHB are not included). Does not include tissue prep fees, chain of custody samples, or tests done after initial receipt.		
Notes: Drugs listed are subject to review and change as deemed necessary by laboratory management. Testimony fees will be billed to the District Attorney directly, not to Riverside County Sheriff's Department.		