

COUNTY OF SAN MATEO
Departmental Correspondence

DATE February 13, 2001
HEARING DATE February 27, 2001

TO
FROM
SUBJECT

Honorable Board of Supervisors

Timothy B. McMurdo, Director, Hospital & Clinics Division

Agreement with Blood Centers of the Pacific

RECOMMENDATION

Adopt a resolution authorizing the President of the Board to execute an agreement with Blood Centers of the Pacific to provide San Mateo County General Hospital with blood, blood components and blood derivatives

Background

San Mateo County is responsible for providing necessary medical care to its medically indigent adult (MIA) population. This care includes supplying blood and blood products at San Mateo County General Hospital (SMCGH).

Discussion

In October 2000, the Hospital and Clinics Division issued a Request for Proposals (RFP) for blood and blood services. Criteria were based on services provided, including turnaround, plan for blood shortages, shipping transportation and emergency blood requests or fee schedules (i.e., hepatitis blood panels), and references. The RFP was sent to three local providers: American Red Cross, Stanford Medical School Blood Center, and the Blood Centers of the Pacific. Blood Centers of the Pacific was the only business to respond. Blood Centers of the Pacific (formerly Peninsula Blood Bank) has been providing services to San Mateo County General Hospital since 1989. The maximum amount on the previous agreement with Blood Center of the Pacific was \$1,305,836 for four years. The maximum on this agreement is \$1,084,368 for three years.

County Counsel and Risk Management have reviewed and approved this agreement.

RESOLUTION NO _____

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

* * * * *

RESOLUTION AUTHORIZING THE EXECUTION OF AN AGREEMENT
WITH BLOOD CENTERS OF THE PACIFIC

RESOLVED, by the Board of Supervisors of the County of San Mateo, State of
California, that.

WHEREAS, there has been presented to this Board of Supervisors for its consideration
and acceptance an agreement, reference to which is hereby made for further particulars, whereby
Blood Centers of the Pacific, shall supply blood, blood components and blood products, and

WHEREAS, this Board has been presented with a form of the Agreement and has
examined and approved it as to both form and content and desires to enter into the Agreement

NOW THEREFORE IT IS HEREBY DETERMINED AND ORDERED that the
President of this Board of Supervisors be, and is hereby authorized and directed to execute said
Agreement for and on behalf of the County of San Mateo, and the Clerk of this Board shall attest
the President's signature thereto

ATTACHMENT 2

Blood Centers of the Pacific

1.	General Description of RFP	A Request for Proposals (RFP) was conducted for blood, blood components and blood derivatives and was sent to prospective vendors in Oct. 2000. The RFP described current services and requirements for the SMCGH Clinical Lab.
2.	List key evaluation criteria	Service Availability Cost Logistics Customer Service
3.	Where advertised	Not advertised.
4.	In addition to any advertisement, list others to whom RFP was sent	American Red Cross Blood Centers of the Pacific Stanford Medical School Blood Center
5.	Total requests for quotes conducted	Three
6.	Number of proposals received	One
7.	Who evaluated the proposals	Director of Materials Management Laboratory Chief Technologist Clinical Supervisors
8.	In alphabetical order, names of proposers (or finalists, if applicable) and location	American Red Cross, 2631 North 1 st Street, San Jose, CA 95134 Blood Centers of the Pacific, 270 Masonic Avenue, San Francisco, CA 94118 Stanford Medical School Blood Center, 800 Welch Road, Palo Alto, CA 94304

AGREEMENT WITH BLOOD CENTERS OF THE PACIFIC

THIS AGREEMENT, entered into this _____ day of _____, 2001, by and between the COUNTY OF SAN MATEO, hereinafter called County, and BLOOD CENTERS OF THE PACIFIC, hereinafter called Contractor ,

W I T N E S S E T H

WHEREAS, it is necessary and desirable that Contractor be retained for the purpose of performing the professional services hereinafter described for the Health Services Agency, Hospital and Clinics, and

WHEREAS, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof,

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS

1 Services to be Performed by Contractor

In consideration of the payments hereinafter set forth, Contractor, under the general direction of the Director of Health Services, or her designee, with respect to the product or result of Contractor s services, shall supply blood, blood components and blood derivatives to San Mateo County General Hospital as described in Schedule A, attached hereto and incorporated by reference herein Such services shall be provided in a professional and diligent manner

