

BID RESPONSE PACKET
710-23-0026



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Corporation Name	XPERT DIAGNOSTICS, INC.
Fictitious Names	
Filing #	811211255
Filing Type	For Profit Corporation
Filed under Act	Dom Bus Corp; 958 of 1987
Status	Good Standing
Principal Address	8305 TOLTEC DRIVE NORTH LITTLE ROCK, AR 72116
Reg. Agent	JEFFREY PAT SIMS
Agent Address	8305 TOLTEC DRIVE NORTH LITTLE ROCK, AR 72116
Date Filed	07/18/2019
Officers	JEFFREY PAT SIMS , Incorporator/Organizer JEFFREY PAT SIMS , President
Foreign Name	N/A
Foreign Address	
State of Origin	N/A

[Purchase a Certificate of Good Standing for this Entity](#)

[Pay Franchise Tax for this corporation](#)

CERTIFICATE OF COMPLETION

THIS CERTIFICATE IS PROUDLY PRESENTED TO

Brian Doherty

FOR SUCCESSFULLY COMPLETING THE U.S. DEPARTMENT OF
TRANSPORTATION COLLECTION PERSONNEL TRAINING COURSE

ALL MOCK COLLECTIONS AND PROFICIENCY DEMONSTRATIONS WERE
PERFORMED ERROR-FREE IN COMPLIANCE WITH 49 CFR PART 40.



JEFF SIMS, CSAPA, CSI
PRESIDENT - XPERT DIAGNOSTICS

6/17/18

DATE



Certificate of Completion

Awarded to

Barry DeHart

For successful completion of

Breath Alcohol Technician (BAT) Training

And successful completion of Device Proficiency Training
as required by 49 CFR Part 40, Department of Transportation (DOT)
For conducting DOT Alcohol Tests

Proficient in the Use & Operation of EBT: FALCO Meters RBT IV
EBT Name

Qualified Trainer Signature:

Awarded on 6/7/18
(Date)

[Signature]

(Certificate Expires 5 years from the date above)

Trainer Printed Name: Jeff Smith

Certificate of Completion

Awarded to

TAMARO WILLIAMS

For successful completion of

Breath Alcohol Technician (BAT) Training

And successful completion of Device Proficiency Training
as required by 49 CFR Part 40, Department of Transportation (DOT)
For conducting DOT Alcohol Tests

Proficient in the Use & Operation of EBT: InTetoximeters RBT IV
EBT Name

Qualified Trainer Signature:

Awarded on 7/2/20
(Date)

[Signature]

(Certificate Expires 5 years from the date above)

Trainer Printed Name: JEFF SIMS

CERTIFICATE OF COMPLETION

THIS CERTIFICATE IS PROUDLY PRESENTED TO

TAMARO WILLIAMS

FOR SUCCESSFULLY COMPLETING THE U.S. DEPARTMENT OF
TRANSPORTATION COLLECTION PERSONNEL TRAINING COURSE

ALL MOCK COLLECTIONS AND PROFICIENCY DEMONSTRATIONS WERE
PERFORMED ERROR-FREE IN COMPLIANCE WITH 49 CFR PART 40.

Jeff Sims

JEFF SIMS, CSAPA, CSI
PRESIDENT - XPERT DIAGNOSTICS

7/7/20

DATE



Certificate of Completion

Awarded to

Alison Sims

For successful completion of

Breath Alcohol Technician (BAT) Training

And successful completion of Device Proficiency Training
as required by 49 CFR Part 40, Department of Transportation (DOT)
For conducting DOT Alcohol Tests

Proficient in the Use & Operation of EBT: IAL+OXimeters RBT IV
EBT Name

Qualified Trainer Signature:

Awarded on 8/5/20
(Date)



(Certificate Expires 5 years from the date above)

Trainer Printed Name: Jeff Sims

CERTIFICATE OF COMPLETION

THIS CERTIFICATE IS PROUDLY PRESENTED TO

Alison Sims

FOR SUCCESSFULLY COMPLETING THE U.S. DEPARTMENT OF
TRANSPORTATION COLLECTION PERSONNEL TRAINING COURSE

ALL MOCK COLLECTIONS AND PROFICIENCY DEMONSTRATIONS WERE
PERFORMED ERROR-FREE IN COMPLIANCE WITH 49 CFR PART 40.

