

**Short Term Offer****SCOPE OF WORK AND RATE SCHEDULE**

1. Department of Pathology and Laboratory Medicine of the University of California, Davis Health (PATHOLOGY) will provide professional interpretation of surgical pathology specimens and/or slides submitted by \_\_\_\_\_ (LAB CLIENT).
2. A client account requisition form will be required to accompany samples along with a surgical note or most recent History and Physical Examination documentation.
3. LAB CLIENT is responsible for stabilizing tissue samples in appropriate fixatives and shipping to PATHOLOGY Mon – Thurs with overnight delivery if using commercial shipper. Samples or slides shall be sent to:

Pathology Building  
4400 V Street  
Sacramento, CA 95817  
Attention: AP Client Services

4. Specimens will be received by the PATHOLOGY Monday – Friday, excluding weekends and holidays between 7:30 a.m. – 4 p.m. The PATHOLOGY will perform technical testing and professional interpretation on all cases and invoice LAB CLIENT monthly or bill patient insurance.
5. LAB CLIENT will be required to indicate on client account requisition form whether PATHOLOGY will bill the patient or the LAB CLIENT.
  1. For patient bill – LAB CLIENT will be required to send copies of patient insurance cards or face sheet **AND** a pre-authorization from patient insurance to accept billing from UC Regents. For any claims that are denied by insurer, charges will be forwarded to client.
  2. For LAB CLIENT bill – PATHOLOGY will invoice LAB CLIENT at **30%** off the current fee schedule. <https://health.ucdavis.edu/news/public-reporting/chargemaster>
6. Results, including professional interpretation will be provided to LAB CLIENT via fax. LAB CLIENT will be required to establish a secure fax line with PATHOLOGY prior to sample/slide submission.

7. LAB CLIENT will be required to include the name and phone number of the ordering physician or referring pathologist on the client account requisition for follow-up contact by PATHOLOGY's pathologist as needed.
8. All samples, slides and requisitions should be labeled with patient full name and DOB. Date, time of collection and collectors' initials shall be clearly typed or handwritten on the sample and requisition.
9. If PATHOLOGY is unable to perform technical testing due to instrument failure, PATHOLOGY will refer testing to a referral laboratory. Referral laboratory charges will be passed along to LAB CLIENT or patient insurance in lieu of charges from PATHOLOGY plus a handling fee. LAB CLIENT agrees to pay all such charges.
10. PATHOLOGY will not provide any fixatives or media supplies to LAB CLIENT.
11. By signing below, LAB CLIENT agrees to accept this Lab Services Offer and that all work provided hereunder shall be subject to the University's minimum Health Business terms and conditions available at: [https://health.ucdavis.edu/media-resources/supply-chain/documents/fy24/minimum\\_contract\\_terms.pdf](https://health.ucdavis.edu/media-resources/supply-chain/documents/fy24/minimum_contract_terms.pdf).

IN WITNESS WHEREOF, the duly authorized representative of LAB CLIENT has accepted and executed this Agreement effective as of the date of signature written below.

**AGREED:**

**LAB CLIENT**

By \_\_\_\_\_

LAB CLIENT Representative  
Title

Date \_\_\_\_\_