2 Payments

A Maximum Amount In full consideration of Contractor's performance of the services described in Schedule A, the amount that County shall be obligated to pay for services rendered under this Agreement shall not exceed ONE MILLION EIGHTY-FOUR THOUSAND THREE HUNDRED SIXTY EIGHT DOLLARS (\$1,084,368) for the contract term

B Rate of Payment The rate and terms of payment shall be as specified in Schedule B, attached hereto and incorporated herein. Any rate increase is subject to the approval of the Director of Health Services or her designee, and shall not be binding on County unless so approved in writing. In no event may the rates established in Schedule B be increased to the extent that the maximum County obligation shall exceed the total specified in paragraph 2A above. Each payment shall be conditioned on the performance of the services described in Schedule A to the full satisfaction of the Director of Health Services or her designee.

C Time Limit for Submitting Invoices Contractor shall submit an invoice for services to County for payment in accordance with the provisions of Schedule B. County shall not be obligated to pay Contractor for the services covered by any invoice if Contractor presents the invoice to County more than one hundred eighty (180) days after the date Contractor renders the services, or more than ninety (90) days after this Agreement terminates, whichever is earlier.

3 Relationship of Parties

It is expressly understood that this is an agreement between two (2) independent contractors and that no agency, employee, partnership, joint venture or other relationship is

established by this Agreement. The intent by both County and Contractor is to create an independent contractor relationship. Contractor expressly acknowledges and accepts his/her tax status and the tax consequences of an independent contractor. Further, as an independent contractor, Contractor expressly acknowledges and accepts that he/she has no rights, benefits, privileges and/or claims in any form whatsoever under, from, through and/or pursuant to the San Mateo County Civil Service Rules.

4 Hold Harmless

Contractor shall indemnify and save harmless County, its officers, agents, employees, and servants from all claims, suits, or actions of every name, kind and description, brought for, or on account of (A) injuries to or death of any person, including Contractor, or (B) damage to any property of any kind whatsoever and to whomsoever belonging, or (C) any failure to withhold and/or pay to the government income and/or employment taxes from earnings under this Agreement, or (D) any other loss or cost, including but not limited to that caused by the concurrent active or passive negligence of County, its officers, agents, employees, or servants, resulting from the performance of any work required of Contractor or payments made pursuant to this Agreement, provided that this shall not apply to injuries or damage for which County has been found in a court of competent jurisdiction to be solely liable by reason of its own negligence or willful misconduct.

The duty of Contractor to indemnify and save harmless as set forth herein, shall include the duty to defend as set forth in Section 2778 of the California Civil Code.

5 Insurance

Contractor shall not commence work under this Agreement until all insurance required under this section has been obtained and such insurance has been approved by the Director of Health Services. Contractor shall furnish the Health Services Agency with Certificates of Insurance evidencing the required coverage and there shall be a specific contractual liability endorsement extending Contractor's coverage to include the contractual liability assumed by Contractor pursuant to this Agreement. These Certificates shall specify or be endorsed to provide that thirty (30) days' notice must be given, in writing, to the Health Services Agency of any pending change in the limits of liability or of any cancellation or modification of the policy.

In the event of the breach of any provision of this section, or in the event any notice is received which indicates any required insurance coverage will be diminished or canceled, County at its option, may, notwithstanding any other provision of this Agreement to the contrary, immediately declare a material breach of this Agreement and suspend all further work pursuant to this Agreement.

A Workers Compensation and Employer Liability Insurance. Contractor shall have in effect during the entire life of this Agreement, Workers Compensation and Employer Liability Insurance providing full statutory coverage. In signing this Agreement, Contractor makes the following certification, required by Section 1861 of the California Labor Code:

I am aware of the provisions of Section 3700 of the California Labor Code which require every employer to be insured against liability for Workers Compensation or to undertake self-insurance in accordance with the provisions of the Code, and I will comply with such provisions before commencing the performance of the work of this Agreement.