Jeff Sims

JEFF SIMS, CSAPA, CSI
PRESIDENT - XPERT DIAGNOSTICS

8/6/20

DATE



Certificate of Completion

Awarded to

MELISSA HINES

For successful completion of

Breath Alcohol Technician (BAT) Training

And successful completion of Device Proficiency Training
as required by 49 CFR Part 40, Department of Transportation (DOT)
For conducting DOT Alcohol Tests

Proficient in the Use & Operation of EBT:

INSTRUMENTS RBTU

EBT Name

Awarded on

6/12/18

(Date)

Qualified Trainer Signature:

[Signature]

(Certificate Expires 5 years from the date above)

Trainer Printed Name:

SEPT SIMS

CERTIFICATE OF COMPLETION

THIS CERTIFICATE IS PROUDLY PRESENTED TO

MELISSA HINGS

FOR SUCCESSFULLY COMPLETING THE U.S. DEPARTMENT OF
TRANSPORTATION COLLECTION PERSONNEL TRAINING COURSE

ALL MOCK COLLECTIONS AND PROFICIENCY DEMONSTRATIONS WERE
PERFORMED ERROR-FREE IN COMPLIANCE WITH 49 CFR PART 40.



JEFF SIMS, CSAPA, CSI
PRESIDENT - XPERT DIAGNOSTICS

6/7/18

DATE



CERTIFICATE OF COMPLETION

THIS CERTIFICATE IS PROUDLY PRESENTED TO

HEATHER WARTON

FOR SUCCESSFULLY COMPLETING THE U.S. DEPARTMENT OF
TRANSPORTATION COLLECTION PERSONNEL TRAINING COURSE

ALL MOCK COLLECTIONS AND PROFICIENCY DEMONSTRATIONS WERE
PERFORMED ERROR-FREE IN COMPLIANCE WITH 49 CFR PART 40.

Jeff Sims

JEFF SIMS, CSAPA, CSI
PRESIDENT - XPERT DIAGNOSTICS

2/20/22

DATE



Certificate of Completion

Awarded to

HEATHER WILKINSON

For successful completion of

Breath Alcohol Technician (BAT) Training

And successful completion of Device Proficiency Training
as required by 49 CFR Part 40, Department of Transportation (DOT)
For conducting DOT Alcohol Tests

Proficient in the Use & Operation of EBT: INSTRUMENTS RBT

EBT Name

Awarded on 2/21/22

(Date)

Qualified Trainer Signature:

[Signature]

(Certificate Expires 5 years from the date above)

Trainer Printed Name: JEFF SIMS

Certificate of Completion

Awarded to

LAURA CONEY

For successful completion of

Breath Alcohol Technician (BAT) Training

And successful completion of Device Proficiency Training
as required by 49 CFR Part 40, Department of Transportation (DOT)
For conducting DOT Alcohol Tests

Proficient in the Use & Operation of EBT: INTOXMEERS

EBT Name

RBT III

Qualified Trainer Signature:

Awarded on 10/29/21
(Date)

[Signature]

(Certificate Expires 5 years from the date above)

Trainer Printed Name:

SEFF SWINS

CERTIFICATE OF COMPLETION

THIS CERTIFICATE IS PROUDLY PRESENTED TO

Laura Carey

FOR SUCCESSFULLY COMPLETING THE U.S. DEPARTMENT OF
TRANSPORTATION COLLECTION PERSONNEL TRAINING COURSE

ALL MOCK COLLECTIONS AND PROFICIENCY DEMONSTRATIONS WERE
PERFORMED ERROR-FREE IN COMPLIANCE WITH 49 CFR PART 40.

