



**Quotation #:** 5807  
**Quote Issue Date:** 10/8/2025  
**Quote Expiration:** 1/6/2026  
**Customer Account Number:** 101431  
**Customer Name:** Will Connors  
**Company Name:** Tricore, Inc.  
**Email:** [William.Connors@tricore.org](mailto:William.Connors@tricore.org)  
**Phone #:** 505.938.8436

**UTAK Representative:** Andrew Hartmann  
**Phone #:** (888) 882-5522  
**Email:** [ahartmann@utak.com](mailto:ahartmann@utak.com)  
**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
AMIT+ 2 U F V2 TRL	AMITRIPTYLINE PLUS LEVEL 2	25 x 1 mL	4	\$740.03	\$2,960.12
VALIDATION SAMPLE	AMIT+ 2 U F V2 TRL	1 x 1 mL	1	\$0.00	\$0.00
				Estimated Dry Ice:	\$50.00
				Estimated Handling:	\$50.00
				<b>Estimated Total:</b>	<b>\$3,060.12</b>

Analyte	Stability (Days)	AMIT+ 2 U F V2 TRL Amitriptyline Plus Level 2	Unit
Amitriptyline	25	500	ng/mL
Imipramine	25	500	ng/mL
Desipramine	25	500	ng/mL
Nortriptyline	25	500	ng/mL
Doxepin	25	500	ng/mL
d-Amphetamine	25	1000	ng/mL
Oxazepam	25	500	ng/mL
Chlordiazepoxide	25	500	ng/mL
Nordiazepam	25	1000	ng/mL
Desmethyldoxepin	25	500	ng/mL
(l)-9-Carboxy-11-nor-Delta-9-THC (THC-COOH)	25	50	ng/mL
(+)-Pseudoephedrine	25	1000	ng/mL
Phentermine	25	1000	ng/mL
Lorazepam	25	500	ng/mL
Temazepam	25	500	ng/mL
Benzoylcegonine (BE)	25	1000	ng/mL
Methylphenidate	25	500	ng/mL
d-Methamphetamine	25	1000	ng/mL
a-Hydroxyalprazolam	25	500	ng/mL
Cyclobenzaprine	25	50	ng/mL
Oxazepam Glucuronide	25	810	ng/mL
(±)-3,4-Methylenedioxyamphetamine (MDA)	25	500	ng/mL
(±)-3,4-Methylenedioxymethamphetamine (MDMA)	25	1000	ng/mL
7-Aminoclonazepam	25	500	ng/mL
(±)-3,4-Methylenedioxyethylamphetamine (MDEA)	25	500	ng/mL
Zolpidem	25	50	ng/mL
Ritalinic Acid	25	1000	ng/mL
Zolpidem Phenyl-4-Carboxylic Acid	25	500	ng/mL
Xylazine	25	0	ng/mL

**Total Number of Analytes: 29**

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:**

Upon completion of manufacturing, 1 vial of each level of product will be sent to the customer for validation.

**Design Specifications:**

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

**Packaging Specifications:**

**Product Box:** Small Product Box  
**Vial Type:** 2mL Clear self-standing plastic tubes  
**Cap:** Yellow colored 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)

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 fee

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

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**Terms and Conditions:**

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<b>Delivery:</b>	Tier 2; 15 Business days after receipt of Order.
<b>Payment Terms:</b>	Net 30 DAYS
<b>F.O.B.:</b>	Destination - 284746252
<b>Shipping Costs:</b>	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 <a href="mailto:welovecontrol@utak.com">welovecontrol@utak.com</a> and reference this quote.
<b>Cancellation:</b>	Custom products cannot be cancelled once the manufacturing process has started.