



Quotation #: 5815
 Quote Issue Date: 10/9/2025
 Quote Expiration: 1/7/2026
 Customer Account Number: 012660
 Customer Name: Kevin Schneider
 Company Name: Virginia Department Of Forensic Science
 Email: kevin.schneider@dfs.virginia.gov
 Phone #: 703-334-9734

UTAK Representative: Raleigh Gallina
 Phone #: (888) 882-5522
 Email: rgallina@utak.com
 Send Quote Approval: orders@utak.com
 Fax: (661) 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	\$554.61	\$1,109.22
DA+ 2 WB V2 IMMUN	DRUGS OF ABUSE PLUS LEVEL 2	25 x 1 mL	2	\$862.67	\$1,725.34
DA+ 3 WB V2 IMMUN	DRUGS OF ABUSE PLUS LEVEL 3	25 x 1 mL	2	\$862.67	\$1,725.34
DA+ 4 WB V5 IMMUN	DRUGS OF ABUSE PLUS LEVEL 4	25 x 1 mL	2	\$862.67	\$1,725.34
				Estimated Dry Ice:	\$50.00
				Estimated Handling:	\$50.00
				Estimated Shipping:	\$175.00
				Estimated Total:	\$6,560.24

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 V5 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
Butabital	25	0	500	1000	10000	ng/mL
Clonazepam	25	0	20	40	400	ng/mL
Benzoylcegonine (BE)	25	0	25	50	500	ng/mL
Dextromethorphan (DMX)	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 (PCP)	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
(()-9-Carboxy-11-nor-Delta-9-THC (THC-COOH)	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 and reference this quote.
Cancellation:	Custom products cannot be cancelled once the manufacturing process has started.