B Liability Insurance Contractor shall take out and maintain during the life of this Agreement such Bodily Injury Liability and Property Damage Liability Insurance as shall protect him while performing work covered by this Agreement from any and all claims for damages for bodily injury, including accidental death, as well as any and all claims for property damage which may arise from Contractor's operations under this Agreement, whether such operations be by himself or by any subcontractor or by anyone directly or indirectly employed by either of them. Such insurance shall be combined single limit bodily injury and property damage for each occurrence and shall not be less than the amounts specified below.

Such insurance shall include

- | | | |
|----|-----------------------------------|-------------|
| 1) | Comprehensive General Liability | \$3,000,000 |
| 2) | Motor Vehicle Liability Insurance | \$1,000,000 |
| 3) | Professional Liability | \$ -0- |

If this Agreement remains in effect more than one (1) year from the date of its original execution, County may, at its sole discretion, require an increase in the amount of liability insurance to the level then customary in similar County agreements by giving sixty (60) days notice to Contractor.

County and its officers, agents, employees and servants shall be named as additional insured on any such policies of insurance, which shall also contain a provision that the insurance afforded thereby to County, its officers, agents, employees, and servants shall be primary insurance to the full limits of liability of the policy, and that if County or its officers and

employees have other insurance against the loss covered by such a policy, such other insurance shall be excess insurance only Said certificate(s) of insurance is (are) attached hereto and incorporated by reference herein as Attachment II (and III)

6 Non-Discrimination

Contractor shall comply with the non-discrimination requirements described in Schedule C, which is attached hereto, and incorporated herein

Contractor shall comply with County admission and treatment policies which shall provide that patients are accepted for care without discrimination on the basis of race, color, religion, sex, sexual orientation, national origin, age, handicap, or political affiliation

7 Assignments and Subcontracts

A Without the written consent of the Director of Health Services or her designee, this Agreement is not assignable in whole or in part Any assignment by Contractor without the written consent of the Director of Health Services or her designee is a breach of this Agreement and shall automatically terminate this Agreement

B Contractor shall not employ subcontractors or consultants to carry out the responsibilities undertaken pursuant to this contract without the written consent of the Director of Health Services or her designee

C All assignees, subcontractors, or consultants approved by the Director of Health Services or her designee shall be subject to the same terms and conditions applicable to Contractor under this Agreement, and Contractor shall be liable for the assignee s, subcontractor s or consultant s acts and/or omissions

D All agreements between Contractor and subcontractor and/or assignee for services pursuant to this Agreement shall be in writing and shall be provided to County

8 Amendment of Agreement

This Agreement is complete and contains all the terms and conditions agreed upon by the parties. No amendment shall be valid unless made in writing and signed by the parties hereto, and no oral understanding or agreement shall be binding on the parties hereto.

9 Records

A Contractor agrees to provide to County, to any federal or state department having monitoring or reviewing authority, to County's authorized representatives and/or their appropriate audit agencies upon reasonable notice, access to and the right to examine and audit all records and documents necessary to determine compliance with relevant federal, state, and local statutes, rules and regulations, and this Agreement, and to evaluate the quality, appropriateness and timeliness of services performed.

B Contractor shall maintain and preserve all financial records relating to this Agreement for a period of four (4) years from the termination date of this Agreement, or until audit findings are resolved, whichever is greater.

10 Compliance with Applicable Laws

All services to be performed by Contractor pursuant to this Agreement shall be performed in accordance with all applicable federal, state, county, and municipal laws, including, but not limited to, the Americans with Disabilities Act of 1990, as amended, and Section 504 of the Rehabilitation Act of 1973, as amended and attached hereto and incorporated by reference herein as Attachment I, which prohibits discrimination on the basis of handicap in programs and

activities receiving any federal or county financial assistance. Such services shall also be performed in accordance with all applicable ordinances and regulations, including, but not limited to, appropriate licensure, certification regulations, provisions pertaining to confidentiality of records, and applicable quality assurance regulations.