Jeff Sims

JEFF SIMS, CSAPA, CSI
PRESIDENT - XPert DIAGNOSTICS

6/12

DATE



Certificate of Completion

Awarded to

RENÉE BRAY

For successful completion of

Breath Alcohol Technician (BAT) Training

And successful completion of Device Proficiency Training
as required by 49 CFR Part 40, Department of Transportation (DOT)
For conducting DOT Alcohol Tests

Proficient in the Use & Operation of EBT:

INTOXIMETERS RBT IV
EBT Name

Qualified Trainer Signature:

[Signature]

Awarded on 12/3/21
(Date)

(Certificate Expires 5 years from the date above)

Trainer Printed Name:

JEFF SMAS

CERTIFICATE OF COMPLETION

THIS CERTIFICATE IS PROUDLY PRESENTED TO

RENÉE BRAY

FOR SUCCESSFULLY COMPLETING THE U.S. DEPARTMENT OF
TRANSPORTATION COLLECTION PERSONNEL TRAINING COURSE

ALL MOCK COLLECTIONS AND PROFICIENCY DEMONSTRATIONS WERE
PERFORMED ERROR-FREE IN COMPLIANCE WITH 49 CFR PART 40.

Jeff Sims

JEFF SIMS, CSAPA, CSI
PRESIDENT - XPERT DIAGNOSTICS

11/30/21

DATE



Certificate of Completion

Awarded to

ALEX SMS

For successful completion of

Breath Alcohol Technician (BAT) Training

And successful completion of Device Proficiency Training
as required by 49 CFR Part 40, Department of Transportation (DOT)
For conducting DOT Alcohol Tests

Proficient in the Use & Operation of EBT: INTOXIMETERS BBT-10

EBT Name

Awarded on 10/29/21

(Date)

Qualified Trainer Signature: [Signature]

(Certificate Expires 5 years from the date above)

Trainer Printed Name: JEFF SMS

CERTIFICATE OF COMPLETION

THIS CERTIFICATE IS PROUDLY PRESENTED TO

Alex Sims

FOR SUCCESSFULLY COMPLETING THE U.S. DEPARTMENT OF
TRANSPORTATION COLLECTION PERSONNEL TRAINING COURSE

ALL MOCK COLLECTIONS AND PROFICIENCY DEMONSTRATIONS WERE
PERFORMED ERROR-FREE IN COMPLIANCE WITH 49 CFR PART 40.



JEFF SIMS, CSAPA, CSI
PRESIDENT - XPERT DIAGNOSTICS

5/17/21
DATE



CERTIFICATE OF COMPLETION

THIS CERTIFICATE IS PROUDLY PRESENTED TO

CHARLES HESTER

FOR SUCCESSFULLY COMPLETING THE U.S. DEPARTMENT OF
TRANSPORTATION COLLECTION PERSONNEL TRAINING COURSE

ALL MOCK COLLECTIONS AND PROFICIENCY DEMONSTRATIONS WERE
PERFORMED ERROR-FREE IN COMPLIANCE WITH 49 CFR PART 40.



JEFF SIMS, CSAPA, CSI
PRESIDENT - XPERT DIAGNOSTICS

12/1/20
DATE



Certificate of Completion

Awarded to

CHARLES HESTER

For successful completion of

Breath Alcohol Technician (BAT) Training

And successful completion of Device Proficiency Training
as required by 49 CFR Part 40, Department of Transportation (DOT)
For conducting DOT Alcohol Tests

Proficient in the Use & Operation of EBT:

INTOXIMETERS RBTII
EBT Name

Qualified Trainer Signature:

Awarded on 8/2/18
(Date)

[Signature]

(Certificate Expires 5 years from the date above)

Trainer Printed Name:

SEFF SMIS

Certificate of Accreditation



The Substance Abuse and Mental Health
Services Administration
certifies that

Clinical Reference Lab

Lenexa, KS

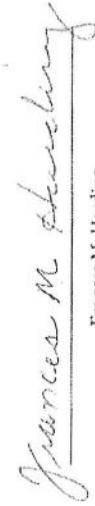
NLCP Laboratory Number: 0007

has successfully completed the requirements
of the National Laboratory Certification Program for urine laboratories in accordance
with the Mandatory Guidelines for Federal Workplace Drug Testing Programs.

