



**Quotation #:** 5742  
**Quote Issue Date:** 9/18/2025  
**Quote Expiration:** 12/17/2025  
**Customer Account Number:** 100245  
**Customer Name:** Michelle Feo  
**Company Name:** Spine And Nerve Center  
**Email:** [michellefeo@spinenerve.com](mailto:michellefeo@spinenerve.com)  
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**UTAK Representative:** HOUSE  
**Phone #:** (888) 882-5522  
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**Send Quote Approval:** [orders@utak.com](mailto:orders@utak.com)  
**Fax:** (661) 294-9272

Product Number	Product Description	Pack Size	Order Quantity	Price Per Pack	Extended Price
DAU 1 V2 F SNC	DRUGS OF ABUSE LEVEL 1 V2	17 x 3 mL	1	\$1,326.67	\$1,326.67
DAU 2 V2 F SNC	DRUGS OF ABUSE LEVEL 2 V2	17 x 3 mL	1	\$1,326.67	\$1,326.67
				Estimated Dry Ice:	\$50.00
				Estimated Handling:	\$50.00
				Estimated Shipping:	\$140.00
				<b>Estimated Total:</b>	<b>\$2,893.34</b>

Analyte	Stability (Days)	DAU 1 V2 F SNC	DAU 2 V2 F SNC	Unit
		Drugs Of Abuse Level 1 V2	Drugs Of Abuse Level 2 V2	
Alprazolam	25	40	1000	ng/mL
Nortriptyline	25	40	1000	ng/mL
d-Amphetamine	25	80	2000	ng/mL
(±)-3,4-Methylenedioxymphetamine (MDA)	25	40	1000	ng/mL
d-Methamphetamine	25	40	1000	ng/mL
(±)-3,4-Methylenedioxymethamphetamine (MDMA)	25	40	1000	ng/mL
Buprenorphine	25	8	200	ng/mL
Norbuprenorphine	25	8	200	ng/mL
Citalopram	25	40	1000	ng/mL
7-Aminoclonazepam	N/A	40	1000	ng/mL
Benzoylcegonine (BE)	25	40	1000	ng/mL
Codeine	25	40	1000	ng/mL
Nordiazepam	25	40	1000	ng/mL
Fentanyl	25	8	200	ng/mL
Gabapentin	25	1000	2000	ng/mL
Hydrocodone	25	40	1000	ng/mL
Hydromorphone	25	40	1000	ng/mL
Lorazepam	25	40	1000	ng/mL
Meperidine	25	40	1000	ng/mL
Meprobamate	25	40	1000	ng/mL
Methadone	25	40	1000	ng/mL
Morphine	25	40	1000	ng/mL
6-Monoacetylmorphine (6-MAM)	25	8	200	ng/mL
Oxazepam	25	40	1000	ng/mL
Oxycodone	25	40	1000	ng/mL
Noroxycodone	25	40	1000	ng/mL
Oxymorphone	25	40	1000	ng/mL
Phencyclidine (PCP)	25	40	1000	ng/mL
Pregabalin	25	1000	2000	ng/mL
Propoxyphene	25	40	1000	ng/mL
α-Pyrrolidinovalesterphenone (α-PVP)	25	40	1000	ng/mL
Tapentadol	25	40	1000	ng/mL
Temazepam	25	40	1000	ng/mL
O-Desmethyl-cis-Tramadol	N/A	40	1000	ng/mL
Zolpidem	25	40	1000	ng/mL

**Total Number of Analytes:** 35

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.

**Special Notes:**

Above analytes outlined in red will be weighed and spiked into the above control(s); however, no claim has been made for expected values or stability.

**Design Specifications:**

**Product Matrix:** Urine  
**Product Form:** Frozen (-10C)  
**Product Type:** Unverified  
**Regulatory Classification:** IVD

**Packaging Specifications:**

**Product Box:** Small Product Box  
**Vial Type:** 4mL Amber glass vials  
**Cap:** 4mL White colored septa caps  
**Label:** Yellow  
**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:**

Going forward you will see handling and shipping fees as two separate line items where as before the handling and shipping were calculated together. If you are using your own shipping method you will just see the handling fee. The fe

**Delivery:** Tier 3; 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.