11 Interpretation and Enforcement

A Any notice, request, demand or other communication required or permitted hereunder shall be deemed to be properly given when deposited in the United States mail, postage prepaid, or when deposited with a public telegraph company for transmittal, charges prepaid, addressed

1) In the case of County, to

San Mateo County
San Mateo County General Hospital
222 39th Avenue
San Mateo, CA 94403

or to such person or address as County may, from time to time furnish to

Contractor

2) In the case of Contractor, to

Blood Centers of the Pacific
Irwin Center
270 Masonic Avenue
San Francisco, CA 94118

B Controlling Law The validity of this Agreement and of its terms or provisions, as well as the rights and duties of the parties hereunder, the interpretation and performance of this Agreement shall be governed by the laws of the State of California

12 Term of the Agreement

Subject to compliance with the terms and conditions of this Agreement, the term of this Agreement shall be from January 1, 2001 through December 31, 2003. This Agreement may be terminated by Contractor, Director of Health Services or her designee at any time upon thirty (30) days written notice to the other party.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands

COUNTY OF SAN MATEO

BLOOD CENTERS OF THE PACIFIC

By _____
President, Board of Supervisors

By Mona Jeweller, MD

Date _____

Date 1/02/01

ATTEST

By _____
Clerk of Said Board

Date _____

SCHEDULE A - SERVICES

In consideration of the payments specified in Schedule B, Contractor shall provide such supplies and services described below

- A Contractor agrees to use its best efforts to supply the total blood, blood components and blood derivatives required by San Mateo County General Hospital insofar as is possible, consistent with blood donor supply and supply of materials purchased by Contractor
- B The whole blood and blood components will be supplied in containers approved for the purpose by Bureau of Biologics, and will be prepared in conformance with current standards for blood and blood components (Code of Federal Regulations, Title 21, Parts 606 and 640, and others as they become applicable)
- C Contractor will perform the following tests before issue, except as provided for in Section J
 - 1 Blood group, ABO and Rho (D) (and Du when indicated)
 - 2 A typical antibody screening by methods capable of detecting agglutinating, coating and hemolytic antibodies with screening red cells approved for the purpose
 - 3 Serology for syphilis
 - 4 Third generation test, or better, for Hepatitis B Surface Antigen (HBsAg)
 - 5 Such other tests as may be required by Federal or California State Regulations ,
- D San Mateo County General Hospital agrees to abide by A A B B (American Association of Blood Banks) Standards, applicable to the hospital facility and to such directives as Contractor s Medical Director may issue concerning handling, storage, inventory, shipping and pretransfusion testing of blood and blood components
- E All whole blood and all components delivered to San Mateo County General Hospital, which are not transfused, shall be returned to Contractor either via Contractor s regular delivery service, or at San Mateo County General Hospital s expense Blood and components returned before the time of expiration or, in the case of whole blood and

concentrated red cells, before the third day after expiration, will not be charged, except that, because of limited dating period or special processing, the following will be charged even if not used

- 1 Washed red cells and deglycerolized red blood cells
 - 2 Leukocyte-poor whole blood or red blood cells
 - 3 Platelets
- F Contractor will provide to San Mateo County General Hospital immunohematology consultation and special procedure laboratory services upon request of San Mateo County General Hospital medical staff
- G San Mateo County General Hospital will report to Contractor's Medical Director, within forty-eight (48) hours, the occurrence of any serious reaction suspected to be due to transfusion of blood or blood derivative or component. A serious reaction is one which contributed to death, significant prolongation of hospital stay, or any reaction which may be related to the transmission of serum hepatitis. Reports will be made by telephone and followed in writing as soon as possible. San Mateo County General Hospital will cooperate fully with Contractor in any necessary investigation of such serious reaction due to transfusion or any possible defects in product.
- H San Mateo County General Hospital agrees to allow a duly appointed member of Contractor's scientific or technical staff to visit its blood transfusion laboratory, by appointment if desired, in order to ensure appropriate methods and equipment for blood and blood component storage and laboratory testing.
- I Blood and blood components which must be delivered before full processing, including a third generation test for HBsAg is completed, will be issued only after approval by Contractor's physician on duty and labelled with an Emergency label. Since this will require a special delivery, an additional charge may be made. Contractor will report the results of final processing as soon as possible by telephone. If the product is no longer required, it must be returned as soon as possible for Contractor to complete labeling before use by another patient.
- J Contractor will provide one free delivery per day, Monday through Friday. Any other deliveries will be provided by the Contractor's courier service or provided by County at County's option. If Contractor's courier is used, County shall pay Contractor's then current courier rates.

