

11388
JUN 28 2007

RECEIVED EXHIBIT DOCUMENT SUMMARY State Form 11-21 (10/1/2006) Instructions for completing the EDS and the Contract process. JUN 29 2007 DEPARTMENT OF ADMINISTRATION CONTRACTS DIVISION 1. Please read the guidelines on the back of this form. 2. Please type all information. 3. Do not attach additional pages. 4. For amendments, attach a separate contract. 5. Attach additional pages if necessary.
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1. EDS Number: A70-6-7424	2. Date prepared: 6/14/2007
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3. CONTRACTS & LEASES	
— Professional/Personal Services	<input checked="" type="checkbox"/> Contract for procured Services
— Grant	— Maintenance
— Lease	— License Agreement
— Attorney	— Amendment# _____
— MOU	<input checked="" type="checkbox"/> Renewal # _____ 1
— QPA _____	— Other _____

FISCAL INFORMATION	
4. Account Number: Multiple 1000-108630	5. Account Name: Multiple-Refer to Online
6. Total amount this action: \$58,121.00	7. New contract total: \$317,112.00
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year 2006	\$111,961.00
Year 2007	\$147,030.00
Year 2008	\$58,121.00
Year _____	\$ _____

TIME PERIOD COVERED IN THIS EDS	
11. From (month, day, year): 7/1/2005	12. To (month, day, year): 6/30/2007
13. Method of source selection: _____ Negotiated	
_____ Bid/Quotation _____ Emergency _____ Special Procurement	
<input checked="" type="checkbox"/> RFP# 5-56 _____ Other (specify) _____	

AGENCY INFORMATION	
14. Name of agency: Department of Health	15. Requisition Number:

16. Address: 2 N. Meridian Street Indianapolis, IN 46204

AGENCY CONTACT INFORMATION	
17. Name: Robert Bruce Scott	18. Telephone #: 317/233-1241
19. E-mail address: rbscott@ISDH.IN.gov	

COURIER INFORMATION	
20. Name: Steve Martin	21. Telephone #: 317/233-7573
22. E-mail address: smartin@ISDH.IN.gov	

VENDOR INFORMATION	
23. Vendor ID # 0000015161	
24. Name: AIT LABORATORIES	25. Telephone #: 317/243-3894
26. Address: 2265 EXECUTIVE DRIVE INDIANAPOLIS, IN 46241	
27. E-mail address: maevans@ait.abs.com	

28. Is the vendor registered with the Secretary of State? (Out of State Corporations must be registered) <input checked="" type="checkbox"/> Yes _____ No	
29. Primary Vendor: M/WBE Minority: _____ Yes <input checked="" type="checkbox"/> No Women: _____ Yes <input checked="" type="checkbox"/> No	30. If yes, list the %: Minority: _____ % Women: _____ %
31. Sub Vendor: M/WBE Minority: _____ Yes <input checked="" type="checkbox"/> No Women: _____ Yes <input checked="" type="checkbox"/> No	32. If yes, list the %: Minority: _____ % Women: _____ %
33. Is there Renewal Language in <input checked="" type="checkbox"/> Yes _____ No	34. Is there a "Termination for Convenience" clause in the document? <input checked="" type="checkbox"/> Yes _____ No

35. Will the attached document involve data processing or telecommunications systems	Yes: IOT or Delegate has signed off on contract
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36. Statutory Authority (Cite applicable Indiana or Federal Codes): IC 35-48-1-9

37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) The contractor processes meconium collection kits to analyze and report screening results to ISDH for the presence of controlled substances defined under IC 35-48-1-9. Amendment #1 increase MCH funding by 8,991 to cover costs. Amendment #2: Adds Children Special Health Care Needs (CSHCN) funding in the amount of \$62,000. The funds will be used to processes meconium collection kits; analyze and report screening results to ISDH. Contract Renewal #1: Extends the contract for 12 months and increase funding by \$58,121 to cover service costs.
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38. Justification of vendor selection and determination of price reasonableness: ISDH awarded this contract under RFP 5-56.
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39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)

40. Agency fiscal officer or representative approval	41. Date Approved	42. Budget agency approval <i>M. Compton</i>	43. Date Approved 8/28/07
44. Attorney General's Office approval	45. Date Approved	46. Agency representative receiving from AG	47. Date Approved



8843-003

1000-537000-108630
 TDAB 968-1 \$174,363
 3620-537000-141600
 MCH 968-1 \$80,749
 A% 85
 C% 15
 2070-537000-140000
 CSHCN 968-1 \$62,000