Effective December 21, 1989



Pamela S. Hyde, J.D.
Administrator
Substance Abuse and Mental Health Services Administration



Frances M. Harding
Director
Center for Substance Abuse Prevention

**CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF ACCREDITATION**

LABORATORY NAME AND ADDRESS
CLINICAL REFERENCE LABORATORY
8433 QUIVIRA RD.
LENEXA, KS 66215-2802

CLIA ID NUMBER
17D0667123

EFFECTIVE DATE
04/28/2021

LABORATORY DIRECTOR
ROBERT L STOUT Ph.D.

EXPIRATION DATE
04/27/2023

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Monique Spruill
Monique Spruill, Director
Division of Clinical Laboratory Improvement & Quality
Quality & Safety Oversight Group
Center for Clinical Standards and Quality

235 Certs2_033021

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
VIROLOGY (140)	05/05/2020		
SYPHILIS SEROLOGY (210)	07/25/1995		
GENERAL IMMUNOLOGY (220)	07/25/1995		
ROUTINE CHEMISTRY (310)	07/25/1995		
URINALYSIS (320)	07/25/1995		
ENDOCRINOLOGY (330)	07/25/1995		
TOXICOLOGY (340)	10/28/1999		
HEMATOLOGY (400)	07/25/1995		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER. PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

**CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF ACCREDITATION**

LABORATORY NAME AND ADDRESS
CLINICAL REFERENCE LABORATORY, INC
1121 OLD HIGHWAY 56
OLATHE, KS 66061

CLIA ID NUMBER
17D2073338

EFFECTIVE DATE
01/20/2022

LABORATORY DIRECTOR
SHAWN R CLINTON Ph.D.

EXPIRATION DATE
01/19/2024

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown herein (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.
This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Monique Spruill
Monique Spruill, Director
Division of Clinical Laboratory Improvement & Quality
Quality & Safety Oversight Group
Center for Clinical Standards and Quality

196 Certs2_042622

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
GENERAL IMMUNOLOGY (220)	01/20/2016		
ROUTINE CHEMISTRY (310)	01/20/2016		
URINALYSIS (320)	08/08/2018		
TOXICOLOGY (340)	01/20/2016		
HEMATOLOGY (400)	08/08/2018		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS
CLINICAL REFERENCE LABORATORY - TOXICO
8433 QUIVIRA ROAD
LENEXA, KS 66215

CLIA ID NUMBER
17D2005163

EFFECTIVE DATE
04/25/2022

LABORATORY DIRECTOR
DAVID J KUNTZ Ph.D.

EXPIRATION DATE
04/24/2024

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Monique Spruill
Monique Spruill, Director
Division of Clinical Laboratory Improvement & Quality
Quality & Safety Oversight Group
Center for Clinical Standards and Quality

25: Carts2_032922

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
ENDOCRINOLOGY (330)	09/19/2018		
TOXICOLOGY (340)	04/25/2012		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

MROCC

Medical Review Officer Certification Council

certifies that

Steven Paschall, MD

has successfully met all eligibility and examination criteria
and is hereby designated a

Certified Medical Review Officer

Certification Number: 19-13222
Effective from November 20, 2019
to November 20, 2024



BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Xpert Diagnostics, Inc.			
Address:	425 West Broadway, Suite B			
City:	North Little Rock	State:	AR	Zip Code: 72114
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit	
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> African American <input type="checkbox"/> Asian American	<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Women-Owned	
	AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>			

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	Jeff Sims	Title:	President
Phone:	501.376.9776, Ext 101	Alternate Phone:	501.352.2262
Email:	j.sims@xpertdiagnostics.com		


CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.
<input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract must sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:


Authorized Signature:  Title: President

Printed/Typed Name: Jeff Sims Date: 2/22/2023

SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all requirements as shown in the bid solicitation.

Vendor Name:	Xpert Diagnostics, Inc.	Date:	2/22/2023
Signature:		Title:	President
Printed Name:	Jeff Sims		

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

2.3 MINIMUM QUALIFICATIONS



Contractor must have an after-hours emergency contact number and an after-hours testing facility. Include the phone number and designated contact name below:

After-Hours Facility:

Emergency Contact Number: 866.309.5618, Ext 777

Emergency Contact Name: Charles Hester

By signature below, vendor agrees to and **shall** fully comply with minimum qualifications as shown in the bid solicitation.