SCHEDULE B - PAYMENTS

The charges for blood, blood components and derivatives represent the cost to Contractor of collection, processing, storage and delivery, along with a replacement fee, as specified in the current Blood Centers of the Pacific Schedule of Fees which shall be maintained in the Business Office at San Mateo County General Hospital

Contractor will submit monthly invoices to County for payment of supplying blood, blood components and derivatives. All invoices are due and payable by County within thirty (30) days of receipt of the monthly statement

SCHEDULE C

Contract between County of San Mateo and Blood Centers of the Pacific, hereinafter called Contractor

- a No person shall, on the grounds of race, color, creed, national origin, religious affiliation or non-affiliation, sex, sexual orientation, marital status, age (over forty (40)), disability, medical condition (including but not limited to AIDS, HIV positive diagnosis, or cancer), political affiliation or union membership be excluded from participation in, be denied the benefits of, or be subjected to discrimination under this Agreement
- b Contractor shall insure equal employment opportunity based on objective standards of recruitment, selection, promotion, classification, compensation, performance evaluations, and management relations, for all employees under this contract Contractor's personnel policies shall be made available to County upon request
- c Contractor shall assure compliance with Section 504 of the Rehabilitation Act of 1973 by submitting a signed letter of assurance (Attachment I) of compliance Contractor shall be prepared to submit a self-evaluation and compliance plan to County upon request within one (1) year of the execution of this Agreement

Attachment I

(Required only from Contractors who provide services directly to the Public on County's behalf.)

Assurance of Compliance with Section 504 of the
Rehabilitation Act of 1973, as Amended

The undersigned (hereinafter called the Contractor(s)) hereby agrees that it will comply with Section 504 of the Rehabilitation Act of 1973, as amended, all requirements imposed by the applicable DHHS regulation, and all guidelines and interpretations issued pursuant thereto

The Contractor(s) gives/give this assurance in consideration of and for the purpose of obtaining contracts after the date of this assurance The Contractor(s) recognizes/recognize and agrees/agree that contracts will be extended in reliance on the representations and agreements made in this assurance This assurance is binding on the Contractor(s), its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Contractor(s)

The Contractor(s) (Check a or b)

a () employs fewer than 15 persons

b (/) employs 15 or more persons and, pursuant to Section 84.7 (a) of the regulation (45 C.F.R. 84.7 (a)), has designated the following person(s) to coordinate its efforts to comply with the DHHS regulation

Maurice M. Cant & Brian Selner

Name of 504 Person - Type or Print

Blood Centers of the Pacific

Name of Contractor(s) - Type or Print

270 Masonic Avenue

Street Address or PO Box

San Francisco

City

CA

State

94118

Zip Code

I certify that the above information is complete and correct to the best of my knowledge

1/30/2001

Date

Mona Shuchler, MD

Signature and Title of Authorized Official

*Exception DHHS regulations state that

If a recipient with fewer than 15 employees finds that, after consultation with a handicapped person seeking its services, there is no method of complying with (the facility accessibility regulations) other than making a significant alteration in its existing facilities, the recipient may, as an alternative, refer the handicapped person to other providers of those services that are accessible



Blood Centers *of the Pacific*

November 30, 2000

Irwin Center
270 Masonic Avenue
San Francisco CA 94118
PH 415/567-6400
FAX 415/921-6184

Cesar M. Calderon
Director, Materials Management
San Mateo County General Hospital
222 – 39th Avenue
San Mateo, California 94403

Dear Mr. Calderon:

As requested in your response to the BCP reply to SMCGRH's request for proposal, you will find below proposed pricing for core blood products and services for the years 2000-2003

Products/Services	2001/unit	2002/unit	2003/unit
Red Blood Cells LR	\$140	\$144	\$148
Fresh Frozen Plasma	\$77	\$77	\$77
Cryoprecipitate	\$69	\$69	\$69
Single Donor Platelets	\$590	\$590	\$590
Autologous Units	\$215	\$215	\$215
Designated Units	\$215	\$219	\$223
Rh Immune Globulin	\$100/\$85	\$100/\$85	\$100/\$85
NSA (25%) 50 ml	\$52/\$45	**	**
NSA (5%) 250 ml.	\$52/\$45	**	**

** Due to the volatile nature of the plasma derivative market we are unable to extend multi-year pricing.

Should you have further questions, please call Richard Harveston, Director of Hospital Services at (415) -749-6630

Sincerely,

Nora V. Hirschler, M.D.

