



Quotation #: 5543  
 Quote Issue Date: 7/17/2025  
 Quote Expiration: 10/15/2025  
 Customer Account Number: 012660  
 Customer Name: Sharon Flowers  
 Company Name: Virginia Department Of Forensic Science  
 Email: [sharon.flowers@dfs.virginia.gov](mailto:sharon.flowers@dfs.virginia.gov)  
 Phone #: (757) 355-5926

UTAK Representative: HOUSE  
 Phone #: (888) 882-5522  
 Email: [support@utak.com](mailto:support@utak.com)  
 Send Quote Approval: [orders@utak.com](mailto:orders@utak.com)  
 Fax: (681) 294-9272

Product Number	Product Description	Pack Size	Order Quantity	Price Per Pack	Extended Price
DA+ 1 WB V2 IMMUN	DRUGS OF ABUSE PLUS LEVEL 1	25 x 1 mL	2	\$528.20	\$1,056.40
DA+ 2 WB V2 IMMUN	DRUGS OF ABUSE PLUS LEVEL 2	25 x 1 mL	2	\$821.59	\$1,643.18
DA+ 3 WB V2 IMMUN	DRUGS OF ABUSE PLUS LEVEL 3	25 x 1 mL	2	\$821.59	\$1,643.18
DA+ 4 WB V2 IMMUN	DRUGS OF ABUSE PLUS LEVEL 4	20 x 1 mL	3	\$821.59	\$2,464.77
				Estimated Dry Ice:	\$50.00
				Estimated Handling:	\$50.00
				Estimated Shipping:	\$365.00
				Estimated Total:	\$7,272.53

Analyte	Stability (Days)	DA+ 1 WB V2 IMMUN Drugs Of Abuse Plus Level 1	DA+ 2 WB V2 IMMUN Drugs Of Abuse Plus Level 2	DA+ 3 WB V2 IMMUN Drugs Of Abuse Plus Level 3	DA+ 4 WB V2 IMMUN Drugs Of Abuse Plus Level 4	Unit
Acetaminophen	25	0	10000	20000	200000	ng/mL
Nortriptyline	25	0	25	50	500	ng/mL
d-Amphetamine	25	0	25	50	500	ng/mL
d-Methamphetamine	25	0	25	50	500	ng/mL
Butalbital	25	0	500	1000	10000	ng/mL
Clonazepam	25	0	20	40	400	ng/mL
Benzoylcegonine	25	0	25	50	500	ng/mL
Dextromethorphan	25	0	25	50	500	ng/mL
Diphenhydramine	25	0	50	100	1000	ng/mL
Fentanyl	25	0	1	2	20	ng/mL
Meprobamate	25	0	2000	4000	40000	ng/mL
Methadone	25	0	25	50	500	ng/mL
Morphine	25	0	20	40	400	ng/mL
Oxymorphone	25	0	20	40	400	ng/mL
Phencyclidine	25	0	5	10	100	ng/mL
Salicylic Acid	25	0	25000	50000	500000	ng/mL
Tramadol	25	0	125	250	2500	ng/mL
Zolpidem	25	0	25	50	500	ng/mL
(l)-9-Carboxy-11-nor-Delta-9-THC	25	0	10	20	200	ng/mL

Total Number of Analytes: 19

UTAK guarantees a ±25% recovery value from the target concentration for all analytes unless otherwise specified. For analytes listed with N/A stability, we do not guarantee a specific recovery range but ensure their presence in the control material.

**Design Specifications:**

Product Matrix: Whole Blood  
 Product Form: Frozen (-10C)  
 Product Type: Unverified  
 Regulatory Classification: IVD

**Packaging Specifications:**

Product Box: Small Product Box  
 Vial Type: 2mL Amber glass vials  
 Cap: 2mL Red colored caps  
 Label: Red  
 Product Expiration: 18 months from manufacturing date.  
 Product Storage Temperature: Store fresh frozen control material at or below -10°C (14°F)

Design Approval: \_\_\_\_\_  
 Signature

**Terms and Conditions:**

Delivery: Tier 2; 15 Business days after receipt of Order.  
 Payment Terms: Net 30 DAYS  
 F.O.B.: Origin  
 Shipping Costs: All associated shipping costs will be added to the final invoice, including mandatory dry ice fees for frozen products. If shipping charges and fees are required to be quoted, please contact [welovecontrol@utak.com](mailto:welovecontrol@utak.com) and reference this quote.  
 Cancellation: Custom products cannot be cancelled once the manufacturing process has started.