Vendor Name:	Xpert Diagnostics, Inc. 	Date:	2/22/2023
Signature:		Title:	President
Printed Name:	Jeff Sims		


COLLECTION LOCATIONS

Please list the name and address of each facility, hours of operation, and phone number for each location (include sub-contractor at which collections will be conducted, if applicable). Prospective Contractor may include a separate attachment for additional locations.

Facility Name and Address	Phone / Fax / Email	Hours of Operation	County Location
See Attached Spreadsheet			

See Attached
Spreadsheet

By signature below, vendor certifies the ability to provide specimen collection and testing services for all DHS offices listed in Attachment H.

Vendor Name:	Xpert Diagnostics, Inc.	Date:	2/22/2023
Signature:		Title:	
Printed Name:	President <i>JEFF SIMS</i>		

No.	County	Collection Site	Address	City	State	Zip	Phone	Fax	Hours of
1	Arkansas	Stuttgart Medical Clinic	1609 North Medical Dr.	Stuttgart	AR	72160	870-673-7211	870-673-6376	8:00 - 5:00
2	Arkansas	MTSI/DATS	123 E 3 rd ST	Stuttgart	AR	72160	870-672-7469	870-672-9760	8:00 - 5:00
4	Baxter	Lincoln-Paden Clinic	405 Buttercup Drive	Mountain Home	AR	72653	870-425-3030	870-245-0633	8:00 - 5:00
5	Benton	Xpress Screening Solutions	801 Henryetta St., Ste. 6	Sprindale	AR	72761	479-751-2517	479-741-2517	8:00 - 5:00
6	Boone	The Leslie Clinic	360 N. Chestnut	Harrison	AR	72601	870-741-8559	870-741-8423	8:00 - 5:00
9	Carroll	St. John 's Hospital - Berryville	214 Carter Street	Berryville	AR	72616	870-423-3355	870-423-5227	8:00 - 5:00
10	Chicot	Lake Village Clinic	2918 Louis Sessions	Lake Village	AR	71653	870-265-5343	870-365-5686	8:00 - 5:00
11	Clark	Southwest Probation	423 Crittenden	Arkadelphia	AR	72923	870-230-8581	870-246-9864	8:00 - 5:00
12	Clark	Preferred Drug Testing Company	412 North Pine Street	Hope	AR	71801	870-777-5414	870-777-5414	8:00 - 5:00
13	Clay	First Choice	1300 Creason Rd	Corning	AR	72422	870-857-3399	870-857-3301	8:00 - 5:00
15	Cleveland	ProMed Analytical Agency	2 Convention Center Plz	Pine Bluff	AR	71601	870-643-7553	870-208-9683	8:00 - 5:00
16	Columbia	Southern Medical Group	211 E Stadium	Magnolia	AR	72753	870-234-5995		8:00 - 4:00
17	Conway	Morrilton Medical Center	10 Hospital Dr.	Morrilton	AR	72110	501-354-0052	501-335-9142	8:00 - 5:00
18	Craighead	Occupational Health Partner	4334 E Highland Dr #A	Jonesboro	AR	72401	870-802-0012	870-802-0012	8:00 - 4:30