President and CEO



..... A merger of two independent blood centers



Blood Centers of the Pacific

270 Masonic Ave
San Francisco, CA 94118
415-567-6400

FEE SCHEDULE FOR 2001

<u>Description</u>	<u>List Price</u>	<u>SMCGH Price</u>
Whole Blood	\$167 00	\$160 00
PediPak	56 00/part	53 00/part
Autologous	215 00	215 00
Red Blood Cells	120 00	110 00
Leukocytes Reduced	160 00	140 00
Irradiated	170 00	154 00
Leukocytes Reduced, Irradiated	210 00	184 00
Washed	220 00	220 00
CPDA-1-LR, less than 5 days old	168 00	147 00
Leukocytes Reduced, Washed	260 00	240 00
PediPak (leukocytes reduced)	53 00/part	46 00/part
Autologous	215 00	215 00
Frozen (leukocytes reduced)	260 00	240 00
Deglycerolized	310 00	290 00
Rejuvenated	385 00	365 00
Platelets, Single Donor by Apheresis	635 00	590 00
Leukocyte reduced	686 00	590 00
Irradiated	685 00	634 00
Leukocytes Reduced, Irradiated	734 00	634 00
by Apheresis (HLA Matched)	910 00	910 00
Washed (leukocytes reduced)	784 00	690 00
low count	410 00	410 00
Platelet Concentrates	77 00	73 00
Irradiated	97 00	87 00
Volume reduced	127 00	123 00
Plasma, Fresh Frozen	80 00	77 00
PediPak	27 00/part	26 00/part
Plasma, Frozen	74 00	69 00
Plasma, Liquid	55 00	50 00
Plasma, Cryo-depleted	76 00	69 00
Cryoprecipitate	76 00	67 00
Pooled (5 units)	538 00	478 00
Fibrin Adhesive	75 00	71 00
Granulocyte by Apheresis	810 00	810 00
Granulocyte concentrate (buffy coat)	110 00	107 00

Blood Centers *of the Pacific*

FEE SCHEDULE FOR 2001

<u>Description</u>	<u>List Price</u>	<u>SMCGH Price</u>
<u>Additional Processing Services</u>		
Leukocytes reduction by filtration RBC	\$40 00	\$30 00
Washing	100 00	100 00
Freezing	100 00	100 00
Deglycing	50 00	50 00
Rejuvenation	75 00	75 00
Volume reduction (platelet concentrate)	50 00	50 00
Irradiation (platelet concentrate)	20 00	14 00
Irradiation (other components)	50 00	44 00
CMV antibody negative	25 00	25 00
Hemoglobin S negative	15 00	15 00
Sterile docking	10 00	10 00
transfer bag	10 00	10 00
per PediPak	20 00	20 00
<u>Special Donations*</u>		
Whole Blood Autologous	215 00	215 00
Red Blood Cell Autologous	215 00	215 00
Freezing in advance of surgery	315 00	300 00
Autologous collection at Hospital	335 00	335 00
Fibrin Adhesive Autologous	148 00	135 00
Autologous surcharge (all other components)	75 00	75 00
Designated Donation Surcharge	75 00	75 00
Therapeutic phlebotomy collection		
at Blood Center	60 00	60 00
at Hospital	120 00/hour	120 00/hour

*Prepayment of autologous fees and designated surcharge will be required when applicable.

Blood Centers *of the Pacific*

FEE SCHEDULE FOR 2001

Blood Derivatives (see BioCare product catalog)

Serum Albumin 5% - 250mL	BioCare
Serum Albumin 25% - 50mL	BioCare
Plasma Protein Fraction 250 mL	BioCare
Plasma Protein Fraction 500mL	BioCare
Antihemophilic Factor VIII (Special Order)	BioCare
Antihemophilic Factor IX	BioCare
Rh Immune Globulin (micro dose)	BioCare
Rh Immune Globulin	BioCare

Miscellaneous Supplies(see BioCare product catalog)