Handwritten notes:
 6-20-07
 6/20
 6/20

Renewal No. 1
EDS Number A70-6-7424

Pursuant to IC 5-22-17-4 and the terms of the Test for Drug Afflicted Babies Personal Services Contract, the **Indiana State Department of Health** (hereinafter referred to as the "State") exercises its option to renew its Contract For Services with **American Institute of Toxicology, Inc. d.b.a. AIT Laboratories** (hereinafter referred to as the "Contractor") under the same terms and conditions of the original Personal Services Contract. The entire Personal Services Contract shall commence July 1, 2005 and shall terminate on June 30, 2008.

Total amount of this Personal Services Contract Renewal is \$58,121 and the renewal shall commence July 1, 2007 and shall terminate on June 30, 2008. Total Remuneration of this Personal Services Contract is not to exceed \$317,112.

All other matters previously agreed to and set forth in the original Personal Services Contract and not affected by this Renewal shall remain in full force and effect.

Funding Summary

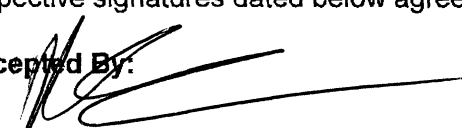
1000-108630	7/1/05 – 6/30/06	\$ 58,121
3620-141600	10/1/05 – 9/30/06	\$ 53,840
1000-108630	7/1/06 – 6/30/07	\$ 58,121
3620-141600	10/1/06 – 6/30/07	\$ 26,909
2070-140000	2/1/07 – 6/30/07	\$ 62,000
1000-108630	✓ 7/1/07 – 6/30/08	<u>\$ 58,121</u>
Total		\$317,112

Non-Collusion and Acceptance

The undersigned attests, subject to the penalties for perjury, that he/she is the Contractor, or that he/she is the properly authorized representative, agent, member or officer of the Contractor, that he/she has not, nor has any other member, employee, representative, agent or officer of the Contractor, directly or indirectly, to the best of his/her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid, any sum of money or other consideration for the execution of this Contract other than that which appears upon the face of this Contract.

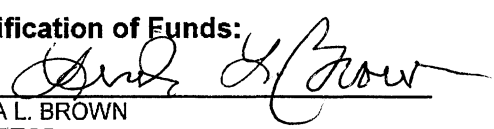
In Witness Whereof, the Contractor and the State of Indiana have, through duly authorized representatives, entered into this Personal Services Contract Renewal. The parties having read and understanding the foregoing terms of the Personal Services Contract Renewal do by their respective signatures dated below agree to the terms thereof.

Accepted By:


MICHAEL A. EVANS, Ph.D.
PRESIDENT/CEO
AMERICAN INSTITUTE OF
TOXICOLOGY, INC.
D.B.A. AIT LABORATORIES

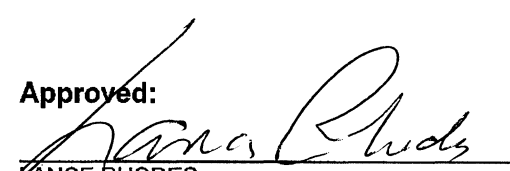
DATE: 6/22/07

Certification of Funds:


LINDA L. BROWN
DIRECTOR
DIVISION OF FINANCE
OPERATIONAL SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH

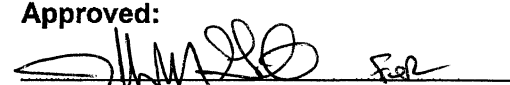
DATE: 6/28/07

Approved:


LANCE RHODES
CHIEF FINANCIAL OFFICER
OPERATIONAL SERVICES
INDIANA STATE DEPARTMENT OF HEALTH

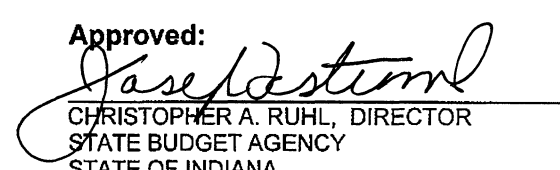
DATE: 6/27/07

Approved:


CARRIE HENDERSON
COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE: 6.29.07

Approved:


CHRISTOPHER A. RUHL, DIRECTOR
STATE BUDGET AGENCY
STATE OF INDIANA

DATE: 8/31/07