19	Craighead	ARCare	1009 Highway18	Lake City	AR	72437	870-237-9928	870-237-1012	8:00 - 5:00
20	Craighead	Compliance	1007 Windover	Jonesboro	AR	72401	870-520-6473	870-520-6478	8:00 - 5:00
21	Crawford	Mercy Clinic of Ft. Smith Communities	4300 Region Park	Fort Smith	AR	72903	479-484-4665	479-484-4665	8:00 - 4:30
22	Crittenden	Coast-to-Coast	2201 Horizon Dr., Ste. 4	West Memphis	AR	72301	870-732-0332	870-732-3078	8:00 - 4:30
23	Crittenden	CareerPro Drug Screening	620 W Broadway, #6	West Memphis	AR	72301	870-732-3335	870-732-3356	8:00 - 4:30
24	Cross	ARCare	611 E. Julia	Wynne	AR	72396	870-238-0377	870-238-5583	8:00 - 5:00
28	Faulkner	Xpert Diagnostics, Inc	505 E Dave Ward Dr	Conway	AR	72032	501-932-3161	501-932-3163	8:00 - 5:00
29	Franklin	Mercy Clinic of Ft. Smith Communities	201 S. 7th St.	Ozark	AR	72949	479-667-4021	479-667-4218	8:00 - 5:00
30	Fulton	Fulton County Hospital	679 North Main	Salem	AR	72576	870-895-2691	870-895-3306	8:00 - 5:00
31	Garland	Mercy Convenient Care Clinic	1662 Higdon Ferry Rd.	Hot Springs	AR	71913	501-520-5476	501-520-5486	8:00 - 5:00
32	Garland	Mercy Corporate Health Clinic	3604 Central Ave., Ste. B	Hot Springs	AR	71913	501-525-9765	501-525-7059	8:00 - 5:00
33	Garland	Hot Springs Paramedical	633 E Grand Ave.	Hot Springs	AR	71901	510-318-4501	501-318-1169	8:00 - 4:30
34	Grant	Winston Clinic	506 Little Creek Cut-Off Rd.	Sheridan	AR	72150	870-942-3000	870-942-3005	8:00 - 5:00
35	Greene	Arkansas Methodist Medical Center	900 W Kingshighway	Paragould	AR	72450	870-239-7000	870-239-7213	8:00 - 5:00
36	Greene	Mid-South Drug Testing	1906 Mockingbird Ln	Paragould	AR	72450	870-215-0025	870-215-0020	8:00 - 5:00
37	Hempstead	Preferred Drug Testing Company	412 North Pine Street	Hope	AR	71801	870-777-5414	870-777-5414	8:00 - 5:00
38	Hot Spring	HSC Medical Center *	1001 Schneider Dr.	Malvern	AR	72104	501-337-4911	501-332-7312	8:00 - 5:00
39	Howard	Howard Memorial Hospital Lab	130 Medical Circle	Nashville	AR	71852	870-845-4400	870-845-4126	8:00 - 5:00
40	Indep.	Sherwood Urgent Care	1547 E Harrison St.	Batesville	AR	72501	870-793-5800	870-793-5804	8:00 - 8:00
41	Indep.	White River Medical	1710 Harrison St.	Batesville	AR	72503	870-262-1200	N/A	24 Hours
42	Izard	Fulton County Hospital	679 North Main	Salem	AR	72576	870-895-2691	870-895-3306	8:00 - 5:00
43	Jackson	Newport Medical Clinic	1507 N. Pecan Street	Newport	AR	72112	870-523-2944	870-523-8224	8:00 - 5:00