Duoflo Fibrin Adhesive Dispenser Kit	BioCare
WBC Removal Filters for Platelets	BioCare
WBC Removal Filters for Red Blood Cells	BioCare
Whole Blood collection set	BioCare

Non-Transfusable Research Products

Whole Blood - Not for transfusion	\$30.00
Red Blood Cells - Not for transfusion	25.00
Buffy Coat - Not for transfusion	120.00
Platelets concentrate - outdated	10.00
Plasma - outdated	25.00
Platelets by Apheresis - outdated	25.00

Blood Centers *of the Pacific*

FEE SCHEDULE FOR 2001

*<u>Immunohematology Services</u>	<u>List Price</u>	<u>SMCGH Price</u>
ABO Grouping	13.00	11.00
ABO/Rh (Includes Du when indicated)	35.00	22.00
Adsorption (Auto)	150 00	136 00
Adsorption (Allo)	300 00	300 00
Adsorption (RESt)	200 00	190 00
Antibody Screen	35 00	32 00
Cell Separation	100 00	77 00
Chloroquine/Glycine HCl	60 00	55 00
Compatibility Test	75 00	65 00
Direct Antiglobulin Test	30 00	27 00
Donor Compatibility	75 00	65 00
Donor Units Negative for Antigens (per antigen)	50 00	44 00
Drug Study	400 00	378 00
Elution	90 00	92 00
Neutralization	60 00	60 00
Red Cell Panel (Initial)	70 00	57 00
Red Cell Panel (each Additional)	70 00	57 00
Red Cell Panel (Enzymes)	125 00	106 00
Red Cell Panel (Rare)	125 00	106 00
Red Cell Phenotype	130 00	125 00
Rh Phenotype (5 antigens)	35 00	32 00
Titration	70 00	64 00
*<u>Component Surcharges</u>		
Confirmed Antigen Negative Units (per antigen)	50 00	44 00
Historically Antigen Negative Units (per antigen)	40 00	22 00

Blood Centers of the Pacific

270 Masonic Ave
 San Francisco, CA 94118
 415-567-6400

FEE SCHEDULE FOR 2001

<u>*Platelet Diagnostic Panels & Compatibility Tests</u>	<u>List Price</u>	<u>SMCGH Price</u>
PL ^{A1} Typing	\$75 00	\$64 00
Platelet Antibody Study (direct & indirect testing)	300 00	310 00
Recruitment for crossmatch of identified donor	75 00	64 00
Chloroquine Panel	260 00	245 00
Neonatal Workup	400 00	360 00
Platelet Crossmatch	260 00	270 00

After hours/Holiday Testing Surcharges Immunochemistry and Platelet Diagnostic Labs

Weekdays 8:00 am to 5:00 pm	No surcharge	No surcharge
Weekdays 5:00 pm to 11:00 pm (samples received by 10:00 pm)	100/hour	No surcharge
Weekdays 11:00 pm to 8:00 am	150/hour	100/hour
Weekends and Holidays	150/hour	100/hour

*After hours/holiday testing surcharges apply

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COUNTY OF SAN MATEO
HEALTH SERVICES ADMINISTRATION

MEMORANDUM

December 8, 2000

TO: Priscilla Harris, Risk Management/Insurance Division
PONY# EPS163 Fax: 363-4864

FROM: Tere Larcina, Hospital & Clinics
PONY # HOS316MM Fax: 573-2267

SUBJECT: Contract Insurance Approval

CONTRACTOR: Blood Centers of the Pacific

DQ THEY TRAVEL: Yes.

PERCENT OF THE TIME:

NUMBER OF EMPLOYEES: More than one.

DUTIES (SPECIFIC): Contractor will supply blood and blood products at San Mateo County Health Center.

COVERAGE:

Comprehensive General Liability:
Motor Vehicle Liability:
Professional Liability:
Worker s Compensation:

\$ 3 mil.
\$ 1 mil.
\$ _____
\$ statutory

APPROVE _____

WAIVE _____

MODIFY _____

REMARKS/COMMENTS.