44	Jefferson	Health Care Plus	209 N. Blake St	Pine Bluff	AR	71601	870-536-6600	870-534-1519	8:00 - 5:00
45	Jefferson	ProMed Analytical Algeny	2 Convention Center Plz	Pine Bluff	AR	71601	870-643-7553	870-208-9683	8:00 - 5:00
46	Johnson	Barron Family Practice Clinic	1650 W C Place	Russellville	AR	72801	479-890-9355	479-890-9357	8:00 - 5:00
47	Lafayette	Preferred Drug Testing Company	412 North Pine Street	Hope	AR	71801	870-777-5414	870-777-5414	8:00 - 5:00
48	Lawrence	Occupational Health Partner	4334 E Highland Dr #A	Jonesboro	AR	72401	870-802-0012	870-802-0012	8:00 - 4:30
49	Lee	ARCare	611 E. Julia	Wynne	AR	72396	870-238-0377	870-238-5583	8:00 - 5:00
51	Little River	Ark-La-Tex Health Centers	1414 Arkansas Blvd.	Texarkana	AR	71854	870-773-7246	870-772-2568	8:00 - 5:00
52	Logan	Cooper Clinic	303 S. 5th St.	Paris	AR	72855	479-963-2132	479-963-2046	8:00 - 5:00
53	Lonoke	Xpert Diagnostics, Inc	425 W Broadway Ste B	North Little Rock	AR	72114	870-376-9776	870-376-0560	7:00 - 5:00
54	Lonoke	ARCare	821 E Park St.	Carlisle	AR	712024	870-552-7303	870-347-1235	8:00 - 5:00
55	Madison	Boston Mountain Rural Health	934 N Gaskill	Huntsville	AR	72740	479-738-5500	479-738-2850	8:00 - 5:00
56	Marion	Lincoln-Paden Clinic	405 Buttercup Drive	Mountain Home	AR	72763	870-425-3030	870-435-0633	8:00 - 5:00
57	Miller	Ark-La-Tex Health Centers	1414 Arkansas Blvd.	Texarkana	AR	71854	870-773-7246	870-772-2568	8:00 - 5:00
58	Miss.	Ronald D. Smith MD, PA	527 N. 6th St	Blytheville	AR	72315	870-763-4541	870-762-2390	8:00 - 5:00
67	Phillips	Warrington Clinic, PA	551 Medical Drive	Clarksdale	MS	38614	662-624-2531	662-627-9091	8:00 - 5:00
68	Pike	Howard Memorial Hospital Lab	130 Medical Circle	Nashville	AR	71852	870-845-4400 E	870-845-4126	8:00 - 5:00
69	Poinsett	Occupational Health Partner	4334 E Highland Dr #A	Jonesboro	AR	72401	870-802-0012	870-802-0012	8:00 - 4:30
70	Polk	Mena Certified Drug & Alcohol Testing	812 DeQueen, Ste. D	Mena	AR	71953	479-394-7999	479-394-7996	8:30 - 4:30
71	Pope	Barron Family Practice Clinic	1650 W C Place	Russellville	AR	72801	479-890-9355	479-890-9357	8:00 - 5:00
72	Pope	Med Express	511 W Main	Russellville	AR	72801	479-880-1019		8:00 - 8:00
73	Prairie	Des Arc Health Center & Dental Clinic	405 Highway 11 North	Des Arc	AR	72040	870-256-4178	870-256-4985	8:00 - 5:00
74	Prairie	Stuttgart Medical Clinic	1609 North Medical Dr.	Stuttgart	AR	72160	870-673-7211	870-673-6376	8:00 - 5:00
75	Pulaski	Xpert Diagnostics, Inc	425 W Broadway Ste B	North Little Rock	AR	72114	501-376-9776	501-376-0560	7:00 - 5:00
76	Randolph	Five Rivers Medical Center	2801 Medical Center Dr.	Pocahontas	AR	72455	870-892-6206	870-892-6274	8:00 - 5:00
77	Saline	DanAnne Collections LLC	21941 I30 Ste 19	Bryant	AR	72022	501-831-4242		8:30-5pm
78	Saline	a'TEST Consultants, Inc	425 W. Broadway, Ste B	North Little Rock	AR	72114	501 376-9776	501-376-0560	7:00 - 5:00
79	Searcy	Boston Mountain Rural Health	2263 Highway 65 North	Marshall	AR	72650	870-448-5733	870-448-5736	8-5
85	Union	Occupational Medicine	101 Thompson	El Dorado	AR	71730	870-864-9661	870-864-9696	8:00 - 5:00
86	Van Buren	Family Practice/Dr. Jose Abiseid	Highway 65 South	Clinton	AR	72031	501-745-2800	501-745-8864	8:00 - 5:00
87	Wash.	Xpress Screening Solutions	801 Henryetta St., Ste. 6	Sprindale	AR	72703	479-751-2517	479-751-2517	8:00 - 5:00
88	White	Xpert Diagnostics, Inc	903 E. Beebe-Capps Exp.	Searcy	AR	72143	501-268-8288	501-268-1237	7:00 - 4:00
89	Woodruff	Xpert Diagnostics, Inc	903 E. Beebe-Capps Exp.	Searcy	AR	72143	501-268-8288	501-268-1237	7:00 - 4:00
90	Yell	Barron Family Practice Clinic	1650 W C Place	Russellville	AR	72801	479-890-9355	479-890-9357	8:00 - 5:00