Priscilla Morse

SIGNATURE

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

PAGE 1 OF 1 DATE (MM/DD/YY) 11-JAN-2001

PRODUCER
 Willis North America Inc - Regional Cert Center
 11201 N Tatum Boulevard
 Suite 300
 Phoenix AZ 85028
 (877) 559-6769

209865

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

COMPANIES AFFORDING COVERAGE

19437-000 (PHIX)
 COMPANY A
 Lexington Ins Co

24767-002 (PHIX)
 COMPANY B
 St Paul Fire & Marine Ins Co

19445-001 (PHIX)
 COMPANY C
 National Union Fire Ins Co of Pittsburgh, PA

24880-001 (PHIX)
 COMPANY D
 Fire & Casualty Ins Co of CT

INSURED

 BLOOD CENTERS OF THE PACIFIC
 270 MASONIC AVENUE
 SAN FRANCISCO CA 94118

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER S & CONTRACTOR S PROT	6331988	01-AUG-2000	01-AUG-2001	GENERAL AGGREGATE \$ 3,000,000 PRODUCTS-COMP/OP AGG \$ PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 200,000 MED EXP (Any one person) \$ 5,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	FA06600732	01-JAN-2001	01-JAN-2002	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY NJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$ OTHER THAN AUTO ONLY EACH ACCIDENT \$ AGGREGATE \$
C	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	BE7401959	01-AUG-2000	01-AUG-2001	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
D	WORKERS COMPENSATION AND EMPLOYERS LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> NCL <input type="checkbox"/> EXCL	394955	10-OCT-2000	10-OCT-2001	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE POLICY LIMIT \$ 1,000,000 EL DISEASE EA EMPLOYEE \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

REF: Any and all blood drives and special events
 Certificate holder is additional insured if required by written contract (General Liability).

CERTIFICATE HOLDER

SAN MATEO COUNTY HEALTH SVCS AGENCY
 DIV HOSPITALS & CLINICS
 ATTN TERE LARCINA
 222 39TH AVE
 SAN MATEO CA 94403

CANCELLATION NonPayment-Statutory

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE



**REPORT OF
 INDEPENDENT CONTRACTOR(S)**



05420700



See detailed instructions on reverse side Please type or print

SERVICE-RECIPIENT (BUSINESS OR GOVERNMENT ENTITY)

DATE	FEDERAL ID NO	CA EMPLOYER ACCOUNT NO	SOCIAL SECURITY NO	NO OF FORMS NEEDED
	9 4 6 0 0 1 0 5 3 2	8 0 0 9 5 9 4 6		

SERVICE RECIPIENT NAME BUSINESS NAME	CONTACT PERSON
C O U N T Y O F S A N M A T E O	A I A N A T U G A D I

ADDRESS	TELEPHONE NO
5 5 5 C O U N T Y C E N T E R	6 5 0 5 9 9 1 1 5 5

CITY	STATE	ZIP
R E D W O O D C I T Y	C A	9 4 0 6 3

SERVICE-PROVIDER (INDEPENDENT CONTRACTOR)

FIRST NAME	LAST NAME				
B L O O D C E N T E R S	O F T H E P A C I F I C				
SOCIAL SECURITY NO	STREET NO	STREET NAME	CITY	STATE	ZIP
9 4 1 1 5 6 5 5 5	2 7 0	M A S O N I C A V E N U E	S A N F R A N C I S C O	C A	9 4 1 1 8
START DATE OF CONTRACT	AMOUNT OF CONTRACT	CONTRACT EXPIRATION DATE	CHECK HERE IF CONTRACT IS ONGOING		
0 1 0 7 0 1	1 0 8 4 3 6 8 0 0	1 2 3 7 0 3			

FIRST NAME	LAST NAME				
SOCIAL SECURITY NO	STREET NO	STREET NAME	CITY	STATE	ZIP
START DATE OF CONTRACT	AMOUNT OF CONTRACT	CONTRACT EXPIRATION DATE	CHECK HERE IF CONTRACT IS ONGOING		
M M D C Y Y		M M D C Y Y			

FIRST NAME	LAST NAME				
SOCIAL SECURITY NO	STREET NO	STREET NAME	CITY	STATE	ZIP
START DATE OF CONTRACT	AMOUNT OF CONTRACT	CONTRACT EXPIRATION DATE	CHECK HERE IF CONTRACT IS ONGOING		
M M D C Y Y		M M D C Y Y			