425 W Broadway, Suites B
North Little Rock, AR 72114
Phone: (501) 376-9776
(866)309-5618

E-mail: info@xpertdiagnostics.com
Web: www.xpertdiagnostics.com

EQUAL EMPLOYMENT OPPORTUNITY (EEO) POLICY STATEMENT

Xpert Diagnostics, Inc. SHALL NOT DISCRIMINATE AGAINST ANY EMPLOYEE OR APPLICANT FOR EMPLOYMENT BECAUSE OF ACTUAL OR PERCEIVED: RACE, COLOR, RELIGION, NATIONAL ORIGIN, GENDER, AGE, MARITAL STATUS, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, FAMILIAL STATUS, FAMILY RESPONSIBILITIES, MATRICULATION, POLITICAL AFFILIATION, GENETIC INFORMATION, DISABILITY, SOURCE OF INCOME, OR PLACE OF RESIDENCE OR BUSINESS.

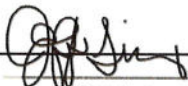
Xpert Diagnostics, Inc. SHALL ENSURE THAT APPLICANTS ARE EMPLOYED, AND THAT EMPLOYEES ARE TREATED DURING EMPLOYMENT, WITHOUT REGARD TO THEIR ACTUAL OR PERCEIVED: RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, PERSONAL APPEARANCE, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, FAMILIAL STATUS, FAMILY RESPONSIBILITIES, MATRICULATION, POLITICAL AFFILIATION, GENETIC INFORMATION, DISABILITY, SOURCE OF INCOME, OR PLACE OF RESIDENCE OR BUSINESS. THE AFFIRMATIVE ACTION SHALL INCLUDE, BUT NOT BE LIMITED TO THE FOLLOWING: (A) EMPLOYMENT, UPGRADING, OR TRANSFER; (B) RECRUITMENT OR RECRUITMENT ADVERTISING; (C) DEMOTION, LAYOFF, OR TERMINATION; (D) RATES OF PAY, OR OTHER FORMS OR COMPENSATION; AND (E) SELECTION FOR TRAINING AND APPRENTICESHIP.

Xpert Diagnostics, Inc. AGREES TO POST IN CONSPICUOUS PLACES THE PROVISIONS CONCERNING NON-DISCRIMINATION.

Xpert Diagnostics, Inc. AGREES TO COMPLY WITH ALL GUIDELINES FOR EQUAL EMPLOYMENT OPPORTUNITY AS PROMULGATED BY THE EQUAL OPPORTUNITY COMMISSION (EEOC) OF THE UNITED STATES.

Jeff P. Sims, CSAPA, President

AUTHORIZED OFFICIAL AND TITLE



Signature

September 1, 2019

DATE

Xpert Diagnostics, Inc.

FIRM/ORGANIZATION

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 1

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: February 16, 2023
SUBJECT: 710-23-0026 Drug and Alcohol Testing

The following change(s) to the above referenced IFB have been made as designated below:

- Change of specification(s)
- Additional specification(s)
- Change of bid opening date and time
- Cancellation of bid
- Other

OTHER

- Replace the Official Bid Price Sheet with the REVISED – Official Bid Price Sheet

CHANGE OF SPECIFICATION(S)

- Section 2.3.C – Remove

ADDITIONAL SPECIFICATION(S)

- Section 2.6.B – Add the following:
Each collection site must have a permit for specimen collection. Upon request by DHS, Contractor shall provide copy of specimen collection permit(s).

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Buyer's name, Buyer's email address and phone number.



Vendor Signature

2/22/23

Date

XPERT. DIAGNOSTICS, INC

Company

Contract Number _____
 Attachment I _____
 Action Number _____
 Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.
 SUBCONTRACTOR: _____
 SUBCONTRACTOR NAME: _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Yes No
 IS THIS FOR: Goods? Services? Both?
 TAXPAYER ID NAME: Xpert Diagnostics, Inc.
 YOUR LAST NAME: Sims FIRST NAME: Jeff M.I.: P

ADDRESS: 425 West Broadway, Suite B STATE: AR ZIP CODE: 72114 COUNTRY: USA
 CITY: North Little Rock

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

Contract Number _____
Attachment Number _____
Action Number _____

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature _____ Title President Date 2/22/23

Vendor Contact Person Jeff Sims Phone No. (501) 376-9776

Agency use only

Agency Number 0710 Agency Name Department of Human Services Agency Contact Person _____ Agency Contract Phone No. _____ or Grant No. _____